**TIDEWATER REGIONAL**

**LOCAL HUMAN RIGHTS COMMITTEE**

**November 3, 2015**

**MINUTES**

Members Present

Casey Gilbert, LHRC Committee Member

Janet Martin, LHRC Chairperson

Juliet Sawi, LHRC Committee Member

Rosalyn Wiggins, LHRC Committee Member

Others Present

Dana Gillentine, Risk Manager – Kempsville Center for Behavioral Health

Fran Neaves, Risk Manager – Virginia Beach Psychiatric Center

Jacqueline Abbott, Risk Manager – Harbor Point Behavioral Health Center

Jodi Diaz, Patient Advocate – Virginia Beach Psychiatric Center

Kate Horn, Day Treatment Supervisor – First Home Care

Marie Henrich, Office Manager – Harbor Point Behavioral Health Center

Reginald Daye, Regional Advocate – DBHDS

Bernadette Lege, Regional Advocate – DBHDS

Kenita Council, Director of Education, Oyster Point Academy and First Home Care

Carolyn Barnes, Clinical Director ID/DD, First Home Care

Derrick Riddick, Behavior Management Coordinator, Oyster Point Academy

**I. CALL TO ORDER**

The Local Human Rights Meeting was called to order at 8:44 a.m. by Janet Martin.

**II. Agenda**

**Motion**: Ms. Sawi made a motion to approve to approve the revised agenda (adding VBPC policy review under new business and removing Fran Neave’s name from the agenda). Ms. Wiggins seconded the motion. The motion was approved.

**III. REVIEW OF MINUTES**

The minutes from August 4, 2015 were reviewed by the committee members.Ms. Wiggins made a motion to approve the minutes. Ms. Gilbert seconded the motion. The motion was approved.

The agenda was amended to add under “New Business” – Seclusion and Restraint Policy (VBPC). Ms. Wiggins made a motion to approve the amended agenda. Ms. Gilbert seconded the motion. The motion was approved.

**IV. PUBLIC COMMENTS** – There were no public comments.

**V. UNFINISHED BUSINESS** – At the August meeting, Harbor Point BHC requested to include “lack of participation in the therapeutic process” to the Matrix Behavioral Management Level System. The request was approved by this committee but Harbor Point BHC was asked to further explain “lack of participation in the therapeutic process”. An explanation is listed as follows:

*Failure to engage in the therapeutic process can be an expected part of building the relationship between a clinician and a resident. Any actions viewed as punitive on the part of the clinician can impede this process. Therefore, particularly at the onset of therapy, clinicians put a primary focus on building rapport, trust and engagement in the therapeutic process during individual, family and group sessions. In addition, during emotionally charged moments in therapy, the relationship may further be strained requiring a compassionate and patient response, not a challenging one.*

*However, some of our residents demonstrate behaviors to exert control, rebel, and test limits and such behavior may need to be met with a reasonable and logical consequence. Many residents need to learn that behavior is met with consequences and need the opportunity to take responsibility for choices they make.*

*When subtle forms of resistance occur and after other therapeutic efforts fail, a resident will be informed that anything other than being fully engaged in the therapeutic process will interfere with their ability to progress in the Matrix Behavior Management System. Although some examples are listed below, it can’t be emphasized enough that each of these examples may be an expected reaction in treatment and therefore require clinical judgment.*

1. Regularly joking, laughing, or being disingenuous during therapy sessions.
2. Consistently refusing to engage in the therapeutic process by not talking or sharing or participating.
3. Failure to complete therapeutic homework assignments.

