

DMH/DD/SAS



Adolescent Behavioral Health in North Carolina

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DMH/DD/SAS

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Adolescence...amazing time of growth and transition...

Growth in all
areas: cognitive,
emotional, social,
and physical





...but adolescence can be a vulnerable time....

- 1/2 of all mental health issues start by age 14
- 3/4 by the age of 24

Early, consistent use of alcohol prior to the age of 15 years is risk factor for lifelong addiction.



Percentage of students (grades 9-12) who used the following: (2013)

- Marijuana (past 30 days). 23.2%
- Alcohol (including beer/past 30 days) 32.2%
- Cocaine (Lifetime) 4.9%
- Prescription drugs without a doctor's
prescription (lifetime) 17.2%

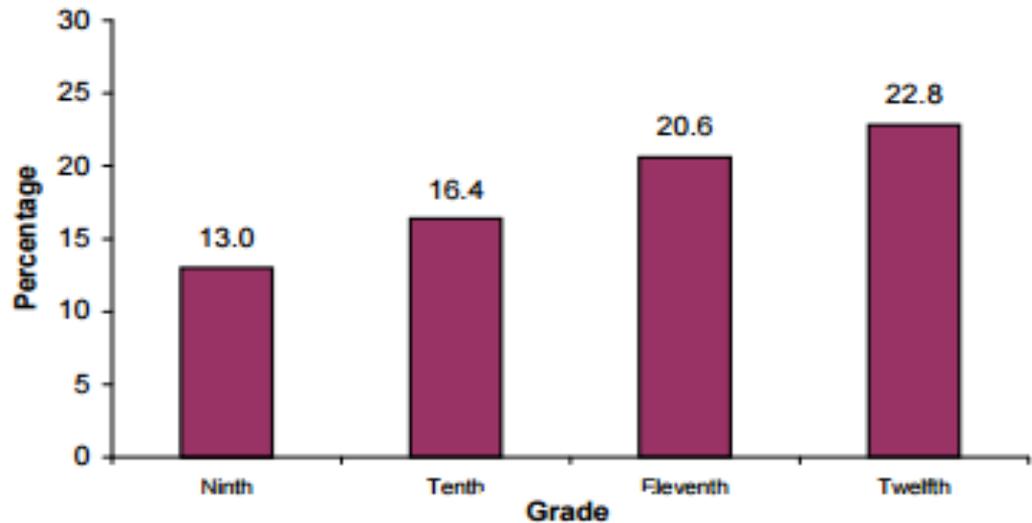


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Binge drinking (2012-2013)

18-25 year olds
349,000 (33%)

Percentage of N.C. high school students who reported binge drinking in past month, by grade level: N.C. YRBS 2011



High School Reported Binge Drinking

N.C. Division of Public Health / Surveillance and Evaluation Team / 919-707-5425 /

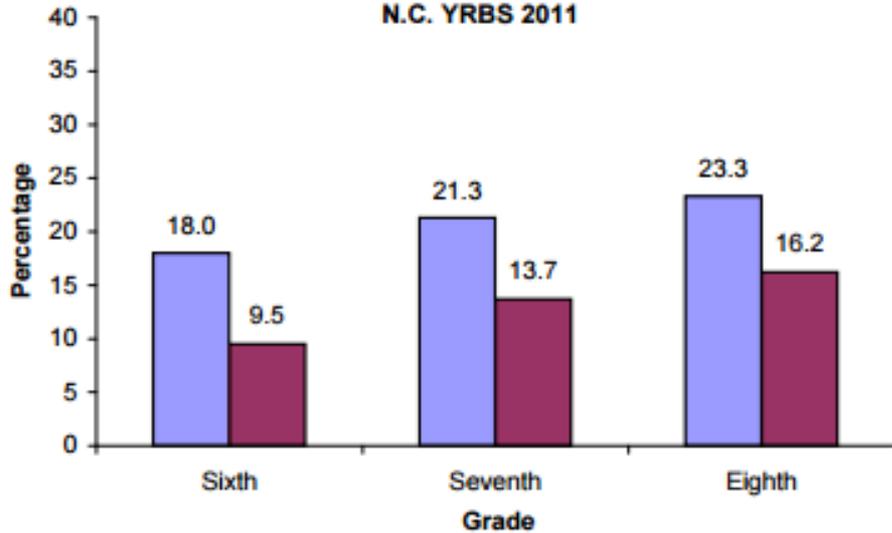
www.ncpublichealth.com

State of North Carolina / Department of Health and Human Services / www.dhhs.state.nc.us

