

Children's Behavioral Health in North Carolina

May 5, 2022



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**



CHILDREN'S BEHAVIORAL HEALTH IS A TOP PRIORITY FOR NCDHHS

Behavioral Health & Resilience



We need to offer services further upstream to build resiliency, invest in coordinated systems of care that **make mental health services easy to access** when and where they are needed and **reduce the stigma** around accessing these services.

Child & Family Wellbeing



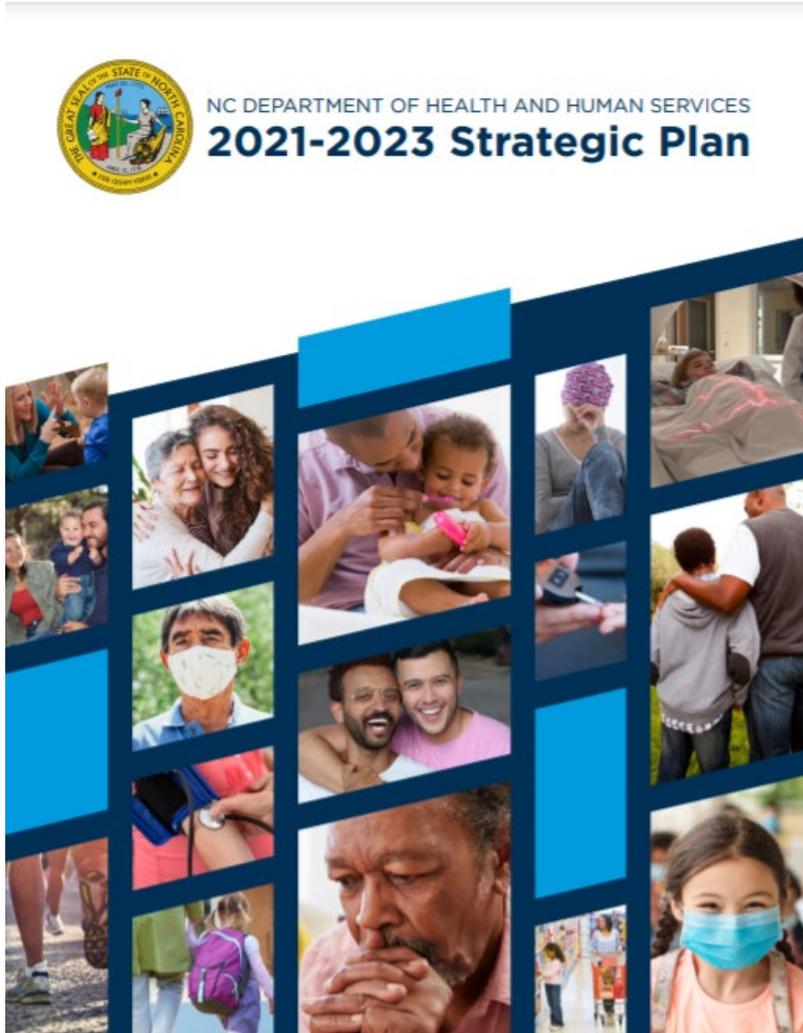
We will work to ensure that NC's children grow up safe, healthy and thriving in nurturing and resilient families and communities. **Investing in families and children's healthy development builds more resilient families, better educational outcomes and, in the long term, a stronger society.**

Strong & Inclusive Workforce



We will work to strengthen the **workforce that supports early learning, health and wellness by delivering services to NC.** And we will take action to be an equitable workplace that lives its values and ensure that all people have the opportunity to be fully included members of their communities.

CHILDREN'S BEHAVIORAL HEALTH & SCHOOLS IN OUR STRATEGIC PLAN



Key Strategy

Increase access to children's mental health services by expanding mental health services in schools, primary care, and specialty care.

