Members Present: Roberta Anderson, Jackie Dare, Arla Jean Lewis, Phoebe Munger, Beverly Young

Members Excused: Betsy Knight-Reid

Affiliates Present: Addiction Allies - Christopher von Elten, MD; Blue Ridge Group Home - Lisa McPherson; Childhelp East - Chris Ruble; HealthCare America/Counseling Interventions - Mindy Willingham, Trepin Tate; Rappahannock Rapidan Community Services - Laurie Dodson; TIME Family Services - William Fairhurst

Advocates Present: Artea Ambrose, Cassie Purtlebaugh

Others Present: Maurice Gentry, Sr. (Opening Horizons), Laura Wohlford (RRCS)

1. Call to Order
   Roberta Anderson, Chair, called the meeting to order at 1:30pm.

2. Introductions
   Roberta Anderson, Chair, requested the attendees introduce themselves.

3. Announcements
   - Family Preservation Services (Jamie Austin-Morgan, representative) has changed its name to Pathways Health
   - Psychology Associates is no longer an LHRC affiliate, as Rosemary Nagel has entered into private practice
   There were no other announcements.

4. Additions or Deletions to the Agenda
   There was an addition to the agenda:
   Maurice Gentry, Sr., Program Director of Openings Horizons, requested affiliation.
   
   Due to the weather, the presentation by Family Focus and the closed session were deleted from the agenda and will be added to the April 26th meeting agenda.

   ACTION: Beverly Young moved to approve these changes to the agenda. Phoebe Munger seconded the motion. There being no further discussion, the LHRC Board voted unanimously to approve the changes to the agenda.
MINUTES

5. Public Comment
   There was no public comment.

6. Approval of the October 27, 2015 Minutes

   ACTION: Jackie Dare moved to approve the October 27th meeting minutes as presented.
   Beverly Young seconded the motion. There being no further discussion, the LHRC Board members voted unanimously to accept the October 27th minutes.

7. New Affiliates:
   - Addiction Allies, LLC – Christopher B. von Elten, MD; Founder/Medical Director  
     Dr. von Elten introduced his program. He is interested in bring medically assisted treatment to the area, in addition to extensive day treatment. He is reaching out to help medically assisted doctors in the piedmont area.

     Questions:
     Are you currently affiliated with any other LHRC in region? Response: No, not affiliated with any other LHRC in this region. We do have an affiliation in Lynchburg.

   - Opening Horizons - Maurice Gentry, Sr. Program Director  
     This program has been in operations for about two years. We have identified three homes for intellectually disabled individuals and will house one individual per home. Two homes are located in Madison and one is in Orange. We are currently located in Radiant. We want to enlarge the program. Mr. Gentry will forward all the materials to Cassie Purtlebaugh to bring her up-to-date.

   ACTION: Both new organizations were accepted as affiliates of the Rappahannock Rapidan LHRC.

8. Presentations: Affiliation Updates (10 minutes each)
   a Alice C. Tyler Village of Childhelp East – Chris Ruble
      Chris Ruble presented information about Village of Childhelp East.

      Questions:
      Do you still have your ropes course? Response: Yes.

   b Blue Ridge Group Home, Inc. – Lisa McPherson
      Lisa McPherson presented information about Blue Ridge Group Home.
Questions:
Was it last year you had some major driveway work done? Response: We got some of it done last year, but we want to finish it this year.

c Family Focus Counseling Service – Antoinette (Sam) Jones
Cancelled due to weather – rescheduled to April Meeting

d TIME Family Services – Will Fairhurst for Gloria Setterlund
Will Fairhurst presented information about TIME Family Services.

Questions:
What area do you cover? Response: Our base office is Orange County; we have clients in Albemarle, Louisa, and Culpeper counties. We are also part of Verdun Outbound. Typically, we work with youth in middle school. The family portion is volunteer. We try to include families once a quarter. We try to have a strong educational component for the family (mental health first aid, parenting, etc.) while children participate in the ropes course.

9. New/Modified Services
   • Health Connect America (dba Counseling Interventions) - Change in behavior intervention program from CIT to Safety-Care

   Trepin Tate is the Safety-Care trainer for this area. This is a new, regulated program, meeting the same specifications as the old program. All individuals have been trained (over 90 staff).

   Questions:
   Has your licensing specialist been notified? Response: Yes, our policy and procedures have been reviewed by Nikki Sample.

PROCEDURAL NOTE FROM THE ADVOCATES: We are to adhere to the following procedure for new/modified services: The affiliate should notify the Office of Licensing of the new/modified service with a copy to the appropriate state advocate. Once the Office of Licensing approves the new/modified service, the affiliate should present the new/modified service to the LHRC. The LHRC does not need to record (by vote or any other action) their approval of the change if the Office of Licensing has already approved the new/modified service.
10. Human Rights Announcements by State Advocate
   a) The DBHDS Office of Human Rights has proposed updated regulations. These regulations were approved by the governor. They were submitted to the Register in December 2015 for a 60-day period that will end on February 14, 2016. Revisions will be brought to the State Board in April 2016 for final adoption of the new regulations. We will keep you updated of the progress, but please feel free to review and provide public comment. Here is more information on the specific changes and how you can offer feedback:


   Purpose: This is a reminder that the proposed regulations are now in the 60-day public comment phase.

