

Western State Hospital  
Staunton, Virginia  
*Local Human Rights Committee Meeting Minutes*  
*Jeffrey's Building, Room 95 at 12:30*  
*December 2, 2013*

**Present:** Hal Meyers, Committee Chair, Kathy Belcher, Vice Chair, Heidi Campbell, Donna Gum, Mark Schorsch, Rob Wade, Mahlon Webb, Committee Members; Chuck Collins, WSH/Regional Advocate; Mark Seymour, WSH Advocate; Ellen Harrison Liaison to WSH Director

**Absent:** Erin Haw, dLCV Advocate

**Guests:** Mr. RS, former patient, Henry Brennan, Peer Specialist

Mr. Meyers, Committee Chair, called the Local Human Rights Committee to order on December 2, 2013. Mr. Wade, Committee Secretary, noted that a quorum of members was present. With a motion from Mr. Webb, a second by Ms. Gum and a vote of the committee, the minutes from the September 23<sup>rd</sup> meeting were approved as written. Mr. Meyers indicated that Mr. Seymour would provide his report first and Mr. Collins second. Mr. Wade made a motion to approve the agenda with changes. Ms. Gum seconded the motion, and the agenda was approved by vote.

During the public comment, Mr. Brennan indicated he had come to the meeting today to witness the process and the discussions generally conducted at the LHRC meetings. Mr. Meyers suggested that Mr. Brennan also attend the January 27<sup>th</sup> meeting as today's meeting has several executive sessions that he would not be allowed to attend. Mr. Collins asked Mr. Brennan to encourage participants of the Citizen's Council meetings to attend LHRC meetings to discuss concerns that have been raised by that council.

Mr. RS indicated he is working with Mr. Collins to obtain a copy of his complete medical record. He has received the first half; however, he is still waiting for the second half. Mr. Collins indicated he had spoken with Ms. Sharon Johnson, Director of Health Information Management and learned that she has placed Mr. S's records in the mail, which Mr. S has not yet received. Mr. S and Mr. Collins will see Ms. Johnson following this meeting.

**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. Collins, at the request of Mr. Meyers, made a brief presentation to the committee regarding the questions that are required to be answered when the committee is reviewing a request for a "next-friend" Authorized Representative (AR). The committee recently held a called meeting to review a request of this nature made by a patient. Elements that need to be covered can be found on page 31 of the Human Rights Regulations.

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Mr. Collins reviewed the questions the committee needs to ask in order to make a determination of appointing a next-friend to make substitute informed consent decisions. The attached document contains a summary of the items the committee must consider prior to approving the next-friend authorized representative. (All information pertaining to substitute decision making is located in the Rules and Regulations to Assure the Rights of Individuals Receiving Services...)

This information raised the question of advance directives and how WSH policy meets the requirements of a directive. A suggestion was made for Ms. Harrison to present the hospital instruction regarding advance directives to the committee.

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Due to the advanced time, Ms. Harrison suggested that the committee wait until the January meeting to tour the hospital. The committee agreed. A hospital tour will be included in the January agenda. Ms. Harrison described the process of moving the patients on November 19, 2013 from the old buildings to this one. There was a great deal of planning and preparation involved and many people contributed to the success of this move. The patients were moved in considerably less time than expected and with minimal incidents, either in behavior or safety.

Regarding the proposed change to the Human Rights poster, Ms. Harrison indicated that this post-move time allows an opportunity to replace the existing posters as many did not survive the move. She also stated that Central Office has advised her that they no longer keep these posters in stock for distribution to DBHDS hospitals. Mr. Collins indicated he still had a supply of these posters and he and Mr. Seymour have distributed them to the units and malls. Mr. Collins continued by discussing the poster proposed by Mr. H at the September meeting. While he feels that Mr. H is to be commended for his efforts and ideas, the changes he recommended did not appear to provide sufficient benefit to change the current poster used by all state facilities. Ms. Belcher indicated she feels that the proposed change is a matter of perspective and should be given further consideration. Mr. Schorsch recommended that Mr. H be invited back to an LHRC meeting to further discuss his recommendations. Mr. Meyers suggested that the existing posters be used at this time and the committee may revisit this topic at a future date. Mr. Webb made a motion to accept Mr. Meyers' suggestion and Mr. Wade seconded the motion. The motion was approved by vote of the committee.

Mr. Seymour has received requests for assistance from 23 individuals since the LHRC meeting in September. He met with most patients multiple times. Some of the cases included requests to be moved from an admission ward to a long-term ward. He advised these individuals to wait until the move to the new hospital, which was days away, to see the new setting before

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moving forward with this request. The majority of these individuals were pleased with their new environment following the move and did not maintain their request to change units. He received four requests for assistance with discharge planning. He has found that the treatment teams have been responsive to these requests and have assisted to the degree possible. Mr. Seymour has also been contacted by the family of a patient as the family member is the AR and wants to ensure that every possible treatment is thoroughly reviewed and considered. He also received a request for assistance in changing a patient's medication regimen. In cases where individuals are apprehensive about upcoming recommitment hearings or while they are in the hearing, the special justices at WSH have been thoughtful and kind in their responses to special requests. Mr. Seymour also had several individuals who requested his presence in Treatment Planning Conferences. He has found that many patients are pleased with the new environment, and there are some who seem to have increased response to treatment as a result of the move.

Mr. Collins' observations regarding the new facility are that it is much nicer aesthetically, especially in the units and in the individual patient rooms. One patient contacted Mr. Collins to visit his unit and indicated that he is very pleased with his new room as well as the shared spaces of the unit. There were other patients who were less enthralled with the new space as they felt that the location was not relevant – being in the hospital at all is their concern. He has the feeling that patients are pleased with the newness and cleanliness of the hospital.

The advocate from dLCV was not present at this meeting.

Regarding the Complaint Report, Ms. Campbell found multiple situations where individuals were making complaints about staff, and she felt that some of them appeared to be serious. Ms. Campbell expressed concern that the stated resolutions of specific complaints do not satisfy the stated issue. There are many reasons why the complaint and resolution may not appear to coincide. However, WSH will put more detail in the Complaint Report, as provided by the Treatment Team, so that the perceived discrepancies make sense to the reader. The committee requested that, since the move is over and all are settling back into a routine, that when preparing the report please provide more detail to the discrepancies between complaints and responses.

Mr. Meyers asked that Mr. Trent Humphries, Hospital Investigator, be invited to speak at the next LHRC meeting to explain the investigation process, his role as an investigator, who he is accountable to, where his responsibility is, as well as how the hospital reacts and responds to complaints indicating abuse or neglect.

Mr. Meyers requested that the committee not review the Extraordinary Barriers List, the IFPC minutes or the CRMC minutes at this time, and proceed to community connections and adjournment. The committee accepted this request.

Community Connections: MHAA had a successful annual meeting and silent auction. General Assembly starts in January. If there are any mental health related proposals or actions, Ms. Gum will send them to Ms. Sheffer for distribution to all committee members. Ms. Gum believes that the "Deeds incident" will prompt new or revised legislation.

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The next meeting will be held January 27, 2014, at 12:30 p.m. in Room 1085 of the Staff Development Offices.

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