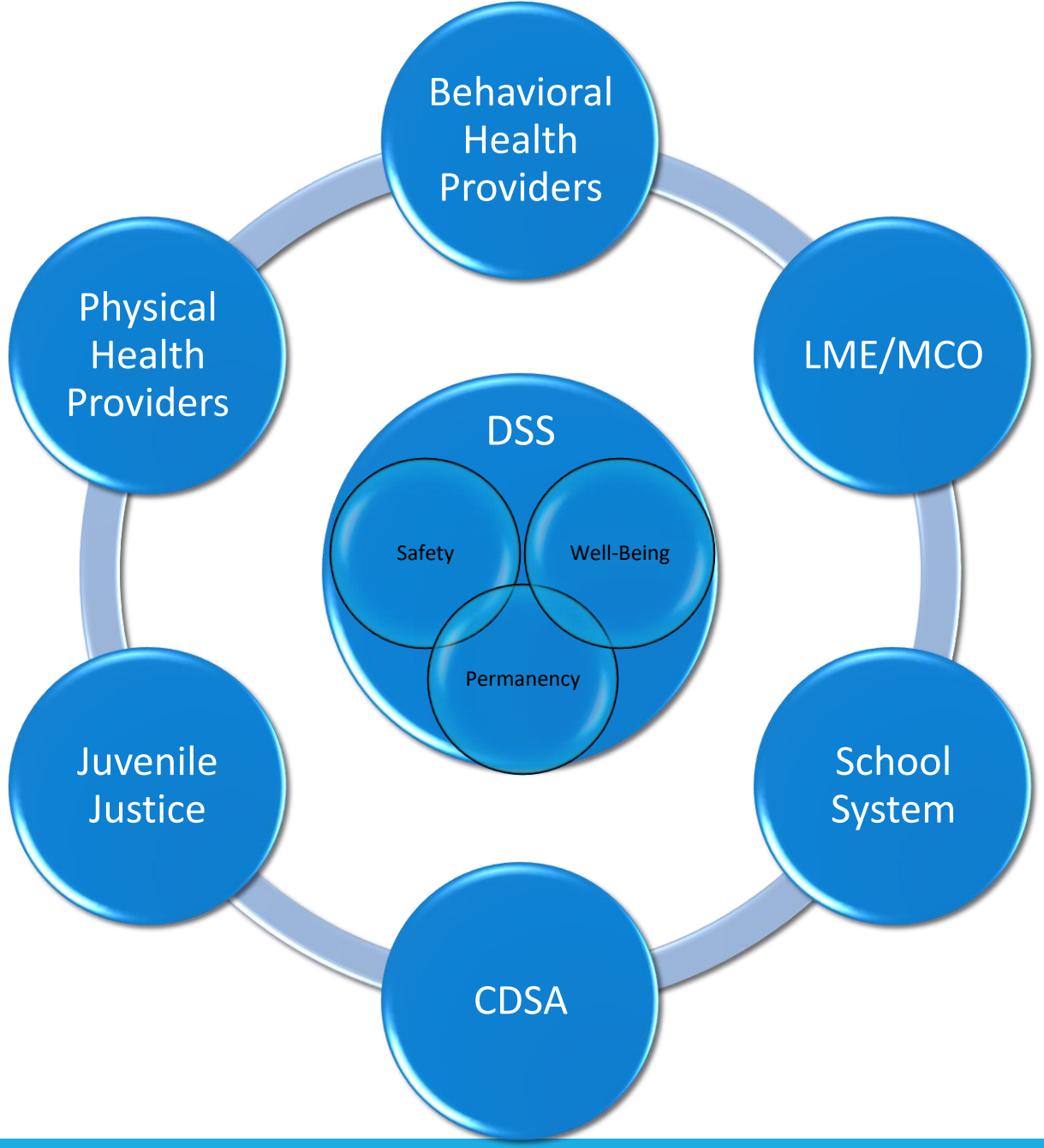
Landscape Analysis Vaya Health Child Welfare Project

