Local Human Rights Committee  
Bradford Road Office, 2nd Floor Board Room  
Culpeper, Virginia  
July 28, 2015 @ 1:30pm  
MINUTES

Members Present: Roberta Anderson, Arla Jean Lewis, Phoebe Muenger, Beverly Young
Affiliates Present: Jamie Austin-Morgan, Brian Duncan, Laurie Dodson, Melanie Edwards, John Flemming, Lisa McPherson, Chris Ruble
Advocate Present: Sarah Burlar, State Advocate and Neadie Moore, Office of Licensing (DBHDS),
Guests Present: Jackie Dare, Betsy Knight-Reid, Charlene Moonen
Others: Laura Wohlford (RRCS)

1. **Call to Order**  
   Beverly Young, Chair, called the meeting to order at 1:35 pm.

2. **Introductions**  
   Affiliates and guests introduced themselves.

3. **Additions or Deletions to the Agenda**  
   The following additions were made to the agenda:
   - Enter closed session to consider applications to join the LHRC Board
   - RRCS informational notice by Brian Duncan

   **ACTION:** Roberta Anderson moved that the agenda be amended to include these additional items. Phoebe Muenger seconded the motion. There being no further discussion, the LHRC Board voted unanimously to amend the minutes.

4. **Public Comment**  
   There were no public comments.

5. **Approval of the April 28, 2015 Minutes**

   **ACTION:** Phoebe Muenger moved that the minutes from the April 28, 2015 meeting be approved as written. Beverly Young seconded the motion. The LHRC Board voted unanimously to approve the minutes, but requested that, in future minutes, the Board should be referenced as the LHRC Board.

6. **Presentations: Affiliation Updates (10 minutes each)**  
   - Chrysalis Counseling Centers – Melanie Edwards
     Melanie provided an overview of her organization.
Questions:
You indicate that the number of people receiving services as 198 – it that pretty stable?
Response: Yes.

When did you apply for affiliation? Response: We have been an affiliate here for a long time.

• Family Life Counseling – John Flemming
John provided an overview of his organization.

Questions:
Are you noticing any new trends? Response: It is difficult to acquire clients, but we are not aggressively marketing. However, it is hard for a small, local, homegrown company to carve out a niche. We are happy to be small and we are committed to providing quality services.

Have you noted any tightening of funds? Response: Yes and the ability to adapt is even harder when you are a small organization.

Do you provide outpatient services? Response: No, only intensive in-home services.

Where does your staff live? Response: The majority live in Culpeper, some in Fauquier.

• Family Preservation Services – Jamie Austin Morgan
Jamie provided an overview of her organization.

Questions:
Did you say that Fauquier County is not receptive to Therapeutic Day Treatment (TDT)? Response: We are doing this after school.

Comment: This issue was discussed at the last meeting – the ability to provide TDT during school hours it is not up to the principals per se, sometimes it is the superintendent or school board. Counties can also put out an RFP for services to choose a provider to come into the school. That is not done in Region 9 counties.

What, if any, is offered to students in the way of an immersion program? Response: Many schools will have groups throughout the day. However, sometimes kids fall through the cracks if it is not mandated funding or if they are not on Medicaid. The providers can’t do the work without funding and sometimes there aren’t any facilities to use to provide the services.

Is there informal networking with other groups? Response: We started a consortium of care providers (all private) with contracts with the CSA to brainstorm, process concerns, changing regulations, etc.
7. New Programs Update

- Family Preservation Services
  - TDT Afterschool, Outpatient, and MHSS License
    Sarah Burlar – if you are expanding an existing program, you don’t need to request approval from the LHRC. If you are starting a new program, you will need to submit the information for LHRC approval. No LHRC approval of this program is necessary since there are no changes in licensing.

- RRCS
  - Young Adult Coordinated Care (YACC)
    This is a new program licensed through RRCS’ existing outpatient program. It uses a research-based model for early intervention with youth between 15 – 25 years of age experiencing a first episode psychosis. It is a highly specialized model of care with strict admittance guidelines and a short timeline for care.