   • Public Comment Deadline: **Tuesday, February 12, 2016**.
   • All information about the proposed regulations is available on the Virginia Town Hall web site: [http://townhall.virginia.gov/L/ViewStage.cfm?stageid=6810](http://townhall.virginia.gov/L/ViewStage.cfm?stageid=6810).
   • Comments may be submitted by the deadline in writing online at that link, under the heading ‘Comment Period’.
   • Comments may also be submitted by the deadline in writing in hard copy or via email to the agency contact listed below.

   Background: The changes will improve the ability of the Human Rights Office to perform its mandated responsibilities and maximize resources, in a manner that promotes the vision of recovery, self-determination, empowerment and community integration for individual receiving services. The intent of these proposed changes is to streamline the administrative process; improve program efficiencies and eliminate redundancies. The standard regulatory action was started on April 17, 2014, and was approved in the proposed stage by the Governor on November 13,
Local Human Rights Committee
Bradford Road Office
Culpeper, Virginia
January 26, 2016 1:30 pm

MINUTES

2015. A public hearing was held for the sole purpose of receiving public comment on the proposed regulation at the Department of Behavioral Health and Developmental Services at 9 a.m., Wednesday, December 16, 2015. Minutes from the hearing are included in the information available at the link above.

Agency Contact: Deb Lochart, Director, Office of Human Rights, Department of Behavioral Health and Developmental Services, Jefferson Building, 1220 Bank Street, 7th Floor, Richmond, VA 23219; telephone (804) 786-0032; FAX (804) 371-2308; email deb.lochart@dbhds.virginia.gov.

For Your Information: A detailed chart of the standard regulatory process is available here: http://townhall.virginia.gov/UM/chartstandardstate.pdf. At this time, the regulatory action is in the second column, in the second box from the bottom of that column.

b) Mark Seymour, Senior Human Rights Advocate for Region 1, resigned from state service in mid-December. An advertisement for his position closed on January 8, 2016. This position covers Western State Hospital and the Commonwealth Center for Children and Adolescents. Candidates are currently being ranked and will be interviewed in the next 2 weeks.

c) A position is available for an ID/DD advocate with the Office of Human Rights. The advertisement for this position also is now closed. Candidates are currently being ranked and will be interviewed in the next 2-3 weeks.

d) Voting/Notification – Examples

Example 1:
I'm a new provider. I already completed my affiliation verification form and have received an acknowledgement letter from Deb Lochart. I am placed on the agenda for my assigned LHRC by the administrative support person to the committee. I go to the scheduled LHRC meeting, present my services, and request affiliation. LHRC votes to approve (even though the committee must approve if the provider is licensed in our region and verification form has been received). I become an affiliated provider with this assigned LHRC as long as all criteria are met.

Example 2:
I'm an existing provider who is affiliated with the LHRC. I'm adding a couple of new services, or adding new locations to my existing Therapeutic Day Treatment services. I simply need to notify the LHRC of these new services and locations. No vote is needed from the LHRC.
e) Reports – will eventually be omitted with new regulations – keep doing what you are doing until you hear from OHR! CHRIS will be the reporting entity.

f) Compliance visits continue to occur. Please copy OHR Advocate and OL on any significant reportable issues.

g) Nan Neese is retiring from State Service. We wish her well!

11. Quarterly Reports – 100% compliance

12. Closed Session – Cancelled due to weather

13. Meeting Adjourn

*There being no further business, the meeting adjourned at 3:15pm.*

Meeting Schedule for remainder of 2016 (all meetings are held in the 2nd Floor Board Rm., Bradford Road Office at 1:30pm)

- July 26, 2016
- October 25, 2016
Why Alice C. Tyler Village of Childhelp??

- Holistic approach to care
- Trauma Informed Care
  - Therapeutic Options/TOVA Trained
    - Attachment Informed Interventions
- Positive Behavior Support System & Techniques
  - 24/7 Nursing Care
  - FT Psychiatrist
- FT Chaplain- Choir and Nature related religious activities
  - Non-profit
- All therapeutic and clinical programs are led by 1 Director
  - 270 acre horse farm
    - Family style cottages and dining
- 7 hour school day, year round and licensed as Special Education
  - Private Day School program
- Psych and Neuropsych testing conducting by our Clinical Psychologist
  - Art, Play and Equine Therapy
    - Pool
### 2015-2016 Calendar

#### School Hours:
Monday-Friday
8:00am-3:00pm

#### ESY Dates/Days:
- June 13-August 7, ESY, 38

#### Quarter Dates/Days:
- August 17-October 28, 1st Qtr, 45 days
- October 29-January 8, 2nd Qtr, 45 days
- January 11-March 16, 3rd Qtr, 45 days
- March 17-June 3, 4th Qtr, 45 days

#### Key Days:
- AUG 7 - End ESY Session
- AUG 10-14 - Teacher work week
- AUG 17th - First day fall term
- AUG 21 - School closed, training
- SEP 7 - School closed, Labor Day
- SEP 8-11 - School closed, post-fall break
- SEP 21 - School closed, training
- OCT 26 - School closed, training
- OCT 28 - End 1st quarter
- OCT 29 - Begin 2nd quarter
- NOV 11 - Veteran's Day assembly
- NOV 16 - School closed, training
- NOV 26-27 - School closed, Thanksgiving
- DEC 24-25 - School closed, Christmas
- DEC 31 - School closed, New Year's Eve
- JAN 1 - School closed: New Years Day
- JAN 8 - End 2nd quarter
- JAN 11 - Begin 3rd quarter
- JAN 18 - School closed, MLK Day
- FEB 9 - School closed, training
- MAR 12 - School closed, training
- MAR 16 - End 3rd Quarter
- MAR 17 - Begin 4th quarter
- APR 4-8 - School closed, spring break
- APR 12 - School closed, training
- MAY 9 - School closed, training
- MAY 10-13 - School closed, pre-summer break
- MAY 30 - School closed, Memorial Day
- JUN 3 - End of 4th quarter & Graduation
- JUN 4-10 - Teacher work week
- JUL 4 - School closed, Independence Day
- JUL 18 - School closed, training

