



Governor's Task Force on Mental Health and Substance Use

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Recommendations of the Workgroup on Children, Youth, and Families

1. Education/Stigma Reduction/Primary Prevention
2. Increase access and workforce development
3. Trauma-focused state
4. System of Care for families, by families. Include families with lived experience across systems at all levels of decision, policy, and legislation.
5. Data and Technology
6. Standardization / Accountability
7. Cross-System Collaboration

Problem Statement

Recommendation 1: Stigma, Education and Primary Prevention

- Worldwide 450 million people suffer with mental illness; one in every two Americans (Burgermeister, 2012)
- Stigma is one of the top three reasons people do not seek treatment (Burgermeister, 2012)
- Persons with mental health disorders are viewed as dangerous, reckless, socially inappropriate and self-inflicted (Emrich, 2013)
- Stigma affects access to care and negatively impacts mental health educational program enrollment and workforce (Emrich, 2013)

Problem Statement

Recommendation 1: Stigma, Education and Primary Prevention

- 58,000 North Carolina adolescents reported a major depressive episode in 2013; only 34% received treatment (SAMHSA, 2015)
- Mental Health Disorder among children: ADHD (8.5%-US, 13+%-NC); Anxiety (25%-US,); Depression (11%-US, 8%-NC); PTSD (4%-US, 1%-NC); Autism (1:42 male and 1:189 females at age 8y/o- US, 1:37 males and 1:179 females in NC) (NIMH, 2010; CDC, 2014).
- Autism national prevalence 14.7/1,000 and North Carolina prevalence 17.3/1000 (CDC,2014)

Current Capacity

Recommendation 1: Stigma, Education and Primary Prevention

- Current education and stigma interventions lack a comprehensive, evidence-based, statewide approach for all disciplines
- Inadequate to nearly absent care coordination between primary care and mental/behavioral health care
- Inconsistent adherence to American Academy of Pediatric screening guidelines for mental health disorders in pediatric primary care
- Inadequate provider education for behavioral health referral care providers and process for accessing and coordinating services

Recommendation 1: Stigma, Education and Primary Prevention

- **Mental Health First Aid (MHFA)**
 - Evidence-based, train-the-trainer, comprehensive mental health education program for youth and adults. Sample budget - \$35,000 to train 25-30 instructors
 - Training targets include:
 - School personnel: teachers, coaches, bus drivers, counselors, administrators/assistants, driver's education instructors and county employees
 - College and university faculty and staff
 - Primary care providers and staff
 - Faith-based communities, sports leagues and social/community clubs
- **Triple P: Positive Parenting Program**
 - Evidence-based, parenting support program designed to prevent and treat behavioral and emotional problems in children and teens. Cost – Level 3 Primary Care \$1,200/practitioner
 - Implement in 67 counties, currently practiced in 33 counties in North Carolina

Recommendation 1: Stigma, Education and Primary Prevention

- Task Community Collaboratives
 - Reducing stigma and increasing knowledge of effective behavioral health interventions
 - Implement recommendations from North Carolina Institute of Medicine's *Growing Up Well: Supporting Young Children's Social Emotional Development and Mental Health in North Carolina* (2012)
- Implement a statewide suicide prevention strategic plan
- Comprehensive, coordinated annual prevention messaging
 - NAMI Stigma-Free Pledge: Increase awareness and support NAMI's Stigma-Free campaign
 - Continue to invest and spread the First 2,000 Days Campaign, Essentials for Childhood, Pathways to Grade Level Reading
- Promote DPI's teacher modules on mental health

Recommendation 1: Stigma, Education and Primary Prevention

- Improved training and education for defense attorneys, prosecutors, magistrates and trial judges on the identification of mental health and substance abuse problems and awareness of the treatment options available in their communities.
- Provide additional training and support for existing specialty courts and for districts that want to develop a local program and to encourage judges, prosecutors and other court personnel to create and support these programs.

