

**CONSUMER FAMILY ADVISORY COMMITTEE
NOVEMBER 1, 2004**

Present: Frances Jenkins, Donna Bowman, Larry Arnold, Anne Arnold, Wendy Stafford, Rick Spangler, Robert Phinx, William J. Pope, Dee Reece, Deborah Huffman, John White, Jeanne Duncan, Ed Walsh, Chuck Stuart, Tamra Wise and Sherry Durant

Introductions were made.

The reason for committee was given: To make suggestions and give guidance to the Board of RHA.

Introduction to RHA: John White presented the information that is used in training of new staff. He also went over RHA's Mission, Our Values, The 25 personal outcomes and how the interview process is completed with the individuals we serve.

A copy of RHA's Mission, Values and Person Outcomes are included.

There was discussion on the services provided by RHA, and explanation of the way RHA Atlanta, Asheville and RHA/Howells are divided and their different roles and services.

The follow discussion took place in reference to Personal Outcomes, staffing issues, what the service users want, along with a bed tax that is being proposed.

1. Is this the trickle down because most of the time staff turn over is so fast that they don't have time to get to know the person? Hopefully it's things that get passed on as staff leave.
2. How far is the outcome process trickling down? Varies per unit.
3. Turn over is a huge problem in some areas. This is primarily a regional problem. The company has put together for the state an assessment for review. This will hopefully have some impact on starting wages and a retirement package. Average pay rate is 10.00hr. With Howells being around \$6.00. This bed tax may bring in more money for us to be able to raise wages and do some other things for Howells as well as RHA.
4. Additional funds: Grant Program for respite and other services that are not funded at this time, along with Federal and Private Grants are all things that are being looked into.
5. Training will be the same across the board for RHA & RHA/Howells. To get those that are already employed, this new training can be done via House Meetings, statewide meetings, management team, etc.

Bylaws: Review of Bylaws and any changes that need to be made:

- Advise and comment on Business Plans: We may want to look at areas we need to focus on, areas of opening new services, olmstead project, etc.
- Participate in needs assessments and community planning
- Participate in Service Model development and delivery.
- Review and comment on the State and LME service financial information.
- Participate in Quality Improvement activities. Staff survey and Guardian Satisfactions, We will use these tools to develop Quality Improvement Plans. Quality Assurance is making sure that services are being provided correctly. The QA committee report each month is sent monthly to John in Asheville. Different types of assessments are sent in with the report.
- Ensure consumer and family participation.
- Promote activities related to consumer empowerment and self-determination.
- Inform and educate other consumers, family members, and the general public.
- Develop and articulate to elected officials the position of consumers and families.
- Consumer and family members make up the committee
- Not to exceed 20 members.
- Representation on other operation committees.
- 4 years is length of services.
- ¼ of the membership to rotate off each year.
- Two consecutive terms
- Staffed by one employee of RHA-Operations Specialist.
- Regular Meeting – Twice a Year (May and November)
- Special Meetings may be called by the Chairmen, Vice-Chair, Secretary, or by five members of the CFAC.
- Emergency Meetings – may be called to consider unexpected circumstances.

Officers:

- Chairmen
- Vice-Chairman also serves as Chairman Elect
- Secretary - Staffed by RHA

Duties of Officers:

Chairman: Guarantees the democratic functioning of the CFAC.

Presides at all meetings.

Vice-Chairman: Assist the Chairman. Assumes the duties of chairman upon the termination of the Chairman's term of office.

Secretary: Records the actions of the CFAC. Maintains accurate recordings of minutes.

Roberts rule of Order: Shall govern the conduct on business in all cases, which they are applicable, and not in conflict with these bylaws.

Bylaws were reviewed and approved with changes by committee.

Discussion on the word: Client: several individuals prefer the words Service Users instead of Clients. Several agreed.

Mike Mayer: Legislative Update:

The Reform process that began in 2001 saw groups getting together that grew out of several studies that the legislators had done stating the laws were not working in the MHDD/SAS. Reform is to be completed in 2007, which means it should be about ½ way finished. Half fixed and half broken. That is the backdrop with where we are. Constantly trying to figure out how to make it work.

Will it effect our group homes? Yes later on. Some good and some bad. Changes will be in how services are delivered, provided, funded. More on individual's budgets as to their needs. Some group homes (Level 3 mental health group homes) are raising standards to provide services for this group.

What do you see happening to larger facilities? State facilities – some may close (They are looking at Dix right now). At least 2 between now and 2010. MR centers that exist are probably in trouble. Large centers at Howells are pretty safe for about 10 years. The pressure for them to do something different will be in about 5 years.

What's the ideal place for facilities? What are these state people looking for or what will work? Group homes, living alone, etc. State is now saying what ever the person's choice. Standards on quality of care will be overall better. There is already a moratorium on ICF/MR beds. What type of services will ICF/MR's be getting? Probably be living in 3-4 bed homes. How are they going to put a service user in the community when they do not need to be there? There continue to be many questions of the Reform. We will continue to watch and see how things move along.

John White: Discussed several RHA Programs:

RHA's Ethics and Compliance Training Program, stating that in Jan. and Feb. of 2005 the program will be implemented at RHA/Howells in January 2005. The program was developed about 5 years ago. There are 4 key elements to the Program. 58 to 60% of the calls are anonymous. 70% of the calls are employment related and 4% are directly linked to service user care. Reports are given to a compliance committee and also to the board members twice a year.

HIPPA: We have met all the requirements of the government. Training is completed with all staff to be sure they understand the program.

Guardian Satisfaction Survey: July 2004 Results and Action Plan:

Copies of the survey were mailed to members for review before the meeting. A copy of the results of the RHA Survey was given out. This does not include Howells surveys; Ed will be able to share Howells with you.

Please review the survey and let us know what we are not asking that we need to.

Action Plan for this survey:

1. Notification of comments requiring immediate attention and feedback to family.
2. Quality Assurance Committees will review unit specific results.
 - Identify quality improvement measures based on survey results.
 - Update QA/OI plan accordingly.
 - Letter to guardians to summarize the results and describe the QI measures being implemented.

Ms. Reece discussed how she feels. She is scoring high and does not feel that the quality is what she wants it to be. Deborah mentioned the scoring line could be different as in 5 lines and not a leveling scale.

John ask that the committee notice that we are doing action plans on 4's and trying to improve as we go along.

Election of Officers: Discussion followed:

Mrs. Reece: We agree that we do not know what we are and what we are suppose to do. We don't feel like we want to agree to be an officer.

John: What purpose can we serve to have an impact on RHA/Howells.

Mr. Arnold: How much time will we need to spend and how many times that we need to meet.

Jeanne stated the committee would recommend back to the board if our policies are meaningful and need to be in place. Whether we are spending our money properly? Discussion continued about what the committee is to do. Jeanne continued by stating that our company is a good model for all companies. We have policies like the No Discharge policy unless it's a medical reason that we are not able to give proper care to the individual.

She suggested that we start with our mission.

Committee felt they would like to meet again to start preparation of a mission and to elect officers. Tamra will check with Ed and see if we can use his conference room: Feb. 7th at 10am. to 12pm.

There being no further business the committee adjourned.

Respectly submitted,

Tamra Wise
CFAC Secretary
RHA Health Services, Inc.