

RAPPAHANNOCK-RAPIDAN AREA LHRC

Approved Minutes

June 7, 2022

10:30am

15361 Bradford Rd, Culpeper, VA

MEMBERS PRESENT

Jackie Dare – Chairperson

Betsy Knight-Reid – Member

David Henry – Member

Ann Garrett – Member

Members Absent

Mary-Ann Gray - Member

Arla Lewis – Member

Dana Rexrode – Member

OTHERS PRESENT

Artea Ambrose – Human Rights Advocate, DBHDS Region #1

Heather Hilleary – Human Rights Advocate, DBHDS Region #1

Nancy Simmons – LHRC Member, Catawba State Hospital LHRC

Carol Morgan – LHRC Member, Northwestern Area LHRC

Cathy Wolfe-Heberle – LHRC Member, Northwestern Area LHRC

Chris Taylor – LHRC Member, Northwestern Area LHRC

Cassie Staples – DePaul Community Resources

CALL TO ORDER

Ms. Dare called meeting to order at 10:36am

ROLL CALL/ATTENDANCE

Those in attendance made introductions. Chair welcomes attendees.

Approval of Agenda

Ms. Knight-Reid motioned to add Horizon Behavioral Health next friend review to the agenda. Seconded by Dr. Garrett. The motion was unanimously approved by all committee members present.

APPROVAL OF MINUTES

Ms. Knight-Reid motioned for the March 2022 draft minutes to be approved. Seconded by Dr. Garrett. The motion was unanimously approved by all committee members present.

PUBLIC COMMENTS

No public comments made.

CHAIR ANNOUNCEMENTS

No announcements from the Chair.

ADVOCATE REPORT AND TRAINING

Regional Data

- i. Quarterly ANE and complaint statistics - For the quarter ending 3/31/2022 in Region 1:

32 Complaints involving allegations of ANE (CSB)

339 Complaints involving allegations of ANE (Providers)

11 Complaints not involving ANE (CSB)

16 Complaints not involving ANE (Providers)

Of the 398 total complaints, 47 were substantiated. This is a percentage of 11.35% substantiated cases.

Interestingly, in the last report for Q4 of 2021, the percentage of substantiated cases was also 11.35%.

- ii. Summary of current Variances – There are no current variances for community-based providers in Region 1.

- iii. Updates –

1. **Omni Institute Report on Opioid Misuse** – According to a new report released by OMNI Institute, an evaluation partner of DBHDS. The report details a 60% decrease in misuse of any opioids in the past 30 days by participants in Virginia's State Opioid Response (SOR) Grant-funded program. These participants accessed a variety of treatment and recovery services according to the best fit for their needs. The three most commonly utilized services are Medication-Assisted Treatment, counseling, and peer support. Curbing the opioid crisis in Virginia has been one of our top priorities, even before the COVID-19 pandemic brought alarming new trends in overdoses. Now, more than ever, the work to expand treatment access, increase prevention and community coalitions, and deploy multi-year federal SOR grants is critical as we work to reverse these trends. This new data gives us great hope for what treatment and recovery services can do for those that are able to access them.
2. **Claude Moore Scholars** – The Richmond Times-Dispatch featured a story about our partnership with the Claude Moore Foundation's Scholars program, which is working to connect students to possible careers in health care, and especially behavioral health. This work has begun with a partnership between Petersburg Public Schools and Central State Hospital, and in the coming months, students in the program will have a chance to participate in a work study program at Central State that will help expose them to the many different careers within the behavioral health field. We are very excited about the possibilities here and see our work with Claude Moore as building a pipeline for the future that can truly benefit our entire system, while also strengthening our connections to the communities we serve.

3. **Governor's Commitment to Mental Health - [Channeling Virginia's pioneering spirit to address our mental health crisis \(Opinion\)](#)**

By Governor Glenn Youngkin, Washington Times, March 15, 2022

As Virginia's Governor, it is my mission to make Virginia the best place to live, learn, work and raise a family. One critical component to delivering on this promise is to ensure that Virginia has a health care structure that supports the strong and resilient residents of the Commonwealth, which includes the resources for and support of mental health care. Throughout my campaign, I heard from Virginians about the challenges of accessing affordable, quality care. They told me their heart-wrenching stories of mental illness and substance abuse on families and communities. Virginia has a long history of "firsts," and this includes in the mental health arena, when America's first public mental health hospital was established in Williamsburg in 1773. It's time to address our mental health crisis in an equally pioneering and innovative way.

