NCACDSS Committee Meeting Agenda

Children’s Services Committee

**October 12, 2022**

12:00 pm to 2:00 pm (virtual)

**Join Zoom Meeting**

[**https://us06web.zoom.us/j/83430862401?pwd=NVR0YWFMSGpOL2s2cnFaQTB2MGlCUT09**](https://us06web.zoom.us/j/83430862401?pwd=NVR0YWFMSGpOL2s2cnFaQTB2MGlCUT09)

**Meeting ID: 834 3086 2401**

**Passcode: 561121**

**Dial-in Number: 301 715 8592**

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| **Item #** | **Agenda Item/Presenter** | **Attachments** | **Time** | **Action Needed** |
| 1 | **Welcome from CSC Chairs:**Jennie Kristiansen, DSS Director, Chatham County Katie Swanson, DSS Director, Cleveland CountyApril Snead, DSS Director, Scotland CountyKathy Ford, DSS Director, Pasquotank County |  | 12:00 | No |
| 2 | Approval of September 7, 2022 Minutes | PDF Attached | 12:00 | Yes |
|  3 | FFPSA UpdateHeather McCallisterSafe Sleep Policy and Practice Guidance ~~Kathy Stone &~~ Debra McHenryWorkForce SupportsLashanda Stanley-PickettCQI Regional MeetingsHolly McNeilSafe and Together~~Mick McGuire~~, Buncombe County DSS |  | 12:05 - 12:15 12:15 - 12:4512:45 - 1:051:05 - 1:151:15 - 1:50 |  |
| 4 | Questions and Future Agenda Items |  | 1:50 - 2:00 | No |
| 5 | Adjourn |  | 2:00 | Yes |

**NCACDSS**

**Children’s Services Committee**

**Meeting Minutes**

**October 12, 2022**

**Welcome from CSC Chairs – April Snead**

Jennie Kristiansen, Chatham County; Katie Swanson, Cleveland County; April Snead, Scotland County; Kathy Ford, Pasquotank County

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| **Approval of** September 7, 2022 **Minutes** | **Motion**: Debbie Green (Pamlico) | **Second**: Ashley Lantz (Union) |

***October is ……***

*National Domestic Violence Awareness Month*

*Sudden Infant Death Syndrome (SIDS) Awareness Month*

**DHHS Presentations**

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| **FFPSA – Families First Prevention Services Act Update (**PPT Posted**)**Heather McCallister, FFPSA Manager* Review of FFPSA and Candidacy
	+ Development of a FFPSA specific case plan is underway;
	+ Policy changes in process
* 2 populations targeted for FFPSA prevention services include:
	+ Pregnant and parenting youth in foster care;
	+ Children who meet the definition to be candidates for foster care per FFPSA
	+ Children must be at imminent or serious risk of foster care & document their candidacy on the written case plan that is:
	+ Developed w/ the family; Clearly indicates absent effective Preventive services, foster care is the plan;
	+ Describes the services offered and provided to prevent removal of the child from the home;
	+ Documents why the child is at serious/imminent risk of foster care absent effective prevention services.
* **Homebuilders Model** is the selected service to prevent entry into foster care for candidates. (1st prevention model to roll out in a phased plan)
	+ **Works w/ families in crisis – stabilize situation alleviate the crisis.**
	+ **Key Outcomes**: Reduce child abuse/neglect; reduce family conflict; reduce child behavior problems; and, teach families skills to prevent placement OR supports successful reunification w/ their children.
	+ Studies show reduction in out-of-home placements; increase in planned permanent exits; and an increase in economic and housing stability.
	+ **Overview –**
		- Intensive model/ Concentrated services for 4 – 6 weeks with the goal of preventing out of home placement and achieving reunification;
		- HB ‘therapists’ (not a clinical therapist) have small caseloads of families at a time so they can be avail 24/7 to the family; available for crisis calls and stabilization; case plan, engage families motivate and there to provide supports as needed.
		- Families receive 40 + hours of in-person services and treatment services primarily take place in the client’s home in the community.
		- Providers must meet certain educational requirements and experience – primarily working with families in crisis.

