

Handouts for the Webinar

Concurrent Planning & Making Medical Decisions

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Presenters

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Resources

- DSS Administrative Letter Child Welfare Services [CWS-AL-02-2015] (Aug. 15, 2015)
<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-05/man/CWS-AL-02-2015.htm>
- DSS Administrative Letter Child Welfare Services [CWS-AL-04-15] (Oct. 1, 2015)
<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-05/man/CWS-AL-04-2015.pdf>
- DePasquale, S. (2015, Dec. 1). 2015 Legislative Changes Abuse, Neglect, Dependency, Adoptions. Chapel Hill, NC: School of Government, UNC-Chapel Hill.
https://www.sog.unc.edu/sites/www.sog.unc.edu/files/additional_files/2015%20legislative%20summary%20final.pdf
- Understanding Foster Care – A Handbook for Youth (DSS-1516) • <http://bit.ly/1ORBZra>

PRESENTER BIOGRAPHIES



Erin Conner, MSW is a Social Services Program Consultant in child welfare policy at the NC Division of Social Services. She earned an MSW from the University of North Carolina at Chapel Hill and a BSW from Appalachian State University. She has 7 years of experience in child welfare in North Carolina



Julius H. Corpening, II began practicing law in Wilmington in 1979 after graduating from Wake Forest University Undergraduate and Law Schools. He has served as a judge in New Hanover and Pender Counties since 1991, and as Chief District Court Judge for approximately 10 years. He has served as one of the full time judges in Family Court in New Hanover County since 2000, and in December 2014 transitioned to Juvenile Court full time, hearing all delinquency, abuse/neglect/dependency, and termination of parental rights issues.



Danielle McConaga, MSW, is the Program Administrator for the NC Division of Social Services' Child Welfare Policy Team. She has 20 years of experience in mental health and child welfare in Oregon and North Carolina.



Angenette Stephenson, MSW, JD. Angie is a Child Welfare Attorney with the North Carolina Attorney General's office and is licensed in North Carolina and Hawaii. She has been in this position since January 2007 and, before that, worked for two and a half years in Raleigh at the Law Office of Sally Scherer. She earned her law degree and MSW in 2003 from the University of North Carolina at Chapel Hill. Before graduate school, Angie was a child protective social worker in Mecklenburg County and on Maui, in Hawaii. Angie also has experience with mediation and adult mental health. She earned her Bachelor degree in social work in 1990 from Eastern Mennonite University in Harrisonburg, VA.

LEGISLATIVE EXCERPTS

Concurrent Planning

G.S. 7B-901(c)(1)-(3) findings at initial disposition hearing that allow DSS to cease or not to make reunification efforts

SECTION 9. G.S. 7B-901 reads as rewritten:

"§ 7B-901. Dispositional-Initial dispositional hearing.

(a) The dispositional hearing shall take place immediately following the adjudicatory hearing and shall be concluded within 30 days of the conclusion of the adjudicatory hearing. The dispositional hearing may be informal and the court may consider written reports or other evidence concerning the needs of the juvenile. The juvenile and the juvenile's parent, guardian, or custodian shall have the right to present evidence, and they may advise the court concerning the disposition they believe to be in the best interests of the juvenile. The court may consider any evidence, including hearsay evidence as defined in G.S. 8C-1, Rule 801, including testimony or evidence from any person who is not a party, that the court finds to be relevant, reliable, and necessary to determine the needs of the juvenile and the most appropriate disposition. ~~The court may exclude the public from the hearing unless the juvenile moves that the hearing be open, which motion shall be granted.~~

(b) At the dispositional hearing, the court shall inquire as to the identity and location of any missing parent and whether paternity is at issue. The court shall include findings of the efforts undertaken to locate the missing parent and to serve that parent and efforts undertaken to establish paternity when paternity is an issue. The order may provide for specific efforts in determining the identity and location of any missing parent and specific efforts in establishing paternity. The court shall also inquire about efforts made to identify and notify ~~relatives~~ relatives, parents, or other persons with legal custody of a sibling of the juvenile, as potential resources for placement or support.

(c) If the disposition order places a juvenile in the custody of a county department of social services, the court shall direct that reasonable efforts for reunification as defined in G.S. 7B-101 shall not be required if the court makes written findings of fact pertaining to any of the following:

(1) A court of competent jurisdiction has determined that the parent has committed or encouraged the commission of, or allowed the continuation of, any of the following upon the juvenile:

a. Sexual abuse.

b. Chronic physical or emotional abuse.

c. Torture.

d. Abandonment.

e. Chronic or toxic exposure to alcohol or controlled substances that causes impairment of or addiction in the juvenile.

f. Any other act, practice, or conduct that increased the enormity or added to the injurious consequences of the abuse or neglect.

(2) A court of competent jurisdiction has terminated involuntarily the parental rights of the parent to another child of the parent.

(3) A court of competent jurisdiction has determined that (i) the parent has committed murder or voluntary manslaughter of another child of the parent; (ii) has aided, abetted, attempted, conspired, or solicited to commit murder or voluntary manslaughter of the child or another child of the parent; (iii) has committed a felony assault resulting in serious bodily injury to the child or another child of the parent; (iv) has committed sexual abuse against the child or another child of the parent; or (v) has been required to register as a sex offender on any government-administered registry.

(d) When the court determines that reunification efforts are not required, the court shall order a permanent plan as soon as possible, after providing each party with a reasonable opportunity to prepare and present evidence. The court shall schedule a subsequent hearing within 30 days to address the permanent plans in accordance with G.S. 7B-906.1 and G.S. 7B-906.2."

G.S. 906.2 types of permanent plans and required findings for permanency planning order

"§ 7B-906.2. Permanent plans; concurrent planning.

(a) At any permanency planning hearing pursuant to G.S. 7B-906.1, the court shall adopt one or more of the following permanent plans the court finds is in the juvenile's best interest:

- (1) Reunification as defined by G.S. 7B-101.
- (2) Adoption under Article 3 of Chapter 48 of the General Statutes.
- (3) Guardianship pursuant to G.S. 7B-600(b).
- (4) Custody to a relative or other suitable person.
- (5) Another Planned Permanent Living Arrangement (APPLA) pursuant to G.S. 7B-912.
- (6) Reinstatement of parental rights pursuant to G.S. 7B-1114.

(b) At any permanency planning hearing, the court shall adopt concurrent permanent plans and shall identify the primary plan and secondary plan. Reunification shall remain a primary or secondary plan unless the court made findings under G.S. 7B-901(c) or makes written findings that reunification efforts clearly would be unsuccessful or would be inconsistent with the juvenile's health or safety. The court shall order the county department of social services to make efforts toward finalizing the primary and secondary permanent plans and may specify efforts that are reasonable to timely achieve permanence for the juvenile.

(c) At the first permanency planning hearing held pursuant to G.S. 7B-906.1, the court shall make a finding about whether the efforts of the county department of social services toward reunification were reasonable, unless reunification efforts were ceased in accordance with G.S. 7B-901(c) or this section. In every subsequent permanency planning hearing held pursuant to G.S. 7B-906.1, the court shall make written findings about the efforts the county department of social services has made toward the primary permanent plan and any secondary permanent plans in effect prior to the hearing. The court shall make a conclusion about whether efforts to finalize the permanent plan were reasonable to timely achieve permanence for the juvenile.

(d) At any permanency planning hearing under subsections (b) and (c) of this section, the court shall make written findings as to each of the following, which shall demonstrate lack of success:

- (1) Whether the parent is making adequate progress within a reasonable period of time under the plan.
- (2) Whether the parent is actively participating in or cooperating with the plan, the department, and the guardian ad litem for the juvenile.
- (3) Whether the parent remains available to the court, the department, and the guardian ad litem for the juvenile.
- (4) Whether the parent is acting in a manner inconsistent with the health or safety of the juvenile.

