

NCACDSS Committee Meeting Agenda
 Children’s Services Committee
December 7, 2022
 12:00 pm to 2:00 pm (virtual)

Join Zoom Meeting
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 Meeting ID: 871 6031 6341
 Passcode: 835322
 Dial-in Number: 301 715 8592

Item #	Agenda Item/Presenter	Attachments	Time	Action Needed
1	Welcome from CSC Chairs: Jennie Kristiansen, DSS Director, Chatham County Katie Swanson, DSS Director, Cleveland County April Sned, DSS Director, Scotland County Kathy Ford, DSS Director, Pasquotank County		12:00	No
2	Approval of November 2, 2022, Minutes	PDF Attached	12:00	Yes
3	What is the ULT? Lisa Cauley Child Welfare Policy Updates and Changes, Kathy Stone and Amanda Hubbard Transition Aged Youth Listening Sessions, Tori Marshall Transition to Tailored Care Management, Chameka Jackson, NC Medicaid		12:00 - 12:30 12:30 – 1:00 1:00 - 1:15 1:15-2:00	
4	Questions and Future Agenda Items			No
5	Adjourn		2:00	Yes

Meeting Minutes

Katie Swanson welcomed attendees to the meeting and asked for a motion to approve November 2022 meeting minutes. Karen Harrington moved to approve the minutes. This was seconded by Angela Ellis. Minutes were approved. There was a question about meeting links. These are posted on the NCACDSS website, sent out on the monthly calendar, and included at the top of the agenda.

Kathy Stone reviewed assessment manual changes. The changes include verification of custody alignment with Permanency Planning Policy, when to make new reports, vulnerable Juvenile Protocol and guidance revision, Plan of Safe Care form, and RIL protocol and guidance expansion. There are times when a wavier can be obtained for Plan of Safe Care. Important to know that the case decision is separate than the RIL decision. The case decision is made first and then the decision is made about the RIL.

Amanda Hubbard reviewed in-home manual changes. Many of the changes have already been addressed in the statutory change so this is not new information. The section on appropriate use of in-home services has been clarified so social workers will know when cases should be sent to in home and the candidacy requirements of ACF. The verification of placement form and POSC form have both been added to in home section of the

manual. There is also a section about the safety network (like the assessment but specific to in-home) to help build community around children. The CFT policy is aligned with the content in cross-function and permanency planning sections. The stuck cases section is removed. If there is a case with difficulties, look at the lack of progress section and “when no progress is made.” There were no questions asked by attendees.

Lisa Cauley presented on the Unified Leadership Team (ULT). The ULT originated in the context of NC’s state supervised, county administered CW system. Counties are responsible for services while DHHS is responsible for policy and accountable to the federal and state government for system planning, managing funds, and assuring that performance standards are met. The foundation for the current child welfare transformation has been the passage of Rylan’s law and the drafting of the Child and Family Services Plan (CFSP) four years ago by county and state child welfare leaders. In 2019, state and county leaders along with Public Knowledge (formerly Center for the Support of Families, that wrote the third party evaluation required by Rylan’s Law) gathered in Manteo to begin drafting a charter for working together. There was an agreement to form a team to guide, direct, and sequence child welfare reform. The charter includes a purpose statement, membership, meeting schedule (twice monthly), and establishes that decisions and agendas are made by consensus. The charter is reviewed and revised annually.

The ULT chose design teams to implement CW reform as its priority. The ULT endorsed structuring the design teams based on the 5 goals of the CFSP. New members have been added as needed. Accomplishments include development and communication of emergency guidelines for providing child welfare services safely during the COVID-19 pandemic, adoption of a governance structure to allow the state and counties to move forward together with the implementation of child welfare information system. The perspective of counties and the reality of county operations has been central to child welfare transformation implementation decisions.

The ULT model has been used to develop the NC APS Improvement Governance Team.

Children’s Services Tri-Chairs shared some experiences of serving on the ULT and the benefits. These include collaboration, opportunity to give feedback and plan. There were no questions asked by attendees.

Tori Marshall, State Links Coordinator, shared information about transition aged youth listening sessions that have taken place across the state. Links is the state name of the federal program known as Chafee. Chafee is the “John H. Chafee Foster Care Independence Program.” The program assists current and former eligible foster care youth and young adults to achieve self-sufficiency through support services, resources, and Links special funds. Links special funds are also known as transitional and housing funds. Chafee Services are provided with assistance from private agencies. These partners are Youth Villages, SaySo, and Orphan Foundation (case manages the services through NC Reach/ETV).

Regional listening sessions for Links are taking place from November through May across NC’s seven regions. As the result of feedback given in the first session, times have been adjusted to start earlier to allow time for attendees to connect and socialize after the listening sessions. In the first session, 20 young adults and 15 adults registered. Vendors like SaySo, Youth Villages, NC REACH, and OUTright Youth LGBT Center also attended. Feedback from youth was as follows: explain what the foster youth experience is like to the general public (e.g., school systems), prioritize sibling visitation, limit background check requirements, remove county seals from the cars used to transport youth, and extend the age. Two of five attendees reported that they enjoy their Links program and recommended that LINKS programs be separated by age and that holiday gatherings and outings should be mandatory (i.e., offered to youth in every county).

Adults in attendance at the listening sessions shared that lack of housing and placement were challenges. Also, they made suggestions for what could be done better. Their suggestions were: DSS agencies should be taken

more seriously, preparing the youth ages 16-18 for transition is important, kinship should be considered earlier for permanency, trainings and connecting with other LINKS groups is beneficial, and policy should be updated. No questions were asked by attendees.

Chameka Jackson from NC Medicaid and Doreatha McCoy, Foster Care Manager for Population Health presented on Tailored Plan Care Management. Chameka Jackson reviewed terminology including NC Medicaid direct, Care Management, Tailored Care Management (TCM) (see slides for more details).

Doreatha McCoy provided an overview of tailored care management. Under TCM, members will have a single care manager who will manage all needs including physical health, behavioral health, I/DD, TBI, pharmacy, LTSS, and unmet health related resource needs. The member is at the center of the model. The county CW worker will only have to coordinate with the tailored care plan manager. The tailored plan launch has been delayed until April 1, 2023, and TCM launched on 12/1. EBCI tribal option participants who meet Tailored Care criteria must opt in. Children in foster care, receiving adoption assistance, and former foster youth under the age of 26 will continue to be in Medicaid direct (i.e., not enrolled in health plans). NC Medicaid direct will provide all Medicaid services both physical and behavioral health. For children ages 0-3 in foster care or receiving adoption assistance, they will receive care management in two ways. If not TCM eligible, children will continue to receive care coordination and management as they do today. For example, children in foster care receiving CMARC services through health departments will continue to receive those services. For children 0-3 who are on the NC Innovations waiver will be eligible for TCM on 12/1/22. All other eligible children 0-3 will get TCM beginning 4/1/23 (will continue receiving care management as they do today until that day). Foster children over the age of 3 and not TCM eligible, will receive care management through CCNC (physical, behavioral, social services) and also work with each LME-MCO for delivery of behavioral health services. LME will assign care coordinator at the request of the DSS CW worker. See scenarios in slides. No questions were asked of any of the attendees.

With no further agenda items or discussion, the meeting was adjourned.