

**Local Human Rights Committee
Bradford Road Office, Conference Room B
Culpeper, Virginia
January 25, 2011, 1:30 p.m.**

MINUTES

Members Present: Eileen Peet, JoAnn Lyons, Kathleen Downey, Dr. Dawn Klemann, Dr. Beverly Young

Members Absent: Sharon Adams

Affiliates Present: Rosemary Nagel, Kevin Paluszak, John Borgens, Lisa McPherson

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; Karen Streichert, Health Information, RRCSB-AAA, Darlene Heckethorn.

1. **Call to Order:** Dr. Dawn Klemann called the meeting to order at 1:30 p.m.
2. **Introductions:** Dr. Dawn Klemann 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. Eileen Peet 2nd the motion. There being no further discussion, the motion to approve the agenda was voted on and passed unanimously.

4. Public Comment

- Chuck Collins – State Human Rights Meeting in Hanover, Va. The state human rights committee appointed a patient on one of the units who now sits on the LHRC for Western State. It helps in his recovery and he will be a member of the committee even when he is discharged which is soon. We are really proud our system is getting to that level of enlightenment. The state board also appointed two consumers on the committee.

5. Approval of the October 26, 2010 Minutes

ACTION: Beverly Young motioned to approve the October 26, 2010 minutes. Eileen Peet 2nd the motion. There being no further

discussion, the motion to approve both sets of minutes was voted on and passed unanimously.

6. Presentations: Affiliation Updates (10 minutes)

- **HOME-BASED AND INTENSIVE IN-HOME SERVICES – ROSEMARY NAGEL** presented to the committee a summary of her program. Both her summary and answers to the seven basic questions that providers are asked to touch on during their presentation were presented.

Additional Questions:

Are the in-home visits consistently provided by the same person? Yes.

From where do your referrals come? Pediatricians used to be our primary referral source. We work with the CSB, DSS and the schools. You work with one person at a time and tell them what you have to offer.

Is there competition for referrals? You get old and you stop playing the game. The people we deal with are really good. We are not going to be big and we are going to stay out of the competition. Our objective is to do good work.

What is the average treatment time for each kid? Ballpark is 6 months.

How do you use mentors? We only use one. He is very good.

What does a mentor do? He supplements. He is almost always in there with a family. It is about the kid. He has insight and fills the need. The therapy is relationship based. We are focused on attachment and seeing a kid and shifting to collaborative solution-oriented focus. We work on changing the lens. Parents get stuck. We guide the parents into seeing the kid in a different light while you hope you can find something in the kid to change.

- **ALICE C. TYLER VILLAGE OF CHILDEHELP EAST – KEVIN PALUSZAK** presented to the committee a summary of his program. Both his summary and answers to the seven basic questions that providers are asked to touch on during their presentation were presented.

Additional Questions:

Over last few years, there has been a push to have children leave residential programs and be served in their community. We are licensed for 67 children and we run on about 90% capacity. Today, we are around 57%. Several years ago we diversified and reached out to WVA. Right now we are about 50/50 of children from VA and WVA. We have six different homes where the kids live, a chapel and a gymnasium on 270 acres. Every kid gets a bike to keep when they leave treatment. We also provide equine therapy.

Will the pendulum swing back to residential versus in-home. We hope so. I think it has to. I think it moved too quickly. As a former foster parent, not every child will thrive in an in-home placement. I think with the shift, there are lives that will fall through the cracks. My hope is that in the next three-four years, there will be a shift back.

Do you have many children who come back because their family hasn't found help? I don't have percentages. When that occurs, I don't think the attachment

concerns were addressed. When the kids come back, the kids generally want to come back and embrace coming back because they know they were successful at Childhelp. We've also found WVA doesn't have the community based services that VA has so we are in discussions with WVA providers to ensure the children can be successful long term.

What are you doing before the formal process to keep issues from escalating?

We have a chaplain. You are not typically intimidated by the chaplain. He generally has it resolved before we read about the grievance. The children are typically satisfied with the service.

How have you decreased complaints? We've done better unifying staff. Direct care staff could have a GED, hold a Masters or anything in between. We've done a good job of providing and integrating training across the board. The whole basis is dignity and respect. We take the core of what our staff learn and integrate.

