



**STATE OF CONNECTICUT
CONNECTICUT VALLEY HOSPITAL
ADVISORY COUNCIL**

CONNECTICUT VALLEY HOSPITAL ADVISORY COUNCIL
MEETING MINUTES
December 8, 2017
CVH Board Room, Page Hall
Middletown, Connecticut

PRESENT:

Council Members:

Lawrence McHugh, Chairperson; Mehadin Arafah; Celeste Cremin-Endes, River Valley Services; Lakisha Hyatt, CVH-COO; Bennett Moehl, Rushford, Margaret O'Hagan-Lynch, CVH-ASD Division Director; Phillip Pessina; Nancy Navarretta, Deputy Commissioner, Department of Mental Health & Addiction Services; Helene Vartelas, CEO-CVH; Lisa Zurolo, CVH-GPD Division Director;

Absent/Excused Council Members:

David Bauer, Joseph Havileck, City of Middletown; William McKenna, Chief of Police, Middletown Police Department; Jorge Yepes, Middletown Police Department

Call to Order	Larry McHugh called the meeting to order at approximately 8:00 a.m.
Meeting Minutes	Motion was made and seconded to accept the September 8, 2017 minutes as submitted. All were in favor.

TOPIC	DISCUSSION	ACTION
Commissioners Update	<p>Deputy Commissioner Nancy Navarretta reported on the DMHAS budget on behalf of Commissioner Delphin-Rittmon. The bi-partisan budget was passed which is comparable to last year’s budget but the legislature gave the governor \$178 Million in pull back. \$18.6 million was the DMHAS portion. The Personal Services budget was reduced by \$8 million and additional cuts are anticipated. 5% of the Private Non-Profit Human Services contracts were cut as well. We are paused on cuts for now and will most likely be asked for additional cuts in the future. On November 13, 2017 a public hearing was held at the Capitol regarding the Whiting situation. Commissioner Delphin-Rittmon, Paul DiLeo and Dr. Michael Norko testified on behalf of DMHAS. Assumptions and inaccuracies are being corrected. Through our spokesperson Mary Kate Mason, DMHAS has worked to get the correct information to the legislature. As a result of a decision of the Department of Health, Whiting Forensic Beds have been released from the Centers for Medicare and Medicaid Services program. DPH will propose licensure of all facilities. The Office of the Commissioner is interviewing a management consultant agency. They have interviewed on forensic specialist and will be seeking 2 more candidates with a forensic background.</p>	
CVH Update	<p>Helene Vartelas gave the CVH Update. <u>Administration Issues</u> – We continue to deal with the multiple issues related to the allegations of abuse of one individual within the Whiting Maximum Security Service of the WFD that came to light in March. We continue to cooperate with the Connecticut State Police and the Department of Health with the police and criminal investigation, and the subsequent regulatory surveys, as well as our own administrative investigations. To date: 37 staff were involved and placed on administrative leave for either alleged abuse/neglect and/or witnessing such and failure to report. Also, 2 managers were placed on administrative leave who had direct oversight of the patient care and safety within the Whiting Maximum Security Service. To date 10 have been arrested. 14 have been separated from State Service, (9 dismissed and 5 resignations). We are continuing with the administrative investigations at this point, until all completed. We are being exceedingly thorough and comprehensive. There are cameras within WFD; all footage is real time reviewed 24/7. Since this incident we have greatly increased our cameras in Whiting Maximum Security and upgraded them all to digital (rather than analogue). Also we have established a centralized viewing room, staffed with independent contracted security staff. Cameras were also installed in Woodward (our geriatric & ABI populations) and will be installed in our other buildings as well. We continue to emphasize</p>	