(e) If the juvenile is 14 years of age or older, the court shall make written findings in accordance with G.S. 7B-912(a), regardless of the juvenile's permanent plan."

"§ 7B-912. Juveniles 14 years of age and older; Another Planned Permanent Living Arrangement.

(a) In addition to the permanency planning requirements under G.S. 7B-906.1, at every permanency planning hearing for a juvenile in the custody of a county department of social services who has attained the age of 14 years, the court shall inquire and make written findings regarding each of the following:

- (1) The services provided to assist the juvenile in making a transition to adulthood.
- (2) The steps the county department of social services is taking to ensure that the foster family or other licensed placement provider follows the reasonable and prudent parent standard as provided in G.S. 131D-10.2A.
- (3) Whether the juvenile has regular opportunities to engage in age-appropriate or developmentally appropriate activities.

(b) At or before the last scheduled permanency planning hearing, but at least 90 days before a juvenile attains 18 years of age, the court shall (i) inquire as to whether the juvenile has a copy of the juvenile's birth certificate, Social Security card, health insurance information, drivers license or other identification card, and any educational or medical records the juvenile requests and (ii) determine the person or entity that should assist the juvenile in obtaining these documents before the juvenile attains the age of 18 years.

(c) If the court finds each of the following conditions applies, the court shall approve Another Planned Permanent Living Arrangement (APPLA) as defined by P.L. 113-183, as the juvenile's primary permanent plan:

- (1) The juvenile is 16 or 17 years old.
- (2) The county department of social services has made diligent efforts to place the juvenile permanently with a parent or relative or in a guardianship or adoptive placement.
- (3) Compelling reasons exist that it is not in the best interest of the juvenile to be placed permanently with a parent or relative or in a guardianship or adoptive placement.
- (4) APPLA is the best permanency plan for the juvenile.

(d) If the court approves APPLA as the juvenile's permanent plan, the court shall, after questioning the juvenile, make written findings addressing the juvenile's desired permanency outcome."

Medical Consent

G.S. 7B-505.1

"§ 7B-505.1. Juvenile placed in nonsecure custody of a department of social services.

(a) Unless the court orders otherwise, when a juvenile is placed in the nonsecure custody of a county department of social services, the director may arrange for, provide, or consent to any of the following:

- (1) Routine medical and dental care or treatment.
- (2) Emergency medical, surgical, psychiatric, psychological, or mental health care or treatment.
- (3) Testing and evaluation in exigent circumstances.

(b) When placing a juvenile in nonsecure custody of a county department of social services pursuant to G.S. 7B-502, the court may authorize the director to consent to a Child Medical Evaluation upon written findings that demonstrate the director's compelling interest in having the juvenile evaluated prior to the hearing required by G.S. 7B-506.

(c) The director shall obtain consent from the juvenile's parent, guardian, or custodian for all care or treatment not covered by subsection (a) or (b) of this section, except that the court may authorize the director to provide consent after a hearing at which the court finds by clear and convincing evidence that the care, treatment, or evaluation requested is in the juvenile's best interest. Care and treatment covered by this subsection includes:

- (1) Prescriptions for psychotropic medications.
- (2) Participation in clinical trials.
- (3) Immunizations when it is known that the parent has a bona fide religious objection to the standard schedule of immunizations.
- (4) Child Medical Evaluations not governed by subsection (b) of this section, comprehensive clinical assessments, or other mental health evaluations.
- (5) Surgical, medical, or dental procedures or tests that require informed consent.
- (6) Psychiatric, psychological, or mental health care or treatment that requires informed consent.

(d) For any care or treatment provided, the director shall make reasonable efforts to promptly notify the parent, guardian, or custodian that care or treatment will be or has been provided and give the parent or guardian frequent status reports on the juvenile's treatment and the care provided. Upon request of the juvenile's parent, guardian, or custodian, the director shall make available to the parent, guardian, or custodian any results or records of the aforementioned evaluations, except when prohibited by G.S. 122C-53(d). The results of a Child Medical Evaluation shall only be disclosed according to the provisions of G.S. 7B-700.

(e) Except as prohibited by federal law, the department may disclose confidential information deemed necessary for the juvenile's assessment and treatment to a health care provider serving the juvenile.

(f) Unless the court has ordered otherwise, except as prohibited by federal law, a health care provider shall disclose confidential information about a juvenile to a director of a county department of social services with custody of the juvenile and a parent, guardian, or custodian."

"§ 7B-903.1. Juvenile placed in custody of a department of social services.

(a) Except as prohibited by federal law, the director of a county department of social services with custody of a juvenile shall be authorized to make decisions about matters not addressed herein that are generally made by a juvenile's custodian, including, but not limited to, educational decisions and consenting to the sharing of the juvenile's information. The court may delegate any part of this authority to the juvenile's parent, foster parent, or another individual.

(b) When a juvenile is in the custody or placement responsibility of a county department of social services, the placement provider may, in accordance with G.S. 131D-10.2A, provide or withhold permission, without prior approval of the court or county department of social services, to allow a juvenile to participate in normal childhood activities. If such authorization is not in the juvenile's best interest, the court shall set out alternative parameters for approving normal childhood activities.

(c) If a juvenile is removed from the home and placed in the custody or placement responsibility of a county department of social services, the director shall not allow unsupervised visitation with or return physical custody of the juvenile to the parent, guardian, custodian, or caretaker without a hearing at which the court finds that the juvenile will receive proper care and supervision in a safe home.

(d) When a county department of social services having custody or placement responsibility of a juvenile intends to change the juvenile's placement, the department shall give the guardian ad litem for the juvenile notice of its intention unless precluded by emergency circumstances from doing so. Where emergency circumstances exist, the department of social services shall notify the guardian ad litem or the attorney advocate within 72 hours of the placement change, unless local rules require notification within a shorter time period.

(e) When a juvenile is placed in the custody of a county department of social services, the provisions of G.S. 7B-505.1 apply."



County # _____ Case # _____ Date ____ / ____ / ____

NORTH CAROLINA OUT-OF-HOME FAMILY SERVICES AGREEMENT

I. Identifying Information			
Child		DOB:	Age:
Mother		DOB:	Age:
Address		Phone	
Father		DOB:	Age:
Address		Phone	
Other Caregiver		DOB:	Age:
Address		Phone	
Other Caregiver		DOB:	Age:
Address		Phone	

Social worker/case manager	Phone
Guardian ad Litem	Phone
Attorney ad Litem	Phone
Attorney for Mother	Phone
Attorney for Father	Phone
Attorney for Child	Phone
Other/relationship:	Phone
Other/relationship:	Phone

The following people participated in the development of this plan (please print)



County # _____ Case # _____ Date ____ / ____ / ____

II. Primary Permanency Plan:
(check one)

- Reunification Custody to non-removal parent Adoption
- Another Planned Permanent Living Arrangement Reinstatement of Parental Rights

Guardianship/custody with a relative or court approved caretaker

The anticipated completion date for the primary permanency plan is ____ / ____ / ____.

This agreement is effective on ____ / ____ / ____.

The agreement will be renewed on ____ / ____ / ____.

Ask the family to describe any knowledge of having American Indian Heritage:

Indian Child Welfare Act applies to this child (select one): Yes No

Other case plans affecting this services agreement are attached: (i.e. IEP, Mental Health, and Juvenile Services). Indicate effective dates.

