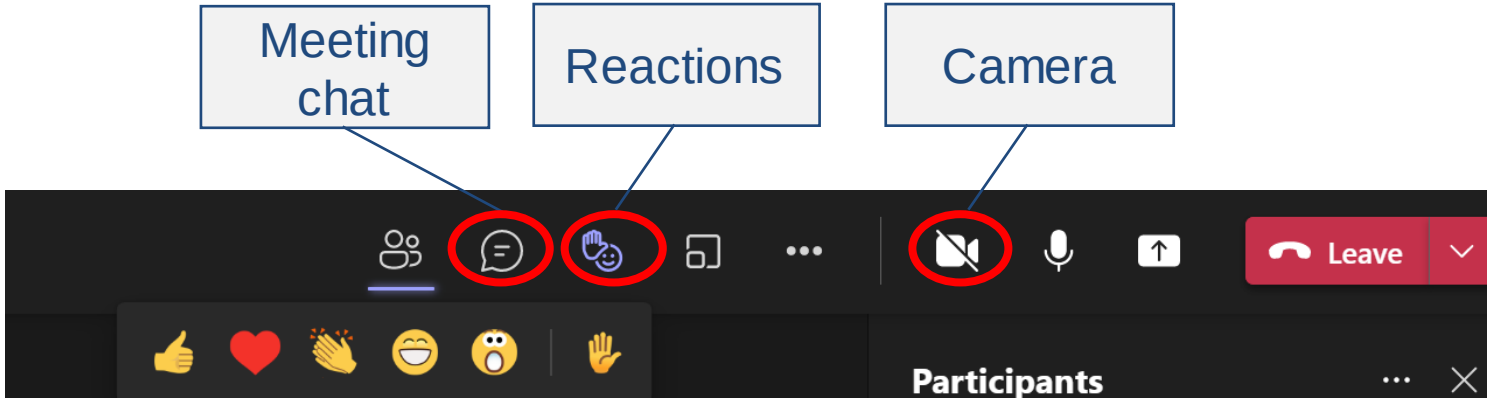
Child Behavioral Health Advisory Committee

April 19, 2024

Housekeeping

We encourage those who are able to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



