

Funding Opportunity

Youth Mental and Behavioral Health: Near-Term Opportunities to Support North Carolina's Youth

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Overview

The purpose of this funding opportunity is to expand access to mental and behavioral health services and resources for youth through models that are effective in the short term (1-3 years), and which leverage a trained workforce that goes beyond specialty trained behavioral health care clinical and professional roles. The trained workforce may include a variety of health and other professionals who regularly work with or on behalf of youth and are trained to identify, understand, and respond to the signs/symptoms of distress, trauma, mental health changes, or substance use and provide initial support and connection to resources for youth. Approaches should be effective at engaging communities that have significant barriers in access to care and may operate in communities, schools, health systems, faith-based settings, or other settings. To support a variety of approaches, proposals can range from \$75,000 to \$500,000 per year, for up to three years.

Key Terms and Definitions

Please refer to the following for the purposes of shared understanding as it relates specifically to this funding opportunity.

Behavioral Health: refers to the connection between a person’s behaviors and their overall health and well-being. Behavioral health includes mental health conditions and also other conditions that affect a person’s behavior, such as substance abuse, addiction, and more.

Cross-Sector Collaboration: refers to when two or more organizations in community work together across sectors – nonprofit, business, health care, and government – to collectively focus their expertise and resources on a complex issue of importance to a community they serve.

Mental Health: refers to a person’s emotional, social, and psychological well-being. It encompasses a broad range of conditions, such as anxiety, depression, and more, that can be caused by various factors, including genetics, life experiences, trauma, stress, and chemical imbalances in the brain that affect how people feel, think, and behave.

Mental and Behavioral Health Care: refers to the prevention, diagnosis, and treatment of mental and behavioral health conditions.

Specialty Trained Behavioral Health Clinicians: refers to trained and licensed professionals that can diagnose and treat disorders and prescribe medications. Clinicians may include Medical Doctors, Nurse Practitioners, or Physician Assistants.

Specialty Trained Behavioral Health Professionals: refers to trained and licensed professionals that can diagnose and treat disorders but cannot prescribe medications. These professionals may include Licensed Clinical Social Workers, Licensed Clinical Counselors, or others.

Trained Workforce: refers to professionals that have received training, from evidence-based programs or promising models, to identify, understand, and respond to the signs/symptoms of distress, trauma, mental health changes or substance use and provide initial support and connection to resources for youth. These professionals may include a variety of health and other professionals such as, but not limited to, community health workers, peer support specialists, school administrators and staff, religious and spiritual leaders or personnel, professionals within youth serving organizations, guardians, trusted peers and adults, or others who regularly work with or on behalf of youth.

Youth: refers to the transitional phase from dependence of childhood to adulthood independence. While we do not have a firm age range, ages 12-26 can be generally included.

Background

Mental health is an essential component for healthy youth development. When young people have good mental health - and the supports they need to foster healthy relationships and social connections - they are better equipped to thrive in both adolescence and adulthood. The COVID-19 pandemic spotlighted the mental health challenges of children and youth in our country, with rates of some mood disorders doubling, severity of mood disorders worsening, and access to mental health services decreasing. There were many contributing factors. During the pandemic, nearly all youth were faced with managing social isolation and academic disruptions, and many also lost caregivers to COVID-19, had a parent lose their job, dealt with unstable home environments, or were victims of physical or emotional abuse at home. All of these factors contributed to the declaration of a mental health crisis by the United States Surgeon General in 2023. But U.S. children and teens have been suffering for far longer. In the 10 years leading up to the pandemic, feelings of persistent sadness and hopelessness as well as suicidal thoughts and behaviors increased by about 40% among young people, according to the Centers for

Disease Control and Prevention. Contributing factors include environmental structural factors, social media usage/online bullying, increased exposure to mass violence, and earlier puberty development. The CDC also reports that not all youth are affected equally. Girls; LGBTQ+ youth; Black, Latino, American Indian, and other youth of color; and youth who have experienced adverse childhood experiences of violence, exploitation, discrimination, abuse, or neglect are more likely to have poorer mental health outcomes.

