



DMH/DD/SAS

Access to the Full Continuum of Substance Abuse Services for Children and Adolescents in North Carolina

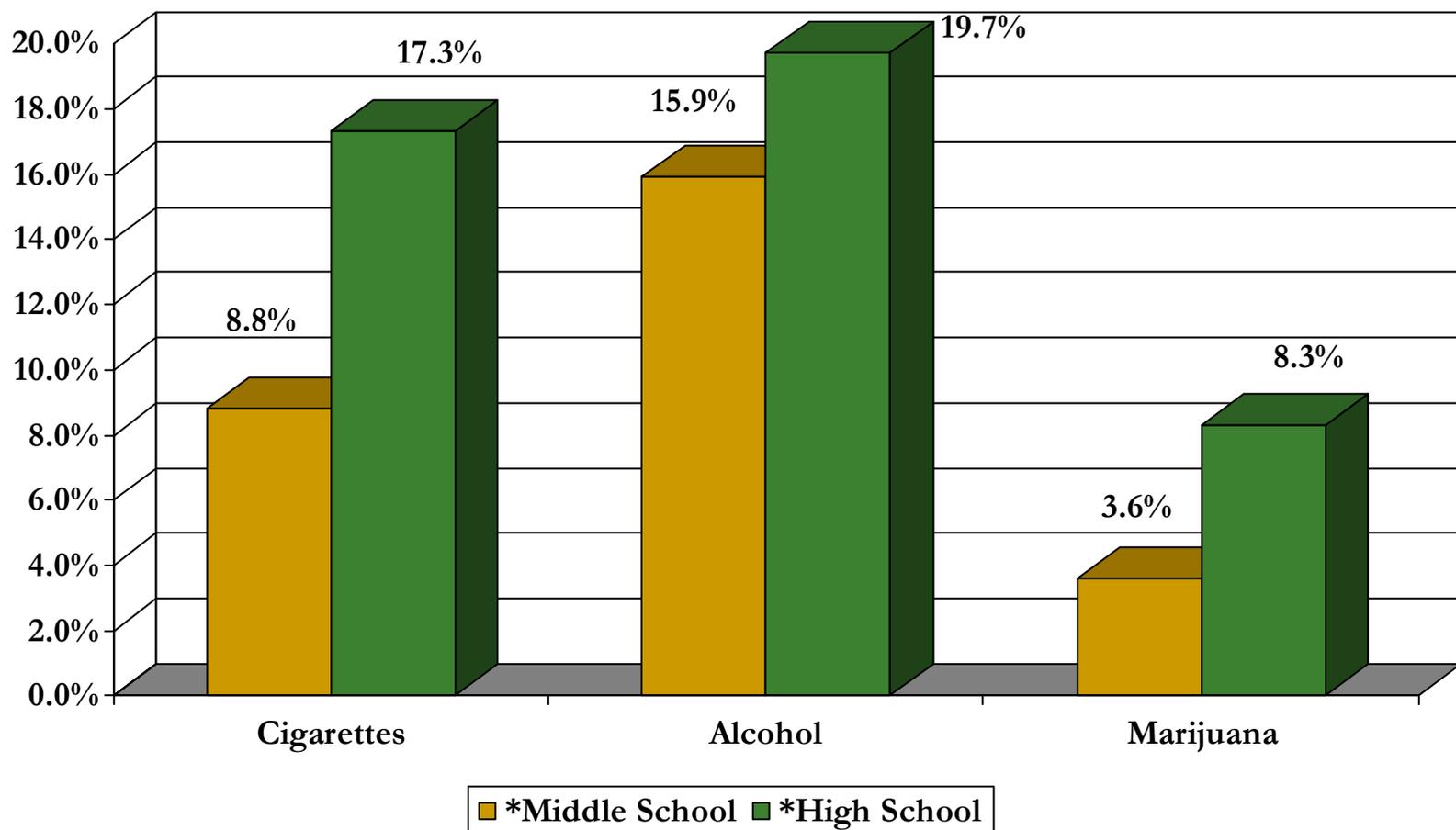
Flo Stein, Chief
Community Policy Management Section
North Carolina Institute of Medicine
Substance Abuse Services Task Force
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- So how should an ideal system of care for the prevention and treatment of substance abuse problems experience by children be designed?

