



NC Department of Health and Human Services
Child Welfare Reform

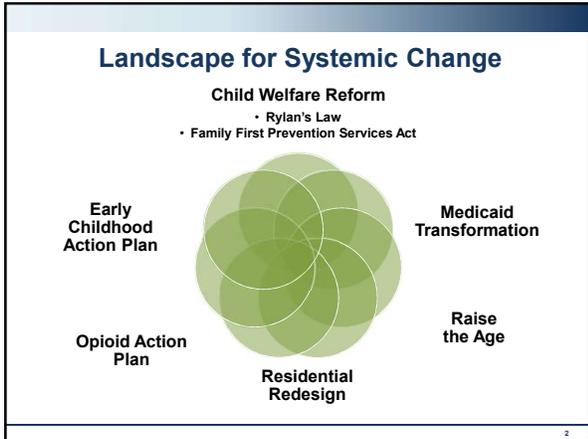
Family First Prevention Services Act
Rylan's Law
Other Systemic Changes

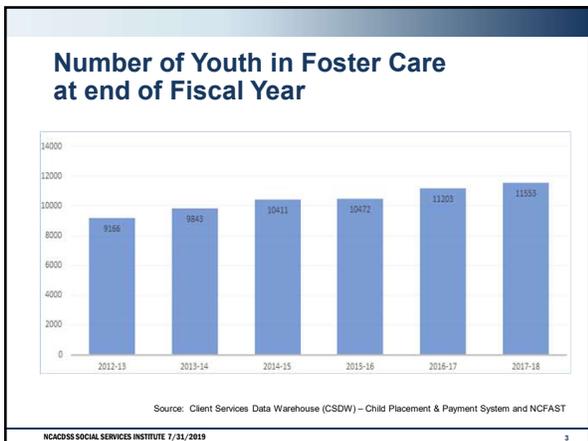
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Reasons Children Entered Foster Care SFY 2013-2018

Reason for Entering Care *	SFY 2013		SFY 2017		SFY 2018		SFY 2019		SFY 2014		SFY 2015	
	Number	Percentage										
Total Number of Children Entering Care *	5,922		6,127		5,921		5,984		5,727		5,938	
Reason for Entering Care *	Number	Percentage										
Abandonment	283	5.03%	312	5.09%	266	4.50%	285	4.76%	254	4.44%	238	4.12%
Physical Abuse	530	9.32%	519	8.47%	644	10.87%	497	8.32%	524	9.17%	471	8.22%
Sexual Abuse	186	3.22%	188	3.07%	188	3.19%	207	3.46%	198	3.46%	158	2.68%
Alcoholic Child	4	0.14%	30	0.49%	32	0.54%	12	0.20%	37	0.65%	25	0.43%
Alcoholic Parent	314	5.29%	483	7.88%	366	6.19%	412	6.89%	541	9.45%	442	7.47%
Child's Behavior Problem	498	7.28%	416	6.79%	429	7.25%	498	8.32%	485	8.50%	453	7.67%
Child's Disability	65	1.09%	55	0.89%	57	0.96%	71	1.19%	87	1.52%	48	0.81%
Coping	1100	19.37%	1,187	19.37%	1,221	20.64%	1,214	20.29%	1,201	21.14%	1,157	19.65%
Death of Parent	111	1.89%	115	1.88%	108	1.82%	105	1.75%	95	1.66%	85	1.45%
Domestic Violence	873	15.53%	1,092	18.30%	1,036	17.50%	951	16.04%	1,043	18.39%	785	13.30%
Drug Addict Child	115	2.05%	111	1.81%	102	1.72%	102	1.71%	90	1.57%	64	1.08%
Drug Addict Parent	2237	37.78%	2,410	39.33%	2,136	36.07%	2,045	34.19%	1,828	32.11%	1,853	31.21%
Inadequate Housing	774	13.07%	841	13.72%	820	13.85%	795	13.29%	820	14.34%	690	11.63%
Incarceration	340	5.74%	343	5.60%	370	6.25%	418	7.00%	410	7.16%	395	6.66%
Neglect	4284	72.34%	5,201	84.89%	4,743	80.10%	4,630	77.37%	4,630	80.86%	4,288	72.43%
Reinquishment	26	0.44%	40	0.65%	43	0.73%	37	0.62%	28	0.49%	40	0.67%