Unfortunately, the COVID-19 pandemic has exacerbated the negative impacts for those who need mental health care. Even before the pandemic, many people of all ages, all across the Commonwealth, struggled with their mental health. Suicide, anxiety and depression have increased dramatically. The opioid crisis continues to devastate our communities. While the past two years have lessened the stigma for those seeking assistance and allowed more of us to talk openly about mental health and substance use needs, we still have work to do.

My administration will focus on wellness, prevention and treatment to meaningfully impact and strengthen mental health in the Commonwealth. One early emphasis will be on young Virginians: we know the tragic effect mental health and substance use have during the developmental years, in K-12, and higher education. Many of our colleges and universities, as well as many local school divisions, have substantially increased their focus and resources to empower students to address mental health and build resiliency a key strength that will serve them throughout life. But let's be clear, young people are not the only ones struggling with mental health and substance use; these challenges affect people regardless of age, race, income or locality.

Diminishing the stigma for those seeking help is critical, but we also must ensure that quality prevention and treatment options are both available and accessible. We know that we must build additional services at the local level, especially preventive care, to help individuals manage their symptoms so they do not end up in crisis centers, hospitals or the justice system. Today, many other tools are available, including cognitive behavioral therapy, resiliency, telehealth and peer-counseling. These proven therapies can help give access to people who have struggled to get help when they need it

most.

I am also committed to addressing long-standing challenges at Virginia's mental health hospitals and to lessen the burden on localities, hospitals and law enforcement, especially our sheriffs. More often than not, when people with mental health issues need crisis care, they instead end up in emergency rooms or jails. Our public and private health workforce has been stretched and strained, yet still works mightily to deliver compassionate care. We must do everything we can to build a strong and vibrant workforce and to incentivize quality behavioral health providers throughout Virginia.

My administration is working with legislators this General Assembly session to make much-needed improvements to state hospital services and community mental health services. These critical actions include working to increase historically low salaries at state hospitals, bolster behavioral health and crisis across Virginia, improve the discharge processes at state hospitals and develop an alternative custody service to relieve law enforcement of long hours waiting with patients in emergency departments.

4. **COVID-19 Cases** – As of 3/11/2022 COVID-19 Update – The latest COVID-19 numbers from our facilities show only 10 positive cases across all the DBHDS operated facilities. This is a significant decrease.
- iv. Upcoming Events – Visit the OHR page on the DBHDS website for updated training opportunities. Upcoming trainings for June 2022 include:
 1. Thursday, June 9 - Investigating Abuse & Neglect: An Overview for Community Providers. *This training is designed as an overview of the investigative process, specific to the investigation of abuse and neglect.*
 2. Thursday, June 16 - The Human Rights Regulations: An Overview. *This training is designed to provide the learner an in-depth review of the Human Rights Regulations. Providers will increase their understanding of the Office of Human Rights processes and the responsibilities of the provider as mandated by the Human Rights Regulations.*
- v. 2022 SHRC Meetings: The SHRC will be meeting on the following future dates in 2022. For details regarding meeting information, please reach out to an advocate in your region.
 - June 23, 2022
 - August 18, 2022
 - September 29, 2022
 - November 3, 2022
 - December 8, 2022
- vi. LHRC Trainings: We will be conducting quarterly virtual LHRC trainings for our assigned LHRCs. The trainings will also be recorded so that LHRC members can access the training and take a competency test to ensure they reviewed and understood the material. More information will be forthcoming for the dates and trainings.

OLD BUSINESS:

None

NEW BUSINESS

- Entered into closed session to review restriction plan presented by DePaul Community Resources
- Mock Hearing Training
- Horizon Behavioral Health failed to join the meeting; therefore, this agenda item was not reviewed.

CLOSED SESSION

Upon a motion made by Ms. Dare and seconded by Ms. Knight-Ried, the committee entered closed session pursuant to Virginia Code §2.2-3711, a.15 and §2.2-37.05.5 for the purpose of discussion not related to public business.

RETURN TO OPEN SESSION

Upon reconvening in open session, each member certified that, to the best of each member's knowledge, only private business matters, lawfully exempted from statutory open session requirements and identified in the motion by which the closed session was convened, were considered in the closed session.

- Dr. Garrett motioned to approve the restriction plans as presented by DePaul Community Resources for DCR 1 without recommendations. Seconded by Ms. Knight-Reid. Unanimously approved by all members present.
- Mock Hearing Training provided by the advocate.

MEETING ADJOURNED

The next scheduled LHRC meeting is September 6, 2022 at 10:30am at the Rappahannock-Rapidan CSB – 15361 Bradford Rd, Culpeper, VA.

Hearing no other business items, Ms. Knight-Reid motioned to adjourn and seconded by Ms Dare. Ms. Dare adjourned the meeting at 12:20pm.