## Western State Hospital Staunton, Virginia Local Human Rights Committee Meeting Minutes Jeffrey's Building, Room 95 at 12:30 July 22, 2013

Present:	Donna Gum, Acting Committee Chair, Hal Meyers, Mark Schorsch, Mahlon Webb, Committee Members; Chuck Collins, WSH/Regional Advocate; Mark Seymour, WSH Advocate; Ellen Harrison Liaison to WSH Director
Absent:	Kathy Belcher, Heidi Campbell, Rob Wade, Committee Members; Marina Caro, VOPA Advocate
Guests:	Mr. TH, Client; Tiffany Hewitt, Citizens' Council

Ms. Gum, Acting Committee Chair, called the Local Human Rights Committee to order on July 22, 2013. Ms. Gum noted that a quorum of members was not immediately present; however, Mr. Meyers was expected to arrive momentarily. Review and approval of minutes from the May and June meetings, as well as the agenda was postponed until a quorum was present.

During the public comment, Mr. TH indicated that he came to today's meeting to gain further information on the possibility of a video phone being provided for his use on Ward C1/2, where he resides. Ms. Harrison had spoken with the hospital Chief Financial Officer, David Mawyer, who also manages the Information Technology services of the hospital, and learned that we do not have line capability in C Building to accommodate a video phone. Given that WSH will be moving to the new location in approximately 3 months, by the time it would be possible for VITA to have the line installed and ready for use, the move would be imminent, and therefore, would provide Mr. H with only brief use of the video phone prior to the move. With that in mind, WSH has been looking at placement of video phones in the new facility, with privacy for the clients being of primary concern given that the video phones will most likely be placed in common areas for ease of access. Mr. H stated he thought the video phone could be installed at any internet connection. He also indicated that he believes he will be discharged on September  $3^{rd}$ , prior to the move, and therefore, maintains his request for a video phone to be installed as soon as possible. Mr. Collins reiterated that this is not feasible; however, if Mr. H is still a resident when WSH moves to the new facility, all efforts will be made to provide him with this technology.

Mr. H commented that Ward A6 and the Deaf Mall both have video phones, and that he had asked the C1/2 treatment team to investigate the possibility of installing a video phone earlier this year; they repeatedly delayed acting on his request, and he is upset that WSH is now telling him it is too close to the move to be considered. Ms. Gum asked whether it would be possible to transfer Mr. H to a ward that already has a video phone installed, or allow him to go to that area when he wishes to make a phone call. Ms. Harrison indicated that those are not options at this time for clinical reasons.

Mr. H asked how long it would take for the equipment to be installed following the move. Ms. Harrison indicated that the wiring would already be in place at the time of the move, and at that point, it would be a matter of determining where to install the video phones. Ms. Hewitt asked about the possibility of Mr. H using the video phone currently installed in the Deaf Mall.

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He said he does utilize that phone; however, the mall schedule limits the times he has access. In an email from Kay Banks with the C1/2 treatment team to Mr. Collins, it was noted that a TTY device is available to Mr. H on that ward, and that Mr. H has access to the video phone in the Deaf Mall during mall hours. Several options for access to the video phone in the Stribling Building were considered. Mr. Webb suggested that Ms. Harrison investigate the possibility of moving the video phone currently installed in the Deaf Mall to the Stribling Library where evening and weekend access exists. The committee agreed that this could be a viable interim solution. Ms. Harrison indicated she would research this option and report back to the committee.

Ms. Harrison advised the committee that the target date for patients to be moved to the new hospital is October 29<sup>th</sup>. With this in mind, she asked the committee to defer the meeting scheduled for October 28<sup>th</sup> as this will be a critical and especially hectic time for the hospital. The committee indicated that this would be acceptable; however, quorum is needed to take a vote for this to have final approval. Mr. Collins also opened discussion regarding the November / December combined meeting. December  $2^{nd}$  was selected as the date for this meeting.

Ms. Harrison asked the committee to consider when they want to see revised Ward Rules following the move to the new facility. The committee had earlier indicated they wanted to see the new Unit Rules approximately 90 days following the move. This will be at the end of January. The committee considered options such as receiving the new rules from all nine units at once the end of January, receiving only those rules that have significant changes at that time or seeing the rules on the same schedule used in previous years. The method preferred by the committee is to repeat the normal schedule with the exception of moving those with the most changes to the first few months of calendar year 2014.