MARCH 2022

benchmarks
An Alliance of Agencies Helping Children, Adults & Families

Background




Behavioral Health Providers
LME/MCO
School System
CDSA
Juvenile Justice
Physical Health Providers
DSS
Safety
Well-Being
Permanency

Service Mapping

AVAILABILITY
NECESSITATES
ACCESSIBILITY

Enhanced Community Services

- Child ACTT Team
- Family Centered Treatment
- Hi-Fidelity Wrap Around
- In-Home Skill Building
- TASK
- Day Treatment
- Enhanced Crisis SPARC
- Intercept
- NC MATCH
- In Home Therapy Services

Services Available Across the Catchment:

- Outpatient Therapy
- Intensive In-Home
- Multisystemic Therapy
- Problem Sexual Behavior (telehealth)
- Supported Employment
- Transitional Living (mostly Life Set)

Outpatient Services

- Applied Behavioral Analysis
- Equine Therapy
- Problem Sexual Behavior Program
- Single Point Assessment Schedule

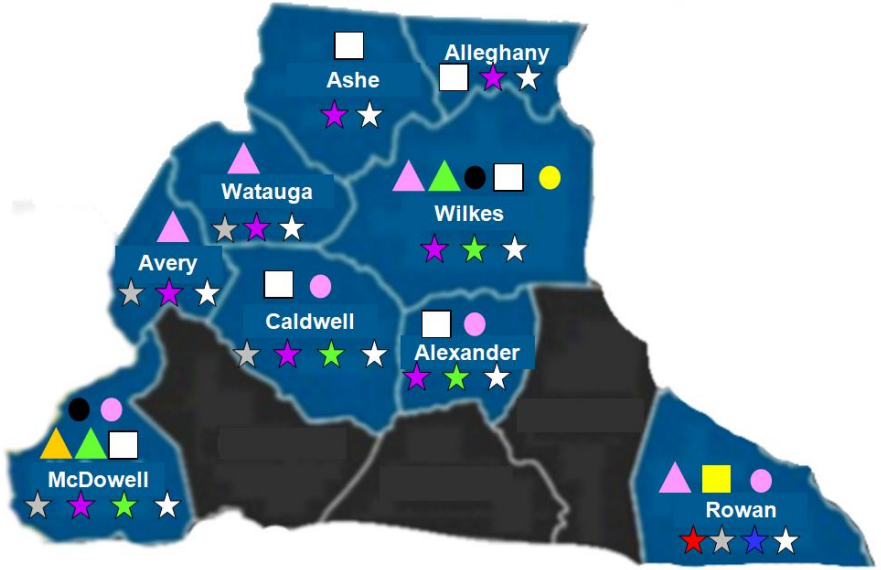
Residential

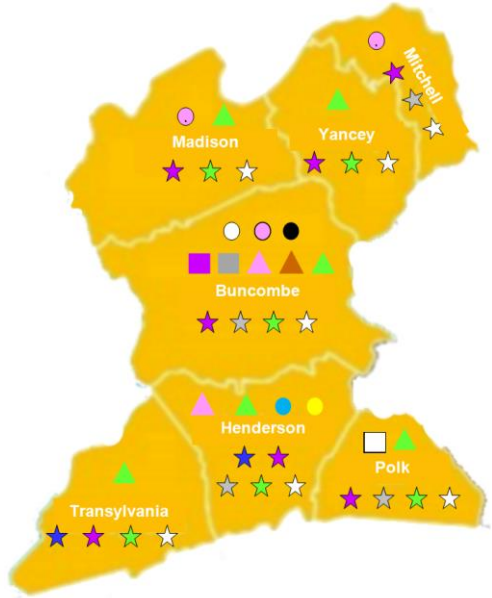
- Facility Based Crisis
- Intensive Alternative Family Treatment
- Short Term Facility Respite
- TFC—Autism Spectrum Disorder
- TFC– Oregon

