

**Foster Family-based Treatment Association
North Carolina Chapter Meeting
Friday, May 14, 2010
11:30am-2:30pm
Burlington, NC**

Present: 25

Jill Krahwinkel (CFN); Jenny Simmons (Eliada); Gina Tipton (Tipton); Kim Morgan (The Children's Home); Tara McMinn (Alexander Youth Network); George Montgomery (Alexander Youth Network); Donna Henderson (CHS-YH); Jean Kenefick (ESUCP); Jim Jones (Rainbow/Barium Springs); Ted Lane (Cardinal Clinic); Whitney Andringa (BGHNC); Latasha Ward (FWBCH); Jennifer Evans (Wake County); Marcia Moore (Triad Treatment Homes); Regina Arrowood (Catawba County); Marci White (NC Mentor); Tosha Corpening (Turning Point); Beth Waterson (Youth Focus); Courtney Dabney (CHS of NC); Ellen Scarborough (MHC); Phyllis Stephenson (ESUCP); Wendy Rice (Community Specialized Services); Iris Green (Disability Rights); Andrew Ty (Disability Rights); Kirby Morrow (Disability Rights)

11:36am Began NC FFTA Chapter Meeting

I. NC FFTA Business:

- A.** Flowers were sent to Leslie Kellenberger from the NC FFTA Chapter in memory her mother who lost her battle with cancer on Monday, May 9, 2010. A unanimous motion was made to pay for the flowers from the NC FFTA. A unanimous second was made. Motion accepted that NC FFTA Chapter funds will be used to pay for the flowers sent to Leslie Kellenberger in memory of her mother.
- B.** Secretary Jenny Simmons has resigned due to resigning from Eliada. Opened the floor for nominations for chapter's new secretary: Tara McMinn. George Montgomery seconded the nomination of Tara McMinn for secretary. Tara McMinn elected at chapter's new secretary.
- C.** Recognized first time visitors – Wendy Rice, Community Specialized Services; Jim Jones, Rainbow/Barium Springs; Donna Henderson, CHS of NC/Youth Homes; Whitney Andringa, BGHNC

II. Welcome and Introductions of those in attendance

III. Disability Rights - North Carolina – Iris Green, Kirby Morrow, Andrew Ty
(See Power Point Handout)

Disability Rights - North Carolina (DRNC) is a private, non-profit agency with offices in Raleigh and Asheville. Every state must have an advocacy system for protection and laws to protect people with disabilities to be sure they are receiving medically necessary services. DRNC provides free legal-based services for children and adults with developmental disabilities – no financial-based criteria. Functions of DRNC include:

1. Advocacy for people with disabilities in order to maximize their independency;
2. Encourage integration and use of services;
3. Protect individual rights of citizens with disabilities;
4. Authorized to provide information and referral services to address needs;
5. Mandated to investigate incidents of abuse and neglect – have an investigative team; they inform citizens of their rights; they have a right to obtain access to records – if there is probable cause;

Who is eligible? Those with a developmental disability, mental illness, traumatic brain injury, or functional limitation under the Americans with Disabilities Act. DRNC also receives a federal fund from Dept. of Security Services to get those with a disability with SSI or SSDI to return to the workforce; DRNC receives funding thru assisted technology act to provide referral services and advocacy for clients who need assistive technology; and work with those who are denied the right to vote – voting has to be accessible.

DRNC does not provide assistance with assisted suicide, does not assist with will drafting, trusts, or estate planning; does not assist with criminal proceedings; DRNC actions are in civil court; no malpractices, bankruptcy, or real estate issues. DRNC currently has 44 employees – divided into 6 teams:

1. Information and referral intake team – screen calls and log them into a data base, know about resources in the community.
2. Community access team – make sure clients have full access to services accessible to them (for example, utilization of service animals in a school).
3. Dept. of Corrections and youth detention center team – anyone with a disability within a detention facility – make sure they are receiving services and medications.
4. Public Policy Team – have staff at the legislature who is monitoring laws to be sure they include rights of people with disabilities.
5. Special Ed/Juvenile Justice Team – attend IEP meetings, making sure there are positive behavioral supports in place to help student succeed in school system; get involved with kids with low offenses; typically once DRNC gets involved, kids do not reoffend and they are able to graduate and become productive citizens.
6. Kids Team – go out into the community and talk with agencies – hold forums to let the community help decide what will be worked on. In August, they will begin going out and gathering information in communities; will send email to list serve; Current work includes: due to state budget cuts, identified kids in LIII & IV group homes who are in need of services – due to budget, services are being cut – DRNC is addressing this issue because they believe a cut budget is not a reason to stop services.

DRNC is seeing that children who are sexually offending, abusing substances, have dual diagnoses – are getting pushed out of the system because there is no step down available. LEVEL III & IV can't get kids into Level IIs due to shortage of placements

so they go to Level I and then can't get authorization to be placed in a Level II once found. There are some children in Broughton with no identified place to go. Budget cuts have affected how residential programs are working; Level III programs are struggling with 120 day authorizations – DRNC goes in and tries to get to the root of the problem to see if there is a rights infraction.

DRNC has gotten involved with some cases with difficulty with LME vs. home county; identified lack of resources in some communities. If levels of care are medically necessary, they have to be provided.

DRNC needs custodians of clients to call in order for DRNC to become involved. DRNC can assist TFC with inappropriate referrals, will look at a way for custodians to give providers consent to call Disability Rights for assistance. Evaluations with recommendations are helpful for DRNC to have to advocate for services. Providers need to utilize EPSDT to request services typically prior to requesting assistance from DRNC. If services are authorized and there is no one to provide the service, DRNC can get involved. DRNC is concerned about kids in rural areas. Need to be sure they are getting needed services. The earliest information that DRNC can get for an individual, the better – i.e. initial screenings. It is important to put under Recommended Services on the PCP, services that are needed/what the doctor ordered. DRNC wants to make sure comprehensive community based services are available in the community when needed.

