

NCACDSS Committee Meeting MINUTES
Virtual Children's Services Committee
2:15 pm to 4:15 pm
December 9, 2020

Item #	Agenda Item/Presenter	Attachments	Time	Action Needed
1	Welcome/CSC Tri-Chair		2:15 pm	No
2	Approval of October 2020 CSC Minutes (no meeting in Nov)	PDF Attached	2:15 pm	Yes
3	<ul style="list-style-type: none"> • Welcome – Lisa Tucker Cauley, Senior Director for Child, Family and Adult Services, NCDHHS, DSS • LGBTQ+ Youth – Erin Connor, MSW, Social Services Program Coordinator, LINKS Foster Care Program, NCDHHS, DSS • FFPSA Update – Kathy Stone, Section Chief, Safety and Prevention, NCDHHS, DSS • SDM System and Safety Organized Project Overview • Positive Parenting Program (Triple P) – Deborah Day, Community Based Programs Administrator, NCDHHS/DSS • The Future of OSRI/CFSR Reviews - Teresa Strom, MSW, Section Chief for County Operations, DSS, Child Welfare, NCDHHS • CME Policy – Molly Berkoff, MD, MPH, UNC School of Medicine/Wake County Human Services & Emi Wyble, MSW, NC DHHS Safety Strategist 	Presentation Attached	2:20 – 3:50 pm	No
4	Questions		3:50 – 4:15 pm	No
5	Adjourn		4:15 pm	Yes

Attachments/presentations discussed on the 12/9/2020 call:



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Meeting called to order at 230 PM with a welcome from Tri-Chair, April Snead, Scotland County Director. October 2020 minutes approved. Motion made by Katie Swanson and second by Melanie Corpew. December 2020 Presentations:

- **Welcome: DHHS Senior Director for Child, Family, and Adult Services, Lisa Tucker Cauley:**
 - A lot of info to cover today.
- **Guidance for Working with LGBTQ+ Youth – Erin Connor, MSW, Social Services Program Coordinator, LINKS Foster Care Program for Successful Transition to Adulthood:**
 - Rolling out week of 12/21 will be guidance doc to provide resources and guidance on working with LGBTQ children. Guidance, not policy. Summary of need for document: overrepresented as suicides. Difficulty finding placement and more likely to disrupt placements. Guidance around placement, etc. Includes guidance around behavioral and other healthcare, confidentiality, respectful tx, etc. Mostly for SW. A lot of links to additional resources to find out more info about working with this population. Sayso encourage this doc for a long time
- **Family First Prevention Services Act Update – Kathy Stone, Section Chief, Safety and Prevention, NCDHHS, DSS**
 - Update as to where we are in the process.
 - October 2021 goes into full effect. NC will begin with Phase 1 (see attachment)
 - Pregnant and parenting Youth – their children who are NOT in custody are candidates for FF.
 - Phase 2 and 3 will be moved into once strong foundation after implementing phase 1.
 - Will build on candidate population and EBT
 - Prevention services menu for phase 1 selected are: MST, Triple P level 4, MST/Methadone Maint, and Homebuilders/PAT for in-home skill based parenting (see presentation slides). 50% of the amounts expended by the state for a fiscal year for title IV-E prevention program must be for services that meet the well-supported practice criteria.

