

CRITICAL THINKING ELEMENTS

CRITICAL THINKING ELEMENTS

DEFINITION: A mindset, a way of thinking about what we know, how we know it, and what we still need to learn (It is NOT a skill).

When practiced, it helps us:

- Turn mistakes into learning opportunities
- Listen with an open mind, even to different viewpoints
- Improve our decisions, and
- Create or discover new and better solutions

CRITICAL THINKING ELEMENTS

Barriers to Critical Thinking

- Feeling pressure to make quick decisions even when information is limited
- Our own emotions may interfere with our capacity to listen to others (value differential, history, bias)
- Feeling ambivalent about seeing a family
- Difficulty admitting we "don't know" even if we feel unsure

These and other barriers may be present in child welfare

Connection to Child Welfare

Any time you encounter a situation (a child or a family), you have **immediate thoughts, reactions and judgements.**

- Normal and must treat our initial thoughts as temporary and be willing to change

By treating our initial thoughts, reactions, and impressions as temporary, we give ourselves a chance to think critically. This allows us to come up with **better assessments, decisions, and solutions.**

SKILLS

Self-awareness

Continual reflection

Considering multiple perspectives

3 FACTORS THAT INFLUENCE CRITICAL THINKING

SELF

- Bias – we have them too

GROUPS

- Groupthink happens in the workplace and small groups

SOCIETY

- Pressures in child welfare
- Must lean into policy, best practice and critical thinking

REMEMBER CRITICAL THINKING ELEMENTS



For a refresher on Critical Thinking in child welfare, please visit the online course through ncswLearn:

Critical Thinking in Child Welfare: A Course for Supervisors:
<https://ncswlearn.org/plp/catalog/curriculum.aspx?cid=520>

Implementation of Practice Standards

To learn more:
Visit ncpracticestandards.pubknow.com

Email any questions to:
ncdsspracticestandards@pubknow.com



PLAN OF SAFE CARE

SUBSTANCE AFFECTED INFANTS & PLAN OF SAFE CARE

- The resource document in the manual provides detailed instructions on how to complete a Plan of Safe Care (POSC).
- A POSC must be completed for all Substance Affected Infants.
- When a report is accepted by child welfare the worker is required to complete the POSC.
- The document provides resources and guidance on assessing the safety of substance affected infants (SAI) remaining in the care of their parents and caretakers and creating a plan of care that focuses on the unique needs of substance exposed families.

CREATING THE PLAN OF SAFE CARE

Child Welfare Resources for Substance Affected Infants and Plan of Safe Care
<https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/child-welfare-resources-for-substance-affected-infants-and-plan-of-safe-care.pdf>

Dear County Director Letter (CWS 15-2021)
<https://www.ncdhhs.gov/media/10951/download>

Fatality Data, Substance Affected Infants, and Plan of Safe Care Webinar
<https://attendee.gotowebinar.com/recording/8442743385033154571>



PLAN OF SAFE CARE (POSC)

Additional Resources

Child Welfare – ACF
<https://www.childwelfare.gov/pubPDFs/safecare.pdf>

National Center on Substance Abuse and Child Welfare
<https://ncsacw.samhsa.gov/topics/parental-substance-use-disorder.aspx>

Casey Family Programs https://caseyfamilypro-pengine.netdna-ssl.com/media/SC_Infant-Plans-of-Care.pdf



Supporting LGBTQ+ Youth in Foster Care

LGBTQ+ Guidance: Principles

- All children and youth involved in child welfare should expect the same experience and be afforded the same protections
- Practice and resource guide
- Affirming supports for LGBTQ+ youth

LGBTQ+ Guidance: Components

Safety	Fair and Respectful Treatment	Harmful Practices
Healthy Approaches	Confidentiality	Freedom of Expression
Medical and Mental Healthcare	Strengths and Protective Factors	School and Community
	Training Agency Staff	

Executive Order No.97

Protecting Minors from Conversion Therapy

It is the policy of the Office of the Governor and the North Carolina Department of Health and Human Services ("DHHS") to promote and implement actions that protect the wellbeing of all North Carolina residents regardless of their sexual orientation, gender identity or gender expression.

