



CHILD BH ADVISORY COMMITTEE

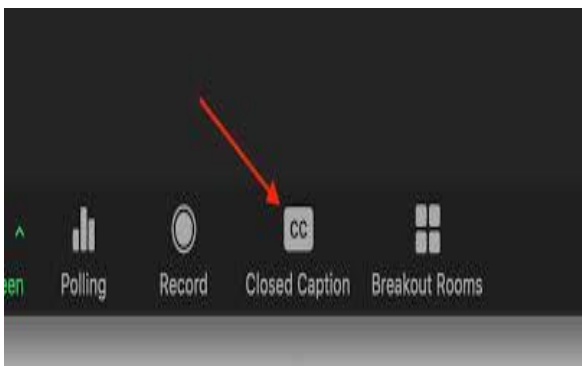
MARCH 25th 2024

Housekeeping

- Reminders about the webinar technology:
 - Please make sure you are using a computer or smart phone connected to the internet, and the audio function is on, and the volume is turned up.
 - Please make sure your microphones are muted for the duration of the call unless you are speaking or asking questions.
 - Questions can be submitted any time during the presentation using the “Q&A” box located on your control panel, and we will answer as many questions as time allows towards the end of the presentation.



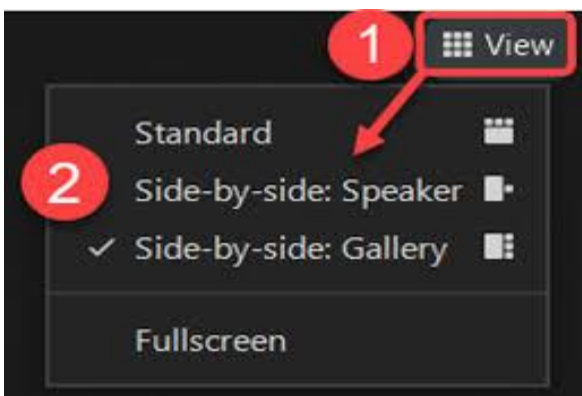
Housekeeping



- Closed-Captioning

- Closed-Captioning options will be available for today's event.
- For closed-captioning options select the "Closed Caption" feature located on your control panel.

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- Adjusting Video Layout and Screen View

