**Residential Work Group**
**June 22, 2009**
**9:00 am to 12:00 nooon**

**Attending**: Leza Wainwright, Ted Lane, Grayce Crockett, Bob Hensley, Kevin Kelley, Tara Fields, Mark Upright, John Koppemeyer, Karen McLeod, Nancy Costen, Rob Turner, Jim Shaheen, Ranota Hall, Stephanie Alexander, Catharine Goldsmith, Sherry Bradsher, Donald Grantham, Denise Ramseur, Jim Jarrard, Cliff Parker, Tyronne McRae, Deanna Janus, Carla Roberts, Kelly Crowley, and Martin Pharr, Dan Zorn, Libby Jones, Leslie Kellenberger, Tanya Simmons, Chris Simmons, Carolyn Wiser, Lena Klumper. On the phone: Christina Carter, Bill Raymond, Carla Yawhuh.

Leza Wainwright facilitated the meeting and began with a review purpose of the Work Group: to prepare to implement proposed legislation that will eliminate funding for Level III and Level IV group homes in a way that focuses primarily on helping children who are currently placed in these settings through this transition, while also being cognizant of the impact on providers. The importance of maintaining consistent membership was emphasized.

**Handouts**

Minutes for 6/15 Meeting
Data on Capacity of Alternative Services by Service Provider or Bed Capacity
Reports from Subcommittees
LME Role is Closure of Level III and Level IV Group Home Facilities Statewide
Residential Discharge Planning Call
PRTF Rules and Standards with Recommendations
Planning for Crisis Response Within DHHS System
Emergency/Transition Planning for Levels 3 and 4

**Review of Tasks from June 15 Meeting**.

- **Minutes** from June 15 meeting were review and were approved with one amendment on Page 2 to clarify time frame for licensure from 90 days to 6 months to license a home and up to a year or longer for licensure of a Child Placing Agency.

- Data:
  - ValueOptions is running data on number of current authorizations for children in currently in Level II family settings to determine current capacity.
  - DMH produced a report of Service Capacity for community and residential services. Number of Level II family Type appears high, will be reviewed.
  - ValueOptions is running data on number of current authorizations for children in currently in Level II family settings to determine current capacity.
  - DJJDP is working on data related to numbers in placement, anticipated to send by end of week.

- **Tasks Update:**
  - Children's Facility Based Crisis Definition provided to crisis workgroup, it is being revised then will be sent to larger workgroup
  - The Draft Definition of Therapeutic Foster Care was provided as a Handout last meeting, will be sent out electronically with minutes
  - DMH Distributed List of Children in Level III – IV placements to each LME

**Reports of Subcommittees by Chairs (See attached minutes of each Report for more detail).**

- **LME Role in Closure of Level III and Level IV Group Home Facilities Statewide, Chair person, Grayce Crockett**

  - LME's need to take strong leadership role in this initiative, based on their knowledge of local market, capacity and system of care; emphasized that this initiative is moving the state in the direction of best practice by reducing number of kids in large, more institutionalized settings.
  - LME's must work closely with DSS, DJJDP, community support providers and Court system to identify resources for these children. Imperative to develop additional capacity of community based services and resources.
  - Workgroup presented list of Tasks and Timeframes that will need to be accomplished by each LME . (see Report)
  - LME's will need additional assistance, particularly from DMA, DMH and VO
    - Licensing process for crisis beds
    - Payment for crisis beds
    - Handling provider appeals for closures
    - Identify EPSDT guidelines
    - From VO: Data on Clinical Homes for Children in placements<br>Fast tracking of authorizations for children in transition
  - Considerations:
    - DHHS needs to clearly identify an entity ie LME's as having strategic control of process
    - Time lines must be consistent with proven transition strategies-LME's need to share knowledge and experience
    - Inherent costs need to be acknowledged
      - Increased use of CSS
      - Increased utilization of IIH, MST,
        - Consider delay in rate decreases
      - Potential for Cost Shifts to state/county funds
    - Possible streamlining or elimination of PCP due to pending elimination of CSS providers.
  - **Additional Discussion:** Need for clear and consistent communication to the field was indentified. Level IIIs are already contacting Facility Licensure about becoming Level II's. Assignments were made for next week to bring draft correspondences for review. Need to send out notices to partners (DSS, DJJDP, Provides, Recipients) of

potential need to plan for transition to other services. Notifications need to include those partners who convene Child and Family Teams.

   - Critical need to identify and build crisis capacity and to move forward quickly on the TFC State plan Amendment. Will continue with current definition until new one is approved. With expanded need for TFC, the a potential threat to the system could result if need for TFC uses up regular foster care resources was indentified.

