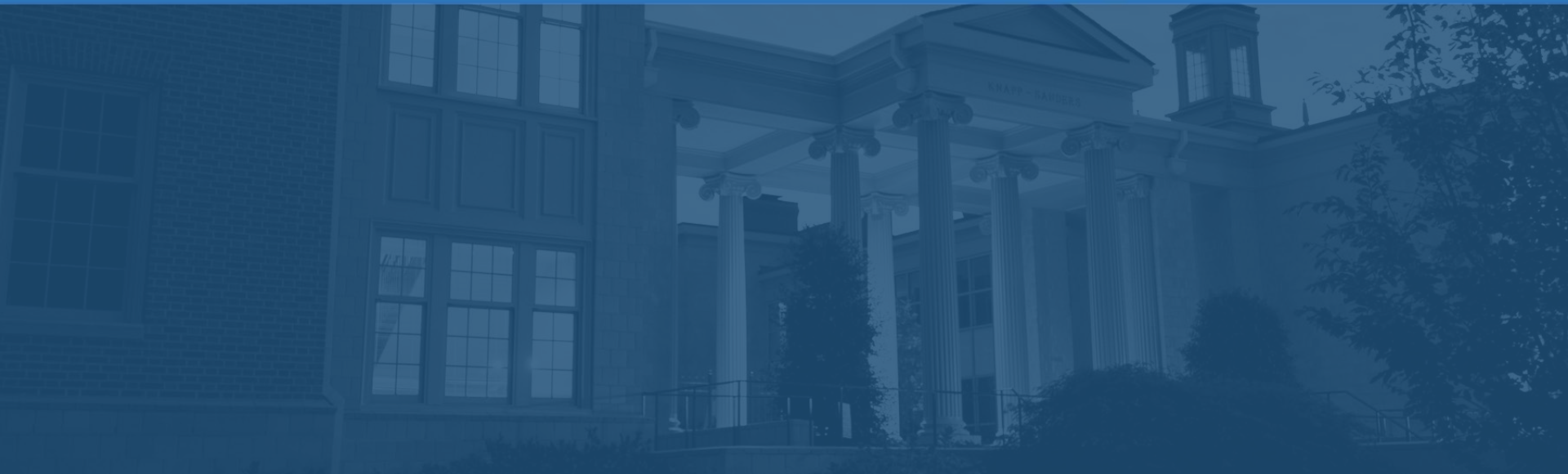


Social Services Regional Supervision and Collaboration Working Group



UNC

SCHOOL OF GOVERNMENT



Agenda

Convene

Child Welfare Reform in Oklahoma

- Sen. A.J. Griffin, OK State Legislature

Child Fatality Review System

- Sara DePasquale, UNC SOG

Medicaid Reform

- Dave Richard, NC DHHS

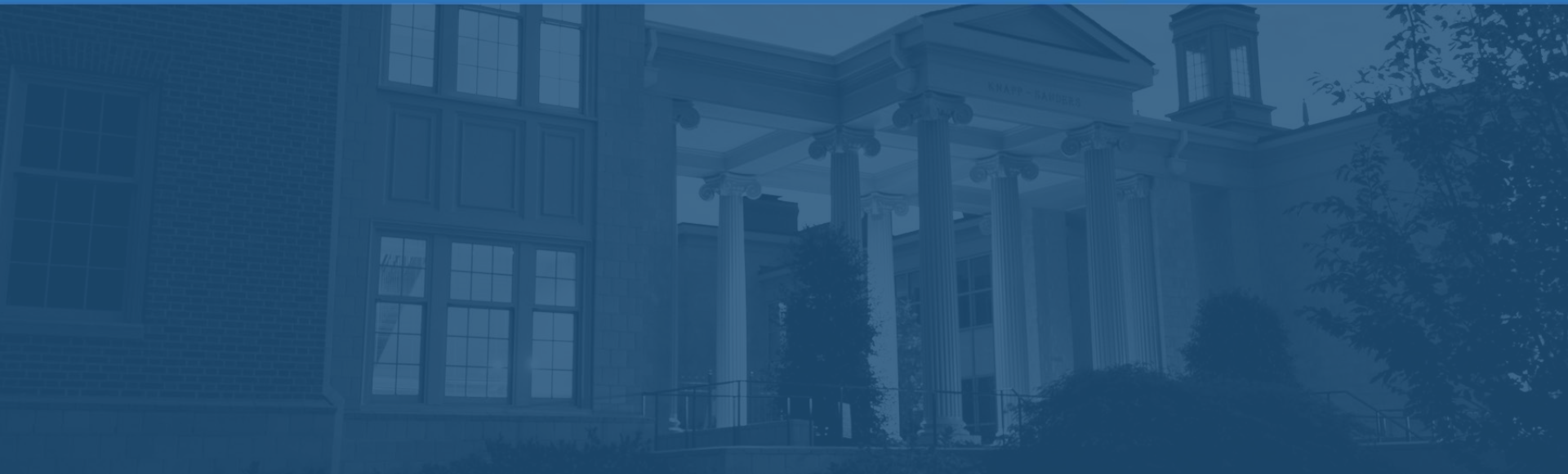
Wrap-Up



Child Welfare Reform in Oklahoma



UNC
SCHOOL OF GOVERNMENT



Oklahoma



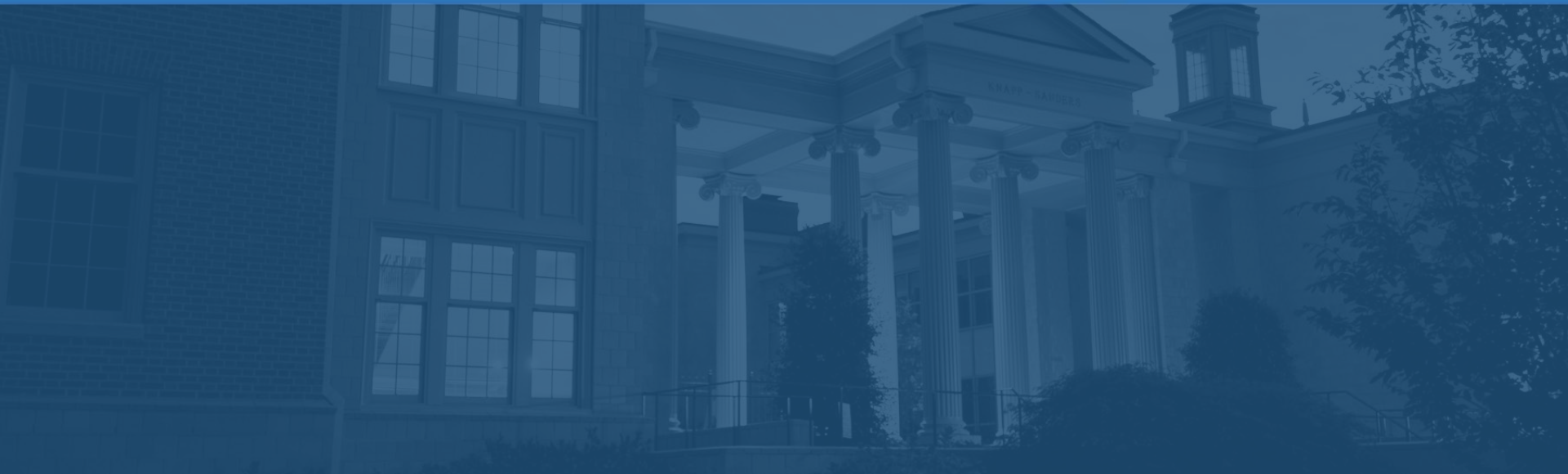
- Senator AJ Griffin
 - Elected in 2012
 - Chair, Appropriations Subcommittee on Human Services

