

Western State Hospital
Staunton, Virginia
Local Human Rights Committee Meeting Minutes
Jeffrey's Building, Rom 95 at 12:30
November 28, 2011

Present: Donna Gum, Hal Meyers, Mark Schorsch, Rob Wade, Heidi Campbell, Mahlon Webb, Committee Members; Chuck Collins, WSH/Regional Advocate; Mark Seymour, WSH Advocate; Erin Haw, VOPA; Ellen Harrison Liaison to WSH Director

Absent: Kathy Belcher, Committee Member

Guests: AT, Patient; R, Patient;

Ms. Gum, Committee Chair, called the meeting of the Local Human Rights Committee to order on November 28, 2011. A quorum of members was present. With a motion from Mr. Meyers and a second by Mr. Webb, the minutes from the October meeting were approved with changes. The agenda was approved with changes on a motion from Mr. Wade and seconded by Mr. Meyers.

The committee opened the meeting to anyone wishing to remark during the public comment period. Patient AT commented on the lack of support she feels from her family regarding supervised living in the community, the perception that her treatment team does not have time for her and the length of her commitment hearing. Mr. Seymour commented that she and the treatment team have made great progress and they will be meeting with her to discuss these issues further on Wednesday. Patient R wants to ask to bring a petition to the judge regarding treatment and medications.

Mr. Collins reported that he had received 10 requests for assistance that were not reflected on the complaint report. He also brought to the committee's attention a couple of reports he and Mr. Seymour receive on a regular basis that he finds helpful and that he appreciates receiving: A) The Discharge Summary: 21 people were discharged last week, which is excellent; and B) Security Logs addressing rights of patients. The other report brings to mind that over the past year there has been a real air of cooperation among the various groups that concentrate on patients and their rights. These logs serve as regular notification of complaints by patients that involve Security. Mr. Seymour commented that treatment teams have also been cooperative in that they are willing to change meeting times to allow him to attend. This, in addition to the information received from Security, have been very helpful and are greatly appreciated.

VOPA – nothing to report

On the Complaint Report, Case #288 notes "Hospital has judicial authorization..." Mr. Wade asked for clarification of "Judicial Authorization". Clarification was provided by Mr. Seymour. In this instance, the patient was agitated and the staff asked her to take the PRN medication and she took it even though she didn't want to. In this case there is also an AR involved as well. Patient's initials can be seen repeatedly throughout the Complaint Report.

Extraordinary Barriers to Discharge Report: Ms. Gum noted that the information on the report is for September not October – were there any to report for October? Ms. Harrison stated that the report has not been updated due to the timing of meeting dates and the Thanksgiving holiday – the January meeting will get us back on track. Mr. Collins asked what the header "EBL Date" refers to. This reflects when the person was put on the list, which is 30 days post clinical readiness for discharge. Mr. Collins also asked which CSBs have the most people on the list, and whether there a problem with those CSBs. Ms. Harrison will research for the next meeting.

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IFPC Minutes: no questions or comments

Community Connections: Ms. Gum discussed the recent Mental Health of America Annual Meeting: Mark Schorsch brought his family and received the Consumer Award. Hal Meyers received the Volunteer of the Year Award; Pati Michael received the Distinguished Service Award; and Elizabeth and Rachel received the Commendation Award from NAMI. Thank you to Mr. Schorsch's mother, who wrote a very nice article about NAMI for the local newspaper. Mr. Schorsch independently raised almost \$2,000 for the NAMI Walk and NAMI of Augusta raised over \$5,000. Ms. Gum has been with MHA-A for 20 years as of March, and was presented with recognition plaques from the local and national chapters. Maria Longley, who has done many articles on mental health this year, received the MHA-A Media Award. Ms. Longley has done a great deal to help make area people in our community aware of mental health issues. Kathy Baker received the J. Louis Gibbs Award, which is the highest award given, for her work with the deaf, deaf/blind community. They will be bringing on three new board members in the coming year: Ski Washington, community representative; Ashlyn Whitesell, DSS; and Tom Arbaugh, a psychologist in Staunton.

Schedule and Goals for next year: Various ideas were brought forward by members of the committee such as possibly bringing hospital staff in to discuss different things that they do at the hospital.

- Dr. Barber to answer general questions;
- John Beghtol to discuss hospital/community relations;
- the WSH Chaplain, Cynthia Long, just to meet and get to know her;
- Liz Little to discuss her new role in Volunteer Services;
- Jim Stevens to discuss services at the Stribling Building, and other hospital operations;
- John Beghtol or Dr. Barber, to talk about new hospital and possibly have a hardhat tour of the facility – maybe September or October;
- Primary Care (Medical) come to January meeting if possible. Ms. Harrison will check with Dr. Gwen Lee to see if she is available to present a general overview and then have a Q&A; including chronic care and acute care, medication interactions, and symptoms, etc. between medical and psychiatric medications;
- Would like to have Dr. Brasfield come discuss the medications that are used in a general sense, not specific to any patient;
- Dr. Phillips discuss how psychology relates to the other parts of the treatment team.
- Clubhouse folks visit Stribling once a month – lets have someone from this program come to a meeting to discuss this program;
- Recreation Therapy program helping patients on a therapeutic level? Ask Sue Smiley, Tiffany Ackers or Bruce Nedrow to come to a meeting to discuss Recreation Therapy.
- Donna Baldwin to address - How does the treatment team interface with the community or the next facility the patient is going to? There is a lot of discussion at the jails, for example, about the cost of mental health medications. There is a concern over how the transition takes place. Is the patient being handed off in a way that respects the work that has been done here and respects the patient's rights? discuss discharge practices, how we handle discharge treatment plans, and how we overcome particular barriers in the community.

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Questions to be addressed by the treatment team in addition to revised ward rules.

- I. How does the ward rule enhance the recovery? Patient input into the ward rule?
(Discussed in this meeting)
- II. In what way do ward rules advance patient rights? How do these rules advance patient recovery? *(Copied from previous correspondence)*

Upon a motion made by Mr. Meyers, the committee went into closed session pursuant to Virginia Code §2.2-3711 (1) for the purpose of discussion of medical record/treatment plans.

Upon reconvening in open session, all members of the Local Human Rights Committee certified that to the best of each ones' knowledge, only public business matters lawfully exempt from statutory open meeting requirements, and only public business matters identified in the motion to convene the closed session were discussed in closed session.

Dr. Robert Gardella discussed the two programs he regularly presents – Choices in Recovery: Wellness and Choices in Recovery: Relapse Prevention. He generally presents these programs to a mixture of audiences that include both treatment providers and treatment receivers. The programs have been sponsored by Janssen Pharmaceuticals in a non-promotional environment. He has presented these programs in a variety of settings such as at CSBs, hospitals and hotels. Choices in Recovery: Wellness encourages people to understand their illness, take ownership of their treatment, and to make note of any concerns they have with their medicine. They are part of the treatment team and are central to the team. He tries to make it as interactive as possible by walking around with the audience to try to encourage them to participate more. The second program, Relapse Prevention, addresses four areas that any of us would struggle with when stressed: sleep, appetite, energy and libido. Changes in any of these areas are also the first sign of relapse. It doesn't necessarily mean you are having a complete relapse, but it means you need to tell someone about it before it becomes unmanageable. He also recommends reading Stephen Covey books, such as *The 7 Habits of Highly Effective People*, because of the recovery orientation.

The next meeting will be held January 23, 2012 at 12:30 p.m. With no further business to discuss, the meeting was adjourned.

APPROVED:

Donna Gum, Chair

Glenda D. Sheffer, LHRC Secretary