**NCACDSS Committee Meeting Minutes**

**Children’s Services Committee**

**Wednesday, December 13, 2023 @ 2:15 pm – 4:15 pm**

The December 13, 2023 Children’s Services Committee meeting was held in-person and via Zoom. CSC Chairs: Jennie Kristiansen (Chatham DSS), Kathy Ford (Pasquotank DSS), Kimberly McGuire (Wayne DSS), and Bobbie Sigmon, (McDowell DSS).

Approval of the November 2023 Minutes: Laurie Potter made the motion to approve the minutes; seconded by Tracie Murphy; no opposition – minutes approved.

**Presentations/Discussions**

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| **Multi-Disciplinary Presentation: OPD/Office of the Parent Defender (Wendy Sotolongo, Parent Defender w/ NC Indigent Defense Services & Sharnice Zachary, Interdisciplinary Parent Representation/ Program Manager)** Powerpoint included.OPD was created to assist attorneys representing indigent parents in abuse, neglect, dependency and termination of parental rights proceedings. This is accomplished through training programs and resources, providing consultation to attorneys and maintaining listservs. OPD is also responsible for evaluating and assigning A/N/D and TPR appeals to qualified appellate attorneys including assistance to parent defenders.The Indigent Defense Services is set up to work with the Public Defender offices. **In September 2022, the IPRP program began and includes an MOA between OPD/IDS and state DSS. IPRP is the Interdisciplinary Parent Representation Program.**IPR adds social workers to legal teams of parents involved with child welfare. The SW is an agency of the attorney; shares responsibilities and tasks; communicates; does not testify or become a witness; and the SW does NOT replace the DSS agency caseworker. The SW provides parent support, interviews/gathers information, and serves as a parent advocate.IPR has made an impact by shortening the lengths of stay for children in foster care; promotes creative arrangements for visitation and family time; ensures families receive meaningful services that lead to lasting reunifications. Research also shows that this approach increases parental engagement, provides high-quality parent legal representation, reduced time in foster care and expedited reunifications and permanency. They have also found that children are less likely to re-enter foster care and return home is safer. When a case is referred for the IPR program (\*\*requested by the parent attorney via application), preference is given to:* Only neglect and dependency is alleged (some cases w/ abuse allegations may be considered);
* DSS has legal custody;
* The plan is reunification; and,
* The request is made within 90 days of the filing the petition.
* Participation is VOLUNTARY. (Parent has the option to deny services.)
* IPR Program Mngr assigns cases based on criteria and availability.

\*\*attorney decides if this is a good fit for the client prior to making the request for IPR services. Generally, this is a 24 hour process which allows for parties to insure there are no conflicts.The max # of parents a social worker is assigned is 15. If the family is ‘intact’, then 1 social worker is assigned; however, if parents are not together – 2 IPR SWs are assigned.If this service is offered in your district, training is provide for all court partners – social workers and participating attorneys. This insures communication and expectations!Program relies on legislators for money. Children’s Bureau now allows for IVE monies to be drawn down to program administration – which was used to start the IPR program. Other states use another model that identifies a peer navigator in addition to the attorney and the social worker. Reference was made to Nevada, Washington and Colorado. Social workers bring a skill set to the legal process that supports the relationship between the SW and parent attorney to help the attorney to better understand what the client is going through. This can help the parent to understand aspects of the system and can help the parent to understand and navigate resources during the course of the case. The SW can help locate resources for the parent; observe visits; and help the parent to prepare their home for a home study/assessment in preparation for the child’s safe return home. They help the parent to complete their plan and work toward goals.Bringing this to your district is driven by the parent attorneys which then leads to contract w/ IDS and then social workers are hired to conduct the program in that county. They are currently not expanding as quickly as at first. They are hopeful for a new round of expansion to additional counties. They have been able to complete updates to forms; program guidebook; and identify/review lessons learned to help create a more detailed robust system.Most Social Workers are MSW and have experience in related areas of child welfare services. This is a contract position ($50/hr plus mileage). The SW is responsible for their own health benefits and taxes. The SW serves as an independent contractor to carry out the job. There are several counties/districts in NC participating.With IVE funding, they have recently approved a rate increase for the attorneys. There has been a shortage of parent attorneys. |

