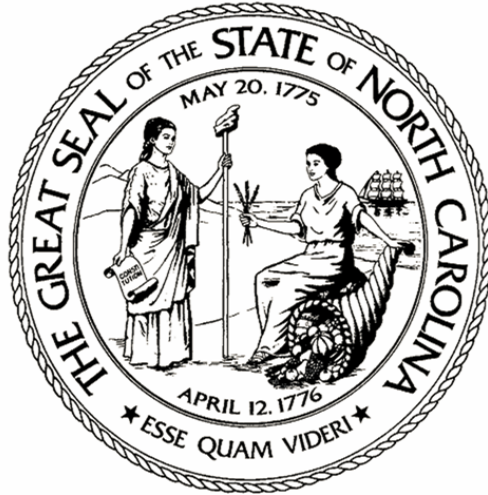


NC-PAL (North Carolina Psychiatry Access Line)

Session Law 2023-134, Section 9E.19B



Report to

**Joint Legislative Oversight Committee on
Health and Human Services**

and

Fiscal Research Division

by

North Carolina Department of Health and Human Services

August 30, 2024

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Background

The North Carolina Psychiatric Access Line (NC-PAL) provides infrastructure to support the mental health care of children and pregnant/post-partum women across North Carolina by providing general and case-specific consultation and education to the healthcare and social services workforce. NC-PAL provides consultation to primary care providers (pediatricians, family physicians, nurse practitioners, physician assistants), community service agency workers (i.e. early intervention specialists, foster care case workers) and personnel at schools.

A core component of NC-PAL services is a telephone line that provides mental health consultation and education to North Carolina clinical and social service providers. As of May 2024, over 300,000 children under 18 years of age with Medicaid coverage receive care from primary care providers who have engaged with NC-PAL's consultation and/or education services.

- **All NC-PAL programs are free of charge to participating medical providers. Consultations support children, youth and families regardless of their insurance type or status, with >50% of consultations in reference to individuals with Medicaid insurance coverage.**
- NC-PAL began in 2017 as a pilot program in 6 rural counties in North Carolina, and in 2018 expanded to a state-wide program with the acquisition of federal grant funding.
- Increased state support in 2022 supported a path to program sustainability and allowed for the development of new program areas and engagement with additional hubs to increase statewide utilization.
- The NC-PAL telephone consultation line is currently staffed by pediatric and perinatal specialists from Duke University and the University of North Carolina at Chapel Hill, and NC-PAL's outreach activities are facilitated through additional collaboration in Western NC with the Mountain Area Health Education Center.
- NC-PAL has added focused workstreams related to early childhood, children in foster care, individuals with intellectual/developmental disabilities (IDD), school-based consultation, and children with complex needs, including those receiving care in emergency department settings.
- **Over its lifetime, NC-PAL has achieved the following targets:**
 - **873 providers of primary care for children and 718 providers of pregnancy and post-partum care for women have utilized the NC-PAL telephone consultation line**
 - **476 providers have participated in an intensive pediatric mental health training called REACH PPP.**
 - **Primary care providers in over 70 counties in North Carolina have been reached by NC-PAL**

NC-PAL programs are essential to helping North Carolina address critical mental health challenges.

- The 2023 NC Child Health Report Card indicated that 10% of children had a diagnosis of depression or anxiety (49% increase over 5 years), that 20% of adolescents considered suicide, and that 10% of adolescents made a suicide attempt in the past year.
- Death by suicide is the leading cause of death for children aged 10-14 years of age in the state.¹ Children and adolescents involved with child welfare are four times more likely to have a mental health diagnosis compared to the general population.²
- The prevalence rate of mental health conditions is highest among children and adolescents in foster care, with about 50% having a mental health diagnosis.³
- Mental health concerns are the leading cause of pregnancy-related deaths for NC residents, responsible for 32% of such deaths⁴ -- a significant increase over the past 8 years.

¹ NC Child. (2023). *North Carolina Child Health Report Card*. <https://ncchild.org/wp-content/uploads/2023/03/2023-NCreportcard-final.pdf>

² Bronsard et al. (2016). *The Prevalence of Mental Disorders Among Children and Adolescents in the Child Welfare System: A Systematic Review and Meta-Analysis*.

