ASSESSMENT OF ORANGE COUNTY MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

AN ASSESSMENT OF COMMUNITY ASSETS AND NEEDS IN ORANGE COUNTY, NC

BACKGROUND

The North Carolina Institute of Medicine (NCIOM) stated in an October 2016 publication that "mental health and substance use are at the forefront of health policy issues today, both at the national and state levels, due to rising visibility of the costs of not addressing mental health and substance use treatment needs" (NCIOM, 2016). North Carolina's transition to a managed care system 15 years ago brought fresh challenges for local officials seeking to implement comprehensive, coordinated community-based prevention, treatment, and recovery services to meet the needs of their residents. Though progress is evident in some areas, NCIOM reported that this level of care "remains an elusive goal for many North Carolinians with mental health and substance use disorders."

Like the rest of North Carolina, Orange County struggles to meet the need for mental health and substance abuse services for residents, especially those ages 0-25. This assessment was initiated by the Orange County Health Department (OCHD) to determine what barriers professionals face as they seek to refer county residents to mental health and substance abuse treatment services. The results of this assessment will be shared with the Board of County Commissioners prior to their strategic planning session in January 2017.

According to the U.S. Department of Health and Human Services, the majority of adolescents in North Carolina with mental health and substance use needs do not receive treatment services. Orange County is home to more than 141,000 residents, including up to 2,200 residents aged 3-17 that are currently being treated for these conditions through the managed care organization Cardinal Innovations. In Orange County, hospitalization records from 2009-2015 demonstrate the percentage of visits due to mental health for youth 0-24 years is increasing as a proportion of all mental health visits (an increase from around 18% to 24% of all mental health visits). Data from the same period show that between 27% and 31% of all mental health visits for 0-24 year olds are a result of mental and behavioral disorders due to psychoactive substance abuse.

OCHD sought a clearer understanding of the extent patients in the 0-25 age group have access to resources for prevention and early intervention, as well as follow-up care and other support systems for recovery. Simultaneously, we sought to identify the areas where these services could be improved by pinpointing significant barriers to treatment. UNC Master of Public Administration student Sabrina Willard conducted the assessment from August to November 2016. Ms. Willard interviewed ten prominent figures in the mental health community, surveyed more than 150 individuals based in the fields of healthcare,

social services, criminal justice, behavioral therapy, K-12 education, and others, and analyzed UNC Chapel Hill Emergency Department records.

BARRIERS TO ACCESSING TREATMENT

The primary findings of the assessment showed that existing levels of service do not adequately address the needs of this population although there are many examples of successful collaborations taking place across the county in an attempt to address the gaps. Responses from key opinion leaders around the barriers to accessing treatment for mental health and substance abuse helped to inform the findings included in the below table. These common themes were also incorporated into the survey questionnaire as a method for confirming their validity with a larger group.

BARRIERS TO MENTAL HEALTH (MH) AND SUBSTANCE ABUSE (SA) TREATMENT AND RESOURCES	
Theme	**Description**
Affordability - #1 Gap	The #1 gap in the OC mental health system is affordability. Many low-income residents either do not have insurance or find their coverage inadequately covers treatment services for MH and SA (e.g. must meet a high deductible before any coverage is provided, lack of reimbursement options, restricted to a low maximum number of appointments, etc.). This issue is exacerbated when adolescents age out of the Medicaid system at 18. There are very few sliding scale or pro bono options to fill this gap. Children and adolescents have difficulty with recovery if parents with mental health issues aren't treated as well, but parents run into these same issues with affordability.
Location/Transportation - #2 Gap	Transportation was ranked as the 2nd largest barrier to MH/SA services in Orange County. Services are especially scarce in the northern part of the county (i.e. Hillsborough and unincorporated areas). Public transportation helps somewhat with the older patients in the southern sector, but the younger ones still have unmet needs. This dilemma emphasizes the need for more accessible treatment centers and in/near-school care, especially when parents are unable to take their children to necessary appointments due to busy work schedules or other conflicts.
Language/Cultural - #3 Gap	For the most part, services for non-English speaking patients are either difficult to obtain or virtually inaccessible. 60% of respondents said it was difficult for non-English speaking

