



# Tiered Care Coordination Evaluation

## Background

The Tiered Care Coordination (TCC) Pilot is a program of the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services from the 2016 Governor's Task Force on Mental Health and Substance Use. The recommendation was to have embedded care coordination staff with juvenile justice and child welfare to ensure assessments for children/youth and their families and monitor their linkage to appropriate services. This approach can assist with preventing youth from moving deeper into the justice system and stabilize placement in the community. These care coordinators included staff in juvenile justice and child welfare offices and the availability of High-Fidelity Wraparound (HFW) services for youth with the most complex mental health and/or substance use needs. This report includes information from TCC Pilot Site 1: Alliance Durham. We are thankful to the Durham children/youth and families, Alliance staff and their providers, Family Partners, juvenile justice and child welfare system staff, and other partners for their work that contributed to this evaluation.

## Evaluation Goals

### #1

#### Measure Systems Impact

*System Processing, Service Engagement, Engagement in HFW*

### #2

#### Measure Youth Outcomes

*School Behavior, Child Functioning, Family Functioning, Juvenile Justice Contact, Child Welfare system outcomes, Utilization of out of home placement*

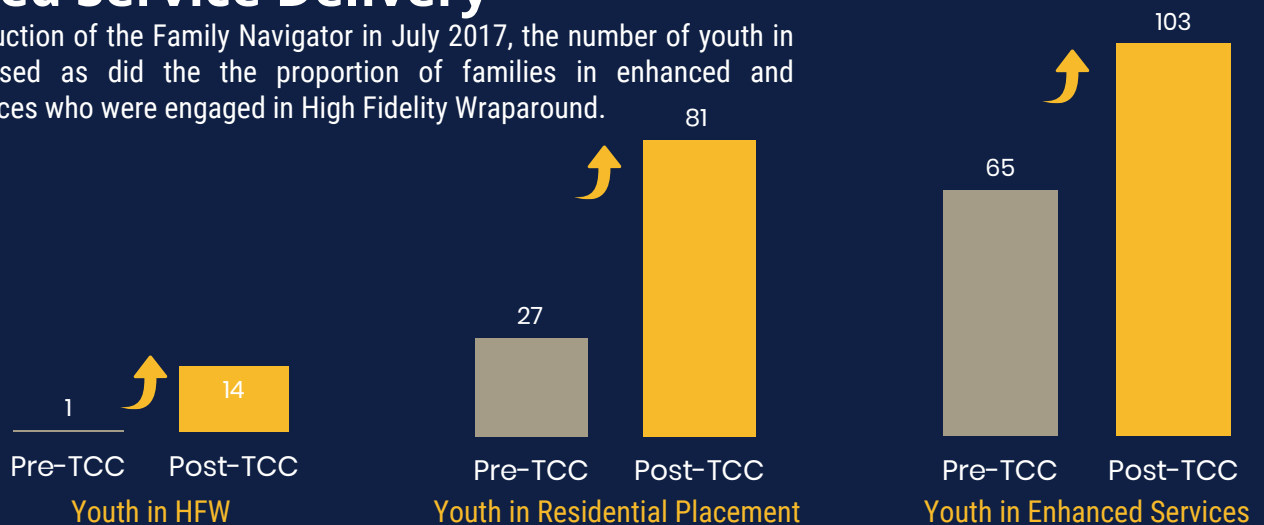
### #3

#### Calculate Costs

*Service Costs & Return on Investment (ROI)*

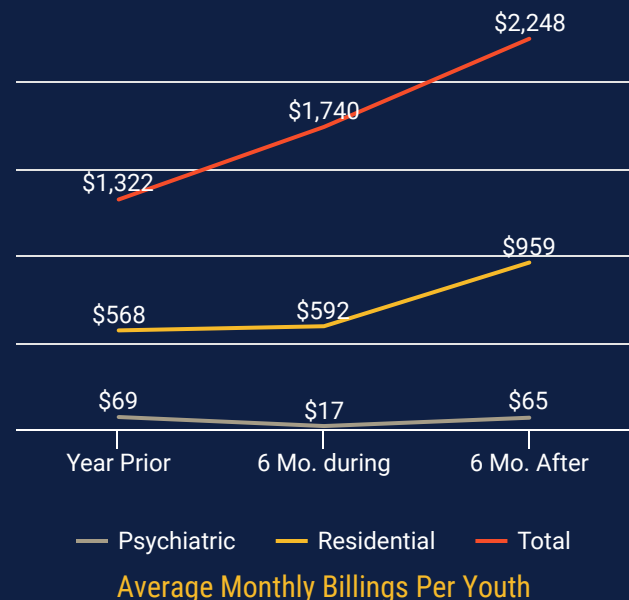
## Increased Service Delivery

After the introduction of the Family Navigator in July 2017, the number of youth in services increased as did the proportion of families in enhanced and residential services who were engaged in High Fidelity Wraparound.



