Access to Behavioral Health Services for Adolescents and Their Families

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The Cost for Not Addressing Access Issues......

- When not able to prevent, intervene or treat early, the costs are higher

- NIMH research has found that half of adult mental illness has onset before age 14[1]

- Most restrictive, farther from community

  - More costly

  - Not as effective (therefore less cost-effective)

  - Serves fewer youth

[1]http://www.nimh.nih.gov/news/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml
[2]Gruttadaro, D., Markey, D., & Duckworth, K. (2009). Reinvesting in the community: A Family guide to expanding home and community based mental health services and supports. NAMI.

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Domains for Access to Behavioral Health for Adolescents and Their Families

- Child Trends (2013) domains may be helpful to outline some of the issues for access
  - Early Identification (**IDENTIFICATION**)
  - Coordination of Services (**COORDINATION**)
  - Lack of Health Insurance or Restrictions (**FUNDING**)
  - Shortages of Providers with Expertise in Adolescence (**EFFECTIVE SERVICES**)
  - For each domain, want to give at least one NC example and then areas for consideration

Murhpy, D., Vaughn, B., & Barry, M. (2013). Access to Mental Health Care. Child Trends.

IDENTIFICATION
EFFECTIVE SCREENING PROCESSES

- The purpose of screening is to identify youth who have an immediate need for assistance or need further assessment (Skowyra & Cocozza, 2009)

- Screening processes can assist in (Grisso et al., 2005):
  - Improving staff decision making
  - Fulfilling regulatory requirements and professional standards
  - Managing resources
  - Better identifying internalizing issues (Wasserman et al., 2008)

- Gatekeepers need a process and protocol for screening and referral

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# *IDENTIFICATION*
EFFECTIVE ASSESSMENT PROCESSES

- In 2006, North Carolina implemented SAMHSA funded state wide grant (DMHDDSAS partner with UNCG and others)
  - Identify factors related to challenges within the adolescent substance abuse system
  - Many behavioral health clinicians not adequately trained in assessments for adolescents and this includes not utilizing valid and reliable tools
  - Substance abuse is under-recognized/identified in NC