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| **Unlicensed Therapeutic Relief Placements (Kimaree Sanders and Mary Torr)**No Powerpoint - Place questions in the ‘chat’ and will develop a FAQ. This topic is a carryover from the presentation last month to allow for questions to be addressed with more clarity.Inquiry from previous presentation about ‘when to go to court’ when a child is placed in an unlicensed home…. It is recommended but with past disposition – DSS usually has placement authority and going to court is not required.1. What do we do when Judges refuse to sanction (respite) placement because (DSS already has) placement authority?
* MCOs have contracts w/ respite homes who are unlicensed and this is what they locate as a placement option (noted this may not occur across all catchment areas).
* Judge is saying they don’t need to approve – since DSS has placement authority; with placement authority you don’t have to go to court…

Response provided is that this is a ‘judgement call’ by the DSS and before making that decision, the county agency should go out and conduct their own evaluation or assessment of the unlicensed placement. With placement authority, it is implied that DSS has gone out to the home and determined the placement to be appropriate. Previous presentation, MTorr indicated that the state’s position was that if the placement is not licensed then it needs to be approved by the court for the safety of the child. KSanders agreed that safety is key but that it is the judgment call of the county agency and they should have assessed the home for safety in advance of placement. It is the agency’s judgement. DSS must always insure safety and well-being of the child – even if the only 2 options are the DSS office and an unlicensed home. Some of these homes may be in the middle of the licensure process. How would a DSS agency know if the home is undergoing such? Inquiry with the provider and can follow up with DHHS Licensure office. If this is a mental health home, the mental health licensure process applies. Have you reached out to Construction Section? \*Residential decides capacity and age range. Directors are hearing from providers that this process is taking months which in turn impacts service delivery and children getting the care needed. If licensed thru mental health vs. DSS – it’s easier to respond to DSS FH. The process does take time. KSanders indicated you can email her to see if she can assist.If they receive a report of an unlicensed facility, they will go out and investigate. They recognize there is a placement crisis; however, they are asking and strongly recommending follow up. Without background checks or other requirements met, this poses an overall safety issue. The home may be advised they can no longer operate. Referrals alleging abuse/neglect will be investigated and the home may be instructed to not operate. DHHS is not encouraging the use of unlicensed placements.Note that some of these suggested homes (by the LME/MCO) are not licensed by DSS standards but are accredited via CARF. Does this make a difference? Will take that question back to make sure.Referenced a DCDL from July 7, 2022 – directed to AFL and unlicensed placements. General counsel provided guidance through this DCDL. <https://www.ncdhhs.gov/joint-communication-bulletin-j423-placement-minors-unlicensed-alternative-family-living-homes/open>Inquiry to what other options the state is working on that would be permissible and ‘safe’ to avoid having to use these unlicensed offerings by our MCOs or the DSS agency? Or what creative suggestions would the state support for the counties to do at the local level that would not only be safe for the children but also meet licensure regulations while counties and the state are building placement capacities statewide to meet the demands?DSS is having conversations with DHHS Secretary to eliminate that process where you only have 2 options (DSS office or unlicensed home). In the absence of these homes…. What will the state do to help and to keep kids out of the DSS offices? What will licensing do to help keep kids out of the DSS agencies and prevent use of hotels?Trying to increase the number of foster parents. R/R plan; DHHS is looking at alternatives – can’t discuss now. Important to build therapeutic foster care services.Kim – really trying to build up FH licensing process – turning over apps as soon as possible; strong recruitment and retention policy. In 2019, there were more than 7000 homes and now 6000. Why are we losing foster homes at such an alarming rate? DSS conducted needs assessment and focus groups and learned this is due to the following:* Lack of support;
* Not respected;
* Not being a part of the case.

Some are told they are babysitters and others feel like they can’t advocate for the child placed in their home. Suggestion – conduct a ‘Stay survey’ with longer standing foster parents– keep it simple to use to ask FP ‘what are you still here?’ For DSS licensure process, there is a step x step of what is needed to become licensed - manuals apply. Providers trying to license other homes are advising that they are having problems getting follow up and inspectors to go out and complete requirements for licensure? What is the recommendation of DHHS?* *Must always insure the safety and well- being of the child*
* *With only 2 options – we are talking with the secretary to have LME/MCO to stop making these recommend and to eliminate this process all together.*
* *Trying to get them to stop that practice.*
* *While not ideal, staying in the DSS office may be the only option.*

