**Advocacy Committee Minutes Meeting**

**March 13, 2024**

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| **First Name** | **Last Name** |
| Wendy | Boone |
| Candice | Gobble |
| Korey | Fisher-Wellman |
| Holly | Royals |
| Brian | Bocnuk |
| Trish | Baker |
| Lori | Leggett |
| Karen | Harrington |
| Kelly | Myers |
| Jerrie | Mcfalls |
| amanda | mcgee |
| Yvette | Smith |
| Denise | Steele-Campbell |
| Jenny | Cook |
| Laurie | Potter |
| Bobbie | Boyd-McConnell |
| Lizzi | Shimer |
| Christine | Dowdell |
| Kim | McGuire |
| Angela | Jordan |
| Valerie | Phelps |
| Senikka | Caldwell |
| Velvet | Nixon |
| Ira | Dove |
| Stoney | Blevins |
| Matthew | Hillman |
| Geoffrey | Marett |
| Willie R. Smith III |  |
| Tracie | Murphy |
| Chameka | Jackson |
| Stephanie | Wyche |
| Deborah | Walker |
| Kristi | White |
| Rebecca | Johnson |
| Carolyn | Perry |
| Sharon Rochelle |  |
| Jessica | Adams |
| Aalece | Pugh |
| Dwella | Hall |
| Sharnese | Ransome |
| Hal | Wilson |
| Kamilah | McKissick |
| Kathy | Ford |
| Lynn | Fields |
| Takishia McMiller |  |
| Betty | Battle |
| Rob | Wheeler |
| Dolly | Clayton |
| Mia | Stockton |
| Kristy | Perry |
| Janet Payne |  |
| Marissa | Adams |
| Micah | Ennis |
| Gayla | Jones |
| Samantha | Hurd |
| melissa | hill |
| sherry | daniels |
| Keisha | Ormond |
| Carlton | Paylor |
| Wes | Stewart |
| Tonya | Jackson |
| Alison | Banzhoff |
| Jenny | O'Neal |
| Jarita | Walker |
| Samarya | Jones |
| Brenda | Jackson |
| April | Branch |

Matthew Hillman opened the meeting, apologized for not having the February minutes sent with the agenda, but plans to have them sent soon.

Presenter: Shaneka Jackson, Associate Director for CFSP with NCDHHS

**Child Family Specialty Plans:**

Ms. Jackson provided a high level review of the Child Family Specialty Plan (CFSP). The state issued the RFP for CFSP and is the silent period and looking to award the contract in mid-August, the state will continue to be in the silent period until that time. Ms. Jackson explained that the silent period means NCDHHS cannot speak with the counties and stakeholders regarding information in RFP document, but can discuss what was posted publically and that Geoffrey Marrett sent this to the Directors.

Background about the CFSP was designed to address current system challenges, today children in foster care are served through the LME/MCO in the behavioral health program. County DSS works within both systems and this creates a lot of challenges including insufficient coordination across entities. Some of the CFSP objectives were to improve physical and behavioral health outcomes, increase access, strengthen and preserve families, prevent children from entering foster care, support reunification, coordinate care and transitioning care, collaboration with DSS agencies and community collaborative. This plan will also serve the Tribal members of NC. This started in 2017, and begin documenting current issues, but it took a while get here. There was a workgroup that convened and provided feedback which included DSS Directors, community partners and breakout sessions.

There will only be one statewide plan, one contract awarded and the entity that meets the definition of a PHP under the general statue is eligible to bid. This could also include out of state vendors who meet the statewide requirements. The populations will be enrolled in phases at launch, the initial populations will be youth in foster care, youth receiving adoption assistance, former foster care youth under the age of 26 and minor children of these individuals. These populations will be the first to auto enroll at launch.

There are exceptions, that include Tribal members, they will not be auto enrolled, but will have the option to enroll at launch. A phase two group will be enrolled no earlier than a year after the first launch. The second phase will include the parents and caretaker, relatives of children and youth in foster care, minor siblings of children and youth in foster care and family members receiving in-home services they will not be auto enrolled, but will be able to opt into the plan.

Data received appears to be about 32, 000 individuals that would be enrolled at the initial launch. The majority of children that will be enrolled in CFSP, does not meet criteria to receive tailor care management or enroll in a tailor plan, that’s about 8,000 individual and 45 innovation waivers. The only population that will not be enrolled in the CFSP will are the innovation waiver members, they will not be auto enrolled. DHB is working with DSS regarding these populations. Children receiving in-home services, which may be about 13,000 -20,000 individuals added.

Benefits that will be covered under the CFSP will include most benefits, but some are already covered by the tailored plan. Physical health, behavioral health, long term services support and pharmacy benefits, eye benefits, lieu of services and value added services. There are some services that are only covered by the Tailored Plan and members enrolled in these services will not be enrolled in CFSP. CFSP does not offer state funded services, so if receiving state funded services, they will not be enrolled in CFSP. This will mostly impact the adult population, but if they receive Medicaid there will be no need for state funded services.

Care management is comprehensive and is designed to support families’ preservation, reunification and permanency and coordination with DSS. This is offered to all members regardless of their geographic location or placement.

