NC InCK

NC INTEGRATED CARE FOR KIDS

Integrated Care Rounds: Behavioral Health

Thursday, November 9th, 2023: 12:00-1:30 PM

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Why Behavioral Health: Current Landscape

Agenda

- Understanding Evidenced Based Treatment Modalities
- Behavioral Health Crisis Supports
- Tailored Plans
- A Look Ahead

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Understanding Evidenced Based Treatment Modalities

Understanding Evidenced Based Treatment Modalities

Why Is This Important?

- ✓ Behavioral health needs are common
- ✓ Having a basic understanding of evidenced-based treatment modalities can help with identifying an appropriate treatment provider and allow you to share knowledge of what to expect with families

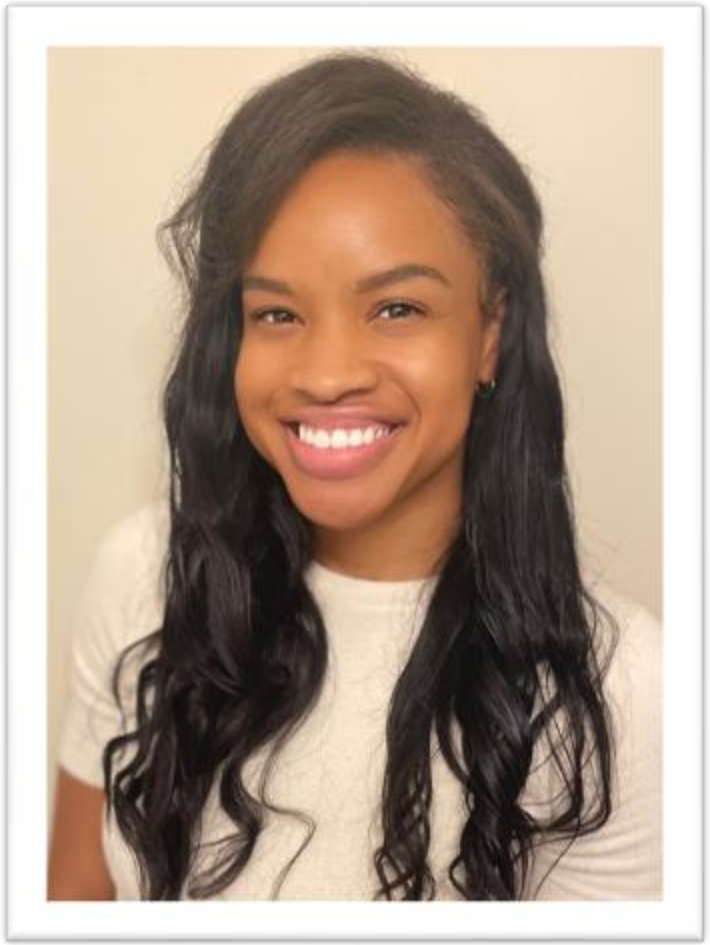
Common Outpatient EBT Modalities

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Parent-Child Interaction Therapy (PCIT)
- Triple P Parenting Program
- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**
- Eye Movement Desensitization and Reprocessing Therapy (EMDR)
- Motivational Interviewing

Learn more: NAMI, NC InCK Behavioral and Mental Health Guide



You are not expected to be a clinician or determine what type of therapy is most appropriate, but it is important to be aware of what is out there!



Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

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Trauma-Focused Cognitive-Behavioral Therapy

Tiffany Rowell, Ph.D.

North Carolina Psychiatry Access Line

Duke University Medical Center





Types of Childhood Trauma

- Sexual abuse or assault
- Physical abuse
- Witness to domestic violence
- Victim or witness of community violence
- Victim or witness of school violence
- Bullying
- Suicide
- Motor vehicle or other travel accidents
- Weather-related events
- Terrorism
- Mass disasters
- Kidnapping
- Fires
- Traumatic loss
- Medical trauma – chronic illness, major surgery



Adverse Childhood Experiences (ACEs)

- ACEs overlap significantly with childhood trauma
- In addition to DSM 5-defined traumas, ACEs include:
  - Neglect
  - Caregiver drug and/or alcohol abuse
  - Parental criminal behavior/incarceration (possible traumatic separation)
  - Divorce
  - Parental psychiatric problems
  - Psychological abuse

