

**CENTRAL STATE HOSPITAL
LOCAL HUMAN RIGHTS COMMITTEE MEETING
MINUTES**

**Central State Hospital
26317 W. Washington Street
Building 113, Main Conference Room
Petersburg, Virginia 23803
March 2, 2007
8:30 a.m.**

Attendance:

Chana Ramsey, Chair; Violet Hite, Vice- Chair; Cleveland Rodgers, Member; and Jane Clayborne, Member.

Guests:

Jennifer Barker, Patient Rights Coordinator/CSH; Michael Curseen, Human Rights Advocate/Office of Human Rights; Carrie Flowers, Human Rights Advocate/Office of Human Rights; Diane Crawford, CSH Infection Control Nurse; Dr. Sheneman, CSH Psychiatrist; Charlotte Eisaman, RN/CSH; Rosetta Stone, Social Worker/CSH; Greg Wolber, Psychologist; and Rose Mitchell, Executive Secretary/Office of Human Rights.

Absent:

Linda Masri, Member; Isabel Vartanian, Member

I. Call to Order: 8:05 am

II. Special Executive Session:

(Executive Session)

The committee approved a Motion to move into Executive session pursuant to VA Code 2.2-3711 (A), Paragraph 15, for the protection of the privacy of individuals and their records in personal matters not related to public business.

The following subject matter was discussed in Executive Session:

Reviewed Case # 703-2006-0080, J.S.

Return to Open Session)

Upon reconvening in open session, the Central State Hospital Local Human Rights Committee certified that to the best of each member's 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

III. Minutes of January 2, 2007, Meeting

The minutes were approved. Ms. Barker commented that according to the January 2007 LHRC Minutes, the CSH presentation of the History and Evolution of Mental Health Hospitalization and Medication Usage was scheduled to be presented at the April 2007 LHRC meeting but was instead presented at the March 2, 2007.

IV. Public Comment

The Committee expressed their condolences for Linda Masri, LHRC member On the untimely loss of her son.

V. New Business

- a. Monthly Variance Report for February 2007 – Presented by Jennifer Barker

Ms. Barker reported that there were no reportable incidents involving the four approved forensic variances during the month of February 2007.

Action: The Committee approved a motion to accept Mr. Bell's Report as presented by Ms. Barker.

(Executive Session)

The committee approved a Motion to move into Executive session pursuant to VA Code 2.2-3711 (A), Paragraph 15, for the protection of the privacy of individuals and their records in personal matters not related to public business.

The following subject matters were discussed in Executive Session:

Monthly Abuse Summary: January 2007
Formal Human Rights Complaints – February 2007
Spit Guard Usage – February 2007
Follow-up Spit Guard Usage – F.G.

(Return to Open Session)

Upon reconvening in open session, the Central State Hospital Local Human Rights Committee certified that to the best of each member's 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

- B. Monthly Abuse Summary: January 2007 – Presented by Jennifer Barker

The Committee approved a motion to accept Ms. Barker's report.

- C. Formal Human Rights Complaints – February 2007 – Presented by Jennifer Barker

The Committee approved a motion to accept Ms. Barker's reports.

- D. Spit Mask Usage – February 2007 – Presented by Michael Curseen

Mr. Curseen stated that there were numerous reported usages of the spit mask during the month of February and that all reported usages appeared to be appropriate. Diane Crawford, R. N., Infection Control Nurse provided additional clarification concerning the use of spit masks for February 2007.

The Committee approved a motion to accept Mr. Curseen's report.

- E. LHRC Abuse Case Review: Case #703-2006-0080 J.S.

Action: The Committee approved a motion to submit written correspondence to Dr. James Reinhard, Commissioner, DMHMRSAS. The purpose of the written communication is to express the concerns to the CSH LHRC regarding certain specific aspects of this case. Copies of the Committee's written correspondence will be sent to Margaret Walsh, SHRD and Charles Davis, CSH Hospital Director.

VI. Follow-up Business

1. LHRC Follow-up Request RE: Update Concerning Spit Mask Usage for F.G. – Daniel. Sheneman, M.D.

Since the last LHRC meeting, F. G. has been transferred to the Acute Unit and his spitting has ceased. Dr. Sheneman shared that the drastic reduction in spitting incidents is most likely due to the presence of mostly male patients residing on the Acute Unit along with a 30 minute limit on the amount F. G. may remain in seclusion per order. Dr. Sheneman believes that these two factors have significantly contributed to F. G's reduction in his spitting behavior.