III. Secondary Permanency Plan(s):
(check all that apply)

- Reunification Custody to non-removal parent Adoption Guardianship/custody with a relative or court approved caretaker
- Another Planned Permanent Living Arrangement Reinstatement of Parental Rights



County # _____ Case # _____ Date ____/____/____

IV. Current Placement Information (select one)

- Home of Both Parents Mother's Home Father's Home Home of Relative (specify) _____ Family Foster Home
- Specialized Therapeutic Home Group Home Care Adoptive Home APPLA
- Other (specify) _____.
- _____ has lived in this placement since ____/____/____.

Name: _____ Address: _____

Phone: _____

Why was this placement chosen for _____?

Discussion must include the following items: least restrictive, most family-like, closeness to home community and child's school district, whether or not it is a relative placement and services of placement designed to meet the needs of the child(ren). Attach additional sheets if needed.

The date the agency obtained custody or placement responsibility for the child was on ____/____/____.

Why did the agency obtain custody?

Why was the child removed from home?

Is the child placed with siblings? Yes No N/A

If not, why not and what are the efforts to place the child with siblings?

Attach court-ordered visitation/contact plan for the child (with parent, caretaker, siblings, placement provider and other family members or friends) including frequency, supervision, etc. and the date of the court order authorizing visitation (N.C.G.S. § 7B-905).



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County # _____ Case # _____ Date ____ / ____ / ____

V. Objectives and Activities to Address Identified Needs

- 1. Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children)
- 2. Describe behaviors that are of concern
- 3. Objective

Activities	Who is Responsible	Target Date



County # _____ Case # _____ Date ____/____/____

VI. Progress toward Meeting the Identified Needs

Review status: Date ____/____/____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date ____/____/____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date ____/____/____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date ____/____/____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	



North Carolina Department of Health and Human Services | Division of Social Services

County # _____ Case # _____ Date ____ / ____ / ____

VII. Barriers to Accomplishment of Primary Permanency Plan

1. Barrier to permanency _____
2. Describe current status of efforts to overcome this barrier _____
3. Desired outcome _____

Activities	Who is Responsible	Target Date



County # _____ Case # _____ Date ____ / ____ / ____

VIII. Progress toward Overcoming Barriers to Primary Permanency Plan (continue on reverse if needed)

Review status: Date ____ / ____ / ____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date ____ / ____ / ____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date ____ / ____ / ____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date ____ / ____ / ____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	



North Carolina Department of Health and Human Services | Division of Social Services

County # _____ Case # _____ Date ____ / ____ / _____

IX. Barriers to Accomplishment of Secondary Permanency Plan(s) (continue on reverse if needed)

- 1. Barrier to permanency _____
- 2. Describe current status of efforts to overcome this barrier _____
- 3. Desired outcome _____

Activities	Who is Responsible	Target Date



County # _____ Case # _____ Date ____ / ____ / ____

X. Progress toward Overcoming Barriers to Secondary Permanency Plan(s) (continue on reverse if needed)

Review status: Date ____ / ____ / ____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date ____ / ____ / ____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date ____ / ____ / ____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	

Review status: Date ____ / ____ / ____	Comments:
<input type="checkbox"/> Objective Achieved in full	
<input type="checkbox"/> No longer appropriate	
<input type="checkbox"/> Partially Achieved	
<input type="checkbox"/> Not Achieved	



County # _____ Case # _____ Date ____ / ____ / ____

XI. Review Family Assessment of Strengths and Needs or Reunification Assessment

The primary permanency plan is _____ and is appropriate for this child because _____
_____. If the permanency plan is not accomplished, the secondary
_____.

(concurrent) plan(s) is/are _____.

Are there specific orders of the court incorporated into the objectives and activities of this plan? Yes No
If not, explain:

Date of next Court Review ____ / ____ / ____

If the youth is 14 years of age or older, describe or attach the Transitional Living Plan including:

- The estimated date of discharge from out-of-home care
- The youth's anticipated living arrangement after discharge
- What specific steps are being taken to help the youth prepare for discharge, including life skills training, work experience, a savings plan, education and job training, medical and mental health care, development of a personal support network
- Supportive adults who are working with the youth as he/she progresses toward discharge



County # _____ Case # _____ Date ____ / ____ / _____

XII. Services to Child or Youth

Describe agency services to the child or youth that are designed to assure that this child's needs are being met.

A. Face-to-face and other contact between the child or youth and agency

B. Visitation with Parents and Siblings

C. Opportunities for the child or youth to participate in case planning

D. Opportunities for the child or youth to engage in age and/or developmentally-appropriate activities and how these opportunities connect to the child or youth's development

E. Education and Health Services

F. Referrals to Community Resources

G. Certification that explanation of child or youth's rights while in out-of-home care have been provided to the child or youth

Check box to certify that the child or youth has: been provided a copy of the DSS-1516 *Understanding Foster Care – A Handbook for Youth*; the child or youth has read or had read to them the Foster Care Rights Acknowledgement on page 9 of the handbook; the child or youth has signed the Foster Care Rights Acknowledgement; and, a signed copy of the acknowledgement is included in the case file.

H. Other



County # _____ Case # _____ Date ____ / ____ / _____

XIII. Services to Placement Provider

Describe agency services to placement provider that are designed to assure that this child's needs are being met. In addition, describe the opportunities the placement provider is offering to the child or youth for engagement in age and/or developmentally-appropriate activities.

- A. Meetings between provider and agency
- B. Meetings and other communication between provider and parent/guardian
- C. Training specific to the needs of the child
- D. Opportunities for the child to engage in age and/or developmentally-appropriate activities and how these opportunities connect to the child or youth's development
- E. Respite Care
- F. Referrals to Community Resources
- G. Other



County # _____ Case # _____ Date ____ / ____ / ____

XIV. Signatures (persons who wrote this agreement and who will work toward meeting the identified objectives)

	Signature and Comments	Date of Signature	I received a copy of this Plan
Parent	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foster Parent/Facility	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foster Parent/Facility	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Worker	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guardian ad Litem	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tribal Representative	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other/Relationship	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

General Authorization for Treatment and Medication

Section A – Identifying Information	
Child's Name:	Date of Birth:
Medical Home Provider:	Telephone Number:
Other Medical, Dental, or Mental Health Provider or Specialist Prescribing or Administering Treatment:	Telephone Number:

Section B – Care, Treatment, and Parental Consent (N.C.G.S. § 7B-505.1)

When a child is in the custody of the county child welfare agency, the county director may arrange for, provide, or consent to any of the following without obtaining parental consent:

- Routine medical or dental care or treatment (including immunizations in most cases);
- Emergency medical, surgical, psychiatric, psychological, or mental health care or treatment; and,
- Testing and evaluation in exigent circumstances

I hereby authorize _____ county child welfare agency to consent to the following treatment of the child identified above (include description):

Prescriptions for psychotropic medication(s): _____

Participation in a clinical trial: _____

Child Medical Evaluation not otherwise authorized (DSS-5143 Consent/Authorization for Child Medical/Child/Family Evaluation must also be completed): _____

Comprehensive clinical assessment, or other mental health evaluation(s): _____

Surgical, medical, or dental procedure or test that requires informed consent: _____

Psychiatric, psychological, or mental health care or treatment that requires informed consent: _____

Other non-routine or non-emergency treatment or procedure: _____

Initial all that apply:

General Authorization for Treatment and Medication

I have been informed of the recommendation that medication be prescribed to my child as part of their treatment plan.

I have been informed of the recommendation that a surgical, medical, dental, or mental health treatment or procedure be completed on my child as part of their treatment plan.

I have been notified, of my child's condition;

If I have questions about my child's treatment, I will contact the health care provider named at the top of this form.

I have been given a copy of this form.

I understand that I may revoke this authorization at any time. If I do not revoke this authorization it expires automatically as follows:

1. Upon closure of my case; or,
2. One year from the date this authorization is signed; whichever occurs first.

I understand that medication, a medical procedure or mental health treatment is only one aspect of my child's treatment plan and that success and continued improvement depends on my active involvement in treatment planning. Although this medication or procedure is expected to be helpful in the treatment of my child's condition, there is no guarantee that improvement will be seen.

