



Fact Sheet

North Carolina's Mental Health Crisis

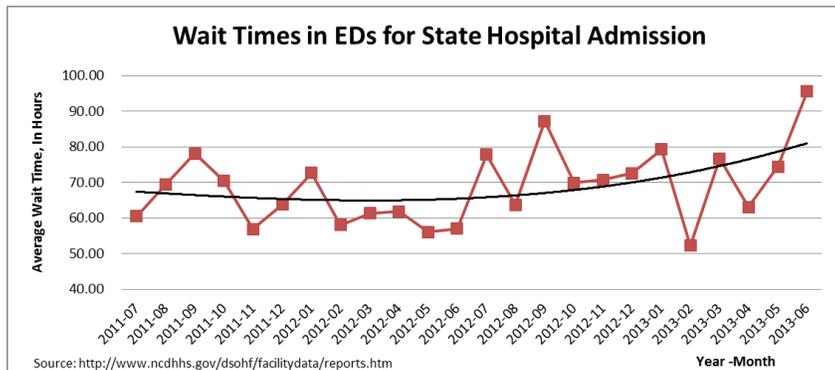
"With today's announcement, we begin a focused, long-term effort to ensure that individuals and families who are experiencing a mental health or substance abuse crisis know where to turn for the help they need. In turn, we can begin to reduce the tremendous burden that these issues place on hospital emergency departments and law enforcement."

- Secretary Aldona Wos, M.D.

Problem: People with behavioral health crises are turning to emergency rooms in high numbers.

- In recent years, North Carolina has seen high emergency department admissions related to behavioral health issues (Akland, Gerald and Ann. 8/6/2010. "State Psychiatric Hospital Admission Delays in North Carolina: January-June 2010". *National Alliance on Mental Illness-Wake County*. <http://nami-wake.org/Publications.html>)
- In fiscal year 2012, hospital emergency departments saw 17,000 more visits for behavioral health issues than in FY 2010, an increase from 3.2% of overall visits to 3.5%. (DHHS analysis of NC DETECT data)

Problem: Wait times in EDs for inpatient care (psychiatric and substance abuse) placement is excessive.



NC has seen extended lengths of stays (LOS) in EDs for patients needing mental health and substance abuse inpatient care. These stays, known as psychiatric boarding, range from long hours to multiple days for admissions to state hospitals. (Akland, Gerald and Ann. 8/6/2010. "State Psychiatric Hospital Admission Delays in North Carolina: January-June 2010". *National Alliance on Mental Illness-Wake County*. <http://nami-wake.org/Publications.html>)

- Most recent analysis of DHHS data shows that wait times in EDs and crisis centers are rising. The average delay for admission to a state hospital in FY12 was 3.0 days and rose to 3.5 days in FY13. (DHHS data analysis)
- A 2010 report estimated that over \$7M dollars is spent boarding people with psychiatric distress in emergency departments. (Akland, Gerald and Ann. 8/6/2010. "State Psychiatric Hospital Admission Delays in North Carolina: January-June 2010". *National Alliance on Mental Illness-Wake County*. <http://nami-wake.org/Publications.html>)

Problem: Repeat visits to an emergency department

- In FY12, 19,020 persons seeking help in an ED for a primary MH/DD/SA issue accounted for 26,009 visits, a repeat visit rate of 27%. Thirteen percent of those re-admissions occurred within 30 days. (DHHS data analysis of NC Medicaid Claims)

Problem: Mental Health's burden on law enforcement

- Current estimates based on national studies indicate that about 17% of the jail population has a serious mental illness compared to a rate of about 5% in the general population. In addition, 72% of the jail population with serious mental illness has a co-occurring substance use disorder. (Steadman, Henry J., Osher, Fred C., Allen, Steven. 9/16/2013. "Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jails and Prisons". *SAMHSA' GAINS Center for Behavioral Health and Justice Transformation*. Webinar. <http://gainscenter.samhsa.gov/cms-assets/documents/131194-413326.guidelines-slides.pdf>)

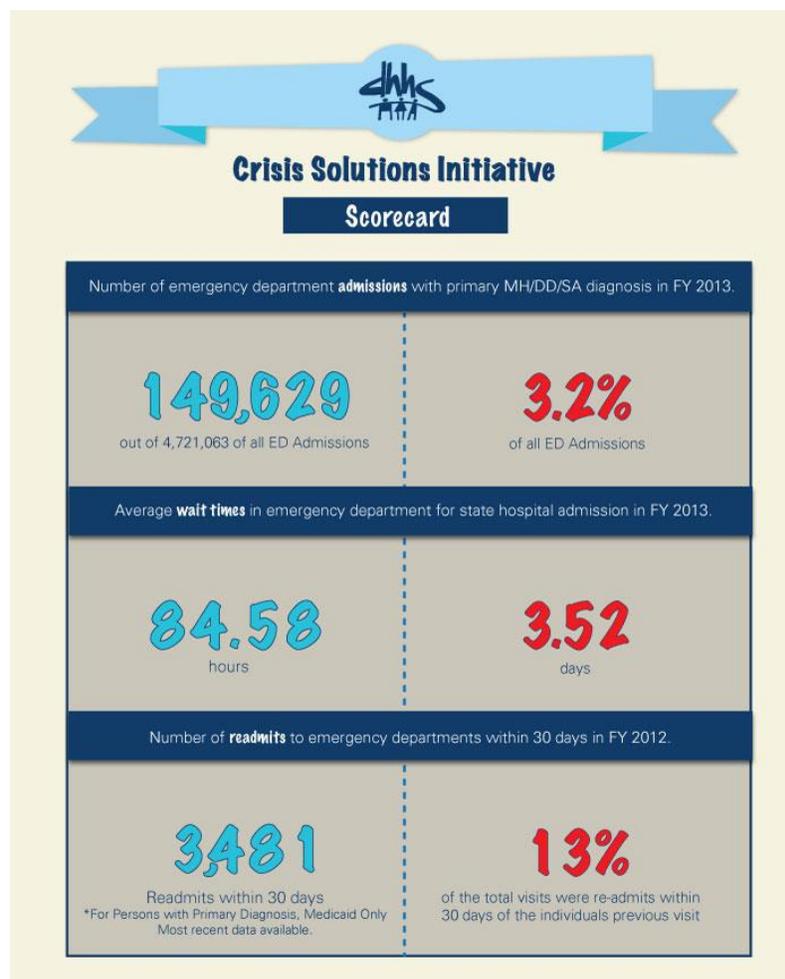


A New, Focused Strategy

DHHS spends approximately \$1.85 billion in Federal & State resources for the prevention and treatment of mental health & substance abuse disorders each year (includes DMA, DMH, and DSOHF).

By focusing our limited resources on solutions that work, the mental health crisis continuum will be able to realize better outcomes for North Carolinians.

Measuring Results



A quarterly scorecard will track the progress of these initiatives by measuring:

- Percentage of emergency department visits for primary diagnoses related to mental health or substance abuse issues.
- Wait times in EDs for State Hospital inpatient care (psychiatric and substance abuse) placement.
- Numbers of peoples with mental health crises, who have been admitted to EDs that are readmitted to an ED within 30 days.