

Q. Should DSS continue to try or be mandated to make contact with children/young adults that have turned 18 and moved out of the home when a case decision needs to be made regarding children that turn 18 during the assessment?

A. No, the child is now considered an adult and does not have to meet with the worker. However, they still need to make a case decision on the caretaker who is listed as the perpetrator based on the information they have in the assessment on or before the youth turns 18 when there are no other children in the home.

Q. The policy states on pg. 76 that the findings of Child Protective Services Needed should be made for situations in which the safety and risk of harm is so great that the agency cannot walk away from this family without either providing protective services or monitoring those provided by another agency or provider. The current information provided is that all children referred to In- Home services may not be at risk of removal. Should all children receiving in home services be at risk of removal?

A. The risk of maltreatment recurring is not the same thing as risk of removal. As an example, a child who has been subject to “unsafe discipline” and sustained minor injuries could have a risk of recurrence that is high but still would not meet the imminent risk threshold for removal. The NC SDM Family Risk Assessment of Child Abuse/Neglect is used to assess risk of maltreatment recurring. A recurrence of unsafe discipline may not meet the threshold for imminent risk of removal, but may still require child welfare intervention and thus, In Home services.

The statute says:

[§ 7B-300. Protective services.](#)

The director of the department of social services in each county of the State shall establish protective services for juveniles alleged to be abused, neglected, or dependent.

Protective services shall include the screening of reports, the performance of an assessment using either a family assessment response or an investigative assessment response, casework, or other counseling services to parents, guardians, or other caretakers as provided by the director to help the parents, guardians, or other caretakers and the court to prevent abuse or neglect, to improve the quality of child care, to be more adequate parents, guardians, or caretakers, and to preserve and stabilize family life.

Our involvement should be to address safety issues and substantial risk of harm and if a family cannot keep their (child)ren safe without our involvement then they require involuntary services regardless of whether they are at serious or imminent risk of removal. The statute does not indicate serious or imminent risk of removal for child welfare to require involuntary services. The only difference in these cases is that you must use a different funding source.

Q. If “criminal charge” is no longer the threshold for a person under the influence, what is the threshold?

Q. Who determines or how is it determined that a parent is under the influence if criminal charges are not needed?

Q. The policy that was shown to us yesterday and reviewed is far too vague to be implemented into a policy for child welfare in the state of North Carolina. The policy is not clear as to what should not be screened in. Will this lead to an influx of reports Statewide being screened in that do not need to be regarding a driving under the influence?

A. Child welfare only has statutory authority in cases involving a person driving under the influence with children in the car. The statute says “created or allows to be created. Driving under the influence creates a situation that could result in a higher than normal risk of severe injury or death. The authority for determining the safety of children is the responsibility of the local county child protective services agency and should not be determined by a law enforcement charge. Law enforcement has their own set of statutes and policy that govern how and who they charge which may differ from child safety thresholds. Intake workers should ask questions that allow them to garner detail regarding the situation, such as how much of a substance has been ingested and the behavior of the caretaker) to determine a screening decision. If there has been an ingestion of substances, whether legal or illegal, that impact a caregiver’s ability to drive and the child is in the car it should be accepted for Investigative assessment.

Q. For In Home case, it no longer requires Imminent risk of removal? How do we claim IV-E for In Home Services?

A. In the limited number of cases that require involuntary services and do not meet the threshold for serious or imminent risk of removal (i.e., Candidate for Foster Care), they must be coded under a different funding source than Z (IV-E). The [§7B-300](#) statute does not indicate serious or imminent risk of removal for child welfare to require involuntary services. The only difference in these cases is that you must use a different funding source. There is additional information regarding Imminent Risk (Candidate for Foster Care) in the [Cross Function Manual](#). Please consult the [Child Welfare Manual](#) for funding codes and your county leadership for which codes should be used.

Q. Say we have a case and the parent was asked to engage in substance abuse treatment during the assessment and they have been compliant with services, and the risk has been reduced. Would that identify as Services Provided, CPS services no longer needed, or would that be a case to move to In Home Services, as the family has not completed the service.

A. Child welfare staff will have to use their critical thinking skills and professional judgement to determine whether the service provided has reduced the safety concerns as well as the risk of future harm to the children to decide whether a family needs continued child welfare involvement. “Appropriate Services” based on the CFSR definition can be found in the guidance section of policy and is listed below:

“Appropriate Services,” are those that are provided to, or arranged for, the family (including any services for alternative caregivers) with the explicit goal of:

- (1) addressing the case-specific safety concerns of the child(ren) and/or risk of child abuse/neglect, and

(2) doing so within a timeframe needed to prevent a child's entry into foster care and/or re-entry after a reunification.

