

**Rappahannock-Rapidan Community Services Board and
Area Agency on Aging
Local Human Rights Committee Meeting
January 23, 2007**

MINUTES

PRESENT: Mary Jolly, Hal McDermott, Dawn Klemann, Melissa DeDomenico-Payne

ABSENT : Carole Sue Graves, Laura Rogers, Allen Ward, and Ramsey Woods

GUESTS : Diane McClure, Childhelp; Marie Lee, Childhelp; John Borgens, Family Focus; and Lori Davis, Family Preservation Services

ALSO

PRESENT: Brian Duncan, Jim Bernat, Paula Benenson, RRCSB-AAA; Chuck Collins, Regional Advocate; and Mark Seymour, Children's Advocate and Human Rights Consultant

- 1. The Local Human Rights Committee met on January 23, 2007 at the Bradford Road Building, Culpeper, Virginia. Mary Jolly, Committee Chair, called the meeting to order at 1:30 p.m.**
- 2. Approval of the April 25, the July 25, and the October 24, 2006 Minutes were presented for approval. Mary Jolly stated that the word statute was misspelled two times on page 6 of the October 24 minutes. With this correction, the motion was made by Hal McDermott to accept all three sets of minutes. The motion was seconded by Dawn Klemann. Mary called for discussion. Hearing none, the minutes of the April 25, July 25, and the October 24, 2006 meetings were approved as corrected.**
- 3. Presentations – Affiliation Update: John Borgens, Family Focus - Mr. Borgens stated that Family Focus Counseling Services is a private for profit Outpatient Mental Health and Substance Abuse facility licensed by the State of Virginia. Other services provided by Family Focus include services to Adults and Adolescents, Individual, Marital and Family Counseling and a Certified Batterer Intervention Program. Family Focus was established in 1985. Today they have three locations, Culpeper, Madison, and Warrenton.**

Family Focus has a well qualified staff which averages more than 14 years experience in the field. It counselors come from a diverse background including inpatient treatment for Mental Health and Substance Abuse issues and Juvenile Probation. Its Administrative and secretarial staff has more than 15 years in accounting and business management experience.

Family Focus is committed to work with appropriate community agencies in a cooperative team effort to best meet the needs of potential clients. John stated that people enter counseling for a variety of reasons. Some need to respond to unexpected changes in their lives and some seek self-exploration. The outpatient program is designed to provide immediate and, when necessary, intense services to the client and the family. The goal is to provide quality treatment that is effective, more convenient, and less costly than inpatient hospitalization.

Services Available:

- **Evaluation:** In addition to meeting with individuals, input from family members, referral sources, and other community agencies is often helpful. An adolescent or adult Substance Abuse Subtle Screening Inventory (SASSI) can also be administered to determine the level of severity.
- **Individual Counseling:** Can be beneficial in helping the individual take an in depth look at their use/abuse of their drug of choice and develop a plan for remaining abstinent.
- **Treatment Planning:** Is done with the individual with the goal of establishing and effective treatment approach which best meets their needs.
- **Substance Abuse Counseling Group:** Is the treatment of choice to help the individual on the road to recovery. It offers the opportunity to learn, share, and receive emotional support with others in a trusting, caring environment.
- **Intensive program:** Is offered for those who need more than the minimum one (1) hour weekly group counseling. It involves more groups and/or individual sessions to better enable the individual to remain abstinent.
- **Adolescent Program:** Offers both group counseling for individual and group counseling for the parents, along with family counseling and urine screens. Family Focus works closely with community agencies when appropriate.

Mr. Borgens stated that he trains all his staff in Human Rights. Consumers are notified of their Human Rights with the initial paperwork in the intake packet which includes a Human Rights Statement which is signed by every client before they receive services. Family Focus had no complaints in 2006. Informal complaints are resolved by the clinician involved who would talk with the client. If that did not resolve the issue, John would then talk directly with the client. Finally, if that did not resolve the situation, John would contact Chuck Collins. Mr. Borgens stated that Family Focus is very client oriented and wants each client, even difficult clients, to feel good about their experience. They encourage them to refer friends or loved ones to its services or to return for counseling when needed. As stated earlier, Family Focus is a private for profit Mental Health and Substance Abuse counseling facility and a large part of its clientele is referred by word of mouth.

