

Therapeutic Family Services (TFS) Service Definition Phone Conference
July 1, 2009

Attending: Helen Woodyard and Regina Arrowood (Catawba DSS), Ted Lane/Cardinal Clinic, Bob Hensley/DSS, Kerri Shifflett/Caring Family Network, Kelly Crowley, Susan Robinson, Mike Lancaster and Jim Jarrard/DMH, Maureen Murray/Duke University, Cathy Isaacs and Stephanie Hill/Family Preservation Community Services, Catharine Goldsmith and Carolyn Wiser/DMA, Phyllis Stephenson Jean Kenefick/Easter Seals/UCP, Marie Jensen/Eliada, Angela Micolucci/Turning Point, Leslie Kellenberger (formerly with Omni Visions), Kathy Dobbs and Karen McLeod/Children and Family Services Association

Karen reviewed our charge from the Monday Morning Meeting, to discuss the nature of TFC, how to increase the quality and the numbers of therapeutic families in anticipation of the elimination of levels III and IV, address concerns about the clinical strength of the definition and concern about unbundling the service.

Dr. Lancaster reviewed the history of the development of this service definition, from the workgroup which met three years ago to date (some of the folks on this conference call were involved back then). The definition will be sent to CMS next week. He emphasized the tightrope we will be walking today, to produce a service definition therapeutic enough that Medicaid will pay for it but not so clinical as to risk CMS not allowing wraparound and other additional services to be provided to the therapeutic home and the client. Child permanence is the state's goal, keeping kids in their families whenever possible.

Maureen Murray spoke on current research of what produces positive outcomes for kids (and she called Leslie afterwards with some follow-up thoughts which are also included here). The relationship between the supervisor and their TFS family is key, particularly in the early weeks of a new placement. Also key is effective development and implementation of behavioral strategies. Also the relationship between TFS parent and child (particularly in long term placements) and very close monitoring. How do families' skills and effectiveness improve? Frequent consultation and coaching from their supervisor. Also on-going training is key. Pre-service training is not as important as on-going training. Even Patti Chamberlain's model limits pre-service training to broad overviews and loads tons of on-going training once a child is placed. Pre-service is more a time of screening, selecting parents in or selecting them out. All training provided to therapeutic parents should also be given to their supervisory staff.

Maureen continued that also key is providing clinical supervision to the QP staff who supervise the foster parents. The service definition will be strengthened to show the importance of the supervising QP. It will clearly state that the TFS service model is as follows: a Clinical Supervisor for the QP who is supervising the therapeutic family. The different national accrediting bodies address clinical supervision differently. Kelly Crowley will provide the definition of Clinical Oversight used in the new Day Treatment

service definition. Dr. Mike and Susan Robinson will craft language for Monday's meeting.

Auditing and endorsement issues were touched on briefly, on whether an LME could effectively endorse and audit this service definition. Jim Jarrard will address this question with his staff.

Bob Hensley reported that currently there are 98 Licensed Child Placing Agencies (4 of which county DSSes) plus 16 new ones in the pipeline. DSS doesn't have data on these agencies' current clinical capacity, whether they already have licensed clinicians on staff or not.

Dr. Mike talked about efforts geared toward EBP, incorporating evidence based practice language into Policy rather than the service definition. He sees 5 models that are promising.

Catharine Goldsmith and Bob Hensley will work on training language, what's already in rule, what needs to be added in the service definition. Rule does not specify MAPP, it just outlines modules which must be taught. MAPP is intended for selection purposes rather than skills training. Providers on this conference call reported that they do not allow physical restraints in therapeutic homes.

Bob Hensley will work on the reference to IV-E services which only applies to the four county DSSes currently still providing therapeutic foster care services (Catawba, Wake, Guilford and Johnston)

The section "Service Limitations and Exclusions" will be limited to what is excluded rather than including examples of what is not excluded. There is concern about the word "brief" and how there may be non-standardization in its interpretation.

Mike asked Susan Robinson to get a draft out for staff review then to be presented Monday Morning Meeting.

Time ran out before we addressed the following;

1. Close monitoring is critical. The language page 3 that therapeutic parents are "present" during times when a child's needs are most significant is a concern. For positive outcomes, the kids need close monitoring and they need for the therapeutic parent to be more than "present."
2. Transition planning is crucial. The weak paragraph on transition (very top of page 5) is a concern.
3. The language under "Sex Offender Specific Service" is confusing in that it is not really referring to the offender but to the victim.