Western State Hospital
Staunton, Virginia
Local Human Rights Committee Meeting Minutes
Jeffrey's Building, Room 95 at 12:30
May 20, 2013

Present: Donna Gum, Kathy Belcher, Rob Wade, Mahlon Webb, Committee Members; Chuck Collins, WSH/Regional Advocate, Mark Seymour, WSH Advocate; Dana Traynham, VOPA Advocate; Ellen Harrison Liaison to WSH Director

Absent: Hal Meyers, Committee Chair, Heidi Campbell and Mark Schorsch, Members

Guests: Tiffany Hewitt, Citizens' Council

Ms. Gum, Committee Vice Chair, called the Local Human Rights Committee to order on May 20, 2013. Mr. Wade noted that a quorum of members was present. With a motion from Ms. Belcher, a second by Mr. Webb and a vote of the committee, the minutes from the April 22nd meeting were approved as written. The agenda was revised to include a time for Public Comment and modify the time for Dr. Stout's presentation. The revised agenda was approved by a motion from Mr. Wade, a second by Ms. Belcher and a vote of the committee.

Ms. Hewitt indicated the Citizens' Council membership is currently low due to such events as patient discharges. They are making efforts to recruit new members. Mr. Collins advised the committee that Mr. RS, who has been consistently attending LHRC meetings for some time has been discharged. Mr. S had commented at the April meeting that his efforts toward discharge were progressing well. The committee members were all pleased to learn this excellent news for Mr. S, who had been a patient at WSH for approximately 2½ years.

Upon a motion made by Mr. Wade, 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 for Ms. EB.

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.

Dr. Mike Shutty presented the C5/6 Ward Rules. There are minimal changes this year. The changes that were made are to clarify existing rules as opposed to actual rule changes. One area that they did modify was the rule regarding perishable foods. The change indicates that perishable foods may be kept with the approval of the treatment team. Dr. Shutty noted that the C5/6 treatment team does not hold Temporary Loss of Freedom (TLF) to a strict 24 hour term. They are flexible in lifting the TLF before the 24 hours has passed providing the patient's demeanor / condition merit lifting the restriction. Mr. Wade questioned the absence of Privilege Level 5. Ward C5/6 rarely uses Level 5 because of the similarity to Level 6. Level 5 is one-to-one off grounds privilege and Level 6 is unescorted off grounds privilege; however, they use a doctor's order to assign an escort as needed for patients on Level 6. Ms. Belcher inquired of Dr. Shutty why their ward rules do not have as much detail, such as schedules for specific events, as the rules for other wards. Ward C5/6 utilizes doctor's orders and individual treatment plans to implement these specific details. Mr. Webb noted several typographical and editorial items to be

corrected, and Dr. Shutty indicated he would correct these. The Ward C5/6 rules were approved by vote of the committee.

Larry Sutker developed regulations for the use of cellular phones for Ward C7/8. He forwarded the document to Mr. Collins for his opinion, and Mr. Collins felt that this is a very fair and decisive method for regulating the use of cell phones. The information was extracted from Hospital Instructions 4042 and 4035. Mr. Seymour noted that it may be prudent to include tablet computers as they generally have cameras and are internet capable.

Mr. Collins received 11 contacts from patients during the month of May requesting assistance; a number of them very unusual and interesting. None of these appear to have the potential to result in an LHRC hearing. One patient on Ward C5/6 wants to be discharged; however, the treatment team doesn't feel this patient ready for discharge. Mr. Collins will be attending the next TPC meeting with this patient. Another case is that of someone who is a frequent user of advocacy services. Mr. Collins hears from this individual regularly, whether by phone or in person. Several others are also related to discharge planning. Mr. Collins is working with the very unique case of a Forensic patient whose legal aid is making an unusual request of the court. He will be asking for the patient's status to be changed from Forensic to Civil. This individual has had a difficult time of maneuvering the responsibilities of the Forensic program. The privilege levels for Forensic patients are not determined by the treatment team; they are managed by the Internal Forensic Privileging Committee (IFPC). This person, from a clinical standpoint, is ready for discharge according to the treatment team, and the treatment team has noted that if this was a Civil patient, they would have already been discharged. Mr. Collins will continue to advise the committee on the progress of this patient. He has also been working on the case of a young Forensic patient who desperately wants to leave; however, his mother, who was his AR and was strongly advocating for his discharge, has recently passed away. His father is now his AR but is not able to actively pursue discharge efforts for dealing with his own grief and stress due to the passing of his wife.