Source: Client Services Data Warehouse (CSDW) – Child Placement & Payment System
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Living Arrangements of Children in Foster Care as of Oct. 31, 2018

Living Arrangement Type	# of Children
Foster Home	5146
Adoptive Home	93
Correctional Institution	59
Congregate Care	813
Home of Parents/Guardian	479
Home of Relative	2618
Hospital	120
Treatment	344
Other	1108
Runaway	52
Therapeutic Home (MH/DD/SAS)	965
Total	11787

Source: Point-in-time data, Client Services Data Warehouse (CSDW) – Child Placement & Payment System and NCFASST
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Drivers of Reform

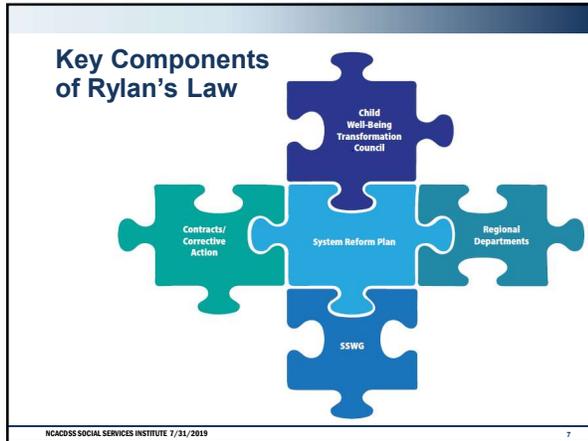
CHILD AND FAMILY SERVICES REVIEW OF 2015:

- Program improvement plan

LEGISLATION:

- Rylan's Law
- Family First Prevention Services Act





Rylan's Law – Status

-  DHHS provided the legislature with plans and legislative recommendations needed to move toward regional supervision
-  DHHS has adopted several recommendations from CSF to make organizational and programmatic changes
-  DHHS is refining metrics for the data dashboard and MOU's to improve system accountability and transparency

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Why is Family First Important?

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

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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

* With some exceptions

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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



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Which prevention services are eligible?

- The act specifies evidence-based requirements that entail meeting “promising,” “supported” or “well-supported” criteria similar to that used by the California Evidence-Based Clearinghouse for Child Welfare
- HHS Secretary recently released guidance regarding the establishment of the clearinghouse and list of programs prioritized for review
- Services reviews will occur on a rolling basis

Well-supported

Supported

Promising

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Initial Services for Review by Children's Bureau

Mental Health	Substance Abuse	In-home Parenting Skills	Kinship Navigator Programs
<ul style="list-style-type: none"> • Parent-Child Interaction Therapy • Trauma Focused-Cognitive Behavioral Therapy • Multisystemic Therapy • Functional Family Therapy 	<ul style="list-style-type: none"> • Motivational Interviewing • Multisystemic Therapy • Families Facing the Future • Methadone Maintenance Therapy 	<ul style="list-style-type: none"> • Nurse-Family Partnership • Healthy Families America • Parents as Teachers 	<ul style="list-style-type: none"> • Children's Home Society of New Jersey Kinship Navigator Model • Children's Home Inc. Kinship Interdisciplinary Navigation Technologically-Advanced Model (KIN-Tech)

Who are candidates for foster care?

- Prevention Services are available for "candidates for foster care," which are defined as:
 - Children at risk of entering foster care, but who can safely remain at home, or kinship care with services that prevent going into foster care
 - Parents and kin caregivers where services are needed to keep a child out of care
 - Pregnant or parenting children, and youth in foster care



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



Required Statewide Plan

- States opting into prevention services must submit a prevention plan to the Children’s Bureau
- Title IV-E plan (resubmitted every five years) must include:
 - Details on services
 - 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



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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 (QRTP)
- 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



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Children in congregate care as of 6/30/2019

Large Group Facility (Residential)	420
Small Group Home (Residential)	322
Small Group Home (Treatment)	208
Large Group Facility (Treatment)	171
Emergency Shelter	38
Dept of Juvenile Justice & Delinquency Prevention	11
Maternity Home	6
Children’s Camp	3
TOTAL	1179

Source: Point-in-time data. Client Services Data Warehouse (CSDW) – Child Placement & Payment System and NCFAS

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Qualified Residential Treatment Program (QRTP) Requirements