Language/Cultural - #3 Gap (cont'd)	residents to access services for **any** of the listed disorders (Major Depressive, Generalized Anxiety, Bipolar, Personality, Eating, Substance Abuse, or Schizophrenia Spectrum), making this the #3 gap identified in the survey. There is need for more diversity in the languages MH and SA services are offered in (i.e. Spanish, Burmese/Karen… etc.), as well as cultural competency training to help providers better understand how to work with refugee/undocumented populations. Culturally-relevant practices that provide support for LGBTQ teens are also needed.
Education to combat stigma (adolescent and family) - #4	Awareness initiatives in the community are helping combat the stigma associated with MH conditions. More could be done to continue the dialogue encouraging people to seek appropriate treatment. Parents also need to be educated about the importance of ensuring their child gets the help they need. Barriers exist where parents are either unaware of the importance of taking their child to appointments or have busy schedules that conflict with their ability to do so. Knowing how to navigate the Cardinal system and properly enroll their child in MH and SA services is a barrier to accessing treatment.
Post-diagnosis maintenance of care - #5	Non-emergency treatment options are non-existent or scarce. Psychiatric care in particular is a critical need for adolescents yet this type of therapy is largely unavailable to this population, especially if uninsured. In general, there is a need for more varied types of therapy (i.e. cognitive behavioral therapy, other types of counseling), as well as therapists trained to do trauma work both in the school systems and in the community.
Preventive/Early intervention care - #6	Preliminary efforts to incorporate MH services into the school system are showing success. More robust systems for identifying issues earlier within the primary care and school settings are still needed. There is also a need for more variety of screening tools.
Citizenship status – barrier identified through stakeholder interviews and survey responses	Cardinal Innovations does not provide behavioral health services to residents without proof of US citizenship. Undocumented immigrants have to rely on the scarce services provided by other community organizations.
Inpatient Care Usage/Access – barrier identified through stakeholder interviews and survey responses	2009-2015 UNC Hospital data obtained shows that after an initial decline in mental health-related Emergency Department (ED) visits

Inpatient Care Usage/Access – barrier identified through stakeholder interviews and survey responses (cont'd)	between 2009 and 2012, we have begun to see a large increase in visits for patients 0-24 (51%). This increase supports reports of ED overcrowding we've received from UNC Hospitals. The percentage increase of youth mental health ED visits is also increasing at a faster rate than overall mental health ED visits (25% compared to 18%.) In the case of substance abuse, 29% of all mental health ED visits for 0-24 year olds are substance abuse related.
Disorder/Diagnosis Type - barrier identified through stakeholder interviews and survey responses	Survey data indicates that generalized anxiety disorder and major depressive disorder are the two mental illnesses that most frequently affect residents aged 0-25 in Orange County (93% and 89% respectively) and are also the easiest to refer for treatment. Drug and alcohol abuse were also frequent diagnoses (80% of respondents for both) however, only 39% of respondents found them easy to refer for treatment. Schizophrenia spectrum and other psychotic disorders were deemed the most difficult to refer for treatment (25%) and treatment for eating disorders was said to be the most inaccessible (11%).

CONCLUSION

The most common barriers for people in Orange County aged 0-25 who need mental health and/or substance abuse treatment services were affordability and accessibility.

Affordability

One of the biggest barriers to accessing services, even when they are available, is the lack of services that are provided based on a person's ability to pay. Any improvement to the mental health system in Orange County will need to address the affordability of these services.

Accessibility

We found that the ability to access services depends on a variety of factors (service type, location, eligibility and cultural/linguistic appropriateness) all of which have gaps. Certain types of services such as substance abuse treatment and psychiatric care are hard to find. The location of mental health services in the population centers makes them difficult for this age group to access. Restrictions on who can receive services (e.g., age, citizenship, diagnosis) results in decreased access. Finally, the inability to provide needed mental health services in a linguistically and culturally appropriate manner significantly limits access.

Next Steps:

The Health Department will convene a group of stakeholders to review the detailed results of this gap analysis (survey results attached). This group will prioritize which specific gaps to address first and identify potential programs and services to meet those prioritized needs by February 15, 2017.

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