

NCACDSS Children’s Services Committee Meeting
Agenda & Minutes
JANUARY 11, 2023
12:00 pm to 2:00 pm (virtual)

Zoom Meeting

Item #	Agenda Item/Presenter	Attachments	Time	Action Needed
1	Welcome from CSC Chairs: Jennie Kristiansen, DSS Director, Chatham County Katie Swanson, DSS Director, Cleveland County April Snead, DSS Director, Scotland County Kathy Ford, DSS Director, Pasquotank County		12:00	No
2	Approval of December 8, 2022 Minutes	PDF Attached	12:00	Yes
3	CFSR Round 4 and You: Data Profiles, Peter West Child Welfare Workforce Study Update, Peter West Prevention Services: CBCAP and Child Welfare Advisory Council, Deborah Day and Cornelia Singletary FFPSA Innovation Zones, Heather McAllister		12:00 – 12:30 12:30 – 12:45 12:45 – 1:15 1:15 – 1:45	
4	Questions and Future Agenda Items			No
5	Adjourn		2:00	Yes

Meeting Minutes

April Snead welcomed attendees to the meeting and asked for a motion to approve December 8, 2022 meeting minutes. Lula Jackson motioned to approve the minutes; seconded by Geoff Marrett. Minutes were approved.

DHHS Presentations

CFSR Round 4 and You: Data Profiles/ Peter West (PowerPoint Presentation)

The Children’s Family Services Review and preparing for Round 4 is where the Federal government gives us the opportunity to review ourselves – and allow us to enter into a plan to make improvements. The significant difference is that data will be used along with case reviews. Via regional meetings, and individually, they will be meeting with the counties to prepare. Children’s Bureau (CB) dashboard or data profile to measure performance in NC. Performance measures can also be found on UNC Management Assistance and used for outcome measures for HB 630. This information comes from information entered 5104, 5094, OSRI.

Overall, the CFSR will look at safety outcomes and permanency outcomes. National average is the target that they want state’s to look at. CB measures the state’s performance in ‘safety’. They look at the aggregate data. Peter showed us some comparisons. National standard changed Round 4 based on findings measures from Round 3. There are numbers we want to be below; while others we want to be higher. Peter demonstrated various graphs/percentages in these areas.

Maltreatment in FC - good however in the area of Reoccurrence of maltreatment – we are struggling. As we move to a different round – noticing a significant jump. In 2018, we started to include findings of ‘services provided’ counted as a ‘positive’ finding. Prior to that were only reporting investigative assessment and now reporting ALL assessments. That data counts toward Repeat Maltreatment per the chart. We have work to do around ‘repeat maltreatment’ and need to look at how to improve.

Peter discussed and presented various charts/graphs/percentages that reflect the areas to be reviewed. Some that we did well; some not so well with the breakdown of small, medium and large counties. With regard to ‘Permanence in 12 months’ there was a significant different between large, small and medium counties. This raises additional questions - How do you get all closer to the standard? Why do larger counties get this so quickly? Will be discussing during regional meetings and looking into this further. What needs to be done at the division or at the local county to get everyone closer to the national average?

Re-entry into foster care – we’ve done well in NC but should ask ‘why’ it’s going well? We don’t want to lose sight of what is working well. Not a big difference between various size counties. That may transfer to other areas – must have conversations together.

Why this matters.... The data profile will be used IN ADDITION to case review performance to determine if we are within substantial conformity for Safety Outcome 1 and Permanency Outcome 1.

As titled in this presentation – CFSR and ‘YOU’– all of these numbers are reflected by what you report in administrative data – 5104/ 5094 – should be coded appropriately and making the right decisions.

How do we improve this? 1/ data entry at the local county level; 2/ practice issues - are we making appropriate case decisions? Conducting thorough assessments? Have we made the best informed decision going forward so that the likelihood of receiving a second report on that family is reduced?

