

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2023

**H.B. 860**  
**Apr 25, 2023**  
**HOUSE PRINCIPAL CLERK**

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**HOUSE BILL DRH30302-NBa-142**

Short Title: Protect Our Youth in Foster Care.

(Public)

Sponsors: Representative K. Baker.

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT TO ENSURE THE USE OF TRAUMA-INFORMED, STANDARDIZED  
3 ASSESSMENTS AND APPROPRIATE CARE FOR CHILDREN AND YOUTH IN  
4 FOSTER CARE.

5 Whereas, supporting children, youth, and families served by the child welfare system  
6 requires a high level of multisector coordination aimed at preserving families and supporting  
7 reunification and permanency. In order to accomplish successful achievement of child outcomes,  
8 the health plans, care management agencies, the service providers, and families and youth must  
9 be involved and committed to the use of evidence-based practices; and

10 Whereas, agencies must utilize standardized tools, assessments, and training that  
11 address the trauma that these children and youth experience; Now, therefore,  
12 The General Assembly of North Carolina enacts:

13  
14 **PART I. TRAUMA-INFORMED, STANDARDIZED ASSESSMENT**

15 **SECTION 1.(a)** Establishment; Purpose. – Children who are at risk of entry into  
16 foster care and children who are currently in foster care have experienced trauma warranting the  
17 involvement of the Division of Social Services and other child welfare agencies. As a result of  
18 the trauma, children are at a higher risk of needing behavioral health or intellectual or  
19 developmental disability services. To that end, the Department of Health and Human Services  
20 shall develop a trauma-informed, standardized assessment in partnership in accordance with this  
21 section.

22 **SECTION 1.(b)** Membership. – The partnership developing the trauma-informed,  
23 standardized assessment shall consist of all of the following members:

- 24 (1) Representatives from all of the following divisions of the Department of  
25 Health and Human Services: the Division of Social Services, Division of  
26 Health Benefits, Division of Mental Health, Developmental Disabilities, and  
27 Substance Abuse Services, and the Division of Family and Child Well-Being.  
28 (2) Prepaid health plans, as defined in G.S. 108D-1, and primary care case  
29 management entities, as defined in 42 C.F.R. § 438.2, that serve children at  
30 risk of entry into foster care and children who are currently in foster care.  
31 (3) Representatives from the county departments of social services.  
32 (4) Benchmarks, a nonprofit corporation.  
33 (5) Individuals with lived experiences.  
34 (6) Others identified by the partnership based upon areas of expertise.

35 **SECTION 1.(c)** Plan Development. – In developing the trauma-informed,  
36 standardized assessment, the partnership shall develop a rollout plan with a goal of implementing



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1 the trauma-informed, standardized assessment statewide in all 100 counties. The rollout plan  
2 shall include all of the following:

- 3 (1) The development of the trauma-informed, standardized assessment template  
4 by December 31, 2023.
- 5 (2) The finalized trauma-informed, standardized assessment template by June 30,  
6 2024, including the standardized training curriculum, methodology for  
7 training, the selection of a vendor to manage and conduct the training and  
8 determine the process for the statewide rollout, and coordination with tribal  
9 jurisdictions.
- 10 (3) The phased-in approach of the trauma-informed, standardized assessment  
11 beginning on July 1, 2024, and operating statewide by June 30, 2025.
- 12 (4) The establishment of a base rate for the trauma-informed, standardized  
13 assessment that supports the oversight, training, and monitoring of the fidelity  
14 to the trauma-informed, standardized assessment.
- 15 (5) The establishment of a standardized workflow of notifications to the payers  
16 and child welfare agencies, including the following recommended service  
17 processes:
  - 18 a. Time lines for recommended access and implementation of services  
19 from date of referral.
  - 20 b. Network and provider capacity to meet expected time lines. In the  
21 event the behavioral health service provision is in a region served by  
22 a BH IDD tailored plan or in an LME/MCO catchment area that has a  
23 gap in provider capacity to meet the recommended time lines, the  
24 network shall be open to providers for additional provider enrollment.
- 25 (6) The identification of core outcomes to measure the success of the project and  
26 impact of youth receiving the trauma-informed, standardized assessments in  
27 a timely manner by a trained workforce.
- 28 (7) The establishment of a statewide implementation training plan that includes  
29 oversight of fidelity to the trauma-informed, standardized assessment for staff  
30 conducting the assessment within specified time frames. Medicaid managed  
31 care plans shall be required to open their provider networks to obtain the  
32 necessary number of trauma-informed providers if the existing network  
33 cannot meet the needs of the community. The training plan shall be enacted  
34 and implemented within the same time lines established with the rollout  
35 schedule.

