

WHITING FORENSIC HOSPITAL

ADVISORY & REVIEW BOARD MEETING

June 21, 2018

PRESENT: William B. Wynne, Esq. (Chairman); Miriam E. Delphin-Rittmon, Ph.D., Commissioner, Department of Mental Health and Addiction Services; Eugene P. Hickey, LCSW; Leslie Lothstein, Ph.D., ABPP, (Secretary); Velandy Manohar, M.D.; Loel Meckel, DMHAS Assistant Director of Forensic Services (for Dr. Norko); Jeffrey Shelton, M.D.; and Hal Smith, MPS, WFH Chief Executive Officer

EXCUSED / Peter Harding; and Michael A. Norko, M.D., DMHAS Director of Forensic Services
ABSENT:

TOPIC	DISCUSSION	ACTION
Call to Order	Chairman Wynne convened the meeting at approximately 4:40 p.m. in the Norko Conference Room in the Whiting Forensic Service.	
Approval of Minutes	The minutes of the March 15, 2018 meeting were reviewed.	The minutes were approved as submitted.
Introduction of Hal Smith	Chairman Wynne welcomed Hal Smith, Whiting Forensic Hospital Chief Executive Officer, to the Board.	
DMHAS Commissioner's Report	<p>Commissioner Delphin-Rittmon reported that DPH, on behalf of CMS, held a full campus re-survey in late April and we are in good standing. Five surveyors stayed for several days, and there were no significant findings. The whole campus is no longer at risk for losing Medicare funding.</p> <p>The formal separation of WFH from CVH occurred on May 1. A total of 229 patients had to be discharged and admitted on that same day. All policies and procedures, forms, and staffing rules had to be created. A new pharmacy also had to be built and is located in the Dutcher Service.</p>	

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	<p>DPH, on behalf of CMS, arrived the following week to survey that the hospitals were truly separated. Hal Smith started as CEO on June 1. DPH was in the following week for their licensing survey with five surveyors for three days, and there were no significant findings. A report is expected within the next several weeks.</p> <p>The Safety and Wellness work groups, in collaboration with Yale, continue and staff are engaged in the process.</p> <p>WFH now is a separate line item in the State budget, and Chairman Wynne stated that the Board members should pay attention to future legislative sessions.</p> <p>There will be combined programming with patients from WFH and CVH in community related events.</p> <p>Discussion was held regarding the external oversight committee being formed that will review existing policies and procedures. Hal Smith chairs the WFH Governing Body, which is an internal committee comprised of WFH staff that will provide a quarterly analysis of all fiscal, administrative, and clinical information to the Commissioner's Office. Dr. Manohar referred to Public Act No. 18-86, page1 which states that the task force will "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 section 37 on page 36 which outlines the membership of the advisory board.</p> <p>The Commissioner reported that all 37 staff involved in the incident are officially off of the State payroll, and we are not involved in the legal proceedings.</p> <p>Commissioner Delphin-Rittmon stated that Board members should reach out if they have questions or need information prior to the next scheduled meeting.</p>	

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WFH CEO's Report	<p>Hal Smith presented his extensive background, having worked in forensic behavioral health for his entire career in forensic hospitals, state prisons, county jails, and civil mental health hospitals primarily in New York. He worked in New York for 35 years primarily with the Office of Mental Health. He was the first Associate Commissioner for Forensic Services, and was the CEO of Central New York Forensic Hospital, a 220 bed maximum security forensic hospital for 23 years retiring from that position in 2005. He has maintained a consulting practice, and has been a contractor for a number of other states, working litigation as both defendant and plaintiff's expert in Pennsylvania, Massachusetts and California. He worked for six years in private industry for agencies in 16 states who contracted privatized clinical services for their forensic population. He came from Westchester Medical Center where he oversaw the behavioral health component of eight hospitals. Whiting came on to his radar as it was occurring in the news, the position was posted, and he applied. Dr. Manohar was a member of the screening committee.</p> <p>He feels that Whiting is a hospital in recovery. The patients and staff went through a traumatic experience and were tarred with the brush of last year's tragic incident. He has a strong sense from both patients and staff that they see a readiness to change and has seen positive changes to the environment. There are a lot of talented and caring people who work here. Management is onsite on all three shifts along with a nurse manager. The Nursing Department, including the FTS's and MHA's, now report directly to him as CEO, instead of to the Chief Operating Officer as previously done, and he reports directly to the Commissioner. He will be hiring a new CFO, COO, Program Directors, Peer Specialists, and a new Quality Director has been already been hired. He would like Whiting to be exposed to the community, and the community exposed to Whiting. He is looking to the Board members for help in connecting to the local and mental health and addiction communities. He would like to involve community volunteers with the help of the new Director of Social Services.</p>	