The Committee approved a motion to accept Dr. Sheneman's report. The Committee also requested to view restraint mittens at the next LHRC Meeting.

2. Review of Chair's Request for Follow-up Concerning Letter to SHRD Requesting Attorney General's Opinion Regarding Issues Identified in Abuse Case # 05-0105.

The Chair encouraged all available LHRC members to attend the SHRC meeting in Powhatan on March 9, 2007 to hear and discuss the issues raised by the CSH LHRC concerning abuse case #703-2005-0105. Mr. Curseen provided the LHRC with a verbal summary of the circumstances concerning this case which led to the Committee's decision to request guidance and direction from the State Human Rights Committee.

The Chair and one additional LHRC member, along with Mr. Curseen will plan to attend the SHRC meeting.

3. LHRC Follow-up: Request for Presentation of the History & Evolution of Mental Health Hospitalization & Medication Usage at CSH: Presented by Jennifer Barker, Patient Rights Coordinator

Ms. Barker arranged for the following staff at CSH to present to the Committee:

Greg Wolber, Ph.D., Psychologist at CSH:

Dr. Wolber gave the Committee an overview of the history of CSH and provided the Committee with copies of a document dated 1870 titled, "*Central Lunatic Asylum (For Colored Insane), Virginia*". According to Dr. Wolber, during the 1950's CSH had only one psychologist assigned for the massive patient population of approximately 4000 and that there were no medications available at that time to treat mental illness. The most significant changes made in recent years has been the introduction of psychotropic and atypical medications and the introduction of individualized treatment.

Daniel Sheneman, Psychiatrist at CSH:

Dr. Sheneman presented the Committee with a brief history on the changes in medications over the last fifty years. Dr. Sheneman indicated that until the 1950s, there were no medications to treat mentally ill patients. Dramatic changes were made with the introduction of anti-psychotic meds. However, these medications caused undesirable side effects. In the late 1980's and early nineties, newer antipsychotic meds were developed which were thought to have fewer side effects, however, these newer anti-psychotic meds caused different side effects such as diabetes, high blood pressure, etc. Dr. Sheneman also addressed how ECT is effective in dealing with depression in patients. Dr. Sheneman also stated that a significant change in the way treatment teams previously functioned now requires the total involvement of each treatment team member in the development and implementation of the patient's treatment plans to involve representatives of the entire team (psychiatrist, psychologist, social worker, and nursing staff).

Dr. Sheneman explained that in the sixties and seventies, it was very easy to have someone committed. However, this has changed and people may only be committed before a judge or magistrate and must be provided legal representation.

Rosetta Stone, Social Worker at CSH:

Ms. Stone explained that the main purpose of the social worker is to work closely with patients and their families to gather necessary information including the establishment of family contacts and serves as the patient's link to services in the community setting. Ms. Stone explained that discharge planning begins at the time a patient is admitted to the hospital. During the admissions process, the treatment team attempts to determine the needs of the patient; the factors that led to the hospitalization and the development of a problem/needs list. The social worker attempts to isolate those factors that may be preventing the patient from returning to the community. The Clinical Aftercare Team, composed of social workers is also responsible for determining whether additional monitoring in the community setting is needed following the patient's discharge. Ms. Stone explained that in the 1970's and 1980's, each social worker's case load was approximately 35 patients compared with today's caseload which averages between 15 and 20 residents.

Charlotte Eisaman, R.N. at CSH:

Ms. Eisaman is a strong proponent of the Treatment Mall and believes that it enables patients to better socialize while providing a learning environment for patients to become better prepared for discharge. Prior to the Treatment Mall, Ms. Eisaman worked in the Male Aggressive Unit and thought that the concept of a Treatment Mall would never work. However, her opinion quickly changed as she repeatedly observed clients appropriately interacting with one another. In some exercise groups, the clients have received training to actually lead the exercise routines. Other clients are engaged in a gardening group where they grow their own vegetables. According to Ms. Eisaman, the patients are very proud of these accomplishments.

The Chair expressed the Committee's appreciation to the CSH presenters for their time and effort in providing this excellent information with the Committee.

VII. Director's Comments:

None

Note: Ms. Isabel Vartanian has agreed to attend the Volunteer Recognition Luncheon on behalf of the CSH LHRC to accept the recognition award for the Committee.

VIII. Adjournment: 11:48 am

Next Meeting Date: April 13, 2007