³ Lehmann et al. (2013). *Mental disorders in foster children: a study of prevalence, comorbidity and risk factors*.

⁴ NC DHHS. (2024). *2018-2019 Maternal Mortality Review Report*. <https://wicws.dph.ncdhhs.gov/docs/MMRCReport.pdf>

This rise in need is accompanied by a workforce shortage of mental health specialists in 97 out of 100 NC counties.⁵

- An analysis of NC State Medicaid data by the NC-PAL team found that 6,000 medical providers prescribed psychotropic medications for **children**.⁶
- Only 130 (2%) of these prescribers were child psychiatrists and more than one third were adult-trained nurse practitioners and physician assistants without specific pediatric or mental health credentials. Pediatricians prescribed approximately half of the psychotropic medications that these children received.⁷

NC-PAL's consultation, education and resource support programs enable mental health concerns to be identified more readily and support connecting children and families with timely and appropriate mental health care. Post-consultation surveys to users of the NC-PAL call line indicate an ongoing need for NC-PAL services.

Program Implementation

In the FY24-25 biennial budget, NC-PAL received recurring funding from state appropriation eligible for administrative federal Medicaid match. This funding complements other Federal grants that are non-recurring. Approximately half of the program's funding is from this recurring Legislative appropriation. The core program components with outcomes reported in this JLOC report include the pediatric telephone consultation line, the perinatal telephone consultation line, and NC-PAL's work with children in foster care. NC-PAL's perinatal consultation and educational components are offered in conjunction with the NC MATTERS program within the NC DHHS Division of Public Health. Appendices B & C include additional details about full program funding and components.

Throughout North Carolina, and especially in rural communities, residents struggle to access mental health care for their children and for women who are pregnant or in the vulnerable perinatal period.⁸ For example, 1 in 5 high school students in North Carolina reported seriously having considered suicide in 2023 and up to half of high school girls reported having had periods of depression in the past year. Less than half of these youth receive any treatment and when they do the treatment they receive is often from providers without specific training in pediatric mental health and is suboptimal.⁹ The increase in the prevalence of mental health conditions for children is affecting young children who receive support from the State's early intervention programs and the ability of schools to provide education for students, and is resulting in strain on the State's hospitals and emergency rooms.

NC-PAL is a critical healthcare infrastructure that brings child psychiatry, perinatal psychiatry, and psychology expertise to provide consultation and education for healthcare and social services staff across all of these settings and can be leveraged to address these emerging crises.

NC-PAL is staffed by an interdisciplinary team of psychiatrists, psychologists, social workers, public health specialists and administrators. NC-PAL includes Practice-Focused Programs and Community-Focused Programs. The Practice-Focused components of NC-PAL include the main telephone consultation line and intensive education programs, as well as specific practice support initiatives. The Community-Focused components of NC-PAL provide consultation to providers and to staff at specific community settings including DSS offices.

⁵ Rural Health Information Hub. (2024). *Health Professional Shortage Areas: Mental Health, by County, April 2024 - North Carolina* <https://www.ruralhealthinfo.org/charts/7?state=NC>

⁶ NC-PAL Quarterly Meeting, May 2024

⁷ NC-PAL Quarterly Meeting, May 2024

⁸ NC Child and NC Institute of Medicine. "Biannual Child Health Report Card." April, 2023. <https://ncchild.org/publications/2023-child-health-report-card>.

⁹ Davis, Naomi O., Kelley A. Jones, Alexis French, Melissa A. Greiner, Chris Ricard Lea, Courtney L. McMickens, Nicole Heilbron, and Gary R. Maslow. "Treatment and Outcomes Among North Carolina Medicaid-Insured Youth With Depression." *JAACAP Open* 1, no. 3 (2023): 196-205.

NC-PAL’s programs are based on the national Child Psychiatry Access Program (CPAP) model which has been disseminated with Federal support to 49 states (see Appendix D for information on CPAP programs from Texas and Virginia). These programs work by providing real-time telephone consultation to providers caring for patients and through educational outreach. Each time a provider seeks consultation they are learning how to help an individual patient, but they are also learning about how to take care of a specific concern that affects many more patients. Through this educational consultation NC-PAL improves care for individual patients, but also improves the care provided to many patients through education of the provider workforce.

