

**APPROVED**

**SUFFOLK REGIONAL LOCAL HUMAN RIGHTS COMMITTEE MEETING  
Minutes for  
Tuesday, March 28, 2006**

**Committee Members Present:**

Reginald Daye, Regional Advocate  
Sylvia Capehart-Paige  
Jacqueline Blackett  
Doris Peterkin

**Affiliated Programs Present:**

Baker's Home, Inc. – Claudette B. Jones  
Better Care Family Homes, Inc. & Carlisle Estates – Lottie Walton  
Braley & Thompson, Inc. – Beth Simons  
Community Supported Training Organization, Inc. – Mike Ebong  
Obici Behavioral Health – Pat Romano  
Quality Care Community Service, Inc.- Joe Ann Lawrence  
Quality Community Supports, Inc. – Ms. Ingraham  
Rehobeth Residence, Inc. – Cheral Dixon  
Visions Community Services, Inc. – Eula Myers  
WTCSB – Sheila Hunt  
Zuni Presbyterian Homes -

The Local Human Rights Committee meeting was called to order at 8:29 am by chairperson, Ms. Doris Peterkin.

New committee member, Jacqueline Blackett, was introduced to other committee members and affiliates.

The minutes of the October 4, 2005 LHRC meeting were reviewed and approved.

**Old Business:**

There was no old business.

**New business:**

Ms. Theresa Parker resigned from the committee. Mr. Ronald Gibbs was approved as a new committee member.

The Suffolk Regional LHRC Bylaws were amended. The following changes were made:

**ARTICLE II  
Section 1**

As required by Virginia Code **37.2-204**, one –third of the LHRC members shall be consumers or family members, with at least two consumers who **are currently receiving services, or have**

**within five (5) years of initial appointment, received services. In addition, at least one appointment to the LHRC must be a health care provider.**

### **Section 3**

- 1. Members shall attend all regular and special meetings of the LHRC. A member who misses 2 regularly scheduled meetings within a 12-month period shall be subject to a recommendation for removal by a majority vote of the other LHRC members. On any motion to remove a member, that member shall not have a vote. Such recommendation shall be forwarded to the SHRC for action.**
- 2. The LHRC may also recommend to the SHRC that a member be removed for violation of the LHRC bylaws, or of any governing regulations or state laws.**

### **ARTICLE VII – Quorum**

**A quorum will consist of a simple majority of the membership. At no time, however, shall a quorum be less than 3 members, regardless of the number of members on the committee. An affirmative vote of a simple majority of the LHRC membership shall be required to take action on a complaint.**

The committee voted and approved the changes to the bylaws.

Mr. Daye discussed the Freedom of Information Act with the committee members and affiliates. He informed the committee members and affiliates that the Freedom of Information Act require the approved minutes of the LHRC be posted three (3) working days after the meeting. The draft of the minutes of the recent meeting must be posted ten (10) working days after the meeting. Also, the schedule and the location of the meetings must be posted.

The meeting schedule for the year of 2006 was stated as follows:

3-28-06  
6-27-06  
9-26-06  
12-5-06

It was determined that the meetings will be held at Western Tidewater Community Services Board.

Ms. Margaret Walsh is to receive this information via email and she will post it on the website. Her email address is [margaret.walsh@co.dmhmrsas.virginia.gov](mailto:margaret.walsh@co.dmhmrsas.virginia.gov).

Mr. Daye reiterated that the Committee's granting a program 90 day temporary affiliation is based on the program's compliance with the bylaws. The temporary affiliation is valid for 90 days or until the next meeting.

If a program with a permanent affiliation misses a meeting, the committee will vote to place it on a temporary affiliation status. If this program misses the next meeting, then temporary affiliation will expire or be terminated. The program will have to explain their absence from the meetings and request affiliation again. The committee will vote whether to deny or grant permanent affiliation or another temporary affiliation. It is the program's responsibility to request a meeting to request affiliation.

Mr. Daye informed affiliates that when another program is added, they must submit a notice to the Office of Human Rights in order to determine if their existing Human Rights Policies and Procedures will cover that service. If so, then the program should state this. If not, then the program must submit to the Office of Human Rights policies and procedures for the new program service for review and approval prior to seeking LHRC affiliation.

