Western State Hospital Staunton, Virginia

Local Human Rights Committee Meeting Minutes Jeffreys Building, Room 95 at 12:30 p.m. November 12, 2008

- **Present:** David Reed, Linda Thumma, Ski Washington, Donna Gum, Hal Meyers, Committee Members; Jerry Thomas, Advocate; Chuck Collins, Regional Advocate; Gail Burford, Director's Liaison
- **Guests:** Dr. Jack Barber, Director; Karen Walters, Office of Attorney General on behalf of WSH; Nathan Veldhuis, attorney on behalf of Mr. C.C. and family; Kimberly Crett, Court Reporter, Cavalier Reporting and Videography,
- Absent: Debbie Harris, Committee Member

David Reed, Chair, called the meeting of the Local Human Rights Committee to order on November 12, 2008. A quorum of members was present.

Jerry Thomas reviewed with the committee the Human Rights Regulation 12 VAC 35-115.220 on Variances.

Mr. Reed announced the request for a Variance to **12 VAC 35-115-110** (Use of seclusion, restraint, and time **out**) of the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services presented by Dr. Jack Barber in regards to patient CC.

Nathan Veldhuis objected to the Local Human Rights Committee going into "closed session".

The committee made a vote to have the court reporter excluded from the "closed session".

Mr. Veldhuis also objected to this decision.

Upon a motion made by Hal Meyers and seconded by Donna Gum, the Local Human Rights Committee convened in Closed Session pursuant to Virginia Code, 2.2-3711(15), for the purpose of discussion or consideration of medical and mental records excluded from the Virginia Freedom of Information Act.

Upon reconvening in public session, each member of the committee certified that to the best of each one's 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 the Closed Session.

The specific regulations to which WSH requested variances along with the LHRC's decisions are as follows:

12 VAC 35-115.110.C.3: Only residential facilities for children that are licensed under the Regulations for Providers of Mental Health, Mental Retardation, and Substance Abuse Residential Services for Children (12 VAC 35-45) and inpatient hospitals may use seclusion and only in an emergency

LHRC Decision: The committee unanimously recommends the approval of this variance for a period of six months.

12 VAC 35-115.110.C.13.(a-e): Providers may use seclusion or mechanical restraint for behavioral purposes in an emergency only if a qualified professional involved in providing services to the individual has, within one hour of the initiation of the procedure.

LHRC Decision: The committee unanimously recommends the approval of this variance for a period of six months.

12 VAC 35-115-110.C.17: Providers shall monitor the use of restraint for behavioral purposes or seclusion through continuous face-to face observation, rather than by an electronic surveillance device.

LHRC Decision: The committee unanimously recommends the approval of this variance for a period of six months.

12 VAC 35-115-110.C.15: Providers shall not issue standing orders for the use of seclusion or restraint for behavioral purposes. LHRC Decision: The committee unanimously recommends the approval of this variance for a period of six months.

There being no further business to discuss, the meeting was adjourned.

APPROVED:

David Reed Chair, LHRC

Shante' M. Ball, LHRC Secretary