

Children Services Committee
2/08/17
Raleigh, NC

Tri Chairs: Tracie Murphy, Heather Skeens, April Snead

In attendance: See sign in form attached.

By telephone (counties): Robeson, Moore, Johnston, Lincoln, Cleveland, Alamance, Burke, Edgecombe, Stokes, Henderson, Catawba, Brunswick, Vance, Duplin, Buncombe, Alexander, Union, Columbus, Gaston, Tyrrell, Stanly, Davidson Beaufort, Rockingham, Nash, Wayne, Davie, Mecklenburg, Franklin.

Approval of Minutes: Approval of January 2017 minutes. Karen Ellis from Cleveland County moved and Sonya Toman from Beaufort seconded. Minutes approved.

Medical Aspects Update (Dr. Molly Berkoff and Stacey Craven, NC Child Medical Evaluation Program (CMEP)): UNC is contracted with Division of Social Services to provide medical aspects training. This training is mandatory within first year for all child welfare staff and supervisors. Ms. Craven provided an overview of the content of the training (see PowerPoint slides for additional detail). The training is designed to assist social workers who are often first responders when abuse allegations are made. There are changes in medical diagnosis and treatment that suggest participants should be offered updates to medical aspects every five years. CMEP presents at multi-disciplinary conferences and provides updates to local teams when requested. CMEP is contracted to provide 12 trainings per year. Six are provided by CMEP the other six are provided by medical providers who are affiliated in hospitals in the areas where the trainings are held.

Dr. Berkoff also provided an update on sentinel injuries. When assessing, the medical provider is trying to determine if the history provided by caregiver match the injury and if the injury is developmentally plausible. Sometimes medical providers miss child abuse initially. Abusive head trauma is missed 30% of the time and 20% of abusive fractures are missed. Medical providers rely on what caregivers report and what the medical provider is able to understand about the developmental abilities of that child. It is important for child welfare workers to understand sentinel injuries as they predate physical abuse injury in 27.5% of cases. A sentinel injury is a minor injury (not significant morbidity) where the child is eating and sleeping okay and not fussy (e.g. a bruise or injury in mouth: injury visible or detectable to injury). Often a caregiver is able to record an injury that didn't have intervention by medical community. These may be found in a pre-cruising infant, visible or detectable to a caregiver, poorly explained and unexpected. These sentinel injuries are important because within this age group there is a high mortality rate. There has been a lot of attention on a national level including from the Commission to Prevent Child Abuse and Neglect. In 2015, there were 1520 deaths and 74% of children were younger than three years. Also, 50% of children who die from abuse and neglect are less than 1. The report entitled, Within Our Reach, A National Strategy to Eliminate Child Abuse and Neglect Fatalities, indicates that a child with a prior report of child abuse is five times more likely to have an intentional injury than a child who had a report of neglect. When abuse allegations are made, an extensive, expensive and time consuming evaluation is done. Caretakers

often have difficulty with the evaluation as it is so comprehensive. In the general evaluation, a skeletal survey, eye exam, imaging brain by CT or MRI, extensive lab evaluation are all down. There is also a follow up with repeat skeletal survey. A repeat skeletal survey is done because sometimes injuries or healing injuries cannot be seen in the initial survey. A recent study examined if these extensive evaluations matter either medically or for a child's future safety. In the study of 146 children with sentinel injuries, 25% of children had presented with a previous sentinel injury and 37% of these children also had inter-cranial injuries that would change the medical management and child welfare approach to the family. The CMEP program is working with medical providers emphasizing the importance of reporting and giving all of accurate and factual information that you have available so that risk can be appropriately assessed. When medical providers will report a tiny bruise it may seem insignificant, but these type of sentinel injuries could be important.

Dr. Berkoff solicited feedback about ways of disseminating information to social workers since it may not be practical to have all social workers go through this training every five years. Suggestions included webinars, presentations at Children's Services Committee and self-paced web learning to reach a broader audience.

NC Government Data Analytics

SAS Child Welfare Assist (Scott Simms developer at SAS, Carol Burroughs, GDAC): Kevin Kelley introduced the presentation by SAS and GDAC (Government Data Analytics Center) team. He emphasized that while data does not tell you how to make case decisions it helps inform child welfare decisions. Misuse could result in negative and tragic outcomes to children and families and the workforce. The software being previewed uses CJLEADS law enforcement data. Every transaction in CJLEADS is audited. Social workers will be asked to explain why searches were made and in law enforcement officers have lost jobs over misuse of this system. Five counties tested the SAS software that is being demonstrated today.