Affiliation Update: Diane McClure, Administrator, Alice C. Tyler Village of CHILDHELP EAST – Ms. McClure stated that the Village’s 2006 Master Plan, provided to the Committee in January 2006 focused on redefining its mission to more effectively identify and meet the individual needs of each child by treating the

whole child. Of the goals identified in the Master Plan the following were accomplished:

a. **Sexually Reactive Program:** The Village has never knowingly accepted sexually aggressive, i.e., predatory children. However, increasingly more children are exhibiting sexually reactive behaviors. The village's programs for these children includes:

- Training staff to recognize abnormal sexual behavior (i.e., the signs/signals that a child is sexually reactive);
- Training staff in how to handle sexually reactive behaviors;
- Hiring a consultant who is a Certified Sex Offender Treatment Provider to train staff, assist in program development, and provide group and individual therapies to affected children;
- Avoiding accepting into the population any child who is sexually predatory;
- Protecting children from sexual reactivity of other children; and
- Discharging children who exhibit sexually predatory behavior.

b. Acknowledging the earlier physiological maturation of its children and adjusting its programs to reflect these changes.

c. Including nutritional planning in individual treatment plans, for example, gluten plays a negative role especially in autistic behavior. Ms. McClure stated that there is an increase in the number of children with autism being admitted to the facility.

d. Retooling the Village's data base system to:

- Accommodate Licensing and JCAHO requirements;
- Integrate an interdisciplinary approach to the development of Individualized Treatment Plans that incorporates all aspects of a child's care, e.g., therapy, medical, education, nutrition; and
- Ensure that treatment and therapeutic decisions are made by professionally trained staff.

This goal is actually a process that is underway. The Electronic Medical Records (EMR) service provider has been identified and has commenced work to design a new, expanded and integrated database system.

e. **Developmentally Delayed Pilot Program:** Research has shown that children of neglect, abuse, and poverty are most susceptible to delayed language and poor academic achievement. The Village is implementing a program to meet the needs of these children through an assimilated approach of sensory integration, verbal behavior, and cognitive-behavioral techniques. The ongoing program is being implemented using a multidisciplinary team approach incorporating the school, clinical services, residential services, medical services, and nutritional services.

Activities for this group include, but are not limited to, the use of manipulatives and tactile approaches to encourage/improve/attain:

- Receptive and expressive language skills;
- Fine motor development;
- Planning and organization;
- Responding to "wh-" questions;
- Encoding and decoding language and words; and
- Verbal communication through the use of the Picture Exchange System (PECS)

In addition to the use of manipulatives and tactile approaches, concepts being addressed include:

- **Sequencing to teach, prompt, and reinforce gross action planning and cognitive organizations;**
- **Movement activities to encourage awareness of self and senses and to offer release of built up energy through health activity and learning; and**
- **Implementation at the most basic level, of the antecedent-(mind)-behavior-consequence philosophy, encouraging expression of verbal thoughts, followed by emotion, depending on the child's level of development**

Pre- and post assessments of the children to measure the program's success are ongoing and inclusive.

- **Involving the mission redefinition major stockholders: Major referral sources, families, licensing, human rights, department of education, employees of Village, etc.**

g. Goals which have not been completed or met are listed below:

- **Basing all therapeutic activities on empirical data: The Village's current database system is inadequate to accomplish this goal in a systematic fashion. While more use is being made of the Village's existing database system, once a new EMR database is in place this goal will be 100% achievable.**
- **Developing a system of benchmarks and metrics to measure progress and outcome: See response to above goal.**
- **Dividing the two 16 bed Group Homes into four 8-bed Group Homes: This goal will not be accomplished as the Village's parent organization has directed the Village to reduce its number of Direct Care FTEs.**

The Village is now embarking on the development of its 2007 Master Plan goals. The first one to be identified is to develop an Avian Flu Response Plan. Work on this goal is already underway. The project is being directed by the Village's Medical Director and Chairperson of the Village's Safety/Emergency Committee.

Additional information provided by Ms. McClure is provided as an attachment these minutes for the record. This information contains the following:

- **Additional Information Requested by the Local Human Rights Committee and Position Titles, Qualifications and FTEs**
- **Draft Policy Titled: Use of Sensory Room**

As stated earlier in the above information there are more children being admitted to the facility with autism. With this in mind, Ms. McClure distributed the above noted Draft Policy Titled: Use of Sensory Room for the Committee's review and action if appropriate today.

The purpose is to de-escalate children whose behavior poses an immediate threat to themselves and/or others/ The Village does not have seclusion or time out rooms. The Village has a Sensory Room the use of which is for one of two purposes listed as follows: Sensory integration activities for developmentally delayed children or children who are on the autism spectrum; and in lieu of physical restraints (PR).

The Sensory Room shall never be used for punishment, consequence for inappropriate behavior, and/or time out.

