

MRS Conference Call Notes  
February 2011

Counties Participating 2/15: Carteret, Henderson, Madison, Wilson

Counties Participating 2/17: Jackson, Mecklenburg, Northampton, Person, Rockingham, Person

Counties Participating 2/22: Brunswick, Davidson, Halifax, Harnett, Macon, Nash, Orange, Pitt, Yadkin

Agenda

Announcements from Raleigh

Presentation on Substance Abuse Programs for Youth

Revisiting Absent Parents

Dictation – Expectations? Methods of Agency Support?

News from Raleigh

Letters:

- Change Notice around the policy regarding completion of the 5094, as well as the actual policy.

The Child and Adolescent Substance Abuse Regional Residential Program Initiative

- A power point presentation by Paul Savery, Adolescent Substance Abuse Treatment Services Coordinator, NC DMH

History (slide 2)

- In 1988 DMHDDSAS developed 'The Child and Adolescent Substance Abuse Regional Residential Program Initiative' in collaboration with selected providers, selected LMEs and their LEAs.

Programs (slide 3)

- Each of the Cross Area Service Programs (CASPs) provides 24 hour residential services through supervised living or similar licensure and intensive outpatient or day treatment services. The majority of the sites provide public education through local teachers assigned to the CASP. Each CASP facility is unique and therefore there are some variations in the services offered by the individual CASPs across the state.

Mission (slide 4)

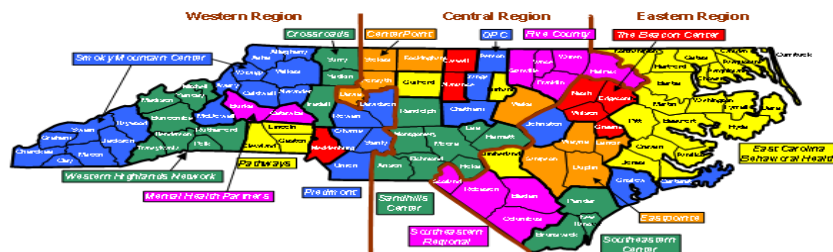
- To provide medium term treatment to prepare adolescents with substance abuse and co-occurring problems for ongoing community based recovery services.

Location (slide 5)

- North Carolina is divided into three geographic regions (East, Central, and West). CASPs are located in all three regions of North Carolina and serve residents of any county regardless of their Region.

Location – con't (slide 6)

Local Management Entities (LMEs) and their Member Counties  
As of July 1, 2010



Unless otherwise indicated, the LME name is the county name(s).

Reflects LMEs and Regions as of July 2010

### Facilities (slide 7)

- The 8 CASPs have a total of 63 beds available for boys and girls. Every effort has been made by the CASPs to create a home-like setting. Youth are usually required to share a nicely furnished room with one another and the facilities provide common areas for socializing, relaxation and recreation.

### Finance (slide 8)

- As state-funded facilities, CASPs accept prospective clients regardless of financial resources or insurance status. A financial interview is conducted at the time of admission. If a client is admitted to a CASP in a county that is located out of their region, a daily rate may need to be negotiated between the CASP and the youth's home LME.

### Length of Stay (slide 9)

- Residents receive treatment and educational services for an *average* of 90 days.

### Admission (slides 10- 16)

- All prospective admissions are to be referred directly to the specific individual CASP program. (Please note that CASPs do not take walk-in clients.)
- Individuals must be between the age of 13 and 17 years old.
- The CASP will assess appropriateness for placement as defined by ASAM level III.1
- The individual should be assessed as meeting the diagnostic criteria for Psychoactive Substance Use disorder as defined by the current DSM -IV-TR. All CASPs will admit a youth with a substance dependency diagnosis and some CASPs will admit a youth with a substance abuse disorder. (Please check with the individual CASP).
- Clinically Managed Low Intensity Residential Care ("Halfway House") means a substance abuse treatment program that:
  - provides an ongoing therapeutic environment for clients requiring some structured support in which treatment is directed toward applying recovery skills, preventing relapse, improving emotional functioning, promoting personal responsibility, and reintegrating the client into the world of work, education, and family life, adaptive skills that may not have been achieved or have been diminished during the client's active addiction.
- Clinically managed low-intensity residential care is also designed for the adolescent requiring extended treatment to sustain and further therapeutic gains made at a more intensive level of care because of the *client's functional deficits such as developmental immaturity, greater than average susceptibility to peer influence or lack of impulse control.*
- This level is also sometimes warranted as a substitute for or supplement to the *deficits in the adolescent's recovery environment such as chaotic home situation, drug-using caretakers or siblings, or a lack of daily structured activities such as school.*
- Intoxication/withdrawal/biomedical concerns are all minimal if they exist at all. (Level 111.1 is directed by a non-physician addiction specialist rather than medical personnel).
- HOMELESSNESS *alone* is NOT sufficient reason for Level III Placement!

