

Western State Hospital
Staunton, Virginia
Local Human Rights Committee Meeting Minutes
Jeffrey's Building, Rom 95 at 12:30
February 27, 2012

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

Guests: Dr. Jack Barber, Director of Western State Hospital; AT, Patient;

Ms. Gum, Committee Chair, called the meeting of the Local Human Rights Committee to order on February 27, 2012. A quorum of members was present. With a motion from Mr. Meyers and a second by Ms. Campbell, the minutes from the January meeting were approved as written. The agenda was changed to postpone the committee elections until June and to allow Dr. Barber to speak in closed session at the beginning of the meeting. The changes were approved.

The committee opened the meeting to anyone wishing to remark during the public comment period. Patient AT indicated that she wants to be discharged but that she is not being allowed to be discharged. She has been here five years but they are still keeping her in the hospital. She wants to be moved off her ward because they are trying to kill her on her ward. She indicated that she had written a letter to the director, but that he responded wrong. Stated directly to Dr. Barber, "I didn't like what you responded to Jack Barber." She indicated that she wasn't mad at staff, she was upset because they had been mean to her that day. She wasn't going to hurt them; she thought they were going to hurt her. Mr. Seymour indicated to AT that they would address these issues later and he was aware that recent changes on her unit had caused some difficulties.

In the Advocate's Report, Mr. Collins reminded the committee of the upcoming State Human Rights Committee meeting that will be held at Western State Hospital on Friday, March 9th, in Rooms 86 and 87 of Jeffreys' Building. The official meeting will begin at 9:30AM. Dr. Barber will be providing opening remarks. Everyone is encouraged to attend and Mr. Collins will introduce those present to the SHRC. The Department of Justice settlement with the Department of Behavioral Health is ongoing. There was a recent communication from the Commissioner of DBHDS discussing the schedule of closures for training centers. Four of the five training centers are scheduled to be closed through a phased process beginning in 2013 with Petersburg, then Northern Virginia in 2014, Hillsville in 2016, and Central Virginia in Lynchburg in 2020. Chesapeake, which is a 75-bed facility, will remain open. In an effort to build the communities' infrastructure as these centers close, the Department is additional hiring licensing specialists and human rights advocates.

Patient MK joined the meeting impromptu, asking to have several issues added to the agenda for next month's meeting. Ms. Gum suggested using the Public Comment section of the meeting to address concerns. MK indicated that the issues were major and should be an independent agenda item. Mr. Collins related to MK the process for addressing complaints through the advocate, who in her case is Mr. Seymour. She was advised through peer support to approach the LHRC because she doesn't feel the advocate system is working at WSH. The items she would like to present are the NGRI system, stating the algorithm is completely broken; cell phone usage noting it is a matter of intellectual property and it goes against the use of all other phones on the property; and, while she attests to not being a smoker herself, to address the smoking issue because smokers are being locked up for years and not being allowed to smoke and smoking recovery classes are not offered. MK continued that many other patients

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agree with her on these issues. Ms. Gum indicated to MK that we would include time for her on the agenda for March 26th. Ms. Campbell suggested that MK obtain signatures from patients on a petition regarding these issues so that the committee would be able to ascertain the depth of the complaints.

VOPA – General Assembly has passed a bill to make VOPA a non-profit organization. Ms. Gum asked Ms. Haw how this affects her position and the general make-up of VOPA. Ms. Haw stated that she has not read the most current version of the bill so is not familiar with what changes may occur. She will gather information and provide a comprehensive update next month.

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.

Ward Rule Review – A6: Wanda Saner, Social Worker, and Mary Baxter, Nurse Coordinator, attended on behalf of the ward. A6 is a very small unit with no more than 10 patients and a small staff consisting of a nurse, PNA, MD and a social worker. They are recovery oriented, and their patients enjoy increased privileges based on increased accountability and responsibility. This ward functions on the premise of community preparation; thus typical structure enforced by many rules isn't needed. Many of the A6 patients have been hospitalized for extended periods and need assistance with slowly looking at options for returning to the community. The treatment team is able to provide individualized, focused treatment planning and discharge planning with a unique focus on discharge options. Mr. Meyers made a motion to approve the ward rules. Ms. Belcher seconded the motion. Motion passed by majority vote.

