

# Forsyth County Behavioral Health System Needs Gap Analysis

Final Report Brief  
July 2026





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# About Human Services Research Institute

For 50 years, we've worked across behavioral health, intellectual and developmental disabilities, aging and physical disability, and child and family services to:

- Partner with leaders and change agents to identify best practices and solve problems
- Engage with broadly representative community members
- Identify potential disparities and develop mechanisms for ensuring equity
- Use qualitative and quantitative data to design robust, sustainable systems
- Assess new and better ways to serve and support people by studying the viability of emerging practices



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# Project Overview

# What is a Behavioral Health System?

*A behavioral health system is all the practices, programs, services, and people that promote the social and emotional well-being of the community. This includes wellness promotion and education, prevention, treatment, and recovery supports for mental health and substance use problems throughout the lifespan.*



# Project Aims

1. Determine the prevalence of mental health, substance use, and IDD-related needs in Forsyth County, including identification of high-need and disproportionately impacted populations.
2. Assess the extent of community resources, including culturally responsive services.
3. Identify gaps between community needs and available resources.
4. Develop recommendations for services, policies, and practices to address gaps in the system that can serve as a “road map” for Forsyth County.

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# Data Sources & Methods

# Data Sources & Methods

## Community Listening Sessions

- Four listening sessions—two in-person and two virtual
- 78 people participated across the four sessions

## Interviews & Focus Groups

- Individual and small group interviews
- 97 individuals participated
- 20 people shared direct lived experience

## Quantitative Data Analysis

- Public use data to describe community characteristics, prevalence, service use
- North Carolina Data Portal Dashboards
- Partners Health Management shared utilization data

## Document Review

- HSRI reviewed documents and reports to provide context and build on existing knowledge

# Participating Organizations

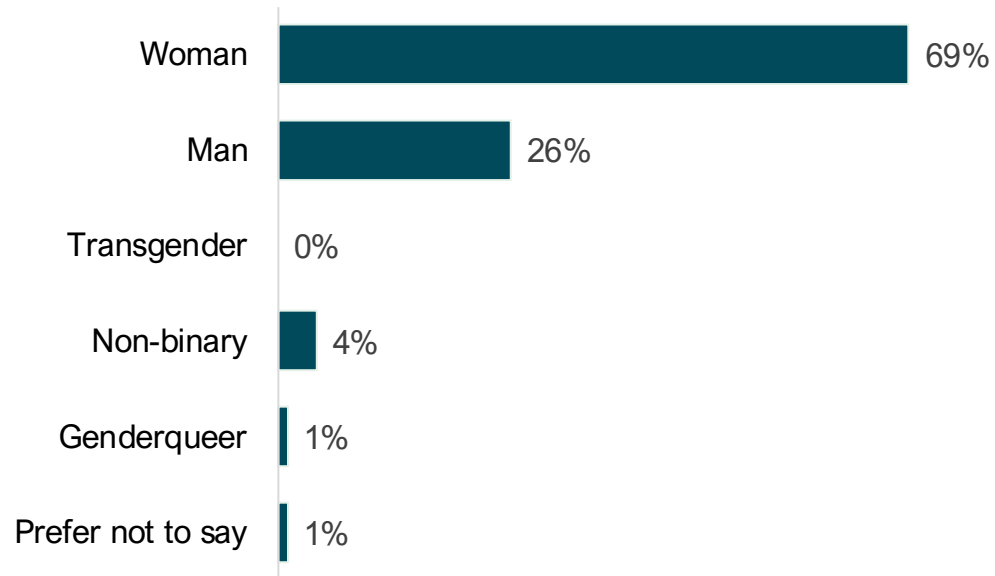
## *Interviews and Focus Groups*

- Atrium Health Wake Forest Baptist
- Behavioral Evaluation & Response Team (B.E.A.R.)
- Daymark Recovery Services
- Forsyth County Latino Coalition
- GreenTree Peer Support Program
- Insight
- Meadow Springs Fire Department
- Novant Health Forsyth Medical Center
- Partners Health Management
- Pride Winston Salem (LGBTQIA+)
- RHA Health Services
- Studio 651
- The Enrichment Center
- Twin City Harm Reduction Collective
- Winston-Salem Forsyth County Schools
- Winston-Salem Police Department