There was lengthy discussion as to whether this was to restrain the child or was it seclusion. There was concern regarding Procedure #3 in the Policy as written. This states < “Once the child is in the Sensory Room no employee shall place their hands on the child other than to block the child’s exit from the room. If necessary the half door may be closed to minimize the physical contact between staff and the child”. The Rules and Regulations of the Blue Book stated the following (12 VAC 35-115-110) “use of seclusion, restraints, and time out – The provider’s duties, Page 25, #8 states: “Providers who use seclusion or restraint shall develop written seclusion and restraint policies and procedures that comply with applicable federal and state statutes and regulations, accreditation standards, third party payer requirements, and sound therapeutic practice., etc”. Also quoted on page 26, #10 “Only inpatient hospital settings and residential facilities for children or adolescents licensed under the Mandatory Certification/Licensure Standards for Treatment Programs for Residential for children (12 VA 35-40-10 et seq.) of the Standards for Interdepartmental Regulation of Children’s Residential Facilities (22 VAC 42-10-10 et. seq.) may use seclusion”.

It was decided that Licensing need to review the room and that Diane rewrite the policy to clarify #8 B at the top of page 26 of the Blue Book which states “Providers shall make sure that each individual who requires seclusion or restraints is given the opportunity for motion and exercise, to eat at normal meal times and to take fluids, to use restroom and bathe as needed”. Diane should submit the rewritten policy to Chuck Collins and Mark Seymour to review.

Diane stated that she would comply with this request.

Please see Diane McClure’s complete report at the end of these minutes for the record.

4. Human Rights Announcements – Chuck Collins

- Status of the new Human Rights Regulations – Chuck stated that there is nothing new at this time. The State Human Rights Committee will be meeting on Friday, January 26, 2007. The Public Comment period ended in November. The last Chuck heard was that the Regulations will be redesigned, then sent to the Governor to approve, and then to the State Human Rights Committee for approval.**
- Chuck stated that he has attended three meetings of the Mental Health Statute Reform Committee. At the last meeting of 2006 Chuck advised the LHRC that he had been asked to sit on this Committee by the Chief Justice of the Supreme Court of the Commonwealth of Virginia. The next meeting of that Committee will be held in Charlottesville on March 15, 2007 at the Omni Hotel.**

5. Update on Recent RRCSB-AAA Cases and Issues for the Period 10/24, 2006 through 01/23/07 – Jim Bernat, Quality Analysts provided the following information for this period:

- **Trainings – New Employee Orientation to Privacy – four (4) training events to 16 participants; New Employee Orientation to Human Rights – one (1) training event to eight (8) participants; General Human Rights Residential Services – one (1) training event to 59 participants. Summary of events: six (6); Summary of Participants 83.**
- **Complaints – There were three (3) Formal Complaints; two (2) have been resolved and one (1) is pending.**
- **Allegations of Abuse/Neglect – There were three (3) Allegations of Abuse/Neglect. Jim stated that our Internal Findings were not Founded; DSS Findings were two (2) as unknown and the other showing “will close out as a one time incident.”**
- **Other - A consumer complained to Chuck Collins about his representative payee. The consumer refused to talk with Jim. CSB has initiated a change in the consumer’s payee. The consumer is currently happy with this resolution.**
- **Please see Jim Bernat’s complete report attached to these minutes for the record.**

6. Update and Announcements by Brian Duncan, Executive Director, RRCSB-AAA

- **Mary Jolly has signed all but one Affiliation Agreement for 1007.**
- **All affiliation fees have been paid and Agreements signed except Empowering Families Program, Dan Price. On January 2, 2007 we sent him a second request and have not heard from him. As of this typing, Dr. Price has returned the signed agreement and his Affiliation fee.**
- **LHRC Members who have not attended for the past year – Laura Rogers is relocating to South Carolina in the next few weeks. Ramsey Woods has contacted Chuck and has advised him that he is resigning from the Committee. The only consumer we have on the Committee at this time is Allen Ward (who hasn’t attended the last two meetings). Paula called the telephone we had for him, however it had been disconnected.**
- **In June 2007 Mary Jolly’s term will expire. We would like to know if she is willing to serve another three year term. Mary expressed her interest in doing so.**
- **Update on Remington Group Home – This Program has a new Program Manager and is fully staffed.**
- **We plan to open a 4-bed residential group home for Mental Illness. The Program Manager and staff are in the process of being trained. This Program should open during the last quarter of this fiscal year.**

7. Election of Officers – We need to elect a Chair and Vice Chair for 2007.

- **The floor was opened for nominations. Following a brief discussion among Committee members, Mary Jolly stated she would be willing to serve as**

Committee Chair for 2007 and Melissa DeDomenico-Payne stated she would be willing to serve as Vice Chair for 2007.

- **Hal McDermott made the motion to approve the nominations of Mary Jolly as Chair and Melissa DeDomenico-Payne as Vice Chair. Dawn Klemann seconded the motion. There being no further discussion, the motion was voted on and passed unanimously.**

8. The next meeting of the LHRC will be on April 24, 2007 at 1:30 p.m., at the Bradford Road Building, in Meeting Room B.

There being no further business, the meeting adjourned at 3:45 p.m.

pjb