

Community Health Improvement Plan - 2020

SECTION I.

COUNTY/DISTRICT HEALTH DEPARTMENT: Union County

CHA/CHNA YEAR: 2019

PRIORITY: Mental Health and Substance Use

HNC 2030 ALIGNMENT INDICATOR(S):

HNC 2030 – Decrease Tobacco Use

HNC 2030 – Decrease Drug Overdose Deaths

HNC 2030 – Decrease Excessive Drinking

HNC 2030 – Improve Access and Treatment for Mental Health Needs

SCORECARD URL (optional):

Instructions:

COUNTY/DISTRICT HEALTH DEPARTMENT: Specify the name of your local health department.

CHA/CHNA YEAR: 2019 If this CHIP updates an earlier CHA/CHNA, change the date to the appropriate year.

PRIORITY: State the name of the priority identified in the CHA/CHNA and cite the page number(s) where the priority identified and discussed.

HNC 2030 ALIGNMENT INDICATOR(s): Using the HNC 2030 report, provide the indicator(s) that aligns with this community priority.

SCORECARD: If you opt to use the web-based tool Clear Impact Scorecard to share your plan

- Complete Section I and Section III of the CHIP - 2020. Save file as a pdf.
- Submit the CHIP-2020 pdf and the Scorecard pdf to the Director, Community Health Assessment by September 7, 2020

Using principles of Results-based Accountability², describe how your agency and partners plan to move from talk to action to improve the quality of life in your community. Apply the Step-by-Step³ process with your group of partners and describe that work in this document (or Scorecard).

Due Date: CHIPs are due by September 7, 2020. Requests for assistance/variance/extension should be made to the Director, Community Health Assessment at CHA.SOTCH@dhhs.nc.gov before the due date.

SECTION II

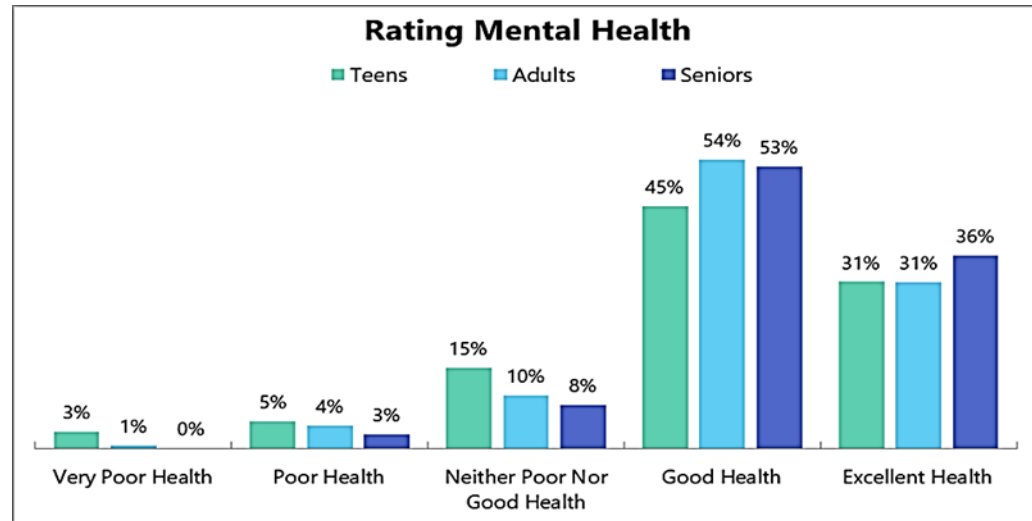
Step 1: What quality of life conditions do you want for the children, adults, and families in your community?

- We want all Union County residents to be safe (physical, mental, social, economic, and spiritual) and supported (activity, service).
- We want to live in a county that provides essential services, goods, and opportunities for care to its residents.
- We want a county that provides the mental health & substance abuse resources that people need.
- We want all Union County residents to seek appropriate treatment for Substance Use Disorder (SUD) and Mental Health. Residents will be able to function well.

	<ul style="list-style-type: none"> • We want to live in a county that provides health and wellness services for everyone.
<p>Step 2: What does it look like when you achieve this result?</p>	<ul style="list-style-type: none"> • Provide availability and accessibility for care in all parts of the County and to all populations so that 100% of people who need mental health, substance use disorder, and physical health services receive treatment and support services. • Everyone is educated about mental health conditions and substance use disorders and their impacts on all aspects of health. • Have a place to refer people getting out of jail for substance abuse and/or mental health issues. • No stigma around substance use disorders and mental health, nor for those who seek treatment. • The physical health and behavioral health delivery systems work collaboratively and seamlessly.
<p>Step 3: How can you measure these quality of life conditions?</p>	<ul style="list-style-type: none"> • # of alcohol related deaths in Union County • # Suicides, by sex and age groups, in Union County • # Mental Health providers per 10,000 residents in Union County • % of NC Middle School users of any type of tobacco product, including cigarette and emerging tobacco products, e-cigarette usage, types of tobacco products, exposure to secondhand smoke or vapor • % of NC High School users of any type of tobacco product, including cigarette and emerging tobacco products, e-cigarette usage, types of tobacco products, exposure to secondhand smoke or vapor • % of unintentional medical/drug overdose deaths per 100,000 Union County • # of Opioid overdose emergency department (ED) visits by month (and type of opioids) in Union County • # of Opioid overdose ED visits by age group and ethnicity in Union County • # of ED Visits for overdose involving medications or drugs with dependency potential in Union County
<p>Step 4: How are you doing on the most important measures of this (these) condition(s) in our community?</p>	<p>Mental health and substance use disorders affect people from all walks of life and all age groups. These illnesses are common, recurrent, and often serious, but they are treatable and many people do recover. Mental disorders involve changes in thinking, mood, and/or behavior. These disorders can affect how we relate to others and make choices. Reaching a level that can be formally diagnosed often depends on a reduction in a person’s ability to function as a result of the disorder. (SAMHSA Website).</p> <p>Nearly 1 in 5 American adults will have a diagnosable mental health condition in any given year. Approximately 46% of Americans will meet the criteria for a diagnosable mental health condition sometime in their life, and half of those people will develop conditions by the age of 14. Youth mental health is worsening. From 2012 to 2017, the prevalence of past-year Major Depressive Episode (MDE) increased from 8.66 percent to 13.01 percent of youth ages 12-17. Now over two million youth have MDE with severe impairment. Mental and behavioral disorders are among the leading causes of disability in the U.S., accounting for 13.6% of all years of life lost to disability and premature death.</p> <p>Both the Union County Public School Student Health Advisory Committee (SHAC) and Union County Human Services Agency have identified strategic goals related to mental health prevention and treatment.</p>