#### Legend:
- School closed: Holiday (10 days)
- School closed: Break (13 days)
- School closed: Training (7 days)
- Begin: quarter/session
- End: quarter/session
- Informational
- ESY Session

#### Notes:
- 218 days total, 180 fall term, 38 ESY

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Proposal
Last Revision date: 3/19/15. T. Hector
CSA/CPMT/FAPT
DAILY RATE
July 1, 2015 - June 30, 2016

RESIDENTIAL ROOM & BOARD (Tyler Village)

Room and Board $220.00 per day
Combined Residential $173.50 per day

Total $393.50 per day

RESIDENTIAL EDUCATION

SPECIAL/REG. EDUCATION (Residential) $160.00 per day (Monday-Friday)
DAY SCHOOL EDUCATION (Non-Residential) $175.00 per day (Monday-Friday)

SPECIAL EDUCATION RELATED SERVICES (IEP)

INDIVIDUAL/GROUP THERAPY $30.00 per ½ hour
SPEECH THERAPY $60.00 per ½ hour
OCcupATIONAL THERAPY $60.00 per ½ hour

*****Combined Residential Services: includes costs associated with nursing, Cottage Care Counselors, U/R Review and administrative oversight, clinical programming and case Management (activity therapy, vocational counseling, nursing groups and treatment team meetings) *****
ALICE C. TYLER VILLAGE OF CHILDHELP provides a continuum of healing services for BOYS AND GIRLS AGES 5-14, in a safe, structured and therapeutic environment.

The Village is located on 270 beautiful acres in Culpeper County, Virginia. The Village provides care for children whose emotional and behavioral issues prevent them from being successful in the community. Some of these children are receiving treatment focused on managing the emotional and behavioral issues associated with psychiatric and neuro-developmental disorders. While at Childhelp, these children are empowered to overcome obstacles and move forward in their lives to be reintegrated into nurturing homes.

CLINICAL SERVICES
- Licensed or licensed-eligible Clinicians
- Individual psychotherapy (3 x wk), family therapy (1 x wk), & mandatory monthly face-to-face family therapy
- Group therapy
- Trauma-Focused Cognitive Behavior Therapy and Intervention supported by Attachment Research
- Monthly Treatment Team Meetings
- Play Therapy
- Art Therapy
- Animal-Assisted Therapy

SPECIALIZED SERVICES
- 24 hour Board Certified Child Psychiatrist Coverage
- 24 hour Nursing Care
- Registered Dietitian
- Occupational Therapy and Speech Therapy
- Horticulture Assisted Services
- Social Skills Development

EDUCATION
- Licensed Private Residential School for Students grades K-8
- Individualized Academic Planning
- Small teacher to student ratio with direct instruction & progress monitoring

THERAPEUTIC RECREATION ACTIVITIES*
- Hiking Trails
- Biking
- Swimming Pools
- Gymnasium
- Equestrian Programs
- Fishing ponds and streams
- Meditation techniques
- Gardening Program
- Go Carts

Testimonials:
"All my kids who have been treated there (Childhelp) have been adopted... they are happy and healthy and doing well!"
- COUNTY WORKER

"I do like the work your facility does, especially integrating therapy with parents and/or adoptive parents. The treatment teams carefully consider the input of all concerned parties and the treatment plan is the consensus of the needs of the child. You all do good work!"
- COUNTY WORKER

"I can’t tell you how thankful we are at the help and care you and the staff at CHILDHELP gave my BABY GIRL!!! I can honestly say I learned as much as my child from you. It was also wonderful to see how she grew and developed with the assistance of the staff and girls in T4."
- PARENT

Childhelp is a West Virginia and Virginia Medicaid Provider.

Recreational activities are at the discretion of the activities department, based on availability and season.
OVERVIEW OF CHILDHELP

Founded in 1959 by Sara O’Meara and Yvonne Fadderson, Childhelp® is a leading national non-profit organization dedicated to helping victims of child abuse and neglect. Childhelp’s approach focuses on prevention, intervention and treatment. The Childhelp National Child Abuse Hotline, 1-800-4-A-CHILD®, operates 24 hours a day, seven days a week, and receives calls from throughout the United States, Canada, the U.S. Virgin Islands, Puerto Rico and Guam. Childhelp’s programs and services also include residential treatment services (villages), children’s advocacy centers, therapeutic foster care, group homes, child abuse prevention, education and training, and the National Child Abuse Prevention Month every April.

MISSION

Childhelp exists to meet the physical, emotional, educational and spiritual needs of abused, neglected and at-risk children. We focus our efforts on advocacy, prevention, treatment and community outreach.

PHILOSOPHY

Childhelp credits its success to its founders’ visionary beliefs, which are the heart of the organization:

• Childhelp believes that every child has a unique contribution to make to the world. We do everything within our power to help each child heal and develop self-esteem to reach their God-given potential.

• We believe unconditional love is the foundation upon which all healing begins. The entrance of each Childhelp facility features the words “All Who Enter Here Will Find Love.”

