

**Local Human Rights Committee  
Bradford Road Office, Conference Room B  
Culpeper, Virginia  
April 26, 2011, 1:30 p.m.  
MINUTES**

**Members**

**Present:** Eileen Peet, JoAnn Lyons, Sharon Adams, Dr. Beverly Young

**Members**

**Absent:** Kathleen Downey, Darlene Heckethorn, Dr. Dawn Klemann

**Affiliates**

**Present:** Jamie Austin-Morgan, Sallie Twentey, Gloria Setterlund, Bruce Wyman, Dr. Daniel Price, Mary Ann Gray, Scott Worley, Deborah Moore, Kelly Thornton

**Also**

**Present:** Chuck Collins, DBH&DS-OHR; Mark Seymour, DBH&DS-OHR; Jim Bernat, Director of Quality Improvement, RRCSB-AAA; Brian Duncan, Executive Director, RRCSB-AAA; Kimberley Martin, Admin Assistant, RRCSB-AAA

1. Call to Order: Eileen Peet called the meeting to order at 1:35 p.m.
2. Introductions: Eileen Peet introduced herself and asked for each attendee to also introduce themselves.
3. Additions or Deletions to the Agenda

***ACTION:* Beverly Young motioned to approve the agenda. JoAnn Lyons 2<sup>nd</sup> the motion. There being no further discussion, the motion to approve the agenda was voted on and passed unanimously.**

4. Public Comment:
  - NAMI – Sept 11 & 12 at VA Beach – CIT (Crisis Intervention Training – information to assist police to handle mental health issues more appropriately) will be the focus of the 1<sup>st</sup> day. Other topics include: Nuts and bolts of licensure and DMAS audits from a providers stand point and how to conduct an investigation (Leslie Anderson) which will be very useful training.

5. Approval of the January 25, 2010 Minutes

***ACTION:* JoAnn Lyons motioned to approve the January 25, 2010 minutes. Beverly Young 2<sup>nd</sup> the motion. There being no further discussion, the motion to approve the minutes was voted on and passed unanimously.**

6. Presentations: Affiliation Updates (10 minutes)

- **FAMILY PRESERVATION SERVICES—Jamie Austin-Morgan** presented to the committee a summary of her program. Both her summary and answers to the seven basic questions that providers are asked to answer during their presentation were presented in written form. The Committee had the following questions:

*Additional Questions:*

*Mark Seymour stated how wide spread Family Preservations Services is as noted when he saw a Family Preservation Services van in Branson, Missouri.*

*Chuck Collins noted Family Preservation Services is the largest provider in state and affiliate with many organizations in the state.*

*Do you consolidate LHRC visits? We tried to keep our entities separate. Those serving Fredericksburg attend that LHRC while we attend this LHRC. Our Fredericksburg office is our big umbrella that we fall under. We continue to build our treatment for adolescence. We are trying to educate school officials, the courts and police. No major issues or concerns.*

*What is parental sensai service? We started this a few months ago. We get the services in to the home for the parents. We provide cognitive services for the sensai or master parent to help support the child when they come home. We are targeting foster care children. We work one on one with the parents and then with the family.*

*McNeil on PBS has a grandson that is autistic. PBS has hosted informative documentaries on autism. The brains chemistry can be changed with talk therapy.*

*Psychiatry should link with neurology.*

*How many clients do you serve in Culpeper? We serve approximately 45 clients.*

*What are Virtual Wrap-Around Services? We are with the child first thing in the morning. We stay with the child throughout the school day and return with the child to the home at night. We recently began to link with other affiliates for day services. Some of our cases are for 24 hour services.*

- **COUNSELING INTERVENTIONS, INC.—D. Moore & S. Twentey** presented to the committee a summary of their program. Both her summary and answers to the seven basic questions that providers are asked to answer during their presentation were presented in written form. The Committee had the following questions:

*Additional Questions:*

*Salley Tweneyt introduced KellyThornton as part of the Counseling Interventions team. Kelly will be heading up staff training and annual re-certifications. This is Counseling Interventions 10<sup>th</sup> anniversary. We are proud of sticking to our original thought of doing whatever it takes to support our clients. We are working on meeting the new Medicaid regulations to serve our clients. We provide one on one support for children in the classroom which falls under our therapeutic assistance services. We were audited last year. We were being paid for one on one client services performed in the public school classroom. This is a violation of special education because the school system is supposed to pay. The impact on us is that we were prevented from supplying this service. Without this service, many clients become out placements or they are served in groups and their issues are escalating. We feel this is a step backward. With our services, the child attends the same school as siblings/has same vacations/is on the same schedule. Last year, we served 36 children and now have 2.*

*Chuck Collins asked for data on restraints.* We now have kids who are used to receiving one on one services being placed in groups or out-placed. Last year, our restraint numbers went down. Now, the intensity of the behaviors is higher. The complexity is higher. A lot of the elementary kids are the ones getting the restraints. *Have there been any issues?* Only to our staff...glasses broken and bites. Every incident report is looked at by a supervisors and Kelly is involved. We have a behavior and intervention key...escalate, escalate, escalate and then explode. We decided to focus on the escalation. They identify with their key and we identify with the key. By establishing a step and how to de-escalate rather than wait for a 5 and an explosion, the kids are learning how to successfully handle stress. We believe the brain changes with success. One of our key themes is "can do". This makes a difference. We share this with the teachers. Ideally, the child themselves would do that. But a lot of the school support is needed even in transitions.