According to 2019 Community Health Assessment (CHA) surveys completed by Union County teen, adult, and senior adults respondents:

- More than 75% of respondents across all three surveys rated their mental health as good or excellent.
- A higher proportion of seniors, compared to teens and adults, rated their mental health as excellent.
- Teens were more likely than adults or seniors to rate their mental health as poor or very poor.
- Teens were also more likely to rate their mental health as neither good nor bad compared to adults or seniors.



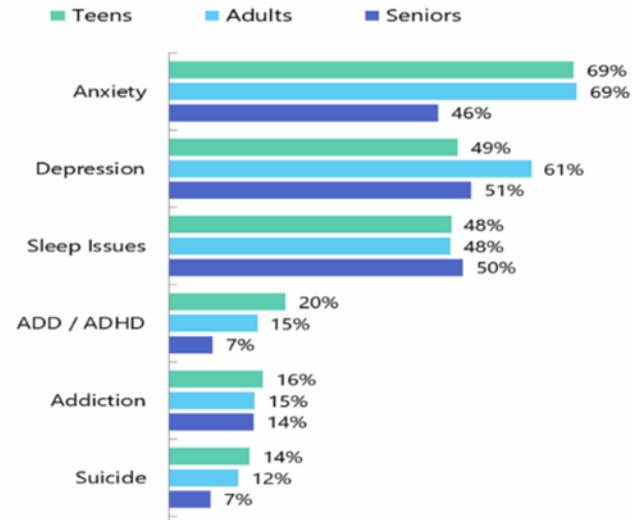
Teens:

- Hispanic/Latino respondents were more likely than other demographic groups to report poor or very poor mental health.

Adults:

- Respondents with a high school education or less were more likely than any other demographic groups to rate their mental health as poor or very poor.
- Respondents with an income under \$50,000 and Black/African-American participants were also more likely than many other groups

10 Most Common Mental Health Concerns



Teens:

- Anxiety was the leading personal mental health concern among males, females, white and Hispanic/Latino respondents.
- Depression was the leading personal mental health concern among Black/African American respondents.

Adults

- Anxiety was the most common mental health concern among males, females, and white respondents, as well as those at both educational and income levels.
- Depression was the most common mental health concern among Black/African American and Hispanic/Latino respondents.

Seniors

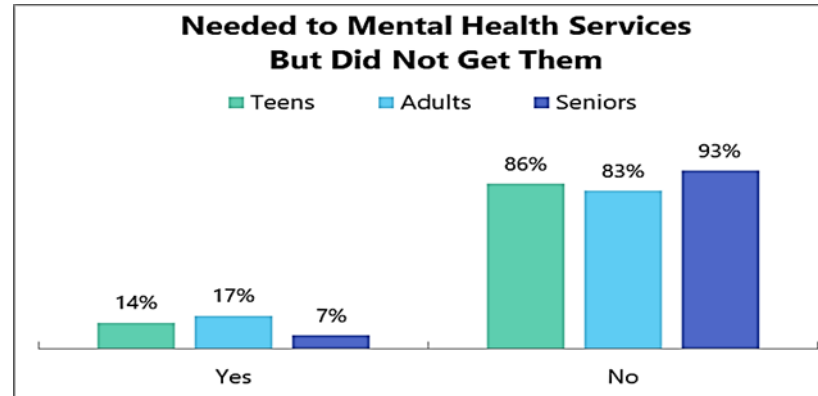
- Depression was the most common mental health concern among females, Black/African American respondents, those with a bachelor's degree or higher, and respondents at both income levels presented.

The rate of children with private insurance that does not cover mental or emotional problems continues to increase, and private insurance companies continue to place subtle restrictions on coverage for mental health treatments.

In NC, 11.9% of Children had private insurance that did not cover mental or emotional problems. The proportion of youth with private insurance that did not cover mental or emotional difficulties nearly doubled,

from 4.6 percent in 2012 to 8.1 percent in 2017. In NC, 10.8% of adults with mental illness are not insured. (2017 National Survey on Drug Use and Health: Detailed Tables <https://www.mhanational.org/mentalhealthfacts>).

According to 2019 CHA surveys completed by Union County teen, adult, and senior adults respondents:



Teens:

- Hispanic/Latino respondents were more likely to report not getting needed mental health services.
- Amongst teens who needed mental health services and did not get them, some reasons given included: 23% reported not knowing where to go or who to call, 17% had no money to go, 12% had no transportation, 10% had no insurance, 9% stated that they could not get there when the office was open, 7% Insurance does not pay for mental health services, 5% reported a language barrier.

Adults:

- Approximately 17% of respondents reported needing mental health services and not getting them.
- Among those who needed mental health services and did not get them, the most common reason was: 38% had no money to go, 20.2% stated that their insurance did not pay for mental health services, 15.5% had no insurance, 6% could not get to the office when it was open, 6% had no transportation.