North Carolina's Child Fatality Review System



UNC

SCHOOL OF GOVERNMENT



Today's Purpose

- Provide overview of N.C. Child Fatality Prevention System purpose and structure
 - MANY PARTS
- Get you thinking, as related to your charge
 - Do you include it in your recommendations and if so how?



N.C. Child Fatality Review System

Public policy to prevent the abuse, neglect, and death of juveniles



Community responsibility



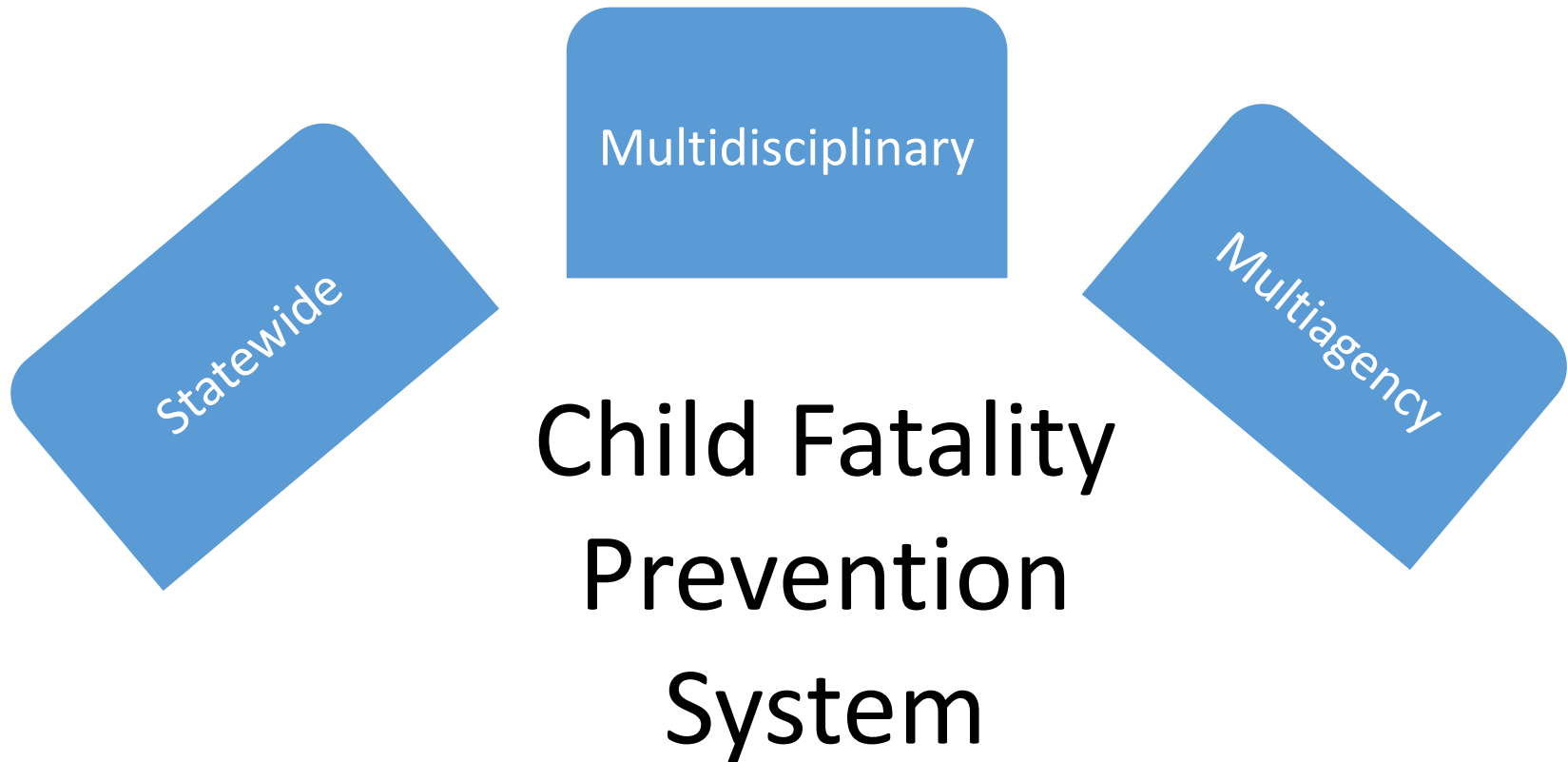
Professionals from disparate disciplines have expertise that can promote child safety and well-being



