

Emergency/Transition Bed Planning for Level 3 and 4 Notes

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Attending: Tara Fields/American Human Services, Karen Ellis-Pam Bright-Kay Howell/Cleveland DSS, Bob Hensley-Kevin Kelley/State DSS, Jean Kenefick-Phyllis Stephenson/UCP Easter Seals, Michael McGuire/The Children's Home, Kelley Scherer/Alexander Youth Network, Karen McLeod-Leslie Kellenberger/Children and Family Services Association. *(Kelly, I'm sorry I missed the name of the second person from Alexander. What was it?)* Absent: Mike Watson, Sandhills Center

Task

Plan for the development of a clinically and fiscally sound pool of temporary transitional residential placements for displaced Level 3&4 kids, kids whose discharge planning team has been unable to find a placement.

Questions

- Number of kids we should plan for?
- Is there a list of group care and therapeutic foster care providers who are already nationally accredited?
- Is funding guaranteed? Will Medicaid agree to pay for this service?
- Can funding be provided to "hold" a bed?
- How long will the state allow this service to be provided? Through July 2010?
- Can CS Child (Professional) be retained for this group of kids during the transition period, both the Case Management elements and the direct care/wraparound services elements?
- Is the Piedmont Behavioral Health Waiver affected by the legislation? If not, can kids go there?
- Can the EPSDT process be expedited for these kids?

Concerns

Disruptions are damaging to kids. By design, the short term transitional placements we are developing will end in disruption of home and school and damage our kids.

If kids are doing well in these Transitional placements, judges may court order them to stay.

Some transitional placements may become permanent because there just isn't anywhere else for the kids to go.

DSS does not want these kids dumped on them or to take custody of them.

Recommendations

Fast track the new service definitions for Therapeutic Foster Care, Facility Based Crisis for kids and Day Treatment.

Providers who provide this service must be nationally accredited. Or in those rural areas where there are no quality providers who are nationally accredited, the LME will identify the most appropriate provider(s) for this service.

Providers, nationally accredited or chosen by their LME, must be (a) licensed through DHSR for group care or (b) licensed as a Therapeutic Foster Home if licensed through DSS. Group care or family foster care licensed through DSS cannot be allowed for this service.

This Transitional Bed service definition must allow for wraparound services (IIH, MST, and CS Child)

Identify high quality agencies getting out of the Level III business and contract with them to convert a number (to be determined) of Level III beds to Transitional beds

Some therapeutic foster care homes might also be used. OPC, Alamance-Caswell, Mecklenburg and Pathways are already contracting for Rapid Response TFC beds. The provider agency pays the therapeutic family a daily rate (ex. \$30/day) to hold a bed. The specially trained, skilled family signs a "No refusal" contract. Easter Seals/UCP and Alexander Youth Network already do this. The Children's Home in Winston-Salem does both group home and TFC Rapid Response to provide hospital diversion and hospital stepdown. TCH can expand this service, particularly if Medicaid funded. Ditto for American Human Services; they can convert their Level III beds.

It may be possible to use PRTFs in urban areas. Can Partial Hospitalization be a part of this solution? ACTT? Mobile Crisis? Outpatient therapists? CS Child (Professional)? CS Child (Licensed)?

The sense of the group is that this service will be needed for level IV kids and for PRTF kids rather than Level III kids.

Some Level IIIs should consider converting to substance abuse treatment centers.

Since DHSR group care rules are more stringent than the service definition. Recommend portions of the rules be waived as long as the service definition is met. If level III provider is pursuing .1300 they should qualify for rule waiver.

Fyi there are 400 DSS custody kids in Level III in DSS, 32 in Level IV. In Level II Family there are 818 kids in DSS Custody.

Retain CS at Professional Level for Case Management for these kids

Expedite the Endorsement process for this pool of providers moving to other services. Consider waiving endorsement for the new service if the agency is nationally accredited and already endorsed in other enhanced services. The workgroup needs LME input on this. Do they have the manpower to expedite endorsements?