<https://governor.nc.gov/documents/executive-order-no-97-protecting-minors-conversion-therapy>.

Resources

- **Resources & Materials**
 - Capacity Building Center for States
<https://capacity.childwelfare.gov/>
 - Equality North Carolina
www.equalitync.org
 - DCDL_CWS_43_LGBTQ+Guidance
- **NC Training Resources**
 - NC State Center for Family and Community Engagement
 1. Learning to Support Lesbian, Gay, Bisexual, Transgender, Questioning Youth in Substitute Care
www.cface.org
 - NCSWLearn.org: A Learning Site for North Carolina's Human Services Professionals
 - DIY Kit: Supporting LGBTQ Youth in Care
www.ncswlearn.org

Additional Resources

- **Administration for Children and Families, Children's Bureau** www.acf.hhs.gov/cb
- **American Academy of Pediatrics**
 - Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents
 - <https://pediatrics.aappublications.org/content/142/4/e20182162>
 - Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth
 - <https://pediatrics.aappublications.org/content/132/1/198>
- **American Bar Association**
 - Commission on Sexual Orientation and Gender Identity
 - https://www.americanbar.org/groups/diversity/sexual_orientation/
 - Opening Doors for LGBTQ Youth in Foster Care – A Guide for Lawyers and Judges
 - <https://www.glad.org/wp-content/uploads/2018/04/lgbtq-foster-care-aba-guide.pdf>

Additional Resources

Child Welfare Information Gateway
Supporting Your LGBTQ Youth: A Guide for Foster Parents
www.childwelfare.gov

Gay and Lesbian Medical Association (GLMA)
www.glma.org


Lambda Legal
Resources for LGBTQ Youth
Closing the Gap Between Recommended Practice and Reality for Transgender and Gender-Expansive Youth in Out-of-Home Care
www.lambdalegal.org


Additional Resources

Policies Prohibiting Discrimination, Harassment, and Retaliation in State Employment, Services, and Contracts Under the Jurisdiction of the Office of the Governor.

Executive Order No. 24
<https://governor.nc.gov/documents/executive-order-no-24-policies-prohibiting-discrimination-harassment-and-retaliation-state>
Prohibits discrimination in the Governor's administration on the basis of race, color, ethnicity, sex, National Guard or veteran status, sexual orientation, and gender identity or expression.

World Professional Association for Transgender Health
• www.wpath.org
WPATH Standards for Care for the Health of Transsexual, Transgender, and Gender Nonconforming People



**PSYCHOTROPIC & HIGH-RISK
MEDICATIONS IN CHILD WELFARE
POLICY UPDATE**

Policy Update: Monitoring of Psychotropic/High-Risk Medications

What are psychotropic medications?

- Any drug that is prescribed for/to affect behavior, mood, thoughts or perception

This typically includes medications classified as:

- Antipsychotic, anti-anxiety, anti-depressant, anti-mania, stimulant, or sedative-hypnotic

Policy Update: Monitoring of Psychotropic/High-Risk Medications

The NC Division of Social Services (NC DSS) is committed to ensuring that all children and youth who are in the custody of Local Departments of Social Services experience optimal well-being.

Form Change: DSS 5295 Monthly Permanency Planning Contact Record Instructions for Counties Using NC FAST

REFERENCE: May 28, 2021 / DCDL

Policy Update: Monitoring of Psychotropic/High-Risk Medications

The Healthcare Oversight and Coordination Plan (HOCP) 2020-2024 provides in detail the states plan to meet this objective. The HOCP is required under Sec. 422. [42 U.S.C. 622], and each year the Administration for Children and Families (ACF) provides program instructions for reporting on the implementation of the plan in the Annual Services and Progress Report.

Of the many ACF required components of the HOCP, is the state plan for the monitoring and oversight of psychotropic medications prescribed to children and youth in foster care. Requirements for monitoring have been in place since the 2011 passing of the Child and Family Service Improvement and Innovation Act (P.L. 112-34).