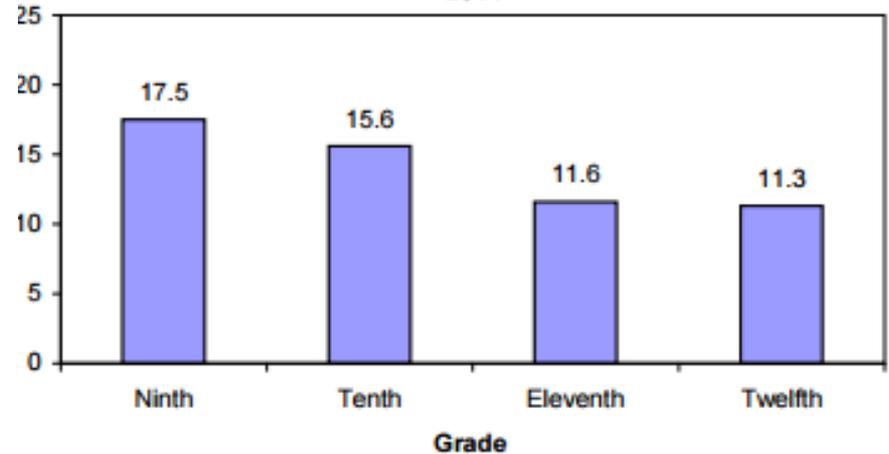


Consideration of Suicide

Percentage of N.C. middle school students who have ever considered suicide or made a suicide plan, by grade level: N.C. YRBS 2011



Percentage of N.C. high school students who have seriously considered attempting suicide, by grade level: N.C. YRBS 2011



■ Considered suicide ■ Made a suicide plan



Vulnerable Groups and Times

We also know specific populations are particularly vulnerable:

- Youth involved with child welfare
- Youth involved with juvenile justice
- Disconnected youth



Youth Involved in Child Welfare

2013 Youth in Foster Care

Total of 9003

- **11-15 year olds = 2033**

23% of all youth in foster care

- **16-20 year olds = 1301**

15% of all youth in foster care

Child Maltreatment

**2011 Child Abuse
Reports Investigated
134,117**

**2010 Abuse and Neglect
Reports Substantiated
11,300**



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Youth Involved in Juvenile Justice

2013 DJJ complaints
filed against juveniles =
32,091





Disconnected Youth 2009 and 2013

Percentage of teens
16-19 years who are not
attending school and not
working

10.9%





NC Youth Population

10-17 year olds= 937,557

- **10-14 year olds= 561,831**
- **15-17 year olds= 375,726**

18-25 year olds=561,831





Number of Children Enrolled in Medicaid

40.4 % of North Carolina's children, or **977,000** children, are enrolled in Medicaid.

Eligible but unenrolled children: It is estimated that **157,200** North Carolina children— **6.5 %** —are uninsured. An estimated **120,000** of these uninsured children are eligible for but not enrolled in Medicaid or the Children's Health Insurance Program (CHIP)

SHADAC Analysis of 2013 American Community Survey. Retrieved 2015.

Kenney et al., "Medicaid/CHIP Participation Among Children and Parents," Dec. 2012.



Prevalence Rates

Prevalence rates:

- **Estimated 13-20% of children and adolescents have a diagnosable mental health disorder**
- **NC uses 12% of the total youth population to calculate number of youth with a serious emotional disturbance (Center for Mental Health Services)**
- **SAMHSA's rate for 2015 of adolescent dependence or abuse of illicit drugs or alcohol is 5.88%**



NC Prevalence and Penetration Rates

	Prevalence Rate	Prevalence Estimate Youth (12-17 years)	SY 2014 Youth (13-17 years) Served Through Medicaid
Substance Abuse	5.88%	46,667	2,855
Mental Health	12%	95,238	39,212

