

Western State Hospital
Staunton, Virginia
Local Human Rights Committee Meeting Minutes
Jeffrey's Building, Rom 95 at 12:30
July 23, 2012

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

Absent: Rob Wade, Mark Schorsch, Committee Members

Guests: Tiffany Hewitt, Citizens Council Member; Messrs. RS, DB, JM and JG, Clients

Mr. Meyers, Committee Chair, called the meeting of the Local Human Rights Committee to order on July 23, 2012. A quorum of members was present. With a motion from Mr. Webb and a second by Ms. Belcher, the minutes from the June meeting were approved. The motion was approved by vote. Ms. Gum made a motion to approve the agenda as written. Mr. Webb seconded the motion and the agenda was approved by vote.

Mr. Meyers commented that he is honored to be elected Chairman. He believes Ms. Gum provided excellent service in this role and hopes that he will be able to do the same.

Public Comments: JM indicated he has come to the meeting in support of Mr. Seymour. He is very appreciative of Mr. Seymour's efforts on his behalf, stating, "He has served me well." DB expressed a concern that patient bedrooms are locked earlier than they had previously been. In order to return to his room before going to Stribling, he needs to ask staff to open the door. Mr. Meyers advised him that later in the meeting, the committee would be meeting with staff from C 5/6 to review the ward rules and that this concern would be reintroduced at that time.

In the Advocate's Report, Mr. Collins began with an update on the agreement with the Department of Justice for the closing of four of the five training centers over the next eight years. The remaining training center will be Southeast Virginia Training Center in Chesapeake, which is a 75 bed facility. Mr. Collins and Mr. Seymour recently attended a meeting at Southern Virginia Training Center in Petersburg with all of the licensing specialists and advocates to discuss the time table and the protocol and criteria for placements. They also discussed the procedure for getting them into community placement and assuring that these placements are appropriate. The Office of Licensing has nearly doubled its staff and approximately half of the staff will be dedicated to focusing on transfers from training centers to community placement. They are looking at established providers in the community such as CSB group homes and sponsored residential providers like Wall Residences to expand their services. This is an excellent opportunity for new providers to become licensed and begin offering services. They discussed clients getting funded through Medicaid Waiver; however, there aren't enough waiver slots for all of the 186 people coming out of the training centers in the next year. The people who currently reside in the training centers present very challenging medical or behavioral issues. It has been predicted that there will be an influx of ICF/MR (Intermediate Care Facilities for Individuals with Mental Retardation) programs. These programs are primarily for the most medically challenging cases; however, they are expensive and only serve a small population. Ms. Haw indicated that the Department is also looking at "three-tiered" Medicaid Waivers to more adequately meet the varying needs of clients. A licensing specialist and advocate will be going to each proposed placement to review and determine if it is a "Good Match" for that individual.

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Mr. Collins received 20 requests for assistance in the last month. One of these may result in a hearing. They are currently in the formal dispute resolution process with Dr. Barber who has submitted a response to the requests made by the Authorized Representative. The AR may petition the Local Human Rights Committee, in which case, Mr. Collins will request a meeting with the family and Dr. Barber in an attempt to bring the two parties to agreement. If an LHRC Hearing becomes necessary, he will provide members of the committee training regarding the hearing process.

Ms Gum presented a newspaper article that was in the Staunton Leader on July 22nd regarding a prior Western State patient. The family of the patient has brought a lawsuit against the hospital and the state relating to the treatment of the individual during his residence at WSH. In this case, the LHRC conducted hearings regarding the treatment plans for this individual and presented an opinion statement to the State Human Rights Committee, who upheld all of the recommendations as well as adding recommendations of their own. This was followed by an appeal to the SHRC. The SHRC's primary recommendation was for this individual to be transferred to the Northern Virginia Mental Health Institute to be in closer proximity to his family. The patient died shortly after the transfer as a result of colon cancer. Mr. Meyers suggested that the committee follow the case and consider further discussion as more information becomes available.