• These children, who have seen the worst that life has to offer, deserve the best that we can provide while they are in the care of Childhelp.

ALICE C. TYLER VILLAGE OF CHILDHELP

The Alice C. Tyler Village of Childhelp (ACTV), located in Culpeper County, Virginia, opened its doors in 1993 and provides a continuum of healing services for boys and girls ages 5-14 with a Full Scale IQ of 55 or higher in a safe, structured and therapeutic environment. ACTV is a Virginia and West Virginia Medicaid provider and is also accredited by The Joint Commission. The Village is able to serve 67 children in our residential treatment program and 13 children in our day school program. The staff to child ratio is 1:3 during the day and 1:6 at night.

The Village provides a clinically sophisticated therapeutic program utilizing an interdisciplinary approach specializing in the treatment of children and adolescents with mild to severe trauma or neglect, psychiatric disorders, and neurodevelopmental disorders. Childhelp’s Village takes a holistic approach to serving children. In addition to meeting their physical, emotional and educational needs, we also seek to address the spiritual needs. The village has a full-time Child Psychiatrist as well as 24 hour nursing staff.

ALICE C. TYLER VILLAGE OF CHILDHELP

KEY CLINICAL STAFF

MEDICAL DIRECTOR/PSYCHIATRIST

Debbie Mack, BA, MA, M.D. is a Child and Adolescent Psychiatrist who completed her fellowship at The University of Virginia in Charlottesville. She received a Master’s Degree from George Washington University in Art Therapy. Her undergraduate degree was from the University of North Carolina at Chapel Hill and she went to Medical School at The Medical College of Virginia where she did her residency training. Dr. Mack worked on faculty at The University of Virginia, ran a private practice and did consulting as a child and adolescent psychiatrist for 9 years before coming to Childhelp to be the Medical Director in 2005. She has had experience in adult psychiatry, family psychiatry, acute inpatient psychiatry for both adults and children, substance abuse facilities for adolescents, school psychiatry and worked with children under the age of 5 years of age through the Under Age 5 Study Program at UVA. Her special area of interest is Anxiety Disorders in children and the use of psychiatric service dogs. She has several trained and certified Therapy Dogs which she uses in her work. Dr Mack has practiced Child Psychiatry for more than 15 years.

CLINICAL DIRECTOR

Barbara Goddy, MA CSAC LPC, is an undergraduate of Old Dominion University and received her graduate degree in counseling from Regent University. She has earned a certificate in Non-Profit Leadership from Tidewater Community College and taken doctoral level classes in hospital leadership from University of the Rockies. She has operated her own business in central Virginia for 15 years and been the executive director of a successful non-profit organization in Norfolk Va. for over 7 years. Ms Gaddy served as the clinical director in a 108 bed adolescent behavioral health center in Newport News prior to coming to Childhelp as the clinical director. She provided oversight to the educational, residential and clinical programs. Ms Goddy is a licensed professional counselor (LPC), certified substance abuse counselor (CSAC), certified clinical trauma professional (CCTP), certified compassion fatigue professional (CCFP), and is under supervision for the certified sex offender treatment profession (CSOTP) credential. In her spare time she enjoys time with friends and family as well as gardening, theater and travel.
Childhelp was founded in 1959 by Sen. Robert and Irene Dole.

PREVENTION and TREATMENT of CHILD ABUSE

Amanda G. Clark
Director of Business Development
CHILDHELP Alice C. Tylor Village
23164 Dragoon Road
Lignum, VA 22726
T 540-846-7807
F 801-671-1291

www.childhelp.org aclark@childhelp.org
Childhelp brings the light of love and healing into the lives of countless abused and neglected children.

Sara O'Meara and Yvonne Fedderson founded Childhelp in 1959, establishing it as the leading national non-profit dedicated to helping victims of child abuse and neglect. Childhelp's core approach focuses on intervention, treatment and prevention while strengthening communities through legislation and education.

MISSION
Childhelp exists to meet the physical, emotional, educational and spiritual needs of abused, neglected and at-risk children. We focus our efforts on advocacy, prevention, treatment and community outreach.

PHILOSOPHY
Childhelp credits its success to its founders' visionary beliefs, which are the heart of the organization:

- Childhelp believes that every child has a unique contribution to make to the world. We do everything within our power to help each child heal and develop self-esteem to reach their God-given potential.

- We believe unconditional love is the foundation upon which all healing begins. The entrance of each Childhelp facility features the words “All Who Enter Here Will Find Love.”

- These children, who have seen the worst that life has to offer, deserve the best that we can provide while they are in the care of Childhelp.
ALICE C. TYLER VILLAGE OF CHILDEP is a private, non-profit, psychiatric residential treatment center located in Northern Virginia. The Village provides a clinically sophisticated therapeutic program utilizing an interdisciplinary approach specializing in the treatment of children and adolescents with mild to severe trauma or neglect, psychiatric disorders, and neurodevelopmental disorders.

Our unique location on a 270 acre horse farm provides a nurturing treatment setting with a variety of therapy resources. Children are housed in separate home-like cottages based on age and gender. Each child has daily opportunities to pursue a variety of recreational activities; horseback riding, junior barn program, community outings, hiking and biking trails, a grass go-cart course, and a children’s choir.

Childehp’s Village takes a holistic approach to serving children. In addition to meeting their physical, emotional and educational needs, we also seek to address the spiritual needs. With a full-time Chaplain on staff, regular, voluntary non-denominational services and literature are available as well as the use of nature through gardening, animal care and nature study.

