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Disability Rights Connecticut
"Connecticut's protection and advocacy system"

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CVH-WHITING TASK FORCE VIRTUAL INFORMATIONAL FORUM
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Good Afternoon. My name is Jim Welsh and I am the Lead Investigator and PAIMI (Protection and Advocacy for Individuals with Mental Illness) Coordinator for Disability Rights Connecticut (DRCT). DRCT is the Protection & Advocacy System for Connecticut, so designated under state law, and which implements a range of federal protection and advocacy laws.

On January 27, 2020, I, along with other staff from DRCT, appeared before the Task Force to discuss and answer questions about the DRCT Investigative Report: Whiting Forensic Hospital (Whiting) and Connecticut Valley Hospital (CVH), issued November, 2019. I would like to echo testimony the Task Force has received from Kathy Flaherty, Executive Director of CLRP, and Michaela Fissel of Advocacy Unlimited. Further, I must re-inforce the recommendations DRCT made in the November, 2019 Investigative Report, which remain vital, even more vital, with the advent of the coronavirus pandemic.

First, and among the simplest to obtain, is that Connecticut Valley Hospital – as well as all state-operated in-patient psychiatric facilities – no longer be exempt from licensure by the Connecticut Department of Public Health. This concept was easily implemented through a small provision in PA No. 18-86 for the Whiting Forensic Hospital. It is time to extend the protections of independent licensure to CVH and all state-operated in-patient psychiatric facilities and programs.

While DPH Licensure is not a panacea to the problems presented and documented in the treatment of human beings who happen to become patients at Whiting and CVH, Licensure **does** establish a "floor" of basic medical, nursing, treatment, and rights; standards which are a foundation upon which to build improvements. Sporadic, complaint-driven, oversight of the "conditions of participation" by the Centers for Medicare and Medicaid Services (CMS) is not sufficient to establish a consistent and enforceable set of standards.

Second, Connecticut must invest in the array of community-based supports – affordable supportive housing and mental health treatment – which will allow for meaningful discharge planning of individuals who do not require hospitalization. It remains incumbent for Connecticut to be continuously planning and implementing the "Integration Mandate" of the Americans with Disabilities Act (ADA), as forcefully set forth by Justice Ginzburg in the landmark case, *Olmstead v. L.C.,* particularly in the time of COVID, for the vast majority of long-term patients.

Third, treatment must reflect the assessment of individual needs and capability by qualified professionals and individualized treatment plans, with full accord to the legal rights of the individual. Broad-based "level" systems which fail to account for individual needs, often function merely as punishment, and generally serve to delay meaningful discharge planning, should no longer be a foundational element of treatment.

Fourth, protection from harm systems must be re-focused upon the individual and his/her rights and not on facility management, Human Resources response to staff, or a primarily police-driven investigation approach. DMHAS police have done a credible job, in many cases, in collecting evidence, but the focus needs to extend beyond whether or not a crime was committed. PA No. 19-86 began the process of improving the abuse/neglect/exploitation reporting and investigation system – the creation of a true "protective services system" - but it has been shoe-horned into existing administrative structures in the implementation. Not only can there be improvements in the statutory language, the system requires a level of independence – and a person-centered rights focus – which cannot be achieved by tinkering with existing bureaucratic structures.

In all, the DRCT Report included twelve (12) recommendations. Today I have highlighted only a few, but I commend the Task Force to refresh your collective memory and review those recommendations in the area of physical and chemical restraints, training of police on patient rights, and refining quality improvement measures and systems.

And lastly, DRCT endorses the recommendations of CLRP concerning the operation and functioning of the Psychiatric Security Review Board, and the mis-use of Whiting for in-patient "competency restoration" for relatively minor offenses.

The rights of people to live, or to move to, the least restrictive setting to meet their needs, and to safe conditions and appropriate treatment while waiting, can be greatly enhanced by the work of this Task Force, and we are encouraged by your dedication to the task at hand.