



SUPPORTING WHOLE CHILD HEALTH IN NC: Priority behavioral health initiatives

Charlene Wong, MD MSHP
Assistant Secretary for Children and Families
NC Psychiatric Association Annual Meeting
October 1, 2022



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES




NC DHHS COVID 19 Response

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NCDHHS Priorities


These priorities and our work across the department are grounded in **whole-person health**, driven by **equity**, and responsive to ~~the~~ lessons learned responding to the greatest health crisis in more than a generation.

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 to **reduce the stigma** around accessing these services.

Child & Family Well-Being



We will work to ensure that North Carolina'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, 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 North Carolina. 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.

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NCDHHS PRIORITIES | AUGUST 30, 2022

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Child & Family Well-Being

ALL CHILDREN HAVE THE OPPORTUNITY TO DEVELOP TO THEIR FULL POTENTIAL AND THRIVE

- Recovering stronger from COVID-19
- Focusing on the whole child and the whole family
- Encouraging needed and comprehensive investments in children and families

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Child & Family Well-Being

Child behavioral health

Bring together programs and data to support children's behavioral health needs in their communities

Child welfare

Strengthen the services and supports available across NC for our most vulnerable children and families

Nutritional insecurity for children & families

Increase access to healthy, nutritious food through innovative strategies

Maternal & infant health

Equitably improve women's health and birth outcomes

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AGENDA



Children's Behavioral Health by the Numbers: COVID's impact in the US and in NC



A New Division that Supports Whole Child Health in North Carolina: Division of Child & Family Well-Being



Priority Child Behavioral Health Initiatives

1. **School behavioral health** to meet children where they are and support our educators
2. **Child behavioral health data dashboard** to increase accountability and promote equitable access
3. **Coordinated Action Plan** for children with complex behavioral health needs in child welfare

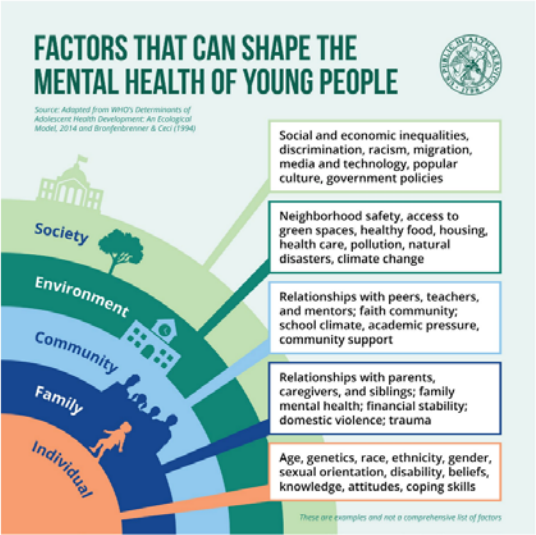


A Pilot Model for Medicaid-insured Children: NC Integrated Care for Kids

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CRUCIAL FACTORS AND ELEMENTS THAT IMPACT YOUTH BEHAVIORAL HEALTH

FIGURE 1



Protecting Youth Mental Health:
The U.S. Surgeon General's Advisory (2021):
<https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

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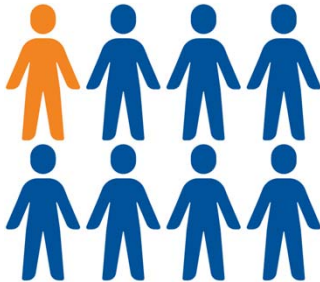
THE PANDEMIC INCREASED THE STRESS FELT BY FAMILIES



1/3 of adults with children are struggling to pay their usual expenses like food, rent, health care and transportation



1/5 of renters living with children reported that they are not caught up on rent



1/8 of adults living with children report their household does not have enough food to eat.

Black and brown families and women disproportionately feel the strain of the pandemic.

Financial hardship has long-term consequences for the healthy development of children.

The White House. (2021 June 11). FACT SHEET: Biden-Harris Administration Announces Child Tax Credit Awareness Day and Releases Guidance for Unprecedented American Rescue Plan Investments to Support Parents and Healthy Child Development. Accessed on November 12, 2021. <https://www.whitehouse.gov/briefing-room/statements-releases/2021/06/11/fact-sheet-biden-harris-administration-announces-child-tax-credit-awareness-day-and-releases-guidance-for-unprecedented-american-rescue-plan-investments-to-support-parents-and-healthy-child-dev/>

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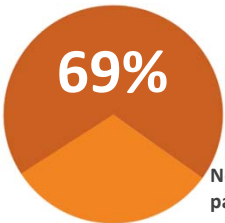
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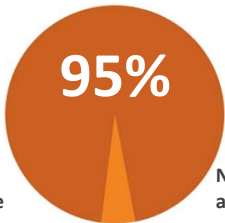
THE PANDEMIC INCREASED THE STRESS FELT BY FAMILIES

- Work disruption
 - Lack of high-quality, affordable child care can make it difficult for parents—especially single mothers—to work.
 - 7.6 million adults had someone in their household who took paid or unpaid leave, left their job, lost their job or did not look for a job in the last month because of disrupted child care arrangements.

- Lack of access to paid leave
 - The majority of low-wage workers have no paid sick leave or paid family and medical leave.



No access to paid sick leave



No access to paid family and medical leave

The White House. (2021 June 11). FACT SHEET: Biden-Harris Administration Announces Child Tax Credit Awareness Day and Releases Guidance for Unprecedented American Rescue Plan Investments to Support Parents and Healthy Child Development. Accessed on November 12, 2021. <https://www.whitehouse.gov/briefing-room/statements-releases/2021/06/11/fact-sheet-biden-harris-administration-announces-child-tax-credit-awareness-day-and-releases-guidance-for-unprecedented-american-rescue-plan-investments-to-support-parents-and-healthy-child-dev/>

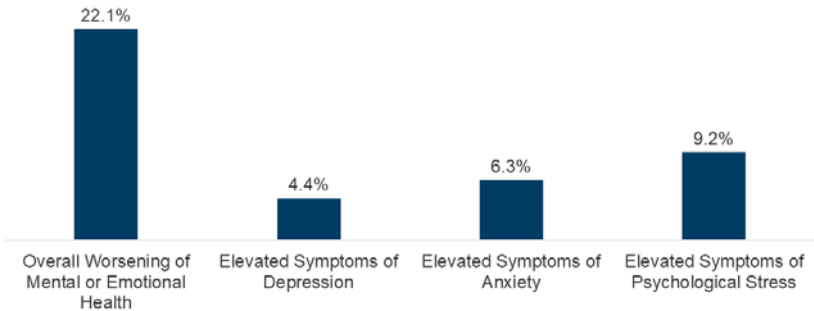
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MORE CHILDREN EXPERIENCED WORSENING MENTAL HEALTH DURING COVID

Share of Parents Reporting Worsening Mental Health For Their Children Ages 5-12, October-November 2020



SOURCE: Verlenden JV, Pampati S, Rasberry CN, et al. Association of Children's Mode of School Instruction with Child and Parent Experiences and Well-Being During the COVID-19 Pandemic — COVID Experiences Survey, United States, October 8–November 13, 2020. MMWR Morb Mortal Wkly Rep 2021;70:369–376. DOI: <http://dx.doi.org/10.15585/mmwr.mm7011a1>



Verlenden JV, Pampati S, Rasberry CN, et al. Association of Children's Mode of School Instruction with Child and Parent Experiences and Well-Being During the COVID-19 Pandemic — COVID Experiences Survey, United States, October 8–November 13, 2020. MMWR Morb Mortal Wkly Rep 2021;70:369–376. DOI: <http://dx.doi.org/10.15585/mmwr.mm7011a1>
Image taken on 8/1/22 from <https://www.kff.org/coronavirus-covid-19/issue-brief/mental-health-and-substance-use-considerations-among-children-during-the-covid-19-pandemic/>.

