

Western State Hospital
Staunton, Virginia
Local Human Rights Committee Meeting Minutes
Jeffrey's Building, Room 95 at 12:30
August 26, 2013

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

Guests: Ms. AT, client, Mr. RS, former client

Mr. Meyers, Committee Chair, called the Local Human Rights Committee to order on August 26, 2013 and noted that a quorum of members was present. With a motion from Ms. Gum, a second by Mr. Webb and a vote of the committee, the minutes from the July 22nd meeting were approved with changes. The agenda was revised to include a time for Dr. Laura Santiago to present an ECT Authorization for review and approval.

During the public comment, Ms. T indicated that she anticipates being discharged on Wednesday. The final requirement is for her sister, who is her AR, to sign off on the discharge. She doesn't understand why this is necessary, but feels the discharge will proceed. Mr. Collins indicated he would contact the treatment team to determine the status of obtaining the AR's signature. Mr. S is doing well in the community; however, he is having difficulties with communications. He was not receiving his mail at the group home which caused him to miss some very important correspondence regarding Social Security benefits and premiums. He has attempted to contact VOPA for assistance but has not received a reply. Mr. Meyers indicated that Ms. Caro from VOPA should be at today's meeting and they would probably have an opportunity to discuss these issues. If she is not at today's meeting, Mr. Collins will contact her on behalf of Mr. S. Ms. Gum also indicated that she would contact his case worker in an attempt to improve communications between the case worker and Mr. S.

Mr. Seymour has received 20 new calls from individuals in the hospital seeking his assistance. Many of the calls he receives are for assistance in contacting the social workers. Mr. Seymour is currently working on a case where the Authorized Representative is saying they don't believe they are having meaningful participation in the treatment team meetings. He is assisting in facilitating a meeting between the AR and the treatment team.

Mr. Collins indicated he has handled 15 requests for assistance in the month of August. There are two patients with restrictive treatment plans, and Mr. Collins makes an effort to stay in communication with these individuals because of their unique situations. One of these clients was charged with felonious assault against a staff member. The staff member pursued charges against the client. She was seriously injured and has not returned to work. The patient appeared before the court regarding this charge. Her attorney and the Commonwealth's Attorney had reached a plea agreement to settle the case. The Commonwealth's Attorney felt that this was an NGRI situation and did not wish to pursue the case further. The patient rejected the plea agreement and pled guilty. The appropriate plea based on the agreement would have been not guilty by reason of insanity. The judge did not accept her guilty plea. He asked her several questions to determine whether she had a good understanding of the consequences of pleading guilty. Based on her answers, he determined that she did not have the capacity to make the

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guilty plea. This case will be moving on to the Circuit Court, and Mr. Collins will continue to follow its progress.

Mr. Collins explained that he had recently visited the Barber Mall at the Stribling Building. The Barber Mall is in two parts. One part is active treatment with patient participation. The other part is for people who do not wish to participate. There are also some individuals who are in "quiet rooms" who are unable to participate.

One patient asked Mr. Collins to attend his TPC meeting. This individual's bedroom is searched daily due to his insistence that he will harm himself and no one can stop him. Mr. Collins was pleased to see this individual actively participating at the Barber Mall.

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.

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. Caro gave the committee members brochures that provide basic information about the disAbility Law Center of Virginia (dLCV), formerly VOPA. Mr. Schorsch asked how the organization will be funded because they are now a non-profit organization. She indicated that they have been funded for several years by Federal grants and expects this to continue. They have not received any funding from the State since 2005. Mr. Meyers asked Ms. Caro to meet with Mr. S regarding his previously stated concerns and the difficulties he has experienced while attempting to navigate administrative formalities with various government agencies. Ms. Caro also shared with the committee that she will no longer be the advocate for WSH. She is uncertain at this time who will be assigned as our advocate; however, there is a possibility that it will be Erin Haw.

An anonymous report was recently received by VOPA that she was instructed to follow-up on. It was regarding concerns about the new hospital in regards to where the deaf and blind population will be and whether the appropriate services will be provided to accommodate those individuals. Ms. Harrison responded that the same services being provided now will continue, such as staff fluent in ASL, video interpretive services and video phone access. There are currently two patients at WSH who are hearing impaired. WSH is no longer the only facility that provides services and accommodations specifically for the deaf community.

Ms. Harrison advised the committee the quarterly review of a restrictive treatment plan is due in October; however, the October meeting has been cancelled. She asked the committee whether they wanted to extend the approval until the December 2nd meeting or review it early at the September 23rd meeting. The committee chose to review the plan at the September meeting.

Regarding the Complaint Report, Ms. Campbell was concerned about the resolution on Complaint #200. She felt that the resolution was inadequate and passive. The complaint

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description in this case is unclear; therefore, Mr. Collins indicated he would investigate further in an attempt to better understand the complaint and resolution. Complaint #207 raises similar concerns in that the resolution does not seem to address the complaint. Ms. Gum questioned the outcome of the hearing mentioned in the Treatment Team Response on Complaint #199. Mr. Seymour indicated that he was not aware of the results of this particular hearing. Regarding Complaint #191, it is unclear what the complainant is attempting to convey. The alleged comments were made by an independent evaluator during the commitment hearing, and Mr. Seymour was not at the hearing, so he could not speak to the exact statement made by the evaluator. Mr. Schorsch indicated that he felt the complaints are being summarized and/or edited from the original and asked that a sample of the complaint form be made available to the committee. Ms. Sheffer will include a sample complaint form in the meeting documents for the September 23rd meeting.

