

MRS Conference Call Notes
July 2009

Counties Participating 7/15: Davidson, Davie, Durham, Gates, Gaston, Jackson, New Hanover, Washington.

Counties Participating 7/21: Alamance, Bladen, Brunswick, Burke, Columbus, Franklin, Gaston, Hoke, Jackson, Madison, Pitt, Union, Watauga, Wilkes, Yancey.

Counties Participating 7/30: Allegheny, Beaufort, Bladen, Buncombe, Catawba, Duplin, Durham, Forsyth, Gaston, Greene, Guilford, Halifax, Harnett, Macon, McDowell, Nash, Northampton, Pender, Perquimans, Person, Wake, Wilson, Yadkin.

Agenda

Announcements from Raleigh

System of Care – the role of Coordinators

Switching Tracks – when is this appropriate, why would you do it, what are the benefits?

News from Raleigh

- Email address at the Division will be changing. Some already have. The first part will still be FirstName.LastName, but instead of @ncmail.net it will be @dhhs.nc.gov. Emails to ncmal.net will be forwarded through the end of the year but please go ahead and make the change.

Letters

- July 1st – the newest edition of Practice Notes which is dedicated to discussing issues of diversity.
- July 16th – updates around the budget.
- July 23rd – possible closing of the Level III and Level IV placements

System of Care - The Role of SOC Coordinators

Kelly Crowley from Mental Health was on the phone to talk with us about the role of the SOC Coordinators. She had a powerpoint which Holly emailed out with the meeting notices.

Wanted to give an overview of the LME Coordinators, a little bit of history of System of Care, and then the roles of the coordinators.

Slide 2 - LME System of Care Coordinators

- History
- Core Functions
- Annual Report SFY 08

Slide 3 – Map

This is a map of all of the SAMSA (substance abuse mental health administration) grants across the state. Currently two local demonstration projects (Mecklenburg and Alamance). (What is not on this map is the Children's Bureau Grant that Mecklenburg, Alamance, and Bladen received. This was significant as an agency other than Mental Health awarded System of Care based grants.)

Slide 4

The momentum of all of these projects shown in the map resulted in the General Assembly allocating funds

- Recurring funding was allocated in March 2006
- Full-time dedicated LME System of Care Coordinator

Slide 5

- Overall goal of the Coordinator: Provide coordinated services so that children and their families function better at home, in school and in the community.
- Subgoals include:
 - Increase interagency collaboration
 - Enhance the CFT process
 - Promote activities of the local collaboratives
 - Operate in a culturally competent system

Slide 6 - Core functions of a SOC Coordinator

- Youth and Family Involvement and Leadership
- Child and Family Teams
- Involvement in the Community Collaborative
- Interagency Collaboration
- SOC Technical Assistance
- Quality Management – a SOC project is always looking at effectiveness. Look at the local priorities and the process for overseeing the CFT process. May look very different from one LME to another.

Slide 7 – Core Function #1 Involvement in the Community Collaborative

Data from SFY 08

- 70 Local Community Collaboratives across NC (several multi-county ones)
 - Increased each quarter of the year from 62 in first quarter to 70 by the end of the year.
- 77% meet monthly

Slide 8 - Core Function #1 Involvement in the Community Collaborative (con't)

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|-----------------|--------|
| ● LME Reps | 99.5 % |
| ● Provider Reps | 95.7 |
| ● DSS Reps | 82.7 |
| ● DPI Reps | 80.5 |
| ● Other | 80.0 |
| ● DJJDP | 70.5 |
| ● Family Reps | 67.7 |
| ● Court Reps | 50.8 |
| ● Youth | 9.7 |

Slide 9 - Core Function #1 - Involvement in the Community Collaborative (con't)

- 77% of counties are part of an active community collaborative
- In, multi-county collaborative, all counties participate 51% of the time
- Priorities – asked each coordinator to define at least 3 each year and determine priority.
 - Huge Range Statewide. Priorities included: reducing school suspensions, increasing use of CFT process, starting a CARE review process, reducing out-of-home placement.
 - Community Systems Progress Report – measure to look at kids who are placed in a non-family setting.

Slide 10 – Core Function #2 - Child and Family Teams for Person-Centered planning

- Child and Family Team Observations*
 - 1,190 were observed by a SOC coordinator or other staff member
 - 37.9% followed all 7 practice principles – there was somewhat of an increase in those following all principles in each quarter.

Slide 11 – Seven practice principles of CFTs

- Family, children and youth are full partners.
- Planning is led by the family.
- Meetings are a safe, supportive place for all members.
- Meetings include people who can help the family succeed.
- Plans are built around what families do well and fits with their beliefs.
- Members are committed to the plan and share responsibility for successful outcomes.
- Plans are changed when they are not working for families.