Federal government expects the state/counties to examine this data; review data regularly; analyze it; understand/identify barriers, etc. and want to know what has been put into place to improve and sustain in preparation for Round 4? And, how are those things working? National performance values have been established prior to, and remain fixed throughout, Round 4.

What NCDSS is doing to get ready..... Data quality in NC is not that great. Due to errors – the data has been kicked back previously. The division is gathering data and looking at common errors. RCCW should be sharing and reviewing the data with you also! The state will be identifying counties with a high rate of errors and will be reaching out to the county to assist with correcting errors. And in turn we want to maintain the data via the development of a statewide CQI plan to consistently review and evaluate data regionally and statewide. Pulling, reviewing and analyzing should be done regularly!

What can you do locally to get ready...

- Ensure a clear written protocol/process for data entry (worker completes? Supv reviews? Who gets the form? Who enters the data? Who gets the turnaround?)
- Develop a quality assurance check for all data entry (seeing typos/ numbers transposed)
 - Review before entered into the system.
 - ID common errors via data entry (ie., birthdates don’t match SIS)
- Begin a CQI process internally to consistently identify factors that are impacting outcomes either negatively or positively/ root cause discussions.
 - Review cases.
 - Review numbers
- Develop ongoing plans to address areas needing improvement;
- Request TA from your Regional Child Welfare Consultant.

Inquiry about the review of records by RCCW during agency visit? Due to capacity, they only have 9/21 FTEs as

consultants and therefore are not reviewing records during onsite visits with counties. Not required at this time due to the capacity issues. Child Welfare consultants will visit with data and concerns but may not review files. It is acknowledged that file reviews are key also – to knowing your practice and to improving data. The state is trying to encourage counties to conduct their own internal CQI processes; however, the county can request that the consultant review a record, if needed. (ie., peer reviews; supervisory reviews) Finding ways to do this on the local level on a consistent basis. Ideally, state would only conduct secondary reviews.

**Child Welfare Workforce Study Update/Peter West
(PowerPoint)**

Peter presented an update on the Child Welfare Workforce Study. Many have been asking for a long time... are we ever going to re-evaluate case load standards? Yes.... NC has committed to engaging in a workforce study over the next year and they will need information from the counties. PCG was awarded the contract to conduct the study. The goals of the workload study are to provide recommendations for NC DHHS to streamline internal processes; more equitably allocate staff and contracted resources statewide; reduce workload through technology; reduce staff attrition; and increase direct service time. Recognize the intensity of cases has increased.

The scope of the project will include small, medium, and large counties and the variation of work performed; staffing needs and administrative support. We all have the same work to do but 'how' it is done may differ from county to county/size/ rural vs. metro/ availability of resources, etc. and will be looking at the differences this creates in the completion of the work. They will review unique work processes in different program areas and conduct a time study with a random sampling of counties as described. They will look at the resources needed to complete the work based on different geographical areas. The time study is 6 weeks and the basic timeline presented in the power point. All areas will be represented. Will need complete documentation of the amount of time spent on each task by every staff person involved. We will be provided a model to use to allow for continuous evaluation and determining if we are best allocating resources – esp. staff.

They'll inquire about a 'task list' – 'what else do you do?' what are the unwritten rules and/or expectations of the Supervisor /Director before case closure. In March/April, they will conduct focus groups based on the task list reviewed (support staff, social workers, supervisors, etc.) . Still working on finalizing how to conduct the focus groups based on county size, rural/metro, and disciplines/program areas. Some may be in person with some options for virtual. In May, will train those who have been selected to participate. This will take place over a 6 week period May/June. They are working toward a draft report by September and completion by the end of 2023. Example – 'at this moment, what were you doing and how much time was spent doing it? This study will consider other factors involved in the work conducted; ie., documentation and other meetings pulled into. What is the impact of the workload when there are policy changes/implementation. PCG to provide data and recommendations for the state to establish caseloads.