Based on the information provided to me:

I authorize _____ county child welfare agency to consent to the administration of the above mentioned medication, treatment, or procedure.

I refuse to authorize the administration of immunizations due to a religious objection.

Section C – Appointment and Follow-Up Information

An appointment has been scheduled for _____ at _____. With the
Date Time
following provider: _____ at _____.
Name of Provider/Practice Address/Location

Section D - Signatures

Parent/Guardian/Custodian signature: _____ Date: _____

Print Name: _____ Relationship: _____

County child welfare staff signature: _____ Date: _____

Print Name: _____ Date: _____

Written revocation of this consent should be mailed to:

RECOMMENDED CONSENT TIMELINE AND CONSENT CASE SCENARIOS

Recommended Consent Timeline

Hearing	Recommendation
Non-secure	Director can sign consents for routine or emergency care or for testing/evaluation in pressing situations
7 Day	Parent should sign consents for predictable needs such as evaluations or previously recommended services
30 Day	Parent should sign consent for any recommended or anticipated services based on DSS assessment and information from caregivers, mental health providers, and collaterals
Ongoing	Parent should sign consent for any recommended or anticipated changes in medical or behavioral health treatment

Consent Case Scenarios

Immunizations

One-year-old Sally is taken to her 30-day comprehensive visit. The pediatrician has gotten records from the previous provider and notes that Sally is behind on three different immunizations. Sally is in day care and there are two school-aged children in her foster home.

1. Can DSS consent to the immunizations?
2. What information or documentation would you need for court?

Psychotropic Medications

15-year-old Anthony has been diagnosed by his therapist with depression. He told his foster mother that he thinks about dying all the time since he doesn't think things will ever get better. He is often irritable and on edge, causing problems at school and home. A psychiatrist has recommended that he begin an SSRI and continue with therapy.

1. Can DSS consent to the medication?
2. What information or documentation would you need for court?

**Concurrent Planning
&
Making Medical Decisions**

Welcome!

Please click on the colored link below to download the handout for today:
[February 11, 2016 webinar handout](#)




Webinar Goals

By the end of this webinar we hope you will:

- Understand new legislation about **concurrent planning** and **making medical decisions** for children in care
- Have ideas for individualizing your case plans to meet the needs of each child
- Have information to help you educate judges about these new requirements

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Agenda




- Orientation & introductions
- What legislative changes?
 - Concurrent Planning
 - Making medical decisions
- Case Examples & Tools
- Q & A

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Panelists

- Angie Stephenson
- J. Corpening
- Danielle McConaga
- Erin Conner



Moderator

- Tonia Deese

Tech Support

- Phillip Armfield
- John McMahon

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LEGISLATIVE CHANGES

Concurrent Planning



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Ceasing Efforts/Concurrent Planning

- Effective October 1, 2015
- In most cases, eliminates ceasing reunification and requires concurrent planning instead
- Reunification remains a primary or secondary plan until plan is achieved or rights terminated

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Why Cease Ceasing?

- Unnecessary
- Seen as an area needing improvement (ANI) by federal reviewers in CFR
 • 2007 and 2015
- Appealable – creates opportunity to overturn TPR
- Children more likely to lose touch with siblings
- No accountability for parents at TPR
- Reunification delayed when parents make progress

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When to cease reunification

Reunification efforts not required or may cease:

- When Court makes a finding under **G.S. 7B-901(c)(1)-(3)** at initial disposition hearing
- When Court finds reunification efforts *clearly would be unsuccessful* or *would be inconsistent with the juvenile's health or safety*
- An order to cease reunification may be appealed with dispositional order or may be preserved for future appeal
- Otherwise reunification continues as primary or secondary plan

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Findings Needed at Initial Disposition **G.S. 7B-901(c)(1)-(3)**

1. **Circumstances that used to be considered aggravated circumstances (+ 2 new)**
 - Sexual abuse
 - Chronic physical or *emotional abuse*
 - Torture
 - Abandonment
 - *Chronic or toxic exposure to substances that causes the juvenile to be addicted*
 - Other act that increases the enormity or added injurious consequences

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Findings Needed at Initial Disposition *G.S. 7B-901(c)(1)-(3)*

- 2. **Prior TPR**
- 3. **Prior Court has determined**
 - Murder/manslaughter of another child of parent
 - Attempted murder/manslaughter of child of parent (or aiding/abetting, soliciting, conspiring)
 - Felony assault/bodily injury
 - Sexual abuse
 - Sex offender registry



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Permanent Plans

- Effective October 1, 2015
- Permanent Plans listed in new ***G.S. 7B-906.2:***
 1. Reunification
 2. Adoption
 3. Guardianship
 4. Custody
 5. APPLA
 6. Reinstatement of Parental Rights

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Individualized Concurrent Planning

95% Reunification 5% Adoption	
80% Adoption 20% Reunification	

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G.S. 7B-906.2(c), (d), (e)

Required Findings for Permanency Planning Order

- Reasonableness of efforts toward permanency plans
 - Court may order specific efforts -906.2(b)
- Parent's progress w/in reasonable time
- Parent's cooperation/participation with plan, DSS, child's GAL
- Parent's availability to court, DSS, child's GAL
- Parent is/is not acting in manner consistent with child's health and safety
- If child 14+, findings in the new **G.S. 7B-912**

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What if reunification efforts ceased before October 1, 2015?

Must be assessed again at the next Permanency Planning Hearing

- If **G.S. 7B-906.2(b)** findings not appropriate, reunification must be primary or secondary plan

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Updated Forms

- Out Of Home Family Services Agreement (DSS-5240)
- Model Court Report For Permanency Planning Hearings (DSS-5311)
- Plan for Emancipation From Foster Care Custody (DSS-5315)

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Screen Captures of
DSS-5240
Out-of-Home Services
Agreement

Juveniles 14 and Over

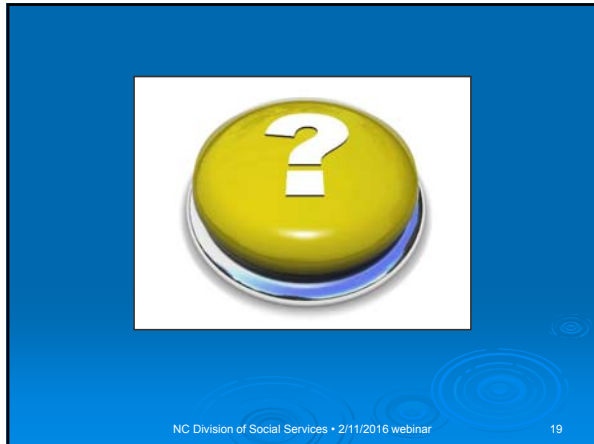
- Effective October 1, 2015
- New **G.S. 7B-912** requires findings about:
 - Services provided for transition to adulthood
 - Use of Reasonable Prudent Parent Standard
 - Age or developmentally appropriate activities
- At least 90 days before age 18, Court must ensure Juvenile has access to birth certificate, Social Security card, health insurance, driver's license or other ID, educational and medical records