As a guiding principle, appropriate services are:

- Tailored to meet the specific needs of families;
- Culturally appropriate with providers who can speak the language of the family;
- Accessible to the family (consider hours of service and location, special accommodations needed for individuals with a disability, transportation, affordability of any costs/fees, onsite childcare/childcare needs, and wait lists);
- Provided in a setting that is most effective and responsive to needs (consider availability of appropriate services offered by providers in community/neighborhood-based organizations and/or services offered in the home versus an office setting); and
- Monitored to ensure that family needs are met

Q. What guidelines are we to use in determining "unsafe discipline?" How do we train staff so there is consistency? How do we educate families about what crosses the line of safe vs unsafe when disciplining a child?

A. Unsafe discipline is defined in policy as a parent/caretaker who uses physical discipline on a child four and older that results in minor bruises, welts, or other soft-tissue injuries on the buttocks, back, legs, and/or arms that does not require medical attention. Additional guidance has been uploaded to the Child Welfare Manual under the [Child Welfare Practice Resources](#) tab.

Q. How should we handle cases that are high risk because of past history and other factors that won't change, but there is no current safety issue?

A. Child welfare workers will need to use their critical thinking skills and professional judgement along with case resources such as collateral contacts, structured decision-making tools, observations, and supervision to assess whether current safety issues exist as well as the risk of recurrence to determine whether a family is in need of continued child welfare services.

Q: Will you provide more clarification regarding the 24hour mark or bruise?

A: There is no timeline for a mark or bruise. This change comes from the concern that some reports including extensive bruising and marks were being screened out because the injury had not been on the child for a full 24 hrs. The intake worker should work to gather as much information as possible regarding the injury, when it occurred, and the situation around how it occurred and use their professional judgement to determine if it meets the definition of abuse or neglect.

Other comments:

Comment: To just remove the Services Recommended decision as an option seems drastic without seeking other options with training of county staff where this misuse was found during reviews.

Response: NCDSS reviewed fatality data between March 2021 and Dec 2022 and found a high correlation between the inappropriate use of Services Recommended and Child Fatalities. A series of webinars were conducted in May 2021 that included the fatality data and clarification and training on the appropriate use of Services Recommended. Other child welfare record reviews following the webinars revealed Services Recommended continued to be used inappropriately in a large number of cases. The original purpose of the Services Recommended case decision was to encompass wellbeing needs, but analysis shows that it was being used when child-safety issues existed and when ongoing Child Protective Services should have been provided to the family.

Comment: Also, requiring counties to have all cases that have a finding of Services Recommended to be closed completely by 6/30/23 in NCFAS is not considering counties struggle with staffing. Is there any flexibility? This needs to be discussed further.

Response: A DCDL went out in May 2023 providing notification to both Legacy and CWIS counties regarding the deadline. Prior to this DCDL, RCWCs in all regions have been working with counties to identify strategies to reduce their 5104 backlogs. Current guidance would be to prioritize all Services Recommended 5104s that are still pending.

Comment: You discussed risk levels such as moderate or high risk. Many of our cases are high risk due to history but at time of current report there are no safety issues, yet the Risk Assessment is still high. Please clarify that even high-risk cases could be closed if no current safety issues.

Response: NC DSS will continue to reiterate that child welfare workers will need to use their critical thinking skills along with case resources such as collateral contacts, structured decision-making tools, observations, and supervision to assess whether current safety issues exist.

Questions from the Webinar

Q. Is there anyway the intake form can be released a few days earlier than July 1? We are a Northwood Traverse County and need to get the form redesign to them to make the changes to the form as quickly as possible.

A. There will be no changes made to the DSS-1402; Updates to the Intake tool will be shared and trained on with the statewide roll out in phases scheduled to begin the second half of 2023.

Q. I think there is a concern about how to talk to families about "unsafe discipline" now that the 24 hour timeframe for marks and bruises has been removed. How do we provide that kind of education to families and reporters in a consistent manner moving forward would be helpful? More clarification about what constitutes as unsafe discipline.

A. NC DSS recommends counties review the new guidance document regarding Unsafe Discipline Vs Physical Abuse. Guidance can also be found from the American Pediatric Association regarding corporal

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punishment for children for additional resources to be shared with parents. NC DSS also encourages counties to reach out to their regional consultant regarding case specific concerns around abuse vs unsafe discipline.

