

Identifying and Addressing Behavioral Health Needs in North Carolina

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December 18, 2020

Behavioral Health & IDD By the Numbers

Public System	Received Behavioral Health &/or IDD Services FY 2020
1.8 million people have Medicaid	280,000 Medicaid beneficiaries
1.2 million people are uninsured	106,000 uninsured

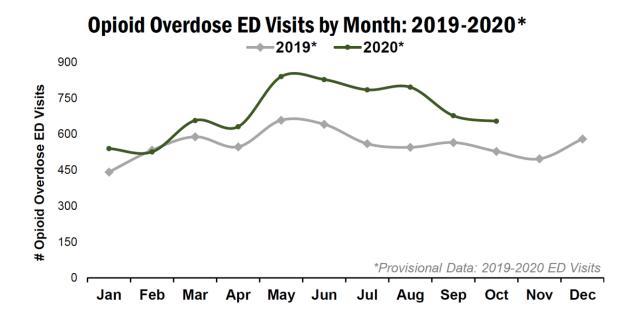
10.6 million residents, 1.8 million Medicaid, 1.2 million uninsured, 7.6 million Private/Military/Medicare insurance

State-Funded Services (State Fiscal Year 19-20)

Type of Service Need	Dollar amount	# of People Served	Top Services (based on dollars)
Mental Health	\$132,646,000	68,094	 Inpatient Hospital Outpatient Services Residential Supports Assertive Community Treatment Program
Substance Use Disorder	\$109,554,624	39,768	 Facility Based Crisis Services Opioid Treatment Program Residential Supports Substance Abuse Intensive Outpatient Program
Developmental Disability	\$59,147,870	5,253	 Residential Supports Adult Developmental Vocational Program (ADVP) Personal Assistance Day Activity

Approximately \$175 million in expenditures for Non-UCR funding and it funds services and supports like substance use prevention services, TBI services, NC START, and community-based crisis services.

Indicators of System Performance



While NC experienced a 19% decrease in overall Emergency Department visits through August, we saw a 24% increase in opioid overdose ED visits.

Though, opioid overdoses declined through September and October following interventions.

- During the pandemic, there has been a three-fold increase in reported symptoms of depression and/or anxiety disorders – 1 in 3, up from 1 in 9 in 2019.
- On average for State Psychiatric Hospitals, admission delays for people who are referred from Emergency Departments have increased from an average of 145 hours in FY20 to an average of 185 hours in the First Quarter of FY21..
- In the last decade, there's been a **91% increase** in the use of **involuntary commitment (IVC)** in North Carolina.

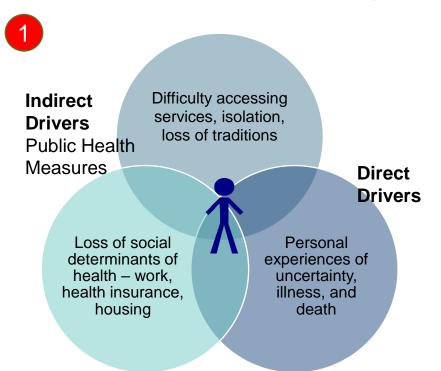
APPENDICES

Prevalence of Behavioral Health Needs

<u>Pre-Pandemic – Existing (Unmet) need</u>

- In a given year, more than 1.5 million North Carolinians over the age of 18 had a mental illness – and 1 in 5 of them did not receive services at all
- In the given year approximately **578,000 North Carolinians** over the age of 18 had **any substance disorder**, and **8 out of 9 needed but did not receive treatment** at a special facility for substance use
- In 2012 suicide became the leading cause of injury death in North Carolina and remained so in subsequent years.
 - For **veterans**, the average suicide rate was 2.4x that of the general population
- SUD & incarceration: 85% of the US prison population has an active substance use disorder or were incarcerated for a crime involving drugs or alcohol or drug use
- Impact of the Pandemic: Through August 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.

COVID-19 Drivers, Outcomes, and Mitigations



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

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

Wellness Spectrum

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