

Western State Hospital
Staunton, Virginia
Local Human Rights Committee Meeting Minutes
Jeffrey's Building, Room 95 at 12:30
March 25, 2013

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

Absent: Kathy Belcher, Heidi Campbell, Members; Dana Traynham, VOPA Advocate

Guests: Ms. JS, Client

Mr. Meyers, Committee Chair, called the Local Human Rights Committee to order on March 25, 2013. Mr. Wade noted that a quorum of members was present. With a motion from Mr. Webb and a second by Ms. Gum, the minutes from January 28th, February 11th and February 25th were approved as written. The agenda was also approved.

Client JS, a resident on A6 for approximately 2 years, has come to the LHRC meeting to represent herself as well as patients from two other wards who could not attend. Firstly, on half-day Wednesdays, patients residing on C5/6 are not allowed to return to their ward until 1:00PM while patients on A6, for example, are allowed to return to the ward at 11:30AM. Mr. Meyers inquired of Ms. Harrison as to whether this was the result of staffing needs during that timeframe. She responded that he is correct. Staffing needs throughout the facility during the lunch schedule dictate whether staff is available for patients to return to the wards. Presently, not all wards can be staffed during lunch.

The next item Ms. S addressed was regarding the options available to patients following dental procedures such as tooth extractions. It is generally understood among patients that they are required to return to groups immediately following dental appointments, without the option of returning to their ward or going to the Medical Center. Mr. Meyers recalled this issue being discussed previously and felt that the issue had been resolved in that patients may go to the Medical Center following a dental procedure if they feel it is necessary. Ms. Harrison added that this is done on a case-by-case basis and the patient needs an order from a doctor, either Dr. Shillinger or their ward doctor. Ms. S is concerned that this information is not being communicated to all patients. Dr. Shillinger advises each patient she treats of this option while they are in her office.

The final item Ms. S wished to address is in regards to her treatment decisions. Approximately two months ago, she went before the judge to have her status changed to a voluntary patient. This change in her status also removed the requirement for treatment over objection. Since that time, Ms. S's has had another hearing to have her voluntary status reviewed and ultimately returned to involuntary commitment in addition to a new order for treatment over objection. Her primary concern is over three of the medications that are to be administered to her; one of which requires weekly blood draws for the first six months of use. She feels that she is fine on her current medications and is as well as she can get. She would like the treatment team to discuss these issues with her before making final decisions, and she doesn't feel her concerns are being heard by the team. She stated that there is no communication between her and her treatment team. Mr. Meyers recommended that Mr. Collins work with Ms. S in an effort to resolve her concerns, specifically, that her treatment team considers her opinion and thoughts regarding her medications. He asked that she return to the LHRC next month to share with the committee whether she feels her concerns have been alleviated. If not, she has the option of filing a formal complaint with the LHRC requesting that the committee conduct a hearing to review her case. Mr. Collins indicated he

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would join her at treatment team meetings. She will advise Mr. Collins of her next TPC so that he may attend.

Mr. Jim Stevens presented the Operations Manual for the Webb Psychiatric Rehabilitation Center and Barber Psychiatric Rehabilitation Programs. There have been no major changes made since the last review by the LHRC. He expects there will be changes as a result of the move to the new facility; however, he expects them to be minimal. He will remove the comment on page 11 regarding smoke breaks as well as changing "SPRC" to "WPRC" on page 3. Mr. Meyers indicated his pleasure with the documentation of what is expected of staff. Ms. Gum made a motion to approve the PSR Operations Manual with the recommended changes. Mr. Webb seconded the motion and the manual was approved by committee vote.