You note a five-year-old concept of human rights. Can you expand upon that?

Age and developmental abilities are how we decide which children reside in which house. What is fair to me. Do they have all those rights...privacy, showers, food...do they understand that? No. We need to teach them what is fair. And an understanding of what respect is. Any child can articulate if they feel safe.

The majority of complaints come from 11-13 year olds.

How many Male/Female? Currently, we have a capacity for 19 females. It is a commentary on identifying needs.

We received 2 citations this year during triennial audit due to fire drill logs. We used the same form but we weren't putting the exact number of kids that came out of a house. During the same audit, one of the intake packets did not have some information filled out correctly.

- **FAMILY FOCUS COUNSELING SERVICE – JOHN BORGENS** presented to the committee a summary of his program. Both his summary and answers to the seven basic questions that providers are asked to touch on during their presentation were presented.

Additional Questions:

How many people do you serve? We serve a large volume. We serve groups of 10-15 and there is a large volume coming through.

How do you account for no substance abuse? Once the adolescent becomes involved in a program, we can address substance abuse. No consistent number of participants in a program.

How do you keep up with human rights issues? From the time the person calls and comes under their umbrella, we want them to feel good enough to want to refer. We report to referral services in a timely manner. We had a case come up who were former clients. The subpoena did not have a judge's signature. I wanted to deliver the records but there was no bench order. Chuck Collin's advised to have the parties come in and sign a release. It was good to have an advocate to assist.

Do you deal with dual diagnosis? On occasion we've dealt with dual diagnosis. A person can be seen in a group and independently. We do not have medical staff on hand. We generally have to go to Manassas, Fredericksburg or Charlottesville. *You stated the ideal setting is a group. Is that because of self reflection and sharing? What about privacy?* In private, a person can say the therapist doesn't understand however in a group their peers will chime in and call it when they are not working the counseling process. Sometimes it takes several weeks of hearing other big strapping guys humble themselves for a person to open up.

How are you paid? Clients pay. We get zero public funding.

Do you differentiate between mental health issues and substance abuse issues? We tailor our services to the client. If they use their insurance, that diagnosis follows that teen therefore many opt to self pay. 90% court ordered. Substance abuse 85% court ordered. Mental health is 90% self directed. And we do a lot of marriage counseling.

- **BLUE RIDGE GROUP HOME – LISA MCPHERSON** presented to the committee a summary of her program. Both her summary and answers to the seven basic questions were presented.

Additional Questions:

Anything new with the program? Is Day support relatively new? It has been in existence since 2002. Two clients go to Bridges in Fauquier and the other goes to Bridges in Orange. The others go to Didlake.

Of your 6 clients, how many are their own guardian? Three have authorized representatives, one has an attorney and two are their own guardian.

What is your retention rate? Our newest client has been with us since 2005. Oldest has been with us since 1998. People working and providing support services have been with us for awhile. Our newest employee left and came back and has been back with us for 2 years. We have a stable environment. We downsized to one house versus two.

Why did you downsize? We downsized due to losing one client due to a long illness. We also downsized staff. The client needed 24 hour services/billing and that need went away. As the clients skills diminished, we had to step up. The other clients were out at day support at the time of the client's death. We displaced one client, a gentleman. He went to a sponsor placed environment. He went to Wall Residences where he could take all his furniture. We couldn't afford to keep both houses with one empty bed. The house everyone moved to is very nice on 5 acres. We are not looking to expand at this time.

Does your staff do yearly human rights training? I train the human rights annually. IF there is an issue of lack of understanding, I will re-orient the person and re-train. We provide various training (ex. CPR, medication aide recertification, sexual harassment, etc...).

What form of social interactions do clients receive? Family visits with clients. We have two living rooms and clients have bedrooms. Some families use that space but many pick up their family. Clients can use the phone. They attend

church. They attend several churches and they pick and choose which church to attend that week. Staff adapt to needs and wants of clients.

