ADVISORY & REVIEW BOARD MEETING

September 20, 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.;
Jeffrey Shelton, M.D.; Hal Smith, MPS, WFH Chief Executive Officer; and Michael A. Norko, M.D., DMHAS Director of
Forensic Services

<u>GUESTS</u>: Joseph Milardo; and Tobias Wasser, M.D.

ТОРІС	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 June 21, 2018 meeting were reviewed. One correction was made regarding the date listed the CVH charts were removed from WFH (should read 6/1/18) Discussion was held regarding the Oversight Committee's status. The Task Force has not begun its work and only two of the eight members have been named. This Task Force was part of the legislation but no one seems to be pushing for it to happen at this	The minutes were approved as submitted.
	point. The original date to provide the preliminary report to the legislation was within 18 months (i.e., January 1, 2019) however it seems as though it will be pushed to a later date.	
Presentation of Plaque and Proclamation to Former Chairman, Attorney Joseph Milardo	Commissioner Delphin-Rittmon presented the plaque and proclamation to Attorney Joseph Milardo thanking him for his 29 years of dedication and service to WFH Advisory and Review Board.	

EXCUSED / Peter Harding; and Loel Meckel, DMHAS Assistant Director of Forensic Services (for Dr. Norko) ABSENT:

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DMHAS	Commissioner Delphin-Rittmon reported that WFH/DMHAS has had multiple legislation	
Commissioner's Report		
	CJTS and space was brought up as a topic of discussion. Commissioner Delphin-Rittmon stated that we are simply in the exploration phase and will keep the board members posted. CJTS has many benefits for WFH including more space and more therapeutic atmosphere/space. Some reconstruction would need to be completed. CJTS is designed well as a corrections design for MAX security. However, the living space is very much like correctional pods and we would need to address the size of the rooms as they are not to hospital standards/code. Representative Betts is interested in bringing more legislative figures to tour in order to get more support for the idea to move to CJTS. In addition, CJTS has enough room to hold all of Whiting and one unit of Dutcher. The other options are to rebuild or begin major construction at the current facility. Only caveat is WFH/DMHAS is not expecting additional money so these alternations would need to be completed on funds.	
	Commissioner Delphin-Rittmon was pleased to announce that we were awarded the State Opioid Response (SOR) Grant which includes \$11 million each year for the span of two years. This will include the provision of on-call recovery coaches at 12 hospital Emergency Departments, the funding of law enforcement assisted diversion (LEAD) for the Hartford and New Haven police departments, provision os recovery coaches at seven methadone clinics, and the provision of mini-grants to 16 college campuses under the Connecticut Healthy Campus Imitative. DMHAS is having their Opioid Conference on 9/21/18 in the morning. When looking at the 6 months now vs. the 6 month mark last year, the overdoses are more level this year. Attribute the lessening to all of the different interventions going on simultaneously (i.e., recovery coaches, flooding critical areas with narcan, law enforcement divergent, prevention work to help target and increase awareness, etc.). There are public health theories that the epidemic is turning its course. It's more difficult to "emergency room shop". In addition, there is an increased awareness and more recovery and support services.	

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WFH CEO's Report	Hal Smith introduced our CMO, Tobias Wasser, M.D., to the board, to which the board is requesting his presence at least for the next meeting.	Invite Dr. Wasser to attend the Jan. Board Meeting
	Question was brought up if we can track WFH's interface with Middlesex Hospital and differentiate between chronic diseases vs. self-harm patients. Examining the difference in reason for admission will be important for the board to view.	
	Hal Smith reported that as the Commissioner mentioned, there have been a number of visits by the State legislature including Senator Somers, Representative Wit Betts, Anne Foley from OPM, Representative Jason Perillo, and Representative Boher. People recognize Whiting as Whiting MAX but not Dutcher. The individuals that have toured through were surprised that it's not just a MAX facility and that we have a step to transition people back into the community which was well received. Consistent with opening WFH to the community, Hal has also met with Middlesex Hospital, the new Regional State's Attorney, Larry McHugh of Middlesex Chamber of Commerce, Mayer Dan Drew and his chief of staff, the Chief of Police William McKenna, and the Mayor's Chief of Staff Sara Mendillo. In addition, Hal has standing meeting with the PSRB, CLRP, DRCT and have worked with Judge Marino, our Probate Court Judge, who was very helpful in obtaining conservatorship. Dr. Manohar suggested that the board be made aware when Hal is meeting with individuals in the Community as many of the board members have already established relationships. To summarize, Hal on behalf of WFH, has been trying to open up to the community and has received positive feedback from all, including from the staff members here at Whiting who ultimately want to work at a place they are proud of.	
	Hal continued with sharing the highlights of the management strategies/ accomplishments. WFH has obtained our DPH licensure within the first two months of operating independently as WFH. There were about 60 corrective action items found; however when they issued their report, WFH had already corrected them. WFH has hired a number of new senior management positions including a New Program Director in Whiting, Nurse Executive, and a Director of Quality Assurance (DQA). In addition, in	

