

## CVH Whiting Forensic Hospital Task Force

### Meeting Summary

October 1, 2021

Chairwoman Dr. Linda Schwartz convened the meeting and announced that she would go through the draft report page by page to address the suggested changes submitted by task force members. This strategy will help us to find agreement on the recommendations. The summary has not been written as the task force does not yet have final recommendations.

Members discussed and sought clarification on appendix #2.

Dr. Lori Hauser suggested including the definition of competency restoration under the section labeled "Competency Restoration".

Nancy Alisberg expressed concern with the paraphrasing of statutes. She suggested listing a specific statute if it is going to be used for the definition. Statute specifics should be used and not paraphrased.

Dr. Lori Hauser explained that the statute is too long to include in the report.

Nancy Alisberg suggested including a footnote to the statutory citation and adding the statute's language to the appendices.

Dr. John Rodis stated the footnote would strengthen the argument on staffing shortages and asked if it was true that long-term treatment was closed due to staffing shortages.

Dr. Lori Hauser, Dr. Schwartz, and Nancy Alisberg responded yes.

Dr. John Rodis asked that the footnote be included.

Dr. Lori Hauser also explained that the closure is also based on low census.

Mike Lawlor referenced the section regarding the building having only one hallway and stated he didn't believe the current wording illustrates the problem well enough for people who have never been in the building to understand. He suggested using the phrase "circumnavigate" to better illustrate the problem.

Dr. Lori Hauser explained that using the term "standard of care for patients" will reflect the medical professionals, which is a higher standard than dealing with regular people.

Nancy Alisberg asked that the recommendation on community services be clear: it should be a seamless transition for patients.

Dr. John Rodis stated that the construction of the facility was discussed, and now we are talking about community-based services. I think it is clear we believe there should be an investment in community-based services.

Paul Acker informed members that Norway created psychiatric wards where there are apartment models within their hospitals. He offered to find the article and asked that it be included in an appendix.

Mike Lawlor asked Dr. Hauser if there are patients at Whiting currently housed in the equivalent of apartments.

Dr. Lori Hauser stated that one section might be considered apartment-style where a single patient occupies a handful of rooms in the hospital environment. She added this does not include cottage settings.

Mike Lawlor explained that he is raising that point to show that Paul's point about apartment-style housing is valid and that it does exist.

Dr. Lori Hauser referenced her email to the group. She stated she didn't think the group gave enough attention to what community facilities should do and added they should be held accountable for reporting and explaining refusal to accept patients.

Nancy Alisberg expressed concerns about requiring facilities to report the reason for refusing patients because nothing in the statutes requires a community facility to explain why they can or cannot refuse a patient. She asked Kim Beauregard if community service providers can use any reason to refuse to take a patient.

Kim Beauregard responded she didn't know.

Dr. Lori Hauser explained her thoughts are along the line of the "discharge ready" language where the goal shall be within 90 days. There is not a lot that can be forced. However, this issue is important enough for some focus to be placed on it and address it in the same way we do when a patient is being discharged from the hospital.

Paul Acker asked if this is an issue with state-run facilities or private non-profits.

Dr. Lori Hauser stated she wasn't always sure which it was.

Kim Beauregard stated the only issue she was aware of was when a patient requests to return to their hometown and move to the house next door to where their victim lives.

We would say that's bad for the victim and might not be suitable for the patient. My experience is that they have always worked it out.

Nancy Alisberg spoke of an incident where one of her clients who lived in a DMHAS facility was being kicked out because she had gone off her medication.

Dr. Lori Hauser explained that when a patient stops taking their medication and becomes symptomatic, problematic, and aggressive, the facility has every right to say the patient can't live at this facility, respite, or group home if they are causing trouble. However, facilities shouldn't be able to preemptively refuse to accept patients because they believe the patient is going to stop taking their medication.

Dr. Linda Schwartz stated a facility is not obligated to say why they refuse to take a patient.

Nancy Alisberg expressed support for requiring facilities to provide the reason for not accepting a patient because a review or audit will provide important information.

Dr. Lori Hauser referenced a website Paul Acker had recommended and stated it is a great idea in theory but not helpful unless it is kept accurate. There are many times when the numbers reflected on the website conflicts with what the agencies are saying.

Paul Acker stated that detox bed count is uploaded in the morning but wasn't sure if it is continually updated throughout the day. He asked Kim Beauregard if she knew if community foundations report daily, monthly, or weekly.

Kim Beauregard responded she didn't know and added that detox was reported twice per day.

Paul Acker stated that the list doesn't indicate a waiting list for an agency and how long that waiting is. This information can be beneficial during discharge planning.

Dr. Linda Schwartz asked if CVH and Whiting have discharge planners.

Dr. Lori Hauser answered yes and explained how the website could be a great resource if updated with frequent and accurate information.

Paul Acker asked if there could be instances where physical and psychiatric complex cases can result in difficulty when discharging a patient.

Dr. Lori Hauser responded yes and provided examples of the patient's needs that could be contributing factors.

Paul Acker suggested that it might be prudent and cost-effective for DMHAS to create

discharge streams for complex patients.

Kim Beauregard informed the meeting that DMHAS had done that in the past.

There was extensive discussion to clarify some of the language and intent of the recommendations related to abuse, neglect, and discrimination.

A suggestion was made to circulate the revised version of the report, and the votes should be taken on the final report at the next meeting.

The next meeting is scheduled for 10/22/21 at 2:00 PM.

The meeting adjourned.