- A trauma-informed treatment model designed to address the needs, including clinical needs, of children with serious emotional or behavioral disorders or disturbances
- Facilitates participation of family members in the child's treatment program
 - Documents integration of family members into treatment process for the child, including post-discharge and maintenance of sibling connections
- Provides discharge planning and family-based aftercare support for at least six months post-discharge
- Licensed and accredited by certain independent, not-for-profit organizations
- Registered or licensed nursing staff, and other licensed clinical staff available 24 hours a day, seven days a week

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Other QRTP Requirements

- Thirty day assessment by a qualified clinician – determines the appropriateness of the placement
- Family and permanency team meetings
- A host of case plan documentation and related requirements
- Court approval or disapproval of the QRTP placement within 60 days
- Additional reporting requirements for extended QRTP placements
 - If a child is placed in a QRTP for an extended period, the state must submit specific documentation/justification to HHS



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Rylan's Law and FFPSA Overlap

Rylan's Law	FFPSA
Provisions to prevent removal of children from the home through supports and services; prevention, mental health, physical health, education services	Options to use federal funds to implement services and supports to prevent children from being removed from their home
Child fatality oversight and effectiveness of Community Child Protection Teams (CCPT)	Develop and implement a statewide plan to prevent fatalities that includes multiple source data collection
Requires adoption of a practice model	Trauma informed prevention services
Efforts to increase permanency	Limitations on the use of federal funding for congregate care with some exceptions
Services to older youth and youth aged out of foster care	Opportunity to extend foster care services to youth up to age 23
Establishing expectations for professional development, training and performance standards	Articulate the plan to support the delivery of trauma-informed, evidence-based services by child welfare professionals

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Summary
 Child Welfare Reform provides opportunities to improve safety and keep children with families

- Uses existing federal funding for new prevention services
- Supports efforts to keep children safely with families
- Helps ensure children's needs are met when congregate care placements are necessary
- Supports key provisions in Rylan's Law
- Is represented in NC's other key areas of systemic change



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NC's Approach to Family First Implementation

- Partnership with Chapin Hall and The Duke Endowment to help with implementation of key components of Family First
- Partnership with Annie E. Casey to provide expert analysis on maximizing federal funds and fiscal planning for Family First
- Incorporate stakeholders in the planning process
- Integrate Family First into the child welfare transformation landscape

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Family First Readiness Assessment, Planning and Implementation

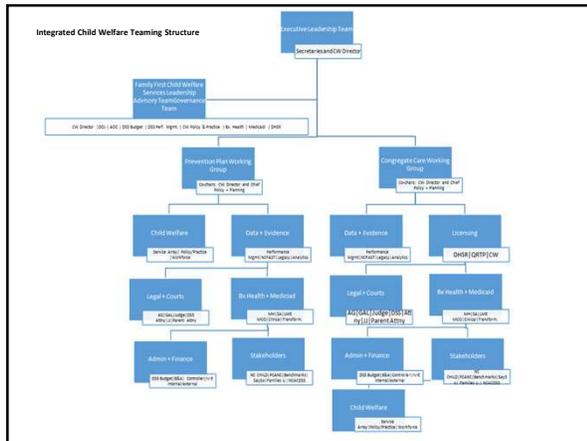
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 Chapin Hall at the University of Chicago

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Chapin Hall's Role

- Chapin Hall will work with DHHS and key stakeholders for an 18 month period to build capacity to plan and begin implementation of Family First. This includes:
 - Providing facilitation support to the integrated teaming structure.
 - Using, and tailoring, as needed, its planning and initial implementation framework to guide the teams through a structured process.
 - Supporting the development of the Prevention Services Plan and a plan to implement the congregate care provisions of Family First.