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- Adolescent alcohol and drug use occurs in the context of rapid developmental change
 - Teens often use a greater number of or different types of drugs than adults, resulting in more complicated withdrawal or dependency patterns.

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- Adolescents with alcohol and drug use problems are a heterogeneous group. They exhibit marked individual differences
 - The vulnerability, risk, resilience and protective factors associated with adolescent use problems have been identified

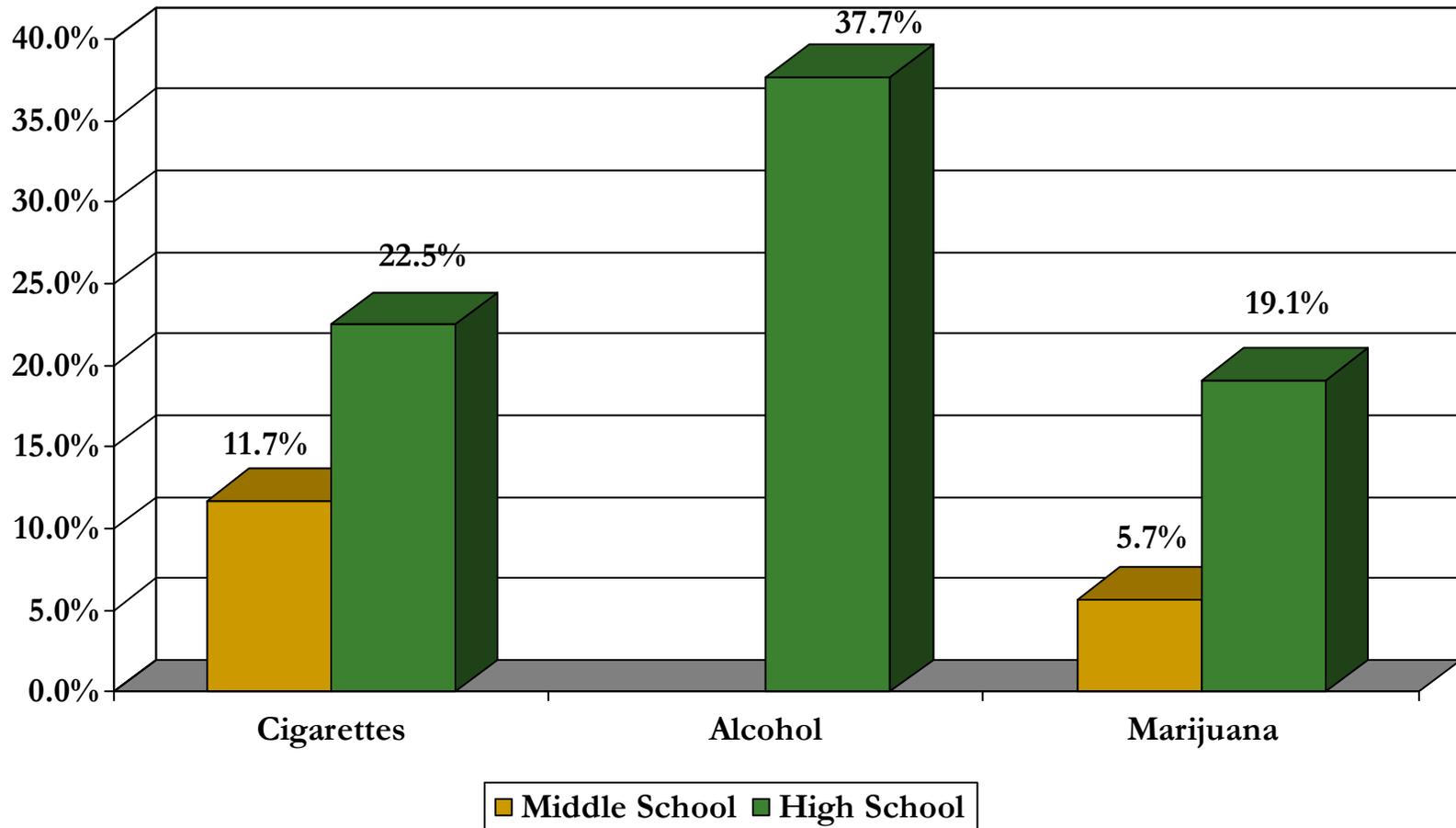
Initiation of Substance Abuse Behaviors Before Age 11 (Middle School) or Age 13 (HS)



