

2022 Behavioral Health Convening

NC Department of Health and Human Services

Kody H. Kinsley
Secretary

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Responding to and Recovering from a Global Pandemic

- North Carolina's Goals for Pandemic Response
- Building on Our Response
- Recovering Stronger

Next phase: Focus on recovery while staying prepared for future variants

Core Principles



Empowering individuals



Prioritizing Equity



Maintaining Health System Capacity



Collaborating with Local Partners

Operational Preparedness

Health System Capacity

- ❖ Working with GA on changes needed for regulation flexibilities after SOE sunset

Vaccines Everywhere

- ❖ “Vial in Every Fridge” Provider Campaign

Funding Testing Programs

- ❖ Building supply to meet future surge needs

Accessible Treatment

- ❖ Promoting access and awareness of how to access COVID treatment

Managing Outbreaks

- ❖ Working with partners and directly supporting outbreak response in high priority settings

Refocusing Contact Tracing

- ❖ Shifting focus to high priority settings

Updated metrics will allow us to most effectively guide response

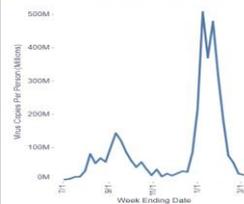
Starting 3/23 the following metrics will be displayed on the summary page of the public dashboard

Wastewater

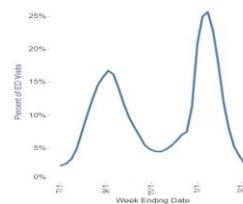
CLI

Early Warning Indicators This Week

76M Previous Week 22M
COVID-19 Virus Copies per Person
(millions) in Wastewater Samples



3% Previous Week 4%
Emergency Department Visits for
COVID-like Illness (CLI)



Early Warning Indicators

- **Wastewater Surveillance** data serves as an early warning indicator since the virus can appear in wastewater 4-6 days prior to case identification
- **COVID like Illness (CLI)** in the ER can give an early indication of rising COVID levels and early insight to impact on health systems

Hospital Admissions

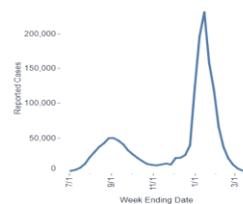
Cases

Current COVID-19 Status This Week

516 Previous Week 811
Number of Confirmed Patients
Admitted



3,559 Previous Week 6,469
Weekly COVID-19 Reported Cases
By Date of Specimen Collection



Trends in Indicators of Current Status

- **Hospital admissions** show us how COVID-19 is impacting health systems
- The trend in overall **COVID-19 cases** can help us understand the spread of disease in specific communities or groups overtime

Updated metrics will allow us to most effectively guide response

Starting 3/23 the following metrics will be displayed on the summary page of the public dashboard

Vaccination Coverage

76%

Percent of Adult Population Vaccinated with at Least One Dose

71%

Percent of Adult Population Vaccinated with Two Doses or One Dose J&J

19%

Percent of Children Ages 5-11 Vaccinated with at Least one Dose

50%

Percent of Total Population Vaccinated with at Least One Booster/Additional Dose

Vaccination Coverage

- **Staying up to date with the COVID-19 vaccine is still the best protection from severe illness**
- Monitoring vaccine data gives insight to the level of immunity in the state

Surveillance of Variants

What COVID-19 variants are being detected in North Carolina?



Surveillance of Variants

- Graph that shows changes in variants and when a new variant is detected
- **Early detection of new variants helps the state inform response**



Current Status of CDC COVID-19 Community Level

- **Weekly map categorizing counties as low, medium, or high**
- This map will help people understand COVID levels in their community and inform their actions

Low
Limited impact on healthcare system, low levels of severe illness

Medium
Some impact on healthcare system, more people with severe illness

High
High potential for healthcare system strain; high level of severe illness

Pillars to Build Upon

North Carolina's success has been driven by grounding ourselves in:

1. **Strong Collaborative Partnerships.** North Carolina's progress is the result of the collective efforts of government agencies, elected officials, business leaders from every industry, school officials, entertainment and sports leaders, health care providers, community leaders and individuals.
2. **Robust Data Infrastructure and Accountability.** Data drives an effective response, is essential to making progress on health equity, and relies upon modernizing information systems and data transparency
3. **Transparent Communications Focused on Earning Public Trust.** Communications in a time of crisis require transparency, managing of expectations, clear and understandable messages, actionable guidance, and partnership with trusted messengers.
4. **Adapting to Evolving Science and Research.** North Carolina has evolved its response based on the emerging science and lessons learned, focusing on strategies that are most effective at each stage of the pandemic

Recover Stronger

- The pandemic exacerbated existing challenges.