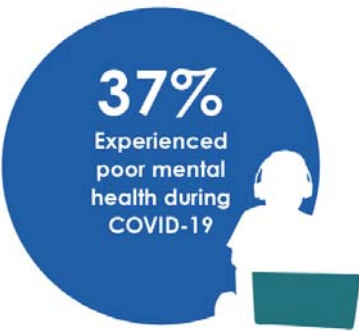
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THE COVID-19 PANDEMIC WORSENER AN ALREADY GROWING CHALLENGE FOR YOUTH

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% during the 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>

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IMPACT OF COVID-19 ON ADOLESCENT BEHAVIORAL HEALTH: A SYSTEMATIC REVIEW

- 16 quantitative studies conducted in 2019-2021 with 40,076 participants.
- Globally, adolescents of varying backgrounds experience higher rates of anxiety, depression and stress due to the pandemic.
- Adolescents also have had a higher frequency of using alcohol and cannabis during COVID-19.

HOWEVER ...

- Social support
- Positive coping skills
- Home quarantining
- Parent-child discussions



Seem to **positively impact**
adolescent mental health
during this crisis period

Jones, E.A.K.; Mitra, A.K.; Bhuiyan, A.R. Impact of COVID-19 on Mental Health in Adolescents: A Systematic Review. *Int. J. Environ. Res. Public Health* 2021, 18, 2470. <https://doi.org/10.3390/ijerph18052470>

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SUICIDE ATTEMPTS AMONG ADOLESCENTS ARE RISING

- In 2020, the proportion of **mental health-related emergency department (ED) visits** among adolescents aged 12-17 years **increased 31%** compared to 2019.
- In May 2020, **ED visits for suspected suicide attempts began to increase** among adolescents aged 12-17.
- From February 21 to March 20, 2021, ED visits for suspected suicide attempt increased among both girls and boys aged 12-17, with the increase among girls substantially higher



Yard, E., Radhakrishnan, L., Ballesteros, M. F., Sheppard, M., Gates, A., Stein, Z., Hartnett, K., Kite-Powell, A., Rodgers, L., Adjemian, J., Ehlman, D. C., Holland, K., Idaikkadar, N., Ivey-Stephenson, A., Martinez, P., Law, R., & Stone, D. M. (2021). Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12-25 Years Before and During the COVID-19 Pandemic - United States, January 2019-May 2021. *MMWR. Morbidity and Mortality Weekly Report*, 70(24), 888-894. <https://doi.org/10.15585/mmwr.mm7024e1>

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NC DATA ON YOUTH SUICIDE FROM THE CHILD FATALITY TASK FORCE

- The suicide rate for 2020 was the highest in more than a decade
- Suicide was the leading cause of death for youth ages 10 to 14 years of age and third leading cause of death for teens ages 15 to 17 years
- There were 56 youth suicides in NC with firearms being the lethal means used in 31 of those deaths
- There were almost 550 hospitalizations and over 2700 emergency room visits for self-inflicted injury among youth ages 10 to 17 years

<https://www.ncleg.gov/DocumentSites/Committees/NCCFTF/Reports%20and%20Data/Annual%20Reports/CFTF%202022%20Annual%20Report.pdf>

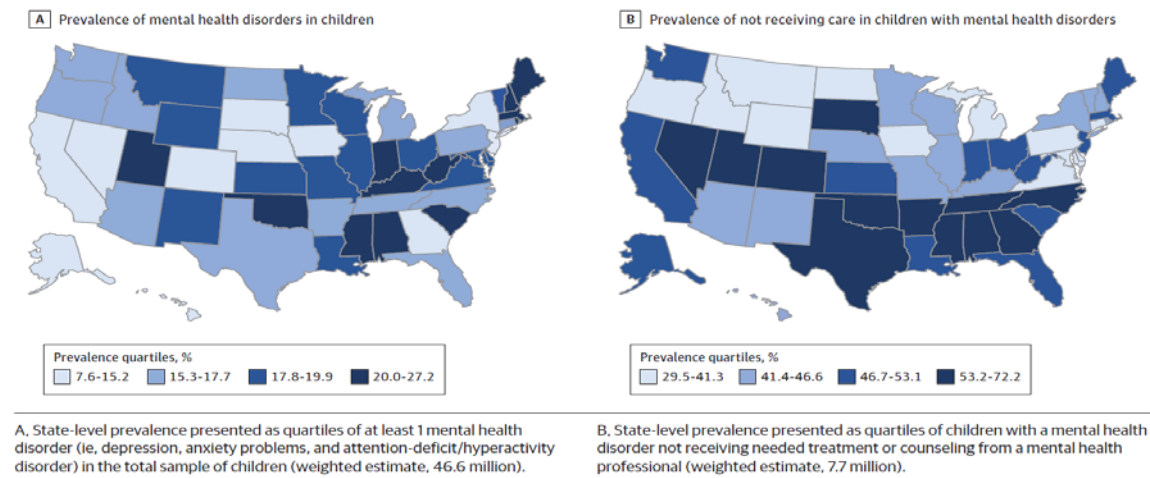
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MANY CHILDREN WITH A MENTAL HEALTH DIAGNOSIS ARE NOT RECEIVING CARE

Figure. Prevalence of Mental Health Disorders and Mental Health Care Use Among US Youth