Scott Simms presented information regarding Child Welfare Assist. This is a tool that can be used on a widespread basis and can be used through a mobile app but can also be accessed from a browser. The authentication is administered through NCID. The tool is meant to be a research tool. You can search by person, not case. There are two things you can do. There is an information tab that gives idea of data sources used and how current the sources are. The sources used include Childcare Subsidy data, NFAST, CPPS, Central Registry, and demographic data from CNDS and SIS. The search tab allows one to search on a variety of fields including name, address, social security number, phone number and age. The system holds 37 million records. One of the benefits of this app is that it includes CJLEADS law enforcement data. So if there are red flags including drug trafficking, human trafficking this is pulled in. CJLEADS data belongs to the state and includes 14 different sources. The red flags are mostly associated with the criminal record (hovering over the flag gives a definition of what the abbreviation means). These red flags let the social worker know that the individual might need to be approached with caution. The flags represent both convictions and pending charges. Since the person might not be convicted, it is important to take this into consideration and may warrant further discussion with law enforcement. There is a symbol (exclamation point) if there is a question as to the validity of the data (i.e. the systems thinks is has matched the right person but not certain). There was a question as to the frequency of the updates. CJLEADS is updated nightly and depending on the data other sources are updated weekly and monthly (e.g. CPPS data is delayed). A

question was asked if this would take the place of the AOC checks for investigations and assessments. Carol Burroughs stated that this system would give you the indication that there is a court record but you would have to go back and still actually run the AOC report. Records are matched to a 99.96% validity rate and SAS spent a lot of time working to get CJLEADS to correctly match people.

When a search is conducted, all aliases are listed for people who have gone by multiple names. It also provides information for what services the person has received as well as if he/she has been a victim or perpetrator of abuse. You can also see CPS information across counties. When you click on the case it gives maltreatment type, perpetrator information, etc. A timeline is also included that provides an overview of what services the person received and when. Another screen shows associations. Associations are identified as a person being on another case with another person (not necessarily family or housemate). There is an address history tab that shows addresses, the data source and when the person lived at the address.

Another feature of the system is that with an address search, you can see everyone associated with the address. A question was asked about why the child support information was not included and Kevin Kelley responded that this is due to some issues with IRS that are still be worked on. A question was asked about when this tool can be used. Kevin Kelley stated that they had not yet set any limitations on when this data can be used, however when a search is done there is a drop down menu that the social worker choose one of four reasons for the search (CPS, Family Services, Placement, Safety Resource) and a case number. These are to be used as a reference point when responding to an audit about why the tool was used. A question was asked about how this differs from using Accurint. Carol Burroughs stated that Accurint has different data and it would be a business decisions as to whether or not an agency uses both. Ms. Burroughs also asked for feedback about other data sources that counties use that could be pulled in. A question was asked about phone numbers and the most recent is recorded. A history could be provided if this is useful to users. A question was asked about limitation on the number of users per county. Ms. Burroughs said that the application is owned by the state and is licensed for all users. Depending on how DHHS moves forward, counties may be able to manage their own user set. The CJLEADS agreement indicates that counties will manage their own employees, removing and adding users when needed. Ensuring that this is managed closely is very important. A question was asked if this could be integrated within NCFAST. This was feedback received from the pilot counties and something being explored for the future. A question was asked about educational and health data. While this is not a part of the data set currently, it's something that could be made available in future development. Data governance issues including FERPA about availability of student data have to be taken into account. A question was asked if child welfare data will be pulled in from NCFAST once pilot counties go live as information will no longer come through Central Registry. Ms. Burroughs responded that this is something that is being worked on. A question was asked if this data is being used in a predictive way. Ms. Burroughs said that they are doing some predictive analytics and doing risk scoring for Juvenile Justice for recidivism. Using the data in a predictive way is something that could be done but the first step and biggest hurdle is looking at getting the data together. For example a big concern from counties is that social workers did not know if a person is being served in a different county. The development team tried to answer these questions first. For example, CJELADS was started in 2008 and has continue to grow and evolve. This will be the case for this program as well. A question was asked about the plan for audit. Kevin Kelley

responded by saying that GA allocated \$300,000 for development of GDAC. Far more than this has been invested and additional resources will need to be invested to taking this to the next level to figure out the right staging. There has not been protocols and instructions developed yet. The next step would be the transition of the data systems into NCFAST and how to access historical data. A question was asked about next steps and a plan will be developed with counties re implementation. Ms. Jackson, NCACDSS President, reported that there will be a follow up conversation tomorrow with directors regarding next steps.

Child Welfare Analytics Framework (Brian Bock-program manager in New Hanover County, Scott Simms and Will Jones, SAS): Mr. Bock introduced the software. This presentation is not related to any work being done at DHHS. New Hanover has been exploring technology and data as a way to create useful tool in DSS, IT, Sheriff's Office, and Emergency Management. This project was started in New Hanover County over a decade ago with Leading by Results. As a part of Leading by Results, the county made the decision to use data to manage performance. In 2015, the county began a conversation with Duke Endowment and SAS about a project since New Hanover County already had collected a lot of data. New Hanover was not selected for the project but they were able to see a demo of a tool that could be used for social workers in child welfare. Mr. Bock reiterated Kevin Kelley's statements earlier about what an incredible this type of data can be, however, it is still a tool.

