



NEW HANOVER COUNTY

# Behavioral Health Landscape Analysis

*Executive Summary*

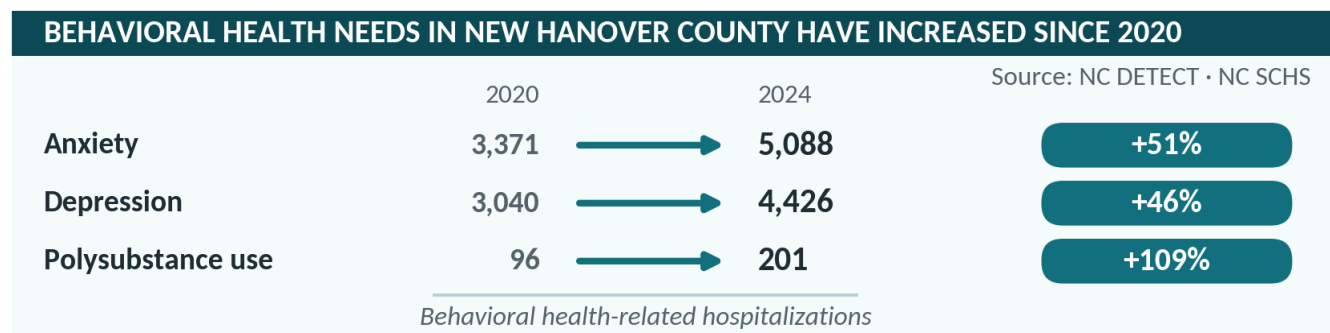
Prepared for The Endowment by:



## Why This Work

Behavioral health touches nearly every part of life in New Hanover County. It shapes how children arrive at school and whether they can learn once they are there. It also influences whether families hold together under strain, how people move through the justice system, and whether adults can enter and stay in the workforce. That reach is why The Endowment has made behavioral health a priority. Its work spans health, education, community safety, and community development, and progress in behavioral health strengthens all of them.

In recent years, New Hanover County has made intentional, sustained, strategic investments in mental health and substance use care through its Mental Health and Substance Use Disorder Fund. To understand how it might best contribute alongside the County and other partners, The Endowment sought a clear picture of behavioral health needs across the county. It commissioned this independent landscape analysis to examine the services currently in place, where they are working well, and where gaps may remain. It looked at where services align with need, where structural barriers persist, and where philanthropic investment could add the most value alongside partners already doing this work. Behavioral health needs have risen sharply over the past five years, underscoring the urgency of this work.



The landscape analysis set out to assess the county's current mental health and substance use system of care, identify its strengths and the gaps and barriers affecting access, bring in the perspectives of providers, community partners, and residents, and place behavioral health within the wider context of community wellbeing. Together, that work provides the evidence base for The Endowment's grantmaking direction in behavioral health.

### WHAT THE ANALYSIS INVOLVED

Six integrated components, each building on the last:

- **Quantitative data analysis**— emergency department and hospital utilization, Medicaid claims, overdose rates, homeless counts, crime statistics, academic achievement data, and demographics, examined at the ZIP code level.
- **Community stakeholder engagement** — more than 60 interviews and six community listening sessions with providers, government, law enforcement, schools, families, and residents, surfacing strengths, gaps, and structural barriers.
- **Ecosystem and service mapping** — an inventory of more than 95 organizations mapped by service type, population served, and ZIP code.
- **Strategic plan alignment** — aligning findings to The Endowment's strategic refresh and to the County's Mental Health and Substance Use Disorder Strategic Plan.
- **Funder landscape and evidence review** — a comparative scan of national and North Carolina funders alongside a review of evidence-based behavioral health approaches.

- **Analysis and recommendations** — synthesis of all information into recommendations and an identified investment direction for The Endowment’s portfolio that builds on and leverages the County's existing behavioral health investments.