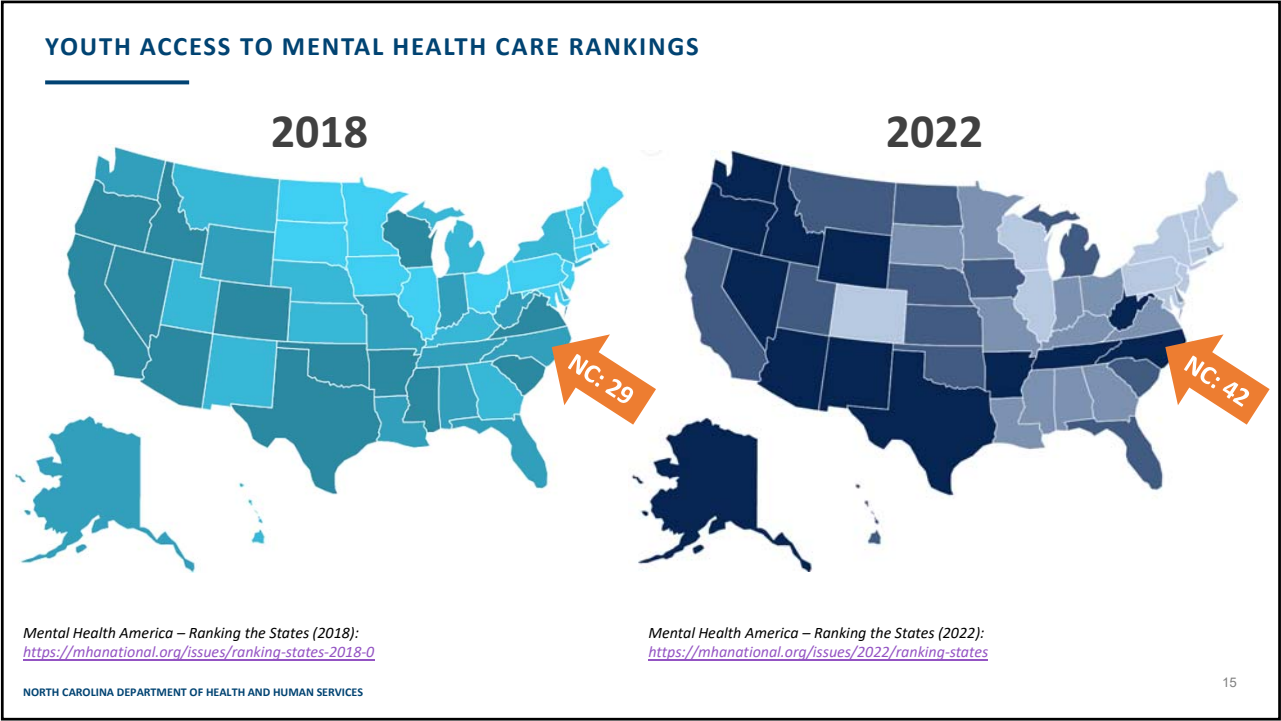


Whitney DG, Peterson MD. US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. *JAMA Pediatr.* 2019;173(4):389–391. doi:10.1001/jamapediatrics.2018.5399

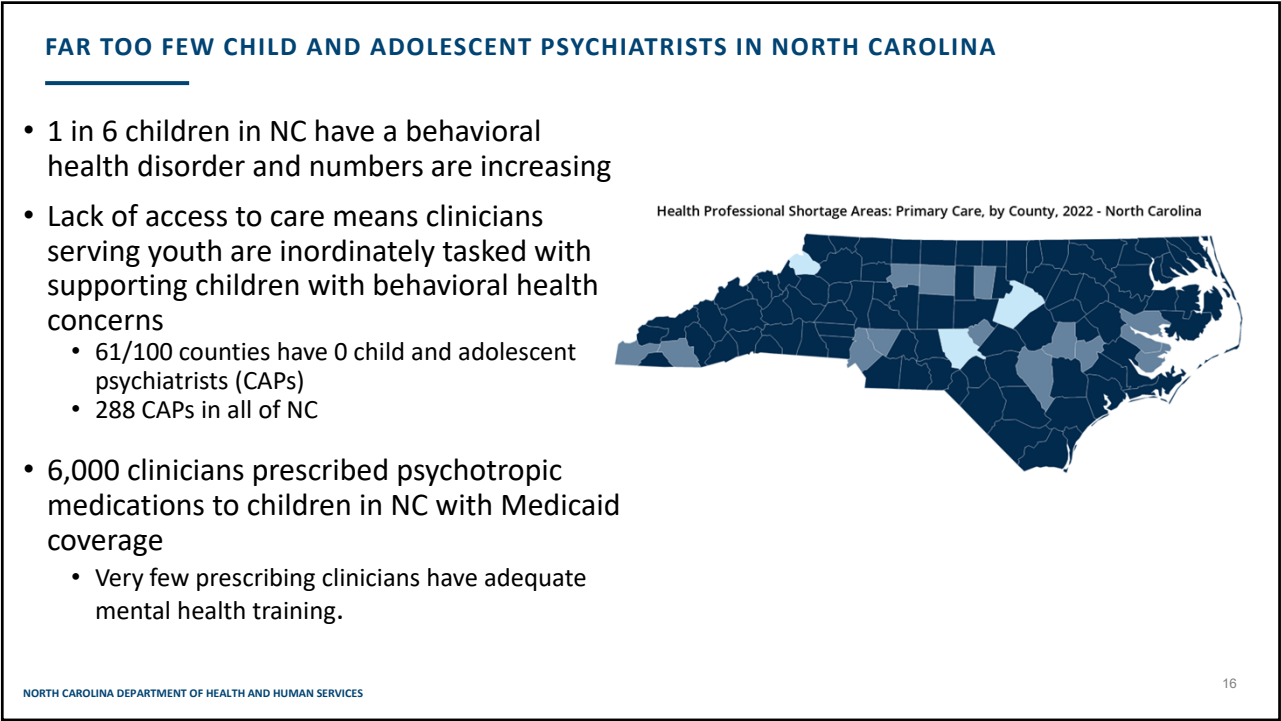
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CHILDREN’S BEHAVIORAL HEALTH ISSUES AND CARE ARE COSTLY

- Children with mental health conditions or emotional problems are more likely to:
 - Use special education services
 - Repeat grades
 - Perform poorly on standardized tests... and are **less likely** to complete secondary education (Currie & Stabile, 2006; Fletcher & Wolfe, 2008)
- Untreated mental health problems can also result in:
 - Lower grades
 - Substance use
 - Other risky behaviors (Busch, Golberstein, & Meara, 2014)
- Poor health and economic outcomes in adulthood are correlated with childhood onset of mental health disorders (Currie, 2009)
- Poor mental health in childhood tends to lead to worse overall consequences than those stemming from other childhood health problems (Case, Fertig, and Paxson 2005)

Golberstein, E., Gonzales, G., & Meara, E. (2019). How do economic downturns affect the mental health of children? Evidence from the National Health Interview Survey. *Health Economics*, 28(8), 955–970. <https://doi.org/10.1002/hec.3885>
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\$247B

Estimated annual cost of child and adolescent mental health disorders based primarily on the direct costs to individuals/families.

OTHER COSTS:

- Linkage to ...
- Delinquent behavior (Busch et al., 2014)
 - Poorer academic outcomes for classmates (Aizer, 2008)
 - Addiction and crime in adulthood (Currie & Stabile, 2009; Fergusson, Horwood, & Ridder, 2007)

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A Pilot Model for Medicaid-insured Children: NC Integrated Care for Kids