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	<p>Chairman Wynne stated that at the September meeting, he would like to see what changes have occurred and how they were able to be implemented along with an assessment of where the Hospital is and also where the difficulties are, and that the Board members would appreciate receiving emails on the progress.</p> <p>The Safety, Policy and Procedure, Wellness, and Forensic Care Development and Training work groups, run by members from the Yale PRCH program, continue as grass roots effort. Advocacy Unlimited will be doing more wellness related work with patients and staff.</p> <p>Mr. Smith referenced the Abuse, Neglect & Exploitation Incidents Monthly Report for May, 2018 that was included in the meeting packet. The new Quality Assurance and Compliance Director will be compiling a hospital-wide data base. As of May 1, all allegations are reported 24/7 to Mr. Smith, who in turn reports them to Commissioner Delphin-Rittmon. Mr. Smith met today with two new investigators from Disability Rights CT, formerly the Office of Protection and Advocacy, who work directly with WFH and CVH. For the past several weeks, patients now have unrestricted access to phones and are allowed to place to calls to anyone at any time without staff supervision. There are posters on every unit with phone numbers for Disability Rights, CLRP, and advocacy groups. It is hoped that the change in leadership and 24/7 vigilance along with improved communications and focus groups for staff can result in a positive change going forward.</p> <p>Mr. Smith presented highlights from the Monthly Performance Improvement Report for May, 2018, which was also included in the meeting packet. The number of incident reports decreased 12% from the previous month, restraint events decreased 21%, restraint hours decreased 33%, seclusion events decreased 62%, seclusion hours decreased 44%, and aggression to others decreased 17%. These reductions reflect the positive work that has been done over the past few months.</p>	

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Former WFH Acting CEO	<p>In Dr. Norko's absence, Loel Meckel presented the following summary provided by Dr. Norko.</p> <p>After several months of intensive preparations, the separation of the WFH from CVH occurred successfully on 5/1/18, with minimal complications. On 5/4/18, the Department of Public Health arrived to conduct an inspection on behalf of CMS to confirm that the two hospitals were fully separated and no longer sharing functions or patient care activities. The DPH confirmed that separation.</p> <p>All patients were discharged on 4/30/18 from CVH, and admitted to WFH on 5/1/18. All of the CVH charts were removed from the WFH by 5/1/18, after the discharge summaries were completed.</p> <p>The Judicial Branch assisted us significantly by asking all courts to not schedule competency restoration hearings during the week of April 30. This allowed us to concentrate on the internal processes, without having to admit new patients. Judges Patrick Carroll and Joan Alexander were particularly instrumental in offering us this assistance, and our gratitude was expressed to them and all the judges/courts.</p> <p>All of the Policies and Procedures utilized in the WFD of CVH were reviewed, revised, and approved by the WFH Governing Body by June 11, 2018 and are now available to all staff on the T Drive.</p> <p>The Yale Program for Recovery and Community Health (PRCH) has continued to facilitate four work groups at Whiting: Safety, Wellness, Policy and Procedures; and Forensic Care and Development training. The Policy and Procedures and Safety work groups have been meeting since March 9; they have produced several recommendations with widespread input from direct care staff, and several of these have already been implemented and/or approved by Governing Body, such as the policies on Routine Observation and Electronic Monitoring. The Wellness and Forensic</p>	

