
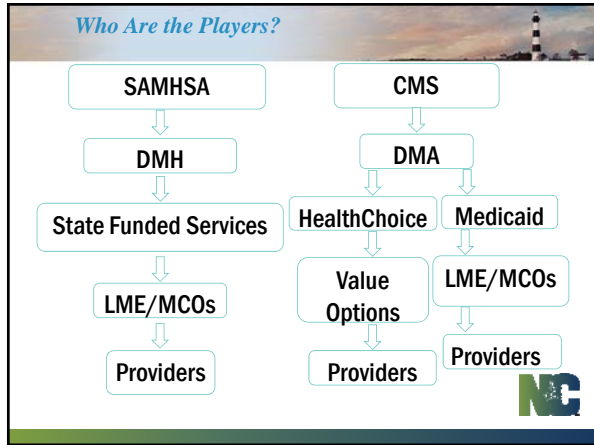


NC System of Care Framework

- Improve Coordinated Care for Individual Youth
- Improve Coordination across Systems
- Improve Family Engagement and Support
- Enhance and Improve Array of Community Services





Local Management Entities/Managed Care Organizations (LME/MCOs)

Responsible for ages 3 years and up.

Coordinate, manage, and authorize:

- Mental Health
- Developmental Disabilities
- Substance Abuse Services

For people with:

- Medicaid
- No Health Insurance

Provide Care Coordination:

Responsibilities for:

- Those leaving state facilities, community hospitals, ERs, or crisis services who are not connected to a clinical home
- For high cost and/or high risk consumers

Crisis Services for all people:

- Mobile crisis services
- Psychiatric walk-in services
- Behavioral health urgent care
- Facility based crisis stabilization services




LME/MCOs Access to Care Standards

- **Emergent Need:** Face to face services within 2 hours
- **Urgent Need:** Face to face services within 48 hours
- **Routine Need:** Face to face services within 14 days



True/False Question


LME/MCO's are responsible for coordinating access to services for Routine and Crisis services only.

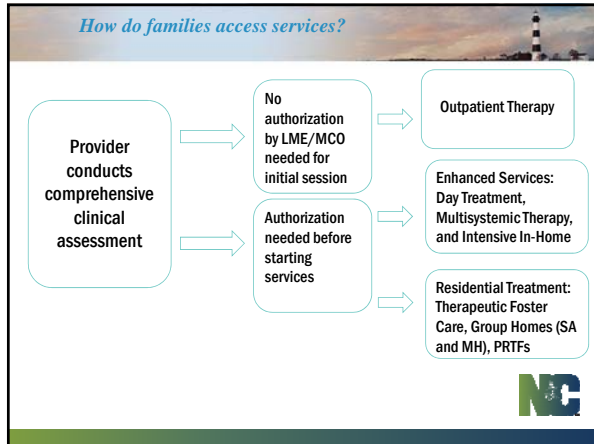


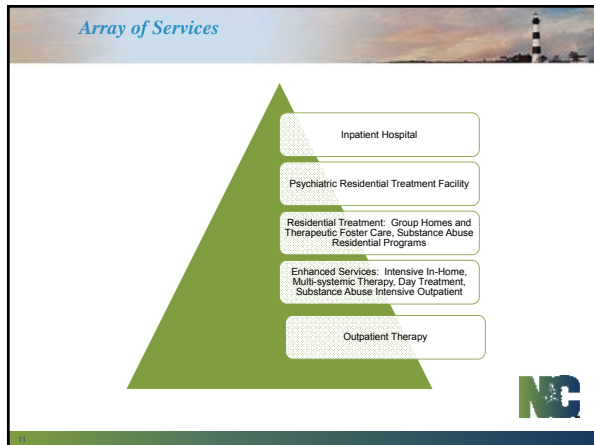
How do families access services?

Three ways to access services:

- Call LME/MCO access line.
- Go directly to a provider who is contracted with the LME/MCO.
- Through a crisis service.







- ### Criteria for Involvement in Funded Services
- All covered services must be medically necessary for meeting specific preventive, diagnostic, therapeutic, and rehabilitative needs
 - There must be a diagnosis reflecting need for treatment
 - Service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment
- The NC logo is in the bottom right corner.


