

State of Connecticut
GENERAL ASSEMBLY



CVH WHITING TASK FORCE

Meeting Summary

November 21, 2019

Co-chairwoman Linda Schwartz convened the meeting. Ms. Schwartz stated that questions from members to the presenters must be addressed through the task force co-chairs.

Invited guest speakers presenting today include: Tobias Wasser, M.D., Medical Director, Whiting Forensic Hospital, Rick Fisher, LCSW, Director of Workforce Development, DMHAS; Arlene Garcia, LCSW, EdD., DMHAS Director, Safety Education and Training Unit; Monte Radler, Attorney, Public Defender's Office; and Kevin Lawlor, Deputy Chief State Attorney, Operations.

Dr. Wasser, Mr. Fisher, and Dr. Garcia presented:

[Connecticut Valley Hospital and Whiting Forensic Hospital Staff Education and Training Presentation](#)

[Department of Mental Health and Addiction Services Staff Education and Training Documents](#)

Dr. Wasser noted that today's presentation from Connecticut Valley and Whiting Forensic Hospitals will focus on training, procedures and the process that takes place at staff orientation. He added that the presentation will show a broader look at how education training rolls out.

Dr. Schwartz asked what the basic requirements were for a hire.

Dr. Wasser answered that staff must at the very least have a high school diploma, and several staff also have college and beyond college degrees. There is an experiential element to being hired but advanced education can make up for a lack of experience.

Ms. Alisberg asked about any changes in the training since the occurrence of the abuse.

Dr. Wasser added that the two to three weeks of training that all staff participates in was already occurring pre-abuse. He added that since the event, a new implementation of a two day forensic training has been added because staff would benefit from an increased understanding of how to work with the patients.

Mr. Acker asked about the expected hours of ongoing education for staff.

Dr. Wasser answered that there is annualized 26-hour mandatory training. He added that collaborate safety training has been expanded since the incident.

Mr. Lawlor asked if racial sensitivity and bias are addressed in the training.

Dr. Wasser answered that the hospitals have training on affirmative action, working with a diverse workforce, and certainly sexual harassment.

Ms. Schwartz asked how much of an investment the hospitals make in helping their staff grow so they can meet the needs being presented by the patients.

Mr. Fisher answered that they have clinical supervision training although noted that it is less clinical and more focused on improving employee direct care skills where the supervisors coach and teach junior employees.

Ms. Alisberg asked if the patients are ever used as trainers.

Dr. Wasser answered that patients regularly attend meetings with staff members and talk about their lives in both units. He added that their elaboration of how they feel living there is used as an education experience, but patients are never used in a live training, such as a de-escalation training.

Dr. Wasser added that there is also a patient satisfaction survey for the patients to express themselves.

Ms. Alisberg asked if the hospital ever goes back to the patients to let them know that their suggestions have been implemented so that the patients feel there is merit to their suggestions.

Dr. Wasser answered that it depends on the nature of the suggestion. If a patient expressed concern about an individual staff member, then in most instances they would not go back to the patient because the outcome of that suggestion would be part of the staff's HR file, however, if a patient were to publicly express a concern or suggestion in an open forum such as 'staff can benefit from XYZ' then we have gone back to inform the patients that we have implemented XYZ. Dr. Wasser noted that the patient satisfaction surveys are anonymous, so ultimately it would be impossible to go back to them regarding their suggestions if they weren't made in an open forum.

Dr. Rodis asked Dr. Wasser if he feels that the culture has changed since the abuse.

Dr. Wasser answered that he believes the culture has changed. He stated that the hospitals have a lot of great staff members who come in every day and continue to take care of the patients in the

best way possible. He added that they are trying to slowly shift the culture away from one of not reporting incidents and instead make it a culture of responsibility. The hospitals are also trying to be more responsive to training requests. Dr. Wasser recognized that they still have a lot of work to do to accomplish their goals and added that they are looking at hospital models from out of state, and even out of country, to see if they can learn from them and bring those models to CVH and Whiting to help move the culture in a more positive direction.

Mr. Lawlor welcomed Monte Radler and Kevin Lawlor to the task force. He asked Monte Radler to begin his presentation.