| Behavioral Health | Children and Families | Workforce |
|--|---|---|
| <ul style="list-style-type: none"> • Nearly 1 in 5 North Carolinians have a mental illness. • During the pandemic, approximately 1 in 3 surveyed North Carolinians reported symptoms of depression and/or anxiety • Alcohol-related ED visits increased 13% from 2019 to 2020. • Opioid overdose visits to ED increased 40% from July 2019 to July 2020. | <ul style="list-style-type: none"> • Number of children experiencing food insecurity rose from 1 in 5 pre-pandemic to as high as 1 in 3 children in rural NC • Rate of children in NC discharged from EDs with a behavioral health condition increased by ~70% in the pandemic. • Over 3,600 children in NC have lost a parent or caregiver to COVID-19. • ~25% of families missed a child's preventive visit due to the pandemic | <ul style="list-style-type: none"> • Number of NC early childhood education staff decreased by ~10% between March 2020 and November of 2021. • Currently, there are over 15,000 nurse vacancies in NC & nationally, nursing turnover rates were 15.8% between August 2020 and 2021 (McKinsey). • In August 2020, 66.2% of public health workers nationwide reported feeling burnout (NIH). |

Recover Stronger

*These priorities and our work across the department are grounded in **whole-person health**, driven by **equity**, and responsive to the lessons learned responding to the greatest health crisis in more than a generation.*

Behavioral Health & Resilience



We need to offer services further upstream to build resiliency, invest in coordinated systems of care that **make mental health services easy to access** when and where they are needed and **reduce the stigma** around accessing these services.

Child & Family Wellbeing



We will work to ensure that North Carolina's children grow up safe, healthy and thriving in nurturing and resilient families and communities. **Investing in families and children's healthy development builds more resilient families, better educational outcomes and, in the long term, a stronger society.**

Strong & Inclusive Workforce



We will work to strengthen the **workforce that supports early learning, health and wellness by delivering services** to North Carolina. And we will take action to be an equitable workplace that lives its values and ensure that all people have the opportunity to be fully included members of their communities.

The health insurance coverage gap coupled with insufficient access to affordable care disproportionately impacts Historically Marginalized Populations who have also experienced worse outcomes than others under COVID-19. Medicaid expansion would help close the health insurance coverage gap.

Responding to and Recovering from a Global Pandemic

Behavioral Health & Resilience



Deepa Avula

Director, DMHDDDSUS

NC Department of Health and Human Services

Prevalence of Persons with SED/SMI and Any MI & FY21 Penetration Rates

| | Prevalence For Ages 3-17 | | Prevalence For Ages 18+ | |
|--------------------------------------|-------------------------------|--------------------|-------------------------|--------------------|
| | Serious Emotional Disturbance | Any Mental Illness | Serious Mental Illness | Any Mental Illness |
| Estimated # North Carolinians | 233,810 | 389,683 | 451,387 | 1,614,128 |

BH by the Numbers Ages 18 - 25

Based on 2019 and 2020 National Survey of Drug Use and Health

- **29.2%** of adults ages 18-25 had any mental illness in the past year. (18% of adults 26+ had any mental illness)
- **93,955** persons ages 18-25 had a serious mental illness in the past year.
- **10.6%** of adults ages 18-25 had serious thoughts of suicide in the past year.
- **43,768** persons ages 18-25 made suicide plans in the past year.
- **266,398** persons ages 18-25 had a substance use disorder in the past year.

**Various documented sources*

COVID-19 Impact on BH

- 40% of adults reported symptoms of mental disorders
- 39% increase in retail sales of alcohol
- 24% increase in pediatric ED visits for mental disorders (5-11); 31% increase for those 12-17
- More than half of individuals who lost employment or financial stability reported anxiety/depression
- 38% of Americans reported having to wait longer than one week for mental health treatment
- Unprecedented workforce issues – not able to meet the need

COVID-19 Impact on Young Adults

- Significant changes - virtual schools, clubs and activities cancelled, family routines changed
- Students report increased loneliness, sleeplessness, and negative educational impacts
- 2020 CDC study of young adults ages 18-24 showed that they were more likely to report experiences with suicidal ideation, substance misuse, anxiety and depression than any other age group
 - Approximately **25%** reported suicidal ideation related to the pandemic
 - Approximately **25%** started using or increased consumption of substances to cope with stress and emotional toll of pandemic
 - Roughly half reported experiencing symptoms of anxiety and depression

Strategic Goals to Advance Behavioral Health

1. **Access:** Increase overall availability and access to high-quality behavioral health services and IDD supports; right-care, right-time, and right-setting.
2. **Integration:** Integrate behavioral healthcare into primary and physical care.
3. **Continuous Quality Improvement:** Use data to ensure maximum system efficiency, operational excellence and highest quality service delivery.
4. **Policy and Program Innovation:** Strive to lead in policy innovation and system transformation, leveraging and maximizing resources for optimal service delivery and outcomes.
5. **Stakeholder Engagement and Partnership:** Engage individuals, families, communities, providers, and payers to develop person-centered approaches to care.

Comprehensive Service Array



Elements of Comprehensive Crisis System

Reduce reliance on law enforcement and EDs through early and immediate intervention with trained BH personnel.