Question: Will the CASP do the diagnosis or does that need to have been done beforehand?

- Although they can, it is best to have it done beforehand because should ensure that a child meets basic qualifications for admittance before a child and family get prepared to enter the program.

### Barriers to Admission (slide 17)

- Any problem clearly showing client does not have potential for benefiting from treatment program or a client who explicitly expresses or refuses treatment.
- Exhibiting bizarre or violent behavior or ideation, or acute psychosis such that the person is dangerous to self and/or others and who would be better managed in a Psychiatric Residential Treatment Facility (PRTF).

- Suicidal or homicidal thoughts such that the client is dangerous to self and/or others.
- Acute intoxication of the client.

Question: Can children be accepted if they have criminal records and/or if they sell drugs?

- If they are drug sellers that in and of itself will not meet the criteria. If they use as well as sell, that would not preclude their admittance. 80% of their clients are involved with the Juvenile Justice system, so that is not a barrier.

Question: Can children be admitted from a hospital.

- Yes, they can be transitioned up or down from a hospital

Question: How long does it take to get them admitted?

- Varies enormously. Depends on if the child has had a recent assessment, is the facility full. Generally about a week, but a lot of variability.

Question: When wanting to admit a youth, is it better to contact Paul or the LME?

- You can contact the CASP directly to determine if admission is appropriate to a specific case, and then go back to the LME and System of Care coordinator to work on admission, if you have any concerns you can call Paul.

Suggestion:

- Invite your regional CASP to come to a regional or county meeting to talk about their program.
- Paul encourages you to ask what Evidence Based Treatments are being used by individual providers and verify that their staff were trained by a licensed provider.

#### Treatment Services (slides 18 - 23)

- Counseling is provided to assist youth in becoming actively involved in their own recovery. This is achieved through comprehensive assessment, treatment planning, group therapy, individual therapy, and continuing care/discharge planning. Treatment is based on evidence based practices.
- Evidence Based Treatments: *Seven Challenges* (6) *Seeking Safety* (1) *ACRA* (1)
- A Child and Family Team will be utilized with every youth and their family which will have the responsibility of updating the client's Person Centered Plan (PCP) including discharge planning and care coordination for when the youth returns to their home to ensure continuing treatment through their local community outpatient treatment programs, self help groups, and other community resources.
- Psychological services include the provision of diagnostic testing and specialized psychotherapy for youth where appropriate. Psychiatric evaluation and medication management are also available to youth.
- Family services are offered to family members or other significant people in the youth's life and include weekly individual and multi –group sessions.
- Recreational services are provided daily. CASPs use their own recreational facilities on site and also recreational facilities in the community such as the local YMCA.

#### Service Philosophy (slide 24)

- Best practice is to deliver effective clinical care and social support services by maintaining the integrity of family and community life for youth by facilitating family involvement. This agenda requires an organized System of Care approach that is:
  - Client centered and strength based;
  - Family focused and family friendly;
  - Evidenced based;
  - Community based and culturally competent;
  - Collaborative across client serving systems.

#### Discharge Planning (slide 25)

- Discharge Planning is part of treatment planning, NOT a discrete activity.

Regions: (slide 21- 29)

Western Region:

Swain Recovery Center  
Swannanoa, NC 28771  
Operated by:  
Partnership for Drug-Free North Carolina  
<http://insightnc.org/swain.html>  
Contact: (828) 669-4161  
6 beds (male and female)

McLeod Group Home  
Charlotte NC 28217  
Operated by:  
McLeod Addictive Disease Center  
[http://www.mcleodcenter.com/index\\_files/Page343.htm](http://www.mcleodcenter.com/index_files/Page343.htm)  
Contact: (704)332-9001, ext. 2242  
5 beds (male)

Central Region:

PORT Aberdeen  
Aberdeen, NC 28315  
[http://www.porthumanservices.org/port\\_residential.asp](http://www.porthumanservices.org/port_residential.asp)  
Operated by PORT Human Services  
Contact: 252-902-890  
8 beds (male)

Stuart House  
Durham, NC 27410  
<http://www.vq.com>  
Operated by Vision Quest  
Contact: 919-794-3814  
6 beds (male)

ASAP  
Greensboro, NC 27410  
[http://www.youthfocus.org/residential\\_services.htm](http://www.youthfocus.org/residential_services.htm)  
Operated by Youth Focus  
Contact: (336)317-2062  
10 beds (male and female)

