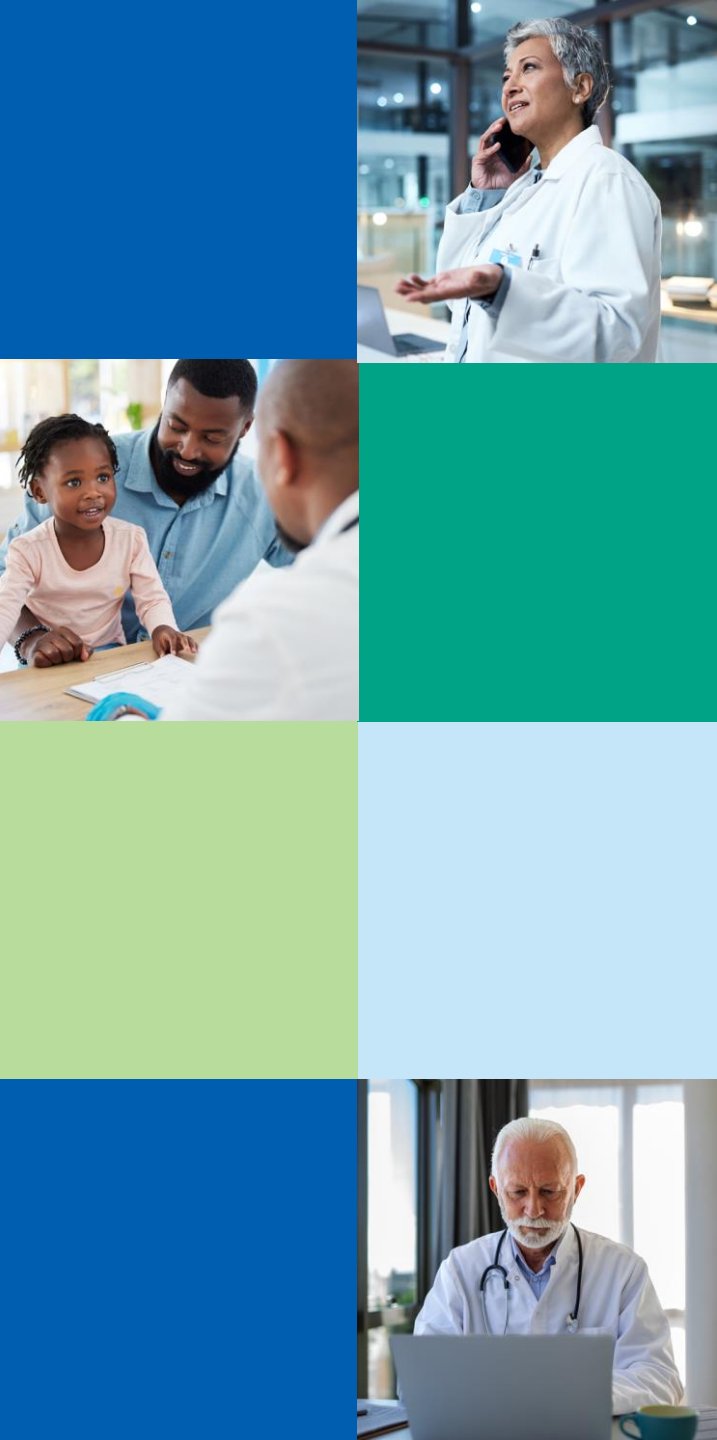


Please help NC-PAL learn more about School Based Health Centers so we can serve you better:





nc
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*Promoting behavioral health
equity for North Carolina's
children, youth and families.*

Using Collaborative Care for Student Mental Health

J. Nathan Copeland, MD, MPH

Chris Weathington, MHA

(919) 681-2909

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.



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Duke Department of Psychiatry & Behavioral Sciences

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Medical Director, Duke Primary Care Behavioral Health Program

Medical Director, PHMO Behavioral Health Specialty Case Review

Child Psychiatrist, North Carolina Psychiatry Access Line

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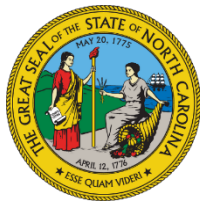


Conflict of Interest

The speakers have no conflicts of interest to report.

nc
pal

NC-PAL aims 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**.



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Program supported by the NC Department of Health and Human Services

NC Mental Health Professional Shortage

- All but 4 counties in North Carolina face a shortage of mental health professionals.
- Primary care providers (PCPs) are often the only clinicians available to diagnose and treat pediatric & perinatal mental illness.
- Surveys of these clinicians have identified gaps in training and comfort with managing mental health care.

