NC Department of Health and Human Services
Behavioral Health & Juvenile Justice-Involved Populations

Kody H. Kinsley
Deputy Secretary for Behavioral Health & IDD
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Why this matters

Racial Disparities in Behavioral Health

• A NC pilot study with cross-system involved youth found several service volume billing differences (averages):
  – White youth receive more services for diagnoses for depression, anxiety, and trauma/stress for as compared to African American youth:
    • 75.48 versus 59.75 for depression per month
    • 43.13 versus 10.0 for anxiety per youth per month
    • 127.80 versus 108.09 for trauma and stress per month
  – African American youth are more likely to receive services for diagnoses for bipolar/mood disorders, substance related, and psychotic issues as compared to White youth:
    • 101.80 versus 67.16 for bipolar/mood disorders per month
    • 24.50 versus 19.63 for substance related disorders per month
    • 191.50 versus 35.00 for psychotic disorders per month
  – Disproportionately more African American youth receive residential services as compared to White youth:
    • 227.68 versus 197.40 for residential services per month

Source: NC Tiered Care Coordination Pilot Project Billing
Why this matters

*Racial Disparities in Behavioral Health*

- One study of mental health delivery patterns (in the Maryland Juvenile Justice system) found that **42.6% of White youths who met diagnostic criteria received mental health services**, compared to only **11.9% of Black youths** who met diagnostic criteria.

- NC data for justice involved youth found that:
  - African American justice involved youth are more likely to receive an externalizing diagnosis (Oppositional Defiant, Conduct)
  - White youth are more likely to receive an internalizing diagnosis (Depression, Anxiety, Trauma)

- A review by the national OJJDP of juvenile justice studies noted:
  - Youth of color in the justice system receive fewer behavioral health services than White youth
  - Youth of color served in the mental health system are more likely to be referred to the justice system than White youth

Source: NC Treatment Outcomes Program and Performance System data
Why this matters
Increase in Youth in NC’s Juvenile Justice System

• Legislation enacted in 2019, Raise the Age (RtA), moved significant numbers of youth from the adult system to the juvenile system

• Opportunities for more access to age appropriate services and treatment for youth

• Added most 16- & 17-year old delinquent offenses
  • 48% systemwide increase to-date
  • Higher risk scores for RtA juveniles
  • 652 RtA detention admissions to-date
  • 148 RtA youth transferred to superior court to-date
  • 36 RtA juveniles committed (YDC)
Agenda

- Broad COVID-19 Drivers, Outcomes, & Mitigations
- Big Picture: Behavioral Health by the Numbers
- DHHS Priorities
- Integrating Strategic Efforts and Initiatives
- Opportunities to Partner
COVID-19 Drivers, Outcomes, and Mitigations

1. **Indirect Drivers**
   - Difficulty accessing services, isolation, loss of traditions
   - Loss of social determinants of health – work, health insurance, housing
   - Personal experiences of uncertainty, illness, and death

2. **Behavioral Health Spectrum**
   - Increased frequency and intensity
   - Anger and Hostility
   - Excessive Use or Misuse
   - Persistent Depression
   - Violence towards self/others
   - Situational loneliness, anxiety
   - Withdrawal from community
   - Inability to Cope
   - Extreme Mood Changes
   - Altered Perception
   - Chronic and Persistent Illness

3. **Mitigation strategies**
   - Include sustaining services, normalizing and managing crisis, and targeted interventions
   - Policy modification, telehealth, provider guidance, and funding to support services
   - Increased awareness, normalization, access to crisis services, resiliency
   - Specific interventions for disproportionately impacted communities and outcomes

Individual's genetics, experiences, and coping mechanisms result in **varied outcomes**
The NC Behavioral Health Impacts of COVID-19

Behavioral Health Issues and Indicators

• **Anxiety & Depression**
  - Existing unmet need: 1.5 million North Carolinians 18+ have a mental illness in a given year - 1 in 5 don’t receive care or treatment
  - Three-fold increase in reported symptoms of depression and/or anxiety disorders – 1 in 3, up from 1 in 9.
  - Younger cohorts (18-29) report higher prevalence of anxiety and depression, while prevalence among racial groups is relatively consistent.

