



Social Services

Social Services Board

Commissioner Wendy Jacobs, Chair
Monique Holsey-Hyman, EdD, LCSW R, Vice Chair
Janice Perrin Paul, J.D.
Jacqueline Beatty-Smith
Charles I. Mitchell

Sarah Bradshaw

Interim DSS Director

Guidelines and Protocol for Placement of Children with Medically Complex Needs

Durham County strives to identify and maintain a single, stable, community-based placement for children in its custody who have medically complex needs and are at risk of institutionalization due to their medical needs. The following guidelines and protocols describe how Durham County recruits, identifies, and secures community-based placements for those children.

Prioritization of Non-Institutional Settings

Durham County recognizes the importance of children maintaining familial and community connections. Durham County prioritizes placing children in its custody in a non-institutional setting where they can live in a family-like, community-based setting. Congregate care facilities should be the last resort for all children in the care and responsibility of Durham County. Prior to child(ren) being placed in a facility, multi-level staffing **MUST** occur, include involvement of a Program Manager.

Durham County remains committed to following all Department of Health and Human Services (DHHS) Child Welfare policies and guidelines. Durham County will follow all future implemented Families First Prevention Services Act and *Olmstead* policies and guidelines from DHHS.

Prioritization of Family Placements

When searching for a potential placement of a child with medically complex needs, Durham County **MUST** first assess whether relatives are willing and able to care for the child(ren), and the extent to which the placement with a relative is in the best interest of the child(ren).

If a relative cannot be identified as an appropriate placement for the child(ren), a placement resource **MUST** be chosen for the child(ren) that ensures the child(ren) is placed:

- In the least restrictive setting;
- In the most family-like setting;
- In proximity to the parents' home; and
- In a setting that is consistent with the safety, best interests, strengths, and medical

needs of the child.

At least once a month throughout the case, Durham County MUST inquire with parents and, if developmentally/age-appropriate, inquire with children about extended family members to include:

- Knowledge of names (names, last seen);
- Location (address, contact information);
- Contact with (telephone, Facebook, etc.); or
- Relationships (history with the relative, support the relative may be able to provide, etc.)

Recruitment of Resource Parents who can Care for Medically Complex Children

To serve Durham County's goal of placing children with medically complex needs in the least restrictive setting appropriate for them, Durham County will recruit resource families committed to caring for medically complex children who require specialized medical equipment, supplies and care.

Informing Resource Parents and Agencies about how Durham County will Help Them Care for Medically Complex Children

When a child with disabilities or medically complex needs comes into Durham County's custody, Durham County will proactively assist prospective resource parents with understanding and obtaining the resources and services necessary to care for the child. These efforts will include:

- Proactively offering to assist the potential resource parents and resource parents' agencies with obtaining home- and community-based services (HCBS), assisting the potential parents and agencies with those applications, and following up to ensure the maximum level of services available to the children are obtained.
- Proactively informing the potential resource parents and resource parents' agencies that Durham County will, when appropriate, pay an enhanced rate to help cover the training, services, equipment, and care required to permit the child to live in a community-based, family-like setting.

In order to be eligible for the supplemental assistance/funds, the following criteria must be met at all times:

1. The child must be in the legal custody and placement responsibility of DSS and placed in a licensed resource home; AND
2. The child requires 4 hours or more of direct supervision daily for medical care, prevention of self-destructive or assaultive behavior; AND
3. The resource parent agrees to attend all medical appointments for the child(ren), participate in required medical trainings to meet the needs of the child(ren), attend/participate in the Child & Family Team meetings, participate in shared parenting with birth parents and for Teenagers, ensure that they attend the LINKS meetings; AND
4. At least one of the following is met:
 - The child must have a documented condition/impairment by a physician or therapist OR
 - The child has a SED diagnosis (Serious Emotional Disturbance) OR
 - The youth is 13 years of age or older with at least one placement disruption due to behavior (requires documentation from CFT).

Below is the Payment Chart for Supplemental Assistance/Funds. *Note: payment/rates are subject to change annually.*

Category	Standard Board Rate	Supplement	Total
Medically Fragile	<ul style="list-style-type: none"> • 0 –5 \$514.00	<ul style="list-style-type: none"> • \$200.00 	<ul style="list-style-type: none"> • \$714.00
	<ul style="list-style-type: none"> • 6–12 \$654.00	<ul style="list-style-type: none"> • \$200.00 	<ul style="list-style-type: none"> • \$854.00
	<ul style="list-style-type: none"> • 13 and older \$698.00	<ul style="list-style-type: none"> • \$200.00 	<ul style="list-style-type: none"> • \$898.00
SED Diagnosis	<ul style="list-style-type: none"> • 0 – 5 y/o \$514.00	Diagnosis is primary factor	<ul style="list-style-type: none"> • \$1000.00
	<ul style="list-style-type: none"> • 6 – 12 y/o \$654.00		<ul style="list-style-type: none"> • \$1000.00
	<ul style="list-style-type: none"> • 13 y/o & older \$698.00		<ul style="list-style-type: none"> • \$1000.00