Questions:
When you offer crisis services 24/7, how does that work? Response: We have an emergency services number that connects to our clinical staff. If a face-to-face evaluation is required, it typically takes place in an ER (after hours). During work hours, it will take place in the office. There is no wait time in this program.

This sounds like the community treatment program. Response: Yes, there are similarities.

What is the location for these services? Response: Staff are based out of our Bradford Road offices, but most of these services are provided in the field.

Discussion: Employment support/occupational therapy – of those numbers of people receiving treatment over a long period of time – job placement is not easy in a rural area, but we benefit from mom and pop companies and they are more likely to hire someone who has had mental health issues.

How do you get referrals? Response: We receive internal referrals from RRCS, outreach by staff, marketing, plus lots of local support from other agencies during the application process. This also helped get the work out about the new program.

Comment: The program is designed to serve 35 clients in total. The exit is defined when the client enters the program. You can’t receive services for long, but can transition to less intense service (if needed) at the end. This is different from the traditional model, which is designed for long-term support. YACC is more intensive at the beginning. The objective is to give the individual and family the tools to access services and know when services are needed – focus is on recovery not on the illness.
Do hospital emergency room staff know about this service? Response: Yes, they are well informed about contacting us for assistance.

How long is the program designed to last and how long does the grant last? Response: This is ongoing money and it is not driven on a reimbursement model. Clients will be billed as necessary, but it is not an expectation that the program be reimbursed. Some of the services are not reimbursable. Some of the more clinically oriented services are reimbursable – and will supplement the state funding.

Do we accept clients in Fredericksburg? Response: The initial focus is Planning District 9. Part of the problem is distance. We do not solicit referrals from outside the district, but won’t turn down referrals from outside the district.

**Informational Notice from RRCS:**
RRCS is in the process of researching surveillance cameras it be used in the clinic waiting rooms and in the Boxwood recovery center.

For the Clinics: the cameras would be used for viewing the waiting areas only. Currently, the receptionist can’t see the waiting area from the reception desk. For safety, we would like the receptionist to be able to monitor the activities in the waiting area. There will be no recording of any data, only viewing.

For Boxwood Recovery Center: We want to add cameras in common areas, back exterior, and entrance. We would record and retain the images. We would use these recordings for basic security and incident follow-up. Also, we are considering medication assisted treatment at Boxwood and this may add to security issues. We have added exterior lighting, but want to supplement our security measures with video cameras. Our intent is to provide our proposed policies and procedures to the LHRC board for review and approval.

Discussion:
This is a good idea for Boxwood and would enhance security for both clients and staff. It is to the agency’s benefit to have cameras in place.

Questions:
Do you maintain drugs at Boxwood? Response: We have a pharmacy at Boxwood for clients in our care and maintain controlled substances.

What is the new medication that will be used with your new treatment protocol? Response: The drug is called Suboxone.

Do sheriffs make regular patrols of the area? Response: No and we have not sought that service.
8. Announcements by State Advocate
   - Distribute VA state map of advocate regional coverage
     Regions 1 and 2 have been combined into a “super region”. There are four advocates
     covering that region. This means that this LHRC may be subject to hearings outside of
     the immediate area. Sarah Burlar is our advocate.

   - HIPAA E-mail to Affiliates
     Confidentiality memo: The LHRC Board prefers additional confidentiality than what is
     referenced in the memo – we prefer that affiliates refer to clients as client 1 and 2 or A
     and B. We don’t like to use client initials.

   - Affiliate Attendance at LHRC Meetings (Handout – attached)

   - Other
     Kathy Drumwright, the current Assistant Commissioner, is retiring.

     Effective July 7, the new acting director of licensing is Cleopatra Booker.

     The new regulations are currently at the Governor’s Office for review and signature.
     Continue to follow the current regulations until further notice.

     The State Human Rights Committee re-wrote the model bylaws in 2010. All LHRCs
     should verify that bylaws comply with the state bylaws.

     Question: Is there any guidance on the requirements for the behavioral management
     committee? In the past, requests were discussed and reviewed with Chuck Collins and
     presented the information to the LHRC. Response: Sarah Burlar agreed to work with
     Laurie Dodson (RRCS) to set up the behavioral management committee.

