CHILD WELFARE TRANSFORMATION

STAKEHOLDER OUTREACH
OCTOBER-NOVEMBER 2021










Why Are We Meeting Today?















Project Background

DHHS Has Convened a Multi-Sector Child Welfare Transformation Workgroup

- **In recent years, DHHS and its partners have advanced numerous reform initiatives* in response to challenges within the State's child protection system. These initiatives include but are not limited to Family First Prevention Services Act (FFPSA) implementation, implementation of a regional support model for county social service agencies, and development of a specialized Medicaid managed care plan for children and youth in foster care.**
- **These efforts highlighted key underlying challenges and pointed to strategies for improvement. They also have demonstrated the need for a unified effort across child- and family-serving system partners to achieve positive outcomes for children experiencing or at imminent risk of harm and their families.**
- **DHHS has now convened a multi-sector workgroup that aims to bridge and align previous and ongoing transformation efforts to strengthen the State's ability to meet the needs of children experiencing or at imminent risk of harm and their families.**
- **This multi-sector workgroup will:**
  - ✓ **Develop a shared vision for the collective responsibility to protect and foster the potential of every child and family involved in North Carolina's child protection system.**
  - ✓ **Provide specific and time-bound recommendations for actions the State should take to achieve that vision. Recommendations will be integrated with strategic initiatives underway or anticipated.**

*See Appendix for more information on select ongoing initiatives.

Child Welfare Transformation Team Members

Social Services/ Child Welfare

- Susan Gale Perry
- Susan Osborne
- Lisa Cauley
- Kevin FitzGerald (Strategic Advisor)

Mental Health

- Kody Kinsley
- Carrie Brown
- Keith McCoy
- Victor Armstrong

External Affairs

- Tracy Zimmerman

Medicaid

- Dave Richard
- Jay Ludlam
- Debra Farrington
- Deb Goda

General Counsel

- Julie Cronin

Child & Family Well-Being

- Charlene Wong

Health Services Regulation

- Wendy Boone

Bus. Information & Analytics

- Rob Morrell

Directors of Local Dept. of Social Services

- Brandy Mann (Tyrell)
- John Eller (Mecklenburg)
- Nancy Coston (Orange)

Providers

- Karen McCleod

LME/MCOs

- Rhonda Cox

PHPs

- Taylor Griffin

NC Healthcare Assoc

- Nicholle Karim

Legislature

- Senator Sydney Batch

Family Advocate

- Teka Dempsey

UNC

- Sara DePasquale
- Herman Naftle

DHHS Non-DHHS

The workgroup was convened in August 2021 and plans to wrap up its work and disseminate recommendations this winter.

Defining Terms and Focus Populations: Moving from "Child Welfare" to "Child Protection and Well-Being"

Who we are focused on



The systems that serve these children and families

North Carolina's Child Protection System: Refers to state and county agencies primarily responsible for implementing federal and state legislation on preventing child abuse and neglect, protecting children from further maltreatment, reuniting children safely with their families, and finding permanent families for children who cannot be safely reunited with their families. The child protection system includes DHHS Division of Social Services Child Welfare Services Section and County Departments of Social Services.

North Carolina's Child- and Family-Serving Systems: Includes state and local child protection agencies, Division of Health Benefits/Medicaid; Division of Mental Health, Developmental Disabilities and Substance Abuse Services; Department of Public Safety, including the juvenile justice section; Division of Social Services' economic stability sections; Department of Public Instruction; Division of Public Health; Division of Child and Family Well-Being; and non-governmental entities such as community-based service providers, hospitals, housing supports, educational institutions, childcare, and trusted community institutions.

The Data Point to Needed Improvements for Children Experiencing or at Risk of Harm*

- North Carolina ranks in the middle of the pack nationally in terms of children in foster care. Approximately 31,000 children in North Carolina are in foster care, receiving adoption assistance, or are former foster youth under age 26.
- The number of children entering foster care increased by 9% between 2014 and 2017.
- Approximately 16,500 children are in the Division of Social Services (DSS) custody each year. This rate has been steadily increasing in recent years.
- County DSS agencies receive on average more than 11,000 reports each month of suspected child abuse, neglect, or dependency. Of these, ~65% meet the criteria for a Child Protective Services investigative or family assessment.
- More than 11,000 families and 23,000 children received in-home services in 2018. The number of families who have received these services has steadily declined in recent years.
- Representation of children in custody is disproportionately high for both black and American Indian children, but lower for Hispanic and Latino children.

*Here and throughout this deck, “harm” is defined as “abuse, neglect, or lack of protection.”

The Data Point to Needed Improvements for Children Experiencing or at Risk of Harm (cont.)

Worse Physical and Behavioral Health*

Overall, foster youth have worse behavioral and physical health relative to children in the general population. This is true across family types and household income distributions.