Q. I think you're underestimating the number of cases that are high risk because of issues that will not change such as past CPS history, number of children, mental health diagnoses, etc. In cases where there is not a current abuse/neglect/immediate safety issue, what is the appropriate response?

A. Counties will continue to have to assess each case individually based upon the information gathered during the assessment/investigation. NC DSS will continue to provide support and technical assistance through Regional Specialists.

Q. This is not only a policy change within the agency but also a culture change within our respective community how would you suggest educating the community on changes to case decisions?

A. Per existing policy: Page 5 of the CPS Purpose & Philosophy, "Emphasis should be placed on educating professionals, paraprofessionals, and volunteers who serve children and families. Efforts should be made by county child welfare agencies to encourage more accurate reporting by the public and to distribute information about available resources."

NC DSS encourages county child welfare agencies sharing the rationale provided regarding child fatalities and the need to provide more supportive and effective services to families who are at risk.

Q. In CWS we can dispose the maltreatment of the 18 year old, so in terms of closing out the 5027, would that be all that we have to do in CWS is dispose the maltreatment and then make a decision on the other children at case decision time?

A. The policy change focused on cases where there is only one child in home who is turning 18. For cases where there are additional minor children in the home, close the 5027 on the 18 year old for the date they turn 18 and complete the assessment for the remaining minor children.

Q. If we have a deceased child and are still waiting for certain items such as the medical records that we requested, how do we bill daysheets for the deceased child? After the fatality of a child or when a child turns 18yrs old, the case decision should be based solely on information obtained prior to the fatality or child turning 18. Is this correct? Should additional tasks or interviews be completed after the fatality or age change? You stated that if a child passes away after case initiation that we would make a case decision with the information that we gather at the time of initiation, what if we are waiting on medical records to make a final determination? Are you saying that we need to forego getting those records etc. and make a decision based solely on what was already gathered?

A. Please refer to the funding manuals in the Child Welfare Manual to determine appropriate funding. A case decision on a child fatality should be made at the time the agency becomes aware of the death and

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at or before the youth's 18th birthday. If records are requested prior to the child's death or turning 18 and they are pertinent to the case decision the worker can receive these prior to making the case decision. Records cannot be requested after the child's death or turning 18.

Q. For children who turn 18 should that decision be made prior to the child turning 18? Would this be the same for a child that is emancipated during the 210?

A. The case decision should be made on or before their 18th birthday. A case decision must be made on or before the emancipation date.

Q. How are the Safety Design Teams selected? How are feedback teams selected across the state when policy changes are made? What is the process used by the State to determine which Counties will participate in Policy changes? What size are the Counties who help to make these changes?

A. NC DSS encourages workers and supervisors to contact their directors and Regional Specialists if they wish to participate on Design Teams and other county feedback loops. County Directors support the application process for their county to participate in these programs. All 100 counties are invited to these processes. Multiple efforts are made by NC DSS to include all levels of county staff, differing size counties and other areas of diversity represented in NC child welfare agencies to provide feedback.

Q. For a case decision of Child Protective Services Not Needed, can the future risk of harm to the child can be moderate? Can a case be closed Child Protective Services Not Needed if the family risk level is high?

A. Case decisions are made from the culmination of information gathered during the assessment/investigation and various structured decision-making tools. The case decision must never be based solely on one tool such as the Risk Assessment.

Q. If a person calls Intake and states the father or mother had a beer and drove the children in the car will that be an automatic screen in? Would any allegations of driving under the influence be immediate?

A. This is not a "blanket" screen-in policy. Regarding these cases, there is a continuum—on one end child welfare cannot rely on whether someone was criminally charged to determine the safety of children, and on the other end of the spectrum a parent with one beer without information to indicate there is impairment may not meet the statutory threshold for screen-in. For these types of reports, it is imperative that the intake worker gather as much information as they can from the reporter. The threshold for screening a report needs to assess the caretaker's behaviors, impact, and safety of the child.

Comment: They speak from a child safety opinion not a realistic case management perspective.

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Response: The statutory requirement of child welfare is to assess and address child safety. These policy changes are based on statewide data of child fatalities in cases where child welfare was involved. Policy is being clarified to assist county child welfare agencies in appropriately assessing child safety.