Below is a brief description of the core NC-PAL programs directly funded through NC legislation, which include the Pediatric Phone Line and the Perinatal Phone Line as well as the work supporting children in foster care through DSS office consultation.

Consultation

The NC-PAL phone line is available to providers by telephone from 8am-5pm, Monday through Friday. Within 30 minutes (usually within 5 minutes, median response time of immediate response) providers can speak with NC-PAL’s mental health team about their patient and receive recommendations for treatment, screening and care, as well as resources and referral support.

- **Pediatric Phone Line** – This service provides real-time consultation and referral support to providers caring for children and adolescents. Consultation results in PCPs with improved confidence regarding how to treat children with mental health conditions and positive outcomes for children about whom consultation was requested.
- **Perinatal Phone Line** – This service provides real-time consultation and referral support to providers caring for women during pregnancy or during the post-partum period. Consultation results in providers having increased confidence in how to care for the mental health needs of perinatal patients with a range of conditions (e.g. depression, anxiety, substance use).

“I am so impressed with this program and the fact that when I was at the end of my rope, I had someone to call that offered suggestions I had not yet considered. This is so needed. Please tell me how I can support you getting your message out more.”

- Rural primary care provider

DSS/RRT support

- **Rapid Response Team (RRT) membership** – The NC-PAL team attends the daily Rapid Response Team meetings led by NC DHHS to review cases of children in foster care who are stuck in emergency rooms or other inappropriate settings. The NC-PAL team supports other state staff in understanding the needs of patients and helping determine next steps for these most complex patients.
- **DSS County Office Pilot** – The NC-PAL team has worked with 3 county DSS offices to provide education to staff and office hours consultation regarding specific cases. Pilot counties during the previous fiscal year included Wilkes County, Brunswick County and Sampson County. There is the potential to expand this work to additional counties.

Performance Measures

(1) The number of consultations provided over the previous state fiscal year, broken down by consultations provided by Pediatric Phone line and Perinatal Phone Line.

The data provided below represents NC-PAL telephone consultations from July 1, 2023 through June 30, 2024.

	Total # consultations	Total # counties served
Pediatric Phone Line	1191	57
Perinatal Phone Line	594	34

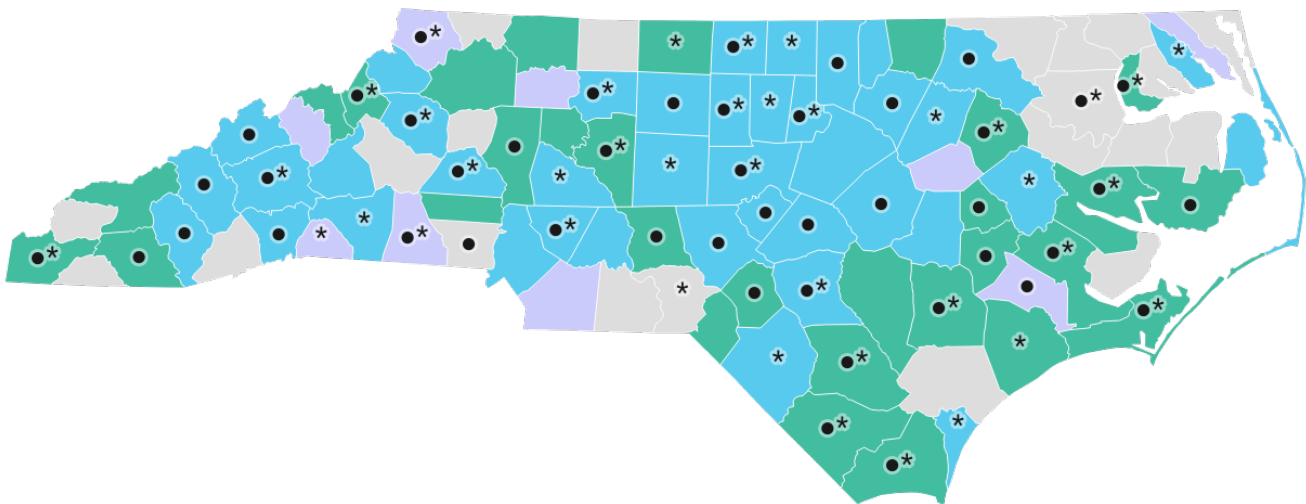
The data provided below represents NC-PAL telephone consultations from inception through June 30, 2024.

