

State of Connecticut
GENERAL ASSEMBLY



CVH WHITING TASK FORCE

Meeting Summary

1/27/2020

Co-Chairwoman Linda Schwartz convened the meeting and asked members and visiting presenters to introduce themselves.

Gretchen Knauff, Catherine Cushman and Jim Welsh from Disability Rights Connecticut (DRCT) presented:

Disability Rights Connecticut Presentation

Dr. Schwartz asked if the investigation revealed a pattern of continuous use of the same PRN medication.

Catherine Cushman stated that the same pattern was often found.

Kim Beauregard noted it had been stated earlier that it was not part of the treatment plan.

Dr. Schwartz asked if all residents had the same care plan.

Catherine Cushman responded no and added that individual patients had individual care plans.

Dr. Schwartz asked if the investigation found individuals at Whiting Forensic Hospital who had not entered the system through the criminal justice path but rather had voluntarily committed themselves.

Catherine Cushman responded yes.

Dr. Hauser asked how many patients were found to be in that situation.

Catherine Cushman indicated that DRCT did not have access to all patient records.

Dr. Hauser stated that observation is incorrect. She added that some patients in Whiting at some point were in competency restoration, some are committed and are waiting movement through

the system and others are patients who were hospitalized at other hospitals and were sent to Whiting because of unmanageable violent behavior.

Kim Beauregard asked that those numbers be provided to task force members.

Dr. Rodis asked when the reported information was ascertained and if there is updated information specific to improvements.

Catherine Cushman stated that the investigation started in November of 2017 and referred members to page 11 of the [DRCT Investigative Report](#).

Mike Lawlor asked if any of the recommendations listed in the DRCT report have been implemented by Whiting staff or the administration.

Jim Welsh acknowledged there were some changes such as the Public Act and some administrative changes. One example was a May 2019 directive that addressed the concern related to the congregation of staff. Others are the implementation of PA 18-86 and the licensing of Whiting by the Department of Public Health.

Nancy Alisberg asked if DRCT had visited CVH, and if so, why it is not mentioned in the final report.

Catherine Cushman responded that there was no reason and that CVH is mentioned later in the report.

Nancy Alisberg expressed concern with the number of records reviewed by DRCT. She asked DRCT representatives to respond to Commissioner Delphin-Rittmon's letter.

Dr. Hauser asked how many patients were interviewed, how many charts were reviewed and how the patients were selected.

Anne Broadhurst offered to send the information to the task force members after the meeting.

Dr. Hauser asked for clarification on the conclusion that many of the patients at Whiting were not there via the legal system. She noted that only a small percentage of patients would fall into that category.

Catherine Cushman noted that assumption was not accurate. The finding refers to the mixed population at Whiting with individuals who are there for different reasons. The investigators determined it was a mix-match system and that what some patients were there for was not addressed individually and directly.

Dr. Hauser asked what method of comparison was used to conclude that restraints and seclusion were frequently used.

Catherine Cushman responded that the investigation did not specifically look at the rate it was used and why it was used and if it was done properly.

Paul Acker asked if DRCT was aware of any changes since Whiting was separated from CVH.

Catherine Cushman stated that they attended regular meetings and were kept informed. She added that those were not included in the report and that they did not know if or how well they were implemented.

The task force decided to request the information from CVH

There was an extended discussion regarding the jurisdiction of the DMHAS Police Department and the protocols for investigating the death of a patient.

Dr. Schwartz suggested that such incidents should be investigated by outside law enforcement officers.

Mike Lawlor stated that it might be a recommendation that the task force could consider

Kim Beauregard suggested that the task force request a copy of the policy for investigating incidents.

Jim Welsh noted that there were several actions taken since the incident occurred. He provided an overview of the DRCT recommendations listed on p.p. 25-29. He also referenced the [DPH Presentation 1/9/20](#).

Jim Welsh provided clarification in response to Commissioner Delphin-Rittmon's letter to DRCT regarding their report.

Mike Lawlor asked Jim Welsh if it was his sense that the DRCT recommendations were rejected by the agency.

Jim Welch responded that certainly not from the Commissioner and added that there is an ongoing relationship with the Commissioner.

Mike Lawlor noted that he is interested in knowing if the agency has objections to any of the DRCT recommendations. He added that one possible recommendation could be that a whole new facility be built.

Richard Edmonds stated that he found the buildings at CVH and Whiting very disturbing and not a suitable living environment.

Dr. Schwartz asked Jim if he saw any difference between Whiting and the Department of Corrections (DOC).

Jim Welsh pointed out that the focus at DOC is that individuals are serving time and that there are dedicated units to provide health care. Whiting serves psychiatric patients with legal challenge hanging over them.

Dr. Rodis noted that the presentation was helpful, particularly the physical sampling used to address certain items in the report. He added that a lot of the recommendations could be applied to any facility and listed: individual treatment; individual treatment plans; improvement opportunities; and PRN medication. He added that there is a lot of progress since the incident.

Kim Beauregard noted the number of different populations mixed at Dutcher, CVH and Whiting. She asked how the task force will be able to make recommendations when the underlying culture is the problem.

Dr. Hauser offered to provide task force members with some of the visual given to new employees. It shows details of who is on each unit by legal status.

Mike Lawlor noted that it would be a mistake to believe the array of patients are fixed and cannot be changed. One thing to think about is the way people are sent to this facility. One example is reform of competency evaluation which could result in a smaller group of patients to be housed in this type of a maximum-security facility.

Dr. Rodis suggested the task force get information on other competency models for different cohort.

Dr. Schwartz suggested inviting community provider representatives to participate in a future meeting.

Paul Acker noted that according to the CT Alliance of Nonprofits there was a 17.5% budget reduction in the last five years. It strikes me that the only one state hospital is under the jurisdiction of the Department of Public Health, while there are others that may or may not benefit from that.

Dr. Schwartz asked if anyone knew why Whiting was the only state hospital selected for licensure by DPH and not all the state hospitals.

Dr. Hauser stated that she had asked the question and was told that it came down to CMS. The idea of one state agency overseeing another state agency and the inherent problems that could cause.

Dr. Schwartz suggested sending a letter to the Office of Legislative Research asking "which state hospitals/institutions are now licensed by DPH, which ones are exempt and why".

Nancy Alisberg asked about the visit with Whiting Steering Committee.

Dr. Schwartz reminded members that the task force had discussed hosting a town meeting and conducting a patient survey.

Dr. Hauser reminded members of the discussion to invite representatives from Program for Recovery and Community Health (PRCH/Yale) to conduct focus groups. She reported that PRCH is currently in discussions with the administration to determine when and how.

Dr. Schwartz asked Dr. Hauser to contact PRCH for a progress report.

There was discussion regarding the visit with the Whiting Steering Committee and the selection of a date to visit. March 5, 2020 from 9:30 -11:30am was selected for the visit.

Dr. Rodis listed several issues that have already come to light during discussions: facilities, PSRB, competency hearings, individual treatment plans, licensure issue, educational opportunities for long term residents, investigations of deaths.

Dr. Hauser noted that the Victim Advocate Office should be invited to a meeting as it's an important piece of understanding patient's lives at Whiting and when they eventually return to the community.

Paul Acker agreed with Dr. Hauser and added there are political factors that come into play with the movement of people within the PSRB.

Shaun Mastroianni suggested the co-chairs get together and develop a strategic plan for moving forward. He added it would be helpful to have a timeline of where the task force is heading.

Dr. Rodis provided details and direction to Saint Francis for the next task force meeting on February 28, 2020.

A motion was made to adjourn the meeting.