

NC Department of Health and Human Services

Child Welfare and Social Services Reform

Landscape for Systemic Change

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Drivers of Reform

CHILD AND FAMILY SERVICES REVIEW OF 2015:

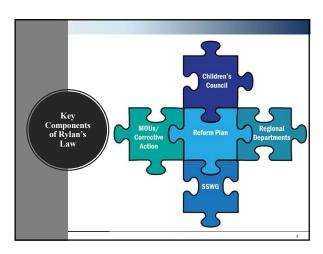
• Program Improvement Plan

LEGISLATION:

- Rylan's Law
- Family First Prevention Services Act







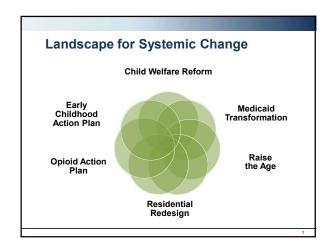
DHHS Report to the Legislature

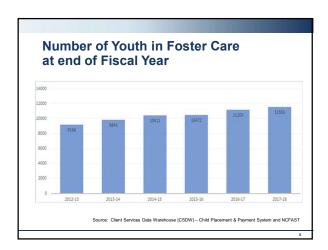
- Rylan's Law requires a report from DHHS to the Legislature to identify plans and preliminary recommendations to:
 - Provide a blueprint to shift from a centralized model of supervision to one that that is regional and can provide closer support and monitoring to counties
 - Programs affected include child welfare, adult protective services and guardianship, public assistance, and child support enforcement
 - The report focuses on reorganization of staff and identification of resources needed to begin this transition

Report Summary

- Recommendations submitted by the SSWG and CSF significantly informed the recommendations presented in this report
- Report organized into 4 sections with 14 recommendations addressing:
 - Geographic regions
 - Staffing needs
 - Legislative Changes
 - · Other key enablers

Rylan's Law – Status DHHS provided the legislature with plans and legislative recommendations needed to move toward regional supervision Phased-in approach to regional supervision of county-administered services by 2020. DHHS is refining metrics for the data dashboard and MOU's to improve system accountability and transparency DHHS has adopted certain preliminary recommendations from CSF. Final recommendations are pending.





Reasons Children Entered Foster Care SFY 2013-2018													
	SFY 2018		SFY 2017		SFY 2016		SFY 2015		SFY 2014		SFY 2013		
otal Number of Children Entering Care		122	6.127			5.721		5,684		5.727		5,198	
Reason for Entering Care *	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	П	Г	
Abandonment	283	5.03%	312	5.09%	266	4.65%	246	4.33%	254	4.44%	235	4.1	
Physical Abuse	535	9.52%	519	8.47%	544	9.51%	487	8.57%	534	9.32%	471	8.2	
Sexual Abuse	185	3.29%	169	2.76%	160	2.80%	207	3.64%	196	3.45%	153	2.6	
Alcoholic (Child)		0.14%	30	0.49%	20	0.35%	15	0.26%	27	0.48%	25	0.4	
Alcoholic (Parent)	314	5.59%	483	7.88%	366	6.40%	412	7.25%	541	9.52%	442	7.7	
Child's Behavior Problem	408	7.26%	416	6.79%	429	7.50%	496	8.73%	485	8.53%	453	-	
Child's Disability	65	1.16%	52	0.85%	57	1.00%	71	1.25%	67	1.18%	46	0.8	
Coping	1100	19.57%	1,187	19.37%	1,221	21.34%	1,314	23.12%	1,391	24.47%	1,157	20.2	
Death of Parent	111	1.97%	115	1.88%	108	1.89%	106	1.86%	96	1.69%	85	1.4	
												Г	
Domestic Violence Drup Addict (Child)	873 115	15.53%	1,002	16.35%	1,006	17.58%	951	16,73%	1,043	18.35%	765		
Drug Addict (Child)	115	2.05%	111	1.81%	102	1.78%	102	1.79%	90	1.58%	54	1.1	
Drug Addict (Parent)	2237	39.79%	2,410	39.33%	2,159	37.74%	2,045	35.98%	1,805	31.76%	1,602	27.5	
Inadequate Housing	774	13.77%	841	13.73%	820	14.33%	795	13.99%	820	14.43%	690	12.0	
Incarceration	340	6.05%	343	5.60%	370	6.47%	418	7.35%	410	7.21%	356	-	
Neglect	4384	77.98%	5,201	84.80%	4,743	82.91%	4,630	81.46%	4,695	82.60%	4,266	74.4	

Living Arrangements of Children in Foster Care as of Oct. 31, 2018

Living Arrangement Type	# of Children
Foster Home	5146
Adoptive Home	93
Correctional Institution	59
Congregate Care	813
Home of Parents/Guardian	479
Home of Relative	2618
Hospital	120
Treatment	344
Other	1108
Runaway	52
Therapeutic Home (MH/DD/SAS)	965
Total	11797

Source: Point -in-time data. Client Services Data Warehouse (CSDW) - Child Placement & Payment System and NCFASI

Why is Family First Important?