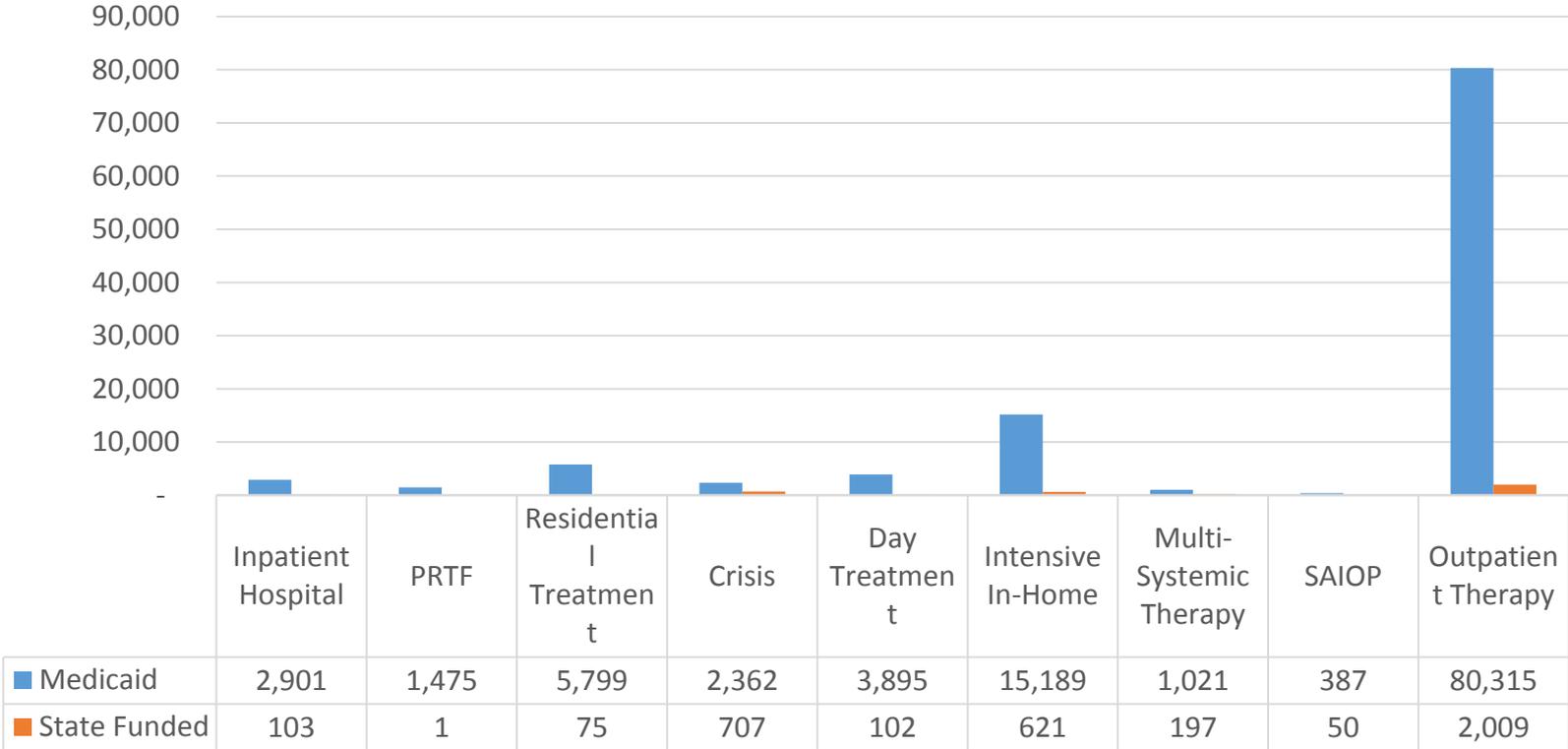


Array of Services



SFY 2012 Annual Child MH & SA Services

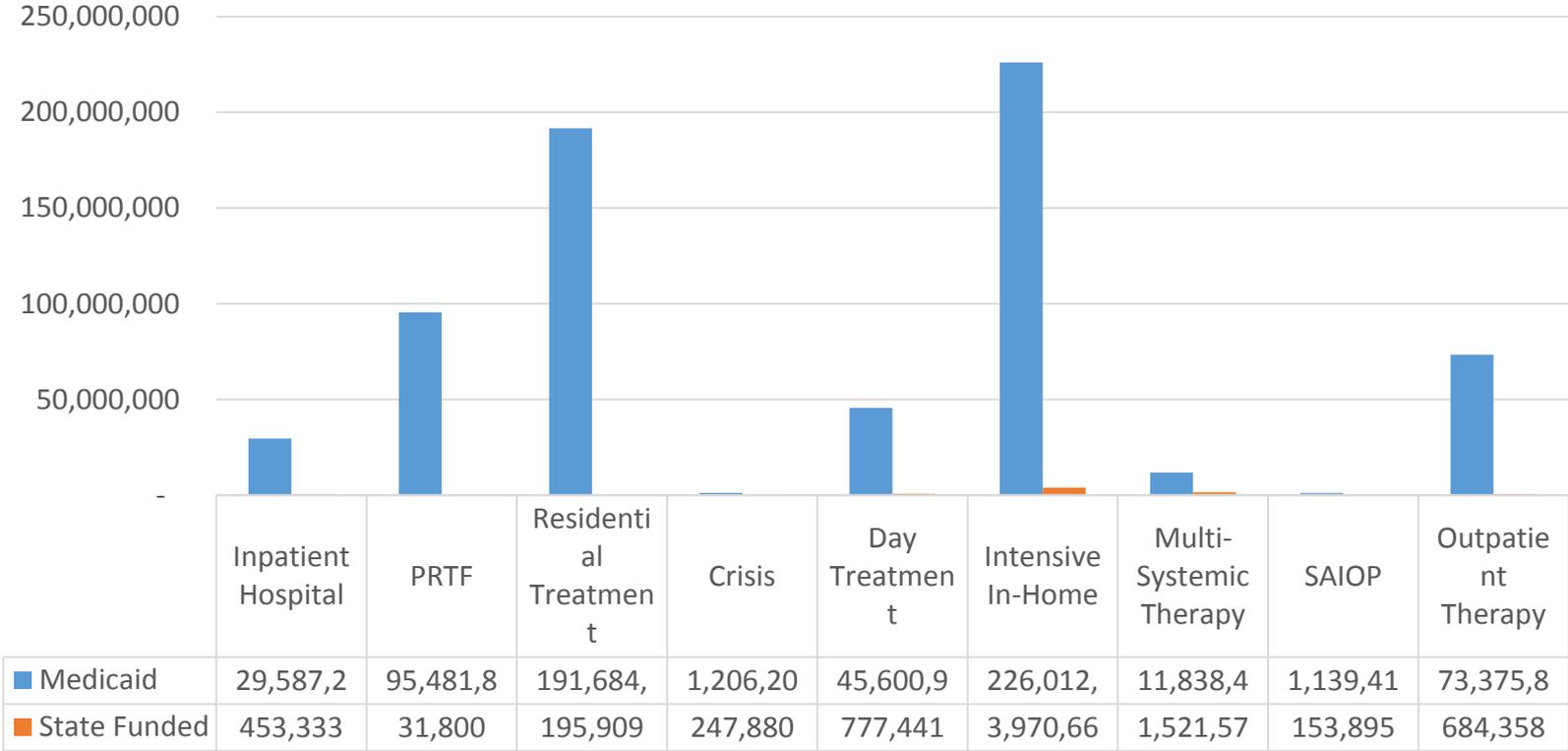
Youth Served



CAUTION: Due to the implementation of the Medicaid 1915 b/c waiver and billing lag, data is incomplete.