Impact of Trauma

- Impact varies
  - Most recover over time without treatment but a significant minority will develop moderate to serious PTSD symptoms and will require treatment
- Affective symptoms
  - Fear, sadness, anger, anxiety
- Physiological symptoms
  - Hypervigilance
  - Concentration problems
  - Irritability
- Cognitive symptoms
  - Self-blame
  - Mistrust
- Behavioral symptoms
  - Avoidance
  - Self-harm



Common Diagnoses

- PTSD
- Depressive disorders
- Other anxiety disorders
- Comorbidity is common
  - ADHD
  - Oppositional Defiant Disorder
  - Substance Use Disorder
  - Bipolar Disorder
  - Psychotic disorders

Trauma Assessment

- Essential for identifying trauma exposure, symptoms, functional impairment, conceptualization, and appropriate treatment

- Questions to ask yourself
  - What is the presentation of trauma symptoms?
  - What is the connection between the trauma exposure and current symptoms?
  - What is “driving the bus”?
  - Start with different treatment and sequence to TF-CBT?

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

- 12-25 60-90 minute sessions
- Incorporates both child and caregiver (optimal)
- Integrates
  - Trauma sensitive interventions
  - Cognitive-behavioral principles
  - Attachment theory
  - Developmental Neurobiology
  - Family Therapy
  - Empowerment Therapy
  - Humanistic Therapy



Who is TF-CBT recommended for?

- Ages 3-21
- Youth who have significant emotional and/or behavioral challenges related to trauma exposure
  - Must have memory of trauma
  - Corroboration from unbiased adult
- Youth do not need to meet criteria for PTSD
- Clinic, home, or school-based settings
- Child in safe setting (e.g., not exposed to perpetrator)

When is TF-CBT not appropriate?

- When youth do not exhibit significant traumatic stress symptoms or experience disruptions in functioning
- When trauma is “suspected” and not substantiated
- When youth are experiencing actively severe suicidal ideation, psychosis, or self-harm
- Youth struggling with substance use

TF-CBT Core Values

- **CRAFTS**
  - Components-based
  - Respectful of cultural values
  - Adaptable and flexible
  - Family focused
  - Therapeutic relationship is central
  - Self-efficacy is emphasized

TF-CBT Components

- **PRACTICE**
  - **Psychoeducation and Parenting Skills**
  - **Relaxation**
  - **Affective Modulation**
  - **Cognitive Processing**

  Stabilization Phase

  - **Trauma Narrative**

  Trauma Narrative Phase

  - **In Vivo Desensitization**
  - **Conjoint parent-child sessions**
  - **Enhancing safety and social skills**

  Integration Phase

- Gradual exposure and parenting throughout treatment

TF-CBT Outcomes

- Child Improvements
  - PTSD symptoms
  - Depression
  - Anxiety
  - Shame
  - Behavior problems
- Caregiver Improvements
  - Parental distress
  - Parental support
  - Parental depression

Questions?



Behavioral Health Crisis Supports

Keys to Navigating Behavioral Health Crises

Educate

There is a continuum of crisis supports. Become aware of what is available in the communities you serve and educate families.

Good rule of thumb: Review crisis supports with families that have confirmed or suspected behavioral health diagnoses.

Prepare

Develop a crisis plan for families that have experienced or may experience a behavioral health crisis. This does not have to be complex, but defining action steps ahead of time can be very beneficial for families.

Assess

After a crisis, talk with the family.

1. What supports did they utilize?
2. How was their experience?
3. Review and revise crisis plan.
4. Assist with connecting to ongoing behavioral health services.

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Michele Chassner
KidsPeace NC Regional
Customer Relations Liaison

KidsPeace Crisis Support Programs

The Hope Center for Youth and Family Crisis

OPERATED BY KIDSPEACE & FUNDED BY ALLIANCE HEALTH

Services of The Hope Center

- Mobile Outreach Response Engagement Stabilization (**MORES**)
- Behavioral Health Urgent Care (**BHUC**)
- Facility-Based Crisis (**FBC**)- *Not opened at this time*.