9. Election of New LHRC Officers
   - Roberta Anderson nominated as chair
   - Beverly Young nominated as vice-chair
   - Phoebe Muenger nominated as secretary

     ACTION: Arla Jean Lewis moved that the nominees for office be approved as presented. Roberta
     Anderson seconded the motion. There being no further discussion, the LHRC Board voted
     unanimously to approve the nominees.

10. Quarterly Reports –
    1) One report was submitted without the CHRIS report.
    2) Please make sure the CHRIS report dates match the quarter for which the report is
        submitted.
3) On the Quarterly Report, please include information about complaints and people served for all prior quarters. We need to see these numbers over time to detect any positive or negative trends.

11. Closed Session

**ACTION:** Roberta Anderson moved that the LHRC Board enter closed session for the purpose of discussing issues relating to personnel. This motion is made pursuant to Virginia Code Section 2.2-3711, subsection 1. It was also moved to include Sarah Burlar and Neadie Moore in the closed session. Beverly Young seconded the motion. There being no further discussion, the motion to enter closed session was voted on and passed unanimously.

After reconvening into open session, Beverly Young polled the LHRC Board: “To the best of your knowledge, do each of you certify that only public business matters lawfully exempted from the open meeting requirements under existing Virginia law, and only such public business matters as were identified in the motion by which the closed session was convened were heard, discussed, or considered by the LHRC Board in the closed session just held?”

A roll call was taken:
Roberta Anderson - YES
Arla Jean Lewis - YES
Phoebe Muenger - YES
Beverly Young - YES

**ACTION:** Roberta Anderson moved that Jackie Dare and Betsy Knight-Reid be recommended to the State Human Rights Committee as new LHRC board members of the Rappahannock Rapidan Local Human Rights Committee. Phoebe Muenger seconded the motion. There being no further discussion, the LHRC Board voted unanimously to recommend Jackie Dare and Betsy Knight-Reid as new LHRC board members.

12. Adjourn

The meeting adjourned at 4:30pm.

The next meeting will be October 27, 2015 at 1:30 in the Rappahannock Rapidan Community Services 2nd Floor Board Room.
History

Chrysalis Counseling Centers, Inc. has been serving the Northern and Central Virginia areas since 1993 providing quality mental health services to meet the needs of children, adolescents, and adults. Through an integrative approach, Chrysalis Counseling Centers utilizes various therapies and treatment modalities to rebuild individual lives and stabilize family functioning in order to create a new sense of hope.

Mission

Chrysalis Counseling Centers, Inc. is committed to providing quality and competent counseling, psychotherapy, psychiatric, and mentoring services with empathy and compassion to children, adolescents, and adults. Our vision is to provide supportive services, which promote empowerment, recovery, and self-determination in all aspects of the individual's life. Our goal is to assist the client and family in improving their level of functioning by developing healthy coping skills in interpersonal relationships so they can lead productive and fulfilling lives.

Philosophy

Our philosophy is to provide confidential and supportive settings for you and your family to explore life's challenges in order to create a more fulfilling life for yourself and others. We understand the challenges that life can bring, and we are here to assist you and your family experience personal and emotional growth in a way that is creative and healing.

Staff

The staff is composed of highly qualified mental health practitioners, psychiatrists, clinical psychologists, licensed psychotherapists, and mentors with extensive experience in the field of mental health services. We offer a team approach in designing effective treatment plans to meet the needs of our community.

Corporate Office
605 N. Main Street, Culpeper, VA 22701 † 540-727-0770
www.chrysaliscenters.com
Chrysalis Counseling Centers Inc.

Specialty Areas

Chrysalis staff members are trained and educated to provide a wide variety of specialties and treatment modalities to include:

- ADHD/ADD
- Anxiety/Panic Disorders
- Anger Management
- Autism Spectrum Disorders
- Bereavement/Loss & Grief
- Bipolar Disorder
- Conduct Disorder
- Depressive Disorders
- Eating Disorders
- Families in Crisis/Transitions
- Marital Conflicts
- Oppositional Defiance Disorder
- Parenting
- Pervasive Personality Disorder
- Post Traumatic Stress Disorder
- Reactive Attachment Disorders
- Sexual/Physical Traumas
- Substance Abuse/Addictions
- Stress Management
- Trauma Therapy

Services

Our treatment modalities are tailored to support the client throughout the therapeutic process.