SFY 2012 Annual Child MH & SA Services

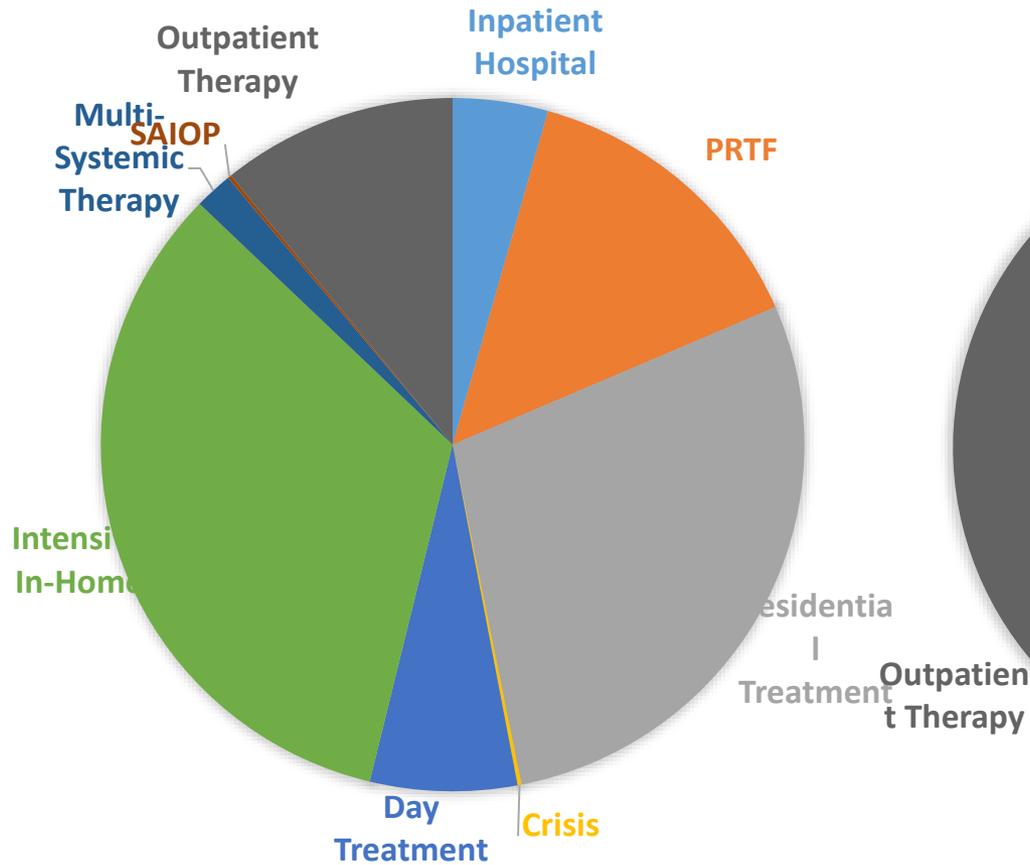
Dollars Spent



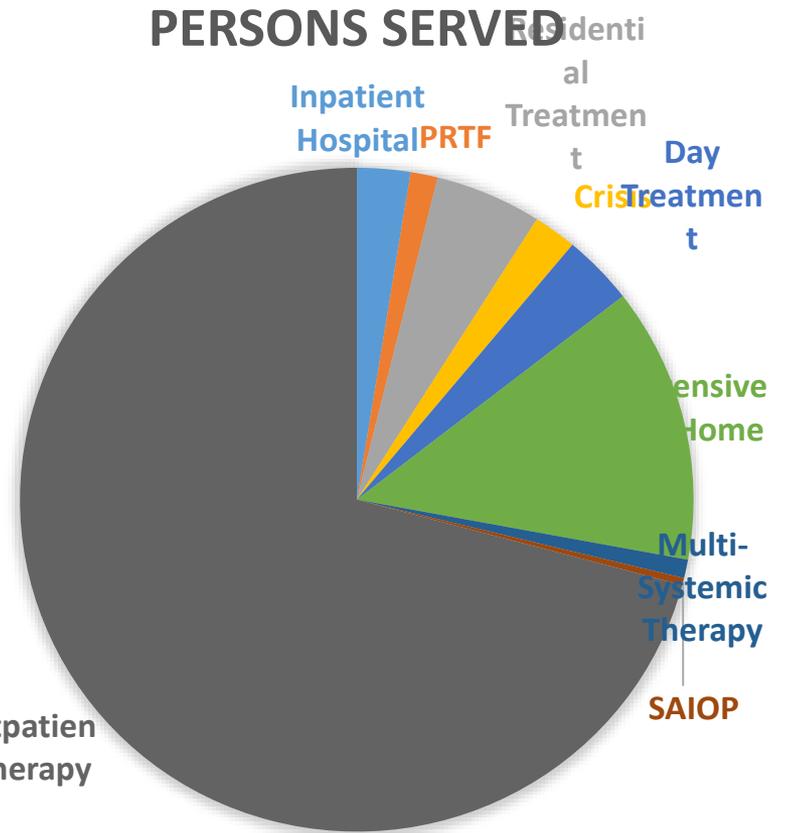
CAUTION: Due to the implementation of the Medicaid 1915 b/c waiver and billing lag, data is incomplete.

SFY 2012 Annual Child MH & SA Medicaid & State Funded Services

DOLLARS SPENT



PERSONS SERVED



CAUTION: Due to the implementation of the Medicaid 1915 b/c waiver and billing lag, data is incomplete.



Diagnoses of Adolescent Treated-MH

NC TOPPS
8,751
Adolescents
MH Services
in SFY 2014

DSM-IV/DSM 5 Diagnoses Diagnostic Category N = 8,751	
Attention Deficit Disorder	45.3%
Oppositional Defiant Disorder	53.4%
Major Depression	13.8%
Conduct Disorder	12.5%
Disruptive Behavior	6.1%
Bipolar Disorders	8.8%
PTSD	10.6%
Anxiety Disorder	8.1%
Drug Abuse (DSM-IV)	8.9%
Drug-Related Disorders (DSM 5)	0.0%

* Only most commonly diagnosed conditions shown.



NC TOPPS- Mental Health

Justice System Involvement

N = 8,751

2,476 (28.3%) of consumer(s) were under supervision at the time of their EC interview.

Arrests

N = 8,751

	Month Before Treatment (Initial)	Past Month (EC)
Arrests	5.9%	5.3%



NC TOPPS-Mental Health

Suicide Ideation and Hurting Self N = 5,367		
	Ever (Initial)	Since Last Interview (EC)
Suicidal Attempts	16.8%	2.9%
	3 Months Before Treatment (Initial)	Since Last Interview (EC)
Suicidal Thoughts	21.4%	9.0%
Tried to Hurt or Cause Self Pain	15.9%	7.1%



NC TOPPS- Mental Health

Experienced Abuse N = 5,367		
	3 Months Before Treatment (Initial)	Past 3 Months (EC)
Physical Violence Experienced	29.9%	19.2%
