**Adult Services Committee Meeting**

 **October 7, 2020**

Committee Co-Chairs: John Carroll, Angela Ellis, Clint Lewis, Felissa Ferrell

Attendees:

Doris Andrews - Craven

Michael Barbee - Wake

Heather Ball - Catawba

Tammy Bare - Cabarrus

Dean Bethea - Lincoln

April Black - DHHS

Adrian Black - Cumberland

Crystal Black - Cumberland

Brooke Blanton - Wake

LaVerne Blue - DHHS

Kristin Bonoyer - Cumberland

Lisa Bradley - Haywood

Shannon Bradshaw - Haywood

Sarah Bradshaw - Sampson

Linda Brumsey-Moore - DHHS

Ray Burleson - McDowell

Tony Carpenter - Lincoln

Tammy Chaney - Hoke

Bree Clawson - Swain

Michael Conant – New Hanover

Michael Coone - Gaston

Traci Corn - Henderson

Melanie Corprew - Beaufort

Anna Davis Perry - Edgecombe

Priscilla Delano - Pitt

Carye Dickerson - Rockingham

Laurie Dotson-Taylor - Buncombe

Christine Dowdell - Chowan

Renee Dutcher - Mecklenburg

Stacey Elmes - Stokes

Kimberly Fisher - Orange

Jerricke Fontenette - Johnston

Katherine Ford - Pasquotank

Monique Freeney - Anson

Catherine Goldman - Wake

Kathi Graham - DHHS

Debbie Green - Pamlico

Gregory Grier - Cleveland

Teresa Hargett - Robeson

Diane Hayden - Guilford

Caroline Hedrick - DHHS

Beverly Heine - Brunswick

Sarah Hill - Nash

Anthony Hodges - Cabarrus

Jenise Horton - Guilford

Samantha Hurd - Currituck

Lula Jackson - Anson

Rebecca Johnson - Cleveland

Kristina Kiska - Jackson

Ashley Lantz - Union

Lori Leggett - Beaufort

Clint Lewis - Carteret

Tamica Lyons - Cumberland

Sarah Maness-Smith - DHHS

Katie McCarron - Dare

Algernon McKenzie - Columbus

Makkitia McKoy - Cumberland

Donza McLean - Stanly

Matthew McPherson - Cleveland

Carla Mebane - Currituck

Kailee Morrow-Jennings - Alamance

Cathy Murray - Rockingham

Shea Neal - Nash

Pamela Nelms - Franklin

Rich Ohmer - Brunswick

Glenn Osborne - Wilson

Carlton Paylor - Person

Carolyn Perry - Pasquotank

Joni Perry - Cumberland

Valerie Phelps - Tyrrell

Angie Phillips - DHHS

Laurie Potter - Hyde

Amy Pridgen-Hamlett - Nash

Crista Ramroop - Davie

Marlana Riley - Yadkin

Mary Beth Rubright – New Hanover

Beverly Ruppard - Caldwell

Julie Sebastian - Alexander

Roxann Sizemore – Buncombe

Yvette Smith - Iredell

Karen Steen - Richmond

Wes Stewart - Pender

Katherine Swanson - Cleveland

Amanda Tanner-McGee - Cherokee

Susan Thigpen - Duplin

Artelia Trice - Vance

Toni Welch - Randolph

Nina Williams - Wayne

Michelle Williams - Graham

Joann Windley - DHHS

Becky Wise - Harnett

Peg Argent - Gaston

Anne Cooper - Pasquotank

Preston Craddock - Greene

Chellle Craig - Chowan

Jane Dudley - Sampson

Mineko Holloway - Craven

Gayla Jones - Haywood

Kimberly Mcguire - Wayne

Velvet Nixon - Robeson

Cynthia Ross - Pitt

Tammy Schrenker - Moore

Lynette Wellons - Alamance

Linda Young – Columbus

Felissa Ferrell – Rockingham

Angela Ellis - Greene

**Welcome**

1. **Approval of the August 12, 2020 minutes** - 1s Angela Ellis; 2nd Carlton Paylor
2. **Update Center for Supportive Families** - Karey Perez
	1. Partners from CSF are also on the call.
	2. We need your input for this project and all project we work on together.
	3. DAAS looking at how to strengthen strategies for APS/Guardianship and Adult Services across the state.

