



Transforming Child Welfare and Family Well-Being Together:

A Coordinated Action Plan for Better Outcomes

INTERIM REPORT

A coordinated effort dedicated to creating prevention and treatment solutions that help every child and family experiencing adversity to cope, repair and heal.

North Carolinians have always sought to bring out the tremendous potential in every child. We share a common vision that every child grows up in a safe, nurturing family and community with the opportunity to achieve their full potential.

Families play the primary role in nurturing their children, supported with services provided in their communities. These services are especially important for families experiencing crises with children who have complex behavioral health needs. The right care at the right moment can help them overcome adversity, heal, and live productive lives—the kind of lives we want for each child.

North Carolina's Department of Health and Human Services is determined to continue efforts to dramatically improve the way we support children and families in crisis who have come to the attention of child welfare services. These improvements require transforming how our child welfare, direct care and well-being agencies work together to strengthen families and meet the behavioral health, social, educational and physical health needs of children.

Good work to support children and families in crisis is happening every day in North Carolina, delivered by state and county social services, health and other public agencies, nonprofits and community partners. However, the services often lack the coordination and resources to effectively protect and care for these children, strengthen their families and produce better outcomes for all. North Carolina ranks last

among similar states in child welfare investment per child across public funding sources. Most importantly, we must ensure that the same level of high-quality services is equitably available in every community, rather than the patchwork of uneven supports that currently exists across the state.

Recognizing that we can and should do better to work together across sectors, we created the multi-sector Child Welfare and Family Well-being Transformation Team to collaborate on solutions. The Transformation Team includes leaders across NCDHHS Divisions (Medicaid, public health, behavioral health, social and economic services) and multiple external stakeholders (hospitals, private agencies, Local Management Entities, county DSS, practitioners, attorneys and people with lived experience). The Transformation Team is focused on how to care for these children in a way that works and is as easy and seamless as possible for families to navigate.

The Transformation Team is committed to addressing a full array of services that help families reduce and cope with adversities and repair and heal. **This paper represents the first part of a series of proposed prevention and treatment solutions that will be released by the Transformation Team in 2022** and is focused on addressing the urgent crisis of the growing number of children with complex behavioral health needs who come into the care of child welfare services. These children and families require our immediate attention through better coordination and increased resources for services that close gaps in care.



Addressing the Urgent Needs of Children with Complex Behavioral Health Needs in the Care of Child Welfare

A crisis for children and families that we can solve with coordinated action.

Each week, dozens of children with complex behavioral health needs require immediate protection in a safe and supportive environment that can meet their physical and mental health care needs. The number of children with these needs far exceeds the spaces and services available to keep them safe, help them overcome crisis and reunite them with family and community. As a result, they can be found sleeping in hospital emergency rooms, in county departments of social services offices or local hotel rooms.

“Living” in these inappropriate settings compounds the trauma that children experienced during separation from their families and natural support systems. The longer children are separated from their families, the less likely they are to be reunified with them, and they run a higher risk of experiencing poor health¹ and social outcomes, including homelessness and involvement with the justice system.²

Coordinated actions are needed so that appropriate care and support for children and their families are available when and where they need it. Inconsistent funding to support current and new programs often prevents us from doing what is most effective. Every community should have what it needs to care for their children and families experiencing crisis.

It may not be easy, but we can solve these problems. Research shows us the kinds of supports that are effective in managing these crises and providing children with safe and nurturing places to heal. Children and families need supports that wrap around them, rather than forcing them to wrap around supports that do not connect or work together. We can build upon existing effective and innovative supports scattered across our state with targeted, ongoing investments to provide coordinated, consistent services that deliver better outcomes for children, families and the state.

The strategies that follow are the result of months of careful planning and review of current challenges and opportunities by the Transformation Team – and are a first step to provide better and urgently needed care to children in crisis with complex behavioral health needs. These strategies are designed to be implemented as a package to maximize the benefit to children and families and make the most efficient use of state resources.