Seniors:

- 7% of respondents indicated that there was a time in the past year when they needed mental health services and did not get them.
- Among the respondents who did not get needed mental health services, the primary barrier was: 43% lack of money, 38% not knowing where to go, 31% lack of insurance, and 29% indicated that embarrassment prevented them from seeking needed mental health care.

Cardinal Innovations Healthcare is designated by the State of North Carolina to manage and authorize mental health treatment in Union County for Medicaid recipients and some state funded recipients. A request was made to Cardinal Innovations to pull data on the number of Union County residents receiving mental health or

substance use disorder treatment and also the number of residents with a depression or anxiety diagnosis. Following is the data received:

Distinct Cardinal Members Residing in Union County Receiving MH or SUD Service			
Fiscal Year	Age 3-17 Years	Age 18-59 Years	Age 60+ Years
FY17-18	2,127	2,595	327
FY18-19	2,046	2,494	319
FY19-20 (Q1 and Q2)	1,567	1,814	157
*A member may appear in one or more fiscal year calculations, but will not appear more than once per fiscal year.			
* Count of members based on approved claims for a MH or SUD diagnosis in the fiscal year.			
* Note that FY19-20 contains only two quarters of data, which still may be impacted by claims lag.			

Depression (major depressive disorder or clinical depression) is one of the most common mental disorders in the U.S. Current research suggests that depression is caused by a combination of genetic, biological, environmental, and psychological factors. Depression, especially in midlife or older adults, can co-occur with other serious medical illnesses, such as diabetes, cancer, heart disease, and Parkinson’s disease. These conditions are often worse when depression is present.

Anxiety disorders are another very common form of mental disorder affecting our residents. Anxiety disorders are illnesses that cause people to feel frightened, distressed and uneasy for no apparent reason. For a person with an anxiety disorder, the anxiety does not go away and can get worse over time. The symptoms can interfere with daily activities such as job performance, school work, and relationships.

Anxiety is a growing concern across the State and in Union County, especially among teens. WRAL News in Raleigh recently talked with teens regarding anxiety, and they mentioned social media, technology and school shootings as reasons for the increased stress levels.

The Union County Human Services Agency’s Behavioral Health Collaborative program was started in fiscal year 2019 to build a partnership and help support the social and emotional needs of students at Union County

Public Schools (UCPS). The program began with initial staffing in November 2018, and, although it is still only partially staffed, has:

- Served 90 students during its first month of operation (December 2018)
- Served over 3,000 students in FY19
- Served 2,771 students during the first 6 months of FY20

Suicide is rising as a leading cause of death for children and adolescents. According to the North Carolina State Center for Health Statistics, the rate of **youth suicide in North Carolina has nearly doubled over the previous decade.**

- 16% of high school students in 2017 reported seriously considering suicide.
- 12% of heterosexual students, and a staggering 43% of gay, lesbian, or bisexual students.

Despite this worrying trend, significant barriers remain for many who need access to mental health services.

Thoughts of suicide and suicide attempts are more common among children who experience mental health issues like anxiety and depression.

Detailed Mortality Statistics in North Carolina 2018	
Location:	UNION COUNTY
Cause of Death:	X60-X84 Intentional self-harm
Age at Death:	0 - 99 years Note: Age 99 indicates age 99 years or older.
Race:	All
Gender:	Both
Hispanic Origin:	all (Hispanic and Non-Hispanic)

	Male	Female	Unknown Gender	Total
TOTAL UNION COUNTY	16	4	0	20

Over the first few months of 2020, the world was thrown into a global pandemic. As the number of cases of COVID-19 increased, so did the associated experiences of anxiety, depression, and suicidal ideation. The mental health effects of COVID-19 are as important to address as are the physical health effects – but not everyone has equal access to care.

The misuse and abuse of alcohol, tobacco, illicit drugs, and prescription medications affect the health and well-being of millions of Americans. SAMHSA's 2018 National Survey on Drug Use and Health reports that approximately 20.3 million people aged 12 or older had a substance use disorder in the past year.

Excessive alcohol use is an important public health concern in North Carolina and Union County. The amount of alcohol consumed has been associated with negative short- and long-term health outcomes, such as vehicle crashes, overdose, and liver cirrhosis and high economic costs (CDC, 2018). It is the third leading cause of preventable death in NC. In 2017, there were nearly 4,000 deaths due to excessive alcohol use (2017 State Center for Health Statistics, Vital Statistics, Death Certificate Data and CDC Alcohol Fact Sheet). In 2017, 26% of all traffic fatalities in NC were alcohol related (2017 DOT Crash Facts).

Alcohol & the Public's Health in North Carolina

Immediate Impacts (cont.)	Long-Term Impacts	Community Cost	Data Dashboard	Bibliography
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Alcohol Data Dashboard

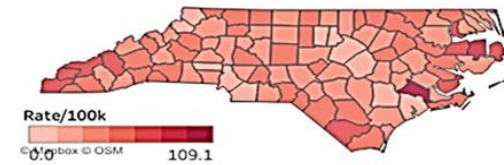
Data Sources

1. Emergency Department Data: North Carolina Disease Event Tracking and Epidemiologic Tool (NCDETECT); <http://ncdetect.org/>
2. Death Data: NC State Center for Health Statistics, Vital Statistics; <https://schs.dph.ncdhhs.gov/>
3. Alcohol Outlet Data: NC Alcoholic Beverage Control Commission; <https://abc.nc.gov/>
4. Traffic Crash Data: NC Department of Transportation; <https://www.ncdot.gov/Pages/default.aspx>