IDENTIFICATION
ADOLESCENT DIAGNOSTICS
(NC-TOPPS; 2010-2014)
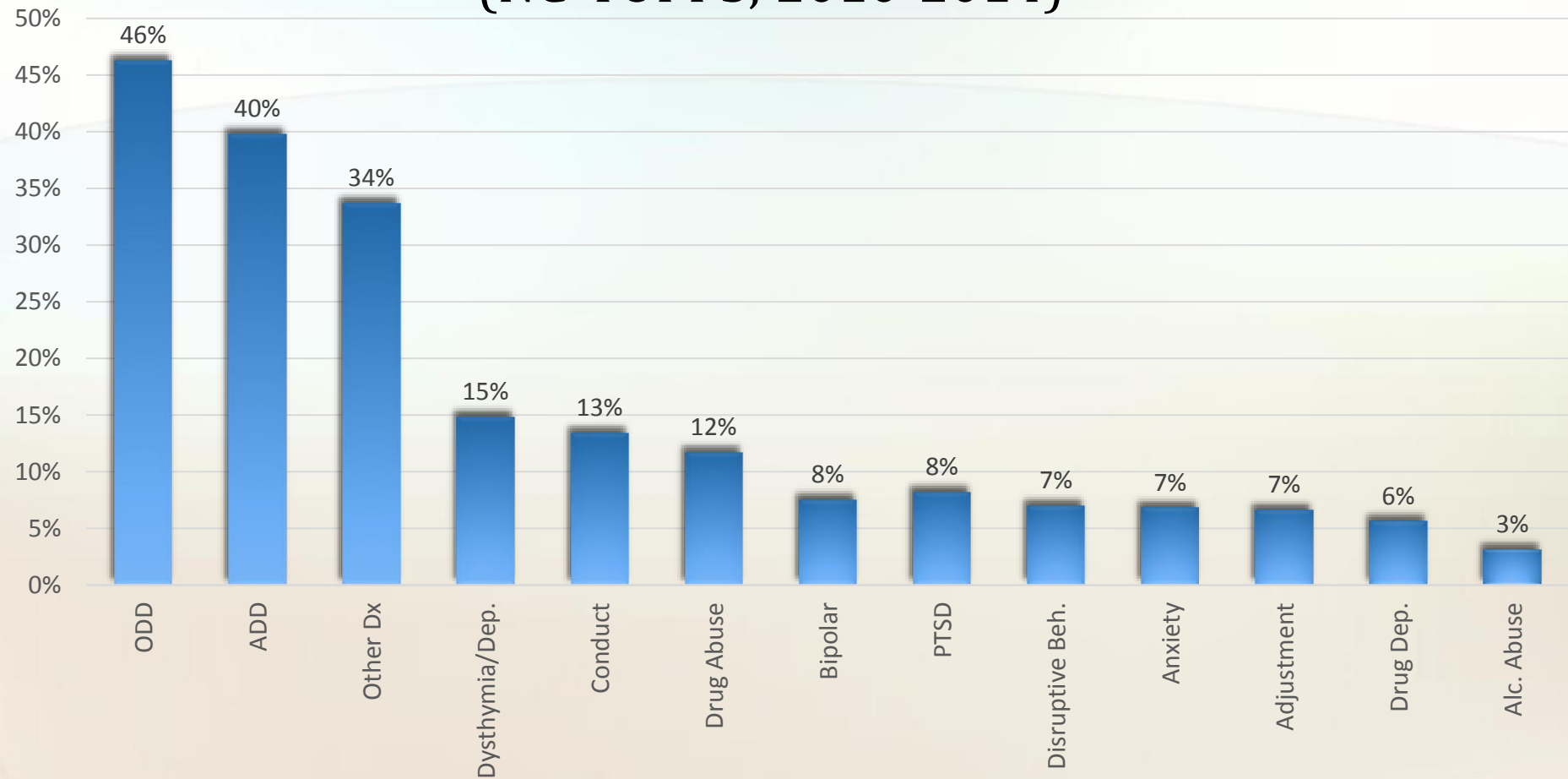
NC-TOPPS is the NC Treatment Outcomes and Program Performance System and data is used in treatment, quality improvement and research by the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services Information is from 2010-2014 linked data set of adolescent consumers ages 12-17 .
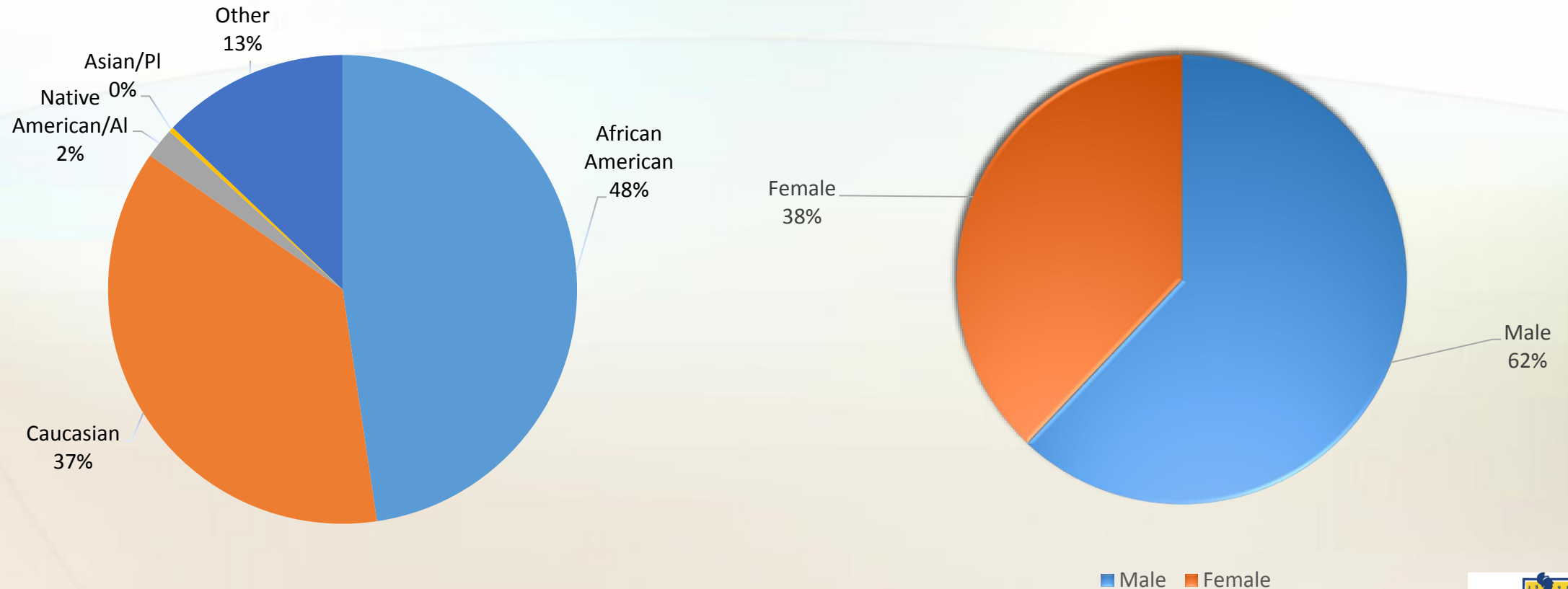
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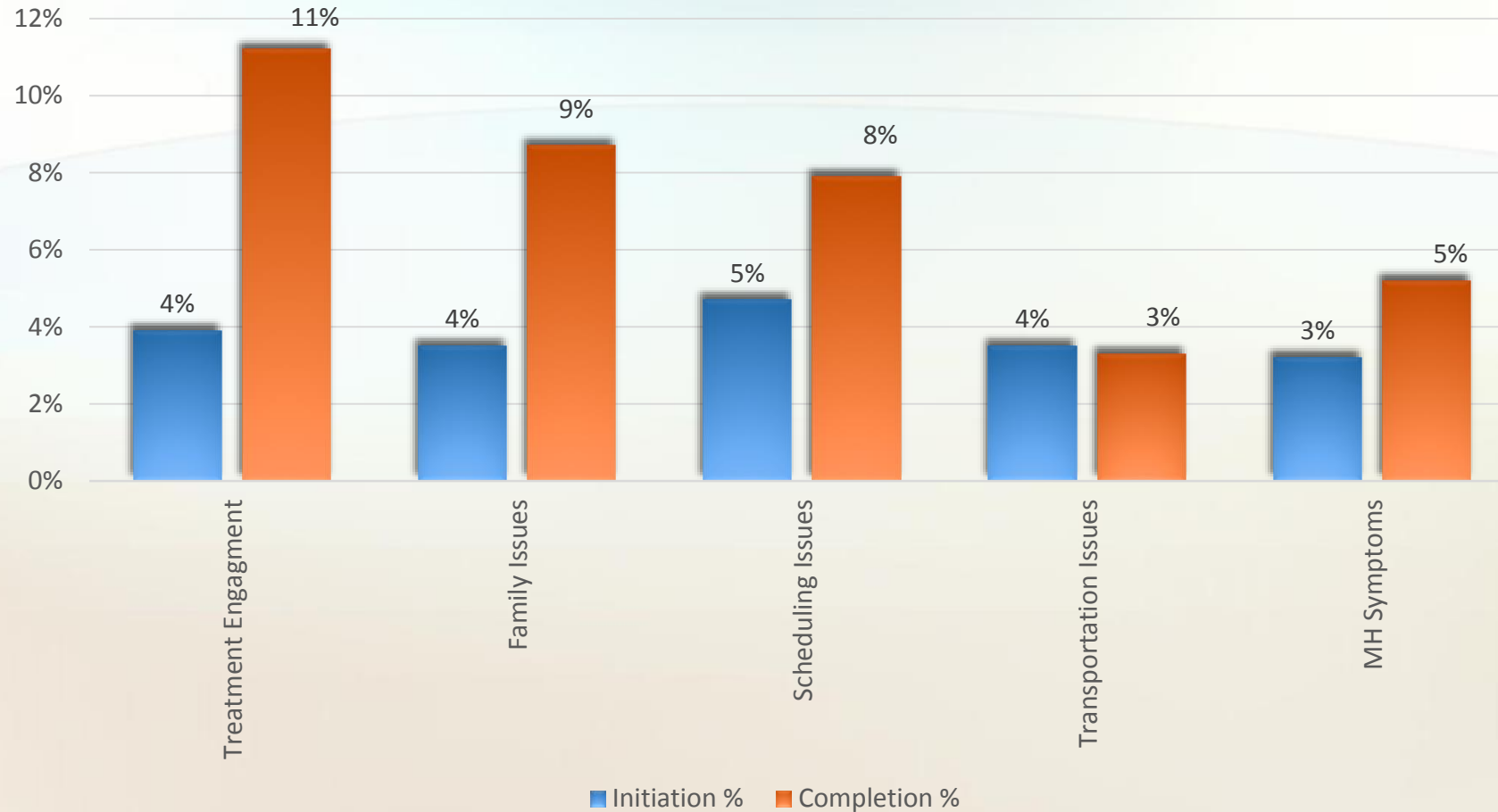Center for Youth, Family and Community Partnerships

IDENTIFICATION
ADOLESCENT DEMOGRAPHICS
(NC-TOPPS; 2010-2014)

NC-TOPPS is the NC Treatment Outcomes and Program Performance System and data is used in treatment, quality improvement and research by the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services Information is from 2010-2014 linked data set of adolescent consumers ages 12-17 .

