

Convene.
Strategize.
Activate.

Public Policy Changes Impacting Children, Family and Youth

June 28, 2019

Alignment of System of Care and DHHS Vision for the Public System

System of Care Values:

- Interagency Collaboration
- Accountability to Results
- Individualized Strength-based Approach
- Child and Family Partnership
- Cultural Competence
- Community-based Services and Supports

DHHS Vision:

The Department's goal is to improve the health of all North Carolinians through an innovative, wholeperson centered, and well-coordinated system of care, which purchases health while addressing both medical and non-medical drivers of health.

Medicaid Transformation Updates:

- 1) BH/IDD Tailored Plan Care Management
- 2) Enrollment Broker Start Up
- 3) Medicaid Transformation Legislation

NC's Care Management Strategy for Behavioral Health and Intellectual / Developmental Disability Tailored Plans

- Concept paper released by NC DHHS on May 29 with details on the transition to care management for beneficiaries in the BH/IDD Tailored Plan.
- Care management is defined to combine the care coordination that LME/MCOs have been doing and case management. It is designed to assist beneficiaries to navigate services available to them with what they uniquely require for their health
 - Multidisciplinary team
 - Offered through agencies

Care Management in the Tailored Plan

Different from care coordination or case management because it includes:

- Physical health care needs
- Mental Health Needs
- Intellectual-Developmental Disability Needs
- Substance Use Disorder needs
- Traumatic brain injury needs
- Long-term services and support needs
- Pharmacy needs
- Unmet health-related resource needs

Who Can Be a Care Manager?

- **AMH + (Plus):** Advanced Medical Homes (AMHs) that are attested to be Tier 3 in the Standard Plan can undergo a certification process to be classified as AMH +.
- **Care Management Agency:** Providers of mental health, substance use disorder or intellectual-developmental disability services certified through NC DHHS' certification process.
- **BH/IDD Tailored Plan:** May serve as a care manager if the beneficiary chooses this option or if there is no nearby AMH+ or Care Management Agency.

The Glide Path

- NC DHHS refers to the transition period into care management services as the “Glide Path.”
- Gives people time to organize their services, get certified, and hire and train enough staff.
- Ultimately, DHHS would like every beneficiary to be receiving care management through an AMH+ or a care management agency.
- By July 2024, 80% of the beneficiaries in the BH/IDD Tailored Plan are expected to be managed by an AMH+ or a care management agency.

Next Steps

1. NC DHHS is applying for BH/IDD Tailored Plans to be the Behavioral Health Home for beneficiaries in the BH/IDD Tailored Plan. DHHS must meet certain data-sharing expectations and quality measures.
2. NC DHHS will create the certification process for organizations that wish to be care managers and specify the mechanisms to ensure there is no conflict of interest.
3. NC DHHS will evaluate any overlap of care management in services such as the Assertive Community Treatment Team.

NC Medicaid Enrollment Broker Going Live

The Enrollment Broker access goes live **TODAY**, June 28th!

Website address: ncmedicaidplans.gov

Other ways to access the Enrollment Broker:

- 1-833-870-5500 or TTY 1-833-870-5588
- Mobile app that includes a provider search based on the location of the beneficiary (still pending approval on Apple phones)
- Outreach Events (see website)

Legislated Changes in Medicaid Transformation

- The main legislation that has defined Medicaid Transformation:
[H656](#), addresses appeals and disenrollment;
[H403, Session Law \(SL\) 2018-48](#), separates the mild-to-moderate BH population from the high need BH population and places mild-to-moderate under Standard Plan;
[H156, SL 2018-49](#), addresses licensure of the Prepaid Health Plans;
[S838, SL 2016-121](#), establishes timelines for planning of the 1115 Medicaid waiver and reporting to the legislature;
[H373, SL 2015-245](#), sets out NC DHHS Secretary's authority to pursue Medicaid and Health Choice managed care.

