





NC Department of Health Human Services

Division of Social Services

Benchmarks Conference Call

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December 10, 2020

Agenda

- Services to Teens
- Families First Prevention Services Act
- Positive Parenting Program (Triple P)
- Child Medical Exam Update



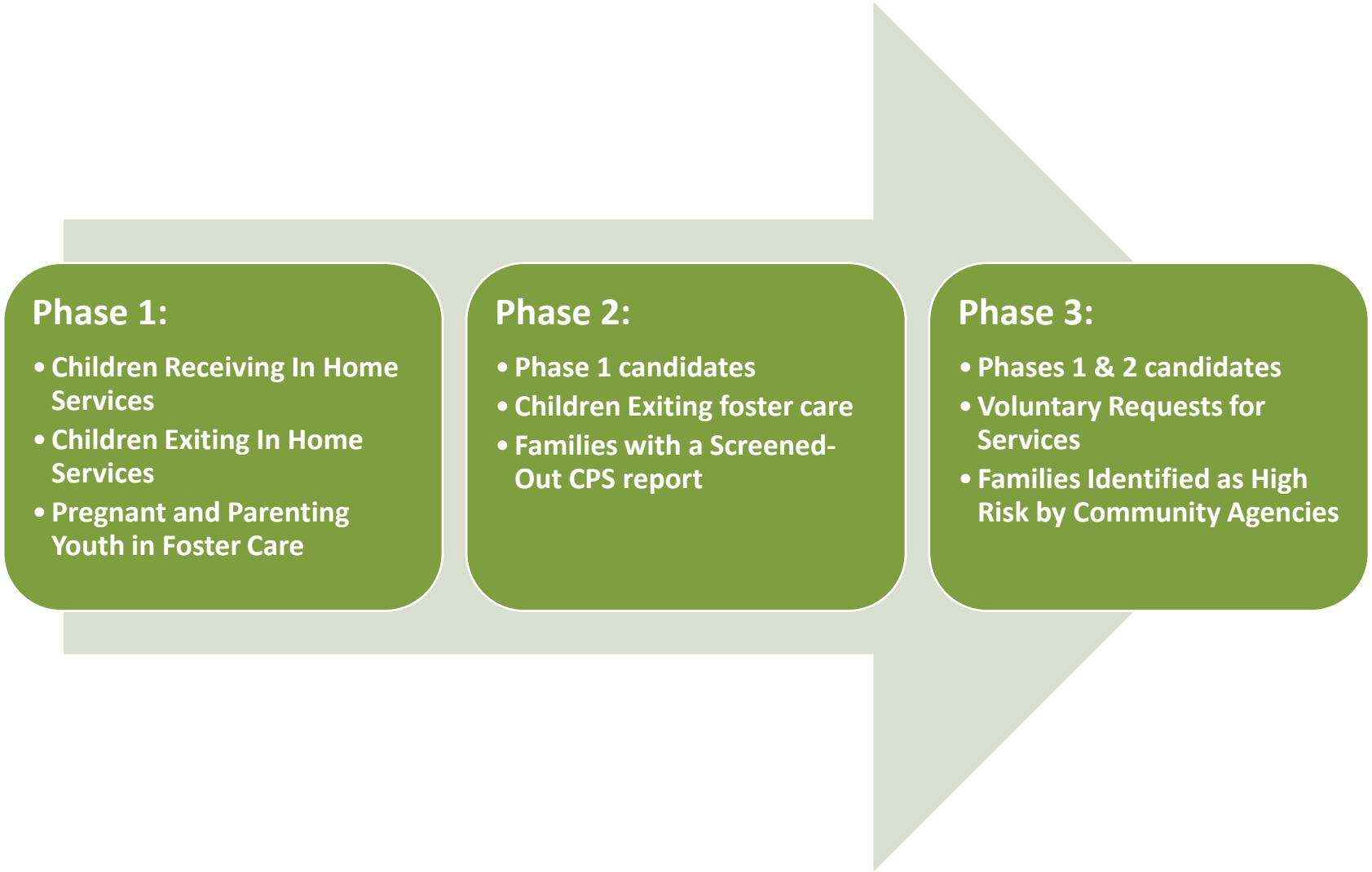
Services to Teens:

- Revision of the policies for young adults
- Focus on 18-21
- Guidance Document for LGBTQ+ youth
- Materials for release of personal documents

Family First Prevention Services Act Update



Phased Candidacy Approach



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**	**NA**

- **50% of the amounts expended by the state for a fiscal year for the title IV-E prevention program must be for services that meet the Well-Supported practice criteria.**
- The Prevention Plan must include a well-designed and rigorous evaluation strategy for each service; a request can be made to waive the evaluation requirement for well supported services if there is evidence of a robust CQI system in place.

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)

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

- **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

Questions?



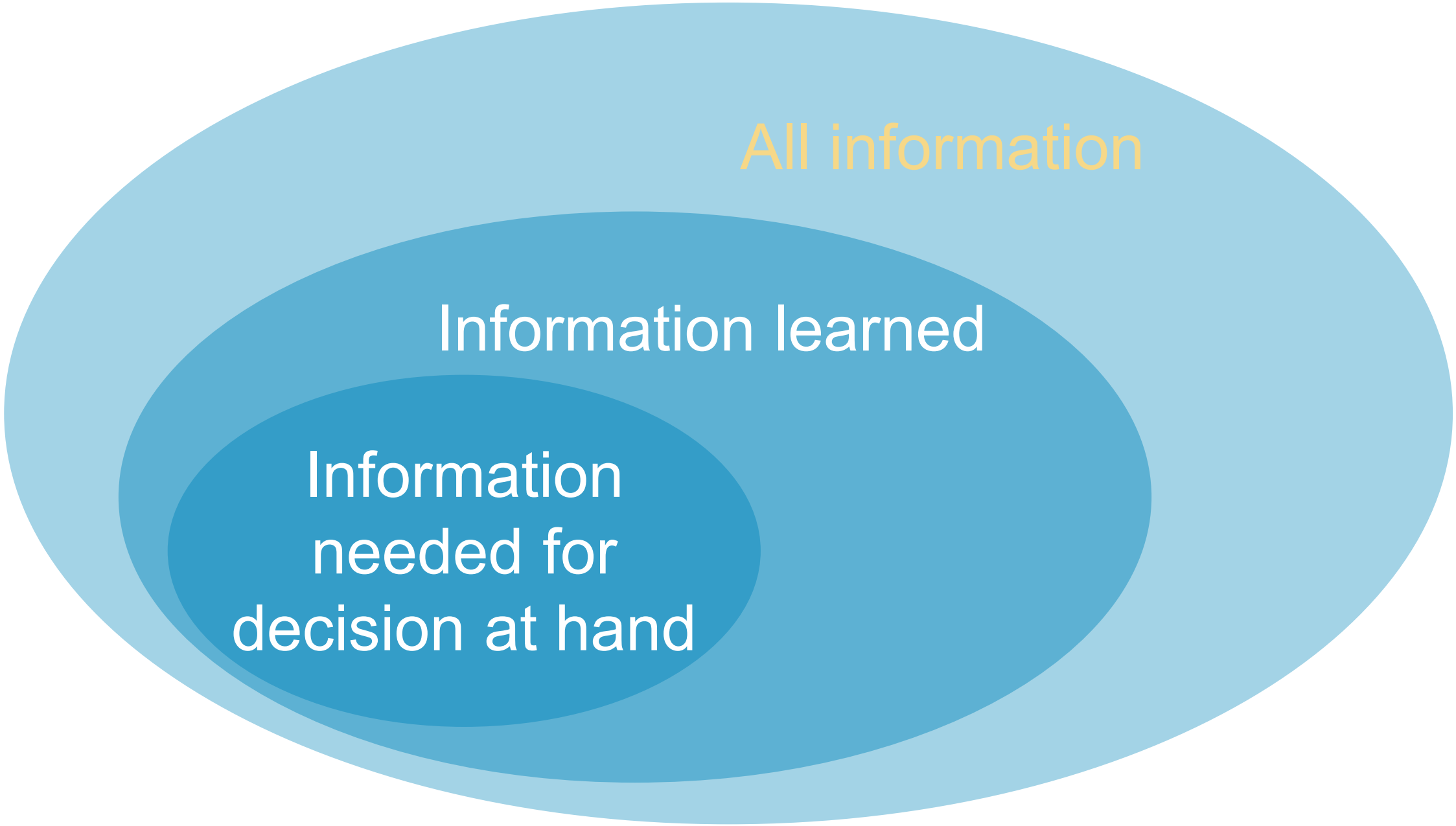
The Structured Decision Making® System and Safety Organized Practice Project Overview