Background: We had completed the first envisioning session and we were planning for the second envisioning session, then the COVID Pandemic hit. We are now trying to get things started back up again.

**Task 1 - Gathering Trend Data -** CFS will be looking at the data from DAAS from the past three (3) years; and then compare it to SC, VA and Ohio. CFS will complete a report; reviewing opportunities and challenges, using the State Plan on Aging, Adult Services Roadmap, etc.

**Task 2 - Obtaining Input from Key Partners/Stakeholders** - Releasing Surveys to DSS agencies and then another survey to other agencies; October 12-23, 2020.

**Task 3 - Interviewing Partners/Stakeholders** - this will clarify information that is received in the surveys

**Task 4 - Establishing a shared vision and priorities** - Sometime in January, we will plan to meet to achieve a consensus on program as-is, priorities, DAAS data trends, and the future vision of where we want to go. This will help us establish an action plan. We want a collaborative process, so we can have better client outcomes.

**Task 5 - Determining a Path Forward** - DHHS and DAAS will work together and finalize recommendations and this outline will help us have a path forward with services and supports.

**Task 6 - A shared Program Vision** - This will be the final report, which will include a legal review and recommended changes to current statutes. It will include the recommendations for moving forward.

Romana Kramer’s presentation - she is on the CFS team: DAAS Stakeholder Survey Focus Areas: Training, Guidance & Support, Partnership & Coordination, Service Expectations, Improving Outcomes.

* *Training:* To what extent does the State training program and curriculum support your ability to carry out your client service responsibilities?
* *Guidance and Support*: What elements are most impactful in enabling you to serve clients effectively?
* *Partnership and Coordination*: Based on your experience how would you characterize the quality of the partnership and coordination of client service provisions
* *Service Expectations:* Are expectations of those that are reporting APS assistance being met in terms of the type of support and services they are seeking for adults in need?
* *Improving Outcomes:* What can the state and counties do for the clients and families to improve client outcomes and prevent maltreatment.

Question: Who can we invite in an effort to hear from Representative Voices? Can you offer any suggestions on who would be great to reach out to while we are in this process?

Answer: I think you need perspectives from all three levels-workers, supervisor, directors.

Question: If the survey will still go out the way it is, will the survey be all-encompassing; or will you tailor it to the targeted audience?

Answer: We will be finalizing it this afternoon. The second survey will be ancillary partners.

Sharnese added: We want to make sure the responses are value added; we need to paint a good picture of what is happening in this arena. We need to make sure we reach out to the partners we work with regularly to complete the survey, such as LEO and DA offices.

1. **Reporting Financial Exploitation to Secretary of State (SoS)** - Sarah Smith
	1. Discussion about the Secretary of State Referral Form - it was a creation from the SoS for making a referral to their office.
	2. The platform - very helpful; still working on getting the financial institutions on board.
	3. If your agency is evaluating a financial exploitation form - if there is an issue with stocks, bonds, other types of investments, please complete the referral form and send to SoS office.
	4. It is not a requirement, but is strongly recommended that you complete the referral.
	5. If you are not sure if the area would fall under their area, please go ahead and make the referral and they will review.
	6. SoS does work closely with a lot of law enforcement agencies.
	7. Sarah Smith will be resending the updated form out to the listserv.

Question: What is the goal when we complete this?
Answer: The hope is to get more prosecutions for this type of crime. They are able to investigate and prosecute based on statutes they fall under through the SoS office.