As with all other health plans, they will offer comprehensive care management assessments and care plans to all members who are actively involved in care management. This plan based on a model which is different from the other health plans, but this health plan is able to sub contract with a vendor, but prior approval is needed. This will require close coordination with DSS and the care managers. Some counties have asked for staff to be housed at their agency and for smaller agencies

Included in this plan is member’s transitioning into adulthood, the plan would require a 90 day transition plan, to allow for working collaboratively with county partners and providers to ensure there is not a gap in services. The plan will also include medication management to ensure that there is appropriate use of monitoring psychotropic medications and incorporate best practices.

Geoffrey mentioned asked if the proposal included addressing the issues to eliminate children staying in the office. Ms. Jackson stated that the ED and DSS office boarding crisis is something that the Secretary takes very seriously and the state has been working with our LME’s now to ensure that we have this language included in Tailored Plan contract. They want to make sure they are supporting DSS agencies held accountable and agreed they children should never be in a DSS office. They are in contact with the ED, and plan to have some things in place and still in negotiating before to CFSP launching.

Geoffrey inquired if there will be data and specifications outlined in the contract to hold them accountable? Ms. Jackson stated stipulations were in the policy paper, that states in year two there is “withhold” language that which allows the state not to pay if expectorants of the contract are not met and when it come s to DSS and ED boarding.

Question: Will funds be expanded to enhance evidence based services to all counties, especially rural counties? Ms. Jackson said, yes. The CFSP they will be responsible for ensuring services across NC, but there is also a caveat, that the state received 80 million and is working in collaboration with NC to ensure that we have the right services in our rural counties

Question: How long after the closing of an n in-home services case, will the family be reassigned to a regular plan, and is there a transition plan? Geoffrey confirmed that earlier it was discussed that these cases would not be included until a year after. Ms. Jackson stated families can stay enrolled up to year after the case was closed, but families can choose to reenroll back to the plan they were previously enrolled in. The 12 months was added to focus on preserving families, this would also apply to youth in custody.

Geoffrey thanked Ms. Jackson for attending. He also reminded county staff of the importance of DSS agencies to have a voice regarding the contract and services provide to our children and families across the state. We want this process to be successful as possible and too often our families are overlooked. He asked her to come back after the contract was awarded which agreed to do and to attend any future meetings as requested.

Geoffrey, stated the presentation slides will be provided to the Directors for distribution to staff.

Matt stated from an advocacy standpoint we will continue to focus on this and provide information about the plan and thanked Geoffrey for pulling this together.

**PR Communication Update:**

The work workgroup came up with a list of questions for proposals to the organizations that reached out to us as, and submitted them to the providers to respond along with a proposal. The have until 5:00 pm on Friday, March 15, 2024, to respond, and one has been received already. Once we have all of the information we will share it.

Geoffrey said they engaged in conversations with four groups that were researched and felt this was a good number to select from. We will get the proposal, and next week send them to the committee members to assess and obtain a consensus. It is expected to have this information on the agenda in April. He thanked everyone in the committee and stated the focus is to help us in the public relations arenas. He also wants us to make sure when there is an article or request for information, the Directors Association doesn’t get lost in translation, being that we are the ones who are providing the services directly to the individuals on a daily bases and it’s done at a high level in our county.

Matt provided examples of questions the PR firms; Association, media connections, client relations, proactive media, what are we expecting regarding time frames, assistance with stories that comes out, media request, etc….

**Child Welfare Reform Plan:**

Matt stated that we put a together a document to collected information from counties and have been trying to coordinate with Children Services. This has been a struggle due to everyone’s busy schedule, including the Western and Eastern meetings, but are still working on this and will continue to update everyone.

Geoffrey reminded everyone that this plan started months ago because we kept hearing a lot of challenges of what we needed to advocate for to move child welfare forward at the local level and invited feedback. We included what we wanted to see in six months to a year. We are really trying to make changes that will be beneficial to our practice and the families we serve. We hope to get this done and advocate with our Commissioners. He thanked everyone on their time and suggestions.

Question: Velvet Nixon mentioned concerns regarding child welfare reform, the state continues to push their model of Safety Organized Practice (SOP). She requested from the state an overview, and appreciated the 15 minutes they talked about, but feels this was not the SOP and if so, what model is NC using and training should be provided. If we are promoting this practice she inquired how many counties have been fully trained in SOP. Geoffrey suggested that she asked to be included as a topic for children services committee because they are always looking for topics and there is a little bit of advocacy involvement regarding this matter.

Amanda McGee agreed with Velvet and stated the state has not developed SOP. Her staff have completed the SOP and feels advocacy needs to focus on training not being more than one hour away, because it’s about a workforce issue and not a training or quality issue. The majority of our child welfare staff have families and obligation. She lost a potential worker this week because they have to be at their child care by 5:00.

**Legislative Short Session:**

Advocacy discussed that this coming Monday, we will make a commitment to get an agenda out by Friday for our Monday meetings.

**SB 625:**

Geoffrey stated that in the SB625, there were major concerns regarding the revision of the bill. One of the concerns was that if a parent did not pick up their children from the hospital, DSS would have to take custody. It was communicated that we are not in agreement with this. We are having some conversations with our partners at the state, hopefully next week and the UNC School of Government in Chapel Hill to get their perspective on this. However, they have a strict policy about not being able to advocate because they are funded by the General Assembly. We will continue to watch this Bill and others out there.

Geoffrey inquired if anyone talked to their legislator and to please feel free to email or call him. The advocacy meeting link is on the NCACDSS Director’s site

Matthew Hillman adjourned the meeting.

Respectfully Submitted By: Christine M. Dowdell, MSW Johnston County DSS Director