

Western State Hospital  
Staunton, Virginia  
*Local Human Rights Committee Meeting Minutes*  
*Jeffrey's Building, Room 95 at 12:30*  
*September 24, 2012*

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

**Absent:** Mahlon Webb, Committee Member

**Guests:** Mr. RS and Ms. SJ, Clients and Marina Caro, VOPA Advocate

Mr. Meyers, Committee Chair, called the meeting of the Local Human Rights Committee to order on September 24, 2012. A quorum of members was present. With a motion from Mr. Schorsch and a second by Ms. Campbell, the minutes from the August meeting were approved with changes. Ms. Gum made a motion to approve the agenda with the change of Dr. Gardella presenting at the beginning of the meeting. Ms. Belcher seconded the motion, and the agenda was approved by vote.

Dr. Robert Gardella from ward B2 presented a proposal to remove the shelves from the storage units in patients' bedrooms. These plastic shelves are easily removed and there is a tube along the back side of each shelf where contraband can be hidden. It is also possible for these to be used as weapons. All patients on this ward are forensic status and have come from the jails and will likely return to the jails, placing them in a higher risk category. Each patient is allowed to have three sets of clothes. They are also provided a plastic laundry basket to place in the bottom of the cabinet to store their dirty clothes. Mr. Wade asked what types of items are currently being stored on the shelves. Dr. Gardella indicated that they are rarely used for storage. In those he has looked at, the patient's clothing is stored at the bottom and the shelves only have one or two items on them. Ms. SJ raised the concern that the additional restrictions on B2 may be considered unfair by the patients on that ward when compared to other wards. Dr. Gardella reiterated that the increased risk on a ward of forensic patients requires more restrictive practices than wards housing primarily civil patients. Ms. Gum made a motion to approve Dr. Gardella's request. Ms. Campbell seconded the motion.

Dr. Gardella also shared with the committee that the staff on ward B2 would like to obtain and use a security wand for outside visitors. The goal is to prevent items such as knives and cellular phones from being brought into the building where they could potentially end up in the possession of a patient. Mr. Collins pointed out that visitors are not covered by the Human Rights Regulations; therefore, the LHRC is not in a position to comment on this issue.

Public Comments: Ms. SJ has come to the LHRC in regards to items that were discussed at the Citizen's Council Meeting the previous Friday. Tiffany Hewitt had indicated she would be at this meeting to present these concerns; however, she was apparently not able to attend. Ms. SJ indicated that there is a concern regarding sanitation issues on ward B1. This issue was presented at the last LHRC meeting and is being addressed. She feels that patients are not being respected by staff. Younger staff members don't show respect to their elders, and she believes a person should be respected regardless of whether they have a mental illness. She feels that the hospital is being run like a prison. Patients are being treated like they don't have a mind and are not being given their rights. She sees her treatment team once per month. She doesn't think this is enough for them to know her and her situation, and they are making decisions about her care without respecting her input. In the community, you have one-on-one

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meetings with your psychiatrist. Patients don't get one-on-one meetings here; it is always a meeting with the team. She has requested a meeting with her social worker but does not feel confident that this meeting will take place.

Marina Caro is a new advocate with VOPA and is attending the meeting for information and training purposes. She thanked the committee for allowing her to observe.

**Upon a motion made by Ms. Gum, 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.**

Ms. Harrison brought a sample of the storage box that will be used for patient property storage in the warehouse at the new facility. Each patient will be allowed use of two of these boxes with more boxes being available if the individual is hospitalized for an extended period. Each box has holes on each end where a locking tag will be placed. The tag will secure the box and have an identifying number on it. These boxes are for items that need to be stored outside of the patient's room such as off-season clothing. The patients will also have storage areas in their individual rooms. A letter is being drafted to send to patients' families and ARs, and the Relocation Committee has met with representatives from the CSBs to share this information with them.