* Middle school initiation before age 11yrs; * High school initiation before age 13yrs

Source: NC YRBS, 2007

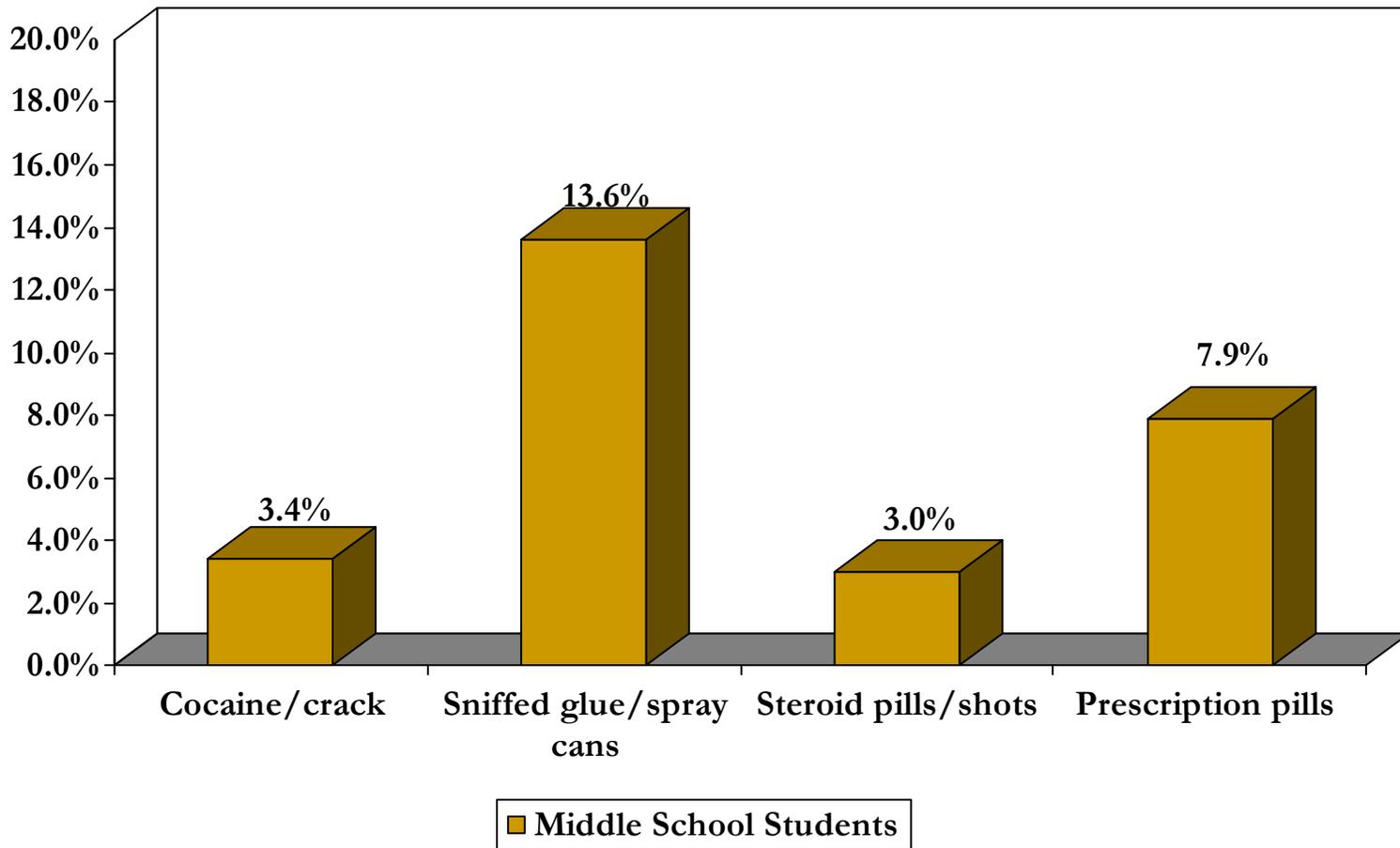
Substance Abuse Behaviors among Youth in North Carolina (past 30 day use)



