September 6, 2001

Dear County Director of Social Services and Area Mental Health Program Director:

ATTENTION: Adult Services Supervisors/Coordinators and Staff

SUBJECT: Training for Resident Evaluation Services Interim Plan

As you know from the Dear Director letter dated September 5, 2001, Secretary Carmen Hooker Buell has directed the Divisions of Social Services and Mental Health/Developmental Disabilities/Substance Abuse Services (MH/DD/SAS) to develop an interim plan for Resident Evaluation Services. Under the interim plan, SA recipients will be immediately screened for possible referral for mental health, developmental disabilities, and/or substance abuse services. The Divisions of Social Services and MH/DD/SAS are pleased to offer training on the interim plan during the months of October/November 2001 at nine locations across the state.

The training provides participants an opportunity to learn about the procedures for implementing the interim plan for Resident Evaluation Services, use of the short tool for screening SA recipients, data reporting requirements, and reimbursement. Staff from both the Divisions of Social Services and MH/DD/SAS will conduct the workshops. Each workshop will begin with registration from 9:00-9:30 am and will end by 4:30 pm. The day long training is being offered at the following locations:

**October 9, 2001**
Edgecombe County DSS
301 N. Fairview Road
Rocky Mount, NC

**October 10, 2001**
Craven County DSS
2818 Neuse Blvd.
New Bern, NC

**October 11, 2001**
New Hanover County DSS
1650 Greenfield Street
Wilmington, NC

**October 16, 2001**
Southwest Comm, College-Jackson Campus
Conference Center
Sylva, NC

**October 17, 2001**
Caldwell County DSS
1966-H Morganton Blvd., SW
Lenoir, NC

**October 18, 2001**
CenterPoint Human Services
725 Highland Avenue
Winston Salem, NC
Dear County Director
Re: Training for RES Interim Plan
September 6, 2001

October 24, 2001
Stanly County DSS
1000 North First Street, Suite 2
Albemarle, NC

October 25, 2001
Central Carolina Community College
764 West Street
Pittsboro, NC

November 1, 2001
Cumberland County DSS
1225 Ramsey Street
Fayetteville, NC

County departments of social services may send up to five staff to the training. Area mental health programs may send up to three staff to the training. Registration will be on a first come-first served basis, so please register as quickly as possible since space is limited at each site. If your first choice of a training site is unavailable due to reaching the maximum capacity, you will be contacted and given an opportunity to select an alternate site. Please duplicate the enclosed registration form as necessary to accommodate the number of registrants from your agency.

You must pre-register, even though there is no registration fee. Due to lack of funds, no refreshments will be served. Many of the training sites have vending machines available, but participants are welcome to bring their own snacks and beverages to the training events. Registrants will be sent a confirmation letter, directions to the workshop site, and, where available, a list of local lodging accommodations.

If you need additional workshop information, please contact Allison Shavitz, RES Program Consultant at (252) 758-9410 or your Adult Programs Representative in the Division of Social Services, and Dave Peterson (DD Section: (919) 733-4665) or Ken Marsh (Adult Mental Health Section: (919) 571-4980) in the Division of MH/DD/SAS. For registration information, please contact Monica Nealous, Office Assistant, in the Division of Social Services at (919-733-3818).

Sincerely,

John T. Tanner, Chief
Adult and Family Services Section

JTT:as

Enclosure

AFS-19-2001

G:\RES\Dear Director-Oct.2001 training.doc
Resident Evaluation Services Interim Plan Training Registration Form
(Agenda is on reverse side of this form)

To register complete the form below and mail or fax to:
Monica Nealous  
NC Division of Social Services  
Adult and Family Services  
325 North Salisbury Street  
2405 Mail Service Center  
Raleigh, NC 27699-2405
Fax: 919-715-0023  
Phone: 919-733-3818

You must pre-register, as space is limited at each location.

Name: Ms./Mr./Dr.__________________________________________________________
Home Phone:*(                      )___________SSN:***________________________
Agency:_________________________Job Title:_____________________________________
Work Phone:(                      )_________________________________________
Work Mailing Address:_____________________________________________________
City:_________________________State:_______Zip Code:__________Courier #:________
County: _______________________________________________________________
E-mail address: ___________________________________________________________
*Home phone requested in event of last minute postponement due to impending severe weather.
**Social Security Number is requested for internal record keeping purposes only.

Check (✓) the Site and Date you are registering for:

<table>
<thead>
<tr>
<th>Site and Date</th>
<th>Date</th>
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<tbody>
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</tbody>
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Resident Evaluation Services Interim Plan Training Agenda

Registration 9:00-9:30 AM  
Morning Session 9:30-12:30  
Lunch 12:30-1:30 PM (lunch on your own)  
Afternoon Session 1:30 PM – 4:30 PM  
Adjourn 4:30 PM