

State of Connecticut
GENERAL ASSEMBLY



CVH WHITING TASK FORCE

MEETING SUMMARY

Co-chairwoman Linda Schwartz convened the meeting.

Ms. Schwartz opened the meeting to discussion on allowing John Rodis to designate a person to participate in meetings on his behalf.

Ms. Lawlor stated that he reached out to Rep. Matt Ritter, who appointed Mr. Rodis, to confirm the appropriateness of a designee and was informed that it is appropriate.

Ms. Alisberg stated that this task force statute does not allow delegation of designees.

Public Health Committee staff informed members of the task force that the chairs and ranking members of the committee have also confirmed appropriateness of a designee.

Mr. Lawlor noted that Mr. Rodis proposed that the task force set future meeting dates more than a month in advance so that he may alter his schedule in advance and attend the meetings. Mr. Lawlor also added that the designee would not have voting rights but rather only serve as an observer. Ultimately, the only authority the task force has is to make recommendations to the legislature. The task force does not have the authority to appoint someone else if we do not allow Mr. Rodis' request to go forward. Denying his request would result in a vacant seat rather than a new appointee.

Mr. Acker stated that he's concerned as Mr. Rodis was appointed because of a certain set of expertise and perspective he brings to the task force. He wondered whether the line of questioning would be different if he is not present himself.

Ms. Schwartz said she agreed with Mr. Acker, and asked if the task force is in agreement of moving forward with set times and dates for future meetings so that Mr. Rodis can change his schedule to accommodate the task force schedule.

Ms. Beuregard noted that this is the fourth meeting of the task force and the discussion has not moved forward from Mr. Rodis' request. She added that she trusts Mr. Rodis would watch the meetings on CTN and make an effort to attend the Whiting Forensic Hospital tour. It would be unfortunate to lose his input. Ms. Beuregard stated that the task force is already a

year behind and there are many intense details that the members have yet to learn and make recommendations and therefore must move on to a different topic.

Ms. Beuregard made a motion to accept Mr. Rodis' request.

Ms. Hauser seconded the motion.

Ms. Alisberg spoke against the motion and stated that should Mr. Rodis' be allowed voting rights without attending the meetings, he would be voting based on information without the input of the piece of task force that the legislature deemed so important.

Ms. Hauser responded to Ms. Alisberg's concerns by adding that in the event members deny Mr. Rodis' request, we would lose his input altogether whereas if we allow it we would still get his input even if he receives information through a designee. She also reminded her that that Mr. Lawlor and the Public Health Committee staff have informed the task force that Mr. Rodis' request is appropriate.

Ms. Marianne Hanley, the designee of Mr. Rodis should his request be approved, was welcomed to the table for discussion. She stated that Mr. Rodis is very committed to the task force but it is challenging to accommodate meeting schedules because they are set very close to the meeting dates. She also confirmed that Mr. Rodis has watched all task force meetings on CTN and has already been active by reaching out to the Connecticut Hospital Association for advice. She added that she and Mr. Rodis have meetings every other week regarding the task force.

Ms. Schwartz asked if there was any other discussion on the matter. Hearing none, she called for votes on Mr. Rodis' request to allow a designee attend meetings.

The motion passed with 5 yea votes and 1 nay, with Ms. Alisberg opposing.

Mr. Rodis and Mr. Mastroianni were not present to vote.

Ms. Schwartz noted that Ms. Hanley would be invited to sit at the table with the rest of the members moving forward.

Ms. Schwartz proceeded to item IV on the agenda, the discussion of the tour of Whiting Forensic Hospital.

Mr. Lawlor commented that he noticed the setting of the hospital does not have natural lighting. The corridors are narrow and everything seems outdated. It is not conducive to the kinds of outcomes that should be the goal of Whiting. He added that he was impressed by the staff with whom task force members interacted. They seemed highly motivated and dedicated to their jobs.