Mr. Daye informed the Committee members and program affiliates that the Human Rights Conference is tentatively scheduled for September 7 thru September 8, 2006. It will be held at the following location: Holiday Inn Koger South, 1021 Koger Center Blvd., Richmond, Virginia. The conference schedule is as follows: Social – September 7, 2006 from 7:00 pm to 9:00 pm; and Conference Meetings – September 8, 2006 from 8:30 am to 4:30 pm. Space is available for 325 which includes 25 Office of Human Rights staff members. The cost for registration will be approximately \$25 per person. The topics of the conference were discussed. Surveys will be sent to Committee members and program liaisons to determine their preference of topics.

Each facility was asked to give their reports.

#### **Facility Reports:**

**Baker's Home, Inc.:** Reports for January 10, 2006 and March 28, 2006 were submitted.

The report for January 10, 2006 was as follows: During this period, there were no complaints of human rights violations or complaints of abuse, neglect or exploitation. Also, there was no use of behavior management. We have forty (40) consumers in our Mental Health Support program. Two (2) consumers were discharged, one (1) of whom died of natural causes. We have twenty-eight (28) consumers in our Psychosocial Rehabilitation program. Two (2) consumers were discharged, one (1) of whom died of natural causes. The programs are in good standing with Licensing and this Committee.

The report for March 28, 2006 was as follows: During this period, there were no complaints of human rights violations or complaints of abuse, neglect or exploitation. Also, there was no use of behavior management. We have thirty-two (32) consumers in our Mental Health Support program. Two (2) consumers were discharged. We have twenty-eight (28) consumers in our Psychosocial Rehabilitation program. Two (2) consumers were discharged. The programs are in good standing with Licensing and this Committee.

**Better Care/Carlisle Estates:** For this reporting period, there were no incidents of behavior management implementation of time out. Our license specialist did an announced environmental inspection of Better Care Family Homes and Carlisle Estates. All went well. Carlisle Ranch has been granted its license. Also, a conditional license has been granted for Non-Center Basic Day Support. All three programs have been merged to one (1) license.

**Braley & Thompson, Inc.:** We have one (1) consumer in our outpatient mental health program at this time. There were no incidents or consumer rights violations during this reporting period. We have not completed a seclusion report.

**Community Supported Training Organization Inc.:** Community Supported Training Organization Inc. has not experienced any incidents of abuse allegations or restraints. CSTO Inc. now has thirteen (13) clients. CSTO Inc. was audited by two (2) representatives from the Department of Mental Health, Mental Retardation and Substance Abuse Services on January

18, 2006. CSTO Inc. was found to have fairly well organized files; however, we were cited for eight (8) personnel file documentation violations. We have corrected all violations and we have implemented a monthly records review policy to prevent future documentation non-compliance issues. We have also already submitted a Corrective Action Plan to the Licensing Specialist.

CSTO Inc. also had a client complain to an agency supervisor about an inappropriate act by a Case Counselor. As this act was not specifically detailed in our human rights manual, we were unsure whether it was a reportable offense or not. We contacted the Office of Human Rights on March 22, 2006 and were notified by an Advocate that "when in doubt, we should always notify the Office of Human Rights in accordance with the notification guidelines." After speaking with the Advocate, we followed all complaint allegation requirements. We have sent to the Office of Human Rights, a copy of the complaint allegation, the complaint investigation and the determination and results of the investigation. We sent these documents on Monday, March 27, 2006.

**Obici Behavioral Health:** A report for the last quarter of 2005 was submitted. There were a total of fifteen (15) seclusions and a total of two (2) restraints. There was an increase of eight (8) seclusions and one (1) restraint from the last quarter. We were 96% in compliance with doctor's orders. (One restraint ordered was not renewed.) The goal is 100%. We were 100% in compliance with nursing documentation. We were 100% in compliance with flowsheet documentation. One (1) incident was reported and in the process of correcting failure to report to Human Rights Committee.

**Quality Care Community Service, Inc.:** At this time, there have been no incidents of abuse or allegations. We had our inspection by licensure in February. It went very well. The inspector found only 3 minor complaints. The corrections have been made and have been sent in. We have eight (8) clients having discharged two (2) clients. The program is in good standing with the LHRC. The seclusion and restraint reports were submitted before January 15<sup>th</sup>.

**Quality Community Supports, Inc.:** For this reporting period, the QCS program has no implementations of behavior management or time out techniques to report. In addition, we have had no complaints to report. We sent in the seclusion and restraint report. The program is in good standing with the LHRC.

**Rehobeth Residence, Inc.:** There were no outstanding human rights violations. Rehobeth serves twelve (12) consumers in two (2) locations. Seclusion and restraint reports were submitted.

