

**Local Human Rights Committee  
Bradford Road Office, 2<sup>nd</sup> Floor Board Room  
Culpeper, Virginia  
July 26, 2016 - 1:30 pm**

**MINUTES**

Members Present: Roberta Anderson, Jackie Dare, Betsy Knight-Reid, Phoebe Muenger

Members Excused: Ann Garrett, Arla Jean Lewis

Affiliates Present: David Henry (Childhelp), Melanie Edwards and Melissa Thornton (Chrysalis Counseling Centers), Emily Theimer (Didlake, Inc.), John Flemming (Family Life Counseling), Laurie Dodson and Brian Duncan (Rappahannock Rapidan Community Services)

Advocates Present: Cassie Purtlebaum, Artea Ambrose

Guests Present: Robert Legge

1. Call to Order  
*Roberta Anderson, Chair, called the meeting to order at 1:35pm.*
2. Introductions  
*Roberta Anderson, Chair asked that attendees introduce themselves.*
3. Additions or Deletions to the Agenda
  - Addition:
    - Restraint Request from Rappahannock Rapidan Community Services
  - Deleted:
    - Pathways Health presentation has been postponed until the October meeting

**ACTION:** *Jackie Dare moved that the July 26, 2016 agenda be approved as amended. Betsy Knight-Reid seconded the motion. There being no further discussion, the LHRC Board Members voted unanimously to approve the modified July 26, 2016 agenda.*

4. Public Comment  
*The Chair made the following announcements:*
  1. *Ann Garrett's membership in the LHRC was approved by the State Human Rights Committee, as was Roberta Anderson's second term.*
  2. *The October meeting date will be changed to Thursday, October 27. The time and place remain the same.*
  3. *John Borgens, former owner of Family Focus Counseling, lost his son to suicide recently.*
  4. *Due to a conflict in room availability, the LHRC must change its meeting dates in 2017. The following options were presented.*
    - a) *3<sup>rd</sup> Tuesday – 1/17, 4/18, 7/18, 10/17*     **OR**
    - b) *4<sup>th</sup> Wednesday – 1/25, 4/26, 7/26, 10/15*

*The LHRC Board members agreed that the meetings will be held on the 3<sup>rd</sup> Tuesday in 2017. The new meeting dates for 2017 will be January 17, April 18, July 18, and October 17.*

*There were no public comments.*

5. Approval of the April 26, 2016 Minutes

**ACTION:** *Betsy Knight-Reid moved to approve the April 26, 2016 minutes as presented. Phoebe Muenger seconded the motion. There being no further discussion, the LHRC Board Members voted unanimously to approve the April 26, 2016 minutes.*

6. Presentations: Affiliation Updates (10 minutes)

- Chrysalis Counseling Centers – Melanie Edwards  
*Melanie Edwards discussed the programs of Chrysalis Counseling Centers.*

*Questions/Discussion:*

*How many children do you serve? Response: There are more options for summer programs, so our total count goes up. This summer, we have 24 participants.*

*How many days a week is your outpatient service in Madison open? Response: Three full days.*

*In your quarterly report – were there any complaints? Response: We work closely with the parents to make sure the treatment plans are followed and we do lots of training in-house on human rights, ethics, and boundary issues.*

*April Dovel is the licensing specialist.*

- Family Life Counseling – John Flemming  
*John Flemming discussed the programs of Family Life Counseling.*

*Questions/Discussion:*

*Could I get clarification about the staff? What does residential types mean? Response: These are the Qualified Mental Health Professional (QMHP) employees. We don't have any licensed eligible staff currently. QMHPs typically have a bachelor's degree and one-year of clinical experience. The standard is set by Medicaid.*

- **POSTPONED** - Pathways Health (formerly Family Preservation Services) – Jamie Austin-Morgan  
*The presentation for Pathways Health was postponed until the October meeting.*

## 7. New/Modified Services

- Chrysalis Counseling Centers – Therapeutic Day Treatment Services in Madison schools *Covered in the presentation.*
- Rappahannock Rapidan Community Services – Crisis Intervention Team Assessment Site at Novant/UVA/Culpeper Hospital

*Brian Duncan introduced the Crisis Intervention Team drop off assessment center. RRCS hopes to open the center in October. RRCS would conduct most of our emergency crisis assessments at this location. This is not a new service, but a new location for existing services.*

### *Questions/Discussion:*

*Where the actual site? Response: It is near the emergency services area. It allows a secure drop-off for individuals. It will be staffed approximately 100 hours a week. Our staff will be located there during operating hours. We will have security provided by off-duty police officers trained by our Crisis Intervention Team. This is a state funded enterprise for the first two years; the hospital will contribute the facility. We anticipate continued state funding, but a two-year commitment is all that is provided at this point. We hope that the efficiencies offered to local law enforcement will motivate increased community support. Many of our localities are providing support for our existing CIT training. This will not be a walk-in crisis clinic.*

- *Yard gate restraint at Remington Group home. The individual typically has one-on-one companionship when the individual is out of the house. This restraint request was received without comment from the LHRC board members.*

## 8. State Advocate Announcements

The Northwest Capital Region of the Office of Human Rights has developed a guidance document on points related to informed consent decisions that can be shared with anyone who requests this. To make the request, email [iana.hurt@dbhds.virginia.gov](mailto:iana.hurt@dbhds.virginia.gov). Our population is aging and many providers are finding themselves dealing with more medical complexity than in the past. Resources are available. As medical complexities increase, so too does the threshold for capacity to manage these decisions. Increase the circle of professional supports (including decision-making supports) as need be:

- Provider roundtable meetings
- CRC specialists (<http://www.dbhds.virginia.gov/professionals-and-service-providers/developmental-disability-services-for-providers/provider-development>)
- RST
- REACH
- Increase in the number of BCBA's
- Home Health agencies
- DBHDS Safety alerts & Nurse consultant

- Hospice agencies

Providers are reminded to be proactive in seeking crisis stabilization supports. Please be aware of the challenges for people with ID/DD once they enter correctional systems.

