AuSable Valley Community Mental Health Authority

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Date: July 12, 2017 **Time**: 5:30 – 6:00 p.m. **Location**: Oscoda Office

Staff Attending: Hollie McDonald, Deb Bissonette, Gib Filer, Michelle Wojtas

Parents or Consumers Present: 9 total (See sign in sheet)

Residential/CLS Restructure AFC, COH, CLS Handout

Craig Williams provided brief descriptions on Adult Foster Care (AFC) Homes and the Consumer Operated Homes (COH). AuSable Valley runs four licensed AFC Homes – 3 in Oscoda and 1 in West Branch. There are twenty COH Homes – 5 in Oscoda, 9 in West Branch, 1 in Rose City, 3 in Tawas, 1 in Prescott and 1 in Lupton.

Currently, the AFC's are geared towards individuals who require twenty four hour awake staffing. These homes provide supports to individuals who face challenges either medically or behaviorally. They are licensed settings are monitored very closely by the state and there are many regulations which must be maintained to keep the license. Home rules, staff training requirements, licensing guidelines all create boundaries which result in a more restrictive living environment.

Guardian EB questioned if private AFC settings are different then AuSable Valley's AFC's? It was explained that our AFC's are "Specialized" which requires additional training for staff on the various issues we address in helping the people we support, develop skills and greater independence. Private settings tend to be less restrictive as they are not under the same scrutiny.

COH: Non licensed houses either rented or owned by the individuals receiving community living supports through AV. These homes generally have three people in the residence with one staff providing supports. Bills are split between the three which has proven financially to very beneficial. At this time, the majority of the COH's are staffed 24 hours per day. These settings allow for a much more relaxed setting where the people being served do not have the same restrictions as those living in licensed settings. Independence and skill building are still encouraged by staff while at the same time ensuring physical health and safety.

With the current changes, involving the Home and Community based Services laws regarding the expenditures of Medicaid funds, AuSable Valley has had to look at making minor changes to assure we are in compliance to meet criteria for funding. Goals include increasing independence, ensuring physical health, successfully transitioning consumers into less restrictive environments, increasing natural supports for consumers and fully inclusive community inclusion. What we have found with some of the consumers living in the COH program, is that they have been overserved with staffing hours and could easily benefit by being given the opportunity to grow and recognize their abilities so they can move forward in transitioning into full community life.



During the next six months, the consumers living in the Oscoda area COH's will be assessed, with input from staff, caseworkers, the agency RN's and guardian to determine how many hours of service are required. Once the assessment is complete, training will be provided to Guardians to explain any changes which may be needed and then the residential restructure will move forward with all 20 COH homes being assessed and given the amount of staff time and/or services necessary.

JC (Guardian) had questions about the future of the COH program, mentioning that he was concerned as to whether the number of COH's would be reduced. He questioned if the agency would force consumers to move. Craig explained that no one will be forced to move. It was explained that these are private residences, however in the future we don't know how many COH's will continue to maintain 16 hours of daily staff support.

JC (Guardian) had brought up the use of special monitoring systems which have been used in other agencies. Craig explained this as a great option; kind of like having a central dispatch center where consumers can call when they need assistance and an AV staff could be dispatched to their location. What at one time required 3 staff 24 hours a day could now be more cost effective through the use of having one staff and then others on call. This would free up staffing for services to other individuals.

AFC homes will not be affected other than decisions on what the "Specialty" will be designated for each location. Hollie provided input that often times as consumers move to less restrictive settings the "Specialty" may change, based on the needs of those requesting services at that specific time.

Meeting Adjourned at 6:00 pm

Respectfully Submitted, Deb Bissonette