

State of Connecticut
General Assembly
CVH WHITING TASK FORCE
Meeting Summary
12/01/2020

Chairwoman Linda Schwartz convened the meeting at 1:05 P.M.

Mike Lawlor suggested members offer comments on the following five subject areas for recommendations:

- Need for a new facility
- Number of NGRI and competency patients, how Courts handle competency restoration on the front-end and the PSRB on the back end
- Rebooting of the PSRB
- Employment practices at CVH and Whiting as it relates to race and disparity
- Expand oversight responsibility and powers of Whiting Advisory Board and full-time staff rather than creating a separate entity of the Inspector General

Paul Acker agreed with the idea of a new facility. Still, he cautioned that beautifying the container and keeping the status quo will not change things. He suggested a review of the restoration process, and he disagreed with the suggestion to reboot the PSRB.

Kimberly Beauregard emphasized the need to change workplace culture to allow staff and clients to feel safe. She questioned the restoration process and stated that looking in from the outside, it seems like the PSRB complicates things.

Lori Hauser informed the meeting that the Department of Mental Health and Addiction Services conducted an analysis to determine the cost of retrofitting Whiting Forensic Hospital versus moving into a new facility. Connecticut is one of three states with a PSRB. One of the benefits seen is the separation between the hospital and an outside entity making decisions about risks. She recommended that a Whiting Advisory Board member possess a forensic background and the hospital be required to report to the Whiting Advisory Board on hiring practices, staffing deficiencies, and disciplinary measures.

John Rodis, MD, stated that if a decision to build a new hospital is made today, it will probably open about five years from now. The existing facility cannot be rehabbed. Using existing campus land to build a new facility is a better way to go. He suggested a staff lounge, locker rooms, and a learning environment with a computer lab considered in the new facility's design. There should be a focus on diversity in senior management, diversity inclusion training, and de-escalation training. He also recommends a disciplinary process to handle deviation from established practices that aren't efficient. Community services are essential and should be a part of the five-year plan. Additionally, the PSRB is an archaic system that should be eliminated.

Kimberly Beauregard stated community service providers are highly regulated by the Feds and the State and accredited by the Joint Commission. Any other organization would have been shut down for the things we saw at Whiting.

Lori Hauser suggested that the task force reach out to the Office of Forensic Evaluation at DMHAS and request statistics on the utilization of outpatient restorations. This would enable the task force to determine if outpatient restorations could be utilized more frequently.

Nancy Alisberg referenced an earlier comment on outpatient restoration and compliance with medication regimens. She stated Connecticut does not have a forced medication requirement in the community. Paul and I would fundamentally disagree with any protocol requiring anyone to comply with medication regimens to qualify for outpatient restoration.

Kim Beauregard stated that for 34 years, DMHAS has always said this is a recovery system of care. To walk into Whiting and CVH in this condition, Connecticut should be embarrassed and ashamed as a state. We know community services work, and we need to look at what SAMHSA is saying and figure out why it's not working here.

Paul Acker agreed with Kim and stated there is a state failing regarding CVH and Whiting. We should decide if they are a hospital, a warehouse, or a prison and operate as such.

John Rodis, MD, stated Paul's comment is important. Part of the problem is regulatory. He doesn't think we pass as either inpatient or outpatient facilities by the same criteria the world is held accountable to. The question is, who is the regulatory body overseeing the facility? Is there a role for an advisory entity that consists of mental health, forensic, and hospital folks working collaboratively?

Lori Hauser recommended the establishment of a multi-agency; multi-disciplinary advisory board separate from the Whiting Advisory Board. This board would include members from the Judicial Branch, the Department of Correction, Whiting Forensic Hospital, community service providers, and **OFE**. They would collaborate on recent trends, arrest data, increase competency evaluations to figure out what's going on in the system.

Mike Lawlor stated a similar model to Lori's suggestion already exists in the criminal justice world. It's called the Criminal Justice Policy Advisory Commission. This body consists of every conceivable sector of the criminal justice system. They meet regularly to compare notes on decisions made in one area that might impact people in another area. Decisions made in courthouses are having a significant impact on how Whiting Forensic Hospital operates.

Kim Beauregard suggested the inclusion of people with lived experience in the advisory group.