<https://www.ncdhhs.gov/media/13331/download?attachment>

STUDENT MENTAL HEALTH CHALLENGES HAVE BEEN INCREASING OVER THE LAST DECADE

Symptoms

- 2009-2019: Proportion of high school students reporting persistent feelings of sadness or hopelessness increased by 40%

Suicidal Ideation

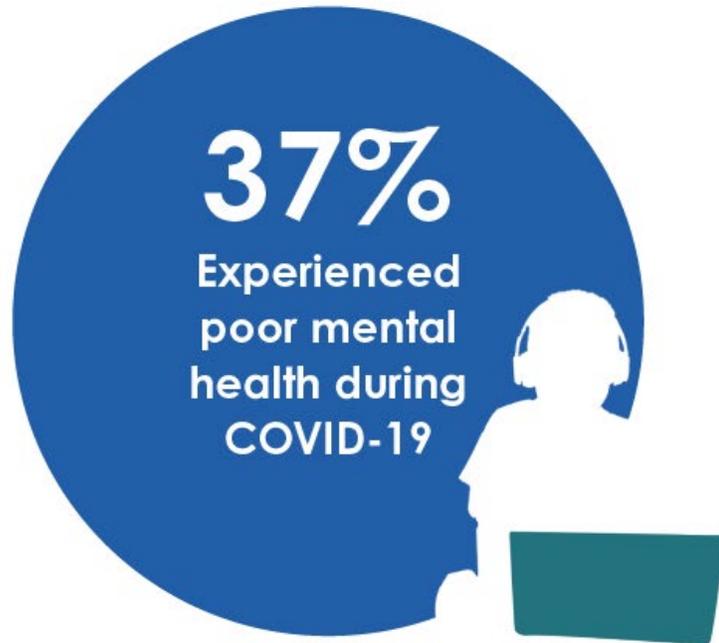
- 2009-2019: Students seriously considering or attempting suicide increased by 36%

Use of Emergency Departments

- 2011-2015: 28% increase nationally of youth going to emergency department for depression, anxiety, and behavioral health challenges

THE COVID-19 PANDEMIC WORSENER AN ALREADY GROWING CHALLENGE FOR YOUTH

National Trends



Females & LGBTQ+ youth experienced worse mental health threats during COVID-19

North Carolina Trends

- ~3,600+ NC children have lost a parent/caregiver to COVID-19
- 46% ↑ in youth with 1+ major depressive episode during pandemic (2020-21)
- Rate of children discharged from emergency departments with a behavioral health condition increased by ~70% in pandemic

<https://www.cdc.gov/healthyyouth/data/abes.htm>;

<https://www.mhanational.org/issues/state-mental-health-america>

<https://www.northcarolinahealthnews.org/2021/06/25/behavioral-health-emergency-nc-health-organizations-ask-state-leaders-for-help/>;

<https://www.covidcollaborative.us/assets/uploads/img/HIDDEN-PAIN-FINAL.pdf>

FEELING CLOSE TO PEOPLE AT SCHOOL PROVIDES CRITICAL PROTECTION FOR STUDENTS

Students who felt close to people at school

Students who didn't feel close to people at school

35%

53%

Experienced persistent feelings of sadness or hopelessness during the past 12 months

14%

26%

Seriously considered attempting suicide during the past year

6%

12%

Attempted suicide during the past year



For more information, visit cdc.gov/nchhstp/newsroom



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

NORTH CAROLINA IS TAKING SEVERAL ACTIONS TO ADDRESS THE CHILD BEHAVIORAL HEALTH CRISIS

Transforming Child Welfare and Family Well-Being Together:
A Coordinated Action Plan for Better Outcomes

A coordinated effort dedicated to creating prevention and treatment solutions that help every child and family experiencing adversity to cope, repair and heal.

North Carolinians have always sought to bring out the tremendous potential in every child. We share a common vision that every child grows up in a safe, nurturing family and community with the opportunity to achieve their full potential.

Families play the primary role in nurturing their children, supported with services provided in their communities. These services are especially important for families experiencing crises with children who have complex behavioral health needs. The right care at the right moment can help them overcome adversity, heal, and live productive lives—the kind of lives we want for each child.

North Carolina's Department of Health and Human Services is determined to continue efforts to dramatically improve the way we support children and families in crisis who have come to the attention of child welfare services. These improvements require transforming how our child welfare, direct care and well-being agencies work together to strengthen families and meet the behavioral health, social, educational and physical health needs of children.

