



# Disability Rights Connecticut



## Legislative Task Force Presentation on Whiting Forensic Hospital and Connecticut Valley Hospital

January 27, 2020



# Disability Rights Connecticut

## Designated Protection and Advocacy System for Connecticut

- Part of a nationwide network of similar organizations in each state and territory.
- Established in July 2017.

## Authorized to:

- Investigate allegations of suspected abuse and neglect of persons with disabilities.
- Monitor conditions in facilities and community programs.
- Pursue legal, administrative, and other remedies to protect the civil rights of people with disabilities.



# Disability Rights Connecticut

## Other Activities Mandated under DRCT's Funding Sources:

- Provide Information and Referral.
- Educate people with disabilities, policymakers and the public about disability rights issues.
- Advocate for applicants and clients of the vocational rehabilitation system and specific Social Security programs.



# **Background**

## **DRCT Initiated CVH/Whiting Forensic Division Investigation**

- November 2017

## **Initial Focus/Scope of the Investigation –Treatment of two patients:**

- William Shehadi
- Andrew Vermiglio



# Background

## **Focus/Scope of Investigation Expanded:**

- DRCT Investigators became aware of rights-related issues affecting other residents at Whiting and CVH.
- Right to be free from neglect and to receive safe and effective treatment were in jeopardy.



# **Investigation Findings**

## **1. Use of Restraint for Discipline in Lieu of Treatment or for the Convenience of Staff**

Restraint/seclusion may not be used except as an emergency intervention to prevent immediate or imminent injury to the person at risk or to others.

## **2. Inadequate Individual Assessment and Treatment Programming**



# **Investigation Findings**

## **3. Denial of Patient Rights by DMHAS Police.**

- Andrew Vermiglio denied visits with his mother
- Andrew Vermiglio also denied a visit with his attorney

## **4. Dependence on Frequent, Regular Use of PRN, STAT and IM Psychotropic Medications.**

## **5. Use of the “Level System” as a Mechanism of Control and Default Treatment Plan.**

## **6. Inadequate Abuse and Neglect Reporting and Investigation Protocols.**



# **Investigation Findings**

**7. Inadequate Death Investigations.**

**8. Incoherent Mix of Patient Identities and Needs.**

**9. Lack of Interdisciplinary Team Process.**

**10. Levels of Staff Engagement with Patients.**

**11. Persistent Problems Remain at CVH, Similar to Those at WFH.**



# **DRCT Recommendations**

- 1. Remove CVH's statutory exemption from psychiatric hospital licensing requirements. (See, DPH presentation, 1/9/20 re: "CMS Certification" vs. "DPH Licensure").**
- 2. Establish genuine interdisciplinary treatment teams that include direct care staff as well as clinicians, involve patients in development of treatment plans and conduct frequent progress reviews.**
- 3. Begin with an accurate understanding of each individual's identity and needs.**



## **DRCT Recommendations**

- 4. Eliminate the level system as currently designed and implemented at WFH.**
- 5. Develop relevant, discreet programs and services for people with specific needs, particularly those with intellectual or developmental disabilities.**
- 6. Train DMHAS police concerning patient's civil rights.**
- 7. Secure independent investigations into all unanticipated deaths.**



## **DRCT Recommendations**

**8. Evaluate the effectiveness of the implementation of PA 18-86 concerning the DMHAS abuse, neglect, and exploitation (ANE) reporting and investigation system as it pertains to WFH and CVH.**

- Other “protective services” systems address “abuse”, “neglect”, and “exploitation”.
- As CLRP - 8/5/19 Presentation, the Public Act only addresses allegations of abuse. An ANE reporting and investigation which omits “N” and “E” is not a satisfactory system).



# **DRCT Recommendations**

- 9. Comprehensively evaluate the use of physical and chemical restraints, PRN psychotropic medication, and the occurrence of patient injuries in integrated treatment plan reviews.**
- 10. Provide specific, individualized instructions regarding the nature of the behaviors or symptoms that warrant administration of PRN psychotropic medications.**



# **DRCT Recommendations**

- 11. Decrease over-reliance on PRN, STAT and IM psychotropic medications.**
- 12. Consistently implement quality improvement practices and measures at WFH and CVH.**



# **Disability Rights Connecticut**

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