Continuum of Services

- Most restrictive, farther from community- Examples include Residential, Hospitalization, Group Home, Therapeutic Foster Care
 - More costly
 - Less cost-effective
 - Serves fewer youth
- Least restrictive, in the community-Examples include Community Based Services, School based Mental Health Services, Intensive In Home Services and Multisystemic Therapy (MST)
 - Less costly
 - More cost-effective
 - Serves more youth




True/False Question

A young person and their family can start Intensive In-Home services without an assessment.




Why are services denied?

- Medical necessity has not been met
- A gap exists in that community for that particular service
- Least restrictive services have not been attempted




What happens if services are denied?

- Provider and family both get letters explaining the denial
- Call LME/MCO directly
- Juvenile Justice has a flow chart to DMHDDSAS liaison to let them know of system issues for trend analysis



True/False Question


True or False? In most cases, a provider cannot start Day Treatment Services until there is an authorization from LME/MCO.



Improve Coordination across Systems

- *Our vision embraces a comprehensive array of home and community-based services and supports to provide treatment and to support the functioning of children with emotional disorders and their families at home, school, work, and in the community. Children belong in their homes and in their communities and every effort should be made to keep them there and to return them from institutional to home and community settings.*
- President's New Freedom Commission on Mental Health, Subcommittee on Children and Family, 2003

North Carolina
System of Care



Improve Coordination across Systems

Community Collaboratives

November 2016 Count of Community Collaboratives

- 73 SOC Community Collaboratives in North Carolina
- 64 single county collaboratives
- 9 Multi-county collaboratives
- 11 counties do not currently have a SOC collaborative

North Carolina
System of Care



Community Collaboratives

Community Collaboratives Create Local Solutions to Local Concerns

Community Collaboratives can:

- Develop local priorities based on local data and trends
- Develop strategies to fill service gaps
- Support family and youth voice in all levels of planning
- Support partner agencies (schools, juvenile justice, child welfare) in addressing the behavioral health needs of their constituents
- Develop community wide training plans
- Develop interagency agreements to improve system-wide collaboration



The Need for Collaboration with Juvenile Justice

JJSAMHP


THE JUVENILE JUSTICE SUBSTANCE ABUSE MENTAL HEALTH PARTNERSHIPS

- **Juvenile Justice Behavioral Health Partnerships**
 - *Reclaiming Futures and Juvenile Justice Substance Abuse Mental Health Partnerships (JJSAMHP) and Juvenile Justice Treatment Continuum*
- Juvenile Justice, MH/SA, and other child serving agencies and stakeholders
- Locally driven teams to address the needs of juveniles and families involved in the justice system-particularly to address substance abuse and/or mental health issues
- Includes DPS leadership, Local Management Entity/Managed Care Organization (LME/MCO) and Providers at a minimum
- Funding provided to teams to support local processes with technical assistance from state level partners and consultants
- www.jjsamhp.org



Assessment

- All JJSAMHP teams have processes for referring youth from screening to assessment
- An assessment drives the decisions regarding level of care as well as within treatment
- Two main types of assessments that are used within JJSAMHP processes
 - Comprehensive Clinical Assessment
 - Psychological Testing




Assessment

- Comprehensive Clinical Assessment
 - Intensive clinical and functional face-to-face evaluation of a beneficiary's presenting mental health, developmental disability, and substance use disorder
 - Results in a written report that provides clinical basis for development of a treatment or service plan and recommendations for service
 - Completed before the start of treatment for enhanced services and residential treatment
 - **Determines medical necessity**
 - Used for Individual Therapy, Family Therapy, and Group Therapy
 - Must be completed by a licensed or provisionally licensed individual




