

LOCAL HUMAN RIGHTS COMMITTEE MEETING

September 21, 2007
McKim Hall Room 1116
12:00pm – 3:00pm

Members: **Elizabeth Bruns** – Chair Hunter Croson – Vice Chair **Cynthia Power**
 Jenny Oliver – Secretary **Lester Pearlstein**

UVA Representatives: **Rebecca Lewis** **Lynne Fleming – Legal Counsel** Pamela Cipriano, Ex-Officio
 Susan Hess **Walter Mason** Bankole Johnson

Regional Advocate: **Chuck Collins**

Names in Bold represent those present

Topic	Discussion/Conclusion
Meeting called to order	Dr. Bruns called the meeting to order at 12:30pm.
Meeting Minutes	The May 25, 2007, minutes were approved as submitted.
Public Comment	There was no public comment.
Reports	<p>Regional Advocate’s Report: Chuck Collins</p> <p>Mr. Collins told the committee that the new Human Rights Regulations went into effect on September 20 (RULES AND REGULATIONS TO ASSURE THE RIGHTS OF INDIVIDUALS RECEIVING SERVICES FROM PROVIDERS LICENSED, FUNDED, OR OPERATED BY THE DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES, http://www.dmhmrzas.virginia.gov/documents/HumanRights/OHR-RevisedRegulations.pdf).</p> <p>Providers are responsible for the regulations and are required to adjust policies and procedures. Training for providers will be held in six regions. There will be a day-long seminar on Friday, October 19, 9-4:00 at the Jefferson Building in Charlottesville. Mr. Collins will be presenting that day. A DVD is available prior to the seminar to help familiarize providers with the regulations.</p> <p>Mr. Collins recommended that providers wait until they have reviewed the regulations, viewed the DVD</p>

LOCAL HUMAN RIGHTS COMMITTEE MEETING

and attended training before adjusting policies and procedures. Providers have until January 1 to adjust policies and procedures. The final implementation date is March 1.

Mr. Collins described the Local Human Rights Committee (LHRC) Seminar held on September 13 and 14 in Richmond. Three hundred LHRC volunteers and providers attended the presentation, which was intended as an information and support event for the 500 LHRC volunteers.

The theme of the event was the new Human Rights Regulations. An overview compared the old with the new. Karen Walters, Assistant Attorney General, an author of the regulations, discussed informed consent and substitute consent. There were also workshops and open forums with State and LHRCs.

Mr. Collins described some of the substantial changes:

- Existing regulations were reorganized and clarified relating to the underlining themes of self-determination and recovery.
- Person-centered treatment is explained in the Participation in Decision-Making section.
- A client has a right to fully participate in decisions regarding client's treatment. Issues concerning capacity to participate are resolved with simple and informed consent distinctions: Medications and authorization (HIPPA) for releasing medical information require informed consent. When capacity is determined, a substitute decision maker can be appointed.
- Human Rights regulations are in compliances with other regulations.
- Authorized representatives are appointed by the provider to make decisions on behalf of the client.
- The complaint process is revised. The old standard was intended to satisfy the client, a standard which was subjective. The change requires the client to express disagreement for grievance process to continue.

Mr. Mason indicated the UVA Computer Based Learning module will to be revised.

Mr. Collins offered to train staff. Mr. Mason suggested that a physician be included in staff training.

Ms Oliver asked if the regulations were likely to change as a result of the work of the legislative commission. Ms Fleming, who attended a legislative panel that was addressed by Richard Bonney, had the impression that changes are likely as a result of the work of the VA Tech Commission.

The final meeting of the Commission will be held on Nov. 29-30, at the Doubletree Hotel in Charlottesville. The discussion continued: There are three separate approaches to the legislature. One of the important issues is

LOCAL HUMAN RIGHTS COMMITTEE MEETING

	<p>imminence, that is, making it easier to commit patients. One of the concerns that advocates have is whether the additional resources will be made available to implement such changes. . Virginia ranks in the low 40’s in state funding for mental health services. . Ms Oliver commented on the concerns of consumers about potential changes to the legislation and potential implications for the way in which Crisis Stabilization Centers may be run.</p> <p>Mr. Collins reported on the five complaint calls he received between July and September.</p> <ol style="list-style-type: none"> 1. A client reported that her dignity was impugned because of statements made by a staff member to the patient’s family. There was an immediate apology, but the patient and her family were not satisfied. During his investigation, Mr. Collins learned that the staff member had been retrained on diversity and cultural sensitivity and that a written apology had been sent to the patient and her family. Mr. Collins noted that the human rights issues had been addressed. 2. A client reported that her phone use had been restricted. Mr. Collins’ investigation revealed that the patient had been making unnecessary calls to “911” and that such calls could constitute a criminal offense. In this situation, a phone restriction is permitted by the Human Rights regulations. 3. The wife of a patient complained that she did not have access to her husband’s medical information. Mr. Collins’ investigation found that the patient’s wife was not the legally authorized representative and her access to his medical information was appropriately prohibited. 4. The sister of a client asked Mr. Collins to explain what an authorized representative is. 5. A patient in the emergency room complained that he felt he had not been treated with dignity. Mr. Collins explained that the UVA emergency room is not subject to the Human Rights regulations. The Medical Center’s Patient Representatives were notified of this patient’s concerns. <p>Administrators/Managers Reports.</p> <p>Mr. Mason gave a report on use of restraint and seclusion on 5 East. Ms. Hess gave a report on use of restraint and seclusion on the Rucker unit. Mr. Mason and Ms. Hess also provided information about informal patient complaints on those units.</p>
Old Business	<p>Welcome Packet – Rules of Conduct Vote</p> <p>Dr. Bruns requested a motion to approve the Welcome Packet. Motion was accepted with the following changes to the document:</p>

LOCAL HUMAN RIGHTS COMMITTEE MEETING

	<p>Page 1, deleted the word Legally in the sentence “As a patient, you or your Legally Authorized Representative will be treated as . . .” The new regulations uses the phrase this way. Page 2, change the word Milieu in Milieu Expectations to Unit.</p>
New Business	<p>Ms Fleming explained that in Virginia, emergency medical and mental patients are treated the same way: if someone is not safe or may try to escape, the process is the same. The sheriff picks up medical patients too. There is an ECO process for medical problems as well as mental issues.</p> <p>Mr. Collins described the articles distributed today that were written by Daniel Mosley, a grad student in philosophy at UVA. Mr. Mosley contacted Mr. Collins because of his interest in the operations of the LHRCs. Mr. Mosley feels the emergency custody order process makes individuals feel that mental illness is criminal procedure, that it makes patients feel like a criminals. The proceeding is civil, but seems like a criminal procedure. Mr. Collins invited Mr. Mosley to attend an LHRC meeting.</p>
Committee Members Comments	<p>Ms Oliver described positive consumer feedback about the Wellness Recovery Center (Crisis Stabilization Unit) and the fact that is functioning very well indeed. The Committee discussed the links between UVA and the center and commented on how valuable that joint work is.</p> <p>Ms Oliver reported that insurance parity legislation in respect of mentall illness was passed unanimously in the US Senate following a significant campaign by Mental Health America.</p>
Meeting Adjournment	<p>Dr. Bruns adjourned the meeting at 2:05 pm.</p>
Next Meeting	<p>Next meeting will be held at Rucker 3, Martha Jefferson Hospital, on November 16 at 12:00.</p>