

**Local Human Rights Committee
Bradford Road Office, Conference Room B
Culpeper, Virginia
April 28, 2015 @ 1:30 p.m.**

MINUTES

Board Members: Arla Jean Lewis, Phoebe Muenger, Dr. Beverly Young

Affiliates: Chrysalis Counseling Centers – Melanie Edwards; Counseling Interventions – Trepin Tate and Melissa Tate; Empowering Families Program – Dr. Dan Price; Psychology Associates – Rosemary Nagel; Laurie Dodson – Rappahannock Rapidan Community Services

State Advocates: Sarah Burlar and Anne Butz, DBHDS

Guests: Dominick Halse, RRCS

Others: Kimberly Ellia and Laura Wohlford, RRCS

1. The meeting was called to order at 1:45 by Beverly Young, Chair.

2. Introductions

Beverly Young, Chair, introduced herself and asked attendees to also introduce themselves. Kimberley Ellia introduced Laura Wohlford as the new liaison for the LHRC.

3. Additions or Deletions to the Agenda

ACTION: *Phoebe Muenger motioned to approve the agenda with no additions or deletions. Arla Jean Lewis 2nd the motion. There being no further discussion, the motion to approve the agenda was unanimous.*

4. Public Comment

Trepin Tate, Counseling Interventions, announced that the company has been purchased by Health Connect America of Tennessee.

5. Approval of the January 27, 2015 Minutes

ACTION: *Phoebe Muenger motioned to approve the January 27, 2015 minutes as written. Arla Jean Lewis 2nd the motion. There being no further discussion, the motion to approve the minutes as written was unanimous.*

6. Presentations: Affiliation Updates (10 minutes)

- Counseling Interventions, Inc. — *Melissa Tate and Trepin Tate presented a summary of their program. The Annual Report was submitted and they distributed new brochures reflecting the company's recent acquisition by Health Connections. Counseling Interventions uses Relias Essential Learning as part of their training program for both new hires and keeping current employees up-to-date with required training.*

Discussion:

How did you categorize the first complaint listed in your report? It was a privacy issue.

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Do you require a signed authorization when transporting clients? Yes. This incident involved a longer-term employee and we intended to retrain this employee on transportation procedures. However, the employee unwilling to take the retraining and the employee is no longer with the agency.

How did the second complaint come about? Our counselor was providing in-home counseling with an adolescent when two of the client's friends came for an unexpected visit. The adolescents deduced that another schoolmate was also a client of the counselor. The mother of the schoolmate determined not to move forward with a potential counseling relationship due to perceived confidentiality issues. This incident has lead to retraining all staff on proper procedures for in-home counseling and unannounced visitors. The in-home counselor should leave if the session cannot move forward. It was also suggested that the agency should incorporate wording into its policies indicating that visitors arriving during the session are disruptive and the session will terminate and be rescheduled to maintain confidentiality.

How did you categorize this complaint? It was confidentiality related.

Does Counseling Interventions retain its own license after the purchase by Health Connect America? Yes, the agency is doing business as (DBA) Counseling Interventions.

- Psychology Associates — Rosemary Nagel presented a summary of her program to the Committee. The Annual Report was submitted.

Discussion:

How many clients are you currently serving? Currently, we serve 12 – 15 children.

Why are you serving fewer clients? We don't want a larger staff. An agency needs to be aggressive to market the programs and we don't want to do that.

- Empowering Families Program — Dr. Daniel Price presented a summary of his program to the Committee. The Annual Report was submitted and the current brochure was distributed.

Discussion:

Empowering Families Program wants to affiliate with this LHRC. Sarah Burlar agreed to send an email to both Region 10 and Rappahannock Area LHRCs to facilitate this process.

To what degree do school principals allow independent counselors in schools? The principal must be on-board with program. Some principals are supportive, but some are not. Principals frequently already have counselors in the school and may not want outside counselors. Schools have different amounts of funds and may be able to afford aids for each of the children. School boards can also be an impediment. In schools where we place counselors, we execute a Memorandum of Understanding (MOU) with the principal to outline exactly what a counselor is to do throughout the day and with how many children.

You indicated that your agency provides adult mental health skill building – is a long- or short-term program? Most are long-term clients given the extent of the chronic illness.

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7. Requests for Affiliation or New Services

- RRCS/Laurie Dodson & Dominick Halse – Millfield Group Home (RRCS) has a new client with medically required restraints/restrictions.