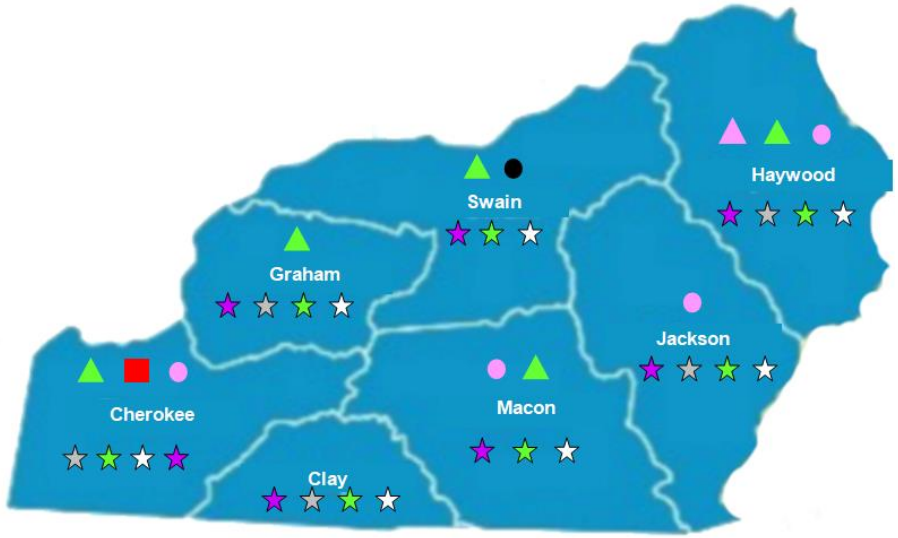
Special Projects

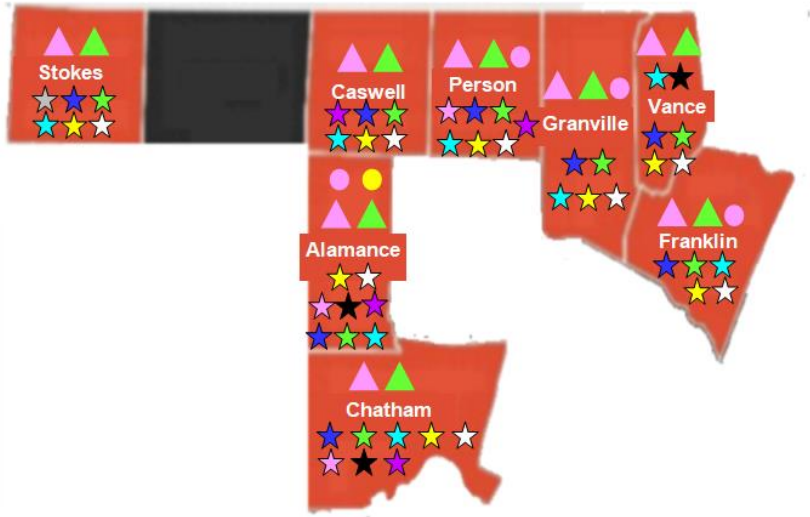
- Cherokee One Home Initiative
- Partnering For Excellence
- START Program
- S.O.A.R. Family Treatment Court
- System of Care Grant

Regional System Mapping


Ashe
Alleghany
Watauga
Wilkes
Avery
Caldwell
Alexander
McDowell
Rowan


Mitchell
Madison
Yancey
Buncombe
Henderson
Polk
Transylvania


Haywood
Swain
Graham
Jackson
Cherokee
Macon
Clay


Stokes
Caswell
Person
Granville
Vance
Alamance
Franklin
Chatham

Service & Population

FOSTER CARE POPULATION DATA

BEHAVIORAL HEALTH UTILIZATION DATA

Foster Care Population Trends

One third of counties have racial disparities

Limited variability regarding ages but some do have larger populations of younger and older

One third of counties have 50% of their youth with only 1 placement in their first year

Variations in placement settings

Equitable Access of Services

Equitably Accessed	Somewhat Equitably Accessed	Not Equitably Accessed	
Family Therapy	Day Treatment	Diagnostic Assessments	High Fidelity Wraparound
Individual Therapy	Intensive In-Home	ABA Therapy	Transitional Youth Services
Therapeutic Foster Care	TFC- IAFT	Outpatient Plus	High Risk Level I
Level III Group Homes	Level II Group Homes	Community Support	Partial Hospitalization
Mobile Crisis	PRTFs	TASK	Child Facility Based Crisis
Emergency Room Services	Multisystemic Therapy (MST)	Dialectical Behavior Therapy (DBT)	Behavioral Health Urgent Care
Psychological & Developmental Testing		Parent Child Interaction Therapy (PCIT)	ICF/IID
Psychiatric Diagnostic Evaluations		Trauma-focused Cognitive Behavioral Therapy (TF-CBT)	Community Guide
			Enhanced Support Services