The Medical Acute Care Services ward rules were presented by Dr. Lane Baggett. Dr. Baggett noted that on page 2, verbiage has been added to address appropriate attire. Some of the sections have been moved around to make the document flow more logically, but the content in those sections has not changed. On page 3, emergency instructions have been added. Mr. Seymour commented that on page 3, under Telephone, they should consider changing "Blue Book" to "Rules and Regulations To Assure the Rights of Individuals Receiving Services From Providers of Mental Health, Mental Retardation and Substance Abuse Services" as not all copies are blue. He also suggested that the word "restricted" in the same sentence be changed, possibly stating that telephone calls may be made and received according to the individual's treatment plan. On page 5, an additional free time has been included for individuals on Level 3. Mr. Wade questioned the amount of supplies provided by the hospital for writing and mailing personal letters. The rules and regulations indicate sufficient supplies for at least one letter per day. Ms. Harrison will research this issue and determine whether there is a hospital or department instruction that regulates this as well. Dr. Baggett indicated that they have added information regarding the expectations and how assignments are made for therapeutic activities on page 6. She recognized that she needs to add the new free time for level 3 patients on the daily schedule on page 9. Regarding the responses to the LHRC questions, Mr. Webb commented that he feels these are very well done; especially number 2. With a motion by Mr. Wade, seconded by Ms. Gum, and with an affirmative vote by the committee, the ward rules were approved pending the above stated changes. Dr. Baggett will submit the revised document to the LHRC.

Representing Ward B1 were Dr. Carol McLain, Dr. Jeff Phillips, Dr. Becky Lindsay and Sheryl Gregory, ADON. Dr. McLain prepared a table as a crosswalk from the previous rules to the current rules. The changes that were made are relatively minor. They have attempted to shorten the ward rules, and as a result are creating a welcome brochure with information that is helpful to patients and visitors but is not a true part of the ward rules. One priority was to update the language to make the rules more personal and simplified. An emergency section was added to instruct clients on how to respond to emergencies. Mr. Meyers asked that Dr. McLain send the committee a copy of the Welcome Brochure when it is complete. There were minor spelling corrections suggested. Ms. Gum made a motion to accept the B1 Ward Rules. Mr. Wade seconded the motion and the rules were approved by vote.

Mr. Collins presented his portion of the Advocate's Report. He commented on how well he thought the committee handled the two recent hearings: The emergency hearing to review a treatment plan and then the formal hearing for MW. He specifically noted that he felt the committee did an excellent job of providing Mr. W with due process and the full opportunity to be heard.

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New Hope Detox Center, operated by Valley Community Services Board, will be closing as of April 1st. They will have surrendered their license to operate as a substance abuse program. This puts our region in a dilemma because there is no other program stepping up to replace the service they provided. There is a hope that five beds will be made available at Boxwood Treatment Center, which is operated by Rappahannock / Rapidan Community Services Board in Culpeper.

Mr. Collins has dealt with 22 cases that were not on the Complaint Report, some of which were very interesting and deserve discussion. He will be going to court with one client next week who is a Forensic patient. She has two very good public defenders who are advocating strongly for her. At the last State Human Rights Committee meeting, the VOPA representative brought an issue before the committee, which is rare. The issue was regarding Forensic patients and how they are treated. Forensics patients who are clinically well enough for discharge must undergo further scrutiny, specifically by the Forensic Review Panel, prior to a recommendation for release being presented to the court. The VOPA representative, Becky Kern, made the argument that this is an inherent conflict. She went on to say that if it is believed that a patient is a risk to the community then a direct statement needs to be made in the report indicating that this person is not safe to return to the community. In the case of Mr. Collins' client, her treatment team reports that the patient is doing very well in compliance with her medications, doing very well in her behaviors on the unit, doing very well in going to Stribling Malls; however, she is a risk to the community. The result is that the details suggest one thing, but the final statement indicates that she is not ready for release. The difficulty for the court is that they only receive the report and are not able to question the treatment team. In this case, the review by the court is annual, which results in another full year of hospitalization based on one statement; however, at the last annual hearing, the judge determined that a 6-month review was warranted. Mr. Collins will be attending court with this client on April 4th and is in hopes that the hearing will provide a positive result.

In another case, Mr. Collins commends Dr. Barber. The client has been at odds with his treatment team for many months. Mr. Seymour and Mr. Collins have both worked with this patient to aid in a resolution. Dr. Barber has now decided to meet with the patient directly to discuss the patient's requests with him. The result may not provide the patient the outcome he desires; however, by allowing the patient to openly and candidly discuss his concerns with the Facility Director, Dr. Barber may be indirectly alleviating the patient's concerns.