Ms. Beuregard asked if a staff survey could be performed so that the task force may get feedback from them. Due to the lack of windows, one may wonder whether Whiting is a hospital or a prison but adding windows would cost a lot of money.

Mr. Acker asked if institutional care still existed.

Mr. Lawlor stated that his impression is that it is a relatively low number of people who end up at Dutcher, with most ending up at Whiting.

Ms. Hauser commented that Dutcher has 24 beds, whereas Whiting has 3 units with 19-20 beds each so many times placement at Whiting may be due to space issues.

Ms. Alisberg said that the task force has purview to make recommendations, and sees no reasons why one of the recommendations cannot be that Whiting should be closed down. While it may not be practical, it has happened before. After reports of restraint at the Connecticut Juvenile Center the facility was closed down. We realized that that type of prison-like environment was not appropriate for children. Whiting is technically not a prison, which makes it different from most other state. Ms. Alisberg clarified that she is not suggesting that Whiting be closed but rather reminding members that we are able to make recommendations for structural changes in addition to recommendations for improvements on the current structure.

Mr. Lawlor stated he believes the facility is a big part of the problem because it is beyond the point of return. It is not out of bounds for the task force to recommend that the state identify a new improved service and reevaluate if the patient numbers at Whiting and Dutcher need to be as high as they currently are. This may also be a court issue because many courts seem to think that referring patients to Whiting is their only option.

Ms. Schwartz asked Ms. Hauser, psychologist at Whiting, the determination process of patients going to Whiting or Dutcher.

Ms. Hauser answered that if an individual has lower level charges and not considered a significant threat for violence, staff will initially consider Dutcher placement. If there are no beds available at Dutcher then they would be placed in Whiting. If an individual has more serious charges, such as a history of violence, then they are placed in Whiting. She reiterated that many times placement of patients at Whiting is due to lack of beds at Dutcher.

Ms. Schwartz asked Ms. Hauser the timeline of competency evaluations.

Ms. Hauser answered that typically they are sent by the court for a 60 day evaluation, but Whiting is able to extend that to 90 days. For individuals who are found competent, the average length of stay is 90 days, at times 60, and at times a bit more. For those who are found to be non-restorable, the stay is usually six months or at times nine months at which time the competency evaluation ends and they would either be released from the hospital or converted to a civil committee.

Mr. Acker asked to review 5 years of data so that they may identify any present trends in patient placement. He also requested that Whiting provide members with training information employees receive, and wondered what type of training an employee would require so that they do not torture patients.

Ms. Schwartz agreed with Mr. Acker in requesting the information. She also added that it is not healthy for employees or patients if the culture at Whiting doesn't encourage the discussion and sharing of struggles that employees or patients may face. The task force would like to see the point of view from a nurse and the resources available to them should an unfortunate incident occur.

Ms. Alisberg stated that she has concerns for individuals who are found non-restorable and become civil committees. These individuals start with a competency evaluation but then are sent to Whiting and end up there for long periods of time. She wondered why they wouldn't be referred to general psychiatry once an individual is found to be non-restorable.

Ms. Hauser said that staff at Whiting agrees. There is a push to get civil patients out of Whiting as quickly as possible, provided they are not dangerous. For individuals with low level charges who are ill or greatly disabled, the push is to get them to Dutcher as quickly as possible. The difficulty lies in lack of space and the result of that is non-dangerous patients end up at Whiting for longer periods of time than necessary because it has more beds.

Ms. Schwartz asked how often a patient's status is reviewed.

Ms. Hauser said that bed space and bed availability is assessed daily. In terms of competency evaluation, there are weekly meetings at which staff can make recommendations for re-evaluation when they believe a patient is ready to move on. Administrators take this information to the rest of the management and decide which patients should move to Dutcher.

Ms. Schwartz asked if there are patients at Dutcher or Whiting that could be placed elsewhere.

Ms. Hauser said there are.