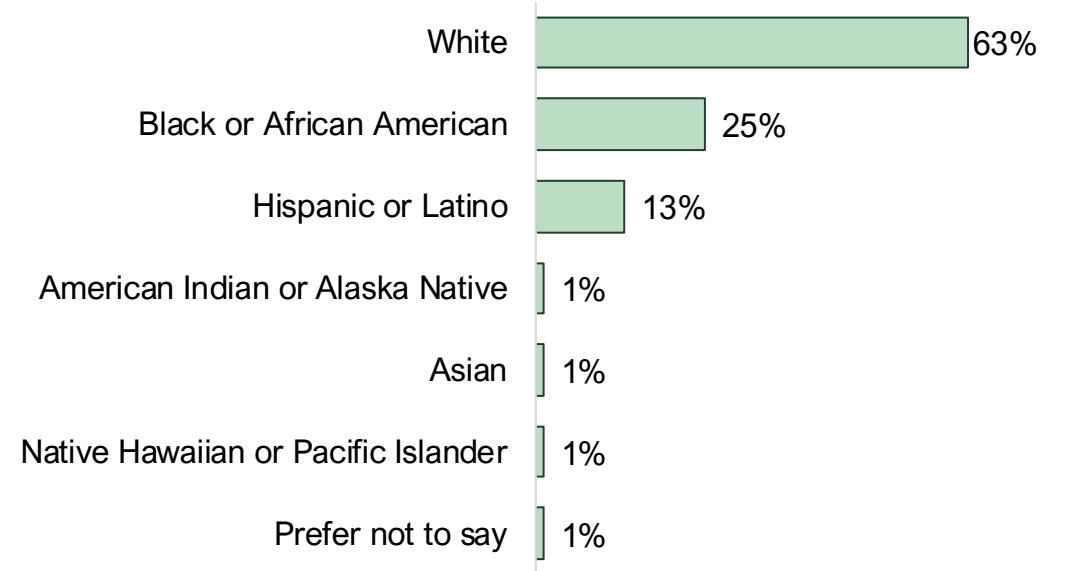
# Demographic Characteristics

*Listening Session, Interview, and Focus Group Participants (n=94 Respondents)*

## Gender



## Race & Ethnicity



Note: for gender and race/ethnicity, respondents could select all that apply, so percentages add up to more than 100%.