MAPS

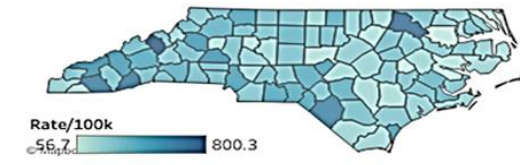
Alcohol-Related Deaths

3,991 NC Resident deaths in 2017



Emergency Department Visits

33,072 alcohol intoxication ED Visits in 2017



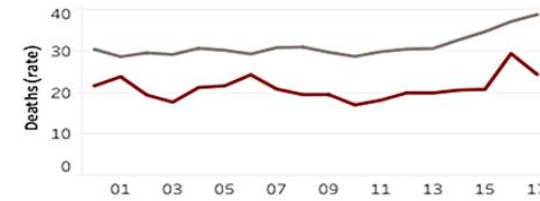
COUNTY DATA

County Selector
Union

Alcohol-Related Deaths

NC
Union

Union County



Alcohol involved crashes

	Union	NC
Total Crashes (5Y #)	24,442	1,241,022
Fatal Crashes (5Y #)	103	6,239
Alcohol-Related Fatal Crashes (5Y %)	27	28

Alcohol involved suicides

	Union	NC
Alcohol-Related Suicides (10Y #)	178	11,333
Alcohol-Related Suicides (10Y rate)	24	29

Health Data

	Union	NC
Deaths (count)	56	3,991
Deaths (rate)	24.40	38.86
ED (count)	630	33,072
ED (rate)	272	322
ED < 21 (count)	75	1,868
Economic Cost	\$148M	\$7,034M
Total Death #	696	52,129

Outlet Data

	Union	NC
Total Outlets	227	17,782
Off Premise Outlets	139	8,517
On Premise Outlets	88	9,265
Total Outlet Rate	1.0	1.8
Max Outlet Rate	3.9	83.0

Death data from 2017. ED and alcohol outlet data from 2016, rates per 100,000 people. 10 year suicide data from 2007-2016. 5 year crash data from 2013-2017. Death rates based on counts < 10 should be interpreted with caution.

Questions? Contact us at SubstanceUseData@dhhs.nc.gov
 State of North Carolina • Department of Health and Human Services
 Division of Public Health • Injury and Violence Prevention Branch
<http://www.ncdhhs.gov/> • <https://publichealth.nc.gov/> • <https://www.injuryfreenc.ncdhhs.gov/>



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

per the data on the previous page:

- 18% of Union County residents excessively drink.
- In Union County, 27% of fatal crashes included alcohol.
- 24% of suicides in Union County between 2007-2016 included alcohol.
- Economic cost of excessive drinking to Union County is \$148 Million, which is mostly due to loss in productivity.

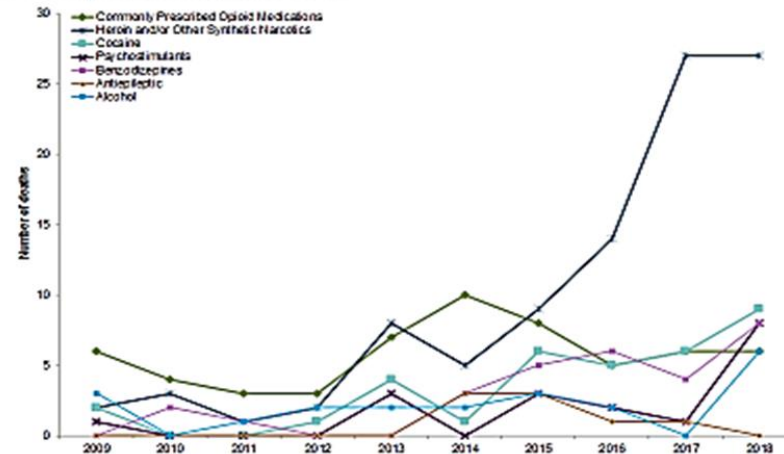
Illicit Drug Use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

Misuse of prescription drugs means taking a medication in a manner or dose other than prescribed; taking someone else's prescription, or taking a medication to feel euphoria. The term nonmedical use of prescription drugs also refers to these categories of misuse. The three classes of medication most commonly misused are: Opioids, Central nervous system [CNS] depressants, and Stimulants.

In 2017, prescription opioids continued to contribute to the epidemic in the U.S. – they were involved in more than 35% of all opioid overdose deaths.

Data from the NC Youth Risk Behavioral Survey (YRBS) in 2017 showed that 15% of high school students used stimulants recreationally.

Substances* Contributing to Unintentional Overdose Deaths Union County Residents, 2009-2018



*These counts are not mutually exclusive. If the death involved multiple substances it can be counted on multiple lines.
Source: N.C. State Center for Health Statistics, Vital Statistics-Deaths, Unintentional medication, drug, alcohol poisoning; ICD-10 with any mention of specific T-codes by drug type (Commonly Prescribed Opioids, Heroin, Other Synthetics, Benzodiazepines, Cocaine, and Alcohol).
Analysis by Injury Epidemiology and Surveillance Unit.



NCDHHS, Division of Public Health | County Overdose Status (November 2019)

4

Rate of Unintentional Medication/Drug Overdose Deaths per 100,000 North Carolina Residents, 2014- 2018

Union	11.3
Statewide	16.7

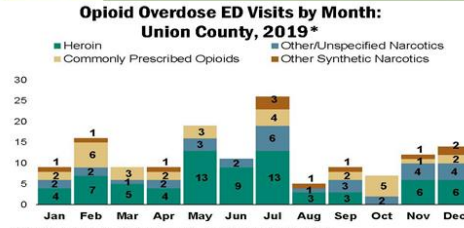
Opioids include some prescription pain medications, synthetic fentanyl and heroin. In North Carolina, unintentional opioid overdose deaths from both prescription and illicit opioids have increased from 114 deaths in 1999 to 1,884 deaths in 2017. In 2017, there were 1,953 overdose deaths involving opioids in North Carolina—a rate of 19.8 deaths per 100,000 persons compared to the average national rate of 14.6 deaths per 100,000 persons

Due to these startling numbers, North Carolina's Opioid Action Plan was developed with input from community partners and released in June 2017 to combat the opioid crisis. An updated Opioid Action Plan 2.0 ([Click to View](#)) launched in June 2019 to continue to address this issue.