There will be a focus to insure front line staffs have the time they need to work with families and meet standards. Document time spent on 'that case' documented. Scope of work – model that allows for continued assessment and a model that understand what it takes to get the job done.

Will caseload sizes become part of legislation policy? It is how we advocate for additional staff. Great suggestion – whether legislation, policy or both – continue to support as the study is completed.

This will include a look at the level of/use of Technology – NCF versus own elect case management system? The best way to use technology available to be most efficient does that make a difference in the amount of time to complete a case? How to incorporate technology into the case to insure staff still have time they need with families.

**Prevention Services: CBCAP and Child Welfare Advisory Council/ Deborah Day (Lead) and Cornelia Singletary (Family Support Specialist)
PowerPoint**

Deborah Day shared that the purpose of the NCDSS Prevention Services is to reduce the risk of child abuse and neglect by promoting protective factors that strengthen and support families with main funding sources through Title IVB – 2, CBCAP and NC Children’s Trust Fund (including marriage license fees and Kids First license plates). All focused on preventing children from ever coming into contact with child welfare services. NC in the forefront by having a prevention services team. The programs target different populations and offer primary (directed at the general population/ education and awareness), secondary (risk factors present but individuals have not yet come into contact with the CW system) and tertiary (targeted and could be considered early intervention where maltreatment has already occurred but preventing out of home care and preventing repeat maltreatment) levels of prevention centered in the programs values around family support practice, parent engagement and leadership, collaboration, diversity, equity, and inclusion.

- Handout provided entitled ‘5 Protective Factors’ from NC Prevent Child Abuse

Cornelia Singletary reviewed the NCDSS Prevention Programs Values and the hand out Principles of Family Support Practice – working with families in partnership. This also includes a focus on parent engagement leadership for parent partners. Contractors are required to report how meeting these (ie., advisory boards, assist with disseminating information). Not only does this demonstrate leadership but empowers families to be involved and feel valued they are more likely to achieve goals. Strong outcomes for families and children. In addition, they focus on target populations most at risk child abuse, neglect – single parents, parents with issues, team parents. Contractors are also expected to report how the program increases protective factors. It is also recognized that no one agency can meet the needs of a family and determine any unmet needs of the family within the community. The next program value is the importance of diversity, equity and inclusion and how this is incorporated within their program. All services are voluntary and free.

She reviewed the various evidence-based Family Support Programs (31) that are funded to support parents and the DSS funded respite programs (8 agencies are funded to provide respite care). This included a brief description of protective factors built into the family support programs; Circle of Parents support group model to build social connections and reduce isolation; Incredible Years to understand child development; Parents as Teachers; Triple P; concrete supports using ARPA \$, ie., rental assistance, clothes, shoes, transportation assistance, infant supplies and car seats. This supports families to meet basic family needs thus decreasing the risk of abuse/neglect. A handout was provided listing the NCDSS SFY23 Family Support programs and Respite Grantees to include the agency name, programs provided, counties served and contact information. All evidence-based programs and pre-selected by the Division.

Deborah Day talked about NC’s Prevention Planning Workgroup. By 2024, must provide a combined comprehensive plan to include all primary, secondary, and tertiary. Will need to create partnerships between the counties, state and community based agencies to make this work through Family First. Must have a deliberate and concentrated approach to service delivery - how to get services out; exploring regional services delivery; and could this potentially be done via Family Resource Centers? Prevent Child Abuse is reviewing this via a landscape analysis to learn what is out there and to help determine capacity? Location? Network? If viable delivery of services – build more and enhance others.

Teka Dempson, Family Partner with the NC Child Welfare Advisory Council presented on the **NC Family Leadership Model** that includes family – centered practice; family leadership exploration; family leadership development – overall this is progression of family – centered activities and a progression of leadership skills that involves low risk activities and low time commitment. Federal government requires this family involvement.

