



# Child Behavioral Health Advisory Committee

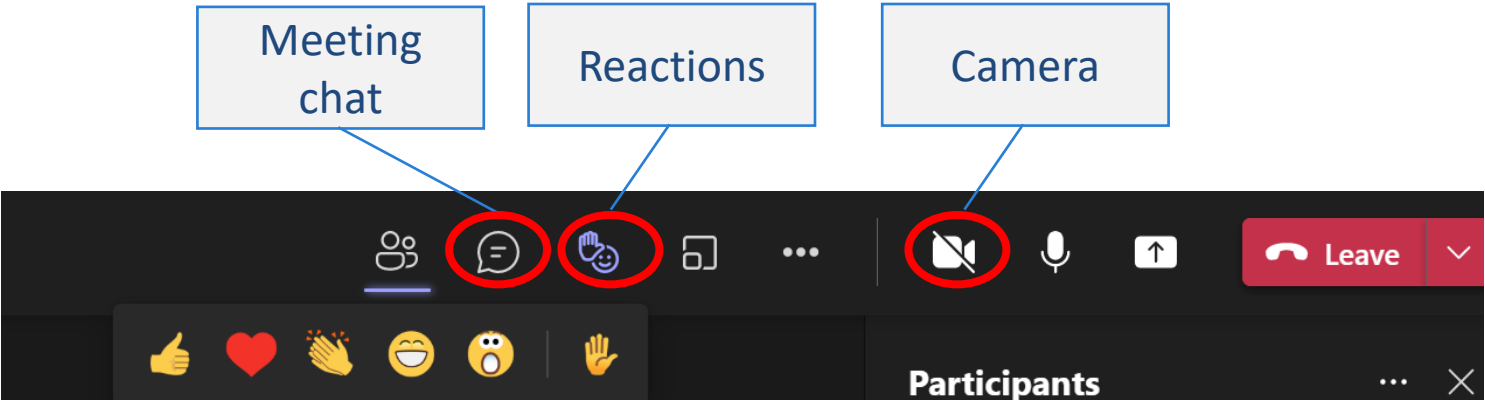
July 19<sup>th</sup>, 2024

# AGENDA

- 1 ● Introduction/Housekeeping
- 2 ● DMHDDSUS: Landscape Assessment of Residential Intervention Services
- 3 ● DCFW: Caregiver Respite
- 4 ● Coming Up

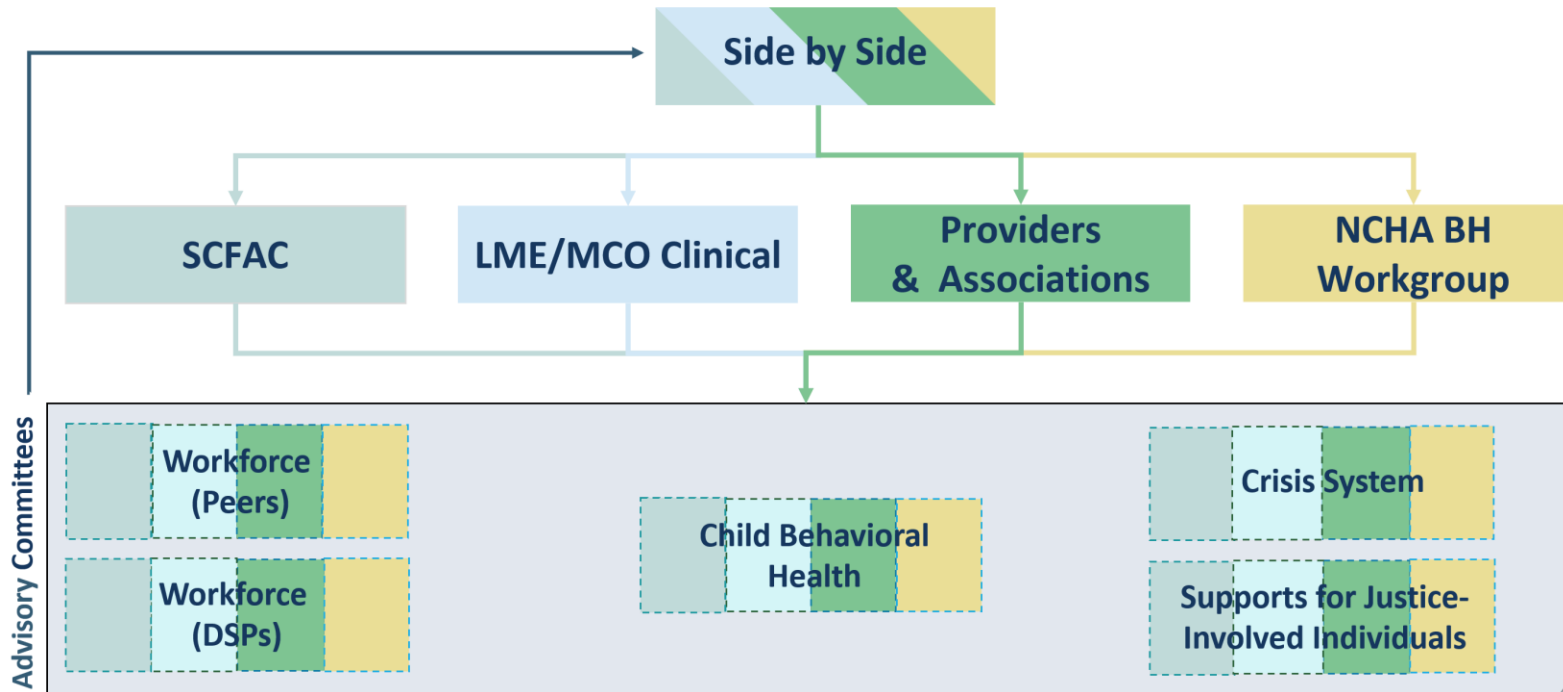
# Housekeeping

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.