- Approximately 60% of children in foster care have a chronic medical condition.
- Children and youth in foster care use inpatient and outpatient mental health services at a rate that is 15 to 20 times that of the general pediatric population.
- Children with multiple placements have a greater risk of developing behavioral challenges than children in stable placements.

*National data

Placement Instability for Children in Care

- A 2020 federal review identified placement stability and permanency as a continuing area for improvement for North Carolina. Recent data indicates significant progress in decreasing the rate of three or more placements.
- In 2019, children who are Hispanic/Latino, Black, or multi-racial were slightly more likely than children of other racial/ethnic backgrounds to experience more than two placements (31%-32% vs. 29%, respectively).
- Black children experience a higher rate of being placed in non-family settings (18.5%) compared to children of other races (9%-15%).

Placement Stability in the First Year of Foster Care in North Carolina

# of Placements	Jul 2017 - Jun 2018	Jul 2018 – Jun 2019	Jul 2019 – Jun 2020
1 Placement	38%	40%	40%
2 Placements	25%	24%	24%
3 Placements	14%	12%	15%
4 or More Placements	21%	22%	20%

Priority Challenges to Be Addressed Through This Work

The Workgroup Identified the Priority Challenges Impacting Children Experiencing or at Risk of Harm, and Their Families

- To identify areas for improvement, the workgroup first examined the experiences of children experiencing or at imminent risk of harm, and their families, as they interact with both the child protection system and the child- and family-serving system.

- We next considered the underlying issues that drive adverse experiences and/or poor outcomes for these children and families.

- The challenges on the following slide reflect the workgroup's analysis of prior and ongoing reform efforts as well as workgroup discussions. These challenges reflect the areas for improvement that the workgroup believes must be prioritized for resolution to better serve children and families.

Priority Challenges Reflect Issues Identified in Prior and Ongoing Reform Efforts and Working Group Input

Poor Outcomes
Challenges that reflect the experience of children experiencing or at imminent risk of harm, and their families

- Poor quality of care for children in crisis with behavioral health needs, driven by:
  - An over-reliance on institutional settings
  - Over-medication
  - A lack of appropriate settings for children in crisis
- High placement instability, driven by:
  - A lack of support for children while they're in placement
  - Low utilization of kinship placement
- Low rates of permanency leading to a high rate of children in custody at any one time
- Lack of integration across behavioral and physical health care and child protection services
- Inequitable outcomes, particularly among children and families of color

Underlying Challenges That Drive Poor Outcomes
The structural and process-related issues that underly and are driving poor outcomes

Inter-Agency Coordination

- Poor coordination between the CPS and its child- and family-serving system partners, including:
  - Lack of clarity in responsibilities and accountability
  - Lack of shared outcomes
- Misaligned funding structure across child- and family-serving system

Lack of Consistency

- Lack of consistency across county agencies, LME-MCOs, and geographic variation in:
  - Access to services and supports
  - Outcomes
  - Funding, which impacts access to services and staff turnover rates

Other Challenges

- Poor data sharing and technology capabilities, including a lack of data to identify and support families prior to them entering CPS ("predictive analytics")
  - Lack of clarity on the level of financial investment needed to adequately support robust services for children and families
- High staff turnover and resource shortages
- Failure to use a strength-based approach when interacting with families
- Implicit bias throughout the child- and family-serving systems, including in the workforce, policies, and processes
- Lack of a shared advocacy agenda to command sufficient resources needed to scale effective interventions

For Your Input

- Do the priority challenges identified reflect your own experiences working with children who are experiencing or at imminent risk of harm, and their families?
- What changes would you make to the list to better reflect your experiences?

To answer these questions, please complete the survey here:
https://www.surveymonkey.com/r/Y6D5DHJ

Working Draft Vision Statement, Mission Statement, and Guiding Principles

Taken Together, the Vision Statement, Mission Statement, and Guiding Principles Will Serve as Our "North Star" for Recommended Actions

With the priority challenges identified, the workgroup set out to develop a vision for children experiencing or at risk of harm, and their families.

What Is a Vision Statement?

The future you intend to create. It's what it looks like when you've changed the world. The vision statement should answer the question:

- What do you want to be true for children who experience abuse, neglect, or dependency or who are at imminent risk of harm, and their families?

What Is a Mission Statement?

A direct and compelling way to state your theory of change or the core shared strategy to achieve the shared vision. The mission statement should answer the following questions:

- What are you going to do together to work toward making your vision a reality?
- How are you going to do it together?

What Are Guiding Principles?

Describes the standards and ideals that guide an organization's thinking, decision-making, and the behavior of individuals and entities within the organization. Could also be characterized as "values" or "beliefs."