She went on to talk about the importance of engaging families on a system level and the outcome benefits. This must occur on a county and state level to help create more relevant programs that support safety and nurturing. Including family voice also leads to a better climate and increased satisfaction. Families are truly invested and the strong partnership brings about change. The best marketing tool is a family with experience. Allows for the assessment of the readiness for family involvement. Families learn more about the CW system that impacted their lives. There are families who are truly invested into building a strong partnership to bring about change. Families share their vulnerable/lived experiences (some of which may not have always been great); however, this creates support for all and the process and helps to bring a difference in the lives of others. Families develop a comfort to say ‘what they needed’ at the time which could have changed the trajectory of their experience. Invest with a family partner from the beginning to the end. Include families in your county processes which will support and understand the system, workforce, level of engagement, etc.

Contact information to register included on the slide. CWFAC interest application shared via the chat from Jeanne Preisler.

FFPSA Innovation Zones/ Heather McAllister PowerPoint

Innovation zone is a region within the state to prepare a prototype to prepare for statewide implementation using a small group to CREATE, shape and build a new product; TEST/creating usability testing with feedback loops; and, REFINE/using the feedback for successful statewide implementation.

Region 2 was selected as the Innovation Zone with a plan for an early February kick off meeting to refine policies, processes, and practices necessary for successful implementation of FFPSA. This will also lead to training development for counties to strengthen networks and relationships with state funded provider agencies; use existing state funded services in case plans in CPS Assessments and In-Home Services to further develop consistent methodology for implementing statewide initiatives.

They will review Case Plans and Candidacy Determination Forms and safety planning to determine if the policies and forms are clear and easy to use and leads to accurate determinations. They will solicit feedback from the SWs and Supvs to guide updates. ULT will be involved in the feedback loops with information shared to all counties during NCACDSS CS Committee meeting, webinars and via FFPSA Regional Consultants (close to hiring 4). They will be tasked with supporting the development and implementation of FFPSA in the counties within the innovation zone; coordinate the comprehensive continuum of community-based services and provide TA related to FFPSA. Region 2 directors interested in learning more regarding Innovation Zone can call Heather- contact info in the slides.

A provider portal is being developed to facilitate the exchange of information, invoicing, and report/collect data. Approved project to move forward.

Homebuilders model/outcomes reviewed. HB is a 24/7 intervention/crisis model when child is at risk of entering foster care – service to prevent entry to foster care. Intensive/short term services (4 – 6 weeks) within the family’s community. HB staff only carry 2 cases at a time thus being accessible to families. This includes evidence based interventions that are trauma-informed to support families and prevent repeat maltreatment. Homebuilders will replace IFPS once fully implemented. The state recognizes there will be a lapse and being mindful to insure there are no gaps in service delivery. Have not been able to implement HB as quickly as hoped; therefore, are extending the IFSP contracts to insure families do not go without services. Inquiry raised about the capacity to quickly respond to referrals that are sent and they are required to accept referrals – for those families deemed appropriate for the referral and accepting – and the child determined as an eligible candidate. They are in the midst of selecting the HB service providers. There are 4 qualified providers under review and may award more than 1 provider. Only the purveyor will be under contract to provide the service and training. The goal is to prevent children/families from going without services.

Parents as Teachers model reviewed; existing programs identified with a plan to build onto the existing network of PAT

programs. Home visiting model to help improve parenting practices learning child development and preventing child abuse and neglect. Will need to insure providers are trained and connected with child welfare staff.

If anyone would like to look more in depth at the NC plan/services/models – the resource links are provided on the last slide of the PowerPoint. The state continues to monitor the clearinghouse for any additional models and if identified, unknown what the timeline for implementation of an additional model from the clearinghouse. Use of the innovations zones is allowing NC to develop a consistent methodology for implementing services in the event an addition model is identified; however, ACF must approve all plans and 50% of the expenditures of the services must be well-supported.

Questions/Comments/Announcements/Other – None submitted.

Future Agenda Items –

Please forward any suggested future agenda items.

Meeting Adjourned.