IDENTIFICATION
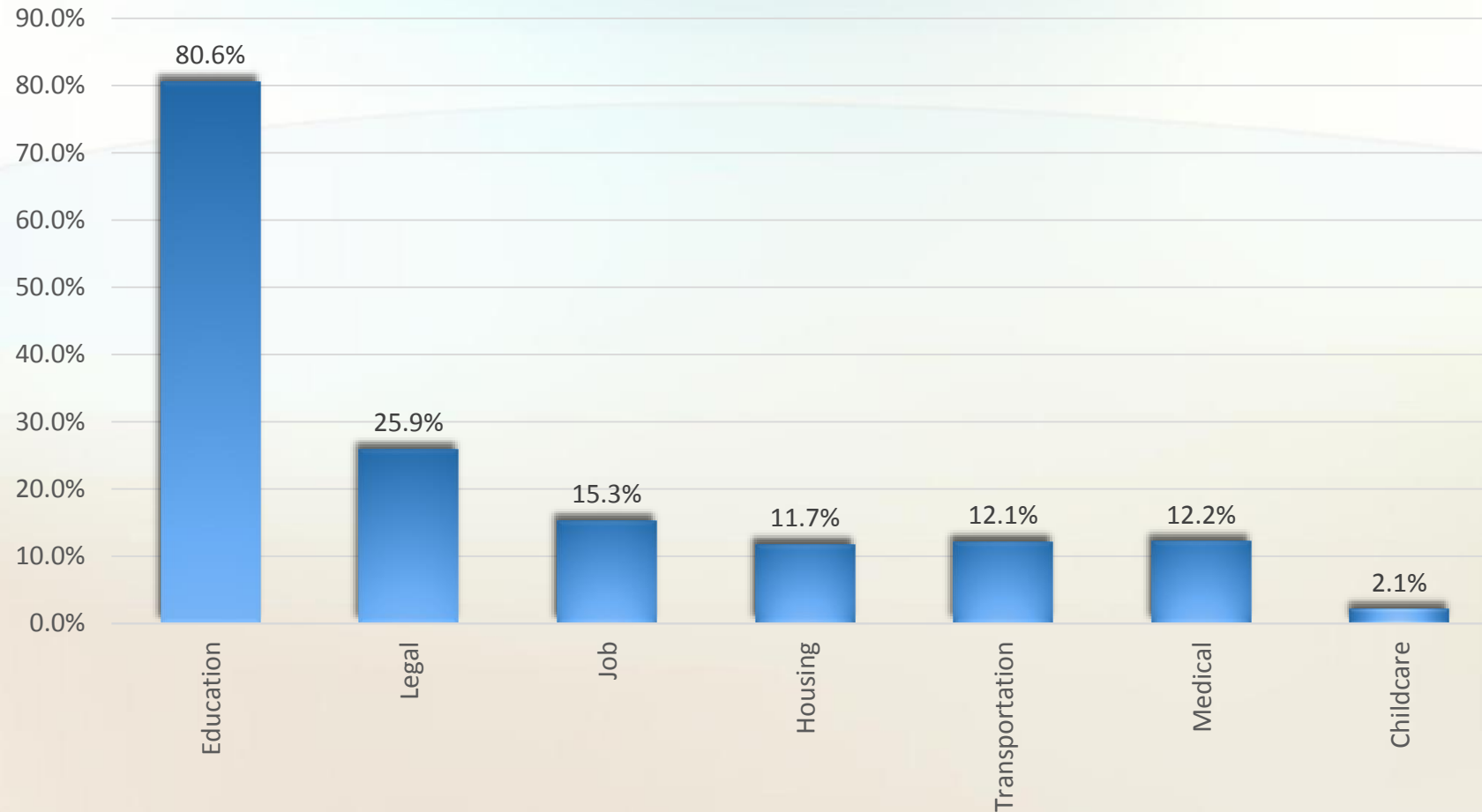## TOP BARRIERS IDENTIFIED FOR ADOLESCENTS
(NC-TOPPS; 2010-2014)

NC-TOPPS is the NC Treatment Outcomes and Program Performance System and data is used in treatment,
quality improvement and research by the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Information is from 2010-2014 linked data set of adolescent consumers ages 12-17 .

IDENTIFICATION AREAS TO CONSIDER

- SCREENING PROCESSES/PROTOCOLS SHOULD BE AVAILABLE FOR ENTITIES OUTSIDE OF BEHAVIORAL HEALTH
  - Schools
  - Juvenile Justice
  - Child Welfare (DSS)
  - Physical Health
  - Community Programs
- EFFECTIVE ASSESSMENT PROCESSES
  - Clinicians well trained in assessment processes
  - Usage of valid and reliable tools to assist in decision making
- UNDERSTAND IDENTIFICATION AND CULTURAL COMPETENCE
- BARRIERS FOR TREATMENT INITIAITION AND ENGAGEMENT ARE IDENTIFIED EARLY
- IDENTIFICATION OF BEYOND TREATMENT AREAS AT ONSET

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COORDINATION

- Coordination *within* systems
  - Changing landscape of both public and private funding can create difficulties for families having to navigate between providers and those that fund services (authorizations, medical necessity, provider network and choice)
- Coordination *across* systems
  - Numerous "handoffs" across multiple systems for youth-rarely does a young person experience a challenge only in one area
  - This includes integrated care
  - Significant burden to families having to navigate across systems-repetitive and redundant processes and communication challenges
    - Youth in NC have multiple systems to navigate-Behavioral Health (Insurance; Local Management Entity/Managed Care Organizations; Providers), Juvenile Justice, Education, CCNC, Child Welfare (DSS), Physical Health, Community Programs