ACTION: Anne Butz, DBHDS, had been working with RRCS staff on the plan and concurred with the proposed approach. Arla Jean Lewis motioned to approve the plan as presented. Phoebe Muenger 2nd the motion. There being no further discussion, the motion to approve the plan as written was unanimous.

8. Human Rights Announcements – Anne Butz and Sarah Burlar

DBHDS has hired Casey Purtlebaugh to fill Chuck Collins position. She will start on May 18th. Casey currently serves on an LHRC, so she is very familiar with the requirements of these committees.

It is important to increase board membership of the LHRC. Board members shouldn't drop below 5 members. The ideal would be to have a committee of 7 - 9. Affiliates are encouraged to generate board members – especially consumers and consumer family members.

LHRCs will receive new responsibilities in the fall – including reviewing restrictions as well as restraints.

The quarterly report is being redesigned. However, continue to use the existing report until the new one is officially released.

Due to an increasing a number of affiliates. DBHDS is creating model policies in the form of learning modules. These can be found on the internet.

DBHDS is making changes to how services are provided and has formed transformation teams to review specific topical areas. There will be town hall style meetings to discuss their proposals. Information was sent to affiliates and the board after the meeting with this information (copies attached).

9. Update by Brian Duncan, Executive Director, RRCS

- YACC Program (see handouts)

This item was postponed to the next meeting

10. Quarterly Reports – all submitted

Beverly Young reminded all the affiliates that these reports need to be submitted during the first week of the month a meeting is scheduled.

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11. Board Member Positions
- Nomination of Officers

Action: *The following slate of candidates was proposed:*

- *Roberta Anderson nominated as chair*
- *Beverly Young nominated as vice-chair*
- *Phoebe Muenger nominated as secretary*

Beverly Young motioned to approve the slate of candidates. Arla Jean Lewis 2nd the motion. There being no further discussion, the motion to approve the slate of candidates was unanimous.

12. Closed Session – None

13. Meeting Schedule:

- July 28, 2015 - 2nd Floor Board Rm., Bradford Road Office at 1:30 p.m.
- October 27, 2015 - 2nd Floor Board Rm., Bradford Road Office at 1:30 p.m.

The meeting adjourned at 3:30PM



**EMPOWERING FAMILIES IS
COMMITTED TO THE
IMPROVEMENT,
STRENGTHENING, AND
EMPOWERING OF INDIVIDUALS,
THEIR FAMILIES AND THE
COMMUNITY**

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provides expert home-based therapy,
MH support, and TDT , with talented
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- Variety of Therapeutic Models
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- Family Therapy
- Personal Adjustments Support
- Advocacy Support
- Coordination and Consultation
will all professionals involved
with the child and family.
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**“My granddaughter had made so
much progress with home based
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the lives of our family.”**

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functioning of individuals. Please
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**Services Offered by
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 - Emotional Disability
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SERVICES
OFFERED IN A
CONTINUUM OF
QUALITY CARE**

Scope of SERVICES at-a-glance

Health Connect America continually monitors, refines and improves its existing services to adequately meet the needs of children, adults and families.

Each of our services are designed to address the following needs and many more:

- In-Home Counseling for Individuals and Families
- Autism
- Anger Management
- Sex Offender Treatment
- Children with Sexual Behavior Problems
- Domestic Violence Counseling
- Communication Skills
- Conflict Resolution
- ADHD
- Oppositional Defiant Behaviors
- Attachment Disorders
- Bipolar Disorders
- Depression
- Parenting Education



www.healthconnectamerica.com

ABOUT US

At Health Connect America, our programs offer a fresh, innovative approach to treatment and address the multiple needs of the family.

Our steadfast goal is to support the preservation of families and to improve the lives of adults, children and families. Health Connect America offers a variety of behavioral health services, with the steadfast goal of promoting reunification and/or permanency goals for all parties involved.

Health Connect America serves as a subcontractor for both private and public agencies, and accepts self pay, Medicaid as well as third party payers.