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AGENDA

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● CHILD BH FUNDING

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● DISCUSSION

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INTRODUCTION



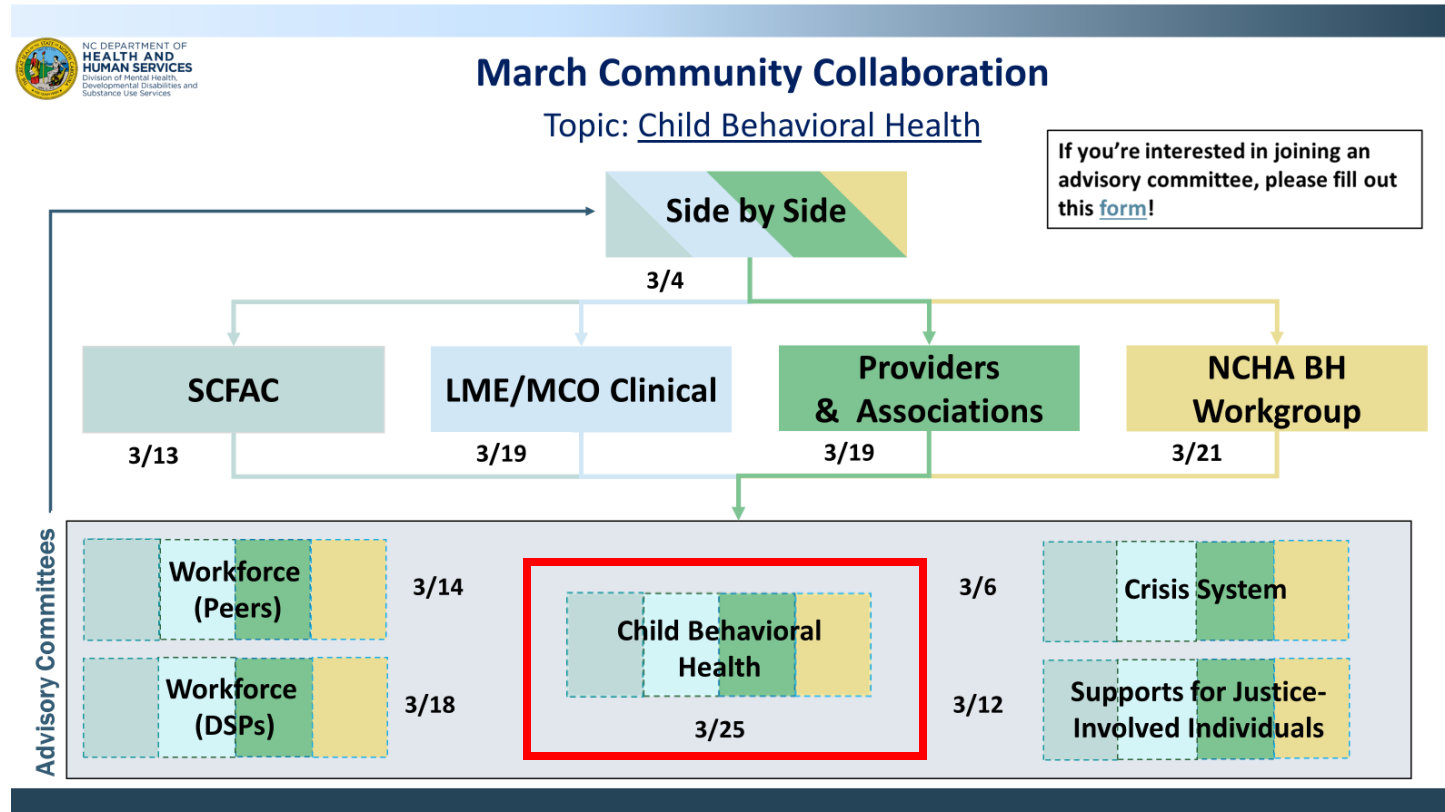
- 27 years in MH/SU/IDD Field
- 12 years in DHHS
- DMHDDSUS since Dec 2022
- Licensed Clinical Social Worker (LCSW)
- Person with lived experience



- 12 years experience with crisis services
- At the DHHS Office of the Secretary since 2022
- Master of Public Health
- Oversees DHHS strategic priorities related to children and families
- Person with lived experience

BACKGROUND – COMMITTEE PURPOSE

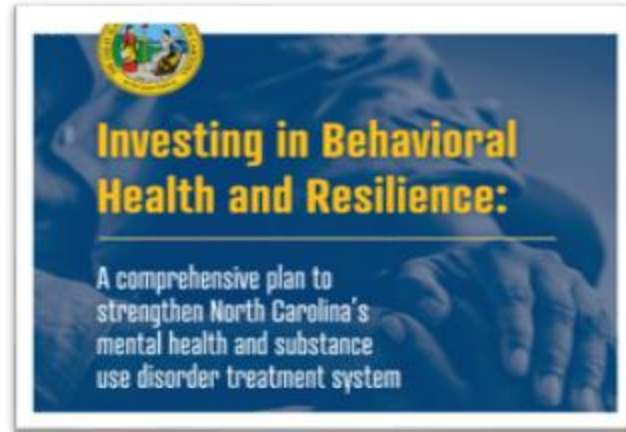
Stakeholders with local knowledge and lived experience will share ideas and provide feedback to help DHHS leadership develop strategic priorities and refine project plans to improve our child behavioral health system.



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BACKGROUND

BACKGROUND – The Roadmap



February 2022

Coordinated Action Plan to Transform Child Welfare and Family Well-Being ...

March 2023

Governor's \$1 Billion Plan for Investing in Behavioral Health and Resilience

October 2023

NC General Assembly passed NC budget including historic investment in BH

January 2024

Kickoff of New Behavioral Health Investments

CURRENT STATE: CHILD BOARDING

The Department receives information from MCOs regarding children in Emergency Departments each week.

2023 ED Boarding (LME-MCO Reported)	
Average total children in the ED for BH each week	54
Average % of these children who are in DSS Custody	40%
Average % of these children who have co-occurring IDD/Behavioral Health Needs	26%

The Department receives information from county DSS’s regarding children boarding in county DSS offices and other settings.