AGENDA

1. INTRODUCTION
2. OVERVIEW OF INVESTMENTS
3. DMH/DD/SUS CBH RESIDENTIAL OVERVIEW
4. DCFW DEEP DIVE – FAMILY PEERS

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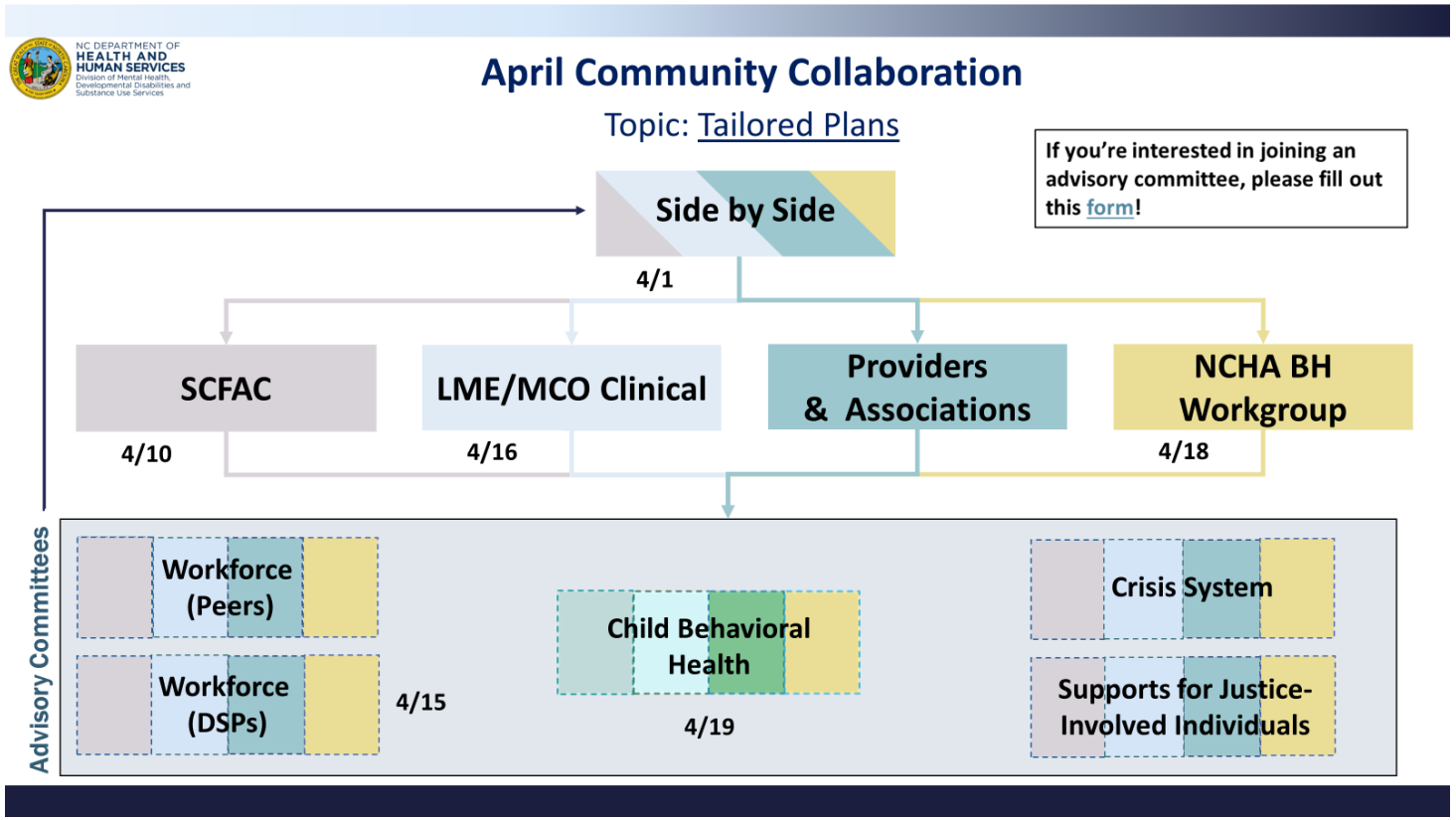
INTRODUCTION

BACKGROUND – COMMITTEE PURPOSE

Stakeholders with local knowledge and lived experience will share ideas and provide feedback to help DHHS leadership develop strategic priorities and refine project plans to improve our child behavioral health system.



Our Committee Includes:

- 16 Consumer/Families
- 52 Community Partners
- 22 LME/MCO Participants
- 82 Provider Partners

COORDINATION ACROSS DHHS

The Department has set up a cross-divisional approach to designing and implementing the Child BH investments.

DIRECTORS AND PROGRAM LEADS

Kelly Crosbie
Director, DMHDDSUS

Hanaleah Hoberman
Director, Child & Family Strategy

Lisa Cauley
Director, DSS

Sandra Terrell
Chief Clinical Officer, DHB

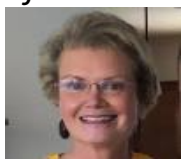
Robin Sulfridge
Chief Mental Health Licensure & Certification, DHSR

Yvonne Copeland
Director, DCFW

Saarah Waleed
Director, Mental Health/Substance Use & Justice Services

Adrian Daye
Deputy Director for Child Welfare Practice

Sharon Bell
Child Behavioral Health Manager



Tammy Shook
Interim Deputy Director for Child Welfare Operations

Kelly Shusko
Program Consultant III

Kimaree Sanders
Section Chief – Regulatory and Licensing

Katie Visconti
Senior Policy Advisor

Laurie Roach
Program Consultant

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OVERVIEW OF INVESTMENTS

THE INVESTMENT

PROVISION	FY24	FY25
Reimbursement Rates for Behavioral Health	$165M	$220M
Crisis System	$54M	$77M
Justice System	$29M	$70M
Behavioral Health Workforce	$44M	$71M
Child and Family Well-Being	$20M	$60M
Gaps for Children in Foster Care	$22M	$22M
DSS Trauma-Informed Assessment	$750K	$750K