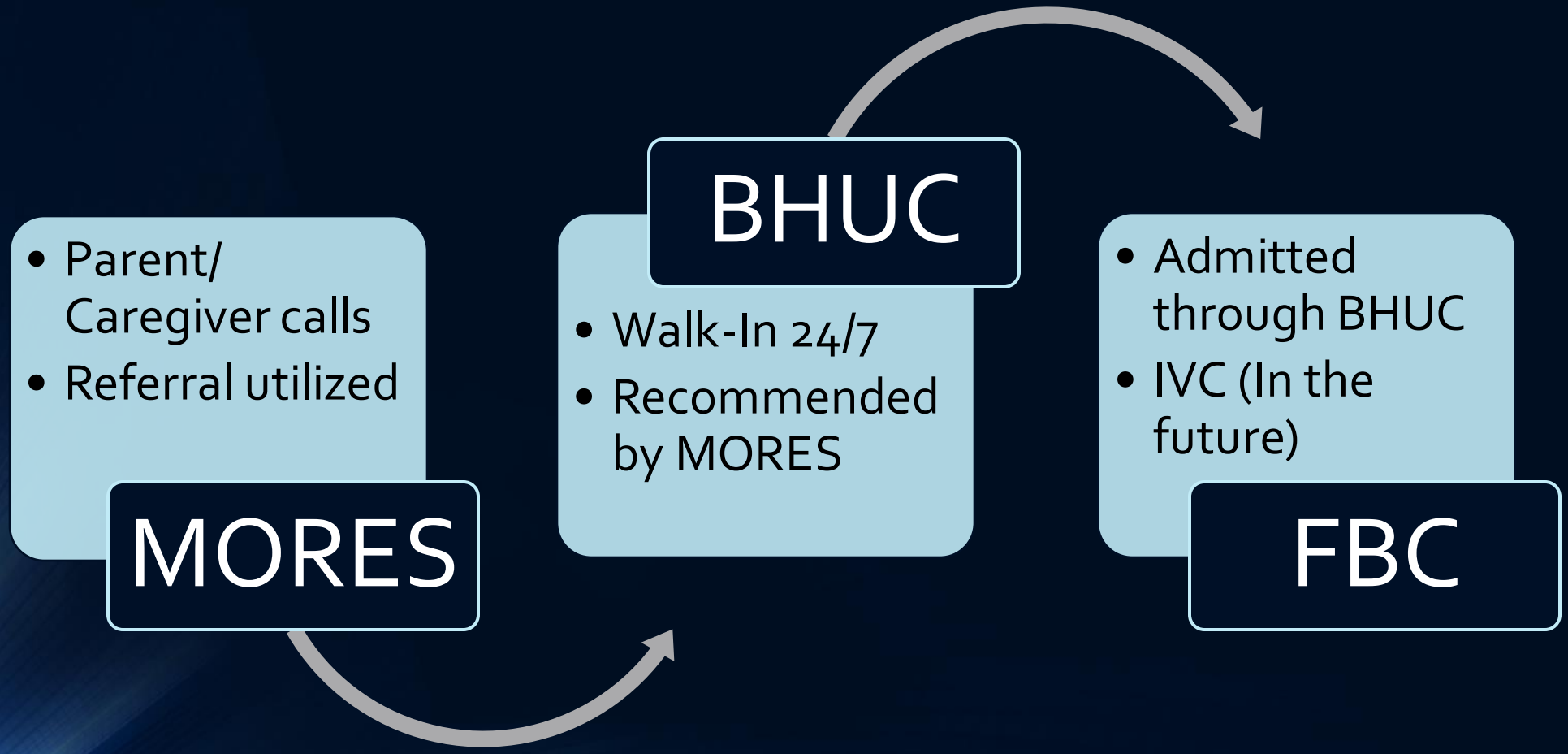


AGES OF EACH SERVICE



SERVICE	FROM AGE	TO AGE
MORES	3	20
BHUC	5	20
FBC	6	17

WRAP AROUND SERVICES



COUNTIES COVERED

MORES

- Wake
- Johnston
- Durham
- Orange

BHUC & FBC

- Wake
- Johnston
- Durham
- Orange
- Cumberland
- Mecklenberg

What is a crisis for a child?



MORES

- Specialized crisis response service designed to engage youth and their families, to address immediate crisis, and assist in connection to community resources and providers to aid in the reduction of hospitalizations and out of home placement.
- The brief intervention & assessment is to address immediate psychiatric, developmental and behavioral problems.
- Ongoing support, for up to 8 weeks, is to address needs/resources of the individual

MORES Services

- Connection to specialized services
- Family-centered care
- Best practice clinical approaches
- Trauma informed treatment strategies
- Home and community coordinated partnerships
- Clinicians and physicians consultants
- Family supports
- Aftercare and discharge planning
- Utilization & coordination of benefits



BHUC

- Designated service for individuals experiencing a behavioral health crisis related to a substance use disorder, mental health disorder, and/or I/DD diagnosis of any kind.
- Individuals will receive up to 23.99 hours of clinical observation, case management, referral for appropriate level of care, and placement assistance when medically necessary.