ReStart  
Winston-Salem, NC  
<http://www.tchome.org/ContactUs.htm>  
Operated by The Children's Home  
Contact: 336-721-7625  
8 beds (male and female)

Eastern Region:

PORT DORM \*  
Greenville, NC 27834  
[http://www.porthumanservices.org/port\\_residential.asp](http://www.porthumanservices.org/port_residential.asp)  
Operated by PORT Human Services  
Contact: (252) 413-1950/1992 or (252) 413-1965  
[cholder@porthumanservices.org](mailto:cholder@porthumanservices.org)  
10 beds (male and female)

PORT Burgaw NC  
[http://www.porthumanservices.org/port\\_residential.asp](http://www.porthumanservices.org/port_residential.asp)  
Operated by PORT Human Services  
Contact: (910) 231-2796 cell  
10 beds (male and female)  
Estimated opening date: spring 2011

Contact Information: (slide 30)

Paul Savery  
Adolescent Substance Abuse Treatment Services Coordinator  
NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services  
Raleigh, NC 27699-3005  
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[Paul.Savery@dhhs.nc.gov](mailto:Paul.Savery@dhhs.nc.gov)

Absent Parents

How do we locate them? What are the barriers? When do you not contact them?

- Orange county has a checklist that they use (sent to Holly) – this is good because the Diligent Effort sheet from the Division does not encompass all the web technology. (see end of these notes.)
- Someone used the phrase “We should look for them like they owe us money!”
- Can use Child Support – they will provide information to locate them.
- Medicaid and Food Stamps also have location information.
- Many counties say they just ask the family, including the children (who often will give the absent parent’s phone number when the other parent won’t) and other people who know the family.
- Also check agency records, contact information may already be in the agency somewhere.

- Many web tools such as:
  - Facebook, myspace, Google, Lexis-Nexus, ask.com, whitepages.com, VineLink.com (will tell you if someone is in prison anywhere in the country).
  - Usually just send them a message asking them to contact the DSS, don't get into it on the site.
  - Many counties won't let all PCs access those sites but will allow access to specific people who need to locate absent parents or other relatives.
- Wilson has a letter they use with incarcerated fathers.
- One county has a local "jailbird" newspaper and a list of offenders in the local paper. Frequently absent parents are in those!

How are you engaging them once you find them?

- Go back and revisit the connection. Don't let them just say "I don't want to be involved" one time and never try again.
- Ask if they have anything to offer even if they want little or limited involvement.
- Ask them about other family members (grandparents, aunts or uncles.....)
- Offer them the opportunity to do a voluntary section on the case plan about ways they want to be involved or well being needs if that is appropriate.

### Dictation

What are protocols for keeping up with this?

- One county has a policy that dictation be turned in within 24 hours.
- Another county has purchased dragon speak and laptops.
  - Laptops are particularly helpful as there are always 10-15 minutes when you are waiting for something that you can chip away at dictation.
  - Mixed feedback on dragon speak – some really like it, some not as much, but Holly has heard that there is a learning curve.
- Afterhours has to turn in dictation by 9am the next business day.
- One county uses Wednesday mornings for this – no meetings and phones are put on hold and all workers are to be catching up with dictation.
  - Have been doing this for 10 yrs and it works well.
  - They are required to turn in a dictation log weekly that lists all their cases and when they did the dictation....
  - There are always emergencies, but for the most part this time frame is protected.
  - If their dictation is behind, leave time is not approved
- Another county got permission to permit comp time to get caught up on all cases.
- Many counties are using "paperwork days" where they take someone out of rotation or work at home for a day to get caught up.
  - People now are not only having those days, but they are also pre-planning those days so instead of looking at all your work that morning, they get with their supervisor beforehand and prioritize their cases and discuss how many and which cases should be complete by the end of the protected day.
  - This allows for a maximization of effort and holds the worker accountable as well.
- Just as we have accepted that the same plans don't work for every family we must accept that they same thing holds true for social workers – not all social workers can work the same. Some people cannot work 8 hours on just documentation, but may really do well with 3 partial mornings a week. *Customize strategies for workers just as we do with families.*
- Some counties now will not staff for case decision until the documentation is done and the Supervisor has read it, whereas we used to tend to staff for case decision and then do the dictation. There was a concern with the old way because when the Supervisor finally read the dictation, sometimes felt it was very different from what they heard in the staffing.
- Expectations are critical – staff will only live up to what is expected.
- Need to stop looking at dictation/documentation is an extra added burden, but really it is all a part of our job and it is just as important as the work we do with the actual families.