- Anger Management Evaluation
- Anger Management Counseling
- Art Therapy
- Comprehensive Assessments
- Couples Counseling
- Diagnostic Evaluations
- Equine Therapy
- Family Therapy
- Group Counseling
- In-Home Assessments
- In-Home Counseling
- Individual Counseling
- Mental Health Skillbuilding
- Mentoring Services
- Neurofeedback Services
- Outpatient Counseling
- Parenting Programs
- Play Therapy
- Psychiatric Evaluations
- Psychological Testing
- Psychosexual Risk Assessments
- Reunification Services
- Sex Offender Treatment
- Substance Abuse Evaluations
- Substance Abuse Treatment
- Supervised Visitation
- Therapeutic Day Treatment
- Therapeutic Mentoring
- Trauma Therapy
- Treatment Specialty Programs

~A Life You Want..... A Life You Deserve~
Our Mission

It is the mission of Family Life Counseling to provide the highest quality of therapeutic services to children and families in the most natural learning environment, their home. We are committed to helping people achieve their highest potential.

We specialize in challenging situations.

We also offer Therapeutic Mentoring which provides positive role models for young people. Mentoring provides a therapeutic, non-threatening outlet for clients. It links clients with positive community experiences and encourages the development of independent living skills. One-to-one tutoring for academic and future vocational success is provided as needed. Mentoring provides a myriad of opportunities for parental support.

In Home Services

Our in-Home Services provide individual, behavioral and family counseling and assistance with daily living skills generally for five to ten hours a week. These services normally are given for six months, depending on need. Our focus includes:

- Mental Health
- Parenting and child behavioral problems
- Communication skills
- Crisis Management
- Drug and alcohol prevention/education
- Linkage with community resources (e.g., schools, employment)
- Anger management
- Domestic violence
- Life skills training
- Relationship building

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FAMILY LIFE COUNSELING
14115 Lovers Lane
Suite 160
Culpeper, VA 22701

Medicaid Provider
Family Preservation Services of Virginia

Since our inception in 1992, Family Preservation Services (FPS) of Virginia has been a leader and innovator in the development of community-based services here in the Commonwealth of Virginia. FPS of Virginia currently operates 30 office sites, each designed to meet the unique needs of each community through the integration and use of evidence based and trauma-informed practices.

With more than 900 employees servicing more than 3,000 individuals and families each year, FPS is the largest provider of community based services in the state of Virginia.

OUR MISSION:
We deliver exceptional value by creating healthy communities through exceptional people working side by side.

As a leader in the area of mental health and behavioral health services, Family Preservation Services of Virginia, with the support and collective expertise of our global parent company, Providence Services Corporation, will continue our commitment to promoting positive change in the individuals and families we impact each day; and within Virginia’s system of care, through advocacy, innovation, collaboration, training, and communication.
Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma that emphasizes physical, psychological, and emotional safety for both providers and survivors while creating opportunities for survivors to rebuild a sense of control and empowerment.

Family Preservation Services has joined and is recognized by the National Council for Behavioral Health as a Trauma Informed Care (TIC) agency.

The Adverse Childhood Experiences (ACE) study conducted by the Centers for Disease Control and Prevention and Kaiser Permanente, is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and wellbeing. The ACE Study revealed that the economic costs of untreated trauma-related alcohol and drug abuse alone were estimated at $161 billion in 2000. The human costs are incalculable.

An individual’s experience of trauma impacts every area of human functioning — physical, mental, behavioral, social, and spiritual.