Hit/Physically Hurt Another Person	47.6%	29.2%

Family/ Friends Somewhat or Very Supportive N = 5,367		
	Expect Support (Initial)	Received Support (EC)
Family Support	90.3%	96.9%



NC TOPPS Adolescent Substance Abuse

Justice System Involvement

N = 837

531 (63.4%) of consumer(s) were under supervision at the time of their EC interview.

Arrests

N = 837

	Month Before Treatment (Initial)	Past Month (EC)
Arrests	15.5%	9.3%



NC TOPPS Adolescent Substance Abuse

Experienced Abuse
N = 470

	3 Months Before Treatment (Initial)	Past 3 Months (EC)
Physical Violence Experienced	22.6%	14.0%
Hit/Physically Hurt Another Person	33.6%	17.7%



NC TOPPS Adolescent Substance Abuse

Suicide Ideation and Hurting Self N = 470		
	Ever (Initial)	Since Last Interview (EC)
Suicidal Attempts	18.3%	3.4%
	3 Months Before Treatment (Initial)	Since Last Interview (EC)
Suicidal Thoughts	16.6%	6.2%
Tried to Hurt or Cause Self Pain	11.5%	3.8%



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Current Initiatives: First Episode Psychosis Project

First Psychosis: Early Identification and Treatment

- **LME/MCOs sites (CoastalCare and Alliance)**
- **Training and Technical Assistance from Oasis at the UNC Center for Excellence for Community Mental Health**
- **5% of block grant funds**
- **4 Pilot Sites for Critical Time Intervention**



Current Initiatives: Crisis

Crisis Solutions Initiative

- Facility Based Crisis for Children and Adolescents
- Urgent Behavioral Health Care





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Current Initiatives: Trauma Informed Care

