

Western State Hospital
Staunton, Virginia
Local Human Rights Committee Meeting Minutes
Jeffrey's Building, Room 95 at 12:30
April 27, 2015

Present: Rob Wade, Committee Chair, Kathy Belcher, Karen Cochran, committee members; Mark Seymour, Regional Advocate; Becky Shaw, Liaison to WSH Director; Glenda Sheffer, WSH Administrative Support

Absent: Heidi Campbell, Vice Chair, Mahlon Webb, committee member; Erin Haw, dLCV Advocate

Guests: Mr. TH, patient from 1 Elm

Mr. Wade, Committee Chair, called the Local Human Rights Committee to order on April 27, 2015. Mr. Wade noted that three members were present, which is sufficient to conduct business as a sub-committee. The minutes from the March 23rd meeting were reviewed and approved as written. The agenda was modified to add a closed session at the beginning of the meeting.

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.

The treatment plan for Mr. MS was presented by Dr. Tim Jana. The committee approved the plan and requested the plan be reviewed again in three months and quarterly thereafter.

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.

Mark Seymour presented a brief Advocate's Report. A plan is being developed to reduce the number of community Local Human Rights Committees. New Regional Committees will be developed to serve larger areas. Facility LHRCs will not be affected.

The Unit Rules for 1 Oak were presented by Dr. Mike Shutty. There were few changes to the rules this year. The committee asked Dr. Shutty to elaborate on the patient exercise time. All patients are encouraged to participate; however, participation is not mandatory. Of the participants, each person is asked to lead the group in an exercise. This is intended to promote physical activity as well as team participation. The sub-committee recommended approval of the unit rules and will present them to the full committee at the May meeting. The results of that discussion will be emailed to Dr. Shutty.

During the public comment session, Mr. TH, a patient residing on Unit 1 Elm, asked the committee to consider several concerns. He has been given the impression that the Deaf Mall will be closing and participants in that program will be moved to other malls. He feels that PSR leadership has been "picking on" the Deaf Mall for some time. Funding that had previously been available for refreshments on outings has been taken away and some groups have been discontinued. Mr. H was also concerned about the delays in providing a video phone in the Commons' Media Room.

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Jim Stevens, Director of PSR Programs, arrived at the meeting to present the Operations Manual for the malls, and responded to Mr. H's concerns. There are currently two patients utilizing the services of the Deaf Mall. Resources, including some funding, have been reallocated across all of the malls to better represent the number of participants in each program. While groups specific to the deaf population are still available, these individuals are encouraged to attend other groups where ASL interpreters are available. Mr. H indicated he prefers to have certified interpreters in these groups. Mr. Stevens indicated certified ASL interpreters are provided as much as possible; however, the other interpreters being utilized are well-trained and capable of meeting this need. Mr. Stevens also indicated that funding that had previously been provided for refreshments on trips was provided from the Psychology budget, not the PSR budget, and he could not speak to the status of those funds. Efforts to install a video phone in the Media Room are ongoing. A protocol is being developed for the video phone; however, concerns regarding the placement of the phone to protect the privacy of other patients need to be addressed prior to the installation.

Mr. Stevens then presented the Operations Manual for the Psychosocial Rehabilitation Programs. It was noted that the majority of the manual applies to staff, and that only pages 6 and 7 affect patients. There were no changes to these two pages this year. The sub-committee will recommend approval of the manual at the next LHRC meeting.

The committee asked Mr. Stevens to explain how ID/DD patients are placed in groups. He indicated that, as the population of ID/DD patients increases, the hospital continues to develop programs specific to their needs. Currently, they attend two groups, one in the morning and one in the afternoon. The topics and facilitators change throughout each; however, the patients stay in the same room. These individuals seem to respond better when they can remain in a static environment.

The discussion with Mr. H raised concerns regarding the services the hospital provides to non-English speaking patients, specifically the Spanish-speaking population. Interpreters are provided as needed in addition to a contracted Language Services provider who is available by telephone.

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.

The treatment plan for Ms. AM was presented by Dr. Ann Walling, Dr. Lee Ann Bass and Ms. Erin Marsh, who is a student shadowing the treatment team. The committee approved the plan and requested the plan continue to be reviewed quarterly.

The treatment plan for Mr. DC was presented by Dr. Jason Stout. The committee approved the plan and requested the plan continue to be reviewed quarterly.

The treatment plan for Ms. CZ was presented by Dr. Jason Stout. The committee approved the plan and requested the plan continue to be reviewed quarterly.

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

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matters identified in the motion to convene the closed session were discussed in closed session.

Mr. Dennis Vaughn, Regional Initiatives Director for Health Planning Region One (HPR I), addressed the committee regarding Discharge Assistance Project (DAP) funding and program administration. There are currently 246 active plans in Region One. In the past, funds were allocated to each CSB for them to manage on their own. Beginning July 1, 2014, funds are shared regionally. Region One has an allocation of \$4.679 million. Those who qualify for these funds have been discharged from state facilities and do not have the resources to pay for services relating to their care. Priority consideration for funding is given to those individuals who are currently on the Extraordinary Barriers List.

To request funds, a plan is generated and sent to Mr. Vaughn. He reviews the plan and if approved, he forwards a copy to the Regional Utilization Management Consultant Team (RUMTC) for their review, approval and response within 48 hours. Normally, selecting a candidate for available funds is a fast, simple process. If an individual needs to return to the hospital after receiving funding, the money will be held for them for 30 days, after which time, their plan is ended and the money returns to the regional pool.

Mr. Vaughn also discussed the Online Psychiatric Bed Registry. The registry has become a useful tool. Improvements have been, and continue to be, made to the system. Currently, HPR I utilizes the registry more than any other region. The system is beneficial in that it saves CSBs from unnecessarily contacting hospitals where no beds are available. The average number of times private hospitals update the registry in a day is 3.7. Users can enter comments into the system when they encounter a problem. The comments are reviewed by DBHDS Central Office and are addressed promptly.

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

There were no comments regarding the Complaints Report this month.

While reviewing the Extraordinary Barriers List, it was noted that Horizon Behavioral Health (Lynchburg) seems to have a lot of patients who have been on the list for some time. This CSB tends to contact the same facilities for placements, which may be limiting the opportunities available to them. Placements for ID/DD patients continue to be difficult due to the closing of the training centers. For #527448, placement has proven to be a challenge; however, efforts to find appropriate placement are ongoing. A response from an ethics consult on this case is pending.

The Internal Forensic Privilege Committee (IFPC) minutes and the Clinical Risk Management Committee (CRMC) minutes were reviewed. Ms. Belcher questioned the value of reviewing these minutes. The limited information makes it difficult to make useful observations. Mr. Wade will ask Mr. Seymour about the possibility of discontinuing the practice of reviewing these meeting minutes.

In Community Connections, it was noted that there will be a golf tournament on May 21st and an art show on May 1st. On May 28th, Vassey will be conducting an open house at their new facility in Staunton at Coalter and Kalorama Streets. Four residents have already moved into the facility.

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Ms. Shaw will contact Mr. Bob Tucker with the Staunton Therapeutic Docket to request that she speak with the committee at the May meeting. She will also make arrangements for Ms. Teri Sumey and Ms. Pam Gaines to attend the meeting for interviews as potential committee members.

The next meeting will be held May 18th, 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:

Rob Wade
Chair

Glenda D. Sheffer
WSH Administrative Support