

LOCAL HUMAN RIGHTS COMMITTEE VALLEY COMMUNITY SERVICES BOARD
 MEETING MINUTES
 September 8, 2006



Members Present

Nixsa Swinson, Vice Chair
 Marita Derrick
 Tammy Johnson
 Jeffrey Jones
 Donna Logan
 Josephine Carpenter
 Elizabeth Bouldin-Clopton

Chuck Collins, Regional Advocate
 Mark Seymour, Children’s Advocate

VCSB Representatives

Dana Fitzgerald, Interim LHRC Liaison

Members Absent

Virginia Kivlighan, Vice Chair

Reporting Affiliates

ARC of Augusta - Tina Martina Presenting
 Creative Family Solutions – Becky Halterman, Presenting

Guest

Lonnie O’Baugh
 Karen Cunningham
 Becky Halterman
 Beth McGee

TOPIC	DISCUSSION	ACTION
Call to Order	Nixsa Swinson, Vice Chair called the September 8th, 2006 LHRC meeting to order and requested individuals present to introduce themselves.	N/A
Public Comments	<p>Lonnie O’Baugh Representing ICF/MR Program Services for VCSB. Ms. O’Baugh addressed the committee requesting approval for the use of protective restraints used for the consumer. (Consumer’s initials, age and restraint used)</p> <p>Prior to Ms. O’Baugh’s request, Mr. Collins, Regional Advocate, provided background for members. “When a program such as, Greenstone is Medicaid funded it has (2) two levels of regulations that they have to adhere to: (1) Federal Regulations and (2) State Regulations and Licensing requirements. Mr. Collins read Item 3; Restraints on page 27 of the Regulations Book – Definition of Restraint is found on top of page 7. (Medical Purposes, for Protective Purposes) The protective devices prescribed by physicians, proper and informed consent is given by consent givers in all cases.</p> <p>Additionally, it states that the LHRC has to review these plans as a form of oversight of the LHRC Regulations. Please be advised to continue to use the procedures that have been prescribed and consented to – don’t discontinue using just because the LHRC has not reviewed.</p>	<p>Tammy Johnson motioned to accept the restraints that are for the safety of the individuals, for as long as medically indicated and with the consent of the consent giver.</p> <p>Elizabeth Bouldin-Clopton seconded motion.</p> <p>Motion carried unanimously.</p>

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	<p>1) J.S. approximately 35 yrs. old. – Profound MR & CP – uses gait belt, jeri recliner with table top; transfer pad (for extreme emergencies); and shower chair.</p> <p>2) R. L in 60s. – Severe MR – psychosis not otherwise defined, questionable dementia, attention disorder with hyperactivity not otherwise specified. uses side rails on high/low bed; wheelchair; shower chair; transfer pad available for extreme emergencies.</p> <p>3) E.K. – Profound MR, Impulse Control Disorder and Seizure Disorder– uses side rails, wheelchair for outings, and transfer pad (if needed), lift recliner, shower belt, gait belt when ambulating with staff assistance.</p> <p>4) S.L. – in 40’s Severe MR, Impulse Control Disorder, and Poorly controlled seizure disorder – uses transfer pad for emergencies; protective helmet.</p> <p>5) C.H. – in 30’s – Severe MR, CP and controlled seizure disorder – uses a wheelchair with self releasing belt and a shower chair with a safety belt; transfer pad for extreme emergencies.</p> <p>(All 5 consumers have physician orders for these restraints – all residents have a legal guardian/relative who is invited and encouraged to attend with the resident to meet with the physician)</p>	
<p>Meneika Keith, Sponsored Placement Specialist</p>	<p>Ms. Keith explained that Sponsored Placement is when a family in the community has agreed to open their home and take in an adult individual with MR. The family is trained and provided assistance. Family is paid through Medicaid Waiver.</p> <p>A Sponsored Placement specialist writes the Service Plans, visit home every month, review service plan and documentation; visit with family and consumer to ensure services given are appropriate for his/her needs. Homes must meet licensure requirements through DMHMRSAS, as well as ensuring services are appropriate according to Medicaid Waiver. At times it is necessary to visit and/or speak with family daily. Families are screened, trained and supervised. Many visits to homes are unannounced.</p> <p>Ms. Keith presented the following physician ordered restraints utilized by consumers - for approval by the LHRC.</p> <p>1) R. H. – in 20s – Severe MR, and CP. wheelchair, safety harness on wheelchair and safety belt, bed rails with bed pads.</p>	<p>Elizabeth Bouldin-Clopton motioned to accept the use of restraints that are for the safety of the individuals, for as long as medically indicated and with the consent of the consent giver.</p> <p>Jeffrey Jones seconded motion.</p> <p>Motion carried unanimously.</p>