Multidisciplinary reviews can lead to a greater understanding of causes and methods of preventing these deaths



Intent



Purpose

Assess Records -- Selected CPS cases/all child deaths



Develop community-wide approach to problem of A/N



Study/Understand causes of childhood death



Identify gaps/deficiencies in services



Make/Implement recommendations to
law/rules/policy



What it is not

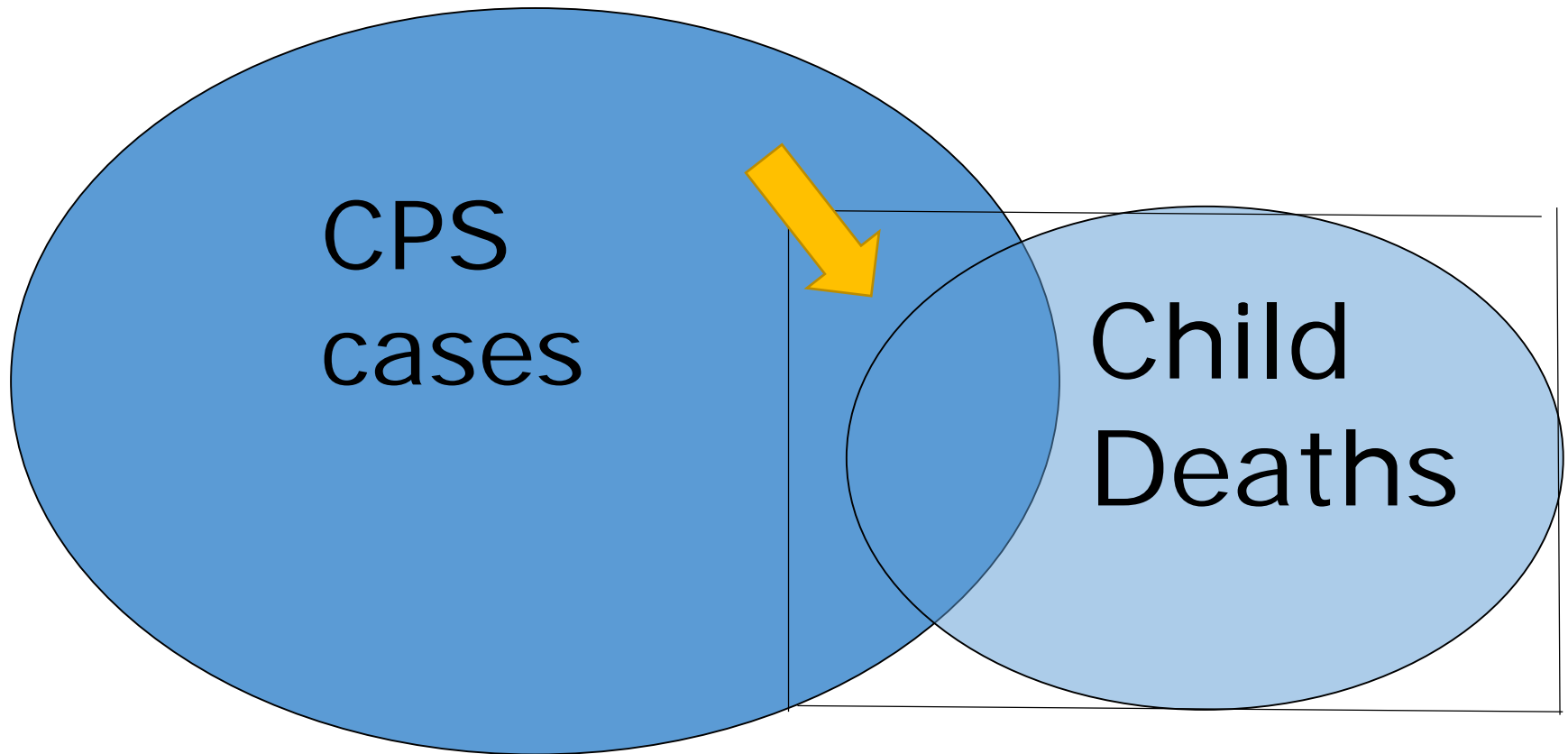
REVIEW

≠

INVESTIGATION



CPS cases and all deaths...



Maltreatment

California mom, boyfriend convicted in beating death of daughter

METRO

Infant boy died of starvation and dehydration

Baby dies in foster care, foster dad charged with murder

Father jailed for shaking baby to death



Illness or Unknown Causes

Toddler Dies From Suspected Sudden Infant Death Syndrome Hours After Telling Mum: 'I Love You'