Good work to support children and families in crisis is happening every day in North Carolina, delivered by state and county social services, health and other public agencies, nonprofits and community partners. However, the services often lack the coordination and resources to effectively protect and care for these children, strengthen their families and produce better outcomes for all. North Carolina ranks last

among similar states in child welfare investment per child across public funding sources. Most importantly, we must ensure that the same level of high-quality services is equitably available in every community, rather than the patchwork of uneven supports that currently exists across the state.

Recognizing that we can and should do better to work together across sectors, we created the multi-sector Child Welfare and Family Well-being Transformation Team to collaborate on solutions. The Transformation Team includes leaders across NCDHHS Divisions (Medicaid, public health, behavioral health, social and economic services) and multiple external stakeholders (hospitals, private agencies, Local Management Entities, county DSS, practitioners, attorneys and people with lived experience). The Transformation Team is focused on how to care for these children in a way that works and is as easy and seamless as possible for families to navigate.

The Transformation Team is committed to addressing a full array of services that help families reduce and cope with adversities and repair and heal. This paper represents the first part of a series of proposed prevention and treatment solutions that will be released by the Transformation Team in 2022 and is focused on addressing the urgent crisis of the growing number of children with complex behavioral health needs who come into the care of child welfare services. These children and families require our immediate attention through better coordination and increased resources for services that close gaps in care.

The Coordinated Action Plan Outlines 13 Strategies to Pursue as a Starting Point

| | |
|--|---|
| <h3>Expand treatment services that prevent children from being removed from their homes or experiencing multiple placements</h3> | <h3>Connect children to expanded care placement options more quickly</h3> |
| <ul style="list-style-type: none"> • Expand High-Fidelity Wraparound Services Pilots Statewide • Launch START Substance Use Treatment Pilots in 10 Counties • Expand MORES Mobile Crisis Intervention Teams Statewide • Strengthen Care Coordination for Children and Youth in DSS Care and for Former Foster Youth • Expand the NC-PAL Program Statewide • Implement the “988” Statewide Crisis Hotline | <ul style="list-style-type: none"> • Establish Placement First Pilots • Establish Crisis, Inpatient and Residential Bed Tracking and Crisis Referral System • Establish Emergency Respite Pilots for Caregivers • Build Professional Foster Parenting Programs • Strengthen the NCDHHS Rapid Response Team (RRT) • Develop a Plan to Increase Supply of Appropriate Treatment and Residential Placements for Children Needing Behavioral Health Services • Use Administrative Flexibilities and Enforcement to Create New Placement and Service Options for Children |