## THE SCALE OF THE ANALYSIS

|                                         |                                   |                                          |                                       |                                    |                                        |
|-----------------------------------------|-----------------------------------|------------------------------------------|---------------------------------------|------------------------------------|----------------------------------------|
| <b>60+</b><br>stakeholder<br>interviews | <b>6</b><br>listening<br>sessions | <b>100+</b><br>residents and<br>partners | <b>95+</b><br>organizations<br>mapped | <b>10</b><br>ZIP codes<br>analyzed | <b>5 yrs</b><br>of utilization<br>data |
|-----------------------------------------|-----------------------------------|------------------------------------------|---------------------------------------|------------------------------------|----------------------------------------|

## What the Analysis Found

Five findings emerged across every component of the analysis. They are not separate observations; each one leads into the next.

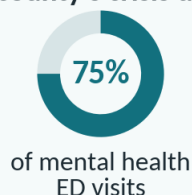
### WHERE PEOPLE LIVE SHAPES THEIR STARTING POINT

Income, poverty, insurance coverage, and housing stability do not distribute evenly across New Hanover County, they cluster along with behavioral health need. Four of the 10 New Hanover County ZIP codes account for 75 percent of mental health emergency department visits and 68 percent of hospitalizations, with 28401 carrying roughly 2.8 times the county average behavioral health burden. Disparities concentrate in the same geography: Black residents in 28401 experience overdose emergency department rates 2.2 times higher than White residents in the same ZIP code. These patterns reflect structural conditions, concentrated poverty, insurance gaps, housing instability, and geographic access, rather than individual choices.

### WHERE BEHAVIORAL HEALTH NEEDS CONCENTRATE

Source: NC DETECT • NC SCHS

Four ZIP codes carry most of the county's crisis demand



#### BURDEN IS NOT EVENLY SHARED

**2.8×**  
behavioral health burden in 28401  
compared with the county average

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**2.2×**  
overdose ED rate, Black residents  
compared with White residents, 28401

### PREVENTION IS ONE OF THE THINNER TIERS

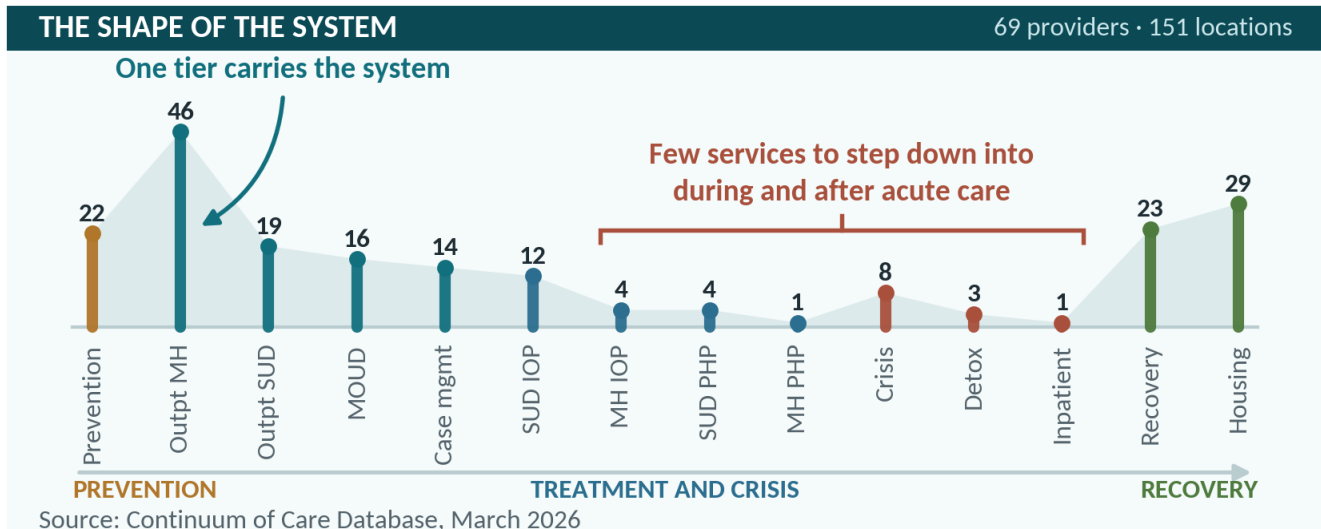
Across the organizations mapped, prevention and early support exist but are limited relative to other parts of the system, and available services are thinnest for young children and youth. Gaps in developmental screening mean some children, who would benefit from early intervention, are never identified, and evaluation bottlenecks slow access to services even when a need has been flagged. Stakeholders across sectors named prevention and early intervention as the most actionable place to reduce downstream crisis demand.