• **Substance Use – Alcohol & Opioids**
  - Existing unmet need: 8 out of 9 North Carolinians with SUD don’t received treatment in a specialized SUD treatment facility
  - Liquor sales in North Carolina increased 12% in State Fiscal Year 2019-20
  - RTI Survey: Respondents with children reported an increase in drinks per day that was more than four times as large on average than those without children.
  - In 2020, while NC has experienced a 19% decrease in overall Emergency Department visits, we have seen a 21% increase in Medical/Drug Overdose ED visits – largely driven by a 24% increase in opioid overdose ED visits.

• **Suicide**
  - For every five-percentage point increase in the rate of unemployment, an additional 304 North Carolinians would be expected to die each year from suicide (126) and drug overdose (178).
Serious mental illness affects an estimated 14.5% of men and 31% of women in jails.

60% of jail inmates reported having had symptoms of a mental health disorder in the prior twelve months.

83% of jail inmates with mental illness did not receive mental health care after admission.

68% of people in jail have a history of abusing drugs, alcohol, or both.

Compared to other North Carolinians, within the first 2 weeks post incarceration, formerly incarcerated people are…

- 40 times more likely to die from an opioid overdose
- 74 times more likely to die from a heroin overdose

*Various documented sources
BH & IDD By the Numbers

10.6 million residents, 2.4 million have Medicaid, 1.1 million uninsured, 7.1 million have private insurance

Prevalence in North Carolina

- 1 in 20 people are living with a **serious mental illness**
- 1 in 20 people are living with an **opioid use or heroin use** disorder
- 1,379 people died by **suicide** in 2018
  - 2nd leading cause of death for youth ages 10-17
- Over 11,600 youth in foster care, **up 35%** since July 2012
- Juvenile Justice received **23,580 complaints** involving 11,136 youth in 2018

*Various documented sources*
BH & IDD By the Numbers

Prevalence: Juvenile Justice-Involved populations

• Over half of youth in the justice system (from earliest involvement to facility involvement) have a diagnosed behavioral health issue

• Studies have shown about 2/3 of youth in justice facilities have a diagnosable mental health disorder compared to only 9 to 22% of general adolescent population

• Youth in juvenile facilities were 10 times more likely to experience psychosis than the general population

• A long-term study that followed up with youth who committed offenses found most were likely to have a substance use disorder, followed by anxiety, ADHD, Depression and then PTSD when first involved with the system

Top DHHS Priorities

1. Transform our healthcare system to buy health and integrate physical and behavioral care.

2. Combat the Opioid Epidemic

3. Drive health opportunities from the start Implement the Early Childhood Action Plan

Behavioral Health and IDD Strategy
Vision for Behavioral Health & IDD in North Carolina:
North Carolinians will have access to integrated behavioral, developmental, and physical health services across their lifespan. We will increase the quality and capacity of services and supports in partnership with providers, clients, family members, and communities to promote hope and resilience and achieve wellness and recovery.

(Feb 2018 Behavioral Health and IDD Strategic Plan)

Mission:
Through the lens of behavioral health, we aim to lead with our ideas to identify gaps, invest in promising interventions, and efficiently scale a system that promotes health and wellness for all North Carolinians across all payers, providers, and points of care.
“Healthy Opportunities,” commonly referred to as the social determinants of health, are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

- Access to high-quality medical care is critical, but research shows up to 80 percent of a person’s health is determined by social and environmental factors and the behaviors that emerge as a result.

- Addressing the factors that directly impact health is a key component of meeting DHHS’s mission to improve the health, safety and well-being of all North Carolinians while being good stewards of resources.

North Carolina’s Healthy Opportunities Priority Domains

- Housing
- Food
- Transportation
- Interpersonal Violence
Integrating Strategic Efforts

Justice System Strategy

Youth Behavioral Health

Juvenile Justice Behavioral Health Initiatives
Draft Goals for Justice System Strategy

1. Divert individuals from justice systems to treatment services and supports
2. Provide the right care at the right time in the right setting
3. Address challenges and improve outcomes

Key Strategies Include:

- Working with state, local and community partners to identify gaps and needs, and developing solutions for a seamless array of services and supports
- Partnering with Juvenile Justice to develop strategies for transition age youth in the juvenile justice system to have timely access to individualized support services including housing, education/employment, and other SDOH, as well as high quality BH/IDD services and supports
- Partnering with Juvenile Justice Behavioral Health Partnership (JJBHP) teams to develop strategies to enhance and ensure timely access and a seamless system of services for youth, and their families, who are involved, or at risk of involvement, with juvenile justice
Youth Behavioral Health Priorities

1. Address Trauma as a Public Health Emergency
2. Address Behavioral Health Disparities for Highly Marginalized Populations
3. Increase Access to Needed Services
4. Develop Impactful Cross System Collaboration
5. Promote Clinical Best Practices, Accountability, and Continuous Quality Improvement

Key Strategies Include:

- Early Childhood Action Plan
- Access to Evidence-Based Practices
- Suicide Prevention
- School Mental Health
- Family Voice
- Local Cross System Collaboration Supporting Families
- Social Determinants of Health: Healthy Opportunities
- Trauma Informed Care
- Developing Resilient Communities
- Hope4NC
- Healthy, Resilient Families
Juvenile Justice Behavioral Health (JJBH) Partnerships

The Juvenile Justice Behavioral Health State team works to support local planning teams across NC to increase access, effective treatment engagement and retention, and community engagement for JJ involved youth with behavioral health issues and their families.

- 22 Teams in 96 counties (July 2020)

- Focus on Plans of Work with goals and use data to drive processes and make decisions

- Involves JJBH Team Members who address the Local System of Care for justice involved youth and their families:
  - Local Juvenile Justice Leadership
  - Local Management Entities/Managed Care Organizations
  - Providers
  - Family Partners (Family Voice)
  - Community Partners
JJBH Partnerships Umbrella

NC Juvenile Justice Behavioral Health (JJBH) Partnerships

- Juvenile Justice Treatment Continuum 2005
- Reclaiming Futures 2008
- Juvenile Justice Substance Abuse Mental Health Partnerships 2009
JJBH Partnerships – Serving the State

Reclaiming Futures Sites
- Catawba County
- Cumberland County
- Gaston, Cleveland, and Lincoln Counties
- Guilford County
- Iredell, Yadkin, and Surry counties
- Mecklenburg County

Juvenile Justice Behavioral Health Partnerships
- Alliance - Cumberland
- Alliance Behavioral - Durham
- Alliance Behavioral - Wake
- Cardinal Innovations - Alamance Chatham Orange
- Cardinal Innovations - Five County
- Cardinal Innovations - Caswell Person
- Cardinal Innovations - Piedmont
- Cardinal Innovations - Mecklenburg
- Cardinal Innovations - Triad
- Cardinal Innovations/Trillium-District 6

Juvenile Justice Treatment Continuum
- Vaya Health
- Eastpointe - Kinston
- Eastpointe - Lumberton
- Eastpointe - Rocky Mount
- Partners North
- Partners South
- Sandhills-Guilford
- Sandhills - Southern
- Trillium - North
- Trillium - Central
- Vaya Health
JJBH Partnerships – Reclaiming Futures

Moving Youth Into and Through Treatment

Coordinated Individualized Response  Community Directed Engagement

More Treatment
Better Treatment

Screening  Assessment  Service Coordination  Initiation  Engagement  Transition

Beyond Treatment - ROSOC

Identifying and Closing TRAP DOORS where we lose youth
JJ Involved Youth Treatment Completion

2013: 56% Completed Treatment, 44% Did Not Complete Treatment
2014: 61% Completed Treatment, 39% Did Not Complete Treatment
2015: 68% Completed Treatment, 32% Did Not Complete Treatment
2016: 72% Completed Treatment, 28% Did Not Complete Treatment
2017: 69% Completed Treatment, 31% Did Not Complete Treatment
2018: 69% Completed Treatment, 31% Did Not Complete Treatment
2019: 83% Completed Treatment, 17% Did Not Complete Treatment
2020: 69% Completed Treatment, 31% Did Not Complete Treatment

SOURCE: Data comes from analyses on North Carolina Treatment Outcomes and Program Performance System (NC TOPPS)
Tiered Care Coordination Pilot Project

Justice or child welfare involved youth ages 6-21 and their families

Diagnosed with primary substance use disorder, serious mental illness/serious and persistent mental illness, serious emotional disorder or combination