Q. For DUI cases, since they are now screened as abuse, will we need to get FI/CME? What was the guidance on FI/CMEs for physical abuse cases for DUI concerns?

A. All abuse cases do not require a CME. NC DSS encourages counties to refer to the CME policy regarding when to utilize that resource.

Q. For the unsafe discipline, if a child reported that they have been unsafely disciplined but they do not have a mark or bruises present would we still screen it in?

A. Counties will continue to have to assess each report individually based upon the information gathered during the intake. NC DSS will continue to provide support and technical assistance when counties request this. It is imperative that the intake worker gather as much information as they can from the reporter to determine if the information meets the statutory threshold for screen-in. Please refer to clarified policy regarding unsafe discipline.

Q. What are you recommending for case decisions for SAI case? Currently, it is SR but since that is now removed what would you suggest?

A. Current and previous policy does not provide "blanket" case decisions. Counties will continue to have to assess each case individually based upon the information gathered during the assessment. NC DSS will continue to provide support and technical assistance with these cases in the form of Regional Specialists, RAMS-SAI provide, Substance Use Disorder Consultants, and guidance for SAI-POSC.

Q. What are the specific services that would be identified as services provided?

A. Guidance has been added in the policy manual regarding services based on the OSRI Federal definition:

"Appropriate Services," are those that are provided to, or arranged for, the family (including any services for alternative caregivers) with the explicit goal of:

(2) addressing the case-specific safety concerns of the child(ren) and/or risk of child abuse/neglect,
and

(2) doing so within a timeframe needed to prevent a child's entry into foster care and/or re-entry after a reunification.

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- Tailored to meet the specific needs of families;
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- Provided in a setting that is most effective and responsive to needs (consider availability of appropriate services offered by providers in community/neighborhood-based organizations and/or services offered in the home versus an office setting); and
- Monitored to ensure that family needs are met

Q. Will there be updated documentation reflecting the changes i.e., 5010 or Multiple Response Approach to Child Protection pamphlet?

A. Changes to the DSS-5010 have been uploaded to the NC DSS forms website. Materials such as the MRS brochure are county specific and not provided by NC DSS.

Q. For any case decision, is it acceptable to close a case as High risk, or should we override it to moderate with justification?

A. Overrides should only be utilized if the assessment information supports this decision, not to justify closing a case.

Q. Can you discuss the funding options for ongoing services without imminent risk? Can you provide clarification about what funding sources should be used if the child is not at imminent risk of removal but the family is found in need of services.

A. These funding options are county specific. Additional support and policies are in development to assist local child welfare agencies in determining candidacy for IVE funding for children who are at imminent risk of out of home placement. Currently policies, candidacy documentation forms, and case plans are being tested in an Innovation Zone of 8 county child welfare agencies. NC DSS will use the information gathered from this group to finalize this information and develop a plan to train and disseminate statewide.

Comment: I am excited about this change and confident in my ability to implement, however, I think it will take some adjusting for myself and staff. SR, for me, feels comforting that we aren't just leaving families without any resources or things to improve their lives, even if those things are necessarily tied to child safety.

Response: Policy and statutes require that child welfare agencies provide services to families, SR will not be available as a case decision as of July 1, 2023. In all case decisions families can be provided with resources. Whether resources and services mitigated safety and risk issues will determine the case decision option.

Q. Will we also be updating to the term unsafe supervision?

A. Yes, these changes will be reflected in the revised Intake tool and Safety Assessment as well as policy to support revisions.

Q. Why did we change the discipline title to Unsafe Discipline? Just wondering how this will go over with our families?

A. The terminology change was made to reflect the need to focus on child safety rather than a personal judgment of “appropriateness.” Discussions with families should also be clarified as they will understand child welfare is concerned about their child’s safety and not there to make a judgement about their parenting. One of our guiding principals of partnership is “Judgements can wait” and this policy revision reflects that value.

Q. Will a new desk top reference be provided?

A. No, NC DSS no longer provides this reference and encourages counties to reference policy for direction and guidance.

Q. Will the 5104 form be revised?

A. The form will not be changed, but changes have been made to the coding system within CWIS and the Legacy system.

Q. For Services Provided/CPS No Longer Needed the family still has to engage in the service prior to case closure, correct? For Services Provided/CPS No Longer Needed does the family have to engage in the service prior to case closure? Ex: I make a referral for MH/SA services, do I have to wait for that to begin to close SP or should I close as CPS not needed?