WORKING WITH MULTI-SECTOR PARTNERS TO SUPPORT STUDENT BEHAVIORAL HEALTH



NCDHHS



North Carolina Department of
PUBLIC INSTRUCTION

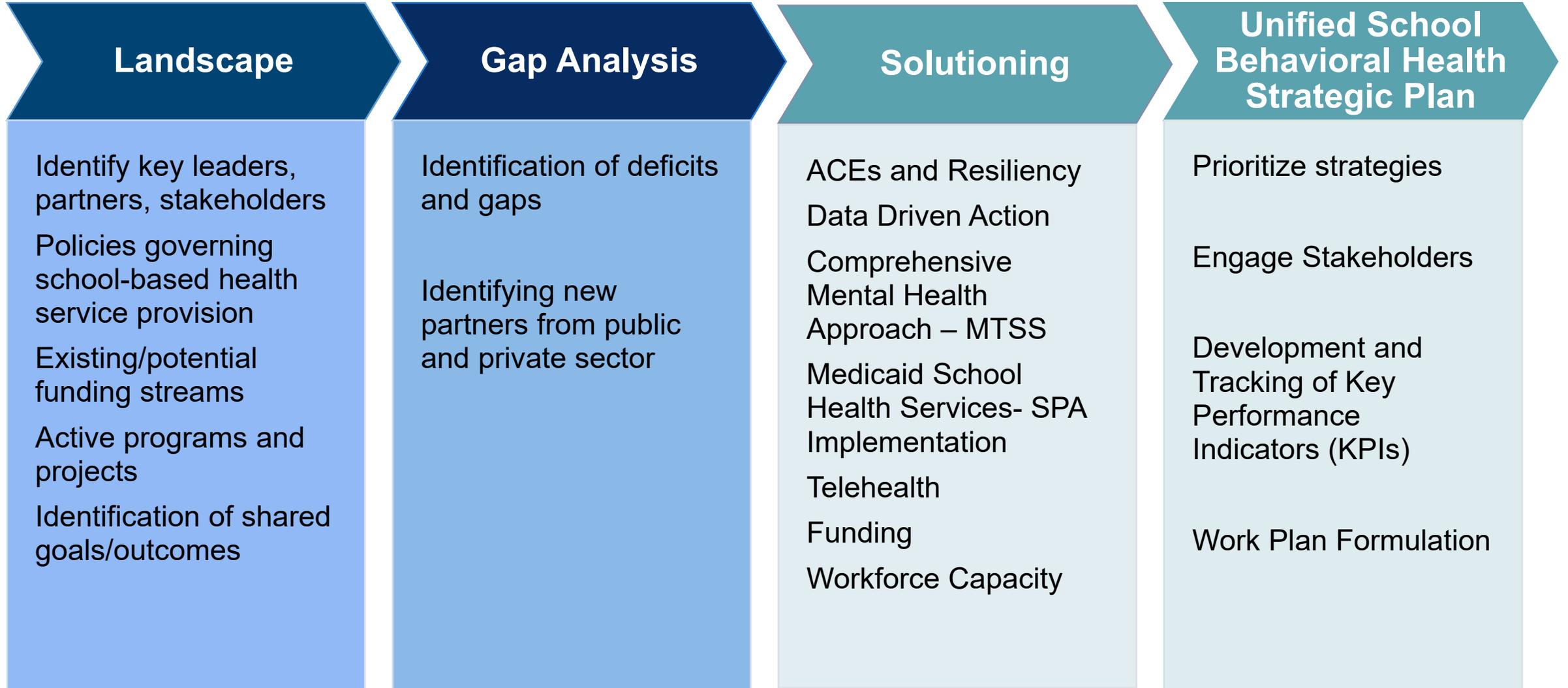


James B. Duke
THE DUKE ENDOWMENT



<https://unsplash.com/s/photos/school-children>

SCHOOL BEHAVIORAL HEALTH ROADMAP



LANDSCAPE: EARLY INSIGHTS ON SCHOOL-BASED BEHAVIORAL HEALTH

- **Child/youth behavioral health is a shared priority**, which can be seen in increased state support and investments in school mental health (e.g., social/emotional learning programs)
- **Strong partnerships** to address school-based behavioral health exist throughout state and community levels (e.g., cross-sector partnerships addressing suicide prevention among youth)
- Emphasis on **trauma** and **resiliency** in many projects with opportunities to expand existing work in school settings
- **Multi-Tiered System of Supports (MTSS)** framework: Great foundation to build upon for addressing youth mental health in schools
- **System of Care**: Community-based services and supports to meet the needs of children involved with multiple systems is also an initiative to build upon