Tier 1 & 2: Care Coordination including Family Navigation supports Tier 3: High Fidelity Wraparound (Intensive Care Coordination)
## Tiered Care Coordination Pilot Project

### What are the net savings to NC from TCC in Durham?

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Per Youth</th>
</tr>
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<tbody>
<tr>
<td>Labor-Based</td>
<td>$737,248</td>
<td>$1,839</td>
</tr>
<tr>
<td>Fixed Costs</td>
<td>$241,810</td>
<td>$603</td>
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<tr>
<td>Investment</td>
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<td>$2,442</td>
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<tr>
<td>DMH/DHB</td>
<td>$9,428,312</td>
<td>$23,512</td>
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<tr>
<td>DJJ</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>DSS</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Return</td>
<td>$9,428,312</td>
<td>$23,512</td>
</tr>
<tr>
<td>Net Savings</td>
<td><strong>$8,449,254</strong></td>
<td><strong>$21,070</strong></td>
</tr>
<tr>
<td>ROI</td>
<td>8.63</td>
<td>8.63</td>
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</tbody>
</table>

Note: Estimates are rounded to the nearest dollar.
Healthy Transitions Pilot

• Outreach, Screening, Assessment, Referral and Engagement of Youth and Young Adults ages 16-25

• Navigators are paired with Youth and Young Adult Support Partners using an evidence-based model to engage and connect youth and young adults to self-identified needs and supports

• Focused on changing policy for Transition Age Youth since there are challenges for engagement in both child serving and adult serving systems

• Sites include:
  – Henderson County
  – Buncombe County
  – Agencies are Youth Villages and Family Preservation
Opportunities to Partner

• Partnerships could address support of specialized assessors and Family Navigators to ensure this continuum of services are complete and support children youth and families across the continuum

• Partnerships could address the disparities and underlying reasons for the disparities including:
  – Social determinants
    • Access to services
    • Housing supports
    • Transportation supports
    • Food supports

The best way to partner is work with local planning teams that are already committed to doing this work, you can reach out to:  http://ncjjbh.org/contact-us
Opportunities to Partner

• Education and Work Training Needs for Youth
  – Disengagement from school for various reasons
  – Few work opportunities

• More natural supports for young people and their families during and after treatment
  – Mentors, family navigators, etc.

• Identify ways faith-based organizations can support local JJBH teams and community collaboratives to support young people and their families

• The Administrative Office of the Courts (AOC) has developed **School Justice Partnerships** which are another way for stakeholders to engage.
  – You can find information about them here: [https://www.nccourts.gov/programs/school-justice-partnership](https://www.nccourts.gov/programs/school-justice-partnership)
Opportunities to Partner

Local System of Care Community Collaboratives

• 69 Collaboratives across the state
  – supported by SOC Coordinators who are employees of the LME/MCOs.

• Support the development of local systems of care

• Who is involved?
  – public and private child-serving agencies and providers
  – families and youth with public system lived experience
  – schools
  – faith communities
  – community-based organizations, and
  – other community stakeholders committed to positive outcomes for the children and their families
  – YOU!
And Don’t Forget…

Know your Ws!

<table>
<thead>
<tr>
<th>WEAR</th>
<th>Wear a cloth mask over your nose and mouth.</th>
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</thead>
<tbody>
<tr>
<td>WAIT</td>
<td>Wait 6 feet apart. Avoid close contact.</td>
</tr>
<tr>
<td>WASH</td>
<td>Wash your hands or use hand sanitizer.</td>
</tr>
</tbody>
</table>

The SCOOP on Managing Stress

<table>
<thead>
<tr>
<th>S</th>
<th>Stay connected to family and friends.</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Compassion for yourself and others.</td>
</tr>
<tr>
<td>O</td>
<td>Observe your use of substances.</td>
</tr>
<tr>
<td>O</td>
<td>Ok to ask for help.</td>
</tr>
<tr>
<td>P</td>
<td>Physical activity to improve your mood.</td>
</tr>
</tbody>
</table>

Social connections build resiliency.
Self-compassion decreases trauma symptoms and stress.
Early intervention can prevent problems.
Struggling is normal. Asking for help is empowering.
Exercise boosts mood and lowers anxiety.

HOPE4 NC HELPLINE 1-855-587-3463