Family fights to bury child who died of cancer in foster care

5-Year-Old Girl Dies After Catching the Flu, Even After Getting Vaccine



Unintentional/Accidental

Unrestrained 5-year-old girl dies Friday in car crash, police say

Lee County football player dies from heat stroke

By Lee County Staff

Child, 1, drowns in pool

2017-09-29 21:29

Child dies in accidental shooting

Toddler dies after being left in car while grandmother worked



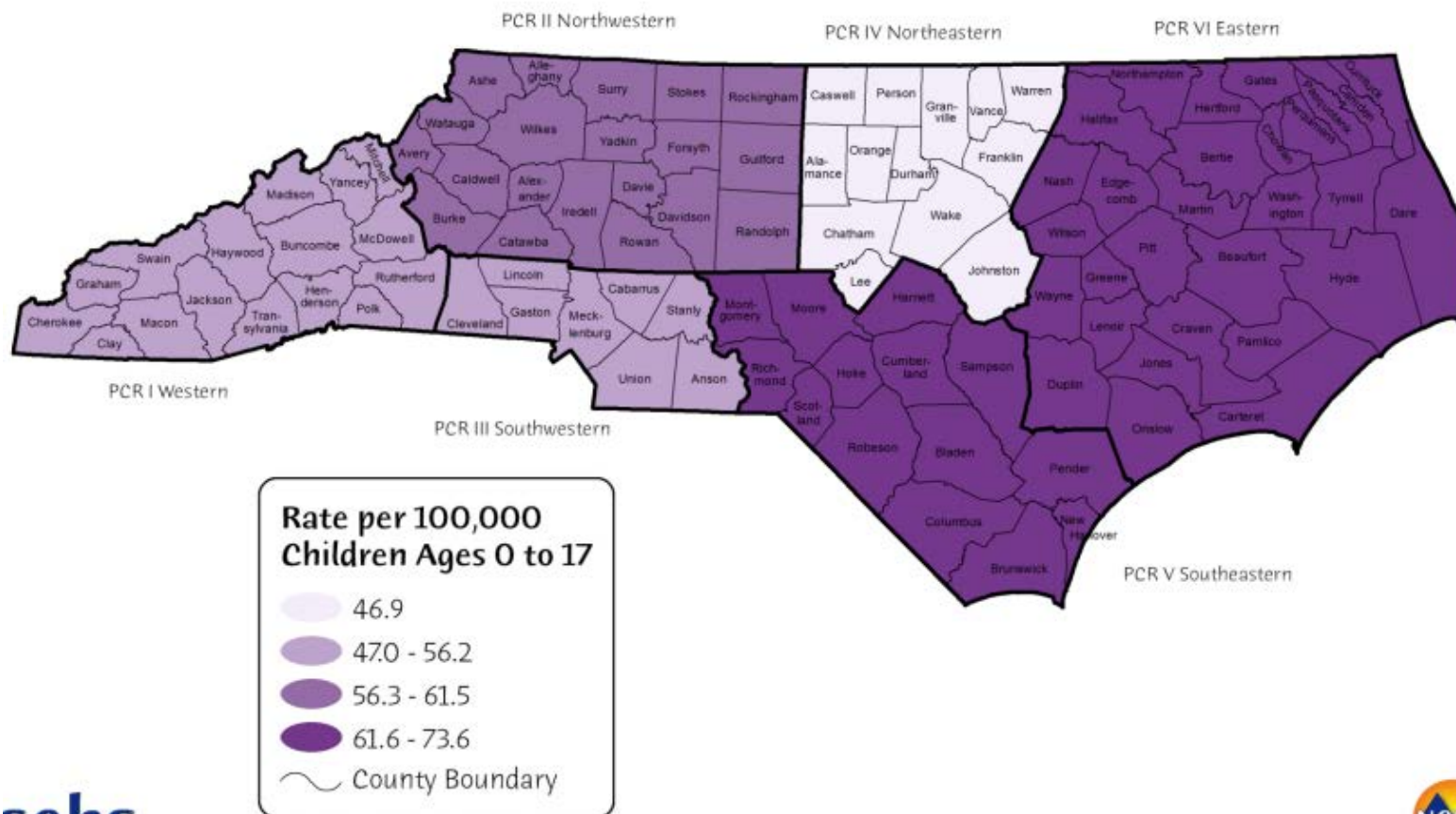
Leading Causes of Child Deaths (NC 2016)

Causes of Deaths	Number	%age
Total	1,360	
Perinatal Conditions	452	33 %
Illnesses	270	20 %
Birth Defects	204	15 %
Unintentional (incl. motor vehicle)	201	15 %
Homicide	51	4 %
Suicide	44	3 %
Other	138	10 %

Source: NC Div. of P.H. – Women’s & Children’s section State Center for Health Statistics



2016 Child Death Rate by Perinatal Care Region (6)



How does this fit with your other maps?

- State – Region – County
- All the Programs
 - Child Welfare
 - Public Assistance
 - Child Support Enforcement
 - Adult Services
 - Adult Care Homes
 - Other Programs



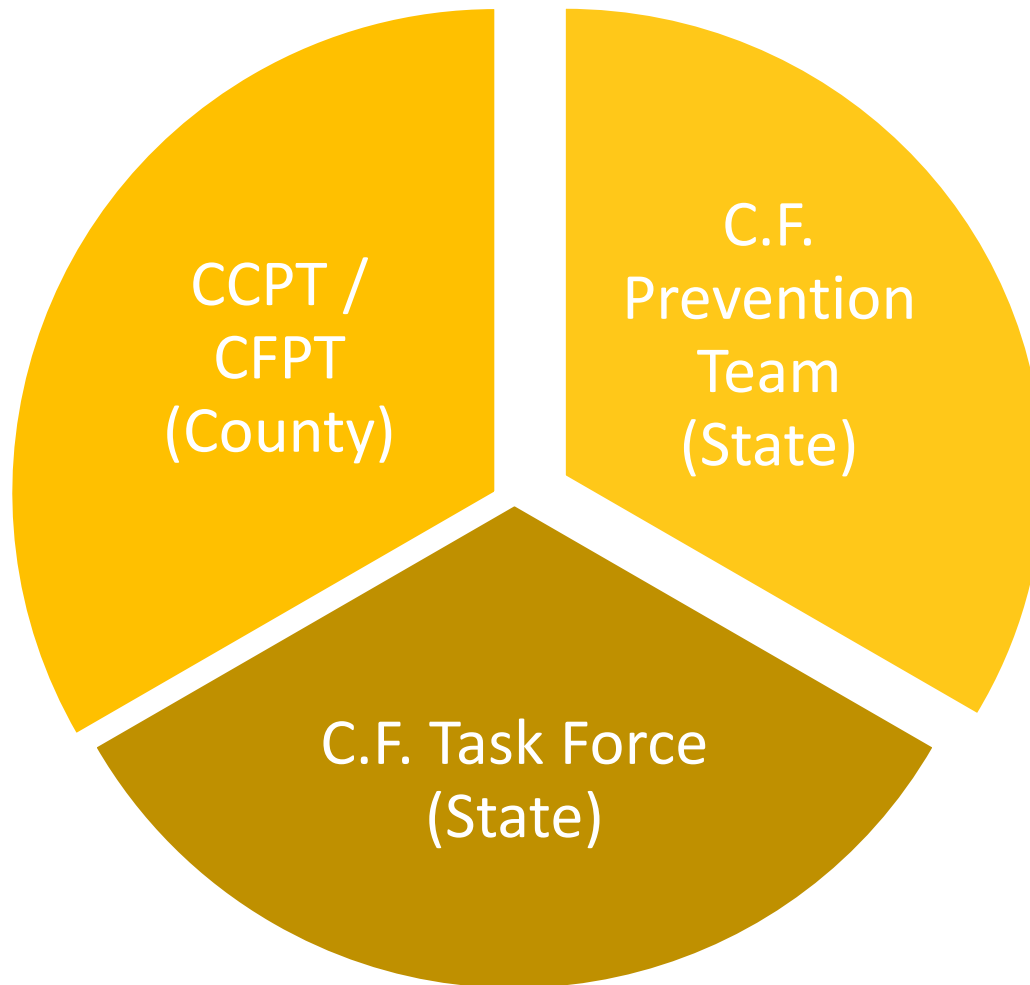
Keep In Mind...