	Total # consultations	Total # counties served
Pediatric Phone Line	4340	70
Perinatal Phone Line	2235	49

(2) The geographic regions of the State utilizing the services offered by NC-PAL, by county.

The data provided below represent the counties that have utilized NC-PAL services from the program's inception through June 30, 2024. Colors are used to represent the counties from which providers have utilized NC-PAL's phone line consultation services. The circle symbol indicates counties from which providers have participated in the REACH PPP intensive training. The asterisk symbol indicates counties where NC-PAL has implemented community-focused programs as described in Appendix B (i.e., consultation and education for DSS county offices, schools and/or CDSAs).

■ Calls to both pediatric and perinatal lines
 ■ Calls to pediatric line only
 ■ Calls to perinatal line only



● *Engagement with intensive pediatric training (REACH PPP)*

* *Community programs (DSS, schools, CDSA counties)*

(3) The percentage of NC-PAL consultations that resulted in treatment of an individual by that individual's primary care provider, rather than referral to a specialist.

The estimated percentage of NC-PAL pediatric and perinatal phone line consultations that resulted in treatment of an individual by that individual's primary care provider, rather than referral to a specialist, is **51%**.

Details about consultations provided, including the result of those consultations, are tracked for each call received. The percentage reported above represents the proportion of consultations provided by an NC-PAL Child and Adolescent Psychiatrist or Perinatal Mental Health Specialist from July 1, 2023 through June 30, 2024 for which referrals to medication management resources were not provided.

(4) The estimated number of avoided emergency department visits resulting from the services provided through NC-PAL.

It is estimated that **71 ED visits were avoided** as a result of NC-PAL pediatric and perinatal phone line consultations from July 1, 2023 through June 30, 2024.

This number is calculated based on a survey of providers following their use of the NC-PAL consultation line. For this time period, 4% of survey respondents indicated that their interaction with NC-PAL reduced the patient's immediate need for an emergency department visit. With 1,785 calls over this time period, NC-PAL estimates that 71 emergency department visits were avoided as a result of NC-PAL telephone consultation.

(5) The results of any new pilot program offering consultations with county department of social services offices or residential providers and whether those consultations reduced placement disruptions for children in the custody of county departments of social services or the need for crisis intervention.

NC-PAL's pilot programming with department of social services has included two components: 1) participation in the Rapid Response Team (RRT) daily meetings to offer clinical input and recommendations for youth throughout the state where placement disruption and decision making was a consistent concern, and 2) technical assistance and consultation in trauma-informed practice provided to a subset of county offices.

In the previous fiscal year, NC-PAL provided technical assistance and consultations to 3 DSS county offices (Wilkes, Brunswick, Sampson), with an additional 3 DSS county offices planning to begin support in the coming fiscal year. Technical assistance provided by NC-PAL to DSS county offices included:

Service	Detail	Counties
Site visits	4 site visits held	Wilkes, Brunswick, Sampson
Office hours	98 office hours attended 174 cases discussed	Wilkes, Brunswick, Sampson
Learning community	4 sessions held 34 attendees	Wilkes, Brunswick, Sampson
Informational bulletin	21 bulletins disseminated	Wilkes, Brunswick, Sampson

During office hours, NC-PAL provided consultation to DSS staff about behavioral and psychiatric concerns for youth in their care, as well as consideration of intervention and support needs. Many of these youth are particularly at-risk for crisis and/or placement disruptions due to factors such as challenging behaviors that result in difficulty securing long-term

placements and underlying psychiatric concerns that may be exacerbated (e.g., in times of transition) and require more specialized care than many placements are able to offer.