Ms. Schwartz wondered where these patients should rather be.

Mr. Lawlor said 100% of the patients at Dutcher or Whiting are there because a judge ordered them to be there. Some of this is outside the control of Whiting staff. Aside from the shortcomings of Whiting itself, the problem is exaggerated by external sources and what happens in courtrooms. Some courts are more eager than others to refer individuals to Whiting.

Ms. Alisberg clarified that for civil committees, the decision of whether an individual is placed at Dutcher or Whiting lies with the Department of Mental Health and Addiction Services.

Ms. Schwartz noted that the facilities are broken. They are not a nice place to live or feel safe and secure. If someone goes to Whiting only for a competency exam but are put in such an atmosphere, then one must ask what you have just done to them. It seems there is a hierarchy about patients going to Whiting. The term non-restorable is also very dehumanizing. Ms. Schwartz asked if there was any additional discussion regarding the Whiting tour, to which there were none.

Ms. Schwartz proceeded to item #5 on the agenda, the evaluation of the membership of the advisory board for Whiting Forensic Hospital.

Ms. Schwarz stated that based on the charges of the task force, members need a plan of action on how to best proceed and how best to create the recommendations that are expected of this task force.

Mr. Lawlor noted that some of the charges of the task force are very general and broad, whereas others are more specific and detailed. He proposed that the task force look at specific charges before general charges.

Ms. Beuregard suggested that the task force take turns discussing the charges during task force meetings. The first charge is to review and evaluate the operations, conditions, culture, and finances of Connecticut Valley Hospital and Whiting Forensic Hospital. As this is a general and broad charge, we can skip this and move on to a more specific charge.

Ms. Hauser echoed Ms. Beuregard and suggested that members devote a meeting to each charge.

Ms. Alisberg said that it is possible to combine some of the charges as they may be similar to each other rather than devoting a full meeting to each charge.

Mr. Lawlor stated that regarding to charges related to staff, he would like to invite a group of individuals to come in and share with the members their concerns and recommendations.

Mr. Acker asked if task force members could go to Whiting and Dutcher to speak to patients, and if they could have separate meetings instead of attending the regular meetings patients have with staff.

Public Health Staff stated that meetings with patients at these facilities cannot be advertised as task force meetings because then they would be required to be open to the public.

Mr. Lawlor acknowledged Freedom of Information challenges that may pose and stated that the staff can reach the proper language in order to identify the specifics of these meetings so that the public understands why they are closed.

Ms. Schwartz asked if all members present were in agreement that the task force would request two separate meetings with patients, one for Dutcher and one for Whiting. All members agreed.

Ms. Alisberg commented that members will also need to tour Connecticut Valley Hospital.

Ms. Schwartz agreed with Ms. Alisberg and added that the plan is to open the task force to public hearings and invite testimony. These hearings may give us ideas of how to proceed next and where to look for further information. She stated that the process of setting up such hearings should be discussed at the next task force meeting.

Ms. Schwartz' idea received unanimous consent.

The task force agreed that charges should be combined based on subject area and unanimously agreed that charges number 4, 5 and 8 would be combined and put on the agenda for the next task force meeting. These include the charge to assess the implications of a patient of Whiting Forensic Hospital being permitted to be present during a search of his or her possessions; Evaluate the membership of the advisory board for Whiting Forensic Hospital established pursuant to section 17a-565 of the general statutes, as amended by this act; and the charge to review the statutory definitions of abuse and neglect in the behavioral health context.

Ms. Schwartz proceeded to item #VI of the agenda so that they may schedule future meeting dates.

Ms. Alisberg asked for clarification regarding the CVH tour.

Ms. Schwartz clarified that committee staff and DHMAS would work together in order to set up the tour and inform members of available dates.

Task force members agreed that future meeting dates would be set further in advance at the next task force meeting.

The next task force meeting will take place on Monday, August 5, 2019 at 12pm.