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	keeping with our recovery model, WFH has hired a Director of Patient Advocacy, two Recovery Support Specialist, and is currently in the process of interviewing for an additional patient advocate. There are still some vacancies but WFH has consistently remained at or near the authorized position fill level. Furthermore, a nurse manager now covers both the Whiting and Dutcher building 24/7 thus having a manager on duty at all times and the Nurse Executive, DQA, CMO, and CEO are on call for them 24/7 as well. In order to enhance staff morale, WFH has established employee workgroups including safety, wellness, policy & procedure, and training, organized Town Hall meetings in both buildings, and has held our first Labor Management meeting in which we established a need for a joint labor management WFT OT agreement Sub- committee. To enhance patient morale, WFH hosts patient steering committees which are attended by the CEO and other senior staff weekly in both buildings, which the Commissioner has been invited too, and has introduced pilot programs to increase patient use of computers and supervised use of internet. Looking at the quarterly results, Hal reported that incidents including patient grievances and concerns regarding patient safety, overtime (especially mandatory overtime), and sick leave usage is significantly down. The board members would like to know how many allegations are made by staff members vs. patients. Jeffrey Shelton question if the numbers are a result of a lack of the occurrences happening or lack of the occurrences being reported. Hal informed the board that we have new state of the art video monitoring system where the Directors of Nursing do random video reviews and report their findings to Dr. Wasser and himself. If there are any concerns, it is requested that the CEO or CMO review the tape as well. In addition, if there is a confirmed abuse, we look at everyone who could even be witnessing the abuse. Attorney Wynne would like to see a breakdown of incidents reported by others not involv	Obtain information as to how many patients vs. staff members report an allegation. In addition, provide data as to how many incidents were reported by someone not directly involved but rather a witness. Provide a copy of a redacted MHAS-20 for the board to review.

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	Issue of employee substance use was raised by Jeffrey Shelton, M.D., saying that it has been brought to his attention that staff at WFH is partaking in the consumption of substances while on duty. The question rose if staff is being drug tested prior to employment and if there are random/routine drug screenings in addition to support for staff members. Not long ago, the WFH Nurse Executive identified someone who was impaired while on duty and assisted in placing them into treatment and time off of work. This could be an issue to be raised in the Wellness workgroup. Another idea proposed by Leslie Lothstein, Ph.D., was to refer the employees to HAVEN (Health Assistance Intervention Education Network). The Commissioner agreed to look into what assistances we can offer and start by increasing awareness by collaborating with Middlesex Hospital as a resource.	ACTION Commissioner to look into offerings for substance use programs for staff members
DMHAS Division of Forensic Services Report	 Dr. Norko reported that from 2004-2012 there was a downward trend in competency to stand trial restoration (CSTR) admissions, and from 2012-2016 it was an upward trend. Now, in the past two years it is heading back in a downward trend. It is hard to identify what is going on with these 6-8 year cycles. The number is diminishing in CT, but there is an increasing trend in CSTR admissions across the country. Connecticut has never had a waitlist for CSTR admissions; wait lists in other states have led to lawsuits. There have, however, only been a few times when the building was over census to accommodate the volume of CSTR admissions. Attorney Wynne suggested that the downward trend could be a result of an increase in younger judges on the benches that are simply just not referring to us. Dr. Norko responded saying he does not think that is the case but may be a function of how often public defenders request evaluations; the shortage of social workers in the public defender's office has an effect on these outcomes. Hal Smith suggested that in other states, the court will use the competency restoration route to get someone into a hospital and to keep them in a hospital bed. They don't fit the usual criteria for hospitalization so private/public hospitals won't admit them, so the judges use this "back door" to get individuals in a bed. 	

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	Dr. Norko noted that often when a case look like an unnecessary admission, it involves a person the court has seen many times in recent months and the court is tired of the person being a disruption so they use the restoration process to put the individual in a bed at Whiting.	
Board Business	Adoption of Revised Bylaws: did not occur during this meeting Proposed Meeting Dates for 2019: Approved	Review Bylaws at next meeting for approval.
	Appointment/Reappointment Letters for WFH: Dr. Manohar has still not received his reappointment letter. The Commissioner will check with Mary Kate to get an update and if there is no response, the Commissioner will reach out.	Commissioner's office to look into the appointment/ reappointment letters status.
Next Meeting	The next Advisory and Review Board meeting will be held on Thursday, January 17, 2019.	
Adjournment	The meeting was adjourned at approximately 6:20 p.m.	
Approved By	William B. Wynne, Esq. Chairman	

Recording Secretary: Annaliese Faiella