Mr. Seymour supports the MACS unit as well as the admissions units. He has received 14 complaints that were not reflected on the Complaint Report. He finds that the majority of patients in the admissions units prefer returning to jail over remaining at the hospital. Many of these people are hospitalized for restoration to competency; however, they often express a desire to simply return to jail and serve out their time. He suspects that this may result from the patients' knowledge that the term of their stay in the hospital is unknown, while their jail sentence is predetermined. This situation represents a majority of the cases he works with. Mr. Seymour has found that the treatment teams are generally quite responsive to the patients' concerns and assisting patients and their families in understanding the process required. He has a great deal of confidence in the treatment teams and commends them for their work with these patients.

Upon a motion made by Ms. Gum, the committee went into closed session pursuant to Virginia Code §2.2-3711, a.15 and §2.2-37.05.5 for the purpose of discussion of medical record / treatment plans.

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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 presented Hospital Instruction (HI) Number 2515 to the committee. Changes have been made to this HI as a result of prior events involving the perception by patients of being filmed without their consent. Specifically, a bullet has been added to page 2 in an attempt to clarify this issue and eliminate any misconceptions by patients when filming is being conducted. Mr. Meyers commented on concerns regarding the internet and patient's right to withdraw their consent within a reasonable period of time. Images could be placed on the internet before they have the opportunity to do so. He is also concerned that once an image has been uploaded to the internet, it is nearly impossible to remove. He feels that the informed consent should include a statement regarding the purpose of the pictures / videos, a statement identifying the risks of images being placed on the internet and a disclaimer indicating that Western State Hospital is not liable for any subsequent use of those images. Mr. Meyers went on to suggest that when images will be taken in public areas, those individuals who do not consent to being photographed or videotaped be provided with a red armband thereby identifying them to the photographer so they are not in any group photos or videos. Ms. Harrison indicated that in group settings, photographers are directed to take pictures of patients' feet only until consent has been verified. Mr. Webb suggested that the first and third bullets on page 2 be removed and a statement similar to the following be added to the General section: "Use of still cameras, video or film cameras, phone cameras or duplication of any likeness or other identifying information is prohibited without the Director's authorization and patient informed consent."

HIPAA and FOIA updates will be presented at the April meeting.

Regarding the Complaint Report, Mr. Wade asked about number 70 in the January report, which is concerning the use of the patient's last name. The complainant believes this is a privacy violation. Ms. Harrison indicated that HIPAA does allow for the use of first and last names when it makes sense and is not done in a way to intentionally breach confidentiality.

In reviewing the Extraordinary Barriers List, Ms. Gum noted that discrimination is possibly one factor in limiting housing options for patients who are ready for discharge. Funding continues to be a concern. Ms. Gum questioned the placement of patients from other catchment areas at WSH. Ms. Harrison commented that the hospital will occasionally accept a patient from another hospital for a variety of clinical reasons if it makes sense to do so. An effort is made to keep patients as close to home as possible; however, successful treatment is the primary goal.

There were no comments regarding the Internal Forensic Privilege Committee minutes.

Community Connections: Ms. Gum asked if everyone received the recent legislative report. The General Assembly approved funds for housing as well as DAP. They made some positive strides this year. The pizza fundraiser is supposed to be held at Cici's tonight; however, the weather may cause this to be delayed. May is Mental Health Month. The billboard is being designed by the Graphic Arts class at Blue Ridge Community College. The theme is Stand Up for Mental Health: To advocate, educate and volunteer. The billboard this year is on Route 11 north of Verona opposite the Verona Elementary School. The art show will be held at the Art Center in the second floor room. The opening will be May

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11th and it will run through the end of the month. The stigma video has been revised to include acceptance of mental illness and the person with mental illness.

The next meeting will be held May 27, 2013, at 12:30 p.m.

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

APPROVED:

Hal Meyers, Chair

Glenda D. Sheffer, LHRC Secretary