Primary Focus of Child BH Advisory Committee

CHILD BH AREAS OF INVESTMENT

Community-based services that help children stay in and return to their homes

Therapeutic Programs in Family-Type Setting

Emergency Placements for Children at Risk of Boarding or Inappropriate Placement

Intensive out of Home Treatment Settings

Child Residential Licensure

CHILD BH AREAS OF INVESTMENT BREAKDOWN

Priority	Strategy (example of possible modality)	Funding
Community-based services that help children stay in/return to their homes	Increase access to behavioral health services in schools	**$21 M**
	Expand access to family-focused community-based support & care coordination (e.g. Family Peer Support, High Fidelity Wraparound)	
	Establish emergency respite pilots for caregivers	
	Expand Access to Evidence-Based (EBP) Community-Based Treatment Services	
Therapeutic Programs in Family-Type Settings	Increase availability and quality of family-type therapeutic placements (e.g. Intensive Alternative Family Treatment, Therapeutic Foster Care)	**$7.4 M**
	Invest in and expand professional foster parenting	
Emergency Placements for Children at Risk of Boarding or Inappropriate Placement	Build capacity for emergency placements in family-type settings for children at risk of boarding or inappropriate placement, regardless of custody	**$18.8 M**
	Build capacity for DSS-managed crisis stabilization and assessment placements (e.g. Flexible Emergency Foster Care Placement Pilot, Placement First Plus)	
Intensive out of Home Treatment Settings	Increase quality and management of residential treatment programs	**$25 M**
	Build specialty residential care capacity (e.g. levels II-IV, PRTF)	
Child Residential Licensure	Increase placements available for children by addressing backlog of child residential licensure applications	**$400 K**

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DMH/DD/SUS CBH RESIDENTIAL OVERVIEW

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NC CHILD BEHAVIORAL HEALTH RESIDENTIAL SERVICE ARRAY: CURRENT STATE

Service Area	Service	Service Definition
Residential Services	**Residential Treatment: Level I/Family Type**	Service targeted to children under age 21, which offers a low to moderate structured and supervised environment in a family setting, excluding room and board.
Residential Services	**Residential Treatment: Level II/Family *Level II/Program Type**	Service targeted to children under age 21, which offers a moderate to high structured and supervised environment in a family OR program type setting, excluding room and board. Service is responsive to the need for intensive, interactive, therapeutic interventions below the level of staff secure/24-hour supervision or secure treatment settings.
Residential Services	**Residential Treatment: Level III (Residential Treatment High)**	Service targeted to children under age 21 which offers a highly structured and supervised environment in a program setting only, excluding room and board. This setting has a higher level of consultative and direct service from psychologists, psychiatrists, medical professionals, etc. Treatment is provided in a structured program setting and staff is present and available at all times of the day, including overnight awake
Residential Services	**Residential Treatment: Level IV/Secure (Residential Treatment Secure)**	Provides a physically secure, locked environment in a program setting only. This level of service includes all Residential Treatment—High Level III elements plus medically supervised secure treatment, continual and intensive interventions designed to assist the beneficiary in acquiring control over acute behaviors and support for youth in gaining skills necessary to step down to a lower level of care.
PRTF	**Psychiatric Residential Treatment Facilities (PRTFs) for Children under the Age of 21**	Non-acute inpatient facility care for children and adolescents who have a MH condition or a SUD Dx and who require 24-hour supervision and specialized care.
Inpatient Hospitalization	**Inpatient Behavioral Health**	Provides continuous treatment for beneficiaries with acute psychiatric or substance use problems in a hospital setting.

