

Mental Health Review Committee Hearing Summary

Prisoner: ETHA BAVILLA OBSCIS Number: 354369
 Assisting Staff Person: Dr. William Worrall
 Hearing Date: 04/05/04 Time: 0830 am/pm
 Facility: Hmcc

Requested Witness #1
 Name: DARLENA EAVES
 Interviewed: YES NO
 If NO, check reason:
 Request not timely Unavailable
 Irrelevant Threat to Safety
 Other (specify): Moved to another institution

Requested Witness #2
 Name: JIM GOLDSSTEIN / 274-7686 / 242-4887
 Interviewed: YES NO
 If NO, check reason:
 Request not timely Unavailable
 Irrelevant Threat to Safety
 Other (specify): Refuses b/c is acting as her
 attorney so cannot "testify."

Requested Witness #3
 Name: GRACE E. JACKSON
 Interviewed: YES NO
 If NO, check reason:
 Request not timely Unavailable
 Irrelevant Threat to Safety
 Other (specify): Personal knowledge of
 this patient

Requested Witness #4
 Name: _____
 Interviewed: YES NO
 If NO, check reason:
 Request not timely Unavailable
 Irrelevant Threat to Safety
 Other (specify): _____

Please attach summary of proceedings and evidence.

Basis for Decision (Check appropriate items):

All of the following factors are present:

X
X

- A. The prisoner suffers from a mental disorder.
- B. The medication is in best interest of the patient for medical reasons.
- C. The prisoner is either gravely disabled or poses a likelihood of serious harm to self or others because, as a result of a mental disorder, one or more of the following determinations has been made:

_____ The prisoner is in danger of serious harm resulting from his or her failure to provide for his or her essential human needs of health or safety.

_____ The prisoner manifests serious deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions that is likely to jeopardize the prisoner's health and safety.

_____ A substantial risk exists that the prisoner will inflict physical harm upon his or her own self as evidenced by, among other things, threats or attempts to commit suicide or inflict physical harm on him or herself.

_____ A substantial risk exists that the prisoner will inflict physical harm upon others as evidenced by, among other things, behavior that has caused such harm or that placed another person or persons in reasonable fear of sustaining such harm.

_____ A substantial risk exists that the prisoner will inflict physical harm upon the property of others as evidenced by, among other things, behavior which has caused substantial loss or damage to the property of others.

Action:

X

Do Not Concur with Involuntary-Administration of Psychotropic Medication. *written decision to follow. Jg see attached*

Concur with Involuntary Administration of Psychotropic Medication as prescribed by Dr. _____

Concur with prescribing psychiatrist's order for medication, with the following modification: _____

Chairperson:

Laura Brooks Dir of MHSvcs [Signature] 04/05/04
(Printed Name) (Title) (Signature) (Date)

Member:

William A Worrall
William A. Worrall MD 4-5-04
(Printed Name) (Title) (Signature) (Date)

Theresa D. Warfield RN III Theresa D. Warfield RN 4/5/04
(Printed Name) (Title) (Signature) (Date)

Notice: The prisoner has the right to appeal this decision to the Medical Advisory Committee by filing a written appeal (form 807.16D) within 48 hours of receipt of this report. The assisting staff member shall assist in the appeal process if so requested by the prisoner. The prisoner may request to listen to the tape recording of the hearing before the Mental Health Review Committee to assist in the appeal.

(Employee Serving Copy to Prisoner)

(Date/Time Served)

Distribution:

- Medical File
- Mental Health File
- Prisoner
- Mental Health Review Committee
- Mental Health Supervisor

MENTAL HEALTH REVIEW COMMITTEE HEARING
Decision

Etta Bavilla

OBSCIS: 354369
DOB: 1/3/73
Arrest: Date 7/23/1998
Conviction: Murder 1

Hearing Date: April 5, 2004
Committee Chair: Laura Brooks, MHCIV & Director of Mental Health Services
Committee Member: Dr. William Worrall, Contract Psychiatrist
Committee Member: Theresa Warfield, Psychiatric Nurse
Hearing Time: 0830-1030

Reason for Hearing:

To determine if there is evidence that Ms. Bavilla suffers from a mental disorder; that medication is in the best interest of the patient; and that as a result of a mental disorder, Ms. Bavilla is in danger of serious physical harm resulting from failure to provide for essential human needs of health or safety; or experiences severe deterioration in routine functioning; or is of substantial risk of physical harm to herself or to others.