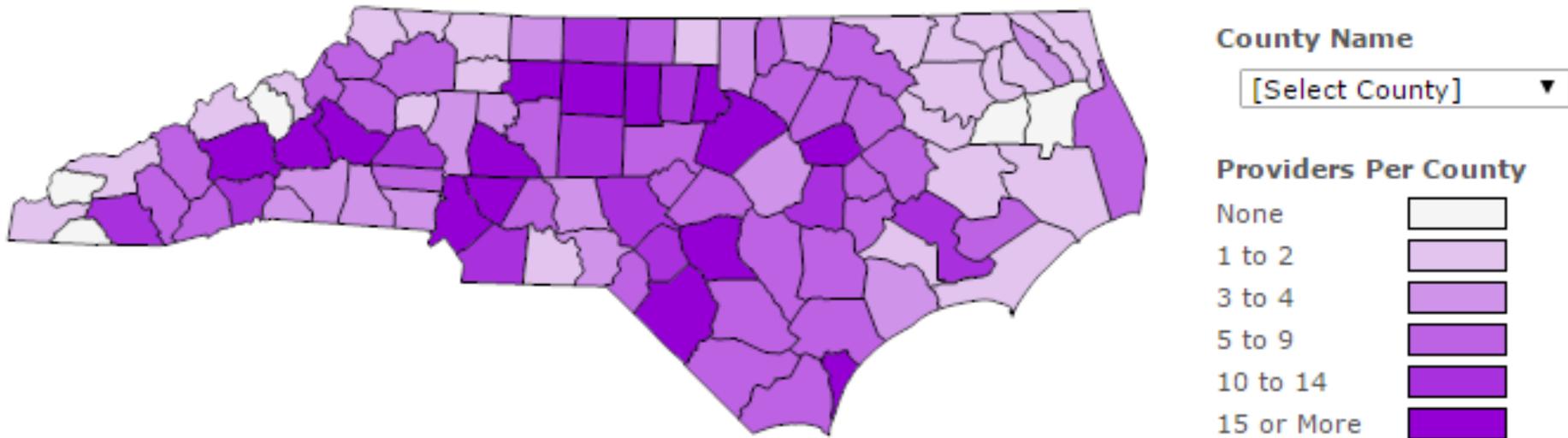
NC Child Treatment Program

- **Clinician training using learning collaboratives**
- **Rostering of clinicians trained in Trauma Focused Cognitive Behavior Therapy**
- **Currently 347 TF-CBT rostered clinicians**



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Current Initiatives: Trauma Informed Care



Map of Trauma Focused CBT Trained Clinicians



Current Initiatives: Trauma Informed Care

Collaboration with DSS, DJJ, and Others:

- **Project Broadcast**
- **Partnering for Excellence**
- **Juvenile Justice Substance Abuse Mental Health Partnership**



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Current Initiatives: Center for Safer Schools

- Focused on the prevention and response to school violence
- Part of the Department of Public Safety





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Current Initiatives: Transition Supports for Emerging Adults

YVLifeSet: Youth Villages Transitional Living Program

Youth Villages has proposed to the NC General Assembly a public-private partnership to provide transitional services for every young person aging out of DSS custody.

- Intensive, individualized case management and support



Current Initiatives: PRTF Education

Partnership with Department of Public Instruction to implement legislation to ensure young people in PRTFs are supported in their education.

Includes transition planning with the community school.