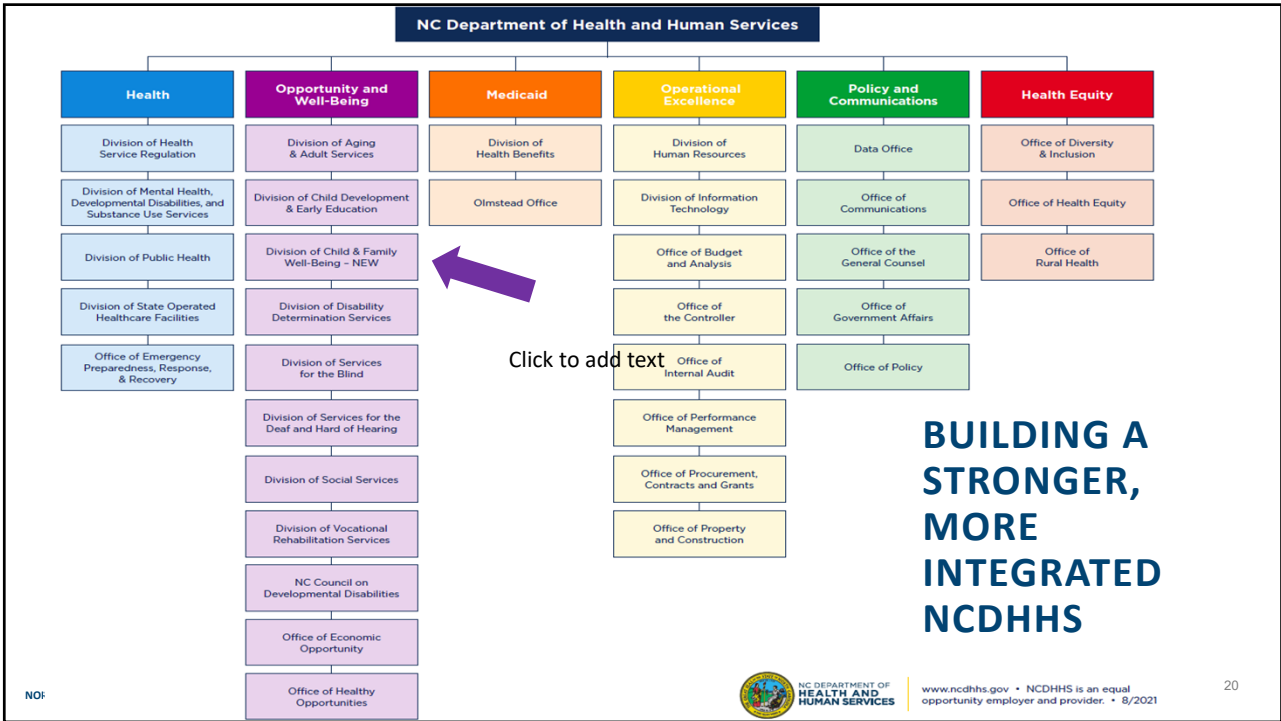
BUILDING ON THE DEPARTMENT’S VISION FOR CHILDREN & FAMILIES

Children are healthy and thrive in safe, stable and nurturing families, schools and communities



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STRATEGIC GOAL – IMPROVE CHILD AND FAMILY WELL-BEING



Improve child and family well-being so all children have the opportunity to develop to their full potential and thrive



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Key Objective: Build a strong infrastructure to increase access to child and family well-being services.

Key Strategies:

- ☐ Establish a **Division of Child and Family Well-Being** to maximize services and outcomes for children and their families, including all child nutrition programs, prevention services for children from birth to 21, children's mental health services, and early intervention programs
- ☐ Build a **data and analysis infrastructure** across child-serving sectors to identify gaps and inequities in service provision and well-being outcomes to ensure the most effective deployment of federal, state, and local resources
- ☐ Increase access to **children's mental health services** by expanding mental health services in primary care, schools, and specialty care

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

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WHY?

The Division of Child and Family Well-Being will prioritize the coordination of behavioral health, physical health, social, and nutrition programs to support whole-person care to meet the escalating needs of children and families. Strategies include:



Enhancing how children and families access programs that support their well-being:

Coordination across programs serving children and families allows more families to access programs across mental, social, and health services. An early area of work will be making it easier for families to enroll in the nutrition programs in the Division (e.g., WIC and FNS/SNAP).



Coordinating increased investments to improve child health and well-being: The investments will be informed by data with a focus on closing equity gaps in child well-being. An early focus will be maximizing the impact of the federal American Rescue Plan funds to address inequities in child well-being, including increasing access to youth mental health services.



Getting upstream of the behavioral health crisis: DCFW is part of DHHS's collective commitment to building innovative, coordinated, and whole-person centered systems that recognize that physical, behavioral and social health are interdependent and that preventing the onset of health issues is the best way to support children thriving.

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PROGRAMS IN THE DIVISION OF CHILD AND FAMILY WELL-BEING



Food and Nutrition Services: North Carolina’s Supplemental Nutrition Assistance Program (SNAP)



Community Nutrition Services: North Carolina’s Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Child & Adult Care Food Program (CACFP)



Early Intervention: North Carolina Early Intervention/Infant-Toddler Program (ITP) provides supports and services to children birth to 3 with developmental delays or established conditions

Whole Child Health:



Child Behavioral Health programs support school & community mental health services for children and youth, such as system of care, children with complex needs, coordination with schools on mental health services, pediatric mental health care access program, and behavioral health supports and coordination for DSS-involved youth

Children and Youth health and prevention services, such as school health promotion, home visiting and Triple P programs, nurse consultation, supports for children and youth with special health care needs, genetics and newborn screening, care management for at-risk children, and more

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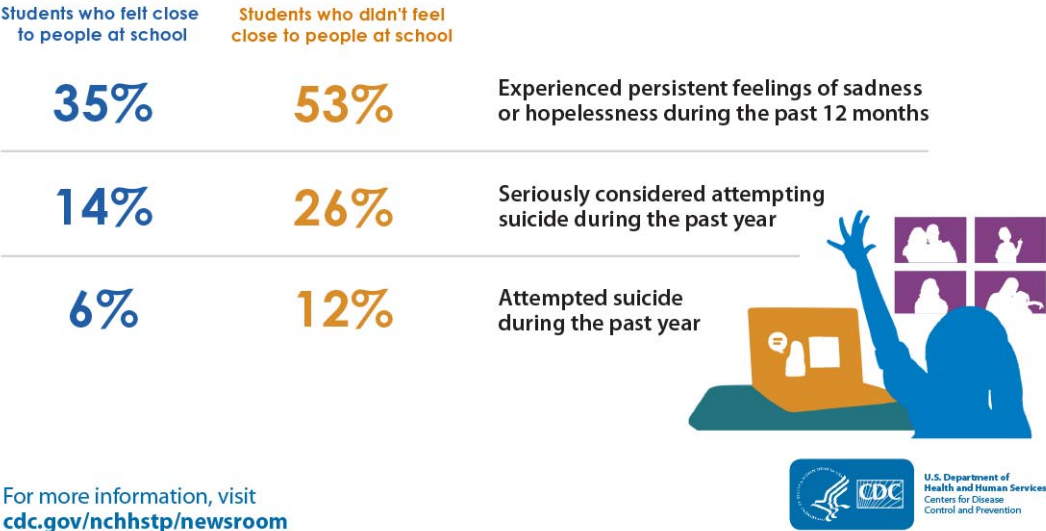
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FEELING CLOSE TO PEOPLE AT SCHOOL PROVIDES CRITICAL PROTECTION FOR STUDENTS



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LEVERAGING COVID FLEXIBILITIES TO OFFER BEHAVIORAL HEALTH SUPPORTS IN SCHOOLS

North Carolina public schools can opt-in to new funding opportunities to support school-based mental and behavioral health initiatives at no cost to K-12 schools through the CDC's Reopening Schools grant. Schools must be participating in our COVID testing program to be eligible for these behavioral health supports.



Funding to support **School Health Advisory Councils** that are based at the school district level. SHACs can choose activities that will benefit their local district that align with the WSCC model, including partnerships that support behavioral health services and professional development.



The **North Carolina Psychiatric Access Line (NC-PAL)** provides telephonic consultation and education programs on child behavioral health. Selected schools will receive behavioral health educational consultation and training for school staff.



System of Care (SOC) Training for schools will cover how to work with local behavioral health partners to engage families, transition plan for students, and be effective in the changing NC Medicaid landscape as we transition to Medicaid Managed Care.