Lyn Hall, Peer Support Specialist, made a brief presentation to the committee about her journey from mental health consumer to mental health worker. She explained that she had been a patient at WSH, with treatment had been discharged on disability into government subsidized housing, began working part time at Virginia School for the Deaf and Blind, and then returned to WSH as an employee for the Deaf Program. She eventually moved to a position in the Stribling Building as an interpreter. After some time, she began to hear about new programs like WRAP (Wellness Recovery Action Plan) and concepts like consumers participating in mental health services. Dr. Barber sent her to training to become a WRAP facilitator, and eventually went to Peer Support training and has used those skills combined with the WRAP facilitator skills to develop programs and groups at the Webb Mall such as the Bipolar Support Group and Overcoming Barriers to Employment Group, in addition to teaching three WRAP groups a week. Lyn thanked Mahlon Webb for his work at WSH and for giving her the opportunity to do the work that she has done at WSH. Mr. Collins expressed his appreciation for Lyn's outstanding contributions to the Valley Human Rights Committee, Crossroads at Augusta Health and Western State Hospital. Mr. Meyers made a motion that the committee congratulate Ms. Hall for her service and wish her well. Seconded by Ms. Belcher. The motion passed by majority vote.

Cynthia Long, Western State Hospital Chaplain visited the committee to share information on her new role at WSH. One of her first actions as the new chaplain was to move her office to the Stribling Building. Her next goal was to move Sunday Chapel Services to a more easily accessible location. It was eventually moved to the Stribling Building, and she has found it to be much more positive in terms of the

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experience for patients and attendance in general. She has also started additional worship services. There is a service in the medical unit on Monday afternoons, which is a repeat of Sunday's service. She also does a service twice a month in the Pettis Building on the 'down' Wednesdays, which again, is a repeat of Sunday's service. She also does a lot of one-on-one counseling and listening to patients. She feels that she has unique role with the patients because she is someone they always get to see in a positive light. She comes from a grief counseling background and is a Certified Grief Counselor. She feels that her work here is very similar. The patients aren't necessarily grieving death here, but they are grieving the loss of hopes and dreams or of their health. She thoroughly enjoys her work here and feels that she makes a real difference in the lives of the patients.

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Regarding the Complaint Report, complaint #24 was questioned and Mr. Seymour responded by explaining that he had spoken to the patient regarding the situation. She expressed to him that her primary complaint was that she had been put in restraints before being taken to Augusta Health and while at AH the use of restraints was continued. She requested that AH contact WSH regarding having the restraints removed. She complained to Dr. Barber and was not pleased with his response. Mr. Seymour does not know yet what Dr. Barber's response was or what transpired between AH and WSH; however, he is planning to look into it further. Complaint #9 makes a comment about being deported to his home country. This is a forensic patient which limits transfer possibilities at this time. Ms Campbell noted that Complaint #14 is an excellent example around human rights and how Security is handling peer-to-peer issues. Mr. Collins indicated that he had 13 requests for assistance from patients in the month of February that were resolved or are in the process of being resolved. The majority of these were patients stating that they need help getting out of here. In these cases, he contacts the Social Worker and sometimes requests permission to sit in on a TPC meeting.

Extraordinary Barriers to Discharge Report: Patient #524073 has no money, no trust fund, no housing, no family interest and does not want to leave. What are the next steps in such a case? Ms. Harrison indicated that his options are very limited. The CSB will normally be very involved with someone in this situation to get them the services they need in the community to help them avoid returning to hospitalization or jail.

IFPC Minutes: Ms. Belcher requested a list of acronyms typically used in this report.

Community Connections: The theme for MHAA's Mental Health Month will be Spokes of Recovery. The billboard will be on Route 250 East of Staunton. They will be doing the consumer art show again this year. Please have all items for the show to Donna by April 6th. The show will be at the Staunton/Augusta Art Center on New Street in Staunton with the opening on May 4th. They will also be having an "Evening with the Arts" on May 15th at Central United Methodist Church. This is an opportunity for mental health consumers to present their art, whether it be an art piece from the art show, a dramatic reading, a musical piece, or whatever they would like to use as their form of expression. Ms.

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Gum will send Glenda detailed report for the legislative update from the General Assembly session. A budget has not been passed at this time. Congratulations to Ms. Campbell for doing an excellent job on her presentation at CIT and for taking the class and getting her certificate.

The committee would like to invite staff from the evening programs. Mr. Schorsch will coordinate with Ms. Harrison to arrange this.

There was discussion regarding how to handle MK's request to be included on the March agenda. It was agreed that Hospital Instructions on the three topics, NGRI patients, Cell Phone Usage and the Smoking Policy, should be included in the meeting packet, that her time in the meeting should not be closed session, and that we may want to consider inviting some members of hospital staff to assist in addressing her concerns.

Ms. Gum raised a concern about patients being discharged on the same medication that the CSB is going to leave them on so that there is not so much recidivism. She is planning to raise this concern at the Cross-Mapping meeting in April. If it is not resolved at that time, she is going to ask that someone from the WSH medical team to come speak to the LHRC on this issue.

The next meeting will be held March 26, 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