

**Local Human Rights Committee
Bradford Road Office, Conference Room B
Culpeper, Virginia
April 23, 1:30 p.m.
MEETING MINUTES**

Members Eileen Peet, JoAnn Lyons, Dr. Beverly Young, Arla Jean Lewis

Present: Ron Upshur, Phoebe Muenger, Arla Jean Lewis

Affiliates Debra Moore, Malinda Willingham, Bryna May, Beth Stephens, Rosemary

Present: Nagel, Marie Payne-Clore, David Henry

Also Chuck Collins, DBH&DS-OHR; Mark Seymour, DBH&DS-OHR; Jim Bernat,

Present: Director of Quality Improvement, RRCS; Brian Duncan, Executive Director;
RRCS; Kimberley Martin, Admin Assistant, RRCS

- Call to Order: Eileen Peet called the meeting to order at 1:35 p.m. and asked for a moment of silence.
- Introductions: Eileen Peet introduced herself and asked for each attendee to also introduce themselves.
- Additions or Deletions to the Agenda: Eileen Peet asked for additions/deletions to the agenda.
 - Verdun Adventure article – passed around.
 - Pete Early Article in Washington Post passed around

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

- Public Comment - None
- Approval of the January 24, 2013 Minutes

***ACTION:* Phoebe Muenger motioned to approve the January 24, 2013 minutes. JoAnn Lyons 2nd the motion. There being no further discussion, the motion to approve the minutes was voted on and passed unanimously.**

Chuck Collins acknowledged JoAnn Lyons tenure on the LHRC (two times). And Brian Duncan expressed appreciation for JoAnn's tenure on the RRCS Board (as Chair when he was first hired) and on the LHRC Board. Both provided anecdotes and thanked JoAnn for her dedication and years of service.

- Presentations: Affiliation Updates (10 minutes)
 - PSYCHOLOGY ASSOCIATES—Rosemary Nagel presented to the committee a summary of her program. The annual report was submitted. The Committee had the following questions:

**PLEASE REMEMBER TO CONTACT KIMBERLEY MARTIN AT 825-3100,
EXT. 3146 IF YOU ARE UNABLE TO ATTEND MEETINGS.**

Additional Questions:

Have there been any trends in changes of clientele, things that have arisen? VICAP is new. The children are farther along and hurting more when we get to them. Intensive In-Home – kids now have to be at risk of dying, going into jail, etc...before we can treat them. It is harder.

What do you mean when you state, “using evidence based interventions”? They are the things that are proven/tried on a population of clients (like best practice).

- FAMILY PRESERVATION SERVICES—Jamie Austin-Morgan will present at the next quarterly meeting due to a family emergency.
- COUNSELING INTERVENTIONS, INC.-Debra Moore & Mindy Willingham presented to the committee a summary of their program. The annual report was submitted and brochures were handed out at the meeting. The Committee had the following questions:

Additional Questions:

How long have you been in business? We have been in business since July 17, 2001.

Tell us what is new from last year to this? We continue with our TTD program in Orange, Culpeper and Madison. We run Head Start in Orange and Fauquier. Medicare is looking at what children they want to serve. We formerly served Head Start students in therapeutic day treatment and now DMAS wants to see they have had other services however 3-4 year old don't have those kinds of services so we cannot get authorizations. Our agency still provides mental health services to 17 y.o. and older to stabilize their mental health and substance abuse. Medicaid is going to change that service. We continue to provide intensive in-home for children. We provide in-home services for children and keys program for families. We started a pilot program for parents of our Keys Program in Orange to help them to look back and see where life is going and how they can get control of their life. We use the 7 Keys approach to set goals, look at strengths/weaknesses and finding resources.

Have you implemented anything new? We have a new assessment coming out that helps gather more information for the TDY staff.

How old is a child that this is presented to (TDD)? Typically, the child is in Kindergarten with a few in Head Start.

Have you changed your crisis intervention technique? We still use our crisis intervention technique but we did eliminate the emergency response (holds). This was not our emergency response. We took it out and retrained the response.

Each time you have a physical restraint, do you document it in the child's record? Yes.

Have there been any injuries as a result of applying restraints? No.

We still document whether we are with the client or not. The child could fall on the playground and that would be reported. The school nurse also documents.

Do the children over react to scrapes and bruises that happen on the playground? Some do and some don't. All of our kids have mental health issues. Our students don't see the nurse any more than the rest of the population.

- EMPOWERING FAMILIES PROGRAM—Dr. Daniel Price presented to the committee a summary of his program. The annual report was submitted. The Committee had the following questions:

Additional Questions:

You get some push back from schools. Do some schools anticipate who are the bouncers? Most of our kids are in Albemarle and they don't want us to wrestle with the kids. We coach by the state regulations. We are guests in the schools and follow the program they use in their school.

Our staff is trained by the particular school.

One of the things that has caused the proliferation, is that there was no way to measure what a "brief touch". With the 2000 clarification, there became a way to measure.

How is your program FACE doing? We are rewriting our curriculum. It will be more interactive and multi-modal. It will be completed by next school year. There are 38 lessons per grade.