A research- and evidence-based decision-support system.

- Promote safety
- Expedite permanency
- Support well-being




All information
Information learned
Information needed for decision at hand

The SDM® System at Each Decision Point

Should this incident be reported?	Should this referral be investigated?	Should a child be removed from the home?	Should a case be opened in In Home Services?	What interventions could ensure child safety?	Can the child return home permanently?	Should this case be closed?
						
Reporter's Guide	Intake Assessment	Safety Assessment	Risk Assessment	Case Plan Tool	Reunification Assessment	Risk Reassessment

Safety-Organized Practice Model Top Priorities

1) Safely stabilize and preserve families, and if that is not possible;

2) Safely reunify children to their families of origin, and if that is not possible;

3) Safely create new permanent families for children.

What is Safety-Organized Practice?



Working With & Across Differences

Partnership-Based Collaborative Practice

Structured Decision Making

Signs of Safety

Trauma-Informed Practice

Family Team Meetings

Appreciative Inquiry

Solution-Focused Interviewing



Development of good working relationships



Use of critical thinking and decision-support tools



Building collaborative plans to enhance daily child safety

- **Necessary/difficult/painful dialogue can help eradicate oppression and strengthen relationships.**
- **Multicultural agreements help cross-cultural interactions, incorporating cultural perspectives and expertise.**



Rigorous, balanced assessment

Strategies for talking with children





- Collaborative assessment and planning (CAP) framework
- Structured Decision Making® (SDM) assessments
- Worry statements

Building Collaborative Plans to Enhance Safety

- Goal statements
- Support networks
- Detailed, behavior-based plans





Implementation



- Pre-implementation
- Implementation
- Sustainability

Deliverable Phases	Month
I. Pre-project planning & data analysis	Months 1–4
II. SDM assessments in intake and investigations	Months 2–12
III. SDM assessments in ongoing casework	Months 13–21
IV. SOP initial launch	Months 22–30
V. SOP implementation activities	Months 31–39
VI. SOP/SDM sustainability	Months 40–42



APPROXIMATE TIMELINE: December 2020 – June 2021

- Project Kickoff Activities
- Preliminary Data Analysis and Risk Validation Study
- SDM Intake Assessment Customization
- Automation in NCFAST
- Inter-Rater Reliability Testing
- Training
- Coaching
- Implementation Support
- Case Reviews & Data Reports

APPROXIMATE TIMELINE: April 2021 – June 2022

- Current NC SDM Assessment Updates
- Inter-Rater Reliability Testing
- Automation of changes in NCFAST
- Training
- Coaching
- Implementation Support
- Case Reviews & Data Reports

APPOXIMATE TIMELINE: January 2021 – October 2024

- Integrated Safety Organized Practice (SOP) Model Development
- SOP Training of Trainers and Statewide training in all 100 counties
- Coaching Institute and Coaching Model Implementation to create a Learning Organization
- Implementation Support
- Case Reviews & Data Reports to measure continuous quality improvement and create actionable next steps



Triple P in NC Child Welfare Services

- In 2016, DSS joined with DPH to enhance existing infrastructure, training, and evaluation in 37 counties.
- In 2017 & 2018, DHHS expanded Triple P to all 100 counties through 10 regional coalitions and on-line codes.
- Many child welfare workers are trained and use Triple P to support family engagement and enhance child safety.
- Investments informed by the science

