



**N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

# **Strengthening Child and Youth Behavioral Health Services in North Carolina**

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# Childhood and adolescence...a time of vulnerability and opportunity...

Critical time to address exposure to adverse childhood experiences and toxic stress.....





## **General Population**

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

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



## Vulnerable Groups and Times

- Children involved with child welfare
- Youth involved with juvenile justice
- Disconnected youth (10.9% of teens 16-19 years who are not in school and not working)





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# **Youth Involved in Child Welfare**

**2013 Youth in Foster Care : 9003**



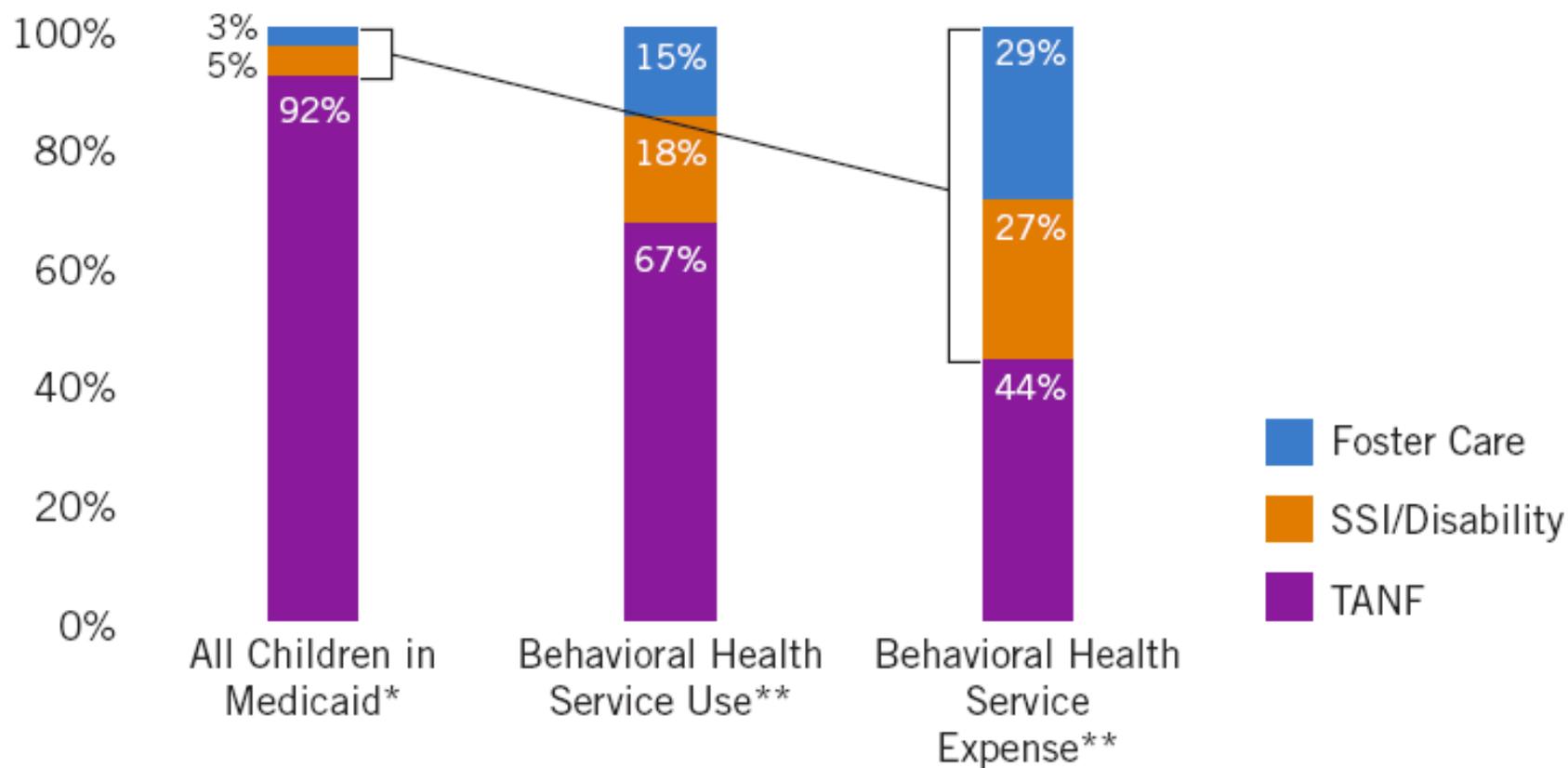
## **Child Maltreatment**

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

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

NC Child and Kids Count Data Center

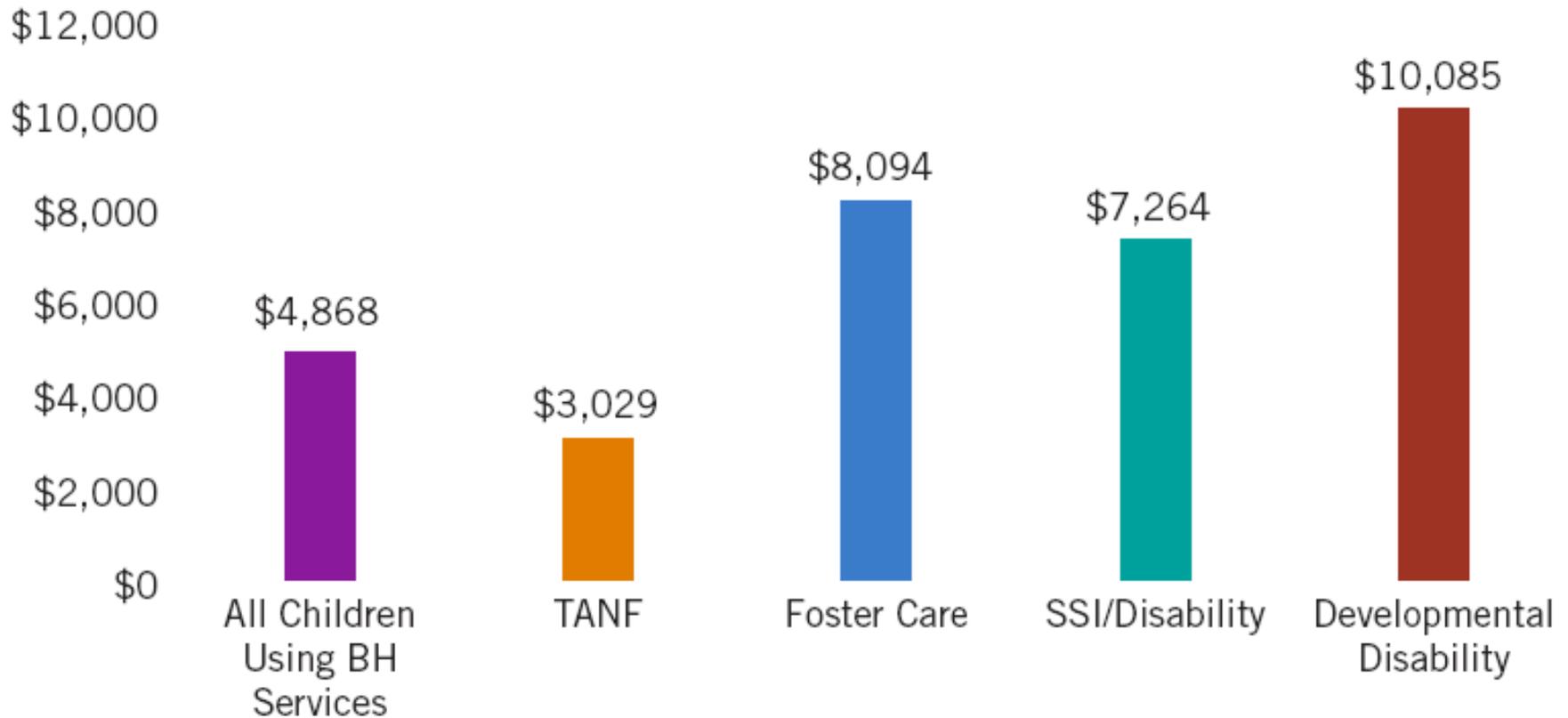
# Medicaid Enrollment, Behavioral Health Service Use, and Expense by Aid Category



\* All children in Medicaid, N=29,050,305.

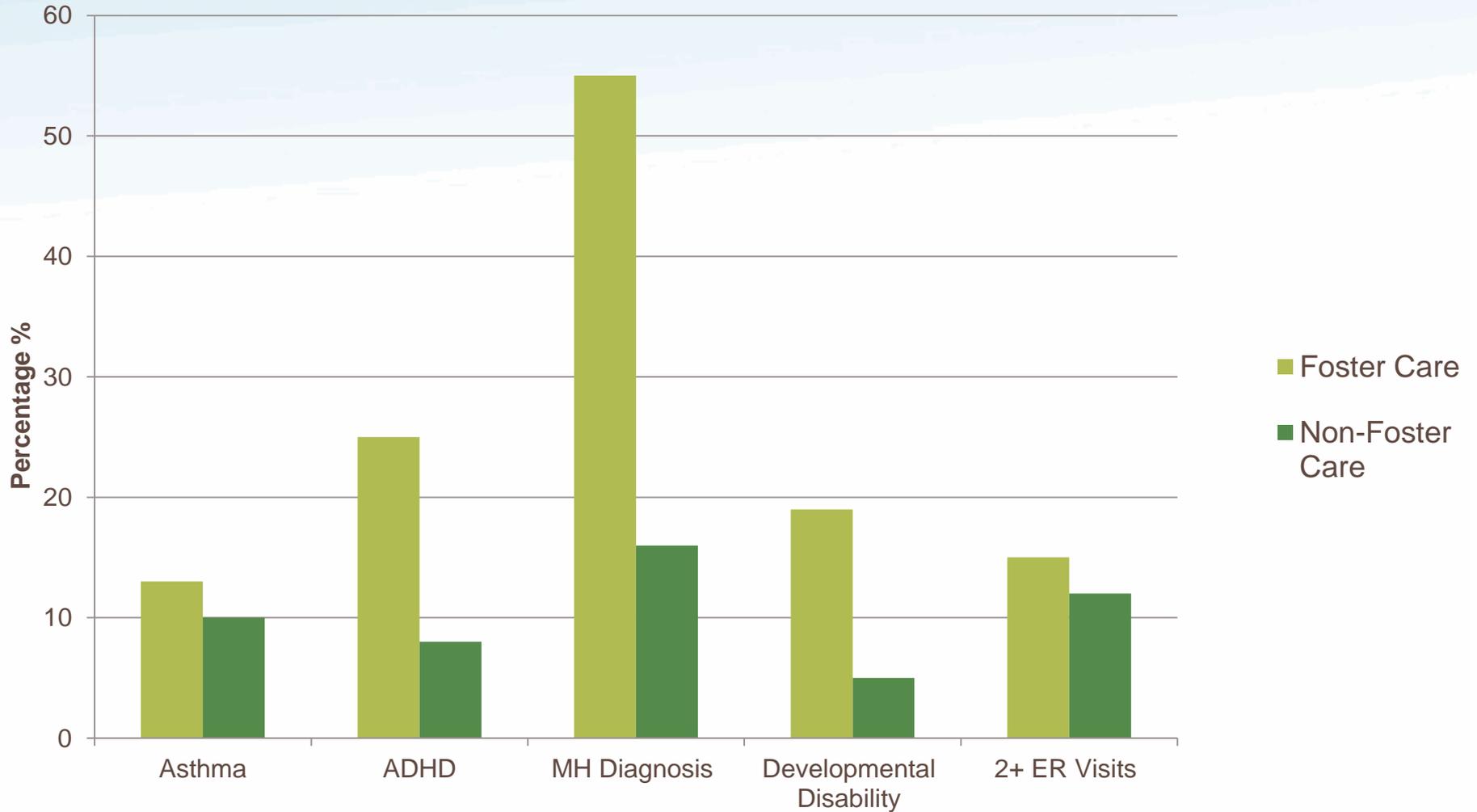
\*\* Behavioral Health service use and expense, N=1,958,908.