Readiness Assessment Domains of Inquiry



Domain - Transformation Framework

- Strategic direction & priority outcomes
- Target populations
- Provision requirements & implementation date



Domain - Sequencing and Jurisdictional Considerations

- Sequencing and interdependencies
- Unique jurisdictional factors



Domain - Practices, Service Array and Policy

- Practice model
- Casework and supervisory practices
- Child and family assessment
- Case and service planning
- Service array
- Policies, regulations & rules



Domain - Data and Evidence

- Data collection & federal reporting
- Information systems (SACWIS/CCWIS/TACWIS)
- Data analysis, evaluation & continuous quality improvement (CQI)



Domain - Administrative and Fiscal

- Contracting
- Budgeting & appropriation requests
- Federal plans & reporting
- Accounting & claiming systems



Domain - Implementation Capacity & Strategy

- Workforce capacity and alignment
- Training and coaching
- Stakeholder analysis & engagement
- Communications



Family First Prevention Services Act

IV-E Overview and Fiscal Implications

Dennis Blazey
Consultant, Annie E. Casey Foundation

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- Family First is the most significant restatement and redefinition of federal child welfare policy since the passage of The Fostering Connections to Success and Increasing Adoptions Act of 2008.
- Family First also represents a significant change to the structure and content of Title IV-E since it was created in 1980.

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Major Policy Changes in Family First

- Allows States to receive partial Federal reimbursement for family preservation services programs.
- Creates a “family foster home” placement preference.
- Withdraws Federal reimbursement for unnecessary/unjustified placements in “child care institutions”.

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Major Policy Changes in Family First (more)

- Allows States to receive partial Federal reimbursement for Kinship Navigator programs.
- Suspends certain adoption assistance reimbursement provisions until 6/30/2024.
- Allows States to receive partial Federal reimbursement for certain substance abuse placement settings and settings that care for victims and youth at-risk of sex trafficking.
- Places a cap on the number of children that can be cared for in a foster home.

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DISCUSSION

....But First a Word From Our Sponsor, Title IV-E.....

What is Title IV-E?

- Title IV-E (IV-E) is a section of the Social Security Act. It was enacted in 1980.
- IV-E is an optional program. No State is required to participate, but all States do.
- IV-E reimburses a State a **PORTION** of the cost it incurs to place children in foster care, pay subsidies to persons who adopt special needs children, pay guardianship subsidies to relatives, do case planning, supervise a child's placement, recruit, train, and supervise foster parents, recruit and train relative guardians and adoptive parents, and train persons associated with the State's child welfare program.

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What is Title IV-E ? (more)

- IV-E does **NOT** reimburse States for the cost of investigating child abuse complaints
- Prior to Family First, IV-E did **NOT** reimburse States for the cost of preventing child abuse or foster care. Most reimbursements were triggered only when a child was removed from home and placed into foster care.
- IV-E does **NOT** reimburse States for the cost of services to children in placement or their families.
- Unlike other federal child welfare programs, IV-E reimbursements are entitlement funded.
- IV-E reimbursements require matching funds.

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Limited Eligibility

- Not all children are IV-E eligible. Initial eligibility is, in part, linked to the financial/income status of the home a child is removed from. The eligibility standards are based on 1997 income levels that are not allowed to be adjusted.
- Nationally, less than 1/2 of all children in foster care are IV-E eligible. That rate of eligibility is declining over time, and will vary from State to State. Why is this important?
- As we discuss the policy changes made by Family First, it is important to remember that some will only reach IV-E eligible children if a State does not also extend their reach to include ineligible children.

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**Withdrawing IV-E Reimbursements
for Unnecessary/Unjustified
Placements in Group and
Residential Settings**

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Qualified Residential Treatment Programs (QRTPs)

- Effective 10/1/19, IV-E reimbursement will be limited for IV-E eligible children placed in group/residential settings **UNLESS** those settings and placements meet the QRTP criteria detailed in Family First.
- Reimbursement will generally be limited to the first 14 days of care.
- Reimbursement limitation will only apply to IV-E eligible children placed into care on or after 10/1/2019. Existing placements are grandfathered so long as the child remains in the same placement.
- A State may delay application of these provisions for up to 2 years (10/1/2021).
- The QRTP provisions do **NOT** prohibit a State from placing in group/residential care. They only impact when IV-E reimbursement can be claimed.

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Exempted Settings

- A setting where a child has been placed with a parent in a licensed residential family-based treatment facility for substance abuse. (12 month reimbursement limitation).
- A setting specializing in providing prenatal, post-partum, or parenting supports for youth.
- Supervised independent living settings in States that have extended foster care coverage past age 18.
- A setting providing high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex trafficking victims.

