

Western State Hospital
Staunton, Virginia
Local Human Rights Committee Meeting Minutes
Jeffrey's Building, Room 95 at 12:30
January 27, 2014

Present: Hal Meyers, Committee Chair, Donna Gum, Mahlon Webb, Committee Members; Chuck Collins, WSH/Regional Advocate; Mark Seymour, WSH Advocate; Gail Burford and Becky Shaw, Co-Liaisons to WSH Director

Absent: Kathy Belcher, Vice Chair, Heidi Campbell, Rob Wade, Mark Schorsch, members, Erin Haw, dLCV Advocate

Guests: Mr. Moriah Tolton, Intern from JMU, Mr. RS, former patient, Mr. TH, patient

Mr. Meyers, Committee Chair, called the Local Human Rights Committee to order on January 27, 2014. He then noted that a quorum of members was not present. Mr. Collins advised that the three members in attendance could serve as a subcommittee, providing tentative approval for the subjects at hand. The full committee will review these items and determine whether or not to approve them. With a motion from Ms. Gum, a second by Mr. Webb and a vote of the committee, the minutes from the November 21st and December 2nd meetings were approved as written.

During the public comment, Mr. S indicated he did not have any comments today. Mr. H, who arrived a short time after the meeting began, is concerned about a situation on 1 Elm. Ms. Sparks mentioned during a unit meeting that when patients return to the units they must remove their shoes and empty their pockets, due to the risk of cigarette lighters. He does not understand the rationale behind this action. There are 400 cameras in the hospital; however, this rule has been brought forward from the old site and it has been stated that it was the same. He does not agree. Mr. Meyers responded that Dr. Barber has stated "The presence of cameras does not relieve the staff responsibility to ensure no contraband". Mr. H feels that if a patient is not going off grounds this practice is unnecessary. Mr. Collins advised the committee that one course of action in this instance is to seek additional information on this practice from Dr. Barber, Security personnel and the 1 Elm Treatment Team. Mr. Collins also expressed a concern about contraband in the new, more secure environment: Does contraband continue to be a problem? How much, and how often, is contraband being found. Mr. Meyers suggested that we invite a member of the Security staff, someone from the Treatment Team and Mr. H to the February 24th meeting. Mr. H indicated he has not seen a problem with contraband on his unit. Mr. Meyers asked Mr. H if he felt this is a reasonable course of action. He indicated he would be interested in hearing what they have to say. Security Chief Brent Groff will be asked to attend in February. A member of the 1 Elm treatment team will also be invited.

Ms. Gum introduced the intern working with her, Mr. Moriah Colton. He is a Social Work major in his last semester at James Madison University. He has done great work and was an active participant in Legislative Day. Mr. Tolton crafted a letter that was presented to various committees in the House and Senate. Legislation that is proposed regarding the Psychiatric Bed Registry should allow CSBs to have improved access regarding available beds. Several of the proposed bills indicate that the Magistrate will be able to extend a (Temporary Detention Order) TDO when a bed is not found within the timeframe of the initial TDO.

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Mr. Meyers introduced and welcomed Ms. Gail Burford, who is returning to LHRC, and Ms. Becky Shaw, a social work supervisor. Ms. Shaw indicated that she is planning to attend LHRC monthly meetings. Ms. Burford is not certain at this time what her role will be related to the LHRC.

It was determined, based on the small number of committee members on hand, that it would be more beneficial to hear from Mr. Humphries, Hospital Investigator, at the February 24th meeting.

Mr. Collins advised the committee that the State Human Rights Committee (SHRC) will meet at Western State Hospital on Friday, March 7th. The public portion of the meeting will begin at 9:00AM, and all LHRC members are encouraged to attend to be introduced to the SHRC and to hear the opening comments made by Dr. Jack Barber, WSH Director. Part of the day's activities will include a tour of the new WSH. This needs to be confirmed with Dr. Barber, as he had requested that Ms. Ellen Harrison escort the tour.

The LHRC meeting dates poster was provided to members in their meeting packets. Mr. Meyers noted that the hospital would soon (February 19th) be reaching the 90-day mark. He indicated he would like to have a list of changes to unit rules available at the February 24th meeting. The committee briefly discussed the poster. Mr. Webb made a motion to accept the poster. Ms. Gum seconded the motion and the committee approved by vote.

Mr. Meyers suggested the committee commend Ms. Sheffer for her work with the LHRC and specifically her performance over the last week with Ms. Harrison's impending departure from Western State. Ms. Gum made a motion to approve Mr. Meyers' suggestion. Mr. Webb seconded the motion. The motion was approved by vote of the committee.

Mr. Meyers raised the topic of Ms. Harrison's resignation from Western State Hospital. He feels that the committee should determine a way to acknowledge her service to the LHRC. He then asked Ms. Gum, Mr. Webb and Mr. Collins if they would like to present ideas for showing the committee's appreciation to Ms. Harrison. Ms. Gum suggested a gift card to a department or clothing store, or possibly an eating establishment. Mr. Webb agreed that this was a very good idea. Ms. Sheffer noted that one of Ms. Harrison's regular shopping locations is the Fashion Gallery in Verona.