- **Residential Discharge Planning Subcommittee: Chairperson, Dr. Hall**
  - Important issue to be addressed by DMA: access to case management for kids who are being transitioned out of Level III and Level IV group homes. Can CSS be phased out slower to meet this need for CM. (continued access during transition has been included in proposed planning for CSS phase out.)
  - There are concerns that there will not be enough TFC resources: what options will be available for kids who cannot go home, cannot go into TFC and are not appropriate for PRTF.
  - This issue will arise quickly if admissions are frozen especially for DSS kids. Currently there are 400 foster care kids in level III and 32 in Level IV.
  - Items to be addressed:
    - What assessment tool will be used to determine appropriate level of need.
    - Group has requested various tools be submitted for review. Suggestions wer made to use CALOCUS to assist in risk assessment.
    - Who will conduct the needs and risk assessments? Will it be licensed clinicians; will it be standardized.
    - How can provider network be managed to avoid precipitous closings when census drops below sustainability of provider?
    - What elements should be on the discharge plan: need timeline, LME involvement, should be attached to the ITR.
    - VO has existing method of rapid response for providing prior authorizations.
    - Every kid/family must have a safety plan.

  - Discussion:
    - There was much discussion about how to conduct assessments: to use standardized, which would require resources and training or use existing resources in the CSS providers, Q's and Licensed Q's.
    - Who will be able to bill for assessments?
    - What are parameters for maintaining some level III's during this transition; how will they be identified. What about IMD issues in continued use?
    - Need to develop notice for system wide dissemination of this initiative to alert hospitals, other service providers, who will be impacted by reduction of community placement resources, etc.
    - Emphasis placed on identifying and using natural supports during process, including local support groups and looking for supports, ie relatives who may be out of state.

    - What type of information should be shared with TFC parents; each child and family will need a safety plan to attempt to reduce risk for Level III kids and placement families.
    - Suggestion that LMEs share knowledge, experience and resources across LME /County lines.
    - Suggestion made to prioritize Level IV kids for PRTF beds. Currently all PRTF beds are filled.

- **PRTF Subcommittee, Mark Upright reporting on recommendations for changes to PRTF rules to ease development of new programs to increase capacity. (See attached report for details)**
    - Reduction of requirements for nursing staff
    - Clarifies staffing ratios
    - Recommends changes to qualifications of staff who can order restraints
    - Recommends changes to qualification of staff who can order restraints.
    - Recommends assistance with start up costs and
    - Identifies need for standardization and technical assistance for process of becoming a new PRTF provider.
- **Crisis Response Presented by Leslie Kellenberger**

  Task
    - Planning for crises that will occur within the DHHS system when Level 3&4 agencies close
    - Identifying barriers to other agencies stepping in to provide services

  Recommendations

    - DHHS quickly identifies and contracts with a “safety net” of strong, stable, clinically and fiscally sound providers who have or can quickly develop bed capacity to serve this group of kids. This network will be limited to providers who are already nationally accredited and who meet the LMEs’ criteria for clinical and fiscal soundness. This network will offer a continuum of different levels of service which will meet this group of kids’ medical needs. There is the expectation that this network of providers be quick and flexible and function cooperatively and collaboratively to do what’s best for this group of kids and keep disruptions to absolute minimum.

    - DHHS continues to consult with providers throughout this transition process. Despite our efforts to foresee all the possible crises that may occur, this provider consultation group will remain available to support our state partners when the unexpected crises pop up.

- **Emergency/Transition Bed Planning For Level 3 and 4, Presented by Leslie Kellenberger**

  See minutes for more detail;
    - **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?

- **Next Steps: TO DO LIST**

1. Develop Joint Memo to Licensed Level III and Level IV providers, with copy to Level II informing them that changes have been proposed by the General Assembly. We as a system need to be prepared to respond, but at present not processing changes to Level II at this time. (Stephanie, Tara and Leza)
2. Prepare draft letter for informational purposes for review at the next meeting to the
   - LME's, Grayce
   - Courts,
   - DSS County Directors
   - Recipient (Catharine)
3. Decisions must be made regarding assessment tool and process
4. DMH to identify list of accredited group home and TFC providers
5. Prepare over all letter to the field to assure consistent communication
6. Develop PRFT technical assistance group (Mark)
7. Send out TFC and FBCS definitions to group.

**Next meeting: 9:00 am Monday, June 29 297 Kirby**
**Call in number: 919-571-4162**