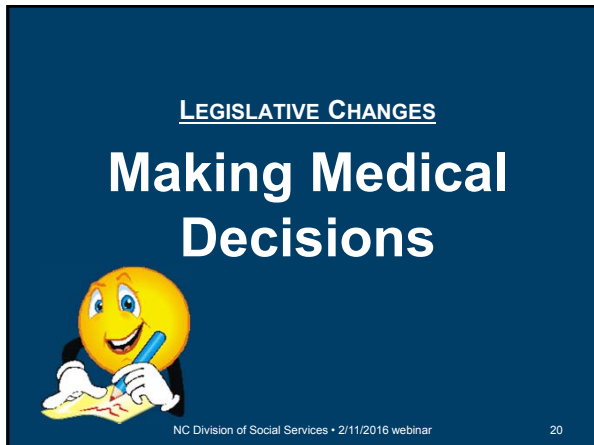
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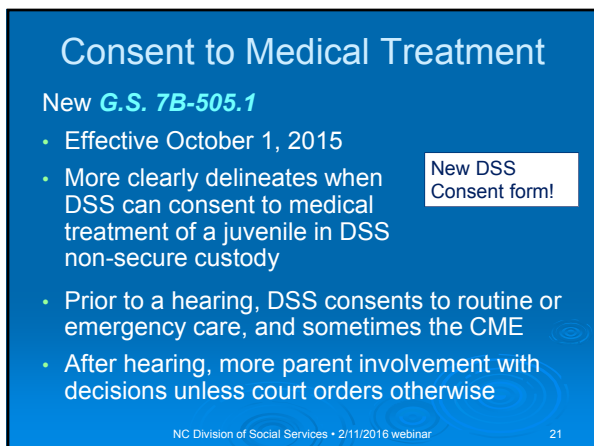
Another Planned Permanent Living Arrangement (APPLA)

- Effective October 1, 2015
- New **G.S. 7B-912** requires APPLA as primary plan only when:
 - Juvenile is 16 or 17
 - DSS has made diligent efforts to place with parent, relative, guardian or adoptive family
 - Compelling reasons that adoption or guardianship not in best interest
 - APPLA is the best permanent plan
- Findings required about juvenile's desired permanency outcome, *after questioning the juvenile.*

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Medical Care:
G.S. 7B-903.1(e) and G.S. 7B-505.1

DSS can consent to care that is

- Routine
- Emergency medical, surgical, mental health
- Testing/evaluation in exigent circumstances
- Child Medical Evaluation
 - May be scheduled immediately
 - With written findings: director's "compelling interest" [G.S. 7B-505.1(b)]

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Medical Care:
G.S. 7B-903.1(e) and G.S. 7B-505.1

DSS must:

- Make reasonable efforts to notify
- Give frequent status reports
- Make records available
 - CME: G.S. 7B-700
- Share info with providers

Providers share with DSS and parent


- Unless court order or federal law



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Updated Forms

- General Consent for Treatment and Medication (DSS-1812)



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Case Examples



1. Immunizations

One-year-old Sally is taken to her 30-day comprehensive visit. The pediatrician has gotten records from the previous provider and notes that Sally is behind on three different immunizations. Sally is in day care and there are two school-aged children in her foster home.

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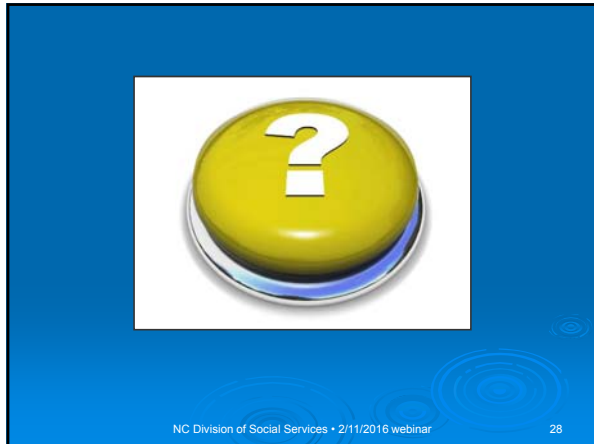
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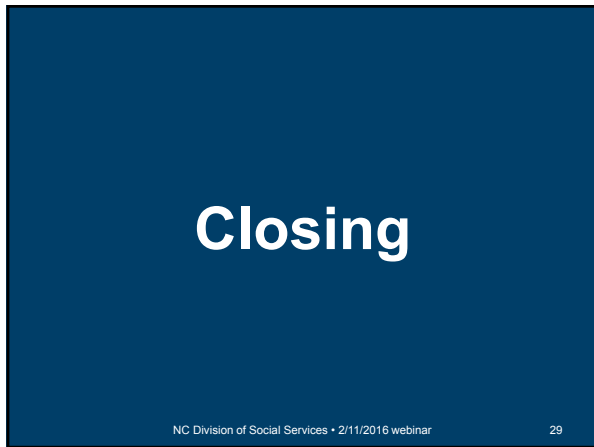
2. Psychotropic medications

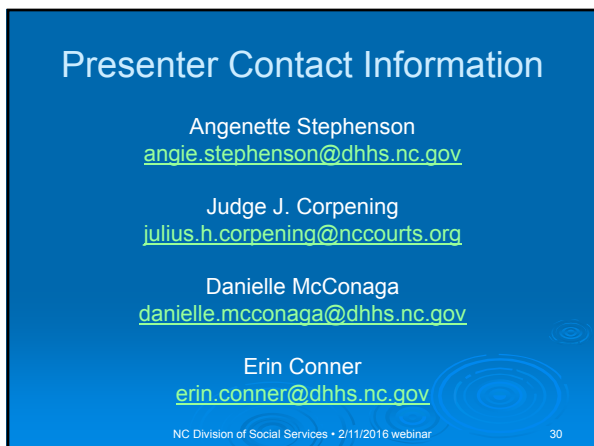
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Follow-up Document from the Webinar

Concurrent Planning & Making Medical Decisions

Webinar delivered February 11, 2016
Follow-up document date: May 12, 2016

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Topics Covered

CONCURRENT PLANNING

1. General
2. Implementing Concurrent Planning
3. Documentation of Concurrent Planning
4. Ceasing Reunification Efforts
5. Model Court Report
6. Out-of-Home Family Services Agreement (DSS-5240)
7. APPLA
8. Other

CONSENT

9. Resource for Learning More
10. DSS-1812
11. Obtaining Parental Consent
12. When the DSS-1812 Is Not Needed
13. Routine Care
14. Medication and/or Drug Testing of Children
15. Defining Other Key Terms
16. Who Can Sign / Give Consent
17. Court and Consent
18. Other

Responses in this document are from the NC Division of Social Services Child Welfare Services Section.

Answers and Resources from the Webinar

I. CONCURRENT PLANNING

I. General

Does this new law only affect children who came into care after 10/1/15 or ALL children currently in care?

Judge Corpening: New law applies to initial disposition, permanency planning hearing, or permanency planning review hearing after October 1, 2015. So, every case will be updated to concurrent plans eventually.

Is it true that cases where we already “ceased” will get reunification back as a secondary plan at the next hearing unless they fall into one of the categories [permitting us to cease reunification efforts]?

If the Court has not made findings that currently justify not providing reunification efforts (found in G.S. 7B-901 and G.S. 7B-906.2), the Court will need to make a determination about whether reunification efforts are required under the current statutory language at the next permanency planning hearing.

So even if parents have relinquished their rights do we still work on a concurrent plan with parents?

Judge Corpening: I don't believe that concurrent plan with parents who have relinquished is required.

Erin: No, if parents have relinquished their rights or their rights have been terminated, reunification is not required to be either the primary plan or secondary plan.

If TPR has occurred on one or both parents and the child is legally free for adoption, should there be a concurrent plan on all these cases indicating guardianship, custody, and/or APPLA?

Yes.

Is custody to a non-removal parent a permanent plan in the NC Statute?

No. Returning custody to a non-removal parent would fall under “Return home or reunification” as defined in G.S. 7B-101(18b). When the Court decides a county should provide reunification services to more than one parent, the Court has discretion to designate the primary plan “reunification with either parent” or to specify that reunification with one parent is the primary plan and reunification with the other is the secondary plan. This concept would also apply if reunification efforts were required for a removal guardian or custodian.