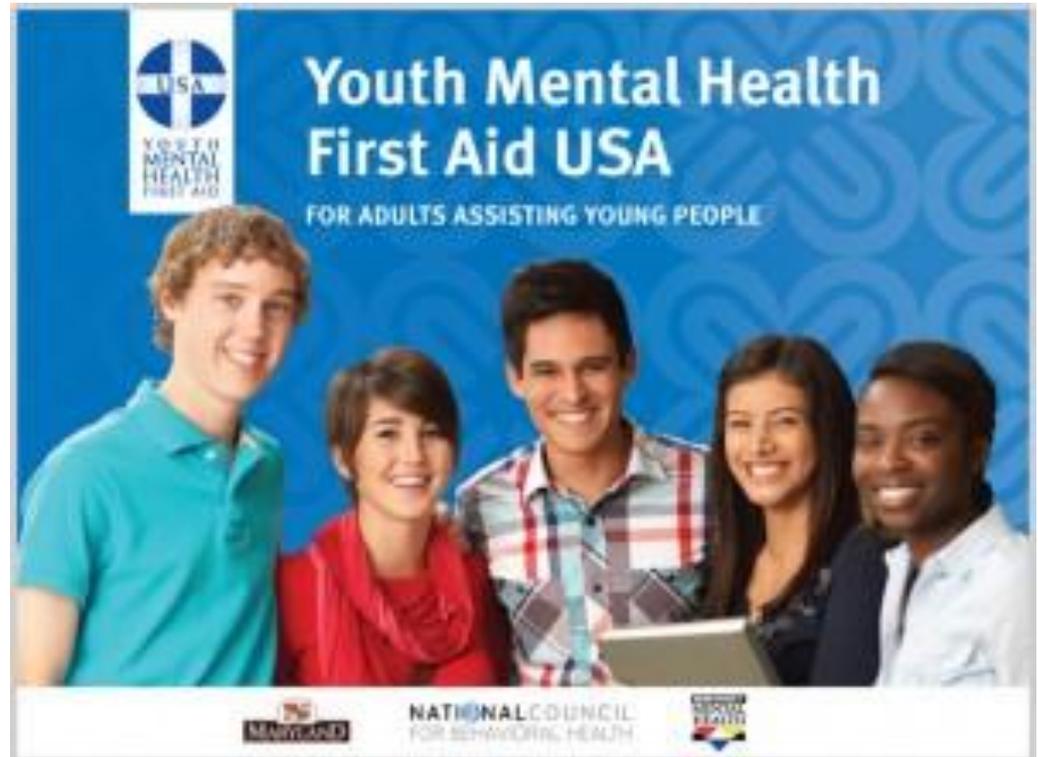




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Current Initiatives: Prevention

- Mental Health First Aid Instructor Training
- 2015 Suicide Prevention Plan





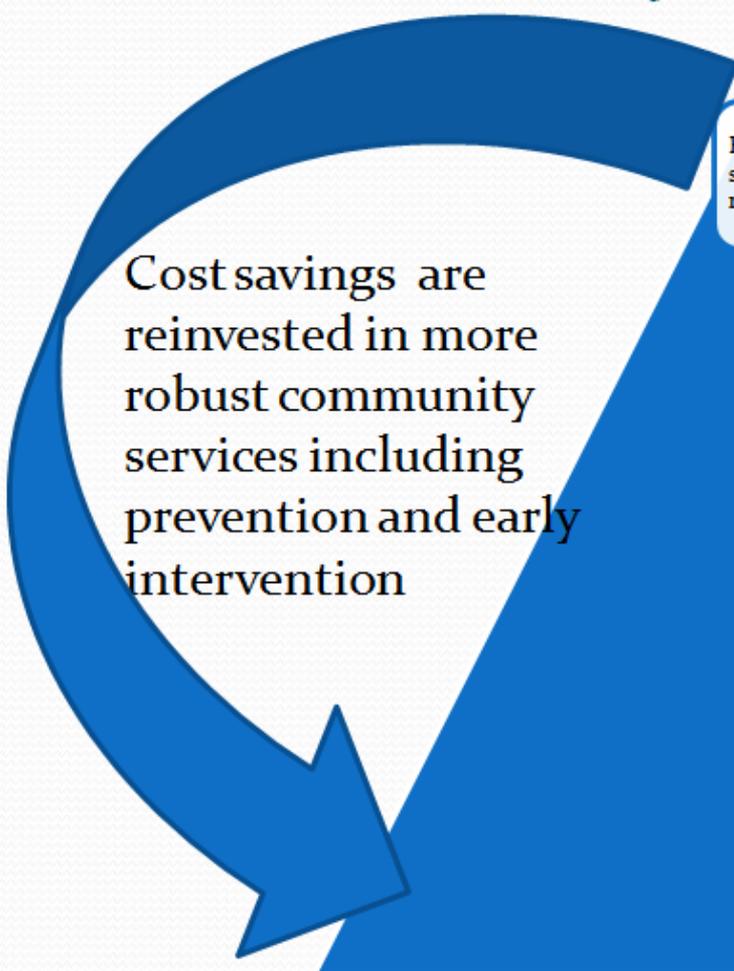
Current Initiatives: System of Care Grant

Service Component: For youth with most complex needs--high use of crisis, inpatient, and restrictive residential care

- **Intensive care coordination**
- **Structured service planning across all involved agencies**
- **Family peer support**



Current Initiatives: System of Care Grant



Cost savings are reinvested in more robust community services including prevention and early intervention

High Fidelity Wraparound: Target at youth w/ high use of crisis services, inpatient stays, multiple stays with little improvement in residential care

Residential Treatment: Therapeutic Foster Care, Group Homes, Psychiatric Residential Treatment Facilities

Intensive In-Home, Multisystemic Therapy, Day treatment: Child and Family Teams

Outpatient Services

Prevention and early intervention programs



Current Initiatives: Juvenile Justice Substance Abuse Mental Health Partnerships (JJSAMHP)