Guidance counselors have lessons. We are excited about introducing the program into new schools. Hopefully, schools will include character education.

- Requests for Affiliation or New Services
 - National Counseling Group/Bryna May – We are transitioning as a company from Handle with Care (HWC) to a new Behavioral Response System, CPI. The new and updated Policies and Procedures were provided in the LHRC package. An addendum to the Policy and Procedure which will outline our transition plan from HWC to CPI.

ACTION: Phoebe Muenger made the motion to approve National Counseling Group to use the Behavioral Response System, CPI, and update their policies and procedures. Beverly Young 2nd the motion. There being no further discussion, the motion to approve the agenda was voted on and passed unanimously.

Additional Questions:

How will you manage the transition at your many sites? We have 5 trainers that go to all our sites (700 employees) to train staff on the new Behavioral Response System (CPI).

Does one program cost the same as the other? I cannot speak definitively to the cost.

There are more books and training so it is probably more expensive.

Has there been any resistance from staff? No, they like the new system.

Does it completely remove hands on? Not completely.

Your handout states "deprive an individual served for sleep arrest" ...when/why would you implement that? This is not sleep deprivation.

- RRCS/Brian Duncan – two new group homes, sponsored placement and a detox program - convert 6 of 32 beds to medically monitored detox. We are in the process of licensing with service to start this summer. Additionally, we would like to install video cameras in common areas.

ACTION: JoAnn Lyons made the motion to approve the two new 4-bedroom, waiver group homes (Culpeper & Warrenton). Phoebe Muenger 2nd the motion. There being no further questions, the motion to approve was voted and passed unanimously.

Additional Questions:

How are the homes being fitted? They have fully accessible bathrooms, ceiling lifts in one bathroom and in two of the bedrooms. For bathing accommodation, there are hydrolic lifts and bars.

Do they have call buttons? Yes

Do they have floor lighting at night? Yes

Do you have any extraordinarily heavy consumers? No, individuals weight is managed better in a training center than in an individual home.

ACTION: JoAnn Lyons made the motion to convert 6 of Boxwood Recovery Center's bed to provide medically supervised detoxification services to individuals from its service area. Beverly Young 2nd the motion. There being no further questions, the motion to approve was voted and passed unanimously.

Additional Questions:

Will the blood work be done on site? Yes.

Will a doctor be on site? Yes, a medical doctor will be on site. The one we are looking at is a Psychologist.

Have you done some studies to prove you can sustain 6 detox beds? Six beds will not meet the regional need so we know we can fill the beds.

How did you find funding? All came from the program that closed in Staunton...block grants and state dollars. There will also be a fee.

Why did the other facility close? Western State is moving and this facility was never part of the move.

ACTION: Beverly Young made the motion to approve the installation of video camera monitoring equipment in common areas, exterior doors and the outside perimeter for consumer health, safety and security and for staff monitoring. JoAnn 2nd the motion. There being no further questions, the motion to approve was voted and passed unanimously.

ACTION: Beverly Young made the motion to approve the 3 sponsored placement providers, Chantal Bokassa, Brenda Wacker and Denis and Tonya Holmes. Ron Upshur 2nd the motion. There being no further questions, the motion to approve was voted and passed unanimously.

Additional Questions:

Have you had sponsored placement in the past? Yes. We did not renew those providers.

How are you going to provide oversight? Our ID Case Management supervisor will oversee these (Tracy Showalter).

How long is the training? We provide a number of classes over several months to include: health and safety, human rights, first aide, etc... They have to have staff to back them up. The contract our agency created was approved by the state.

How do you get these providers? We advertise. They have to document services, compliance review, etc... to be the primary provider of care

Do these individuals receive any other services? They could go to a program provided by RRCS or to Didlake, or see our physician/psychiatrist and they may have family in this area.

- Human Rights Announcements – Chuck Collins
 - JoAnn Lyons has resigned from the LHRC Board. Thank you for dedication and service!!!

- The LHRC Affiliate Providers Data Report is now due once yearly by January 10th to the RRCS LHRC so they can be combined and sent to the state by January 15th. These were formerly due when you provided your yearly presentation.
- Western State will have all private rooms and a beautiful 4 acre courtyard. Sept 15 is the move-in day.
- DOJ process is going apace. Every training center that is set to close has a quota.
- New Human Rights Regulations are being revised.
- CHRIS system – attend training – Western State - May 3 from 9-11 am.

- Quarterly Reports
 - January 2013 – One affiliate non-compliant due to late submission.
 - April 2013 – Three affiliates non-compliant due to no response.

- Closed Session – None scheduled

- Meeting Schedule for 2013:
 - January 22, 2013, 2nd Floor Board Rm., Bradford Road Office at 1:30 p.m.
 - April 23, 2013, 2nd Floor Board Rm., Bradford Road Office at 1:30 p.m.
 - July 23, 2013, 2nd Floor Board Rm., Bradford Road Office at 1:30 p.m.
 - October 22, 2013, 2nd Floor Board Rm., Bradford Road Office at 1:30 p.m.

The meeting adjourned at 3:18 p.m.

Approved:

Chair or Vice Chair