- Development of the FFPSA Prevention Services Menu: Considerations – see presentation handout
- Meeting needs of candidacy population (Multi-Systemic Therapy – Family Systems Model, Homebuilders, Parents as Teachers, Triple P, Methadone Maintenance – Parental Intervention - SUD – see presentation handout for details
- Other work we are doing around business processes and how policy might be impacted.
- Other updates will be forthcoming as we have it to share.
- **Structured Decision-Making System and Safety Organized Practice Project Overview - Kathy Stone, Section Chief, Safety and Prevention, NCDHHS, DSS**
 - Start of discussion to share what this looks like moving forward. See handout of presentation.
 - Work is still emerging.
 - Easy to drift through decisions related to child safety so SDM tools focus on clear decision points. Tool doesn't make decision; Social Workers make decisions. Help folk understand that SDM tools are a support to decision-making by people.
 - What info do we need and what is best way to answer it? Our job as child welfare professionals – need to know what to focus on. Tools will help us focus on the right things.
 - Decision points – see slide handouts
 - What is SOP? Many things – not just one practice. Draws from many child welfare innovations and practices. Ex. Signs of Safety.
 - SOP first used by Andrew Turnel – clear focus on safety assessment. Enhanced partnerships w/ family.
 - Guiding principles – see presentation handout
 - Collaborative Assessment and Planning (CAP) and SDM and Worry Statements (what are we worried about with this family if something doesn't change?)
 - Building Collaborative Plans to Enhance Safety – see presentation handout
 - Implementation – (pre, implementation, and sustainability) many of us have seen things START but not be finished in NC. We need to see things followed through. Need to ensure this practice is sustainable over time in NC.
 - Deliverable Phases: See slides
 - Currently in Phase I but soon to move to Phase II.
 - Approximate Timeline: 12/2020 – June 2021 (see slides for more detail)
 - Additional kick-off activities to begin in January (ex. Data analysis and risk validation study)
- **Triple P in NC Child Welfare Services – Deborah Day, Community Based Programs Administrator & Christina DiSalvo (KD), Implementation Specialist, The Impact Center at FPG**
 - Increase awareness of the redesigned DSS Universal Implementation Support for Triple P.
 - Engage conversation about where we can build further awareness and engagement with the universal supports.
 - What is Triple P? see handout of presentation
 - Triple P outcomes – see handout of presentation
 - What is going on now?
 - Triple P anticipated to be an approved EB intervention under FFPSA (discussed earlier)
 - NC prioritizes strategies to improve safety and well-being. Invest in prevention will enhance capacity of families with services that will help children remain home
 - Public and private (Duke Endowment) supporting the scale up of Triple P statewide
 - Currently 220+ local DSS trained, representing 40 agencies.
 - Implementation Support Goals – see handout of presentation
 - What does universal support look like? – DCDL (Nov 2020) the “why” of this initiative. Triple B brief newsletter sent out 12/8/2020 and continue about every other month, also will have a virtual learning collaborative to promote peer to peer learning, etc.
 - How we provide support at The Impact Center at UNC Frank Porter Graham (FPG) Child Development Institute?
 - Exploration, capacity development, supported performance, local regulation
 - How do we know if we are ready? – see handout of presentation
 - Where can we build further awareness? What other questions do you have? (As asked by Christina DiSalvo) How can we better build awareness of Triple P
 - **Deborah Day (DD) – Community Based Program Admin at DHHS/DSS** – providing brief context as to “why” DSS is investing in this work.
 - 200+ DSS workers already trained in Triple P and not likely getting the ongoing support for the model needed.
 - NCDSS Child Welfare Funding – see presentation slides
 - Session law 2017 received \$1.975M recurring funding.

- Want to expand Triple P services into all 100 counties
 - Triple P Lead Agency Map – see presentation – 8 regions w/ 2 counties considered individual LIA entity (Cabarrus and Wake)
 - Why Triple P in NC? A lot of excellent outcomes in alignment with goals of the state and is EBP. See presentation slides
 - Ultimate Goal: “Triple P spoke here.”
 - Victim of Crime Act (VOCA) Triple P Grant goals – see handout slides
 - FFPSA – Triple P, Level 4 is an EBP listed on the Title IV-E Clearinghouse for Family First. Will be added to the NC DSS State Prevention Plan
 - VOCA & Child Welfare Implementation Connection – VOCA practitioners will work with county foster care staff to identify and engage kinship and foster parents.
 - Triple P Online Codes – Triple P America provides a code for families to do program online. Equivalent to Level 4. Online version is NOT included in IV-E clearinghouse so funding can’t be drawn down for this piece. NC Triple P online codes can be accessed via presentation slides see link at bottom of slide. Available in English and Spanish and younger child version also included in Arabic. 6000 Triple P codes used online last year. First 3 Qtr of this year used more than 5000. 19,500 codes available in the state. Trying to find ways to purchase more codes. Not just for child welfare: schools, cooperative extensions, public health, etc. can access the codes for families they serve.
- **The Future of OSRI/CFSR Reviews – Teresa Strom (TS), MSW, Section Chief for County Operations, DSS, Child Welfare, NCDHHS**
 - At the end of round 3. Will finish reviews on 12/31 of this year.
 - CB has emphasized that NC needs to continue reviewing records without pause.
 - NC reviewers will do all record reviews and quality assurance reviews.
 - Random sampling by the regions identified in the MOU attachment
 - Reasons we are making a change?
 - Lift burden off 10 volunteer CFSR counties over past 5 years.
 - Assure ACF of consistency
 - Prepare for Round 4: continue to target weak areas, have a baseline for Round 4, CQI
 - The Math behind doing it by CASE rather than COUNTY: see presentation slides
- **CME Policy Webinar/Updates – Emi Wyble (EW), MSW, NC DHHS Safety Strategist & Dr. Molly Berkoff, MD, MPH, Pediatrician with UNC School of Medicine and Wake County Human Services, Medical Director, NC CME Program**
 - What is the CME supposed to do? See presentation handouts
 - Why are we changing this policy? To ensure a complete medical assessment for the concerns or allegations of abuse or neglect.
 - Notable Changes – Outline role of CMEP, define role of the medical interview, define 4 type of cases that must be referred, etc. See slides
 - Previous policy lacked clarity and did not fully explain the definition and purposes of CMEs
 - Mandatory referrals w/ NO OVERRIDES:
 - Children under the age of 1 with a sentinel injury
 - Any child that has suffered a near fatality as a result of abuse or neglect.
 - CAPTA defines “near fatality” as an act that, as certified by a physician, places the child in serious or critical condition (ex. 2-year-old near drowning)
 - Mandatory referrals w/ overrides permitted – see presentation slides
 - Written documentation from a rostered CMEP provider that that a CME is not necessary can override this requirement as noted in section 2 of the policy. That documentation must indicate that a child has already obtained a complete medical evaluation for the concerns or no further med eval needed.
 - Consent: must be obtained from the parent/legal guardian
 - Directors and other child welfare PM, etc. can go to CMEP website and look at your provider to see what type of referral that are able to perform. If your provider can’t you may need to go to another provider in your area to get needed evaluation.