A brief telephone interview was conducted with leaders of the participating DSS county offices to provide additional outcome data for this report. The goal of these interviews was to better understand the role the NC-PAL pilot program played in addressing placement disruptions and the need for crisis intervention.

Several key themes were evident in these interviews.

1. *NC-PAL provided meaningful and ongoing consultation to 3 DSS offices:* NC-PAL provided educational sessions, on-site training to each DSS and over 80 "office hours" sessions for case discussions over the past year.
2. *Staff benefit from new ideas and new perspectives:* Each DSS office benefitted from having a time to come together and learn about other perspectives that they did not otherwise hold. They noted that getting outside opinions from NC-PAL provided them with new angles and new ideas to look into, which helped them make progress in supporting their youth.
3. *NC-PAL team provided education to optimize care for youth:* DSS county teams indicated that they gained new knowledge, in particular about behavioral techniques and the types of assessments that were needed for children, which helped them to access optimal assessments for youth in their care.
4. *NC-PAL education and consultation reduced placement disruptions anecdotally:* In several cases, the DSS team indicated that NC-PAL discussions reduced placement disruptions with consultation resulting in positive changes for the trajectory for a given child.
5. Summary from one DSS county leader: "We were hesitant at first – 'Oh, it's another pilot program.' But this program actually works. It's helped us in so many ways."

Next Steps

NC-PAL provides critical infrastructure for North Carolina to improve the quality of mental health care for children, young adults and women during pregnancy/post-partum.

With guidance from divisions within NC DHHS, NC-PAL is focused on this mission through continuing the core telephone consultation for pediatric and perinatal providers. Over the next year, the program's goal will be to expand outreach to more rural providers and to build on relationships with local providers to expand use of the telephone consultation program. There will be a particular focus on outreach to Western NC in partnership with MAHEC and ongoing work to develop relationships with providers in rural Eastern NC. This work includes the core phone line infrastructure as well as pilot efforts to help practices provide evidence-based models for depression (collaborative care) and improve the care provided to individuals with intellectual/developmental disabilities.

Key partners for outreach and connection to practices around the state include NC AHEC, NC Peds, NCPA, CCNC, and other organizations supporting primary care and perinatal providers across the state. In addition, recruitment will continue for intensive educational programs that resulted in improved quality of care through the Pediatric REACH training program and the Perinatal Fellowship program deployed by the NC MATTERS program.

For community facing programs, NC-PAL will continue to work with NC DHHS to support children in foster care through participation in the daily Rapid Response Team process, as well as through work with additional county DSS

offices. The work with DSS county offices is of particular importance given the mental health challenges facing children in foster care. There is an opportunity to further expand the work with DSS offices and teams. Additional NC-PAL work in the community setting is focused on the Child Development Service Agencies (CDSAs) that serve young children and on supporting children in school settings, particularly through working in partnership with school-based health centers.

NC-PAL's infrastructure can be deployed to improve the quality of behavioral health care for people with a range of conditions. In the coming year and beyond, NC-PAL will continue to provide telephone consultation and education for pediatric and perinatal providers with a focus on outreach to rural areas of North Carolina. Additional opportunities for using this infrastructure could include support for providers caring for individuals (adolescents and adults) with opioid use disorders or chronic pain syndromes.

The NC-PAL infrastructure results in better outcomes for individual patients and improves the quality of care provided by providers across North Carolina that ultimately improves mental health care for thousands of patients across the state.

