


Developing a Practice Model for North Carolina and FFPSA Update

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Agenda

- North Carolina's Practice Model
- FFPSA Update: Selection of the EBPs

Why is NC implementing a child welfare practice model?

- To assure child welfare services are provided consistently across 100 counties
- To improve outcomes for children and families

North Carolina's Practice Model Has Two Primary Components

1. **Practice standards** that workers, supervisors and leaders will follow from the beginning to the end of child welfare services are the foundation of the practice model.

2. **Safety Organized Practice (SOP),** which includes specific tools for working with children and families to achieve safety, permanency and well-being.

From practice model to practice standards

Practice Model

Practice models provide a framework or organizing principles to guide child welfare to achieve its mission and values.

Essential Functions

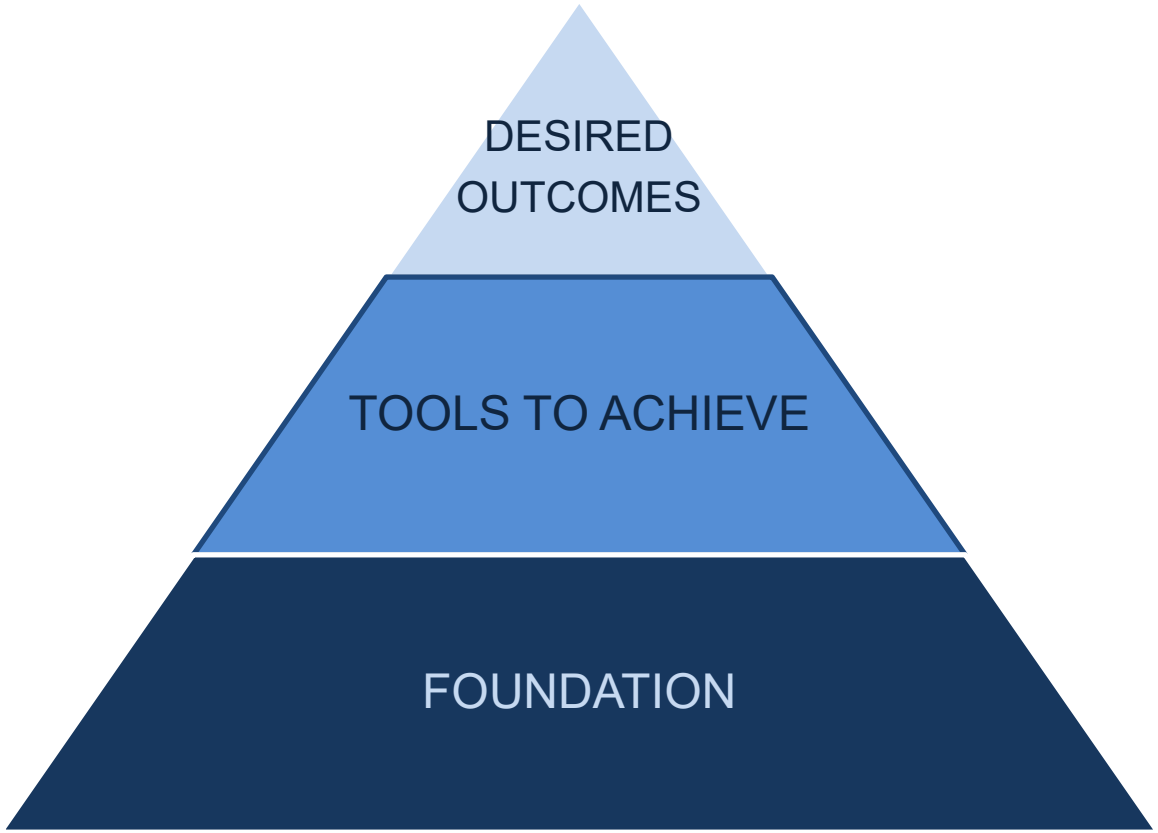
Essential Functions are features that must be present to say the program exists.*

Practice Standards

Practice standards provide guidance to staff on the concrete behaviors they should be demonstrating to carry out core activities for essential functions.

*Innovations Defined." http://nirn.fpg.unc.edu/learn-implementation/innovations-defined

North Carolina's Practice Model Pyramid



Safety, Permanency and Well-being

Safety Organized Practice

Essential Functions and Practice Standards

Why Is NC Developing Practice Standards?

- Practice standards provide the basis for teaching core skills to the workforce that are critical to working with children and families and to successfully using SOP

- Practice standards describe in observable, behaviorally specific terms how workers, supervisors and leaders will conduct the essential functions of child welfare

Why Is NC Developing Its Own Practice Standards?

- To root the standards in NC Child Welfare's core values: *safety focused, trauma informed, family centered* and *culturally competent*.

- To allow robust input from state and county workers and leaders, partner provider agencies, and persons with lived experience receiving child welfare services.

Why Is North Carolina Implementing SOP?

