

**Rappahannock-Rapidan Community Services Board and
Area Agency on Aging
Local Human Rights Committee Meeting
July 24, 2007**

MINUTES

Present: Carole Sue Graves, Mary Jolly, Melissa DeDomenico-Payne, Hal McDermott, and Dawn Klemann

Excused: Allen Ward

Guests: Lori Nibblins-Davis, Family Preservation Services; Chaplin David Henry and Kevin Paluszak, Alice C. Tyler Village, Childhelp

Also

Present: Jim Bernat, Quality Analyst, RRCSB-AAA; Paula Benenson, Administrative Assistant; Chuck Collins, Regional Advocate & Human Rights Consultant; and Mark Seymour, Children's Advocate and Human Rights Consultant

1. **Call to Order:** Mary Jolly, Committee Chair, called the meeting to order at 1:35 p.m. She asked everyone to introduce themselves.
2. **Additions or Deletions to the Agenda:** Hal McDermott stated that he felt that a word needed to be added on page 4 under Admissions, sixth line down. "An ongoing assessment with a psychological *evaluation* occurs within the first two weeks of services". Add the word evaluation.
3. **With this addition, the motion was made to approve the minutes, as corrected. The motion was duly seconded, voted on and passed unanimously.**
4. **Presentation—Affiliate Update:** *Lori Nibblins-Davis, Clinical Director, Family Preservation Services (FPS).* Lori Davis distributed a brochure with the following information regarding the Program. "Human Services Without Walls" simply means that they provide services in the client's own environment. They do not own or operate a hospital or residential facility. They serve clients in their homes, schools, neighborhoods, and communities.

In-Home Services:

- In-home services utilize a multi-systemic approach in planning and implementing individualized services. Treatment may include: intensive in-home services, home-based counseling with client and family, 24-hour crisis intervention services, life skills training, case management, and substance abuse treatment. Services range from short-term intensive to long-term support.

- Population Served - Families/individuals requiring cognitive and/or behavioral treatment interventions in order to strengthen individual/family resiliency and coping skills.
- Program Objective: To improve individual and family functioning and/or prevent out-of-home placements and/or help to successfully transition youth back into the community. The success of in-home services comes from the use of skilled supportive and accessible professionals who serve as role models, teachers, advocates, and advisors to the youth and family as they face situations, challenges, and obstacles each day. Effective in-home services necessitate flexibility, availability, and responsiveness to the individual needs of each youth, family, and community.

Therapeutic Mentoring/Counseling/Life Skills:

- Therapeutic mentors are positive adult role models who assist to increase positive social behavior, decrease involvement with the legal system and to help youths become more interested, connected and responsible members of their communities.
- Population Served: Children, adolescents, and young parents in need of additional home and/or community supports.
- Program Objective: To assist youth and young parents to find, nurture and exercise their strengths while acquiring life and coping skills, stronger community and family attachments, and enhanced vocational or educational interests.

Therapeutic mentoring requires an awareness of factors within the individual, family, school, and community that contribute to behaviors. Therapeutic mentors impact resiliency through understanding individual and community strengths and by helping to create necessary community support networks.

School Based/Day Treatment Program:

- FPS develops structured school based treatment services in response to educational needs assessments and individual education plans. FPS operates programs in collaboration with schools, local communities and mental health providers. Services are provided within a highly structured setting and daily schedule.
- Population Served: Children and adolescents who have mental, behavioral, or emotional illnesses which significantly impair or threaten school participation.
- Program Objectives: To provide comprehensive therapeutic support services which allow youth to remain in their regular school environment and to sustain or improve their level of functioning and achievement. FPS school based programs are strength-based and utilize a multi-systemic philosophy in service delivery. Services can be provided in schools, alternative education centers, and private day placement sites.

Virtual Residential Program (VRP):

- The Virtual Residential Program is a distinctive and effective service that unites highly intensive, multi-systemic in-home services with the structure of a residential approach. The average intensity of VRP services initially is 35 hours per week, with focus on defusing imminent risk factors and implementing crisis stabilization plans. Step-down services are available to transition families toward less restrictive services at the earliest possible opportunity.
- Population Served: Children, adolescents and young adults who are at imminent risk of placement due to behavioral risks and treatment needs; and who have not responded to less restrictive community-based alternatives.
- Program Objective: To provide families, schools and communities with a community-based alternative to unnecessary out-of-home placements and/or to expedite successful reunification of youth and their families following residential, psychiatric or foster home placements. All services are delivered in the client's home and community, allowing families the opportunity to address challenges in the environment where they are most likely to occur. Interventions include behavior management, individual and family counseling, case management, crisis intervention, medication monitoring, parenting skills training and education. When appropriate, VRP staff will work with alternative education programs to include on-site assistance, after school transition services and educational/vocational planning.