Policy Update: Monitoring of Psychotropic/High-Risk Medications

Additionally, since 2012 the Administration for Children and Families has required that states include in their Annual Services and Program Review the protocol in place for the effective medication monitoring at both the client and agency level.

To ensure that the children and youth in foster care are receiving appropriate psychotropic medication regimens and that the state is meeting federal reporting requirements the Division of Social Services has made policy and practice changes to increase the level of monitoring of psychotropic medication at the local level.

Policy Update: Monitoring of Psychotropic/High-Risk Medications

Policy changes were posted in the online child welfare policy manual and the forms updated in the Divisions online form section. Directions for NC FAST counties on how to document the new requirements in the DSS 5295 were included in a series of webinars conducted.

Local DSS departments have the responsibility of monitoring psychotropic medications for children and youth in their legal custody.

Policy Update: Monitoring of Psychotropic/High-Risk Medications

The North Carolina Pediatric Society Fostering Health North Carolina (FHNC) Program and Community Care of North Carolina (CCNC) have given supports to counties in implementing this policy change.

In addition, there was an overview of the Best Practices for Medication Management for Children and Adolescents in Foster Care and resources available from the North Carolina Psychiatric Access Line (NCPAL).

Policy Update: Monitoring of Psychotropic/High-Risk Medications

Protocol: Counties must obtain authorization to consent from the parent/caretaker for the following:

- Prescriptions for psychotropic medications;
- Participation in clinical trials; ...
- Psychiatric, psychological, or mental health care or treatment that requires informed consent.

Policy Update: Monitoring of Psychotropic/High-Risk Medications

For children and youth in foster care receiving psychotropic medications, agencies must:

- Refer and coordinate services for all children in foster care who receive psychotropic or other high alert medications included in the Best Practices for Medication Management for Children & Adolescents in Foster Care to care management through Community Care of North Carolina (CCNC) within 7 days and request a medication reconciliation from the CCNC Care Manager.

Policy Update: Monitoring of Psychotropic/High-Risk Medications

Care Management can:

- Assess/address needs as a child comes into custody by coordinating with DSS Staff.
- Provide child welfare workers assistance with monitoring of psychotropic and high alert medications.

Policy Update: Monitoring of Psychotropic/High-Risk Medications

- Support continuity of care by encouraging the Medical Home concept. In the absence of a medical home, Care Managers can assist with linkage to a Medical Home and other needed services.
- Facilitate information flow between DSS staff, medical providers, foster/biological parents.
- Support the foster family by assisting with navigation of the medical and behavioral health system and removing barriers to care.
- Coordinate with Care Managers across the state when children are placed out of county. Link DSS to Out-of-Region Care Managers who know services and resources in the child’s placement area.

NC Monthly Permanency Planning-Contact Record DSS-5295

• **Physical, dental and mental health status/needs of child**
Is the child in good health? Does the child have unmet or ongoing medical or dental needs? Has placement provider(s) noticed any recent changes in the child’s mood or behavior? Does the child or placement provider(s) have questions about the quality or frequency of mental health services? For youth in foster care, are there any sexual health concerns that need to be addressed?

• **Current Prescribed Medication(s)**

Child/Youth	Prescribed Medication(s)	Dosage	Prescriber	Side Effect Concerns (nausea, appetite, allergies or other conditions)

For each child/youth listed above:
 Are there any changes to prescribed medications? If so, what warranted the change?
 *If there are side effect concerns noted, a referral to Care Management, or follow-up with current care manager for a Psychotropic Medication Reconciliation must be requested within 72 hours. Urgent concerns should be immediately reported to the prescriber.