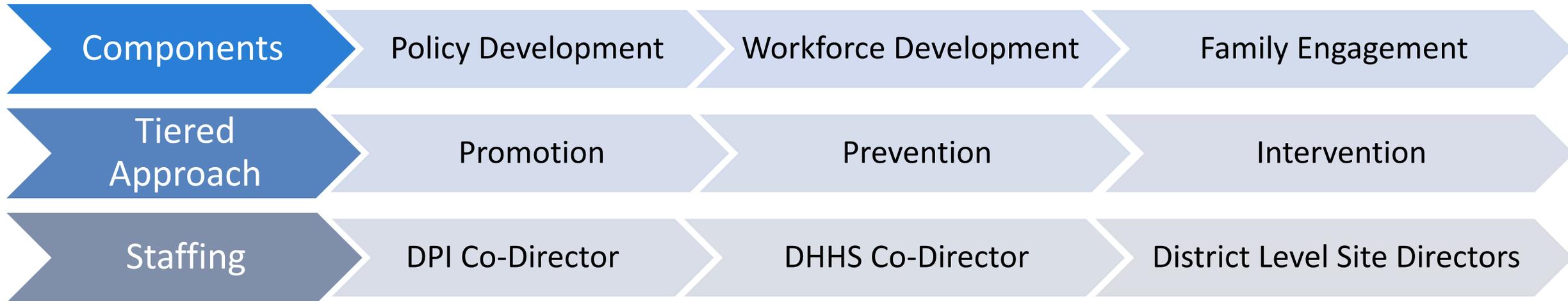
GAP ANALYSIS: EARLY INSIGHTS ON SCHOOL-BASED BEHAVIORAL HEALTH

- **No centralized repository** of partners, programs, funding, services, and outcomes exists – hindering transparency for stakeholders on the array of services and activities across NC
- **Limited workforce capacity** of behavioral health providers and other school staff impacts students' access to school-based behavioral health prevention, screening and treatment services
- **Funding challenges** limit the reach of prevention programs, including resiliency/trauma-informed care, hiring and retaining staff, and reimbursing for behavioral health services provided in schools
- Many partners **working in silos** sometimes missing opportunities for collaboration
- **Telehealth services** were newly expanded during COVID but lack of clarity and alignment on how to include in array of services available in school post-COVID.
- Lack of **centralized data source**, challenging to track progress and make data-driven decisions

DPI AND DHHS PARTNERSHIP SPOTLIGHT: PROJECT AWARE / NC PROJECT ACTIVATE

SAMHSA-funded, national program of coordinated, behavioral health initiatives in schools

Promoting equitable access to high quality, school-based behavioral health and substance use services



Impact:
 2 Cohorts
 6 Districts
 124 schools
 59,648 students



North Carolina State Board of Education Districts



Cohort 1 (2018-2023)
 Northeast District: Beaufort County Schools
 Southwest District: Cleveland County Schools
 Piedmont-Triad District: Rockingham County Schools

Cohort 2 (2021-2026)
 Western District: Jackson County Schools
 North Central District: Nash County Schools
 Sandhills District: Sampson County Schools

PROGRAM SPOTLIGHT: YOUTH MENTAL HEALTH FIRST AID

NC Department of Health and Human Services will receive **\$5 million of GEER funds** to expand Youth Mental Health First Aid (MHFA) training.



Youth MHFA training teaches adults who work with youth, including teachers and school staff, how to identify and support youth ages 12-18 who are experiencing mental health and substance use challenges and how to help in crisis situations.

WHAT MENTAL HEALTH FIRST AID COVERS:

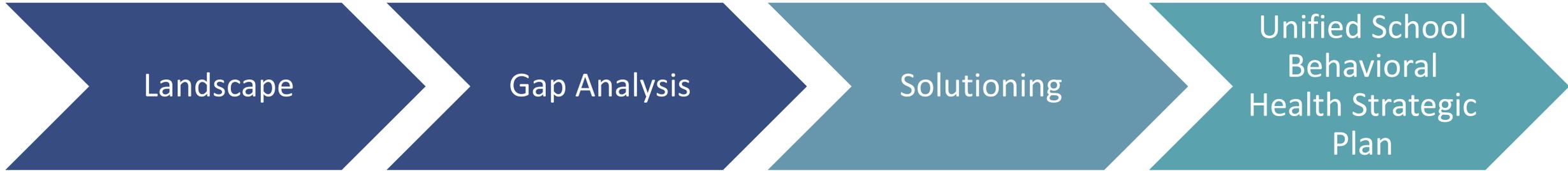
- Common signs and symptoms of mental health challenges in this age group, including anxiety, depression, eating disorders and attention deficit hyperactive disorder (ADHD)
- Common signs and symptoms of substance use challenges
- How to interact with a child or adolescent in crisis
- How to connect the youth with help
- Expanded content on trauma, substance use, self-care and the impact of social media and bullying

WHOLE SCHOOL, WHOLE COMMUNITY, WHOLE CHILD (WSCC) MODEL

- CDC's framework for addressing health in schools
- Adopted by the NC State Board of Education
- Emphasizes
 - **Student-centered**
 - Role of **community** in supporting school
 - **Connections** between health and academic achievement
 - Importance of **evidence-based school policies and practices**



LOOKING AHEAD



Implementation

- Recognize the urgency of implementing prioritized strategies ASAP
- Assessing resourcing needs during landscape, gap analysis, and solutioning

Monitoring and Measuring Impact

- Sharing accountability across partners will be critical to success
- Emphasis on equitable access and positive outcomes