2. Implementing Concurrent Planning

If the secondary plan is reunification, is the state standard of monthly face-to-face contacts with the parents still applicable? Also, are the required state assessments still required?

Yes, monthly contact is still required. All applicable assessments are still required.

What happens in the case of Safe Surrender as far as concurrent planning?

If an infant comes into the legal custody of a county child welfare agency as the result of a safe surrender, the worker shall make reasonable efforts to locate the parents. Parents who safely surrender infants are free from criminal and civil liability, but this does not change the requirement that child welfare agencies make reasonable efforts to locate the parents. Note that the parents do not have to provide information as to their identity, but if the parent is identified, county child welfare agencies shall make efforts to counsel the parents about the relinquishment of the child for the purposes of adoption and the benefits of completing the relinquishment on behalf of the surrendered child. If the biological parent signs the relinquishment, the agency does not have to adjudicate or pursue TPR to clear the infant for adoption from that parent. If the parents are not identified and the county child welfare agency is unable to secure a relinquishment and the Court has not made findings justifying not providing reunification efforts under G.S. 7B-901 or 7B-906.2, reunification must be the primary permanency plan until the parents are located and the relinquishment signed, the parents' rights are terminated, or another permanent plan is achieved. Efforts towards reunification in this instance would include the county's reasonable efforts towards locating the parents to gather medical history and other information or secure a relinquishment.

There is an infant that has extreme physical abuse that results in at least 14 broken bones in a family of 4 children. Do you change permanent plan for all children in the home or just the infant?

This likely depends on the specifics of the case.

What if parents will be in prison long-term? Do we still have to include reunification as a primary or secondary plan?

Reunification as a primary or secondary plan when a parent is in prison long-term depends on a variety of case-specific information, such as how long the parent will be incarcerated and whether the court has made findings under G.S. 7B-901 or 7B-906.2.

So, if the child's permanent plan is adoption and it takes a couple of years to find an adoptive family do we still have to work on a secondary plan of reunification?

Reunification should either be the primary or secondary plan unless the parents have relinquished their rights or their rights have been terminated. If the parents have relinquished their rights or their rights have been terminated, it is still appropriate to participate in concurrent planning – so, your primary plan may be adoption, but you may have one or more secondary plans that could include custody or guardianship with a relative, custody or guardianship with another individual, APPLA, or reinstatement of parental rights.

If a parent testifies in court that she does not want to be reunified with the child, but wants guardianship or custody with a relative, do we still work on a plan for reunification?

Judge Corpening: Your question illustrates why plans have to be case specific. Your example illustrates a situation where efforts might be ceased with mom, and primary plan of guardianship and secondary plan of custody with a relative. The Court would need to make findings under G.S. 7B-906.2 during a permanency planning hearing in this case. Permanency planning hearings may be scheduled any time after adjudication if properly noticed as such.

3. Documentation of Concurrent Planning

What is the State and the Court looking for in their assessment as to whether or not due diligence has been made in pursuit of both goals (i.e., primary and concurrent plan)?

This depends on the circumstances of the case. Efforts required in a particular case must be individualized to meet the needs of the specific family. Under G.S. 7B-906.2(b), the Court may specify what efforts the Court considers reasonable.

When DSS is asking to eliminate reunification efforts as a plan, is it recommended that the court receive testimonial evidence from DSS in addition to the court report as it has been done in the past?

Judge Corpening: Yes, I think testimonial evidence should be presented if ceasing reunification.

When the primary permanent plan is changed from reunification to adoption or some other plan, do we do another case plan?

The case plan would need to be updated to reflect that the primary and secondary plan(s) have changed.

4. Ceasing Reunification Efforts

When you have a parent who has been deemed incompetent and has a guardian of the person, should we automatically cease reunification efforts?

This is not a circumstance, according to statute, that automatically triggers ceasing reunification efforts. The Court will need to make an individualized determination about whether the Court can make findings under G.S. 7B-901 (at initial disposition) or G.S. 7B-906.2 (at permanency planning) in the individual case.

What would be the grounds for abandonment (of reunification efforts) at the initial disposition? In a TPR you have a six-month period of no contact. Is that the same time frame?

Under G.S. 7B-1111(7), the abandonment ground for termination of parental rights has a six-month time requirement. No such time requirement is included for the abandonment language in G.S. 7B-901(c)(1)(d). The definition of "aggravated circumstances," which included abandonment, was formerly found in G.S. 7B-101(2). Any case law addressing "abandonment" under the old language will likely carry over to G.S. 7B-901(c)(1)(d).

G.S. § 7B-901(c) states "If the disposition order places a juvenile in the custody of a county department of social services, the court shall direct that reasonable efforts for reunification as defined in G.S. 7B-101 shall not be required if the courts makes written findings of the fact pertaining to any of the following:

- (1) A court of competent jurisdiction has determined that the parent has committed or encouraged the commission of, or allowed the continuation of any of the following upon the juvenile:
 - a. Sexual abuse.
 - b. Chronic physical or emotional abuse.

- c. Torture.
 - d. Abandonment.
 - e. Chronic or toxic exposure to alcohol or controlled substances that causes impairment of or addition in the juvenile.
 - f. Any other act, practice, or conduct that increased the enormity or added to the injurious consequences of the abuse or neglect.
- (2) A court of competent jurisdiction has terminated involuntarily the parental rights of the parent to another child of the parent.
- (3) A court of competent jurisdiction has determined that (i) the parent has committed murder or voluntary manslaughter of another child of the parent; (ii) has aided, abetted, attempted, conspired, or solicited to commit murder or voluntary manslaughter of the child or another child of the parent; (iii) has committed a felony assault resulting in serious bodily injury to the child or another child of the parent; (iv) has committed sexual abuse against the child or another child of the parent; (v) has been required to register as a sex offender on any government-administered registry.”

What if we have TPR on one parent previously and not on the other parent? Do we cease or work reunification on both parents?

This would depend on the other circumstances of the case. If the parents are not together, you may work reunification as a primary or secondary plan with that parent, but not with the parent who has previously had their rights terminated to another child. If the parents are together you would need to work with the family and the court to determine the best way to proceed.

Would you cease reunification with one parent if they are not engaged and have not been in a long time?

No, pursuant to these statute changes you would work to engage the parent. Reunification should be the primary or secondary plan until the plan is achieved, the parent’s rights are terminated, or the Court has made findings under G.S. 7B-901 or 7B-906.2.

In your discussion of concurrent planning you speak mostly about reunification or adoption. How do you see custody or guardianship in this concurrent planning equation?

Custody and guardianship are both permanency options that may be either the primary or secondary plan, depending on what stage the case is at as well as the needs of the family and best interest of the child. Discussion has focused on reunification due to the statute change affecting “ceasing reunification,” in that, reunification must be the primary or secondary plan until the plan is achieved or the parents’ rights are terminated.

5. Model Court Report

Where is a model court report located?

The model court report for permanency planning hearings is the DSS-5311 on state forms website (<http://info.dhhs.state.nc.us/olm/forms/dss/DSS-5311-ia.pdf>). There are other model court reports as

well. There is one for dispositional/review hearings & one for post TPR hearings. Those forms are also located on the state forms website.

If the parents' rights have been terminated by Juvenile Court, but the decision has been appealed with no decision yet made at the appellate level, would we use the Model Court Report for Permanency Planning Hearings or Post Termination?

The status of a juvenile matter pending the outcome of an appeal of a termination of parental rights is governed by G.S. 7B-1003. Please discuss your individual situation with your agency attorney to determine which model court report would be most appropriate under the circumstances.

6. Out-of-Home Family Services Agreement (DSS-5240)

Is there some type of training on the new/revised out of home services agreement?

