

DISPARITIES: Children/Adolescents, Race/Ethnicity, Gender


NATIONAL DIALOGUES ON BEHAVIORAL HEALTH

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- Each year an estimated 390,000 children in North Carolina (20% of the total child population) have a diagnosable mental health condition
 - In 2019, suicide was the second leading cause of death for people between the ages of 15 to 34, and the third for those ages 10 to 14, in North Carolina

COVID-19 and Pre-Existing Gaps in Insurance Coverage for Historically Marginalized Populations

- In 2018, North Carolina's uninsured rate was 12.7% (the 10th highest rate of all 50 states), meaning that over 1 million people were uninsured.
 - The rates of being uninsured are higher for historically marginalized populations than for their White counterparts.
 - Of North Carolinians under the age of 64 in 2018, 28.7% of those who are Hispanic were uninsured and 12.6% of those who are Black were uninsured, compared to 10% of those who are White.

The Baseline: Pre-Pandemic Unmet Needs

- ❑ 10.6 million North Carolina residents:
 - ❑ 1.8 million Medicaid
 - ❑ 7.6 million Private/Military/Medicare insurance
 - ❑ 1.2 million uninsured
- ❑ **Children are 53% of the Medicaid population, but only account for 23% of the Service Spending**

Access

- NC is 42nd in the country in youth access to needed behavioral health services
- NC has seen an almost 25% increase in the number of uninsured children from 2016 to 2019 (142,000 children were uninsured in 2019)
- 90 of the 100 counties face a severe shortage of child psychiatrists (64 counties have none)

Siloed Systems

- Over 11,600 youth in foster care, up 35% since July 2012
- Systems do not adequately share information or partner in providing the best care and support for our children

Lack of Mental Health Services in Schools

- In a given year, 1 in 5 children will experience a mental health disorder (300,000 children)
- Only 75,000 children will receive treatment

Unmet Health-Related Social Needs

- More than 1.2M cannot find affordable housing
- 1 in 28 children under 6 are homeless
- NC has the 8th highest rate of food insecurity in the US
- Greater than 1 in 5 children live in food insecure households
- 47% of NC women have experienced intimate partner violence

Behavioral Health Disparities for BIPOC

Agency for Healthcare Research and Quality (AHRQ) in 2017 reported that people of color in the US are:

- Less likely to have access to mental health services
- Less likely to use community mental health services
- More likely to use emergency departments
- More likely to receive lower quality care
- African American consumers are diagnosed with psychotic disorders at a rate of up to 4 times higher than White consumers
- LatinX consumers are diagnosed with psychotic disorders on average approximately 3 times higher than White consumers

Racial Inequity & Justice



- 1 in 5 Latino and Black households with children are food insufficient
- Severe cases and COVID deaths have been disproportionately Black, Latinx and American Indian. NC counties with a higher percentage of people of color had longer travel times to testing locations, meanwhile zip codes with predominant White populations had more testing sites per capita than zip codes with predominantly Black populations
- Nationally, access to testing was lower in rural areas, and rural Black Americans were 1.7x as likely to be in a testing desert than the general rural population



Behavioral Health Impact of COVID-19

The Pandemic Impact: Behavioral Health Impacts of COVID-19

Depression and Anxiety

- Anxiety & Depression:
 - 3-fold increase in reported depression and/or anxiety symptoms (up from 1 in 9 in 2019)
- Younger cohorts (18-29) report higher prevalence of anxiety and depression, while prevalence among racial groups is relatively consistent
- National data found from mid-March through mid-October, 2020, the average number of ED visits for child mental health rose by 44%

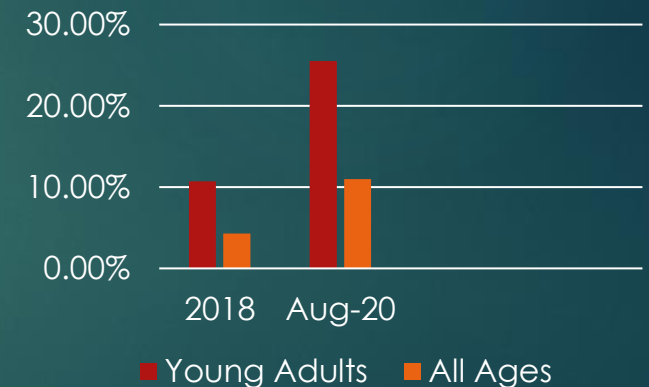
Substance Use

- Respondents with children/youth reported an increase in drinks per day more than four times as large on average than the subgroup without children/youth
- Excessive consumption increased more for respondents with children/youth
- From July 2019 – July 2020, there was a 40% increase in opioid-related ED visits (includes adults and children)

Suicide

- CDC released national data in August indicating individuals ages 18-24 (1 in 4) “seriously considered suicide in the past 30 days”

Suicidal Ideation



- 52% of behavioral health organizations are seeing an increase in the demand for services.
- 54% of organizations have had to close programs while 65% have had to cancel, reschedule or turn away patients
- Organizations have lost, on average, nearly 23% of their annual revenue

Domestic Abuse/Child Abuse

- Domestic abuse is associated with trauma and negative mental health outcomes.
- Prior to the pandemic, the CDC reported that;
 - Approximately 1 in 4 women and 1 in 10 men experience intimate partner violence during their lifetime.
 - Approximately 1 in 7 children experience abuse or neglect, in a given year.
- Rates of domestic abuse tend to increase during periods when families spend more time together (e.g., school holidays). The social isolation and stress associated with the COVID-19 pandemic function to create a situation of increased danger for those at risk of domestic abuse.