Mr. Jones provided information about predictive analytics (different from being prescriptive). New Hanover will begin using this tool in the next few months. The Child Welfare Analytics Framework software provides a caseload list that can be sorted in different ways (e.g. age, risk). This allows for social workers to view their caseload in a way that is useful and the supervisor to see if workloads are balanced and conducive to quality casework (e.g. when staff vacancy and cases are reassigned). The system for New Hanover County integrated two systems, case management system and jail data sets to form a predictive model. A predictive model works differently than SDM or actuary model as it is not static. Data can help drive the case and what actions are taken. The screenshot shows a risk score and a description of what the score means, report history, victim demographics, maltreatment portion mix, and perpetrator as victim. A specific individual can be searched on. This will show picture (if available), demographic data including matching identities (and likelihood that multiple identities are the same person). Mapping and address, case history timeline including three levels of relationship, dynamic social network diagram (similar to genogram but more extensive) graphic, risk history over time graphing (including information about when interventions are provided and how risk is rated at the point of time the intervention is being received) are all included.

A webinar could be provided to demonstrate interactive nature of the system.

PIP and CFSR Updates, Arlette Lambert: The PIP took effective January 1, 2017 and while some groups have been meeting for months others have just begun meeting. Ms. Lambert referenced the handout showing the composition of the workgroups and who has been involved to date. This will also be shared with directors tomorrow.

NCFAST P4: Checkpoint meetings were held in January. More than ten counties were represented. Two days were demos of the system and the intake portion is almost complete. Attendees were able to go in and use the intake system. In the Joint State County Relations Committee yesterday, information was presented on the simplification and mobility workgroups.

The mobility option is an Apple based application, not an Android application. The pilot counties will be testing the applications. Not using the “app” does not prevent you from accessing NCFAST, however, it provides additional functionality outside of NCFAST. Diona was the application that was selected. There is a meeting in March for pilot counties regarding implementation. A question was asked regarding an option to use the app for a Surface Pro and/or Android system. Angie Taylor agreed in the meeting yesterday to explore the cost of an application for Android. Not all functionality will be used with the iPhone, only the iPad. The hardware requirements for implementation of NCFAST P4 is the same as economic services.

Meeting adjourned 12:52 PM.

Minutes respectfully submitted by:

Heather Skeens, Director, Guilford County

Tracie Murphy, Director, Davie County

April Snead, Director, Scotland County

Jennie Kristiansen, Director, Chatham County & Kim Harrell, Director, Yadkin County
(apprentices)

Committee Meeting: Children's Services

Holiday Inn & Suites

Raleigh, NC: February 8, 2017

<u>Name (Print)</u>	<u>County</u>
April Sneed	Scotland
Debra Mundy	Debra
Jennie Kristiansen	c Chatnam
Kristin O'Gonnor	NC DSS
Keri Kelley	Meigs
Quette C. Spelt	nc DSS
Wendy Hill	Wendy Cumberland
Mary Taylor	Cumberland
Heike Hammer	Cumberland
Henny Stone	Wilson DSS
Cynthia O'Neal	nc DSS
Yarem (Ellie)	Cleveland
Silda Marshall	Edgecombe
Kaitlin Stiffler	Edgecombe Intern
Marie Goodloe	Edgecombe Co.
Lynn Fields ^{Lynn Fields}	Sampson
Lou Alvarez	NC DSS
SCOTT SABATINO	HALIFAX
Robert Torola	Johnston

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Name (Print)	County
Jaymela Butler	Randolph
Joni Wilcox	Randolph
EVAN FRIEDEL	NC DSS
Donna Fayko	Randolph
David Richmond	Richmond Co.
Bunny Critcher	Richmond Co.
Chris C. Dossins	GASTON
Andrew Payne	Franklin
Lane Oestre	DSS - State
Katelyn Ehle	DSS - state
Wes Stewart	Pendora
Jeff Olson	NC DSS
Susan McCracken	Lincoln
Will Wakefield	Caldwell
Kimmy Hayrell	YADKIN
Denise [Signature]	NC DSS
Lisa [Signature]	WILKS
Debbie Green	Pamlico
Kathy Dobbz	DSS - State

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Name (Print)	County
Crystal Mitchell	Orange
Jan Elliott	Pitt
Linda Clements	DHHS
Amanda Martin	DHHS
Kimberly Nicholson	Edgecombe
Kaitlyn Sipe	Edgecombe
Tammy Lewis	Pitt
Tamatha Bradley	Pitt
Susan Chaney	Perquimans
Cim Brailer	Chatham
Sharon Barlow	Guilford
Shelia Stokes	Guilford
Clifton Hardison	Washington
Brenda Jackson	Cumberland
Laurie Potter	Hyde
Sonyia Toman	Beaufort