State of Connecticut
GENERAL ASSEMBLY

CVH WHITING TASK FORCE

Meeting Summary

August 11, 2020

Dr. Schwartz called the meeting to order. She welcomed Mr. Luis Perez to the meeting and added that the task force is looking to him for information on the status of care for persons with mental illness that are releases in the community.

Mike Lawlor informed Mr. Perez that the task force is looking to him for suggestions or thoughts he might have in terms of care that exist in the community for people with mental illness and how the PSRB or the Advisory Board work. He added that the task force is charged with making recommendations for policy changes and appropriations allocation for Connecticut Valley Hospital (CVH), Whiting Forensic Hospital and Dutcher Hall.

Paul Acker informed members that Mr. Perez is uniquely positioned to assist the task force as the former CEO of CVH and current manager of a nonprofit mental health agency that takes people with PSRB status.

Presentation:

Luis Perez, Chief Executive Officer, Mental Health Connecticut: During my tenure at CVH, we moved to an approach that was more active treatment and recovery oriented. I think we are also seeing people coming into our programs that are much better prepared to be in the community. It is important to look at safety issues with the PSRB population regarding real or perceived threats. Even with professional assessment and recommendations by treatment teams, the public perception of people who are released in the community might be resisted.

I would suggest that your recommendations include these four areas and resources to address: housing in the community that must be stable, safe and affordable; maintain individual recovery plans to address the person's needs; overall health approach of the person; purpose with the ability of reconnecting within the community.

In terms of medication management, we can encourage and monitor clients on an ongoing basis depending on the regiment and recommendations of the prescriber. Oftentimes the clients have

APRNs who are not out in the community. An area to improve on is to be able to transition people into the community with a medication regiment that would work outside the structure of the institution.

In terms of accessibility, it depends on the number of beds that are assigned for community integration for PSRB and non-PSRB patients. In the last 2 years we used discretionary dollars to add eight beds in Stamford and six beds in Greater Bridgeport. We have seen increased emphasis and more resources. Although the cost of operating 24/7 facilities has increased, private nonprofits have not been given an increase to keep up with inflation. I worry about what will happen in three to five years if this trend continues.

Mike Lawlor asked if there are eight new beds in Stamford and six in Bridgeport.

Mr. Perez responded yes and added that they are specifically for patients discharged from being inpatient.

Mike Lawlor asked if there are others in addition to those two places, and what is the total number of beds available for this purpose statewide.

Mr. Perez stated he didn't have that number readily available and suggested DMHAS would be better positioned to provide the answer.

Mike Lawlor stated he is trying to figure out how the fourteen additional beds compare to what's already around the state.

Mr. Perez noted those beds are the ones out of Mental Health CT.

Mike Lawlor asked if the people transitioning out of Whiting and Dutcher are always going into supervised settings.

Mr. Perez responded yes.

Mike Lawlor asked Mr. Perez to comment on patients who are there for competency restoration.

Mr. Perez stated it's a multifaceted issue that comes down to economics.

Nancy Alisberg asked if PSRB folks that enter 24/7 housing can move into less stable settings based on the work you do but find that the PSRB won't permit that.

Mr. Perez noted he couldn't say it's like that across the board. He added that it is sometimes the monitoring, the consulting psychiatrist and the assessments that have been done. It also depends on the crime where people are less likely to allow for more freedom.

Nancy Alisberg asked Mr. Perez if based on the domains he listed and his experience working at CVH and Whiting, if that kind of approach and way of looking at things can be done at CVH, and would it be a way to move people into a less restricted environment.

Mr. Perez noted he couldn't speak to the processes and systems in place to achieve that since he has not been there since 2009.

Dr. Hauser asked if the beds mentioned earlier were mostly slated for folks coming out on TL.

Mr. Perez stated they are a combination.

Dr. Hauser asked if someone who is found competent to stand trial and the judge releases them, or if someone is found non-restorable, can these people flow from the hospital to occupy these beds.

Mr. Perez responded yes and added that there are other beds that are already available. These are just the beds that came online recently, and they are to address people that had been in the hospital for a long period of time and have made several unsuccessful attempts to move into the community.

Dr. Hauser stated that sometimes the delayed experience is not so much with the PSRB but the resistance from the community.

Nancy Alisberg asked if patients who were found not competent, not restorable and not committable can just leave the facility since there is no reason for Whiting to keep them.

Dr. Hauser noted it's the decision of the superior court. She added that they are always working on discharge plans no matter what direction the competency decision goes. If there is no discharge plan in place that the judge is comfortable with, they are more inclined to return the patient for civil commitment.

Mike Lawlor listed three possible outcomes if a defendant is charged with a crime and the courts determined that a competency evaluation is necessary: competent to stand trial; not-competent; and non-restorable. I am curious, how often does the prosecutor dump the cases because they are too complicated.

Nancy Alisberg asked Mr. Perez if Mental Health Connecticut gets folks from Whiting that are non-competent and non-restorable.

