

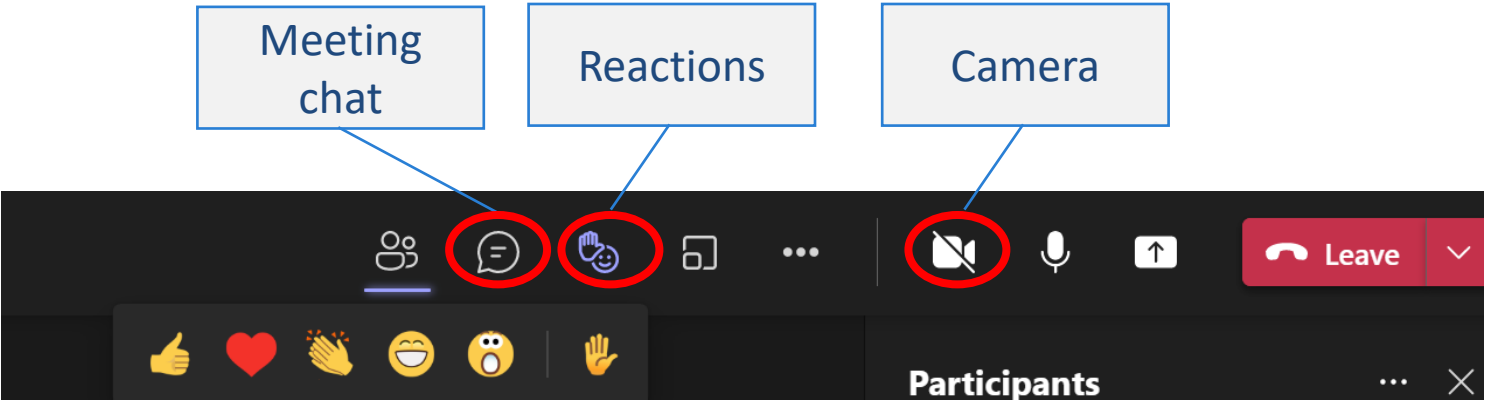


Child Behavioral Health Advisory Committee

May 17th, 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 ● DCFW DEEP-DIVE: Evidence-based Community Practices
- 3 ● DSS DEEP-DIVE: EMERGENCY PLACEMENT FUND

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INTRODUCTION

BACKGROUND – COMMITTEE PURPOSE

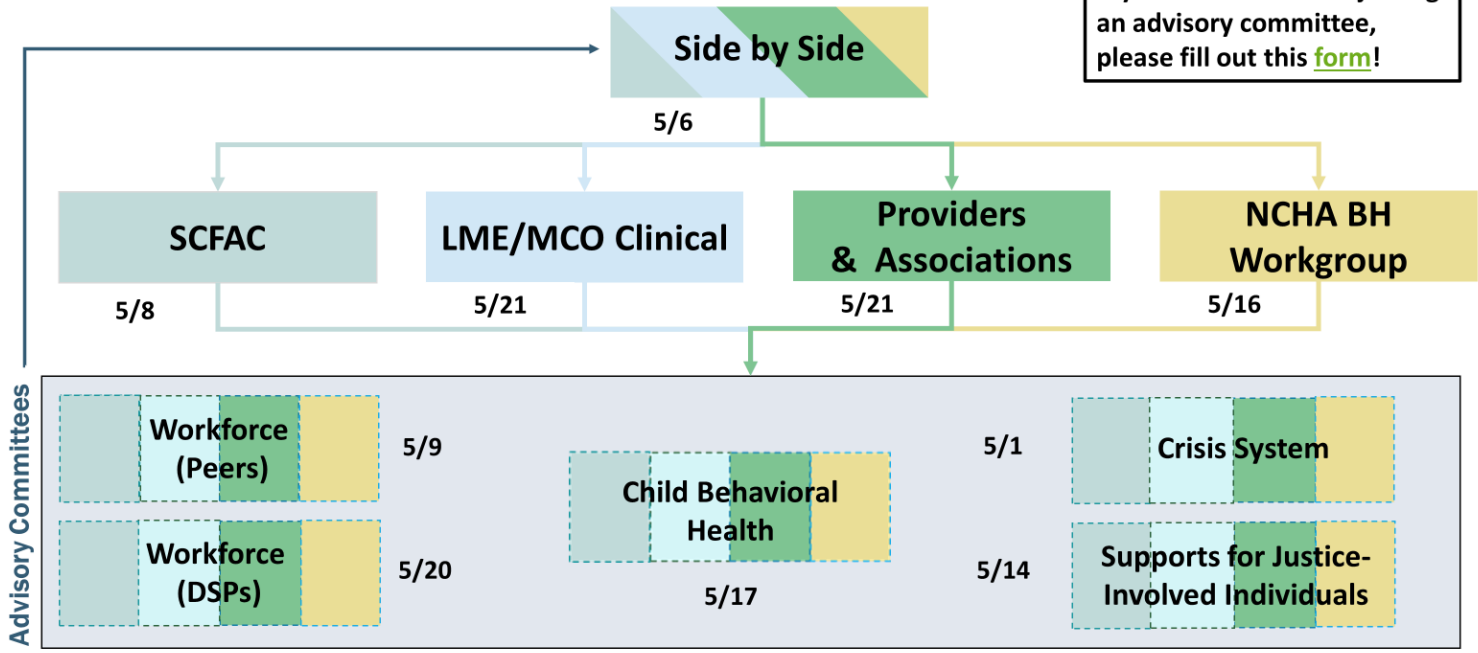
Stakeholders with local knowledge and lived experience will share ideas and provide feedback to help DHHS leadership develop strategic priorities and refine project plans to improve our child behavioral health system.