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	<p>Care and Development started meeting in April, and are both actively working on selected topics.</p> <p>The DN1 positions have now all been filled, and there will be a nurse manager on duty at all times by August. Until then, other Whiting managers are doing extra shifts evenings/nights/weekends so that there is always a manager on duty onsite.</p> <p>Other manager positions filled since last meeting: CEO; Director of Compliance, Accreditation and Performance Improvement; Nurse Executive; Director of Social Services (starts 6/22/18); Building Superintendent 1 (starts 6/22/18); Rehabilitation Therapy Supervisor. The Executive Secretary position has also been filled (starts 6/22/18). An offer was made by the Commissioner to a COO candidate, who declined; new candidates will be pursued.</p> <p>Pharmacy supervisor, medical physician, and medical APRN have also been hired. Interviews will be conducted week of June 25 for CFO, Director of Advocacy Services, and Whiting Program Manager.</p>	
<p>DMHAS Division of Forensic Services Report</p>	<p>PA 18-86 (An Act Concerning Whiting Forensic Hospital and Connecticut Valley Hospital) was passed by the legislature and signed by the Governor on 6/4/18. It includes:</p> <p>Creation of a task force of 8 members, who are to be named by 7/4/18, with eight assigned tasks, and a preliminary report due 1/1/19 and a final report due 1/1/2021 (Section 1)</p> <p>Making all employees of behavioral health facility a mandated reporters of patient abuse, effective 10/1/18 (Section 2)</p> <p>Requiring the DMHAS Commissioner to investigate all reports under Section 2, and maintain a registry of such reports (Section 3)</p>	

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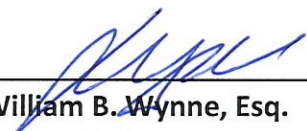

TOPIC	DISCUSSION	ACTION
	<p>Onsite inspection of the WFH by the DPH before 1/1/19, and report to the task force and the Public Health Committee of the CGA (Section 4)</p> <p>Makes WFH subject to DPH licensure (Section 5)</p> <p>Changes the name from WFH of CVH to WFH in multiple sections of CGS</p> <p>Requires that the CEO of WFH report directly to the DMHAS Commissioner (Section 17)</p> <p>Removes language in 17a-517 referring to Whiting patients as "desperate or dangerous individuals" (Section 27)</p> <p>Corrects a long-standing punctuation error in 17a-548 that made the phrase related to Whiting unintelligible (Section 32)</p> <p>Competency restoration admissions have been roughly average in recent months, and Whiting has not been over census at all since the last Advisory Board meeting.</p> <p>The previous statute required the Director of Whiting to report to the Director of Forensic Services. Although this is now changed, I will continue to be available to Mr. Smith for questions and discussions about Whiting operations. I will also continue to meet with Drs. Wasser and Kapoor on a regular basis, as I return to my regular duties. I look forward to being present at the next Board meeting in September.</p> <p>Mr. Meckel reported that all medical and mental health care has been transferred from the UConn Health Center to DOC. Any future release of information forms must now be submitted to DOC, and they should be advised to submit their releases to WFH not CVH.</p>	

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	<p>Mr. Meckel would like the Division of Forensic Services to offer formal training with direct care staff regarding the forensic community programs and criminal justice strategies in the state.</p> <p>There are currently several Whiting PSRB Monitors and Psychologists with offices in Russell Hall.</p>	
Board Business	<p>Dr. Manohar stated that he still has not received his official reappointment letter from the Governor.</p> <p>Dr. Shelton stated that he has a candidate for the physician/psychiatrist position on the Board. The second attorney position is also vacant due to Attorney Milardo's resignation. Mr. Smith will stay in touch with the Board members via email and will look forward to receiving nominees to fill the two vacancies.</p>	
Next Meeting	<p>The next Advisory and Review Board meeting will be held on Thursday, September 20, 2018.</p> <p>Former Chairman, Attorney Joseph Milardo will be present at the September meeting to receive a proclamation from the Governor along with a plaque for his years of service to the Board.</p>	
Adjournment	The meeting was adjourned at approximately 6:20 p.m.	
Approved By	<p style="text-align: center;">  _____ William B. Wynne, Esq. Chairman </p>	<p style="text-align: center;">  _____ Date </p>

Recording Secretary: Denise Goldstein