

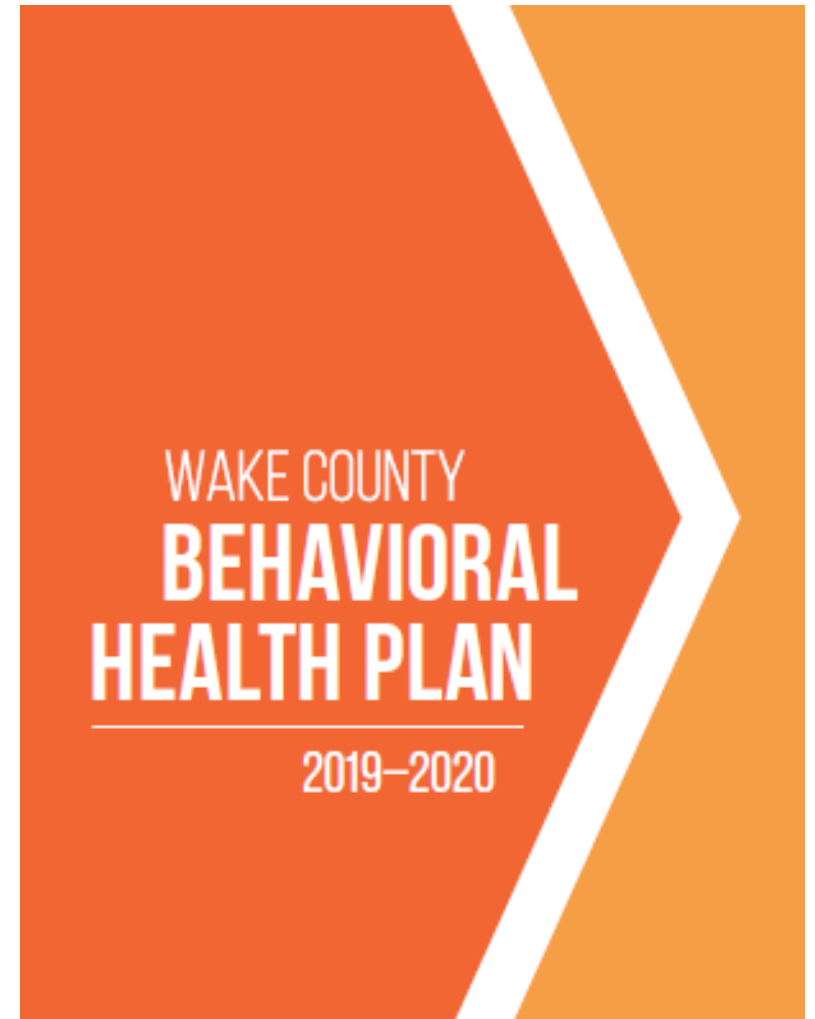
Behavioral Health Plan Update

Human Services Committee
October 28, 2019



Wake County Behavioral Health Plan

- Developed for FY19 and FY20
- Team of community leaders helped develop plan based on feedback from 2017 Behavioral Health Summit
- Organized around Five Focus Areas:
 - Crisis Services
 - Criminal Justice
 - Access and Coordination
 - Housing
 - Familiar Faces



Behavioral Health - Vision

The dignity and well-being of every person is paramount. To that end, we support accessible, high-quality healthcare to address the physical and behavioral needs of all Wake County residents. Services must be delivered in the least restrictive manner possible, with clear communication and a firm commitment to personal privacy. Access to sound care must not depend on individual resources or payment source. Continuous improvement must be a core goal in all of our efforts.



Focus Area Accomplishments

Accomplishments Report

- For Each Focus Area:
 - Review highlights of strategies in place
 - Review performance metrics
 - Review status of objectives identified for implementation in Year 1
 - 26 of 40 Behavioral Health Plan Initiatives prioritized to begin in Year 1

Crisis Services Strategies

- Assist adults and youth experiencing behavioral health emergent or urgent need
 - Crisis Stabilization and Assessment Services
 - Facility-based care
 - Medical detox care
 - Inpatient hospitalization
 - Adult shelter and substance use addiction program
 - Enhanced mobile crisis to remain in community and access services
 - Special needs populations (homeless, justice-involved)