### SERVICES EXIST, BUT THEY AREN'T WELL CONNECTED

Organizations across the county do good work within their own service lanes. The missing component is the connection between them. Moving from one service to another often falls on the client or the family to figure out. The path from one service to the next differs from organization to organization, and awareness of what exists in the county is limited, even by word of mouth, with many people noting they had not known a service existed. Consensus from stakeholders was that this affects everyone, especially youth, adolescents, and young adults that face access barriers.

## GAPS AFTER ACUTE CARE DRIVE CYCLING

Some parts of the system keep pace with demand, including outpatient mental health, while others like crisis and post-acute care, fall short. There are limited services to step down into after an acute hospital stay, crisis response, or a jail release. Residents often cycle back into crisis and acute care that is already stretched, and for many, the emergency department has become the default place to go when a crisis hits. Emergency care is both the costliest and the least clinically suited place to meet that need.



### WHAT THE PROVIDER MAP SHOWS

Very little sits between a hospital stay and a regular outpatient appointment, and much of what does exist is out of reach for residents on Medicaid.

## WORKFORCE CONSTRAINTS SHAPE WHAT COMMUNITY PROVIDERS CAN DELIVER

Community behavioral health organizations compete for a limited pool of staff, and that pool is smaller still among providers serving youth and adolescents. Stakeholders named administrative burden as a primary driver of turnover, with a substantial share of clinical time going to non-clinical tasks. Employers are also challenged by matching compensation available to clinicians elsewhere. That same burden limits participation in Medicaid, narrowing access for publicly insured residents. Some providers who are listed as accepting Medicaid no longer do, so residents encounter options that are not actually open to them. Across the system, the ability to recruit and keep staff shapes what services providers can offer and who is able to receive them.

## *What the Community Described*

What community members described confirmed the structural picture in the data and added the experience behind it: a system that can be hard to find, hard to navigate, and often incomplete when people do reach it. Their perspective is threaded through every finding within the assessment.