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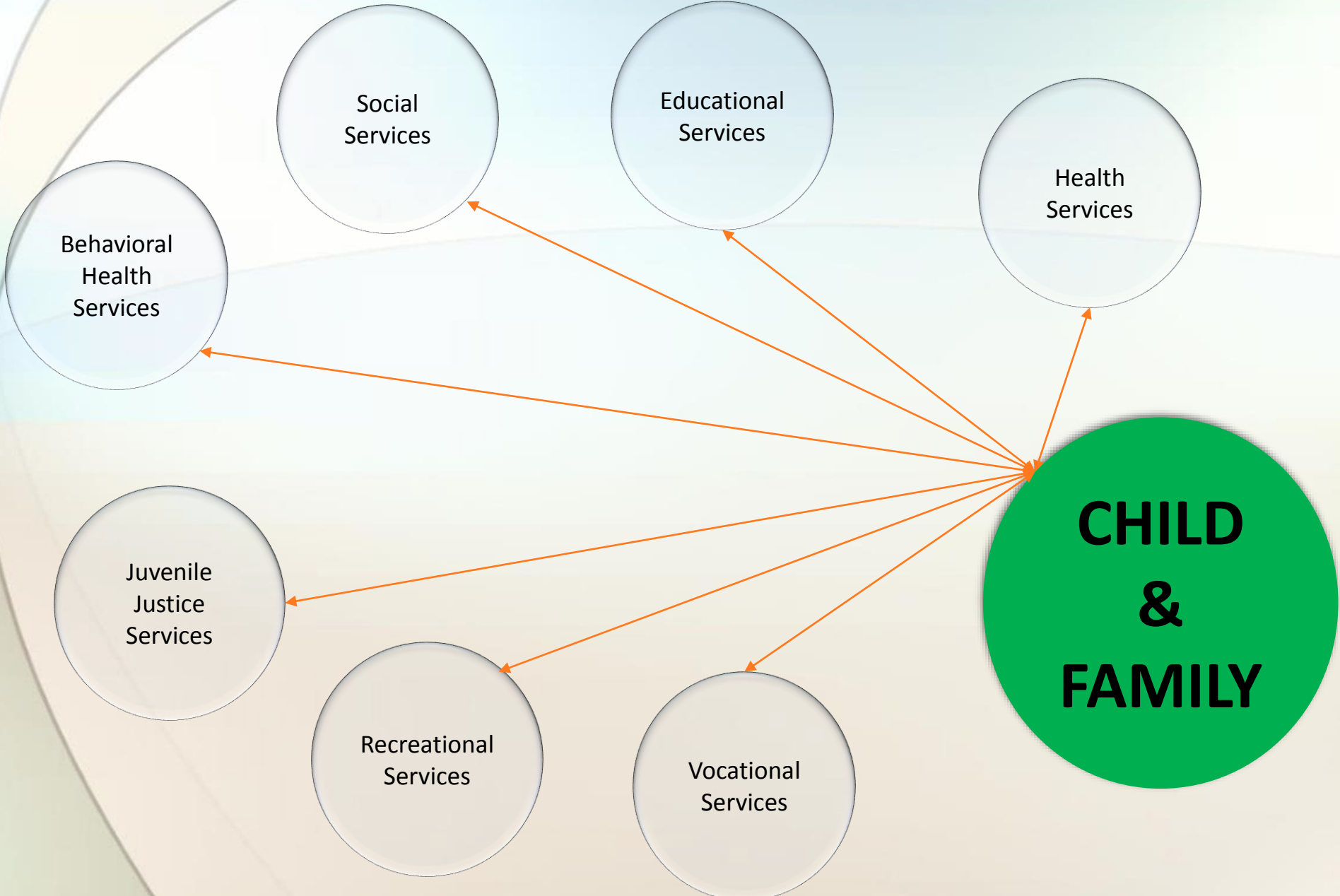
COORDINATION
North Carolina's System of Care

▸ Family Driven & Youth Guided

▸ Child & Family Team Based

▸ Natural Supports

▸ Collaboration

▸ Community Based

▸ Culturally & Linguistically Competent

▸ Individualized

▸ Strengths Based

▸ Persistence

▸ Outcome Based & Data Driven

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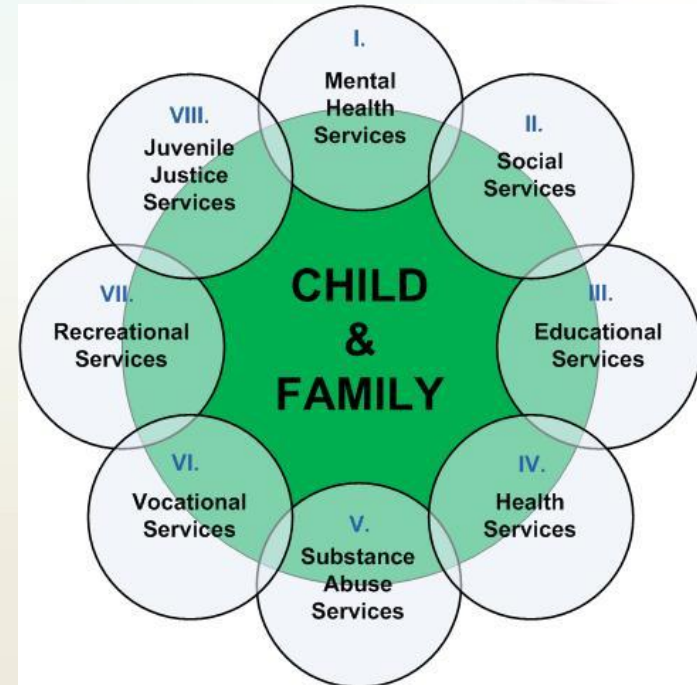
COORDINATION
NC Example of this Area-Reclaiming Futures

	Quarter (07/14-09/14)	To-Date (01/13-09/14)
Time from Referral to Assessment (Days)	30.4	20.7
Youth In Need of Treatment (#)[2]	308	914
Youth Initiated (#)	111	760
Youth Initiated (% Of Those in Need)	🔴 36.0%	🟢 83.2%
Youth Initiated in 14 Days	63	467
Youth Initiated in 14 Days (% Of Those in Need)	🔴 20.5%	🔴 51.1%