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PROGRAM SPOTLIGHT: YOUTH MENTAL HEALTH FIRST AID

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

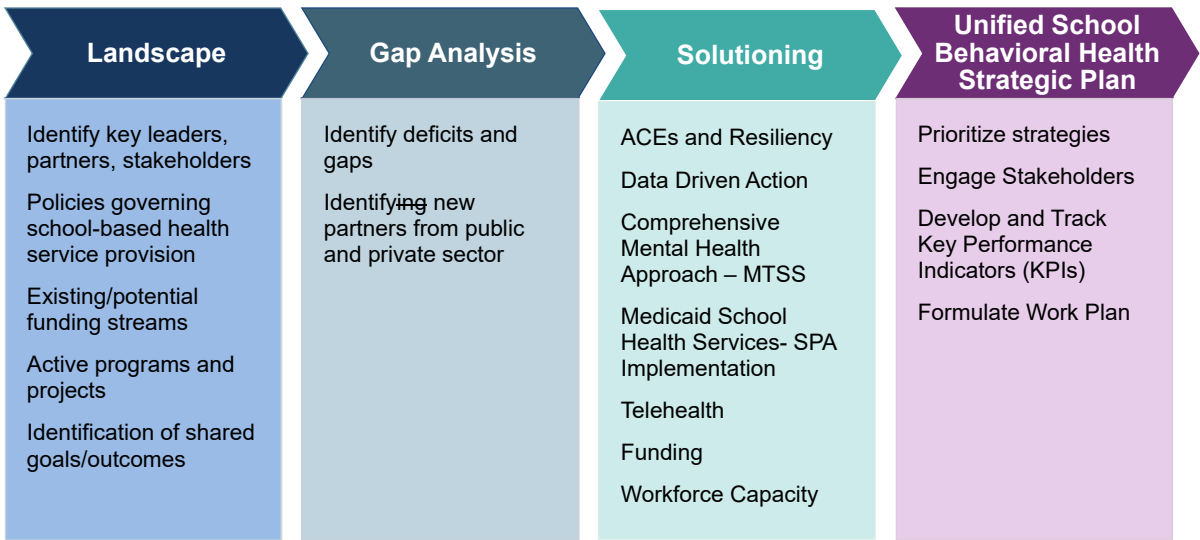


Youth MHFA training teaches adults who work with youth, including teachers and school staff, how to identify and support youth ages 12-18 who are experiencing mental health and substance use challenges and how to help in crisis situations.

WHAET 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

DEVELOPING A UNIFIED SCHOOL BEHAVIORAL HEALTH STRATEGIC PLAN WITH MULTI—STAKEHOLDER INPUT



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

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

- CDC’s framework for addressing health in schools
- Adopted by the North Carolina 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**



A NORTH CAROLINA CHILD BEHAVIORAL HEALTH DATA DASHBOARD

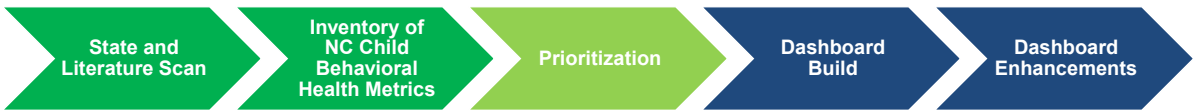
WHY WE
NEED CHILD
BEHAVIORAL
HEALTH
DASHBOARD

To help us achieve our vision that all children are healthy and thrive in nurturing families, schools, and communities

- ✓ Brings together data from various systems that is currently siloed
- ✓ Visibility into what's happening with children with behavioral health needs across the state in various systems
- ✓ Greater shared accountability for stakeholders and the general public
- ✓ Identify gaps in service, access, and inequities
- ✓ Targeted interventions and solutions
- ✓ Track outcomes

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CHILD BEHAVIORAL HEALTH DATA DASHBOARD

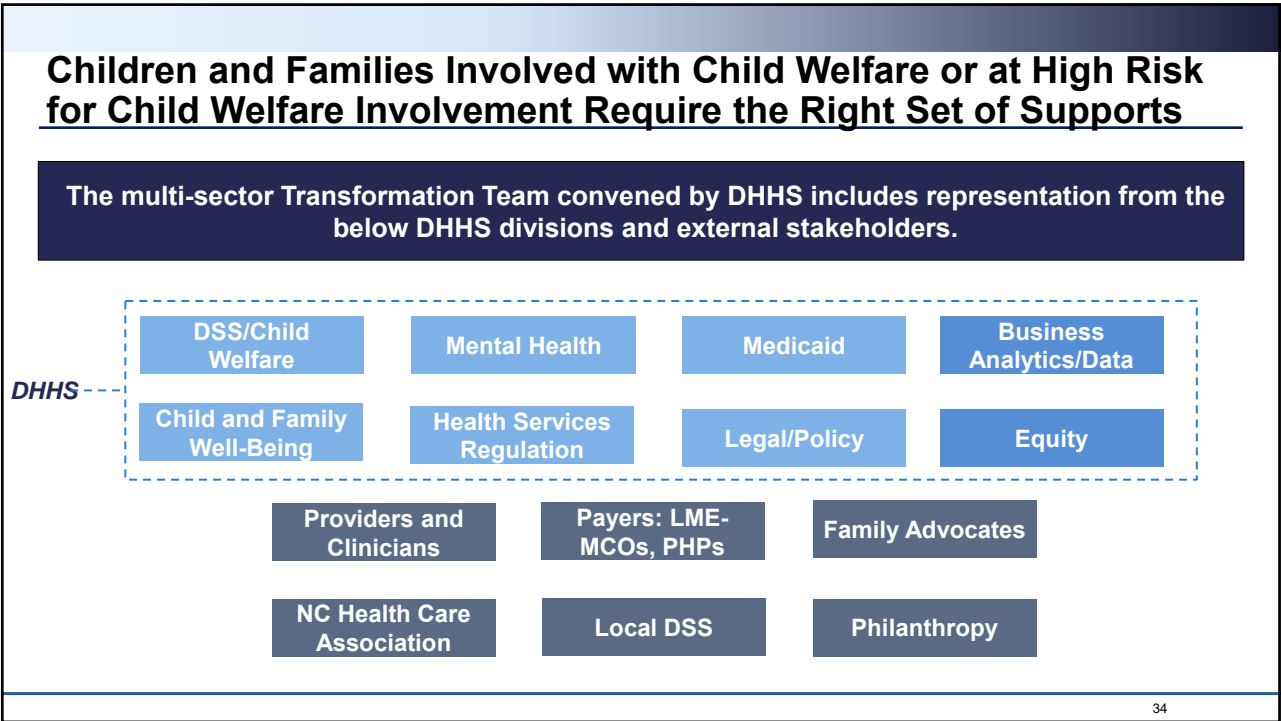


- A cross-Divisional team at NCDHHS has met weekly and convened in work groups to complete this work
- Multiple external partners have engaged in these efforts, such as academic research partners, families, providers, and more
- Launch a NC child behavioral health data dashboard that provides a statewide snapshot of data and trends by early 2023
- Automate the data feeds into the dashboard
- Add new prioritized metrics to the data dashboard