BHUC Services

- Accessibility to specialized services
- Psychological testing (when indicated)
- Family-centered care
- Family supports
- Best practice clinical approaches
- Aftercare and discharge planning
- Comprehensive diagnostic evaluations
- Trauma informed treatment strategies
- Home and community coordinated partnerships
- Short-term facility based observation
- Physical health assessments
- Psychiatric medication initiation and evaluation
  Clinicians and physicians
- Utilization & coordination of benefits

FBC



- 16-bed, mental & behavioral health inpatient crisis service.
- Inpatient psychiatric services include a comprehensive psychiatric and bio psycho-social evaluation as well as a full line of treatment services to address the psychiatric, developmental and behavioral problems of individuals needing crisis stabilization.
- Accessible 24/7/365 in a staff- secure therapeutic setting.

FBC Services

- Accessibility to specialized services
- Psychological testing (when indicated)
- Family-centered care
- Family supports
- Best practice clinical approaches
- Aftercare and discharge planning
- Comprehensive diagnostic evaluations
- Trauma informed treatment strategies
- Home and community coordinated partnerships
- Short-term treatment programming
- Medical/physical examinations
- Psychiatric medication management

Clinicians

OASIS

- Focuses on activities that will help calm and decompress while utilizing various sensory items.
- Complete with age-appropriate items for each unit.



Safety Measures Utilized

- Ukeru- National crisis intervention program to offer alternatives to the use of restraints/seclusion by using pads.

- Safe Crisis Management (SCM)- Comprehensive training program focused on preventing and managing crisis events and improving safety while using a trauma sensitive approach with emphasis on building positive relationships.

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Tailored Plans

Tailored Plans and Tailored Care Management

Katie Penree

Amy Light

Laura Smith



Tailored Care Management Overview

Tailored Care Management (TCM)

Tailored Care Management is based on a single designated care manager with a supporting multidisciplinary care team

It is meant to provide whole-person care management that addresses all of an individual's needs including:

physical health, behavioral health, pharmacy,
intellectual or developmental disability (I/DD),
traumatic brain injuries (TBI),
long-term services and supports (LTSS),
unmet health-related resource needs

Tailored Care Management (TCM)

Tailored Care Management will:

- Be available throughout the entire duration of an individuals' enrollment in a Behavioral Health I/DD Tailored Plan
- Be based in provider settings to the maximum extent possible, supporting integrated care and collaboration
- Prioritize frequent in-person interactions between community-based care managers and beneficiaries
- Place additional emphasis on outcomes and population health management.

Tailored Care Management (TCM)

Integrated Care Management is:

Assessment

Care Planning

Care Coordination

Health Coaching & Promotion

Connection to and Ensuring Engagement with Resources

Support Through Transitions

Ongoing Monitoring & Follow-up

Comparison of Plans

Comparison of NC Medicaid Standard Plan Medicaid Direct and Tailored Plan.pdf

Standard Plan

Standard Plans are integrated health plans that provide:

• Physical health, pharmacy, care coordination and basic behavioral health services.

• Added services, such as wellness programs. Standard Plans have a provider network that includes doctors, therapists, specialists, hospitals and other health care facilities to provide health care services to their members.

In NC Medicaid Managed Care, there are five Standard Plans. Beneficiaries may have four or five Standard Plans to choose from based on where they live (residential county).

• AmeriHealth Caritas: offered statewide

• Carolina Complete Health: offered in Alamance, Alexander, Anson, Bladen, Brunswick, Cabarrus, Caswell, Catawba, Chatham, Cleveland, Columbus, Cumberland, Durham, Franklin, Gaston, Granville, Harnett, Hoke, Iredell, Johnston, Lee, Lincoln, Mecklenburg, Montgomery, Moore, Nash, New Hanover, Orange, Pender, Person, Richmond, Robeson, Rowan, Sampson, Scotland, Stanly, Union, Vance, Wake, Warren and Wilson