May Community Collaboration

Topic: Supporting Choice & Inclusion

If you're interested in joining an advisory committee, please fill out this [form](#)!



Our Committee Includes:

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

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 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	\$18.8 M
	Build capacity for DSS-managed crisis stabilization and assessment placements (e.g. Emergency Placement Fund, 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



= Topics for Today

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

One DHHS for Child BH Investments

DMHDDSUS

DCFW

DSS

DHB

DHSR

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

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Adrian Daye

Deputy Director for Child Welfare Practice



Sharon Bell

Child Behavioral Health Manager



Tammy Shook

Interim Deputy Director for Child Welfare Operations



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Program Consultant III



Kimaree Sanders

Section Chief – Regulatory and Licensing



Katie Visconti

Senior Policy Advisor



Laurie Roach

Program Consultant




Stacie Forrest

*Child Behavioral Health Program
Consultant*

1 ●

DCFW DEEP DIVE: EBP

DCFV FUNDING INITIATIVES

	\$	Strategy
Community Based Services	\$21M	Increase access to behavioral health services in schools
		Expand access to family-focused community-based support & care coordination (Family Peer Support) <ul style="list-style-type: none"> Expand recruitment, training, certification of Family Peers through UNC-G Fund hiring of Family Peers through BH providers, Family-run Orgs, non-profits, etc. Expanding access to underserved and/or high need populations Medicaid coverage policy sustainability and expanding access to high-risk populations
		Establish emergency respite pilots for caregivers
		Expand Access to Evidence-Based (EBP) Community-Based Treatment Services <ul style="list-style-type: none"> Expand CTP services Additional community-based EBPs that prevent use of high-end service, help to reintegrate children from facilities to back home
Family-Type Placements	\$11M	Increase capacity for family-type settings, including crisis and emergency placements (e.g. Intensive Alternative Family Treatment, Therapeutic Foster Care) <ul style="list-style-type: none"> Increase training and support for homes to serve children with high acuity needs Recruitment of new family-type providers Includes acceptance expectations and funds to address placement barriers Pre-purchasing of designated beds for urgent placement needs

EXAMPLES OF CURRENT COMMUNITY-BASED EBPs IN NC

Intensive In Home

The Intensive In-Home service is a team approach designed to address the identified needs of children and adolescents who, due to serious and chronic symptoms of an emotional, behavioral, or substance use disorder, are unable to remain stable in the community without intensive interventions. In 2021, 20,856 children were served in intensive in-home settings at a cost of \$111.8 million dollars.

Multi Systemic Therapy (MST)

MST provides an intensive model of treatment based on empirical data and evidence-based interventions that target specific behaviors with individualized behavioral interventions. The purpose of this program is to keep youth in the home by delivering an intensive therapy to the family within the home. Services are provided through a team approach to beneficiaries and their families. The Journal of Family Psychology found a return on investment of \$23.59 for every \$1.00 spent and an up to \$200,000 net benefit per youth.¹² Among NC counties, 89% have at least one MST provider. In 2021, 2,367 children paid by Medicaid and state funds received MST at a cost of \$16.2 million.