¹ Young adults who age out of foster care are more likely than their peers in the general population to experience depression, suffer from anxiety or attempt suicide. Former foster youth are also at an increased risk of experiencing serious health problems later in life, including cardiovascular disease, diabetes and PTSD (www.medicaid.gov/state-resource-center/mac-learning-collaboratives/downloads/foster-care-ensuring-coverage-continuity.pdf).

² One quarter of individuals formerly in foster care become involved in the criminal justice system within two years of leaving care, and frequent placement changes increase the likelihood of incarceration. One study found that 90% of foster youth with five or more placements entered the justice system (<https://jlc.org/news/what-foster-care-prison-pipeline>).

COORDINATED ACTION PLAN FOR BETTER OUTCOMES

Expand treatment services that prevent children from being removed from their homes or experiencing multiple placements

Expand High-Fidelity Wraparound Services Pilots Statewide

High-fidelity wraparound is an evidence-based care management program for children with mental health challenges. The program brings a team, including a facilitator and supports for the family and child, to help the family reach its goals. North Carolina will begin to expand availability of the service beyond 33 counties by adding an additional 10 teams. When statewide expansion is complete, it is estimated that 2,600 children will be served each year.



IMPACT: This intensive program has been shown to keep more children in their homes, preventing the need for facility-based or residential care, entry into the child protection or juvenile justice systems and use of the emergency department. North Carolina data demonstrate a savings of \$33,000 for each child who received high-fidelity wraparound services.



COST: \$2.6M in recurring funding is needed to expand this program by 10 teams. More will be needed for statewide implementation.

Launch Sobriety, Treatment & Recovery Teams (START) Substance Use Treatment Pilots in 10 Counties

Parental substance use is the number one reason children are placed in foster care in North Carolina. START provides families with a team of child welfare workers and family mentors to rapidly connect the caregivers to intensive substance use disorder treatment, while safely keeping their child(ren) in the home, when possible. The team engages intensively with each family on the goals of child safety, permanency and parental recovery and capacity.



IMPACT: Pilots in 10 counties will serve an estimated 150 families per year. The program will allow more children to stay with their families and provide more parents access to substance use treatment. Research indicates that the treatment also can help prevent repeat cases of maltreatment.



COST: Funding to launch the START pilots is secured through State Fiscal Year 2024 through the state budget for the Substance Abuse Block Grant American Rescue Plan Act. \$2.8M in recurring funds would be needed beginning in State Fiscal Year 2025 to sustain the program; additional funding would be needed to expand beyond the 10 pilot counties.

Expand MORES Mobile Crisis Intervention Teams Statewide

Mobile Outreach Response Engagement Stabilization (MORES) Crisis Intervention Teams provide in-person and virtual mobile crisis services for children and adolescents. Clinicians trained in child crisis management and a family support partner quickly assess (within an hour of being called) and connect the child with clinical and social services. The MORES team also provides ongoing stabilization services for two to four weeks after the crisis. With funding from The Duke Endowment, the program is expanding from two MORES teams currently serving five counties to seven teams serving 15 counties beginning in July 2022.



IMPACT: Expanding this model to every North Carolina county will serve an estimated 2,830 children annually. MORES teams will keep more children out of restrictive residential settings, prevent the need for law enforcement involvement in children's mental health crises and connect families more rapidly to community-based services. MORES teams in other states have kept more than 90% of the children they served out of the hospital and stabilized in their current living situation.



COST: \$10M in recurring funding is needed to expand this program by 25 teams. More will be needed for statewide implementation.

Strengthen Care Coordination for Children and Youth in DSS Care and for Former Foster Youth

NCDHHS will require more intensive and comprehensive care coordination to help children and families get the care they need in a way that is coordinated between providers for all children in DSS custody through contracts with Community Care of North Carolina and the six Local Management Entities - Managed Care Organizations (LME-MCOs). The stronger requirements include more communication between county child welfare workers and care coordinators, care coordination offered to more children, stronger supports for children transitioning out of foster care and clarification of who is accountable for each part of the child's safety and well-being plan.