As outlined in *North Carolina Child Welfare Manual: Placement Preparation and Follow-Up*, placement providers **MUST** also be prepared for the placement by receiving the following:

- Medical Information about the child(ren);

- Any medications, glasses, hearing aid, etc.;
- Any upcoming appointments the children will need to attend;
- Necessary information regarding the child(ren)'s educational needs;
- Specific information regarding the child(ren) behaviors;
- Any strengths and needs of the child(ren); and
- Any information that will make the transition less traumatic for the child(ren).

In addition, placement providers have a need to know the HIV status of the child(ren) in their care. Infections or viruses that are less serious in a non-infected child(ren) can be fatal to an HIV-infected child and placement providers must be aware of symptoms that require immediate medical attention. However, prior to disclosure of a child's HIV status, county child welfare agencies must consider and protect the child's right to confidentiality. While concern for confidentiality exists throughout the service delivery system, information regarding persons infected with HIV requires special consideration.

Placement of children outside the State of North Carolina MUST be in accordance with the Interstate Compact of Placement of Children (ICPC).

Family First Prevention Services Act

Child welfare systems across the nation are at a pivotal point of change as a result of the Family First Prevention Services Act. The change is even more significant in North Carolina, as we have state-initiated system reform efforts underway as a result of Rylan's Law. Both laws require significant shifts in fiscal, administrative, and programmatic functions in child welfare services.

The Family First Prevention Services Act was passed in Feb. 2018 and is the most sweeping legislation to impact federal child welfare financing and programs in decades. Family First has many provisions, but the primary ones are prevention services and limitations on funding for congregate care. This law continues to allow states to cover costs related to foster care and adoption assistance, however, states may opt to extend federal (IV-E) reimbursement to cover certain expenditures and services related to preventing foster care placements. This includes evidence-based mental health, substance abuse, and parenting services to keep children safe with their families.

Family First also includes provisions that will limit IV-E foster care spending for children in congregate care settings. This means that existing IV-E funding for children and youth in group settings will be limited to the first two weeks of placement unless the child/youth have certain specified permissible needs that necessitate a group placement.

Our federal partners have given states the option of implementing prevention and congregate care provisions as early as Oct. 2019, and up to Sept. 2021. North Carolina has opted to extend the implementation of both provisions through Sept. 2021, allowing adequate time to plan and implement services that are specific to the needs of children and families in North Carolina.

Since our initial Family First stakeholder meeting in the summer of 2018, the NC Department of Health and Human Services has partnered with the University of Chicago – Chapin Hall, with funding from the Duke Endowment, to receive expert implementation support for the prevention and congregate care provisions.

Each month, child welfare leaders from across the department, along with experts from Chapin Hall, meet with cross-disciplinary groups of internal partners and external stakeholders to assess North Carolina’s readiness for Family First. Ultimately, this work will result in the creation of a prevention services plan that will allow more children to safely stay in their homes while their families receive services to prevent children from being removed from foster care. Additionally, our leaders and teams are exploring the congregate care funding limitation in Family First to identify new ways that we can better meet the needs of children in congregate care.

The department, along with county partners and key community stakeholders, is working to ensure that children and families have the services they need to keep their children at home safely and reduce entry into foster care. If children must enter care, we are also developing new strategies to ensure children are in the most family-like setting or are receiving appropriate services in congregate care, when necessary.

We encourage you to visit <https://www.ncdhhs.gov/divisions/social-services/child-welfare-services/family-first-prevention-services-act> often for updates about Family First implementation in North Carolina.

Durham County DSS remains committed to following all Department of Health and Human Services (DHHS) Child Welfare policies and guidelines. Durham County will follow all future implemented Families First Prevention Services Act and guidelines from DHHS.

Requesting and Supporting Appointment of a Guardian Ad Litem

When a child with medically complex needs comes into Durham County’s custody, Durham County will support and recommend the appointment of a guardian ad litem (GAL) for the child.

Whether a GAL is appointed will depend on the allegations in Durham County’s juvenile petition, North Carolina law, and the judgment of the presiding court. Under North Carolina law, when a petition alleges that a child is abused or neglected, the court must appoint a GAL for the child. A GAL is also required, in certain circumstances, in proceedings to terminate parental rights.

Appointment of a GAL is within the judge’s discretion when a petition alleges only that the child is dependent.