Dr. Stallman, Chief of Psychiatry, requested the Committee consider involuntary medication based on danger to self and danger to others. A second opinion was rendered by Dr. Rappoport on 3/31/04 who concurred that involuntary medications were necessary based on "deterioration of mental status and an increased risk to self and others." Ms. Bavilla was involuntarily medicated previously following a hearing on 8/15/03 which found that Ms. Bavilla was danger to herself, a danger to others and that she was gravely disabled. The order expired on February 18, 2004 and Ms. Bavilla has been refusing medications since February 27, 2004. Since that time Ms. Bavilla has become increasingly delusional, ruminative and paranoid regarding mental health & medical providers. In addition, she has had increasing conflicts with peers and become increasingly sensitive to comments made by others. Ms. Bavilla has a history of improved mental status and behavior on medications as noted in DOC custody, during previous API admissions and prior to her arrest.

Patient history:

On July 21, 1998 Ms. Bavilla killed her 16-month old son because "white doctors had injected him with STDs" and she "did not want him growing up under mind control." Ms. Bavilla also attempted to commit suicide by stabbing herself twice in the chest. One of the wounds punctured and collapsed one of her lungs.

Ms. Bavilla was diagnosed with a mental illness at the age of 17 and prior to her arrested had been treated with antipsychotic medications with good success. Although Ms. Bavilla had benefited from treatment with antipsychotic medication in the past, she has a history of poor medication compliance and was not taking the prescribed antipsychotic medications at the time she killed her son. She has become dangerous to self and others while off medication and responding to voices or acting on her delusional beliefs. She is noted to have experienced paranoid ideation, delusions of reference, somatic delusions, thought broad casting and special powers. There had been several reports of suicidal ideation and attempts prior to her crime.

Ms. Bavilla has been admitted to API three times where she was diagnosed with Schizophrenia, paranoid type. Once in 1977 for 11 days; once in 1998 immediately following the murder & suicide attempts and again in 1999 on a court ordered admission for competency restoration. She was released 5/1/00 after 14 months and successful treatment of her illness with antipsychotic medications. API records indicate concern for Ms. Bavilla's safety and wellbeing as well as the possible risk she poses to herself or others if she acts on her beliefs.

- **Testimony was heard from**

- Dr. Stallman, Chief of Psychiatry for DOC
- Dr. Rappoport, Contract Psychiatrist
- Deborah Till, ANP for HMCC
- Linda Gardner, RN III for MHU
- David Sage, MHCIII & Director of MHU
- Kathy Moore, Institutional PO & Patient Advocate

- **Committee Deliberation & Decision by Hearing Officer**

Clearly Ms. Bavilla suffers from a severe and chronic mental illness. As such, she is not capable of appreciating the severity of her condition and is not competent to make decisions about her treatment. However, at this time there is not sufficient evidence of severe escalation and deterioration of functioning to support a finding of grave disability. Additionally, substantial danger criteria does not appear to apply at this time given the environment she is in (namely the Mental Health Unit which provides 24-hour supervision) and the availability of staff for intervention. However, given the history and nature of her illness it is imperative she have close supervision and be monitored on a constant basis for changes in her mental status.

Interviews and review of records indicate Ms. Bavilla has responded to medications in the past with increased social functioning, decreased hopelessness and decreased agitation. Although she remains delusional even on medications, her functioning is normalized with treatment.

The Committee is concerned that over time Ms. Bavilla will present a substantial danger and given her history and the nature of her illness it is imperative she have constant supervision and close monitoring. In her current state, Ms. Bavilla can be safely watched which decreases the risk of substantial harm to herself or others. At such time as that her mental status decompensates to the point where she becomes gravely disabled or presents as a substantial danger, then the Committee fully supports forced medications.