Positive Parenting Program – "Triple P Spoken Here"

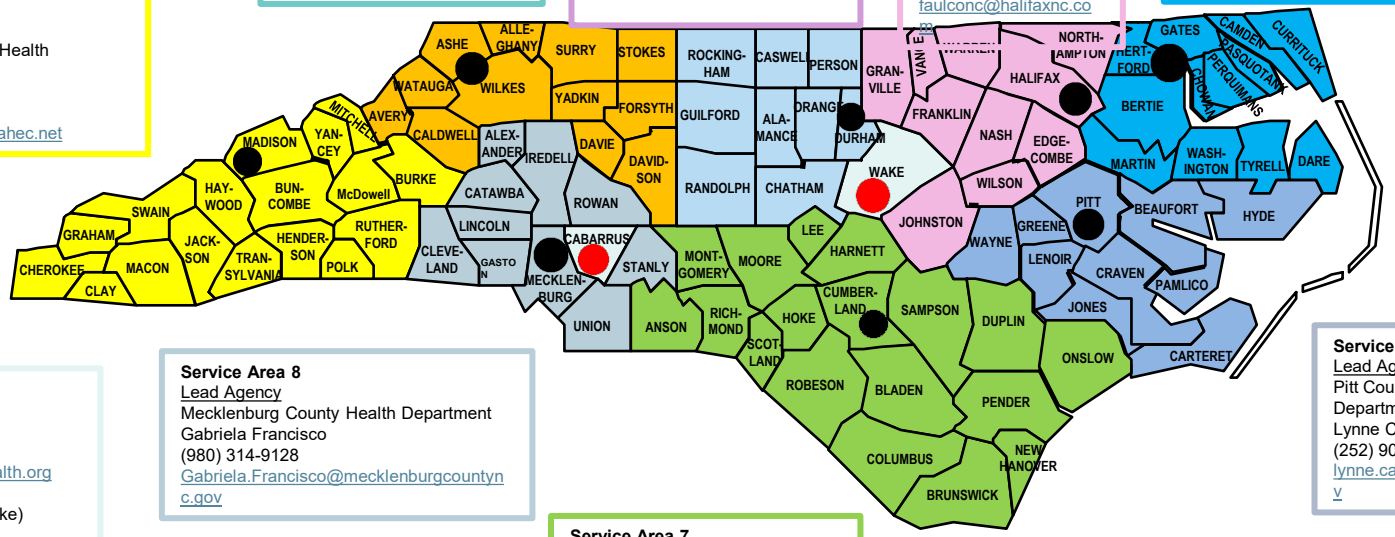
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- **Cabarrus** (funded by Title V) and **Wake** (funded by the Rex Foundation)
- **Lead Health Departments** (provides Triple P coverage for the service area)

April 2019

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
NCPH North Carolina Public Health

Why Triple P in North Carolina?

- Population-based approached to parenting
- Destigmatized seeking parenting support
- Train the existing workforce to deliver Triple P
- A positive approach to parenting support
- Evidence-based, good investment
- Prevents child maltreatment, reduces foster care placements, and provides supportive intervention for families

Ultimate Goal: "Triple P Spoken Here"

Victims of Crime Act Triple P Grant

- NC Governors Crime Commission Grant
- October 1, 2020 – September 30, 2022
- $1.57 million over two-year grant period
- 7 Regional Triple P Practitioners will provide Level 4, Standard Triple P
- 400 Foster & Kinship Families with children age birth – 12 years old
- Level 3 or 4 Primary Care Triple P Training for 180 foster Care, licensing, and child placing agency staff.

VOCA Triple P Anticipated Outcomes

- 65% of participating children will show improvements in social, emotional, and behavioral adjustment.

- The rate of out-of-home placement moves per 1,000 days of foster care will not exceed 4.1 per day per 1,000 days in care for participating children and families.



