

Children Services Committee
6/13/18
Raleigh, NC

Tri Chairs: Tracie Murphy, Heather Skeens, April Snead

In attendance: See sign in form attached.

By telephone (counties): Caldwell, Johnston, Edgecombe, Catawba, Stanly, Alamance, Buncombe, Burke, Stokes, Robeson, Vance, Wilson Currituck, Columbus, Orange, Tyrrell, Rockingham, Mecklenburg, Beaufort, Nash, Lee, Brunswick, Person, Graham, Guilford, Franklin, Davie, Rowan, Brunswick, Avery, Duplin, Davidson

No meeting minutes from May 2018, as Center for Family Services presided over Committee meetings.

CFSR: Arlette Lambert of the Division presented an update on NC Program Improvement Plan. NC had a Children's Bureau visit in April for an annual joint planning process and PIP monitoring visit. The Children's Bureau is pleased with NC progress on the PIP. Communication between the Children's Bureau and NC has improved and evolved over the last few years. A new state specialist will be assigned to NC effective October 1st and attended the visit in April. At the federal level, the CFSR team is also changing and new team members have been assigned to NC. The Children's Bureau is pleased with NC review of cases, especially in permanency items, specifically preserving connections and assessing sibling contacts. Children Bureau is also pleased with NC assessment of practice without "reworking" the case. For example, a reviewer not indicating what should or could have been done in the case.

The use of professional judgment was discussed with the Children's Bureau as well. Guidance was given for reviewers to use critical thinking skills while assessing practice. For example, if information is not documented in the record, information gathered from interviews of stakeholders can be used to appropriately assess practice and score the tool. A meeting will be held this Friday with the 10 current CFSR counties. Pilot counties indicated reviewers scored based on what could have and should have been done in practice versus the information relayed today.

A question was asked regarding how the Children's Bureau would be pleased when review outcomes are not improving. Arlette indicated the Children's Bureau was not reviewing outcomes but the use of the tool and whether or NC is consistent with the Children's Bureau use of the tool. There is a new version of the OSRI quarterly report that may not have been shared with counties. There will also be guidance for counties to improve practice.

NC did a new baseline of results for May - October 2017. These results included pilot county cases but also cases from the remaining 90 counties as well. The numbers have been finalized and the Children Bureau used the numbers to calculate performance goals. These goals are needing to be met by March 2020 to avoid financial penalty. For item 1, Timeliness, the performance goal is 74.6%. For item 2, Reentry into Foster Care, the baseline is 61.7% and the goal 66.4%. For Item 3, Risk Assessment, the baseline is 58.7% and goal is 66.2%. For Item 4, Stability, the baseline 66.1% and goal 70.6%. For Item 5, Appropriate Permanency goal, the baseline is 50% and goal is 54%. For Item 12, Composite Item of Needs and Services, the baseline of 44% and the goal is 47.6%. For Item 13, Child and Family Involvement in Case Planning, the baseline is 48.6% and the goal is 52.2%. All baselines and goals will be shared through a power point on the Children Services Listserv. In all areas, a 3-5% improvement is needed as compared to the current baseline.

The Division will be hosting six Child Welfare Stakeholder Input Sessions across the state. These are for the public to provide feedback in areas of safety, permanency, and well-being, services to high risk populations, and post adoption support services. County staff are invited as well to hear from the public.

Adoption Promotion: Erin Baluyot presented changes to the Adoption Promotion Program and how this will impact county adoption promotion funding. Years ago the state agreed to honor all adoptions completed resulting in over spending of \$3 million. While the spending has increased, the number of completed adoptions did not increase. The program is not sustainable, nor promoting collaboration. In March 2018 a work group including three county directors, three private adoption providers, and DHHS fiscal and programmatic staff convened to study this issue. The work group had four areas of focus including staying within budget, promoting collaboration among public and private agencies, increasing the number of adoption across the state, and streamlining the administrative process. Systemic causes that created barriers to increasing adoption rates were explored. The proposed plan is a temporary plan for fiscal year 18-19. NC has the opportunity to work with Third Sector, a private vendor, for technical assistance and recommendation for improvements. These recommendations will return to the workgroup to plan for fiscal year 19-20. The proposed plan is being reviewed by leadership within the Division at this time. The proposed plan includes:

- A portion of the total budget will be allocated to county agencies (55%) and a portion allocated to private agencies (45%)
- The federal baseline methodology will be used to determine county baselines
- An agency achieving over the baseline will receive a proportional share of the county budget portion. Each year a lump sum payment will be made to counties surpassing the baseline. This will be received in June. The amount will vary based on the number of adoptions completed in NC and the number of counties surpassing baseline.

Children who are identified as difficult to adopt children will be placed on a Waiting 100 List. These are children who have been on the NC Kids website for over one year. If a county works with a private agency or another county to complete these adoptions, the county will receive \$2000. This is not contingent upon the baseline. Collaboration agreements must be completed, foster care cases must be closed and adoption cases opened with 7 days of the adoption decree. If a county has no collaboration with another county or private agency, the county receives \$1000.