SEVEN DOMAINS OF TRAUMA INFORMED CARE
1: Early Screening and Comprehensive Assessment of Trauma
2: Consumer Driver Care and Services
3: Trauma-Informed, Educated and Responsive Workforce
4: Provision of Trauma-Informed, Evidence Based and Emerging Best Practices
5: Create a Safe and Secure Environment
6: Engage in Community Outreach and Partnership Building
7: Ongoing Performance Improvement and Evaluation
At Family Preservation Services, our **Home-Based Services** clinicians work closely with parents and other caregivers to learn and implement effective communication strategies, daily routines, and the development of healthy, meaningful social relationships. Our families are important to us. Every individual and family possesses unique strengths and challenges. These services are provided in the home, and in community-based settings, using natural environment teaching relevant to the clients’ needs. Through our strong partnerships with clients, parents, caregivers and community professionals we can achieve our mission to improve the quality of life for families we serve.
Supportive In-Home Services are home-based and community support services for individuals with behavioral and/or mental health concerns. This service is designed to strengthen individual skills and provide the environmental supports necessary for an individual to maintain in their home and community.

Intensive In-Home Services (IIHS)* utilize a multi-systemic approach in planning and implementing individualized services. Treatment components may include individual and family in-home counseling crisis intervention, substance abuse treatment, life skills training and case coordination. In-home services are offered along a continuum of intensity ranging from short-term intensive to long-term support services. Flexibility, availability and responsiveness to the individual needs of each youth, family and community.

Our collaborative systems approach utilizes both the internal family system and a community network. In-home counselors develop and implement a service plan approach that makes use of family strengths, the special skills and abilities of the staff and existing community resources.

- Trauma Informed Care
- Evidence-Based Practices
- Comprehensive Assessment
- Case coordination with all systems of care involved with the client
- Home and community based sessions
- Teaching functional skills and appropriate behavior related to individuals health and safety

The goal of our work with families is not only to keep youth in their homes, but to put in place with the family and youth, improved methods of operation and communication, changes in attitudes and new involvement with community resources.

Behavior Treatment Services (BTS)*
Through the use of Applied Behavior Analysis (ABA), our Behavior Treatment Services (BTS) support children, adolescents, and families impacted by Autism Spectrum Disorders as well as other developmental disabilities. Our strengths-based, creative programming assists clients in building skills across social, communication, behavioral and daily living domains. The BTS program uses research-based, best practice methodologies to develop customized programs that also incorporate each individuals interests and motivations.
Mental Health Skill-building Services (MHSS)* is a program designed to work with individuals with a clinical need arising from a condition due to mental, behavioral or emotional illness that results in significant impairments in major life activities. The goal of MHSS is to provide training to adult individuals, while promoting recovery and the ability to maintain community stability in the most appropriate, least restrictive environment.

- Functional Skills Training
- Activities of Daily Living
- Assistance with Medication Management
- Education and Use of Community Resources
- Monitoring Health Nutrition and Physical Condition
Psycho-Social Rehabilitation (PSR) programs provide group support and assistance to individuals with mental, behavioral, or emotional illness that results in significant functional impairments in major life activities.

As a participant in the PSR program, individuals are provided training and support that focuses on strengthening natural supports, socialization, positive coping skills and independent living skills. Our PSR program also places a heavy focus on mental health education; from everything from understanding an individual’s diagnosis to understanding and educating on the purpose and effects of prescribed medication.

**PSR Program delivery is very flexible and driven by individual choice.**

*Hope:* Within everyone is an untapped, under-utilized human capacity that should be developed.

*Focus on skills:* the core of rehabilitation is increased competencies through skill acquisition.

*Strengths and abilities:* an emphasis on current strengths and abilities.

*Partnership approach:* the creation of an intimate environment with no professional authoritative barriers is seen as essential.

“Communication, cooperation, affirmation and problem solving are essential parts of the Psycho-Social Rehabilitation program.”
Family Support Services are an array of services targeted to provide support, assistance and/or training in a variety of settings with the goal of building natural supports and functional skills that empower individuals and families. This service line helps to develop autonomy, the ability to attain and sustain living in the community, while preserving family structure, and assisting parents and caregivers in effectively meeting the needs of their children in a safe, positive and healthy manner.
Parent Support and Education Programs are comprehensive, developmentally and evidence-based programs guided by developmental theory on the role of multiple interacting risk and protective factors. Our parent programs focus on strengthening parent-child interactions and attachment, structuring appropriate discipline, and nurturing our parents’ ability to support and encourage children’s social and emotional development.