We are developing a vision for children experiencing or at imminent risk of experiencing harm, and their families.

We are developing a mission and guiding principles for North Carolina's child- and family-serving systems serving children experiencing or at imminent risk of harm, and their families.

Proposed Vision Statement, Mission Statement, and Guiding Principles

Vision

Every child grows up in their own safe, nurturing family and community with the opportunity to achieve their full potential.

Mission

North Carolina's child- and family-serving systems act collaboratively to provide equitable access to strength-based supports and protection to children experiencing or at imminent risk of harm and their families.

Guiding Principles

1. Keep children and families at the center of all policies and processes
2. Take bold action to dismantle and counter the effects of structural racism to create more equitable child- and family-serving systems
3. Promote stability by keeping families together safely whenever possible, minimizing placement changes, and preserving children's natural support networks
4. Engage families with cultural humility, ensure their voices are heard, and learn from their lived experience
5. Recognize and embrace the family unit in its many forms
6. Respect the rights and autonomy of families
7. Earn trust, be transparent, assign responsibility, and hold ourselves accountable
8. Ensure consistency and seamless coordination across child- and family-serving agencies
9. Value relative caregivers, foster parents, and the child- and family-serving workforce and enable them to fulfill their vital roles

For Your Input

- What key themes or elements reflected in the vision, mission, and guiding principles most resonate with you?
- Are there elements that you would add? If so, what are they?
- Do the draft vision statement, mission statement, and guiding principles paint a picture of how our child protection and child- and family-serving systems can help create better outcomes for children experiencing or at imminent risk of harm, and their families?

To answer these questions, please complete the survey here:

https://www.surveymonkey.com/r/Y6D5DHJ

Appendix

Select Initiatives Currently Under Deployment/Pending Implementation

State Implementation of Family First Prevention Services Act

- The Family First Prevention Services Act (FFPSA) of 2018 seeks to transform federal support for child welfare by shifting from an almost exclusive emphasis on funding foster care to also funding evidence-based practices to safely prevent children from entering care, allowing them to remain with family. FFPSA restricts reimbursement for congregate care placements for foster children both to make funding available for prevention services and to reduce federal funding for an approach to foster care believed not to meet children's needs. The State is working to implement this legislation.

Specialized Foster Care Plan

- As part of North Carolina's Medicaid managed care implementation, DHHS is designing a statewide Medicaid managed care plan to meet the unique needs of the State's children and youth currently and formerly involved in the child protection system.
- Enrollees in the plan will receive comprehensive physical and behavioral health services as well as intensive care coordination services.

Behavioral Health Crises for Children in Care

- Crisis Action Teams: DHHS created three cross-divisional teams made up of subject matter experts and executive leaders from DMH/DD/SAS, DSS, and NC Medicaid to develop and implement near and long-term solutions to prevent children with significant behavioral health needs from languishing in inappropriate settings.
- Senator Batch Workgroups: Senator Batch convened a workgroup to look at the challenges in placing youth with acute behavioral health needs. Based on initial discussions, four key areas for action were identified: appropriate risk tolerance for youth needing services; community-based and residential services needed to meet the need for NC's high acuity youth; appropriate administrative flexibility for MCOs, PHPs and providers to be responsive in a timely manner to MH/DD/SA and child welfare system needs; and appropriate early intervention services to reduce the number of youth needing high acuity care.

Comprehensive Child Welfare Information System (CCWIS)

- The State is working to implement a system/infrastructure that complies with federal CCWIS requirements and can drive timely and data-informed decision-making.

Implementation of a Regional Support Model

- Rylan's Law requires DHHS to implement an approach to regional supervision of and collaboration by local social services programs. The State is working to implement this regional approach.

Sources

1. North Carolina Final Child Welfare Reform Plan (2019)
2. North Carolina Child and Family Services Plan (2019)
3. Policy Paper: North Carolina Specialized Foster Care Plan (2021)
4. Disproportionality and Race Equity in Child Welfare. National Conference of State Legislatures (2021)
5. Kids Count Data Center, North Carolina Indicators
6. Child Welfare Data – North Carolina (link; link)
7. SAMHSA Data on North Carolina (2019)
8. Mental and Physical Health of Children in Foster Care, Pediatrics (2016)
9. Juvenile Law Center (2018)
10. Strong Families – What Impacts Placement Stability (2018)
11. ACF Review of NC's Two-Year PIP Implementation (2020)
12. Child Welfare in North Carolina (2021)
13. 2021 Annual Progress and Services Report for CFSP (2020)
14. Public Knowledge Analysis (2021)
15. North Carolina's Child and Family Behavioral Health Crises (2021)
16. Specialized Foster Care Policy Paper (2021)
17. NC FAST Child Welfare System — Assessment, Alternatives Analysis, Recommendations and RFI (2020)