Mr. Meyers asked Ms. Harrison to report on the concerns raised at the last LHRC meeting. In regards to dental procedures and patients going to sick bay instead of groups, Ms. Harrison has learned that there are on average nine tooth extractions performed at WSH each month. There are different options available to patients following a dental procedure: they are encouraged to return to groups if they feel they can, if not, they may go to sick bay with a doctor's order, they may return to their room if they are on Harvest Mall, or they may go to a quiet room located near the nursing station in Stribling Building. Ms. Campbell asked if this information is being related to each person following a dental procedure. The problem may be a lack of communication more than a lack of options. Ms. Harrison will research this further.

Another concern raised at the last meeting was regarding sanitary conditions on one ward. Ms. Harrison spoke with Mr. Robert Cooke of Environmental Services and Ms. Sheryl Gregory, the Assistant Director of Nursing for Pettis Building, to obtain additional information regarding cleaning schedules and practices. The bathrooms are cleaned at a minimum of once per day, but in reality they are cleaned more often than that. The bathrooms in the patient housing buildings are given priority by the housekeeping staff because they have the potential to become untidy very quickly. Another incident that was specifically mentioned last month was the event of someone's spit being cleaned by a dry paper towel. The concern was that this technique did not disinfect the area. Ms. Harrison indicated that all staff, nursing and housekeeping, are instructed to use a 1:10 water and bleach solution for cleaning any surface that needs to be sanitized and the solution is readily available to all staff.

LHRC members will tour the new facility during the next scheduled meeting on October 22<sup>nd</sup>. It is important for everyone to remember this is an active construction zone and everyone must wear solid, hard-soled shoes – no sneakers, flip-flops, high heels or open toes. There is construction debris on the

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floors and construction equipment/tools are being used, which may mean electrical extension cords across the path or noise from power tools. The tour will take approximately 1½ hours and is a walking tour. A van will be at Jeffrey's Building at 12:30 to transport everyone to the new hospital site.

The committee decided to have a brief meeting following the tour to discuss any concerns raised during the tour. Since this will serve as the regular monthly meeting, a time will be scheduled for public comments. Mr. Meyers reminded everyone that they had been asked to think of specific items of interest that they would like to have addressed during the tour. For himself, important questions include access to outdoor areas and how much outdoor space will be available to patients. Mr. Schorsch indicated that he has heard the concern of outdoor space echoed by current patients. Patient movement throughout the hospital was another matter of concern. How will patients move to each area of the hospital and how is staff planning to assist them in becoming acclimated to their new surroundings? Security and safety are also of interest. This brings up the matter of people who have been separated due to personality conflicts or inappropriate behavior toward another patient or staff member. How will this be addressed when everyone is literally under one roof? Other concerns that have been raised at Citizen's Council meetings are bracelets and cameras. Ms. Campbell asked whether there would be areas for patients to have time outs before a situation escalates to the need for seclusion.

Mr. Meyers asked if there has been any information regarding the first draft of the French movie. Ms. Harrison indicated Mr. Beghtol has made multiple inquiries to the filmmakers and the response continues to be that they have not completed editing.

Ms. Harrison requested information regarding microwave use and availability for patients from each of the ten wards and received responses from nine. There is a microwave on each unit. One ward allows patients to warm their own food in the microwave and one does not allow the microwave to be used for or by patients; however, on all the other wards, staff heat up food for patients when requested. Patient use of microwaves is generally restricted, and this is primarily a result of incidents that have occurred in the past such as patients overheating liquids and throwing it at other patients and the glass plate in the microwave being broken to use as a weapon, etc. The committee members expressed concerns that Ward C5/6 does not allow any microwave usage for or by patients while all of the other wards have some level of microwave access.

Mark Schorsch discussed Peer Support and Recovery, which is something he has been receiving training on in recent weeks. He explained peer support by providing an example: One of his first encounters with the mental health system was at a Federal prison in North Carolina. He was found repairing his vehicle in the national forest, which is federal land, and had to be restored to stand competency for trial. It was also determined that he needed to be medicated over objection, which he didn't know was possible. His treatment team had the presence of mind to put him in a two room cell with someone who had been medicated over objection. This individual was a 20-year veteran of a federal law enforcement agency. He told Mr. Schorsch what to expect. The foresight of the treatment team to place him in this room was a great help to him and also to the other individual. This is what peer support is all about. Mr. Schorsch and Mr. Henry Brennan work together to go to the admissions wards and visit with patients who are possibly at the lowest point in their lives. They present themselves as people who have been where they are now and they got through it. They model recovery for others. They tell the patients that every day doesn't go well and that sometimes it's a struggle. The majority of their time, however, is spent listening because that is really what is needed. The training he received emphasizes not letting your story override the story of the person you are trying to help. Accept that person where they