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COORDINATION
NC Example-Benefits of JJSAMHP Teams When Working Together Effectively
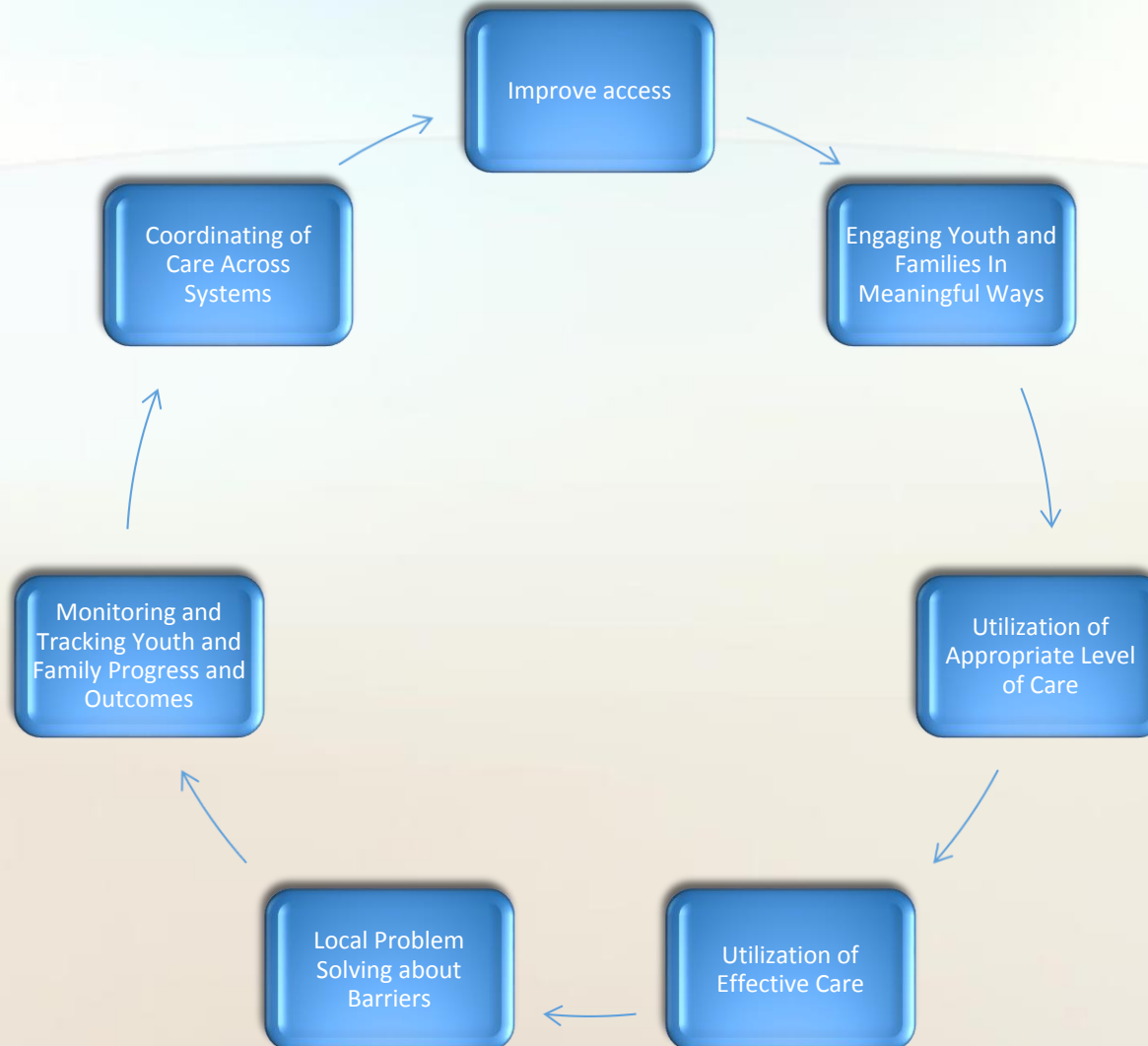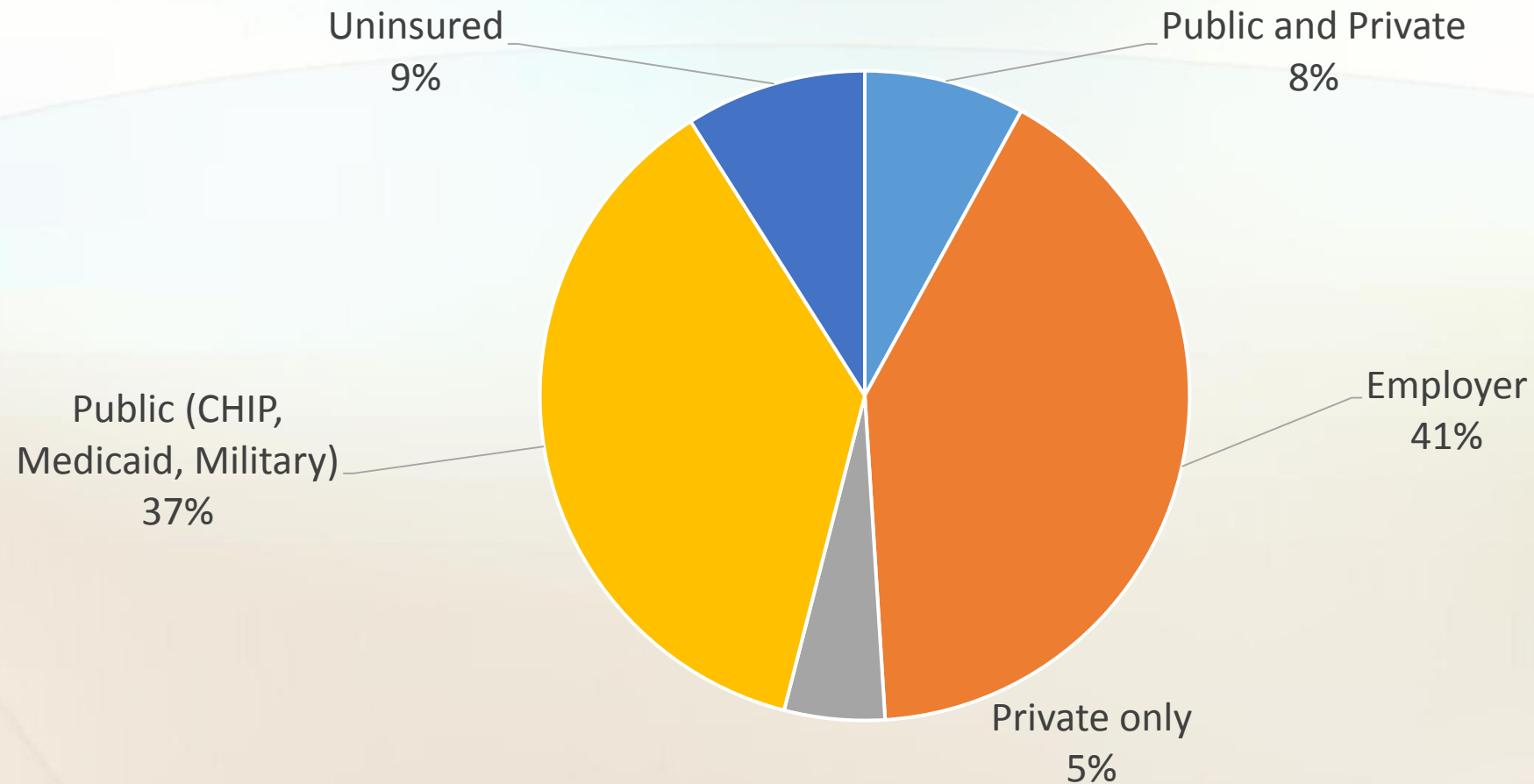
COORDINATION AREAS TO CONSIDER

