

Western State Hospital
Staunton, Virginia
Local Human Rights Committee Meeting Minutes
Jeffrey's Building, Rom 95 at 12:30
June 25, 2012

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

Absent: Mark Seymour, WSH Advocate

Guests: Sherri Swanerbury, Clyde Hoy and Tiffany Hewitt, Citizens Council Members; Mr. RS, Mr. DB, Mr. JR, Ms. AH and Mr. JG, Clients

Ms. Gum, Committee Chair, called the meeting of the Local Human Rights Committee to order on June 25, 2012. A quorum of members was present. With a motion from Mr. Meyers and a second by Mr. Wade, the minutes from the May meeting were approved. The motion was approved by vote. Mr. Meyers made a motion to approve the agenda as written. Mr. Wade seconded the motion and the agenda was approved by vote.

Public Comments: JG is concerned that on C 5/6 patients are not allowed to use the microwave and are not allowed to keep any food. He mentioned a specific incident where he asked to purchase an individually wrapped burrito to eat upon his return to the ward and was told that was not allowed. They are not allowed to have cups of heated items such as "Oodles of Noodles". He has heard that microwave use is allowed on other wards. JR expressed his concern over not being allowed to make decisions regarding his treatment and medications and that his family members are making these decisions for him. He doesn't believe his family members have any understanding of what it is like to be ill and they are, therefore, unqualified to make these decisions. He feels that he has capacity to make decisions for himself and his right to do so should be restored. RS was concerned at the behavior of his defense attorney during his recommitment hearing. AH has one AR and a medical power of attorney, both of whom are in Richmond, and she feels they don't communicate with her in such a way as to be capable of truly participating in her treatment. She is scheduled for surgery tomorrow and does not feel that she has been given the opportunity to fully consider her options in that regard. DB, who is also on ward C 5/6, noted his concern for not being allowed to wear earphones between groups. He feels that they are a beneficial coping tool and sees that people from other wards are allowed to use them, so he is frustrated that people from C 5/6 are not allowed to take theirs off the ward. He also expressed concerns about not being allowed to have coffee at certain times on the weekends with no explanation. Sodas are allowed but not coffee. Another rule that has recently been implemented is that patients cannot carry open cups with drinks in them because of one patient spilling a drink and falling on the wet floor. He also echoed JG's feelings on not being allowed to use the microwave, and mentioned that they are not allowed to keep overnight food in the refrigerator.

Mr. Schorsch inquired as to whether we have already reviewed the C 5/6 Ward Rules this year, and if not, perhaps we should invite residents from that ward to come back when we do so they may participate in that conversation. He also suggested that in the future, we advise residents of when their ward's rules would be reviewed with the intention of inviting them to the LHRC meeting.

Mr. Collins suggested that concerns specific to Ward C 5/6 be communicated to the ward staff so that they may be prepared to discuss these issues at the July LHRC meeting when they present their ward rules for review. Ms. Harrison indicated that she will contact them on this matter.

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Mr. Collins also advised he would communicate with Mr. Seymour regarding JR's medication issues so that JR and Mr. Seymour could work with the treatment team toward a resolution. He is also going to ask Mr. Seymour to work with AH and her treatment team regarding her concerns with her AR.

Mr. Schorsch made a recommendation that in ward rules and in general communication we begin to use the terminology "your treatment team" instead of "the treatment team." This subtle change could make a major impact in the way patients relate to and work with the teams. He also suggested that we post a schedule of when the ward rules are being reviewed by the LHRC so that patients have the opportunity to attend the meetings. He followed by making a motion that the ward rule review schedule be posted on the wards and in common areas (Stribling, Giesen) and note that patients are invited to attend and join in the discussion regarding the rules on their ward. The motion was seconded by Ms. Belcher and was approved by vote.

Dr. Krista Gattis and Dr. Herb Stewart from Ward A1 presented the ward rules for review. The only change in regards to restrictions was around shopping for food items on Wal-Mart days. One reason for the change is that people were purchasing more food than they had storage space for, which was causing a pest (mouse) problem. Another reason is that access to the vending machines is part of their reinforcement for attending PSR groups and being actively involved. There was also the potential for dietary concerns. Mr. Meyers noted that he likes how the ward rules have contact phone numbers for advocates and others on the first page where it is easy for patients to find. Mr. Meyers made a motion to accept the ward rules as written. Ms. Campbell seconded the motion. The motion passed by vote.

Dr. Richard Willis from Ward A6 presented the ward rules. They have undergone a major change in that they have moved to a new location. They were formerly located in the Medical Center building on Opie and are now located in Building 107 on Ward A6. This has precipitated the need for significant changes in their ward rules. The ward rules were posted on the wall in the unit and have been discussed with the residents on the ward who provided a great deal of feedback to develop them into the current document. Ms. Haw expressed concern that the videophone is being regarded as a privilege instead of a right. Dr. Willis indicated that use of the videophone for the deaf residents is a right; however, for hearing residents, it is a privilege. She suggested that this point be clarified in the rules. Mr. Schorsch noted that the rules currently state, "If you misuse your privilege, you will no longer have that privilege." He feels that it might be more appropriate to say, "your privilege may be restricted" or "may be subject to restriction." Ms. Belcher commented that the rules state, "Access to the computer and videophone will only be available after groups are over..." Dr. Willis indicated that staff find it difficult to monitor the videophone area during shift change and while patients are returning from malls. Ms. Belcher suggested that a specific time be used to clarify, perhaps 4:00PM and that "after groups" be removed. Mr. Webb suggested numbering the pages as well as sharing Page 1 from A1's ward rules with Dr. Willis for inclusion in these ward rules because it provides very important contact information to the patients in one easy-to-find place. Mr. Schorsch requested that a definition of what the Blue Book is be added to the mention of the Blue Book in the General Information section. Ms. Gum recommended that the committee allow Dr. Willis the opportunity to make the recommended revisions and return for the July 23rd LHRC meeting to present the revised A6 Ward Rules for review. Ms. Belcher made a motion for Ward A6 to revise their ward rules and present them again at the July meeting. The motion was seconded by Mr. Meyers and was passed by vote.