7. **Requests for Affiliation** – updates on licensing status

- **John Flemming ~ Family Life Counseling** – Mr. Flemming was unable to present an update today however he spoke with Mark Seymour regarding the status of their policy and procedures and Mr. Seymour agreed to provide the update as follows:
 - Mark Seymour noted no change in status. Rhonda Angel is processing the paperwork for Family Life Counseling. John Flemming has some more information to provide to the state which he intends to complete shortly. Mr. Seymour also noted the backlog of reviews at the state level.

ACTION: JoAnn Lyons motioned to maintain the conditional affiliation for Family Life Counseling. Beverly Young 2nd the motion. There being no further discussion, the motion to approve maintaining the conditional affiliation for Family Life Counseling was voted on and passed unanimously.

8. **Human Rights Announcements – Chuck Collins**

Mr. Collins summarized the current state at the General Assembly and noted we are waiting on finalization of the budget. There is a possibility of 250 more waiver slots if the proposal is accepted. Wellness community center and crisis stabilization are the hot new items. The closest are Fredericksburg, Charlottesville and Harrisonburg. If the climate is right, all CSBs will consider. That is the way to go. The ground is cleared for the new Western State Hospital but building has yet to begin. There will be a new 248 bed hospital on 35 acres. The opening date is spring of 2013.

The last time we talked, we mentioned the State Human Rights Committee (SHRC) is reaching out to the Local Human Rights Committees. One of their priorities is improving, streamlining, and making more uniform and efficient the LRHC system. There are 78 LHRCs and each have a minimum of 5 Board Members. This process should provide the following:

- Give us model by-laws for all committees.
- Affiliations agreements that are uniform across the state

Providers who feel over burdened are the driving factor behind this. This should lighten the load of the providers especially those who have to be part of multiple LHRCs. One of the things that will stay is the annual reporting.

By-Laws – the committee will no longer be able to put a cap on affiliates.

Human Rights Announcements –Mark Seymour

Western State has been the supplier of services for children...food, maintenance, etc.. When the new facility is up and running, it will not be connected with Commonwealth Center for Children...48 bed hospital for children. There will not be a road connecting the two facilities and we hope it will not close the facility.

We work with Rhonda Angel. She used to be the licensing specialist here and now works for licensing applications. The market place is going to weed out the weak providers and the strong will remain.

9. Updates on Recent RRCSB-AAA Cases and Issues—Jim Bernat

There was not a lot of activity in the last quarter. Jim Bernat summarized conflicts and resolutions. He stressed the agencies mandate to protect the clients. Jim also stated the agency is waiting on a licensing visit due to the investigator breaking their foot.

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

Brian offered a tour of Boxwood to all who wanted to participate. He also noted, if the timing is right, we may host the April LHRC meeting at Boxwood.

11. By-Laws discussion - on hold

***ACTION:* Dawn Klemann motioned to go into executive session to discuss personnel issues pursuant to Virginia Code Section 2.2-3711, subsection 1. She also moved to include in the closed session, Brian Duncan, Executive Director and Kimberley Martin, Administrative Assistant.**

12. New Member Interviews were held in closed session

***ACTION:* As the action concluded the business of the executive session, Eileen Peet motioned to end the executive session of the Board. Beverly Young 2nd the motion. There being no further discussion, the motion to enter back into open session was voted on and passed unanimously.**

After reconvening into open session, the Board Chair polled the Board as follows:

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 Board in the closed session just held? A roll call vote was taken:

Dawn Klemman: Yes
Kathy Downey: Yes
Eileen Peet: Yes

JoAnn Lyons: Yes
Beverly Young: Yes
Darlene Heckethorn: Yes

***ACTION:* Chuck Collins tallied the votes. The vote was unanimous to accept Darlene Hechethorn onto the Board.**

13. Tour of Boxwood

14. Meeting Schedule for 2011 is as follows:

- January 25, 2011, 2nd Floor Board Rm., Bradford Road Office at 1:30 p.m.
- April 26, 2011, 2nd Floor Board Rm., Bradford Road Office at 1:30 p.m.
- July 26, 2011, 2nd Floor Board Rm., Bradford Road Office at 1:30 p.m.
- October, 25, 2011, 2nd Floor Board Rm., Bradford Road Office at 1:30 p.m.

15. Meeting adjourned.

Approved:

Chair or Vice Chair

1.