*Recreational activities are at the discretion of the Activities Department based on availability and season.

ABOUT US

WHAT WE OFFER

ASSESSMENT
- Psychiatric Evaluation
- Physical Examination
- Educational Assessment
- Recreational Assessment
- Nutritional Assessment
- Psychological and Neuropsychological Testing

PSYCHIATRY/MEDICAL
- On-site Board Certified Child Psychiatrist
- 24-hour Nursing Care

THERAPY
- Individual Therapy
- Family Therapy
- Group Therapy
- Art Therapy
- Daily Milieu Therapy
- Experiential Therapy Techniques
- Trauma Focused Therapy and Intervention supported by Attachment Research
- Evidenced-based Treatment Interventions
- Equine Assisted Therapy
- Animal Assisted Therapy

EDUCATION
- Licensed On-site School
- Private Day School
- Member of VAESEF
- Multi-modal approach using individualized instruction
- 1:3 Classroom Ratio

EXCLUSIONARY CRITERIA
- Measured Full IQ below 55 (decisions are made case by case)
- Require 24-hour assisted medical care
- Actively suicidal or homicidal
- Active sexual perpetrators
- Conduct disorder

DOCUMENTS FOR ADMISSION DECISION
- Psychological Evaluation (including full-scale IQ)
- Psychiatric Evaluation (as applicable)
- Current IEP or Current Education Information
- Current Behaviors and Medications
- History of Medications

INTERDISCIPLINARY TREATMENT TEAM
- Board Certified Child Psychiatrist
- Registered Nurse
- Licensed Practical Nurse
- Nurse Practitioner
- Licensed or License-eligible Therapists
- Art Therapist
- Special Education Certified Teachers
- Occupational Therapist, Speech Language Therapist
- Registered Dietitian
- Certified Therapeutic Recreational Specialist

FACILITY ACCREDITATION/LICENSURE
- The Joint Commission
- Virginia Department of Behavioral Health & Developmental Services
- West Virginia Department of Health and Human Resources
- Commonwealth of Virginia Department of Education
TIME Family Services, LLC
Provides services that are community-based, committed to evidence-based data that children and families are best served in their homes with supports offered for the entire family. TIME staff develops an Individual Plan of Service for each child and family. Plans are developed in collaboration with the referral source, the child, family members, other community members and stakeholders and include a menu of services. Our clinicians have years of experience with at-risk children and their families.

TIME Family Services, LLC
is licensed by the Virginia Department of Behavioral Health and Developmental Services (www=dbhds.virginia.gov)
License Number 1498
CSA Approved Provider
TIME is a Virginia Medicaid Provider

TIME Family Services, LLC
Gloria Setterlund LPC CSOTP
434-989-3579
Will Fairhurst 540-850-3491
Fax 888-709-1905
www.TIME4Family.net

Medicaid Funded Programs
* Intensive In-Home Services
* Therapeutic Day Treatment
* Outpatient Therapy
(not all services provided are covered by Medicaid)

TIME Family Services, LLC
serving these and surrounding areas
Charlottesville, VA
Louisa, VA
Culpeper, VA
Orange, VA

www.TIME4Family.net

Does your child have....
difficulty at home
difficulty in school
court involvement
poor social skills
anger problems
anxiety
depression
lack of respect for authority

www.TIME4Family.net
Solutions to Individual, Life, and Family Problems.
Equine Programs
* This is NOT a Medicaid or private insurance funded program

* Family Sessions
* Individual Sessions
* Parenting Sessions
* Relationship Sessions

Our Equine Program emphasizes self control, personal growth, and family relationships. TIME is providing an innovative program targeting personal relationships, individual responsibility, and family dynamics.

In-Home Programs

* Individual Outpatient Therapy
* Family Outpatient Therapy
* Parental Support Services for Parents and Foster Parents

Therapy Specialties

* Juvenile Sex Offenders
* Conduct Disorder
* Oppositional Defiant Disorder
* Out of home placement risks
* Family Relations Issues
* Adjustment Disorders
* Anger Management

Counseling Specialties

* Anger Management
* Behavior Adjustment
* Self Esteem Building
* Oppositional Defiance
* School Issues
* Family Issues
* Communication Skills

Adventure Based Programs

* Family Sessions
* After School Sessions
* Summer Programs
* Parenting Sessions

TIME Family Services is pleased to offer our Adventure Therapy Model for therapeutic day treatment, family, and group sessions. Our therapists and facilitators are experienced and trained to provide complimentary models of therapy that meet the needs of individuals and families, and that provide support for effective and lasting change and real opportunities for personal growth.

This program utilizes high ropes, low ropes, and rock climbing with trained facilitators.

(currently at our Rixeyville, VA facility)
Health Connect America, Inc.

POLICY: Health Connect America will use QBS, Inc.’s Quality Behavioral Solutions to Complex Behavior Problems program Safety-Care™ to:

- Understand how and why crisis events happen, and ways in which we might inadvertently contribute to them.
- Prevent crises using a variety of supportive interaction strategies.
- Apply simple, evidence-based de-escalation strategies that are effective for any population.
- Respond appropriately and safely to dangerous behavior.
- Prevent the need for restraint.
- Intervene after a crisis to reduce the chance it will happen again.

