



JOINT APPROPRIATIONS COMMITTEE
ON HEALTH AND HUMAN SERVICES

Child Well-Being Transformation Council Recommendations

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Background on CWBTC

- In 2018, the General Assembly created the time-limited Child Well-Being Transformation Council for the purpose of coordinating, collaborating, and communicating among agencies and organizations involved in providing public services to children, primarily in the child welfare system.
- The 25-member Council, chaired by Rep. Sarah Stevens and Sen. Joyce Krawiec, met eight times between Dec 2018 and July 2020.
- The Council made 17 recommendations of changes in child welfare law, policy, or practice
 - 8 recommendations to be implemented/addressed by DHHS

8 DHHS Directed Recommendations

- **1:** Establish policies and procedures to begin coordinating post-transition planning for a youth in foster care beginning no later than 90 days after the youth's 17th birthday.
- **2:** Define the permanency plan process and requires such plans to begin sooner and be finalized earlier to ensure adequate planning time prior to children transitioning out of the system.
- **3:** Develop and implement a plan to keep foster children in community settings to avoid residential behavioral placements.
- **5:** Develop standardized trauma informed assessment tools and to require only trained clinicians deemed appropriate to assess the applicability of such tools and ensuring fidelity.
- **6:** Establish oversight, increase the use of, explore reducing the ages, and develop potential incentives for these programs.
- **7:** Explore establishing an MOA for regional social services staff to be potentially housed in local council of government office spaces with the Association of Council of Governments.
- **8:** Report on the approved Family First Prevent Services (FFPSA) programs, the amount of federal funds obtained from using them, and strategies to improve and expand the use of such programs.
- **13:** Establish seven regions for supervising county DSSs and provide oversight and support to those regions with **11** staff and create formal education and training sessions for new county boards of social services members, which would be available statewide by September 2020.

North Carolina Child Welfare System Transformation

- North Carolina's child welfare transformation work is well underway and is inclusive of both our federal and local partners
- The 3 significant areas of focus include:
 1. Increasing state support and assistance for local child welfare agencies (Rylan's Law)
 2. Improving data collection and reporting to inform decision-making and increase accountability (Automated Child Welfare System)
 3. Increasing investment in prevention to help safely preserve family units and keep children out of foster care (FFPSA)
- Child Welfare transformation is aligned with the recommendations from the Child Well-Being Transformation Council

Goal 1: Increasing State Support and Assistance

- **North Regional Support – Recommendation 13**
- **Council of Governments Space – Recommendation 7**
- **Implementation of a state-wide Practice Model**
- **Implementation of Policy Design Teams**
 - **Transition Age Youth Investments Recommendation 1 & 2**
 - **KinGap Recommendation 6**

Recommendations 7 and 13:

Physical Space Needs and Regional Support

- **Promote the consistent implementation and interpretation of policy across the state**
- **Improve practice by developing and implementing Continuous Quality Improvement plans**
- **Support local agencies in implementation of policy with training and technical assistance**
- **Strengthen state supervisory role of the administration of social services programs by counties**
- **Provide technical assistance to local agencies to support accurate data collection and accountability**

Recommendations 7 and 13:

Physical Space Needs and Regional Support

- Child Welfare has redeployed more than 40 positions - No new positions have been appropriated
- A fully implemented regional team for child welfare would consist of 3 CWRCs and 2 trainers:
 - 1 for Safety (Intake and Investigations)
 - 1 for Permanency (Foster Care)
 - 1 for Data and CQI plans and monitoring
 - 2 Trainers
- At this time, given no additional staff and without Regional Directors, physical space is not needed
- As additional positions are allocated, work with the Council of Governments about space options will be launched

Implementation of a Practice Model and Design Teams

- Recommendations 1, 2, and 6

- **Statewide Practice Model**
 - Ensure child welfare services are provided consistently across all counties
 - Improve outcomes for children and families via decision-support tools
- **Implementation of Policy Design Teams**
- **Transition Age Youth Investments (Recommendations 1 and 2)**
 - Permanency Design Team concurs with recommendation to begin transition planning no later than 90 days after a child's 17th birthday
 - This change will be implemented by July 2021
 - Policy will also ensure that youth are engaged in their planning as well as changes made to their plan

Guardianship Assistance “KinGap” – Recommendation 6

- **DHHS has established the KinGap program to support kinship caregivers**
- **Caring for Our Own, is a statewide program providing a tailored option for kinship caregivers to become licensed as foster parents**
- **DSS supports decreasing the age from 14 to 12 for eligibility for subsidized guardianship and is currently assessing the fiscal impact of this proposed change.**

Goal 2: Improving Data Collection and Accessibility

- **Requires implementing a statewide Child Welfare System**
- **Current progress:**
 - **Child Welfare Information System Governance Committee of state and county leaders established that shares decision making about the Child Welfare System**
 - **Modernization, augmentation and enhancement of DSS data platform to allow for more robust data collection and user-friendly interface**
 - **Building the Regional Support Model to provide technical assistance to ensure data driven decision-making and accountability**

Goal 3: Investing in Prevention – Recommendations 3, 5, and 8

- Developing a strategic roadmap to support foster children with behavioral health needs in community-based settings involving multi-payor systems (Recommendation 3)
- Three workgroups have been formed to:
 - Assist local DSS and LME/MCOs in placement of children
 - Intervene at the state level when individual counties need additional assistance finding behavioral health providers
 - Developing a suite of trauma informed statewide services that include improved assessments and crisis response
- A standard assessment tool is a component of the Foster Care Specialty Plan in Medicaid Managed Care (Recommendation 5)
- The Department is engaging our external stakeholders and is on track for the July 2023 implementation (S.L. 2019-81)

Families First Prevention Services Act – Recommendation 8

- **Develop a continuum of supports for families by identifying services that will stabilize kinship or foster care placements**
- **Includes wrap around supports and increased access to services for foster children and the families caring for them**
- **Strategies to reduce the use of congregate care, promote the placement of children/youth in family like settings in the community, and increase the availability of evidence-based practices.**
- **The first phase of implementation of the menu of Evidence Based Services have been chosen from the front end of the prevention continuum**
 - **Triple P**
 - **Homebuilders**
 - **Parents as Teachers**

Questions?