## Higher Initial Costs

Changes in average monthly costs before, during, and after TCC was implemented were tracked. The billing data suggests that average per youth monthly billings increased significantly from the pre-period to the post-period. The large increase in average costs may be due far more residential needs than the previous group of youth. The fact that there are no significant increases in the average monthly billings per youth for psychiatric services, adds evidence that the increase in total costs falls mostly on increases in residential services.



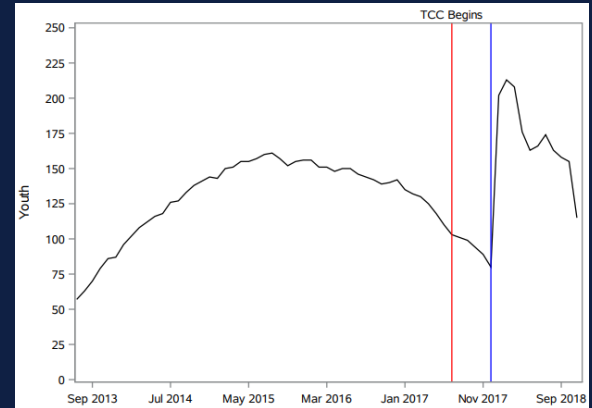
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## Increased Enrollment & Services

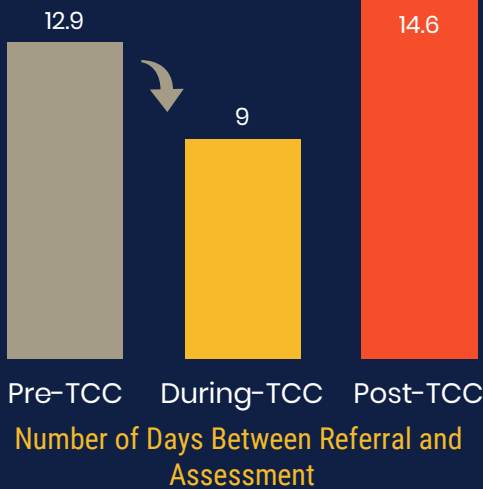
The red vertical line indicates the start of TCC funding in Durham (July 2017). The blue vertical line indicates when Alliance began tracking TCC youth specifically (December 2017), resulting in a large increase in enrollment. We start enrollment with the first service received, so the increase in enrolled youth in earlier months results from the increasing time for youth to have incurred a service. Similarly, the decrease in enrollment at the end of the time period results from our ending of enrollment with the last service observed.



Monthly Enrollment

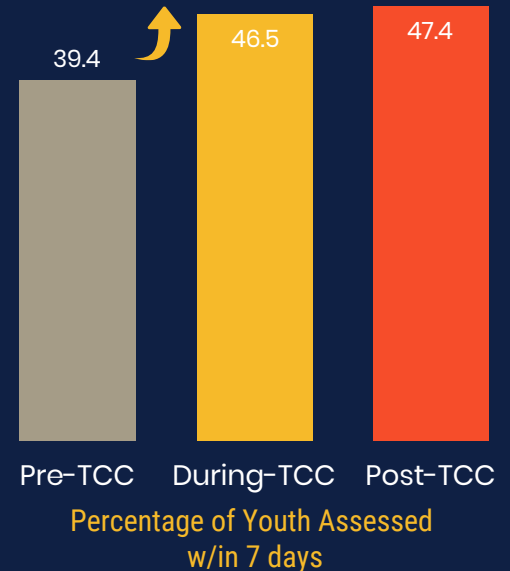
## Improved Engagement

Average times for assessment decreased and the percent of youth assessed within 7 days showed an upward trend for moving them from referral to assessment in 7 or fewer days, even with an increase in overall referrals.



**6.1 days**

Post TCC average time from assessment to contact



## Improved Identification of Trauma

Specialized training in trauma assessments demonstrated almost two fold increase in trauma diagnosis with a decrease in conduct disorder and depression diagnoses.

