Children's Services Committee Meeting Notes 3/10/21

Approval of Minutes: Motion by Brian Bocnuk, Second by Melanie Corprew

OSRI Updates (Theresa Strom and Michael Ward)

Completed last OSRI reviews as of 12/21/20. Round 3 was different because NC has an additional year to complete reviews of the final non overlapping period to allow states to continue make improvements. Originally was scheduled to end 9/30 but extended to 12/31 in hopes of meeting Item 6 which was the last remaining item. State staff conducted all reviews between September to December to not burden counties further. Unfortunately, NC did not meet Item 6, timely permanence. Theresa Strom shared some data from reviews and Michael Ward shared some practice recommendations (see slides for more detail). Overall, there were some items that showed improvement and some items were there was backsliding from the original review. Many of the recommendations for practice improvement included more documentation of the areas reviewed.

Need for Reviewers for applications for the prevention program contracts (different from FFPSA). If your or your staff are interested, email Kathy Stone or Deborah Day at the division.

Evident Change Kickoff Summary (Kathy Stone)

Kathy Stone gave an update regarding implementation of the Practice Model (see slides for more detail). The goal of the practice model is to ensure consistency across counties and improve outcomes for children and families. Safety Organized Practices (SOP) include an "umbrella" of services that includes working with and across differences, structured decision making, signs of safety, family team meetings, solution-based inquiry, partnership based collaborative practice, trauma informed practice, appreciative inquiry, and solution focused interviewing.

The top priority of SOP is to stabilize and preserve families and if this is not possible then to safely reunify. If this is not possible, then the priority is to safely create new permanent families for children. SOP embodies NC Child Welfare's core values of safety focused, trauma informed, family centered, and culturally competent.

Another project is to revise the Structured Decision Making Tools in order to promote safety, expediate permanency, and support well-being. These tools will include a reporter's guide, intake assessment, safety assessment, risk assessment, case plan tool, reunification assessment and risk reassessment.

Kathy Stone reviewed the current progress. The Unified Public Agency Leadership Team (ULT) has defined how five essential functions including communicating, engaging, assessing, planning, and implementing will be practiced in NC. The stakeholder design teams and focus groups are providing input about specific behaviors they want or do not want to see among social workers, supervisors, and leaders. The Kickoff for the SDM and SOP was February 26th. Evident Change is the organization that will be updating and revalidating NC's SDM tools as a first step toward implementation.

The overarching goal in the development of a practice model is to be a learning organization. NC is developing a practice model to explain the organizational values that drive our work**,** ensure that everyone within the organization is clear on our practice, ensure families and partners understand our practice, help organize DHHS operations by measuring performance and identifying strengths and areas to improve, assist in making decisions regarding the adoption of new child welfare innovations.

There will be orientation to SOP for all staff in addition to other training for both social workers and supervisors. Want to develop feedback loops that includes supervisory case readings, management report and metrics, and CQI. There will also be a fidelity review that includes design of a program review,

Q: when will training begin? After validation of SDM but may overlap with the finalization of the End of 2021 or beginning of 2022.

Partnering for Excellence (Jenny Cooper (Benchmarks), Katie Swanson (Cleveland), Rhonda Dawson (Pitt), Jenny Cooke (Craven), Mae Jackson (Davidson), Brenda McNeil)

This has been a 9-year project that began by looking at how to better serve children involved with DSS and the mental health system. Started with studying pathways, barriers, and opportunities to map out all the things that happen. Reiterated that the system is complicated and that families are involved with multiple systems. Sometimes language is similar across systems and sometimes it is not (e.g. education, juvenile justice, mental health). Engaged stakeholders through focus groups that involved DSS, System of Care members, family partners, foster parents, LME/MCO's. Heard that the families had growing needs, there wasn't enough attention paid to children's mental health, services are reactive (not proactive). There are gaps in service and not enough capacity. Interagency collaboration and support is needed. Recommendations included early proactive screening and assessment, enhance capacity for evidenced based practices, monitor outcomes, enhance agency collaboration.

Panelists shared their experiences. Motivation included a desire to provide better services to children and families, ensure better resources, and a recognition of the impacts of trauma.

Goals of PFE included increased placement stability, improve overall family functioning, contain Medicaid costs. In addition to a trauma screening, there is also a Trauma Intensive Comprehensive Clinical Assessment (TICCA) that is a 6-hour assessment (instead of a typical 60-90 assessment) that involves conversation with the school and health providers. This is reimbursed at a higher rate by the LME MCO. The TICCA is an important tool in the development of the Family Services Agreement and ensures a stronger focus on well-being. There are also opportunities for training both internally at DSS and with other stakeholder organizations to ensure shared language, including language about trauma. The Resource Parent Curriculum is used and there is co-location of LME MCO staff at DSS. The number of days varied by counties but was focused on building a relationship. Social workers had one person to call with questions instead of going through access line. Learned that the LME MCO's did not understand the child welfare system and this work helped to create a shared language. Rowan, Davidson, Cleveland, Craven, and Pitt are all counties who have been involved. Rockingham, Stokes, Yadkin, Surry, Rutherford, and Burke have also participated in a version of this project that is more focused on permanence. The six principals of partnership are used as a foundation for communication.

Implementation has been challenging and requires significant work. Panelists stated that challenges included COVID, incorporating the changes in daily practice, and ensuring that the timelines are met (e.g. information to therapist for TICCA). Other challenges were resistance from workers who felt that they couldn't meet the timelines with all of the other work requirements. Over time, workers were able

to adapt to the timelines and have better outcomes. Sustainability is also difficult. Connecting the positive outcomes to the work is also important.

Implementation strategies include “huddles” for information sharing and regular training (particularly with turnover). There are also leadership meetings and partner meetings. Leadership meetings include partners and address responsibilities and timelines and help to build relationships that can lead to better and more timely placements. Each county is assigned a coordinator who is external to DSS and helps with implementation and managing data.

Successes of PFE are in the areas of screening, assessment, and treatment. Information regarding successes has been collected from birth, foster, and kinship parents as well as social workers and other stakeholders. Some successes are as follows: more proactive treatment and easier authorization due to the thorough assessment, better information available to social workers and foster parents to meet the needs of children (because of TICCA), well-being improvements, higher quality services (e.g. evidenced based practices), community training about trauma, better able to recognize trauma triggers for parents and children, more understanding of behaviors, availability of Resource Parent Curriculum, trust across systems, improved communication and collaboration.

Ongoing challenges include services to parents, long-term following of families (especially after DSS is involved), training for foster parents, and maintenance of evidenced based services. County panelists also reported better relationships with clinicians, appropriate placements for children (i.e. no children having to be in offices overnight), parent engagement in treatment, less reliance of psychotropic medication (appropriate labeling of trauma symptomology), and an understanding of the “bigger picture” of the family’s needs (due to the TICCA).

Jenny Cooper also reviewed some quantitative data collected by Duke Center for Child and Family Policy. Data is based on Medicaid claims and Data Warehouse. Diagnoses, costs, services and placements were measured. Rates of ADHD, Conduct Disorder, Depression rates were decreased. Increases in diagnosis of PTSD and Stress Related Anxiety Disorder. More children were receiving assessments and outpatient therapy while less use of high intensity services. There was a big decrease in level II, III and PRTF placements. Medicaid cost savings were 30% for in home services and 50% for foster care services.