



# Child Behavioral Health Advisory Committee

NOVEMBER 15<sup>th</sup>, 2024

# AGENDA

**1 ● INTRODUCTION/HOUSEKEEPING**

**2 ● HURRICANE HELENE IMPACT UPDATES**

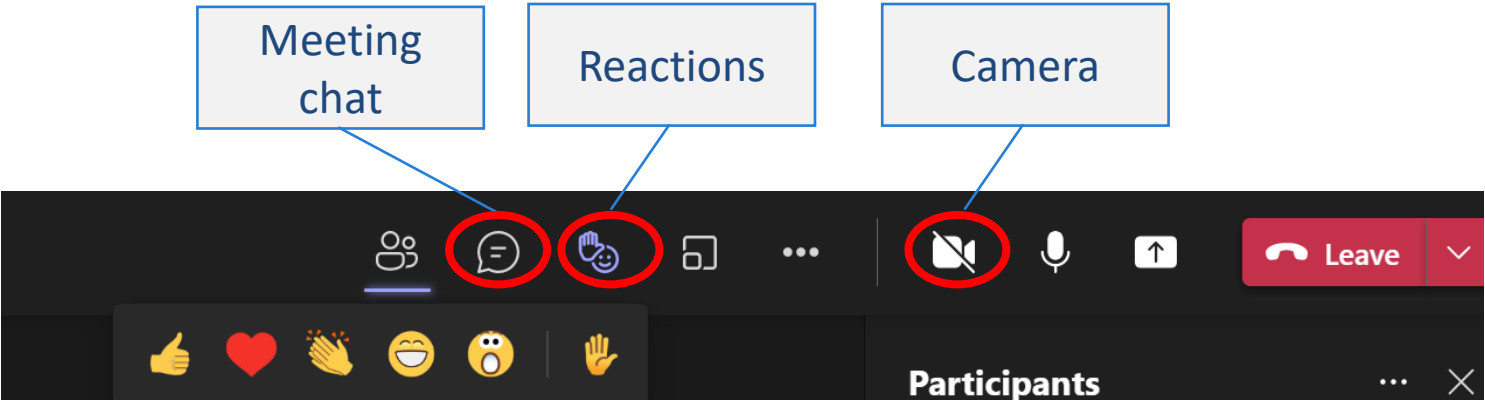
**3 ● DMHDDSUS: LANDSCAPE ASSESMENT**

**4 ● DMHDDSUS: EOC INVEST**

**5 ● COMING UP**

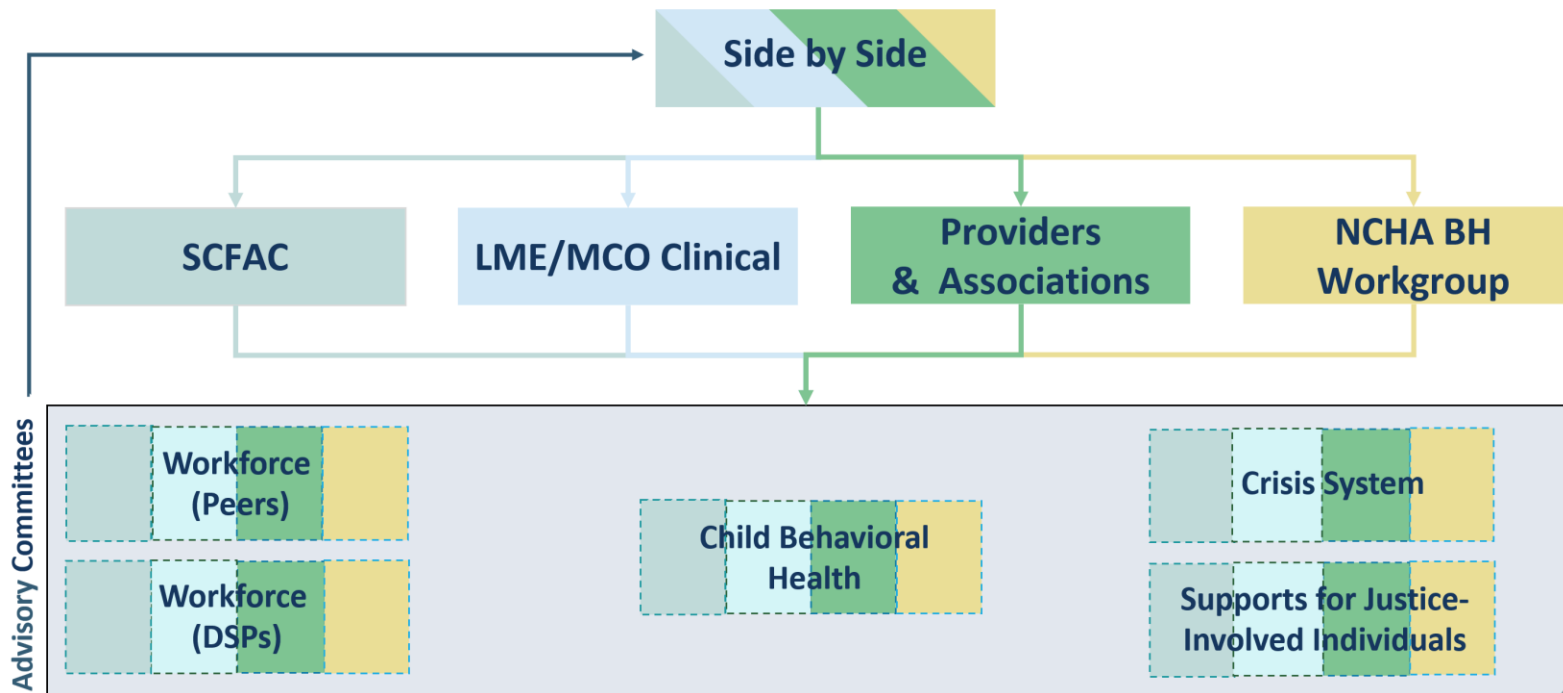
# Housekeeping

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

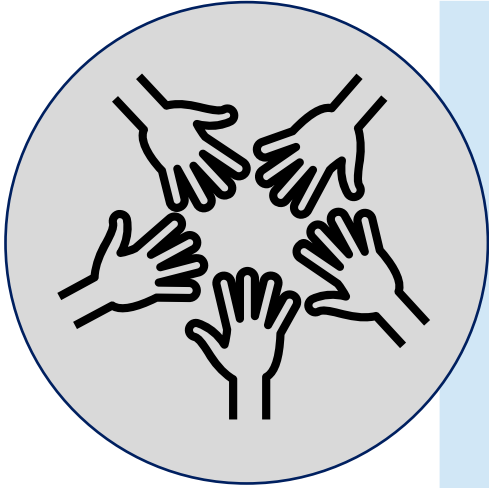
DSS

DHB

DHSR

1 ●

# HURRICANE HELENE IMPACT UPDATES



As we are dealing with the after-math of Hurricane Helene, many divisions across DHHS are still contacting providers and assessing impact. We are committed to creating equity across the state and will consider updated timelines for program roll-outs and/or holding back funds to ensure equity as we work with providers.



2 ●

# DMHDDSUS: LANDSCAPE ASSESSMENT

# Activities to Inform Current State Assessment

In summer/fall 2024, DMH/DD/SUS conducted a current state assessment of NC's behavioral health residential settings informed by the following activities:



## 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.



## PRTF Visits

On-site visits to 9 PRTFs to discuss experiences with workforce/staffing, use of care models, and experiences providing care for children and youth with specialized care needs.



## Literature Review/Research

Review of the literature and available information on best practices for residential treatment settings.



## Feedback from CBH Advisory Committee

Discussion with stakeholders on what changes can improve care in residential settings for children and youth.

# Current State Assessment Findings: NC's Residential Treatment Services

The purpose of the current state assessment was to (1) identify key challenges and (2) inform additional actions and investments to strengthen residential treatment services in NC.

## Key Challenges Identified



Overreliance on residential treatment settings for children in foster care due to placement needs instead of clinical treatment needs



Lack of specialty residential treatment options for children with complex needs (e.g., co-occurring behavioral health and Autism Spectrum Disorders)



Insufficient use of trauma-informed and evidence-based practices by residential treatment service providers





## Current State

- Children and youth often face prolonged lengths of stay in residential treatment services.
- Discharge planning is not effective, and children/youth largely transition to other residential treatment levels of care instead of returning to their community with appropriate support services.
- Children with complex, co-occurring needs are more likely to be sent to out of state, far from their communities.
- There is a lack of guidance and availability for training on alternatives to restrictive interventions.