In the Advocate's Report, Mr. Collins indicated that he handled 18 cases over the past month all of which seem to be moving toward resolution. The priority of Central Office continues to be the agreement

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with the Department of Justice for closing of four of the training centers. He will be attending two regional meetings regarding strategy for making sure that every one of the prospective placements is visited by licensing and human rights and that good placements are being made. The State Human Rights Committee will be meeting on Friday, July 13th in Spotsylvania. On August 2nd, the Shenandoah Clubhouse at Valley Community Services Board will celebrate their 30th anniversary and will be having a party.

VOPA – Ms. Haw advised that the Inspector General will be appearing later this week (June 28th at 1:00PM) at the Behavioral Healthcare Subcommittee of the State's Joint Commission on Healthcare to discuss the report he recently published on the Barriers to Discharge from State Operated Mental Health Facilities as well as the report he published on Behavioral Health Forensic Services and his study on unexecuted TDOs. The committee is accepting public comment on all of these; however, the comments need to be submitted by 5:00PM today.

Regarding the Office of the Inspector General's Report on Barriers to Discharge from State Operated Mental Health Facilities, Ms. Gum commented that the report reiterates many of the issues we have discussed in these meetings in the past; the primary barrier to discharge is available housing. A person cannot be discharged to a homeless shelter without Facility Director approval, they must be discharged to an apartment, a living facility or with a family member. Also of concern is a lack of DAP funding which allows for some provision of specialized residential services in the community; an increase in the complexity of psychological, psychiatric and medical issues, meaning more patients have more complex issues that keep them here when they may be ready in other ways to return to the community; challenges in accessing resources such as SSI and SSDI; an increase in the co-occurrence of substance abuse and self-medicating after discharge; and finally, the NGRI process is very slow, so there has been talk about ways to improve and speed up that process.

Western State's average was 19 patients per month on the EBL during the time period this study was done in 2011. Northern Virginia Mental Health Institute had an average of 27 patients during the same period. NAMI's and VCEH's recommendations in support of the Inspector General is to expand the DAP funding to make the \$7 million in the Housing Trust Fund available for people that are in state facilities and that the Department work with CSBs to ensure that housing needs are a priority. Additionally they hope to address service gaps and to review the NGRI process. Ms. Gum also mentioned a concern for individuals who are in private hospitals who may be facing similar circumstances regarding barriers to discharge that are not accounted for in this report.

The committee held elections for Chairperson, Vice Chairperson and Committee Secretary. Ms. Gum nominated Mr. Meyers as Chairperson. An affirmative vote by the committee confirmed his election to the office of Chairperson. Mr. Meyers nominated Ms. Gum as Vice Chairperson and the committee confirmed her nomination by an affirmative vote. Mr. Meyers nominated Mr. Wade for Committee Secretary. An affirmative vote by the committee confirmed Mr. Wade's nomination as Committee Secretary.

Ms. Gum shared with the committee the letter of commendation she prepared in response to Mr. Meyers recommendation in March regarding Ms. Sheffer's performance of her duties to the LHRC. The letter was written to Ms. Kimberly Harman, Regional Human Resources Manager for Western State Hospital for inclusion in Ms. Sheffer's personnel file. In the letter, Ms. Gum stated that she had

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witnessed Ms. Sheffer's "utmost professionalism in working with the committee during some difficult meetings." She also noted, "Her note taking has been outstanding as it is very detailed and to the point."

The only comments regarding the Complaints List will be addressed during closed session later in today's meeting.

Extraordinary Barriers to Discharge Report: The list is the shortest it has been in several years. One individual has refused the assistance of the CSB. While unusual, this is an option for each individual. The CSB will continue to offer assistance; however, the person may continue to refuse the assistance. Another person continues to use passes; however, both the patient and family are ambivalent about placement. This is due primarily to where they live and limited housing options.

IFPC Minutes: No questions or comments.

Community Connections: Mark Schorsch attended the VOPA conference as did Allison Hymes, who received an award for advocacy. Ms. Campbell will be interviewed by the Staunton Leader because of all the advocacy work she does as well as her considerable involvement in the mental health community.

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.

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.

The next meeting will be held July 23, 2012, at 12:30 p.m.

Ms. Gum thanked everyone for their assistance and dedication during her tenure as Chairperson of the LHRC and looks forward to working with Mr. Meyers in his new capacity.

With no further business to discuss, the meeting was adjourned.

APPROVED:

Donna Gum, Chair

Glenda D. Sheffer, LHRC Secretary