Policy Update: Monitoring of Psychotropic/High-Risk Medications

For more information on best practice and medication management NCDHHS encourages utilization of the:



Best Practices for Medication Management for Children & Adolescents in Foster Care created by FOSTERING HEALTH NC

NC Department of Health and Human Services – Division of Social Services Healthcare Oversight and Coordination Plan and Psychotropic Medication Oversight Requirements

- Changes to the North Carolina Division of Social Services Child Welfare Policy on the monitoring of psychotropic medications for children and youth in foster care went into effect in June 2021
- Changes were necessary to meet the Administration For Children and Families Health Care Oversight and Coordination for Children and Youth in Foster Care
- Counties were notified via a [DCDL CWS-18-2021](#) that was sent on 5/28/2021 with accompanying four resources to support implementation:
 - [Permanency Planning Psychotropic Medication Policy](#)
 - [Revised DSS 5295- North Carolina Permanency Planning Contact Record](#)
 - [DSS-5295 Instructions](#)
 - [Best Practices for Medication Management for Children and Adolescents in Foster Care July 2020](#)

NC Department of Health and Human Services – Division of Social Services Healthcare Oversight and Coordination Plan and Psychotropic Medication Oversight Requirements Continued

- The North Carolina Division of Social Services Coordinated with Fostering Health North Carolina and Community Care of North Carolina to develop and provide resources to support local Departments of Social Services with the implementation of this policy change
- Fostering Health North Carolina Resources to Support Local DSS's with Policy Implementation can be found by clicking on the linked materials listed below:
 - [Best Practices for Medication Management for Children & Adolescents in Foster Care](#)
 - [Guide for Use and Monitoring of Psychotropic Medications in Children and Adolescents](#)
 - [Psychotropic Medication Oversight, Policy, and Practice Changes Recorded Training Webinar](#)
 - [Presentation Psychotropic Medication Oversight, Policy and Practice Changes Presentation](#)

NC CHILD MEDICAL EVALUATION PROGRAM (CMEP)

NC CHILD MEDICAL EVALUATION PROGRAM (CMEP)

- The Child Medical Evaluation Program (CMEP) section of the child welfare manual has been updated to improve practice in cases when a Child Medical Evaluation (CME) is needed.
- Provides guidelines for the appropriate use of a CME.
- Adds a definition of sentinel injuries and requirement to use a CME
- There are clear requirements for when a CME must be completed.

USING THE CMEP/CHILD & FAMILY EVALUATION PROGRAM

Dear County Director Letter (CWS-36-2020):

<https://www.ncdhhs.gov/media/11289/download>

CPS Family and Investigative Assessments located:

<https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/assessments-1.pdf> (pages 39-44).

Training Resource: to learn more about medical conditions and child maltreatment visit

<https://ncswlearn.org/plp/catalog/curriculum.aspx?cid=561>

CMEP Website: <https://www.med.unc.edu/pediatrics/cmep/>

Video explaining Child Medical Evaluations (CMEs) in North Carolina:

<https://www.youtube.com/watch?v=L1cziGUcpWM&t=61s>



Changes Under IV-E IVB-2 Monitoring

What Changed?

IVB-2 Monitoring

- IVB-2 monitoring was initiated by the State in the Spring of 2021.
 - The Child Welfare Monitoring Team has been tasked with ensuring that the new monitoring has been incorporated into the ongoing monitoring plan.
 - The **Family Reunification IVB-2 Guide to Monitoring** was designed to
 - Help perform Quality Assurance on county cases
 - Provide clarity on what the monitors are looking for when an audit is conducted
- IVB-2 cases will be monitored in a three-year cycle.
 - A monitor will contact your county 30-45 days in advance of the scheduled monitoring.
 - For the review, your agency will be provided with a random sample of cases
- IVB-2 was not previously monitored.

Important Reminders about IVB-2

- **Funds for Children in Foster Care and their Parents**
 - Plan goal must be Reunification
 - Age 0-17
 - Individual clients need to be opened on the DSS 5027
 - Services for parents are coded to the child
- **Some examples of allowable services and activities under IVB-2**
 - Individual, group, and family counseling;
 - Inpatient, residential, or outpatient substance abuse treatment services;
 - Mental health services;
 - Assistance to address domestic violence;
 - Services to provide temporary childcare and therapeutic services for families, including crisis nurseries;
 - Peer-to-peer mentoring and support groups;
 - Facilitation of access to and visitation of children with parents and siblings;
 - Transportation to or from any of the services and activities listed above.
 - Family Reunification funds are to only be used for these services and **NOT** case management