IMPACT: These stronger requirements will be implemented through the spring of 2022 and will drive more timely assessments and get children needed services so that they remain in more stable and safe places.



COST: No new funding is being requested to support this strategy. Recurring funding is secured through NC Medicaid until the launch of the Tailored Plans and Child and Family Specialty Plan.

Expand the NC Psychiatric Access Line (NC-PAL) Program Statewide

NC-PAL is a provider-to-provider psychiatric telephone consultation service for children's mental health diagnosis and treatment recommendations as well as a training service for primary care providers. Through consultation and training, NC-PAL will expand the expertise and capacity of North Carolina's primary care workforce to address the needs of more publicly and privately insured children and youth with mental health symptoms. In addition to expanding NC-PAL for primary care providers statewide, NC-PAL will also offer consultation in pilots with select county DSS offices, residential providers and the NCDHHS Rapid Response Team (RRT).



IMPACT: These expansions are expected to provide consultation for at least 9,000 children annually once fully operational. The expanded provider capacity will help cut down on wait time for children to get assessments, supports and evidence-based treatment. These services will reduce placement disruptions for children and reduce the need for crisis interventions. In early implementation, NC-PAL consultations resulted in 34% fewer children requiring visits with specialists and 10% fewer children going to emergency departments.



COST: No new funding is needed for this strategy; the effort is funded through the Mental Health Block Grant and NC Medicaid.

Implement the “988” Statewide Crisis Hotline

Beginning July 2022, the federal government requires that the three-digit number, 988, connect individuals to the National Suicide Prevention Lifeline. In North Carolina, 988 will connect individuals experiencing a behavioral health crisis immediately to a trained crisis counselor. Individuals requiring additional help beyond what can be discussed on the phone may receive help from a dispatched mobile crisis team, including those that specialize in the care of children like MORES mobile crisis teams. Investment is needed to ensure adequate availability of crisis services (e.g., mobile crisis teams, emergency respite providers and facility-based crisis services) for people who call 988.



IMPACT: The easy to remember and dial 988 crisis helpline is expected to increase call volume by 30%. The goal of this easily accessible helpline is to intervene as early as possible and avert potential crisis. The helpline will connect a child in a behavioral health crisis to a trained counselor who can address their immediate needs and help connect them to ongoing care. More families will call 988 rather than 911, which will increase the quality of behavioral crisis care for children and reduce the involvement of law enforcement in these crises.



COST: \$1.3M in recurring funding is needed to expand the call center staff to meet the anticipated increased call volume. This system will serve children and adults.

Connect children to expanded care placement options more quickly

Establish Placement First Pilots

Youth with a history of complex trauma who are at risk for sleeping in inappropriate settings (e.g., emergency departments, county DSS offices) and who can be cared for in the community will be stabilized in *Placement First* settings. Placement First settings are foster or kinship homes or small group homes for up to 90 days with high caregiver-to-youth ratio; intensive support services that include crisis response, respite and care coordination; and on-going support for 18-24 months. A comprehensive, trauma-informed assessment and planning for longer-term placement will begin when a child enters a placement first setting.



IMPACT: An estimated 60 to 150 children per year will be served by two to three provider organizations who work with foster, kinship or small group homes and who will have statewide coverage in these pilots. The Placement First pilots will reduce the number of children sleeping in inappropriate settings and increase the timeliness to permanency for children.



COST: \$4.8M in recurring funding is needed to implement this new strategy.

Establish Crisis, Inpatient and Residential Bed Tracking and Crisis Referral System

A new statewide crisis, inpatient and residential bed tracking and crisis referral system will monitor real-time bed availability so that children can receive the care that they need more quickly. Once fully operational, the system will also be used to dispatch mobile teams as expeditiously as possible.



IMPACT: More timely matching of children to treatment will reduce the number of children being housed in emergency departments or county DSS offices. The system will also allow monitoring of the shared goal to reduce the use of residential and crisis beds for children.



COST: \$1M in recurring funding is needed to maintain the tracking system.