# **Recommendations to Strengthen Residential Treatment Settings**

# Recommendations for Strengthening NC’s Residential Treatment Services (1/2)

DMH/DD/SUS has finalized a set of 9 recommendations to address the key challenges identified in the current state assessment and promote quality care in NC’s residential treatment services.

DHHS Objective	Recommendation
 <p><b>Enhance Environments of Care</b></p>	<ol style="list-style-type: none"> <li>Promote safety through use of evidence-based de-escalation strategies and increased monitoring on the use of restrictive interventions</li> <li>Enable therapeutic care by promoting residential care models, requiring use of clinical evidence-based practices, and eliminating the use of non-trauma-informed practices (e.g., use of point-and-level behavior management systems)</li> </ol>
 <p><b>Improve the Quality of Care</b></p>	<ol style="list-style-type: none"> <li>Require a comprehensive re-assessment for children/youth with prolonged lengths of stay in residential treatment settings</li> <li>Develop a comprehensive strategy to address data gaps on residential treatment services</li> </ol>
 <p><b>Increase Access to Care</b></p>	<ol style="list-style-type: none"> <li>Convene provider workgroup to inform changes to NC’s residential treatment system</li> <li>Coordinate with DSS to offer technical assistance to County DSS offices with high utilization of residential treatment services</li> <li>Implement a standardized independent level of care assessment for residential treatment services</li> <li>Expand or enhance dedicated short-term crisis stabilization beds in residential treatment facilities</li> </ol>
 <p><b>Develop Specialized Capacity</b></p>	<ol style="list-style-type: none"> <li>Engage providers to pilot specialty residential treatment settings</li> </ol>

# Recommendations for Strengthening NC’s Residential Treatment Services (2/2)

## Recommendation

Environment	<ol style="list-style-type: none"> <li>Promote safety through use of evidence-based de-escalation strategies and increased monitoring on the use of restrictive interventions</li> <li>Enable therapeutic care by promoting residential care models, requiring use of clinical evidence-based practices, and eliminating the use of non-trauma-informed practices (e.g., use of point-and-level behavior management systems)</li> </ol>
Quality	<ol style="list-style-type: none"> <li>Require a comprehensive re-assessment for children/youth with prolonged lengths of stay in residential treatment settings</li> <li>Develop a comprehensive strategy to address data gaps on residential treatment services</li> </ol>
Access	<ol style="list-style-type: none"> <li>Convene provider workgroup to inform changes to NC’s residential treatment system</li> <li>Coordinate with DSS to offer technical assistance to County DSS offices with high utilization of residential treatment services</li> <li>Implement a standardized independent level of care assessment for residential treatment services</li> <li>Expand or enhance dedicated short-term crisis stabilization beds in residential treatment facilities</li> </ol>
Specialty	<ol style="list-style-type: none"> <li>Engage providers to pilot specialty residential treatment settings</li> </ol>

# Recommendations for Strengthening NC’s Residential Treatment Services (2/2)

## Priority Action Items

Environment	<ul style="list-style-type: none"><li>• Approval obtained for Ukeru, a restraint and seclusion free crisis management method, to be utilized in residential treatment facilities</li><li>• Engage providers or participation in an implementation pilot</li><li>• Revise the critical incident review process</li></ul>
Access	<ul style="list-style-type: none"><li>• Identify provider participants representing all levels of care</li><li>• Convene workgroup and develop a workgroup charter</li></ul>
Specialty	<ul style="list-style-type: none"><li>• Develop initial pilots to serve youth with Problem Sexual Behaviors (PSB) or co-occurring BH with IDD/Autism Spectrum Disorder (ASD)</li><li>• Identify effective intervention strategies and wraparound services for specialized programs</li></ul>

# Feedback from CBH Advisory Committee

DMH/DD/SUS seeks feedback from the CBH Advisory Committee on the best way to work collaboratively to advance these recommendations and strengthen residential treatment settings in NC.

