

State of Connecticut  
GENERAL ASSEMBLY



CVH WHITING TASK FORCE

Meeting Summary

January 9, 2020

Co-chairwoman Linda Schwartz convened the meeting and welcomed members. She announced that Shaun Mastroianni was reappointed to the task force.

Mike Lawlor acknowledged that Rep. Phil Young, vice-chair of the Public Health Committee, was present and welcomed him to the meeting.

Members Present included Dr. Linda Schwartz, Michael Lawlor, Dr. John Rodis, Kim Beauregard Nancy Alisberg, Paul Acker, Dr. Lori Hauser and Shaun Mastroianni.

Guests present included Barbara Cass and Donna Ortelle from the Department of Public Health.

Dutcher Visit Discussion

Nancy Alisberg suggested that the task force schedule a second visit to the Dutcher Steering Committee meeting, and to other committee meetings at Connecticut Valley Hospital and Whiting Forensic Hospital. Staff commented that not everybody is comfortable attending meetings and those who attend may not be comfortable speaking up.

Mike Lawlor listed three take-aways from the visit: 1) the impact of limited staffing on patient ability to participate in different programs; 2) unavailability of higher education classes; and 3) patients expressed feelings that their experience at Whiting was nightmare.

Dr. Hauser stated that opinions on staffing is something the task force will hear from staff. Several things could be alleviated with appropriate staffing, both from a safety perspective and the ability to escort them on more trips. The Training and Education Workgroup is looking into the issue of higher education.

Paul Acker expressed disappointment with the low turnout at the meeting. Staffing is critical to the improvement of patient's health.

Presentation:

### Department of Public Health Presentation

#### Discussion

Mike Lawlor referenced the controversy between some of the issues the task force is discussing and some Department of Correction related issues.

Barbara Cass noted that DPH only license substance abuse facilities within the DOC facility. An example is at the New Haven jail where we license the APT Foundation who has a clinic physically inside the jail where they administer methadone through the participation in the Medication Assisted Treatment Program.

Mike Lawlor asked if retrofitting was made to improve the condition of the building to meet the standards that DPH had recommended.

Barbara Cass responded that a lot of retrofitting was done along with the purchase of new equipment to bring the facility in compliance as it relates to ligature risks.

Mike Lawlor asked if the facility is beyond the point of no return and if there any retrofitting that can be done to get the hospital to a suitable standard. Apart from the ligature risks, has DPH ever weighed in on any other issues related to the facility with this type of population.

Barbara Cass responded no, that wouldn't be the role of DPH. The Department is not required to do a suitability inspection.

Mike Lawlor asked about the process for the hospital to comply with licensure requirements when there is a high cost attached. Both DPH and DMHAS are state agencies, how do you navigate the system and the budget process and what happens if you are told not to make certain recommendations. He asked how these issues would be resolved.

Barbara Cass noted the overarching and over-riding task of DPH is to ensure that there is compliance with state and federal regulations. There are opportunities for waivers, those at the federal level are issued by CMS and those at the state level typically start with DPH.

Mike Lawlor asked who has the final say.

Barbara Cass noted it takes a lot of engagement and collaboration, with Commissioner involvement every step of the way.

Dr. Rodis asked if the DPH Commissioner could be influenced by another Commissioner.

Barbara Cass expressed the importance of quality care by DPH and stated the Department will not be influenced by anyone. The task of DPH is to ensure that we have quality care in Connecticut.

Dr. Rodis asked if the 15 complaints received since licensing Whiting are considered a high or low number based on patient population, and if there is a complaint pattern.

Barbara Cass noted the complaints were compared with those at similar hospitals and were found to be consistent with what we see in the health care marketplace.

Dr. Schwartz asked if the licensing of Whiting Forensic Hospital automatically qualify them for Medicaid and Medicare?

Barbara Cass responded no.

Kim Beauregard asked what the best practices for staffing pattern at a hospital are.

Donna Ortelte responded that a hospital must come up with an acuity scale for the patients need in order develop the required staffing pool to provide the appropriate care.

Mike Lawlor suggested the task force consider a recommendation to address an alternative way of handling competency patients to make them eligible for Medicaid/Medicare reimbursement. If patients could receive services at locations other than at Whiting and Dutcher, the state could save a lot of money.

The task force discussed the possibility of convening an executive session to work on the final report. Members were reminded that gathering of task force members to discuss official business would be considered a public meeting.

Task force members reviewed communications received from CVH and Whiting patients.

Nancy Alisberg stated that the task force does not have any legal authority or jurisdiction to look at individual cases and suggested that staff contact the patients and refer them to advocacy groups and agencies.

It was decided that Nancy Alisberg would draft a letter for the chairs signature. She will list CLRP, DRCT, Advocacy Unlimited, DPH & ACLU as resources.

Dr. Schwartz requested a motion to send the letter.

The motion was offered by Paul Acker and seconded by Dr. Rodis.

A motion was made to adjourn the meeting.