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# Key Findings

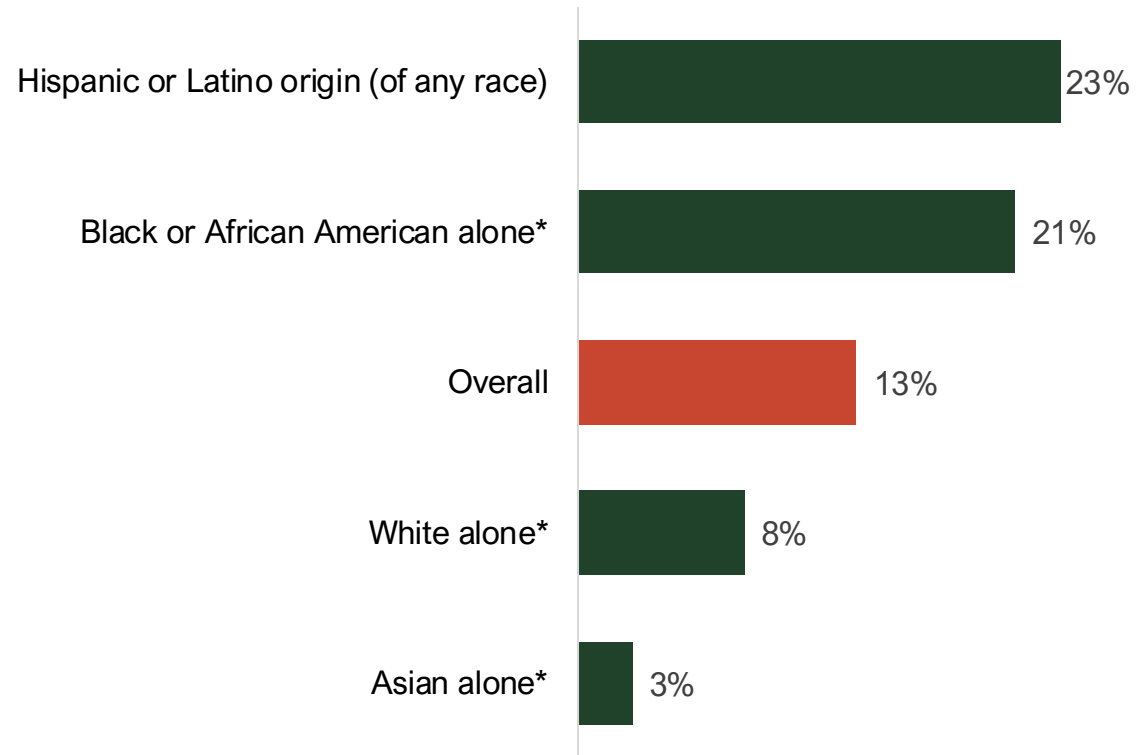
# Summary of Key Findings

1. Forsyth County benefits from a strong network of community providers.
2. Consistent with broader statewide trends, the system faces ongoing challenges related to workforce capacity, access to care, social drivers of health, and reliance on crisis services.
3. While overdose death rates have declined, Forsyth County has comparably high rates of emergency department visits for behavioral health conditions.
4. There are significant racial and ethnic disparities in social drivers of health. At the same time, the county is growing increasingly diverse.
5. For individuals with intellectual and developmental disability (IDD), there are considerable unmet needs, particularly for those with co-occurring IDD and mental health-related needs.
6. Data point to some disparities in access to care, which are highlighted in the findings.

# Social Drivers of Health in Forsyth County

Poverty remains an important social driver of health, with disproportionately high rates among Hispanic/Latino and Black residents

Percent in Poverty by Race & Ethnicity



Source: U.S. Census Bureau (2024). American Community Survey 1-Year Estimates, 2024, Table S1701.

Notes: \* = Indicates there is no overlap in the margin of error for the “Overall” rate and race or ethnicity value in Forsyth County, suggesting a meaningful difference.

# Prevalence of Mental Health & Substance Use Issues

- Adults in Forsyth County have similar rates of substance use and suicide mortality compared to adults statewide, and lower rates of alcohol-impaired driving deaths.
- Youth in Forsyth County also have similar rates of substance use compared to youth statewide.

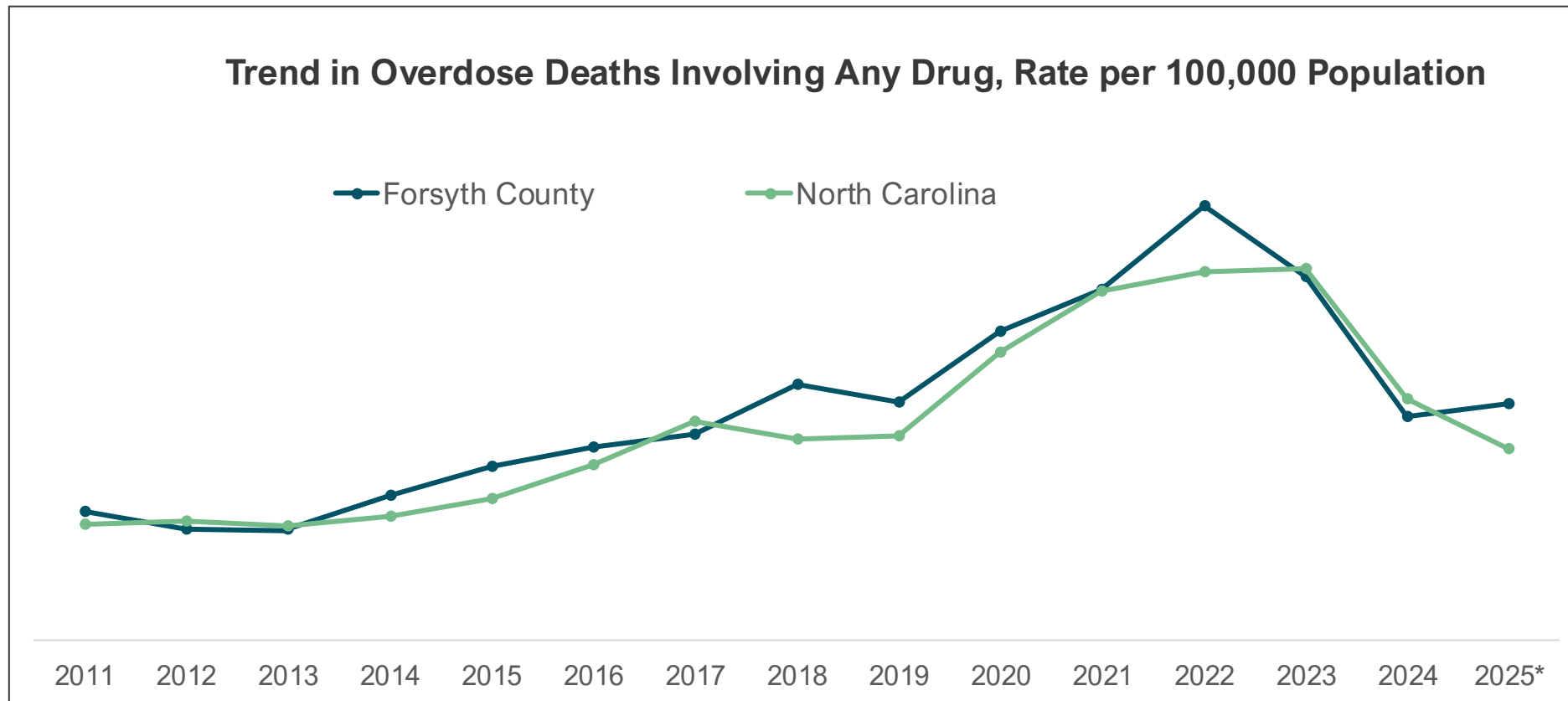
	Forsyth County	North Carolina
Poor mental health days	5.0	4.9
Frequent mental distress	16.2%	15.9%
Excessive drinking	18.1%	19.6%
Adult smoking	14.5%	14.9%
Suicide deaths per 100,000	12	13
Alcohol-Impaired Driving Deaths*	20.2%	24.6%

