

North Carolina Psychiatric Association

## The Future of Behavioral Health and Resilience in North Carolina

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## Agenda

1. Update COVID-19 pandemic Recovery as it relates to behavioral health
2. Department's strategic priorities
3. Update on Whole-person health in the context of Medicaid Transformation

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# Recover Stronger

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

- Strong Collaborative Partnerships.
- Robust Data Infrastructure and Accountability.
- Transparent Communications Focused on Earning Public Trust.
- Adapting to Evolving Science and Research.

**The pandemic exacerbated existing challenges**

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

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# Recovery

## 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

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## Priorities


*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.*

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## Behavioral Health & Resilience




**Promote Integration of Behavioral & Physical Health**

Initiatives
Launch Tailored Plans
Implement CCBHC model




**Address BH and Justice System Integration**

Initiatives
Competency Restoration Pilots




**Expand Crisis System**

Initiatives
Successfully launch 988
Complete transition and launch of Bed Registry




**Address Substance Misuse**

Initiatives
Enable mobile MAT services
Expand Collegiate Recovery programs



**Address BH Workforce Challenges**

Initiatives
Successfully launch 988
Complete transition and launch of Bed Registry



**Increase BH Data Infrastructure**

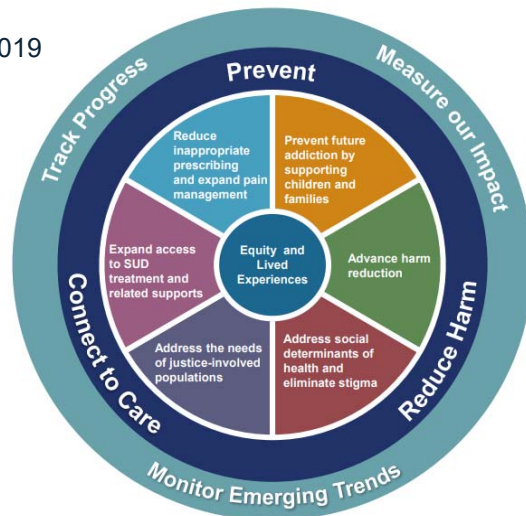
Initiatives
Implement comprehensive BH hold in ED data reporting
Implement BH Syndromic Surveillance
Expand crisis system access point data collection/reporting

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## Opioid and Substance Use Action Plan

Released June 2019



The Opioid and Substance Use Action Plan broadens its focus to include polysubstance use and centers equity and lived experience

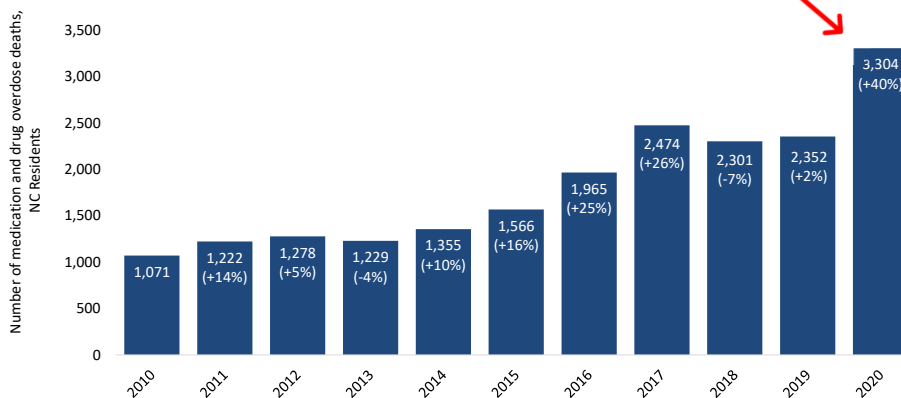
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## 2. Resurgence of Overdoses during COVID -19

Overdose deaths and emergency department visits had declined in 2018 and plateaued in 2019.

An average of 9 North Carolinians died each day from a drug overdose in 2020. That number is a 40% increase from the previous year.



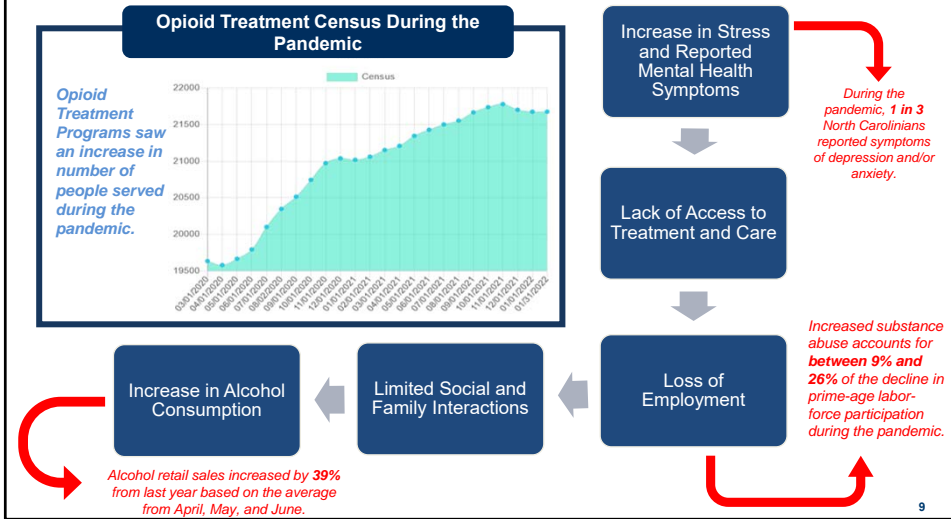
Technical Notes: Medication and drug poisoning, all intents. Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 2010-2020. Analysis by Injury Epidemiology and Surveillance Unit

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## 2. What's Driving the 40%?

In North Carolina, as in the United States as whole, deaths due to **medication/drug overdoses** have been steadily increasing since 1999, and the vast majority (**92%**) of these are **unintentional**.



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## Prior and Current Initiatives



Invested **\$400,000 in naloxone** to provide to local government agencies, providers, and other community-based organizations.



Funded **15 mobile health clinics** that will assess clients and provide treatment, primary care and recovery support services in **hard-to-reach areas**.



Provided funding and support to **community-based organizations** to extend the reach of overdose prevention, harm reduction and substance use treatment.



Funded **trainings for professionals** working on initiatives like harm reduction, justice-involved linkages to care, and prescribing medications.



Monitoring **progress on data dashboard** that tracks state regional and county-level metrics and local actions.



In the first year, Hope4NCHelpline received **over 9,000 total Calls with 10% referred for more intensive services**.

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## Medicaid Expansion

***Earlier treatment means better health***

***Lower income groups are more likely to be uninsured Medicaid Expansion would cover:***

- Low-income parents
- Low-wage workers
- Veterans and their families
- Low-income childless adults
- Children who age out of Medicaid
- Women prior to pregnancy

***Rural residents are 40% more likely to be uninsured and eligible for Medicaid expansion.***

***Research has shown Medicaid expansion has led to:***

- Improved hospital financial performance and reductions in hospital closure *(11 rural hospitals have closed in North Carolina since 2005. Many others have cut key services.)*
- Improvements in self-reported mental health
- Reductions in opioid overdose deaths
- Improved access to medications and services for treatment
- Increases in people getting regular check ups

***Uninsurance and uncompensated care leads to worse health for beneficiaries.***

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