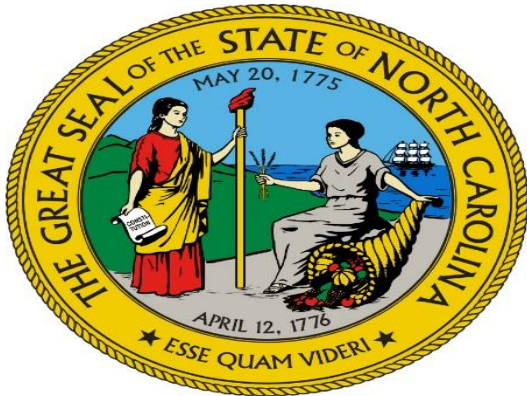


NC Department of Health and Human Services

Division of Social Services

Child Welfare Services



Expansion of CMEP Services: RAMS

Molly Berkoff MD, MPH

Professor of Pediatrics, UNC School of Medicine

Medical Director NC CMEP

Pediatrician, Wake County Human Services

Emi Wyble, MSW

Safety Strategist

NCDHHS Child Welfare

Regional Abuse and Medical Specialists

- Overall goal: Provide guidance to the child welfare workforce in the management of high-risk child welfare cases that overlap with medical issues
- Special focus populations:
 - children 3 years of age and under who present with unexplained/poorly explained injuries
 - Children with medically complex issues
 - Substance affected infants
 - Children required by policy to have a CME



Why were these positions created:

- To improve safety planning and identification of well-being needs
- To reduce barriers to accessing the most appropriate medical consult for counties
 - Understanding when to access medical consultations and how
- Case reviews identified need for enhanced services for children under the age of 3.
- To assist counties with following policy
 - Child welfare policy now includes 4 mandatory CMEs for young children

Why will counties appreciate these positions:

RAMS staff will:

- have expertise in the assessment of physical abuse in young children
- be available to assist counties with pre-planning and safety assessments as well as case decision staffing
- have expertise in substance affected infants
- have access to the most current medical information/consultation
- be available 24/7/365

Expansion of CMEP Services: RAMS

- Regional Abuse and Medical Specialists (RAMS):
 - Housed within the NC Child Medical Evaluation Program (CMEP)
 - Contract with DHHS
 - Co-supervision from medical staff with NC CMEP & State Division
- Position Descriptions
 - Seven experts in assessments of young children with concerns for serious injury, sexual abuse as well as medically complex cases
 - One expert in substance affected infants
- Specific Goals of Positions
 - Decrease repeat maltreatment
 - Decrease fatalities when involved with child welfare
 - Expedite access to the most appropriate medical consultant
 - Ensure adherence to policy related to CMEs

How will the RAMS be successful?

- **Mandatory Referrals:**
 - Reports that meet the criteria for a mandatory CME will be an automatic referral to the RAMS team at the point of intake
- Other referrals that the counties want to send to the RAMS team for assistance.
 - Older children
 - Children with complex medical issues
 - Children that have had multiple CMEs

Functions for the RAMS positions:



GUIDE STAFF AND
IMPROVE
UNDERSTANDING
OF WHEN TO
ACCESS CMES



MONITOR ACCESS
TO CMES AND
IMPACT ON TIME TO
CASE CLOSURE



EDUCATE RE: THE
USE AND
INTERPRETATION
OF CMES



ASSIST COUNTIES
WITH PRE-
PLANNING AND
SAFETY PLANNING



CO-TRAIN MEDICAL
ASPECTS

Current barriers to counties:

Children are seen by medical providers who are not qualified to diagnose maltreatment

Social workers believe these doctors, fail to question their decisions/assessments, or don't know that they lack medical expertise in these cases

Social workers believe parents, especially parents that present well, social workers are more family friendly than skeptical

Social worker turnover often prevents training to the level of expertise needed

Current & proposed efforts to support counties

- Narrative interviewing training for all staff
- Improvements to Medical Aspects training to include specific information about physical injuries in young children
- Development of a second level of Medical Aspects training that will be simulation based

Questions



Think, think, think.