Source: County Health Rankings, 2025.

Note: \* means the margins of error do not overlap for the county and state values for the above measures, meaning there is a meaningful difference between the county and state values.

# Trend in Overdose Deaths

Similar to statewide trends, Forsyth County has seen recent reductions in overdose mortality, though overdose deaths remain a significant public health concern.

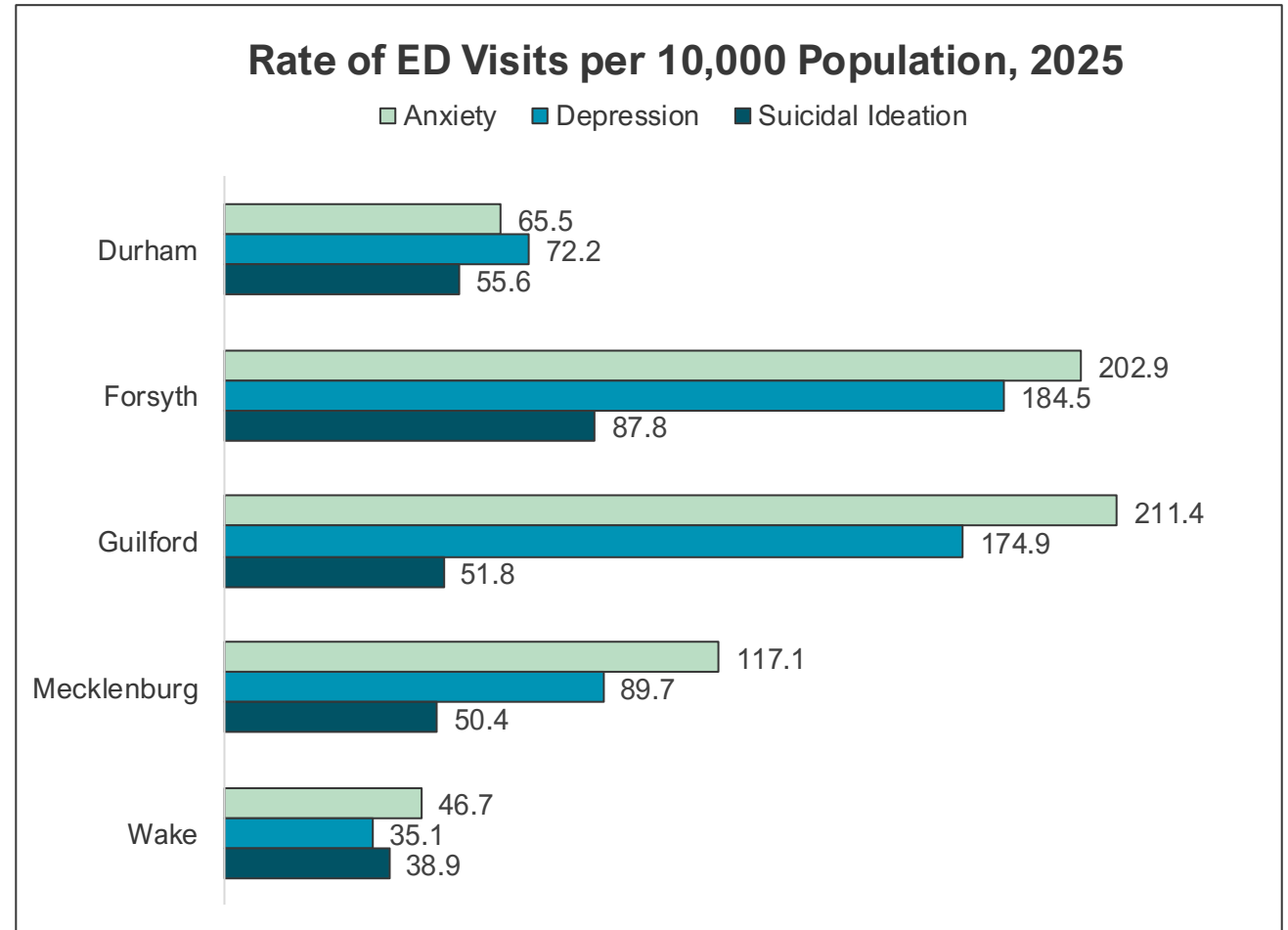


Source: North Carolina Department of Health and Human Services, Division of Public Health, *North Carolina Overdose Epidemic Data Dashboard*. Accessed June 2026. Note: \*2025 data are partial year and represent a projected estimate.

# Rates of ED Visits for Behavioral Health

- Forsyth County has comparably high rates of emergency department (ED) visits for behavioral health.
- Among the 5 most populous counties, Forsyth has the highest rate of emergency department visits for depression and suicidal ideation, and the second highest rate for anxiety.

*“If you feel worse or you don’t feel better, go back to the emergency room. That’s your referral.” ~Person with lived experience*



Source: NC Department of Health and Human Services, *NC DETECT Mental Health Dashboard*, 2025 data. Accessed in June 2026. Rates are crude rate per 10,000 population.

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# Recommendations Based on Findings

