

Residential Work Group Meeting
July 6, 2009
9:00 AM to 12:00 Noon

Attendees: Claretta Witherspoon, Libby Jones, Ted Lane, Leslie Kellenberger, Michael Watson, Rob Turner, Tara Fields, Cliff Parker, Sherry Bradsher, Nancy Costen, Deanna Janus, Annie Smith, Karen McLeod, Mark Upright, Ranota Hall, Jennifer Rothman for Deby Dihoff, Jim Shaheen, Will Woodell, Laura Beaver, Catharine Goldsmith, Linda Gunn-Jones, Nancy Cleghorn, Jim Jarrard, Dan Zorn, Tanya Simmons, Chris Simmons, Stephanie Alexander, Bob Hedrick, Donald Grantham, Delwin Clark, Susan Robinson, Bob Hensley, Martha Joslin, Tara Larson and Mandy Stone.

Handouts: Agenda for 7/06/09 Meeting; Minutes from 6/29/09 Meeting; draft Letter to Families; draft Dear System Letter to the Field; Needs Checklist Subcommittee report; Risk Questionnaire; Draft Discharge Plan Document; Transitional Placement Subcommittee report; TFC Definition; DMH's List of Accredited Providers of Residential Providers.

Facilitated by Tara Larson and Leza Wainwright

Legislative Update There have been no changes in legislative language or funding levels since last week. Reductions in Residential Services are still at \$15 million in state match for the first year, equaling approximately \$45 million in actual expenditures and 22.5 million in state match dollars the second year, or approximately 67.5 million in expenditures.

Follow-up: The state is working to provide a vision of what residential services should look like in the next 3 to 6 years, and assure that decisions made, policies developed and infrastructure put into place at this time supports that vision.

Dr. Lancaster shared DHHS's draft Letter to the Field regarding structuring the transition to more family based treatment, using the System of Care principles and staffing resources based in the LMEs. The proposal uses the Child and Family Team, under the auspices of LMEs, as the driver of this process, while relying on the current community support staff to perform case management functions.

Discussion of the draft included recommendations to tighten up the language to clarify roles and lines of responsibility of the LME, the Child and Family Teams and the Community Support Providers. Concern was expressed that use of the Team for planning could potentially slow down the process which often needs to be swift to bring about desired placements. Additionally, the issue of resource management of limited TFC resources was discussed, as well as the continuing need to develop a plan for handling both system and individual crises. The issue of who will be conducting clinical and risk assessments, to be used as a basis for planning, needs resolution.

DMH will send out new draft by Tuesday with comments due back by Wednesday so that it can be disseminated to the field by the end of the week.

Current Authorization Data: VO provided information on current authorizations for residential services as of June 24, 2009, with the note that this changes daily:

Level	# Children/Adolescents
Level II Group	193
TFC	1900
Level III	1,787
Level IV	112

ValueOptions is developing an additional spread sheet for planning purposes that will provide each LME with a listing of its LME specific children and adolescents who are in residential treatment that will also include information on risk factors that have been identified on the ITR. This information should be ready on Wednesday, July 9.

Dr Hall (on behalf of subcommittee) presented the **Discharge Planning Document** as a triage tool for assuring that nine (9) essential items of information about each child are completed and readily available. It is proposed that this document will be required as an attachment to the ITR, along with the PCP for authorization. It provides a picture of where the child is at present in order to assure a good plan and adds to the efficiency of the review process. Concern was voiced that this documents adds to the work load of the staff completing the authorization documentation. VO maintains the document will be necessary to assure that VO's clinical reviewers have all the information for making medical necessity decisions for the special population of children who meet Level III and Level IV placement criteria.

Dr. Hall presented the revised **Risk Assessment Tool** that was developed at the request of the Residential Work Group to identify significant risk factors for each child so that child specific planning will take identified risks into consideration. It was created in lieu of using any other assessment tool. Concern was expressed that it was not strength based. Clarification was given that it was not designed to be a strength-based assessment of strengths and needs such as the CANS or CAFAS. The larger Residential Workgroup decided these tools were not acceptable at this point due to time and resources. The Risk Assessment Tool has a limited but important role and will be used at the local level to make sure placement recommendations are reasonable and safe. It was suggested that a conference call be held to provide this guidance to the LMEs' System of Care Coordinators on its purpose and use.

