CENTRAL STATE HOSPITAL
LOCAL HUMAN RIGHTS COMMITTEE MEETING
MINUTES

Central State Hospital
26317 W. Washington Street
Building 113, Main Conference Room
Petersburg, Virginia 23803

December 7, 2007
8:30 am Regular Meeting

Attendance:

Violet Hite, Chair; Member; Jane Clayborne, Vice-Chair; Chana Ramsey, Member; Linda Masri, Member; and Isabel Vartanian, Member.

Guests:

Charles Davis, M.D., CSH Facility Director; Jennifer Barker, CSH Director of Patient Relations; Michael Curseen, Human Rights Advocate/Office of Human Rights; Carrie Flowers, Human Rights Advocate/Office of Human Rights; Ronald Forbes, M.D., CSH Medical Director; Jim Bell, Forensic Director/CSH; William Vinson, Assistant Director of Nursing/CSH; Creighton Hite, Psychologist/CSH; and Rose Mitchell, Executive Secretary/Office of Human Rights.

Absent: None

I. Call to Order: 8:30 am

II. Minutes of November 2, 2007 Meeting

The minutes were approved as presented.

III. Public Comment:

None

IV. New Business

A. Monthly Variance Report for November 2007 – Presented by Jim Bell, Forensic Unit Director

Mr. Bell reported that there were no reportable incidents involving the four approved forensic variances during the month of November 2007.

Action: The Committee approved a motion to accept Mr. Bell's report.

(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 - October 2007
Formal Human Rights Complaints – November 2007
Spit Guard Usage – November 2007

(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: October 2007 – Presented by Jennifer Barker

Action: The LHRC approved a motion to accept Mrs. Barker's report.

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

Action: The Committee approved a motion to accept Mrs. Barker's report.

D. CSH Presentation/Discussion Concerning Aggression Management Plans and Behavior Management Plans – Presented by Creighton Hite, Psychologist

At the December 7, 2007 CSH LHRC meeting, the hospital gave a presentation addressing the difference between an Aggression Management Plan (AMP) and a Behavior Management Plan (BMP). During the discussion, Dr. Creighton Hite, Psychologist explained that AMP's are not reviewed with or shared with the patient since the hospital regards AMP's as tools to guide staff in managing a patient's aggression. The hospital's rationale for not discussing the plan with a patient is that if a patient receives advance knowledge of the antecedent behaviors that staff have determined to be predictors of his or her aggression, the patient may deliberately conceal or disguise that behavior so that staff cannot react in time to take preventive measures to prevent the predicted behavior from occurring.

According to the explanation presented to the LHRC, AMPS are different from BMPS since AMPS are designed to augment the Emergency Restraint policy by identifying predictors of serious aggression prior to its actual occurrence and initiating preemptive emergency restraint procedures before the aggression can take place. AMPS are individualized to address a patient's particular antecedent behaviors while providing

specific interventions for staff in response to the antecedent behavior. The AMP contains no positive teaching component and is not designed to change a patient's behavior but merely react to predictors of aggression so that the aggression may be effectively managed. Conversely, a typical BMP will contain positive reinforcement components designed to shape or reinforce desired behaviors as well as components to extinguish undesirable behaviors (such as ignoring it, etc.) A BMP may also include a restrictive component that is similar, if not identical to an AMP and may include a contingency for restraint or time out if a target behavior is exhibited.

Mr. Curseen explained that section 12 VAC 35-115-110,C.18a-d of the Rules and Regulations addresses the use of behavior treatment plans and includes regulations governing its content as well as components for documentation, review and approval processes. However, AMPS are not recognized or addressed by our regulations and are not governed by any regulatory requirements. Mr. Curseen shared his opinion that AMPS are a by-product of Behavior Management Plan once the positive components of a BMP have been eliminated. Mr. Curseen shared that while there is no requirement in the regulations for review and approval of positive behavior treatment plans, the regulations do address BMPS that contain the (almost identical) restrictive components for time out and restraint found in AMPS.

Mr. Curseen explained that according to CSH Policy # CP-77a, D.3 titled Aggression Management Plan, AMPS are part of the patients' master treatment plan. Since section 12 VAC 35-115-70, B.1-3 of the Rules and Regulations require providers to give patients the opportunity to participate meaningfully in all aspects of services affecting him, the hospital's decision to deny patients the right to have meaningful input in the development of their AMP would appear to be in direct violation of this standard. Mr. Curseen advised the Hospital Director that it could seek permission to obtain a variance to this regulation and present its rationale to the LHRC/SHRC in that format. Mr. Curseen agreed to seek an opinion from the State Human Rights Director and to share it with the hospital and the LHRC at the January 2008 LHRC meeting prior to formally asking the hospital to take any specific action.

Action: The LHRC approved a motion requesting that Central State Hospital provides the Human Rights Advocate with copies of all current AMPS for review along with any additional AMPS that may be developed in the future. The Committee has also requested to review and receive progress updates of every AMP currently in force at the LHRC meeting on a scheduled basis beginning with the January 2008 LHRC meeting.

E. Spit Mask Usage – November 2007 – Presented by Michael Curseen

Mr. Curseen reported that there was no reported usage of the spit mask for

the month of November.

V. Follow-up Business

1. LHRC Follow-up: Update Regarding the Implementation of the Hospital's Satisfaction Survey RE: Inadequate Housekeeping Services Provided in the Forensic Unit – Building 39 – William Vinson, Assistant Director Nursing, Forensic Unit

   Mr. Vinson reported to the Committee that all wards are cleaned on a daily schedule and that for the previous two months housekeeping staff did not encounter any resistance from staff to clean any of the wards, especially ward 8. Housekeeping supervisors are expected to notify Mr. Vinson or Ms. Canady, RNC if the lack of access becomes a problem in the future.

   Action: A Motion was made and passed to accept Mr. Vinson's report. Also, the Housekeeping survey will be due at the January 11, 2008, LHRC Meeting.

2. LHRC Follow-up: Comparison of HDMC Data for Dental Extractions and Dental Restorations for CSH Patients Covering Previous 12 Months – Jennifer Barker, Director of Patient Relations

   This item has been deferred to the March 2008 LHRC Meeting.

VI. Director's Comments:

Dr. Davis told the Committee that CSH and CCCA have been selected to receive federal grants to study the reduction of seclusion and restraints.

VII. Adjournment: 11:30 A.M.

Next Meeting Date: January 11, 2008