## WHO WE HEARD FROM

60+ STAKEHOLDER INTERVIEWS

6 LISTENING SESSIONS



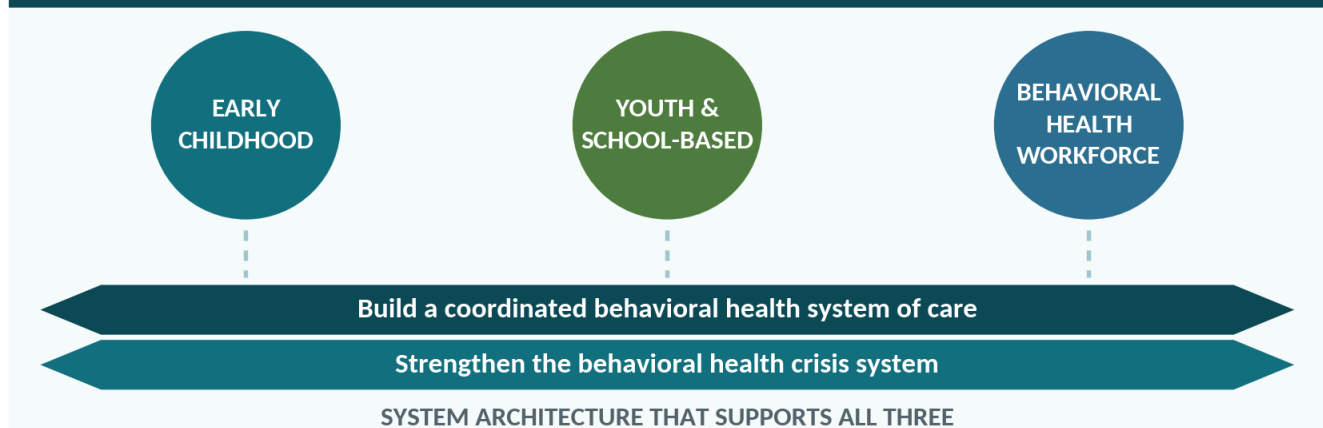
## From Findings to Focus

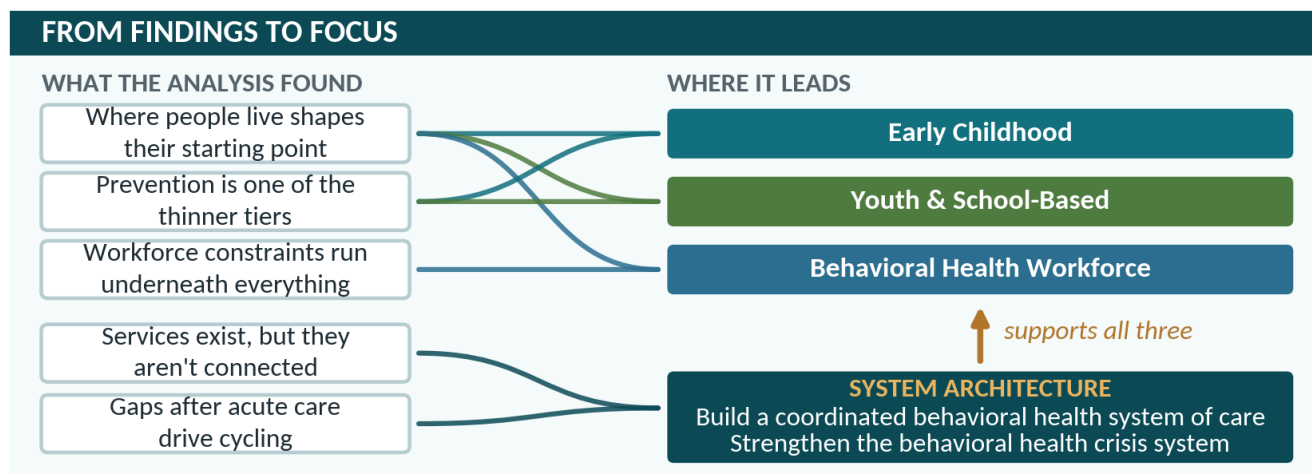
The landscape analysis recommended five investment areas, each presented in the full report with strategies, supporting research, and sample models. The Endowment prioritized three of them as the primary focus for its direct investment, while the remaining two call for a supportive role.

The three priorities are early childhood behavioral health, youth behavioral health and school-based supports, and the behavioral health workforce. Each one reaches children, young people, and families before a crisis, or sustains the behavioral health workforce that provides that care.

The other two recommendations, building a coordinated system of care and strengthening crisis services, call for countywide infrastructure that no single funder can build alone. The Endowment's role as a funder will be to support the efforts that others are leading. Better coordination and stronger crisis options will make investments in early childhood, youth, and the workforce more effective and longer lasting.

## THREE PRIORITIES, SUPPORTED BY SYSTEM ARCHITECTURE





These three priorities describe long-term direction rather than a set of grant categories. Each connects to The Endowment's strategic refresh, crosscuts with other pillars in the Endowment's portfolio, complements work the County and community organizations are already leading and responds to what the analysis identified.

### Early Childhood Behavioral Health

**What it is:** Strengthening support for young children and their caregivers so social and emotional needs are met early, before they turn into crises, reaching families in the settings they already use, including pediatric primary care, early childhood education, and home visiting.

**Why it matters:** Young children and their caregivers often lack behavioral health support where they are. Screening gaps mean children who need early intervention may be identified late or not at all, and evaluation bottlenecks delay services even when a need is flagged. Support at this stage can reduce the need for more intensive care later.