Bob Hensley provided information on current **Therapeutic Foster Care Capacity**. There are ninety-eight (98) Licensed Child Placing Agencies, four of which are county based. Sixteen (16) additional ones are in the process of being licensed. According to VO's authorization data, the 98 agencies are currently serving 1,900 children. There is not additional information available on unused capacity. To meet the pending increase in demand for these services, existing providers will need to increase number of homes. Additionally, new providers, committed to quality services, may apply for licensure. The need for expedited licensing was discussed for meeting need in underserved areas.

In light of limited TFC resources, the issue of the placement of children in parental custody must be addressed, with the goal of returning these children to their parent's home with adequate wrap around services.

The revised **Therapeutic Family Service definition** was distributed. It requires each LCPA providing TFC to have a licensed clinician on staff to serve as a clinical director. The responsibilities of the required licensed clinician include: providing overall clinical oversight and direction; assuring the each child has a clinical assessment and that he/she is receiving appropriate services based on that assessment; assuring all required supervision and training is occurring, with special attention to child-specific training; assuring services are being provided in accordance with the LCPA's indentified model of practice and that the foster families are receiving the support they need to care for the children in their homes. The LCPA is responsible for providing a therapeutic milieu for the children in each home. Also, of course, as is already occurring in LCPA's, licensed clinicians may provide direct supervision of staff who work directly with the families and or work directly with families themselves.

This current model allows the child to receive other community based behavioral health services if determined medically necessary. The foster parents may not provide any other additional services to the child. The issue of the LCPA being the provider of wrap services was discussed and will be reviewed to assure that conflict of interest issues do not arise.

The definition has also been updated to reflect current relevant licensure citations and provisions. It will be further revised to include agreed upon language that requires supervisors of the staff working directly with the families to be Master's Level Qualified Professionals.

This definition, upon discussion by the service definition work group, will be revised and sent to the workgroup by Wednesday for final review. It will serve as the basis of the state plan amendment and will be sent to CMS as a draft SPA by Friday, July 10.

The Child Facility Based Crisis service definition is being revised and will be discussed in the definitions workgroup this week. Upon completion, the revised draft will be sent out for review.

NAMINC revised the **Dear Family Letter**. Suggestions were made for additional wording changes and assuring the level of language is appropriate. VO's list of individual authorization can be used with the eligibility file to determine to whom the letter should be sent. Jennifer will chair a group for additional comments, with the new draft anticipated by COB Friday.

To Do List:

1. By **COB Wednesday**. Value Options will send out spread sheet with risk factors (as pulled from ITR) for each child, sorted by LME's.
2. By **Noon on Tuesday**, DMH will send out revised draft of the letter to the field, comments are due back from group members by noon on Wednesday (7/8), with final version going out to the field by Friday (6/10).

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3. By COB Wednesday, revised TFC definition will be sent out, barring unresolved issues from Definitions Workgroup.
4. **By COB Thursday**, Child Facility Base Crisis definition will be sent out for review.
5. **By COB Friday**, the Dear Family Letter draft will be sent out. Please send comments to JRothman@NAMINC.org.
6. **By 7/15/09**, DMH will have a draft Endorsement Check list for TFC, and it will be discussed at the 7/20/ Workgroup meeting.
7. **DMA** will check number of children who are in placement under the one year out of home care eligibility category using the 5045 indicator.
8. **By 12:00 Noon on Thursday**, Dan Zorn and Bob Hedrick will draft a “as of now” information letter to providers which will be reviewed by Stephanie Alexander and Bob Hensley.
9. **The Transitional Subcommittee** will follow up and update its work on planning for the children and adolescents who will present special challenges for placement.
10. **DMH** will revisit the issue of competencies for providers of residential services for use in endorsing and approving new providers.

Next Meeting: July 13, 2007