

Western State Hospital
Staunton, Virginia
Local Human Rights Committee Meeting Minutes
Jeffrey's Building, Rom 95 at 12:30
May 21, 2012

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

Absent: Hal Meyers, Mahlon Webb, Kathy Belcher, Mark Schorsch, Committee Members

Guests: Lane Baggett, Dr. Jeff Phillips, and Dr. Carol McLain

Ms. Gum, Committee Chair, called the meeting of the Local Human Rights Committee to order on May 21, 2012. Mr. Collins indicated that the committee may conduct business with three members present. With a motion from Ms. Campbell and a second by Mr. Wade, the minutes from the April meeting were approved with changes. The motion was approved by vote. Ms. Campbell made a motion to approve the agenda as written. Mr. Wade seconded the motion and the agenda was approved by vote.

There was no one at the meeting wishing to speak during the public comment time.

Heidi Campbell was present to speak about the CIT (Crisis Intervention Team/Training) program. She has completed the CIT course, which is an intensive 40 hour class. The purpose of the training is to promote more effective interactions between law enforcement, first responders, mental health care providers and individuals with mental illness, and also to reduce the stigma and stereotyping of mental illness. Ms. Campbell took the training as a Consumer Advocate in an effort to break the barriers between law enforcement and mental illness, specifically the stereotyping that is often applied to individuals with mental illness. Having been through the training, she is now able to better understand the law enforcement perspective and what they are faced with when dealing with individuals with mental illness. She has begun providing a presentation as part of the training wherein she tells her story; the story of someone who has lived with mental illness, who has been hospitalized, who has survived the ups and downs of treatment, and who continues to live every day with an illness that requires constant management and maintenance. She uses her story to help others understand what it means to have a mental illness and be confronted with law enforcement and possible detention and hospitalization. Because of her work with the local CIT program, Ms. Campbell was selected to attend the CIT International Conference.

Dr. Lane Baggett, Psychologist on the Medical Center ward presented the MACS ward rules for review. They generally use individual treatment plans more than the ward rules because their patients each have such unique needs it is difficult to have ward rules that are applicable to everyone. Mr. Wade made a motion to accept the ward rules as written. Ms. Campbell seconded the motion. The motion passed by vote.

Dr. Carol McLain and Dr. Jeff Phillips from Ward B1 presented the ward rules. There being no concerns from the committee, a motion was made by Mr. Wade and seconded by Ms. Campbell to accept the B1 Ward Rules. The motion passed by vote.

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

Western State Hospital
Staunton, Virginia
Local Human Rights Committee Meeting Minutes
Jeffrey's Building, Rom 95 at 12:30
May 21, 2012

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.

In the Advocate's Report, Mr. Collins indicated that 13 patients came to him with complaints that were not on the Complaint Report. Some examples were one individual who complained that he was the subject of a search for contraband. Mr. Collins found that the search was conducted with probable cause, with a witness, as required, and nothing was found. Some of the patients were requesting assistance with discharge planning. One patient's mother asked that Mr. Collins assist in her son's case. Another individual requested assistance because his mother sold his personal vehicle. Further investigation by Mr. Collins revealed that the vehicle had been titled to the mother, placing her within her legal rights to sell it, and nothing further could be done. One individual came to Mr. Collins with specific requests about medication dosages. He responded that, not being a doctor, he could not change her medications; however, he would help her bring those concerns to her doctor. He also brings this type of complaint to Dr. Brasfield for consultation. He received several requests for his attendance at Treatment Planning Conferences. In these cases, he advises patients that when he attends TPCs, all he is able to guarantee is that in the conference, they will be treated with respect, and that they will be heard and allowed to participate in their treatment decisions. Mr. Collins will be going out on Tuesday, May 22nd to participate in a pre-placement visit. Due to the DOJ settlement, suitable homes need to be found for people with intellectual disabilities who will be leaving the Training Centers. Therefore, inspections are being conducted by DBHDS Advocates at prospective placement locations to determine whether they are appropriate. He has been to two prospective locations already and in both cases, his recommendation was that they were not acceptable. He is hopeful that this one will be better. Mr. Collins and Mr. Seymour both feel that in many cases, when they are asked to attend treatment team meetings or hearings, their presence is more for support than to actively advocate for the patient. Many of the patients seem to find their own voice just by having the advocate with them in the meeting.

VOPA – Ms. Haw noted that the Inspector General for the Department of Behavioral Health and Developmental Services released a report on the Barriers to Discharge in State Operated Adult Behavioral Health Facilities on Friday, May 18th. The report is available in its entirety on the Inspector General's website at <http://www.oig.virginia.gov/documents/Syst-Rev-207-12.pdf>. Ms. Haw will email a link to the report to Ms. Sheffer who will forward it to the committee members. Ms. Haw also advised the committee that her role at VOPA will be changing. She will continue with her current duties as a Disability Rights Advocate in the Institutions Unit. In addition, she will be coordinating the Advisory Councils. One Advisory Council specifically relates to the work of the LHRC; Protection and Advocacy for Individuals with Mental Illness (PAIMI), which is a program established by Federal law and operates under Federal regulations. The council must consist of at least 50% consumer advocates. They meet four times per year and assist VOPA with recommendations of priorities and goals for the year. There is an application for the council on the VOPA website at <http://www.vopa.state.va.us/Advisory%20Councils/PAIMI/PAIMI%20Advisory%20Council.htm> that individuals (specifically consumers) can use to apply to be a member of the council.

Prior to discussing the Complaint Report, Mr. Seymour provided the group with in-depth information regarding Patient EJ because of the number of complaints lately being attributed to her. Dr. Bill indicated that EJ had undergone neurologic testing and was not found to be at a level that would

Western State Hospital
Staunton, Virginia
Local Human Rights Committee Meeting Minutes
Jeffrey's Building, Rom 95 at 12:30
May 21, 2012

qualify EJ for a skilled nursing facility or dementia care facility. Mr. Seymour asked Dr. Bill and Dr. Baggett for input on EJ's situation and how they felt about EJ's complaints. Dr. Baggett reads scripture to EJ daily. Dr. Bill and Dr. Baggett both feel that given EJ's level of complaints, and the fact that she requires a scribe to dictate her complaints because of her blindness, that it would be beneficial to have a journal for EJ and a time set aside each day for one staff member to sit with her and take down all of her complaints for that day. Additional elements of EJ's treatment plan were reviewed in general terms.

For Case #82, Patient RS has indicated that he believes he was filmed by the French film crew. He has been advised that if he was filmed, he will be edited out of the film. Mr. Collins asked about the status of LHRC members participating in the editing process. Ms. Harrison indicated that two members of the committee will be participating in the editing with the Ethics Committee.

Extraordinary Barriers to Discharge Report: It appears from the list that many of the people are being discharged and the situations being resolved.

IFPC Minutes: No questions or comments.

Community Connections: May is still Mental Health Month. The Art Exhibit opening was very successful. Several people from the hospital came to speak about their artwork. Channel Three's coverage was disappointing in that some of the facts reported were misleading and disturbing to the artists. There was a very successful golf tournament on Friday, May 18th that raised approximately \$9,000. There were 18 teams and everyone had a good time. The newest newsletter is available and Ms. Gum has either emailed or sent hard-copy to everyone. The art show will continue to be exhibited through the end of May.

New legislation has been passed, effective July 1st, that allows colleges and universities to obtain all medical records of their students upon admission. There is concern among consumers and providers as to how this will affect mental health records. There is also concern as to how the mental health stigma may affect a person's academic career.

The next meeting will be held June 25, 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