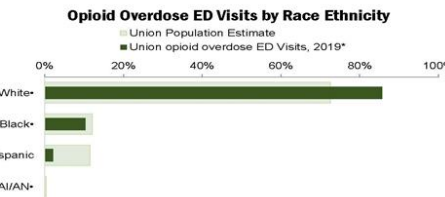
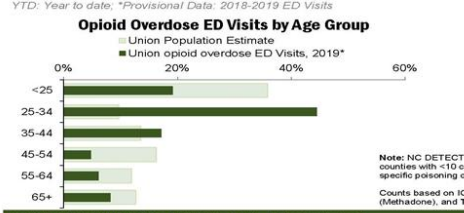
Union County

2019*

146 OPIOID OVERDOSE EMERGENCY DEPARTMENT VISITS

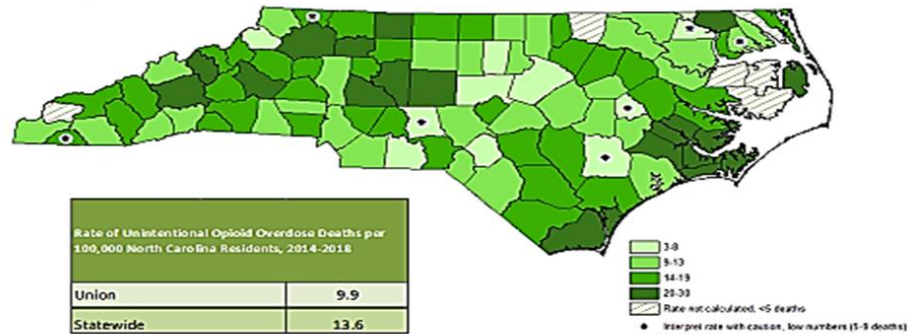


146 Opioid Overdose ED Visits in Union County, 2019*
 compared to **122** Jan to Dec 2018
 Source: NC DETECT: Data Source: ED; Custom Event: Overdose; Opioid Overdose V.2 (ICD-9/10-CM)



*Non-hispanic, **except** when ethnicity data are missing or incomplete (less than 85% ethnicity data available); if ethnicity is missing, race categories include both Hispanic and Non-Hispanic.
 AI/AN (American Indian/ Alaskan Native)
 Note: NC DETECT is North Carolina's statewide syndromic surveillance system. There may be data quality issues affecting our counts: counties with <10 cases may not be true lack of opioid overdose cases but data quality issues; additionally, some hospitals use non-specific poisoning codes rather than specific opioid poisoning codes. For training on NC DETECT, contact Amy Iling, iling@at.unc.edu.
 Counts based on ICD-10-CM diagnosis code of an opioid overdose: T40.0 (Opium), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Methadone), and T40.4 (Other Synthetic Narcotics), and T40.6 (Other and Unspecified Narcotics).

Rate of Unintentional Opioid Overdose Deaths Per 100,000 North Carolina Residents, 2014-2018



Technical Notes: Rates are per 100,000 N.C. residents, Unintentional medication and drug poisoning: X40-X44 and any mention of T40.0 (opium), T40.2 (Other Opioids), T40.3 (Methadone), T40.4 (Other synthetic opioid) and/or T40.5 (Other/Unspecified narcotic). Source: Death in N.C. State Center for Health Statistics, Vital Statistics, Population, and Health Analysis by Injury Epidemiology and Surveillance Unit.

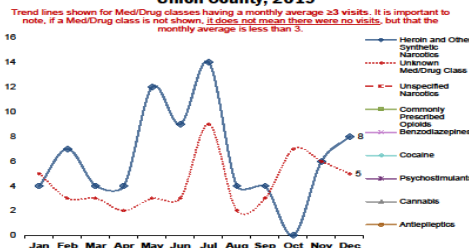
NC DHHS, Division of Public Health | County Overdose Rates | November 2019



Union County

213 ED VISITS FOR OVERDOSE INVOLVING MEDICATIONS OR DRUGS WITH DEPENDENCY POTENTIAL

Med/Drug[^] Overdose ED Visits by Med/Drug Class: Union County, 2019*



*Report is based on initial encounter, unintentional and undetermined intent cases only, for ICD10CM overdose codes of drugs and medications with dependency potential within T40, T42, T43, T50.7, and T50.9.

Note: Report is restricted to N.C. residents between the ages 15 to 65 years. Drug classes shown are not mutually exclusive, a person may have more than one drug overdose diagnosis code, therefore, a person may be represented in multiple lines in the graph above. *2019 data is provisional, YTD (Year to date).

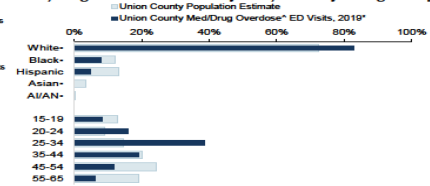
Note: NC DETECT is North Carolina's statewide syndromic surveillance system. There may be data quality issues affecting our counts. For training on NC DETECT, contact Amy Iking, iking@ad.unc.edu.

