

**Minutes**

<b>Committee Name:</b>	Clients Rights Committee
<b>Date:</b>	January 5, 2009
<b>Time:</b>	6:00pm-7:00pm
<b>Meeting Place:</b>	Conference Room A
<b>Members Present:</b>	David Isenhower, Laurie Bradshaw, Todd Carswell, Dorraine Hernandez, Vanessa Anderson, Judy Dahlstrom, Sherry Clanton
<b>Members/Others Absent:</b>	Donna Hollar, Cynthia Houser, Jerry Woolard Jr.
<b>Guest/Speakers/Others Present:</b>	
<b>(Agenda Item #1)</b>	<b>Welcome and Introductions</b>
<i>Presenter:</i>	Laurie Bradshaw
<i>Action:</i>	Laurie called the meeting to order and welcomed everyone.
<b>(Agenda Item #2 )</b>	<b>October 6, 2008</b>
<b>Minutes:</b>	
<i>Action:</i>	Due to absent members that were present at the October meeting, the approval of the minutes was tabled until the next meeting in April.
<b>(Agenda Item # 3)</b>	<b>Client Rights Rule Update</b>
<i>Presenter:</i>	Vanessa Anderson
<i>Information Presented:</i>	A handout of Client Rights Committee Rule Comparison was handed out to each member. Vanessa explained the proposed changes. Each provider has a Client Rights Committee but it must have at least 50% family and consumer participation. The LME Client Rights Committee is the monitoring committee.
<b>(Agenda Item #4)</b>	<b>Complaints Update</b>
<i>Presenter:</i>	Vanessa Anderson
<i>Information Presented:</i>	As noted in the handouts the volume of complaints are up slightly this year as compared to last year. This is probably because of marketing and advertising. Cards and other materials were printed with the Access to Care number and the Customer Service number on them. This has informed the public as to how to contact Mental Health Partners.  It was also noted that more complaints were about accessing services. Reasons include finding new services or lack/reduction of existing services due to provider staff turnover.
<b>Agenda #5</b>	<b>Medical Decisions</b>
<i>Presenter:</i>	Judy Dahlstrom
<i>Information Presented:</i>	Judy handed out information detailing the medical decisions. Additions since the last review include reviewing the decision if an individual's medical status changes and a timeline delineating urgent, routine and emergency situations. It was stated in the paper that the CRC would review the 2 <sup>nd</sup> medical opinion, along with documentation and materials obtained in the Clinical Review Group

	and make a recommendation regarding the medical issue. A motion was made by David Isenhower that the CRC also receive the first medical opinion and this be added to the guidelines. This motion was seconded by Todd Carswell. The motion carried.
<b>Adjournment:</b>	<b>The meeting adjourned at 6:30 P.M.</b>
<b>Next Meeting:</b>	<b>April 14, 2009 @ 5:30 P.M. @ Morganton Community House</b>
<b>Respectfully Submitted By:</b>	<b>Sherry Clanton</b>