Service Trends

- Counties tend to use a specific array of services
- Some counties consistently use higher end services
- Some counties use few services across the board
- Service utilization not correlated with embedded care managers
- Minimal utilization of evidence-based practices

Behavioral Health Utilization

1
county never utilized a PRTF and barely utilized emergency services

2
counties use twice the average of high-cost residential services per youth

5
fold difference in PRTF bed usage

5
times more utilization of the ER in some counties than others

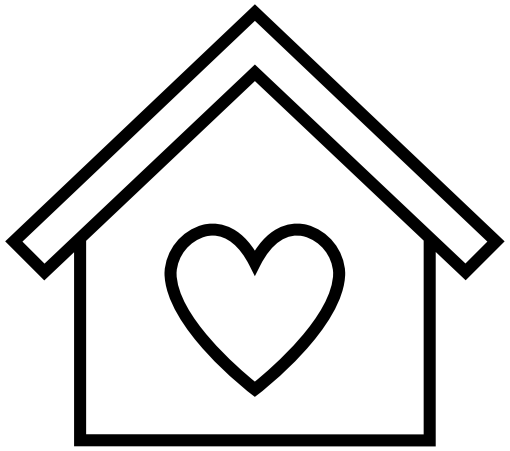
6
times more spent in some counties compared to other counties for overall services

9
times more utilization of Level 3 Group Homes than other counties

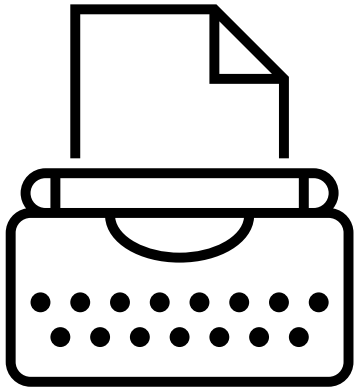
10
fold difference in the utilization of TFC

