

## Pathways to Evidence-Based Treatments (EBTs) for Children and Families in Rural or Underserved Areas

### I. Purpose

**The Pathways to Evidence-Based Treatments is funded by a generous investment from the North Carolina Division of Child and Family Well-Being (DCFV).**

The Pathways to Evidence-Based Treatments (EBTs) Pilot Program aims to support clinicians, leaders, and other key personnel in agencies/practices that are training for the first time in an evidence-based treatment, in a rural or underserved area, or working toward/facing barriers to accepting Medicaid-eligible clients.

The pilot aims to assist agencies in effectively implementing and sustaining evidence-based treatments for children and families affected by trauma, in conjunction with clinicians participating in an NC CTP EBT Learning Collaborative.

Agencies will receive enhanced and scaffolded support in order to fully embed the EBT within the agency (e.g., coaching and consultation on integrating EBTs into everyday operations, assistance with Medicaid billing requirements).

### II. Program Overview

The Pathways Program is designed to support agencies who are enrolled in a NC CTP Learning Collaborative with additional resources for sustainable implementation, and will focus on:

- **Retention-focused Training:** Training in the CE-CERT model to address secondary trauma, support clinician retention and prevent burnout.
- **Agency/Practice Consultation:** Expert consultation to address real-world challenges and refine EBT implementation.
- **Monthly Workshops:** Guidance for agency leaders and staff on overcoming systemic and organizational barriers to implementing EBTs effectively and making the EBTs sustainable within the agency.
- **Stipend:** Up to \$10,000 for community-based agencies and \$5,000 for private practices participating in the Pathways to Evidence-Based Treatments Pilot Program, to be used to support elements of EBT implementation:
  - Integration of trauma screening and assessment into Intake process and Electronic Health Record systems
  - Staff support
  - Data management and evaluation
  - Development of systems for Medicaid billing and reimbursement

- Community and stakeholder engagement and partnerships e.g., to increase EBT referrals
- Awareness and outreach-of offering new EBT services

<b>Application Process</b>
Release Date: September 13, 2024
Informational Call: Applicants are encouraged to participate but it is not mandatory. Zoom link will be provided upon release. September 24, 2024, 12:00 – 1:00 pm EST
Applications Due: October 10, 11:59 pm EST
Selection Notification: October 17, 2024
Program Period: October 2024 – June 2025
Virtual Kickoff Meeting: October 28, 2024

### III. Eligibility

Applicants should be community providers working toward accepting Medicaid or experiencing barriers to Medicaid reimbursement and/or operating in rural or underserved areas. Must have clinician(s) and senior leader(s) enrolled in an NC CTP Learning Collaborative. Priority will be given to providers training for the first time in an evidence-based model. Applications are encouraged from providers with diverse identities, backgrounds, and experiences.

### IV. Program

#### Module 1: Workforce Support and Retention (Months 1-12)

**Objective: Enhance clinician experience, reduce secondary trauma, and improve retention through organizational support systems and tools.**

Components:

1. Two-Day Virtual Training:
  - Day 1: Introduction to the CE-CERT Model
    - Overview of Secondary Traumatic Stress (STS) and Burnout
    - Key concepts and tools of the CE-CERT model
    - Practical exercises to apply concepts in daily work
  - Day 2: Implementation Strategies

- Developing an action plan for integrating CE-CERT into the workplace
- Role-playing and case studies
- Setting up support systems for ongoing use

2. Ongoing Supervisor Support:

- 12 Monthly Supervisor Calls:
  - Content: Reviewing progress, sharing best practices, addressing challenges, and adjusting strategies
  - Focus: Supporting staff, using CE-CERT tools, and mitigating STS and burnout

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## **Module 2: Addressing Barriers and Creating a Process for Accepting Medicaid-Eligible Clients (Months 2-7)**

**Objective: Identify and overcome barriers to accepting Medicaid clients and establish an efficient process for billing and service delivery.**

Components:

1. Assessment of Barriers:

- Months 2-3: Evaluate existing barriers to accepting or increasing Medicaid clients
  - Analyze current processes, staff capacity, and training needs
  - Identify administrative and operational obstacles

2. Development of Processes:

- Months 4-5: Design and implement a streamlined process for Medicaid billing
  - Create or refine policies and procedures
  - Develop training materials for staff

3. Training and Implementation:

- Months 6-7: Provide targeted training for staff
  - Conduct workshops and Q&A sessions

- Offer hands-on practice and support
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### **Module 3: Sustainability and Growth (Months 8-12)**

**Objective: Ensure the long-term sustainability of workforce support systems and Medicaid billing processes while exploring opportunities for growth.**

Components:

1. Evaluation and Adjustment:
  - Months 8-9: Review the effectiveness of implemented strategies
    - Collect feedback from staff and supervisors
    - Analyze data on workforce retention and Medicaid billing
2. Refinement and Scaling:
  - Months 10-11: Refine processes based on feedback
    - Make necessary adjustments to improve efficiency
    - Develop a plan for scaling successful strategies to other areas or services
3. Networking and Peer Support:
  - Opportunities: Connect with other participants, share experiences, and collaborate on common challenges.
  - NC CTP Conference (April 14-17, 2025)
4. Sustainability Planning:
  - Month 12: Develop a long-term sustainability plan
    - Create a roadmap for ongoing support and growth
    - Establish benchmarks and monitoring mechanisms