- **Regional Crisis Call Center:** Regional 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text and chat). NC's call center: REAL Crisis.
- **Crisis Mobile Team Response:** Mobile crisis teams available to reach any person in the service area in his or her home, workplace, or any other community-based location of the individual in crisis in a timely manner; NC has mobile crisis management coverage through all 100 counties.
- **Crisis Receiving and Stabilization Facilities:** Crisis stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.
- **Use of Real-time Bed Registry:** Tool for providers, patients, and caregivers to identify open beds more efficiently. In the absence of a bed registry, emergency room staff, patients, or other providers must call multiple hospitals or residential settings to determine if there is a slot available that would be appropriate given the patient's needs.

988 Implementation: In July 2022, 988 will become the national three-digit dialing code for the National Suicide Prevention Lifeline.

Current Actions

Comprehensive Integrated Care

- Primary care provision of behavioral health services
 - 500K members receiving BH care from primary care provider
 - CCBHC Expansion (\$12 million investment in grant opportunities)
- Medicaid Transformation / Tailored Plans
- Support primary care consultation of specialty care

Geographic Reach

- Use of mobile units
- Intentional inclusion of minority providers and tribal applicants

Wraparound Services for Children and Families

Collegiate Wellness and Recovery Programs

- Started as part of the NC Crisis Solutions Initiative in 2014
- Provide enhanced and expanded prevention, intervention, treatment and recovery services
 - Peer-based initiatives to support and address mental health, substance use and overall wellness
 - 12-step recovery groups
 - Psycho-educational groups
 - Trainings and workshops
 - Drop-in centers
- Each program is designed by students and supporting campus staff to best meet needs identified by school
- Data from campuses indicate that students who participate in services offered by Collegiate Wellness and Recovery Centers have a higher rate of retention, a higher graduation rate and a higher GPA

Collegiate Wellness and Recovery Programs

- 13 Collegiate Recovery Programs statewide:
 - East Carolina University, NC A&T, UNC-Charlotte, UNC-Chapel Hill, UNC-Greensboro, UNC-Wilmington, NC Central University, Appalachian State, NC State University, Fayetteville State University, Elizabeth City State University, UNC-Pembroke, and Winston-Salem State University
- SABG funds have been utilized since the inception in the amount of \$750,000 annually
- Each campus creates programs that best meet their needs, so programming and components vary across schools
- Plan to add SABG COVID funds to FY23 contract to identify/fund additional collegiate recovery programs, with focus on additional HBCUs

Healthy Transitions NC

- University of NC in Asheville, Warren Wilson College, AB-Tech and Blue Ridge Community College to:
 - Increase awareness of faculty, staff and students about behavioral health needs of youth and young adults, along with warning signs that an individual may be in distress and in need of help
 - Assist in identifying on- and off-campus resources available to youth and young adults in supporting their behavioral health needs
 - Build and expand an early identification network for First Episode Psychosis and promote early intervention and prevention, as well as to reduce stigma around serious mental illness

HBCU Partnerships

- DHHS and North Carolina's Historically Black Colleges and Universities hosted a mental health summit, **Peeling Back the Layers of Minority Mental Health**, on February 16, 2022
 - Assess and discuss the mental health needs of minority students on campus and the effects of the impacts from the COVID-19 pandemic
 - Panelist discussion included HBCU students, faculty and DHHS leaders (several of whom had attended HBCUs themselves)
- Substance use prevention initiatives across 5 campuses in 4 counties with the target of serving 25,000 students
 - **We Are in This Together Initiative**, in Elizabeth City University, focuses on students experiencing high levels of anxiety related to the pandemic, engaging them in Cognitive Behavioral Therapy techniques. In addition to reducing anxiety and increasing coping strategies, the initiative expects to build campus capacity to support students and to sustain these efforts. Strategies include campus-wide awareness campaigns to assist students in identifying signs and symptoms of key stressors that could lead to an increase in substance abuse and campus-wide seminars for the entire student body.
 - **The HBCU Network** in Bennett College, NC A&T, Fayetteville State University, and Winston-Salem State University is aimed at increasing coping skills among students and reducing the likelihood of substance related behaviors by establishing student leaders who will learn resiliency and prevent programming to implement campus-wide substance use prevention strategies. The project also develops a framework for increasing student interests to enter the vocational field of substance use prevention.
 - Both initiatives are in the early stages of implementation. DHHS is working with Wake Forest University to identify impact and outcome evaluation measures that focus on student resilience by tracking students' confidence in their ability to face life changes, manage functioning and having control over meaningful events.

Other DHHS / Campus Initiatives

- NAMI On Campus programs are student-led clubs that raise awareness, educate campus community, support students and advocate for needed changes
- Screening for problem gambling in counseling centers, problem gambling awareness events and activities, and creation of campus policies

Workforce Development

Addiction Medicine Fellowship

- Train addiction medicine fellows (typically physicians with at least 3 years of post-graduate training) in clinical settings that include a medically supervised detoxification unit, inpatient pain service, outpatient addiction clinic and opioid treatment program

SUD Higher Education Consortium and Graduate Scholarship

- Funds to Criteria C Universities and select Criteria A Universities for scholarships to individuals who are working to complete graduate-level education

Professional Addiction Workforce and Counselor Continuing Education

- Assistance for standardized test reimbursement and registration fees for various substance use disorder conferences and trainings