Focus Area Goals

Crisis Services

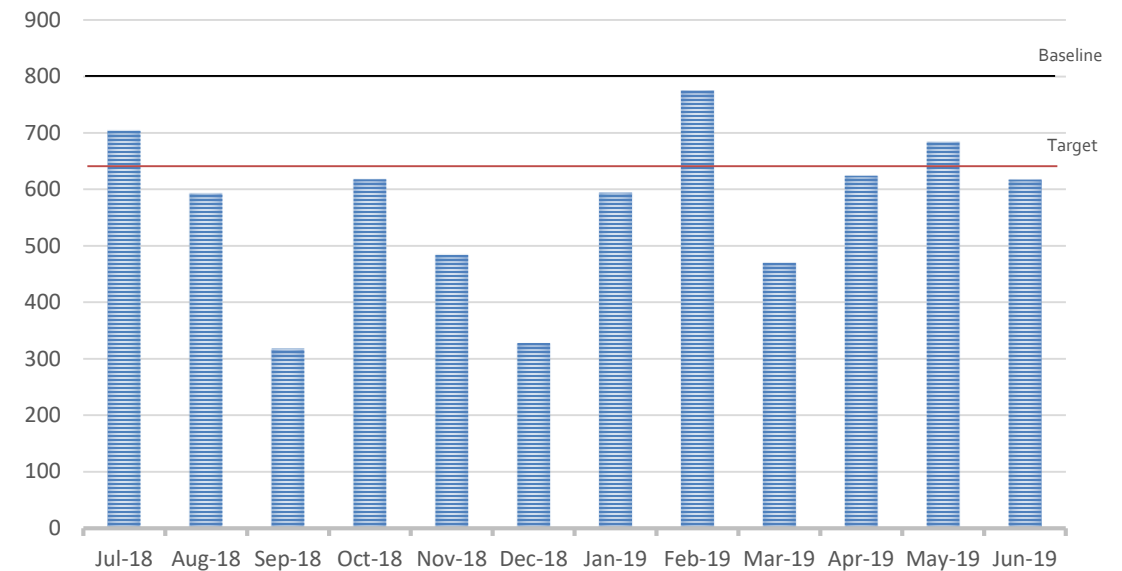
Increase capacity for crisis response

cs1. Reduce avoidable community hospital bed days by 20% by July 2020

- FY18 Baseline = 800/month
- Plan Target = 638/month
- FY19 Performance = 567/month

Data source: WakeMed,

AVOIDABLE BED DAYS



Focus Area Goals

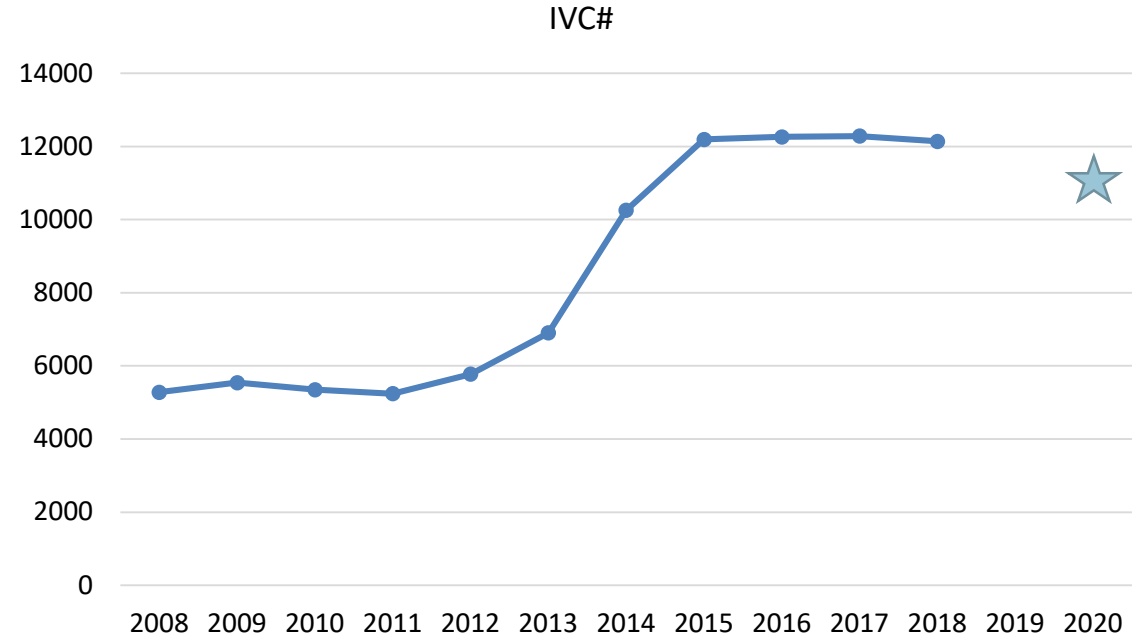
Crisis Services

Increase capacity for crisis response

cs2. Reduce involuntary commitments by 10% by July 2020

- FY18 Baseline = 3,071/quarter or 12,284/year
- Plan Target = 2,763/quarter or 11,055/year
- FY19 Performance = 2,956/quarter (mid-year only) or 5,912/mid-year