25
times more spent on crisis services in some counties compared to others

Exploring Child Welfare Initiatives



Single Point Assessments



Cherokee One Home Together Facing the Challenge Pilot

Focus Group Findings

DSS

LME/MCO

BEHAVIORAL HEALTH PROVIDERS

CHILD WELFARE PROVIDERS

FOSTER PARENTS

Courts

DSS

Vaya

Service Coordination

Behavioral Health Services

Placements

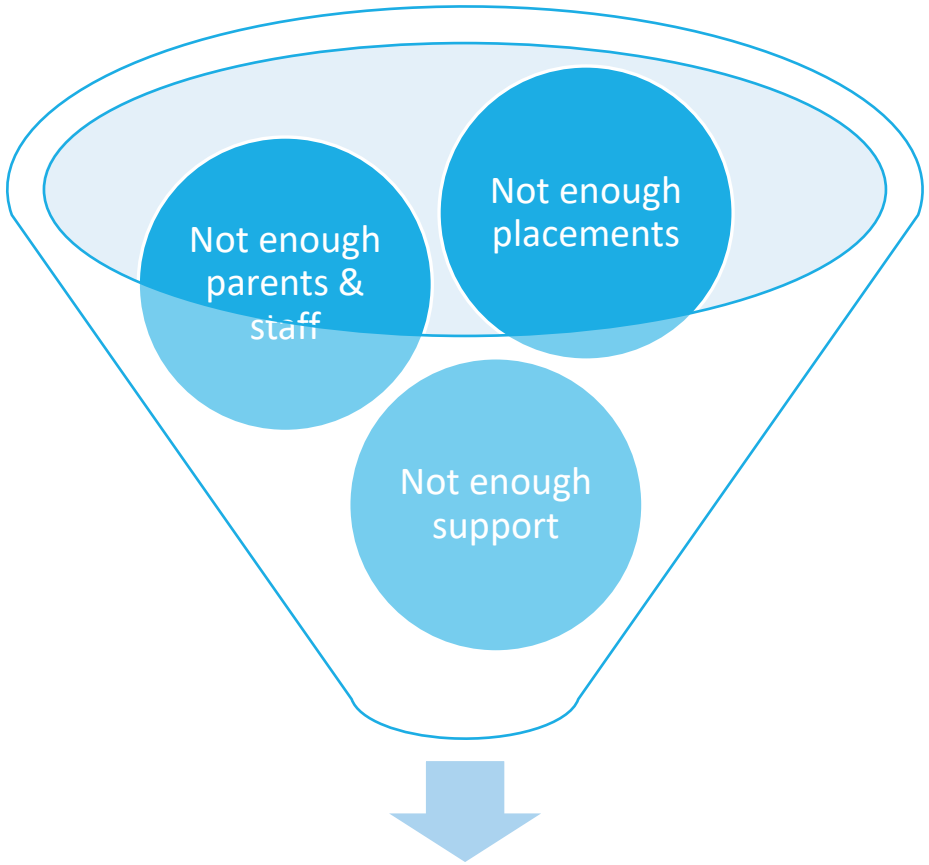
Kinship Providers

Recruitment & Retention

FFPSA & Medicaid Transformation

System Alignment

Placements



Crisis driven system

Mental Health Services

Availability

Priority

Quality

Families tend to be resource poor

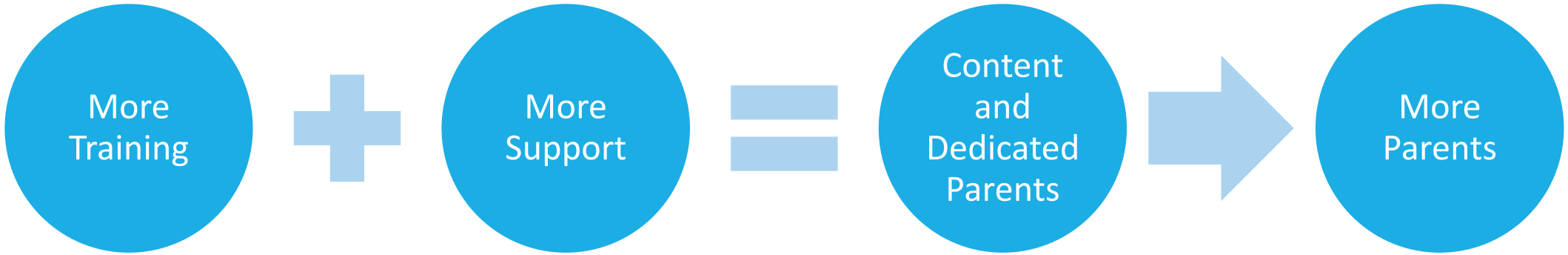
Services are focused on the individual and not the family

Substance misuse is a key driver of child welfare involvement

Kinship placements have added benefits but also drawbacks

Focus on the Family

Recruitment & Retention

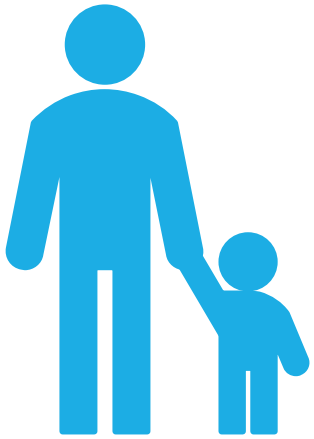


System Transformation

Change fatigue

Simultaneous restructuring of funding systems that are driving process overhauls

Prolonged incremental implementation



Every child has the right to a permanent family and while on that permanency journey, resources to meet their safety & well-being needs are critical and must be met.

Mission Statement:

The Pathways to Permanency Project strives to coordinate efforts between child welfare and behavioral health to ensure youth in foster care have access to high quality behavioral health services and a nurturing environment in which to thrive.