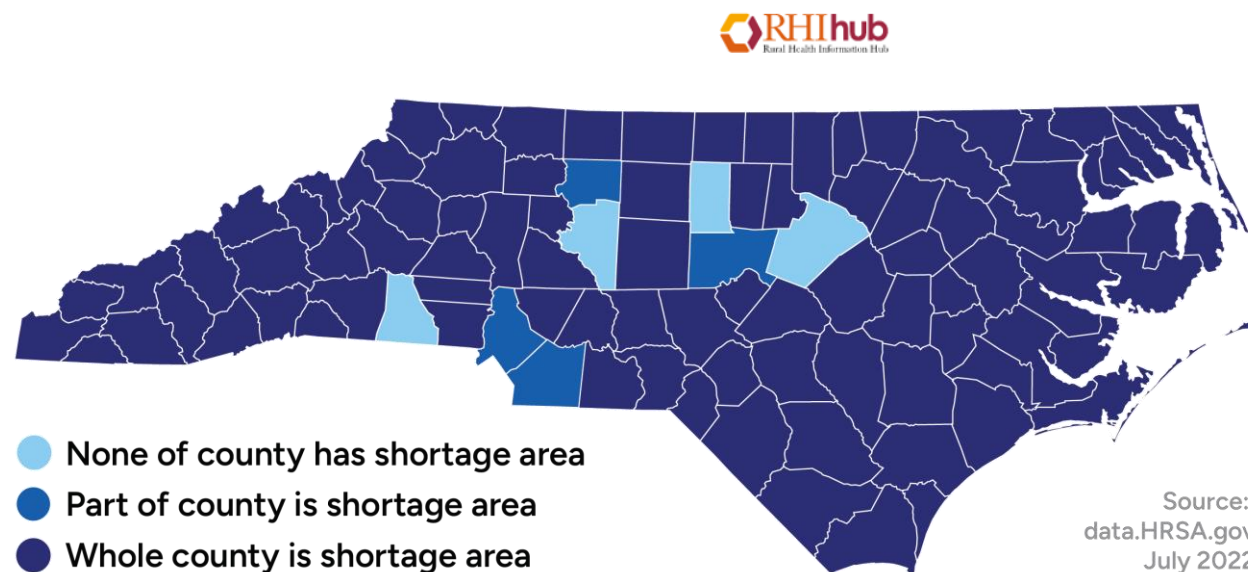
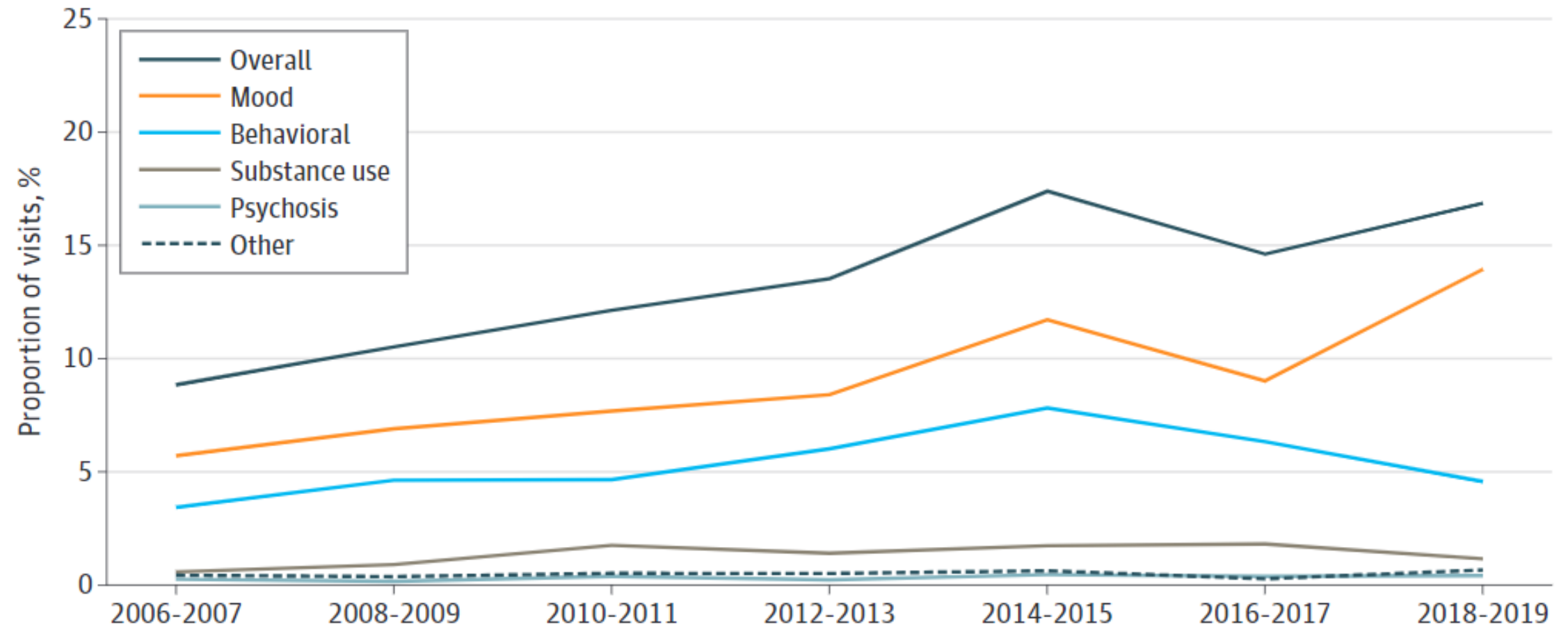
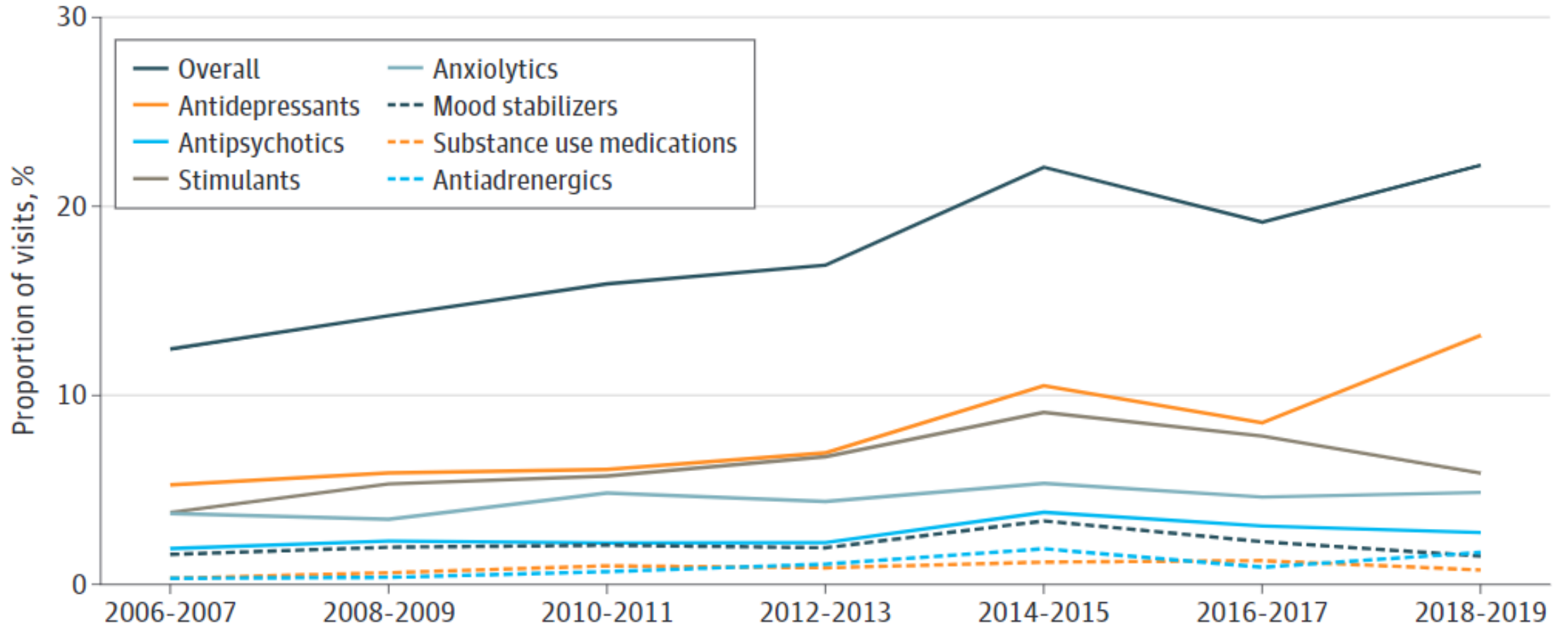