Private agencies are required to register all families with NC Kids and will receive a flat rate for each adoption

Key changes are as follows:

- The adoption services agreement has been eliminated
- The new reimbursement structure provides a flat rate to private agencies, proportional rate to public agencies
- Counties no longer have to deplete previous years of adoption promotion funds to receive additional funds
- Counties are required to submit a plan for use of encumbered funds
- Use of the federal baseline methodology
- Removal of special needs categories

A question was asked if public and private agencies must submit plans for the use of encumbered funds? This was not discussed but will be a part of the larger discussion moving forward. Also, addressing outcomes for private agencies will be explored.

A question was asked if spending plan require approval from the Division? The Division would like to see a plan for how funds will be spent. It is unknown if this will be an approval process or simply reporting process. A suggestion was made to incorporate this monitoring into current annual fiscal monitoring.

A suggestions was made that the workgroup consider data on the number of children being adopted.

Family First Prevention Services Act (FFPSA): Alicia Blackwell Pittman of the Division presented on the Family First Prevention Services Act. A kickoff meeting was held last week. Power points and a link to the recording will be posted. You are encouraged to watch at the 15 minute mark to review a presentation on the legislation for FFPSA. FFPSA was signed into law in February 2018 in response to the growing opioid crisis and the increased number of children entering foster care. It acknowledges improved outcomes for children placed in family settings versus congregate care. FFPSA restructures financing to allow IV-E funds to be used for prevention services to prevent children entering foster care. This is not for children who have not entered the child welfare system yet. It also limits IV-E funding for children placed in group home or congregate care settings. Implementation timelines are varied. In October 2019 prevention funds are available. By October 2021 funding restrictions to congregate care will be implemented. NC has begun planning to decide when to opt into prevention services and if to delay congregate care funding.

Prevention Services include children who are candidates for foster care. Examples include mental health substance abuse prevention and treatment, in home skill based parenting programs, individual and family counseling, residential parent/child substance abuse programs. These services would be IV-E reimbursable. Also eligible are youth in foster care who are pregnant in an effort to prevent their children from entering care. Plans have to be time limited up to 12 months, include specific services to keep children in the home and out of foster care, and use evidenced based services provided by a qualified clinician. There is no income eligibility requirements and all children are entitled to services. Federal partners will determine what services are evidenced based by October 1, 2018. Any immediate safety concerns should be addressed and children removed if necessary.

Limitations for congregate care placement. After day 14 of congregate care placement, IV-E funds can no longer be used for reimbursement, only state and county funds. After day 14 counties can use IV-E funds for administrative costs, not placement costs. There are exceptions children can meet including a qualified residential treatment program, a setting specialized to provide prenatal or postpartum supports, a supervised setting for youth aged 18 or older living independently, a setting of high quality care for children at risk of being a trafficking victim, and children in family foster homes. Qualified Residential Treatment Programs (QRTP) are placements children can remain in after the 14 days and still receive IV-E funding. These are clinical setting placements requiring an assessment, unique to the child, completed within 30 days by a clinician who is not employed by the state (more qualifications to come). The assessment must be conducted with the Permanency Team Meeting and indicate why the child cannot be in a family setting placement. The QRTP must use a trauma focused model, have an on- site nursing staff, include family participation in treatment program, facilitate family outreach while the child is in the program and after the child exits the program, and provide 6 month post placement after care supports. Monitoring includes a court review within 60 days of a QRTP placement. The child welfare director must approve the QRTP if a child is in placement for 12 consecutive months, 18 total months, or if the child under the age of 13 approve every 6 months.

Other key provisions include elimination of any limitation for the use of IV-E funds for children in care after 15 months. By October 2018 federal partners have to provide model standards for licensing of family foster homes. The state must have a plan for prevention of maltreatment deaths. There is an option to extend foster care until the age of 23. There are options to extend Education Transitional

Vouchers up to the age of 26. ICPC purposes of case transfer from state to state requires an electronic case processing system by 2027.

Question: When providing prevention services through an evidenced practice model, will social worker time be billable to IV-E? If allowable it would most likely be limited to the activities linked to the evidence based model.

Question: Is NC planning to apply for the kinship navigation funding? Yes, NC will submit an application for a one time funding to develop a kinship navigation process.

Other questions can be email to ffpsa@dhhs.nc.gov

Foster Home Licensing Standards: Teresa Strom, of the Division, presented on foster home licensing water hazards. The Division is reviewing revisions to licensure of family foster homes water policy to allow for more flexibility. The first piece includes a water safety assessment done at initial licensure and re-licensure. The second piece for consideration is development of a water safety plan for each child in the home. This would be developed by the child welfare placement social worker upon placement of children. The revisions are in a draft stage at this point. Any feedback or concerns can be sent to Kristen O'Connor. Revisions and draft policy will come back to the Children Services Committee. A committee will also be formed for review of draft. A request has also been made of the Division to review prudent parenting guidelines.

The committee dismissed at 11:21.