

NCACDSS Committee Meeting
Virtual Children's Services Committee
2:15 pm to 4:15 pm
January 13, 2021

Item #	Agenda Item/Presenter	Attachments	Time	Action Needed
1	Welcome/CSC Tri-Chair Jennie Kristiansen		2:15 pm	No
2	Approval of December 2020 CSC Minutes (no meeting in Nov)	PDF Attached	2:15 pm	Yes
3	<ul style="list-style-type: none"> • Guidance on COVID vaccinations for youth in DSS custody – Heather McAllister, Children's Health and Development Coordinator, NCDHHS, DSS & Kristi Street, Program Director, Fostering Health • Referral Services to DHHS for Foster Youth (w/ high intensity behavioral health needs) – Heather McAllister, Children's Health and Development Coordinator, NCDHHS, DSS • NC Child Treatment Program – Mellicent O'Brien Blythe, LCSW, Implementation Specialist, NC Child Treatment Program, Clinical Assistant Professor, & Darden White, LCMHC, PCIT Associate Director, & Donna Potter, LCSW, Senior Clinical Faculty Consultant, UNC-Chapel Hill School of Social Work 	Presentation(s) Attached	2:20 – 3:15 pm 3:15 – 4:00 pm	No
4	Questions		4:00 – 4:15 pm	No
5	Adjourn		4:15 pm	Yes

Meeting Minutes – January 13, 2021

Meeting called to order by Jennie Kristiansen @ 2:15pm

December Minutes – approved. Motion to accept by Melanie Corpew and second by Tracie Murphy

• **Guidance on COVID vaccinations for youth in DSS custody – Heather McAllister, Children's Health and Development Coordinator, NCDHHS, DSS & Kristi Street, Program Director, Fostering Health**

Heather McAllister focuses on physical and behavioral healthcare. Speaking today regarding vaccines related to children experiencing foster care. Only youth 16+ are receiving the vaccine (CDC). Law and policy guides immunization/vaccines. Pay attention to those as well as guidance around when/if parental consent is required. Guidance forthcoming but as you are approached by Residential Providers and/or foster parents, be aware of current policy regarding vaccines. Can't take questions today on the top but plan is that a presentation by Dr. Charlene Wong will occur at the next 100 county call.

Q – Should DHHS guidance be suggested to foster parents, etc.?

A – Yes, DHHS has a lot of info on their Covid page.

• **Referral Services to DHHS for Foster Youth (w/ high intensity behavioral health needs) – Heather McAllister, Children's Health and Development Coordinator, NCDHHS, DSS**

- In past 6 weeks a lot of work done on this initiative. A joint bulletin "DSS Involved Children.." was sent out to Directors to address need for assistance by DSS with youth with high intensity needs related to MH/placement that impacts ability to find appropriate/stable placement also addresses need for **rapid** access to appropriate placement. Goal to ensure a child is in appropriate placement – not sitting at the ED or other inappropriate places.
- Effort involves cross departs at DHHS including, DMH DD, IDD, DHB, DHHS, and DHSR as needed, among others.
- Looking at what is needed in the short term in relation to assistance w/ placement as well as looking at the situation in the long term to prevent similar placement issues in the future.

- DHHS has established the workgroup and charged with establishing the process to address the issue.
- The combined team meets daily at 8 and reviews cases with the goal of looking at immediate and or systemic issues that can be addressed to resolve issues to get child in most appropriate setting asap.
- Along with join communication bulletin a referral form was included and that provides DSS CW workers what is needed to initiate referral. Intended that CW SW in collaboration with Care Coordinator from LME/MCO to complete form together, when possible.
- Info helps team look at what's been done. Also asking prior to referral that local DSS has made every attempt to elevate situation to LME/MCO w/ all efforts exhausted.
- Jointly look w/ LME/MCO and DSS at next steps about what needs to be done.
- Emails will be sent out that referral has been made and invite also to LME/MCO to attending meeting.
- If additional info is needed, that will come also.
- Critical to get all info needed – particularly clinical info needed to describe crisis situation.
- Referral process – DSS SW to fill out referral and enlist assist of LME/MCO CC. At minimum need that info so they know who they are working with/who partners are, etc.
- Instructions include sending referral to DSS Regional Child Welfare Consultants, too.
- Once referral is received, Heather McAllister will typically send out invite and ask who does DSS want to attend the meeting. Staff that attends from LME tends to be CC.
- Cases considered resolved when youth is in appropriate level of care.
- Case won't close out prior to team confirmation with DSS that it has been resolved.