Figure 1. Prevalence of Mental Health-Related Outpatient Visits Among Adolescents and Young Adults



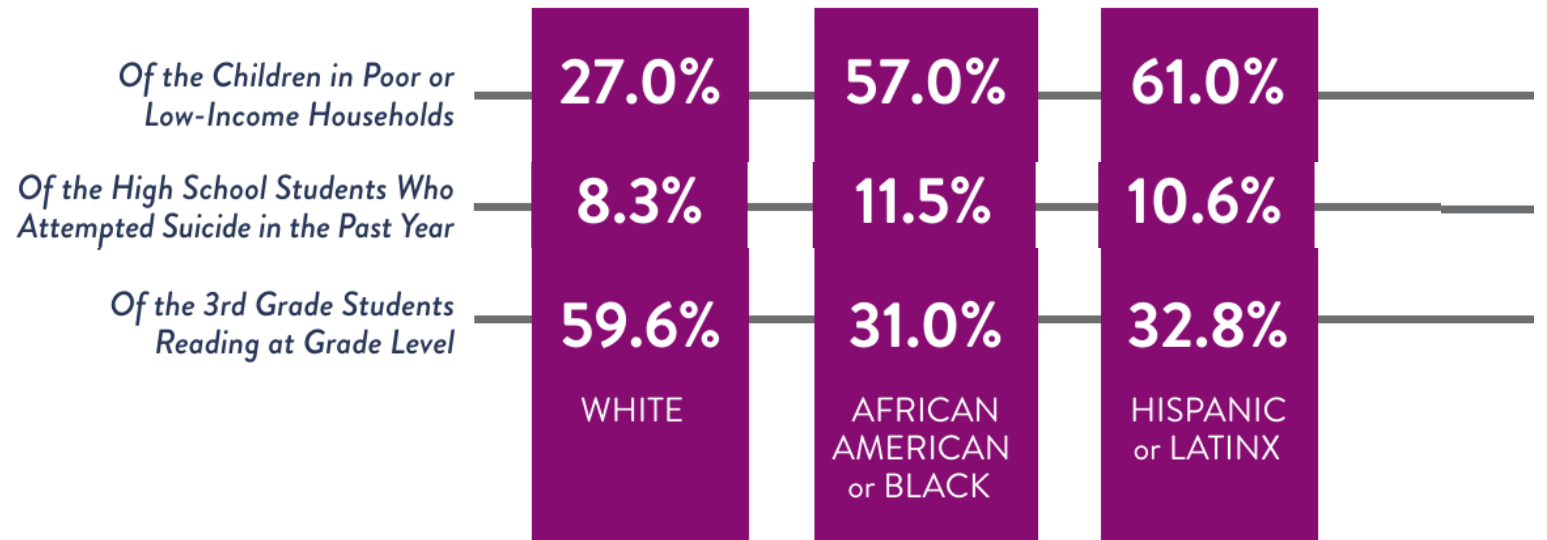
Ahn-Horst, R.Y., Bourgeois, F.T., 2024. Mental Health-Related Outpatient Visits Among Adolescents and Young Adults, 2006-2019. JAMA Network Open 7, e241468. <https://doi.org/10.1001/jamanetworkopen.2024.1468>



Ahn-Horst, R.Y., Bourgeois, F.T., 2024. Mental Health–Related Outpatient Visits Among Adolescents and Young Adults, 2006-2019. JAMA Network Open 7, e241468. <https://doi.org/10.1001/jamanetworkopen.2024.1468>



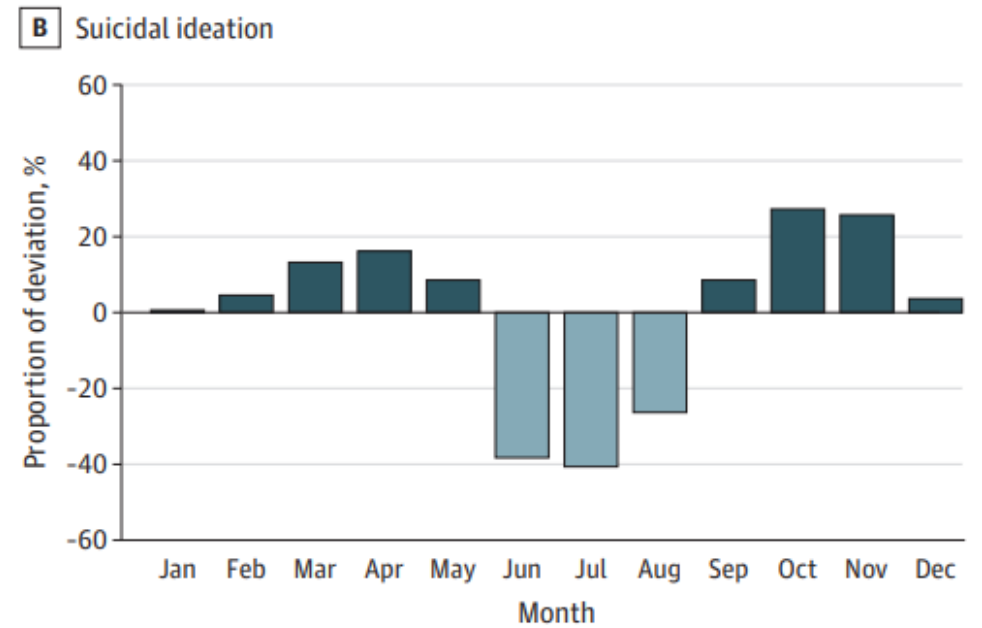
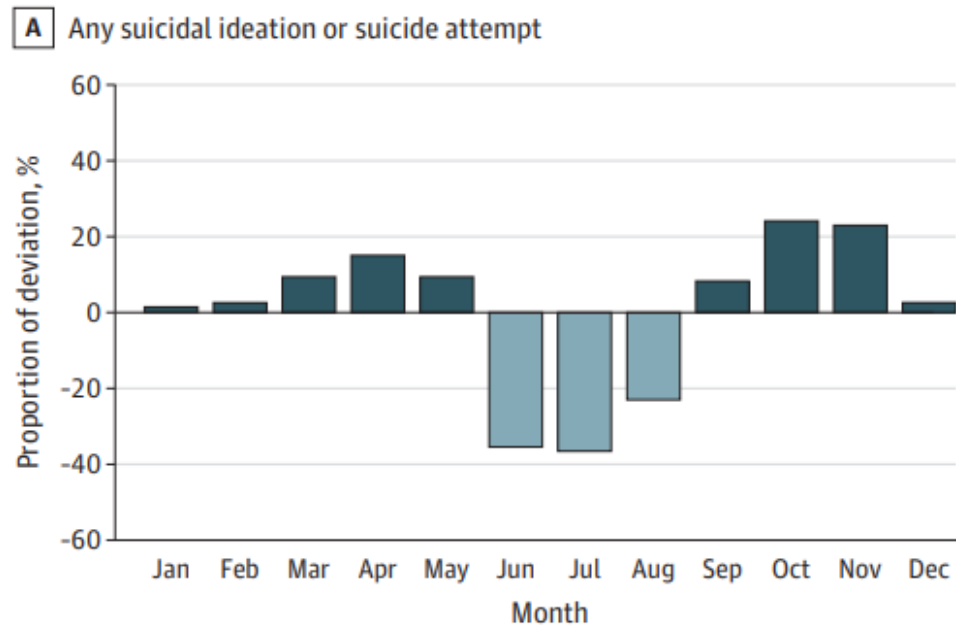
DISPARITIES BY RACE PERSIST IN NORTH CAROLINA ACROSS MANY AREAS OF CHILD WELL-BEING:

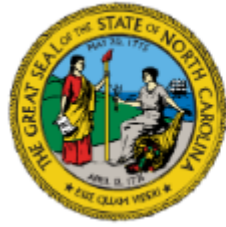


Diagnoses of mental health concerns are also on the rise: More than one in 10 children ages 3-17 in North Carolina had a diagnosis of depression or anxiety in 2020 - a 49% increase from 2016.

		2021, 2017	2020, 2016	2019, 2015	2018, 2014	2017, 2013	2016, 2012	2015, 2011	2014, 2010	2013, 2009
F Mental Health	High school students who attempted suicide in the past year	10.1%	8.2%	23.2%	11.5%		13.7%	10.6%		8.3%
	Past-year major depressive episode among adolescents aged 12-17	15.1.0%	12.0%	25.8%	11.4%					
	Percent of adolescents aged 12-17 with major depressive episode who received treatment for depression	2019, 2018	43.3%	41.4%	4.6%	35.6%				

Figure 3. Monthly Fluctuation in Emergency Department Visits and Hospitalizations for Suicidal Ideation and Suicide Attempts Among Children and Adolescents Aged 10 to 18 Years, 2016-2019 and 2021





NCDHHS

TUESDAY, MARCH 28, 2023

New North Carolina School Behavioral Health Action Plan Aims to Address Youth Health Crisis

The North Carolina Department of Health and Human Services, in partnership with the North Carolina Department of Public Instruction, today released the North Carolina School Behavioral Health Action Plan to address the urgent mental and behavioral health crisis facing youth through key investments in our schools.