Children Boarding in DSS Offices	
2023 Average number of children in DSS Offices each week	32
2024 Average number of children in DSS Office each week	19

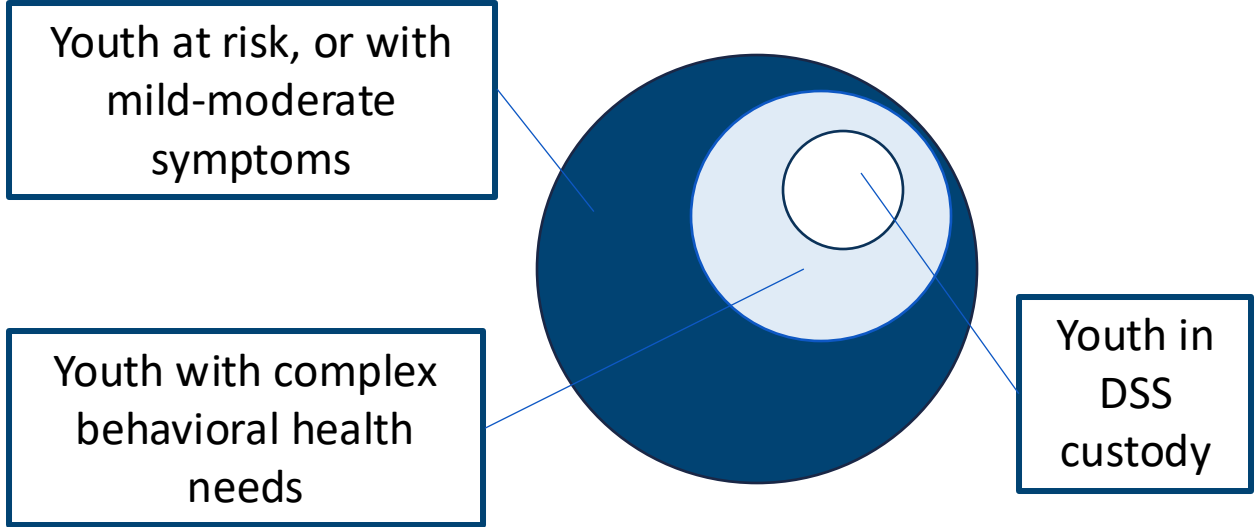
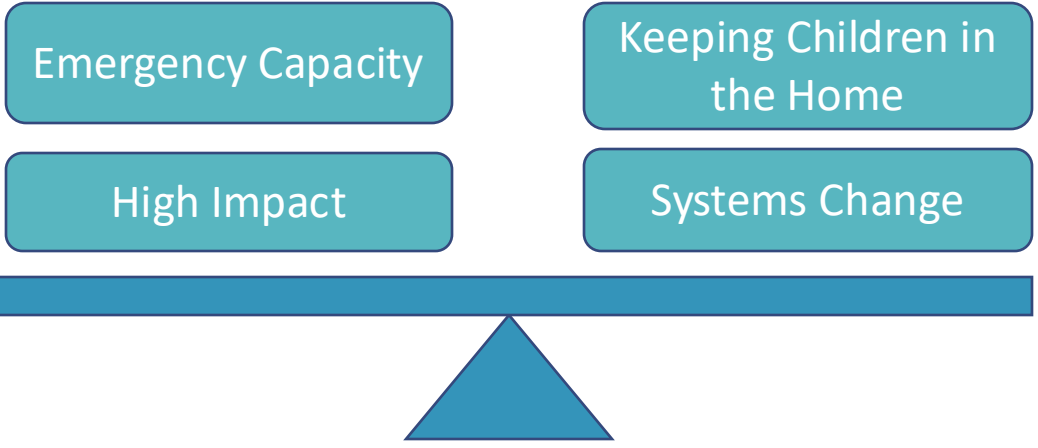
THE INVESTMENT

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

LEVEL SETTING AND INTENDED OUTCOMES

Population of Focus: Kids who are boarding or at risk of boarding in the ED or DSS office, and those who have complex, highly specialized behavioral health needs, including but not limited to children in foster care