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Metrics Prioritized by Cross-Divisional & External Stakeholder Groups		
Metric (Data Source)	Child Population <small>M = Medicaid Pop</small>	Foster Care Population
% children who are "flourishing" (Nat. Survey Child Health)	✓	
# of children with ADHD diagnosis (Medicaid)	✓ ^M	✓
# of children with depression diagnosis (Medicaid)	✓ ^M	✓
# of children with SUD diagnosis (Medicaid)	✓ ^M	✓
# of substance-affected infants (Plan of Safe Care)	✓	
Emergency department utilization for behavioral health (Medicaid)	✓ ^M	✓
Suicide attempts resulting in ED visit (NC DETECT)	✓	
Mobile Crisis Utilization (counts, later cost) (Medicaid)	✓ ^M	✓
PRTF utilization (counts, later costs) (Medicaid)	✓ ^M	✓
Inpatient psychiatric care utilization (counts, later costs) (Medicaid)	✓ ^M	✓
School Behavioral Health		
% high schoolers and % of middle schoolers feeling sad or hopeless in last 12 months (YRBS)		
Early Childhood		
% babies born with low and very low birth weight (Vital Statistics)		
% children who had 6 well-child visits with a primary care practitioner (PCP) during their first 30 months of life (Medicaid)		
% of deliveries that had a postpartum visit on or between 21 and 56 days after delivery (Medicaid)		

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We Developed a Common Vision Statement, Mission Statement, and Guiding Principles



Vision: Every child grows up in their own safe, nurturing family and community with the opportunity to achieve their full potential.



Mission: North Carolina's child- and family-serving systems act collaboratively to provide equitable access to strength-based supports and protection to children experiencing or at imminent risk of harm, and their families.



Guiding Principles:

1. Keep children and families at the center of all policies and processes.
2. Take bold action to dismantle and counter the effects of structural racism to create more equitable child- and family-serving systems.
3. Promote stability by keeping families together safely whenever possible, minimizing placement changes, and preserving children's natural support networks.
4. Engage families with cultural humility, ensure their voices are heard, and learn from their lived experience.
5. Recognize and embrace the family unit in its many forms.
6. Respect the rights and autonomy of families.
7. Earn trust, be transparent, assign responsibility, and hold ourselves accountable.
8. Ensure consistency and seamless coordination across child- and family-serving agencies.
9. Value relative caregivers, foster parents, and the child- and family-serving workforce and enable them to fulfill their vital roles.

STRENGTHENING THE SERVICE ARRAY FOR CHILDREN WITH THE MOST COMPLEX BEHAVIORAL NEEDS



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

Expand treatment services that prevent children from being removed from their homes or experiencing multiple placements

- 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

Connect children to expanded care placement options more quickly

- 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

<https://www.ncdhhs.gov/divisions/child-and-family-well-being/transforming-child-welfare-and-family-well-being-together-coordinated-action-plan>

FIVE WAYS MEDICAID EXPANSION HELPS CHILDREN AND FAMILIES

Healthier parents = healthier children

Protects families from medical debt


Closes the disparity gap for BIPOC families


More kids are covered and have access to care


Behavioral health coverage for adults and children

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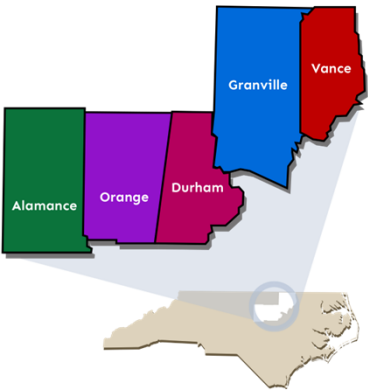
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NC InCK: Brief Overview

- **Children who will be served by NC InCK: All Medicaid and CHIP-insured children in this 5-county area**
 - Birth to age 20
 - Regardless of where they receive medical care
 - ~95,000 children overall



- **Funding: A 7-year, \$16M grant from CMS to:**



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HUMAN SERVICES

- **Phased Launch began on January 1st, 2022**

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Three Key Strategies to Integrate Care for Children in NC InCK

1 UNDERSTAND NEEDS

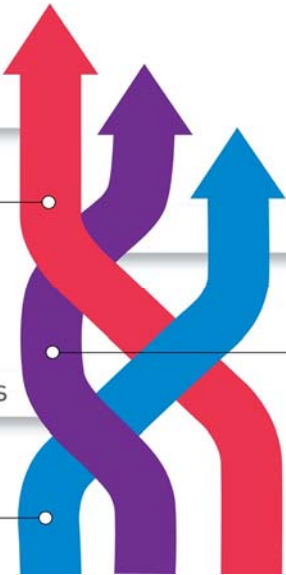
More holistically understand the needs of children and youth

3 FOCUS HEALTH CARE INVESTMENTS

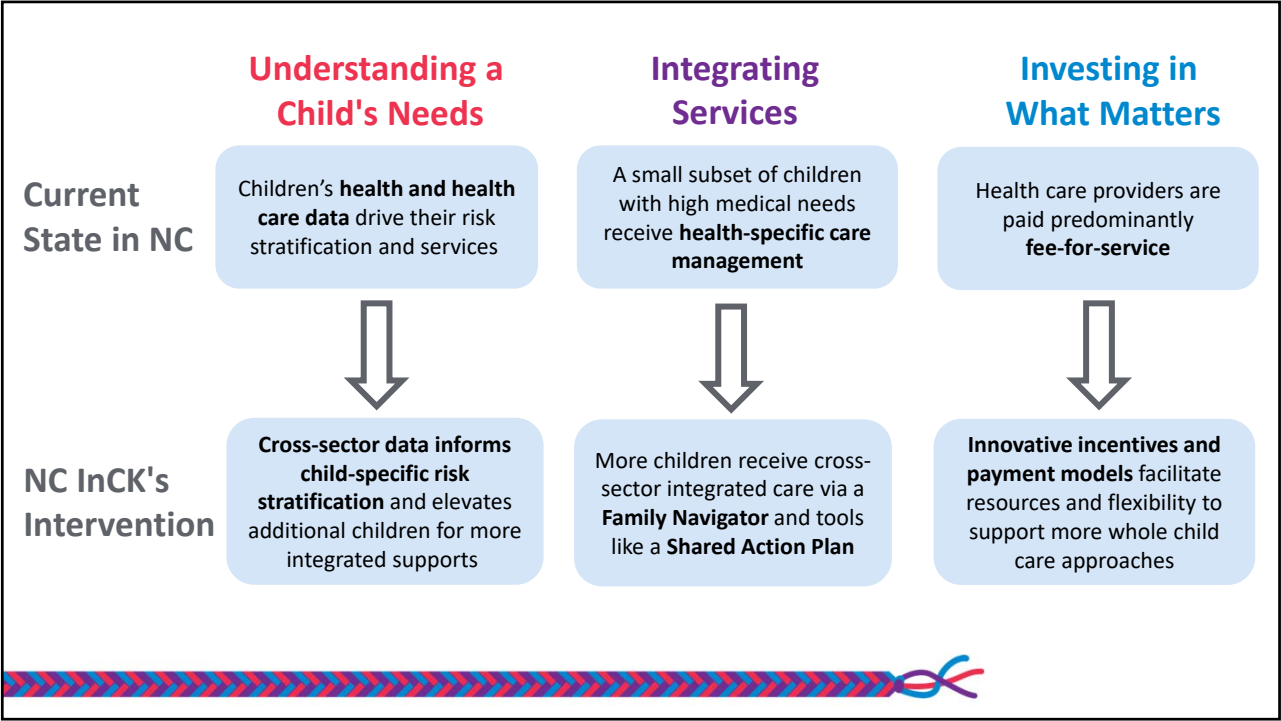
Find ways to invest resources into what matters most for children, youth, and families