Family First Prevention Services Act

- Triple P, Level 4 is an evidence-based program listed on the Title IV-E Clearinghouse for Family First.
- NC DSS Prevention Plan
- VOCA Grant will build Triple P Capacity in county child welfare agencies in preparation for Family First implementation.



VOCA – CW Implementation Connection

- VOCA Practitioners will work with county foster care staff to identify and engage kinship and foster parents.
- FPG CW Implementation Specialist will support this project by:
  - Connecting child welfare to Local Implementing Agencies (LIAs).
  - Supporting CW capacity and sustainability after VOCA
  - Consulting on project protocol, data, and outcomes

Triple P Online Codes

- **Evidence-based, flexible program for families of children, age birth-16 years old.**
- **NC Triple P Online Program is available to NC parents in all 100 counties at no cost to them.**
  - **2 Trainings: *Toddlers – Tweens* and *Pre-teens & Teens***
  - **8 modules - video clips, worksheets and activities**
  - **Telephone and email support available**
  - **12 months to complete**
  - **Adapted for COVID-19 Pandemic**
- **Access NC Triple P Online codes here.**

Contact Information

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Child Medical Exam Update

What is the CME supposed to do?

- Provide a tool to assist Child Welfare with making a case decision

- Completed by a medical expert in child maltreatment



Why are we changing this policy?

To ensure a complete medical assessment for the concerns or allegations of abuse or neglect



Notable Changes

- **Outlines the role of the CMEP**
- **Defines the role of the medical interview**
- **Defines four types of cases/concerns that must be referred for a CME**
- **Creates a section of cases that counties must document why the decision was made not to obtain a CME**
- **Gives guidance around the need for consent and who must give consent**



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CME Policy Changes



- **Previous policy lacked clarity and did not fully explain the definition and purpose of CMEs**
- **A subgroup of the Safety Design Team met to draft updates to the CME Policy**
- **The draft was reviewed by the Unified Public Agency Leadership Team as well as the full Safety Design Team**

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Mandatory Referrals: no overrides