Assessment

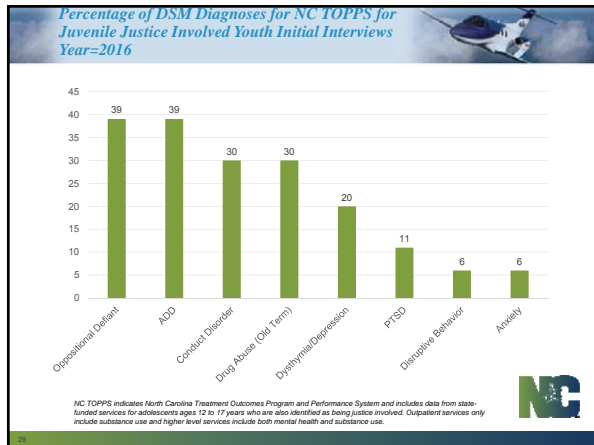
- Psychological Testing
 - DSM-5 Diagnosis or suspicion of a diagnosis for which testing is being requested
 - There is behavioral, psychological, or biological challenges or impairment
 - Psychological testing will not be covered:
 - If requested by school or legal system **unless there is medical necessity**



**Importance of an effective assessment-
Challenging behaviors are only the tip of the iceberg.....**


- Is the adolescent irritable and cursing people out?
 - Adolescents can be irritable due to numerous factors, including depression, trauma or anxiety- often labeled as oppositional
- Does the adolescent have severe "mood swings"?
 - Mood swings do not equal Bipolar Disorder
 - Can be due to bereavement, trauma, developmental behaviors
- Does the adolescent fight a lot?
 - Some of adolescents with "fighting" and other behaviors may be depressed
 - Fighting can also signal trauma
- Does the adolescent use substances?
 - Some adolescents use substances to self-medicate and cope with trauma or grief and loss





Assessment-Trauma

- Juvenile Justice - 50-90% have experienced trauma (Wolpaw & Ford; Abram et al., 2004); Child Welfare (DSS) - 50-75% of youth experience abuse (Hummer et al.)
- 25-43% of children are exposed to sexual abuse and 39%-85% of children witness community violence (Presidential Task Force on PTSD and Trauma)
- PTSD used to be the 10th most common diagnosis for JJSAMHP three years ago-now it is 6th
 - Recognition of trauma is increasing but there is work to be done
- An adverse childhood experience (ACE) describes a traumatic experience in a person's life occurring before the age of 18 that the person remembers as an adult²




ACEs Can Have Lasting Effects on Behavior & Health

Out of **100** American Adults

| | | |
|-----------------------------------|---------------------------------|---------------------------------|
| 33 <i>No ACEs</i> | 51 <i>1-3 ACEs</i> | 16 <i>4-8 ACEs</i> |
| <u>WITH 0 ACEs</u> | <u>WITH 3 ACEs</u> | <u>WITH 7+ ACEs</u> |
| 1 in 16 smokes | 1 in 9 smokes | 1 in 6 smokes |
| 1 in 69 have alcohol use disorder | 1 in 9 has alcohol use disorder | 1 in 6 has alcohol use disorder |
| 1 in 480 uses IV drugs | 1 in 43 uses IV drugs | 1 in 30 uses IV drugs |
| 1 in 14 has heart disease | 1 in 7 has heart disease | 1 in 6 has heart disease |
| 1 in 96 attempts suicide | 1 in 10 attempts suicide | 1 in 5 attempts suicide |

ACEs Can Have Lasting Effects on Behavior & Health

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Sexually transmitted diseases (STDs)
- Obesity
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of sexual activity
- Adolescent pregnancy



Treatment and Services

- **Evidence Based Practices**-Practices or Treatments that have been shown to be effective in studies
 - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
 - Wraparound Services
 - Multisystemic Therapy (MST)
 - Therapeutic Foster Care (TFC)
 - Seven Challenges
 - Adolescent Community Reinforcement Approach
 - Structured Psychotherapy for Adolescents Responding to Chronic Stress



| Juvenile Justice Involved and Publicly Funded Services- Outpatient Substance Use (based on 2015-2016 NC TOPPS data) | | |
|--|--|--|
| | <i>Juvenile Justice Involved Youth</i> | <i>Youth Who are Not Juvenile Justice Involved</i> |
| Individual Therapy | 50.4% (117) | 49.6%, (115) |
| Family Therapy without Patient | 73.5%, (25) | 26.5%, (9) |
| Family Therapy with Patient | 64.1%, (75) | 35.9%, (42) |
| Group Therapy (multiple family group) | 62.0%, (31) | 38.0%, (19) |
| Group Therapy (non-multiple family group) | 61.0%, (47) | 39.0%, (30) |
| Behavioral Health Counseling-Individual Therapy | 56.6% (57) | 43.4% (72) |
| Alcohol and/or Drug Group Counseling | 53.3% (97) | 46.7% (85) |