Establish Emergency Respite Pilots for Caregivers

North Carolina will establish 10 licensed *emergency respite programs* that give foster, kinship, adoptive and birth families temporary relief from their intensive parenting responsibilities. Respite requested by caregivers will be provided in a child's home or in a respite care home in the community. Respite care can be scheduled relief time or offered during emergencies or in times of crisis. NC will begin by establishing 5 programs serving 200 children in the first phase of implementation.



IMPACT: Ten new emergency respite programs will serve up to 500 children across the state. These respite programs will keep more children in their homes and reduce the risk of additional abuse or neglect by providing the relief needed for their caregivers.



COST: \$1.5M in recurring funding is needed to provide the state share of the Federal Medicaid match for the launch of the first 5 programs. More will be needed for expanding to 10 programs.

Build Professional Foster Parenting Programs

Professional Foster Parenting is a strategy that fills the gap between residential-based services and existing foster care options. Professional Foster Parents receive additional training and resources to support children with higher behavioral or physical health needs. Professional Foster Parents will receive a living wage, wraparound support services, trauma-based training and targeted skill development.



IMPACT: A statewide pilot with 10 to 12 Professional Foster Parent families will serve 25 to 35 children at a time with a focus on siblings in DSS custody. This program will keep more children in community-based settings and increase rates of permanency and stable placements.



COST: \$2M in recurring funding is needed to implement this new program. Additional funds will be needed to expand the program.

Strengthen the NCDHHS Rapid Response Team (RRT)

NCDHHS's *Rapid Response Team (RRT)* is a multi-disciplinary team of child welfare and behavioral health experts and clinicians that meets daily to help county DSS, LME-MCOs and providers find solutions for children being inappropriately housed in emergency departments or county DSS offices. Additional staffing with three staff across NCDHHS Divisions is needed to respond to increased referrals. A new data system is needed so that the RRT can efficiently follow up on children served and monitor outcomes for children.



IMPACT: The work of RRT reduces the number of children being held in inappropriate settings and provides more timely access to services and supports for children.



COST: \$275K in recurring and \$150K in non-recurring funding is needed to increase staffing and to build the required data infrastructure for tracking, monitoring and reporting.

Develop a Plan to Increase Supply of Appropriate Treatment and Residential Placements for Children Needing Behavioral Health Services

NCDHHS will develop a plan that includes a description of the need and current adequacy of available resources across North Carolina (e.g., inpatient psychiatry beds and community-based services), specific and measurable action steps and timeline for increasing the supply of appropriate services for children, and estimated costs and staffing to fully implement the plan. This plan is a required activity in Senate Bill 693.



IMPACT: When implemented, the plan will reduce the number of children sleeping in inappropriate settings, such as emergency departments and county DSS offices.



COST: No additional funding is needed to develop this plan. Additional funding will be needed to support the actions included in the plan.

Use Administrative Flexibilities and Enforcement to Create New Placement and Service Options for Children

Multiple administrative flexibilities and enforcements have been prioritized to increase the number of children receiving the supports and treatments that they need and to reduce the number of children in inappropriate settings. These include implementing flexibilities to allow new providers to serve children more quickly through faster and more efficient licensure processes without compromising health and safety and verifying that any new proposed residential capacity for children is needed.



IMPACT: Collectively, these administrative changes will reduce the number of children in unsafe and inappropriate settings and increase the number of children receiving the needed supports and treatments.



COST: \$173K in recurring funding is required to increase staffing to process, monitor, and report on new program applications more efficiently so that children can get the supports and services they need more quickly.

Conclusion

The total cost to implement this Action Plan fully is an additional recurring annual investment of \$23.4 million. This Coordinated Action Plan aligns to NCDHHS's broader strategic priorities: Behavioral Health and Resilience, Child and Family Wellbeing, and Strong and Inclusive Workforce. NCDHHS has begun to realign existing grants, state allocations and positions to support the implementation of the Action Plan. NCDHHS and the Transformation Team will work with state policymakers and stakeholders across the state to realize the goals of this Action Plan.

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