## Medicaid Behavioral Health Spending Per Enrollee\*



\* Only includes children in Medicaid using behavioral health services with or without concomitant psychotropic medication use, who are not enrolled in a comprehensive managed care organization; All Children Using behavioral health services, N = 1,213,201; TANF, N = 730,764; Foster Care, N = 227,688; SSI/Disability, N = 254,749; Developmental Disability, N = 52,151.

# NC Foster Care Data

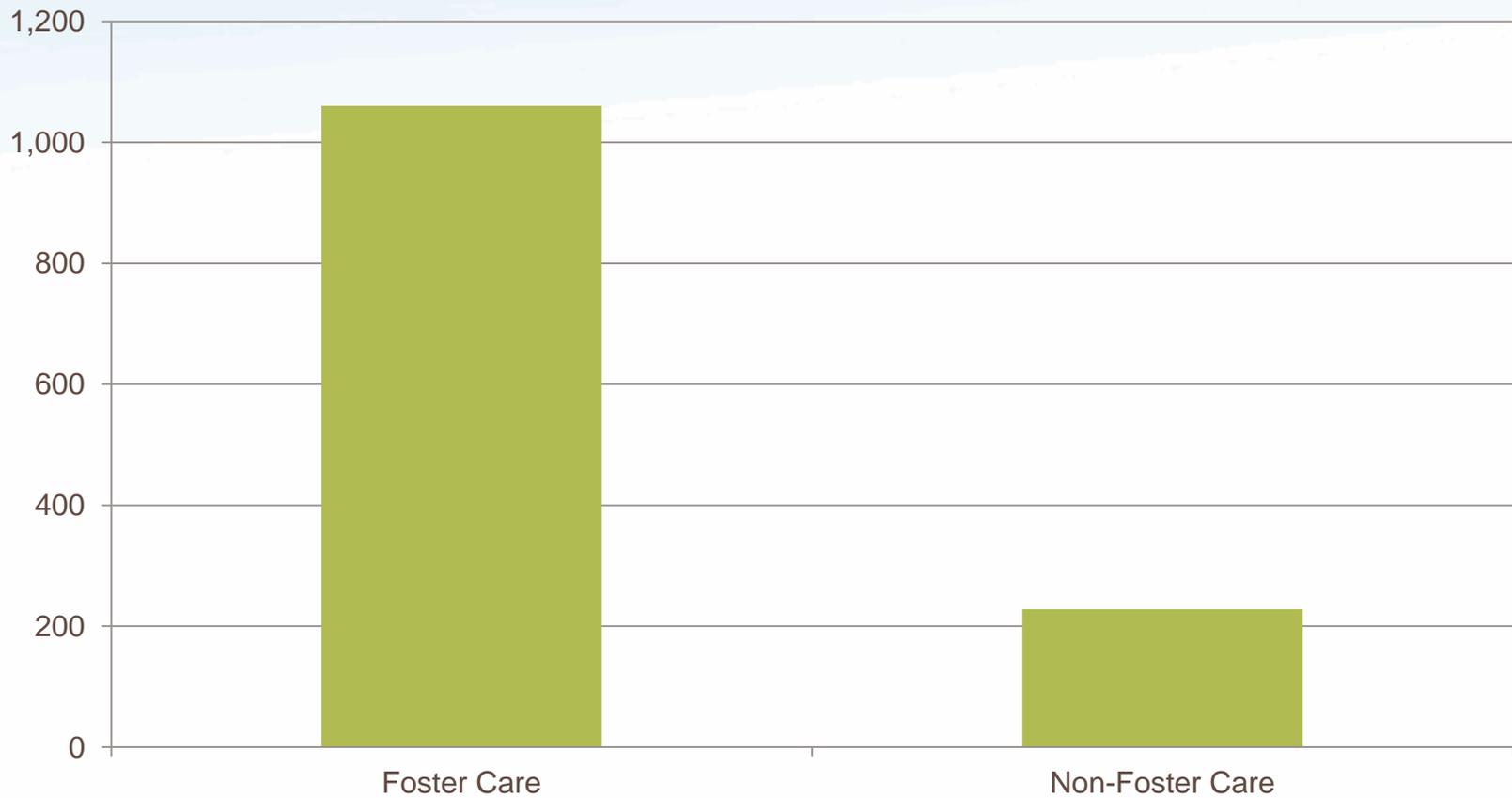


Data based on CCNC 2013Q1 S1 Report

# NC Foster Care Data



PMPM Cost in \$



Data based on CCNC 2013Q1 S1 Report

# Stats on Psychotropic Use by Children in Foster Care in NC



Receiving at least 1 psychotropic medication	24.2%	9%- 1 Rx 6.4%- 2Rx 8.8%- 3 or more Rx
Receiving at least 1 antipsychotic medication	9.66%	2% for non-foster population
Receiving psychostimulant	7%	
Receiving an SSRI antidepressant/anxiolytic	6%	
Receiving a mood stabilizing anti-epileptic	4.3%	