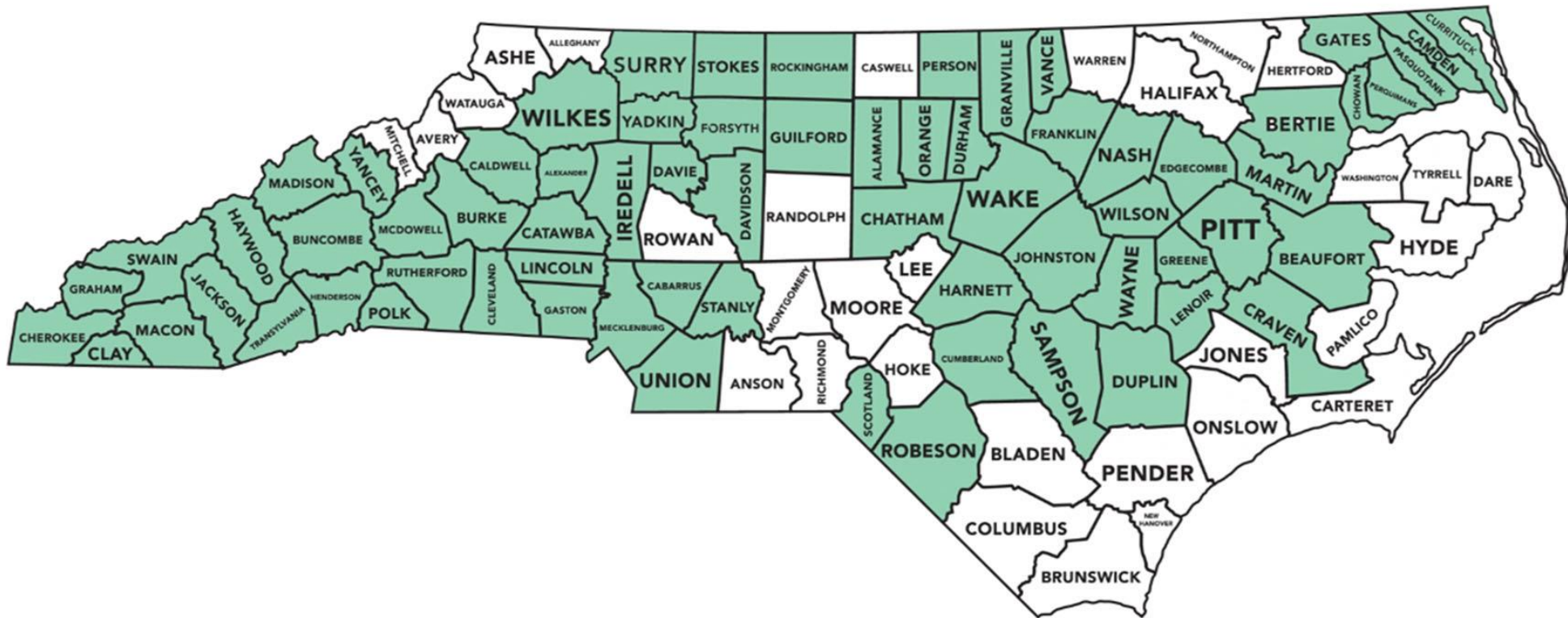
Day Treatment

Day Treatment is a structured treatment service in a licensed facility, for children or adolescents and their families, that builds on strengths and addresses identified needs. This service is designed to serve children who, as a result of their mental health or substance use disorder treatment needs, are unable to benefit from participation in academic or vocational services at a developmentally appropriate level in a traditional school or work setting.

EXAMPLES OF CURRENT COMMUNITY-BASED EBPS IN NC

High-fidelity wraparound (HFW) is an evidence-based care management program for children with behavioral health challenges.

The program brings a team, including a facilitator and supports for the family and child, to help the family reach its goals. High-fidelity wrap-around services are available in 69 counties.



CURRENT COMMUNITY-BASED EBPS IN NC

The North Carolina Child Treatment Program (CTP) is a statewide effort to train mental health providers in evidence-based treatment models addressing childhood trauma, behavior, and attachment.

They train clinical professionals in a variety of evidence-based practices which are needed to treat the variety of needs children with complex behavioral health needs, including Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Parent Child Interaction Therapy (PCIT), Problematic Sexual Behavior Cognitive Behavioral Therapy (PSB-CBT), and Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS).

CTP maintains a roster of all clinicians credentialed to deliver each of these modalities and accepts Medicaid

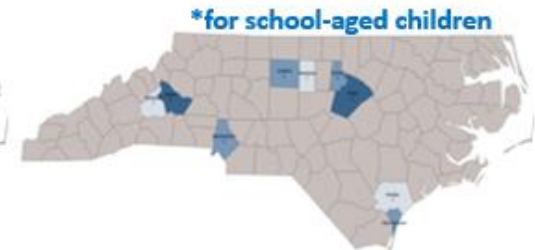
Attachment & Behavioral Catch-up (ABC)



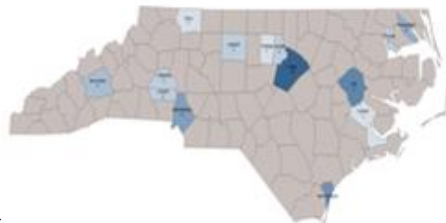
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)



Problematic Sexual Behavior Cognitive Behavioral Therapy* (PSB-CBT)