House Bill 656 is the most recent Medicaid Transformation legislation

Has been sent to the Governor for his signature into law

The legislation includes:

- A definition for “managed care entity” that only includes LME/MCOs at this point;
- Reasons and process for the Medicaid or Health Choice beneficiary to disenroll from a Standard Plan with and without cause;
- Changes to the appeals language and the process for adverse determinations of eligibility for Medicaid and Health Choice benefits to incorporate Standard Plans;
- Confirmation that the LME/MCOs and the BH/IDD Tailored Plans will operate with a closed network of providers.

Social Services Restructuring and Families First Prevention Services Act Updates



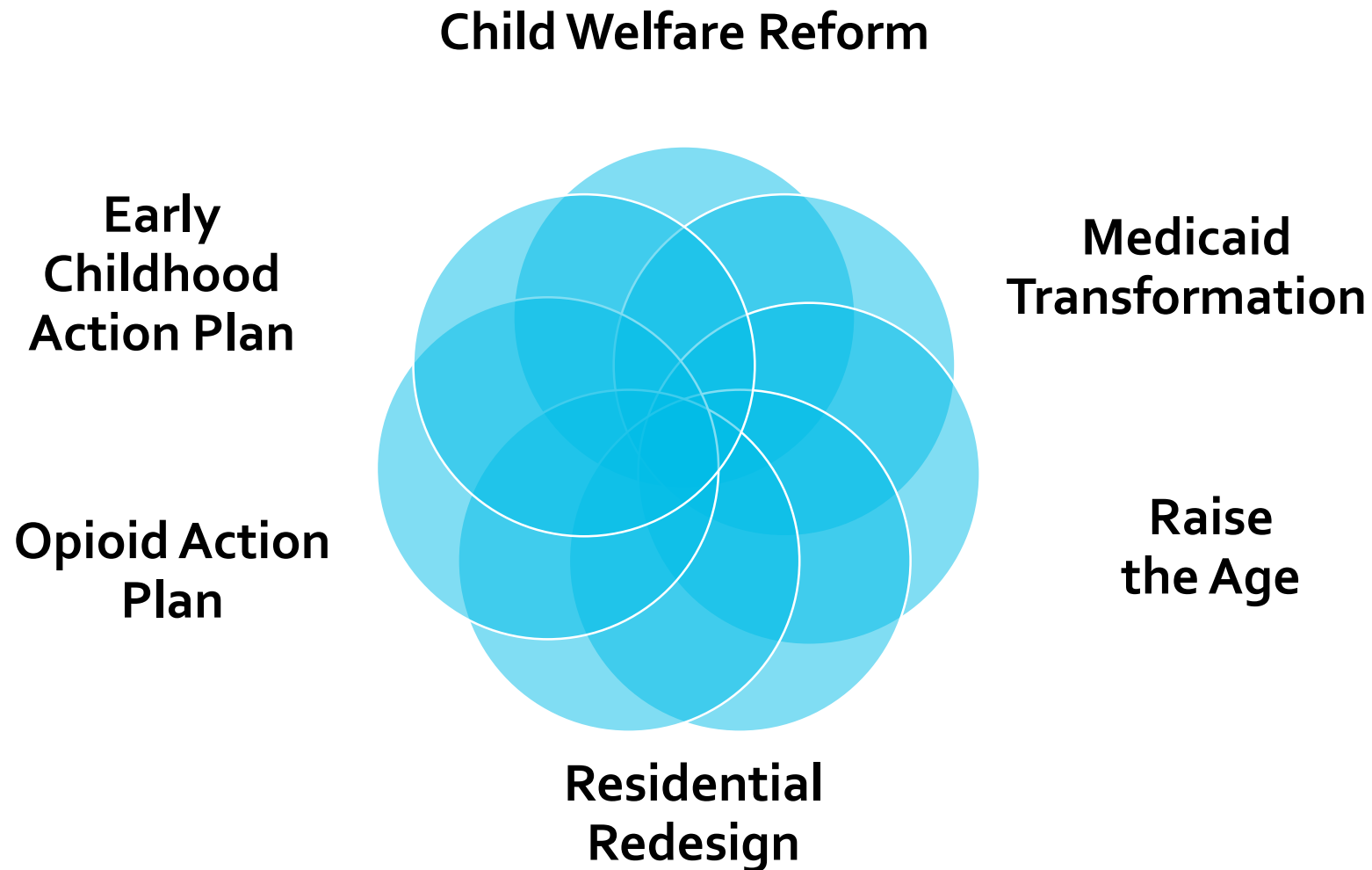
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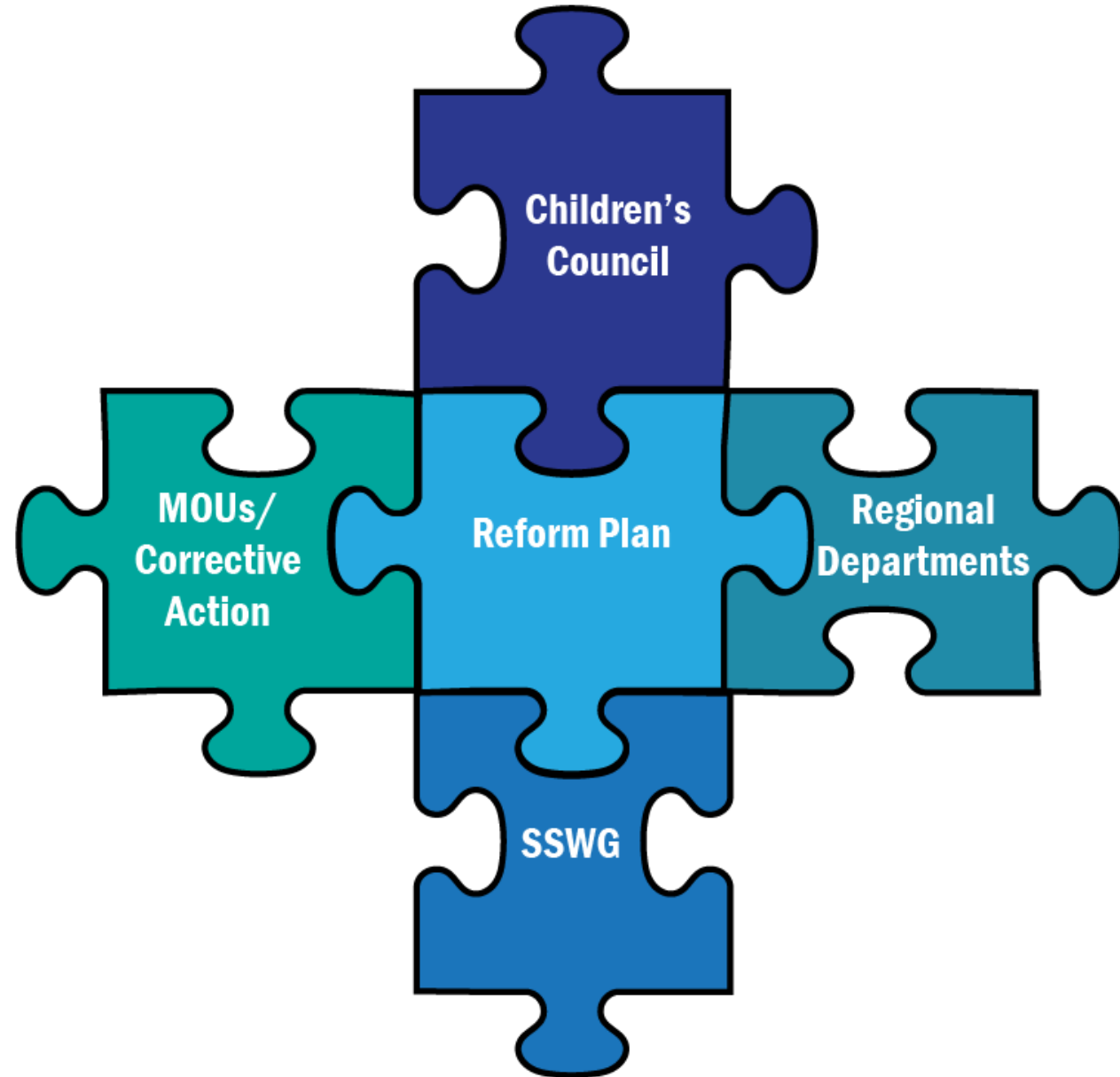
Rylan's Law

Family First
Prevention
Services Act

Drivers of Child Welfare Reform

Landscape for Systemic Change





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 recommendations from the report created by the Center for Support of Families (CSF). Some are included in reform efforts.