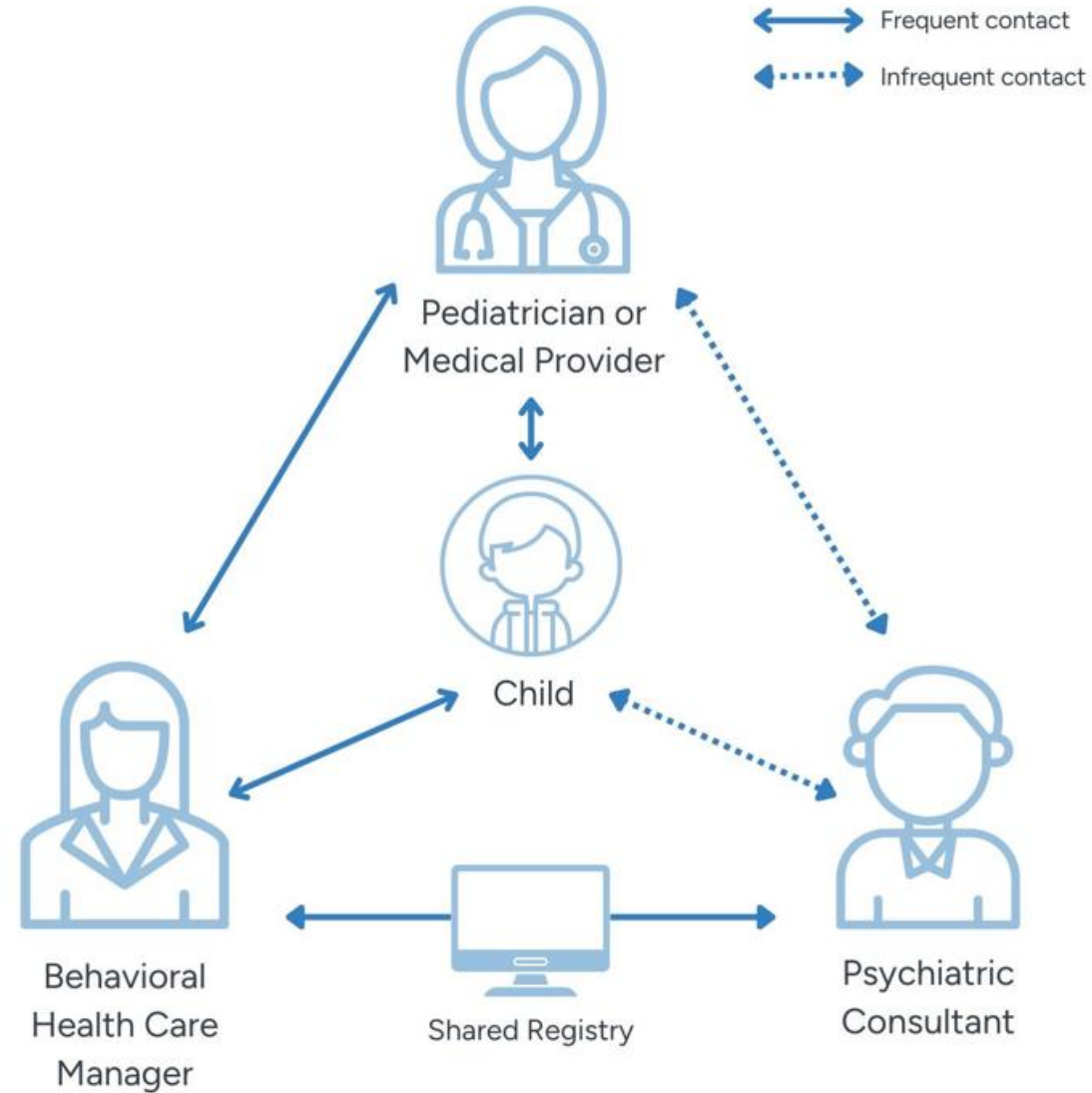


RALEIGH, NC (May 7, 2024)– The Public School Forum of North Carolina shared the 2024-25 Top Education Issues brief today during the tenth Eggs & Issues breakfast event. The annual Top Education Issues brief outlines the Forum’s priorities for what should be at the forefront of education policy decision-making in the coming legislative biennium. This year’s edition serves to measure progress on the [priorities identified in 2023](#).

Top Education Issues

- Ensure fair and competitive compensation for educators
- Grow, retain and diversify the teacher pipeline
- Address the root causes of mental health and school safety crises
- Prepare students for the world they live in
- Implement, monitor and evaluate the Comprehensive Remedial Plan

Collaborative Care Team





Five Core Principles

1. Patient-Centered Team Care
2. Population-Based Care
3. Measurement-Based Treatment to Target
4. Evidence-Based Care
5. Accountable Care

<http://aims.uw.edu/collaborative-care/principles-collaborative-care>

Pediatric CoCM Evidence Base

Collaborative Care for Adolescents with Depression in Primary Care: a Randomized Control Trial

	CoCM	Enhanced Usual Care
MDD Response (>50% Improvement)		
6 mo	50%	15%
12 mo	71%	29%
MDD Remission		
6 mo	38%	8%
12 mo	55%	17%
Satisfaction with MDD Care		
6 mo	86%	53%
12 mo	84%	66%

Richardson, L.P., Ludman, E., McCauley, E., Lindenbaum, J., Larison, C., Zhou, C., Clarke, G., Brent, D., Katon, W. Collaborative care for adolescents with depression in primary care: a randomized clinical trial. *JAMA*. 2014 Aug 27;312(8):809-16.

Pediatric CoCM Evidence Base

Effectiveness in Regular Practice of Collaborative Care Among Adolescents: A Retrospective Cohort Study

	CoCM	Enhanced Usual Care
MDD Response (>50% Improvement)	44%	30%
MDD Remission	31%	20%

Shippee, N.D., Mattson, A., Brennan, R., Huxsahl, J., Billings, M.L., Williams, M.D., 2018. Effectiveness in Regular Practice of Collaborative Care for Depression Among Adolescents: A Retrospective Cohort Study. *Psychiatric Services* 69, 536–541.. <https://doi.org/10.1176/appi.ps.201700298>

SBHC CoCM Adaptations

1. Student-centered, team-based approach

School personnel and behavioral health providers form a collaborative team with an identified care manager or set of care/case managers.

- Collaborative care team is established using existing school personnel, standing teams, and indigenous resources, augmented by additional consultative expertise (eg, from a mental health expert). The team focuses on optimizing existing resources and organizational partnerships (eg, community providers who provide behavioral health services).
- Collaborative care team will engage students and families in intervention planning as appropriate—parent involvement will vary depending on developmental level of the student, presenting problems, age of student, and student/team/care provider’s shared determination of need.
- Coordinate and facilitate effective communication among care team members as well as providers working outside the school environment (eg, primary-care providers, mental health therapists, educational tutors, language specialists, etc.).
- Facilitate and track internal and external referrals to specialty care, educational services, social services, and community-based resources.
- Provide administrative support and supervision.
- Care team will routinely review intervention approaches and outcomes, at both the individual (case) and aggregate (provider, building) level, and consider new approaches or team training to enhance outcomes.
- Care team will determine the best approach to assessing academic and/or behavioral health problems and related conditions.
- Shared plans include educational and behavioral strategies to support the student to achieve specified individualized goals while respecting student privacy and confidentiality.
- Each student’s intervention plan will incorporate a focus on empowering them to take responsibility for playing an active role in reaching the learning/behavioral targets outlined.
- Behavioral services are delivered to students and parents in ways designed to reduce stigma.

SBHC CoCM Adaptations

2. Population-based care

Care team shares a defined group of students that is tracked to ensure no one “falls through the cracks.”

- School defines specific tier 2/tier 3 population for tracking.
- Students may be identified via (1) school-based universal screening and/or (2) teacher, school personnel (administrators, counselors, nurses, psychologists, school-based care providers), parent, self, or outside care provider referrals for academic and/or behavioral health problems.
- Universal screening, if done, will use valid instruments. Systematically follow identified students. Proactively reach out to students who do not follow-up.

SBHC CoCM Adaptations

3. Measurement-based intervention to target

Each student's support/intervention plan clearly articulates meaningful academic and personal goals and clinical outcomes that are routinely measured. Interventions are actively altered/augmented if students are not improving as expected until the goals are achieved.

- A designated member of the care team (care manager) tracks students to determine if they are thriving/improving/meeting targets and brings to team student in need of change in support plan.
- Care team meets regularly to review students' progress with consultation, not just ad hoc advice, from educational and behavioral health specialists.
- Valid measurement tools will be used to assess and document baseline severity relative to normative data.
- Validated measures or approaches will be employed if additional diagnostic assessment or clarification is needed.
- Monitor response to each intervention component at regular, predetermined points with valid outcome measures that are sensitive to change.
- Identify students who are not improving to target them for consultation with educational and behavioral health specialists and treatment adjustment as needed.
- Systematic case review and consultation will include regular (eg, weekly) caseload review of students who are not improving, provide specific recommendation for additional diagnostic work-up, intervention changes, or referrals, and arrange for more in-depth assessments (eg, educational, neurological assessment, neuropsychological testing, psychiatric/psychological assessment) for challenging students.
- Create and support a plan for maintaining gains when students who meet intervention targets.

