

State of Connecticut
GENERAL ASSEMBLY



CVH WHITING TASK FORCE

Meeting Summary

October 13, 2020

Mr. Lawlor convened the meeting and asked members for their reactions to the 10:00 AM patient forum.

Ms. Alisberg stated that lack of staffing seemed to be a consistent issue from the patient forum on October 6, and today's patient forum.

Mr. Lawlor added that the conditions at the facilities seem to be substandard at most.

Ms. Schwartz echoed Mr. Lawlor's sentiments.

Ms. Schwartz announced that although the Public Health Committee understands a final report cannot be completed prior to the staff survey, they would like to have a task force progress report by January.

Ms. Beauregard expressed concern with what she considers a lack of basic human rights, such as insufficient drinking water, a lack of hot water for showering, and the presence of insects. She also asked for more information regarding an existing budget for overtime. She added that it seems counterintuitive to not have enough staff but to have an overtime budget.

Ms. Beauregard asked Ms. Hauser if patients have daily expectations.

Ms. Hauser answered that all expectations are included in individualized treatment plans, such as 'you will see your psychiatrist for 30 minutes per week'.

Ms. Alisberg stated that there seemed to be a lack of activities and alternatives to medication.

Mr. Mastroianni asked what could the task force recommend that would result in improvement of the environment and patient lives.

Ms. Alisberg answered that the task force can recommend that staff listen to the patients and have a treatment plan that is a collective effort between the staff and the residents. She added that alternative therapies should be considered just as important if not more so than medication.

Mr. Acker stated that he did not hear of anything therapeutic occurring at the hospitals. He added that it could be a lack of staffing or possibly because the current system as a whole is simply not working.

Mr. Lawlor referred to a patient's comments who stated that misconduct from PSRB patients and civil patients results in different consequences. Mr. Lawlor found this interesting and added that a blending of the two levels of patients seems to have created problems and may not be a good idea.

Ms. Hauser explained that the structure of Whiting includes three competency units and two long term units. Most people in the competency units are there for competency but occasionally civil patients are also there. Similarly, most people in the long-term units are primarily PSRB, but occasionally civil patients are there too. The reason may be because treatment for civil and PSRB patients is more alike and therefore their needs may be similar.

Ms. Hauser added that regarding consequences, although the perception of the patient is his, she is not aware of anything different being applied to patients based on their civil or PSRB level.

Dr. Rodis commented that the task force has gathered a fair amount of information to be able to make recommendations to present to PHC. He added that some of the information gathered has been by seeing it first hand and much of it in some ways it was confirmed by the patients themselves.

Ms. Schwartz agreed with D. Rodis. She added that the task force needs to use the interim report as a framework and expand along those lines.

The task force will meet next on October 20, 2020 for the virtual public informational forum.

Mr. Acker made a motion to adjourn the meeting, and it was seconded by Ms. Beauregard.

The meeting adjourned.