Questions/Answers:

- How quickly does response team staff referral?
 - If received by noon, try to staff same day.
 - Occasionally, staff next day depending on logistics.
- What are the volume of referrals you are getting?
 - Ebbs and flows. Some 2-3. Some reviewing cases that are currently under review to get updates, etc. Pretty much looking at cases each day.
- How successful have you been with the referrals you are getting?
 - Mixed – some good in some places. Timely success needs to be worked on. Issues can arise such as provider not in network that takes time to resolved or provider not being in NCTRACKS. Some success elevating in system to get done as soon as possible.
- Noticeable differences between LME/MCO?
 - Tracking that but too soon to tell.
 - Lisa Cauley indicates collected data will be shared at a later time.

NC Child Treatment Program – Mellicent O'Brien Blythe, LCSW, Implementation Specialist, NC Child Treatment Program, Clinical Assistant Professor, & Darden White, LCMHC, PCIT Associate Director, & Donna Potter, LCSW, Senior Clinical Faculty Consultant, UNC-Chapel Hill School of Social Work

See presentation slides for detail (but summarized below)

- Shared Goal w/ DSS: 3 Ways to partner together:
 - Help us Identify MH providers in all 100 counties
 - Encourage them to apply to the learning collaborative to be trained in Evidence-Based Treatments (EBTs)
 - Connecting trained providers to families in your community
- Should be able to get same outcomes despite who you take your child to across the state for services.
- FFPSA push for EBT – includes PCIT
- 5 models disseminated through the NCCTP – child focused treatments
 - CPP (Child Parent Psychotherapy)
 - PCIT (Parent-Child Interaction Therapy)
 - PSB-CBT (
 - SPARCS (

- TF-CBT (Trauma Focused – Cognitive Behavioral Therapy)
- Goal is that full array will be available for families in each community.
- Connecting trained providers to families via website
 - Uses a Public Health platform
 - Provider roster available on their website: <https://www.ncchildtreatmentprogram.org/program-roster/>
 - Can search for providers trained or provide services in your county.
 - Make sure your SW are aware of this site in your Dept.
 - Q: Comment: LME/MCOs accepting all of NC Medicaid would help with this. Our neighboring counties are in difference catchment area.
 - MH system is challenged by regionalization of LME/MCOs
 - NCCTP works with LME/MCO and providers
 - Some LME/MCO incentivize EBT in some counties
 - Because of challenges, we want to get into as many counties/areas as possible to try to increase accessibility to services.
 - With telehealth there is now more flexibility to find rostered providers
 - Q – is NCTP available to present to our provider network if they are not familiar with them?
 - Yes. Email Mellicent @ mblythe@email.unc.edu
- Today we want to focus on early childhood EBT because there is a gap in that age group and early childhood is the open window/timeframe for change.
- Not all early childhood Tx is the same
 - Fewer clinicians interested in serving this young population

5 Models Used

PCIT – Parent Child Interaction Therapy

- For more info go to <http://pcit.org>
- A lot of data to support this model
 - 12 RCTs (randomized control trials)
- Learning collaborative is typically about 1 year in duration. Varying trainings/consultations across the duration of that year.
- Q: Is there a list of current providers?
 - Yes, NCCTP.org (See link above) You can look by treatment model or search by your whole county.

Child Parent Psychotherapy (CPP)

- Highest rating for trauma treatment targeting children under 5 according to the California Evidence Based Clearinghouse
- Recommended for children birth through 5
 - Ex. mother experiences trauma while pregnant (DV, for example) can work with mom and baby on attachment, etc.

Child-Adult Relationship Enhancement (CARE)

- In research phase. Not yet EBT.
- Not a therapy
- More of a teaching approach for those working with kids (caregivers and others)
- Uses evidence based skills
- Derived from EB parenting programs

Q: 3 of 8 providers are clinicians in their county show as available but they live 6 hours away in SC. (Ex. Rock Hill, SC serves all 100 counties)

- Glitch with the roster
- Some due to those who can provide tele-health from a distance

Q: How are providers being informed state-wide about the rostering process?

A: Networks, Provider orgs (ex. NASW), LME/MCOS sharing, etc. and doing whatever can to reach as many relevant as possible. If you have ideas, share them with Mellicent.

- The only way to get on the roster is to attend/complete the training by NCCTP.
- Learning Collaborative opening for applications in March. Feb collab is full. Website can provide all of that info no the ncctp.org website

REMINDER: if you have suggestions for future agenda item, please email us and let us know!
No further business, the Committee call was adjourned at 3:49PM