Problem Statement

Recommendation 2: Increase Access

- Standardized evidence-based treatments accessible across all counties through respective MCOs
- 2015 Survey DSS Child Welfare Designed to gather information:
 - Access & barriers to trauma screening and evidence-based treatments
 - Current processes for monitoring psychotropic medications
- 35 Counties responded
 - Rural & urban, geographically diverse, representing multiple MCOs
- Significant Findings:
 - Only 24% of counties surveyed have access to Trauma Focused –Cognitive Behavioral Therapy (TF-CBT)
 - 10% Parent-Child Interaction Therapy (PCIT)
 - 9% Attachment and Bio-behavioral Catch-up (ABC)
 - 7% Child-Parent Psychotherapy (CPP)
 - 6% Functional Family Therapy (FFT)

Problem Statement

Recommendation 2: Increase Access

Issues regarding the provision of substance abuse and mental health services in the juvenile justice system:

1. Timely assessments:

- Specialize assessments

2. Timely access to services:

- Youth wait on average 19 days in detention
- over one-third of the population in detention centers

Problem Statement

Recommendation 2: Increase Access

Issues regarding the provision of substance abuse and mental health services in the juvenile justice system:

3. Lack of resources for the most difficult to serve juveniles:
 - Youth under 12
 - Sex offender treatment
 - Aggressive youth
 - Mental health and physical health
 - Developmentally delayed

4. Transportation: Reimbursement for seeing juveniles in detention centers

Recommendation 2: Increase Access

To address these needs effectively, the Juvenile Justice Section proposes to contract for specific mental health services, including:

- Clinical case consultations to Juvenile Court Counselors to assist in service planning, resource identification and case management.
- Mental health liaison assistance for Juvenile Court Counselors navigating the mental health system to identify appropriate services and facilitate timely access to service, especially for complex, high need and risk juveniles. Youth needing residential treatment are especially challenging. Youth who have been properly assessed and who are being held in secure custody while waiting to access services are a high priority.

Recommendation 2: Increase access and workforce development

- Increase specialized treatment beds for PRTF
 - Reassignment of underutilized hospital beds in local rural hospitals for MH
- Establish contractual mental health services for youth involved in the juvenile justice system
 1. Comprehensive clinical assessments to serve as a basis for identifying the most appropriate treatment for individual juveniles
 2. Intelligence and other psychological assessments necessary for placement in residential facilities
 3. Substance abuse assessments
 4. Specialized assessments such as sex offender specific assessments and juvenile competency assessments.

Recommendation 2: Increase Access

- Ensure timely access to full array of evidence-informed, community-based services to meet individual community needs
- Increase number of behavioral health specialists in schools
- Create more diversion and prevention programs to address substance use in youth
- Investigate using underutilized camps across the state to pilot substance use reduction programs

Recommendation 2: Increase access and workforce development

- **Increase access to behavioral health services in schools**
- Consider **telemedicine** in rural areas
- Provide Trauma Informed System of Care training for school faculty
- Mandate that LME/MCOs develop a work plan for schools to connect with local MH providers to improve access to care, especially in crisis services

Recommendation 2: Increase access and workforce development

- Increase 211 utilization and enhance resources
- Improve services for vulnerable populations
- Establish funding for substance abuse and mental health treatment for parents prior to severance of parental rights
- Increase Therapeutic Foster Care Homes
- Increase Intensive Alternative Family Treatment Homes
- Funding to serve uninsured individuals with MH/SA needs

Recommendation 2: Increase Access

- The state should raise the age of juvenile jurisdiction from 16 to 18 years old, which would increase access to age-appropriate treatments that are available in the juvenile justice system that are unavailable in the adult system.
- North Carolina is the only state in the nation that considers all 16 and 17-year-olds as adults.
- Recidivism rates among 16-and 17-year-olds handled by the adult criminal justice system are **more than twice as high** as those handled by the juvenile justice system.
- The juvenile justice system can order parents to be more involved in the juvenile's treatment.

Recommendation 2: Increase access and workforce development

- Implement legislation or rules to clean up the inconsistencies, gaps and vagueness among various state confidentiality statutes and regulations that block or slow information-sharing when courts, service providers, public defenders, child welfare agencies, and the juvenile justice system work together to discharge their duties or otherwise serve individuals with mental illness or substance use disorders.

Recommendation 2:

Increase access and workforce development

- Integration of mental health screening, assessment and treatment in primary care
 - Full scope practice authority for licensed professionals
 - Nurse Practitioners (SB 695/HB 807 – Modernize Nurse Practice Acts)
 - Patient-Centered Medical Home
- Develop Behavioral Health Specialists
- Tuition Reimbursement and Loan Repayment
- Ensure necessary skills to deliver cost-effective care and improved outcomes for children and families the BH workforce needs to:
 - Develop training systems in evidence-informed, core competencies to improve overall quality of services.
 - Improve quality of intensive in-home services through revision of service definition and auditing to ensure compliance with eligibility criteria, service delivery and personnel training.
 - Continue support for NC Child Treatment Program and ensure training of clinicians in evidence-informed interventions.