**VI. NEW BUSINESS – Oyster Point Academy Level System** – Mr. Riddick provided a brief program description to the members of the committee. The level system was created to add more of an incentive and a more positive reward for the students. Mr. Riddick stated the level system will create reasons for the students to help themselves transition into the public schools. The levels are red, yellow, green and blue. The students get three opportunities on one class period to correct their behaviors. Students can earn 35 merit points per day and these points are based on the students IEP goals (general goals). One of the incentives are the Dolphin Dollars. Any staff member can hand out the dollars (i.e., standing in line quietly). Students who earn enough points are treated to a special lunch and can purchase snacks (outside of their regularly served snack). Mr. Daye requested clarification of the “snack cart”. Mr. Riddick and Ms. Council stated that lunch is served at 12:10 p.m. and if the students are still hungry snacks such as apples are provided; that does not change. Mr. Daye stated he would support approval of the “snack cart” as long as the students who did not earn their points could still receive their afternoon snack. Ms. Martin asked if all of the students had an IEP in place (all of them do). She is in favor of this system but is concerned with students who may be struggling. How do those struggling students earn their incentive? Are all behaviors able to be captured? If not then staff should refer to the BIP and revamp the student’s IEP. More specific expectations should be outlined for the student (i.e., “do not spit” under the Respect Category). Ms. Martin praised the behavioral comment section. Parents stay actively involved in their student’s education via reports that are sent home every day to be signed off. Parents are oriented to the point sheets. Ms. Gilbert questioned certain periods during the day where a student’s medication or lack of medication may be affecting their performance. If this is the case then the student’s report is submitted to a psychiatrist for review. Ms. Martin questioned which staff are chosen to purchase the incentive for the students. Mr. Daye expressed concerns regarding favoritism and not to have staff randomly choose to purchase a student their incentive; it undermines their Level System. Ms. Gilbert questioned staff accountability. Mr. Riddick and Ms. Council stated that staff meetings are held and staff members who are not being consistent with the level system rules are met with and the issue is addressed.

 Mr. Riddick provided a brief description of the “store”. Students are able to use their Dolphin Dollars to purchase extra items (i.e., pens, pencils, erasers, NFL logo pencils, cartoon notebooks). All students are provided with the materials that they need for day to day functioning; the items in the “store” are extra. If parents are not able to provide their child with the materials needed then the items are provided by First Home Care. Ms. Martin questioned how it was ensured that all students had an opportunity to earn incentives? Mr. Riddick and Ms. Council explained that a “gotcha” is issued to the whole class.

 **Motion**: Ms. Sawi made a motion to approve to approve the Oyster Point Academy Level System. Ms. Wiggins seconded the motion. The motion was approved.

 **Seclusion/Physical Restraint/Mechanical Restraint Policy – Virginia Beach Psychiatric Center** – Ms. Diaz presented the revised policy to the committee. Various changes were made in order to provide clarification, not to change any procedures. Some of the requested clarification came from Mr. Daye (page 7 #16 G – “Ensures that the Staff Debriefing form is completed as soon as possible but no longer than eight hours and filed in the patient’s chart).

 **Motion:** Ms. Sawi made a motion to approve the revised Seclusion/Physical Restraint/Mechanical Restraint Policy. Ms. Gilbert seconded the motion. The motion was approved.

**VII. STANDING REPORTS**

1. General Information – None

 B. Quarterly Reports/Annual Reports/Reports on Structured Living

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| **OVERVIEW OF ALLEGATIONS REPORT-THIRD QUARTER 2015** |
| **LOCATION** | **JULY** | **AUGUST** | **SEPT** |
| FHC-Oyster Point Academy |  |  |  |
| FHC-Mental Health |  |  |  |
| FHC-Day Support |  |  |  |
| FHC-John Tyler |  |  |  |
| FHC-Brighton Elementary |  |  |  |
| Kempsville CBH |  |  |  |
| Harbor Point BHC |  |  |  |
| VBPC |  |  |  |

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| **SECLUSION & RESTRAINT REPORTS****(S=Seclusion) (MR=Mechanical) (PR=Physical) (CR=Chemical)** |
| **LOCATION** | **JULY** | **AUGUST** | **SEPT** |
| FHC-Oyster Point Academy |  |  |  |
| Kempsville CBH | 49 PR1 S | 29 PR1 S | 30 PR0 S |
| Harbor Point BHC |  |  |  |
| VBPC |  |  |  |

**Virginia Beach Psychiatric Center** – ADC 1089 – Requirements for reporting allegations of patient abuse and/or neglect are reviewed in new employee orientation and during annual review. Patient advocate contributes to the hospital monthly newsletter, which serves as additional resources for employees to become familiarized with human rights regulations and policies, including reporting requirements for complaint and abuse/neglect.