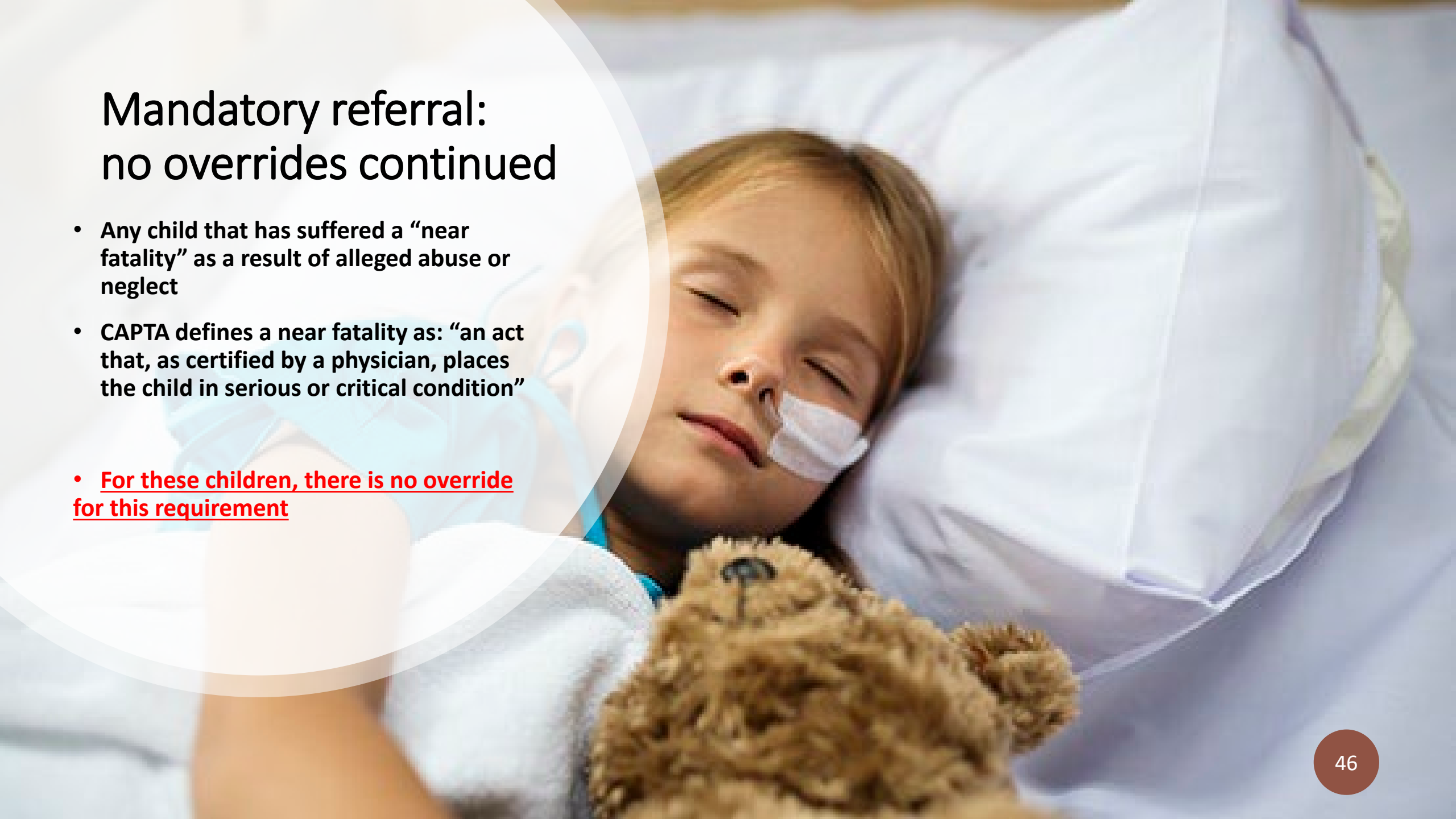
- **Children under the age of 1 or are pre-cruising with a Sentinel Injury**
- **Sentinel injury: Visible, poorly explained small injuries such as a bruise on any part of the body or intraoral injury in pre-cruising child often from abuse, can precede more serious abuse**
- **Cruising: means the child can pull to a stand and take a few steps holding onto something, typically occurs between the ages of 8-11 months**
- **For these children, there is no override of this requirement**

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Mandatory referral: no overrides continued

- **Any child that has suffered a "near fatality" as a result of alleged abuse or neglect**
- **CAPTA defines a near fatality as: "an act that, as certified by a physician, places the child in serious or critical condition"**

- **For these children, there is no override for this requirement**



Mandatory referrals overrides permitted:

- **Children that are 3 years old and under; that are non-verbal; or that appear developmentally delayed; who, upon assessment or as reported by a medical provider, have or have concerns for:**
- **Abusive head trauma**
- **Bruises**
  - **Patterned bruises**
  - **Bruising in atypical areas such as ears, torso, backs of arms/legs, genitalia, buttocks and/or neck**
  - **Multiple bruises from a single injury**
  - **Petechial bruising**



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Mandatory referrals overrides permitted cont:

- **Injuries to the head**
- **Intentional, poorly explained or unexplained burns**
- **Fractures that are inflicted, poorly explained and/or unexplained**
- **Are a sibling, of any age, of a child that has suffered a near fatality as a result of alleged abuse or neglect**
- **Been hospitalized for concerns of maltreatment**
- **Malnutrition or failure to thrive**



Mandatory referrals overrides permitted cont:

- **Factious disorder imposed upon another (medical child abuse)**
- **Chronic medical problems with repeated concerns for medical neglect**
- **Sexual abuse; this includes but is not limited to: fondling, penetration of any kind, exposure to pornography, grooming behavior and human trafficking**



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Policy override

- **Written documentation from a rostered CMEP provider *stating that a CME is not necessary* can override this requirement as noted in section 2 in the policy.**
- **Documentation must indicate that the child has already obtained a complete medical evaluation for the concerns and/or no additional medical evaluation is needed.**



QUESTIONS?





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