

Western State Hospital  
Staunton, Virginia  
*Local Human Rights Committee Meeting Minutes*  
*Jeffrey's Building, Room 95 at 12:30*  
*September 23, 2013*

**Present:** Kathy Belcher, Vice Chair, Donna Gum, Mark Schorsch, Rob Wade, Chuck Collins, WSH/Regional Advocate; Ellen Harrison Liaison to WSH Director

**Absent:** Hal Meyers, Committee Chair, Heidi Campbell, Mahlon Webb, Committee Members; Mark Seymour, WSH Advocate; Marina Caro, VOPA Advocate

**Guests:** Mr. JH and Mr. JS, clients, Mr. RS, former client

Ms. Belcher, Acting Committee Chair, called the Local Human Rights Committee to order on September 23, 2013 and noted that a quorum of members was present. With a motion from Ms. Gum, a second by Mr. Wade and a vote of the committee, the minutes from the August 26<sup>th</sup> meeting were approved with changes. Mr. Wade made a motion to approve the agenda. Ms. Gum seconded the motion, and the agenda was approved by vote.

**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.**

During the public comment, Mr. JH, a resident on A2, attended this meeting to discuss the "It Is Your Right" poster that is displayed throughout the patient care areas of the hospital. He feels that the verbiage "to be/to have/to speak" is grammatically inappropriate in that it presents these rights in the future tense instead of the present tense. He has written a proposed revision for statewide and potentially nationwide use. In his version, the word "to" is removed and each item begins with the present tense. For example, "It Is Our Consumers' Bill of Rights... Be treated with dignity and respect; Be told about my treatment; Have a say in my treatment; Speak to those in private"; etc... Ms. Belcher asked Mr. Collins if this poster, and the way it is worded, is regulated by the Human Rights Office of DBHDS. The blue book requires the display of a document listing the rights of individuals and how individuals may contact a Human Rights Advocate; however, it does not indicate the specific verbiage of the document. The poster currently being used was initially issued as a guide only, and that individual practices, hospitals and Community Service Boards could determine the verbiage and context of the document they use. Mr. H has developed a petition that currently has 36 signatures, and he would like to present both to the committee for their consideration, approval and recommendation to Western State Hospital. Mr. Schorsch suggested that Mr. H attend the Consumer Advocacy Council Annual Recovery Conference in Charlottesville on October 25<sup>th</sup>, if he has the privilege level to go, and present his ideas and the petition to the Council at that conference. Ms. Belcher suggested that this be included on the agenda for the next LHRC

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meeting, to be held on December 2<sup>nd</sup>. This will allow Ms. Harrison the opportunity to discuss the proposal with hospital leadership and be able to report back to the committee.

Mr. Seymour was unable to attend this meeting and asked Mr. Collins to share with the committee that he handled nine cases over the last month covering a number of issues such as supporting patients at their treatment planning conferences. Mr. Collins handled fourteen cases with similar requests for assistance. Most issues for which patients request assistance are related to discharge planning.

One case that Mr. Collins has been working on was resolved on Friday by Dr. Barber. The parents, who are guardians / authorized representatives, of a patient on C1/2, wanted their son to remain at WSH even though he was on the transfer list to Northern Virginia Mental Health Institute. This patient has been at WSH for approximately one year. His parents feel that he is receiving exceptional care and don't want him transferred to NVMHI because they feel the care he received when he was previously at NVMHI was not at the level he is receiving at WSH. Mr. Collins asked Dr. Barber to meet with the family, which he did. After meeting with the parents and hearing their justifications for their son to remain at WSH, Dr. Barber agreed and arranged for the transfer to be cancelled.

Another patient on C1/2 was listed on the Discharge Report with a discharge destination was Central Virginia Training Center. This patient has a dual diagnosis of intellectual disability and mental illness. He was transferred to CVTC for one day, so that he could qualify for funds and be transferred to a group home in Lynchburg. The use of this process to provide the patient with the best possible outcome was exceptional planning on the part of the treatment team.

Regarding the Complaint Report, Ms. Belcher was concerned about various aspects of the report, for example, the complaint numbers aren't consecutive, the complaints appear to be paraphrased and the resolutions don't seem to match or address the complaint. Mr. Collins reminded the committee of the meeting he had with Barbara Nulty when she began developing this report and that, initially, the quality of the reports was excellent. However, that quality has dropped over the past few months, and the committee members are concerned. Ms. Harrison indicated that responsibility for developing this report had changed to Kim Burns shortly after Ms. Nulty began working on it. She also indicated that she would speak with Ms. Burns regarding the issues the committee has raised. Mr. Schorsch had suggested at the last meeting that the committee members be provided a copy of the Complaint Resolution Form for review. It does not appear that the concerns raised by the committee on the monthly report are related to the Complaint Resolution Form.

In reviewing the Extraordinary Barriers List, it was noted that many of the individuals on the list are very close to discharge or have been discharged since this report was generated. Mr. Schorsch asked how involved hospital administration is in promoting additional funding for CSBs and communities to provide services that will move individuals to discharge more rapidly. WSH is included in Health Planning Region 1. There is a monthly meeting with the Executive Directors of the CSBs within Region 1. Dr. Barber is actively involved in these meetings, and a major theme at these meetings is developing additional funding sources and methods of providing additional resources and services for mental health consumers. This group also

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develops strategies for how to optimize the utilization of existing funding for the greatest benefit of the consumers. The START (Systemic, Therapeutic, Assessment, Respite and Treatment) Program provides assistance and/or housing to intellectually disabled individuals who are having a behavioral crisis. This is intended to be a temporary arrangement until the individual is stabilized and returns to the community. There are multiple unresolved issues surrounding this program, and efforts to clarify and resolve these issues are ongoing.

Internal Forensic Privilege Committee (IFPC) Minutes: Mr. Wade asked Mr. Collins to explain the terms "Unrestorability" and "Incompetent to Stand Trial". During the preliminary stages of court proceedings, when an individual has been charged with a crime, the court may ask for an evaluation to be done on two things: Competence at the time of the events and mental competence to stand trial. A team consisting of a psychiatrist, psychologist, social worker and one other clinician perform the assessment. It is an established and detailed series of questions that takes hours to complete. This team will develop a report of their assessment and submit it to the court. Competence at the time of the events determines whether an insanity defense may be utilized. Competency to stand trial, the second type of assessment, is intended to determine whether the individual has competence to participate in their trial. Individuals who are found to be incompetent are typically admitted to a facility such as Western State to be restored to competency. They may remain at WSH, with periodic reviews, for years. Once an individual is restored to competency, the court will proceed with their case.

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

Community Connections: The annual meeting of MHAA will be November 21<sup>st</sup>. Bonnie Neighbor, the executive director of VOPA, will be the speaker. Awards will be presented at the meeting. Invitations will be sent out in October. The newsletter will be distributed near the end of October.

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The next meeting will be held December 2, 2013, at 12:30 p.m. The location for meetings at the new hospital will be determined and noted on the next agenda.

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

**APPROVED:**

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Hal Meyers, Chair

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Glenda D. Sheffer, LHRC Secretary