• Healthy Blue: offered statewide

• UnitedHealthcare Community Plan: offered statewide

• WellCare: offered statewide

Benefits of TCM vs Standard Plan

Enhanced Services

Integrated care

Services offered only by Tailored Plan

- Assertive community treatment
- Child and adolescent day treatment services
- Community support team (CST)
- Intensive in-home services
- Multi-systemic therapy services
- Psychiatric residential treatment facilities (PRTFs)
- Psychosocial rehabilitation
- Residential treatment facility services
- Substance abuse comprehensive outpatient treatment program (SACOT)
- Substance abuse intensive outpatient program (SAIOP)
- Substance abuse medically monitored residential treatment
- Substance abuse non-medical community residential treatment

Services Offered only by Tailored Plan

- Innovations Waiver services
- Intermediate Care Facility for individuals with Intellectual Disabilities (ICF-IID) services
- State-funded (non-Medicaid) services
- TBI Waiver services
- Transitions to Community Living (TCL) program services

How to Move from Standard Plan

- The beneficiary or a provider completes the Request to Move form (electronic link below)
- It is most expeditious for the provider to submit the form
- Call Enrollment Broker for hard copy to submit by mail/fax: 1-833-870-5500

https://medicaid.ncdhhs.gov/documents/request-move-medicaid-direct-fact-sheet/download?attachment

Resources

- Alliance Member and Recipient Services **800-510-9132**

  Assists with provider choice, change forms, and general questions

- Alliance Transition Support: **TransitionalSupport@AllianceHealthPlan.org**

For questions regarding member transition between health plans

Resources

Enrollment Broker: unbiased, third party entity to provide enrollment assistance and help choosing a Health Plan; outreach & education to beneficiaries.

Phone Number: 1-833-870-5500 TTY: 1-833-870-5588
Website: www.ncmedicaidplans.gov/

Mobile App: NC Medicaid Managed Care Mobile App

A Look Ahead

A Look Ahead

Don't forget to check out our NC InCK Webpage and Facebook for events in the 5 NC InCK Counties. Explore our training page for archived ICRs, takeaways, and shared resources.

Upcoming NC InCK Events:

Virtual Holiday Drop-In:
Thursday, December 14th: 12:00 pm – 1:30 pm

In lieu of an ICR we welcome Family Navigators and Integration Consultants to join as you are able to play games, reflect, and connect!

Have questions, concerns, or need an invitation? Contact Josie Hatley (anna.hatley@duke.edu)

Training and Resource Reminders:

Medicaid Expansion:
Want to learn more on how to talk about Medicaid Expansion? Scroll to the bottom of the page here to sign up for:

- Email updates and Information
- Trainings on how to talk about Medicaid Expansion with families
- Ways to share about Medicaid Expansion in your community

Holiday Assistance Deadline Reminder:
If you have not received the Holiday Assistance Resources or would like to contribute a resource, please reach out to Kirsten Alfaro (kalfaro@fcrinc.org)

Toys for Tots - Alamance County
There are only TWO weeks left! Emails with instructions will be sent out the week of 11/28/23

No Registration Req. Events Durham Rescue Mission – 1201 E. Main St Durham, NC 27701
Community Dinners & Toy Giveaway (Nov. 23rd 11a-1p & Dec. 22nd 10a-3p)

New Horizon Church Triangle Toy Takeaway
Saturday, November 11th, 8:00 am - 2:00 pm
100 Horizon Place Durham, NC 27705

Appendix

Appendix: Linking to Behavioral Health Treatment

Start with the Member's Health Plan

- Each health plan has an online provider directory. Find links here.
- For most directories, you can filter by city/zip code, specialty, and population served.
- When calling health plan member access line, you will need the member's ID number

Offer to assist family with linking to treatment:

- Inform family/ member that wait lists should be expected
- Offer to call for family/member and compile list of 4 or more providers
- When calling, ask the provider if they have a wait list and the typical evaluation wait time
- Offer to make referral for the member and f/u within 2 weeks if family has not been contacted

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Appendix: Linking to Behavioral Health Treatment

Prepaid Health Plans & LME-MCOs

- Each PHP & LME has an online tool to search for providers based on a patient's needs and locations

- Generally, these sites list individual providers, *not larger agencies*, so you might need to contact individuals to verify their agency & availability

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Agency Name & Member Access Number	Link
AmeriHealth Caritas 1-855-375-8811	https://www.amerihealthcaritasnc.com/member/eng/find-provider/index.aspx
Carolina Complete Health 1-833-552-3876	https://findaprovider.carolinacompletehealth.com/location
Healthy Blue 844-594-5070	https://www.healthybluenc.com/north-carolina/care/find-a-doctor.html
United Healthcare Community Plan 1-800-349-1855	https://www.uhccommunityplan.com/find-a-provider
WellCare 866-799-5318	https://www.wellcare.com/en/North-Carolina/Find-a-Provider#/Search
Alliance Health 1-800-510-9132	https://providersearch.alliancehealthplan.org/
Vaya Health 1-800-849-6127	https://www.vayahealth.com/get-help/provider-search/