John Rodis, MD, reminded members that the CGA will convene soon. There can be funds appropriated to engage an architecture firm to develop a master plan for a new facility. This process will take time and money, and he wouldn't want us to lose time waiting for the complete list of recommendations.

Linda asked if there was any dissent on the suggested PSRB recommendation.

Mike Lawlor stated he didn't believe everyone had reviewed the 2018 legislation. It looks like the PSRB is heavily weighted to focus exclusively on public safety because of the tragedy that

happened 35 years ago. We can either tweak the current system or eliminate it and try to build a new one. He underscored that the task force's responsibility is to develop broad policy goals and assume that the details will get filled in through the normal legislative process.

Nancy Alisberg stated the 2018 legislation is based on the treatment needs of the person, the need to protect society, and the rights of the person to have treatment under the Patient Bill of Rights. It would make the PSRB more consistent with homestead if the PSRB is still in existence. By just looking at risk assessment, it is totally contrary to the letter of the law, the spirit of the ADA, and the Homestead decision. It would change the discussion in terms of looking at risk assessment.

Lori Hauser stated risk assessment is balancing all those things and is always about treating the person to make them less of a risk so they can move to the next step. Sometimes, when we treat patients, our analysis of those things can be blinded either for the good or bad. That is why it is good to have an outside person make that decision since it is a legal decision.

Linda Schwartz asked Lori Hauser if when people are looking at risk assessment, do you find them to be conservative, middle, or very liberal?

Lori Hauser responded that Connecticut is a very conservative state regarding risk assessment, and the pendulum swung that way after the event 35 years ago. Connecticut tends to have people with more serious felonies who go under the PSRB and stay in our facilities longer. She reminded members that risk management is the other element.

Nancy Alisberg reminded members that it is about the risk to society when talking about risks in this situation. In contrast, in every other setting where we care for people, it's about the individual. Given the current way the PSRB operates, there is no way to apply that concept to the individual. If we are going to be completely honest about changing the culture of Whiting, we also must be honest about looking at a recovery model.

John Rodis, MD, stated that information presented during a public hearing indicated a disproportionately higher number of violent criminals in our forensic hospital than in any other state. This goes back to the fact that we have more people pleading to NGRI because some thought they would get a lesser sentence. He asked if that's a perception within that community.

Mike Lawlor commented that he talked to many people who practice law in this area, and it is evident that pleading to NGRI is a last resort. This would not be recommended to a client unless the alternative was much worse. He also learned from speaking with defense attorneys, in many circumstances, individuals might be better off going to a Department of Correction (DOC) facility than to Whiting as some of DOC facilities are more comfortable.

NGRI status relates to the mental status at the time the crime was committed. The general sense is that you will serve time at Whiting unless the crime you would have been convicted of would have carried a very long sentence. Like 40, 50, 60 years with no possibility of parole. With the PSRB, for cases involving murder, there is no possibility of parole. I would imagine that the offense for most NGRI patients at Whiting is murder.

Paul Acker mentioned that Monty Radler had stated that people tend to serve longer sentences under the PSRB.

Lori Hauser confirmed that people tend to get the max when they are committed to the PSRB. She informed members that the period of commitment to the PSRB does not reflect the period of commitment to Whiting Hospital.

Mike Lawlor responded to Dr. Rodis's question. He explained there is a significantly large number of inmates in the correction system with serious mental illnesses who could have taken the NGRI defense but chose not to. Connecticut has one men's facility dedicated to people with mental illness. There are currently 491 inmates there, with some not having a mental illness diagnosis. At the women's facility, there are approximately 500 inmates. It is estimated that about 2/3 of the population has a serious mental illness.

Linda Schwartz suggested the group develop a few recommendations for the opening of the legislative session.

Paul Acker agreed with Linda's suggestion to some recommendations the above to the CGA for consideration.

Lori Hauser reminded members to make the ask clear.

Mike Lawlor explained the legislative process is a complicated process. The Legislature can authorize bonding for this type of project. However, it will only happen if the Governor decides to include it on the agenda for a bond meeting. He offered to write a brief description of the recommendation and share it with the group.

Members discussed the process for adopting recommendations, meeting with the PHC leadership, sending questions to OLR, and the meeting schedule for moving forward.

The next meeting is scheduled for 12/15/20 at 1:00 P.M.
The meeting adjourned at 3:00 P.M.