Therapeutic Mentoring Services is a strength-based support service that is designed to address and improve daily living, social, and communication needs. This service can be used to prevent, support or assist with the transition from a more intensive level of service. Therapeutic mentoring services include coaching and training our youth in age-appropriate behaviors; interpersonal and intrapersonal communication; problem-solving; relationship building; and social activities that coincide with each youth’s individualized service plan.

- Promoting and facilitating connections to community-based programs and natural supports.
- Psychosocial skills development – employment skills, anger management, communication, conflict resolution, etc.
- Transportation to and collaboration with other involved or needed services.
- Person-centered structuring of leisure and recreational activities that promote and develop appropriate use of coping and social skills.

Supervised Visitation:
Family Preservation Services, Inc. works with local Human Service Agencies, providing a safe and neutral environment for children to have a relationship with their parents.

- Professional staff are trained to handle emergencies and do not avoid confrontation.
- Professional staff monitor work to ensure that visits are neutral and open for the child to have fun with the noncustodial parent(s).
- Professional staff maintain a supervised environment for the duration, and document the visits.
Therapeutic Day Treatment (TDT)* services are for students exhibiting emotional and behavioral concerns that hinder their ability to function successfully in the school environment. TDT Counselors work with students in the educational setting to decrease disruptive behavior, increase focus, assist students in exhibiting age-appropriate classroom behavior, and other emotional/behavioral needs. In TDT we assess treatment needs, complete diagnostic evaluations, and utilize evidence-based therapeutic techniques. The goal of TDT is to support students and teachers, allowing all students to learn and teachers to teach. We work with teachers and administration to reduce the need to remove a student from the classroom environment, reduce office interventions, and prevent out of school placement.

Therapeutic Day Treatment provides each of these services in balance with the child’s needs:
1. Individual Sessions
2. Group Sessions
3. Crisis Intervention
4. Collaboration with teachers and families
5. Weekly updates and contact with families and school personnel
6. Direct time spent in the classroom with the child

OUR VALUES:
Customer Centered Care
Innovation and Evolution
Being True to Our Word
A Compassionate Culture
Embracing and Respecting Diversity
Results
Collaboration
**Adolescent Sexual Harm Program (ASHP)**

is a multi-systemic, community based treatment alternative which focuses on the treatment of sexually abusive behavior patterns within the context of family and community. ASHP offers a comprehensive community-based model focused on public safety, family trauma, personal responsibility, and relapse prevention. Individualized services are planned and assessed from a developmental context and include individual, family and community interventions. All treatment is planned and supervised by a Certified Sex Offender Treatment Professional (CSTP).

- In-home family/individual therapy
- Outpatient individual therapy
- Group therapy
- Therapeutic monitoring
- Relapse Prevention/Alternate Services
- Surveillance/Remote Electronic Monitoring (if necessary)

**OUR VISION:**
By 2020 we will enhance the quality of life for 50 million people with innovative and efficient community based solutions.
Virtual Residential Program® (VRP) was created to provide families, schools, and communities with an alternative to unnecessary out-of-home placements and to facilitate the successful "step-down" of a youth following residential or psychiatric placements. A phase system approach is used to assess treatment progress, provide structure to the home environment and to facilitate the family's progress to less-intensive interventions. The VRP treatment team includes the client and caregivers, a lead therapist, home-based counselors, behavioral interventionists or coaches, and others as needed such as a parenting coach, extended family members, close family friends and school liaisons. The VRP therapeutic approach is individualized, contextualized and trauma informed in order to meet the needs of each family.

- 24 hour Crisis intervention
- Comprehensive case-management
- Family therapy
- Individual therapy
- Behavior Management
- Parent Support and Education
- Case Coordination with other services
- Shift Staffing

A Contextualized Feedback System® is used to monitor outcomes and treatment progress throughout each phase of the Virtual Residential Program.
**Trauma Informed Assessment** utilizes a multi-systemic approach to assess current individual functioning. The key features of the Trauma Assessment that make this assessment unique include:

- Acknowledging the individual as a survivor, with the need to be respected, informed, connected and hopeful regarding their own recovery.
- Recognizing, up front, the interrelation between trauma and symptoms of trauma (depression, anger, physical aggression, substance abuse, challenging relationships with others, etc.).
- The need to work in a collaborative way with survivors, family, friends and other human service agencies in a manner that empowers the individual.
- Conducted in the natural environment of the individual.
- Trauma informed recommendations for treatment.