Nationally, North Carolina ranks 24th in youth mental health with youth having higher prevalence of mental health challenges and lower rates of access to care. Suicide is now the second leading cause of death for North Carolina youth ages 10-18. Although effective therapies exist for many mental health disorders, there is a severe shortage of specialty trained behavioral health clinicians and professionals to treat both adults and children with mental and behavioral health disorders. Out of the state's 100 counties, 94 are considered mental health professional shortage areas, and 61 counties have no child and youth psychiatrist. Even fewer of these professionals reflect the racial and ethnic diversity of our state's youth population.

We know that children and teens who have access to early intervention and resources are more likely to be able to successfully navigate mental and behavioral health challenges. While much attention is paid to shortages of clinical providers, there are a variety of others who regularly work with or on behalf of youth that can be trained to identify, understand, and respond to the signs/symptoms of distress, trauma, mental health changes, or substance use and provide initial support and connection to resources for youth. This includes trusted adults, guardians, peers, health, or other professionals. Examples include community health workers, peer support specialists, school administrators and staff, religious and spiritual leaders or personnel, youth serving program administration and staff, and others. Increasing accessibility to the variety of those trained can lead to greater prevention, earlier intervention, connections to treatment and resources, and supporting youth to successfully navigate behavioral health challenges.

The purpose of this funding opportunity is to expand access to mental and behavioral health services and resources for youth through models that are effective in the short term (1-3 years), and which leverage a trained workforce that goes beyond specialty trained behavioral health care clinical and professional roles.

To ensure that the Foundation's approaches are reflective of the articulated needs of community, it is our desire to develop funding opportunities and initiatives that are most aligned with solutions and promising practices identified by those who have been doing this work. To inform development of this funding opportunity, the Foundation sought insights via an open survey to learn from those engaged in this work. A variety of entities – representing mental and behavioral health serving organizations (nonprofits and initiatives), youth serving organizations, health systems, departments of health, clinics, practicing clinicians, service-based organizations, foundations, research centers, university staff and affiliates, and health care professional associations – responded to the survey. The collective insights elevated near-term opportunities and approaches to increase access to mental and behavioral health services for youth, barriers to advancing these approaches, and potential solutions and supports needed to implement or expand the approaches. Survey results, along with complementary exploration, have informed our focus of this opportunity on approaches that:

- Deliver culturally and linguistically responsive approaches to integrate mental and behavioral health supports, care, and resources for youth in various settings where youth are engaged or served. This can include schools, youth serving programs, out of school programs, afterschool programs, primary care practices, faith-based settings, or other community-based settings that

are focusing on prevention, screening, early intervention, and follow-up.

- Connect communities to new or existing mental and behavioral health resources, supports, and services.
- Increase the number of trusted adults, trusted peers, teachers and other youth development professionals, health and other professionals who are trained in evidence-based approaches and promising practices that address mental and behavioral health, particularly those who share identities with, and the lived experience of, youth populations at highest risk.
- Increase access to these trained individuals for youth and their caregivers.

Eligibility Criteria

Organization Size

- There are no limitations or minimum requirements with regard to an entities' operating budget. Organizations of all sizes are eligible to apply.

Organization Type

- **Nonprofit:** An organization that is exempt under Section 501(c)(3) of the Internal Revenue Code and is classified as "not a private foundation" under Section 509(a).

- OR-

- **Fiscally sponsored program:** A group or project with a nonprofit 501(c)(3) organization acting as a fiscal sponsor. Please note that the fiscal sponsor is considered the grantee and is responsible for all legal aspects of the project including reporting and financial management.

- OR-

- **Government entity or public instrumentality:** This can include schools, tribal governments, etc.

- OR-

- **Coalitions:** Applications involving more than one group or organization are welcome; however, one organization will be the recipient of the grant and must meet any of the criteria above. If a coalition applicant is invited for a finalist conversation, all coalition partners are expected to participate in the interview. Letters of support are not required for application submission. Organizations and coalitions of any size are eligible to apply if the other eligibility criteria have been met.

Please note: Current and past Blue Cross NC Foundation grantees are welcome to apply.

