

MINUTES SWVMHI LOCAL HUMAN RIGHTS COMMITTEE MEETING



Thursday, September 10, 2009
SWVMHI Henderson Building ~ Room 106
12:00 Noon

MEMBERS PRESENT:

Deidra Mathena, Chair
Elouise Vaught, Vice Chair
Willie McFarlane
Rachel Jones

MEMBERS ABSENT:

Peggy Phipps

OTHERS PRESENT:

Cynthia McClaskey, Ph.D., Facility Director, SWVMHI
Robyn Anderson, L.C.S.W., Community Services Director, SWVMHI
Colin Barrom, Ph.D., Psychology Director, SWVMHI
Jim Lundy, RN, Unit Nurse Coordinator, SWVMHI
Julie Stoots, RN, Unit Nurse Coordinator, SWVMHI
Rick Bridges, Administrator, Keystone Youth of Marion
Janice Collins, Quality Assurance, Keystone Youth of Marion
Tonya Trivett, Director of Nursing, Keystone Youth of Marion
Deborah Jones, L.C.S.W., Human Rights Advocate
Lisa Berry, CPS, Secretary

CALL TO ORDER

The Local Human Rights Committee (L.H.R.C) was called to order by Deidra Mathena, Chairperson, at 12:00 Noon on Thursday, September 10, 2009, in the Henderson Building Conference Room of Southwestern Virginia Mental Health Institute.

APPROVAL OF MINUTES

A motion was made and unanimously approved to accept the minutes of the July 9, 2009, and August 21, 2009, meetings.

SWVMHI

BARRIERS TO DISCHARGE REPORT (Closed Session)

Robyn Anderson, L.C.S.W., Community Services Director, reviewed with the Committee the current Barriers to Discharge Report for patients within SWVMHI. Robyn explained that the “B” Treatment Team at the facility has made a change, and they no longer accept new admissions but take patients who have been on the other Admissions Unit teams in order to provide more intensive treatment.

SECLUSION/RESTRAINT REVIEW OF Y-T-D DATA (Closed Session)

Colin Barrom, Ph.D., Psychology Director, presented a review of the seclusion/restraint data for the period of July – August 2009.

ABUSE/NEGLECT REPORT (Closed Session)

Cynthia McClaskey, Ph.D., provided the L.H.R.C. with a report of abuse and neglect cases for the period of July – August 2009.

COMPLAINTS (Closed Session)

Cynthia McClaskey, Ph.D., Facility Director, provided the L.H.R.C. with a report of the number of complaints received at SWVMHI for the period of July – August 2009. Dr. McClaskey reported that effective July 1, 2009, a new procedure was put in to place. The main change is if there is a non-controversial case that the Director, Investigator, and Advocate are in agreement with on a decision, then an action plan can be put into place immediately. If there is disagreement or the case is controversial, these cases will go to Richmond for resolution.

REVIEW OF CHANGES TO ADMISSIONS UNIT WARD RULES (Open Session)

Jim Lundy, UNC, and Julie Stoots, UNC, presented changes they wish to make to the Admissions Unit Ward Rules. They explained that they were recently asked to review the unit's Visitation Policy, and upon doing so found there were several issues and problems surrounding weekend visitation hours and crowding on the wards. They noted there was limited space on each ward and some family members were staying on the wards on the weekends for the entire visitation period of 9:00 A.M. – 9:00 P.M. Mr. Lundy and Ms. Stoots requested that they be able to change visiting hours to be uniform with the other units at the facility and also to reduce the number of visitors allowed on the wards at one time from 12 to 8. They noted they would continue to make accommodations for visitors who work different hours or those who travel from long distances. A change was also requested in regard to visitors bringing food to patients they are visiting as well as to other patients on the wards. The change would state that visitors are asked to check in advance prior to bringing food items to patients and that visitors are not allowed to bring food items to other patients. These changes would also be made in the unit's quick guide.

A motion was made and unanimously approved for the above-requested changes to be made to the Admission Unit's Ward Rules.

DIRECTOR'S ISSUES (Open Session)

Dr. McClaskey provided the Committee with an update on the budget situation at DBHDS and its effect on SWVMHI. The facility has received notice that there will be a 5.5% cut in the budget for FY2010, and cuts will continue for the next two fiscal years. Vacant positions are being held, no equipment purchases are being approved, and training and travel expenses are being cut in hopes of meeting this budget cut. Central Office will receive a 15% cut in their budget, losing 20 positions and an additional 9 positions in the Centralized Pharmacy. The CSBs were cut 5% last year and will be cut another 5% this fiscal year, as well as losing some grants. All state employees will have a one-day furlough, which is planned for the Friday prior to Memorial Day 2010.

KEYSTONE YOUTH OF MARION

The motion was made and passed to go into Closed Session pursuant to Virginia Code §2.2-3711.A.(4) and (15), for the protection of privacy of individuals in personal matters not related to public business and to review medical records, namely to conduct a review pursuant to the regulations.