No, but feel free to contact the Division with any questions. Also, please note that the Division is currently working to revise the DSS-5240 Out-of-Home Family Services Agreement to address certain issues raised by counties, such as trouble with interactive form fields and other questions about when and how to use certain sections of the document.

Can you please amend 5240 to reflect the age consideration for handbook and obtaining child signature? It looks mandatory for all children in care as currently written.

Yes.

7. APPLA

What can APPLA look like?

APPLA placements can take a variety of forms. For example, young people with a plan of APPLA may continue to reside in their [family] foster home, with a relative, in licensed or court-approved non-licensed homes. It is important to remember that it is only appropriate to have APPLA as a primary permanency plan goal for youth who are between the ages of 16 to 18, or as a secondary concurrent permanency goal for youth ages 16 to 18. In addition, the following criteria must apply:

- the young person age 16 or older, who resides in a family setting which has been maintained for at least the previous six concurrent months; and
- in which the young person and caregiver have made a mutual commitment of emotional support; and
- the young person has been integrated into the family; and
- the young person and caregiver are requesting that the placement be made permanent; and
- other permanency options, including adoption, guardianship, and custody have been determined to be inappropriate for the situation due to the youth's long-term needs.

In addition, APPLA must be initially approved by the court and the Permanency Planning Action Team/Child and Family Team prior to the change in the permanency plan and periodically reviewed by the court. The youth shall actively participate in court decisions regarding APPLA either through direct testimony or written depositions to ensure that the young person's preferences are heard and respected.

If APPLA is the secondary does the child still need to be present?

Erin: Present for what? Case planning? Absolutely!

Danielle: When APPLA is in effect, it is still important to seek connections for these youths. The agency should maintain efforts to develop a support system for these youths as they will age out of care without "permanency."

Angie: If the question is about bringing the child to court, G.S. 7B-912-(d) requires the Court to make findings after questioning the juvenile any time APPLA is a "permanent plan," so questioning the juvenile would be required even if APPLA was the secondary plan. It may be possible for the juvenile to be questioned by telephone or using web-based applications.

8. Other (Related to Concurrent Planning)

Parent attorneys in our county do not realize that they need to still preserve the cease order for future appeal now that the law has changed. Is it my responsibility to tell them as the DSS attorney so the parents' appeal is preserved?

Judge Corpening: As to question about parent attorneys, I do not believe DSS attorney is obligated to advise about preservation of appeal. I'm sure IDS will do updated training for parent attorneys on these changes.

Is the 1516 going to updated with all this new information?

The DSS-1516 (Understanding Foster Care – A Handbook for Youth) was updated in September 2015 to reflect the following changes:

- Addition of Foster Care Rights Acknowledgement signature page for youth in foster care to sign acknowledging they have been informed of their rights, pursuant to P.L. 113-183, P.L. 110-351, P.L. 100-77, and S.L. 2013-326)
- Information section about APPLA updated to reflect age change for APPLA as a permanent plan option
- Information about documents that must be provided to young people aging out of foster care, pursuant to P.L. 113-183, including a certified copy of their birth certificate, social security card, health insurance information, copies of medical and educational records, and a driver's license or other state-issued identification.

Do you continue to attach the visitation plan to the out of home FSA?

Yes.

In the handbook Understanding Foster Care – A Handbook for Youth (DSS-1516) where child signs receipt of the handbook, it refers to youth 12-17. Are we to give handbook to ALL children in care or just aged 12-17?

Decide on giving it to them based on the child's ability to understand and comprehend the material. The material was developed to target the 12-17 age range.

II. CONSENT

9. Resource for Learning More

School of Government Blog

Here is a link to the SOG blog Angie mentioned (about immunizations): <http://civil.sog.unc.edu/new-sog-bulletin-childhood-immunizations-and-the-role-of-a-county-department-of-social-services/>.

10. DSS-1812

Is this form to be used with every child in care, not just children who came into care after 10/1/15?

Correct. The DSS-1812 should be used with every child in DSS custody; use it as medical issues come up.

Does that mean that we need to put this in every case as of this month?

The DSS-1812 is to be used as medical issues arise for which you will need to obtain authorization from the parents to consent to certain treatments and medication.

Is this form needed every time the child goes to the Doctor?

No. This form is not needed in routine care or emergency situations or for follow up care when consent has already been given.

The DSS 1812 is currently not online. When should we begin using them?

It will go online by March 1. Begin using them at that time.

Must we ask the parent to sign not only our 1812 but also the hospital and anesthesia consent?

No, the parent's signature on the DSS-1812 authorizes DSS to consent to the medication, procedures, etc. It is fine for the parent to sign a consent in addition to DSS in these circumstances, but this is not required.

On most consent forms the signature line indicates signature from the legally responsible person/guardian. Does the county sign in this place in conjunction with the parent since parental involvement is now encouraged?

See answer to the question above. While having the parent available to sign every time, and delays in treatment to the child should be avoided when possible, allowing the parent to sign is encouraged, particularly for parents who are involved and actively working towards reunification.

So on pg. 2 of 1812, we only need one of three signatures (parent, DSS or Court) not ALL THREE? If only need one, could the form please be amended form to clearly state so?

The signature of the child welfare worker AND the signature of the parent/guardian/custodian are required. Signature of the Judge is not needed or required.

Who would request signatures on the 1812? DSS or a private agency?

County child welfare agencies are responsible for obtaining authorization from parents.

Is it true that this 1812 could be signed by parents after the petition review after the decisions to do petitions have been made and before the petitions have been taken to the judge?

The DSS 1812 should be used when DSS has custody of a child. It would not be appropriate before the court has given DSS custody or non-secure custody. The statutory form found at G.S. 32A-34 may be useful prior to DSS having custody.

Would it be ok to put on the DSS-1812 at Comprehensive clinical assessment or other mental health evaluation substance abuse assessment and drug testing? Would this have to be ordered by court or through the consent of the parent?

A substance abuse assessment would fall under the purview of mental health/comprehensive clinical assessment and therefore would require the parent's authorization for the child welfare agency to consent or the court to authorize the county child welfare agency to consent. If the parent refused to authorize the county to consent to substance abuse and mental health treatment for the child, the county would have to go to the court to obtain authorization to consent.

Does one parent/caregiver need to sign or all?

One parent can give consent. If a parent signs a consent, you've got consent. However, if there is a known dispute between the two parents it is good idea to get court to weigh in on it.

Can a drug test or Substance Abuse Assessment be listed on the 1812? Sometimes private agencies want to drug test kids.

A substance abuse assessment would fall under purview of mental health/comprehensive clinical assessment and therefore would require the parent's authorization for the child welfare agency to consent or the court to authorize the county child welfare agency to consent.

11. Obtaining Parental Consent

Will the agency still have to get the parent's consent once the permanent plan has been changed to adoption or the parent has relinquished?

If the permanent plan has changed to adoption and the parent's rights have not been relinquished or terminated, agencies should still engage parents in medical decisions. If the parent's rights have been terminated or relinquished, the agency does not need to obtain authorization from the parent for medical decisions.

How does the State advise agencies to handle situations where parents will not consent to medically/clinically recommended services or treatment (if there is no court hearing anytime soon)?

The agency can file a motion for review if the case needs to be reviewed before the next review or permanency planning hearing. While not always possible, such a motion may be able to be avoided if non-routine, nonemergency care can be anticipated ahead of time. Planning ahead for such treatment

will allow the agency to request authorization from the parent prior to a hearing so that when such authorization is withheld, it can be requested from the Court at a regularly scheduled hearing.

What if one parent agrees to medical care and the other doesn't?

One parent can give consent. If a parent signs a consent, you've got consent. However, if there is a known dispute between the two parents it is a good idea to get the court to weigh in on it.