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 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



Family First Prevention Services Act (FFPSA)

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

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**

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



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 (Q RTP)
- 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



What is Qualified Residential Program?

A trauma-informed treatment model designed to address the needs, including clinical needs, of children with serious emotional or behavioral disorders or disturbances

Most children or youth in North Carolina's congregate care homes do not require this level of care.

Primarily reasons for placement in congregate care:

- Lack of family foster homes for teens
- Need for placements to preserve large sibling groups



QRTP Requirements

- Provides discharge planning and family-based aftercare support for at least six months post-discharge
- Registered or licensed nursing staff, and other licensed clinical staff available 24/7
- Requires court approval for child's placement
- Thirty day assessment by a qualified clinician to consider appropriateness of placement
- Facilitates participation of family members in the child's treatment program
- Increased documentation requirements in case plan
- Extended stays require federal approval

FFPSA – Status Update



Partnership with University of Chicago, Chapin Hall and The Duke Endowment to help with implementation of key components of Family First



Partnership with Casey Foundation to provide expert analysis on maximizing federal funds and fiscal planning for Family First



Incorporate stakeholders in the planning process through the Leadership Advisory Team and workgroups focusing on congregate care and prevention.



Integrate Family First into the child welfare transformation landscape



Plans to Implement Change

- Child and Family Services Plan
- Family First Prevention Services Plan

Child and Family Services Plan

- Submitted to the Administrative Office of Families (ACF) every 5 years. North Carolina's plan will be finalized this fall.
- Includes an assessment of all child welfare services and funding sources.
- Includes programs and services implemented in Program Improvement Plans
- Includes SMART goals: Specific, Measured, Realistic and Time-Limited Goals
- Updated yearly with an Annual Progress and Services Report

CFSP-Strategic Priorities

- Safety
- Permanency
- Well-Being
- Continuous Quality Improvement
- Workforce Development



FFPSA Required Plan for Prevention Services

States opting into prevention services must submit a prevention plan to the Children's Bureau within the Title IV-E plan (resubmitted every five years)

Plan must include:

- Details on services and 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



School Based Mental Health Updates:

- 1) Budget items for School Safety
- 2) Other Legislation
- 3) School Mental Health Initiative

Hg66 provides funding for School Safety in the form of:

Students in Crisis Grants:

- Awarded to public schools for crisis respite services
- Supports therapeutic foster care families and placements
- Expands evidence-based therapies such as peer mentoring
- LME/MCOs are named as community partners
- \$4.5 million non-recurring in SFY19-20

School Safety Budget Items, cont'd.

School Safety Training Grants:

- Provides funding to allow LEAs to contract with community partners who provide training to help students develop healthy responses to trauma and stress.
- \$4.5 million non-recurring SFY19-20

School Safety Study

Calls for DPI to conduct a School Psychologist and School Counselor Position Study

- Study will determine the number of psychologists and counselors currently in the education system across the state and their salaries.
- Study due to Joint Legislative Education Oversight Committee by 3/1/20
- Presumably to be used to evaluate sufficiency of school psychologist and counselor positions across the state

School Safety Budget Items, cont'd.

Transportation Reserve Fund for Homeless and Foster Children

- This fund will be used to support the extraordinary transportation costs of qualifying students.
- \$3 million non-recurring for SFY19-20.

H434, Suicide Risk, Mental Health and Teen Violence

- Requires local boards of education and other schools to adopt and implement a suicide risk referral protocol, and mental health training program and a policy against teen dating violence and abuse.
- The bill has passed the House and is in the Senate Rules Committee right now. This means that it has met requirements to stay alive during the rest of this session and the legislative session next year.

S601, School-Based Mental Health

- Requires public schools to develop and implement a school-based mental health plan that includes a mental health training program and suicide risk referral protocol.
- Also requires the NC Department of Public Instruction to adopt a statewide mental health plan that includes minimum requirements for local plans and a model that can be used.
- This legislation has many components that were developed and recommended by the School Mental Health Initiative.

