GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2023

H **D**

HOUSE BILL 860
PROPOSED COMMITTEE SUBSTITUTE H860-PCS30371-BCa-20

Short Title: Protect Our Youth in Foster Care. (Public)

Sponsors:

Referred to:

April 26, 2023

A BILL TO BE ENTITLED

AN ACT TO ENSURE THE USE OF TRAUMA-INFORMED, STANDARDIZED ASSESSMENTS AND APPROPRIATE CARE FOR CHILDREN AND YOUTH IN FOSTER CARE.

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

Whereas, agencies must utilize standardized tools, assessments, and training that address the trauma that these children and youth experience; Now, therefore,

The General Assembly of North Carolina enacts:

PART I. TRAUMA-INFORMED, STANDARDIZED ASSESSMENT

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

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

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

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

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

(1) The development of the trauma-informed, standardized assessment template by December 31, 2023.

(2) The finalized trauma-informed, standardized assessment template by June 30, 2024, including the standardized training curriculum, methodology for training, the selection of a vendor to manage and conduct the training and determine the process for the statewide rollout, and coordination with tribal jurisdictions.

(3) The phased-in approach of the trauma-informed, standardized assessment beginning on July 1, 2024, and operating statewide by June 30, 2025.

(4) The establishment of a base rate for the trauma-informed, standardized assessment that supports the oversight, training, and monitoring of the fidelity to the trauma-informed, standardized assessment.

(5) The establishment of a standardized workflow of notifications to the payers and child welfare agencies, including the following recommended service processes:

a. Time lines for recommended access and implementation of services from date of referral.

b. Network and provider capacity to meet expected time lines. In the event the behavioral health service provision is in a region served by a BH IDD tailored plan or in an LME/MCO catchment area that has a gap in provider capacity to meet the recommended time lines, the network shall be open to providers for additional provider enrollment.

(6) The identification of core outcomes to measure the success of the project and impact of youth receiving the trauma-informed, standardized assessments in a timely manner by a trained workforce.

(7) The establishment of a statewide implementation training plan that includes oversight of fidelity to the trauma-informed, standardized assessment for staff conducting the assessment within specified time frames. Medicaid managed care plans shall be required to open their provider networks to obtain the necessary number of trauma-informed providers if the existing network cannot meet the needs of the community. The training plan shall be enacted and implemented within the same time lines established with the rollout schedule.

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

(1) Ensure that juveniles between the ages of 4 and 17 being placed into foster care receive a trauma-informed, standardized assessment within 10 working days of their referral.

(2) Each juvenile who is included in any Medicaid children and families specialty plan, regardless of their type of placement, shall receive a trauma-informed, standardized assessment.

(3) Each trauma-informed, standardized assessment may be administered in a face-to-face or telehealth encounter.

(4) The county department of social services must make the referral for a trauma-informed, standardized assessment within five working days of a determination of abuse or neglect of the juvenile in accordance with G.S. 7B-302.

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

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

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

PART II. MEDICAID

SECTION 2.(a) The General Assembly finds that youth receiving foster care services through the county child welfare agencies are entitled to trauma-informed interventions and therapy that are also evidence-based, evidence-informed, or both. The Department of Health and Human Services (DHHS), Division of Health Benefits (DHB), shall convene a workgroup composed of county child welfare agencies, representatives with lived experience in child welfare, the nonprofit corporation Benchmarks, prepaid health plans, and local management entities/managed care organizations (LME/MCOs) to identify innovative Medicaid service options to address any gaps in the care of children receiving foster care services. Each LME/MCO shall identify to the workgroup any innovative practices that the LME/MCO is using that could be an innovative Medicaid service option. Each LME/MCO shall also communicate with healthcare providers in its catchment area about the opportunity to submit concept papers to the workgroup to aid in the identification of these innovative Medicaid service options. Specifically, the workgroup shall identify innovative Medicaid service options that are either of the following:

(1) Models of community evidence-based practices that support a foster child returning to the child's family in a timely manner and diverting higher level foster care placements.

(2) Model short-term residential treatment options that serve children with high acuity needs that divert a child from higher level placements such as psychiatric residential treatment facility placement. The provision of stepdown options from higher levels of care may be considered.

SECTION 2.(b) No later than three months after the workgroup has completed its work under subsection (a) of this section, DHB shall begin distributing funding, as appropriated in Section 3(b) of this act and to the extent allowed under G.S. 108A-54.1A, through capitated contracts with LME/MCOs and through capitated prepaid health plan contracts under Article 4 of Chapter 108D of the General Statutes, to be used for the innovative Medicaid service options identified by the workgroup. The funding may be used for (i) new services identified by the workgroup that may be implemented regionally or statewide or (ii) expanding a service or modality to a county or region where the service or modality was not previously implemented. DHB shall require all of the following from any entity receiving funding under this subsection:

(1) Time lines for, and establishment of, first- and second-year deliverables for any service that may be a phased-in service.

(2) Identification of required funding, including start-up funding and a three-year budget, including projected revenue sources and amounts.

(3) Specific outcome measures with the attestation of the timely submission of the data to the applicable prepaid health plan and DHB. These outcomes shall be aligned with child welfare safety and permanency measures and shall support positive childhood outcomes.

SECTION 2.(c) DHHS may prioritize the distribution of funds under this section based upon the areas with the greatest need, as identified by the workgroup convened under subsection (a) of this section.

SECTION 2.(d) DHHS shall provide training to all county departments of social services and shall offer training to tribal welfare offices on any Medicaid services funded under subsection (b) of this section and may delegate that training to the relevant LME/MCO. Further, DHHS shall continue to provide to the relevant county departments of social services and tribal welfare offices status updates on implementation within any impacted counties and regions.

PART III. APPROPRIATION

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

SECTION 3.(b) There is appropriated from the General Fund to the Department of Health and Human Services, Division of Health Benefits, the sum of twenty million dollars ($20,000,000) in recurring funds for the 2023-2024 fiscal year and the sum of twenty million dollars ($20,000,000) in recurring funds for the 2024-2025 fiscal year to implement Part II of this act. These funds shall provide a State match for thirty-eight million seven hundred thousand dollars ($38,700,000) in recurring federal funds for the 2023-2024 fiscal year and thirty-eight million seven hundred thousand dollars ($38,700,000) for the 2024-2025 fiscal year. Those federal funds are appropriated to the Division of Health Benefits to pay for costs associated with the implementation of Part II of this act.

PART IV. EFFECTIVE DATE

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