**Where investment could go:** Early childhood mental health consultation embedded in early education settings and home visiting programs; consistent developmental screening in pediatric practices with family navigation to follow-up for every positive screen; and approaches that ease the evaluation bottleneck so identified needs move to services faster.

### Youth Behavioral Health and School-Based Supports

**What it is:** Expanding behavioral health support in schools and trusted community settings and keeping young people connected to help, meeting them where they are.

**Why it matters:** Youth behavioral health was the most frequently identified gap across stakeholder interviews, named by school staff, providers, law enforcement, parents, and young people themselves. Students are sometimes discharged from emergency departments without a follow-up plan, returning to schools with limited capacity to support them. Chronic absenteeism exceeds 38 percent at three of the county's four high schools, and eight of 25 elementary schools hold a D or F performance rating. Schools are where young people spend most of their day and often where distress is often first noticed, though staff have limited support to respond. Providers serving adolescents are among the scarcest in the county, so young people identified as needing care must either wait or go without. Meeting needs earlier, before they reach crisis care or the justice system, depends on support being available where young people already spend their time. Beyond the school day, services are limited. The county does have a network of trusted programs already serving young people, and strengthening their capacity to support behavioral health would extend help into the places families already know and use.

**Where investment could go:** Student support capacity in high-need schools, aligned with existing school-based programming; social and emotional wellness supports built into trusted youth-serving organizations; reducing barriers to resources that already exist but are underused; and extending behavioral health capacity in pediatric and adolescent primary care.

**Behavioral Health Workforce**

**What it is:** Building and keeping a strong, diverse behavioral health workforce, so care is available now and, in the years ahead.

**Why it matters:** Organizations across the county compete for a shrinking clinician pool. Administrative burden and higher reimbursement rates push licensed clinicians toward private practice and constrain Medicaid participation, which narrows access for publicly insured residents. The result is a community behavioral health system chronically understaffed relative to the need it serves.

**Where investment could go:** Shared administrative infrastructure that reduces burden across organizations; supervision tools, training, and career pathways that support retention and licensure in community settings; and partnerships with educational institutions and employers that strengthen community behavioral health as a career destination.

**THE SYSTEM ARCHITECTURE BEHIND ALL THREE**

Coordination across services and a stronger crisis response were also identified in the analysis. Both cut across all three priorities rather than standing on their own. Shared referral pathways, clearer navigation, fewer gaps between levels of care, and stronger crisis options both make the work in early childhood, youth, and workforce more effective and help those gains last. The Endowment will contribute here alongside County and community partners already leading this work.

*How The Endowment Will Work*

How these investments are made matters as much as where they are directed.

|                                                                                                                                                                                            |                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Co-invest</b><br>Align and leverage resources alongside county government, state agencies, managed care organizations, and other philanthropy, with shared accountability for outcomes. | <b>Build on what works</b><br>Strengthen existing strong organizations, particularly community-based ones, and adapt approaches with evidence behind them rather than duplicating what is in place. |
| <b>Focus where need concentrates</b><br>Direct investment toward the communities carrying the greatest burden rather than spreading it evenly across the county.                           | <b>Keep listening</b><br>The community perspective that informed this analysis continues to shape the work.                                                                                         |

## Looking Ahead

Behavioral health rarely changes in isolation. When a young child gets help early, a kindergarten teacher sees it in the classroom. When a teenager finds support close to home, a family feels the difference. When clinicians can build careers in the community organizations that train them, entire neighborhoods gain steadier care. No single program produces that result. It comes from investments that work together, where progress in one area strengthens the others.

### WHAT SUCCESS LOOKS LIKE

Behavioral health support that families can find easily, that reaches children and young people early, and that is delivered by professionals who stay in this community.

New Hanover County can become a community where behavioral health support is an ordinary part of growing up, where crisis is the exception rather than the way people enter care, and where the professionals who provide that care are able to stay. It is a future the county can build together with providers, schools, County agencies, community organizations, families, and The Endowment, each contributing over time.