### Survey on Connect Pro:

- Dictation of a CPS assessment must be completed before staffing for case decision (53%)
- All dictation is turned in weekly (29%)
- All dictation is turned in monthly (18%)
- Supervisors regularly read dictation as it is completed (monthly or weekly) (65%)
- We have a formal protocol to assist staff in completing dictation timely (everyone does dictation first hour of the day, work at home etc.) (41%)
- We provide a technology to assist DW with dictation (laptops, dragonspeak, neo, etc.) (35%)

### Update from Duke

- Last year (2009-2010) DSS decided to focus the evaluation more on CFTs. One of the best ways to evaluate these meetings was to do observations. They did approximately 70 observations and then did case reviews so they could see how the outcomes in cases looked and relating it to the fidelity of the CFTs in those cases.
  - Still working on compiling that information.
- Concerns expressed by AOC partners that the implementation of MRS has decreased juvenile petitions.
  - To flesh this out, Duke began with a survey to DSS, and AOC. Based on these surveys selected 6 counties to do interviews. (AOC, DSS, GALs, other court staff.)
  - Finally will do case files reviews in the six counties.
- The fact that petitions are down does not mean that children are less safe. The hope all along that by engaging families we are getting supports, etc. so that children are still safe and don't have to come into care.
- Holly & Nicole will be doing a presentation on CFTs at the PCA conference at New Bern.

### March Meetings:

Dates: 14<sup>th</sup>, 28<sup>th</sup>, 29<sup>th</sup>

Presenter – Terri Reichert on How Protective Factors Impact Risk and Updates to the Risk Assessment Tool.

Case Name: \_\_\_\_\_

**ABSENT PARENT CHECKLIST: DILIGENT EFFORTS TO LOCATE**

**Known Identifying Information:**

Absent Parent: \_\_\_\_\_ DOB: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ SSN: \_\_\_\_\_

Last Known Address: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Past Employer: \_\_\_\_\_

Last Contact Date with Child(ren): \_\_\_\_\_

Last Contact Date with Parent of Child(ren): \_\_\_\_\_

Relatives (maternal and paternal and contact information): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>DATE ACTION INITIATED</b>	<b>DATE INFORMATION RECEIVED</b>	
		Discussion with known parent re contact info for absent parent (initial and ongoing)
		Discussion with children re contact info for absent parent (initial and ongoing)
		Discussion with collaterals re contact info for absent parent (initial and ongoing)
		Discussion with relatives re contact info for absent parent (initial and ongoing)
		Telephone Call to Engage Absent Parent
		Introduction Letter Mailed re CPS Involvement
		Contact landlord for forwarding address
		Contact utility companies (water, electric, gas) to determine account status or change in service
		Other
		Criminal Record Check: Civil/RIL/Gun Permit
		Out-of-State Criminal Record Check if Need Verified with Supervisor
		CPS Record Request/Check (HOST)
		Court Calendar Check for Absent Parent – Orange County or other counties where father is rumored/ known to reside or spend time

		<a href="http://www1.aoc.state.nc.us/www/calendars/CriminalQuery.html">http://www1.aoc.state.nc.us/www/calendars/CriminalQuery.html</a>
		Department of Correction Screen/Probation and Parole System Screen (WIRM) Probation- Hillsborough- 732-9303 Chapel Hill / Carrboro- 967-9237
		Criminal website searches: Federal Inmates: <a href="http://www.bop.gov/iloc2/LocateInmate.jsp">http://www.bop.gov/iloc2/LocateInmate.jsp</a> NC Inmates: <a href="http://webapps6.doc.state.nc.us/opi/offendersearch.do?method=view">http://webapps6.doc.state.nc.us/opi/offendersearch.do?method=view</a> Sex Offender: <a href="http://www.familywatchdog.us/">http://www.familywatchdog.us/</a>
		Department of Motor Vehicle Screen: NCDL # +Auto Registration Screen (WIRM)
		Orange County Compass Service Record Search (Work First/Food Stamps/Medicaid/ Social Security) Other NC Counties, WIRM
		Employment Security Search (Work History and wages) (WIRM)
		Tax Records/City Directory Search- 245-2500 or <a href="http://web.co.orange.nc.us/TaxInquiry/index.asp">http://web.co.orange.nc.us/TaxInquiry/index.asp</a>
		Veterans/Military Search: Branch Served: Dates Served: Orange County Veteran's 245-2890
		Internet Sites Searched: MySpace/Facebook/whitepages.com/spokeo.com/pipl.com/Alumni sites
		Child Support (245-2175) Child Support Agent: Paternity Status:
		Contacted child(ren)'s school for any parent info listed
		If address is known and this is a FC case, father's home visited between 8am and 5pm
		If address is known and this is a FC case, father's home visited between 5pm and midnight

*Shared from the MRS call with permission of Orange County DSS.*