Appendix A: Session Law 2023-134, Section 9E.19B

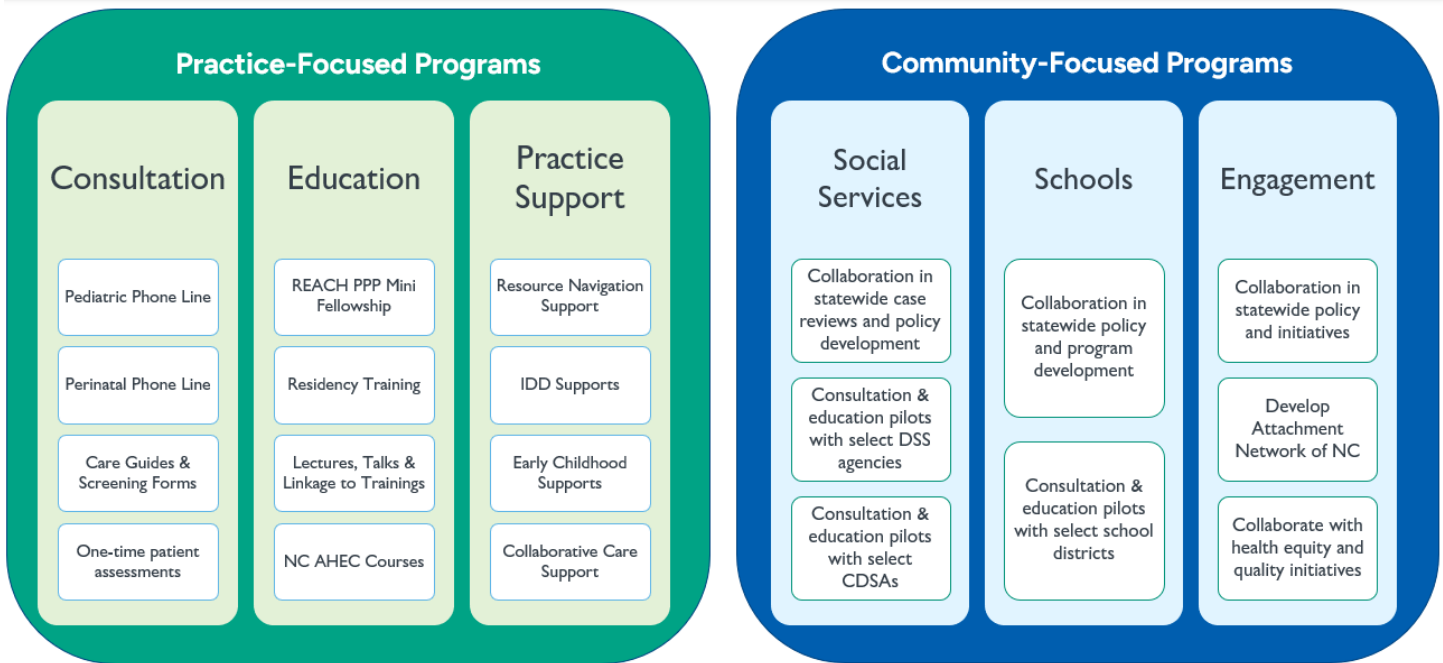
SECTION 9E.19B. Of the funds appropriated in this act to the Department of Health and Human Services, Division of Health Benefits, the sum of one million eight hundred fifty thousand dollars (\$1,850,000) in recurring funds for the 2023-2024 fiscal year and the sum of one million nine hundred fifty thousand dollars (\$1,950,000) in recurring funds for the 2024-2025 fiscal year shall be used for the North Carolina – Psychiatry Access Line (NC-PAL), a partnership between the Department of Health and Human Services and the Department of Psychiatry & Behavioral Sciences at Duke University. No later than September 1, 2024, and September 1, 2025, NC-PAL shall submit to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division the following information:

- (1) The number of consultations provided over the previous fiscal year, broken down by consultations provided by NC-PAL Child Psychiatry and NC-PAL Perinatal Psychiatry.
- (2) The geographic regions of the State utilizing the services offered by NC-PAL, by county.
- (3) The percentage of NC-PAL consultations that resulted in treatment of an individual by that individual's primary care provider, rather than referral to a specialist.
- (4) The estimated number of avoided emergency department visits resulting from the services provided through NC-PAL.
- (5) The results of any new pilot program offering consultations with county department of social services offices or residential providers and whether those consultations reduced placement disruptions for children in the custody of county departments of social services or the need for crisis intervention.

Appendix B: Program Components



NC-PAL provides mental health consultation and education to clinical and social service providers in North Carolina, building their mental health knowledge and capacity.



PRACTICE-FOCUSED PROGRAMS

Consultation

Available to providers by telephone from 8am-5pm, Monday through Friday. Within 30 minutes (usually within 5 minutes, median response time of immediate response) providers can speak with NC-PAL's mental health team about their patient and receive recommendations for treatment, screening and care, as well as resources and referral support.