Description of the Funded Work

To support a variety of approaches, grant funding is available in a range from \$75,000 to \$500,000 per year, for up to three years. Funded projects at the higher levels are expected to involve cross-sector collaboration and/or operate at a regional or statewide level. Funding may support, among other things, strengthening organizational capacity or infrastructure, connecting care across settings, increasing access to training opportunities, and/or increasing access to culturally and linguistically relevant resources and materials for youth mental and behavioral health.

This opportunity is specifically designed to support work that will: 1) have an impact in the next one to three years and 2) will be effective despite persistent workforce shortages of specialty trained clinicians

and professionals in the mental and behavioral health field such as psychiatrists, psychologists, social workers, counselors, therapists, nurses, or others.

We anticipate funded projects will include **one or more** of the following:

1. Demonstrate ability to authentically center the youth voice, especially those at higher risk of mental and behavioral health challenges, by seeking their input, acting on their feedback, elevating their leadership, and/or sharing decision-making power with them.
2. Approaches that bridge gaps in access to care for mental and behavioral health in the youth population by working in community-based, faith-based, school-based, health system-based, or other settings.
3. Approaches that utilize a diverse trained workforce of health care and other professionals (such as peer support specialists, community-health workers, trained trusted adults in evidence-based programs such as mental health first aid/trauma-informed models/other programs) that share identities with, and the lived experience of, the populations they are serving.
4. Deepen existing relationships or build new relationships with schools, community organizations, and other trusted organizations in settings where youth can be easily reached.
5. May include approaches that simplify the process by which health care systems and agencies serving youth coordinate care, intervention, and follow up for those with positive screen(s) or diagnosis(es) (e.g., agreements with providers for referrals).
6. May include approaches that complement, but are not dependent on, formal clinical services by building a stronger continuum of care in community-based, school-based, health system-based, or other settings.
7. Demonstrate the ability to understand the strengths, resources, and needs of the communities being served through having clear relationships, incorporating the community member voice in the project, forming/maintaining trust with community members and partners, and collaborating as needed for successful implementation.

Learning & Evaluation

As part of this funding opportunity, grantees will be expected to participate in learning and evaluation activities led by the Foundation. These activities will help our organization understand what funded projects are accomplishing, as well as challenges and lessons learned related to what it takes to expand access to mental and behavioral health services. We hope to use this information to inform our ongoing efforts related to the health care workforce and supplement what grantees may be learning through their own internal evaluation efforts, if applicable. The information will not be used for performance management or as criteria for future funding. An evaluation partner will be selected after projects are identified and evaluation and learning questions developed in partnership with grantees. Please plan to spend approximately one hour per month participating in learning and evaluation activities led by the Foundation. This may include individual activities, engaging with the evaluator, or cross-learning with other grantees.

While the Foundation will have learning and evaluation activities in place to look across all funded projects, we recognize that individual organizations may benefit from including resources in their planning and budgeting for project specific monitoring and evaluation efforts.

Anticipated Outcomes

Grantees will develop grant outcomes based on their specific program and approach. We anticipate this may include but is not limited to some of the following outcomes:

- Increase the number of adults in school, community-based, faith-based or health system settings who have been trained in evidence-based or promising programs/models.

- Implement programs or practices that actively engage community to decrease stigma and increase use of available services and resources.
- Proactively identify young people at higher risk of mental and behavioral health challenges and connect them to care.
- Increase regular mental and behavioral health screenings and utilize closed-loop referral processes, including results tracking, when possible.
- Strengthen the trained workforce’s ability to better connect youth to care and resources.
- Increase integration of the youth voice in strengthening mental and behavioral health services. This should be inclusive of youth at higher risk of mental and behavioral health challenges.

Funding Partnership Commitment

As a partner with our grantees throughout this work, our Foundation commits to:

- Active engagement with grantees with a focus on listening to understand.
- Support grantees to achieve their goals and to adapt to new or unexpected circumstances.
- Solicit, and be open to, direct, constructive feedback about our approach to, and implementation of, this project and specific opportunities to change course and adapt.
- Provide timely communication about any changes or updates that might impact grantees.
- Operate in consistency with our organizational values working to assure that everyone in North Carolina has the opportunity to be as healthy as possible.

