

State of Connecticut  
GENERAL ASSEMBLY



CVH WHITING TASK FORCE

Meeting Summary

August 25, 2020

Co-chairwoman Linda Schwartz convened the meeting. Members and guest speakers introduced themselves and gave an overview of their credentials.

Guest speakers present were: Heather Gates, MBA, President & Chief Executive Officer, Community Health Resources; Richard Cho, PhD, Chief Executive Officer, Connecticut Coalition to End Homelessness; and Grace Cavallo, LCSW, Chief Program Officer, Community Mental Health Affiliates.

Ms. Gates presented and noted that Community Health Resources (CHR) is one of the largest non-profit health providers in Connecticut. She noted that the development of the Local Mental Health Authorities (LMHA) service system is important in relation to the task force interests. LMHAs were created with the goal of single accountability in a defined geographical area for those who had serious mental illness and substance abuse disorders, regardless of the level of need or the payment source. It was a way to ensure those who were discharged from state hospitals had their needs adequately met. State operated LMHAs are focused on adults with DMHAS.

Ms. Gates explained that in Connecticut, significant zoning issues have prevented the development of additional programs like LMHAs. It is a challenging state for residential programs in part due to stigma associated with mental health patients. Due to the last ten years of budget crisis in Connecticut, the service system began to contract with inadequate funding because the cost of care went up while funding remained the same. This has made it very difficult for LMHAs to meet the needs of those they serve.

Ms. Gates concluded by emphasizing that more resources are needed especially with the increased need of services during the Covid-19 pandemic.

Mr. Acker asked about the difference in services before the budget crisis and inadequate funding.

Ms. Gates answered that funding may never have been adequate. The system saw an increase of those with serious problems and the alternative became jail, but it was still better than it is now. Over the years, the problem became more complex especially with the opioid crisis. The resources that were devoted to mental health patients were diverted to the opioid crisis because people were dying and continue dying because of it.

Ms. Gates spent her entire career advocating for small settings for mental health patients rather than large institutional settings. She noted that it's important to not recreate a setting outside of the hospital to one that is like a hospital. She recommended to continue investing in housing, the supports that go with it and adequate reimbursement for the services provided.

Mr. Cho presented and stated that his focus is around models of housing that maximize people's integration into the community. He added that there are serious challenges in meeting the needs of those with mental health illnesses who become involved in the criminal justice system. Challenges include finding access to treatment, finding social supports, as well as access to affordable housing.

Mr. Cho noted that Connecticut has historically been a leader in creating permanent supportive housing, but it is more so in respect to homeless people rather than those involved in the mental health system or in the criminal justice system. Although, as Ms. Gates noted, due to the budget crisis, the last several years have seen a halt to large expansions of housing.

Mr. Cho concluded by noting that Connecticut has a lot of experience with compiling resources and making housing and services available to people in the community, but what it needs is a vision to create something more comprehensive across the population, across disability and across systems. This would assist many individuals who may not belong in the criminal justice system but become involved because there are no alternatives available.

Mr. Lawlor remarked that law enforcement individuals, including police chiefs, prosecutors and judges, have continuously expressed their wish of an alternative method in figuring out these complicated instances because they are not mental health professionals or service providers. Mr. Lawlor agreed that an expansion of comprehensive housing would assist in a lower number of individuals entering the criminal justice system.

Ms. Cavallo presented and stated that many individuals that are discharged from CVH and Whiting are referred to the Community Mental Health Affiliates (CMHA) for services. Like Ms. Gates and Mr. Cho, Ms. Cavallo also noted that funding decreases during the past decade have negatively impacted the service system, especially group homes as the backlog has become significantly worse. She added that of the five CMHA group homes, the wait time to get into the program is a year to a year and a half.

Ms. Schwartz asked whether Ms. Cavallo has a cost estimate of how much it costs CMHA to care for individuals in their 24/7 setting group homes.

Ms. Cavallo answered that she does not have the estimates readily available but would send them to the task force after the meeting. She noted that it is difficult to figure out exact costs but they have round figures that she would send.

Ms. Schwartz asked members whether they had any additional questions for the presenters, to which there were none.

Dr. Rodis remarked of the helpfulness of today's presentations in understanding the multiple layers of CVH and Whiting patient lives once they are discharged from the hospitals.

Mr. Acker noted the many additional steps an individual must go through in order to get a residential setting that other individuals already have. He stated that we must do better at looking at the system because it is designed to get results.

Members discussed extensively future task force meetings, including possible multiple patient forums and the legalities involved should they choose to go into executive session.

Ms. Mason elaborated on the process of the patient forums. She notified members that the forums can be scheduled on any day the task force chooses, although they must take place between 10:00 to 11:00 AM. She noted that patients would testify virtually one at a time and that both CVH and Whiting patients can be heard on the same day through two Teams accounts.

Mr. Lawlor volunteered to contact the Freedom of Information Commission (FOIC) about the legal technicalities of going into an executive session during the patient forums.

Staff advised members to wait for an answer from the FOIC before choosing any dates for the patient forums. The forums will be added to the next regular meeting agenda for further discussion.

The next task force meeting was scheduled for Tuesday, September 8, 2020 at 1:00 PM.