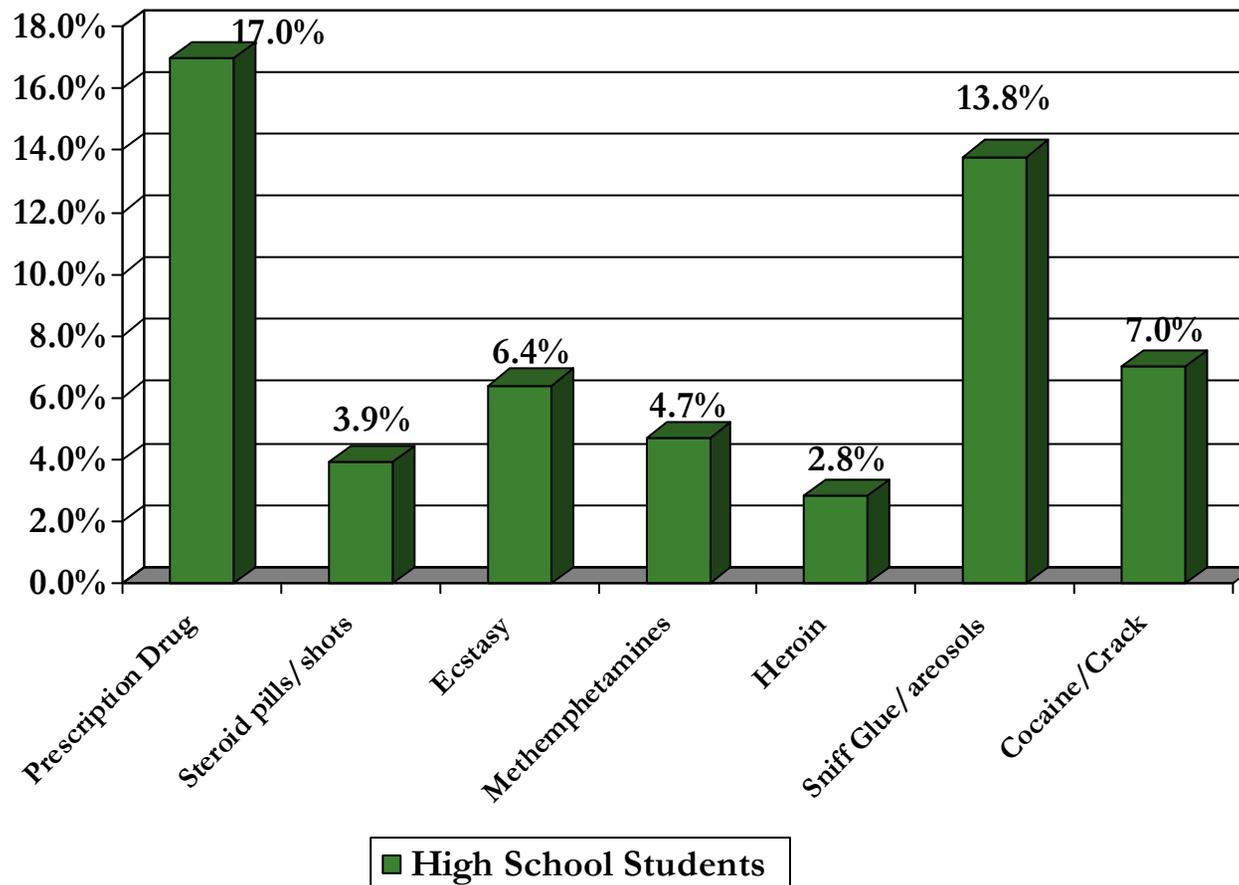
Middle schools students asked the question "ever had a drink other than a few sips" (33.6%), no comparable 'past 30 day use' data available through 2007 YRBS for middle school students.