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are at that moment. There are now 35 states where Medicare will reimburse organizations to fund peer support staff. Virginia is not one of these states. This is a different focus on treatment. It is individually centered instead of treatment team centered, and it continues out into the community after a person is discharged. Virginia is in the process of certifying peer support specialists. Western State Hospital pays On Our Own of Charlottesville for Mr. Brennan to come to WSH. Mr. Schorsch is a volunteer. One of the things he likes the most about his role as a peer support specialist is that he doesn't have to validate or invalidate anything the patient says. He only listens and provides support. He is not required to make any judgments or provide direction for the patients; only to hear them and let them know that he can understand what they are going through. It is a way for him to turn a negative into a positive. He was recently approached by a current WSH patient who told him she wants to tell her story and asked for his advice on how to begin doing that. This was an extremely rewarding moment for him.

In the Advocate's Report, Mr. Collins received six cases in the past month; far fewer than he has been receiving. All six are on their way to being resolved. He and Ms. Harrison met with Barbara Nulty to discuss the Patient Complaint Report. Ms. Nulty is assuming responsibility for compiling this report. They discussed how the report could be more useful, and how she can use the information she receives to forward cases to Mr. Collins or Mr. Seymour. Specifically, they discussed the issue of the reported resolutions not being sufficient or even related to the complaint. Mr. Collins recently represented the department at a meeting of the Charlottesville City Council's Task Force for developing a Human Rights Task Force and a Human Rights Commission for the purpose of combating discrimination. Mr. Collins had been asked to attend to share the processes of the Local Human Rights Committee. Their questions in terms of developing an effective model were: Is it local? Is it quick? And is it effective? Our system addresses all three of those issues. Currently there are Human Rights Commissions to Combat Discrimination in Prince William, Virginia Beach, Hampton and Fairfax. There is also a State Human Rights Commission which has an office in Richmond but is in no way connected to our Department's Human Rights system.

Mr. Seymour has received 16 complaints in the past month. Half of those complaints were from one individual whose complaints are being addressed by her treatment team but may come to the attention of this committee. Her complaints are regarding her Authorized Representative. She is asking to have no one assigned as her AR so that she may make decisions for herself; however, the team feels that she lacks capacity for making these decisions.

VOPA – Ms. Haw reminded everyone that the beginning of the new Federal fiscal year is October 1<sup>st</sup>. With this, they will have their new set of goals, focus areas and objectives. She will bring copies for everyone to the October meeting. Until then they may be accessed on the VOPA website.

Regarding the Complaints List, in case #210, the patient has requested a second opinion by an outside doctor. The question was presented as to whether this would be funded by the hospital or by the patient. WSH offers second opinions by other staff physicians; however, the patient would be responsible for the cost if an outside doctor is requested. Case #211 raises the concern of whether physical therapy is appropriate treatment. Mr. Seymour will investigate this situation further.

Extraordinary Barriers to Discharge Report: Remarks for Patient #331685 indicate that the mother is blocking discharge. Ms. Haw questioned whether the mother is the authorized representative. We don't have that information; however, family support is such a crucial part of the patient's success after

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discharge that it is possible the hesitation by the mother could be sufficient to temporarily delay discharge.

IFPC Minutes: No questions or comments.

Community Connections: An announcement will be made Friday that Ms. Gum will be the new chair of the Mental Health Coalition. The MHAA annual meeting will be November 16<sup>th</sup> at which On Our Own of Charlottesville will be presenting.

The next meeting will be held October 22, 2012, at 12:30 p.m.

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

**APPROVED:**

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Hal Meyers, Chair

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Glenda D. Sheffer, LHRC Secretary