# 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

- Estimated 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)

**Youth in Foster Care:  
63% met the criteria  
for at least one  
mental health  
disorder in one  
study of youth 14-17  
years.**



# Prevalence, Medicaid Beneficiaries, Numbers and Rate Served in SFY 2014\*

Age and Service Type	NC Medicaid Beneficiaries	Received at Least One Medicaid Behavioral Health Service	Penetration Rate (Received Service ÷ Beneficiaries)	National Prevalence Estimate
Child (age 3-17) Mental Health	938,544	99,177	11%	13%-20%
Child (age 3-17) Substance Use	938,544	3,267	0.35%	2.4%**
Child (age 3-17) I/DD	938,544	8,365	0.9%	3.3%

\* Data from DMH/DD/SAS Performance Measures reported by LME-MCOs

\*\* Percent is an adjusted rate based on 5.9% for youth age 12-17 and 0% for ages 3-11



# Array of Services



**Crisis Services:**  
walk-in crisis, mobile crisis

Inpatient Hospital

Psychiatric Residential Treatment  
Facility

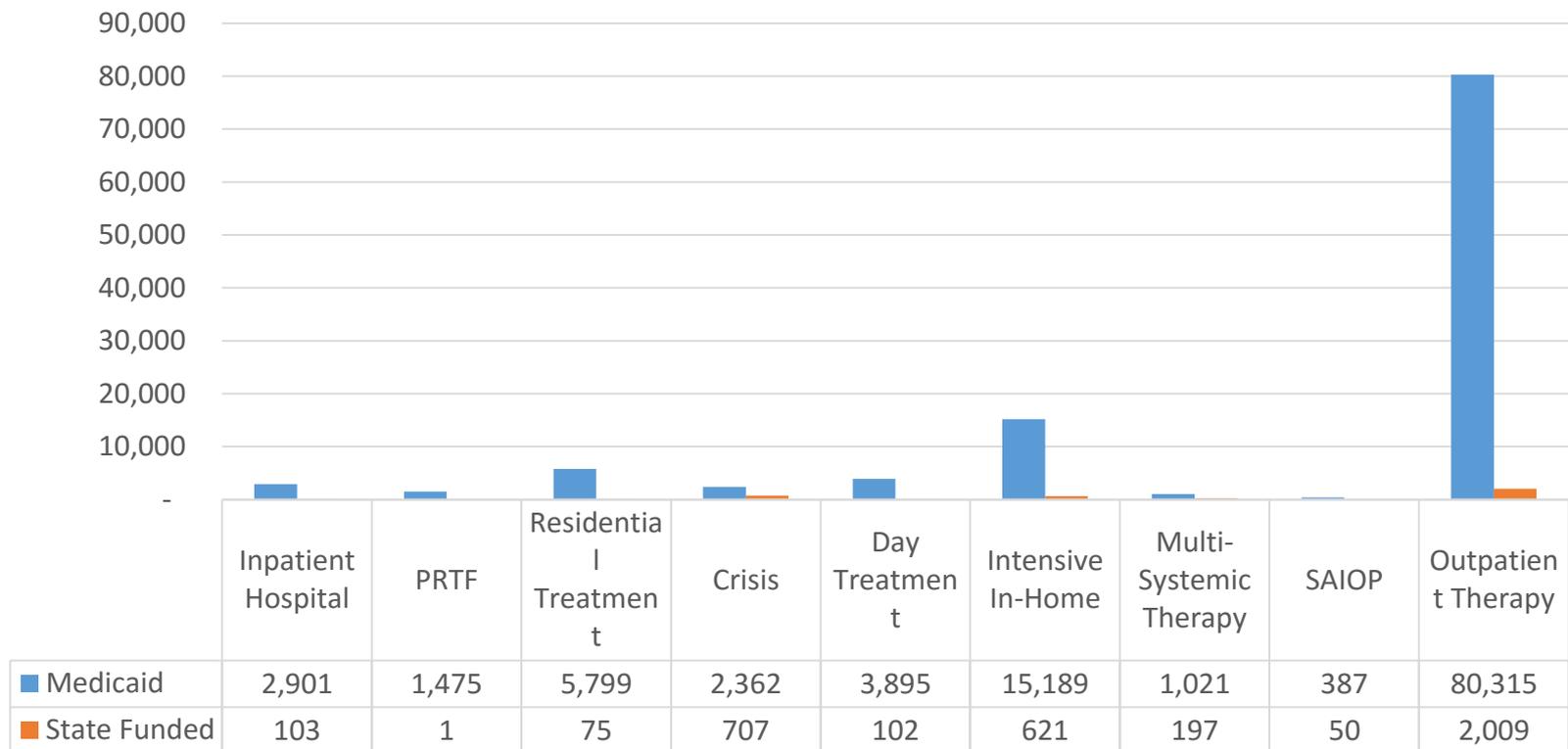
Residential Treatment: Group Homes  
and Therapeutic Foster Care

Enhanced Services: Intensive In-Home,  
Multi-systemic Therapy, Day Treatment,  
Substance Abuse Intensive Outpatient