**Focused on addressing
the behavioral health
needs of young people
involved with the
juvenile justice system**

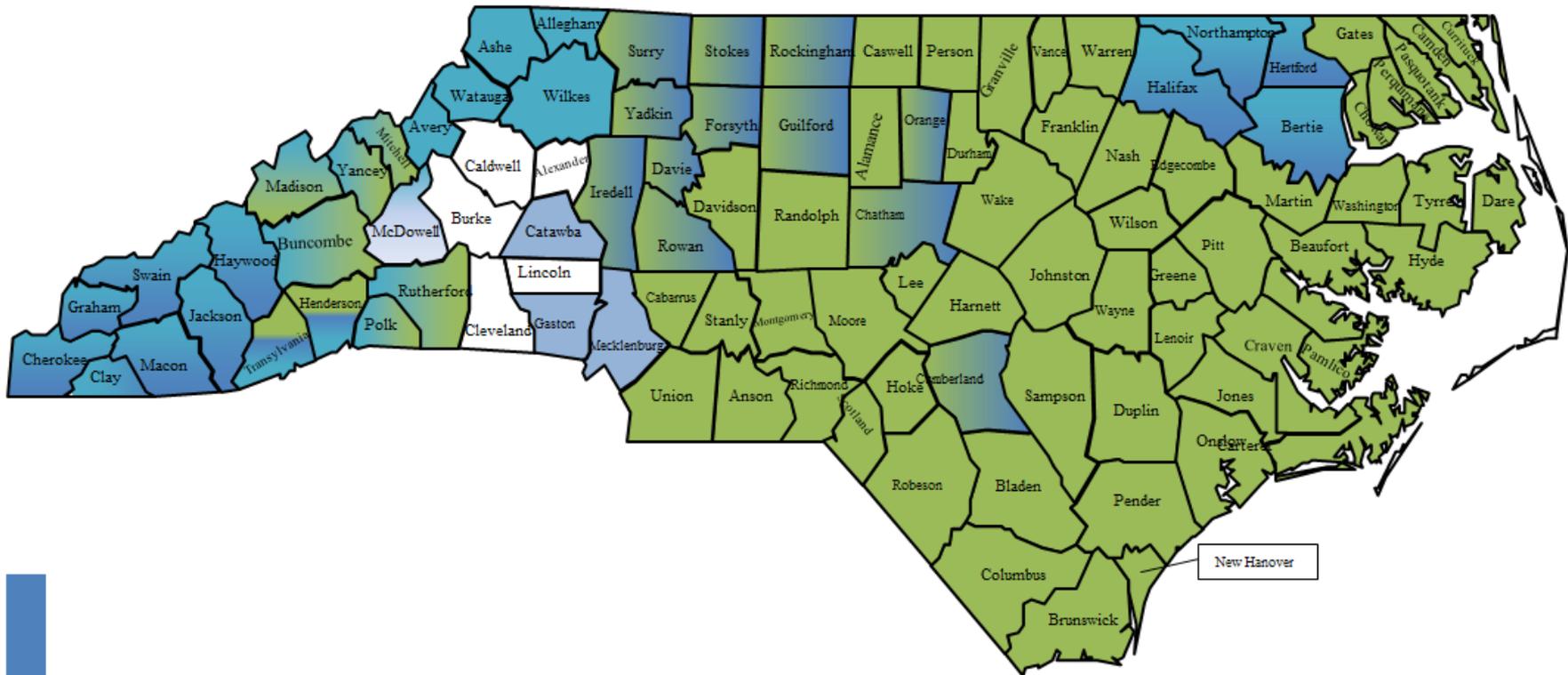
**The local partnership works
through challenges:**

- **Gaps in services**
- **Delays in accessing services**
- **Challenges in engagement and completion of services**
- **Challenges in coordinating services**



Current Initiatives: JJSAMHP

North Carolina: Juvenile Justice – Behavioral Health Initiatives





Ideas for Consideration

How can we create a system that supports adolescents and their families through transitions and prevents and addresses mental health and substance abuse challenges?

Incentives have to support LME/MCOs, providers, community partners, families, and adolescents in providing and engaging in robust, community based services.



Ideas for Consideration

- **Support, expand, and strengthen the work of JJSAMHP and System of Care Grant.**
- **Use local teams and Collaboratives to develop protocols for assist youth to access timely, coordinated, family driven, evidence-informed care.**



Ideas for Consideration

Provide more services in places where you find young people.

- **Schools**
- **Primary Care**





Ideas for Consideration

Primary Care: 2012

- 57.2% Medicaid enrolled children received at least one health check screening (preventative care visit)
- In North Carolina, children on Medicaid make up 36.6 % of a pediatrician's patient base.



Ideas for Consideration

Workforce Development

- Prepare clinicians to work in primary care
- Increase core competencies of child and adolescent clinicians
- ✓ Providing trauma and evidence-informed treatments
- ✓ Collaborative care offered in partnership with families and adolescents



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Sources

- Maryland Department of Health and Mental Hygiene, Missouri Department of Mental Health, and the national Council for Community Behavioral Healthcare (2012) *Youth Mental Health First Aid USA for Adults Assisting Young People*
- N.C. Division of Public Health / Surveillance and Evaluation Team / 919-707-5425 / www.ncpublichealth.com
State of North Carolina / Department of Health and Human Services / www.dhhs.state.nc.us
- NC Child at ncchild.org
- Kids Count Data Center at datacenter.kidscount.org
- <http://www.ncdhhs.gov/mhddsas/providers/NCTOPPS/>
- American Academy of Pediatrics, Pediatrician Participation Survey, 2011/2012.