



**TASK FORCE ON THE MENTAL HEALTH, SOCIAL, AND EMOTIONAL
NEEDS OF YOUNG CHILDREN AND THEIR FAMILIES**

OCTOBER 2011

10:00-3:00

Members present: Beth Melcher (Co-Chair), Rosie Allen, Patti Beardsley, Karen Appleyard Carmody, Deborah Cassidy, Jill Hinton, Emma Miller, Laura Muse, Susan Perry-Manning, Janice Petersen, Sen. William Purcell, Kevin Ryan, Marla Satterfield, Bill Smith, Jean Smith

Steering Committee and NCIOM Staff: Melissa Johnson, Marcia Mandel, Susan Robinson, Adele Spitz-Roth, Sharon Schiro, Pam Silberman, Berkeley Yorkery

Other Interested People: Gary Ander, Shannon Lewis, Shade Shakur, Rick Zechman, David Zell

WELCOME

Beth Melcher, PhD

Assistant Secretary for Mental Health, Developmental Disabilities, and Substance Abuse Services Development
North Carolina Department of Health and Human Services

Dr. Melcher welcomed everyone.

**OVERVIEW OF EVIDENCE-BASED PROGRAMS AND TREATMENTS FOR CHILDREN AGES
1-5 IN NORTH CAROLINA**

Berkeley Yorkery, MPP

Project Director

North Carolina Institute of Medicine

Ms. Yorkery reviewed evidence-based programs or treatment for young children birth through age five. She discussed Incredible Years (IY), Parents as Teachers (PAT), Triple P Positive Parenting Program, Nurse Family Partnership (NFP), Parent Child Interaction Therapy (PCIT), and Trauma Focused-Cognitive Behavior Therapy (TF-CBT). IY, PAT, Triple P, and NFP are prevention oriented programs, often group based. These are not generally treatment programs. PCIT and TF-CBT are treatment programs. A copy of her presentation can be found at: http://www.nciom.org/wp-content/uploads/2011/06/Yorkery_2011-10-20.pdf.

Selected Questions and Comments:

- Triple P can be used as promotion, prevention, or intervention. However, the only place that is offering Triple P is Fairgrove Family Resource and is only

offering the 4th intervention level (intensive parent training to deal with children with more severe behavioral difficulties). Pitt county health department received funding in the summer to offer all 6 different levels (through NACCHO funding), and Alamance is also interested in implementing this program (through federal funding).

- One of the things that is different about Triple P is that it aims to increase the skills of the health and human services staff in the region. Triple P aims to go into an area and get as many staff in the community trained. So, higher costs in the first year for training, but then lower ongoing costs because it builds on existing staff.
- Healthy Families also offered in NC. This is also evidence-based home visiting program. Healthy Families is similar to Triple P or PAT, in home, home visiting model, with the goal of improving parenting. Traditionally designed as a 3 year model. In Durham, doing randomized control trial with no treatment, 18 months, and traditional 3 year model.
- Child Parent Psychotherapy (CPP). Another treatment model for children 0-6 who have attachment and/or trauma. Very passive in approach. On average 52 sessions, because building a relationship through play. Involving mom or other caregiver in play to work through trauma the others have experienced.
- ABC. Three randomized trials with foster families, with at-risk parents who are at-risk of losing children, and international adoption. Similar to CPP to work with kids who have been through early adversity. 10 session curriculum.
- Some of the programs come through public health. Some local health departments are struggling to provide basic public health services. Can't provide all these additional services. How do you bring these programs into small, rural counties. If we wanted to improve the lives of children and their families—which should the community start with that would have the best results. There is no one program that meets all the needs in the county. Some programs are designed for child who exhibits aggressive behavior, others are focused on depressed mothers. Triple P has the broadest range of coverage and most flexibility. If talking about community based programs, we would want to encourage one that also includes prevention. Triple P goal is to increase the effectiveness of all of the human services agency staff in working with families. The one caveat about Triple P is that we don't have much experience with it yet in NC. If NC receives the Race to the Top grant, part of the funding will be used to support communities implementing different EBP with fidelity.
- Do we know what the Essential Benefits Package will be for mental health and substance abuse? We know that qualified individual and small group plans (offered in the health benefit exchange) are required to follow the Dominci-Wellstone mental health /substance abuse parity laws. That means that an insurer cannot impose any more restrictive day, visit or dollar limit for MH/SA than it does for treatment of physical illness. But, we don't yet know what the Secretary (US DHHS) will define as the essential benefit package.

REVIEW OF POTENTIAL RECOMMENDATIONS

Berkeley Yorkery, MPP

Ms. Yorkery provided a summary of the recommendations that the task force had discussed in August and September. The recommendations focused on:

- 1) A cross-system plan for all NC agencies that serve the mental health, social, and emotional needs of young children and their families
- 2) Awareness of the mental health, social, and emotional needs of young children
- 3) Care and reimbursement standards within DMA to promote children's mental health
- 4) Expanded treatment options for children with mental health, social, and emotional needs
- 5) Coverage for family therapy
- 6) Education for Local Management Entities on young children's mental health

Ms. Yorkery also provided an overview of Task Force recommendations about support of evidence-based services.

A copy of Ms. Yorkery's presentation can be found at: http://www.nciom.org/wp-content/uploads/2011/06/ECMH_Potential-Recs-10-20-11.pdf.

Selected Questions and Comments:

- *Race-to-the-Top Early Learning Challenge update.* Funding opportunity is national. We could potentially receive \$70 million over 4 years. Paradigm shift is that one of the responsibilities is universal provision of education (traditionally defined as K-12). Race to the Top is about the early childhood population. We need to think about what services we need to support with regard to early childhood. We are never going to get excellent educational outcomes if start at kindergarten. Need to begin earlier. Need to address from birth, or preconceptional. A lot of the grant goes to improve early childhood care system and infrastructure—and high quality childcare. Most of the grant is to support the infrastructure on a statewide basis. But a portion of the funding will be devoted to innovation zone in economically depressed area.