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	<p>2) A.E. – in 20s - CP and Moderate to Mild MR. A.E. requested bed rails and wheelchair lap belt.</p> <p>3) P. F. – in 50s – Organic Mood Disorder and Severe MR. Physician ordered hospital bed due to consumer’s risk of falling.</p> <p>4) R. E. – in 30s – Obsessive Compulsive Disorder, CP, Severe MR. He uses a helmet, elbow & knee pads, gait belt, and guard panel when traveling. (guard panel used to keep consumer from pinching others).</p> <p>5) W. A. – 30s – Mild to Moderate Seizure Disorder. Wheelchair seat belt; that he is able to fasten and unfasten on his own.</p>	
<p>ARC of Augusta</p>	<p>Tina Martina presented her Report to the Committee based on the 7 criteria set forth by the committee.</p> <p>1) Staff attends all training that Mr. Collins conducts, as well as additional training provided by VCSB. Staff attends training annually.</p> <p>2) Consumers are notified of their Human Rights verbally and also receive a picture explanations. (this is reviewed with LAR/guardian). All consumers or authorized representative signs acknowledging orientation and receipt of verbal and written information.</p> <p>3) No complaints to-date.</p> <p>4) Informal complaints are handled through staff on duty and the staff will make every effort to resolve the problem to their satisfaction. (Participant Handbook Attached to these Minutes)</p> <p>5) No Citations have been received since licensing as of January 2007.</p> <p>6) <u>Executive Director</u>, Bachelors in Education, specializing in MR <u>Program Director</u>, Associates Degree with 15 years of direct care experience. <u>Administrative Director</u> – 2 ½ years w/half-time direct care experience with ARC</p> <p>7) A culture of Human Rights is established through 45 years of advocacy and service in the area. Affiliation w/state and national ARC. Day-to-Day</p>	<p>LHRC accepted Annual Report as presented.</p>

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	interactions w/participants highlighting positive relationships.	
Creative Family Solutions, Inc.	<p>Becky Halterman presented the Annual Report for Creative Family Solutions, Inc. Ms. Halterman explained that CFS is a private care provider and has 7 satellite offices. There are approximately 41 consumers served with an average of 30 service providers in the Staunton area. There are three (3) professional staff, who provide supervision, etc. and three (3) clerical staff in the Staunton office.</p> <p>Her report is as follows:</p> <ol style="list-style-type: none"> 1) ALL staff receives initial training in Human Rights by supervisory staff. CFS, Inc. supervisors and service providers receive competency testing annually. All service providers are strongly encouraged to be present during the period when annual rights notification is made to the family or consumer. 2) Individual or ARs are notified of their Human Rights by the CFS Inc. supervisor. A packet is provided that includes Rights and responsibilities, how to contact the local advocate, complaint resolution procedures, and telephone numbers to call. Consumers and/or authorized representatives sign acknowledging orientation and receipt of the packet. Families receive information annually. 3) CFS, Inc had no formal complaints. There was one informal complaint that was elevated to the level that the Agency Director and the Local Human rights advocate had to become involved. After Regional Human Rights advocate was notified and completion of the investigation, it was determined that the incident was unfounded. 4) Each and every individual / representative is encouraged to speak with the direct staff provider, case supervisor, agency director, President and owner of the Company. All staff is expected to resolve the issue as quickly as possible. If the issue is not resolved within 5 business days, it is considered a formal complaint. 5) No Citations were issued. 6) Qualifications required for staff are a High School Diploma or equivalency, valid driver's license, acceptable vehicle insurance, acceptable criminal history (as set forth by the Code of Virginia). Also within 30 days of employment staff must complete First Aid, CPR, Non-Violent Crisis 	LHRC accepted report as presented.