213 Overdose ED Visits for Med/Drugs[^] with Dependency Potential in Union County, 2019*

compared to 191 Jan to Dec 2018

Data Source: NC DETECT, ED, Syndrome: Overdose: Unintentional/Undetermined Medication or Drug Overdose (I14-I66) (ICD-9/10-CM)

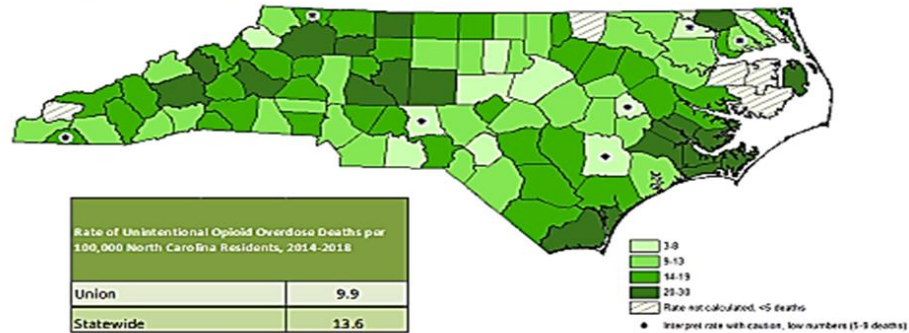
Med/Drug[^] Overdose ED Visits by Race/Ethnicity and Age Group



*Non-hispanic, except when ethnicity data are missing or incomplete (less than 85% ethnicity data available); if ethnicity is missing, race categories include both Hispanic and Non-Hispanic.

A/IAN (American Indian/Alaskan Native)

Rate of Unintentional Opioid Overdose Deaths Per 100,000 North Carolina Residents, 2014-2018



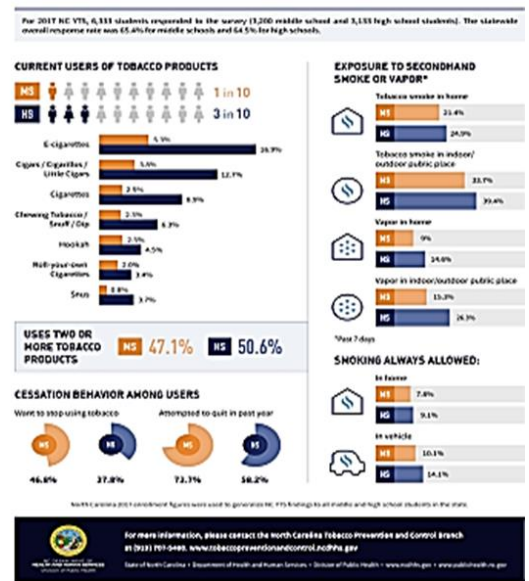
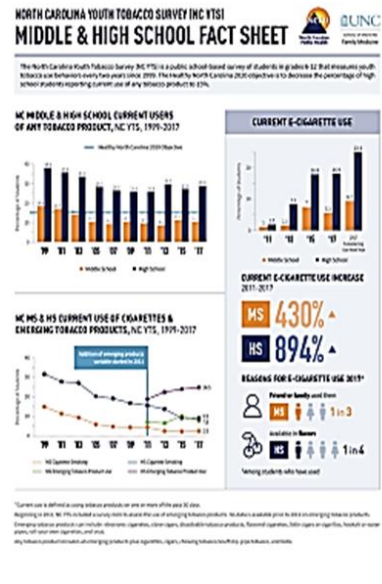
Technical Notes: Rates are per 100,000 N.C. residents. Unintentional medication and drug poisoning: X40-X44 and any mention of T40.0 (opium), T40.2 (Other Opioids), T40.3 (Morphine), T40.4 (Other synthetic opioid) and/or T40.5 (Other/unspecified narcotics).
Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, Population and Health Analysis by Injury Epidemiology and Surveillance Unit.

NCDHHS, Division of Public Health | County Overdose Sizes | November 2019



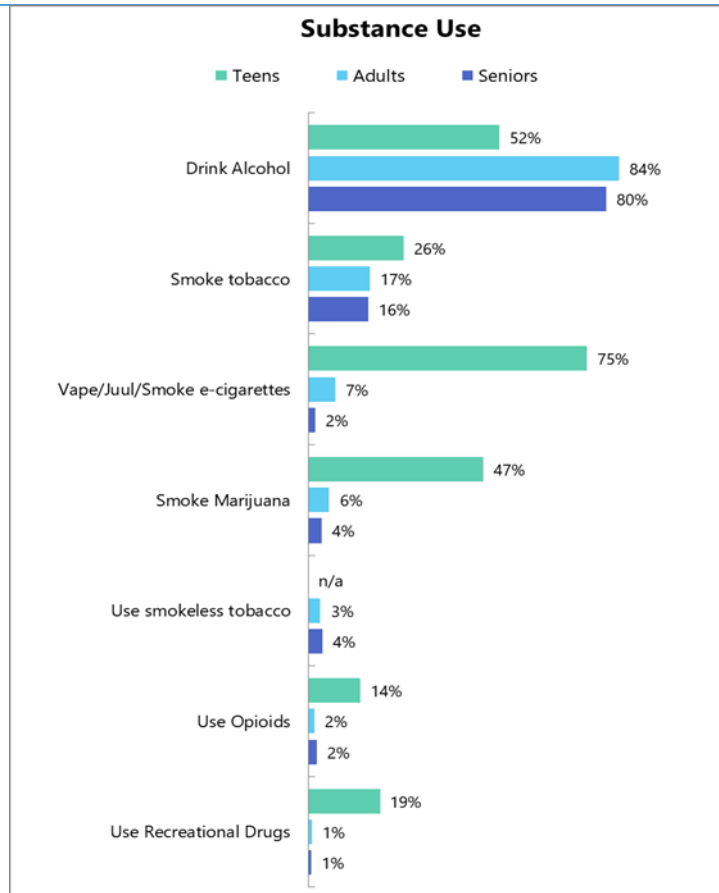
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Cigarette smoking is the leading cause of preventable disease and death in the United States. In 2018, nearly 14 of every 100 U.S. adults aged 18 years or older (13.7%) currently smoked cigarettes. According to the Robert Wood Johnson 2019 County Health Rankings in North Carolina, 15% of Union County residents smoke. According to Healthy North Carolina 2030 Report, while cigarette smoking has declined among North Carolina's young people, there has been an increase in tobacco use overall, particularly among high schoolers. Cigarette smoking among high school students has decreased from 15.5% in 2011 to 8.9% in 2017, yet use of any tobacco products among high school students increased from 25.8% in 2011 to 28.8% in 2017. E-cigarette use among young people has become epidemic in North Carolina and the nation and poses a public health threat.