*Can you share with other providers? If your system works that well would other providers benefit?* We always want a common language when we collaborate with others. We are working on a copy write. A lot of providers here today are children providers. The nature of the challenge children bring is that we intervene at a much earlier level.

*You have 15 behavioral coaches?* Yes, that would be our mentor level. They are not qualified mental health providers. The kinds of work they can do are coaching and one and one. They must have a high school diploma, demonstrated work with children, and then work with staff for a year prior to mentoring.

*Can you get the state to listen to you and change special education?* There may be parents lobbying. This is more of a federal thing. Money talks so a rise in out-placements may be a determining factor. It gets complicated with state licensing and DMAS so you can imagine the federal level. We are trying to deal with the rules as they are and provide services to the kids.

*What does sending them out mean? Are they in special day schools but still in their homes?* The children from this area end up being sent on a 1 hour ride to Charlottesville or NOVA. We lose the kids on the ride due to the unstructured time.

- **TIME FAMILY SERVICES** – Gloria Setterlund presented to the committee a summary of her program. Both her summary and answers to the seven basic questions that providers are asked to answer during their presentation were presented in written form. The Committee had the following comments/questions:

*Additional Questions:*

*Time Family Services received their license April 14<sup>th</sup>. They have 15 open cases. Six cases are juvenile sex offenders. The courts are labeling these kids but not all deserve the label. We are asking for affiliation with region 4. We currently have people waiting in Hanover County for Intensive In-Home therapy.*

*From where do you receive most of your cases?* Mostly, we get kids coming out of court services. One of our kids came out of Pines. We have some kids in Albermarle County who have been waiting since summer.

*What age group do you serve?* Ages 10-13.

*Are they mostly boys?* We have a couple girls however most are boys.

*Sex Offenders. Where does the child go from there if the sex offender status stays?* We have one child who went to Beaumont.

*Who are the “they” that label the children?* They are the judges and the Commonwealth’s Attorney?

*Is there training for judges on mental health training?* You are asking if every commonwealth’s attorney is receiving sex offender training. Yes. It is not specific mental health mandatory training but there are targeting approaches. Cross Systems Mapping. Everyone in the justice system and mental health systems are raising everyone’s awareness.

*Examples of what behavior is labeled as sex offender?*

- A sixteen year old girl sent nude photos of herself to a boyfriend. She did the sending. She was sixteen. Therefore it was possession of child pornography.
- “Sexting” referrals. The local courts don’t want these kids to be labeled as sex offenders however these are the charges under current laws.

*How do we get laws to catch up with technology?* Local jurisdictions are trying to do the right thing for the child. Their primary job is to uphold the law.

*What is a LPC supervisor?* LPC stands for Licensed Professional Counselor.

*What does QMHC mean?* Qualified Mental Health Counselor.

- **MOUNTAIN LAUREL RESIDENTIAL TREATMENT CENTER**—B. Wyman presented to the committee a summary of his program. Both his summary and answers to the seven basic questions that providers are asked to answer during their presentation were presented in written form. The Committee had the following comments/questions:

*Additional Questions:*

*Our agency is coming up on our 4<sup>th</sup> year. It is a balancing act to keep up with regulations and keep everyone happy. We get the worst children and most abuse seen. We are supposed to take kids that are a step down from level C but the truth is we are getting kids that should be in a lock up facility. Our recidivism rate is low. We do very few therapeutic holds however all staff are trained. We’ve been very fortunate. We receive referrals from juvenile justice. These kids have records but also have mental illness. The recidivism rate is about 5%. All our kids have post traumatic stress and are horribly traumatized.*

*You have a physician on staff?* Yes, Dr. James Jarrell and Dr. Macks.

*You have vocational training?* We are building it. We want to instill vision and confidence in the kids as they transition through life. We are teaching interviewing, resume writing, painting and offer shop classes (without sharps).

*What is the length of stay?* There is a 60 day evaluation. Some kids stay longer.

*How many clients do you have?* We have 10 clients and our maximum is 16 however that would be a reach. Many of our kids come from department of juvenile justice. Parental referrals don’t generally go well. A child could be brought over but it is expensive and the family would have to have extensive resources to afford 24/7 treatment to include school. Usually the county has to fact the case before they will refer.