REQUIRED DOCUMENTS FOR IVB-2 Monitoring

Required Documents

Required Monitoring Documents for Family Reunification Services (Service Code 24)

- Initial Removal Order or Completed Voluntary Placement Agreement DSS-1789 (if applicable)
 - Permanency Planning Court Order for Trial Home Visit or Returns Custody to Parent (if applicable)
- North Carolina Permanency Planning Family Services Agreement DSS-5240 and 5241 (if applicable)
 - Placement Log for child while in care
- DSS 5027 showing Service code 120 and/or 333 is open (if applicable)
- 1571 Administrative Cost Report

If the agency billed NCSS on Part I: Salaries of the 1571 Administrative Cost Reports:

- Direct Day Sheets with Code 24 and 120 for social workers or 333 for paraprofessionals
- The narrative entry that corresponds to appropriate day sheet.

If the agency billed NCSS on Part IV: Contracted Services of the 1571 Administrative Cost Reports:

- General Ledger
- Invoices
- Cancelled Bank Checks
- Credit Card Statements

THE MONITORING TOOL

IVB-2 Monitoring Tool

Monitoring Review Information		Type Answers Here
County Name:		
Case Number:		
Review Period Start Date:		
Review Period End Date:		
Date Monitoring Tool Completed:		
NCSS Monitor's Name:		
	Yes	No
I. Client Eligibility - At the Time of Service. (All 5 boxes must be checked yes for the child to be eligible.)		
1. Was the child in the custody of a child welfare agency or placement authority?		
2. Does the record contain initial Removal Order or Voluntary Placement Agreement DSS 17997?		
3. Was the child living in an out-of-home placement or living with parent in a trial home placement within 15 months of date child returned home?		
4. Does the North Carolina Permanency Planning Family Services Agreement DSS-5240 include a goal of reunification?		
5. Was the child age birth through 17 years old?		
6. If services were provided after reunification, were they provided within 15 months of the date child returned home? <i>Please note that there is no specified time frame if the child was still in out-of-home placement, so write "Not Applicable" in Column D: Notes.</i>		

III. Allowable Services and Activities (One of these boxes must be checked yes for the service to be allowable)

7. According to the case records / day sheet narrative, which of the following allowable services and/or activities were provided to the child and their family?

- Individual, group, and family counseling
- Inpatient, residential, or outpatient substance abuse treatment services
- Mental health services
- Assistance to address domestic violence
- Services to provide temporary child care and therapeutic services for families, including crisis nurseries
- Peer-to-peer mentoring and support groups
- Facilitation of access to and visitation of children with parents and siblings
- Transportation to or from any of the services and activities listed above

IV. Supporting Documentation

8. Did the agency provide documentation to support expenditures billed to NCSS? (e.g. day sheets for fiscal documentation)

9. If the agency billed NCSS on Part I: Salaries of the 1571 Administrative Cost Reports, does the narrative entry(ies) on day sheets correspond to family reunification services expenditures? Please note that all services on day sheets should be coded to 24-120 for social workers or 24-333 for paraprofessionals. If agency did not bill to Part I, write "not applicable" in Column D: Notes.

10. If the agency billed NCSS on Part IV: Contracted Services of the 1571 Administrative Cost Reports, does the fiscal documentation correspond to family reunification services expenditures? If agency did not bill to Part IV, write "not applicable" in Column D: Notes.

11. List the supporting documentation provided for Part IV expenditures in Column D: Notes. (e.g. General Ledger, Invoices, Canceled Bank Checks, Credit Card Statements, and Service Purchase of Subcontracted Service.)

V. Monitoring Results

12. Are there any findings or recommendations? If yes, then list in the cell below.

What Changed?

Family Reunification Addendum

- All counties MUST complete and submit to NCDSS
 - Must include all children receiving IVB-2 Family Reunification Services
 - Must be completed monthly
 - Must correspond to the 1571 expenditures
- Start date was June 2021
- Template was provided to all local child welfare agencies

What Changed?