The New Patient Level System was created to provide a uniform system throughout all the units in the hospital. Ms. Shaw commented that the new system is not significantly different from the former system. The "Tours" needed to be established to allow the security system to identify when a patient had ventured beyond their designated areas. Tours allow access to specific areas of the hospital based on a patient's level or need (such as attending a medical appointment). Nursing staff make changes to the tours via a computerized system. When a patient is given a tour to go to the lab for blood work, Nursing will also remove this additional tour when the patient returns from the appointment. As we lost much of the "grounds privileges" with the move, we gained considerable area for indoor activities. Ms. Gum requested that as Treatment Teams prepare their unit rules for presentation to the LHRC, that they include a chart indicating how the levels system coordinates with their specific unit rules.

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Mr. Meyers began a discussion of the map of the new hospital. He advised that the committee had initially requested this map to provide the committee with information, related to the physical layout of the facility, in order to have an understanding of where each unit is located in the building.

In one of the LHRC meetings last summer, a patient, who was hearing impaired, attended to discuss his concerns over the limited availability of video phones. He requested that the LHRC investigate the possibility of having a video phone installed on his ward. Ms. Harrison followed up on the matter and determined that given the proximity of the move to the new hospital, Western State did not believe it fiscally responsible to install a video phone at the old hospital. They did, however, assure the committee that a video phone would be available on the unit where this patient resides. Mr. Meyers would like to contact this patient to determine whether his needs have been met in his new unit. Mr. Webb noted that, according to the hospital map they were provided, there is a video phone in the Webb mall as well as this patient's unit. Mr. Meyers felt it would be prudent to follow up with this patient to ensure this issue is resolved. Ms. Shaw indicated that the video phones will be installed this week.

In regards to the Deeds tragedy, Mr. Collins noted that the Local Human Rights Committee for Rockbridge Area CSB is interested in knowing more about the events that led to this tragedy and will plan to have a discussion about it once the Inspector General's report and the State Police report have been made public. The changes in the statutes that the General Assembly is considering include an extension in time, to some degree, on temporary detention orders, and a resolution for the "no bed" problem. A plan is being developed to have in place a Psychiatric Bed Registry where all hospitals with beds available for mental health admissions will register their beds and any specifics about those beds, such as male or female and type and degree of mental illness that can be accommodated.

Mr. Collins shared with the committee that the commissioner of DBHDS, Jim Stewart retired approximately two weeks ago. In his place is Acting Commissioner John Pezzoli. Olivia Garland and Heidi Dix have also left the agency. These three individuals were all very senior members of the Central Office. Ms. Dix was greatly involved with the Department of Justice agreement for closing the training centers.

Mr. Seymour noted that one concern regarding the closing of the training centers is community preparedness. The majority who have already left training centers were "community ready"; however, there are many, for whom placement has not been established, who have complicated medical concerns and will require additional assistance.

The advocate from dLCV was not present at this meeting.

Mr. Meyers raised the question of evacuation plans, specifically for those individuals who are in restraint chairs. Ms. Burford indicated that she did not know the answer to this question; however, she felt certain that there is a plan in place, and she or Ms. Shaw will have more information available at the February meeting.

Regarding the Complaint Report, Ms. Gum noted that there are several complaints in which included comments indicating the hospital has judicial authorization to treat the

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individual. Mr. Collins stated that there are two times the hospital can treat over the patient's objection. One is in the event of an emergency, when they are an imminent threat to themselves or others, the second is when it is court ordered that they receive treatment. Mr. Meyers commented the he found complaint number 267 to be interesting. Mr. Seymour indicated he recalls that specific case and this individual believed he recognized the "mentally ill, violent man" and recalled that the individual was a threat. He felt that the complaint was resolved satisfactorily.

Ms. Gum commented that it appears all the individuals on the Extraordinary Barriers to Discharge list were placed on the list prior to December. She was concerned that no one had been added to the list in December or January. The date indicated references when each individual was added to the list.

Mr. Collins commented on the Internal Forensic Privilege Committee (IFPC) and the Clinical Risk Management Committee (CRMC). The IFPC reviews and determines the privilege levels of forensic patients while the CRMC reviews and makes recommendations for privilege levels for civil patients. The CRMC was developed last year following a patient hearing with the LHRC where the individual was being treated as a forensic patient when he was, in fact, a civil patient.

The final document in the meeting packets is in response to a request from Mr. Meyers at the December meeting. The document is titled "Proposed 'Next-friend' Authorized Representative: Considerations for the Committee". It is intended to be a guideline for the LHRC when they are reviewing a "next-friend" request. Mr. Webb suggested that item #4 may be more useful as the first question due to its definitive conclusion. The other committee members agreed. Ms. Sheffer indicated she would modify the document.

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 February 24, 2014, at 12:30 p.m. in Room 1085 of the Staff Development Offices.

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

APPROVED:

Hal Meyers, Chair

Glenda D. Sheffer, LHRC Secretary