Not Just About Child Maltreatment

- Examples
 - Stop Sign
 - Required Smoke Alarms and CO detectors
 - Safe Sleep Awareness



Components



CCPT and CFPT (or blended)

- In every county/limited one county
- 11 members (must include DSS director, DSS employee, and DSS board member)
 - If review add'l child fatalities, 5 add'l members
 - County Commissioners may appoint max. of 5 additional members
- Meet
 - At least quarterly
 - Often enough to allow for adequate review of cases



(Local) CCPT

Review selected active CPS cases and child deaths resulting from suspected A/N where report made to or family receiving CPS by DSS w/in 12 months



Annual report to County Commissioners of recommendations (if any)

Role of DSS Director

Assures
development of
procedures,
trainings, &
duties

Staff support/
maintains
records

Initiates/
determines
cases for review

Makes quarterly reports to DSS board



Role of State DSS w/ CCPT

- Training materials addressing
 - Role/function of local team reviewing active cases
 - Confidentiality
 - Overview of CPS law and policy
 - Local team record-keeping



(Local) C.F. Prevention Team

Review records of all cases of child deaths not reviewed by CCPT

Annual report to
County Comm'rs
of recs (if any)

Report to (state)
Team
Coordinator

Report to local
board of health
(by P.H. director)



(State) Team Coordinator

- Liaison between State Team and local CFPT
- Provide technical assistance to local CFPT
 - Training
 - Model operating procedures
 - Monitor work of CFPT
 - Receive reports from CFPT
- Report aggregated findings of all CFPT to State Team
- Evaluate impact of local efforts

Statutory Differences Re: DHHS

CCPT

- No Team Coordinator
- Provide training materials

CFPT

- Team Coordinator
 - Technical assistance
 - Liaison to State Team
 - Aggregated findings



State C.F. Prevention Team

- In DHHS (budgetary purposes only)
- 11 members, Chief Medical Examiner is chair
- Review child deaths when child abuse/neglect attributed to death and child was reported as A/N
- Provides technical assistance to local team (upon request)
- Receives reports from CFPT & work w/ (state) Team Coordinator to implement recommendations
- Reports to State Task Force as requested