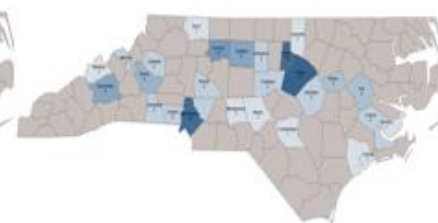
Child-Parent Psychotherapy (CPP)



Parent-Child Interaction Therapy (PCIT)



Resource Parent Curriculum (RPC)



Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)



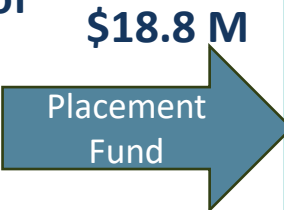
Discussion Questions:

- ❖ Which populations of children should be our primary focus of this investment (coming back to community after being in residential, kids at-risk of out-of-home placement, prevention/early intervention, co-occurring IDD/BH, co-occurring BH/SUD, children involved in multiple systems- JJ/DSS, etc.)?
- ❖ What types of EBPs will best serve these populations?
- ❖ Should we prioritize filling in gaps (geography, population, etc.) in current array of community-based services utilizing EBPs or looking at EBPs we don't have in our system/ try something new?
- ❖ What are you seeing as some of the most promising evidence-based community services we have in our system?
- ❖ What are some of the most promising evidence-based community services we aren't currently seeing in North Carolina?
- ❖ What challenges/obstacles should we be aware of as we look at evidence-based community services?



DSS DEEP-DIVE: EMERGENCY PLACEMENT FUND

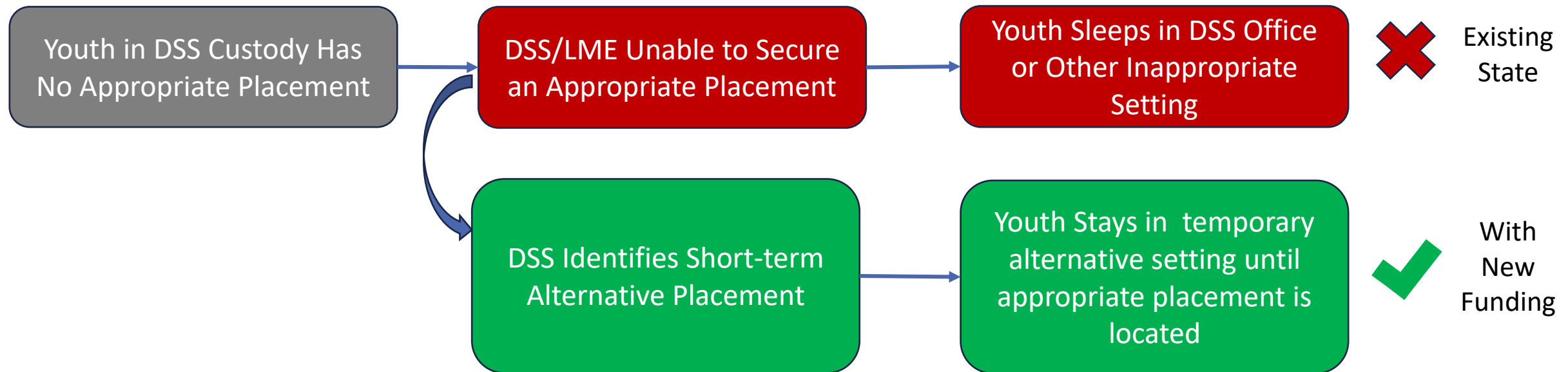
DSS FUNDING INITIATIVES

\$	Strategy
<p data-bbox="56 385 420 706">Emergency Placements for Children at Risk of Boarding or Inappropriate Placement</p>  <p data-bbox="479 521 637 571">\$18.8 M</p> <p data-bbox="438 606 598 685">Placement Fund</p>	<p data-bbox="693 292 2433 392">Build capacity for emergency placements in family-type settings for children at risk of boarding or inappropriate placement.</p> <p data-bbox="693 535 2242 635">Build capacity for DSS-managed crisis stabilization and assessment placements (e.g. Emergency Placement Fund, Placement First Plus)</p>

DSS EMERGENCY PLACEMENT FUND

On **February 1 2024** NC DHHS launched its Emergency Placement Fund to provide DSS offices with \$7.79 million to prevent children with complex behavioral health needs from sleeping in DSS offices of other inappropriate settings.

- Allows DSS to fund temporary, creative solutions to placement challenges and prevent youth from sleeping in DSS offices while awaiting medically necessary treatment placement.



Discussion Questions:

- ❖ What challenges/obstacles should we be aware of as we look to provide short term alternative placements?
- ❖ What other opportunities are there to provide short term alternative placements?
- ❖ Any suggestions on how we can drive increased utilization of these funds?

5 ●

COMING UP

NEXT ADVISORY COMMITTEE MEETING

When:

- Friday, June 21st
- 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!