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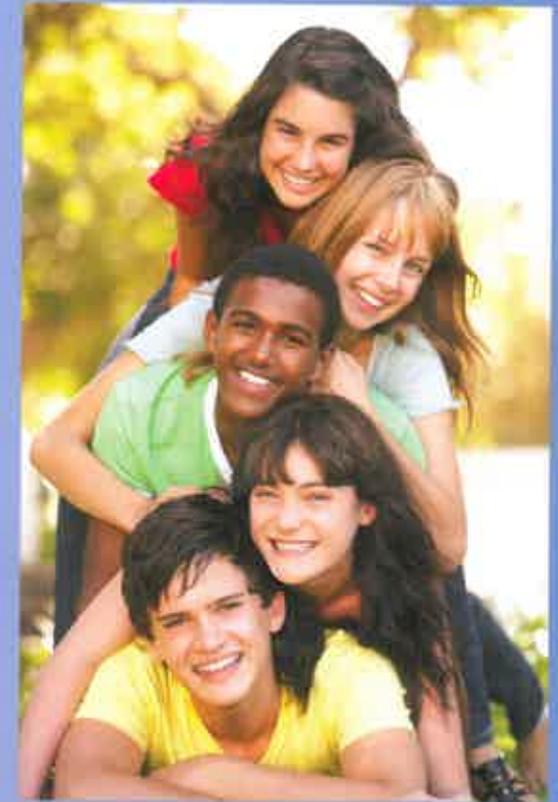
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Personalized Behavioral
Health Services for Children,
Adults and Families



Our PHILOSOPHY

At Health Connect America, Inc., we take great pride in our work and the outcomes attained, knowing that it requires a commitment to quality of care to maintain excellence. Health Connect America earns the trust and faith of our referral source with each assignment we fulfill.



Our TEAM

Health Connect America is lead by it's shareholders, advisory board and corporate staff who collectively have over 100 years of experience in the social and human services industry. Health Connect America's strength is in the experience of it's company officers, advisory board, corporate staff, and a team of over 300 caseworkers and therapists.

All caseworkers of Health Connect America:

- have educational backgrounds equal to or exceeding experience and education requirements;
- must pass competency skills testing which includes direct performance evaluations and written examinations; and,
- pass extensive background checks.

Our team of therapists, who are assigned to provide services, has demonstrated abilities to:

- integrate internally provided services with community resources and other specialized services to provide an effective plan of care for each client/family/case; and
- work in cooperation with the various other agencies involved with the family on behalf of their clients.

Our Approach

We offer a fresh, innovative approach to treatment. With each case, our caseworkers at Health Connect America understand the importance of personalized service, combined with addressing the multiple needs of the family.

Intensive IN-Home Services

IH interventions provided typically in the residence of a child up to 17 years old, who is presenting significant behavioral problems or is at risk of being moved into an out-of-home placement or who is being transitioned to home from out-of-home placement.

IH services provide crisis intervention and treatment; individual and family counseling; and communication skills; case management activities and coordination with other services.

Autism Services/EPSDT:

Autism/EPSDT services provide specialized intensive treatment interventions related to developmental delays and/or health conditions. Behavioral treatment services are intended to increase adaptive behaviors, communications and family relation of the child. Increasing communication skills and impulse control are main targets for these services. Treatment is available either in a primarily homebased setting or in a residential treatment setting.

Therapeutic Day Treatment and School Based Services:

Combination of psychotherapeutic interventions and positive behavior supports delivered to individuals and/or groups in the school and community to promote stabilization and individual student success. Other school support services include: Therapeutic Assistance (one-on-one student support); Functional Assessment of Behavior and Behavior Intervention Plans, including teacher consultations and classroom observations as requested; Specialized Homebound Instruction.

Mental Health Skill Building:

Individualized support for attainment and maintenance of independent living and functional behavior goals in the home and community settings for those who are at least 18 years of age and at risk due to a mental health diagnose.

Health Connect Clinic (HCC)

Our Mental Health Clinic was introduced in September of 2012 to provide a new service for our clients, psychiatric assessment with medication management.

The main goals of this service are:

- To ensure a team-based approach to every aspect of treatment.
- To provide quality medication that supports therapy effects and remote barriers to maximum benefit from therapy.
- To expand services to serve rural areas of greatest need.

Outpatient Services

Sometimes life can be stressful and overwhelming, and can result in feelings of depression, anxiety or other difficulties. Our staff provides psychotherapy that is specialized to the person or family to help them find hope, happiness and meet the needs and schedules of our clients and families.

Additional Service Offerings:

- Psychosexual Assessment and Treatment
- Mentoring Services
- Parent Training/Support Services
- Assistancess with Transportation Coordination
- Weekly Updates for referral sources via email, telephone contact and/or fax.
- Inter-Agency Coordination

For a complete description of our services or to make a referral on-line, please visit our website at www.healthconnectamerica.com