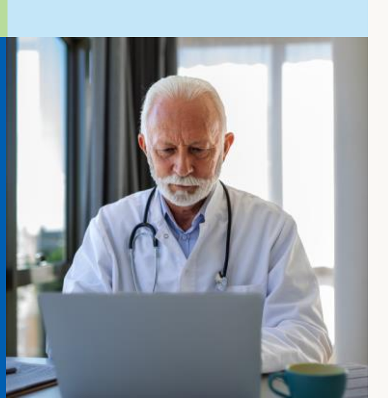


Promoting behavioral health equity for North Carolina's youth and families.

North Carolina Psychiatry Access Line (NC-PAL) Child Welfare Collaborative

Duke University Department of Psychiatry and Behavioral Sciences

Courtney McMickens, MD and Alexis French, PhD

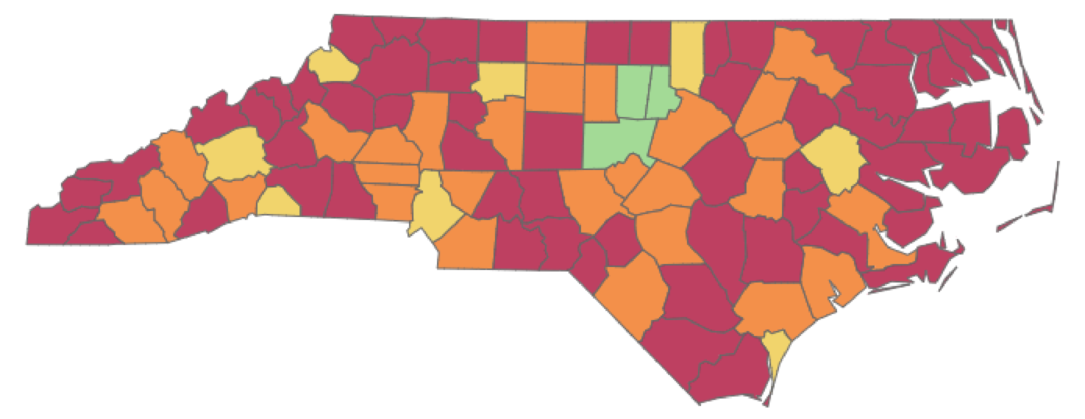
NC-PAL is a collaboration between the North Carolina Department of Health and Human Services, Duke's Department of Psychiatry & Behavioral Sciences and the UNC School of Medicine. For information regarding funding, please see the end slide of this presentation.

Children's Mental Health in NC

Of the 2.3 million youth in NC, 364k or **1:6** have a behavioral health disorder.

66% of pediatricians report a lack of training in counseling or medication of children with mental health problems.

There are **only 345** child and adolescent psychiatrists (CAPs) in all of NC. **61/100** counties have *no* CAP.



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Whitney, D. G., & Peterson, M. D. (2019). US National and State-Level Prevalence of Mental Health Disorders and Disparities of Mental Health Care Use in Children. *JAMA Pediatrics,* 173(4), 389–391. https://doi.org/10.1001/jamapediatrics.2018.5399

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NC-PAL works to build the mental health knowledge base and capacity of clinical and social service providers in North Carolina to meet the mental health needs of youth and families.

Consultation and Referrals/Resources

Education on Behavioral Health Topics

Behavioral Health Training

Core Programs

Practice-Focused Programs

Consultation

- Pediatric Phone Line
- Perinatal Phone Line
- Care Guides & Screening Forms
- One-time patient assessments

Education

- REACH PPP Mini Fellowship
- Residency Training
- Lectures, Talks & Linkage to Trainings
- NC AHEC Courses

Practice Improvement

- Resource Navigation Support
- IDD Supports
- Early Childhood Supports
- Collaborative Care Support

Community-Focused Programs

Social Services

- Collaboration in statewide case reviews and policy development
- Consultation & education pilots with select DSS agencies

Schools

- Collaboration in statewide policy and program development
- Consultation & education pilots with select school districts

Early Childhood/ Perinatal

- Collaboration in statewide policy and initiatives
- Develop Attachment Network of NC
- Collaborate with early childhood programs, perinatal health equity and quality initiatives

Transforming Child Welfare and Family Well-Being Together:

A Coordinated Action Plan for Better Outcomes

INTERIM REPORT

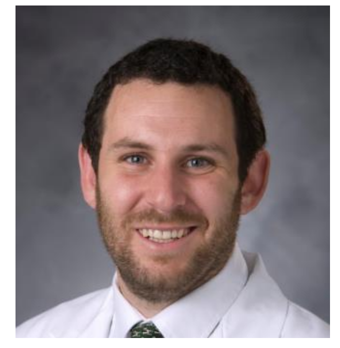
A coordinated effort dedicated to creating prevention and treatment solutions that help every child and family experiencing adversity to cope, repair and heal.

Rapid Response Team (RRT)

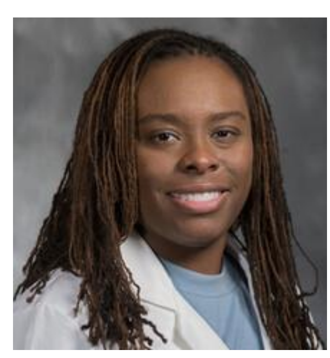
Pediatric Psychiatry Collaborative for Child Welfare (PPC-CW County Pilots)

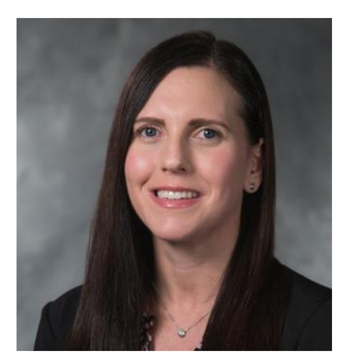
NC-PAL Child Welfare Collaborative

NC-PAL Child Welfare Team

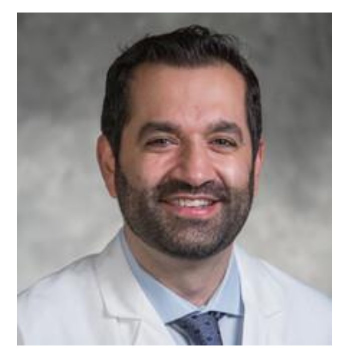

Gary Maslow, MD

Nicole Heilbron, PhD


Courtney McMickens, MD


Alexis French, PhD

Annise Weaver, MSEd


Ravi Anand, MD

Jenika Hardeman, PhD

Naomi Davis, PhD

Gelila Yitsege

Kendra Rosa, MPH

Gaby Moros, MBA

Sathyan Gurumurthy, MD

Alice Waller, MSW

Goals of Pediatric Psychiatry Collaborative for Child Welfare (PPC-CW)

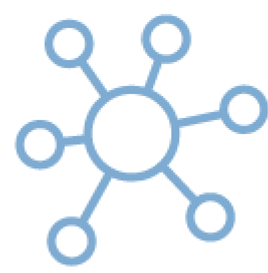
Increase provider network and offering mental health support to clinicians in the local area

Increase knowledge, skills, and confidence of DSS staff regarding meeting children's mental health needs

Improve mental health outcomes for children involved with child welfare

Reduce placement disruptions for children in the custody and the need for crisis intervention

PPC-CW Pilot Components



Engagement

Site visits

Community resources

Evaluation

Focus groups

Pre-surveys

Education

Learning Community

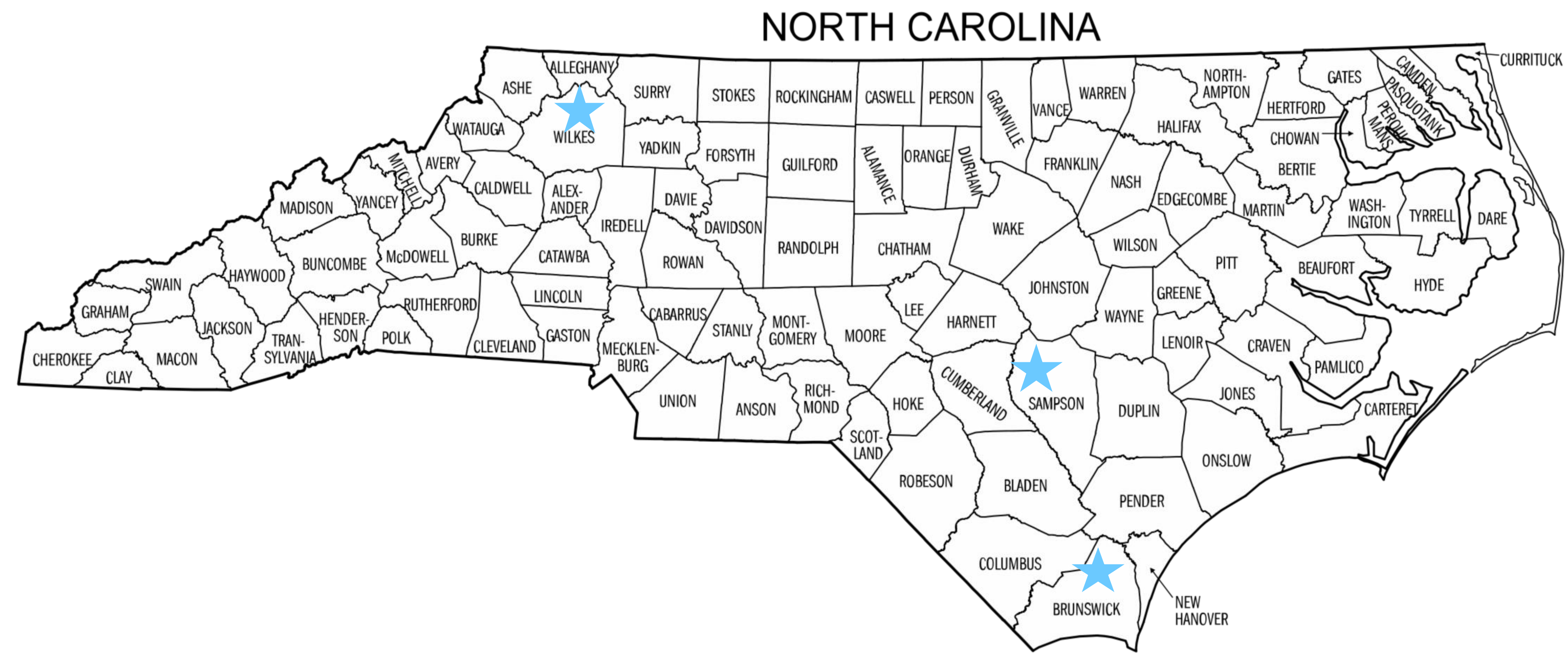
Educational materials

Consultation

Weekly case discussion

Case review

PPC-CW Pilot Counties



Year 1 of PPC-CW Program

February 2023: Site visit with DSS county #1 (Wilkes)

April 2023: Site visit with DSS county #2 (Brunswick)

May 2023: Site visit with DSS county #3 (Sampson)

June 2023: Learning Community #1

September 2023: Learning Community #2

December 2023: Learning Community #3

February 2024: Learning Community #4

Complex case consultation offered as needed

Clinical drop-in discussion offered on weekly basis

Biweekly bulletin emails with resources

Weekly Clinical Drop-In Hours

- Management of behaviors in the office
- Talking with providers in ED or outpatient setting
- Diagnosis of Autism Spectrum Disorder
- Navigating interactions with other systems
- Clinical considerations for mental health interventions (e.g., TF-CBT)
- Education on psychotropic medications
- Clinical presentation of trauma symptoms and attachment concerns

Learning Community

Mental Health Assessments and Introduction to Treatment

Mental Health Treatment

Managing a Behavioral Health Crisis

Juvenile Justice and Diagnosing Disruptive Behaviors

Resources

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TIP SHEET | SEPTEMBER 2023

Crisis Management and Safety Planning

What is a crisis?

A crisis is when a youth is at risk of harming themselves or others, or if their emotions and/or behaviors are highly intense, dangerous, debilitating, and/or unmanageable. This can include:

- Expressing suicidal thoughts or engaging in suicidal behaviors
- Engaging in self-injurious behavior, such as cutting or burning
- Physical and/or verbal aggression or making threats to harm others
- Damaging property
- Intense emotion dysregulation (e.g., severe agitation or panic)
- Significant intoxication or substance use related crises

How to Prevent Crises

Assessment

To prevent a crisis, knowing what situations have led to a crisis in the past and what behaviors or early warnings signs occurred before the crisis is critical. Proactively assessing risk factors, such as suicidality, is one major way to prevent crises.

Things to assess:

Thoughts about harming themselves or taking

Safety Planning

A safety plan is a brief intervention to help those experiencing self-harm and suicidal ideation (SI) with a concrete way to mitigate risk and increase safety by identifying a prioritized list of coping strategies and sources of support that youth can use before or during a crisis.

Safety plans include:

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TIP SHEET | JULY 2023

Hallucinations in Children and Adolescents

Children and adolescents commonly experience hallucinations or altered perceptions that are not psychotic in nature. It is important to **understand what is causing hallucinations** in children – treatment and outcomes for psychotic hallucinations are very different than for non-psychotic hallucinations.

If a child in your care is experiencing hallucinations, it's important to **get a medical evaluation and referral to a child psychiatrist if indicated**. Sometimes, in the case of uncharacteristic or unsafe behavior, a visit to the emergency department (ED) will be necessary.

It is important to urgently get the child an evaluation. If the child's hallucinations are psychotic, the longer they go without appropriate treatment, the worse they are likely to do in the long-term. If the hallucinations are not psychotic, they still may be disruptive to the child, and most causes are responsive to treatment. Whatever the underlying condition, **the information on this sheet will be helpful for you to consider and communicate to the child's provider**.

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TIP SHEET | SEPTEMBER 2023

Problematic Sexual Behavior

Sexual behaviors are common in childhood and begin as early as infancy. Children are often curious about their bodies as well as others' bodies. This is part of normal development. Although the prevalence rate of problematic sexual behaviors (PSB) in the general population is unknown, about 20-25% of children (ages 0 to 17) involved with a child advocacy center have acted out on another child (National Children's Alliance 2015 statistical data).

Problematic sexual behaviors (PSB) among children are defined as:

- Engaging frequently in behaviors involving sexual body parts
- Occurring between children with widely differing ages or abilities
- Behaviors that are developmentally inappropriate for age
- Involving threats, coercion, force, or aggression, which may result in physical harm (e.g., redness, swelling, marks)
- Posing a risk to the emotional and or physical safety and well-being of self or others
- Associated with strong emotional reactions in child such as anger, anxiety, fear, and/or shame
- Interfering with typical interests and activities
- Often not responsive to typical parenting
- interventions, including discipline

Factors associated with the development of PSB:

- Coercive behaviors in the home (e.g., domestic violence, physical abuse)
- Exposure to a traumatic event
- Exposure to adult sexual activity or nudity in home or online
- Inadequate boundaries about body safety or privacy
- Lack of adult supervision, which may be related to single caregiver home, caregivers' work schedule, caregiver substance use and or depression, and poverty

Children with PSB may present with other behavioral concerns, such as oppositionality, defiance, impulsivity, social problems, reactions to traumatic events, social problems, and learning challenges.

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TIP SHEET | AUGUST 2023

Evidence-Based Trauma Treatments Carolina Treatment Program

Exposure to trauma and chronic adversity in childhood can have negative impa functioning. There are several evidence-based treatments to address emotiona TF-CBT, PCIT, SPARCS, and CPP.

	Problematic Sexual Behavior - Cognitive Behavioral Therapy (PSB-CBT)	Tr
Description	Problematic sexual behavior can occur in children that may or may not have a history of trauma. Children with problematic sexual behavior also often have a history sexual abuse, physical abuse, and witnessing domestic violence. The treatment is provided as an open-ended group.	TF bu an pro
Ages	3-18	3-
Average Treatment Course	12-23 sessions in age-based treatment groups	8- be

Feedback from DSS Counties – Year 1

"We were hesitant at first – 'Oh, it's another pilot program' but **this program actually works.** It's helped us in so many ways."

"It's good to have the NC-PAL suggestions and recommendations on file. If the direction we are moving doesn't help or work out then **we have another route to try**."

"Once we figured out how to use the program, we have found it **so helpful to be able to say we staffed cases with NC-PAL and these are the recommendations**."

"It's helpful for people to understand that **this program will benefit children** – will find solutions and address issues; it's not about being right or wrong."

"It's helpful to talk with people who have a **different perspective** as it helps get me to a different place."

"We have not been able to utilize the clinical consultation due to lack of time and staff shortages. However, our MCO and embedded clinician have been able to find mental health services."

Looking Ahead: Year 2 of PPC-CW Program

- Expand program to include up to 10 DSS counties
- Virtual kick-off meeting/orientation – July 2024

Component	Time/frequency
Site visit (in person at DSS county office)	One time/as needed
Learning community	Monthly – 1.5 to 2 hour virtual webinar
Clinical consultation with DSS staff	1 hour weekly/biweekly virtual meeting with each county
Clinical consultation with primary care providers	As requested/needed on Thursday and Friday afternoons
Bulletin emails about specific topic	Biweekly
Complex case consultation	As requested/needed
Evaluation – focus groups/surveys	Periodically

Common Questions about PPC-CW Program

Will the NC-PAL PPC-CW program provide direct clinical services to youth?

The program does not offer direct clinical services to youth, such as psychological evaluations, comprehensive clinical assessments (CCA), individual therapy, or medication evaluation/management. However, we will assist DSS staff with identifying potential providers who offer these clinical services.

Will NC-PAL PPC-CW be able to put referrals in on behalf of DSS staff and help ensure appointments are scheduled in a timely manner?

NC-PAL has identified and continues to develop a list of referral sources throughout the state. These agencies function independently and have their own referral policies and procedures. Our staff is able to speak with agency staff to build relationships with agencies and discuss referrals when appropriate.

Will NC-PAL be able to provide behavioral health crisis services?

NC-PAL is not a crisis management service. NC-PAL can work with the existing network of providers to identify local crisis and support services. Our psychologist and psychiatrist are available to consult with clinicians regarding cases across settings (e.g., ED, group homes, and primary care) when there are signs of rising risks or a need to discuss behavioral health treatment plan, including medication management when needed.

Thank you!

Learn more online at ncpal.org

For general information,
send us an email at ncpalDSS@duke.edu

DUMC Box 3527, Durham, NC 27710

- The pediatric program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $840,000 through September 2026, with 20% financed by a match from NC DHHS.
- The perinatal program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $4,125,000 through September 2028, with 10% financed by a match from NC DHHS.
- With the recent passage of the landmark state budget, NC-PAL is receiving additional funding from Medicaid ($2.4 million) and Mental Health Block Grants ($1.7 million) through June 2024.
- The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

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