Outpatient Therapy

# SFY 2012 Annual Child MH & SA Services

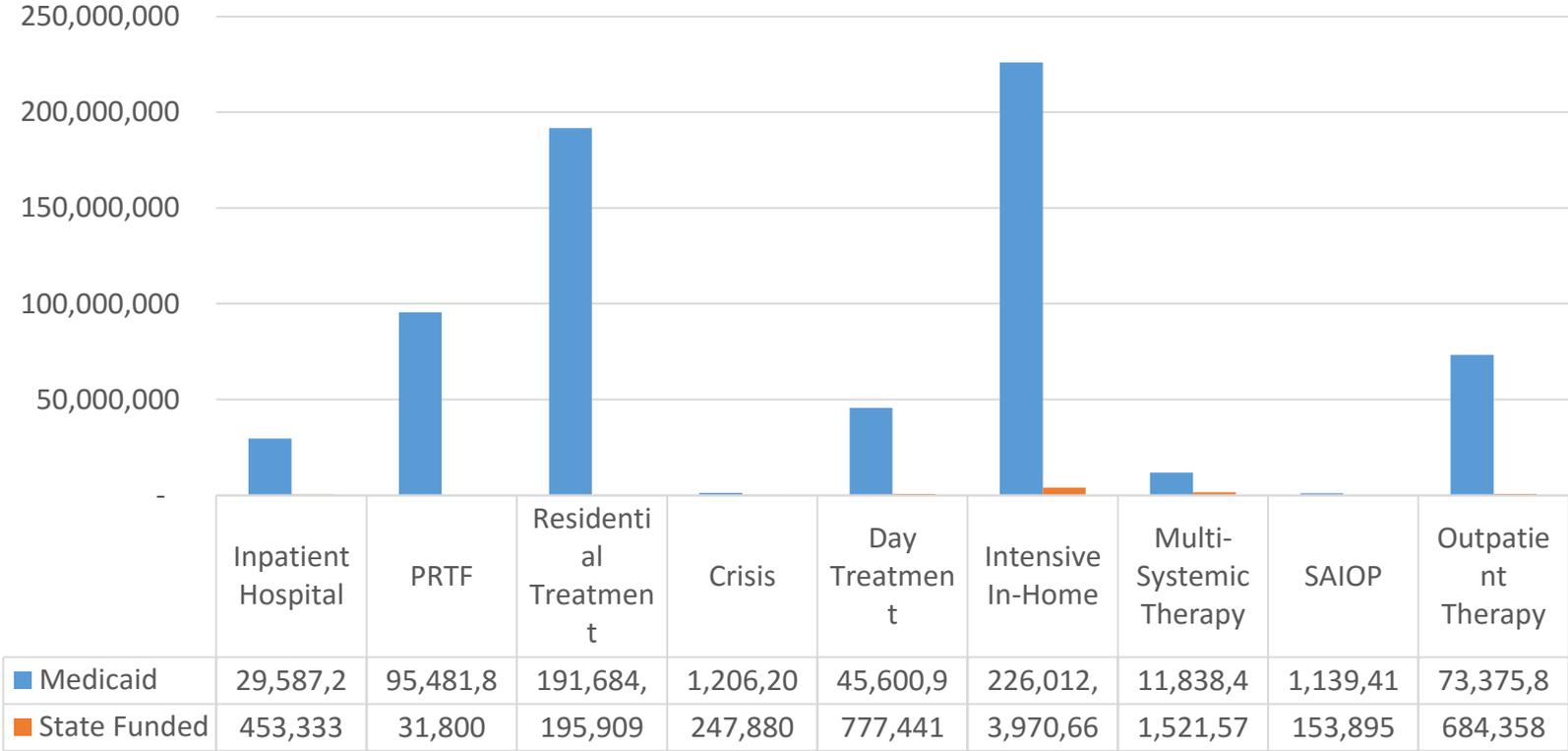
## Youth Served



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

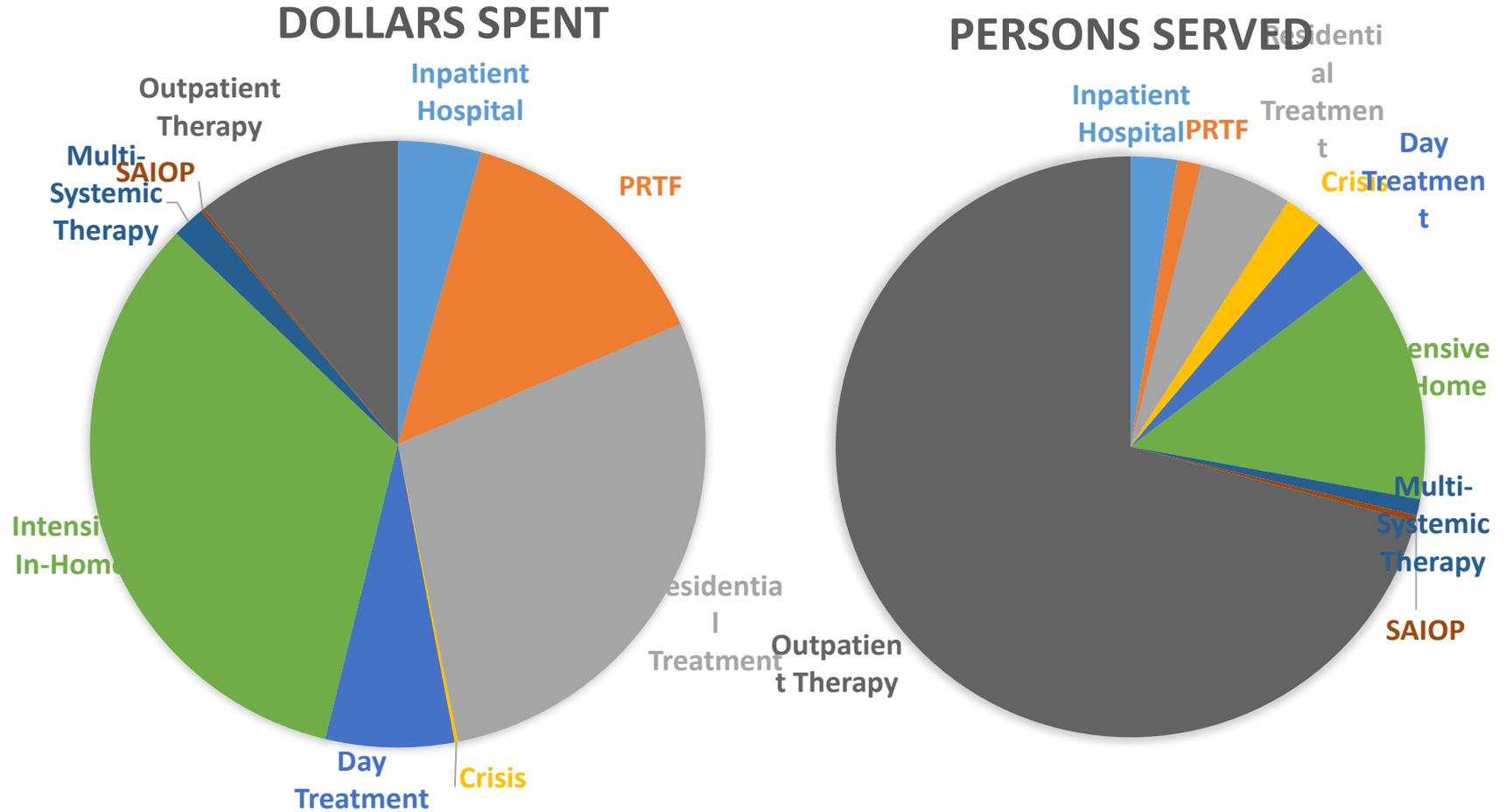
# SFY 2012 Annual Child MH & SA Services

## 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



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**

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

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



# **NC TOPPS-Mental Health**

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



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# **Current Initiatives: First Episode Psychosis Project**

**First Psychosis: Early Identification and Treatment**

- **LME/MCOs sites (Trillium and Alliance)**
- **Training and Technical Assistance from Oasis at the UNC Center for Excellence for Community Mental Health**
- **5% of block grant funds**



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# **Current Initiatives: Crisis Solutions Initiative**

- **Facility Based Crisis for Children and Adolescents**
- **Mobile Crisis**
- **Walk-In Clinics**





# CRISIS SOLUTIONS NORTH CAROLINA



AN INITIATIVE OF THE NC DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

## Do You or Someone You Know Need Help with a Crisis?

**CALL 911 if this is a medical or life threatening emergency.**

If you need the police, ask for a CIT officer. They have received extra training on handling these situations.

If this is NOT a medical or life threatening emergency, look in the directory below for resources in your county.

**FIND HELP FOR A MENTAL HEALTH OR SUBSTANCE USE CRISIS IN YOUR COUNTY**

Alamance ▼

Crisis Services for Alamance County are managed by: [Cardinal Innovations](#)

## NC Crisis Solutions Initiative

The NC Crisis Solutions Initiative focuses on identifying and implementing the best known strategies for crisis care while reducing avoidable visits to emergency departments and involvement with the criminal justice system for individuals in behavioral health crises.