A. Case closure is dependent on the assessment of the safety and risk to the child and whether any identified safety concerns have been mitigated at the time of case closure. CPS Assessment policy under “Family Assessment Case Findings” covers this criterion.

Q. Are these changes in place now? Or 7/1?

A. July 1, 2023.

Q. With removing Service Recommended, how do you send a family to a voluntary program like Family Preservation/prevention?

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A. In cases where there are no safety issues and there were no safety issues during the course of the assessment, they should be closed CPS Not Needed and any service referrals made that are not related to safety would be documented in the case file.

Q. Similar to what the previous caller asked, we often make recommendations to families for many services (e.g. domestic violence services, mental health services, substance use services) that ultimately are voluntary, but highly encouraged by child welfare. We recommend and perhaps make a referral to an agency and then close the investigation. What case decision does this fall under? There is not an immediate safety need, but a concern for future risk.

A. Services should not be considered voluntary if they are necessary for the safety of the child/children in the home, or if there is significant risk to the child/children.

Q. So is a referral to an agency considered a CPS service provided?

A. Workers must be able to document clearly how a service mitigated safety and risk for the child/children. A referral alone does not qualify as a service.

Q. If we are saying a case is SP and the provider can't get to the family for 2 months what do we do? Do we hold case open or close?

A. If the provider is not available, then the service has not been provided. The assessment should be reviewed for safety of the children and future risk of harm based on the behavior of the caretakers and protective factors within the family to determine a case decision.

Q. Will implementing a Plan of Safe Care be a child welfare service to arrive at a decision of Services Provided on a SAI case where the only concern was THC use?

A. A POSC is document for the family to ensure needs are addressed and met regarding substance use. There may be services described in the plan that mitigated safety and risk, but this must be clearly documented in order for this case decision to be utilized. This refers back to "appropriate services" guidance in question above.

Q. Another question/example for Svcs Provided - if the report is the child was found unsupervised, and we work with the family to prevent it from occurring in the future either by creating a plan, adding locks or alarms, etc, - would this be a Svcs Provided?

A. This finding is appropriate for all CPS reports of neglect and dependency assigned to the Family Assessment response in which the safety of a child and future risk of harm were at some point in the assessment high enough to require non-voluntary services, but the successful provision of services during the assessment mitigated the risk to a level in which involuntary services are no longer necessary.

Q. This seems like we will have a large increase in our Svcs Provided case decisions. What has been the discussion around what I suspect will be a significant increase in our repeat maltreatment numbers?

A. This case decision definition has not changed and cases with this finding have always been counted as a positive finding. Therefore, there should not be significant changes.

Q. Will you provide more clarity on cases where there are services that would be beneficial for the family to engage in to mitigate future risk, but don't pose enough risk at the time of case decision for a finding of CPS Needed?

A. Providing service referrals and suggestions to a family should always be documented in the case file.

Q. If the risk level is high does it need to go to In Home services?

A. Case decisions are not made based on one Structured Decision Making tool and all elements of the assessment should be considered in the determination of a case decision.

Q. Will a LE/DA notification still be sent for abuse cases accepted for a DWI?

A. Yes; policy has not changed regarding notifications for screened-in abuse cases.

Q. Is the state thinking of adding prevention units to the counties in the near future, or is that not something that has been considered?

A. The state is currently hiring 7 Family First Prevention Service Act specialists positions to help coordinate prevention services statewide by region.

Q. Will the policy be reviewed regarding the 45 calendar days to 45 business days for assessing/initiating a case?

A. Child welfare is an essential service that operates 24hrs/365days per year and the assessment timeframe will remain 45 calendar days. "Agencies must provide protective services twenty-four hours a day, seven days per week. CPS Purpose & Philosophy page 4."

Q. Is the Division working towards revision of the SDM tools? There was discussion surrounding this. If so, this may positively impact and/or eliminate the questions surrounding High Risk cases and these new changes.

A. Yes, revalidation of SDM tools is currently underway throughout the continuum of child welfare services. All of this work is being conducted in Design Teams which include local child welfare line staff, supervisors, program management and directors. The first task was to develop the structured screening

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and response/Intake tool. We are in the final approval process for the Safety Assessment and Risk Assessment tools. Initial steps are underway for revision of the Family Strengths and Needs tool. The Risk-Reassessment and Reunification tools will follow.

Q. Do we need to wait on the coroner's report to close a case regarding a child fatality?

A. No, the coroners report would be a record "post-death" and cannot be included in the case decision.