- COORDINATION WITHIN and ACROSS SYSTEMS including processes, forms, etc.
  - BEHAVIORAL HEALTH
  - PHYSICAL HEALTH
  - CCNC
  - SCHOOLS
  - JUVENILE JUSTICE
  - CHILD WELFARE (DSS)
  - COMMUNITY PROGRAMS
- TEAMS HAVE KNOWLEDGE AND SKILLS TO IMPLEMENT SYSTEMS CHANGES AND COORDINATE CARE ACROSS SYSTEMS (INFORMATION SHARING, PROCESS IMPROVEMENT)
- SEAMLESS SYSTEM OF CARE THAT DECREASES BURDEN FOR YOUTH AND FAMILIES-FAMILIES DO NOT HAVE TO DO THE "CONNECTING"
- NEED FEEDBACK FROM YOUTH AND FAMILIES (NOT JUST SERVICE PROVIDERS) AS TO WHETHER COORDINATED OR INTEGRATED CARE IS ACTUALLY BEING EXPERIENCED

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FUNDING

Percent Youth Under the Age of 18 by Insurance Status

Uninsured 9%

Public and Private 8%

Public (CHIP, Medicaid, Military) 37%

Employer 41%

Private only 5%

Census Bureau, Current Population Survey (March supplement)

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FUNDING

Access Sometimes Difficult for both Private and Public…………
But for Different reasons….

- Youth and families with Medicaid often have better access to routine services but other barriers (such as transportation, employment requirements, etc.)
- Youth and families with private insurance often have less access to services such as higher levels of care and funding requirements
  - 2015 Government Accounting Office Comparison of State Health Insurance Programs and Qualified Health Plans[1]
  - Those individuals with Qualified Health Plans did not benefit from subsidies when considering all of the other areas families had to address
    - Deductibles
    - Copayments
    - Coinsurance
    - Premiums
  - In NC, increasingly more difficult to access higher level services with private/employer insurance-public funding to supplement this need has decreased
- Providers have noted authorization issues-such as having reviewers out of state who may not know NC system and review process to get approvals to start and justify services-creates barrier for youth and families

[1]GAO-15-3230-Children's Health Insurance

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FUNDING

NC Example-Alternative Funding

- Examples of LME/MCO funding to address these gaps
- *"Assertive Engagement is a method of working with new children who have a mental illness and/or substance abuse disorder and have difficulty engaging in the current billable services. Assertive Engagement is targeted towards those children with a mental illness or substance abuse disorder with impaired functioning who are more likely to exhibit erratic or non-engagement behaviors in treatment due to their illness or life circumstances"*[1]
- Funding for providers to begin working with youth in higher level facilities before 30 days to successfully transition them out
- Working with individuals in detention (jail for 16 and 17 year olds) using alternative funding since not able to draw down Medicaid
- Services within home for outpatient to better engage families

[1]http://www.eastpointe.net/news/docs/836/RFP%20District13%20and%2016%20Districtsl.pdfAdolescent Access for Mental Health Disorders

FUNDING AREAS TO CONSIDER

- Reducing barriers to services for individuals with private insurance and public insurance and recognizing those barriers may be different and create different access challenges

- Reducing barriers to funding for providers of services-barriers then produce challenges for youth and families and access-medical necessity, authorization

  - For example, with juveniles in trouble with the law, a couple of weeks make a difference

- Identify alternative funding for those who need care but are underfunded (LME functions in the past but less discretionary funding) regardless of where young person/family lives

- Create mechanisms to fund for cross-system challenges (e.g., engagement or transition funding) that have worked in the past