36 **SECTION 1.(d)** In developing the trauma-informed, standardized assessment and  
37 the rollout plan, the Department of Health and Human Services shall ensure the trauma-informed,  
38 standardized assessment includes, at a minimum, all of the following:

- 39 (1) Ensure that juveniles between the ages of 4 and 17 being placed into foster  
40 care receive a trauma-informed, standardized assessment within 10 working  
41 days of their referral.
- 42 (2) Each juvenile who is included in any Medicaid children and families specialty  
43 plan, regardless of their type of placement, shall receive a trauma-informed,  
44 standardized assessment.
- 45 (3) Each trauma-informed, standardized assessment may be administered in a  
46 face-to-face or telehealth encounter.
- 47 (4) The county department of social services must make the referral for a  
48 trauma-informed, standardized assessment within five working days of a  
49 determination of abuse or neglect of the juvenile in accordance with  
50 G.S. 7B-302.

- 1 (5) After obtaining parental consent, a juvenile may receive a trauma-informed,  
2 standardized assessment if the county department of social services makes the  
3 determination that a juvenile is at imminent risk for entry into foster care.
- 4 (6) Allow for individuals between the ages of 18 and 21 to receive an assessment,  
5 if necessary.
- 6 (7) Develop an evidence-informed and standardized template and content for the  
7 assessment.
- 8 (8) In the event the juvenile has an assigned care manager under the Medicaid  
9 program, the responsible care management entity shall be notified of the  
10 referral for the assessment and to whom.

11 **SECTION 1.(e)** The Department of Health and Human Services shall also do all of  
12 the following in implementing the trauma-informed, standardized assessment and the rollout  
13 plan:

- 14 (1) Leverage the expertise and lessons learned from the entities included in the  
15 partnership who have successfully implemented trauma-informed,  
16 standardized assessments and training venues.
- 17 (2) Complete any required documentation and, as applicable, leverage all  
18 available federal revenues for such activities, including opioid settlements,  
19 Medicaid, federal block grant funds, and social services or behavioral plans  
20 or grants.
- 21 (3) Amend any existing contracts between the Department and entities who have  
22 the expertise to manage the trauma-informed, standardized assessment and the  
23 rollout plan to include the creation of a training plan and requirements to  
24 monitor implementation of the assessment and rollout plan to ensure the  
25 fidelity of the service and delivery are maintained.
- 26 (4) Create a Division of Social Services Statewide Dashboard representing the  
27 status of the trauma-informed, standardized assessment implementation and  
28 the rollout plan, updated monthly, that includes all of the following:
  - 29 a. Referrals.
  - 30 b. Case management.
  - 31 c. Assessments.
  - 32 d. Lag between referrals, assessments, and service initiation.
  - 33 e. Youth personal outcomes, not based on process, but instead focused  
34 on supporting permanency.
  - 35 f. Any other elements identified by the partnership.

## 36 37 **PART II. MEDICAID**

38 **SECTION 2.(a)** The General Assembly finds that children receiving foster care  
39 services through the county child welfare agencies are entitled to evidence-based or  
40 evidence-informed, or both, trauma-informed interventions and therapy. The Department of  
41 Health and Human Services, Division of Health Benefits (DHB), shall develop and, to the extent  
42 allowed under G.S. 108A-54.1A, implement new "in-lieu-of" services under the Medicaid State  
43 Plan for children receiving foster care services. These "in-lieu-of" services shall be developed to  
44 be implemented statewide and shall apply a Children and Families specialty plan if one is  
45 implemented. For Medicaid beneficiaries not enrolled in managed care, DHB shall utilize Early  
46 and Periodic Screening, Diagnostic and Treatment (EPSDT) to ensure access to the  
47 recommended interventions and therapies.