*Will you go back to getting a crisis intervention center set up?* We will. We are licensed and we had a place picked out but then we lost some staff and then the location was reallocated. We will try to get back to that.

*Your maintenance engineer is great. You had a child breaking windows but then the other kids learned how to repair windows.* Yes, one child wasn’t liked by any of the other girls but no one was allowed to speak badly.

*Existing in our area, there is only one crisis intervention service in Fairfax County and they only serve Fairfax County residents.*

*Will you have fewer citations next year? We had a rough summer. We got a couple of kids that were just over the top and difficult to manage. The police have to come in. We have to report with the state. We lost a staff member. Then we hired a person who lied about their credentials. We are going to do better.*

- **EMPOWERING FAMILIES PROGRAM**—Dr. Daniel Price presented to the committee a summary of his program. Both his summary and answers to the seven basic questions that providers are asked to answer during their presentation were presented in written form. The Committee had the following comments/questions:

*Additional Questions:*

*We provide mental health support in Culpeper and Orange and the surrounding counties. We do intensive in home in this area as well. We don't do any restraints. I feel our staff knows how to interview before it comes to physical altercations. I feel really strongly about not putting hands on kids. We are in 13 schools in Charlottesville. We council, control their temper, etc...*

*It helps to know the kids and get to know the family where the kids are coming from. How many clients do you have? In Charlottesville, we have 40 clients and, in Culpeper, we have 30 clients.*

*How many staff members do you have? We have about 20 staff.*

*Are you a for-profit or not-for-profit entity? We have Medicaid clients. We are licensed by the state to do intensive in home and mental health support with independent living skills serving ages 16 and up. We are in schools from head start to high school. We also founded a non-profit...FACE. We've developed character association from elementary and middle school and teacher training...honesty, respect, empathy. It is a functional approach to character education. We use FACE curriculum to get character education work even during the summer.*

*From where do you get your cases? Some of our Medicaid cases are recommended by the school. I also have intensive in-home that are court cases.*

7. Requests for Affiliation/Updates on licensing status

- Family Life Counseling – J. Flemming – Mark Seymour stated Rhonda Angel from licensing is waiting on appropriate paperwork from Family Life Counseling.

8. Human Rights Announcements – Chuck Collins

- Blue Ridge Residential Services is under new management. Kimberly Shepherd, M.Ed. assumed the role of Executive Director on February 16<sup>th</sup>. Kelly Murphy is no longer affiliated with the agency.
- RRCSB LHRC received re-appointment letters for Eileen Peet and Sharon Adams which were shared. Both members were thanked for their valuable and continued service to the LHRC.
- SHRC Implementation Memo and attachments: Chuck Collins provided an update on the LHRC streamlined procedures and paperwork. He noted votes needed to be taken regarding 1) The Cooperative Agreement, 2) The number of Board Members and 3) The By-Laws. Chuck Collins noted the changes and the Board and Affiliates discussed the documents. Actions were taken as follows:

***ACTION:*** Scott Worley motioned to approve the cooperative agreement. The affiliates present were in unanimous agreement. There being no further discussion, the motion to approve the cooperative agreement was voted on and passed unanimously.

***ACTION:*** JoAnn Lyons motioned to approve a minimum of 7 board members. Beverly Young 2<sup>nd</sup> the motion. There being no further discussion, the motion to approve the number of 7-member Board was voted on and passed unanimously.

***ACTION:*** Sharon Adams motioned to approve the generic By-Laws. JoAnn Lyons 2<sup>nd</sup> the motion. There being no further discussion, the motion to approve the generic By-Laws was voted on and passed unanimously.

9. Updates on Recent RRCSB-AAA Cases and Issues—Jim Bernat summarized the conflicts and resolutions at RRCS. There were 2 informal and 1 formal complaints. There was one founded staff allegation (verbal), one unfounded staff allegation (staff sexual exploitation) and four unfounded (peer to peer). Seventeen new staff members were trained. Chuck Collins was called on all cases.

10. Update by Brian Duncan, Executive Director, RRCSB-AAA

- Brian Duncan stated he is interested in sustaining the LHRC and is appreciative of the affiliates support.
- An invitation was giving to the LHRC Advocates, Members and Affiliates to Rappahannock Rapidan's Grand Opening of the Boxwood Recovery Center on June 6<sup>th</sup> at 10:30 a.m.

11. Re-appointments to the Board – Eileen Peet & Sharon Adams

Re-appointments were confirmed in open session.

12. Meeting Schedule for 2011 is as follows:

- October, 25, 2011, 2<sup>nd</sup> Floor Board Rm., Bradford Road Office at 1:30 p.m.

13. Meeting adjourned @ 4 p.m.

**Approved:**

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**Chair or Vice Chair**