

INFORMATION ABOUT THE LHRC

Your interest in serving on a DMHMRSAS Local Human Rights Committee is greatly appreciated. These committees play a vital role in the Department's Human Rights Program by assisting the facilities and programs to which they are assigned in assuring the protection of the rights of their clients. Specific duties are outlined below and will be explained during orientation.

Facilities and programs are guided by Rules and Regulations, which assure clients' rights and by the Department's commitment to provide services that are responsive to the unique needs of individual clients and which maximize opportunities for self-determination. Nevertheless, these goals must frequently be reconciled with the need to protect the rights of others and the need to minimize the economic burden of service provision on the Commonwealth. Local Human Rights Committees are often called upon to assist in this reconciliation.

The following is provided for your information:

The Local Human Rights Committee:

- Is a committee of community volunteers who are broadly representative of various professional and consumer groups;
- Performs certain oversight functions as specified in the Rules and Regulations; and
- Is appointed by the State Human Rights Committee.

Functions of the Local Human Rights Committee:

- Conduct fact finding hearings and make recommendations for resolution of complaints not resolved informally;
- Review and make recommendations concerning program requests for variances to the Human Rights Regulations;
- Review program policies, procedures and practices relating to client rights, and make recommendations for change; and

- Perform other oversight functions as specified in the Local Human Rights Committee's bylaws.

Requirements of Local Human Rights Committee Members:

- Willingness to work within the parameters of the Department's human rights process in order to resolve complaints and to facilitate improvements and/or changes in the system;
- Annual participation in human rights training that is provided by the Department;
- Regular meeting attendance. All LHRCs meet at least quarterly – some meet monthly. It is essential that a quorum be present; and
- Strict observance of client confidentiality.

Composition:

- It is important that membership of Local Human Rights Committees broadly represent professionals, consumer groups and other interested persons in order to maintain objectivity and a balanced diversity. Therefore, in appointing members to Local Human Rights Committees, the State Human Rights Committee takes into consideration the composition of each Local Human Rights Committee, one at a time. For this reason, nominees who are well qualified may not be appointed, simply because of the existing makeup of the Committee. We strongly encourage individuals who are not appointed to consider serving on another Local Human Rights Committee or to apply for appointment at another time.

NOTE: Because of the potential for conflict of interest, attorneys and others who have represented clients in a program for which the Local Human Rights Committee is established cannot participate in Local Human Rights Committee proceedings regarding said clients.

LHRC APPLICATION FORM

NAME OF LHRC: _____

Today's Date:

Name:

Street Address:

City, State, Zip:

Telephone #:

Current (or most recent) Employer:

Employer's Address:

Dates of Employment: From ____/____/____ to ____/____/____

Occupation/ profession (if retired, list previous occupation):

Educational Background:

Please check categories in which you are eligible or willing to serve:

___ Professional ___ Family Member ___ Consumer ___ Healthcare Provider

Have you ever been employed by, or a member of the board of directors or a volunteer of a program operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services?

Yes ___ No ___

If so, name of program (or programs):

Capacity in which you served:

Dates of service:

From ____/____/____ to ____/____/____

**LHRC APPLICATION FORM
CONTINUED**

Please describe your education, training or experience in the area of Mental Health, Mental Retardation or Substance Abuse services, if any.

What is your interest in serving on a Local Human Rights Committee?

As a member of the Local Human Rights Committee, what do you think will be your biggest challenge and will you be able to attend meetings regularly?

Applicant's Signature:

Reviewed for completeness by:

LHRC REAPPOINTMENT APPLICATION FORM

NAME OF LHRC: _____

Today's Date:

Name:

Street Address:

City, State, Zip:

Telephone #:

Current (or most recent) Employer:

Employer's Address:

Dates of Employment: From ____/____/____ to ____/____/____

Occupation/ profession (if retired, list previous occupation):

Educational Background:

Please check categories in which you are eligible or willing to serve:

___Professional ___Family Member ___Consumer ___Healthcare Provider

What did you find most rewarding about your service on the LHRC?

Did you feel the training you received was sufficient? Why or why not?

What recommendations do you have for improvement of the LHRC?

Applicant's Signature:

Reviewed for completeness by:
