



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

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Why this matters

Racial Disparities in Behavioral Health

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

Source: NC Tiered Care Coordination Pilot Project Billing

Why this matters

Racial Disparities in Behavioral Health

- One study of mental health delivery patterns (in the Maryland Juvenile Justice system) found that **42.6% of White youths who met diagnostic criteria received mental health services, compared to only 11.9% of Black youths** who met diagnostic criteria
- NC data for justice involved youth found that:
 - African American justice involved youth are more likely to receive an externalizing diagnosis (Oppositional Defiant, Conduct)
 - White youth are more likely to receive an internalizing diagnosis (Depression, Anxiety, Trauma)
- A review by the national OJJDP of juvenile justice studies noted:
 - Youth of color in the justice system receive fewer behavioral health services than White youth
 - Youth of color served in the mental health system are more likely to be referred to the justice system than White youth

Source: NC Treatment Outcomes Program and Performance System data
<https://www.ojjdp.gov/mpg/litreviews/Intersection-Mental-Health-Juvenile-Justice.pdf>

Why this matters

Increase in Youth in NC's Juvenile Justice System

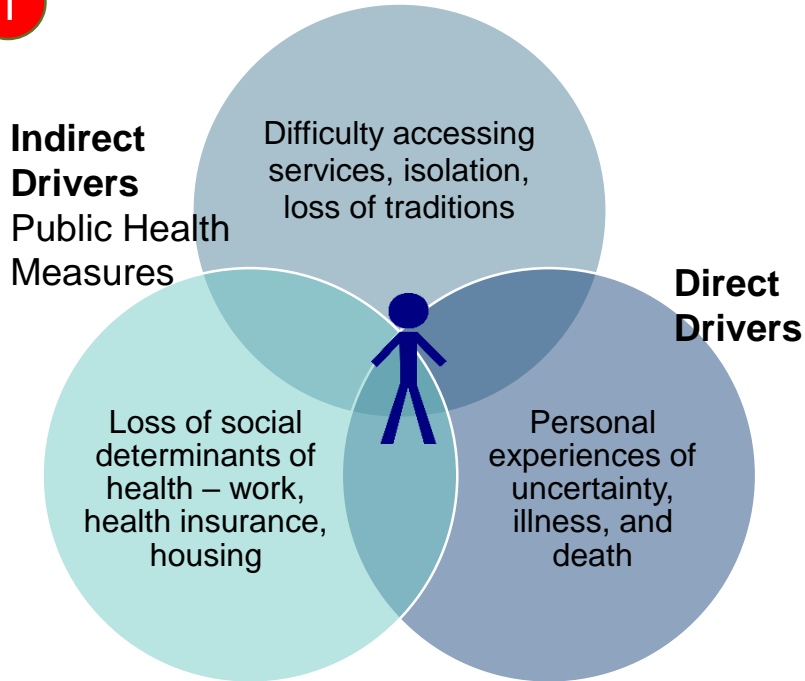
- Legislation enacted in 2019, Raise the Age (RtA), moved significant numbers of youth from the adult system to the juvenile system
- Opportunities for more access to age appropriate services and treatment for youth
- Added most 16- & 17-year old delinquent offenses
 - 48% systemwide increase to-date
 - Higher risk scores for RtA juveniles
 - 652 RtA detention admissions to-date
 - 148 RtA youth transferred to superior court to-date
 - 36 RtA juveniles committed (YDC)

Agenda

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

COVID-19 Drivers, Outcomes, and Mitigations

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3

Mitigation strategies include sustaining services, normalizing and managing crisis, and targeted interventions

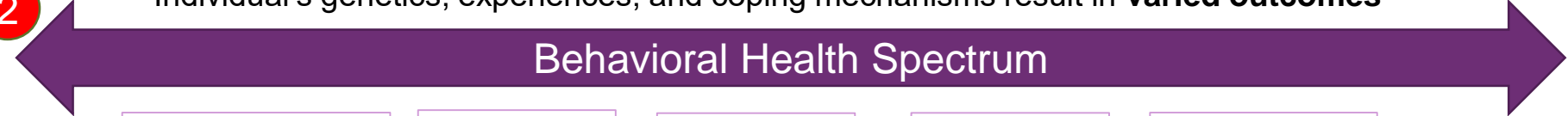
Policy modification, telehealth, provider guidance, and funding to support services

Increased awareness, normalization, access to crisis services, resiliency

Specific interventions for disproportionately impacted communities and outcomes

2

Individual's genetics, experiences, and coping mechanisms result in **varied outcomes**



Increased frequency and intensity

Anger and Hostility

Excessive Use or Misuse

Persistent Depression

Violence towards self/others

Situational loneliness, anxiety

Withdrawal from community

Inability to Cope

Extreme Mood Changes

Altered Perception

Chronic and Persistent Illness

The NC Behavioral Health Impacts of COVID-19

Behavioral Health Issues and Indicators

• Anxiety & Depression

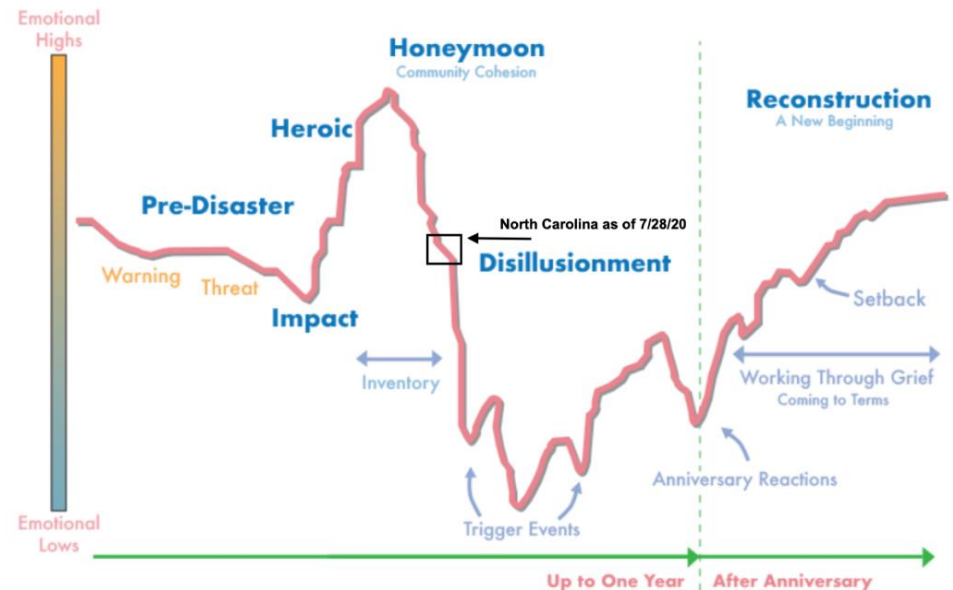
- Existing unmet need: 1.5 million North Carolinians 18+ have a mental illness in a given year - 1 in 5 don't receive care or treatment
- Three-fold increase in reported symptoms of depression and/or anxiety disorders – 1 in 3, up from 1 in 9.
- Younger cohorts (18-29) report higher prevalence of anxiety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

• Substance Use – Alcohol & Opioids

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

• Suicide

- For every five-percentage point increase in the rate of unemployment, an additional 304 North Carolinians would be expected to die each year from suicide (126) and drug overdose (178).



BH & IDD By the Numbers

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

Prevalence: Justice-Involved populations – Adult

- **Serious mental illness** affects an estimated **14.5% of men** and **31% of women** in **jails**
- **60% of jail inmates** reported having had **symptoms of a mental health disorder** in the prior twelve months
- **83% of jail inmates** with mental illness did not receive mental health care after admission
- **68% of people in jail** have a **history of abusing drugs, alcohol, or both**
- Compared to other North Carolinians, within the first 2 weeks post incarceration, formerly incarcerated people are...
 - **40 times** more likely to die from an opioid overdose
 - **74 times** more likely to die from a heroin overdose

**Various documented sources*

BH & IDD By the Numbers

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

Prevalence in North Carolina

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

**Various documented sources*

BH & IDD By the Numbers

Prevalence: Juvenile Justice-Involved populations

- Over half of youth in the justice system (from earliest involvement to facility involvement) have a diagnosed behavioral health issue
- Studies have shown about 2/3 of youth in justice facilities have a diagnosable mental health disorder compared to only 9 to 22% of general adolescent population
- Youth in juvenile facilities were 10 times more likely to experience psychosis than the general population
- A long-term study that followed up with youth who committed offenses found most were likely to have a substance use disorder, followed by anxiety, ADHD, Depression and then PTSD when first involved with the system

Source: Office of Juvenile Justice and Delinquency Prevention <https://www.ojjdp.gov/mpg/litreviews/Intersection-Mental-Health-Juvenile-Justice.pdf>

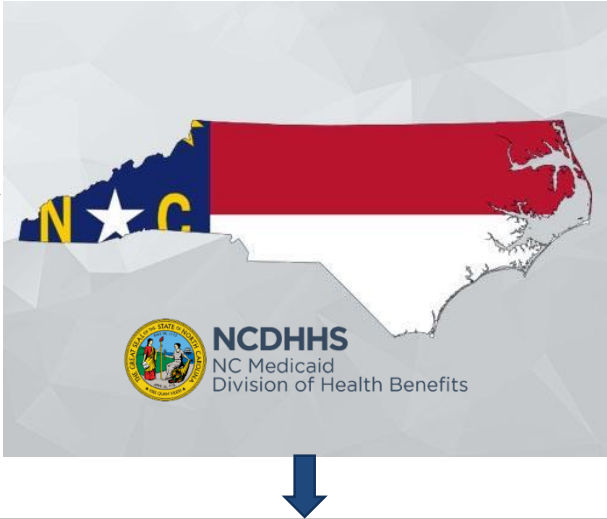
Top DHHS Priorities

1. Transform our healthcare system to buy health and integrate physical and behavioral care.
2. Combat the Opioid Epidemic
3. Drive health opportunities from the start Implement the Early Childhood Action Plan

Early Childhood Action Plan



Medicaid Transformation



Opioid Action Plan 2.0



Behavioral Health and IDD Strategy

Vision for Behavioral Health & IDD in North Carolina:

*North Carolinians will have **access** to **integrated** behavioral, developmental, and physical health services across their lifespan. We will increase the **quality** and capacity of services and supports in partnership with providers, clients, family members, and communities to promote hope and resilience and achieve **wellness** and **recovery**.*

(February 2018 Behavioral Health and IDD Strategic Plan)

Mission:

Through the lens of behavioral health, we aim to lead with our ideas to identify gaps, invest in promising interventions, and efficiently scale a system that promotes health and wellness for all North Carolinians across all payers, providers, and points of care.

Social Determinants of Health – Healthy Opportunities

“Healthy Opportunities,” commonly referred to as the social determinants of health, are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

- Access to high-quality medical care is critical, but research shows up to 80 percent of a person’s health is determined by social and environmental factors and the behaviors that emerge as a result.
- Addressing the factors that directly impact health is a key component of meeting DHHS’s mission to improve the health, safety and well-being of all North Carolinians while being good stewards of resources.

North Carolina’s Healthy Opportunities Priority Domains

Housing



Food



Transportation



Interpersonal
Violence



Integrating Strategic Efforts



Justice System
Strategy



Youth
Behavioral
Health

Juvenile Justice Behavioral Health Initiatives

Draft Goals for Justice System Strategy

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

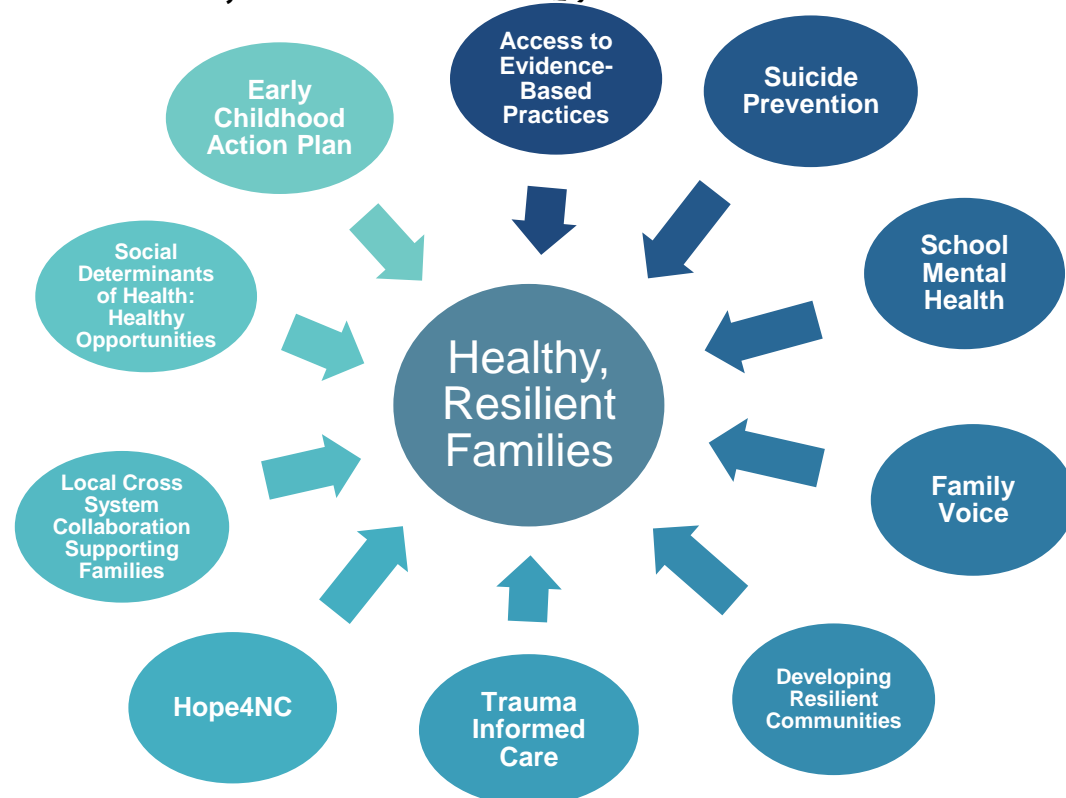
Key Strategies Include:

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

Youth Behavioral Health Priorities

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

Key Strategies Include:

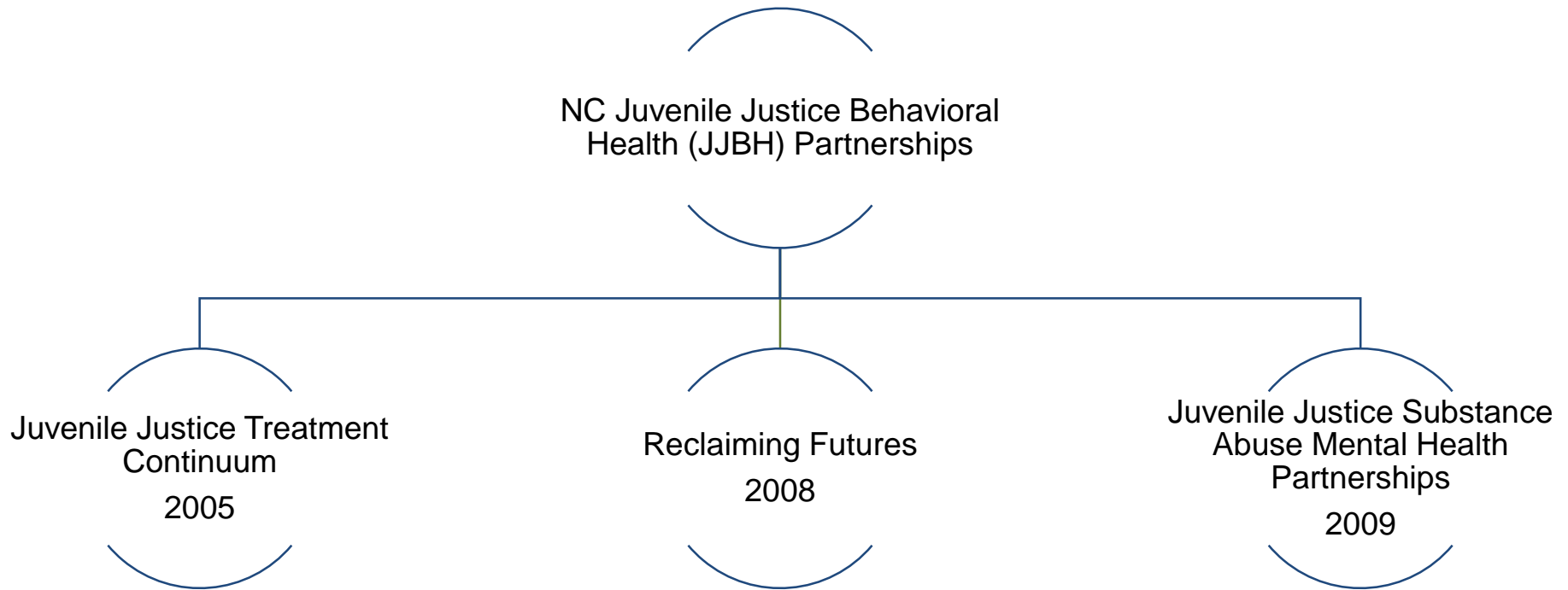


Juvenile Justice Behavioral Health (JJBH) Partnerships

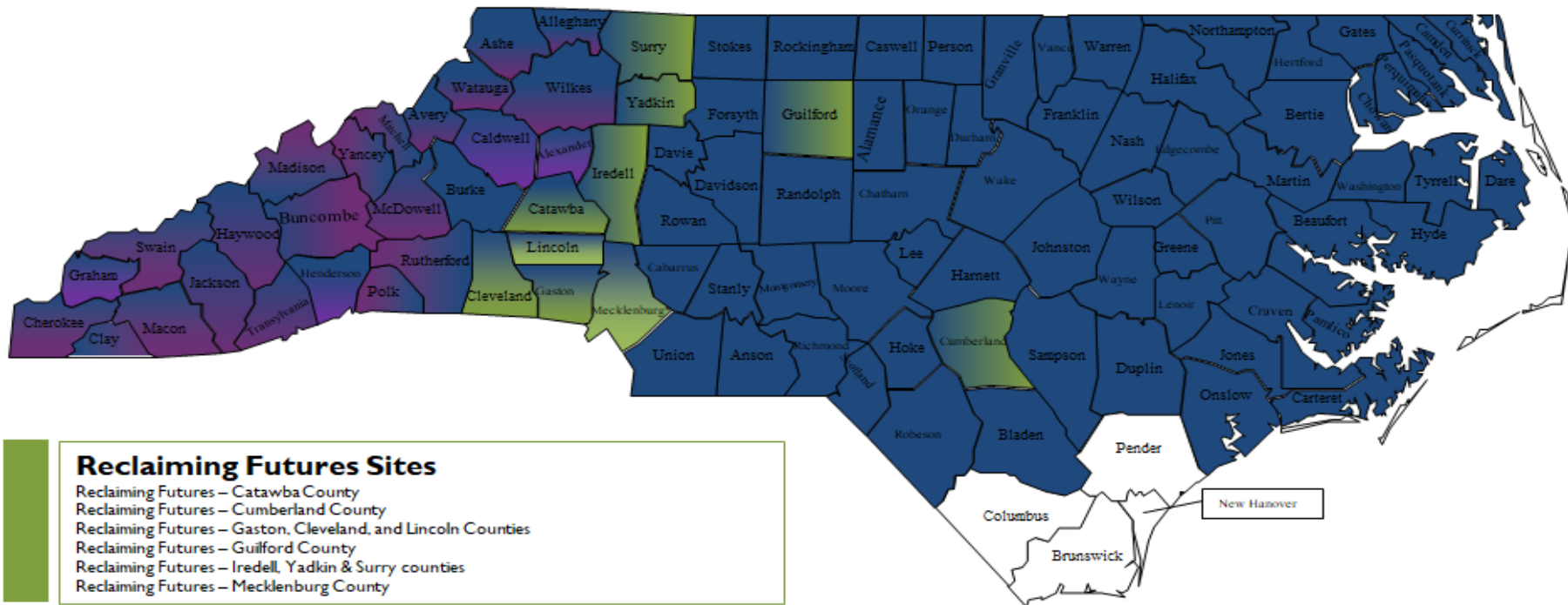
The Juvenile Justice Behavioral Health State team works to support local planning teams across NC to increase access, effective treatment engagement and retention, and community engagement for JJ involved youth with behavioral health issues and their families.

- 22 Teams in 96 counties (July 2020)
- Focus on Plans of Work with goals and use data to drive processes and make decisions
- Involves JJBH Team Members who address the Local System of Care for justice involved youth and their families:
 - Local Juvenile Justice Leadership
 - Local Management Entities/Managed Care Organizations
 - Providers
 - Family Partners (Family Voice)
 - Community Partners

JJBH Partnerships Umbrella



JJBH Partnerships – Serving the State



Reclaiming Futures Sites

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

Juvenile Justice Behavioral Health Partnerships

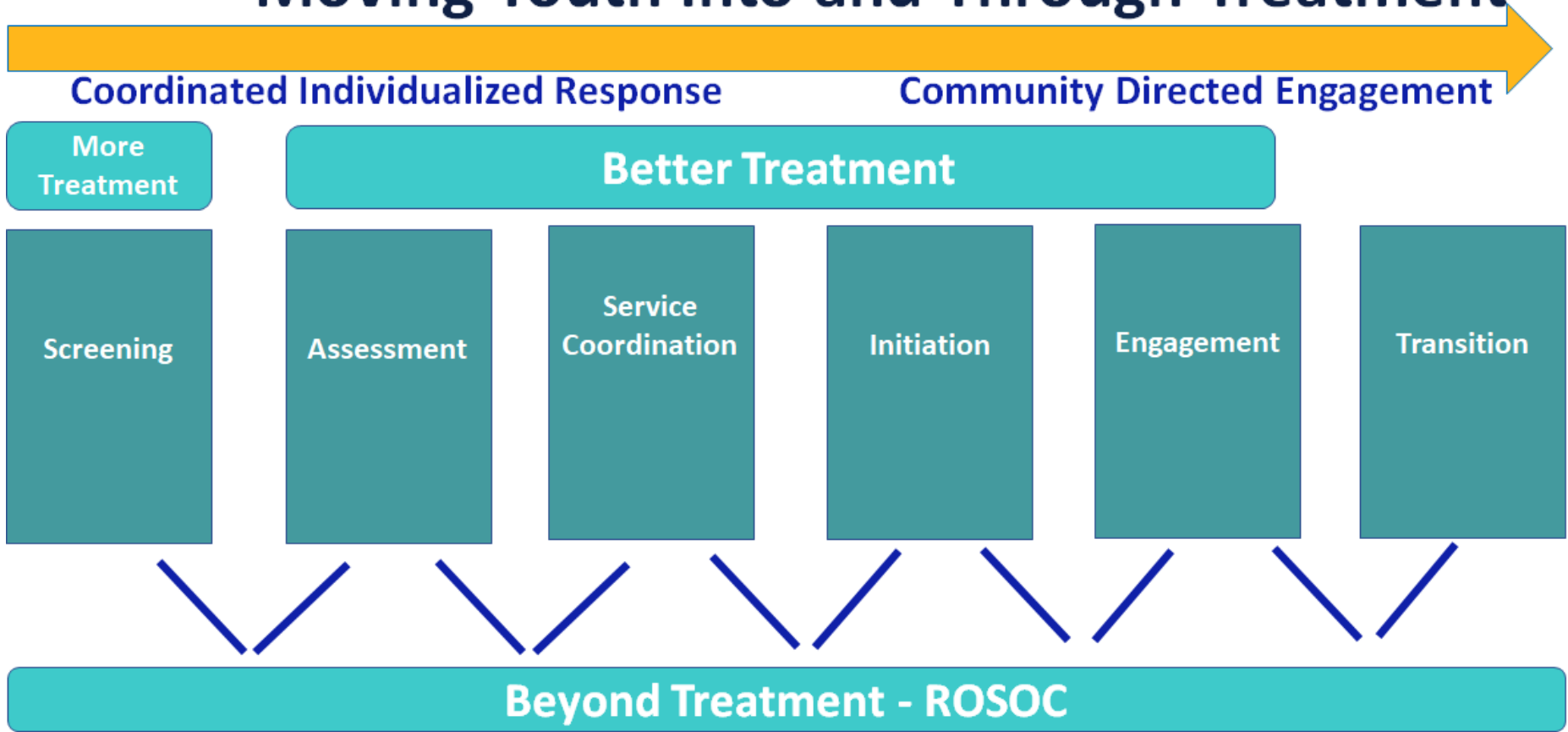
- Alliance - Cumberland
- Alliance Behavioral – Durham
- Alliance Behavioral – Wake
- Cardinal Innovations – Alamance Chatham Orange
- Cardinal Innovations – Five County
- Cardinal Innovations-Caswell/Person
- Cardinal Innovations – Piedmont
- Cardinal Innovations - Mecklenburg
- Cardinal Innovations-Triad
- Cardinal Innovations/Trillium-District 6
- Eastpointe – Kinston
- Eastpointe - Lumberton
- Eastpointe – Rocky Mount
- Partners North
- Partners Central
- Partners South
- Sandhills-Guilford
- Sandhills – Southern
- Trillium-North
- Trillium – Central
- Vaya Health

Juvenile Justice Treatment Continuum

Vaya Health

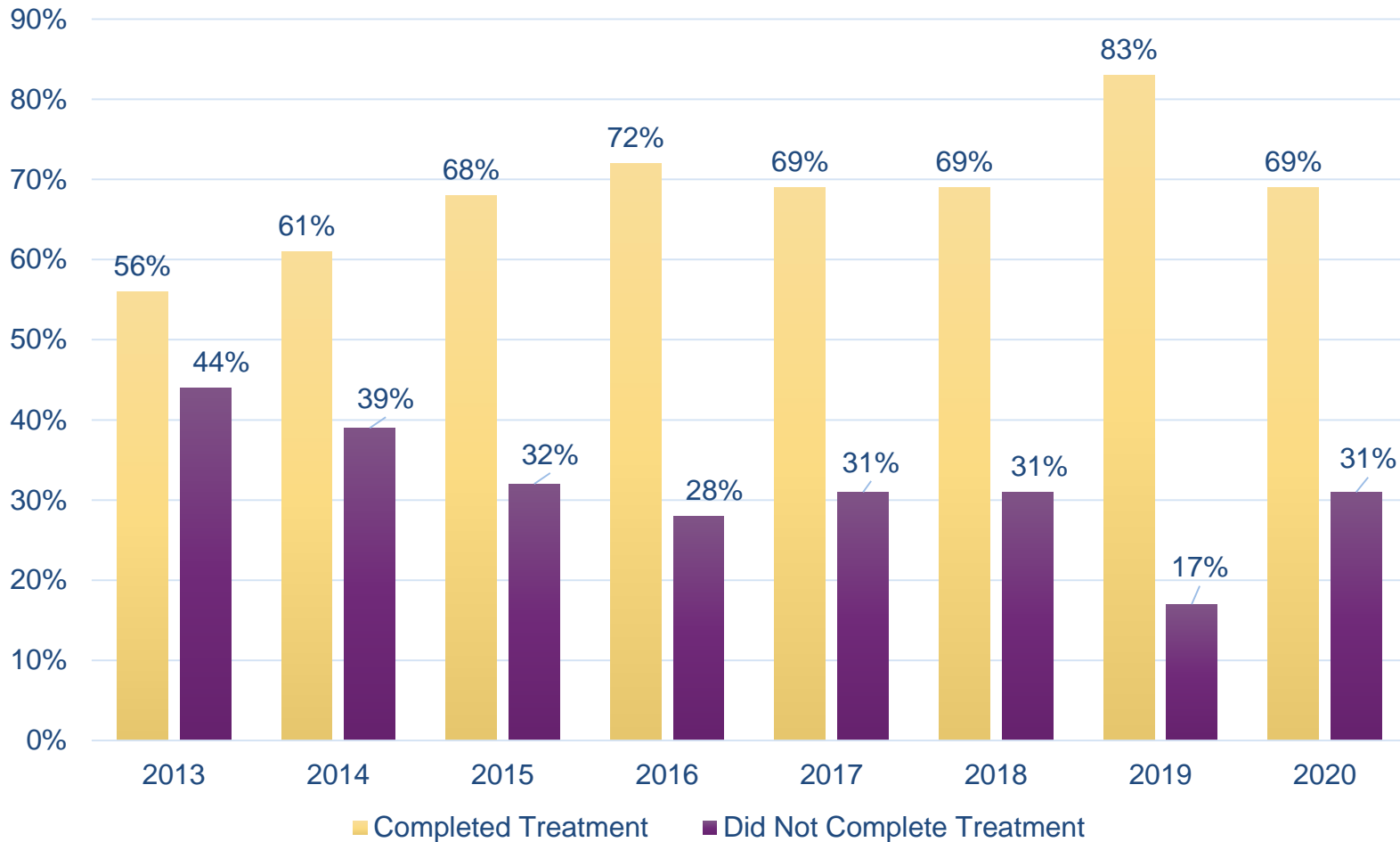
JJBH Partnerships – Reclaiming Futures

Moving Youth Into and Through Treatment



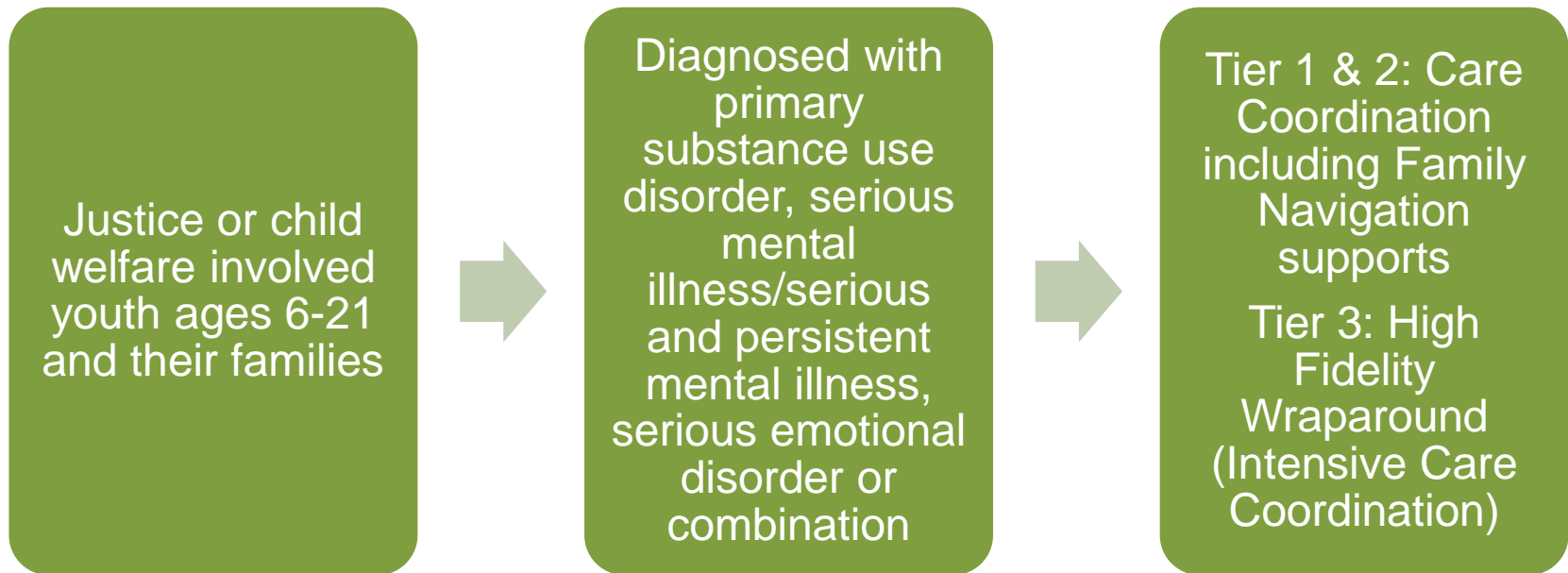
Identifying and Closing TRAP DOORS where we lose youth

JJ Involved Youth Treatment Completion



SOURCE: ²Data comes from analyses on North Carolina Treatment Outcomes and Program Performance System (NC TOPPS)

Tiered Care Coordination Pilot Project



Tiered Care Coordination Pilot Project

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

	Total	Per Youth
Labor-Based	\$737,248	\$1,839
Fixed Costs	\$241,810	\$603
Investment	\$979,058	\$2,442
DMH/DHB	\$9,428,312	\$23,512
DJJ	-	-
DSS	-	-
Return	\$9,428,312	\$23,512
Net Savings	\$8,449,254	\$21,070
ROI	8.63	8.63
Note: Estimates are rounded to the nearest dollar.		

Healthy Transitions Pilot

- Outreach, Screening, Assessment, Referral and Engagement of Youth and Young Adults ages 16-25
- Navigators are paired with Youth and Young Adult Support Partners using an evidence-based model to engage and connect youth and young adults to self-identified needs and supports
- Focused on changing policy for Transition Age Youth since there are challenges for engagement in both child serving and adult serving systems
- Sites include:
 - Henderson County
 - Buncombe County
 - Agencies are Youth Villages and Family Preservation

Opportunities to Partner

- Partnerships could address support of specialized assessors and Family Navigators to ensure this continuum of services are complete and support children youth and families across the continuum
- Partnerships could address the disparities and underlying reasons for the disparities including:
 - Social determinants
 - Access to services
 - Housing supports
 - Transportation supports
 - Food supports

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

Opportunities to Partner

- Education and Work Training Needs for Youth
 - Disengagement from school for various reasons
 - Few work opportunities
- More natural supports for young people and their families during and after treatment
 - Mentors, family navigators, etc.
- Identify ways faith-based organizations can support local JJBH teams and community collaboratives to support young people and their families
- The Administrative Office of the Courts (AOC) has developed **School Justice Partnerships** which are another way for stakeholders to engage.
 - You can find information about them here:
<https://www.nccourts.gov/programs/school-justice-partnership>

Opportunities to Partner

Local System of Care Community Collaboratives

- 69 Collaboratives across the state
 - supported by SOC Coordinators who are employees of the LME/MCOs.
- Support the development of local systems of care
- Who is involved?
 - public and private child-serving agencies and providers
 - families and youth with public system lived experience
 - schools
 - faith communities
 - community-based organizations, and
 - other community stakeholders committed to positive outcomes for the children and their families
 - **YOU!**

And Don't Forget...

Know your Ws!



WEAR a cloth mask over your nose and mouth.



WAIT 6 feet apart. Avoid close contact.



WASH your hands or use hand sanitizer.



- S** **Stay connected to family and friends.** Social connections build resiliency.

- C** **Compassion for yourself and others.** Self-compassion decreases trauma symptoms and stress.

- O** **Observe your use of substances.** Early intervention can prevent problems.

- O** **Ok to ask for help.** Struggling is normal. Asking for help is empowering.

- P** **Physical activity to improve your mood.** Exercise boosts mood and lowers anxiety.

HOPE 4 NC HELPLINE 1-855-587-3463