Resource Companion Document:
Integrated Care Rounds: Behavioral Health
November 9, 2023

Document purpose:

This document is intended to be used as a companion to the shared slides from the Integrated Care Rounds on Behavioral Health on November 9th, 2023. This document does not include any new information regarding these resources, rather, provides the resources in one Word document for ease of use. If you would like to learn more about the resources shared, please refer to the shared slide deck or a member of the integration consultant team.

Reminder: This document has been created to respond to feedback received requesting a separate format for resources. If you have any feedback on this document or ideas as to how to best present this information, please reach out to Josie Hatley (anna.hatley@duke.edu).

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Understanding Evidence-based Treatment Modalities

Common Outpatient Evidence-based Treatment Modalities (EBT)

1. Cognitive Behavioral Therapy (CBT)
2. Dialectical Behavioral Therapy (DBT)
3. Parent-Child Interaction Therapy (PCIT)
4. Triple P Parenting Program
5. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
6. Eye Movement Desensitization and Reprocessing Therapy (EMDR)
7. Motivational Interviewing

Learn more about common evidence-based treatments: National Alliance on Mental Illness (NAMI), NC InCK Behavioral and Mental Health Guide (starting on page 7)

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Presented by Tiffany Rowell, Ph.D. from 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

- Post-Traumatic Stress Disorder (PTSD)
- Depressive disorders
- Other anxiety disorders

Trauma Assessment

• Essential for identifying trauma exposure, symptoms, functional impairment, conceptualization, and appropriate treatment
• Questions assessor will consider:
  ○ 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) Model	

• 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
	• Child able to be seen in 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:**
	  ○ **C**omponents-based
	  ○ **R**espectful of cultural values
	  ○ **A**daptable and flexible
	  ○ **F**amily focused
	  ○ **T**herapeutic relationship is central
	  ○ **S**elf-efficacy is emphasized

TF-CBT Components	**PRACTICE:**
	  ○ **P**sychoeducation and Parenting Skills (stabilization phase)
	  ○ **R**elaxation (stabilization phase)
	  ○ **A**ffective Modulation (stabilization phase)
	  ○ **C**ognitive Processing (stabilization phase)
	  ○ **T**rauma Narrative (trauma narrative phase)
	  ○ **I**n Vivo Desensitization (integration phase)
	  ○ **C**onjoint Parent-Child Sessions (integration phase)
	  ○ **E**nhancing Safety and Social Skills (integration phase)
	Gradual exposure and parenting throughout treatment

TF-CBT Outcomes	• Child improvements in…
	  ○ PTSD symptoms
	  ○ Depression
	  ○ Anxiety
	  ○ Shame
	  ○ Behavior problems
	• Caregiver improvements in…
	  ○ Parental distress
	  ○ Parental support
	  ○ Parental depression

Behavioral Health Crisis Supports

Keys to Navigating Behavioral Health Crisis

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

KidsPeace Crisis Support Programs

Presented by Michele Chassner, KidsPeace NC Regional Customer Relations Liaison

The Hope Center for Youth and Family Crisis

Services Offered:

1. **Mobile Outreach Response Engagement Stabilization (MORES)**
   - Counties covered: Wake, Johnston, Durham, and Orange
   - 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.
   - Call 484-215-6756 to access the MORES service.
2. **Behavioral Health Urgent Care (BHUC)**
   - The Hope Center for Youth and Family Crisis facility
     400 West Ransom Street, Fuquay-Varina, NC. (877) 888-7849 or (610) 799-7500
   - Walk-In 24/7
   - 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.
   - Available to individuals in Medicaid Standard Plans and Medicaid Direct.
3. **Facility-Based Crisis (FBC)-** Not opened at this time.

Behavioral Health Crisis Supports- Additional Resources

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)
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)

Medicaid Plan Crisis Lines

All Medicaid Standard Plans and LME/MCOs (future Tailored Plans) have crisis lines that members can call for information on available crisis services and to get linked to crisis care.

Agency	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	1-833-207-4240
Alliance Health	1-800-510-9132
Vaya Health	1-800-849-6127

Crisis Resources by NC InCK County

Available in all NC InCK Counties

Crisis Service	Contact Information	Description
988	Call or Text 988. Available 24/7	The 988 Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.
Mobile Crisis Services	Daymark Recovery Services and Freedom House Recovery Center- Both agencies can be reached at **866-275-9552** in the InCK Counties	Intensive, on-site intervention to people of all ages who are experiencing a crisis

For information about additional crisis resources in all InCK counties see the InCK Behavioral Health Guide: https://ncinck.org/wp-content/uploads/2022/01/F_NC-InCK-Behavioral-Health-Guide_01.24.2022.pdf

Tailored Care Management Overview

Tailored Care Management (TCM)

Tailored Care Management is based on a single designated care manager with a supporting multidisciplinary team meant to provide integrated, whole-person CM that addresses all an individual's needs. Care management includes assessment, care planning, care coordination, health coaching and promotion, connection to and ensuring engagement with resources, support through transitions, and ongoing monitoring and follow-up.

Comparison of Plans

To see a comparison of NC Medicaid Direct, Standard Plans and Tailored Plans, click here

How to Move from Standard Plan

Beneficiary or provider uses the Request to Move Form found here

Provider submissions are the most expeditious way for forms to be processed

Beneficiaries can also contact the enrollment broker at 1-833-870-5500 for a hard copy of form and to submit via mail or fax

Resources

For questions regarding a member's transition between health plans, email Alliance Transitions Department at TransitionalSupport@alliancehealthplan.org

Enrollment Broker: unbiased, third-party entity to provide enrollment assistance and help choosing a Health Plan; outreach & education to beneficiaries.
Website: www.ncmedicaidplans.gov/
Mobile App: NC Medicaid Managed Care Mobile App

Appendix A: Directories for Linking to Behavioral Health Treatment

Linking to Behavioral Health Treatment

Start with the member's health plan. Every health plan has an online provider directory. See below for member access numbers and websites:

AmeriHealth Caritas
1-855-375-8811
Provider Directory

Carolina Complete Health
1-833-552-3876
Provider Directory

Healthy Blue
844-594-5070
Provider Directory

United Healthcare Community Plan
1-800-349-1855
Provider Directory

WellCare
866-799-5318
Provider Directory

Alliance Health
1-800-510-9132
Provider Directory

Vaya Health
1-800-849-6127
Provider Directory

Linking to BH Treatment Through Other Directories

1. **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.
   - Link: https://tfcbt.org/therapists/
2. **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
   - Link: https://www.ecac-parentcenter.org/your-local-resources/
3. **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
   - Link: https://www.lgbtcenterofraleigh.com/resources/mental-health-resources.html
4. **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.
   - Link: https://www.ncchildtreatmentprogram.org/program-roster/
5. **Orange County Behavioral Health Crisis Resources**
   - Crisis resources based on Medicaid plans in Orange County
   - Link: https://www.orangecountync.gov/DocumentCenter/View/10221/Crisis-behavioral-health-resources-PDF?bidId=
6. **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
7. **Psychology Today**
   - Help find a counselor, assessment, or medication provider near you
   - Link: https://www.psychologytoday.com/us
8. **Substance Use Providers- Federal Treatment Finder**
   - Find information on state-licensed providers who specialize in treating substance use disorders, addiction, and mental illness
   - Link: https://findtreatment.gov/results/

Appendix B: Additional Resources Included in Email

1. Behavioral Health ICR Slide Deck
2. Tailored Plan Tip Sheet