Merging H434 and S601

- Because S601 did not meet the requirements of being passed in one of the legislative houses by the crossover deadline, it is technically no longer active.
- Legislators are considering the incorporation of components of S601 into H434.
- It is possible that this bill may not be considered until next session. Advocacy is needed to motivate legislators.

To Find Out More about the School Mental Health Initiative:

- bit.ly/NCSMHIWebsite
- This website provides the full report of the SMHI, information about upcoming meetings and opportunity to enroll in the regional networks or to receive emails on the SMHI.

Raise the Age Updates:

- 1) Legislation Supporting RoA
- 2) JCPC Changes
- 3) Upcoming Training Opportunities

Legislation Preparing for Raise the Age:

H966 provides budgeted funds for resource needs and for the JCPCs

- The 2019 budget includes approximately \$28 million recurring dollars to fund judicial positions, increase Juvenile Detention Center bed capacity and increase contract funding for community-based and residential programs.
- The 2019 budget includes JCPC program funding which most closely aligns with the recommendations of the Juvenile Jurisdiction Advisory Committee (JJAC) to meet the needs of the emerging adult population which will be served in communities beginning December 2019. The JCPC funding is a recurring \$4.25 million in SFY19-20 and \$6.6 million additional dollars in SFY20-21.

H 702 modifies the Juvenile Crime Prevention Councils:

- Passed the House and met requirements to remain alive through the short session of 2020.
- This is based on a January 15, 2019 implementation report (Juvenile Age Report) that is available at https://files.nc.gov/ncdps/documents/files/JJAC_Jan_15_report_Complete.pdf.
- A JCPC Fact Sheet will be available on the i2i website.

Juvenile Crime Prevention Councils (JCPCs)

- JCPC Programs provide:
 - Resources to juvenile courts
 - Disposition options for juvenile court judges
 - Analysis of programming needs for juveniles at the local level
- Desired Outcome:
 - Prevention of future crimes following referrals of juveniles
 - Refer 9,759 youth aged 16-17 to JCPC programs for rehabilitation

JCPC Funding

- Currently receive approx. \$22.7 million to serve 21,248 youth
- All 100 counties receive JCPC funds
- JCPC funding has not increased over the last decade
- 2019 Budget allocates \$4.25 million for JCPCs

JCPC Impact: Cost Effective

- Programs are low cost, effective and community-based
 - JCPC Program costs per youth are **\$996** a yearIn comparison to:
 - Youth Development Center costs per youth are **\$108,862** a year
- Since 1998, JCPC Programs are attributed to an 86% reduction in YDC commitments

JCPC Programs: Provide Community Service

- JCPC Programs deliver early intervention resources to schools and law enforcement-teaching accountability for actions.
- 65% of all teen court referrals come from law enforcement officers
- The most utilized JCPC programs are the community service/restitution programs, specifically restorative justice.
 - Of 21,238 youth in JCPC programs, 40% served in restitution/community service.
 - 65% of all adjudicated youth are referred to JCPC-funded restorative justice programs.

Raise the Age Trainings to be Offered in the Fall:

NC Juvenile Justice is working with the UNC School of Government to offer regional “Raise the Age” trainings this Fall across the state for law enforcement, Court Counselors, judges and court staff/officials, and other juvenile serving professionals.

These trainings will address law and process changes.

A resource guide, law enforcement quick reference card, and updated process flow will be provided to trainees.

Raise the Age Training Dates and Locations:

- Wed., 10/2/19, Asheville Location TBD
- Thurs., 10/3/19, Valarie Woodard Conference Center in Charlotte, NC
- Mon., 10/7/19 WSSU, Anderson Conference Center Dillard Auditorium
- Wed., 10/9/19, Wake County Commons Building
- Tues., 10/29/19, Pitt Community College
- Wed., 11/6/19, Cumberland County Location TBD
- Thurs., 11/7/19, New Hanover County Government Center, Andre Mallette Training Room

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Public Policy Changes Impacting Children, Family and Youth

For the training videos, webinar recording and all additional information, go
to:

<https://izicenter.org/events/public-policy-changes-impacting-system-of-care-for-child-youth-families/>



insight to innovation