Through coordinated efforts, stakeholders who serve involved youth address the need for shared understanding, accessible quality behavioral health assessments and interventions, and safe and supportive homes

Pathways to Permanency



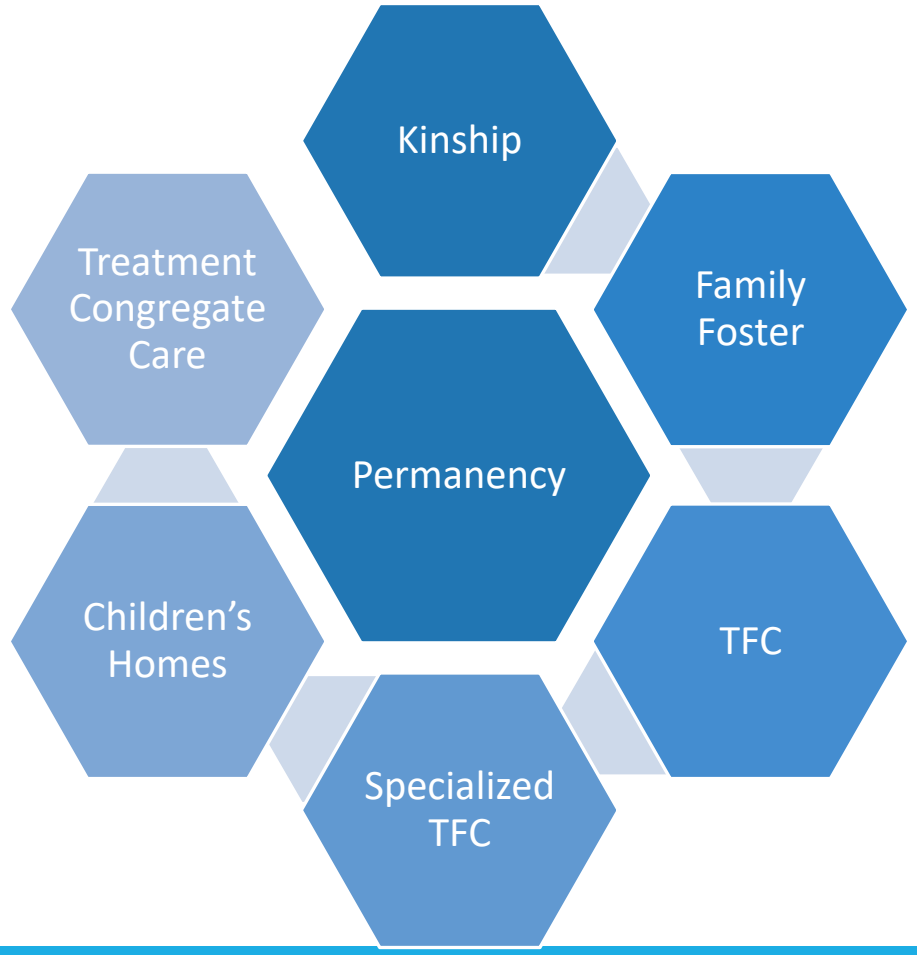
Common Language & Shared Understanding

Cross training

- Normalcy & Prudent Parenting
- Medical Necessity
- Foster Parent Bill of Rights

System Transformation Information

Appropriate & Supportive Home



Appropriate & Supportive Home

- Kinship support
- Recruitment of new families
- Appropriate matching
- Right level of care
- Behavioral expectations
- Trained, skills, and supported families
- Retention of current families
- Adequate workforce

Quality Clinical Assessment to Drive Services

Proactive assessments

Trauma-informed

Timely

Sound holistic recommendations

Accessible, Quality Continuum of Behavioral Health Services

Locally available

Family-focused

Substance Use Disorder services

Meeting Structure



Quarterly meetings with all members



Monthly meetings among the workgroups



Review and adopt structure for large meetings

Common Language & Shared Understanding
Adequate Court System
Appropriate & Supportive Home
Quality Clinical Assessment to Drive Services
Accessible, Quality Continuum of Behavioral Health Services

Next Steps

Watch for an email from Susan about choosing a workgroup

Choose both your first and second option

We will aim for cross system and cross regional representation in each workgroup