Slide 12 – Core Function #3 – Youth and Family Involvement in Leadership

This is one of the most challenging pieces to implement.

- In addition to involvement in collaboratives, 13 LMEs reported hiring a Family Partner or contracting for Family Support Services
 - Training
 - Support groups
 - Family partners and/or advocates

Slide 13 – Core Function #4 – Interagency Collaboration

- JCPCs
- NC Collaborative for Children, Youth and Families and Committees
- Partnership for Children
- SHACs
- Healthy Carolinians
- Safe Schools/Health Students
- Interagency Councils
- Drug/Alcohol Coalitions
- Community Child Protection Teams, Fatality Task Forces
- Child and Family Support Team

Slide 14 – Core Function #5 – Training and Technical Assistance

When this training is offered it is open to the community.

- 40 individuals trained in Part 1 TOT
- 26 individuals trained in Part 2 TOT
- 10 LMEs have offered at least Part 1
- 436 SOC Trainings provided
 - 11,972 attendants
- TA given to average of 14 providers/quarter

Slide 15 – Core Function #6 – Quality Management

- Care Review
 - 17 LMEs report having a process
 - 1,225 Families went through Care Review

Slide 16 – Hours Spent on Each Core Function

(Based on 520 hours per quarter)

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| ● System of Care Training and TA | 14.4% |
| ● Involvement in the Community Collaborative | 13.7% |
| ● Interagency Collaboration | 13.5% |
| ● Child & Family Teams | 9.4% |
| ● Quality Management | 7.1% |
| ● Youth & Family Involvement & Leadership | 6.5% |
| ● Other | 35.4% |

Question/Comments from Counties 7/15:

- The challenge is that all agencies are using similar meeting styles (CFT) – so how can we make it one meeting and have it meet all the agencies needs as well as the family. Is there anything we can do from the DSS side to help reach that goal?
 - It is a challenge. It is somewhat dependent on the development of the community collaborative and how far the local private providers have bought into the idea of SOC.
- Keep hearing about the difficulties of placing children with multiple mental health needs. DSS feels like they are left holding the bag. Have recommended to DSS's that they connect the local SOC coordinator – is there someone else that they can contact?
 - SOC coordinator is probably the best person. MH is in an unique system position right now in that when placement has been identified, capacity may not be available.

Switching Tracks

Holly wants to make clear that you can switch tracks, and in both directions. You need a two level review, and the change needs to be in the best interest of the child.

Question/Comments from Counties 7/15:

- Asked if anyone was switching from Investigative Assessment to Family Assessment.
 - One county has when the actuality did not appear as serious as the initial allegations seemed. This gets the family more invested, and willing to cooperate. They are much more receptive to being “In Need of Services” that being substantiated on.
- Some staff are not sure when they should do it and then all of a sudden you are at the point of closure and it is too late to change.
- Does anyone switch up? (From Family to Investigative Assessment?)
 - One county does it when they are not getting cooperation from the family.
- Has anyone done a MOA or MOU with their court folks – if so, please send to Holly.

Question/Comments from Counties 7/30:

- You can switch tracks, and you can do both ways (some feel that you can only go from Family to Investigative). There just needs to be a two level review and it should be in the best interest of the child.
- One county has had issues because their attorney said when they go to court, there really needs to be a substantiation. The attorney is confused when the initial decision was a family assessment decision and then later you end up in court.
 - This is something we tried to clarify early on when we were education community providers. Many judges did not care what we called our findings as long as the facts met the requirements in statute.

- No other counties are having a similar issue.
- If you initially take it as a family assessment but you cannot locate and contact the caretakers so you have to meet with the child at school, can you switch tracks?
 - You can, but if this is the only issue you do not need to switch tracks as long as you have tried to contact the caretaker. Since safety of the child is always primary, then you can go to the school to make the timeframe mandates. Now, if you suspect the parents are ducking you or there are other issues you may want to switch.
- Question has come up at the end of the case when SW don't want to find neglect so they want to switch tracks so they can find the "lesser" finding of In Need of Services.
 - Sometimes this is a better decision because it may make the engagement of the family better, but this decision needs to be made prior to the end of the case. You can't wait until the point of case decision. If you get to the end of the case and you really want to switch so that you can make a different finding, you need to delay the case decision and go back to the family and explain the change and the reasons for it with the family and then later make the case decision. If this is an ongoing issue with particular workers it becomes a training issue and you need to work with the worker to determine what can trigger a decision to change the track earlier in the case.

Additional questions or items to discuss at future meetings:

From 7/15:

- Screening in/out situations where you just have to make a judgment call. Just cannot make a decision one way or the other based on the tools. Would like some examples of specific cases. Used to be "if you can't screen it out, do what is best for the child" but in light of Stumbo, feel "if you can't screen it in, screen it out" so just would like to know where the pulse is.