2 SUPPORT AND BRIDGE SERVICES

Integrate services across sectors for children and youth who could benefit from additional support





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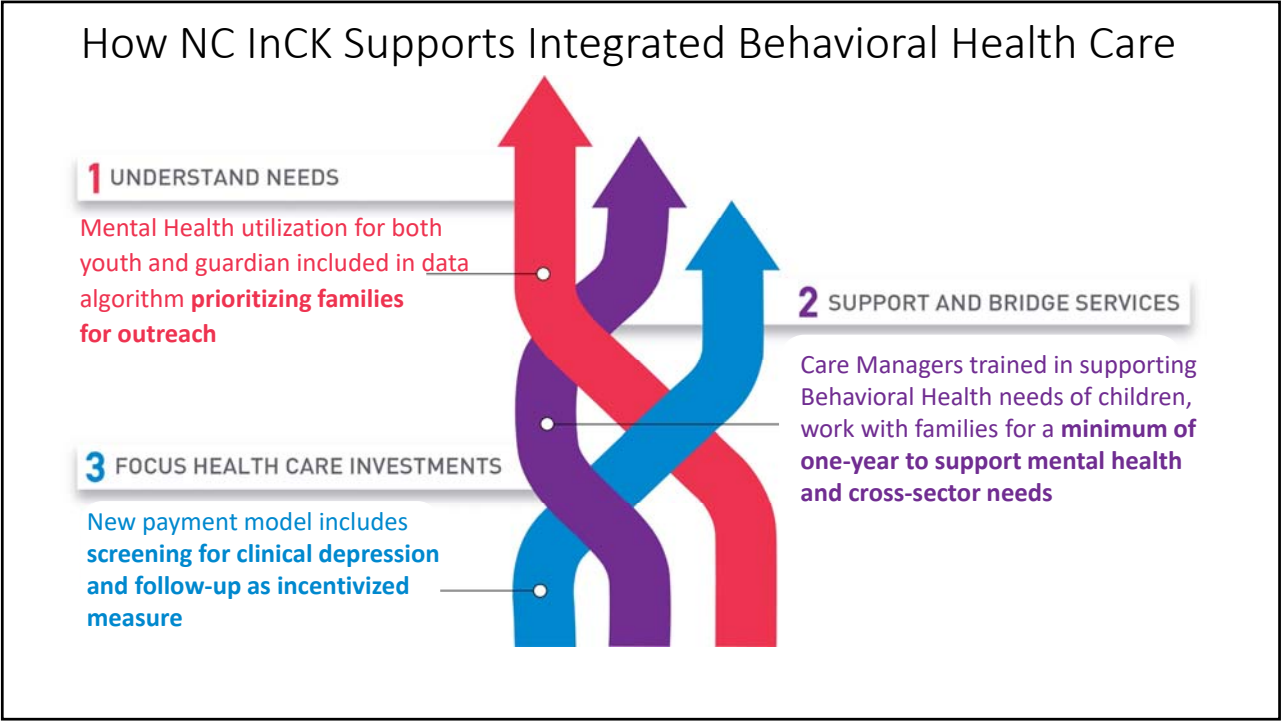
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Behavioral Health and NC InCK





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Overview: NC InCK & Behavioral Health

Key Goals	Activities
Improve rates of: <ul style="list-style-type: none">Adolescent depression screening with f/u planEngagement in first line psychosocial care for youth prescribed antipsychotics7 and 30-day f/u for youth after hospitalization for MI	Within Primary Care settings: <ul style="list-style-type: none">Screening for depression and f/u plan incentivized in NC InCK APMPromotion of NC PAL program and offering of enhanced pediatric mental health training (REACH PPP)Supporting Collaborative Care through development of cross-practice Learning Collaborative
Increase cross-sector support for children and youth facing behavioral health challenges	Outside of Primary Care settings: <ul style="list-style-type: none">Educating Care Managers on supporting youth mental healthSupporting schools in implementing behavioral health trainings and services
Enhance delivery of mobile crisis response and alternative crisis services.	<ul style="list-style-type: none">Promoting centralized mobile crisis hotlineDelivering pediatric mental health training to first respondersAdvocating for improved data collection & reporting on crisis utilization and outcomes

Work informed by an InCK Behavioral Health Workgroup comprised of LME/MCO, Health System, & NC DHHS Leadership

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NC InCK as Trainer and Capacity Builder

Monthly Integrated Care Rounds create a workforce of specialized pediatric care managers

What can **Family Navigators** do to address food insecurity?

How to Identify if a Child Could Benefit from Behavioral and Mental Health Services

- Family Navigators will go through Care Needs Assessments or Comprehensive Assessments to identify unmet needs and determine what referrals are needed
- Some entities may have child-focused language, and some may not, so make sure you're asking the questions about the child
- When determining if a referral is needed, ask if the concern is affecting daily functioning and various life domains (school, eating, sleeping, hygiene, etc.)

Have you been told by a health care provider that your child has any of these health issues?

Over the past 2 months, have you (your child) felt down, depressed, or hopeless?

Do you have any thoughts of hurting yourself or others?

Do you have any thoughts of suicide?

Do you have any thoughts of suicide?

Do you have any thoughts of suicide?

July ICR on BH

Behavioral Health and Mental Health [resource guide](#) created for Care Managers and Publicly Available

Co-Developed by NC InCK BH workgroup and NC InCK Family Council for Care Managers

Individualized Support at Schools

Low regulation & intensity		High regulation & intensity	
Teacher intervention	MTSS intervention (Multi-tiered System of Support)	504 Plan	IEP (Individualized Education Plan)
Academic needs	Academic needs	Academic needs Health/wellness needs	Academic needs Health/wellness needs
Standard "best practices" of teaching → individualizing learning as best one can for all students	Teachers/school staff are more formally "trying out" individualized intervention to see if it helps	Documented plan to provide modifications & accommodations to a student's learning and school day based on that student's need	Documented plan to provide modifications, accommodations, and specialized instruction to a student's learning and school day based on that student's need
Ex: <ul style="list-style-type: none">Teacher offers additional tutoring for a studentTeacher strategically chooses a student's seat to be with positive peersTeacher informally checks in on a student who gets distracted easily	Ex: <ul style="list-style-type: none">Student joins a more targeted reading group focused on phonics skills that needs feedbackAll teachers implement a consistent organization system for a student; student is allowed to carry one folder with all papers	Ex: <ul style="list-style-type: none">Student receives additional time on all assessments, in-class and standardizedStudent can take bathroom breaks whenever they needStudent is allowed to type all responses vs. writing by hand	Ex: Everything listed AND: <ul style="list-style-type: none">Student receives different math instruction from an EC teacher 5 times/weekStudent receives Speech Therapy bi-weeklyStudent attends "life skills" instruction in a separate class for students with ASD
ALL STUDENTS ARE ELIGIBLE ←		→ STUDENTS MUST QUALIFY	