The Initiative is built upon two key strategies: (1) The NC Department of Health and Human Services will work in partnership with all of the stakeholders in the crisis system to find what is working in locations across the state and nation, and evaluate what makes a crisis intervention strategy effective. (2) DHHS will find ways to replicate and sustain successful models by eliminating barriers, and establishing policy and funding to support those models.

Healthcare, government, law enforcement, and community leaders in North Carolina are coming together in the Crisis Solutions Coalition — finding better ways to help people in a behavioral health crisis and to increase the use of services to help individuals quickly resolve the crisis and get back to their homes, families, friends, and work. With earlier intervention strategies that prevent crisis altogether, each community in North Carolina can benefit from strengthened supports to help people.

[Fact sheet about North Carolina's mental health and substance abuse challenges.](#)



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### FIND HELP FOR A MENTAL HEALTH OR SUBSTANCE USE CRISIS IN YOUR COUNTY

Alamance

Crisis Services for Alamance County are managed by: [Cardinal Innovations Healthcare Solutions](#)

#### **YOU HAVE A CHOICE ABOUT HOW TO GET SERVICES WHEN YOU ARE IN A CRISIS**

##### **Phone First...**

**Cardinal Innovations Healthcare Solutions** Access Center is available 24 hours a day, 7 days a week. Customer Service Specialists will assist you to find a crisis provider that is well-matched with your needs. Your local number is: **800-939-5911**

If you already have a service provider, call them first. Providers who know you are usually best prepared to assist you in a crisis.

##### **Have Support Come to You...**

Crisis situations are often best resolved at home. Mobile Crisis Teams are available 24 hours a day in all counties. Professional counselors will speak with you and your family during a visit. They have an average response time of 2 hours. This service is provided by:

[Psychotherapeutic Services, Inc.](#)  
336-538-1220

##### **Go To A Crisis Center...**

Many counties have a specialized crisis center where you can walk in for a crisis assessment and referrals to additional services. Appointments are not needed. The crisis center in your county is provided by:

[RHA Behavioral Health Services](#)  
2732 Anne Elizabeth Dr, Burlington NC  
336-229-5905  
Monday - Friday, 8:00 a.m. - 8:00 p.m.