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	<p>Intervention, TB screening, human rights competency. Violent Crisis Intervention, competency based orientation to persons with MR and competency based orientation to persons with disabilities. Service providers who provide Mental Health Services are required to meet the classification as a Qualified Mental Health Professional. Staff supervisors are required to be qualified as QMHP, QMRP, or QDDP under licensure requirements with a Bachelors degree in a Human Services field.</p> <p>7) A culture of human rights is established through the philosophy established by the owner. Each individual employee is trained in various aspects of human rights and it is emphasized that the individual is the first concern whether the issue be health, safety, dignity, or the appropriateness of services.</p>	
<p>Approval of Minutes (April, 2006 and July 2006)</p>	<p>With a quorum present the minutes for April 2006 and July 2006, were approved, seconded and unanimously carried.</p> <p>Mr. Collins commented that Mr. B (who asked Mr. Collins to intervene for a complaint that he had with VCSB) is happy to be receiving services and no longer feels the need to continue with complaint.</p>	<p>Minutes Approved & Carried.</p>
<p>Agency Update</p>	<p>Ms. Brenda Sasser, MR Director for VCSB presented the Agency Updates:</p> <p>1) On Tuesday September, 5 and Wednesday, September 6, Valley participated in a Regional Training for COSIG. This involves serving the consumer based on the consumer's individual needs rather than the diagnosis.</p> <p>2) Ms. Sasser presented the architectural rendering of the property on 1314 W. Johnson Street that will house the PACT office as well as have 4 apartments. All LHRC members were invited to attend the Open House on September 14th at the Johnson St. location.</p> <p>3) Two houses have been purchased in Waynesboro (1) A is 6-unit apartment located on 600 W. Main Street. and will house approximately 7 individuals with MH. (2) The 927 W. Main St. house will house SA individuals. (Licensed for 8 individuals).</p> <p>Valley has been extremely proactive in securing housing for individuals with MH and SA.</p>	<p>Informational only.</p> <p>Committee members complimented VCSB on their projects.</p>

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<p>Chuck Collins (a) Human Rights Training (b) Human Rights Regulations (c) Case Updates (d) Human Rights Seminar</p>	<p>(a) Mr. Collins stated that the Human Rights training that he has been conducting have been well attended and he has decided to conduct Human Rights Training one (1) time per year for each of the 7 Community Services Board under his _____.</p> <p>(b) Status of Human Rights Regulations – Governor has signed off on the Human Right Regulations. The Public Hearing process will be conducted next. (the Public meeting is scheduled for October 11th – 4-6 p.m at Valley Community Services Board). The State Board will entertain comments from families, guardians, and providers. (5 minutes or less)</p> <p>(c) Case Updates: July 4 complaints – VCSB – August 4 complaints and Sept - 3 complaints – VCSB (1 has been discussed with Dana Fitzgerald, Interim LHRC Liaison) – consumer had a dispute regarding his fees – this was discussed and amount agreed upon – satisfactorily resolved.</p> <p>Mr. Collins encourages consumers to handle complaints with appropriate staff and use the formal complaint process as necessary.</p> <p>(d) Mr. Collins stated that prior to having the Human Rights Seminar, it is pertinent to have the new Human Rights Regulations. He anticipates a Spring 2007 Seminar, but a date has not been determined at this time.</p>	<p>Informational.</p>
<p><u>Old Business</u> (a) New Members (b) Handout – Recent Disability Updates (c)Standards to Live By</p> <p><u>New Business</u></p>	<p>(a)Mr. Collins welcomed the 4 new members officially appointed to the Valley LHRC on September 1st at the State Human Rights Committee. Members shall serve for a term of 3 years.</p> <p>(b)Ms. Swinson briefly reviewed the Recent Disability Updates Across the Bush Administration. She asked members to please review.</p> <p>(c)Karen Cunningham, Case Manager, Waynesboro Presbyterian Group Home requested that the “Standards to Live By” which were presented at the April 28th Human Rights Committee Meeting be tabled until she has time to review with her staff. (Ms. Cunningham has only recently been hired by Presbyterian Homes) She also feels that the new LHR Committee members need some time to review before voting on this Policy.</p> <p>On September 29th, 9:00 a.m. – 11:00 a.m. Mr. Collins will be conducting training for the new committee members and anyone interested and needing to learn more about: the role of the advocate and the local human rights</p>	<p>(a) Informational.</p> <p>(b) Informational material (handout).</p> <p>(c)Tabled until November 3rd meeting.</p> <p>Informational.</p>

DRAFT

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	committee; management of policy and procedure reviews,; the complaint process; leadership; how to effectively advocate, and regulations, etc.	
Adjourn	With no further business to conduct, the Valley Community Services Board LHRC meeting was adjourned.	

The Next Meeting of Valley Community Services Board
Local Human Rights Committee is scheduled for
Friday November 3, 2006
9:00 a.m.
Sanger's Lane