April ICR on Schools

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THANK YOU

Charlene Wong, MD MSHP

charlene.wong@dhhs.nc.gov

@DrCharleneWong

Acknowledgements

- Dr. Moira Rynn from Duke University for select data slides

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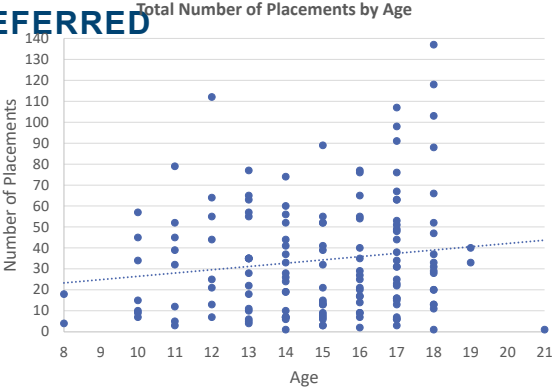
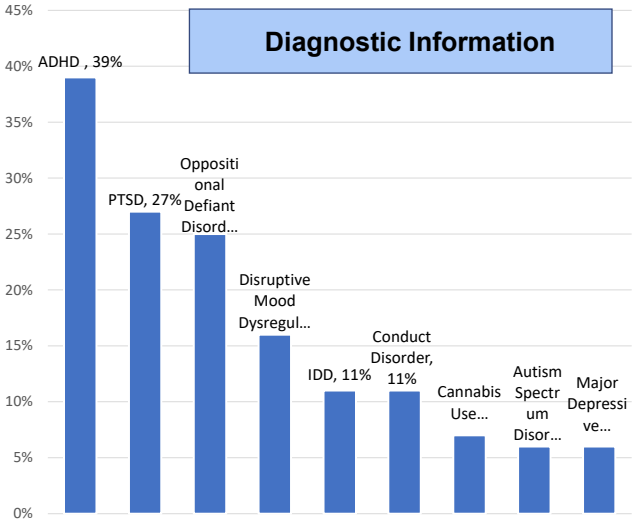
APPENDIX

RAPID RESPONSE TEAM

DHHS cross-divisional team meets every weekday to facilitate the resolution of immediate needs for children in DSS custody who are in need of placement at the identified medically necessary level of care by removing barriers created by systemic issues, and by facilitating problem-solving and challenging conversations among county DSS, LME/MCOs, and other stakeholders in the child-serving system.

DHHS	Local Partners	Additional Supports
<ul style="list-style-type: none">• Division of Child and Family Well-Being• Division of Social Services• Division of Mental Health• Division of Health Benefits• Division of State Operated Health Facilities	<ul style="list-style-type: none">• LME-MCO• County Department of Social Services	<ul style="list-style-type: none">• NC Psychiatric Access Line• Community Care of North Carolina

RAPID RESPONSE TEAM: CHILDREN REFERRED



- 80% of children have experienced >10 distinct placements prior to RRT referral.
- Average number of placements is 34.
- Over 25% of these children have been placed and moved across 50 or more placements.

RRT REFERRAL

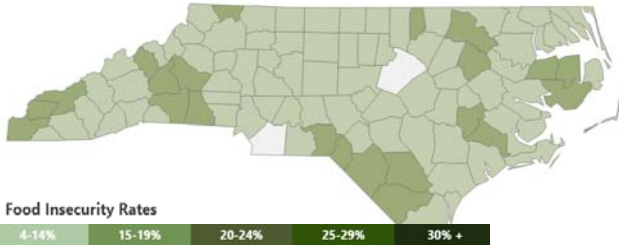
Background	Diagnosis and Behaviors	Placement and Level of Care Recommended	Outcome
<ul style="list-style-type: none">• 15-year-old with a history of elopement• Multiple respite and foster care placement disruptions	<ul style="list-style-type: none">• Co-occurring IDD and Mental Health Diagnosis• History of aggressive, property destruction, and self harming behaviors	<ul style="list-style-type: none">• At Time of Referral was staying in the DSS Office• CCA: Level III or PRTF	<ul style="list-style-type: none">• Kinship placement with wrap around supports: High Fidelity Wraparound, Intensive In Home, and Day Treatment• Closed after 48 Days

RRT REFERRAL

Background	Diagnosis and Behaviors	Placement and Level of Care Recommended	Outcome
<ul style="list-style-type: none">• 14-year-old• 3 IVCs in the month prior to initial RRT meeting.	<ul style="list-style-type: none">• Depression, PTSD, TBI• History of Abuse/Neglect• History of elopement, property destruction, and self harming behaviors	<ul style="list-style-type: none">• Emergency Department• CCA: PRTF• NCPAL consultation provided to DSS on treatment and placement priorities	<ul style="list-style-type: none">• A new and small Level III identified with wrap around supports arranged by DSS and MCO.• State hospital prioritized for stabilization prior group home placement• Local and State agencies supporting the completion of the licensure process to ensure smooth step down from state facility

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North Carolina families are experiencing greater food insecurity than before of the pandemic



The number of children experiencing food insecurity in NC rose from nearly **1 in 5 children** (before the pandemic) to as high as **1 in 3 children** in rural North Carolina

<https://map.feedingamerica.org/county/2018/overall/north-carolina/>
<https://feedingamericaaction.org/resources/state-by-state-resource-the-impact-of-coronavirus-on-food-insecurity/>

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- **Implement** high-value, short-term system changes to help eligible but unenrolled children and families participate and remain in SNAP & WIC (e.g., online recertifications)

<https://www.ncdhhs.gov/media/10249/download>

NC Food and Nutrition Resource Programs

www.ncdhhs.gov/nrc

Program Name	Food Delivery	Meal/Takeup provided on site	Nutrition Education	Food Pick-up	Benefits to purchase food	Eligibility
CACFP		☑				0-18 yrs and 60+
CSFP				☑		60+
EFPNEP			☑			18+
FQIP or other nutrition education programs				☑		All ages
School Meals		☑				In-school students
SFHNPP			☑		☑	60+
Senior Compiteate Meals			☑			60+
Senior meals delivered meals	☑		☑			60+
SNAP (FNS)				☑	☑	All ages
SNAP-Ed			☑			All ages
Summer Nutrition Programs		☑				Children 0-18 yrs
The Emergency Food Program				☑		All ages
WIC			☑		☑	0-5 yrs, & pregnant, breastfeeding postpartum women
WIC FMNP			☑		☑	2-4 yrs, & pregnant, breastfeeding postpartum women

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Call to action: How you can help individuals and families who may be eligible for nutrition benefits		
Refer families who may be eligible for FNS or WIC		
	FNS	WIC
General program description	Food and Nutrition Services (FNS) is a federal food assistance program that provides low-income families the food they need for a nutritionally adequate diet.	WIC provides nutritious foods to supplement diets, nutrition education (including breastfeeding promotion and support), and referrals to health and other social services to women who are pregnant, breastfeeding, or postpartum, and children under 5 years. Must be at nutritional risk to be eligible.
How to apply	<ul style="list-style-type: none">Encourage individuals and families who may be eligible to apply in the following ways:<ul style="list-style-type: none">Online: epass.nc.govIn person or by telephone to county DSS officeBy mail or drop off: fill out a paper application and send to county DSS officeRefer families to SNAP Education agencies for nutrition education in your county	<ul style="list-style-type: none">Walk families through the WIC pre-screening tool to see if they may be eligible for WIC benefits.Complete a WIC Referral Form on behalf of your client/patient (a WIC clinic will contact them within 20 days or sooner).Encourage individuals to apply by contacting their local WIC agency