SBHC CoCM Adaptations

4. Evidence-based care

Students are offered interventions for which there is credible research evidence to support their efficacy in addressing the target goals and outcomes.

- Develop and routinely update intervention plan that addresses both academic and behavioral health needs using evidenced-based approaches.
- Provide student and family education about academic/behavioral concerns, interventions and strategies for self and home management, and data-based feedback about student progress.
- Provide evidence-based interventions (eg, educational: peer-assisted learning; behavioral health: behavioral/progress monitoring, CBT, problem solving).
- Consult with medical care provider/mental health consultant to determine benefit of medical intervention or use of psychotropic medications as clinically indicated.
- Change or adjust interventions if students do not meet treatment targets.

North Carolina CoCM Support

2018

October 2018, NC Medicaid launched the first codes to reimburse primary care for (CoCM) – 99492, 99493, 99494

2022

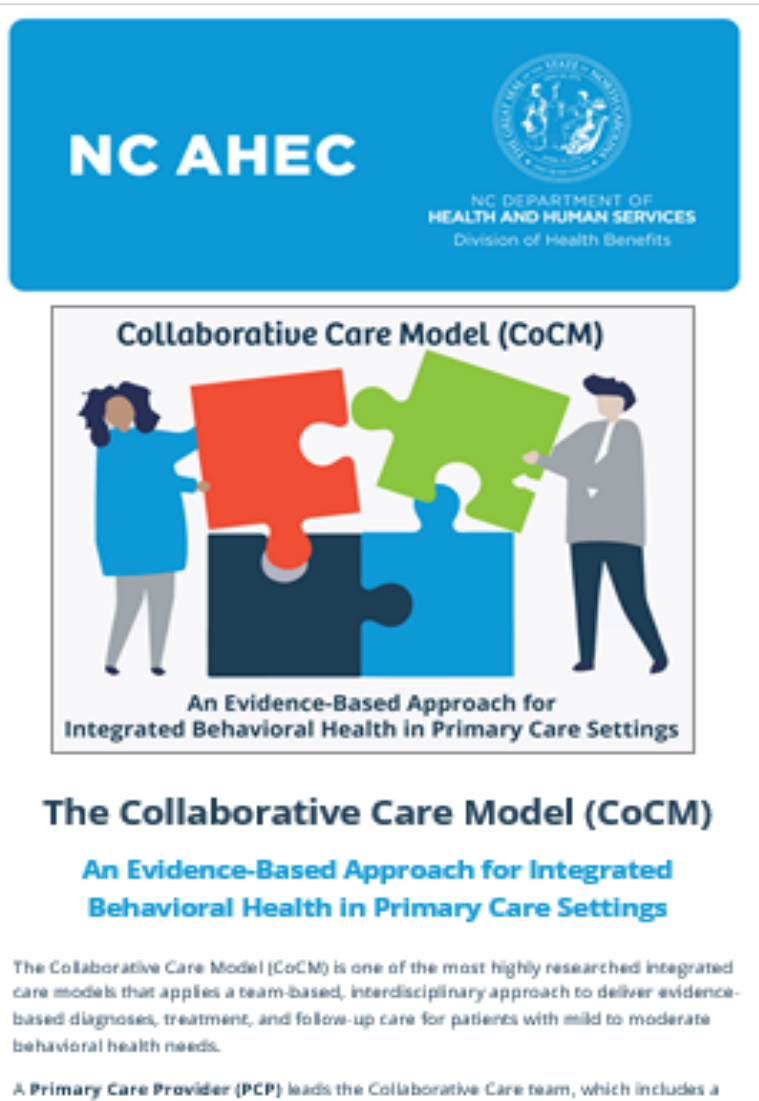
January 2022, a multidisciplinary, multi-payer team of leaders across NC launched the Collaborative Care Consortium to redesign and relaunch this model of care

March 1, 2022, NC Medicaid added coverage for HCPCS Code G2214

December 1, 2022, NC Medicaid added coverage for HCPCS Code G0512 for RHCs and FQHCs

December 13, 2022, NC Medicaid increases reimbursement rates for CoCM codes to 120% of Medicare rates

North Carolina CoCM Support



The image contains the NC AHEC logo at the top, which includes the text "NC AHEC" and "NC DEPARTMENT OF HEALTH AND HUMAN SERVICES Division of Health Benefits" next to a circular seal. Below the logo is a graphic titled "Collaborative Care Model (CoCM)" showing two people placing puzzle pieces into a larger puzzle. The text below the graphic reads "An Evidence-Based Approach for Integrated Behavioral Health in Primary Care Settings".

NC AHEC
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

Collaborative Care Model (CoCM)
An Evidence-Based Approach for Integrated Behavioral Health in Primary Care Settings

The Collaborative Care Model (CoCM)
An Evidence-Based Approach for Integrated Behavioral Health in Primary Care Settings

The Collaborative Care Model (CoCM) is one of the most highly researched integrated care models that applies a team-based, interdisciplinary approach to deliver evidence-based diagnoses, treatment, and follow-up care for patients with mild to moderate behavioral health needs.

A Primary Care Provider (PCP) leads the Collaborative Care team, which includes a

The goal is to support Advanced Medical Homes in implementing the Collaborative Care Model (CoCM) through NC AHEC and NC Medicaid:

- **Practice Support at No Cost:** **NC AHEC Practice Support** coaches with expertise in primary care and behavioral health integration will work 1:1 with practices to implement the model based on best practice standards. Coaching on workflows, billing/coding, registry implementation, EHR optimization, quality improvement, and continuing education programs. To contact a coach: practicesupport@ncahec.net
- **Educational Courses:** **NC AHEC** Courses, learning collaboratives, BHCM Summit addressing important CoCM topics are provided online to any provider or practice with continuing education credits offered. This is conducted in collaboration with SRAHEC, NC-PAL, AIMS (University of Washington) which is the Center for Excellence in Collaborative Care Model and statewide CoCM SME. <https://www.ncahec.net/practice-support/collaborative-care>