Problem Statement

Recommendation 3: Trauma-focused state

Adverse, potentially traumatizing childhood experiences are commonplace, with more than 70% of all children experiencing at least one such event by age 17. Approximately 50% of those exposed will go on to develop clinical symptoms or other deleterious consequences. Traumatizing events:

1. Disrupt neurodevelopment in children with inadequate buffers and supports;
2. contribute significantly to engagement in health risk behaviors that greatly enhance the risk of costly chronic health problems across the lifespan;
3. result in a host of behavioral health and substance abuse problems in childhood, adolescence and later adulthood; and
4. result in a staggering array of social problems, including educational impairments, increased involvement in criminal justice, child welfare and social welfare systems, and lost work productivity.

Research has demonstrated that investments in trauma-focused services and systems can be recouped through reduced health care costs alone in as little as one year.

Current Capacity

Recommendation 3: Trauma-informed state

- Expertise is available to the state through the Duke-based national office of the internationally-acclaimed SAMHSA-funded National Center for Child Traumatic Stress.
- Existing efforts within a number of state agencies addressing trauma-informed care could benefit from a more cohesive, efficient, uniform and coordinated approach across agencies, especially for cross system-involved youth.
- Workforce development efforts targeting the training of 200+ mental health service providers per year in the high-fidelity delivery of evidence-based treatments for childhood trauma has been funded via an annually recurring allocation to the NC Child Treatment Program since 2013. This is a wise investment, but a *return* on that investment will be witnessed only if children in need of those services are being referred appropriately to those highly skilled service providers.
- To use this workforce effectively, we must develop an integrated approach to the training of those in greatest contact with the state's children (in school, primary care, juvenile justice, child welfare and behavioral health settings) to recognize and screen for signs of trauma-related problems, and in how to refer for services.
- We must also ensure that those responding to children and families at times of crisis (EMTs, law enforcement, etc.) do so in ways that do not traumatize or re-traumatize the most vulnerable.

Recommendation 3: Trauma-informed state

Develop a Trauma Advisory Council consisting of cross-agency staff, trauma experts, service providers, trauma survivors and service consumers, and community stakeholders to:

1. identify how each state human service or public safety agency shall be involved in the initiative, likely through the convening of an expert panel;
2. develop a workforce that is knowledgeable and skilled in the recognition, assessment, treatment and support of persons traumatized by childhood and/or current sexual and physical abuse and other traumatic experience;
3. develop a comprehensive, integrated, accessible system of trauma screenings, assessments, services and support across agencies;
4. create state policies that address the needs of trauma survivors, eliminate practices that traumatize or re-traumatize those with histories of trauma, and support the provision of trauma-informed services, resources and training; and
5. develop a plan for evaluating the impact of these efforts.

Recommendation 4: System of Care / Family-Youth Involvement

- Include families with lived experience across systems at all levels:
 - Ensure involvement on policy
 - Ensure involvement on legislative action
 - Ensure involvement on decisions
 - Ensure use of youth and family peer services
- Include integrated care with a unified vision public / private
- Trauma-informed state
- Address the needs of the most vulnerable youth in North Carolina: deaf, hard of hearing, IDD/MH or IDD/SA, DSS, JJ, problem sexual behavior
- Invest in parent/youth partner core training and collaborative training

Recommendation 4: System of Care / Care Coordination

2) Increase Collaboration for Individual Children and Families

A. Address Gaps in care coordination across the continuum:

- Sustain and expand the **grant-funded NC Wraparound pilot** for intensive care coordination and family peer support for the most youth with highest need.
- Improve care coordination by enhanced service providers.
- Ensure special populations such as juvenile justice and social services-involved youths have access to care coordination to match the youths' needs to the right level of care and ensure connection to the right level of care.
- Improve linkages and referral processes for youth served in primary care.
- As new youth service definitions are developed, include Systems of Care training requirements.

Problem Statement:

Recommendation 5: Data and Technology

- North Carolina should invest in resources that allow for improved mining of data within child-serving agencies, and for examination of impact across multi-agency outcomes
- North Carolina's youth-serving agencies addressing behavioral health and substance abuse needs use data to assess agency performance, which in turn drives policy and investment decisions.
- While agencies have made ongoing investments in the infrastructure to support data collection and tracking, most are without adequate staffing to perform the data scrubbing and statistical analyses needed to make full use of the data being collected.
- This problem exists within agencies, but challenges are even greater when agencies wish to work together to examine the outcomes of their efforts across a wide array of wellness outcomes (e.g., the impact of behavioral health services on juvenile justice involvement and education outcomes), which requires data sharing and electronic data interchange.