Appendix: Linking to BH Treatment through other Directories

Agency Name or Specialty	Type of Support	Link
Trauma-Focused Cognitive Behavioral Therapy Providers	Can filter by city/state or zip code. Able to message provider directly from site by clicking on email provided.	TFCBT Therapists
Exceptional Children's Assistance Center	View local resources available for Children's Developmental Services Agency, Family Support Network, First in Families, Vocational Rehabilitation, and county and city school EC offices	https://www.ecac-parentcenter.org/your-local-resources/
LGBTQIA+ Affirming Therapists	Mental health providers for Wake County, Durham County, Orange County, Chatham County, Lee/Harnett Counties, Johnston County, Franklin/Vance/Granville Counties, Eastern NC, Western NC	https://www.lgbtcenterofraleigh.com/resources/mental-health-resources.html
NC Child Treatment Program	Searchable list of providers accepting new referrals (updated a few times per year). Can filter by insurance, counties served, treatment models, language, virtual/ in-person sessions. Find providers for ABC Catch-Up, CPP, PCIT, SPARCS, RPC, TF-CBT, & PSB-CBT.	https://www.ncchildtreatmentprogram.org/program-roster/
Orange County Behavioral Health Crisis Resources	Crisis resources based on Medicaid plans in Orange County	https://www.orangecountync.gov/DocumentCenter/View/10221/Crisis-behavioral-health-resources-PDF?bidId=
Orange County Mental Health Resource Directory	Find a mental health provider in Orange County	https://orangecountync.gov/DocumentCenter/View/955/Mental-Health-Resource-Directory-PDF
Psychology Today	Help find a counselor, assessment, or medication provider near you	https://www.psychologytoday.com/us
Substance Use Providers- Federal Treatment Finder	Find information on state-licensed providers who specialize in treating substance use disorders, addiction, and mental illness	https://findtreatment.gov/results/
Triangle Area DBT	Find a DBT provider in the triangle area	http://www.trianglereadbt.com/

Behavioral Health Crisis Supports Defined

Crisis Support	Support Offered/ Counties Served
988	Suicide and crisis lifeline. Phone line is meant for people experiencing a mental health crisis or suicidal thoughts (nationwide)
Mobile Crisis Management (MCM)	Intensive, on-site intervention to people of all ages who are experiencing a crisis (All InCK Counties)
Mobile Outreach Response Engagement and Stabilization (MORES)	Specialized crisis response service designed to engage youth and their families to address immediate crisis and assist in connection to community resources and providers to aid in the reduction of hospitalizations and out of home placement (Durham and Orange Counties)
Behavioral Health Urgent Care (BHUC)	Provide rapid assessment of an individual's situation, routine intervention, and referrals for follow-up services (locations in Durham and Wake Counties)
Walk In Crisis Services	Walk in for a behavioral health comprehensive assessment and/or triage to the appropriate level of care (Alamance, Durham, Orange, Vance Counties)
Police Crisis Units/Crisis Intervention Team	Co-Response officers and a Licensed Clinician respond to live crisis calls for service as well as Involuntary Commitments
Holistic Empathetic Assistance Response Team (Heart)	Unarmed mental health professionals, who are a better match for 911 responses to the needs of people experiencing nonviolent behavioral & mental health crises (Durham County)

Appendix: Navigating a Behavioral Health Crisis (Before)

1. Ensure the family and child are connected to a primary care provider
2. Know what crisis resources exist in a family's community
   - Mobile Crisis Response
   - Behavioral Health Urgent Care
   - Emergency Departments
   - Suicide or mental health hotlines
3. Develop or review emergency plans

   Identify key contacts and locations for help
   - *Who* will you call?
   - *Where* will you go?
   - *When* will you seek help?

Agency Name	Crisis Number
AmeriHealth Caritas	1-833-712-2262
Carolina Complete Health	1-855-796-7093
Healthy Blue	1-844-594-5076
United Healthcare Community Plan	1-877-334-1141
WellCare	1-833-2074240
Alliance Health	1-800-510-9132
Vaya Health	1-800-849-6127