There have been no changes to the DBHDS licensing status, citations and service additions and closures.

During the third quarter 2015, revisions were made to Virginia Beach Psychiatric Center’s seclusion and restraint policy (section 1: Rights and Responsibilities – Seclusion/Physical Restraint/Mechanical Restraint). These revisions were made to further clarify current procedures, and included recommendations submitted by the Regional Human Rights Advocate.

During the third quarter, recruitment of membership to the LHRC: The vacancy to the committee was distributed at each monthly clinical forum held at Virginia Beach Psychiatric Center in the third quarter. The membership application and Mr. Daye’s contact information was provided. Information regarding the committee and the current vacancy will also be included in next month’s Virginia Beach Psychiatric Center newsletter.

There are no reviews of any Behavioral Plans involving the use of restraint or time-out at this time.

**Kempsville Center for Behavioral Health** – ADC 421 – Staff are trained on policies and procedures involving reporting of allegations of harm, abuse, or neglect during New Employee Orientation, annually, and any other time deemed necessary. Staff are required to report all allegations of harm, abuse, or neglect immediately and also complete an incident report regarding the allegation. All allegations are then reported to Human Rights, Licensing, Child Protective Services, and the individual’s authorized representative by the Risk Manager involving collection of statements, review of video footage and review of employee files. The staff member allegedly involved is immediately placed on administrative leave pending the outcome of the investigation. A final report is submitted to the Office Of Human Rights within 10 working days stating the outcome of the investigation and all actions taken as a result of the outcome. If the individual affected by the alleged abuse, neglect, or exploitation or his authorized representative is not satisfied with the outcome or actions, he or his authorized representative, or anyone acting on his behalf, may appeal the decision.

Kempsville’s Partial Hospitalization Program received an annual license following their DBHDS Licensing visit on 9/16/15. One citation was received for ISP objectives not consistently being person-centered or measurable.

There were no new or amended policies during this quarter.

Recruitment efforts during this quarter were done through seminars conducted at Kempsville CBH.

**Harbor Point Behavioral Health Center** – ADC 106.53 – Staff are trained on policies and procedures involving reporting of allegations of harm, abuse, or neglect during New Employee Orientation, annually, and any other time deemed necessary. Staff are required to report all allegations of harm, abuse, or neglect immediately and also complete an incident report regarding the allegation. All allegations are then reported to Human Rights, Licensing, Child Protective Services, and the individual’s authorized representative by the Risk Manager within 24 hours of the initial report as required. An internal investigation is immediately conducted by the Risk Manager and can involve the collection of statements, review of video footage and/or review of employee files. The staff member allegedly involved is suspended or moved to a different unit pending the outcome of the investigation. A final disposition is submitted to the Office of Human Rights within 10 working days stating the outcome of the investigation and all actions taken as a result of the outcome. If the individual affected by the alleged abuse, neglect, or exploitation or his authorized representative is not satisfied with the outcome or actions, he or his authorized representative, or anyone acting on his behalf, may appeal the decision.

There have been no changes to DBHDS licensing status; there were no service additions or closures. DBHDS Licensing Specialist was re-assigned. The new specialist is Elaine Moser.

During the third quarter 2015 Harbor Point continued to utilize the Matrix (Behavior Management System) on all units. Harbor Point has recommended minor changes to the Matrix during second quarter and has submitted them to this committee for review. The Matrix continues to provide rewards to residents for positive behaviors and consequences for negative behaviors. Staff maintains daily point sheets that are used for both staff and resident to track their points and levels daily. The Color System was used in conjunction with the Matrix on Child, BSP D and Horizons units during the third quarter 2015.

Harbor Point BHC did not utilize Structured Living in the third quarter. Harbor Point BHC did not seek renewal of the variance to the time-out regulations and discontinued Structured Living Protocol during the second quarter 2015.