Annual Spending Plan for IVB-2 Family Reunification Services

- Started June 2021
- Each county must develop their annual plan for spending
- NCDSS provided template
 - Mirrors format required by Administration of Children and Families

Resources

- Dear County Director Letter on 04/09/2021
 - SWS-11-2021
 - <https://www.ncdhhs.gov/media/10884/download>

CONTACT INFORMATION

Beth Riley – Beth.Riley@dhhs.nc.gov

Tina Bumgarner – Tina.Bumgarner@dhhs.nc.gov

Deborah Day – Deborah.day@dhhs.nc.gov

Nina Swim-Wright – Nina.Swim-Wright@dhhs.nc.gov

Wendy Clewis – Wendy.Clewis@dhhs.nc.gov

Kristen Icard – Kristen.Icard@dhhs.nc.gov



**Summary/Closing
Resources/Links**

Resources/ Links: CRITICAL THINKING ELEMENTS

For a refresher on Critical Thinking in child welfare, please visit this online course through ncswLearn

Critical Thinking in Child Welfare: A Course for Supervisors:
<https://ncswlearn.org/plp/catalog/curriculum.aspx?cid=520>

Resources/ Links: CRITICAL THINKING ELEMENTS

To learn more:
 Visit ncpracticestandards.pubknow.com

Email any questions to:
ncdsspracticestandards@pubknow.com

Resources/ Links: PLAN OF SAFE CARE

Child Welfare Resources for Substance Affected Infants and Plan of Safe Care
<https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/child-welfare-resources-for-substance-affected-infants-and-plan-of-safe-care.pdf>

Dear County Director Letter (CWS 15-2021)
<https://www.ncdhhs.gov/media/10951/download>

Fatality Data, Substance Affected Infants, and Plan of Safe Care Webinar
<https://attendee.gotowebinar.com/recording/8442743385033154571>

Resources/ Links: PLAN OF SAFE CARE

Additional Resources

Child Welfare – ACF
<https://www.childwelfare.gov/pubPDFs/safecare.pdf>

National Center on Substance Abuse and Child Welfare
<https://ncsacw.samhsa.gov/topics/parental-substance-use-disorder.aspx>

Casey Family Programs [https://caseyfamilypro-wpengine.netdna-ssl.com/media/SC Infant-Plans-of-Care.pdf](https://caseyfamilypro-wpengine.netdna-ssl.com/media/SC%20Infant-Plans-of-Care.pdf)

Resources/ Links: Supporting LGBTQ+ Youth in Foster Care

<p>Resources & Materials</p> <p>Capacity Building Center for States https://capacity.childwelfare.gov/</p> <p>Equality North Carolina www.equalitync.org</p> <p>DCDL_CWS_43_LGBTQ+Guidance</p>	<p>NC Training Resources</p> <ul style="list-style-type: none"> • NC State Center for Family and Community Engagement <ol style="list-style-type: none"> 1. Learning to Support Lesbian, Gay, Bisexual, Transgender, Questioning Youth in Substitute Care www.cface.org • NCSWLearn.org: A Learning Site for North Carolina's Human Services Professionals <ul style="list-style-type: none"> • DIY Kit: Supporting LGBTQ Youth in Care (Supervisor Resource www.ncswlearn.org)
--	--

Resources/Links: Supporting LGBTQ+ Youth in Foster Care

- Administration for Children and Families, Children's Bureau www.acf.hhs.gov/cb
- American Academy of Pediatrics
 - Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents
 - <https://pediatrics.aappublications.org/content/142/4/e20182162>
 - Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth
 - <https://pediatrics.aappublications.org/content/132/1/198>
- American Bar Association
 - Commission on Sexual Orientation and Gender Identity
 - https://www.americanbar.org/groups/diversity/sexual_orientation/
 - Opening Doors for LGBTQ Youth in Foster Care – A Guide for Lawyers and Judges
 - <https://www.glad.org/wp-content/uploads/2018/04/qlbtq-foster-care-aba-guide.pdf>

Resources/Links: Supporting LGBTQ+ Youth in Foster Care

Policies Prohibiting Discrimination, Harassment, and Retaliation in State Employment, Services, and Contracts Under the Jurisdiction of the Office of the Governor.