Both the Student Health Advisory Committee and Union County Human Services have identified strategic goals related to tobacco prevention and treatment, including the goal of implementing a Union County Tobacco Ordinance and providing education and awareness to students and parents. Both of these also meet Health Communities strategies (a program under the North Carolina Division of Public Health, Chronic Disease and Injury (CDI) Section).

According to 2019 CHA surveys completed by Union County teen, adult, and senior adults respondents:



Teens:

- E-cigarette use was the most commonly reported behavior, with 75% of respondents (of the admittedly small sample) indicating that they use vapor products.
- 52% of respondents reported drinking alcohol.
- 47% reported smoking marijuana, a higher proportion than reported smoking cigarettes (26%).
- 19% reported recreational use of drugs and 14% reported using opioids (it is unknown whether the individual was using opioids prescribed to them by a medical provider).
- E-cigarette use was the most commonly reported substance used among males, females, white and Black/African American respondents.

Adults:

- The most commonly reported substance used by respondents was alcohol (84%).

- Approximately 27% of respondents reported using a tobacco product of some sort: 17% smoked tobacco, 7% reported using e-cigarettes, and 3% used smokeless tobacco.
- Alcohol consumption was the most common substance used across all demographic groups.

Seniors:

- The most commonly reported substance used by respondents was alcohol (80%).
- Approximately 22% of respondents reported a tobacco product of some sort: 16% smoked tobacco, 4% used smokeless tobacco and 2% reported using e-cigarettes.

The following concerns, as they relate to substance use, were identified by survey respondents:

- Teen Vaping Epidemic
- Teen and Adult Substance usage
- Opioid Epidemic throughout Union County
- Lack of treatment options, especially for substance users

Per the [CDC](#), the response to the COVID-19 pandemic may result in disruptions to treatment service providers and harm reduction service providers used by persons with a substance use or substance use disorder.

- In-person treatment options for substance use or substance use disorder might not be available, leading to risk of:
 - Untreated [substance use](#) or substance use disorder.
 - Return to substance use for people not currently using or in remission.
- [Syringe service programs](#) (SSP) may be closed or have restricted hours, limiting access to:
 - Clean syringes.
 - Safe disposal of used syringes.
 - Testing for HIV and Hepatitis C.
 - Access to care and treatment for SUD and infectious diseases.
- The illicit drug supply might be disrupted, or people might not be able to obtain drugs because of social distancing, potentially leading to risk of:
 - Withdrawal for people with physical dependence.
 - Contaminated drug products or people using drugs they are not used to, which might increase risk of overdose or other adverse reactions
- Social distancing guidance and stay-at-home orders may lead to higher numbers of people using substances alone, without others around to administer naloxone, perform life-saving measures, or call for help in case of overdose.
- Bystanders to an overdose might be reluctant to administer naloxone or perform CPR or other life-saving measures because of fear of COVID-19 exposure.
- People may be afraid to seek medical attention in the Emergency Department (ED) or from other healthcare professionals for fear of infection.

Step 5: Who are the partners that have a role to play in doing better?

- Behavioral Health providers
- Funders
- Advocates
- Mental Health Managed Care Organizations
- Faith-based Organizations
- Parks and Rec
- Healthcare Providers
- Municipal and County Government
- Private Providers
- Non Profits
- Support Groups
- K-12 Schools including UCPS
- Hospitals and Medical Facilities
- Universities and Colleges
- Employee Assistance Programs (EAP)
- Businesses

Step 6: What works to do better, including no cost and low-cost ideas?

- Behavioral Health Therapy
- Medication for some mental health conditions
- Substance Use Disorder Treatment (Detox, MAT, Syringe Exchange)
- Medication lock-up and drop off
- Medication dispensing laws
- Change legal age from 18 to 21 years to purchase cigarettes
- Support groups (NA, AA, Depression, Anxiety)
- Peer to peer programs
- School-based mental health services
- Stop the Stigma Campaign
- More green space
- More Mobile health and mental services
- Education about cognitive development (for parents; teachers) to help with intervention
- Mental Health First Aid
- EAP programs
- Physical Exercise

Step 7: What do you propose to do? In the section that follows, list and describe each strategy/intervention/action you plan to take.