# Organization of Recommendations

## Tier 1

Involve operational or administrative changes that Behavioral Health Services can lead with modest investments in time and resources

## Tier 2

Actions that Behavioral Health Services can take in partnership with local entities involving moderate investment of time and resources

## Tier 3

More complex actions that require leadership from other local and state entities with moderate to high investment in time and resources

# Tier 1 Recommendations

# 1.1 Review current service, program, and eligibility information sources for opportunities to streamline and cross-promote with community partners

The community consistently indicated they lack information about service availability and eligibility. Existing pathways may be underutilized.

- Inventory existing information assets
- Create an implement a plan for continuously sharing service information in accessible and user-friendly formats

*“Forsyth County is resource rich and explanation poor.”*

*~Listening session attendee*

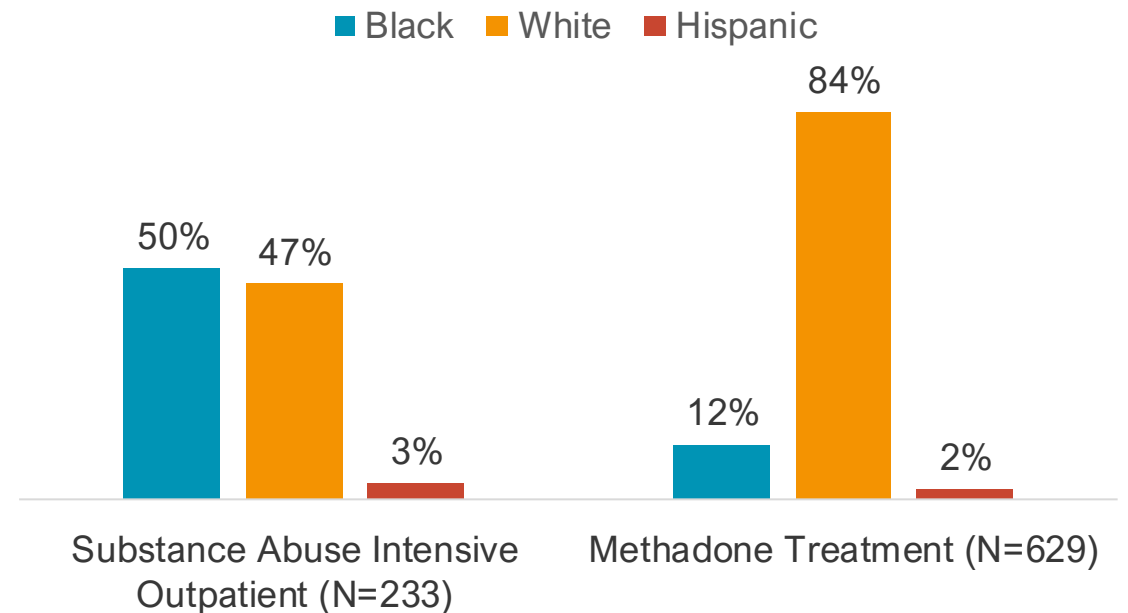
*“It is really helpful that so many patients have Medicaid now. But we’ve noticed that the people coming in either don’t know they have Medicaid ... or they have no clue what services they are actually entitled to ... and they’re not getting any.”*