- **Pediatric Phone Line** provides real-time consultation and referral support to providers caring for children and adolescents. Consultation results in PCPs with improved confidence regarding how to treat children with mental health conditions and positive outcomes for children about whom consultation was requested.
- **Perinatal Phone Line** provides real-time consultation and referral support to providers caring for women during pregnancy or during the post-partum period. Consultation results in providers having increased confidence in how to care for the behavioral health needs of perinatal patients with a range of conditions (e.g. depression, anxiety, substance use).

Education

- **REACH Institute Patient-Centered Mental Health in Pediatric Primary Care (PPP)**- 3-day intensive training regarding pediatric mental health care. Providers who receive training can provide high quality mental health care including diagnosis, treatment and appropriate referral.
- **Residency Training**- Specific trainings are offered to residency programs for pediatric trainees, family physician trainees, and other residents across the state.

- **Lectures & Trainings** – NC-PAL for pediatrics and NC-MATTERS for perinatal provide lectures and trainings across the state, these include virtual trainings such as a specific lecture for an individual practice, as well as virtual trainings for a group of providers. NC-MATTERS has created Maternal Mental Health Fellowship for ongoing more intensive training.

Practice Support

- **Collaborative Care Pilot** – Providing support for the deployment of pediatric collaborative care for depression and anxiety. NC AHEC identifies pediatric practices with interest in deploying this evidence-based model and NC-PAL team provides training for providers and practice-based care managers, as well as providers initial child psychiatry consultation.
- **Intellectual Developmental Disability Pilot**- Providing support for pediatric practices to improve care of individuals with intellectual and/or developmental disabilities (IDD). Pilot with 6 practices across the state that care for a range of young children, school age children, adolescents, and young adults with IDD conditions.

COMMUNITY-FOCUSED PROGRAMS

DSS/RRT

- **Rapid Response Team (RRT) membership** – The NC-PAL team attends the daily NC DHHS-led Rapid Response Team meetings to review cases of children in foster care who are stuck in emergency rooms or other inappropriate settings. The NC-PAL team supports other state staff in understanding the needs of patients and helping determine next steps for these most complex patients.
- **DSS County Office Pilot** – The NC-PAL team has worked with 3 county DSS offices to provide education to staff and office hours consultation regarding specific cases. Pilot counties have included Wilkes County, Brunswick County and Sampson County.

Early Childhood

- **Early Intervention Pilot**- The NC-PAL team has worked with 3 Child Development Service Agencies (CDSA) to provide training and consultation to staff working with young children. In the fall will start working with a second group of 3 regional CDSAs.

Schools

- **School Staff Education**- Provide 6-session education program for school staff. Prior outcomes have included improvement in school staff comfort in working with children with mental health conditions
- **School Consultation** – Focused consultation with school-based staff regarding specific students. Offering consultations to school staff statewide via virtual appointments and piloting an in-depth support model with Vance County schools.
- **School Based Health Center consultation** – Developing framework to provide NC-PAL consultation and education to clinicians at school-based health centers.

Appendix C: Program Funding

NC-PAL & NC MATTERS combined had an approximate annual budget of \$7.4 million for NC-PAL-related activities in the 2023-2024 fiscal year.

Program funding during this period included federal funding through time-limited grants from the Health Resources and Services Administration (HRSA), funding from Mental Health Block Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to NC DHHS, and this legislative allocation with federal Medicaid administrative matching funds (in bold).

