

Western State Hospital  
Staunton, Virginia  
*Local Human Rights Committee Meeting Minutes*  
*Jeffrey's Building, Room 95 at 12:30*  
*December 1, 2014*

**Present:** Rob Wade, Committee Chair, Heidi Campbell, Vice Chair, Kathy Belcher, Mahlon Webb, committee members; Chuck Collins, WSH/Regional Advocate; Becky Shaw, Liaison to WSH Director

**Absent:** Karen Cochran, Mark Schorsch, Mary Stern, committee member; Mark Seymour, WSH Advocate; Erin Haw, dLCV Advocate

**Guests:** Mr. Hal Meyers and Ms. Donna Gum, former committee members; Dr. Mary Clare Smith, WSH Director

Mr. Wade, Committee Chair, called the Local Human Rights Committee to order on December 1, 2014. Mr. Wade noted that a quorum of members was present. The minutes from the October 27<sup>th</sup> meeting were reviewed and approved with changes by a motion from Ms. Belcher, a second by Ms. Campbell and a vote of the committee. The agenda was approved as written by a motion from Mr. Webb, a second by Ms. Campbell and a vote of the committee.

During the public comment, Mr. Hal Meyers thanked the members of the committee for their support during his tenure both as a member and as Chairman of the committee. He also thanked Mr. Collins for his dedicated service as a patient advocate and as the advisor to the LHRC for many years.

Mr. TH continues to request additional time and opportunity to use the video phone for communications with his outside contacts. He is currently limited, as directed in his treatment plan, to one 30-minute session per day of video phone usage. He also has access to the TTY phone and may utilize that up to 6 times per day. Mr. H. commented that conversations on the TTY are difficult. He further commented that he does not understand the reasons his access to the video phone has been limited.

Dr. Stout, psychologist from 1 Pine, noted that he had met with Mr. H four months earlier to review and explain the restrictions on his use of the video phone. These restrictions are in place due to sexual risk factors as well as prior sexually explicit behaviors while using the video phone. Controlling his sexual behaviors is a primary feature of his discharge plan. In addition, hearing patients are not given the privilege of using the video phone. A video phone is currently available on the Deaf Mall that Mr. H may use during mall hours; however, he rarely uses this phone.

Mr. Webb noted that ASL has a unique syntax and is very different from spoken and written English. This difference affects the timber and progress of a conversation, making use of the TTY phone more difficult and less timely than the video phone. Ms. Campbell stated that Mr. H should be given the opportunity to prove he can control his behavior while using the video phone and, therefore, continue to progress in his discharge plan. He has recently been increased to Privilege Level 7, which further suggests appropriate behavior.

Considerable resources, specifically, time from unit staff, are needed for Mr. H to use the video phone. Current staffing levels would make increasing Mr. H's video phone time very difficult.

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Mr. Collins commented that he believes Mr. H wants to be given the least restrictive treatment, as is his right. Restrictions may only be based on clinical or safety concerns. Access to the TTY is sufficient to provide for his right to outside communications. Use of the video phone is a convenience granted by the hospital.

Mr. Webb suggested placing a video phone in the Commons, possibly in the Media Room, where Mr. H has access without requiring individual staff supervision. This suggestion should be directed to Dr. Smith for consideration. Further, the committee supports providing Mr. H with additional access to the video phone. Mr. Collins will draft a letter summarizing the committee's findings and recommendations in this matter and will forward it to the committee for consideration and comments.

**Upon a motion made by Ms. Belcher, 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.**

Dr. Leslie from 1 Oak presented the treatment plan for Mr. BP for quarterly review.

Dr. Phillips from 1 Elm presented the treatment plan for Mr. TS for quarterly review.

**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. Wade asked about the status of items that had been referred to hospital administration for further consideration. A recycling receptacle is currently available for patients to use in the cafeteria next to the Canteen counter. The hospital does not have the resources at this time for a recycling program. The establishment of a program is being considered. Procurement of a change machine for the Commons is in progress.

Today is the final LHRC meeting for Chuck Collins as his retirement is imminent. Dr. Mary Clare Smith joined the meeting to thank Mr. Collins for his years of exemplary service to the department, the patients of WSH and to the LHRC. She noted that his work has played a critical role in human rights for the entire state and he has been important to maintaining the health of the hospital. His suggestions for solutions and ideas for improvements have been very much appreciated. Dr. Smith presented Mr. Collins with a framed photograph showing both the former and current Western State sites.

No advocate's report was presented.

Ms. Haw was not in attendance; therefore, a dLCV report was not presented.

There were no comments regarding the complaint report.

While reviewing the Extraordinary Barriers List, it was noted that DAP funding continues to be a barrier for many patients. There have been several cases recently where the patient's legal guardian has hindered discharge efforts.

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The Internal Forensic Privilege Committee (IFPC) minutes and the Clinical Risk Management Committee (CRMC) minutes were reviewed. No comments were made.

**Upon a motion made by Ms. Belcher, 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.**

Dr. Stewart from 2 Oak presented a new restrictive treatment plan for Ms. EN for the committee's consideration. The plan was approved and will be reviewed quarterly beginning in February.

**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.**

The next meeting will be held January 26<sup>th</sup>, 2015, at 12:30 p.m. in Room A1085 of the Staff Development Offices.

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

**APPROVED:**

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Rob Wade  
Chair

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Glenda D. Sheffer  
Staff Liaison Secretary