During the third quarter the Risk Manager asked Leadership staff to share the information and application with community members and referral agency employees. Copies of the application and Regional Advocate contact information was provided.

The facility continues to drill down reasons for restraints and implement actions to reduce restraints. Use of restraint or time out has decreased during the third quarter.

**First Home Care** – ADC – 186 (Mental Health Tidewater – 72; BTS – 40; Day Support – 40; DTS-Portsmouth – 23; DTS-OPA – 11) – First Home Care follows our submitted Risk Management Policy and Procedures. All allegations are required to be reported within 24 hours with a written summary detailing the allegations of the incident. Allegations are investigated by the Supervisor of the Program with the Internal Investigation report submitted to the Director of QMS/Risk Manager for review and follow up. A final report is submitted to the Office of Human Rights within 10 working days stating the outcome of the investigation and all actions taken as a result of the outcome via CHRIS. Began Annual In-service Training for all staff which started in August and is on-going until completed in October which encompasses Human Rights review and reporting standards.

There was a licensure visit on 8/18 and 19 for all programs; 3 citations were received in TDT program for documentation and action plan accepted on 9/30/15. All other programs received a triennial license.

There have been no changes to policies and procedures affecting human rights since the last meeting. The Bill of Rights have been updated to reflect a CEO change.

First Home Care will continue to seek a consumer prospect for the vacancy; re-sent email to all supervisors and staff to assist in identifying any potential candidates and posted in our lobby vacancy opening in the lobby area.

**C. Reports on Structured Living** – None

**D. Regional Advocate Report** – Reginald Daye reminded the providers that reports and policies are to be submitted at least two weeks prior to this committee meeting. Agenda items should also be submitted two weeks prior to the meeting. Mr. Daye reminded the providers that all reports are submitted via CHRIS; the Delta Helpdesk should be contacted for any issues that occur with the system; please do not contact Mr. Daye for CHRIS technical support. Mr. Daye reminded the committee that Ms. Martin’s last day is on 6/30/16.

**E. Allegation Reports - CLOSED SESSION:**

Ms. Sawi made a motion that the committee go into Executive Session, pursuant to Virginia code 2-2-3711A (4) for the protection of the privacy of individuals in personal matters not related to public business, namely to review patient information from Harbor Point Behavioral Health Center, Virginia Beach Psychiatric Center, First Home Care and Kempsville Center for Behavioral Health pursuant to the regulations.

**Action:** Second was made by Ms. Wiggins. All members voted in favor of the motion.

**Reconvene in Open Session:**

**Action:** Ms. Sawi made a motion that the committee come out of Executive Session. Second was made by Ms. Wiggins. All members voted in favor of the motion.

Upon reconvening in Open Session, Ms. Sawi, Ms. Martin, Ms. Wiggins and Ms. Gilbert of the Tidewater Regional LHRC certified to the best of their knowledge that only public matters exempt from statutory open meeting requirements and only public business matters identified in the motion to convene the Executive Session, as referenced above, were discussed in accordance to Virginia Code 2-2-3711A (4).

**Recommendation:**

The committee recommended that the Director of Nursing at the Kempsville Center for Behavioral Health attend the next scheduled committee meeting to discuss medication errors and current practices.

Motion: Ms. Sawi made a motion to approve the recommendation for the DON at the Kempsville Center to attend the next scheduled meeting. Ms. Gilbert seconded the motion. The motion was approved.

**VIII. 2016 SCHEDULED MEETINGs**

The 2016 TR-LHRC meetings schedule is as follows: January 26, 2016; April 19, 2016; July 19, 2016;

October 18, 2016.

**IX. ADJOURNMENT**

There being no further business to discuss, Ms. Sawi made the motion to adjourn. Ms. Gilbert seconded the motion. The motion was approved. The meeting was adjourned at 11:05 a.m.

 RESPECTFULLY SUBMITTED:

 Marie Henrich, Office Manager-Harbor Point BHC

 Recording Secretary

 Janet Martin, LHRC Chairperson