Source: NC YRBS, 2007

Illegal Drug Use Patterns Among Middle School Students ('ever used')



Illegal Drug Use Patterns Among High School Students ('ever used')



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- A small but significant portion of adolescent who try alcohol or other drugs will develop substance use problems. Monitoring the Future indicates a majority of U. S. teenagers regardless of gender, or race/ethnicity is exposed to and uses alcohol and other drugs by the final year of high school

SA Prevention Need Among North Carolina Youth

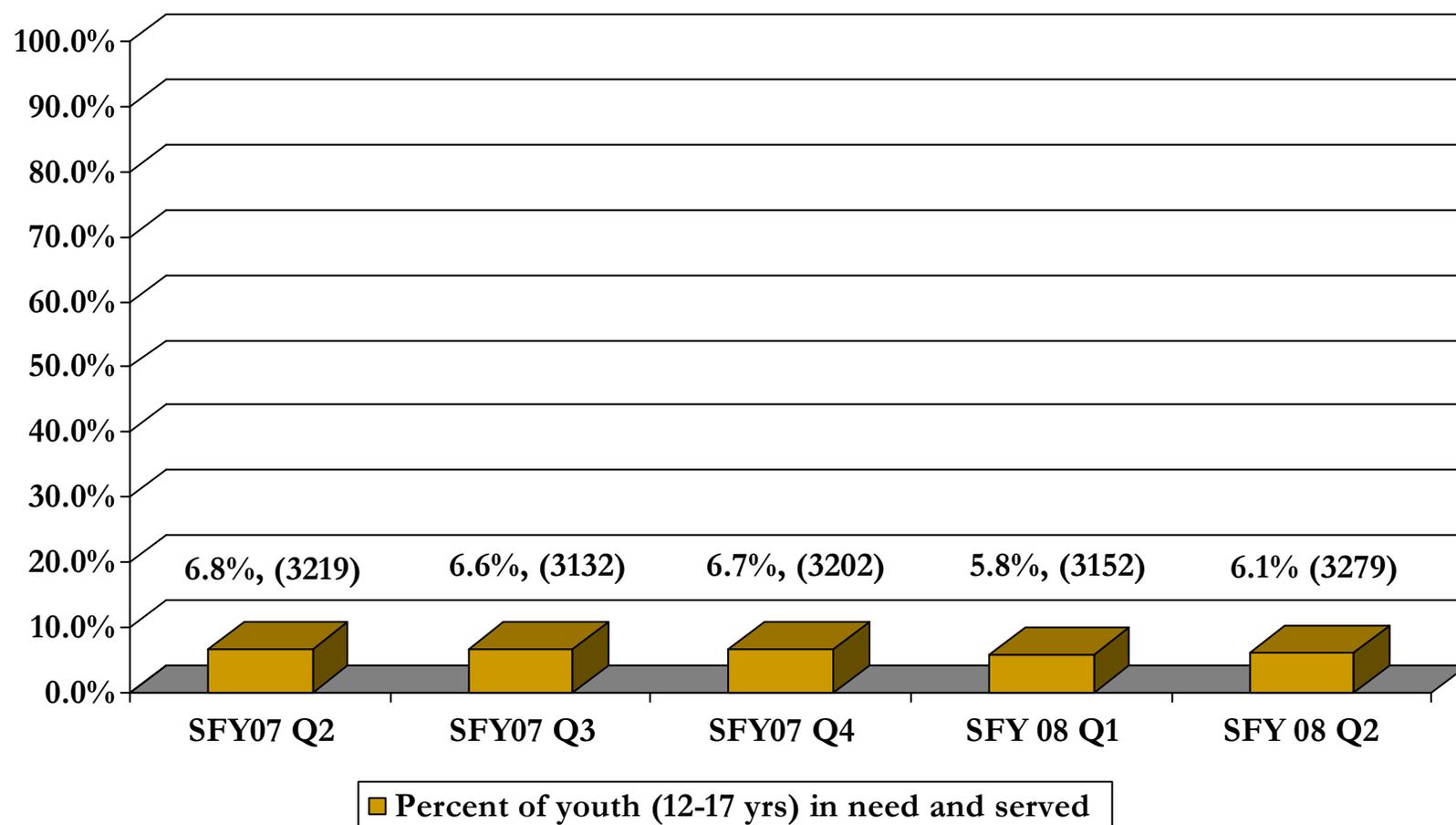
- Almost all of the 731,632 children and adolescents (12-17 yrs old) of North Carolina need an ‘universal’ prevention program
- Through the 2007 NC YRBS, 37.7 % of 12-17 yr old students reported as having consumed alcohol in the past 30 days
 - This estimate would place 275,826 of North Carolina’s high school students in need of selective or indicated prevention programs.
 - Through Substance Abuse Block Grant and the SDFSCA grants approximately 10,000 youth were served (SFY 2006-07)