Upon hire and annually thereafter, all Direct Care Staff will be trained and certified in Safety-Care™ Verbal and Nonverbal De-escalation techniques. (Only Direct Care Staff providing TDT Services in school settings in Virginia will be trained and certified in both Verbal and Nonverbal De-escalation AND Physical Restraint Techniques.) All Direct Care Staff will complete a post-test and are observed in practice to ensure competency. Staff will have their certification documented in their personnel file.

Health Connect America prohibits the use of restrictive behavior management interventions by any person other than trained and certified staff providing TDT services in a school setting in Virginia.

Physical restraint will be used only in an emergency to prevent immediate risk of death, harm or injury to the individual or others. Use of restraint in response to property damage that does not involve imminent danger to self or others is prohibited. Use of restraint will not be used for the convenience of staff, to obtain compliance, or as a form of punishment. If the TDT Staff is present in the school for a client’s escalation in emotion that is creating a risk of harm for either a client or a person being targeted by that client, they are first to utilize verbal de-escalation techniques as outlined in the Safety-Care™ training. Physical management procedures shall only be used when there is no other safe alternative.

All contraindications to restraint such as medical conditions, psychological and/or social factors that can influence use of such interventions, must be documented in the client’s clinical record. These factors must be taken into consideration when assessing an individual for restrictive behavior management interventions.
interventions must be discontinued immediately if they produce adverse side effects such as illness, severe emotional or physical stress, or physical injury.

PROCEDURES:

I. Restrictive Behavior Management Practices

A. All clients will obtain written information about Health Connect America’s behavior support and management philosophy and procedures at admission.

B. Health Connect America will obtain clients and/or parent/authorized representative’s consent at admission (TDT Services in Virginia Only) to utilize restrictive behavior management interventions to maintain safety when all other options have been exhausted and no other safe alternatives exist.

C. Health Connect America will notify the parent/authorized representative promptly when the client is involved in an incident requiring restraint.

II. Restrictive Behavior Management Interventions

A. Adult individuals over the age of 18 will not be restrained at any time by Health Connect America staff. Should an adult individual need intervention(s) that require restraint, direct care staff will call 911 and/or contact local law enforcement. Safety-Care™ is intended only for individuals under the age of 18.

B. In the same vein, only Direct Care Staff providing TDT services in a school setting in Virginia shall be permitted to utilize Safety-Care™ restraint techniques. Should a client in other programs/services require restraint, the direct care staff will call 911 and/or contact local law enforcement.

C. Only Safety-Care™ certified trainers are allowed to train and certify staff in Safety-Care™

D. Health Connect America will assure staff competency in Safety-Care™ by only Permitting Safety-Care™ certified staff to provide behavior intervention.

E. Physical management procedures must be used only when there is no other safe alternative. Three conditions must be met before physical management interventions can be considered:

1. There must be imminent risk of serious harm to the agitated person or someone else.

2. There must be no other practical way to prevent that harm without physical intervention.
3. The risk of not intervening must be greater than the risk of intervening.

F. The use of restrictive Safety-Care™ physical management techniques are limited to no longer than 15 minutes per episode.

G. If a client meets the criteria to be restrained more than two (2) times in one (1) hour, the appropriate school personnel will be immediately notified that restrictive management techniques are unsuccessful and the school’s crisis plan will need to be initiated. Depending on each school’s protocol, the crisis plan may result in the student being assessed by emergency services or dismissed into the care of their parent/authorized representative for the remainder of the school day. (Each school determines their own emergency protocol, we do not).

H. The following is a description of the only approved restrictive Safety-Care™ techniques used by Direct Care Staff providing TDT services in a school setting in Virginia only.

1. **Supportive Guide** is a way to use the person’s own momentum to change their direction or movement. It does not involve yanking, pushing, or grabbing. Supportive Guide should not be used when the person is actively resistant or aggressive. Rather, it is used in instances where it is necessary to quickly change a person’s direction of movement to avoid something unsafe, such a dangerous exit or a busy road.

   a. Approach from the side, taking care not to startle the person.

   b. Place the closed palm of your further hand just above the elbow nearest you and the other closed palm on the outside of the person’s opposite upper arm.

   c. Face toward the cupped elbow with a wide stance and your head back to avoid a head-butt.

   d. Walk with the person, turning the torso in the direction you want him to her to go.

   e. If the person doesn’t move or stops, you can use gentle forward pressure. Don’t let the person fall forward.

   f. If the person brings walking independently or arrived at a safe location, transition to elbow Check by moving your further palmed hand to the closer elbow
and then safely back.

2. **1-Person Stability Hold** performed by one staff member who is available when there is a behavior crisis in which there is imminent risk of harm. (This technique can only be used if there is immediate risk of harm to client or others and verbal and non-verbal de-escalation techniques have been attempted and failed to resolve the situation or will not prevent imminent risk of harm to the client or others.)

   a. Call for assistance if appropriate.

   b. From the Shoulder check position, use the hand above the person's elbow to sweep that arm in front of the person.

   c. Step behind the person. With your other hand, reach around the person, under the free arm, and grasp the person's swept arm just above the wrist. Pull that arm across the person's body so that the hand is held near the person's waist.

   d. Step in close behind the person, facing sideways toward the cupped elbow. Keep your head back or down to minimize head butting while maintaining a stable hold by placing your hip against the person's buttocks. The handhold at the person's elbow should cup just above and in front of the elbow to keep the person from spinning out of the hold.