<http://aaidd.org/news-policy/policy/position-statements/criminal-justice#.V1C6FP4UVUF>

If/when you must call the police, be advised that you can request a CRT trained officer.

Providers must complete CHRIS investigations of abuse/neglect allegations per the regulations: 12VAC35-115-230. Provider Requirements for Reporting to the Department. A. 2. The director . . . shall report each allegation of abuse or neglect to the assigned human rights advocate within 24 hours from the receipt of the allegation (see 12VAC35-115-50). 3. The investigating authority shall provide a written report of the results of the investigation . . . within 10 working days from the date the investigation began unless an exemption has been granted by the department (see 12VAC35-115-50). Provider requirements for reporting restraints (sections 100 & 110):

- Be reminded, any/all use of restraints – for whatever reason (medical, behavioral, protective) must be reviewed by the LHRC.
- Overarching Guide (12VAC35-115-110.C.19.b) Documentation should reflect that the risks associated with NOT treating (or limiting) are greater than the risk associated with the use of the restraint or restriction.
- Most restrictions (Section 50/Dignity) must be reviewed by a licensed professional, as well as a Human Rights Advocate. When in doubt, call.
- Consider use of pg 9 of Part V, PCP forms (on the DBHDS website) for team review of safety restrictions.

Because of the changes that are coming to the regulations, at this time, OHR does not see the necessity for providers to sign new affiliate agreements with the LHRC. However, if the committee feels it works best for them, and since the regulations have not yet changed, this is at the discretion of each committee. Please feel free to move forward as you see fit.

On June 17, 2016, the Centers for Medicare and Medicaid services notified the Commonwealth that they require some additional time to review the Commonwealth's amendments to the three DD waivers. Therefore, the anticipated date for the implementation of the DD Systems Redesign has changed to August 1, 2016. The delay will have the following implications:

- The implementation of all new services and the tiered reimbursement structure for new and existing services will be delayed. Prevocational services will continue in July, until new waiver services are approved.
- CSB slot selection committee will continue to operate to assign ID waiver turnover slots. DBHDS will continue to assign turnover DD waiver slots according to the existing process.
- IDOLS will remain active for service authorization for the ID and DS waivers. For DD Waiver service authorizations, KEPRO will still transition services authorization functions to DBHDS effective 7/1/16. Please reference 5/17/16 and 5/18/16 Medicaid Memos on this topic.

- Work on WaMS will continue and the delay will permit time for additional training. WaMS will not be used for service authorization until the amendments are approved. WaMS trainings for train the trainer will be held as scheduled this week.
- FEi Systems will still open their help desk on July 1 for users who will be enrolling in the system or who have accessed the online training materials and have questions.
- Weekly stakeholder calls will continue as scheduled. More information will be provided during this time.

The following changes will occur on July 1, 2016 and will not be affected by the delay:

- CSBs will assume the responsibility for being the single point of entry for all individuals with DD. This means individuals who need to be screened for the DD Waiver also need to go through the CSBs to request a screening.

OHR has hired Maynard Ritchie as a new advocate to cover WSH and CCCA. Ritchie has many years of experience and will be a great asset to the Human Rights office.

New regulations have been approved without comment by the SHRC. Next step is review by the Executive Branch. Expect new regulations somewhere between the end of September and November, but we cannot be sure of the timeline.

CHRIS training last week at Region 10, well attended and helpful. Next CHRIS training will be July 29, 2016, at Fredericksburg Area LHRC, 10:30am. All are welcome to attend if you are struggling with the CHRIS system. We are also recommending that you assign more than one staff to CHRIS entry so that coverage may ensue when primary CHRIS staff is not available to input reports. Very important to stay within the reporting timeframes and guidance offered in regulations.

Consolidation of UVA and Region 10 LHRC – Last Friday was the last independent UVA LHRC meeting before the 1st consolidation for Region 1-2. As a reminder, we have 21 LHRCs in this region. 5 are state facilities, and the remaining 16 are community-based LHRCs which will be collapsed eventually into 6 committees if the proposal is accepted by the SHRC.

Mock Hearing and other training options for LHRC were discussed. Date is TBD by committee and advocates.

9. Quarterly Reports – 85%
10. Election of New LHRC Officers – **ACTION ITEM**  
*Jackie Dare nominated as chair*  
*Arla Jean Lewis nominated as vice-chair*  
*Betsy Knight-Reid nominated as secretary*

**ACTION:** *Phoebe Muenger moved that the nominees for office be approved as presented. Betsy Knight-Reid seconded the motion. There being no further discussion, the LHRC Board Members voted unanimously to approve the nominees.*

11. Closed Session - None Scheduled

12. Meeting Adjourn  
*The meeting adjourned at 2:40pm.*