#	Strategy/Intervention/Action Name & Brief Description [this block expands]	Responsible Partners [this block expands]	Performance Measures: How much will you do? [this block expands]	Performance Measures How well will you do it? [this block expands]	Performance Measures Is anybody better off? [this block expands]	Level(s) of Intervention: <ul style="list-style-type: none"> • Individual • Organization • Agency • Institution • Policy
1	Community Mental Health and Substance Use Disorder Committee/Workgroup This new committee will be under the soon to be formed Union County Health Advisory Committee, with the goal of focusing on future development and implementation of CHIP goals.	Behavioral Health providers and Substance Use Disorder Providers Private behavioral health providers Non-profit Organizations MCO Organization Faith-based Organizations Healthcare Providers Municipal and County Government Union County Public Schools Hospitals and Medical Facilities (Atrium and Novant)	# Members actively involved in the committee # Meetings conducted # goals/action items developed by the committee	% of committee members who attend meetings	Progress towards CHIP and other goals developed by the committee	Organization, Agency

		Universities and Colleges EAP Programs Consumers of services				
2	Mental Health Awareness and Education Lessen impact of mental health illnesses for residents, by educating the community about Mental Health and creating awareness of prevention and treatment option and resources.	Municipal and County Government Union County Public Schools Behavioral Health providers and Substance Use Disorder Providers Private behavioral health providers Non-profit Organizations Cardinal Innovations Faith-based Organizations Healthcare Providers University and Colleges	# Mental Health First Aid classes offered in the community # community education events # Mental Health clubs available to school aged children # media messaging campaigns implemented	# Union County Public School, Union County Human Services employees, and local health care workers trained/retrained in Mental Health First Aid # number of views and click-rate on social media postings	Increase in access to Mental Health services for those who seek it Decrease in County suicide rates Decrease in reports of depression and anxiety Increase in use of Mental Health services in the community	All levels
3	Behavioral Health Collaborative (BHC) – Collaborative with Union County Public Schools and Union County Human Services. Additional social workers and behavioral health therapists work in the	Union County Human Services Union County Public Schools Parents Students	# students who received services in the schools # of presentations about Social & Emotional Wellness for	Trainings and certifications obtained by BHC staff to advance their capacity to serve. Positive survey results	Increase in the number of students who receive services in the school Student attendance and academic performance will improve.	Individual Organization

	school system to support the social and emotional health of students		students, staff and parents	Increase the number of presentations provided across the 8 UCPS Clusters served by the BHC.	Students, parents and staff are more informed of how to support the Social & Emotional Wellness of students. Decrease in rates of depression and anxiety over time, as reported by students	
4	Tobacco/Vaping Awareness and Education Expand community awareness regarding drug and tobacco/vaping use in Union County, NC with a focus on school-aged children, through community and school events /speakers, teen peer-peer program, updated school curriculum, and alternatives to school suspension, and evidenced-based media messaging campaigns.	Union County Human Services Union County Public Schools Parents Students Region 4 Tobacco-Free Alliance Division of Public Health, Chronic Disease and Injury Section Non-profit Organizations Healthcare organizations Wingate University	# events/presentations during the year # people present at each event # schools who update school curriculum # media messaging campaigns implemented # peer to peer programs developed # trainings provided in the community by Tobacco Treatment Specialist (TTS)	# number of views and click-rate on social media postings	Decrease in # school suspensions for vaping/tobacco usage in schools Decrease in likeliness to smoke/vape (as per survey to students) over time Decrease in vaping/tobacco usage by middle and high school students over time	Agency, Organization, Individual
5	Tobacco Ordinance Establish a County wide ordinance for tobacco use on County property, with the long-term goal of making the entire County smoke free.	Municipal and County Government Board of County Commissioners	# presentations with County departments # media messaging campaigns implemented	# number of views and click-rate on social media postings	After ordinance is adopted, survey employees at intervals of 90 days, six months and one year to see if they were able to attempt to or totally quit smoking.	Policy Institution Individual

		Residents	Tobacco cessation resources provided to employees and residents # referrals to QuitLine # trainings provided in the community by TTS		# of smokeless tobacco users that get oral health screens # municipalities who impact smoke-free policies	
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SECTION III

Date of initial plan: September 8, 2020

How/where is this plan shared publicly? We will post this on our Union County website and social media, send this via email to the CHIP Steering Committee and Committees in the Community (System of Care Committee, Thrive! Union, Health Equity Committee, etc.), and present information to the Human Services Board of Directors.

Who is responsible for updating this plan? (name/email/telephone): Stephanie Starr/stephanie.starr@unioncountync.gov/704-907-8330

Signatures of individuals and their affiliation who contributed to initial plan: CHIP Steering Committee Participants – August 14th, 2020

Member	Organization
Dennis Joyner	Union County Public Health- Director of Health
Stephanie Starr	Union County Human Services- Director of Community Support and Outreach
Emily Colson	Human Services Program Manager
Michelle McGrath	Union County Public Health- Nursing Director
Janet Payne	Human Services- Assist Executive Director
Ashley Lantz	Union County DSS Director
Theresa Tores	Human Services Program Manager - Transportation
Ron Mahle	Union County and City of Monroe Economic Development
Lee Jenson	Union County Planning and Zoning
Jim Chaffin	Union County Parks and Recreation
Aubry Lofton	Union County Public Works
Traci Colley	Union County Environmental Health
Andrew Ansley	Union County Emergency Management
Heather Horne	Union County Human Services Program Manager
Shawn Spougn	CHS Union
King Jones	Cardinal Innovations
Lakeisha McCormick	Cardinal Innovations
Lindsey Fronk	Novant Health Commiunity Clinical Nurse Educator
Karla Aldridge	Novant Health Commiunity Clinical Nurse Educator
Pat Kahl	Union Chamber of Commerce
Vint Tilson	Wingate University
Deborah Evans/	SPCC
Kara Lemon	Navigation Lady
Jarrod McCraw	Union County Public Schools
Shaena Rouse	United Way
Missy Baker	Atrium Health

References:

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² Friedman, M. (2015). Trying hard is not good enough: How to produce measurable improvements for customers and communities. Santa Fe, NM: Parse.

³ Friedman, M. (2015). Trying hard is not good enough: How to produce measurable improvements for customers and communities (p. 11) . Santa Fe, NM: Parse.