   e. If the person begins scratching, grabbing or hitting with the free hand, quickly grasp that arm just above the person's wrist with the hand that is securing the elbow. Pull that arm across so that the hand is near the person's hip. (Often, this step is not needed because the person doesn't place the free hand in position to be grabbed.) Don't hunt for the free arm.

   f. When it is time to release, transition to Shoulder Check, then Elbow Check, then Protective Stance.
3. **Seated 1-Person Stability Hold.** You should not attempt to force a person to sit or kneel down while in a 1-Person Stability Hold. During a hold, the person may choose to drop to the floor. When this happens, don’t try to hold all of the person’s weight yourself, even if you are larger and stronger. Instead, help the person to sit safely down on the floor.

   a. As you feel the person begin to sit down, step back to provide enough space for the person to sit down without ending up on your lap or leg.

   b. Lower the person gently to the ground kneeling down on the leg closest to the person.

   c. At this point, it may be possible to safely release the person. Transition to Shoulder Check, then Elbow Check, the Protective Stance.

   e. If necessary for safety, continue the hold with the person in a seated position.

   f. Kneel on the closer leg, next to the person's torso. If this is a 1-Person Seated Stability Hold, kneel directly behind the person.

   g. Maintain the person’s arms in the standard 1-person when it’s time to release, transition to Shoulder Check, then Elbow Check, then Protective Stance. Stand up without pushing off against the person.

III. **Documentation and Debriefing**

   A. Health Connect America will assess all incidents of restraint and the subsequent effects to reduce future preventable occurrences and untoward consequences.

   1. All uses of restraint will be documented within 24 hours on an incident report and shall include:
      a. The justification, use, circumstances, and length of application
      b. Name of the client and staff involved,
      c. Reasons for the interventions
      d. Length of intervention
      e. Verification of continuous visual observation in a log.
f. Review Team’s Suggestions/Determinations

g. Review of Meeting with Parent/Legal Guardian/Authorized Representative

h. Nurse’s Medical Conclusions

2. The Virginia Restraint Review Team made up of the VP of Education Services, Vice President of Operations, Regional Director of the TDT Program where physical intervention occurred, Chief Clinical Officer, and Certified Safety-Care™ Trainer will meet within 24 hours of an incident to review the physical intervention to determine if it was appropriately implemented and if other options where exhausted beforehand and the restraint therefore necessary for the safety of the client and/or others.

3. The Regional Director of the TDT program where the physical intervention occurred shall be responsible for initiating the meeting within the 24 hour time frame. If for any reason the Regional Director is unavailable, then the Director of Operations for that grand region shall be the designee.

4. If the Review Team determines that the physical intervention/restraint was not necessary for the safety of the client and/or others to be maintained, the staff will not be allowed to use physical interventions until they have retaken the entire Safety-Care™ Course administered by a certified Safety-Care™ trainer and successfully reaccredited on the verbal and non-verbal de-escalation techniques as well as the physical intervention techniques. This training must happen within 2 weeks of the incident.

5. If the Review Team determines that a certain staff member has an inordinately high number of physical restraints compared to other Direct Care Staff, the review team will require the Direct Care Staff to successfully retake the entire Safety-Care™ training by a certified Safety-Care™ Trainer within 2 weeks of this determination.

   a. If it is determined by the Review Team that a particular staff, who is determined to be using physical restraint at an inordinately higher frequency than other staff, is performing these restraints on a single student, the Regional Director and staff member will meet with the student’s public school team within the week to review the student’s appropriateness for the program and the student’s current placement needs.

   b. If the school determines that the student continues to be appropriate for the public school setting, then the staff member and the staff member’s supervisor will
continue to meet monthly with the public school team to review the student's needs and appropriateness of the current services until there is a reduction in physical interventions.

c. The Clinical Supervisor and Regional Director will meet once a month to continue to assess the client's appropriateness for TDT Services. If it is determined that the client is not appropriate for TDT services and Health Connect America determines that the services are not meeting the client's needs, the Regional Director or designee will meet with public school personnel to inform them that Health Connect America will be discharging the client from services and will make recommendations and referrals as appropriate.

6. If for any reason the application of Safety-Care™ was unwarranted; the Regional Director or a designee shall report it on an Incident Report in CHRIS (VIRGINIA ONLY)

7. All uses of restraint will be reported to the Human Rights Advocate and to the Local Human Rights Committee at least annually (VIRGINIA ONLY)

B. Within one (1) hour following the incident of restrictive intervention, the school nurse will evaluate the physical and emotional well-being of the client as well as identify the need for counseling and/or medical care related to the incident.

C. Health Connect America shall debrief the client in a safe, confidential setting within 24 hours of the incident and include the service recipient, appropriate staff, and parents/authorized representative to:

1. Evaluate physical and emotional well-being

2. Identify the need for counseling, medical care, or other services related to the incident

3. Identify antecedent behaviors and modify the service plan as appropriate

4. Facilitate the person's reentry into routine activities.

D. Health Connect America staff involved in the incident are debriefed by their clinical supervisor to assess:

1. Their current physical and emotional status
2. The precipitating events

3. How the incident was handled and necessary changes to procedures and/or training to avoid future incidents.
RESTRAINT DEBRIEFING FORM

DATE OF RESTRAINT: ________ DATE OF DEBRIEFING: ________

DEBRIEFING WITH CLIENT FOLLOWING USE OF RESTRAINT (NO LONGER THAN 24 HOURS AFTER INCIDENT)

PRECIPITATING FACTORS: □ CONFLICT WITH PEER(S)  □ ENVIRONMENTAL/SENSORY  □ LIMIT SETTING
□ CONFLICT WITH TEACHER/SCHOOL PERSONNEL  □ OTHER: ________________________________________

AS EVIDENCED BY:

________________________________________________________________________

________________________________________________________________________

THE FOLLOWING ISSUES SHOULD BE DISCUSSED WITH THE CLIENT:

WHAT LED TO THE INCIDENT?