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Major QRTP Compliance Elements

- The suitability of the placement must be justified by an assessment performed by an independent qualified individual.
- The assessment must be completed within 30 days of placement.
- Placement suitability must be affirmed/reaffirmed by periodic Court reviews.
- Long term placements must be individually reaffirmed in writing by the head of the State child welfare agency.
- Setting providers must be accredited, meet detailed practice and treatment criteria, have 24 hour nursing support, and provide 6 months of after care support.

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Reimbursement Penalties

- IV-E reimbursement for foster care maintenance costs is limited to the first 14 days in care if the suitability of the placement was not supported by the independent assessment, **OR** the State opts not to implement the QRTP provisions of Family First.
- If a State opts to implement the QRTP provisions, but does not complete the placement assessment within 30 days, then no IV-E reimbursement is permitted.
- IV-E reimbursement may also be impacted by Court reviews.
- Reimbursement penalties only affect foster care maintenance reimbursements. Reimbursement for administrative costs associated with the placement remain unimpaired.

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Intersection with Medicaid

- Medicaid coverage and reimbursement of Medicaid allowable services in QRTP impacted placements remains **UNIMPAIRED** under Family First, and is **NOT** at-risk.
- Preliminary analysis of placement data for QRTP impacted setting usage in NC indicates that most of Family First’s fiscal risk lies in the use of non-therapeutic settings.

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Family Preservation Services

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Program Option

- Beginning 10/1/2019, States are permitted to amend their IV-E plan to include a Family Preservation Services (FPS) program.
- Decision to do is entirely optional, and a State may withdraw or alter an FPS program at any time.
- A State may **NOT** exercise the FPS option until it has also allowed itself to be subject to Family First’s Q RTP provisions.

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FPS Plan Program Elements

- The FPS State Plan must detail
 1. the services that it will offer;
 2. the target populations for those services; and
 3. a rigorous evaluation plan that will be used to measure the effectiveness of program.

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What Services Will Be Offered

A State FPS program may offer –

- Mental health and substance abuse prevention and treatment services provided by a qualified clinician.
- In-home parent skill-based programs, which include parenting skills training, parent education and individual and family counseling.
- All services and programs must be trauma-informed

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Who The Services Can/Will Be Provided To

- Children who are “candidates” for foster care, meaning they are identified in a prevention plan as being at imminent risk of entering care but can safely remain at home or in a kinship placement if provided services that prevent entry into foster care. This includes children whose adoption or guardianship arrangement is at risk of disruption or dissolution that would result in entry into foster care. This can also include children who have been reunified but where there is a substantial risk of re-entry.
- Children in foster care who are pregnant or parenting.
- Parents or kin caregivers of candidates for foster care where services are needed to prevent the child’s entry into care or directly relate to the child’s safety, permanence or well-being.

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Candidates

- Who is a “candidate” is the threshold eligibility filter.
- States have wide discretion in crafting their definition of “candidate”.
- Determination of “candidacy” status is reserved to the child welfare agency.

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Service Plan

- Candidates for foster care must have a written prevention plan that identifies the strategy for the child to remain safely out of foster care and the list of services or programs needed for the child or on behalf of the child.
- Pregnant or parenting youth in foster care must have a written prevention plan that includes their case plan, list of services or programs needed to ensure that a youth is prepared or able to be a parent, and a foster care prevention strategy for any child born to that youth.
- A services plan is limited to 12 months unless the State re-determines the child’s candidacy status.

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General Reimbursement Rates

- States will be reimbursed 50% of the costs they incur for approved FPS services through 9/30/26. Thereafter such services will be reimbursed at the State’s reimbursement rate for Medicaid services.
- States will be reimbursed 50% of the operational and training costs they incur for an approved FPS program.

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Special Reimbursement Considerations

- Each State will have an annual “maintenance of effort” requirement equal to the amount of money it spent from certain Federal and State sources for FPS costs in FFY 2014.
- At least 50% of a State’s FPS reimbursement claim must be for services that have been classified as “well-supported”.
- IV-E must be the “payer of last resort”

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Figuring It Out

- **Effectively** implementing the FPS option in county-administered child welfare systems poses challenges not present in state-administered systems.
- Be purposeful in creating a shared vision that you can actually execute.
- Think incrementally and don’t over-reach. Target interventions that can materially alter bed day utilization patterns over a 2-3 year investment horizon.
- Don’t short change planning and investment in the infrastructure required for a successful program – case management, IT, training, evaluation, access equity for rural areas, and the “fiscal plumbing”.

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