In reviewing the Extraordinary Barriers List, it was noted that the list appears to be shorter, implying that more people are being discharged.

Internal Forensic Privilege Committee (IFPC) Minutes: No comments.

Clinical Risk Management Committee (CRMC) Minutes:

Mr. Meyers questioned how “grounds” privileges will be affected when WSH moves to the new hospital. Ms. Harrison explained that the hospital does have multiple open air spaces at the new hospital. Each unit has a fenced yard area for the residents of that unit to have fresh air time. There is a large interior courtyard, which has been named the Stribling Courtyard, that is adjacent to the treatment malls. There is also an exterior courtyard that is called the East Grounds which is very large and includes a softball field. When a patient is granted grounds privileges, they are able to go to any of these areas; however, patients who do not have grounds privileges may not access the East Courtyard.

Community Connections: Sunday's concert at White Hill Church of the Brethren was a success. It was estimated that there were 180 people in attendance, and over \$700 was contributed via a free will offering. Tomorrow night the Legislative Forum will be held at Augusta Health in the Community Care building, Room 3, at 6:00PM. Everyone is invited to attend and present their issues or concerns relating to mental health legislation. Ms. Campbell is making a CIT presentation later today. The Annual Meeting will be Thursday, November 21st. Ms. Harrison advised the committee of the upcoming open house events at the new WSH. The open house for community partners is on Friday, September 27th, from 10:00AM until 2:00PM. Members of the LHRC are invited to attend this open house. This day will have only self-guided tours of the facility. On Saturday, September 28th from 10:00AM until 3:00PM, WSH will have an open house for the general public. These tours will be guided.

Mr. Meyers asked Ms. Harrison to send an email to treatment teams in November or December to remind them that the LHRC would like to see updated rules for the Patient Care Units and the PSR Malls.

Ms. Harrison offered to entertain any questions from committee members regarding the new hospital or the move process. Ms. Gum asked where the LHRC will be meeting. The

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LHRC will meet in one of the Staff Development meeting rooms. The Staff Development area is to the left, immediately inside the Main Lobby doors. Visitor badges are not required to enter this area. Ms. Gum also inquired about the parking passes. A decision has not been made about this. There will be no gate or guard prior to entering the parking area. Mr. Schorsch asked whether patients will still have the opportunity to attend LHRC meetings. Patients will have access to various areas of the building called "tours". These tours may easily be changed in the electronic security system, allowing for additional areas of access, for various purposes, including attending LHRC meetings. A patient's level will determine whether they need a staff escort to the meeting. The Staff Development area is not an area where patients normally have access.

Mr. Wade inquired about the current status of completing the building. The contractor is waxing floors, most of the patient bedroom furniture is installed, some of the office furniture and cubicles are complete, equipment installations are ongoing. It is anticipated that the building will be fully functional when departments begin moving September 23rd. Department moves will be occurring from then until and including the day of the patient move, October 29th. The majority of patients will be moved by unit in two buses. The bus will drive up to the gate of the fresh air areas to pick up patients and they will take the patients to the emergency exits at the end of each unit to enter the building. Staff will begin orienting patients to their bedrooms and the various common areas immediately. The target is to complete the patient move in 5½ to 6 hours.

The units are named after trees that are indigenous to this area: Dogwood, Hickory, Oak, Pine and Elm with the floor designation preceding the name, for example, 1 Oak, 2 Hickory. The acronym for the units is D-HOPE for the Halls of Hope. Dogwood is the medically frail unit, is only one level and is completely ADA compliant. The other units have a first and second floor and have ADA compliant bedrooms and common areas as well as traditional bedrooms.

Mr. Schorsch inquired as to the possibility of standardizing the privilege level system between units so that higher functioning patients could appreciate a standard of living commensurate with their capabilities. The level system we currently use allows those individuals who have a greater ability to function independently to do so. Each unit will continue to have unit rules specific to the patient population in that unit and we strive to assign individuals to the unit most appropriate to their individual needs and personality. Treatment Teams use Treatment Plans to designate individual rules based on each patient's needs and capabilities. The question is specifically related to whether or not patients are allowed to use microwaves. It will continue to be at the discretion of each treatment team to determine the appropriate access to appliances for the individuals on that unit.

Ms. Caro asked Ms. Harrison to provide more information about the patient wrist bands. The bands are made in such a way as to make removal and/or exchanging bands with another patient extremely unlikely. If a band is cut, an alarm will sound indicating which patient has removed their wrist band. Mr. Schorsch raised the concern of the stigma of wearing a wrist band that clearly indicates a person is a patient at WSH, specifically when they leave campus for passes. There has been extensive discussion and consideration given to safety vs. stigma in relation to the wrist bands. All doors in the building are locked, and the band allows for freedom to move about the building independently and provides access to various areas based on that

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person's privilege level. The band also allows access to that individual's bedroom only. Patients will not have the ability to open any other patient's bedroom. The band is also the patient's identifier for meals, medications and during emergencies. The alternative to the wrist band is to have staff escorts to all areas of the building with no independent freedom of movement. If a patient refuses to wear the band, they would need a staff escort at all times.

Changes to Ward B1 rules were presented by Celeen Walsh in Dr. Carol McLain's absence. Ms. Belcher asked why the treatment team has chosen to change the ward schedule. The primary goal was to make schedules for all wards in the Pettis Building to be uniform. The secondary goal was to simplify the schedule to make it easier for patients to follow. This schedule is temporary until the move to the new hospital. Mr. Wade made a motion to approve the schedule change. Mr. Webb seconded the motion and the change was approved by vote of the committee.

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.

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 September 23, 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