Identifying and Addressing Behavioral Health Needs in North Carolina

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Behavioral Health & IDD By the Numbers

<table>
<thead>
<tr>
<th>Public System</th>
<th>Received Behavioral Health &amp;/or IDD Services FY 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.8 million people have Medicaid</td>
<td>280,000 Medicaid beneficiaries</td>
</tr>
<tr>
<td>1.2 million people are uninsured</td>
<td>106,000 uninsured</td>
</tr>
</tbody>
</table>

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)

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

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

Pre-Pandemic – Existing (Unmet) need

- 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

1. **Indirect Drivers**
   - Difficulty accessing services, isolation, loss of traditions
   - Loss of social determinants of health – work, health insurance, housing
   - Personal experiences of uncertainty, illness, and death

2. **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

3. **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**