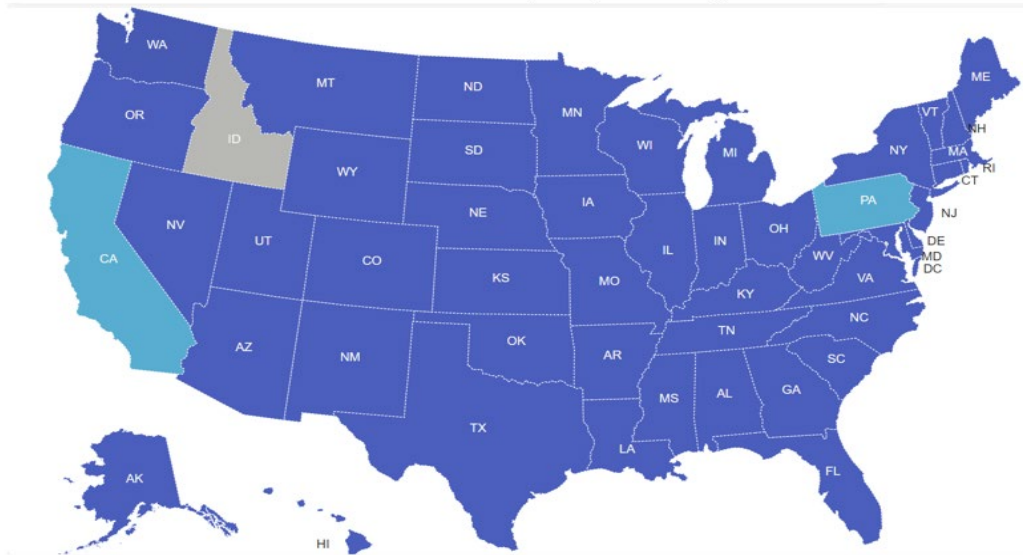
Funding Source	Annual Funding	Programming funded	End date
HRSA PMHCA (pediatric)	\$840,000	- Consultation and education for: <ul style="list-style-type: none"> • Schools • EDs - Equity and inclusion initiatives - Community and provider engagement	September 2027
HRSA MMHSUD (perinatal)	\$571,498	- Consultation and education for: <ul style="list-style-type: none"> • Providers • Community mental health • Nurse home visiting programs - Phone line infrastructure - Telepsychiatry consultation clinic - Maternal Mental Health Fellowship	September 2029
State allocation through NC Medicaid	\$1,850,000	- Consultation and education for: <ul style="list-style-type: none"> • Providers (perinatal and pediatric) • CDSAs • DSS agencies • Rapid Response Team - Practice support pilots <ul style="list-style-type: none"> • Collaborative Care implementation • I/DD - NC MATTERS <ul style="list-style-type: none"> • Attachment Network of NC • Perinatal care coordination • Perinatal psychiatry toolkits - Phone line infrastructure - Community and provider engagement	Recurring
Additional allocation through federal Medicaid administrative match to NC Medicaid	\$1,850,000* (max)		Recurring
Child mental health block grant	\$2,366,667*		September 2025 with option of renewal dependent upon federal allocation to NC and NC DHHS prioritization
TOTAL	\$7,478,165		

*annualized

Appendix D: National Model, Examples of Diverse State Funding Strategies

NC-PAL is a program based on a model developed in Massachusetts and now available in 49 states. Telephone consultation to primary care providers around pediatric mental health is the foundation of the Child Psychiatry Access Program (CPAP) model. States have used a variety of funding mechanisms to support their CPAP programs. Below is a map of the National Network of CPAP program as of 2024, followed by a table with details regarding the funding and structure of the programs in Texas and Virginia. Funding has included HRSA funding, State Legislative allocations, Medicaid funding, and assessments to the health insurance companies in the state per covered life to support the program.

National Network of Child Psychiatry Access Programs 2024



	Recent Annual Funding	Program components
Texas	~ \$172 million for full program - Texas State Legislature funds - call line ~\$27 million - schools mental health ~\$60 million	- Twelve Health Systems across Texas provide child psychiatry consultation to their region Services include: - Pediatric telephone consultation - direct care to schools - Child and Adolescent Psychiatry Fellowship training - Mental health research network
Virginia	~\$12 million - Virginia State Legislature funds ~10 million - HRSA funding	Five Health Systems serve as hubs Services include: - Pediatric telephone consultation - Perinatal telephone consultation - Early childhood telephone consultation - Educational programs including REACH PPP, project ECHO and other educational efforts

- Link to Texas Program Biennial Report: [FINAL-TCMHCC-Report-to-the-LBB-FYS-21-22.pdf \(utsystem.edu\)](#).
- Link to Virginia Program Annual Impact Report: [2023 Impact Report - Virginia Mental Health Access Program | VMAP.org](#)