EFFECTIVE SERVICES

- Services that are evidence based or shown to be effective in addressing mental health and/or substance abuse
- Funding has been provided by LME/MCOs to improve effective service delivery
  - Eastern LME/MCO provided training to key providers on EBPs to cover the entire catchment area
  - Western LME/MCO provides more funding to providers who use EBPs and to better engage families/youth
  - Central LME/MCO created positions for special populations such as juvenile justice youth to ensure access to services
- However, expectations not consistent across state-"My LME/MCO wouldn't do that....."
- Access to evidence based services not the same across the entire state
- Stability in workforce-most of agencies worked with 5 years ago have made some major transition or closed down-impacts on utilization of effective services
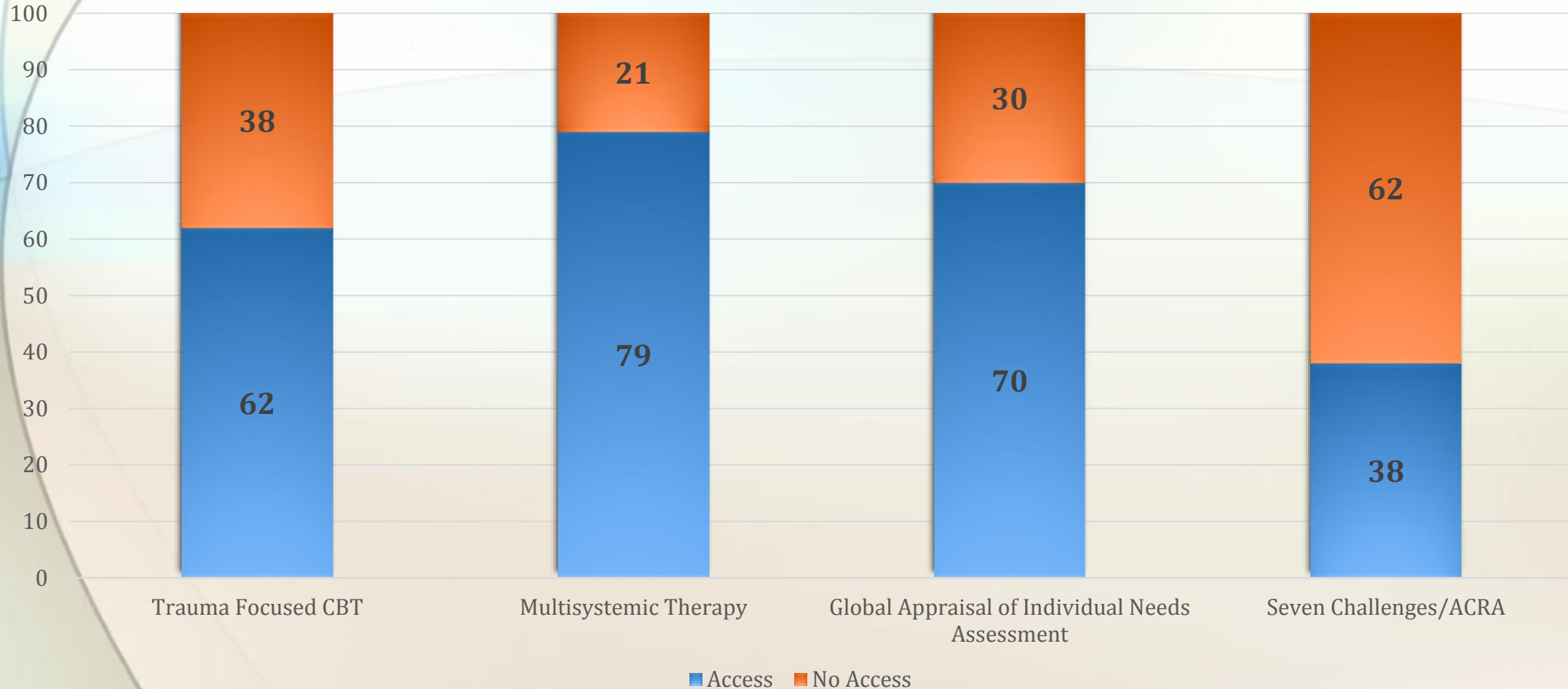
EFFECTIVE SERVICES
NC Example-Access to EBPs as noted by LME/MCO liaisons

- Communicated with LME/MCO liaisons for teams
  - Evidence Based Treatment for Trauma, MH/SA, SA, and Evidence Based Practice for Assessment
- Service access within 14 days
  - Trauma Focused Cognitive Behavioral Therapy (EBT for Trauma)
  - Global Appraisal of Individual Needs Assessment (Valid and Reliable Assessment) or comparable instrument
  - Seven Challenges/Adolescent Community Reinforcement Approach (EBTs for Substance Abuse)
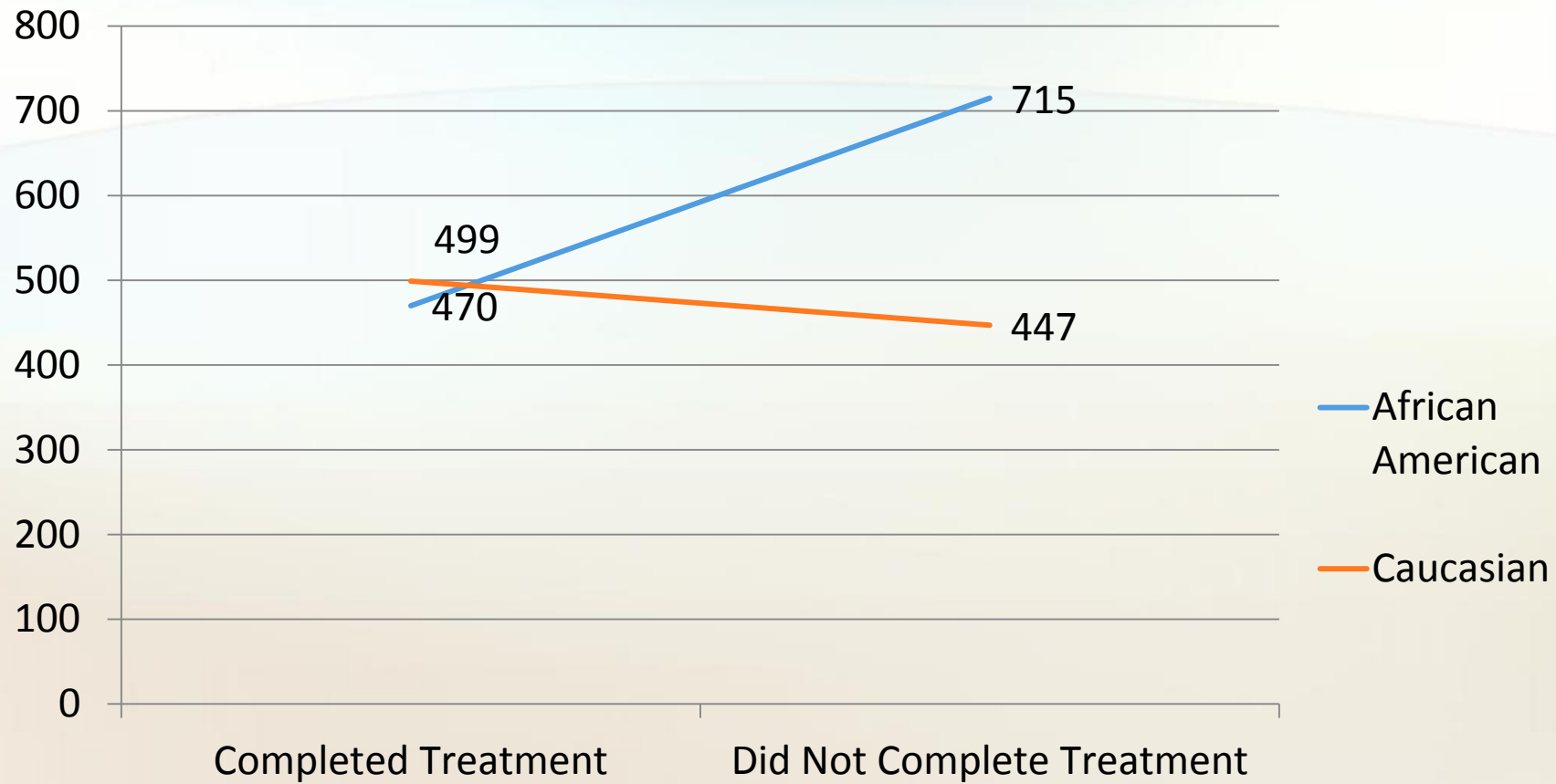 - Multisystemic Therapy (Higher level EBT for Mental Health and Co-Occurring)