Questions: DRNC's experience is that typically there are paperwork errors in getting services authorized by Value Options.

IV. Legislative Update - Dr. Laura Boyd

(See Handouts)

Public Policy Day – completed 82 visits with legislators; good panel discussion; continue to work on house and senate bills; discussion with CMS and some deputies – talked about positive benefits of bundling and the need for transparency and quality services. There is still a CMS move toward unbundling for North Carolina. Phyllis announced that North Carolina has received questions from CMS about the new service definition. Alaska got through their new service definition bundled and they have sent Phyllis their information on how they explained and documented to CMS how unbundling would cost more. (Phyllis to email Alaska remaining bundled information)

Maine also was able to maintain their bundled rate; therefore, some progress is being made.

Timeframe of service definition? No, Dr. Boyd suggested the process is always slow. CMS is overwhelmed with health care reform right now. Talked about the need for Tara Larson, in NC, to have documents regarding the benefits of remaining bundled. Tara Larson has made it clear that she is only open to discussing a bundled service for TFS in NC.

V. National FFTA Update - Melissa Cole

National Conference – had to relocate from Nashville, TN due to flooding – looking at 2 options and are close to announcing the new location.

NC Chapter is growing – 24 member agencies, 7 new members since beginning of 2010. Melissa believes NC is now the largest FFTA chapter.

FFTA Projects:

1. Released a Resource Guide on measuring consumer satisfaction in treatment foster care – on website.
2. Developing a resource guide - on models of treatment foster care. Not an evidence based practice resource guide, but a collection of models that are being utilized and showing positive outcomes. There is a call for submissions by members- thru June 23rd. Hoping to release sometime this fall. Hope to have preliminary information to share at the conference.
3. “Survival Guide” on system changes that are occurring in therapeutic foster care – how states are handling changes – what is working/not working - probably to be released 2011.
4. Recruiting members to different committees – information on website.

Contact Melissa Cole with questions for FFTA – mcole@ffta.org or phone 1-800-414-3382 ext. 113.

VI. Updates: NC rules on Supervision of TFC – from Phyllis Stephenson
CFSA members gave feedback to supervision of TFC language - 60 minutes of supervision per TFC child in the home. CFSA to advocate for change in this language to state - TFC parents to have at least 60 minutes of supervision as advised on a weekly basis for each foster family.

VII. CFSA-NC Update - Karen McLeod

NC House is meeting today and Monday – to get budget to senate by next week;
Copy of questions from CMS relating to TFS service definition - they have concerns about bundling and larger concerns of differentiation of Level I thru IV; if Level III is no longer funded and goes away then the expectation is that TFS will serve these kids; however, this does not mean that when Level III goes away, foster parents will have developed more skills to handle increased behaviors.

Karen is a part of a group – “The Future of Level III” – juvenile justice, mental health, DSS providers – looking at the future of Level III in NC.

Failed first requirement – should not force a child to fail in order to get the level of care that is appropriate – damaging to children and TFC providers.

State to respond to the questions from CMS, if CMS responds with continued questioning of unbundling, then Karen will send out the word for FFTA agencies to contact Washington DC.

Incident Reporting Information System (IRIS)– department wants to electronically track incidents to compare between agencies and to track trends – this is moving forward; concern is that it is not ready – problems with system and access; must enter agency information each time – duplication and time concerns; concerns of

confidentiality; leveling of incidents was also of concern. CFSA-NC is working on documentation of concerns.

Mental Health Budget in NC – senate draft was seen today – similar to governor’s budget; not anything strikingly different; cutting, freezing positions; restricting equipment, travel, and supplies; no dramatic cuts to mental health this year – but are creating areas to “save” in the budget that are not realistic – but budget has to be balanced.

Budget impact on county DSS, cuts to adoption – child advocacy centers have been eliminated in governors budget; REACH - slight reduction; \$460,000 out of adoption, \$230,000 removed from multiple response; Wright School – not listed in budget; Whitaker – to PRTF.

CFSA – NC – state partnership meeting on May 27th with DSS, DMH, DMA, Juvenile Justice – Karen facilitates discussion with these groups and providers.

May 17, 2010 – transitional living group– filed some waivers for on-campus settings for kids aging out of care; bringing groups together – present 3 different models –

1. Campus-based residential;
2. Apartments with case management support;
3. Community partnership being developed;

Will review best practice expectations on national level; work on recommendations for key components of a transitional living service for NC.

June 18, 2010 – hosting a meeting open to non-members and members – on mergers and acquisitions – process, due diligence, steps to take – in Greensboro at The Children’s Home Society 10:30am – 2:00pm – a save the date notice has been sent out to members.

Sometime in June – presentation of 1915 bc waivers – strengths, weaknesses from other states/agencies.

Next FFTA-NC Meeting Date:

August 27, 2010 11:30am – 2:30pm at The Cutting Board in Burlington, NC
Will monitor the need to schedule a 1-hour conference call – July 16, 2010 at 1:30pm. Will send out an email a week before to see if there is a need to host the call. Call in number is: 1-800-699-2855 code 36526831

Agenda development for 8/27/2010 meeting:

1. Kevin Kelly – report on information being collected by the state on LINKS and the future of LINKS programming
2. Karen McLeod – CFSA-NC state update

One Day Respite Conference – October 7th 9am – 5pm at Victory Junction Gang Camp in Randleman, NC. For more information -

www.northerncarolinarespitecoalition.org

(Phyllis Stephens to email Respite Care Flyer to send out to the group)

Meeting concluded 2:15pm

DRAFT