[Trinity Behavioral Healthcare](#)  
2716 Troxler Rd, Burlington NC  
336-570-0104

Crisis Solutions Website Offers information on accessing the mobile and walk-in crisis services in each county.



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# **Current Initiatives: Trauma Informed Care**

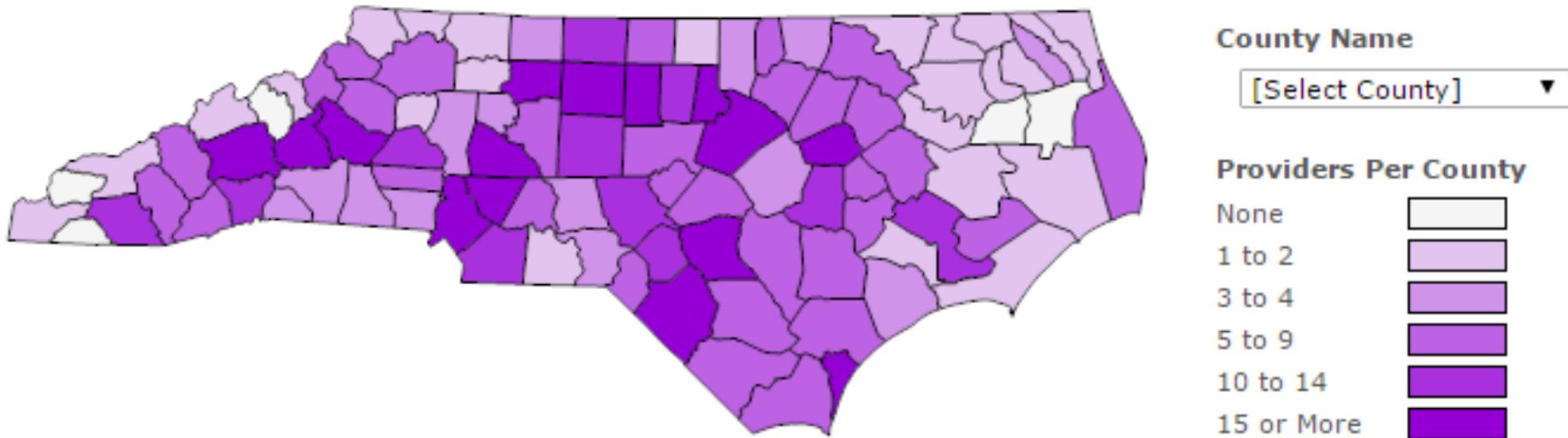
## **NC Child Treatment Program**

- **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



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# **Current Initiatives: Trauma Informed Care**

## **Collaboration with DSS**

- **Project Broadcast**
- **Partnering for Excellence**



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# **Current Initiatives: Transition Supports for Emerging Adults**

## 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.

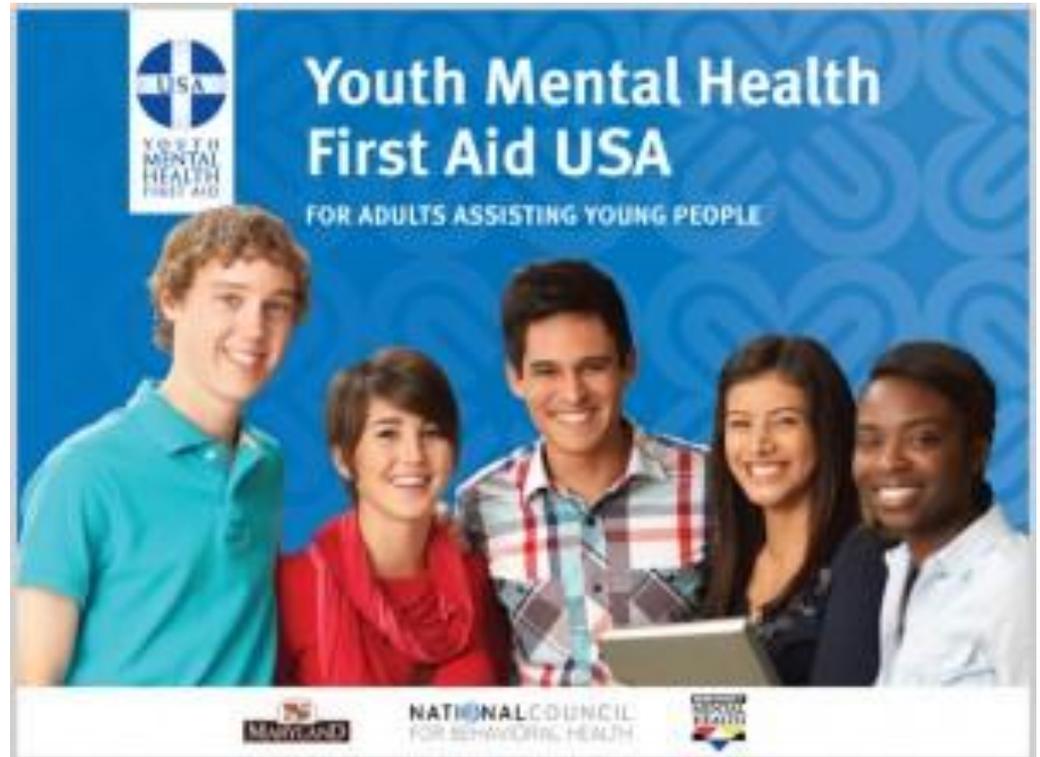




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## Current Initiatives: Prevention