## Questions for Discussion with CBH Advisory Committee




1. What existing programs and/or best practices are you aware of used for children/youth with:
  - Problem Sexual Behaviors (PSB)
  - BH/IDD with Autism Spectrum Disorder (ASD)
2. How can DMH/DD/SUS best identify providers who are interested in participating in a provider workgroup to inform changes to NC's residential treatment system?
3. What is the best way to engage youth and families with lived experience and get their feedback on the steps DMH/DD/SUS is taking to implement recommendations?



3

# DMHDDSUS: Environment of Care

# CHILD BH AREAS OF INVESTMENT BREAKDOWN





Priority	Strategy (example of possible modality)	Funding
<b>Community-based services that help children stay in/return to their homes</b>	Increase access to behavioral health services in schools	<b>\$24 M</b>
	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	
<b>Therapeutic Programs in Family-Type Settings</b>	Increase availability and quality of family-type therapeutic placements (e.g. Intensive Alternative Family Treatment, Therapeutic Foster Care)	<b>\$7.4 M</b>
	Invest in and expand professional foster parenting	
<b>Emergency Placements for Children at Risk of Boarding or Inappropriate Placement</b>	Build capacity for emergency placements in family-type settings for children at risk of boarding or inappropriate placement, regardless of custody	<b>\$18.8 M</b>
	Build capacity for DSS-managed crisis stabilization and assessment placements (e.g. Flexible Emergency Foster Care Placement Pilot, Placement First Plus)	
<b>Intensive out of Home Treatment Settings</b> 	Increase quality and management of residential levels of care	<b>\$25.5 M</b>
Build specialty residential care capacity (e.g. PRTF, levels II-IV).		
<b>Child Residential Licensure</b>	Increase placements available for children by addressing backlog of child residential licensure applications	<b>\$500 K</b>
<b>Expand Utilization of Full Array</b>	Increase capacity of child-serving workforce to identify upstream and less restrictive interventions to meet child needs	<b>\$1.2</b>

# Care our Kids Deserve

## 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

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

## Guiding Principles

Care that is <b>safe</b> .	Care that is <b>time-limited</b> .	Care that is <b>intentional</b> .	Care that is <b>effective</b> .
Care that is <b>trauma-informed</b> .	Care that is <b>therapeutic</b> .	Care that is <b>connected</b> .	Care that is <b>specialized</b> .

## Outcomes

- Increase the number of residential treatment providers that implement trauma-informed practices
- Reduce Critical Incidents in residential treatment facilities (Level II-program type, Level III, IV and PRTF)
- Reduce the length of stay in residential treatment settings with effective day-one discharge planning, therapy and family engagement
- Improve the transition process to and from community residential treatment settings with access to community-based interventions
- Decreases over-reliance on residential treatment settings when there are other underlying needs (such as physical placement)
- Reduced rate of PRTF admissions and readmissions through effective use of community-based interventions, including respite and crisis services, to maintain family, school and community connections.
- Prevent the utilization of Emergency Departments as temporary residential settings for children
- Increased access to specialty in-state residential care that is brief, therapeutic, and home-like

# Overview of Environment of Care (EoC) Investment Opportunity

In Spring 2024, DMH/DD/SUS announced a one-time funding opportunity for projects to support the DHHS objective to develop or enhance a trauma-informed environment of care within residential settings.



## EoC Proposal Guidelines

### Eligible Providers:

- All child Levels II, III, IV and PRTF providers within NC

### Eligible Projects:

- Existing, in-development, and future near-term projects that support in establishing or enhancing a safe, trauma-informed environment of care



*DHHS Objectives for Residential Treatment Settings for Children & Youth*

# The Importance of Improving the Environment of Care



When clinically appropriate and medically necessary, we desire for youth who engage in services at residential therapy facilities to be served in an environment that is **well-maintained, comfortable, and as homelike as possible.**



Residential therapy settings that are inviting, well-maintained and thoughtfully organized communicate to the youth that **they have value and deserve to be cared for well.**



In all environments, it is important for youth and families to feel both **physically and emotionally safe.**



All individuals have the right to engage in services that **promote whole-person health and well-being.**