*~Provider*

# 1.2 Tailor overdose prevention and substance use engagement efforts to reach underserved populations

- Black residents experience higher overdose death rates, but lower use of methadone maintenance.
- Latino residents are underrepresented in substance use disorder treatment generally.
  - Hold focus groups with members of underrepresented populations to understand barriers to treatment engagement.

Utilization of Substance Use Disorder Treatment by Race & Ethnicity, 2025



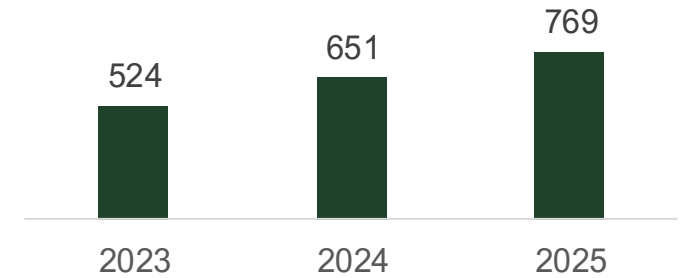
Source: Data provided by Partners Health Management.

# 1.3

## Offer technical assistance to community providers on how to incorporate peer support into their programming

- Use of peer support, an evidence-based practice, has increased in recent years, but is still not widely available.
- Community providers could benefit from technical assistance to facilitate delivery of peer support.

Number Served in Forsyth County in Peer Support Services, 2023-2025



Source: Data provided by Partners Health Management

- Develop technical assistance based on best practice guides and resources.
- Engage peer-run organizations to offer technical assistance

# 1.4

## Provide education about medication assisted treatment to physical health providers

Some physical health providers may lack information about medication assisted treatment.

- Offer education and technical assistance to physical health providers using available national resources
- Explore ongoing learning opportunities to support health care provider competency

*“[It’s] so frustrating when we have a pregnant woman that comes in and says their doctor wants them off medication.”  
~ Provider*

# 1.5

Strengthen partnerships with LGBTQ+ advocacy community to develop and raise awareness of culturally responsive supports for the transgender community

Members of the LGBTQ+ community, particularly transgender people, have high rates of the mental health and substance use-related problems and face barriers to accessing culturally competent support.

- Engage with local LGBTQ+ community groups to understand the needs of the local community.
- Develop information and resources to facilitate connection to culturally competent supports.

# 1.6

Review and streamline existing mechanisms for collaboration and coordination, reducing duplication, clarifying the intent of each initiative, and prioritizing those that are action-focused

Although engaged and collaborative partners are a clear asset in Forsyth County, the number of groups and coalitions is high

- Identify areas of high duplication across local groups
- Clarify and document the distinct role and intended outcomes of each group
- Support consolidation or otherwise aligning groups with overlapping missions or membership

