

Handouts for the Webinar

Concurrent Planning & Making Medical Decisions

February 11, 2016

Presenters

ERIN CONNER
Policy Team
Child Welfare Services Section

DANIELLE McCONAGA
Policy Team Leader
Child Welfare Services Section

JULIUS CORPENING
Chief District Court Judge
District 5, New Hanover and Pender Counties

ANGIE STEPHENSON
Assistant Attorney General

Produced by

Family and Children's Resource Program, part of the
Jordan Institute for Families
UNC-Chapel Hill School of Social Work

Sponsored by

NC Division of Social Services

Contents

Presenter Biographies	2
Legislative Excerpts	3
Updated Forms.....	8
Out Of Home Family Services Agreement (DSS-5240)	
General Consent for Treatment and Medication (DSS-1812)	
Recommended Consent Timeline & Consent Case Scenarios	23
Webinar Slides.....	24

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."



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

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 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)



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

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

II. Primary Permanency Plan:
(check one)

☐ 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

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



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

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).



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

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



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

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



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

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



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

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	



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

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



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

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



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

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



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

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 _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foster Parent/Facility _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foster Parent/Facility _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Worker _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guardian ad Litem _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tribal Representative _____ Comments _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other/Relationship _____ 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
 following provider: _____ at _____.
 Date Time
 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](#)

NC DSS CHILD WELFARE SERVICESSTATEWIDE TRAINING
PARTNERSHIPUNC
SCHOOL OF SOCIAL WORK


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

NC Division of Social Services • 2/11/2016 webinar 2

Agenda



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

NC Division of Social Services • 2/11/2016 webinar 3

Panelists


Angie Stephenson
J. Corpening
Danielle McConaga
Erin Conner

Moderator

Tonia Deese

Tech Support


Phillip Armfield
John McMahon



NC Division of Social Services • 2/11/2016 webinar4

LEGISLATIVE CHANGES

Concurrent Planning



NC Division of Social Services • 2/11/2016 webinar5

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

NC Division of Social Services • 2/11/2016 webinar6

Why Cease Ceasing?

- Unnecessary
- Seen as an area needing improvement (ANI) by federal reviewers in CFSR
 - 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

NC Division of Social Services • 2/11/2016 webinar

7

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

NC Division of Social Services • 2/11/2016 webinar

8

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

NC Division of Social Services • 2/11/2016 webinar

9

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

NC Division of Social Services • 2/11/2016 webinar 10

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


NC Division of Social Services • 2/11/2016 webinar 11

Individualized Concurrent Planning

95% Reunification
5% Adoption



80% Adoption
20% Reunification



NC Division of Social Services • 2/11/2016 webinar 12

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**

NC Division of Social Services • 2/11/2016 webinar

13

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

NC Division of Social Services • 2/11/2016 webinar

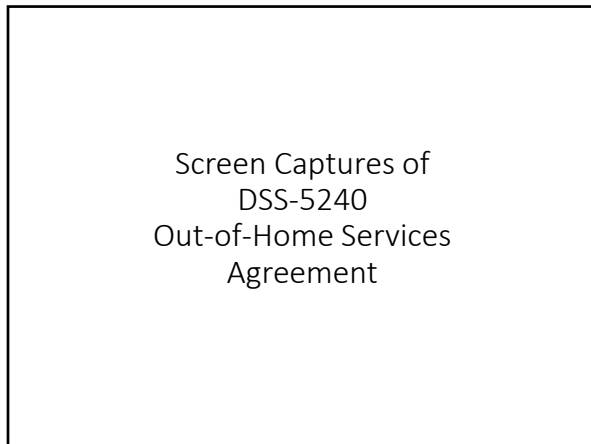
14

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)

NC Division of Social Services • 2/11/2016 webinar

15



Juveniles 14 and Over

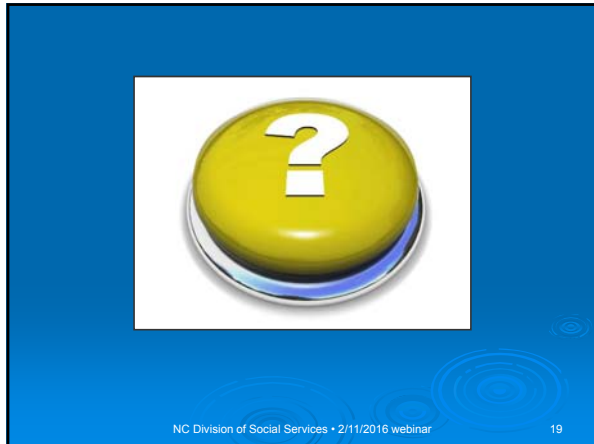
- Effective October 1, 2015
- New **G.S. 7B-912** requires findings about:
 - Services provided for transition to adulthood
 - Use of Reasonable Prudent Parent Standard
 - Age or developmentally appropriate activities
- At least 90 days before age 18, Court must ensure Juvenile has access to birth certificate,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