North Carolina CoCM Support

- **Partnership** with **NC-PAL** and **NC Psychiatric Association** for psychiatric consultation for CoCM (both require a contract or MOU with the practice)
- **CoCM infomercials** to educate on the model and generate interest.
- **Outreach** to professional organizations (e.g. NASW-NC, NBCC, etc.) and universities for BHCM recruitment
- **Registry Support:** NC AHEC Practice Support Coaches will confirm that a practice has necessary components of CoCM in place and make referral to **CCNC** for use of AIMS CoCM registry (caseload tracker)

North Carolina CoCM Support

	Depression	Anxiety	ADHD	PTSD
Child	✓	✓	✓	✗
Adolescent	✓	✓	✓	✗
Adult	✓	✓	✗	✓

Children

- SMFQ Parent and Child
- SCARED Parent and Child
- Vanderbilt Parent and Teacher

Adolescents

- PHQ-9A (PHQ-9 is the same for registry purposes)
- SCARED Parent and Child
- Vanderbilt Parent and Teacher

Adults

- PHQ-9
- GAD-7
- PCL-5

North Carolina CoCM Support

- NC DHHS Psychiatric CoCM: Coverage, Rates, Resources [Link](#)
- NC Collaborative Care Consortium:
 - NC AHEC Technical Assistance: [Link](#)
 - NC Psychiatric Association: [Link](#) Find a Psychiatric Consultant [Link](#)
 - CCNC: [Link](#) Registry Access programs@communitycarenc.org
- CMS MLN Booklet: Describes CoCM model and billing codes. [Link](#)
- APA: Training and resources [Link](#) Coverage by payor [Link](#)
- UW AIMS Center: [Link](#)

North Carolina CoCM Support



Celebrating
5 Years
as a Statewide Program



Collaborative Care

NC-PAL is collaborating with NC AHEC to support the implementation of **the Collaborative Care Model (CoCM)** at **up to nine primary care practices** in North Carolina.

The NC-PAL CoCM Team can...

Support your practice in managing **mild-moderate** pediatric mental health concerns

Provide comprehensive training for your BHCM (*and providers, too!*)

Provide weekly Psychiatric Consultant Time

Facilitate CoCM Learning Collaboratives

This will...

Help reduce challenges of managing this population in primary care

Help clinicians feel supported, and empowered to take on this important work

Support access to evidence-based pediatric mental health care

Support continued learning and quality improvement efforts

North Carolina CoCM Support



CoCM Behavioral Health Care Manager Core Training

1

Behavioral Health Care Manager Course

9-10 hours

A comprehensive BHCM overview and training course conducted via The AIMS Center. Online, self-paced modules. CEs provided.

2

REACH Course

16.25 hours

A dynamic 3-day interactive course taught by experts in pediatric behavioral and mental health. Focus on building skills and confidence in diagnosing and treating pediatric behavioral health problems. CEs provided.

3

Motivational Interviewing

8-10 hours

Online, self-paced modules that provide education and resources to enhance professional's knowledge and confidence in providing effective and efficient adolescent-specific MI techniques. CEs provided.

4

Behavioral Activation and Exposure Therapy Concepts

6 hours

Train and support the BHCM in delivering evidence-based behavioral therapies for youth and families with common mental health concerns.

5

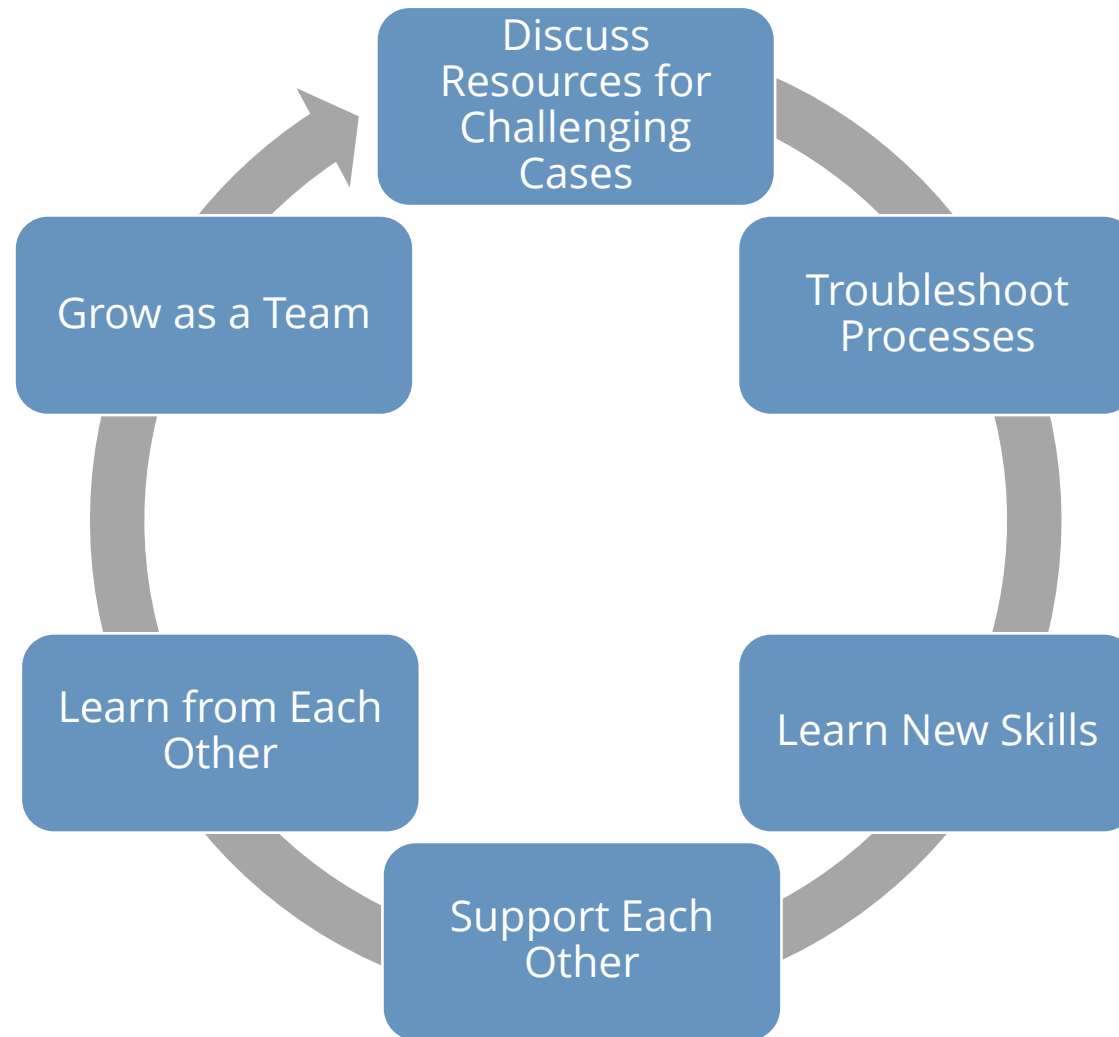
SAFETY-A

6 hours

SAFETY-A is a developmentally-informed approach to safety planning for children and adolescents. SAFETY-A is provided after a youth has attempted suicide, engaged in self-harm behaviors, or expressed strong suicidal urges.