**Visions Community Services, Inc.:** For this reporting period, there were no complaints and no complaints founded as human rights violations. There were no abuse/neglect allegations, no founded abuse/neglect allegations and no unfounded abuse/neglect allegations for this reporting period. Visions has opened two (2) of their sponsored Residential Homes with one (1) consumer in each home. We have an additional tour for placement scheduled for April 4, 2006. We submitted documentation to Mr. Daye's office and to the Licensing Specialist's office of one of the sponsored homes regarding the consumer having MARSAs. Since submitting the report, consumer has been seen by her doctor and is under his care. She has been cleared by him to return to work. Her doctor informed the provider and director that the consumer was found to non-contagious at this time. Visions Day Support Program is in the process of becoming a center base program located at 5529 Old Guard Crest, Virginia Beach, VA 23462. We are presently awaiting the Licensing Specialist to visit and inspect the site for approval. We continue to service our Day Support Consumers in the community until the Licensing Specialist reviews

the prospective site. We are presently servicing four (4) consumers with one (1) new consumer entering the program for service today, March 28, 2006. Visions has submitted its annual human rights report to Ms. Marion Greenfield in Richmond, regarding seclusions and restraints. The status of implementation of variances is not applicable. Visions Community Services Inc. is asking the Committee to grant permanent affiliation for their Sponsored Residential Homes. Visions Community Services Inc. is in good status with dues this reporting period. Mr. Barry Lee is our Licensing Specialist.

**WTCSB:** Reports were submitted for the periods of September 26, 2005 – January 9, 2006 and January 9, 2006 – March 26, 2006.

The report for September 26, 2005 – January 9, 2006 is as follows: There was one (1) incident resulting in serious injury. Staff followed Board's Policies and Procedures. There was one (1) death following which an autopsy was performed. There five (5) behavior incidents which were founded. Staff followed Board's Policies and Procedures.

The report for January 9, 2006 – March 26, 2006 is as follows: There were five (5) behavior incidents which were founded. Staff followed Board's Policies and Procedures. There are approximately 3,500 unduplicated clients served by WTCSB. There are 1,000 receiving other services – prevention. A seclusion report was submitted.

**Zuni Presbyterian Homes:** Ms. Deborah Banks is the Program/Case Manager. We have forty-three (43) residents so we are at full capacity. We have not had any incidents or violations. We are looking for a new Program Director; therefore, the roster needs to be updated. Daryl Taylor and Jennifer Hilton are visitors today and will be interviewed for the vacant committee member position. The seclusion and restraint report was submitted.

Better Care Family Homes, Inc. requested temporary affiliation for Non-Center Basic Day Support Services. A conditional 90 day temporary affiliation was granted pending submission of the program's Policies and Procedures to the Office of Human Rights for approval before the next meeting. Permanent affiliation was approved for Carlisle Ranch.

WTCSB was informed that the program needs to submit a letter to the Office of Human Rights for their Intensive Community Treatment. A temporary 90 day affiliation was approved.

The local human rights committee then voted to go into closed session, pursuant to Virginia Code 2.2-3711A to review reports on allegations of human rights violations, abuse, neglect and serious incidents from the following programs: Community Supported Training Organization Inc., Obici Hospital and Western Tidewater Community Services Board.

The committee voted to come out of closed session, and upon reconvening in open session, each member certified that the only thing discussed while in closed session was the above referenced items for Community Supported Training Organization Inc., Obici Hospital and Western Tidewater Community Services Board.

With regards to WTCSB, the recommendation was made to submit their policies and procedures related to the PSR (Tidewater House) Consumer Consequence Committee. The policy must obtain an appeal process review by the Executive Director. The Policies and Procedures will be presented at the June meeting.

With regards to CSTO Inc., the committee voted to request that CSTO Inc. ensure that all of their counselors are properly trained as to the appropriate behavior management techniques as detailed in their Human Rights Policies. The committee also requested that documented proof of the training be submitted to the committee and the Office of Human Rights for review.

With regards to Obici Hospital, the committee voted to request that they write the consumer a letter explaining the consumer's right to appeal the Ethics Committee's decision and that she had ten (10) working days to do so.

It was determined that the next committee meeting will be held on June 27, 2006 at 8:30 a.m. The meeting is set to be held at Western Tidewater Community Services Board.

**Adjournment:** There being no further business, the meeting was adjourned.