Child Behavioral Health Array of Services

Outpatient Treatment

School-Based Behavioral Health Services

Outpatient Treatment

Collaborative Care/Access Line

Enhance Community-based Services

In Home Services

Day Programs

Family-type placements

Therapeutic Family-type Placements

Professional Foster Parenting*

Emergency Placements

DSS Managed Emergency Placements*

Emergency Placements in Family-Type Settings

Intensive out of Home Treatment Settings

Residential Facility-based Treatment


Acute Inpatient Psychiatric

Evidence-Based (EBP) Practice Models

Family Engagement and Supports

Crisis Continuum

Health Equity

 = Child Behavioral Health Investments

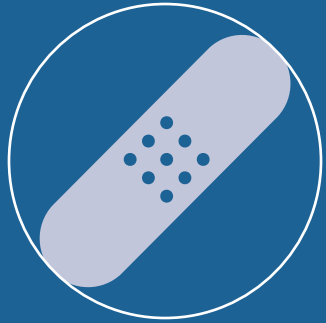
 = Other system components

 = Key Consideration

* = Kids in DSS Custody

INVESTMENT IN BEHAVIORAL HEALTH FOR CHILDREN

Within our current state, there are critical system needs that our investments must address. We also have identified our desired outcomes that our interventions set out to achieve.



Prevent children from entering a behavioral health crisis and/or unnecessarily using the emergency department for behavioral health.



Ensure behavioral health needs of children are quickly and accurately identified



Keep children in the home whenever possible



Increase access to residential options for children who need an out of home placement



BACKGROUND – CHILD BH INVESTMENT

Objective: Our goal is to ensure that children with behavioral health needs receive suitable, essential, child-centered, trauma-informed, and high-quality services, enabling as many children as possible to either remain in or return to a home setting.

INTENDED OUTCOMES

Fewer ED visits for behavioral health

Fewer children boarding in DSS Offices

Fewer children boarding in Emergency Departments

Fewer readmissions to out of home placements

Shorter length of stay in out of home placements

More children in foster care with behavioral health needs living in a home setting

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OPEN DISCUSSION

DISCUSSION QUESTIONS

- Given the population of focus we've identified and the objectives we've created:
 - What are you seeing in your roles that would help us shape and achieve our objectives?
 - Are these the right key outcomes to measure our success?

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Child BH Funding

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

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

COMMUNITY-BASED SERVICES THAT HELP CHILDREN STAY IN AND RETURN TO THEIR HOMES \$21 M

Increase access to behavioral health services in schools



Expand access to family-focused community-based support & care coordination.



Expand Access to Evidence-Based (EBP) Community-Based Treatment Services



Establish emergency respite pilots for caregivers



THERAPEUTIC PROGRAMS IN FAMILY-TYPE SETTING

\$7.4 M

Increase availability and quality of family-type therapeutic placements (e.g. Intensive Alternative Family Treatment, Therapeutic Foster Care)



Invest in and expand professional foster parenting



EMERGENCY PLACEMENTS FOR CHILDREN AT RISK OF BOARDING OR INAPPROPRIATE PLACEMENT

\$18.8 M

Build capacity for emergency placements in family-type settings for children at risk of boarding or inappropriate placement, regardless of custody



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

\$25 M

Increase quality and management of residential levels of care



Build specialty capacity within our residential settings (e.g. PRTF, levels II-IV)



Child Residential Licensure

\$400 K

Increase placements available for children by addressing backlog of child residential licensure applications



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 levels of care	\$25 M
	Build specialty residential care capacity (e.g. PRTE, levels II-IV).	
Child Residential Licensure	Increase placements available for children by addressing backlog of child residential licensure applications	\$400 K

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Discussion Questions

DISCUSSION QUESTIONS

- Given the allocation of funding:
 - What would you want to know about the strategies?
 - Given the strategies, what should we consider in the design of our programs?
 - As we plan implementation of these strategies, what work should we be aware of that's currently happening in these spaces?
 - What are your thoughts about the primary areas of focus, Community-based, Family Type, Emergency and Out-of-Home services?

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Next Steps

Next Steps

- Next Child BH Advisory Committee (4/19) at 2:30 PM ET
- To participate in EBP Community Based Treatment Workgroups contact renee.liles@dhhs.nc.gov