1. **Update: Rethinking Guardianship** - Linda Kendal Fields with the Cares Program
	1. UNC-CH: Will be working with DAAS in curriculum development around Guardianship in the future.
	2. The focus today is on Rethinking Guardianship.
	3. Collective Impact framework: Statewide workgroups and steering committees
	4. Began in January 2015-December 2017 - Building a Case for Less Restrictive Alternatives
	5. July 2018-December 2019 - Rethinking Guardianship: A Person-Centered Approach
	6. January 2020-June 2020 - Rethinking Guardianship Bridge Initiative
	7. July 2020-June 2023 - Making Alternatives to Guardianship a Reality in NC
	8. Two main goals: Create long term changes in the states guardianship system and promoting less restrictive alternatives to guardianship
	9. Common Agenda: Core concepts and basic principles - autonomy, liberty, freedom, dignity; presumption of competence and right to lifetime decision-making support
	10. Shared Aspiration: Always use the least restrictive options and best practices
	11. Offer easily available and accessible information about options and alternative to guardianship; Be Accountable.

Jenny Hatch Case: “I don’t need a guardian, I just need a little help” - Adults with Disabilities to have inclusion. It is also about ensuring Rights and Protecting Elders

Recommendations by Rethinking Guardianship:

* Focused on Youth Transitioning to Adulthood and Adults transitioning to the Community from LTC facilities (Olmstead planning).
* Our key partners include First in Families, the ARC, Money Follows the Person, etc.

Key Objectives:

* Expand and facilitate the rethinking guardianship workgroups; continue and further the collective impact model; develop an online interactive training on Supportive Decision-Making strategies (SDM)
* Promote the practice of using SDM Agreements and evaluate the State interest and readiness for SDM legislation
* SDM: the power stays with the individual, who will choose who will be your personal advisor, your health advisor and a financial advisor; the person maintains their rights and calls their shots using these advisors
* Guardianship is there to protect our most vulnerable citizens, but is not needed for all persons with a disability

Accomplishments:

* Established workgroups, initiated working relationships with key partners
* Provides best practice materials to NCDPD
* Released survey on awareness of SDM strategies and with other states
* Initiated training (9/23/20) on SDM
* Recommended major changes to Public Guardianship training and continued commitment and substantial work on recommended GS 35A changes

2019 - We would like to see reforms:

* Consideration of alternatives to guardianships
* Provide for appointed counsel in addition to GAL
* Process for regular review (rather than presumption of permanence) with possibility of increased use of limited guardianship and restoration
* Change language/terminology - (ward/incompetence) use protective person
* Simplify requirements of spouses acting as a guardian
* Rights for those under guardianship and improve quality
* Consistency and availability of MDEs

We have been represented by Angela Ellis and Cynthia Ross. Thank you!!!

There is also a review group who looks at the rewrite of the statutes

Next Steps:

* Put individual pieces together
* Develop a strategy to move forward
* Include concept of pilot
* Network with stakeholders
* Await results of November election

Comments are welcomed via email to Linda Kendal Fields

1. **Accessing Electronic Placement Database - DAAS and ACLS**: John Carroll made the introductions for the discussion.

Megan Lamphere started the conversation, she understands the issues, such as sudden closures - finding available beds and then balancing the information since it is sensitive; DHSR does not have a role in the placement process, but is more about rule and regulation process.

Clint brought up their recent experience in trying to find placements for two younger adults; Basically, it took 1.5 FTEs in this placement process. Finding the facilities and then trying to make the calls, fax the information, etc. A lot of work trying to find a facility where we could place these individuals. Database would make this a much better process; it would need to be created and maintained; the facility would log in and say if they have a bed available, etc.

Megan explained that DHSR ACL only gets census information about one time per year. No real time data, such as what is the make-up of those beds, where, etc. You would have a provider portal and the facility would be responsible for updating their information and then the DSS or other agencies who do placement would then be able access it to see what is available. The question would be would the facilities to update it; would this work? Would they do it voluntarily?

Clint: Looking at Travelocity or those types of sites and how we develop a similar data base for this process. It’s like a marketing tool; helping to fill their beds.