If custody was removed from a grandparent because parents were not involved, does the grandparent give consent?

The agency should obtain authorization to consent to medical treatment from the Court or juvenile's parent, guardian, or custodian.

What if the parents fall under the cease reunification guidelines but we have not TPR? Do we need their consent?

The agency should obtain authorization to consent to medical treatment from the Court or juvenile's parent, guardian, or custodian.

Private Foster Care Providers

Note that private agencies are required to be given medication orders so they can administer medications for children placed in their foster homes.

12. When the DSS-1812 Is Not Needed

This isn't needed if the court orders the Agency to have the authority to do this at the first hearing though, correct?

Authorization for treatment, either derived from the parents or the courts, is required when counties are seeking treatment for a child when it has been recommended that the child:

- a) Be prescribed psychotropic medications,
- b) Participate in clinical trials,
- c) Receive immunizations when the parents have a bona fide religious objection to the standard schedule of immunizations,
- d) Child Medical Evaluations not governed by G.S. 7B-505.1(b), comprehensive clinical assessments, or other mental health evaluations,
- e) Surgical, medical, or dental procedures or tests that require informed consent, and/or
- f) Psychiatric, psychological, or mental health care or treatment that requires informed consent, as is stated in statute.

If the child welfare agency has attempted to engage the parents in the child's treatment and obtain authorization for treatment with no result, then the agency should address this issue at the initial hearing. Via statute, agencies have the authority to consent to routine medical and dental care or treatment, emergency medical, surgical, psychiatric, psychological, or mental health care or treatment, and testing and evaluation in exigent circumstances. Agencies do not, however, have authority to

consent to any and all treatment the child may need. The parent's authorization, obtained through the DSS-1812, or the court's authorization if obtaining authorization from a parent is unsuccessful, is required when a child needs treatment for medical, dental, or mental health treatment under G.S. 7B-505.1.

For children whose biological parents no longer have parental rights, this form is unnecessary, correct?

Correct, if the biological parents' rights have been terminated the agency does not need to obtain their authorization via the DSS-1812. However, if the biological parents' rights were terminated and the child subsequently achieved permanency through adoption or guardianship, the agency would need to engage the adoptive parents or guardians in making medical decisions and obtain authorization to consent to certain medical and mental health procedures and treatments.

13. Routine Care

What do you mean by "routine" medical care?

Erin: "Routine care" is specifically referred to in statute, but it is not defined in statute. When a county child welfare agency establishes a provider to serve as the medical home for a child/youth in custody, that action carries with it the expectation that routine/age-appropriate standards of care will be applied ([http://c.ymcdn.com/sites/www.ncped.org/resource/collection/8E0E2937-00FD-4E67-A96A-4C9E822263D7/Provider Guide--Changes to the NC Juvenile Code re Consent 2-25-16.pdf](http://c.ymcdn.com/sites/www.ncped.org/resource/collection/8E0E2937-00FD-4E67-A96A-4C9E822263D7/Provider%20Guide--Changes%20to%20the%20NC%20Juvenile%20Code%20re%20Consent%202-25-16.pdf)).

Therefore, sources outside of the NC General Statutes including guidelines from the North Carolina Pediatric Society, the American Academy of Pediatrics, and the Early Periodic Screening Diagnostic and Treatment program under Medicaid, should be consulted regarding routine and age-appropriate standards of care for children in foster care.

In regards to mental health, would OPT services and the signing of the PCP be considered routine?

No.

Are things such as cold, flu and minor medical visits considered routine?

The medical community considers the alleviation of pain and symptoms of common childhood illnesses to be routine.

Is signing a person centered plan considered routine?

No.

14. Medication and/or Drug Testing of Children

Is it true that if parents do not consent for psychotropic medication that is prescribed by the medical or mental health provider DSS is not permitted to consent for that? Will this not backfire on the department's responsibility to provide for the care of the juvenile?

When a parent will not provide consent to treat with psychotropic medication, child welfare agencies will need to bring the issue before the court to obtain the authority to consent.

If a mental health provider is trying to change a child from one medication to another, we need to get a new form signed? (For example, from Concerta to Adderall.)

Erin: If the new medication was not included on the original DSS-1812 as part of the plan for the child's treatment (ex. provider will try medication A, if that does not work provider will try medication B) or as part of a court order authorizing the agency to consent (ex. provider will try medication A, if that does not work provider will try medication B), than a new DSS-1812, specific to the medication the provider wishes to change to, will need to be signed by the parent.

Can DSS consent for the administration of treatments such as HPV vaccines?

County child welfare agencies can consent to vaccines in most cases. County child welfare agencies cannot consent to vaccines when the parents have a bona fide religious objection to vaccines. The medical provider may accept a juvenile's consent to this vaccination under G.S. 90-21.5.

15. Defining Other Key Terms

What are "exigent" circumstances?

Angie Stephenson: The statute does not define "exigent circumstances." However, an example of exigent circumstances might be a child seen in the ER with multiple fractures; in this circumstance medical providers may decide they need additional testing beyond the emergency (i.e., splinting broken bones) to assess for other injuries. Here the additional testing could likely be done without parental consent under the exigent circumstances language. As this example illustrates, dispensing with parental consent based on exigent circumstances is likely to be a rare event.

Define "bona fide" circumstances?

North Carolina has two statutory exemptions to immunizations, per G.S. 130A-156 and 157. G.S. 130A-156 reads "if a physician licensed to practice medicine in this state certifies that a required immunization is or may be detrimental to a person's health due to the presence of one of the contraindications adopted by the Commission, the person is not required to receive the specified immunization as long as the contraindication persists". G.S. 130A-157 reads "if the bona fide religious beliefs of an adult or the parent, guardian, or person in loco parentis of a child are contrary to the immunization requirements. Upon submission of a written statement of the bona fide religious beliefs and opposition to the immunization requirements, the person may attend the college, university, school or facility without presenting a certificate of immunization".

North Carolina does not provide an exception to immunization requirements based on a persons' philosophical or moral belief. Per Administrative Code (NCAC 10A 41A .0403) "there is no exception to these requirements for the case of a personal belief or philosophy of a parent or guardian not founded upon a religious belief".

What is "compelling interest"?

The Court has discretion to determine when the agency has a compelling interest, but would be primarily looking at why the agency needs the CME to be provided before the 7-day non-secure custody review hearing.

16. Who Can Sign / Give Consent

When a child has a scheduled dental surgery (non-emergency) does the mother, DSS Program Manager and/or the Court have to give consent?

If the procedure is non-emergency and non-routine, the county child welfare agency must obtain authorization from the parents to consent to the procedure. If the parents refuse to consent/provide authorization for the county to consent and/or are unable to be located to sign the authorization after reasonable efforts, county child welfare agency should bring the issue before the court to obtain authority to consent.

17. Court and Consent

Child needing to be evaluated for ADHD and mom has given consent for that. Do we have to have a hearing as well?

No.

Please clarify: If a parent is unavailable or refuses to sign for meds/tx/etc., after the 7 day hearing the Court can order DSS to sign for everything from that point on?

No, county child welfare agencies will still need to engage the parents or the court to obtain authority to consent for non-routine and non-emergency situations even after the 7 day hearing. Planning ahead (consulting with the child's medical providers) for medical treatment will allow the agency to request authorization from the parent prior to a hearing so that when such authorization is withheld, it can be requested from the Court at a regularly scheduled hearing.

Is a complete court report required every time we have to have the court grant consent for medical?

Not necessarily. Check with your agency attorney and supervisor to determine what is appropriate in your individual circumstances.

18. Other (Related to Consent)

Will we still be required to schedule an exam for the child within 7 days of custody?

Yes.