# **Tier 2 Recommendations**



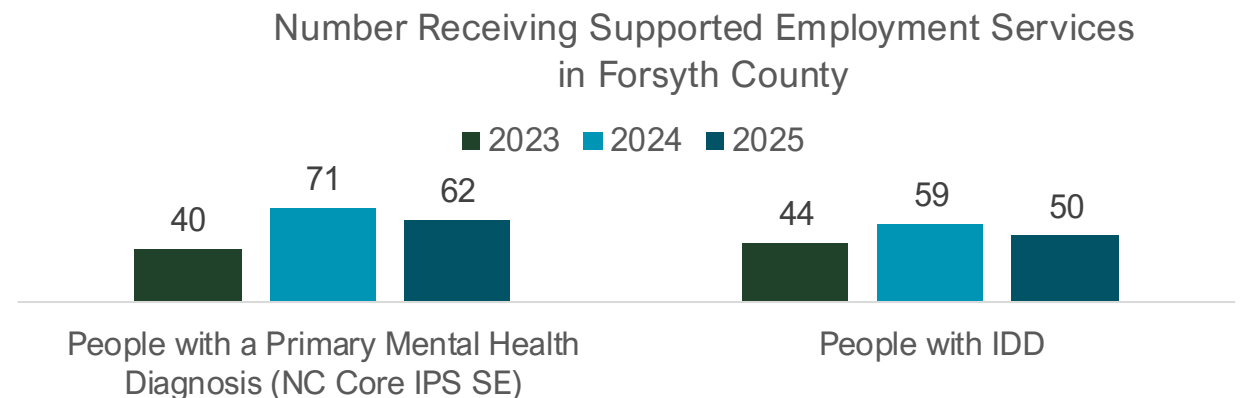
# 2.1

Increase employment opportunities through expanded supported employment services and local partnerships

People receiving services through behavioral health and disability service systems have low rates of employment despite wanting to work.

A recent study by Partners Health Management found the #1 social determinant of health need reported by enrollees in Forsyth County was employment.<sup>1</sup>

<sup>1</sup>Partners Health Management, 2025 Population Health Assessment, CY2024



Source: Data provided by Partners Health Management

## 2.2 Expand access to low-barrier medication assisted treatment for people early in the recovery process and identify and reduce barriers for Black community members

While highly valued, many current programs require adherence to intensive counseling alongside medication assisted treatment.

In line with best practice, people in earlier stages of recovery may need expanded alternative options for accessing medication assisted treatment.

*“They gave me suboxone and it didn’t really do anything for me. Methadone would do it for me, but too many requirements.”*

*~Person with lived experience*

*“I mean when you’re first kind of out of addiction, like, I don’t know, it’s hard to commit to anything.”*

*~Person with lived experience*

## 2.3

Establish a process for initiating medication assisted treatment while in jail

A period of incarceration can be an opportunity to initiate substance use disorder treatment.

In Forsyth County, although people already on medication assisted treatment can continue their treatment while in jail, processes to initiate it in jail are very limited.

## 2.4

# Incorporate Certified Peer Specialist roles across the crisis service continuum using best practice crisis peer support

- Peer support services can improve crisis system performance if implemented with fidelity to best practice and in alignment with peer support values.
- At present in Forsyth County, crisis peer services are limited



# 2.5

## Expand information and support for individuals and families on the Innovations Waiver waitlist

- The Innovations Waiver provides services to children and adults with IDD to live in their homes and communities
  - In Forsyth County, there are over 800 people on the waitlist
  - The average time on the waitlist in Forsyth County is 7.88 years
- Two-thirds of those on the waitlist are not receiving any Medicaid-funded services
  - Those individuals and families may benefit from increased information and support

# 2.6

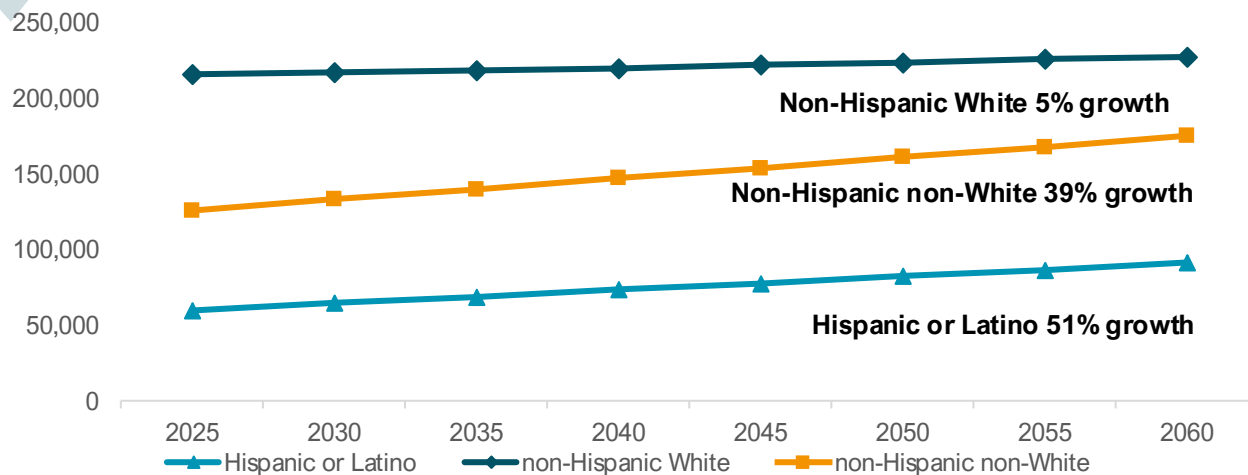
Continue and expand workforce development initiatives, particularly those that create career pathways for bilingual bicultural providers