Adolescent Sex Offender Program (ASOP):

- The Adolescent Sex Offender Program is a multi-systemic community based treatment alternative which focuses on the treatment of sexually abusive behavior patterns within the context of family and community. ASOP offers a comprehensive community-based treatment model focused on public safety, family trauma, personal responsibility and relapse prevention. Individualized services are planned and assessed from a developmental context and include individual, family, and community interventions.
- Population Served: Male and female adolescents and young adults who demonstrate sexually offensive and aggressive behaviors and can safely be treated in a community-based setting. Parents must authorize services and agree to participate in family treatment as appropriate.
- Program Objective: To eliminate the risks of sexually offensive and aggressive behaviors recurring in the community through comprehensive, community-based, family treatment and individualized transitional services.

Family Preservation Services, Inc., accepts referrals from Comprehensive Services Act (CSA); Parole Services; Medicaid; Court Service Units; Departments of Social Services; Schools, Adoption Subsidies; and other sources

Agency Overview: Since its inception in 1992 FPS has specialized in nonresidential community-based services. FPS has gained a national reputation for its dedication to providing innovative and effective services to assist in the preservation of families.

Currently FPS provides services in Virginia, West Virginia, Maine, North Carolina, South Carolina, Florida, Delaware, and the District of Columbia.

The Mission of FPS is to collaborate with and support community agencies in their efforts to reduce out-of-home placement, strengthen families and provide youth opportunities to develop skills enabling them to become productive, contributing members of their communities.

Additional Information Provided by Lori Davis:

- A. Staff at Family Preservation Services, Inc., is presently trained every year by Andrea Carter who serves as its Director of Quality Assurance.
- B. During the assessment process of each case, counselors provide the family with a written copy of their Human Rights and explain each of the Human Rights completely. (See Attached Handout).
- C. Family Preservation Services, Inc., has handled one informal complaint this year. The nature of the complaint involved a family feeling as though their home-based counselor disrespected their home by bringing her child to their home after receiving a late night crisis call from the family and breastfeeding her child while at the family's home. A resolution was reached through the informal complaint process, which involved removing the counselor from the family's case. Last year FPS did not handle any formal or informal complaints.
- D. FPS resolves informal complaints by having the family first attempt to resolve the issue with the counselor. If the situation is still not resolved the Regional Clinical Director may be contacted and, if necessary, the Director of Quality Assurance or the State Director for the agency may also be contracted.
- E. The agency has not encountered any citations from the Licensing Department this past year.
- F. Family Preservation Services, Inc., currently employs ten full time employees and six part-time employees. Qualifications among its staff members range from Qualified Mental Health Practitioners (QMHP, Master's Level Counselors, Bachelor's Level Counselors and Mentors. All counselors are directly supervised by the Region Clinical Director who is a Licensed Professional Counselor.
- G. FPS continues to be very diligent in its endeavor to treat each individual and family that it serves with respect and dignity. Its staff is trained yearly on Human Rights issues. The yearly training is supplemented by both individual and group supervision wherein the rights of the individual clients are always foremost as it pertains to service delivery and specific clinical intervention.

Mary Jolly thanked Lori for attending today's meeting and presenting her Program.

While not on the agenda to present, two representatives, Chaplin David Henry and Kevin Paluszak, Director of Residential Services from Childhelp, attended the meeting. They provided a brief updated stating that Childhelp is currently looking at its system of services. They recently had Human Rights training for 80 individuals. Mr. Paluszak stated that the average stay for most of the children was 9–14 months. They serve Virginia and West Virginia. Most of their staff are recruited from Fredericksburg and some from Culpeper. Their biggest Human Rights challenges are peer-to-peer issues.

5. Human Rights Announcement: Chuck Collins

- Chuck thanked Jim Bernat and RRCSB-AAA for hosting the two hour Human Rights Training on June 14, 2007. There was a good turn out with representation from most of the Programs affiliated with RRCSB. Committee Members Mary Jolly, Hal McDermott, and Melissia DeDomenico-Payne also attended.
- Chuck stated that the new Human Rights Regulations have been approved. They will go into full effect on or about September 20, 2007.
- Chuck discussed the Mental Health Statute Reform Commission and some of the difference Task Forces (The Virginia Tech Task Force, Legislative Task Force, and the Mental Health Statute Reform Task Force). Prior to the Virginia Tech incident the Commission was meeting every other month. He feels specific changes will be made to the Mental Health Law in Virginia because of the Virginia Tech incident. He stated that he thought the word “imminent” would be replace with some other word. Also the timeframes for ECO (Emergency Custody Order) and TDO (Temporary Detention Order) will need to be expanded. There is a need to give consumers some kind of voice in this process. Dawn Klemann felt it would be necessary to define Mental Illness. She also brought up the subject of gun control and how easy it is to obtain guns. Chuck stated he would like to see a recommendation for everyone who is part of these Task Forces to have training such as the Justices, Attorneys and Police. They need to have certification training in Mental Health issues. Another Task Force issue is to adequately fund the Mental Health System. Chuck stated he would keep the Committee apprised of the Task Force issues.
- Chuck stated that Dr. Michael Marsh, who was on the State Human Rights Committee and the Facility Director at Catawba Hospital has passed away.
- Chuck advised the Committee that there will be a LHRC Seminar on September 13 and 14, 2007 at the Koger Center in Richmond. This is for all 56 Local Human Rights Committees in Virginia. There will be a reception/social the evening of Thursday, September 13, and on September 14, 2007 there will be all day events. More information will be provided closer to the event.