Executive Order No. 24

<https://governor.nc.gov/documents/executive-order-no-24-policies-prohibiting-discrimination-harassment-and-retaliation-state>

Prohibits discrimination in the Governor's administration on the basis of race, color, ethnicity, sex, National Guard or veteran status, sexual orientation, and gender identity or expression.

World Professional Association for Transgender Health

- www.wpath.org

WPATH Standards for Care for the Health of Transsexual, Transgender, and Gender Nonconforming People

NC Department of Health and Human Services – Division of Social Services Healthcare Oversight and Coordination Plan and **Psychotropic Medication** Oversight Requirements

- **Changes to the North Carolina Division of Social Services Child Welfare Policy on the monitoring of psychotropic medications for children and youth in foster care went into effect in June 2021**
- **Changes were necessary to meet the Administration For Children and Families Health Care Oversight and Coordination for Children and Youth in Foster Care**
- **Counties were notified via a [DCDL CWS-18-2021](#) that was sent on 5/28/2021 with accompanying four resources to support implementation:**
 - [Permanency Planning Psychotropic Medication Policy](#)
 - [Revised DSS 5295- North Carolina Permanency Planning Contact Record](#)
 - [DSS-5295 Instructions](#)
 - [Best Practices for Medication Management for Children and Adolescents in Foster Care July 2020](#)

- The North Carolina Division of Social Services Coordinated with Fostering Health North Carolina and Community Care of North Carolina to develop and provide resources to support local Departments of Social Services with the implementation of this policy change
- Fostering Health North Carolina Resources to Support Local DSS's with Policy Implementation can be found by clicking on the linked materials listed below:
 - [Best Practices for Medication Management for Children & Adolescents in Foster Care](#)
 - [Guide for Use and Monitoring of Psychotropic Medications in Children and Adolescents](#)
 - [Psychotropic Medication Oversight, Policy, and Practice Changes Recorded Training Webinar](#)
 - [Presentation Psychotropic Medication Oversight, Policy and Practice Changes Presentation](#)

CMEP/CHILD & FAMILY EVALUATION PROGRAM

Dear County Director Letter (CWS-36-2020):
<https://www.ncdhhs.gov/media/11289/download>

CPS Family and Investigative Assessments located:
<https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/assessments-1.pdf> (pages 39-44).

Training Resource: to learn more about medical conditions and child maltreatment visit <https://www.ncswlearn.org/default.aspx>

CMEP Website: <https://www.med.unc.edu/pediatrics/cmep/>

Video explaining Child Medical Evaluations (CMEs) in North Carolina:
<https://www.youtube.com/watch?v=L1cziGUcpWM&t=61s>

Resources/ Links: IV-E POLICY

- Dear County Director Letter on 04/09/2021
 - SWS-11-2021
 - <https://www.ncdhhs.gov/media/10884/download>

IV-E POLICY: CONTACT INFORMATION

Beth Riley – Beth.Riley@dhhs.nc.gov

Tina Bumgarner – Tina.Bumgarner@dhhs.nc.gov

Deborah Day – Deborah.day@dhhs.nc.gov

Nina Swim-Wright – Nina.Swim-Wright@dhhs.nc.gov

Wendy Clewis – Wendy.Clewis@dhhs.nc.gov

Kristen Icard – Kristen.Icard@dhhs.nc.gov

Final steps for County DSS Staff

1. Please take a brief survey

- We will provide link for those logged on
- Can also access thru ncswelearn.org


2. To receive training credit, you must “Complete Course” WITHIN ONE WEEK

- Log in to www.ncswelearn.org
- Select “PLP”
- Select “Webinars”
- Click “Enter”
- Click “Complete Course” button

Webinar Survey Information

Passcode is: _____

To take the survey now, just click on the link below:

 [Webinar survey](https://unc.az1.qualtrics.com/jfe/form/SV_b8XMXM5M49JPzpk)

https://unc.az1.qualtrics.com/jfe/form/SV_b8XMXM5M49JPzpk

Don't forget – You have **ONLY ONE WEEK** to complete course