Therapeutic residential settings must provide opportunities for **exercise, recreation, time outdoors, social interaction, healthy food, education and family engagement.**



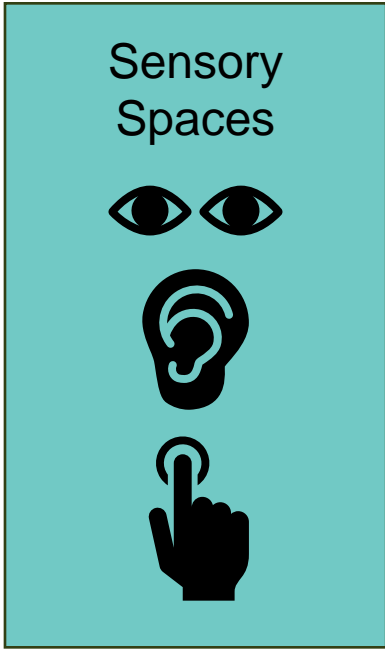
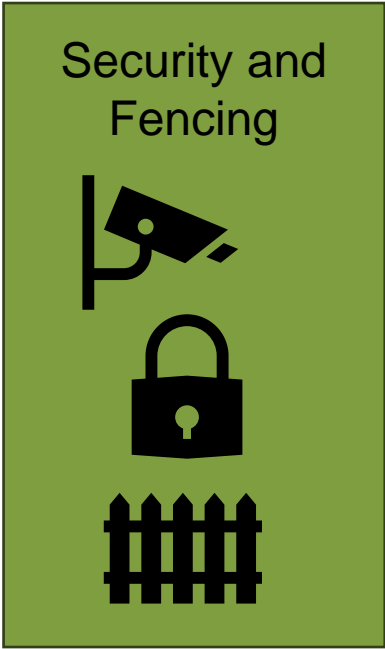
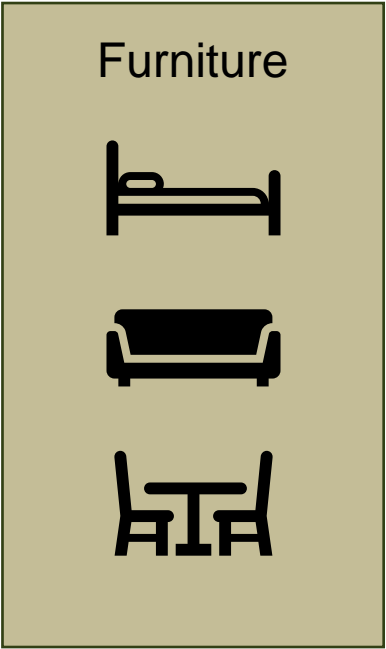
Youth in residential therapy settings **learn, practice and utilize self-regulation strategies and coping skills.** The facility's environment should promote this and **provide the necessary tools, resources and space.**



Residential Therapy programs should prepare the youth for **success in the community.**

# Environment of Care

## Physical Facility Improvement Projects



This investment will result in **255 youth** on any given day, engaging in treatment in settings that are **physically safe, comfortable and conducive for healing.**



### Recommendation:

Maintain a reserve to fund additional physical environment improvements, specific to PRTFs

# Environment of Care (EoC) Investments

DMH/DD/SUS has already begun working with providers across NC on these projects, which target key priorities for trauma-informed care across residential settings and range from furniture and facility improvements to new sensory, recreation, and outdoor spaces.



## Provider Projects:

26

Total  
Projects

19

Unique  
Providers

12

Unique  
Counties



## PRTF Reserve Utilization:

7

PRTF  
Provider Agencies

213

Beds

\$4695

\$ Per bed



This investment will result in **414 youth**, on any given day, engaging in treatment in settings that are **physically safe, comfortable and conducive to healing**.

# Feedback from CBH Advisory Committee: EoC Investments

## Questions for Discussion with CBH Advisory Committee



1. How can we evaluate the impact of the Environment of Care investments for physical facility improvements (e.g., satisfaction surveys)?
2. In what other ways can residential treatment facilities improve the therapeutic environment?



5 ●

**COMING UP**

## NEXT ADVISORY COMMITTEE MEETING

**When:** December 20<sup>th</sup>, 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!