In addition to the above training, the NC-PAL CoCM team will facilitate weekly learning collaboratives between BHCMs across all pilot sites.

North Carolina CoCM Support Learning Collaborative



NC-PAL provide primary care clinicians with support for mental and behavioral health screening, assessment, and treatment for their *pediatric* patients.



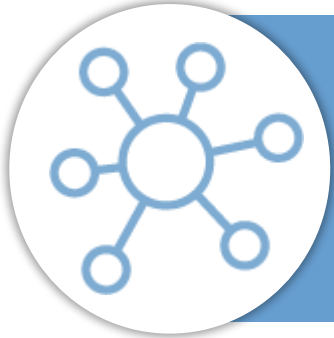
Real-time Consultation

Clinical consultation and referral support
via NC-PAL phone line



Practice Presentations

Virtual and in-person presentations on
topics relevant to your practice



In-Depth Education

Training and strategies for integrating
mental health into primary care practice

Call the NC-PAL Psychiatry Access Line to get started.



(919) 681-2909

Press 1 for Pediatric Consultation
Press 2 for Perinatal Consultation

Behavioral health consultant answers the call, collects patient information, and determines how to support the caller's needs



Pediatric or perinatal specialist will call back within 30 minutes, or a time that the caller schedules

Top 10 Reasons for Pediatric Calls

- Medications
- Anxiety
- Depressed Mood
- Behavior Problems
- ADHD
- Anger/Aggression
- Suicidal Ideation
- Sleep Problems
- Trauma/PTSD
- Autism Spectrum Disorder



What to Know When Calling the Line

No call is too small!

- Examples from providers who have called the line:
 - What's the highest dosage of the medication for this age and/or weight?
 - Is there a PCIT provider in this county?
 - What screener could I use for an 8 year old with presenting anxiety concerns?
 - Child on the autism spectrum with very difficult-to-manage aggressive episodes, one or two different medications have already been tried, and next steps feel unclear
 - How to navigate mental health diagnoses coupled with social determinants of health (homelessness, lack of insurance, lack of funding for treatment)



What to Know When Calling the Line

The NC-PAL phone line is for clinical providers, including (but not limited to):

- Physicians
- Midwives
- Physician assistants
- Nurse practitioners
- Nurses
- Medical assistants
- Doulas
- Social workers
- Psychiatrists
- Psychologists



- Providers will be asked to provide health information about their patient.
- Providers are expected to inform their patient that they may consult NC-PAL on their behalf.
- A note will be created in the patient's chart with details about the consult.
- NC-PAL does not provide direct care to patients and does not prescribe medication.
- **NC-PAL is not a crisis line.**

The REACH Institute's PPP Training

Patient-Centered Mental Health in Pediatric Primary Care

Learn how to assess, diagnose, and treat pediatric mental health concerns in family practice and primary care settings.

Components:

- A dynamic three-day, 16-hour interactive course focused on building skills and confidence in diagnosing and treating (16.25 CME credits)
- Bi-weekly 1 hour case-based group calls with primary care and child/adolescent psychiatry experts to discuss issues encountered in daily practice (12 CME credits)

[Learn More & Register:](#)



The course was so practical for my practice of pediatric behavioral/mental health. It was beautifully organized and well-resourced. The teaching was practically focused, thorough but concise, and entirely relevant to my practice. It was the best CME I have ever attended. - REACH participant, January 2024

Lunch & Learn Series

- Our Lunch & Learn series provides conversations on supporting your patients' mental health needs.
- Each month, an expert speaker will dive into a topic related to screening, diagnosing, treating, and managing the mental health of pediatric and perinatal patients.
- To be notified about upcoming sessions, be sure to sign up for [NC-PAL's newsletter!](#)

Upcoming topics include:

- Essential Elements that Guide Clinical Work with Latino Families
- Oppositional Behaviors: Underlying Diagnoses and Addressing Them
- ADHD in Preschool Aged Children
- Grief and Loss

NC-PAL Schools: Behavioral Health Education and Consultation Program

- Join a pediatric psychiatrist and a pediatric psychologist for group consultation and education
- 2 participants from up to 5 schools meet for 60-90 minutes FIVE times (biweekly over 10 weeks)
- Each session, a different school team shares a de-identified case for consultation
- These behavioral health team members receive valuable training from our pediatric psychiatrists, psychologists, and each other.

Over 75% of participants reported increased self-efficacy in supporting teachers, parents, and students in navigating student mental health needs.



To learn more or sign up for the program this year or Fall 2024, please schedule a “Kick-Off” meeting using this [Calendly link](#).

NCPALschools@duke.edu

NC- PAL Schools: Behavioral Health Office Hours Consultations

- Open to members of any of your school's behavioral health teams (principals, assistant principals, counselors, social workers, behavior specialists, nurses, EC teachers, etc).
- These one-time meetings can be scheduled on an as needed basis using this link to discuss a de-identified student case with a pediatric psychiatrist or psychologist.



Schedule an Office Hours Consultation meeting using this [Calendly link](#).

Common questions include:

- How can we help a child with frequent outbursts, de-escalate effectively, and prevent aggression?
- How can we support families (or pediatricians) who have difficulties accessing behavioral health care for children?
- How can I support an educator (and reduce burnout) as they navigate challenging behavioral health conditions in the classroom?

More Information





nc
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Thank you!

Learn more online at nccpal.org

For general information, call us at **(919) 660-0341**
or send us an email at nccpal@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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