

State of Connecticut
GENERAL ASSEMBLY
CVH WHITING TASK FORCE
Meeting Summary
01/15/2021

Mike Lawlor convened the meeting and stated that the task force will continue discussion on the final report recommendations.

Mike Lawlor recommended to members to visit the Council of State Governments (CSG) Justice Center website on mental health related information. He also touched on a report forwarded to the committee by Lori Hauser that touched on recommended policies and procedures that limit the amount of people placed in the competency evaluation process. He noted that one of the potential recommendations to the assembly should be to ask professionals from the CSG Governments Justice Center to provide guidance on possible policy.

Lori Hauser agreed that there has been a lot of leg work around competency assessment restoration and that the guide would be beneficial to use to help implement strategies to improve the process and to help shape some sort of policy.

Mike Lawlor noted that the members should take a look at the list of individuals who put the report together. Additionally, he noted that when looking at CVH and Whiting he believes part of the issue is the number of patients at the facilities.

Nancy Alisberg shared her concern that a lot of the individuals who put together the report do not have a lived experience, and that there was not more than one disability advocate. But she is open to getting a better idea of the thinking behind it before it is used as a model.

Discussion continued about the report and how it has similarities in areas of improvement that can be used for future recommendations.

Linda Schwartz joined and asked the committee to consolidate thoughts on the oversight committee and what to include with the report.

Nancy Alisberg suggested to finish going over the recommendations first and to finish discussion on the patients' bill of rights issue. She also suggested to discuss the DEHMAS proposed recommendation. She stated that the patients' bill of rights issue is on the if a patient can or cannot be present when their belongings are being searched.

Linda Schwartz asked the membership what they would like to go over first.

Discussion was continued on the Patients' Bill of Rights.

Nancy Alisberg explained the recommendation from DEHMAS in relation to the issue.

Lori Hauser explained that she might be in the minority on this given topic, and that her perspective in changing the way that patient searches are done would jeopardize the effectiveness of searches and that Whiting should be considered differently. Patients would be able to see how searches are done and would reduce the safety in the building.

Mike Lawlor asked if the searches are always or once in a while performed by a police officer.

Lori Hauser clarified that it is almost never police officers and that staffs do routine checks on patient areas on a regular basis.

Mike Lawlor stated that his understanding of the recommendation was that the only time a patient could not be present is when an office is conducting the search. Additionally, that there would have to be evidence of a probable cause for the search. He then asked if this were adopted and if police officers were to perform these searches how would probable cause be presented.

Nancy Alisberg expressed concern of Whiting being treated separately. She believes that patients from all facilities should be looked at in the same lens regarding this policy.

Paul Acker questioned how patients from Whiting would be getting any contraband. He stated more dignity and respect should be given to patients.

John Rodis agreed with Ms. Hauser's point about Whiting. He also stated that the most important is the safety of patients and staff.

Discussion continued of the type of patients that are put at Whiting.

Nancy Alisberg agreed with Paul Acker's point on dignity and rights of a patient.

Discussion continued on contraband and list of items not permitted in the facilities.

Mike Lawlor asked what the security concern of a patient being present during a search.

Lori Hauser mentioned again that the biggest concern is that a patient will be able to see how a search is conducted and where they might be able to hide prohibited items. She also mentioned that there are examples of patient-staff relationships that are not tarnished due to searches of belongings.

Linda Schwartz asked what would happen to patients in the case that contraband or prohibited objects were found in their belongings.

Lori Hauser explained the differences of what would be done based on the situation and type of patient.

Discussion continued regarding safety for patients and staff, and steps taken when prohibited items are uncovered.

John Rodis stated that he read the proposed language as an enhancement to patients' rights by these types of searches only being done by a police officer when there is a probable cause.

Nancy Alisberg recommended removing the exception entirely so that all patients are entitled the same rights regardless of where they are being hospitalized.

Mike Lawlor stated that if the language was removed from the statute that he believes it does not constrain a process once police are involved and have a probable cause.

Lori Hauser explained that she wouldn't think that removing it would change the authority of the police, but it would change the effectiveness of the search.

Shuan Mastroianni stated that having a person present during a search of their belongings would educate them on how thorough it is conducted and to show them it would not be worth hiding prohibited belongings.