Mr. Collins noted that the census, as of this morning, of WSH is 217 patients. He reviewed the census information for each ward and determined how many patients he is actively in communication with or involved to some degree with. This resulted in a total of 28 patients, which is slightly more than 10% of all residents. In this group, he attends treatment team meetings, assists with complaint resolution, as in the case of Mr. H today, assists in discharge planning efforts, etc. In the month of June he had 10 new requests for assistance, and to date in July, he has received 10 requests for assistance. He estimates that his numbers combined with Mr. Seymour's numbers indicate that approximately 25% of the hospital's population is raising their human rights issues in one form or another. He feels this is a good reflection of the activity here.

Mr. Collins again noted the focus on closing the training centers and how important it is to find appropriate housing for these very challenging and fragile clients. Family members of these clients are especially concerned about these placements. Even more of a challenge is provided by those individuals with intellectual disabilities as well as a psychiatric illness. These individuals may have behavioral issues that cause their placement not to be successful. One possible solution for this group is the START (Systemic Therapeutic Assessment Respite Treatment) program. This program provides guidance and assistance to the facilities, groups or families with whom the client has been placed in dealing with these difficult situations as well as temporary housing while other placements are being explored. The START program for Region 1 has 6 beds. These 6 beds are intended to support the 7 CSBs in Region 1. Mr. Collins will continue to keep the committee apprised of this situation.

The process of updating the Human Rights Regulations is ongoing; however, it will likely take longer to complete this project than initially anticipated. It could be another year before the finished product is available. The State Human Rights Committee would like to see fewer Local Human Rights Committees than we have now. We currently have 78 LHRCs throughout the state. Each facility has one, each CSB has one, and the others are groups of private licensed providers that come together. No decisions have been made at this time regarding how to reduce the number of LHRCs.

Upon a motion made by Ms. Gum, the committee went into closed session pursuant to Virginia Code §2.2-3711, a.15 and §2.2-37.05.5 for the purpose of discussion of medical record / treatment plans.

Upon reconvening in open session, all members of the Local Human Rights Committee certified that to the best of each ones' 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.

Mr. Seymour has received 15 requests for assistance since the last LHRC meeting. The requests are regarding such things as privilege levels, general freedoms, discharge planning, requests for technology. There have been 2 recommitment hearings, 5 TPCs and one SHRC appeal.

Ms. Gum noted that a quorum of members was now present. The question of deferring the scheduled October meeting was brought to the floor again. Mr. Meyers made a motion to approve this request. Mr. Webb seconded the motion and the request was approved by a vote of the committee.

The minutes from the May and June meeting were reviewed and approved with changes by a motion from Mr. Meyers, a second by Mr. Webb, and a vote of the committee. Mr. Schorsch made a motion to approve the agenda as written. Mr. Webb seconded the motion and the agenda was approved by vote of the committee.

There were no comments regarding the Complaint Report.

In reviewing the Extraordinary Barriers List, it appears that a significant number have been discharged and many new individuals have been added to the list. Mr. Collins noted that the one individual in Valley has been on the list for a long period of time and trial passes are a major step forward for this individual. It appears that this individual will be in the community prior to WSH moving to their new facility.

Internal Forensic Privilege Committee (IFPC) Minutes: No comments.

Clinical Risk Management Committee (CRMC) Minutes: No comments.

Community Connections: Sweet Dreams will be Saturday, July  $27^{th}$  in Stuarts Draft. August will be a busy month – August  $1^{st}$  at 11:30 the Mental Health Coalition will meet; on the

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 $7^{th}$  MHA-A will be doing the Fair Community Night; the following Thursday, they will be the sponsor organization for "Shakin" in Staunton; Sunday, August  $25^{th}$  they will host a gospel / blue grass concert at White Hill Church of the Brethren; on Tuesday, August  $27^{th}$  is the legislative forum.

The next meeting will be held August 26, 2013, at 12:30 p.m.

With no further business to discuss, the meeting was adjourned.

**APPROVED:** 

Hal Meyers, Chair

Glenda D. Sheffer, LHRC Secretary