The Path Forward

Equity Strategy

- **Building and earning trust between historically marginalized communities, behavioral health providers, and funders.**
- **Working with community partners, community media, and grassroots messaging to educate communities, combat stigma, and address concerns about receiving mental health treatment.**
- **Focusing the deployment of state and federal resources to remove or mitigate barriers to accessing treatment in historically marginalized communities.**
- **Leveraging expertise of providers of color who have traditionally served Historically Marginalized Communities, often without access to government grants and contracts.**
- **Focusing on justice involved populations, including RFAs**

Implications for Telehealth

- **Telemedicine has the potential to improve accessibility, quality and patient satisfaction for care in rural, historically underserved populations.**
- **Data suggests that people in need of mental health services from historically marginalized groups (people who are Black and people who are Latinx) are utilizing telehealth mental health services, and are going to follow up visits, at lower rates than their White counterparts.**
 - **This is in line with pre-COVID-19 indications of a lack of cultural competence built into mental health treatment modalities, and corresponding disparities in service access.**
- **Broadband access must be expanded for rural communities.**



Child Behavioral Health Priorities: Prevention, Intervention, Resilience

Trauma-Informed/Resilience
Focused

Target Trauma as a Public Health Emergency
End Behavioral Health Disparities for Marginalized Populations
Increase Access to Needed Services
Create Whole Health/Whole Child Solutions
Build Best Practices, Accountability, and Continuous Quality

Racial & Cultural Equity

Systems of Care Framework

The Foundation: Systems of Care (SOC)

- ❑ Family Driven, Youth Guided Service
- ❑ Individualized, Strength-Based
- ❑ Cross-System Collaboration
- ❑ Service Coordination
- ❑ Culturally and Linguistically Competent
- ❑ Evidence-Based Interventions provided in family's home or in the community



1. Evidence-Based Outpatient Therapy

Child Treatment Program

- Trauma Focused Cognitive Behavior Therapy
 - Parent Child Interaction Therapy
 - Child Parent Psychotherapy

MATCH

- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, and Conduct Problems



2. Advancing School-based Mental Health, Wellness & Resilience

- Partnering with Dept. of Public Instruction and local schools to shape mental health plans
 - To engage managed care orgs and behavioral health service providers
 - To build youth and family engagement
- Supporting LatinX families in creating mutual help networks within their communities
- Developing policy flexibilities that allow for virtual school and community mental health services

3. High Fidelity Wraparound: Intensive Care Coordination

- **Evidence-based intensive care coordination service**
- **Appropriate for children and youth (ages 3-20) most at risk for out-of-home placement or transitioning back to their home community**
- **Pairs the family and youth with family and youth support partners that advocate for the family and youth; promote and teach needed skills; ensure family and youth voice and choice drive treatment direction and development of goals**
- **A facilitator ensures smooth transitions and coordination between services in place as well as linkage to new services and/or supports**

4. Child Crisis Services

Child Facility Based Crisis Services

Two existing programs: Asheville and Charlotte

New projects in Wake and Sandhills

**Behavioral Health
Urgent Care Centers**



5. Evidence-Informed Suicide Prevention Strategies

- 24/7/365 live person response NC Call Center for the National Suicide Prevention Lifeline
- Promoting community training
 - --Question, Persuade, and Refer (QPR)
 - --Counseling on Access to Lethal Means (CALM)
 - --Sources of Strength for youth/peers
- Partnering with DPI and LEAs to implement suicide prevention training

6. Trauma-Informed Community (TIC) Projects

As a part of the TIC Project, providers, service systems, and communities:

- **SPREAD** knowledge about trauma and its impact on children, families, and the community.
- **EXAMINE** current practices when interacting with children and families who have experienced trauma.
- **IDENTIFY** needs for trauma-informed services.
- **CREATE** trauma-informed service systems, such as mental health, education, juvenile justice, and child welfare, to name a few.
- **PLAN** for unified collaboration across systems to bring trauma-informed care to children, families, and the workforce.

The TIC Project is guided by SAMHSA's concept of a trauma-informed approach in which individuals, organizations, and systems:

- **REALIZE** the widespread impact of trauma
- **RECOGNIZE** the signs and symptoms of trauma
- **RESPOND** by integrating knowledge into policies, practices, and procedures, and
- **RESIST** re-traumatization



1. Caldwell, 2. New Hanover, 3. Wilson, Edgecombe 4. Cabarrus, 5. Chatham, 6. Pitt

7. Behavioral Health Crisis Counseling

- Immediate emotional support offered through door-to-door outreach
 - Build coping strategies
 - Reduce secondary trauma
 - Address compassion fatigue and promote self-care
 - Connect to community networks and resources

When stress

overwhelms you,

we're here 24/7 with crisis support and resources.

855.587.3463

hope is on the line

HOPE 4 NC

HOPE 4 NC

HOPE 4 NC

Achieving Community Resiliency



- ✓ **Learn from the Past and Present**
- ✓ **Develop Impactful Partnerships**
- ✓ **Listen to the Youth & Family Voice**
- ✓ **Go Big: Medicaid Transformation**

Thank you!