Linda Schwartz agreed that it would be educational for patients and staff and show the seriousness of the searches. She continued to ask if the suggested language would be preemptive by what is the legal rights of police to conduct searches.

Mike Lawlor responded by saying that he believes that any written statute rules police are bound to, and that the purposed language might complicate the way a search is conducted.

Discussion continued about the purposed language and the members thoughts on recommending patients be present in the time of a search.

Lori Hauser suggested to vote on whether the exception should be removed or not.

Mike Lawlor moved to remove the exception for Whiting from the purposed language.

Linda Schwartz acknowledged Nancy Alisberg and Paul Acker as seconding the motion and asked if there was any more discussion.

6 were in favor, 1 opposed.

Discussion began on the oversight board.

Linda Schwartz recapped the discussion previously of the oversight committee. She mentioned the discussion suggesting an independent entity that would provide oversight of the operation and term limits for members.

Mike Lawlor mentioned that another charge is to discuss the concept of an inspector general. He expressed that an independent inspector general position could be combined with an oversight board. This person can be a full-time staff who would review complaints and report back to the board. The task force would provide a general recommendation of the oversight board to legislators.

Paul Acker asked if bringing on an inspector would be for both employee and patient complaints.

Mike Lawlor expressed that it did not have to be separate. He mentioned remedies through collective bargaining that are available currently for employees when making complaints, but he is open to suggestions.

Linda Schwartz spoke from experience with dealing with personnel that have blatantly broke the law but were difficult to terminate employment with due to collective bargaining. She expressed concerns that unions would not abdicate their authority in certain situations.

Mike Lawlor stated that many of the complaints he has heard from employees are situations that would normally be handled in a collective bargaining process. Situations that would be considered outside of collective bargaining could utilize the inspector general.

Linda Schwartz asked who would be responsible for adjudicating the investigation.

Mike Lawlor compared the oversight board to a civilian review board with an inspector general. A civilian review board after reviewing the inspector general's investigation would create their own recommendations. Mediators are brought in when there is a disagreement between the civilian review board and Chief. In comparison to what is being purposed, inspector generals can only recommend action. They create reports for stakeholders to make decisions on the given issue.

Lori Hauser asked if there are specific statutes on civilian review boards that can be used to help create a model for the oversight board and inspector general.

Mike Lawlor suggested that the task force just provided a recommendation for the concept of the oversight board and inspector general. Details could be flushed out through the legislature.

Discussion was continued on the oversight board and inspector general.

John Rodis clarified the types of agencies and oversight that is provided in Connecticut hospitals and what avenues people can take for investigations.

Paul Acker agreed with the idea that the inspector general could advise all state hospitals. Each state hospital has an advisory committee, and the inspector general could work with all of them. He also asked if the oversight committee would be able to have input on implicit bias.

Mike Lawlor responded that he does not see why they couldn't because it would affect patients as well.

Linda Schwartz asked if any other state agencies have inspector generals.

Mike Lawlor responded by explaining that all do not. There was an experience in the state in 1985-1986 with an inspector general that did not work out. More recently, the legislature created

an inspector general for criminal justice system. The concept has reemerged in our state due to police accountability. There are inspector generals as well on the federal level.

Lori Hauser added that the nature of inspector general's reports gaining public attention is an impetus to get people to act on a given issue.

Linda Schwartz agreed with the prior point made that an office for the inspector general should be made broadly for one area of all psychiatric facilities.

Discussion continued on the office of an inspector general and the oversight board.

Mary-Kate Mason clarified that she believes that the inpatient facilities under DEMAS do have advisory boards, but she would check to make sure. CVH and Whiting both have advisory boards, and there is also a state advisory board that works with DEMAS as a whole. Their responsibilities are within the statutes.

Linda Schwartz suggested that the task force reviews what exists for advisory boards and build off of that with the concept of the office of an inspector general.

The members clarified that they have heard from the Whiting advisor board previously.

Linda Schwartz stated that this will be a continued discussion for the next meeting.

Mike Lawlor agreed with points given that the task force's recommendation can be that the advisory boards should all have collaboration with the inspector general.

Linda Schwartz asked the task force on their availability. She mentioned that meetings will predominantly be held on Friday afternoons.

Beverley Henry clarified that she is working with Public Health Committee leadership on when the task force will meet with them.

The next task force meeting was scheduled for Friday, January 29, 2021 at 1 pm.