NC TOPPS indicates North Carolina Treatment Outcomes Program and Performance System and includes data from state-funded services. Outpatient services include substance use services.

| Juvenile Justice Involved and Publicly Funded Services – Higher Level MH/SA Services (based on 2015-2016 NC TOPPS data) | | |
|--|--|--|
| | <i>Juvenile Justice Involved Youth</i> | <i>Youth Who are Not Juvenile Justice Involved</i> |
| Substance Abuse Intensive Outpatient | 46.9% (121) | 53.1% (137) |
| Intensive In Home Services | 20.0% (747) | 80.0% (2991) |
| Adolescent Day Treatment | 32.3% (243) | 67.7% (510) |
| Multisystemic Therapy | 63.4% (801) | 36.6% (462) |
| Therapeutic Foster Care | 21.0% (143) | 79.0% (538) |
| Residential Psychiatric | 34.7%, (164) | 65.3%, (309) |


NC TOPPS indicates North Carolina Treatment Outcomes Program and Performance System and includes data from state-funded services. Outpatient services include substance use services and Higher level services include both mental health and substance use outcomes.

True/False Question

Although youth in the justice system represent less than one percent of North Carolina’s adolescent population-they may comprise anywhere from 20%-74% of documented youth in services.




Practical Ways to Support the System of Care




Questions to Ask/Things to Consider:

- Has the process been family driven and youth guided?-Did the family have input in the process?
- Are decisions driven by the Child & Family Team-particularly for higher level services? "When was the last Child and Family Team held and what did they recommend?"
- Are their natural supports involved in the youth's planning and services?




Practical Ways to Support the System of Care



Questions to Ask/Things to Consider:

- Is there collaboration across systems?
- Are services based in the young person's community?
- Are the services culturally and linguistically competent?
- Are the services individualized to the youth and their family?
- Is there a strengths based approach by all involved in addressing the young person and their family?



Legal Requirements of Court Orders



When Can Evaluation and Treatment Be Ordered?

- In every case – G.S. 7B-2502
- If the adjudication involves possession, use, sale, or delivery of alcohol or drugs, substance abuse testing is required within 30 days.

Who Must Arrange for Evaluation and/or Treatment?

- Juvenile's Parent/Guardian must be allowed to do so
- If parent refuses or is unable, the court must arrange

Can the Court Order Inpatient Treatment for Mental Illness or Developmental Disability?

- No. Must refer juvenile to LME/MCO




Legal Requirements of Court Orders

Who Pays for the Evaluation and/or Treatment?

- Juvenile's Parent/Guardian
 - Court can assign medical insurance coverage (G.S. 7B-2704)
- Medicaid through LME/MCO approval
 - Child is Medicaid eligible
 - Provider is qualified to perform requested service
 - Service is covered by state Medicaid plan
 - Service is medically necessary
- The County
 - Requires a finding that juvenile's parent is unable to pay
 - Requires a **hearing with notice** to county
 - County DSS must arrange for services

In re D.R.D., 127 N.C. App. 296 (1997) (affirmed court order requiring county to pay \$124K for inpatient sex offender treatment program)




Legal Requirements of Court Orders

Tips for Drafting Good Court Orders

- Order the right assessment
 - **Comprehensive Clinical Assessment**
 - Psychological Evaluation
- Order the disclosure of mental health and substance abuse records
- Do not delegate your authority to order treatment
 - Order the treatment but leave the details to the professionals


~~"The juvenile shall cooperate with placement in a residential treatment program if deemed necessary by Juvenile Court."~~

"The juvenile shall participate in a residential treatment program, as recommended by an assessment, and follow the treatment plan as directed by a court counselor or mental health agency."




Additional Information and Training


- Intellectual and Developmental Disability
 - Youth with Dual Diagnosis
 - Youth with Complex Needs
- Trauma
- Youth with Problem Sexual Behaviors
- Youth and Family Engagement
- System of Care
- Child and Family Team



Sources



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