Family First is a significant victory for families

- Funds evidence-based prevention services for children at risk of foster care
- Focuses on ensuring children in foster care are placed in the least restrictive, most family-like setting
- Supports kinship caregivers and provides other targeted investments to keep children safe with families
- Supports youth transitioning from foster care
- Promotes permanent families for children







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Key Family First Provisions

Allows IV-E reimbursement for services to prevent entry into foster care Limits IV-E funding for congregate care to the first two weeks of placement*

States may opt in as early as October 2019 or delay until 2021 Other provisions to support safety, permanence and well-being

* With some exception

Prevention Services

OVERVIEW

States have the option to use Title IV-E funds for trauma-informed, evidence-based prevention services for eligible children and their families

ELIGIBILITY

- Children who are "candidates" for foster care (including their parents and kin caregivers)
- Children in foster care who are pregnant or parenting
- Children and parents are eligible without regard to their income



Services Eligible for Funding

Types of services

- · Mental health services
- · Substance abuse assessment and treatment
- · In-home parent skill-based programs
- · Kinship Navigator programs
- Residential parent-child substance abuse treatment programs

Additional requirements of limitations

- · No more than one year (per candidate episode)
 - Services can be extended for additional one year periods on a case-by-case basis
- Must meet certain evidence-based requirements
- Must be trauma-informed
- · Services must be provided by a qualified clinician



Required Statewide Plan

- States opting into prevention services must submit a prevention plan to the Children's Bureau
- Title IV-E plan (resubmitted every five years) must include:
 - Details on services
 - Expected outcomes
 - How children and families are assessed
 - How services are monitored and evaluated
 - Type of program implementation
 - Consultation and coordination with other agencies
 - Details on workforce training and management of caseloads
 - Assurances of state's compliance with funding provisions



Congregate Care Funding Limitations

Fourteen days after entering foster care, federal reimbursement is limited to children in a:

- · Foster family home
- · Qualified Residential Treatment Program (QRTP)
- Specialized setting providing pre-natal, post-partum or parenting supports for youth
- Supervised setting for youth 18 or older, and living independently
- Setting providing high-quality residential care and supportive services to children who have been or are at risk of becoming sex trafficking victims



Qualified Residential Treatment Program (QRTP) Requirements

- A trauma-informed treatment model designed to address the needs, including clinical needs, of children with serious emotional or behavioral disorders or disturbances
- Facilitates participation of family members in the child's treatment program
 - Documents integration of family members into treatment process for the child, including post-discharge and maintenance of sibling connections
- Provides discharge planning and family-based aftercare support for at least six months post-discharge
- Licensed and accredited by certain independent, not-for-profit organizations
- Registered or licensed nursing staff, and other licensed clinical staff available 24 hours a day, seven days a week

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Other QRTP Requirements

- Thirty day assessment by a qualified clinician determines the appropriateness of the placement
- · Family and permanency team meetings
- A host of case plan documentation and related requirements
- Court approval or disapproval of the QRTP placement within 60 days
- Additional reporting requirements for extended QRTP placements
 - If a child is placed in a QRTP for an extended period, the state must submit specific documentation/justification to HHS



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Rylan's Law Provisions to prevent removal of children from the home through supports and services; prevention, mental health, physical health, education services Child fatality oversight and effectiveness of Community Child Protection Teams (CCPT) Recommends a practice model Efforts to increase permanency Services to older youth and youth aged out of foster care Establishing expectations for professional development, training and performance standards FEPSA Options to use federal funds to implement services and supports to prevent hidren from being removed from their home Develop and implement a statewide plan to prevent fatalities that includes multiple source data collection Tauma informed prevention services Limitations on the use of federal funding for congregate care with some exceptions Opportunity to extend foster care services to youth up to age 23 Articulate the plan to support the delivery of trauma-informed, evidence-based services by child welfare professionals