Upon reconvening in public session, the Local Human Rights Committee unanimously certified that 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 the Closed Session.

The following reports, including client-identifying information, were heard:

ABUSE/NEGLECT REPORTS (Closed Session)

Janice Collins provided the L.H.R.C. with a report of abuse and neglect cases for the period of March – August, 2009.

SECLUSION/RESTRAINT REVIEW OF Y-T-D DATA (Closed Session)

Janice Collins presented a review of the seclusion/restraint data for the period of March – August, 2009.

COMPLAINTS (Closed Session)

Janice Collins presented the L.H.R.C. with the complaints received at Keystone during the period of March – August, 2009.

DIRECTOR’S ISSUES (Open Session)

Rick Bridges, Administrator, Keystone Youth of Marion, introduced Tonya Trivett as the facility’s new Director of Nursing. Ms. Trivett previously worked at SWVMHI and most recently at Wake Forrest.

Mr. Bridges spoke about the positive changes that have occurred at the facility over the past year. The facility and its residents are members at the Wellness Center, and the residents are participating in many other off-grounds activities as well. Mr. Bridges has worked with SWVMHI Food Services to make menu changes that better accommodate food items that the residents like to eat. A newsletter is being developed, and many changes have been made to the building, i.e., new carpet, painting of the walls, installation of Plexiglas. There is also a new Dog Therapy Program. The vision of the facility is to make sure that Keystone Youth of Marion is a premier organization.

L.H.R.C. members are encouraged to tour the facility at any time.

ADVOCATE ISSUES

Deborah Jones reported for *Ridgeview Pavilion* stating that they had no episodes of seclusion/restraint, abuse/neglect, or formal complaints during the months of July - August 2009.

As reported earlier in the meeting by Dr. McClaskey, reductions in the Department’s budget do not look positive for the Office of Human Rights.

COMMITTEE CONCERNS/ISSUES

We as members of the LHRC are very familiar with the challenges currently being confronted by both Americans on all levels of the socioeconomic scale as well as our governmental agencies. We know that Virginia is striving to take this challenge as it has taken all others it has encountered in its history and make not only the best and wisest decisions that will set an example for others but to be front-runners in all fields that affect its people, and by example, the people of this nation and others. As a committee concerned solely with the rights of those with mental illness, we wish to express our concern that the very population we represent by membership on this committee rarely are heard when decisions that alter the courses of their lives and treatment options are made in the halls of the Virginia government. They historically do not turn out to vote, to rally for themselves, to call or write their elected representatives or any other public forum in which they might get their voice out. They often suffer in silence and the effects of decisions made for them by others are never known due to this until it makes a sad story for others to shake their heads over. We would urge that our state government and the officials and employees of this great Commonwealth, which has made such ground-breaking strides in the field of mental health and the recognition of the needs of this traditionally overlooked population, remember them now as they make the hard and necessary choices to move our state forward in this time of economic challenge. Virginia has historically been a leader in this nation for the common people. Our Virginia-born leaders and ideas have helped to make this nation great. Our mental health programs have made huge leaps from the institutionalized days of the pre-1960's, the "warehousing" that went on, to the exciting days that have led to seeing psychiatric illnesses as medical conditions to be managed and kept families together and helped people fulfill potential, people who would otherwise have been shunted into huge institutions to be hidden away. Our advocacy system is one of the shining lights in this progression. Human rights in any area can never be considered an area to be budgetized; we are human, therefore it is our duty and our consciences cannot do otherwise than to insure that those who may not be able to protect themselves, to care for themselves, to maintain their own dignity, to be seen as individuals who are human beings with needs and feelings like every other member of society are served, fully and completely. Lessening the number of patient advocates serving any area in our Commonwealth endangers that mission. We have a system that is not perfect at present but is serving and serving many. How can we explain to the one individual who we fail to serve that we could not serve this person, that their rights were violated and we could not get to them under the time allotted by the Code of Virginia or that their plea was not heard at all because there simply was not anyone to get there to help? That a mistake of ignorance occurred because there was not enough time for a patient advocate to be in 2 or 5 or even 12 places at once and he or she had to prioritize which place seemed, on the information they had in hand, most important to be at? Our state encompasses a large area to cover for such a few people, driving times prohibit easy access to get from one end of even our southwest VA region to the other and visit several places thoroughly. We would urge that those who have the authority to consider such matters that impact so many that have such little voice consider that the needs of a nearly invisible population are of vital necessity to meet. It is in our service to those whom others disregard that we excel. Please let us continue to be leaders in human rights and not find ourselves reverting to earlier history when they were disregarded through ignorance, lack of oversight, or the simple fact that the

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mentally ill were not considered to be worthy of being accorded the same care, respect, and dignity as all other peoples.

NEXT MEETING DATE

The next L.H.R.C. meeting is scheduled for **Thursday, November 12, 2009**, at 12 Noon in Room 106 of the Henderson Building on the grounds of SWVMHI.

ADJOURNMENT

The meeting was adjourned at 2:50 P.M.

Chair

/llb