

Testimony by Marcia DuFore
On behalf of the North Central Regional Mental Health Board
Before the Public Health Committee
Regarding: the Operational Practices and Procedures of the DMHAS Whiting Forensic Division of
Connecticut Valley Hospital
November 10, 2017

Senators Gerratana and Somers, Representative Steinburg and distinguished Senators and Representatives of the Public Health Committee,

My name is Marcia DuFore and I am a registered voter in the town of Suffield, Connecticut. I am testifying as Executive Director on behalf the North Central Regional Mental Health Board (NCRMHB) and as an active member of the Keep the Promise Coalition.

I have struggled to think what advice I can offer re: alleged abuses that have taken place at the Whiting Forensic of CVH. Although I am at CVH at least monthly, my direct contact with patients at CVH has been limited to very positive interactions in the Valley View Café and the stories of some of our members who were previously hospitalized at CVH.

Staff and volunteer members of all five Regional Mental Health were preparing to conduct a statewide review of CVH. That review was delayed several times because the staff and administration were preoccupied with other reviews that took precedence. Finally, that review is was halted because of the incidents and resulting investigations that have caused us all to gather today.

Several years ago, the North Central Regional Mental Health Board sponsored a project called “A Day in the Life.” The project was designed to enlighten the behavioral health system and the public about the daily lives, successes, and struggles of people with mental illness - in their own words and from their own perspectives. Eighty recipients DMHAS-funded services were interviewed told us stories of their daily lives. Many of them had been or were presently hospitalized at CVH. The project was led and conducted by individuals in recovery from mental health challenges. They presented their findings in a live drama, several reports, and an article published in a professional journal.

The team’s hope was to enlighten not just the DMHAS funded provider system but also the public and dispel prejudicial views about people with mental illness - to hold out the people they talked with as people with dreams, hopes, strengths and struggles who everyday demonstrate courage and perseverance in the face of adversity; to understand that the path to recovery may long and difficult and treatment can both help and harm.

Some of their findings are pertinent to the issues being raised about CVH and unfortunately, our ways of thinking about and dealing with people who need our help and support.

They described the people they interviewed as survivors of hardship and challenge, people affected by prejudice and discrimination, people whose voices and core strengths were ignored and whose voices had been silenced in and by the mental health system.

They offered numerous examples of the power differential between providers and recipients of services, and what was so sad, was the stories of people who had accepted that power imbalance and accepted their roles and identities proffered by the system.

I'm not sure what we would have uncovered if our review team had been able to complete our review of CVH. I am convinced our members would have been looking for evidence that people were being heard, respected, encouraged, and empowered.

It is apparent that a complicated web of cultural factors led to this abuse and the willingness to allow it to continue unchecked. There will be a multitude of smart people, professional investigators and reviewers who will be looking at this situation and making recommendations. Finding the hidden sources of power and correcting imbalance will be a difficult and complicated process. We will need to ensure that the voices most affected by these services are not silenced in that process.

Over 40 years ago legislators, some of you and some of your predecessors, enacted statutes that provided for community reviews of state funded and/or operated mental health services. The statute provided for consumers advocates to be full participants in the review process. Starting in January 2018, DMHAS has chosen to de-fund Regional Mental Health Boards and replace them with Regional Behavioral Health Action Councils. The evaluation and monitoring role supported by Regional Mental Health Boards and carried out by citizen review boards will not be a service within this new structure. DMHAS has expressed the intention to revise statutes to remove this function. We ask that you take an active role in maintaining this function in statute for the state of CT whether it is provided by Regional Behavioral Health Action Councils or elsewhere.

I thank you for the opportunity to address this body and for your willingness to listen to the voices of people who came here today.