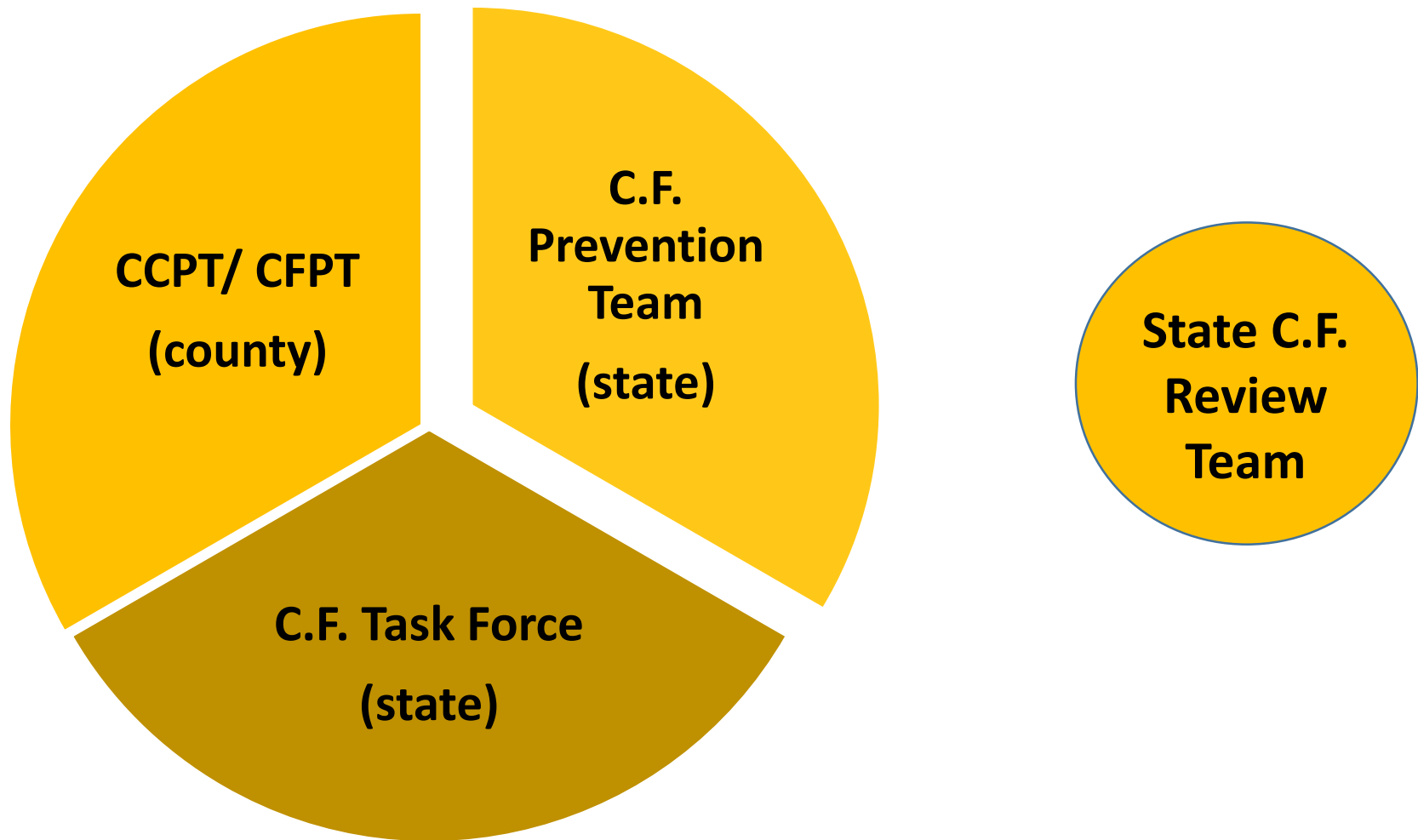


State C.F. Task Force

- In DHHS (budgetary purpose only)
- 35 members
- Study, analyze, report on incidences/causes of child death
- Develop system of multidisciplinary review
 - *consider feasibility and desirability of local or regional review teams and if feasible, develop guidelines
(C.F. Prevention System Summit: April 9-10, 2018)
- Receive/consider reports from State Team
- Annual report to Governor and General Assembly with recommendations for changes to law/rules/policy



Components: An Outlier



State C.F. Review Team

- In DHHS
- Members: local DSS and Div of SS, CCPT, CPFT, law enforcement, medical professional, and prevention specialist
- In-depth reviews of any child fatality when child involved with DSS in 12 months preceding death
 - Interviews
 - Examine written materials
- Purpose:
 - Identify factors contributing to conditions leading to death
 - Recs. for improved coordination b/t local – state entities



Structure

State

- State C.F.P. Team
- State C.F. Task Force
- State C.F. Review Team

Local

- CCPT
- CFPT



Federal-State-Local



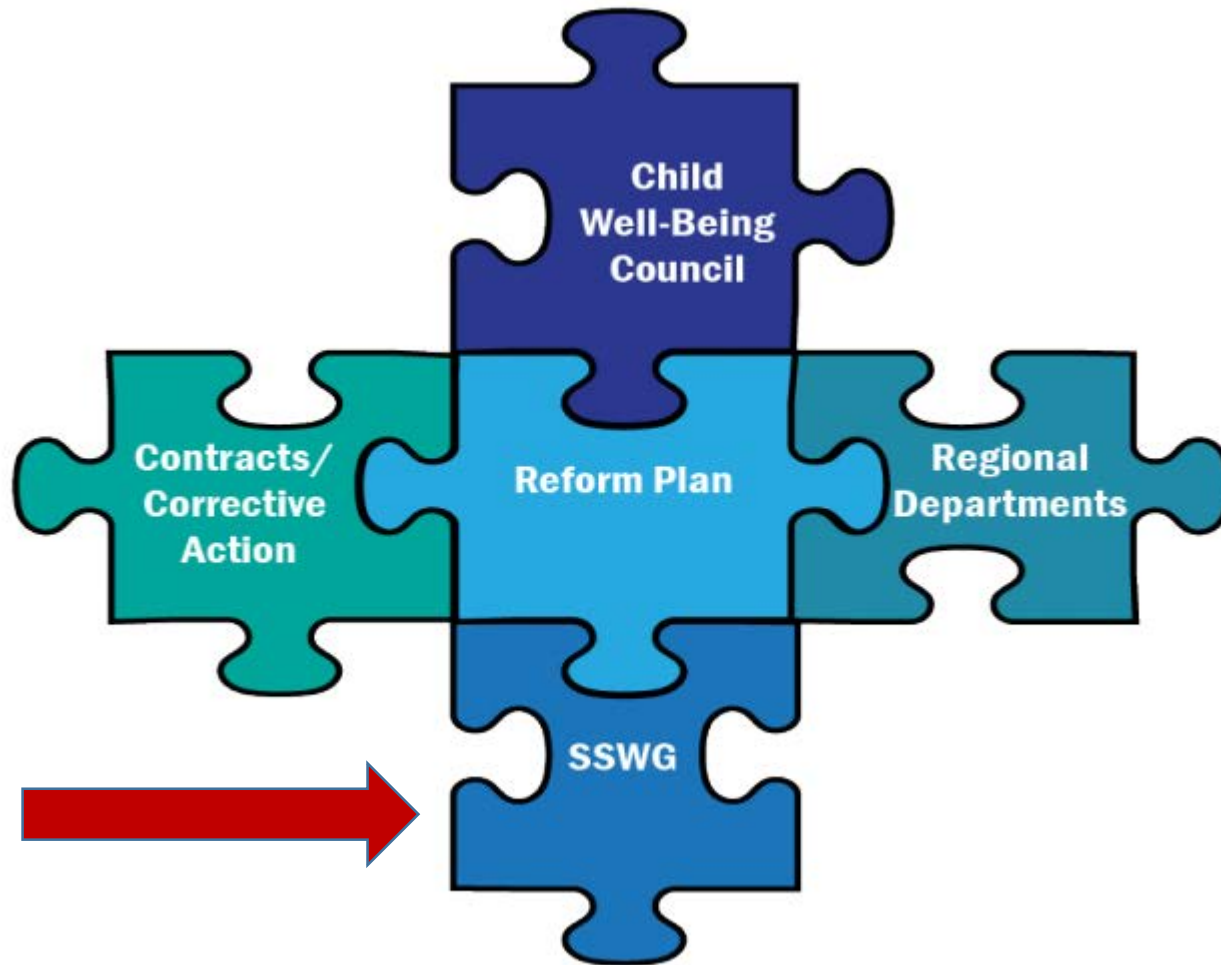
```
graph TD; CAPTA --> CRP["Citizen Review Panel (county CCPT)"]
```