Resources provided in powerpoint for more information on NC’s FFPSA plan; the FFPSA itself; Institute for Family Development (HB developer); and FFPS Clearinghouse. |
| **Safe Sleep Policy and Practice Guidance (**PPT Posted**)**Debra McHenry, Fatality Review Administrator* Developed with Workgroup and Safety Design Team input for draft policy and practice guide.
* Given data, there was a need for policy on Safe Sleep– ie., SFY 18, 19, 20 Fatality NC Data yields: analysis of NC fatalities reflects following:
	+ 59% infant deaths in an Undetermined Manner died from unsafe sleep
	+ 23% of those classified as Accidental Manner of Death had co-sleeping or unsafe sleep environments as contributing factors;
	+ Parental substance abuse was present in 67% of the deaths;
	+ 40% involved substance affected infants;
	+ Black Males under the age of 3 are at the highest risk of death
* Unsafe sleep is a risk for all children under the age of 1 – greater for substance using parents
* Findings from reviews indicated parents do not really understand that unsafe sleep conditions can be fatal to their child.
* Found that most unsafe sleep deaths were related to being in the same bed as the parent or sibling.
* parenting experience is often more challenging due to the drug exposure which led to the goal to support the parent and insure the physical environment is equipped so that the infant can get their safe sleep.
* Nighttime parenting – SWs can aid in the assessment and be a resource to the family in addition to provide resources;
* This policy gives clear guidance on what safe sleep is so that the SW can give clear guidance to the parent/CT
* Must be part of any ‘plan of safe care’;
* **Policy and Practice Guidance will address this throughout the each practice area in child welfare: CPS Intake/CPS Family Assessments and Invest. Assessments; CPS In-Home; Permanency**
	+ **SWs must ask at all stages and document responses and observations**;
	+ **Intake** – ask about the sleep space and their knowledge of if the infant sleeps alone –etc. Document substance abuse/use regardless of legal or illegal (ie., Nyquil and how such impacts the parent’s response to caring for an infant) Ask about the substances used; level of use/ frequency/ etc.
	+ **CPS FX ASS/INV** - SWs must assess LOCATION, POSITION, ENVIRONMENT; use of substances by parent/caregiver and effect such has on parenting and response at night
	+ Plan of Safe Care must include a safe sleep plan – must be addressed at every visit.
	+ This applies to all children under the age of 1;
	+ This also applies to Temporary Safety Providers and assessing infant’s safe sleep plan – location, position, environment; use of substances by caregiver and impact on parenting.
	+ CPS In-Home/ include a safe sleep plan as part of the in-home services agreement and continued assessment of safe sleep practices thru the life of the case and at every visit – until the child reaches the age of 1.
	+ Provide all caretakers w/ educational information - this holds true for anyone coming into the home and caring for the child also.
	+ **Include birth parents, kinship providers, foster and adoptive families – address/assess and document on the monthly foster care documentation report – the infant’s safe sleep practice to** insure **they are equipped with the most current information– MUST BE DOCUMENTED until the child turns 1!**
	+ Child’s SW AND foster home licensing SW will address safe sleep during required visits with the family.
	+ Sleep space of a child in foster care must be approved for safety in accordance to policy standards;
* Information will also be sent out via CCPTs – any new safety hazards.
* Implementation of policy and practice guidance (**DCDL to be issued following this presentation with an effective date of 11/1/2022)**
	+ Will also include the following items for use - tip sheet; ABCs of sleep; Q/A and recommendations and reasons for the recommendations; and, resources for utilization.
	+ This topic will be incorporated into trainings and offered to all CCPTs across the state - same info/same messaging within the community and efforts to keep children safe. Welcomes CFPT to participate as well.
	+ Excellent resources via the safesleepnc.org website – including videos and information for families.
	+ The collection of information and data also evolved from close work with the UNC maternal child health collaboration.

**Q/A*** Unknown – where this will be added to the Family Services Agreement?; and/or how other forms will be modified to capture this information.
* Unknown if this will become it’s own safety indicator on the safety plan and/or if this will also be included on the Intake Form. (If using substances – impairment - and co-sleeping – it is a safety factor – children are dying/ roll over deaths/injuries.)
* The Plan of Safe Care form is being updated by the state. No release date shared.
* Will follow up with Kathy Stone/DHHS (unable to be on the call today) to ask about these questions and provide feedback. Ongoing conversations and update next month on this also.
* Can order from the website/ download and print from the website - may not have the Spanish version.

<https://safetosleep.nichd.nih.gov/resources/sids-awareness-toolkit#:~:text=October%20is%20Sudden%20Infant%20Death,reduce%20the%20risk%20of%20SIDS>. |
| **Workforce Recruitment Campaign**  (PPT Posted)LaShonda Stanley-Pickett, WorkForce Development Coordinator (DHHS)* Primary role is to strengthen the child welfare work force.
* Work force crisis in child welfare across the state – statewide PR media campaign for child welfare workers and increase awareness of CW as a rewarding career path. (Consider high school – it is not too early – even with an orientation and they may be able to begin in a technical community college and transfer.)
* Retirees – returning on a temporary basis – mini-pre-service course
* Target as many individuals as possible.
* Projected time line for the media to be live is mid-to late October
* Strategic Toolkit to support counties in their recruitment efforts – tailoring based on region and meet the county size. Mix of customizable and standard messaging.
* Planning a webinar to talk more about these tools and how the counties can use them.
* (demonstrated a 15 second ad)
* Links to DHHS website so that an individual can see what is open across the state using scan codes.