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





# **Current Initiatives: System of Care Grant**

## **Strengthening:**

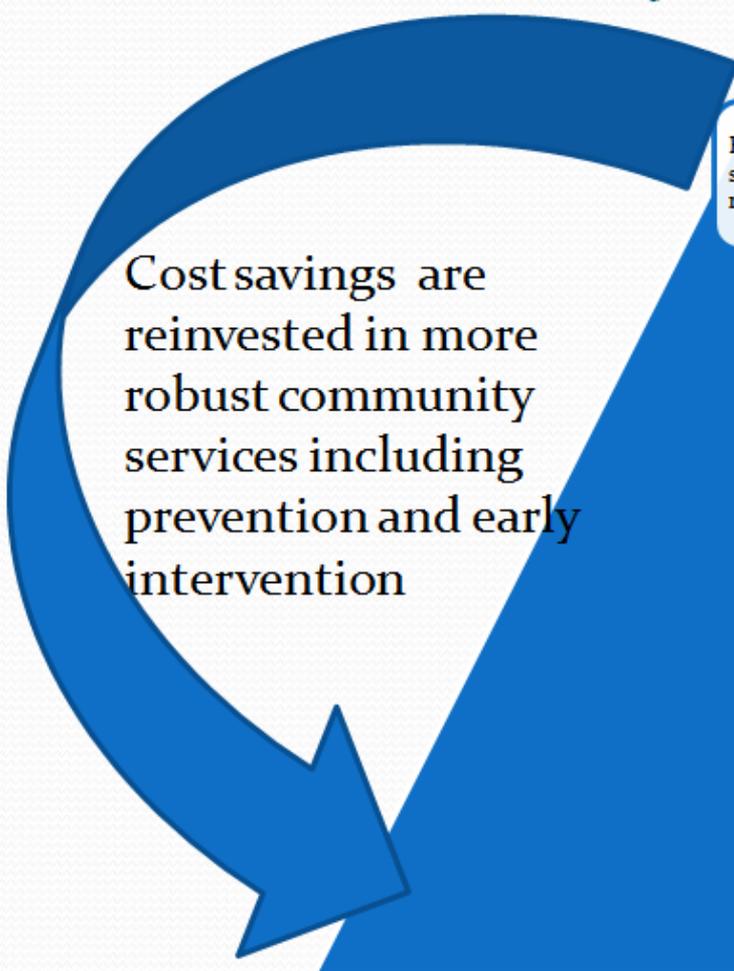
- **Community Collaboratives**
- **Family voice and support**
- **Individual child coordination of care**
- **Service array of quality services**

## **Service Component: NC Wraparound**

- Intensive care coordination
- Structured, family driven, service planning
- 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



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# **Current Initiatives: Submission of a 1915 c Waiver**

- Draft plan due to legislators on December 1
- If approved by legislature and CMS, would allow NC to develop additional services to serve the youth with the most complex needs.
- Would allow for Medicaid funding to continue and expand our NC Wraparound project



# **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**



## While there is a common interest in child wellbeing...

### ...there differences in time frames and perspectives

#### DSS

- ◆ Often Driven by Urgency



#### LME/MCO

- ◆ Driven by Assessment
- ◆ 14 Days to Make a Decision





## Different Lens re: Well-being

DSS  
Placement stability



LME/MCO  
Medical Necessity





## **Ideas for Consideration**

**Youth in DSS Custody Require Collaboration between DSS, LME/MCOs, providers, and families.**

- Early identification of DSS involved youth through robust screening protocols**
- Strong advocacy skills by child welfare professionals**
- Use of family peer partners to help with engagement and retention in services**
- DSS and LME/MCOs increase understanding of respective roles and mandates of each other's staff**



## **Ideas for Consideration**

### **Regional Meetings between LME/MCO and local DSS Staff:**

- **Consultation re: youth with complex or unmet needs**
- **Review of crisis services and protocols to better meet the needs of youth in the custody of DSS**
- **Jointly develop a provider network uniquely qualified to serve kids involved in child welfare**



## Ideas for Consideration

Better coordination of physical and behavioral health needs of youth in foster care.

Questions about TECCAs and Fostering Health:

Adam Svolto,  
Fostering Health  
NC Program Director  
919-709-0189  
adam@ncpeds.org





# **Ideas for Consideration**

## **Workforce Development**

- **Increase core competencies of child and adolescent clinicians**
- ✓ **Providing trauma and evidence-informed treatments**
- ✓ **Collaborative care offered in partnership with families and children**



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# Questions

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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](http://www.ncpublichealth.com)  
State of North Carolina / Department of Health and Human Services / [www.dhhs.state.nc.us](http://www.dhhs.state.nc.us)
- NC Child at [ncchild.org](http://ncchild.org)
- Kids Count Data Center at [datacenter.kidscount.org](http://datacenter.kidscount.org)
- <http://www.ncdhhs.gov/mhddsas/providers/NCTOPPS/>
- American Academy of Pediatrics, Pediatrician Participation Survey, 2011/2012.



## **Sources**

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- National Survey for Child and Adolescent Well-Being
- <http://www.communitycarenc.com>
- S. Pires, K. Grimes, et al. Identifying Opportunities to Improve Children's Behavioral Health Care: An Analysis of Medicaid Utilization and Expenditures. Center for Health Care Strategies, December 2013