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	<p>that this erroneous and horrible event does not characterize who we are – it is absolutely against our core values of dignity, respect and integrity and valuing each person as a unique individual. This is not a systemic issue – it was confined to a group of staff who deliberately and consciously went against our core values, and allegedly broke the laws of the State of Connecticut. However, understandably, this event has broken the public’s trust. We are doing everything in our power to restore that trust by: (1) First & foremost keeping patients’ safe, (2) insuring that something like this can never happen again. So let’s go over how we are doing just that:</p> <p><u>Patient Safety:</u></p> <ul style="list-style-type: none"> • Cameras/independent, contracted security viewing orders. This is important but not the total answer – just one tool. • All individuals were immediately assessed, and are continuously monitored for signs/symptoms of abuse & neglect. • All staff refreshed on Operations Procedure Policy 5.9 (Responsibilities for Reporting Abuse & Neglect). • At risk patients identified; specific approaches in their treatment plans, and have the ability to individually monitor 24/7. • Complete review of all incidents in video, retrospectively and random reviews. • We continue Administrative Rounds 24/7 (I do Sundays) and have managers on site, rounding 24/7. (Managers from OOC are also assisting). • We have increased the presence of patient advocates in community meetings and office hours to ease reporting for patients. <p><u>Leadership:</u></p> <ul style="list-style-type: none"> • Initially I redeployed our COO to Whiting Maximum Security; and our Director of Nursing (2) Operations. We have since brought in Dr. Michael Norko to lead the Division and Ms. Hyatt, COO has returned to her centralized role, however still assisting Dr. Norko. (This is very helpful to me, as the hospital has been going through many regulatory issues related to this event). • We have also hired a Whiting Maximum Security Service Medical Director, Dr. Vinneth Carvalho (a Board Certified Forensic Psychiatrist; who will be starting after the holidays; who was in a leadership role at DOC). She had worked at WFD previously and is returning. • Have increased staff meetings to improve communication with our staff and to gain their 	

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	<p>valuable insights about issues. We have many talented and dedicated staff who care deeply about their work and want to help change their culture – to make it more recovery focused.</p> <ul style="list-style-type: none"> • We are also exploring a Management Consulting Company to assess resource allocations across the system, including CVH & WFD. <p><u>Human Resources:</u></p> <ul style="list-style-type: none"> • We are recruiting for our leadership and temp clerical positions where there are vacancies. • We had EAP on site; and have an easy referral procedure so that we can support staff in crisis. • We have improved our direct care staff (less mandatory overtime in Whiting Maximum Security) so that staff is not exhausted. <p><u>Clinical Programming:</u></p> <ul style="list-style-type: none"> • All group programming has been revised – both on units and in the mall to increase patient engagement. • Focus is on active treatment within treatment planning to ensure patients are getting what they need and how to best assist them in meeting recovery goals. <p><u>Training & Education:</u></p> <ul style="list-style-type: none"> • We contracted with the Program for Recovery Community Health at Yale School of Medicine – “PERCH, “ to conduct focus groups with patients and staff, on what needs to happen in terms of culture change. • We also did a Culture of Safety on Survey Monkey. This provided an anonymous way to convey openness on safety and cultural issues. • Developed a contract for ongoing consultation with staff for wellness, resilience, with focus on working in Max Security. • Developed Recovery Seminar focus on Recovery within forensic setting – discussed topics of vicarious traumatization. • Conducted Customer Service hearing incorporating aspects of Trauma Informed Care. • Working with patients & staff on incorporating the Citizenship Program we instituted on Campus into Max Security. Introduced a peer run group, “What’s Up” as part of model and will be doing 2nd cycle, expanding focus. <p><u>Policies & Procedures:</u></p> <ul style="list-style-type: none"> • The CVH OPP (5.9) Reporting Abuse & Neglect revised; streamlined so that staff could 	

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	<p>more easily implement referenced procedures; Dress Code; No Cell Phone Use.</p> <p><u>Physical Plant/Environment:</u></p> <ul style="list-style-type: none"> • Enhanced environment, focused on aspects of trauma informed care – provide more quieter spaces to decrease triggers in environment that induce traumatic memories. More esthetically pleasing, softer colors, enhanced comfort rooms. • Created break rooms for staff. • Working on possibility for staff comfort room/to de-stress. <p><u>Client Rights/Advocacy:</u></p> <ul style="list-style-type: none"> • Increased presence and availability. • Community meetings and office hours. • Toivo (part of Advocacy Unlimited) involved at Whiting Max Security, offering integrative medicine groups; such as yoga and drumming. <p><u>Labor Management:</u></p> <ul style="list-style-type: none"> • Collaborating on new staff orientation; enhancing/improving CSS & reviewing patient and staff (after action) debriefings. • Worked on pilot agreement of temporary reassignment (6 months) after traumatic event/serious assault. <p><u>Surveys:</u> We are expecting a re-survey from DPH as the state survey agency for CMS. It should occur within next 2 weeks. Focus is on ligature risks in the environment and suicide risk.</p> <p><u>Other Issues:</u></p> <ul style="list-style-type: none"> • ASD began an interesting collaboration with parents who have lost children in the opioid epidemic. We hope to create a way for them to become involved in our work on a regular basis – perhaps offering a support group, and our Advisory Group to Margaret O’Hagan-Lynch and her staff. We also would like to do a Grand Rounds. • We will be hiring five Recovery Support Specialists, to work throughout campus, to assist patients in engaging in treatment planning and with transitioning/recovery planning in their discharge plans. • Also an important issue: much interest and support in bringing back the Valley View Café. Working on several proposals. Helene will ask Cheryl Kraft will call Larry McHugh to discuss further. <p><u>Community Projects:</u></p> <ul style="list-style-type: none"> • Participated in the Turkey Drive and helped deliver 100 baskets for Thanksgiving. Also 	