48 In order to develop the new "in-lieu-of" services required by this section, DHB shall  
49 partner with county child welfare agencies, representatives with lived experience in child welfare,  
50 the nonprofit corporation Benchmarks, prepaid health plans, and local management  
51 entities/managed care organizations (LME/MCOs) to identify innovative service options to

1 address any gaps in the care of children receiving foster care services. The plan shall be developed  
2 no later than 90 days after this act becomes law. The plan developed shall address all of the  
3 following:

- 4 (1) Identification of models of community evidence-based practices that support  
5 a foster child returning to their family in a timely manner and diverting higher  
6 level foster care placements.
- 7 (2) Identification of model short-term residential treatment options that serve  
8 children with high acuity needs that divert a child from higher level  
9 placements such as psychiatric residential treatment facility placement  
10 (PRTF). These services may also provide stepdown options from higher levels  
11 of care.

12 **SECTION 2.(b)** No later than three months after the plan is developed under  
13 subsection (a) of this section, DHB shall issue a request for proposals (RFPs) for any services  
14 identified through the plan development process as lacking and targeted towards any geographic  
15 location with identified inadequate provider access. Services may be phased in over a period of  
16 two years. The RFPs shall be developed in partnership with the stakeholders involved with  
17 developing the plan, as required under subsection (a) of this section. Each RFP shall include the  
18 following:

- 19 (1) The development of newly identified Medicaid services for foster children  
20 that may be implemented regionally or statewide.
- 21 (2) Expansion of a Medicaid service that is not located in the particular county or  
22 region.
- 23 (3) Time lines for, and establishment of, first- and second-year deliverables for  
24 any service that may be a phased-in service.
- 25 (4) Identification of required funding, including start-up funding and three-year  
26 budget, including projected revenue sources and amounts.
- 27 (5) Specific outcome measures with the attestation of the timely submission of  
28 the data to the responsible prepaid health plan and DHB. These outcomes shall  
29 be aligned with child welfare safety and permanency measures and support  
30 positive childhood outcomes.

31 DHB shall review the RFPs and award provider contracts to the accepted RFPs within  
32 six months of submission due date of the RFP being awarded. DHB may prioritize  
33 implementation of the RFP awards based upon areas in the greatest need, as identified by the  
34 stakeholders involved with developing the plan, as required under subsection (a) of this section.

35 DHB shall train all county departments of social services, and offer training to tribal  
36 welfare offices, on the Medicaid services recommended for implementation by the stakeholders  
37 involved with developing the plan, as required under subsection (a) of this section, and continue  
38 to provide status implementation within the impacted counties and region.

### 39 **PART III. APPROPRIATION**

40 **SECTION 3.(a)** There is appropriated from the General Fund to the Department of  
41 Health and Human Services the nonrecurring sum of seven hundred fifty thousand dollars  
42 (\$750,000) in each year of the 2023-2025 fiscal biennium for the development of the foster care  
43 trauma-informed, standardized assessment.

44 **SECTION 3.(b)** There is appropriated from the General Fund to the Department of  
45 Health and Human Services, Division of Health Benefits, the sum of twenty million dollars  
46 (\$20,000,000) in recurring funds for the 2023-2024 fiscal year and the sum of twenty million  
47 dollars (\$20,000,000) in recurring funds for the 2024-2025 fiscal year to implement Part II of  
48 this act. These funds shall provide a State match for thirty-eight million seven hundred thousand  
49 dollars (\$38,700,000) in recurring federal funds for the 2023-2024 fiscal year and thirty-eight  
50 million seven hundred thousand dollars (\$38,700,000) for the 2024-2025 fiscal year. Those  
51

1 federal funds are appropriated to the Division of Health Benefits to pay for costs associated with  
2 the implementation of Part II of this act.

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4 **PART IV. EFFECTIVE DATE**

5 **SECTION 4.** Part III of this act becomes effective July 1, 2023. The remainder of  
6 this act is effective when it becomes law.