Mr. Perez stated they get less of those patients.

Paul Acker asked what's the average length of stay in Mental Health Connecticut residential programs.

Mr. Perez responded 18 - 36 months depending on which of their programs they enter. He added that it is typically longer in the North West corner and places such as Stamford due to the availability of affordable housing. Mental Health Connecticut does a great deal of advocacy work to combat stigma and most importantly discrimination. Community integration is as good as the ability of an organization to be a good citizen and a good community partner.

Mike Lawlor asked how many PSRB patients are discharged from CVH.

Dr. Hauser stated she didn’t have that number on hand and offered to get it to task force members.

Mike Lawlor suggested inviting Richard Cho from CT Coalition of Homelessness to make a presentation on their programs.

Dr. Hauser noted the challenges faced when developing discharge plans for Whiting patients coming out of Whiting. She added that it would be helpful to have access to a master list of available housing for different populations.

Paul Acker informed members that DMHAS is currently developing a Mental Health Bed website. He added it will be updated weekly and will have inpatient and outpatient beds, level of care and settings.

Dr. Schwartz asked where are the gaps that need to be addressed.

Mr. Perez stated the gaps are in the downstream flow and the ability to get people out. When institutions are created in the 24/7 programs and they become community institutions, especially when you are not able to meet the needs of patients as they progress through recovery. It is also a reimbursement issue.

Mike Lawlor asked Mr. Perez who was running Whiting Forensic hospital while he was the CEO at CVH.

Mr. Perez stated it was first Dr. Mike Norko and then Dr. Fox.

Mike Lawlor noted that a lot of hospital employees have conveyed concerns to the task force about racial disparities in the way employees are treated. He asked Mr. Perez if he had any insight of what things were like 10 years ago when you were there, or any advice on how we should respond to that.

Mr. Perez stated he couldn't comment on the current situation in terms of what employees are feeling in terms of their treatment by staff. I think when you look at data across and not just Connecticut, there is disparity in terms of the number of people of color that are hospitalized, mandated to take medication, and are probated, there is a higher instance of black males. It is my belief that when you are in a system where you see those disparities, you may start to project some of that in terms of what you are feeling in terms of your ability to be treated fairly and equally. I think we need to look at all our organizations and institutions and look at the racial inequalities. This wasn't something that was prevalent or came up in our labor relations meetings when I was there.

Mike Lawlor asked Mr. Perez what he thought of the actual physical plant at CVH and in particularly Whiting.

Mr. Perez expressed his dislike for the Whiting Forensic building. He added that the model was designed for a prison in California and CT purchased the blueprints and used it for Whiting. He gave the example of having to go from unit 1 through 5 to get to unit 6. This is disruptive and disrespectful to the people who reside there.

Discussion on the Draft Interim Report:

Dr. Rodis suggested adding today's meeting to the task force meetings list and that the task force toured the facility to the overview section of completed work.

Nancy Alisberg asked that DRCT presentation and the attendance to Dutcher Steering Committee meeting be included.

Work to be completed section:

Dr. Schwartz asked if Dr. Hauser is working on the survey.

Dr. Hauser responded that she had proposed a study but was never granted permission at the Commissioner's level. She explained that her study was a broader focus and wondering if a different venue would be better served. She added that she asked to have the PRCH folks come back and do a focus group, which is a bit more challenging now.

Dr. Schwartz asked the group how they felt about the survey and asked her to share her document with the task force

Paul Acker asked Dr. Hauser which part of her survey was considered too broad.

Dr. Hauser explained that the initial purpose of the survey was to look at the long-term effect of working in forensic mental health hospital, health setting or maximum-security facility, if there are any changes in world views, the way people see each other, and how they see themselves. There is also a section that talks about job satisfaction, looking at aspects related to trauma and some open-ended items about the good and the bad. It's not specifically focusing on the things outlined in the legislation

Dr. Rodis agreed that what Dr. Hauser outlined is much broader than the scope of the task force charge. He suggested it would be good to solicit and receive written comment from staff to get the information related to the culture of the organization.

There was extended discussion on the issue of the upcoming patient forums at CVH and Whiting and the listening session for the CVH and Whiting staff and members of the public.

Nancy Alisberg suggested that the task force should meet 2 times per week.

Dr. Rodis expressed concerns with switching days around on a weekly basis. He suggested that the task force should keep a schedule of every week or every two weeks.

Members discussed setting a regular meeting schedule and selected Tuesday afternoons at 1:00pm – 3:00pm- every other Tuesday.

The issue of going into Executive Session for the patient forums was discussed and Mike Lawlor reminded members that patients are free to disclose their health information and that members were not covered under HIPAA Compliance.

On the issue of conducting the patient forums through Executive Session, Mike Lawlor offered to consult with FOI and Mary Kate Mason will also discuss it with DMHAS.

A motion was made and seconded to adjourn the meeting.