How to Learn More

Ask Questions (optional): Organizations interested in this funding opportunity are encouraged to submit questions **by June 7, 2024** to Kiydra Harris at kiydra.harris@bcbsncfoundation.org. A resulting FAQ will be posted to the Foundation website by **June 14, 2024**.

How to Apply

Submit an Application by July 9, 2024: Organizations seeking funding through this opportunity must complete an [Online Application](#), including answering the questions outlined below as well as providing additional basic organizational information and uploading a project [budget](#). The project expenses section of the budget should clearly indicate where the funds requested from the opportunity will be allocated. *Please note, if your total submission request is equal to or exceeds \$1 million, we request a copy of your audited financials.*

For issues or questions about the submission process or to discuss alternate submission arrangements other than the Foundation’s online application portal, please contact Casey Leiber, Grants Manager at casey.leiber@bcbsncfoundation.org.

Application Questions: Answers to the following must be submitted as part of the online application process. Responses are limited to five total pages, 12 pt font, single spaced, and can be presented in a list or narrative format. **NOTE:** we acknowledge that different communities may use different terminology regarding mental and behavioral health, and we encourage you to use language that resonates within your communities whether it be “mental health”, “emotional well-being”, “mental wellness”, “behavioral wellness”, or other terminology. Please use what you feel is appropriate and inclusive for your community in your application responses.

1. Describe your organization’s current work as it relates to engaging and serving youth in your community. **NOTE:** given the one-to-three-year timeframe of this work, we expect applicants should already have existing connections to this population and some prior experience serving them.
2. Describe the communities served by your organization and the factors that impact their access to mental and behavioral health services. This may include demographics, economic information, or geographic limits.
3. Describe the proposed work for which you are seeking funding. How is your organization currently working (or planning) to implement or expand community-based, faith-based, school-based, health system-based, or other setting-based approaches to increase access for youth to mental and behavioral health services, resources, or professionals trained to identify, understand, and respond to signs of mental illnesses and substance use disorders?

NOTE: we are especially interested in learning how your organization is increasing access to health care professionals or other trusted adults and professionals who are trained to identify, understand, and respond to signs of mental illnesses and substance use disorders. This includes, but is not limited to, peer support specialists, community-health workers, trained trusted adults in evidence-based programs such as mental health first aid/trauma-informed models/other programs.

4. How do you currently or plan to center youth and their voice in your proposed approach? Please tell us about your experience of elevating and centering youth in your programming and your experience building trust and providing support or services to/in targeted population(s)/community(ies).
5. What key stakeholders, stakeholder groups, organizations, and/or agencies inside or outside of your community will you engage with to advance your work and what their role will be? Please include information on any necessary connections to other mental behavioral health care providers including referral pathways that would need to be established.
6. Is there anything else you would like to share? *(Response to this question is optional.)*

Timeline

Activity	Date(s)
Funding opportunity released and online application form opens	May 23, 2024
Submit questions about the funding opportunity	By June 7, 2024
Answers to questions posted on the Foundation website	By June 14, 2024

Applications due	By July 9, 2024
Finalist decision notifications	By August 14, 2024
Finalist conversations (virtual)	Scheduled between August 28 and September 11, 2024
Grantees selected and notified	By September 30, 2024
Grant start date	By November 1, 2024
Grant end date	By November 30, 2027

NOTE: proposals will be reviewed by Foundation staff and external reviewers with related experience. The above timeline anticipates a high number of applications and accounts for the engagement of internal and external reviewers.

About the Foundation

The Blue Cross and Blue Shield of North Carolina Foundation is a private, charitable foundation established as an independent entity by Blue Cross and Blue Shield of North Carolina in 2000. Its mission is to improve the health and well-being of everyone in North Carolina. Over the past two decades, the organization has worked with - and supported - nonprofit organizations, government entities, and community partnerships across the state, investing \$220 million into North Carolina through more than 1,400 grants, collaborations, and special initiatives. Within its focus areas of access to care, early childhood, healthy communities, healthy food, and oral health, the Foundation strives to address the key drivers of health, taking a flexible approach designed to meet identified needs in partnership with the community.