The process of moving individuals out of the Training Centers into the community seems to be moving along quite well. One of the snags that Mr. Collins has noticed is relating to those people who have a dual diagnosis, such as being intellectually disabled and also having a co-occurring mental illness. The START (Systemic Therapeutic Assessment Respite Treatment) Program is the tool that should be providing support to these individuals; however, the program has become overwhelmed due to the number of individuals needing assistance. In HPR I, the program has limited staff to cover a large area and are, therefore, even more overwhelmed with requests for assistance.

Mr. Seymour has received 16 calls for assistance from patients. Many of these are asking for assistance with discharge. Mr. Seymour works primarily with the Admissions units, in which patients often do not understand why they are here and don't recall their initial commitment hearing. Mr. Seymour has found that treatment teams, as well as the Special Justices, are very sensitive to these individuals' circumstances and needs. He has received requests to attend treatment team meetings. One request was regarding discharge planning as well as attempting to recover personal items from a previous hospitalization. One case he has been working with is a young lady who has an iPad that she relies on as a coping mechanism; however, she has been

told she may not use it as it has a built-in digital camera. He is sympathetic to this patient's situation; however, he understands that the hospital instruction regarding the use of devices with digital cameras is in place to protect the privacy of all patients. Ms. Hewitt noted that there are a number of patients who have laptop computers that may have webcams; however, they are not restricted. Mr. Seymour noted his appreciation for Ms. Hewitt's suggestion and indicated this may help him resolve this case.

Ms. Caro (VOPA) indicated that the transition from state agency to private non-profit organization has a target date of October 2013. As of December 31st, employees of this organization will no longer be State employees. The final details of the transition have not yet been made public. The driving force behind this change is the results of a Supreme Court hearing in which it was determined that VOPA, as a state agency, could not sue another state agency. Also, in other states, this group is private and does not have State oversight. They have been strictly Federally-funded for three years, with no State funds committed to their operations, which further indicates a need for them to be separate from the State. The name will change to the Disability Law Center of Virginia. Ms. Caro will attempt to determine when the name change will take place and will report this to the LHRC next month.

Regarding the Complaint Report, several committee members expressed their appreciation with the thoroughness of the report in recent months. In complaint #156, Ms. Gum questioned whether the mother is this patient's AR and if so, does the AR have the authority to dictate privilege levels. In this case, the mother is the individual's guardian, not his AR. Mr. Collins indicated that the treatment team should be responsible for making these decisions based on therapeutic value, not the wishes of the guardian. Mr. Collins will meet with the treatment team later this week to consider this case further.

In reviewing the Extraordinary Barriers List, it appears that several are very close to discharge as they are taking passes to the community and making positive steps toward discharge. Under patient identification number 522199, it is indicated that the individual will be discharged no later than May 10th. Because of the timing of this report being generated, it is not possible to determine whether this has taken place. This information will be available on the June report. Mr. Wade asked about the Wellness Recovery Center as noted with patient identification number 518412. Mr. Collins explained that this is a step-down program for individuals to continue the path to discharge. This not a locked, secure unit which makes it necessary to ensure patients are amenable to treatment. The hospital often uses Crisis Stabilization Programs, like Wellness Recovery. In our catchment area (HPRI), we have one in Charlottesville, one in Harrisonburg and one in Fredericksburg. Under patient identification number 216720 there is a note that a trial pass was unsuccessful because the patient was not given Clozaril, Ms. Caro questioned who is responsible for ensuring patients leave the hospital with the correct medications. Mr. Seymour indicated he would look into this further.

Internal Forensic Privilege Committee (IFPC) Minutes: Ms. Belcher inquired as to how this committee relates to the Forensic Review Panel (FRP) in Richmond. All Forensic patients are reviewed by the FRP at least annually. Forensic patients are reviewed by the IFPC at least quarterly.

Clinical Risk Management Committee (CRMC) Minutes: This committee reviews privilege levels for high risk Civil patients (formerly Mulberry chart patients) as deemed necessary by the committee and treatment team.

Community Connections: The art show is continuing at the Smith Center on the second floor. Ms. Gum encouraged everyone to go see the exhibit if they have the opportunity. The VFW will be hosting a seminar on PTSD and Suicide on June 26, 2013 at the VFW Hall on Frontier Drive.

The next meeting will be held June 24, 2013, at 12:30 p.m.

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

APPROVED:

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Hal Meyers, Chair	Glenda D. Sheffer, LHRC Secretary