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	<p>collected corn and beans for the baskets.</p> <ul style="list-style-type: none"> • Chamber Events – the hospital had a booth at the Job Fair. • Poinsettia Sale is on now at CVH. • Toy Drive and Annual Carol Sing to be held this month. 	
Subcommittee Report	<p><u>Campus Use Report:</u> Lisa Zurolo, GPD Division Director presented and gave an overview of the Safety & Security Subcommittee Report.</p> <p>Hospital Security Improvements: Stanley/HSM continues to be contracted to maintain all Access Control, Alarm Systems and cameras. They continue to upgrade hardware to update and enhance current systems.</p> <ul style="list-style-type: none"> • Dutcher camera installation in progress (to be completed in 2018). • Whiting cameras increased and upgraded. • Woodward camera installation (complete). • Campus wide security camera viewing room built. • Battell panic alarm system installed. • Whiting upgraded panic alarm system in progress. • Page administrative area put on pass card access system. • Woodward and Page – exploring options for security desks. • Page – ground level doors put on pass card system. <p>DMHAS continues to utilize Allied Barton security services to cover patient visiting hours and building access control for the following areas:</p> <ul style="list-style-type: none"> • Battell Hall Visitor’s Center • Battell Hall South 4 • Merritt Hall Visitor’s Center <p>The campus lock down procedure has been updated and reviewed with the DMHAS Department of Public Safety and staff training has been implemented. This will be an annual training for all staff.</p> <p><u>Use of Campus by Patients:</u></p> <p>CVH continues to be organized by the Divisions of General Psychiatry, Whiting Forensic, and Addiction Services. While the security restrictions incumbent on the Whiting Security Service serve to restrict the movement of patients within that location, efforts have been successful in creating treatment options within Page Hall for those patients residing in the other areas of the</p>	

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	<p>hospital. The movement of patients is consistent with a uniform method of assessing privilege levels appropriate to their clinical condition. Each patient’s clinical condition is reviewed daily. In the case of the Dutcher Forensic Service PSRB patients, the granting of outside-the-unit privileges are further evaluated and approved by the Forensic Review Committee in which the CEO, the Division Director, the Service Medical Director, and the Consulting Forensic Psychiatrists (as representative of the DMHAS Division of Forensic Services) participate. The Summary of Elopements within CVH Divisions for 2016 is as follows: (please see full report for complete details).</p> <p><u>Whiting Forensic Division:</u></p> <p><u>Escapes</u> The Whiting Forensic Division had two (2) incidents of escape during 2017. Both events involved patients with a legal status of Section 54-56d, C.G.S. (Competency to stand trial).</p> <p><u>AWOLS</u> The Whiting Forensic Division had four (4) incidents of AWOL during 2017.</p> <p><u>General Psychiatry Division:</u> From January 1 through November 30, 2017, there were seventeen (17) incidents of <u>Elopement (AWOL/Unauthorized Absence)</u> in the General Psychiatry Division, compared to thirty-two (32) incidents in calendar year 2016.</p> <p><u>Addiction Services Division:</u> From January 1 through November 30, 2017, there were four (4) incidents of <u>Elopement (AWOL/Unauthorized Absence)</u> in the Addiction Services Division compared to zero (0) the previous year. Two of the events in 2017 involved patients at Merritt Hall in Middletown and two involved patients at Blue Hills in Hartford.</p>	
Other Business	No other business to report.	
Next Meeting	The next meeting will take place on Friday, March 9, 2018. The meeting was adjourned at approximately 9:15 a.m.	