Current Capacity

Recommendation 5: Data and Technology

- Child-serving agencies report that they have an insufficient number of staff assigned to transform raw data into meaningful and useful information that can be used to enable more effective strategic and operational insights and decision-making. This leads to the under-utilization of available data.
- A great opportunity exists within the state for the sharing of data across agencies. In 2008, the General Assembly established the North Carolina Government Data Analytics Center (GDAC) to serve as an information utility for use by state leadership in making program investment decisions, managing resources and improving financial programs, budgets and results.

Current Capacity

Recommendation 5: Data and Technology

- A key function of the GDAC is the management of data sharing and integration initiatives, including “identifying opportunities where data sharing and integration can generate greater efficiencies and improved service delivery” by state agencies, institutions and departments.
- Since 2007, SAS has operated as the data integration and analytics vendor partner for GDAC and has enabled the state to bring together disparate sources of information, accurately match information across systems to produce de-identified, matched data sets, and enable analysis based on a more holistic view of an individual, business or program.
- At present, there is very limited data warehoused via the GDAC by child-serving agencies.

Recommendation 5: Data and Technology

- Capacity to transform data into actionable information
- Contract management: provider selection based upon outcomes
- Return on Investment (ROI) Analysis
- Develop and sustain telemedicine (NC SStep)
- Gap analysis (consistent across MCO catchment areas)
- Sharing Data Clarification
- Need for analytics, positions for analysts, contract management
- Provide funding to collect more information on the effectiveness of drug treatment courts and other specialty courts

Recommendation 5: Data and Technology

- Support the investment by child-serving agencies in adequately staffed research and evaluation sections and in the infrastructure (e.g., visual reporting platforms) needed to inform optimal data-driven management at the agency level.
- Establish a team consisting of the state's legal staff, agency legal staff, experts from UNC's School of Government, and other legal authorities to enable the state's child-serving agencies (including the Department of Public Instruction, the Juvenile Justice Section of DPS, the divisions within DMH/SAS/DD, and publicly-funded physical and behavioral health authorities) to warehouse data through the GDAC.

Recommendation 6: Standardization and Accountability

- Improve the quality and consistency of Intensive In-Home Services by improving the service definition
- Improve the quality and consistency of Comprehensive Clinical Assessments by improving the service definition
- Continue to invest and spread the North Carolina Child Treatment Program
- Ensure consistency of credentialing across LME/MCOs
- Ensure consistent access across LME/MCO catchment areas
- Provide enhanced rates for evidence-based treatment or outcomes

Recommendation 6: Standardization and Accountability

Mandate routine meetings at both the state and local levels among the LME/MCO, DSS, DJJ and DPI staff to:

- Improve access to services for youth-serving agencies (DSS, DJJ, DPI) through streamlined **referral** and **authorization** processes for these vulnerable populations.
- Resolve issues for high need/high risk youth.
- Review available continuum of services (including crisis services) and how those services are meeting the needs of this vulnerable population and students in schools.

Recommendation 6: Standardization and Accountability

Mandate routine meetings at both the state and local levels among the LME/MCO, DSS, DJJ and DPI staff to:

- Develop plans to address gaps in services.
- Elicit feedback on provider performance for continued training of providers to address the needs of this population.

Recommendation 6: Standardization and Accountability

Improve consistency of service availability across the state.

- Provide technical assistance and training to promote performance-based contracting by LME/MCOs for mental health and SU services.
- Provide enhanced rates for evidence-based interventions that deliver desired outcomes until performance-based contracting is in place.
- Address funding issues in the use of telemedicine.

Recommendation 6: Standardization and Accountability

- Ensure all child welfare-involved youth receive a trauma-informed, comprehensive clinical assessment
- Consolidate case plans when serving children and families across systems
- Standardization and portability of services amongst LME-MCOs for children and parents in vulnerable populations for foster care and Juvenile Justice, permanency
- Standardized assessment tools
 - Adjust risk for assessment of individuals
 - Court-based psychiatric assessment
- Intensive alternative family treatment, therapeutic foster home, foster parents

Recommendation 7: Cross System Collaboration

- Development of a Trauma Advisory Council
- Development of an Integrated Care Transformation Council (FHNC, CCCN, Hospitals, MCOs, Medication Oversight)
- Data Investigative Council (MOUs regarding data sharing)
- Statewide Initiative Coordinator (include database of stakeholders) to help ensure awareness, coordination and collective impact where possible.