6. Update on Recent RRCSB Cases & Issues for the Period 4/24 through July 23, 2007: Jim Bernat, Quality Analyst, provided the following information for this period:

- *Trainings*—New Employee Orientation to Privacy and Human Rights – three training events to 21 participants; General Human Rights - one training on June 8, 2007 to 40 participants (Transit & Nutrition staff); and on June 14, 2007 Conducted by Chuck Collins for LHRC affiliates. Summary of Events: five (5); Summary of Participants 61.
- *Complaints*—There were no Informal Complaints.
- *Complaints*—There were no Formal Complaints.
- *Allegations of Abuse /Neglect/Exploitation*—There were nine allegation of Abuse/Neglect: There was one allegation from the Transit Program (Peer-Peer) regarding one consumer observed taking money from another. Staff response was appropriate. Internal findings were not Founded; There was one allegation from the Orange Bridges Program (Peer – Peer) one consumer hit another. Staff supervision and response appropriate. Internal finding was Not Founded; There was one allegation from the Visions Program (Peer – Peer) complaint by one consumer that another was calling too much & was coercing her into continuing the communications by threatening to harm herself. This was Not Founded; there was one allegation from the Remington Group Home (Peer – Peer) two peer engaged in sexual touching. This appeared consensual. Guardian objected. Staff increased supervision. They are not allowed in the other’s room. Guardian is satisfied with staff response. This was Not Founded; there was one allegation from the Orange Bridges Program (Peer – Peer) Consumer hit two other consumers. Have now completed scheduled behavioral consult, though no report back. Consumer is now in fewer large group settings, especially on outings. CVTC evaluation is still in process. Significant decrease in physically aggressive acting out. This was Not Founded; there was one allegation at the Bramblewood Group Home (Peer – Peer) Consumer hit a peer unprovoked. Increased supervision. Staff interventions appropriate. No subsequent incidents. This was Not Founded; there was two allegation at the Visions Program. In the first, a consumer hit another. In the second, the same consumer attempted to use her glucometer on the other consumer. He pulled away. Staff intervened and have discussed issue with consumers. No subsequent incidents. This was Not Founded; there was one allegation at Boxwood (Staff Verbal) Client accused staff of making threats. Staff denied the incident & another staff supported his version. Client left treatment before Jim could interview him. This was Not Founded.
- Please see Jim Bernat’s complete report attached to these minutes for the record.

7. Update by Brian Duncan, Executive Director, RRCSB-AAA: There is no Executive Director’s report today. Mr. Duncan is on leave from July 23 through August 10, 2007. He will return to the office on August 13, 2007.

Miscellaneous Items from Jim Bernat

Jim Bernat provided a follow up on an issue from January 2007 regarding a Case Management staff. At that time he found the complaint unfounded. He has since gone back and reviewed the complaint again. He has changed his determination to undetermined. The employee has left the agency.

Jim stated that an MR Case Management consumer was seeking Section 8 Housing and was having difficulty paying bills.

Jim had a client concerned about their confidentiality.

Jim stated that Steve Hagan had a consumer living in independent living. The consumer does not want us helping him to take his medications. He is duly diagnosed MH/MR. Chuck stated that the consumer's fundamental right is to be safe in a Program. Chuck suggested drafting a Behavioral contract between the consumer and the CSB. Try to find someone close to him who would talk to him to get him to buy into this.

Hal McDermott asked about the new Boxwood Facility. Jim stated that it was on track as was the new Mental Health Group Home adjacent to the new Boxwood property.

Jim stated that Brian was currently completing an RFP to implement and support Mental Health Recovery.

Comments from Mark Seymour—Mark stated he enjoyed hearing the brief update on Childhelp and on Lori Davis' Program. He stated that children's programs need to define who they are going to serve. The new regulations will be looking at more specifics such as "who the child can have contact with". There is also a heavy push to get children into Residential Programs. Mark also stated that there is a Task Force which is looking into violence for children.

Carole Sue Graves asked "Where are they going to place these children"? There was no defined answer.

- 8. Other:** The next meeting of the Local Human Rights Committee will be on Tuesday, October 23, 2007 at 1:30 p.m. in Room B of the Bradford Road Office. Please remember to contact Paula Benenson at 540-825-3100, ext. 3146 or pbenenson@rrcsb.org if you cannot attend a meeting.

There being no further business, Hal McDermott made the motion to adjourn. Carole Sue Graves seconded. The motion was voted on and passed unanimously. The meeting adjourned at 3:05 p.m.

Approved:

pjb

DRAFT