

MRS Conference Call Notes  
May 2010

Counties Participating 5/13: Alamance, Clay, Davidson, Forsyth, Gaston, Macon, Person, Transylvania.

Counties Participating 5/25: Bladen, Caswell, Catawba, Columbus, Craven, Dare, Davie, Gates, Graham, Halifax, Hoke, Lee, McDowell, Nash, New Hanover, Northampton, Pender, Rockingham, Washington, Wilson, Yadkin.

Agenda

Announcements from Raleigh

Concurrent Planning

Safe Sleeping

Using MOE funds

Keeping Family Centered Practice in the Forefront

News from Raleigh

Letters

- 4/29 Letter went to counties and community partners explaining the suspension of RIL – explains why this is suspended and why we cannot honor requests to check it since it no longer exists.
  - Only movement on RIL is that Terri and Patrick are working with Dave Gordon to draft new legislation and have been accepted to present it during the short session. Hoping to have something up and running by the fall but that may be overly ambitious. Can't really say what it will look like at this point.
- 5/14 DSS training calendar came out. The letter with it highlights some of the trainings including the required cultural perspectives.

Concurrent planning:

Holly has heard from counties that there are some misunderstandings about it. The key is the diff between; Concurrent = working 2 plans at the same time and Consecutive = have 2 plans, but working one first, and will only move to 2<sup>nd</sup> one if the first one fails.

5/13 Discussion:

Is this something that everyone uses? Do most of your FC cases have a primary and secondary plan.

- Gaston – they do concurrent planning with most every case.
- Have the discussion early on in the case with the family. Talk about how the plan will be reunification but there will be some work on another plan in case that does not work out.
- Other counties - It's a case by case scenario.
- County feels that where its gets tricky is facilitating visitation with both caretakers in the two plans. If child is in FC and the concurrent plan is grandmother but there is a reason not to place kids there at the current

- time, trying to handle getting kids visiting with mom and grandmother can be a challenge.
- Other counties say their struggles are with the judicial system and the GAL program. When you go into court and make recommendations and they are consistently not taken into account it beats the social workers down.
    - The parents can get discouraged too when they feel they are doing everything they are supposed to and the perception is that judges put more stock in the GAL's opinion than the SW's.
    - Question was asked if any of these counties were part of the court improvement project and if that could help facilitate conversations with GAL's. One was not, and one was, but the perception is there is a rift between court improvement and GALs.

Holly asked when you are in the early stages (1<sup>st</sup> 6 months) of Reunification what are things that you do that you can document to show your concurrent plan?

- Try to keep the concurrent plan caretakers as involved as possible so that they are aware what is going on, and if they already have a connection with the kids keep that connection going with visitation etc.

#### 5/25 Discussion:

- As the worker is working the case they always keep in mind if the case was to go to TPR things that would have to be done, and make sure they have those done as they naturally come up in the life of the case.
- It's a fine line because you don't want to alienate parents or give them a mixed message, but try to get them to start lifebooks, etc. while the child is in foster care in case the plan changes to adoption.
- Start from the get-go with the families telling them that Plan A is to have the child come to them, Plan B is a relative. Often the parent will come to the conclusion themselves that their child is better off with the relatives.
- Holly mentioned that one of the counties ask about it in 215 services. Just to have someone already in place.
- May times we are doing these activities but we are not documenting them as a part of the secondary plan, so they don't show up in a review.
- If you can find the right way to have the "what if" conversation then it can be less awkward. The people in 215 are able to have that conversation regarding foster care, we need to be able to have that conversation in foster care as well. Normalize the conversation and let them know that we plan for everything.
- This makes your job easier because things tend to fall apart with a lot of drama at inconvenient times, but if there was already a plan in place for this, then its not so stressful. '
- The harder cases are those where there are no relatives waiting that can take custody.

### Safe sleeping:

What is practice around this in your agency, do you talk about it on each case, how do you educate community?

#### 5/13 Discussion

- One county shared a form with Holly that they give out that has 6 safe sleeping recommendations.
- Holly emailed the person that sent her the form and as soon as she gets the ok she will email it to group. Also has a power point.
- Staff document this on the 5010 (structured decision making tool).
- Many counties just take any opportunity to bring it up.
- County asked if it was considered a neglect issue or just an education issue while the social worker is in the home.
  - It's an education issue, similar to talking about fire plans, etc.
- NC Healthy Start has a link on safe sleeping that you may be able to make into a brochure. (Holly will forward)

#### 5/25 Discussion

- Develop brochures, flyers, that they can give out. Is discussed as a part of each assessment. Special fund in place to purchase something for the infant to sleep in, particularly for more transient families.
- Especially with substance abuse families.
  - Asked if families seem to understand the issue when it was explained to them.
  - Said that they seem to understand and be receptive to them when the ideas or sleeping units are given to them, but she can't say for sure if people use them. Can't recall anyone getting indignant about it or saying no, thank you.
- A lot of the problems they have seen are not bed sleeping, but sleeping on the couch together with other family members.
- Nice to have some printed materials that we can leave with the family because when we are out there initiating a case there is a lot of info thrown at them and they may not be really processing it all, but if you have something that can be left with them they can look at it and process it later.
- County concerned with the number of cases that they feel they know were accidental suffocation due to sleeping, and the ME ends up putting it as SIDS. No one assumes ownership for SIDS, but feel like if we could identify more of these cases as accidental suffocation the numbers would go up and we could get this issue more attention.
  - It takes a really well preserved death scene and follow through with law enforcement who respond to the call. Many times law enforcement won't go to that level of investigation or don't know what they are looking for.
  - Unless there is blood or something on the PJ's of the parent, the ME cannot put it out there and therefore must go with SIDS as the cause of death.
- Rowan county sent Holly some forms and a powerpoint that they use.

How you spend MOE money? This was a question from another county.

5/13 Discussion:

- Person – use some with service intake for crisis situations and then use it the same way for child welfare, and WF uses some for things for the WF clients to move them towards employment.
- Macon – use it for child welfare staff and child only welfare cases and sometimes for emergency situations.
- Forsyth & Gaston – person on the call did not know.
- Clay – intake, CPS cases on occasion in an emergency.
- Davidson – not much different from others, staffing for child welfare, some for work first, participation money, have WF emergency assistance money and WF transportation

5/25 Discussion:

- One county codes 210 211 services to the MOE but also have alternative services and work first efforts. Also prevention 330.
- Staff for work first employment, WF cash assistance, transportation and day care for WF, WF participation expenses, some child welfare.

Family Centered Practice - how do you keep it in the forefront at all times?

5/13 Discussion:

- Have a banner right when you step off the elevator on their floor, something on bulletin boards around the office.
- Have meet and greets – if someone has done outstanding social work there is a box where people can nominate people and all the nominations are read aloud each month and the winner gets a trophy that gets passed around.
- Macon – went to the FISH training and have been using them that for years. Have a trophy that is passed around.

5/25 Discussion:

- Let the family members speak out (vent some times) even if nothing they have suggested or done before has worked. If you let them get their thoughts/frustrations out then you can say you have heard them and then start talking together about why what has been tried has not worked.
- Another county working on the Signs of Safety.
- Be specific. Don't just say "family loves their children" – what did they do, what behaviors let you know that they loved their children. That is the only time it really has meaning and not just some generic stuff the social worker put in a file.
- One county has a document that translates jargon into everyday words that she gave to her workers.