Treatment Need

- Of the 731,632 children and adolescents in North Carolina
 - ❑ Based on national prevalence estimates, 54,188 children and adolescents (12-17 yrs) were in need of SA treatment services
 - ❑ Of this group of children and adolescents approximately 3279 or 6.1 % received substance abuse treatment services

Note: Estimates based on IPRS and Claims data, Estimates do not include prevention services

Youth Served Through Substance Abuse Services of the 54,188 in Need (SFY 07-08)



Estimates based on IPRS and Medicaid Claims data, estimates do not include prevention services

Adverse Consequences

- Fatal and non-fatal injuries related to motor vehicle accidents, suicides, homicides, violence and delinquency
- Psychiatric disorders
- Risky sexual practices
- Impulsivity, alienation, and psychological distress
- Neurological impairment
- Other medical complications
- Delayed in normal cognitive and social-emotional development

Family Factors

- Family disorganization increases risk of adolescent health problems including substance use disorders
- The family provides crucial background both genetically and environmentally. Children of parents with substance use disorders are at increased risk to develop substance use disorders themselves.
- Community disorganization increases risk

Resiliency Factors

- Self-esteem
- Family connectedness or other trusted reliable adults
- Religiosity
- Other community supports
- Coping Skills
- Motivation for change

Youth with Distinctive Treatment Needs

- Youth in the Juvenile Justice System.
- Homeless Youth.
- Youth with coexisting mental health disorders.
- Youth with chronic physical illness, especially pain related syndromes.
- Youth influenced by traumatic events.
- Gang involved youth.

Principles

- ❑ Participant (consumer) driven.
- ❑ Prevention focus.
- ❑ Outcome oriented.
- ❑ Reflect best treatment/support practices.
- ❑ Cost effective.
- ❑ Integrated in communities.
- ❑ Resource equity & fairness throughout the state.

Essential Elements

- Assertive Outreach
- Progressive Assessment (GAIN-Global Appraisal of Individual Needs)
- Availability of a continuum of Care
- Conducting Recovery Management Check Ups
- Provision of Comprehensive Services

Adolescent Specific Treatment Services

- Targeted sessions (anger, gender, culture)
- Focus on skill and competency acquisition
- Psychiatric services
- Family programming
- Education services
- Wrap around services and supports
- Health care
- Recreation and leisure skills and activities

Child Plan

To provide for children and families with substance use disorders or mental health needs services that are :

- Delivered in the home and community in the least restrictive, most appropriate and consistent manner possible.
- A new system of effective quality care.
- Accessible, culturally appropriate treatment, intervention and prevention services.