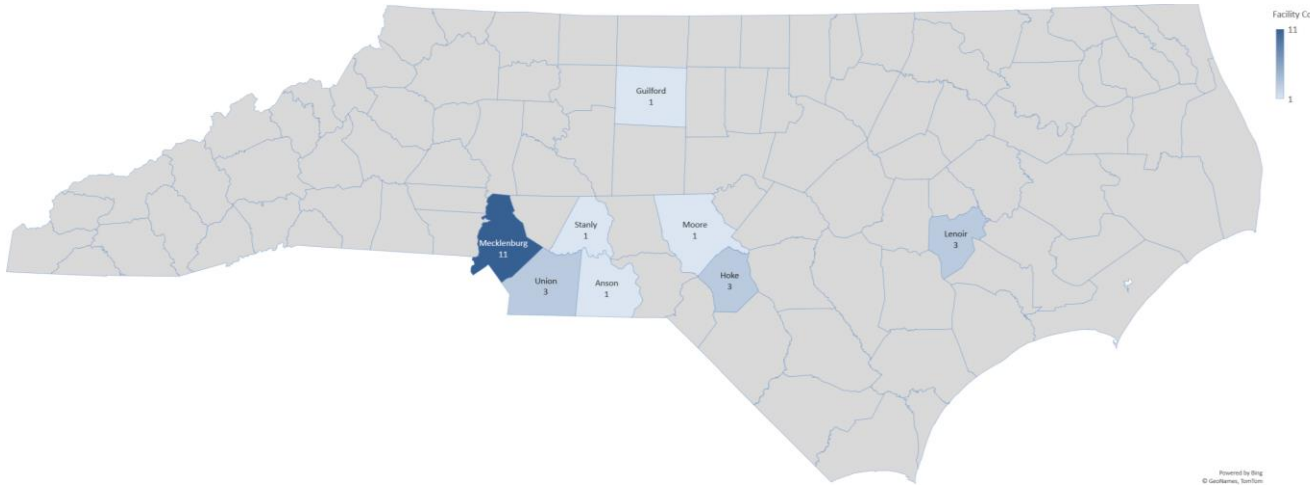
UNDERSTANDING THE NEED

Residential Treatment

High quality residential treatment is not always available to youth when and where they need it.

- Every week, an average of **54 children** sleep in EDs due to lack of available residential treatment options.[1]
- **48 NC counties** have **no** youth residential treatment facilities (Levels II-IV or PRTF) [3]
- Most youth discharged from PRTFs move to lower levels of care, but **25% go to another PRTF** or **home to no services at all**.[2]
- Level III Group Homes comprise **61% of the licensed bed capacity** for residential treatment[3]
- **Only Mecklenburg County** has licensed facilities for all levels of residential treatment (LII-IV, PRTF) [3]
- Roughly **35%** of children and adolescents in PRTF placements are in out-of-state PRTFs, and children/adolescents in foster care are **more likely to be sent out of state** than those not in foster care.[4]

DHSR-Licensed PRTFs (Non-Hospital Affiliated), March 2023



Note: This map of NC is for non-hospital, DHSR licensed PRTFs. There are two additional PRTFs in Eastern NC within hospital settings.

- Non-hospital based PRTFs, and Level IV facilities are **concentrated in one area of the state**, with wider availability of Level II and Level III facilities, therapeutic foster care homes, and facility-based crisis centers.[3]

Sources: 1. Investing in Behavioral Health and Resilience (ncdhhs.gov); 2. PRTF Dashboard, includes data from a subset of in-state PRTFs; 3. NC Division of Health Service Regulation, Mental Health Licensure and Certification Section; 4. NC DHHS Data Analysis

DMH/DD/SUS INVESTMENTS TO IMPROVE RESIDENTIAL SERVICES

Vision: We are committed to implementing high quality, evidenced-based care in residential treatment settings, levels II-IV and PRTFs, that is trauma-informed, time-limited, and effective, while prioritizing and valuing the sustained connection to the child's home and community.

Objectives: Strengthen North Carolina's behavioral health residential treatment services to:

1. **Enhance Environments of Care** to create safe, trauma-informed treatment programs
2. **Improve the Quality of Care** delivered within evidence-informed residential treatment settings
3. **Increase Access to Care** to ensure the right service at the right time in the right location
4. **Develop Specialized Capacity** that provide services for those with complex, co-occurring needs

Outcomes:

- Decrease over-reliance on residential treatment settings when there are other underlying needs
- Prevent the utilization of Emergency Departments as temporary residential settings for children
- Increase access to specialty in-state residential care that is brief, therapeutic, and home-like
- Reduce length of stay in residential treatment settings
- Improve the transition process to and from community residential treatment settings

AREAS OF FOCUS: LEVEL II-IV AND PRTF

INITIAL INVESTMENT: TRAUMA-INFORMED ENVIRONMENT OF CARE

*"Feeling physically, socially, or emotionally unsafe may cause extreme anxiety in a person who has experienced trauma, potentially causing re-traumatization. Therefore, creating a **safe environment** is fundamental to successfully engaging patients in their care."*

Examples of Physical Environment:

- Evaluating the physical environment and program procedures to reduce triggers for re-traumatization
- Facility modifications and improvements
- Enhancing safe outdoor spaces

Examples of Emotional Environment:

- Using welcoming language on all signage
- Enhancing culturally relevant treatment spaces
- Promoting welcoming and warm atmosphere

Source: https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

INITIAL INVESTMENT: TIMELINE

March 21, 2024

LME/MCOs will receive survey to distribute to provider network requesting project proposals.