Megan: [www.socialserve.com](http://www.socialserve.com) website; you can choose NC and then choose the type of housing that would be available. Megan talked about her trying this, she did a search Buncombe County - nothing came up. Megan also discussed *Provider Link* - many hospitals utilize this when they are in the process of sending out referrals/utilizing the FL2. It is a secure portal and sending out that information to facilities. Maybe partner with Emergency Management (EM): During an event, you need to know how many of these residents live in these group homes; etc. EM has a portal; facilities are sending that information into their CAD systems - Megan discussed what Franklin County was doing around this area in EM.

Would NCCARE 360 be an option? It is HIPAA compliant/211 connection. Joyce Massey Smith - it is really more for the individual family member who needs a fast track into a resource. Joyce would be willing to reach out and find out.

[www.socialserve.com](http://www.socialserve.com) - It doesn’t really address the need.

Lisa Jackson: Offered to follow up with Christa Regan, who has created some type of behavioral health database.

Karey Perez: Maybe have a subcommittee, working with those providers through their association and how their bed availability is marketed.

The challenge we face: Creating a list of the homes and knowing in real time what their bed availability would be throughout the process.

**Partner Updates:**

**ACLS: Megan Lamphere/Tameka Riggsbee:**

* It is renewal season; please have your ACH Specialists make those calls and reminders.
* Administrators need to get their continuing education hours completed and reported.
* Emergency preparedness training - on their website to complete; encourage providers to complete it and to also plan for power outages; etc.
* Residents/Employees need to be getting flu shots; they can be refused but must be documented as to why.
* Updated information on DHHS - visitations for SNF, ACH and FCH is on the DHHS website.

**DAAS: Karey Perez:**

* MOU Performance Measures: Adult Services AS 1 - will be completed within 30 days of the report for 85% of cases. This is was changed from 95% previously.
* The first SA Medicaid discussion will be at the same time of the 100-County call; then will be regular in January.
* The last few months, the APRs have been working to be into a regional model. A DCDL letter will be going out on October 8, 2020 on these updates.

**DMH: Lisa Jackson**:

* The **Hope4NC Helpline** (1-855-587-3463) connects North Carolinians to additional mental health and resilience supports that help them cope and build resilience during times of crisis. It is available to everyone in North Carolina’s 100 counties during the COVID-19 crisis and includes a Crisis Counseling Program tailored for COVID-19, which will provide immediate crisis counseling services to individuals affected by the ongoing COVID-19 public health crisis. This initiative is in partnership with all seven of the state’s LME/MCOs and REAL Crisis Intervention Inc. in Greenville. Hope4NC is available 24 hours per day, seven days a week to speak to a live person.
* **HOPE4NC:** Between April 9th and September 23rd, there were 1456 helpline calls, covering all 100 counties and seven LME-MCOs. There were 139 referrals made to the LME-MCOs for counselor follow up, with approximately 1 in 10 callers requesting additional crisis counseling. Daily call numbers ranged from 6 to 44, with an average of up to 20 calls per day. Caller age range is 12-65+ but most fall between 25-54yrs. Of the calls coming in, 85% are first time callers and 69% are female.
* The **Hope4Healers Helpline** (919-226-2002) is a new initiative in partnership with the North Carolina Psychological Foundation. It provides mental health and resilience supports for health care professionals, emergency medical specialists, first responders, other staff who work in health care settings and their families throughout the state who are experiencing stress from being on the front lines of the state’s COVID-19 response. Hope4Healers is also available 24 hours per day, seven days a week for people to reach out for support from a licensed mental health professional.
* **HOPE4HEALERS**: Between April 28th and September 23rd, there were371 calls received; 270 callers received brief crisis counseling and resource referrals. Thirty- eight callers were seeking free brief therapeutic intervention (2-3 telephonic sessions); of the 38 callers requesting healers services: 19 were health care providers; 4 were childcare provider; 3 were first responder (EMS); 12 were educators or school personnel. On average Hope4Healers receives 1-3 calls/day. Caller age range is mainly between 31-80yrs. Of the calls, 84% are first time callers and 86% are female.

Additional information will be coming out soon in regard to expanding the news about HOPE4NC and HOPE4Healers to more North Carolinians as a result of strong collaboration between DSS, DMH/DD/SAS, DVR, Services for the Blind and others.