(General Flyer, etc. Examples shown Regional Flyers with pictures that represent each region and appeal to others.)* What appeals to the current generation (no longer interested in longevity/health plan/retirement) but more appeal to lifestyle/workstyle
* Trifold General brochure that can be tailored to your area…..Zip Banner….Ask me Buttons/Stickers and table cloth – all of which will be provided by the state and can be used when attending activities, etc.
* FAQ about Child Welfare - acknowledges disparities and ‘depends on the county structure’ ….
* Will have digital versions also that can be tailored. Can print more in the future.
* Saying mid-late October but may be first of November.
* Printing 24,500 copies to be distributed evenly across 100 counties.

Suggestion- this would be great if used to recruit foster parents – working with the same creative consults to design something similar. Credit was given to Tammy Shook – Interim Deputy Director/ completed within 4 -5 months. She worked diligently with them to get this done quickly. Timing is perfect given all are experiencing staff turnover.  |
| **CQI Regional Meetings**Holly McNeill, Statewide CQI Lead* Lead quarterly, regional CQI meetings;
* Difference between former Regional Supervisor meetings (mostly information with Q/A) whereas CQI meetings will be more working meetings with info presented – break out sessions
* Meetings coming up next week. sending out data in advance for review in preparation for the regional meeting
* With new meetings – it is requested that you attend your region since that is the data that will be discussed. Also want to start building up regions and give individuals
* Build relationships within your region;
* Want to be more targeted within the CQI meetings – time is valuable and no need for you to be there if your area will not be covered. Targeted agenda covered and shared in advance.
* What is the story behind the data/ Welcome to bring program staff who know the story
* May bring CQI staff if have those;
* CQI model to be used across the state and other programs – specifically in AS, Child Support and EC Services.
* Will review the parameters of dates used to pull reports/ cohorts/ etc. and this will be discussed as part of the initial meeting
* Presentation of repeat maltreatment data this quarter….. preparing for round 4 of the CFSR (PUR spring 2023 and review in 2024 – no specific dates). Need to make sure that data is as accurate and clean as it can be.
* From UNC Management website and Data warehouse and staff will be encouraged to bring any other in-house data that may affect; repetition can be helpful;
* Move on to possible solutions…. Hear what other counties have done …..
* Brainstorm and sort later. May have time to sort some.
* Then will discuss Implementation – How and what are the possible barriers?
* RCW will review what you have done to implement change – if you are seeing change.
* Qtr 3 - deep dive into monthly foster care contacts and placement facility.
* Information on data will be sent to main contacts and will always include the Directors. RCWC will share also.
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| **Safe & Together Model Implementation Overview (PPT & Flyer sent/posted)**Rebecca Smith, Director of Social Work Buncombe County DSSClarified that this is not a Buncombe Co. model, rather, it is a global model out of Connecticut. Ashleigh Tenny and Matthew Harter are Certified Trainers and Social Work Supervisors with Buncombe DSS **Mission of Safe & Together** – ‘To create, nurture, and sustain a global network of domestic violence – informed child welfare professionals, communities and systems.**Suite of Tools and Resources** – already developed. Became a partner organizationAlready exists and ready for use…..Reason they began to explore this – 4 day core training – all were excited about the opportunity to move practice to being more DV informed. A single training is not sufficient. Must make the investment and continue training. Opportunity to shift practice and improve practice. Data reflects they have taken custody of less number of children as a result of this. Implementation is continual as they build their practice. Ex. Holding the non-offending caregiver for behaviors beyond their controlFocus on safety plans and service agreements. Father’s role in caring for children has not gotten the parents attention and this holds fathers responsible!!Why? Dynamics of DV has an impact beyond child/family functioning – significant impact. Perps behavior and their choice to be abusive as a parenting choice and its impact on children and families. Also recognize that live in a society of gender double standards (mom) and that we don’t hold the absent parents or abusing parent for paying such back.. Honor how the non-offending parent keeps the child(ren) safe. “Pivoting” - shift focus from non-offending parent to the perpetrator (ie., menu of expectations)Moving from DV destructive practice to proficient. When we know better – we do better.This could create a safety issue with our involvement.Perp pattern vs. failure to protect. Have always practiced that moms are responsible. Raise expectations for dads. Child‘s well-being is tied to the adult survivor. Matthew – look at Safety and Together principles to insure of what practice should look like. * Hold perp accountable for behaviors of choices and let non-offending parent see that.
* Hold the perp/father to a higher level of parenting.
* We hold moms to higher standards; therefore, we should hold perps to those higher standards and raise the dad to the same standard as the mom – use a framework that ties his behavior to child functioning;
* Look beyond ‘ did the child see/hear or have knowledge of the dv’…..consider the impact on the family’s ecology/ trauma and safety/ harm to child; even if not direct - impact emotionally

Buncombe opted to ‘train the trainer’ and at the time paid for ‘assessments; however currently the assessments are free. Their trainers can train 20-30 at a time and their staff are fully trained and now make this a part of onboarding. There is a fee to the county per participant. |

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| **Questions/Comments/Announcements/Other**No additional... |

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| **Future Agenda Items –**Please forward any suggested future agenda items. |

Meeting Adjourned.