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EFFECTIVE SERVICES
Access to Evidence Based Practices Across 100 NC Counties
(Summer, 2014)

EFFECTIVE SERVICES
NC Example of Addressing this Area
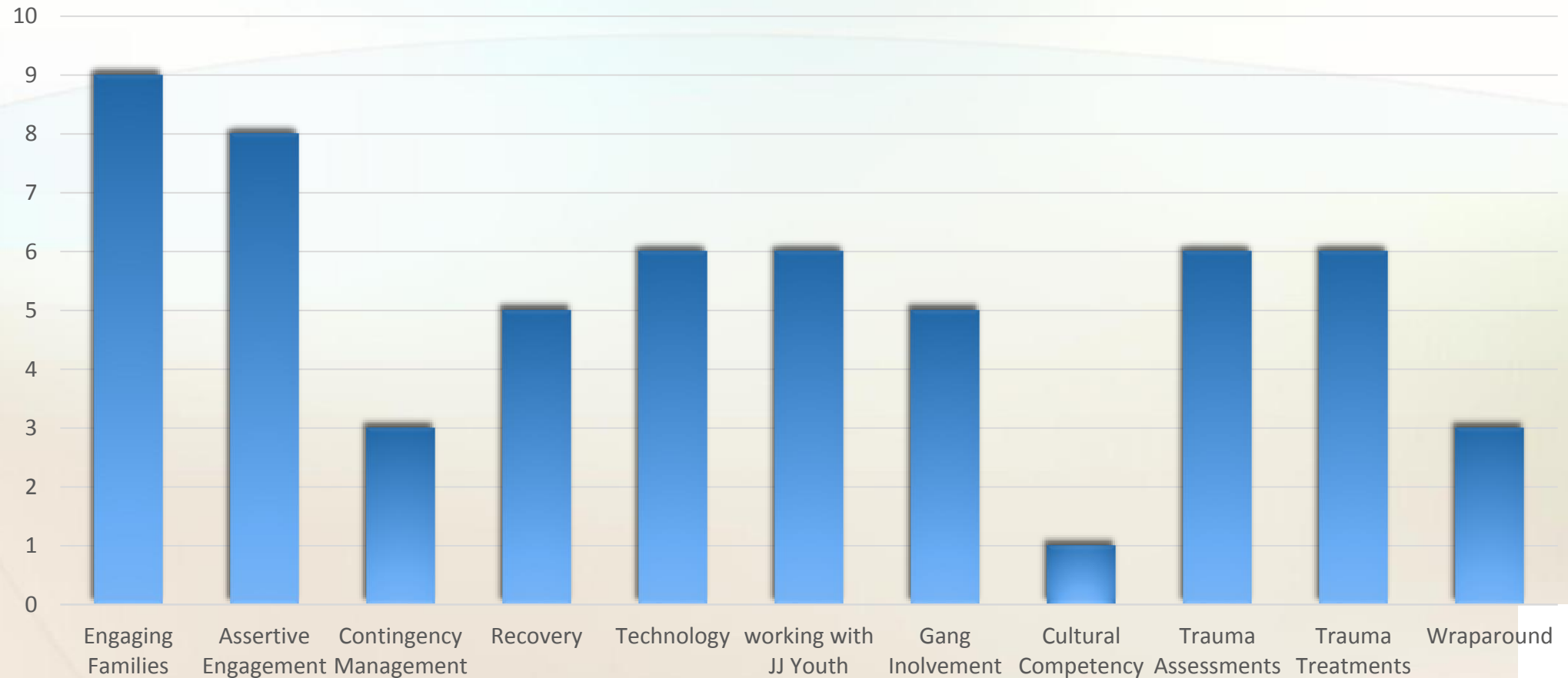Reclaiming Futures Treatment Fellows Survey

EFFECTIVE SERVICES
NC Example of Addressing this Area

- Took information from this survey, feedback from providers, and previous surveys from state SAMHSA and DMHDDSAS grant
- Worked with developer of Family Behavior Therapy to provide training on modules within the EBT to determine if acceptable in NC-funded by the Kate B. Reynolds Charitable Trust and DMHDDSAS (SAMHSA) on skills to engage families more effectively in treatment process
- Very favorable training this year
  - Access to all online materials
  - Can move with clinicians (not agency specific)
  - Clinicians able to use the skills immediately
  - Costs minimal compared to other EBTs
  - Developer allowed for clinicians to use materials with others in their agency

EFFECTIVE SERVICES AREAS TO CONSIDER

- Adolescents and their families have access to effective treatment across domains (trauma, mental health, substance abuse, co-occurring) regardless of location and payer sources

- Providers have opportunities for training on evidence based practices that are affordable and sustainable with fidelity to what has been trained

- Addressing stability in workforce which impacts on effectiveness of services

- Monitor for possible disparities in effective services across diverse groups

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Domains for Access to Behavioral Health for Adolescents And Their Families

- Early Identification (**IDENTIFICATION**)

- Coordination of Services (**COORDINATION**)

- Lack of Health Insurance or Restrictions (**FUNDING**)

- Shortages of Providers with Expertise in Adolescence (**EFFECTIVE SERVICES**)

- There may be other areas…….

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THANK YOU!

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- *Ms. Shureka Hargrove, Doctoral Student, for NC-TOPPS data*

- *DMHDDSAS (SAMHSA) and The Kate B. Reynolds Charitable Trust for providing support to JJSAMHP and Reclaiming Futures*

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