Child Specific Service Definitions

- Intensive In-Home.
- Community Support Children/Adolescents
- Child and Adolescent Day Treatment.
- Multisystemic Therapy (MST).
- Intensive Outpatient
- Non-Medical Community Residential (30 days)

Evidence based, developmentally sensitive treatment approaches

- Family Systems approaches
- Brief motivational interventions
- Cognitive behavioral skills programs
- Multisystemic therapy
- Trauma informed systems

North Carolina SA Adolescent Continuum of Care

NC ASAM Levels of Care for Adolescents; Effective 3/20/2006

PREVENTION

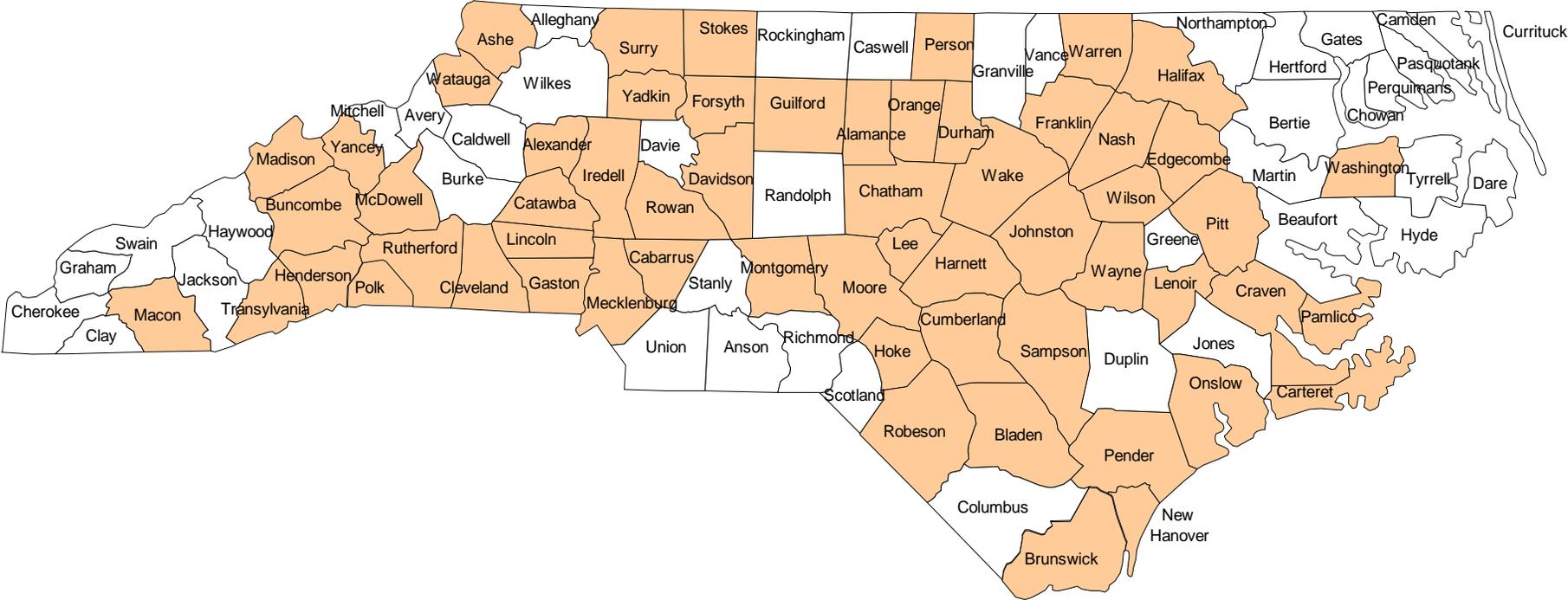
TREATMENT Levels

- Level I
 - Diagnostic Assessment
 - SA Community Support Services-Adolescent
 - Mobile Crisis Management
 - Intensive In-home Services
 - Multi-Systemic Therapy (MST)
- Level II.1
 - Child & Adolescent Day Treatment
 - SAIOP