# 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

# 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

## COORDINATION ACROSS DHHS

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

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# **DMHDDSUS: Current State Assessment to Strengthen Residential Services**

# OVERVIEW OF RESIDENTIAL PROVIDER FOCUS GROUPS

NC DMH/DD/SUS is currently developing a current state assessment of NC's behavioral health residential settings that will help identify investments needed to improve the quality of care for children/youth in residential treatment settings. DMH/DD/SUS is conducting stakeholder engagement through the activities described below to inform the current state assessment:



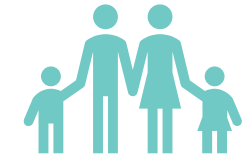
## Residential Provider Focus Groups

Focus groups with level II, III, IV and PRTF providers across the state



## Residential Provider Survey

Survey on current capacity and factors that influence capacity for level II, III, IV and PRTF providers



## Feedback from CBH Advisory Committee

Discussion on what changes to residential settings can improve care for children and youth

★ *Today's Focus*



# RESIDENTIAL PROVIDER FOCUS GROUPS

NC DMH/DD/SUS conducted three focus groups in June and July 2024 with Level II, III, IV and PRTF providers across the state.

DHHS sincerely thanks the providers who participated in focus groups and shared their valuable insight:

- A Sure House Inc.
- Canyon Hills Treatment Facility
- Carter Clinic P.A. (Renewing Grace Residential Home)
- Cornerstone Treatment Facility
- Fresh Start Today Inc (Glenside Home)
- Lydia's Home LLC
- Thompson Child and Family Focus
- True Professional, LLC - Future Leaders
- Wilson's Constant Care LLC



Residential providers shared insight on topics including:



Challenges and successes implementing care models,



Providing care to children/youth with specialized care needs,



Transition and discharge planning,



Ensuring adequate rates, and



Licensure requirements

# RESIDENTIAL PROVIDER SURVEY

To supplement provider focus groups, NC DMH/DD/SUS will also transmit a brief survey to learn about existing capacity in residential settings and factors that influence capacity. DMH/DD/SUS requests level II, III, IV, and PRTF providers please complete the survey.

## Survey Link

Providers can access the survey through the following link:

<https://www.surveymonkey.com/r/ncresidential>



DMH/DD/SUS will also transmit the survey the survey to providers via email and requests that responses are provided by Wednesday 7/31.

NC DMH/DD/SUS seeks feedback from the CBH advisory committee on what changes to residential settings can improve care and outcomes for children and youth.

## Questions for Discussion with CBH Advisory Committee



- 1. When is it most appropriate and effective for children and youth to access residential treatment settings (i.e., access Level II/III/IV facilities/PRTFs instead of community-based services)?**
- 2. What do children and youth in residential settings need that they are not currently getting in these settings?**
- 3. What would make our residential treatment system more effective?**

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## **DCFW: Caregiver Respite**

# PROJECT CONTEXT



DCFW is charged with designing and executing on activities that improve the children's behavioral health system by increasing community-based services that help children to remain in/return to their homes.

\$80M Behavioral Health Special Funding to DHHS

DCFW

DSS

DHB

DMH/DD/SUS

DCFW-Led Funding for Community-Based Services (\$21M)

**Improvements in caregiver respite service delivery (\$2M)**

Family-focused support and care coordination ("Family Partners")

Access to evidence-based treatment models

Expanded access to behavioral health services connected to schools

Our Focus

# RESPITE IN THE CONTEXT OF CAREGIVERS OF CHILDREN WITH BH NEEDS

Stakeholders have different definitions or understandings of the term “respite.” Given the focus of the \$80M Special Funding, we propose to focus on respite available to caregivers of children with BH needs.

## *What is Caregiver Respite*

Respite care is the provision of short-term, temporary relief to those who are caring for family members struggling with behavioral health of challenges.



- Is planned (to extent possible), or available for family emergency event
- Is temporary (short-term, periodic)
- Is a discharge plan to return to primary residence/placement



- Not positioned to address BH crisis/emergency
- Not a placement when no treatment setting is available
- Not therapeutic in nature
- Not long term



Primary vehicles for providing respite to caregivers of children with BH needs: 1) Medicaid 1915(i) and 2) State-Funded Respite via Mental Health Block Grant funds

# PLANNING WORK APPROACH

## Goals



Conduct a **landscape assessment** of existing respite services and best practices



Develop **program design and recommendations** for how DHHS should spend its one-time dollars



Identify **policy and sustainability recommendations**

Goals will be informed by national and state-specific research and interviews with stakeholders

## Anticipated Timeline



June - December 2024



- 1. What is going well with the provision of caregiver respite today?**
- 2. To what extent do caregivers (including biological, kinship, foster care parents) prefer caregiver respite delivered in a center-based setting, a provider's private home, or in the caregiver's own home?**
- 3. What do you see as the key gaps or challenges in delivering caregiver respite services (including any variation by setting)?**
- 4. What solutions have you used to address the identified challenges?**
- 5. What opportunities do you see to help build provider capacity, increase stakeholder education/training?**



If you have any additional feedback following today's discussion, please reach out to Sharon Bell, Child Behavioral Health Manager, DCFW ( [Sharon.Bell@dhhs.nc.gov](mailto:Sharon.Bell@dhhs.nc.gov) )

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**COMING UP**

## NEXT ADVISORY COMMITTEE MEETING

**When:** August 16th, 2024 @ 2:30 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!