________________________________________________________________________

WHAT DID TDT COUNSELOR DO THAT WAS HELPFUL OR NOT HELPFUL PRIOR TO THE INCIDENT?

________________________________________________________________________

DID TDT COUNSELOR TAKE CARE OF CLIENT'S PHYSICAL WELL-BEING, PSYCHOLOGICAL COMFORT, AND RIGHT TO PRIVACY?

________________________________________________________________________

HOW DID THE CLIENT FEEL AFTER BEING RELEASED?

________________________________________________________________________

HOW CAN TDT COUNSELOR BETTER HELP WITH FUTURE INSTANCES OF DIFFICULTY?

________________________________________________________________________
IS THERE A NEED FOR SUPPORTIVE COUNSELING? □ YES  □ NO

NAMES OF INDIVIDUALS PRESENT FOR THE DEBRIEFING WITH THE CLIENT:

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CLIENT’S SIGNATURE ___________________________ DATE __________

TDT COUNSELOR SIGNATURE ___________________________ DATE __________
RERAINT REVIEW FORM

DATE OF RESTRAINT: _______________ DATE OF REVIEW: _______________

NAME OF STAFF INVOLVED IN THE RESTRAINT: __________________________

DID DEBRIEFING WITH THE INDIVIDUAL AND PARENT/AUTH REPRESENTATIVE FOLLOWING THE RESTRAINT OCCUR WITHIN 24 HOURS AFTER THE INCIDENT? ☐ YES ☐ NO

IF NO, EXPLAIN REASON:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

DID NURSE EXAMINE CLIENT WITHIN ONE HOUR OF THE RESTRAINT: ☐ YES ☐ NO

IF NOT, EXPLAIN REASON AND ALTERNATIVE MEDICAL EVALUATION SOUGHT: __________

________________________________________________________________________

________________________________________________________________________

WERE THERE ANY INJURIES TO STAFF OR CLIENT? ☐ YES ☐ NO

IF YES, EXPLAIN INJURIES AND DESCRIBE WHAT FURTHER MEDICAL SERVICES WERE REQUIRED: ________________________________________________________________

________________________________________________________________________

________________________________________________________________________

IF THE RESTRAINT RESULTED IN INJURY TO THE CLIENT, WAS THE HUMAN RIGHTS ADVOCATE NOTIFIED VIA CHRIS WITHIN 24 HOURS? ☐ YES ☐ NO ☐ CLIENT INJURIES DID NOT OCCUR

IF NO, EXPLAIN: __________________________________________________________

________________________________________________________________________

________________________________________________________________________

WHAT DID THE EMPLOYEE DO THAT WAS HELPFUL OR NOT HELPFUL PRIOR TO THE INCIDENT? (LIST THE VERBAL AND NONVERBAL INTERVENTIONS USED PRIOR TO RESTRAINT)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

WHAT COULD HAVE BEEN DONE DIFFERENTLY BEFORE, DURING AND AFTER USE OF RESTRAINT?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
CLIENT ID #: _____________________

WERE ALL PROCEDURES AND PROTOCOLS FOLLOWED FOR THIS RESTRAINT ACTION?

☐ YES  ☐ NO

IF NO, AREAS WHERE THIS RESTRAINT ACTION NEEDS IMPROVEMENT (SELECT ONE OR MORE):

☐ STAFF FAILED TO DEBRIEF CLIENT  ☐ LESS RESTRICTIVE METHODS WERE NOT USED PRIOR TO USE OF RESTRAINT

☐ INCIDENT REPORT LACKS DETAIL/DIFFICULT TO FOLLOW/DOES NOT ADEQUATELY DEPICT INTERVENTION(S) USED  ☐ USE OF RESTRAINT WAS NOT JUSTIFIED

☐ STAFF DID NOT USE APPROVED RESTRAINT TECHNIQUE  ☐ STAFF DID NOT HAVE CLIENT SCREENED BY NURSE

☐ OTHER: ____________________________________________________

☐ OTHER: ____________________________________________________

THIS COMMITTEE RECOMMENDS THE FOLLOWING MEASURES BE TAKEN TO REDUCE POSSIBILITY OF THE INCIDENT RECURRING (SELECT ONE OR MORE):

☐ THE EMPLOYEE REQUIRES TRAINING ON INCIDENT REPORT WRITING

☐ THE EMPLOYEE REQUIRES RETRAINING IN SAFETYCARE RESTRAINT TECHNIQUES/EMPLOYEE WILL NOT USE PHYSICAL RESTRAINT METHODS UNTIL COMPLETING THE TRAINING SUCCESSFULLY AGAIN (TO BE COMPLETED WITHIN 2 WEEKS)

☐ THE EMPLOYEE REQUIRES RETRAINING OF VERBAL AND NON-VERBAL INTERVENTIONS (TO BE COMPLETED WITHIN 2 WEEKS)

☐ OTHER: ____________________________________________________

☐ OTHER: ____________________________________________________

COMMITTEE MEMBER SIGNATURES

SIGNATURE: ____________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

TITLE: ____________________________________________

__________________________________________

__________________________________________

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