

Failures and Gaps Identified by Council Members

Purpose: To fulfill the Council's second and fifth charges of cataloging examples of failures in coordination, collaboration, and communication in the context of child welfare and identifying gaps in coordination, collaboration, and communication related to all publicly funded child serving programs

Methodology: The Program Evaluation Division administered an online survey asking each Children’s Council member to provide examples of gaps and failures in the context of child welfare and children's programs pertaining to their sector of expertise. The survey defined

- **Failures** – when a policy or authority exists for a positive or protective action to occur, but it does not; and
- **Gaps** – when an action or service is recognized as needed, but it does not exist; some describe such gaps as the places where children "fall through the cracks."

Work Product:

Exhibit 10, organized by domain, shows examples of failures and gaps identified by Children’s Council members.

Exhibit 10: Failures and Gaps Identified by Children’s Council Members

| Domain | Examples of Failures and Gaps |
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| Child & Maternal Health | <ul style="list-style-type: none"> • Lack of data infrastructure linking child data across key entities, including Medicaid, physical/behavioral health (e.g., Local Management Entities/Managed Care Organizations [LME/MCOs]), schools (e.g., Department of Public Instruction), child welfare (e.g., Department of Health and Human Services’s Division of Social Services), and early care and education (e.g., Title V). • Current NC Medicaid eligibility rules allow a woman under a certain income level (196% FPL) to qualify for Medicaid during her pregnancy, but she will lose her Medicaid coverage after 60 days postpartum unless she qualifies for Medicaid in another way. Left undiagnosed, low-income mothers with postpartum depression and substance abuse disorder have increased risk of negative infant outcomes for future pregnancies. • Women who are 7-9 months pregnant who are held on drug charges, such as meth or heroin, are at an increased risk of pregnancy complications. Often jails release these women simply to not have to deal with the potential for childbirth or loss on their watch. |
| Child Safety & Welfare | <ul style="list-style-type: none"> • Lack of statewide services like a centralized child abuse hotline for law enforcement and CPS workers and access to a Children's Advocacy Center in every county. • Lack of data sharing among health care providers and social service agencies. • Lack of local foster homes, culturally diverse foster parents, level two foster homes, and foster homes that will take older youth. • Foster homes/parents may move from one agency to another, and often issues that led to the move to another licensing agency are never known, so children could be placed at risk. • Children being forced to be labeled and diagnosed in order to receive services when they have trauma, not mental illness, in most cases. Children entering foster care can receive physical health services but not mental health services without parental consent, which creates a barrier to care for foster children. • Violation of federal policy like children aging out of foster care and being denied Medicaid and the required 12 months to permanency not happening. |

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| Education & Life Skills | <ul style="list-style-type: none"> • Disconnect in most counties between the school systems and the LME/MCOs and a lack of understanding from the schools of how the DSS agencies work and how to effectively interface together. They don't share incentives or share outcomes for which they are held accountable. • Lack of coordinating services and supports across settings and payment sources between school and home for services such as speech-language therapy, occupational therapy, and physical therapy for children with disabilities. |
| Family Support | <ul style="list-style-type: none"> • Inadequate assistance for job placement, medical leave for parents, childcare, healthcare, and substance abuse treatment. Economic distress is a known cause of child abuse and neglect. • Lack of comprehensive (community) family support plans that address childcare, parenting, health care, and recovery services, especially in rural communities. • Lack of a grace period on paying child support if a parent loses their job. • Parents who don't have access to Medicaid (or lost it when their child was taken into DSS custody) cannot access services necessary for reunification. |
| Juvenile Justice | <ul style="list-style-type: none"> • Schools being permitted to make reports against children for simple affray or disorderly conduct is the largest reason kids end up in the juvenile justice system. • Dual jurisdiction cases often do not have appropriate communication between DJJDP and DSS/GAL. • Being emancipated automatically triggers being tried as an adult. |
| Mental Health, Substance Abuse, & Early Intervention | <ul style="list-style-type: none"> • Many of the children with the greatest need for services are the ones with the least access, often due to financial constraints, lack of insurance coverage, lack of transportation to and from service providers, or unavailable services. • Mental health treatment for kids in foster care is often not consistent or treatment is slow to start due to long waiting lists; the approval process for enhanced services and/or higher levels of care is complicated and time consuming; there are limited providers who accept Medicaid. • Not enough resources for programs that allow pregnant women and mothers to get substance abuse treatment without being separated from their children. • Lack of services for children and adolescents with significant mental health needs in their home communities, rather than institutions such as psychiatric residential treatment facilities (PRTFs). For those children and adolescents who truly need an out of home placement, North Carolina does not have a PRTF for children and adolescents exhibiting sexual behaviors or for children and adolescents with autism. |

Source: Program Evaluation Division based on a survey of Children's Council members.