NC Division of Social Services • 2/11/2016 webinar 17

Another Planned Permanent Living Arrangement (APPLA)

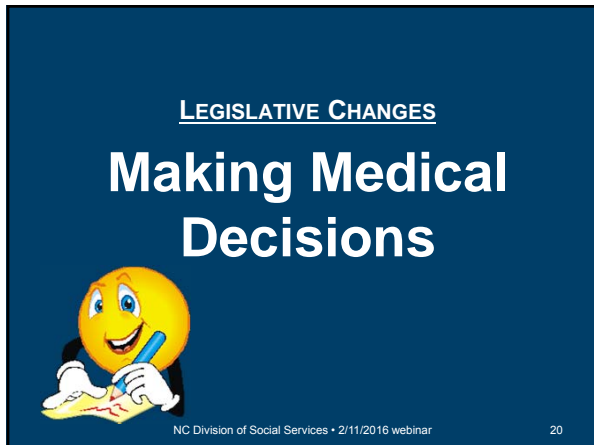
- Effective October 1, 2015
- New **G.S. 7B-912** requires APPLA as primary plan only when:
 - Juvenile is 16 or 17
 - DSS has made diligent efforts to place with parent, relative, guardian or adoptive family
 - Compelling reasons that adoption or guardianship not in best interest
 - APPLA is the best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

NC Division of Social Services • 2/11/2016 webinar 18



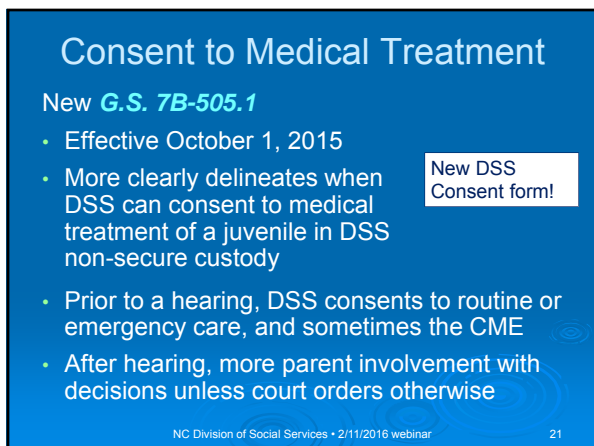
NC Division of Social Services • 2/11/2016 webinar

19



NC Division of Social Services • 2/11/2016 webinar

20



NC Division of Social Services • 2/11/2016 webinar

21

The new legislation requires:

1. A hearing every time a child needs treatment that is not routine or emergency
2. The parent must sign the medical provider's consent to treatment
3. A court order or parent's authorization for the county to consent to treatment that is not routine or emergency
4. The county can consent to everything after the first hearing

NC Division of Social Services • 2/11/2016 webinar

22

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)**]

NC Division of Social Services • 2/11/2016 webinar

23

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

NC Division of Social Services • 2/11/2016 webinar

24


Updated Forms

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



NC Division of Social Services • 2/11/2016 webinar 25

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.

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

NC Division of Social Services • 2/11/2016 webinar 27

2. 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 antidepressant and continue with therapy.

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

NC Division of Social Services • 2/11/2016 webinar

28



NC Division of Social Services • 2/11/2016 webinar

29

Closing

NC Division of Social Services • 2/11/2016 webinar

30

Presenter Contact Information

Angenette Stephenson
angie.stephenson@dhhs.nc.gov

Judge J. Corpening
julius.h.corpening@nccourts.org

Danielle McConaga
danielle.mcconaga@dhhs.nc.gov

Erin Conner
erin.conner@dhhs.nc.gov

NC Division of Social Services • 2/11/2016 webinar

31

Final Steps for DSS Staff

1. Please take a brief survey

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

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

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

NC Division of Social Services • 2/11/2016 webinar

32