Like regions throughout the U.S., Forsyth County faces workforce shortages and challenges retaining qualified behavioral health professionals.

*“It is tough to hire people anymore. People are leaving this business, primarily licensed clinicians.” ~Provider*

Informants highlighted bilingual bicultural providers, particularly Spanish-speaking providers, as a specific gap.

Projected Population Growth by Race & Ethnicity



## 2.7

Develop formalized data sharing agreements with partners and work closely with them to monitor key system performance indicators

- There is lack of behavioral health system performance data available at the county population level.
- Identify system performance metrics to monitor that reflect a comprehensive system view.
- Work with partners to identify and formalize needed data sharing agreements.
- Regularly share metrics to monitor system performance and support strategic planning

# Tier 3 Recommendations

# 3.1

## Implement strategies to reduce barriers and expand access to outpatient treatment

- Informants consistently indicated barriers to connecting to outpatient treatment for children, youth, and adults.

- Continue to expand capacity to provide same-day treatment and awareness of these services.

- 38% of Medicaid enrollees managed by Partners with a mental health, substance use, or IDD-related need received at least one service in 2025.

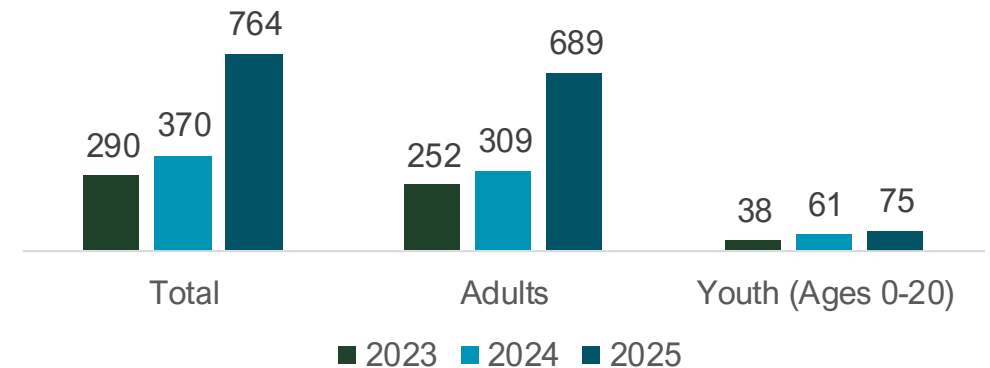
Source: NCDHSS LME-MCO Quarterly Performance Measures: Performance Report, SFY2025-2025.

- Expand system navigation supports for adults and families with complex needs

## 3.2 Streamline and coordinate mobile crisis services using available data on utilization and need

- There are 3 programs providing mobile crisis services in Forsyth County:
  1. The B.E.A.R. Team (Winston-Salem)
  2. Two Mobile Crisis Management teams
  3. Mobile Integrated Health
- A stronger collaboration between them would allow for a more streamlined and efficient crisis response system.

Number Served in Partners-Administered Mobile Crisis Management in Forsyth County



- Crisis supports for children and youth are a noted gap in the system with some recent expansions.



## 3.3 Expand supports for youth with co-occurring IDD and mental health support needs

- There is a gap in services for people with co-occurring mental health and IDD, particularly youth, across the service continuum.
- Develop a program to expand outpatient provider competencies in assessing and treating co-occurring mental health and IDD using national resources.
- Monitor rates of service access for people with co-occurring mental health and IDD



# Questions?



# Contact & Feedback

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