Many are struggling with kids who need higher level of care and a traditional family foster home is not appropriate. Looking at developing different services and placements. Chat suggestion to view DHSR policies so that places can be licensed quicker and current licensed facilities are more willing to take kids who have difficult behaviors. Directors brought up communication issue – for example, LME/MCO locates and identifies one of these unlicensed placement options and communicates that to the hospital ED (where the child is sitting awaiting the appropriate level of care). When the LME/MCO shares this – it makes it sound as if DSS has refused placement and is the barrier to placement as opposed to painting the entire picture of this suggested unlicensed home not being an option due to safety reasons. Preferably, let’s spend our time and resources locating what is appropriate for the youth served. It is concerning that these conversations are happening and they are counter-productive. Would this apply (licensure/rules) to DSS offices that care for a foster child for more than 24 hours? No; we know that children are not supposed to be living in DSS offices anyway - no this would not ’apply’.Some county DSS agencies have been threatened with code violations. Suggested to talk with fire inspectors. Do DSS agencies fall under the licensure requirements if a child stays for more than 24 hours? Technically, the DSS agency is not considered ‘domiciliary’ and can’t be licensed. Suggestion? Also, some agencies are planning dedicated space in their offices or dedicated space for children to stay as part of new construction of a DSS agency. Does this dedicated space have to meet any licensing requirements? Will follow up on these questions. |

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| **RAMS Policy, Protocol and Guidance (Kathy Stone & Emi Wyble)**Powerpoint included. Emi Wyble, Co-Supervisor for RAMS reviewed the following:History and Purpose – specifically to include support to DSS agencies; a focus on high-risk for fatality cases; and, focus on vulnerable population (infant to 3 years of age).**Case Criteria for RAMS Consultation** (this information can also be found in the DSS manual under CPS Assessments)* Must have a RAMS consult for any of the following screened in reports:
	+ A child is under 3 AND:
		- Unexplained/poorly explained injuries;
		- Sexually transmitted infection;
		- Another child who lives in the home has died as result of suspected abuse or neglect.
	+ Any case w/ a concern for medical child abuse (Munchausen by Proxy)
	+ Any case accepted for medical neglect w/ a medically complex child

Additional information is in the policy manual. Most counties call and ask if the concerns meet the criteria – specifically w/regard to medically complex cases.County Oversight: May be times when RAMS and the county disagrees…RAMS will meet with all parties of the management team but ultimately, the county DSS Director is responsible for all safety needs and case decisions. Slide introduction of the RAMS team per Region and on-call.What is a RAMS Consultation? This is a county led discussion with RAMS support that offers guidance at initiation; address safety concerns in real time; keep cases moving forward with bi-weekly consultation follow-up; and, provide recommendations for case decision.Cases are entered into a database – all referrals – even if not accepted. They use a 2 level review in decision making and document why a referrals is screened out. They focus on whether the case meets criteria. If you are not sure or in doubt – make the referral. If support is needed – ask. |

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| **NCACDSS County Survey Data on Children Without Placements (Chuck Lycett, Dare Director)**\*Due to the amount of time spent on other topics, this topic will be carried forward to the January 2024 meeting. |

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| **Safe Surrender – Legislative Changes (Amanda Hubbard, Kathy Stone, Jadie Baldwin-Hamm)**Powerpoint included. Discussion limited to Safe Surrender at Intake and Assessments. Recap of what a legal safe surrender is under the new law where the previous law stated ‘responsible adult’. This law does NOT cover baby boxes or Safe Haven. The legal and physical custody of the child upon surrender is with the DSS.At Intake, can screen if a true ‘safe surrender’. Must flag as ‘confidential’; Med exam to determine the age of the infant; If there is no maltreatment at Intake – screened as dependency. Assessment: obtain medical exam for child; add concerns for abuse/neglect? And determine if a legal safe surrender. Track all cases called in as Safe Surrender. – track at Intake ‘Legal Safe Surrender’. Track requests of dismissal of a a Safe “Surrender. When Safe Surrender no longer applies – the parent no longer has immunity under the law. Coordinate to find placement for child. Assure worker files an ex parte order even though law states differently that DSS has custody. DSS contact any non-surrendering parent – if known; No tools to complete; Shared DSS website and the DSS-6192 re: the designated safe person attempting to collect information.Policy addresses the DSS must publish first before ex parte order? In the meantime, what legal documentation does the county have during this time if co needs medical care, etc. DHHS is updating this so that the worker can file sooner. By law, have custody. Safely surrendered youth are Not IVE eligible.Regional consultants are available for help and support. Webinars forthcoming to provide more guidance also. |

**QUESTIONS AND FUTURE AGENDA ITEMS**

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| No suggestions. |

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