CAPTA

Citizen Review Panel
(county CCPT)



Your Charge and Where You Fit In



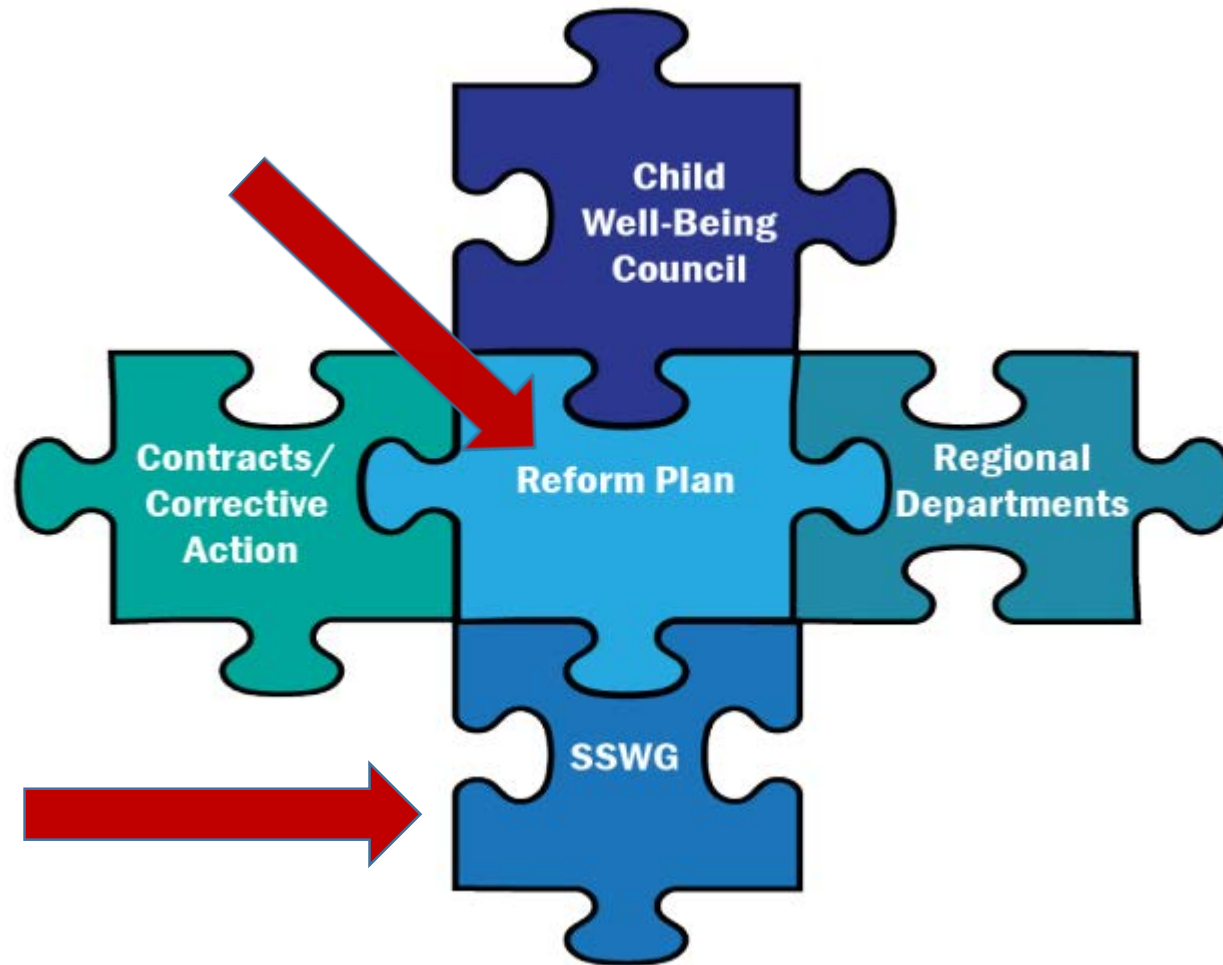


One piece in Stage 1

- Size, number, location of regional state offices
- Allocation of responsibility for supervision and administration
- Accountability
- Information sharing by region w/ county boards



One of Many Pieces

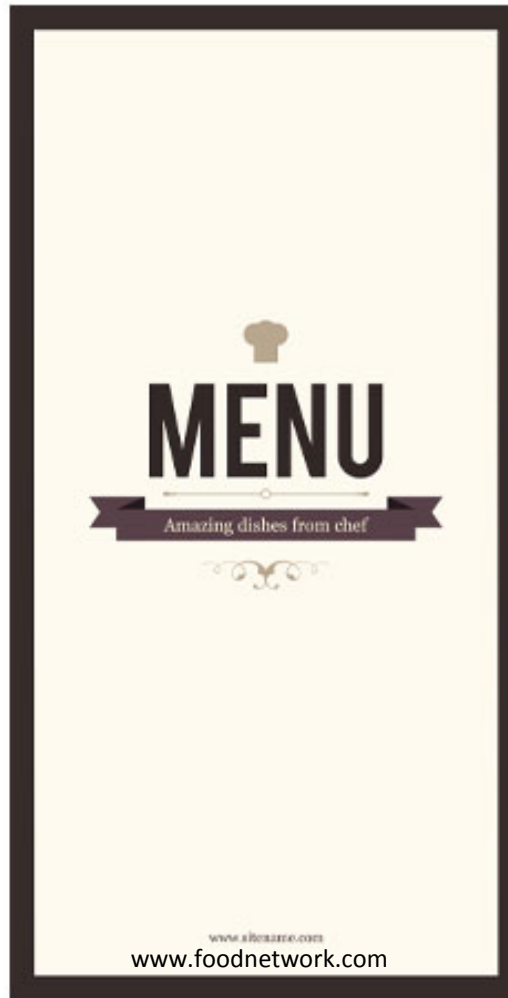




Contract w/Outside Org.