April 8, 2024

The survey will close. All responses must be submitted by then for consideration.

April-May 2024

DMH will meet with each LME/MCO and providers to discuss proposals received, internally review and make determinations.

July 1, 2024

Allocation letters will be sent by 7/1 to the LME/MCOs with notification of the outcome.

ENVIRONMENT OF CARE: DISCUSSION

ENVIRONMENT OF CARE

System strengths:

- Committed provider network
- Leveled residential treatment continuum
- Historic investment

Considerations/challenges:

- Licensure and/or safety requirements
- Trauma history and risk of additional trauma
- Retrofitting facilities

Discussion Questions:

- What contributes to a safe, therapeutic environment?
- What programs or models are you aware of that reflect this component in their physical design and/or treatment modality?
- What are key indicators that the environment of care has improved? How can we measure this progress?
- What are criteria you would use to review and evaluate proposals?

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DCFW DEEP DIVE – FAMILY PEER

CHILD BH AREAS OF INVESTMENT BREAKDOWN

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FAMILY PEER $3-4M

Current Status: Scope of Work and planning for contract amendment with UNC-Greensboro in process. (Estimated Start Date: July 2024)

What is a Family Partner	Family Partners deliver peer support through face-to-face support groups, phone calls, or individual meetings. They bring expertise based on their own experience parenting children or youth with social, emotional, behavioral, or other challenges. Family Partners guide caretakers through a complex behavioral health system and empower families to advocate for themselves and their children.
Funding Initiatives	• Expand recruitment, training and certification for Family Partners (possibly Youth Peers). • Identify and fund provider agencies to hire peers to support targeted populations • Expand in-person and online outreach to youth and families that can benefit from service and meet targeted populations
Estimated Output	• 30-40 new peers serving an estimated 900 families by the end of FY 26. • Development of a new Medicaid clinical coverage policy to support sustainability and continued growth of service.
Next Steps	Seek feedback from Child Behavioral Health Advisory Committee on target populations (EDs, transitioning from facility-based treatment settings, etc.). Determine if available funding could support growth of youth peer services.

FAMILY PARTNER/FAMILY RUN ORGANIZATION

NC Youth and Family Voices Amplified is a program within the UNC Greensboro Center for Youth, Family and Community Partnerships.

The mission of **Voices Amplified** is to amplify the voice of NC's youth and families in systems and services that support their mental health and well being. This is done through education, community partnerships, and support to enhance family-driven and youth-led care.

NC YOUTH & FAMILY Voices Amplified

Voices Amplified provides:

- Training and certification for Family Partners and Youth Peer Support Providers across North Carolina
- Technical assistance to Youth and Family Peer Support Providers, as well as the agencies that employ them
- Collaboration activities to advance the System of Care framework across child and family-serving systems in North Carolina
- In-person and online outreach to youth and families to promote mental health and access to services and support
- Recruitment of prospective new Family Partners and Youth Peer Support Providers
- Advocacy for youth and families to be at the table when decisions are made about systems and services that impact their lives.

Voices Amplified Website

DISCUSSION

Discussion Questions:

- What are your recommendations around the populations (Kids in EDs, Family involved with DSS, kids at-risk of out of home placement, transitioning from facility-based treatment settings, etc.) that should be prioritized for family peer services?
- What are potential challenges/barriers for this initiative?
- What are the types of potential Providers/agencies to employ (those who have an existing relationship with Family Partners, Family-run organizations, Behavioral Health Providers)?
- What supports are needed for agencies and staff?
- Are there any considerations for policy that we haven't yet discussed?
- What parts of the State have the most need for family peer services?

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Coming Up

NEXT ADVISORY COMMITTEE MEETING

When:

- Friday, May 17th
- 2:30 p.m. – 3:30 p.m.

Where:

- Microsoft Teams
- Link to join is included in the calendar invite!

If you have not already been added to the invite list, please click here to sign up and be added!