**Psychosexual Assessments** are conducted by Certified Sex Offender Treatment Professionals (CSOTP) with a focus on one's sexual history, including the exploration of sexual development, attitudes, fantasies, and adjustment.

To enhance the reliability, comprehensiveness, and usefulness of the psychosexual assessments, all available sources of information are reviewed and integrated into the assessment process. Important sources of information may include police reports, victim statements, prior treatment records, school records, court interviews with the individual, and interviews with others. Parents are also interviewed when a juvenile is the subject of the evaluation.

*Psychosexual Assessments are designed to determine:*

- The risk of recidivism
- Interventions that will be most effective
- Specific risk factors
- One's willingness to comply with treatment recommendations and interventions
- Identifying factors that may prevent engagement in treatment and interventions
- Identifying strengths and protective factors that are preventative
For more information contact the Regional Office Phone nearest to your location:

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Family Preservation Services of Virginia

Corporate Office:
10304 Spotsylvania Avenue, Fredericksburg, VA 22408
www.FPSCorp.com
This letter was crafted by the Fairfax-Falls Church LHRC to remind affiliates of the importance of protecting confidentiality (it is a human right after all) at LHRC meetings. I thought you may like to share it with your LHRC members (not affiliates yet) and ask them if they would like you to send out a similar reminder to affiliates on their behalf.

"Affiliates,

This communication is sent on behalf of the Fairfax-Falls Church Local Human Rights Committee (LHRC) members to address HIPAA regulations in respect to Behavior Plans.

RULES AND REGULATIONS TO ASSURE THE RIGHTS OF INDIVIDUALS RECEIVING SERVICES FROM PROVIDERS LICENSED, FUNDED, OR OPERATED BY THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES [October 8, 2014]; 12VAC35-115-110, section 8 states: Providers shall submit all proposed seclusion, restraint, and time out policies and procedures to the LHRC for review and comment before implementing them, when proposing changes, or upon request of the human rights advocate, the LHRC, or the SHRC.

We recognize that not all affiliates associated with this LHRC have Behavior Plans for the individuals they serve. However, in an effort to be inclusive, we are addressing this matter to all the agencies currently affiliated with or seeking affiliation with this LHRC.

In observance of the Confidentiality requirements, we ask that as of 7/1/2015 all Behavior Plans submitted to the LHRC for Human Rights review are submitted with all personal information redacted; the use of initials for identification of each individual is requested.

Therefore, all Behavior Plans submitted with incomplete or erroneous redaction will be returned to the issuing agency for correction before an LHRC review will be conducted. We appreciate your cooperation with this request and look forward to a positive working relationship with all affiliates.

Do not hesitate to contact us via [Liaison name goes here] with questions or comments."
Provider Attendance at LHRC Meetings

The new Cooperative Agreement states that providers must attend LHRC meetings according to a schedule that will be provided by the LHRC, but no less often than annually. The LHRC can require a provider to attend more frequently. However, in keeping with a more collaborative approach, it is preferable that the requirement to attend more frequently be limited to those providers for whom the LHRC and/or the Advocate have particular concerns. This will be particularly important as LHRCs take on more affiliates than they have in the past.

While the SHRC advises that the requirements for mandatory attendance be reduced, LHRCs could encourage more frequent provider attendance by making LHRC meetings more meaningful, useful and productive (as opposed to compulsory) for the providers. One suggestion would be for the LHRC meeting to include a training/educational component which would benefit both LHRC members and the providers.

The LHRC can also engage the providers other than during the LHRC meeting. Providers could be encouraged to read LHRC minutes posted on the DBHDS website, for example.

Note: This was emailed to all board members and affiliates on June 24, 2015.