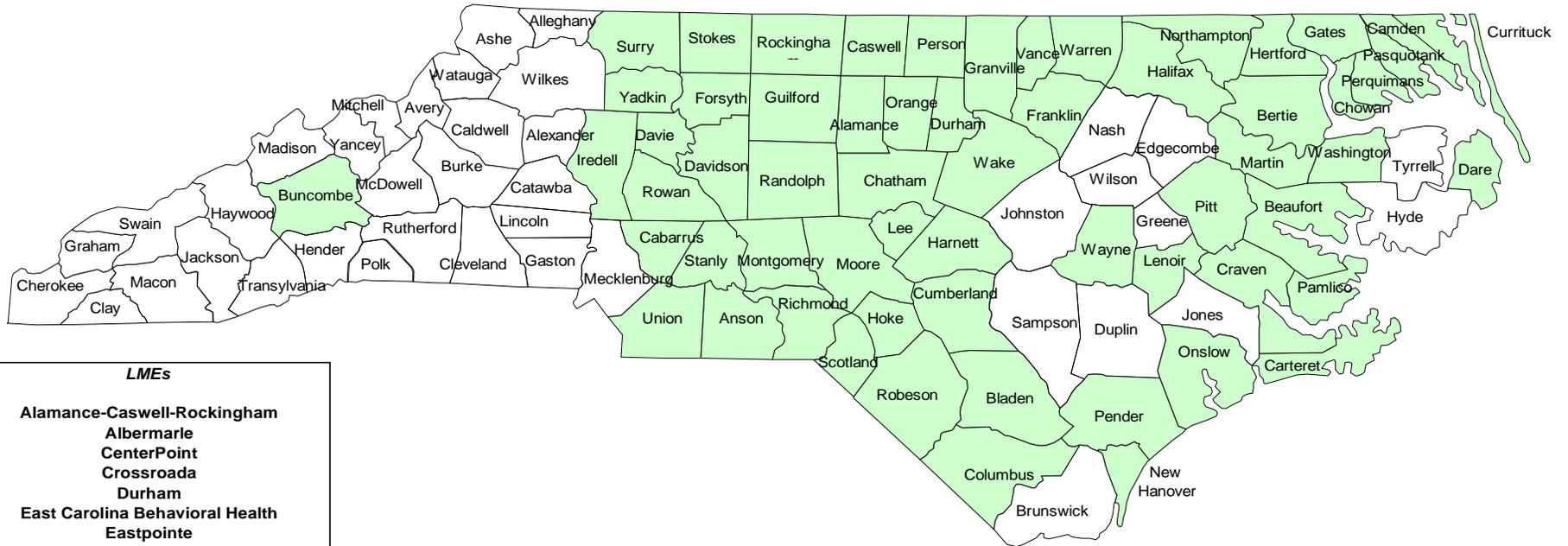
TREATMENT Levels cont.

- Level III.5
 - SA Non-Medical Community Residential Treatment
- Level IV
 - Inpatient Hospital SA Treatment

North Carolina Counties with SABG Funded Substance Abuse Prevention Activities, 2006-07



North Carolina Counties with the MAJORS Program Substance Abuse/Juvenile Justice Initiatives



- LMEs**
- Alamance-Caswell-Rockingham
 - Albermarle
 - CenterPoint
 - Crossroads
 - Durham
 - East Carolina Behavioral Health
 - Eastpointe
 - Five County
 - Guilford
 - Onslow-Carteret
 - Orange Person Chatham
 - Piedmont
 - Sandhills
 - Southeastern Center
 - Southeastern Regional
 - Wake
 - Western Highlands



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RECOVERY



SAIOP

Definition:

- SA Intensive Outpatient Program (SAIOP) means structured individual and group addiction activities and services that are provided at an outpatient program designed to assist adult and adolescent consumers to begin recovery and learn skills for recovery maintenance.

Non-Medical Community Residential

■ Definition

- 16 bed (max) - 24 hour professionally supervised recovery program
- Trained staff provide SA treatment on-site
- Program is for pregnant women and women with children
- Services for the minor children
- Goal is restoration of functioning

SACOT (18-20 yrs)

Definition:

- Time limited
- Multi-faceted approach
- For adults who require structure and support to achieve and sustain recover.
- Designed for homogenous groups or individuals with similar cognitive levels of functioning.

Medical Monitored Community Residential

■ Definition

- 16 bed (max) – non-hospital 24 hour adult facility
- 24 hour medical/nursing monitoring
- Professionally directed evaluation, care & treatment
- Goal of restoration of functioning