- Recommendations for
- System Reform
- Child Welfare Reform
 - Child Fatality Oversight
 - Review existing structure, communication, effectiveness
- Dashboard
- Consult with SSWG & offer recommendations

Supervisory Functions



Policy guidance
Compliance monitoring
Fiscal monitoring
Service review
Risk assessment
Root cause analysis
Conflict of interest management
Training needs assessment and delivery
Resource provision
Best practice dissemination
Licensing
Integrated recordkeeping

Questions?



Medicaid Transformation

Medicaid covers more than 2 million people
\$13 Billion/Year



45%
people with a disability



30%
children



15%
seniors

Medicaid Transformation Timeline

Follow our progress at: <https://www.ncdhhs.gov/nc-medicaid-transformation>

- **April 2017:** Public hearings and Request for input
- **Aug. 2017:** Published detailed Proposed Program Design
- **Nov. 2017:**
 - Released two Requests for Information (RFI)
 - Released a proposed PHP capitation rate setting methodology
 - Released White Papers: Supplemental Payments; Tailored Plans
 - Submitted amended **1115** waiver to CMS
- **Next 3-4 months:** Release of additional concept papers
- **Feb. 2018:** Anticipated CMS approval of revised waiver
- **Spring 2018*:** Release Request for Proposal (RFP)
- **July 2019*:** Phase one of managed care goes live

* Assuming timely CMS approval and other activities

Medicaid Managed Care Proposed Program Design

- Based on best practices from other states and building on the existing infrastructure in NC
- Vision: Advance high value care; Improve population health; Support providers; Build a sustainable program
- Key themes:
 - Improve health and well-being of North Carolinians
 - Focus on health of the whole person
 - Support clinicians in delivering high-quality care at good value
 - Addresses both medical and non-medical drivers of health



North Carolina Medicaid and
NC Health Choice
Amended Section 1115
Demonstration Waiver
Application

Prepared by
North Carolina Department of Health and Human Services
Nov. 20, 2017

Supporting Providers through Transition

- Education and training through Regional Provider Support Centers
- Cut down administrative burden
 - Centralized credentialing process; uniform policies; single electronic application
 - Streamlined contract negotiations with standardized language for select sections
- Ensure transparent and fair payments to providers
- Support workforce initiatives
 - Workforce Innovation Fund: address shortages identified in a statewide workforce evaluation
- New tools to combat the Opioid Crisis
- Support telehealth initiatives
 - Establish independent, statewide telemedicine alliance to increase provider education/training
 - Support innovative approaches of providers and PHPs to telemedicine
 - Ensuring providers have access to equipment, ability to connect, & protocols for adapting practices

Physical and Behavioral Health Integration

- Consistent with principle of learning from best practices from other states while building on what is working in NC today
- Single point of accountability for care and outcomes; reduces clinical risk and gives beneficiaries one insurance card
- Approximately 1.8 million Medicaid beneficiaries would receive coordinated physical and behavioral health services
- Most Medicaid beneficiaries (<90%) would enroll in Standard Plans
- A smaller number with significant BH or I/DD needs would be enrolled in Tailored Plans
 - Access to expanded service array
 - Delayed start
 - DHHS recently released concept paper giving more detail on Tailored Plans

Promoting Quality, Value and Population Health

- **Statewide Quality Strategy**
 - Single set of statewide quality measures to assess performance and drive progress
- **Care Management**
 - Build on what's working well today
 - Advanced medical homes
 - Enhanced payments to strengthen ability of PCPs to offer increased access to care for beneficiaries (including extended office hours and non-visit based forms of access), integrated care, strong preventive care, etc.
 - Roles in care management
 - Care management should directly involve the AMH care team or local care managers when possible
 - PHPs monitor care management activities and take direct responsibility for managing care of beneficiary not covered by AMH
 - Data analytics capabilities
- **Value-Based Payment**
 - Population health metrics, appropriateness of care
 - Incentivize prepaid health plans to use alternative payment models
- **Address health-related social needs and reduce health inequities**

Addressing Social Determinants as Part of Overall Health

- **Standardized screening for unmet social needs**
 - DHHS is convening a Technical Advisory Panel to build statewide tool
 - The State will release the tool for public comment in the spring of 2018
 - MCOs will use screening tool as part of comprehensive assessment when beneficiaries enter plan
 - Tool will be rolled in gradually to give time for provider training, capacity and workflow
- **Resource Database and Navigation**
 - Up-to-date list of benefits/ community services and access points to services
 - Used to connect individuals with unmet social needs to resources
 - Statewide, open-source resource
- **Evidence-Based Public-Private Regional Pilots**
 - DHHS will scale, strengthen and sustain existing innovative initiatives that aim to more closely link healthcare and social services
 - Focused on evidence-based interventions
 - Evaluation and scaling

Questions?



Wrap-Up

Research Update

- Revising the table of supervisory functions
- Research on regional supervision in Virginia, licensing in NC, job rotation
- Preliminary map specifications

Next Meetings

- Online meeting or conference call
 - Wednesday, January 3, 3:00-4:00 p.m.
- In-person
 - Tuesday, January 9, 10:30 a.m. - 3:30 p.m.



Social Services Regional Supervision and Collaboration Working Group



UNC

SCHOOL OF GOVERNMENT