- SOP includes specific tools for working with families that NC believes will be effective such as:
  - Structured Decision-Making Tools
  - Harm and danger statements
  - Three Houses
  - Safety Mapping
  - Safety Networks
  - Behaviorally specific case plans

- SOP embodies NC Child Welfare's core values: *safety focused, trauma informed, family centered* and *culturally competent.*

What Progress Has Been Made?

- The Unified Public Agency Leadership Team (ULT) has defined how five essential functions—*Communicating, Engaging, Assessing, Planning,* and *Implementing*—will be practiced in NC.

- Stakeholder design teams and focus groups are providing input into specific behaviors they want--and do not want—to see when workers, supervisors and leaders perform these functions.

- The National Council on Crime and Delinquency (NCCD) is ready to begin updating and revalidating NC's structured decision-making (SDM) tools as a first step towards SOP implementation.

What Is The Projected Timeline?

June 2021	--Practice Standards completed --Implementation plan drafted
June 2022	--Training and implementation of Practice Standards completed --SDM tools, updated, re-validated and implemented --Training begun on other SOP tools
Dec. 2023	--Training and implementation of SOP completed
June 2024	--Ongoing maintenance activities

Development of the FFPSA Prevention Services Menu: Considerations

Meeting the needs of our candidacy population

- **Children and Youth who experience:**
  - Parental substance use
  - Children/Youth behavioral health challenges
  - Parents' behavioral health
  - Parenting
  - Domestic violence

Addressing Parental Contributory Factors/Improving Functioning via Family-based Services (addressing the reasons children enter foster care)

Recommendations/Ratings from Stakeholders

- **Effectiveness of Services to meet goals of FFPSA**
  - Prevention Services/EBP Stakeholder Group
  - DMH/DD/SAS Subject Matter Experts
  - Prevention Services Subject Matter Experts

Medicaid Services

- **Is this a covered service offered through North Carolina's Medicaid State Plan?**
  - Stability of Service as State Plan services are required and LME/MCO's must have service and capacity to provide services as required by contract.
  - Leveraging services available from the LME/MCOs

Development of the FFPSA Prevention Services Menu: Considerations

Availability of Services

- Information available from scan completed by Chapin Hall in 2019 identifies availability and capacity of services throughout the state

Medicaid Eligibility

- Are those receiving services Medicaid beneficiaries?
- If not, are they Medicaid eligible?

Network Adequacy

- Adequacy of provider networks to meet unique needs of children and families who are child welfare involved

Other Programs

- Are other state funding sources or grants involved in supporting “prevention services” for specific target populations?

Financial

- Available funds for match from IFPS and Triple P
- Cost of CQI, Evaluation
- Billing and reimbursement system development for Prevention Services funded by FFPSA (IVE funds)

Prevention Services Menu

Service Type Clearinghouse Rating	Mental Health	Substance Use Disorder	In-home Skill-based Parenting
Well Supported	Multisystemic Therapy	Multisystemic Therapy	Homebuilders Parents as Teachers
Promising	Triple P, Level 4	Methadone Maintenance	

50% of Prevention Services must be Well-Supported. A waiver for evaluation will be required and a method of conducting CQI developed.

Promising Prevention Services require an evaluation and method of conducting CQI

Meeting needs of Candidacy Population

Triple P- Parenting Intervention- MH

- Less intense than PAT, addresses parenting behaviors, improves child functioning as parenting behaviors improve. Serves 0-18, aligns with statewide expansion initiatives. Will need an evaluation plan and CQI plan

Methadone Maintenance- Parental Intervention- SUD

- Addresses SUD needs for parents who have an opioid use disorder and choose to engage in MAT. Improves Parental Functioning, addressed gaps in Medicaid Coverage for parents. In State Medicaid Plan and State Funded. Will need an evaluation plan and CQI plan

Meeting needs of Candidacy Population

Multisystemic Therapy- Family Systems Model (BH and SUD)

- Adolescent Behaviors/Family Functioning/Parental Factors in managing behaviors- Multisystemic Therapy. Will support both parents and kinship care providers to manage challenging adolescent behaviors, including externalizing behaviors related to diagnosis such as Oppositional Defiance Disorder (ODD), and substance use disorders. Medicaid and State Funded.

Homebuilders- Family Systems Intervention- In Home Skill Based Parenting

- Child Behaviors/Family Functioning/Parental Factors in managing home environment, linking to services to support family, stabilize crisis. Serves all 0-18.

Parents as Teachers- Family Systems Intervention- In Home Skill Based Parenting

- Early supports for families/children at risk. Child behavior/Parent Functioning/Parent Behaviors. Addresses early childhood emotional development. Serves ages 0-5, in home model

Meeting needs of Candidacy Population

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Next Steps:

- Develop implementation plan to include:
  - Contracting for services
  - Developing business process for referrals
  - Addressing the initial and ongoing needs of the workforce
- Continue collaborative work within DHHS to ensure the programs offered by Medicaid are tailored to meet the needs of those served by Child Welfare.
- Ensure alignment of Practice Model and FFPSA

What else is important?