Questions:

- For FFPSA: Are we limited to just the services listed?
 - Yes, per Kathy Stone (KS)
- Are others being considered down the road or is this it?

- Creating strong foundation with these services EBP to begin with. As we get confident that we are doing well we will add candidate populations and models as long as they are included in the California Clearinghouse for EBP. (KS)
- Will there be presentations on these specific programs as time draws near?
 - May be able to send info/links to these practices and/or if invited in the future to CSC may be able to present more info. (KS)
- What is the training plan around FFPSA?
 - No update yet – it's part of our current work stream to figure out what that needs to be as we write up and finalize our FFPSA State Plan. (KS)
- When you say these services will be provided through the state contract are you saying they will be provided statewide even if a provider is not in a particular county?
 - That is plan – to leverage other EBP through Community Based Program grants as well as Medicaid services to try to ensure statewide capacity. (KS)
- Question for Kathy Stone regarding SOP? This feels overwhelming/lots of change, losing child welfare staff. Are you building a training that starts from the beginning of a new social worker hire?
 - Yes – we are planning a vision to ensure training starts at PST. (KS)
- When will more training be offered for Triple P?
 - Training dollars go to LIA to decide what best meets needs of their communities. What they can do now is let us know what training is available in our service area or tap you into neighboring service area. Training delivered throughout the year. Info available in newsletter that was sent out on 12/8/2020. (KD)
- Could we get a copy of the newsletter?
 - Yes – Karen Harrington will forward out to CSC email list. In the meantime, send your contact info to Christina DiSalvo so she can add you to her distribution list. (KS)
- How were service areas decided for the LIA?
 - Original LIA received only funding from DPH. Competitive process to that so most agencies are associated with that and include regions typical for areas they serve. (KS)
- Will CRP go away in light of move towards EBP under FFPSA and what is future of CRP if not?
 - Looking at RFP process in state and likely moving forward for at least another 3 year grant cycle with CRP. (DD)
- Will we have same notification process regarding CFSR Review as we do currently?
 - Yes, we'll maintain same "rules" we had up until now as we move forward toward Round 4. (TS)
- How is consistency determined between reviewers (example given)?
 - Inter-rater reliability testing is being put into place and we will increase this to help with consistency. (TS)
- Told they don't apply DHHS policy to record reviews. Is that true?
 - ACF – some discussions about what we may/may not have a policy around as a state. There are sometimes differences that ACF provides us feedback around with how we handle/score and we try to look at those things and make adjustments or provide different guidance if it will have a large impact. Look to ACF to give us secondary insight on those cases. (TS)
- Q – Missed this one regarding reviews??
 - Unsure due to pandemic? (In person question, maybe?) (TS)
- Just for clarification – what is guidance around parents who refuse to allow CME? Obstruction order?
 - If you believe a CME is needed and a parent refuses, this would be the same as any other part of your assessment that you feel is needed to determine safety in your work. Talk to your attorney. (EW)
- Open assessment prior to 12/1? Should we get CME?
 - CME always required. Look at your cases. IT's for safety and protection of children. Strongly suggest you get CME as a point of best practice. Kids in these categories SHOULD get CMEs. (EW)
- Are CACs being trained in these policy updates?
 - Yes, NCCAC exec director has been involved and we'll be providing training for them too. (EW)
- Are you anticipating even longer turnaround time for scheduling and getting reports back from CACs? (funding so every county has a CAC?)
 - I don't know about the scheduling but I hope delays won't occur. Many of these children will be seen by larger hospitals. We've developed a tip sheet on how to help your CAC get reports back faster. CAC providers need the medical records for that child mostly from birth so this can hold up the written CME report or leading to an incomplete report "based on the information I have so far..." At the time of the CME appointment, hand over medical records to CME provider. Deana Joy is looking at expansion of CAC across the state.

Meeting adjourned at 4:19 PM