Monte Radler presented:

<u>Monte Radler Presentation</u>
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Mr. Radler gave an overview of his extensive credentials as a public defender. He also stated that he did not disagree with any of the information heard today from Dr. Wasser, Mr. Fisher, and Dr. Garcia.

Mr. Radler presented on forensics, the meaning of 'not guilty by reason of insanity', and culture problems. He stated that he doesn't believe anyone understands how the culture of abuse at Whiting Forensic Hospital developed.

Mr. Radler acknowledged that a large majority of staff at Whiting has been and continues to be excellent and conscientious and try their best in caring for the patients. He added that some staff, for one reason or another, should not be in the line of work of caring for patients at Whiting. Mr. Radler stated that historically, a large number of CVH/Whiting staff has come from the prison system such as the Department of Correction, where the culture is extremely different.

Mr. Lawlor asked Mr. Radler if he can provide the task force with the dimensions of such a claim regarding the DOC staff.

Mr. Radler answered that that will be an area of inquiry for him so he can provide the data.

Mr. Radler expressed that if some of the individuals did not commit crimes that carried with them lengthy prison terms, they would not be committed to a mental health facility. The timeline from the time a crime is committed to the time of the sentencing can be anywhere between one to two years. During this time, a lot of these individuals are fairly stabilized at which point they would not be probated to a mental health facility.

Kevin Lawlor presented and stated that he is presenting to the task force as a representative of the Connecticut Division of Criminal Justice.

Mr. Lawlor explained that the Division of Criminal Justice is primarily involved in three areas regarding Whiting patients. The three areas of involvement include the investigatory phase, the prosecutorial phase, and the trial phase. He explained that individuals under the supervision of the Psychiatric Security Review Board have committed some of the most heinous crimes under the Connecticut Constitution. Those crimes include murder, assault in the first degree, robbery in

the first degree, sexual assault in the first degree, manufacturer of bombs and other heinous crimes. He also added that you cannot be found guilty by mental disease unless an individual affirmatively asks for such a consideration. Also of importance to note is that every individual under PSRB supervision has been found guilty beyond reasonable doubt.

Mr. Lawlor continued discussing the court, PSRB, and Whiting process. He explained that once an individual is found guilty because of mental disease, they are referred to Whiting Forensics where they have further evaluations done. They are then referred back to the presiding judge who gives them the time of their sentencing. Mr. Lawlor stated that families usually misunderstand the role of the PSRB process. They believe that it is jail for people with mental illness, so he must explain to them that the goal for the committed individuals is for them to get better. It's possible that some of these individuals will be able to be free much earlier than their sentencing.

Mr. Lawlor stated that PSRB informs the Division of Criminal Justice about 18 months before a sentencing is set to expire. At this point, the Division can choose to ask for recommittal of the patient, or if they feel the patient is considered safe and has made significant progress, they will let the sentencing expire. He added that 72 patients have been released early, and 100 have been recommitted. He noted that the numbers show that neither avenue is an exception, and both are possible.

Dr. Rodis explained to Mr. Lawlor that the lack of questioning for him from the members is not a lack of interest in his presentation, rather that they were made aware of the process during the task force visit to the hospitals.

Mr. Acker asked Mr. Radler and Mr. Lawlor if they believe the PSRB needs minor tweaks, a major overhaul, or to be completely eliminated.

Mr. Lawlor stated that in his experience, the PSRB contains a group of very dedicated individuals looking to do their best to counterbalance charges to assure the mental health of the individuals who committed serious heinous crimes, and to assure the safety of the public. He added that everywhere there is always room for improvement, so while the PSRB may be improved, it does not need a major overhaul.

Mr. Radler answered that the task force needs to look at how the legal system of PSRB interacts with the Whiting internal process, and what is or is not necessary to return the forensics part of the hospital to more of a hospital than a custodial function.

Ms. Schwartz asked members if they had any additional comments or questions, to which there none.

The next time the task force will meet will be on Friday, December 13, 2019 where they will be attending a meeting at Dutcher. She added that on that day, the task force will convene for their regular business and entertain a motion to go into executive session prior to attending the Dutcher meeting.

A motion was made to adjourn the meeting.