Dr. Richard Willis returned this month to present the amended Ward A6 rules. Changes had been made as suggested in the July LHRC. There are several typographical errors that need to be corrected. Access to the computer and video phone has been changed. It will be available at 4:00PM provided the room is not in use for other purposes. Mr. Meyers commented that the document layout is attractive and user-friendly. He also noted that the thoroughness with which they have provided information regarding how to obtain a copy of the Blue Book is to be commended. He went on to suggest that all wards should be encouraged to integrate similar information in their ward rules. Ms. Gum made a motion to approve the ward rules, and Ms. Belcher seconded the motion. The motion passed by vote.

Dr. Mike Shuttly presented the ward rules for Ward C5/6. The committee had presented Ward C5/6 staff with specific questions raised by clients at last month's meeting, and Dr. Shuttly responded to each concern. The microwave is available for staff to use for clients. Clients are not allowed to use the microwave due to safety concerns. The refrigerator is available for clients to use; however, food items placed in the refrigerator are kept for no more than 24 hours. Clients are allowed to use headphones as it is beneficial for coping; however, there is a concern for safety as studies have shown that people who are using them tend to be at a greater risk for tripping and running into objects. They, therefore, look at the use of headphones on an individual basis and address it in treatment plans as necessary. Decaffeinated drinks are not limited on the ward; however, they are not provided by the ward. Clients with the appropriate privilege levels are allowed to purchase them from the vending machines. Mr. DB restated his concerns over not being allowed to carry an open drink in the day room without being seated, not being allowed access to coffee after 2:00PM on weekends, and being locked out of his room in the mornings. Dr. Shuttly indicated that drinking cups are only allowed during cabinet time, and that the reason for having clients sit down with drinks is to minimize the risk of spills and/or falls, which has been a problem in the past. The issue of coffee after 2:00PM on weekends is determined on an individual basis and is included in treatment plans. Client rooms are locked in the morning during the morning meeting. Clients are allowed access to their rooms by asking staff to unlock the door. Staff is required to stay with the client until they leave the room and then it is re-locked. Rooms are kept locked throughout the day because all ward staff are working at the malls and no one is on the ward. Dr. Shuttly believes this is

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standard practice on all long-term wards. Ms. Belcher made a motion to approve the C5/6 Ward Rules. Mr. Webb seconded the motion, and it was approved by vote.

VOPA – Ms. Haw had nothing to report.

In a continuation of the advocate's report, Mr. Seymour indicated that he had received 15 complaints that were not on the complaint list. He feels that these are mostly items that may have already been brought before the treatment team, but that the client does not feel have been addressed or are not being addressed quickly enough. When these items are brought to the teams by the advocates, they are generally very receptive and responsive.

Regarding the Complaints List, EJ has 7 complaints on the list. EJ's complaints continue to be difficult to fully understand and, therefore, difficult to resolve. JR also had 7 complaints; however, the resolutions listed are clear and thorough. On Complaint #164, the client indicated he had been placed in the chair naked. Mr. Seymour researched this and could find no evidence that he was naked when placed in the chair.

Extraordinary Barriers to Discharge Report: The list is, once again, short. There are ten clients shown; however, one has already been discharged. Ms. Campbell noted that some clients seem to limit themselves to possible placements by what they are willing to accept.

IFPC Minutes: No questions or comments.

Community Connections: Ms. Campbell granted an interview to the Staunton Leader that resulted in a great article, which was followed by an excellent editorial. Ms. Gum gave a stigma video presentation to AARP and has been invited to present it to the Waynesboro Women's Club on the fourth Monday of November. The Legislative Forum this year will be on August 9th from 11:30AM until 1:00PM at Valley CSB. They are looking at children's services and how the healthcare act might impact mental health services. Mental Health of Augusta will be at the Fair at Augusta Expo on August 8th in the barn. They have asked other community organizations to participate.

The next meeting will be held August 27, 2012, at 12:30 p.m.

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

APPROVED:

Hal Meyers, Chair

Glenda D. Sheffer, LHRC Secretary