Data source: Clerk of Court



Crisis Services- Year 1 Objectives & Progress

Objective	Status	Progress	Notes
Evaluate partnership opportunities for additional crisis facility beds in FY 2019	●	➡	Partners determined no new adult crisis beds would be established in next few years. Focus is on establishing child crisis facility.
Implement expanded mobile crisis pilot	●	⬆	Program is operational. Evaluate and modify program as needed to achieve goals. Consider for on-going funding in budget process.
Make the business case to increase Partial Hospitalization funding to reduce length of stay in inpatient facilities	●	⬇	Demonstration of impact evaluated - despite program modifications in FY19, program did not achieve goals. Program removed from FY20 budget agreement. Evaluating alternative programs to reduce inpatient readmissions.
Quantify need for additional psychiatric hospital beds and crisis centers	●	➡	Discussions underway
Update Crisis Intervention Team Training and expand training	●	⬆	CIT material updated to include BHUC and mobile crisis program. Aggressively working with Sheriff's Office to train new recruits, school resource officers, detention officers and LEOs. All SROs trained (29); deputies (148); detention (119); telecom (12); veteran CIP (13)

Criminal Justice Strategies

- Reduce incarceration of individuals with behavioral health needs
 - On-site jail behavioral health team
 - Provide assessment, treatment and case management
 - Post-release program
 - Intensive 9-month case management
 - Support diversion efforts through crisis services, urgent care, school-based team, court partnerships, etc.
 - Court system care coordination
 - Improve record/information sharing across systems

Focus Area Goals

Criminal Justice

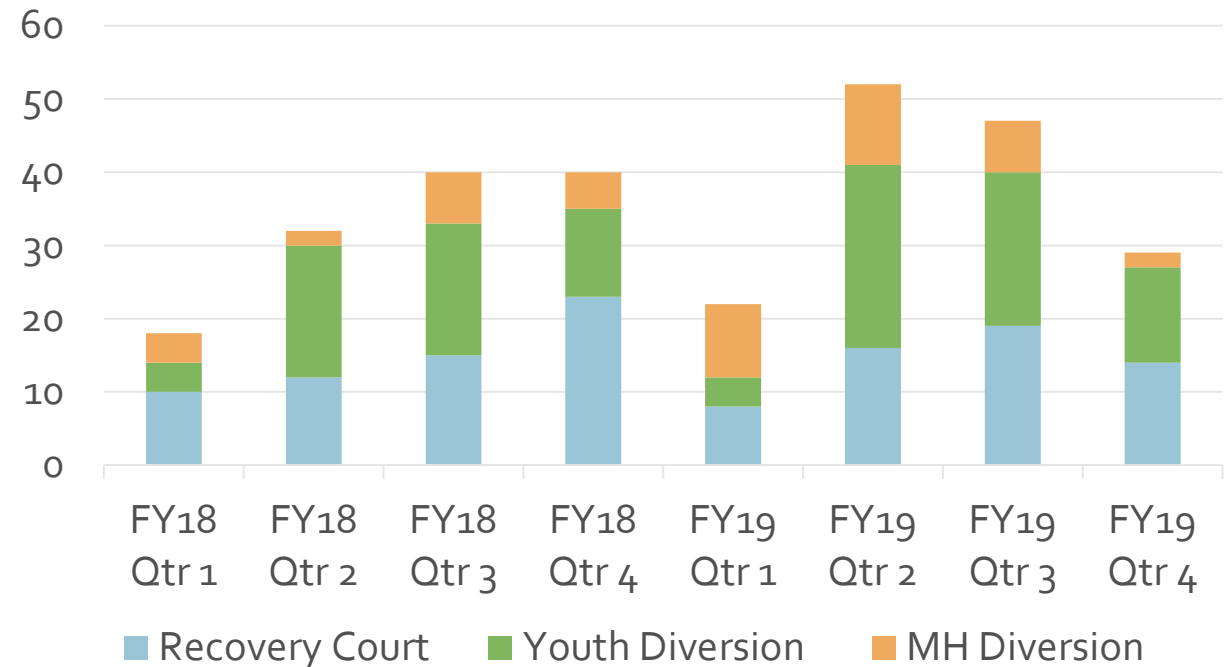
Reduced incarceration of individuals with behavioral health condition

1. Increase participation in diversion programs by 15% by July 2020

- FY18 Baseline = 130/year
- Target = 149.5/year
- FY19 Performance = 150/year

Data source: Wake County Human Services, Alliance, Public Defender

Diversion Program Participation



Focus Area Goals

Criminal Justice

Reduced incarceration of individuals with behavioral health condition

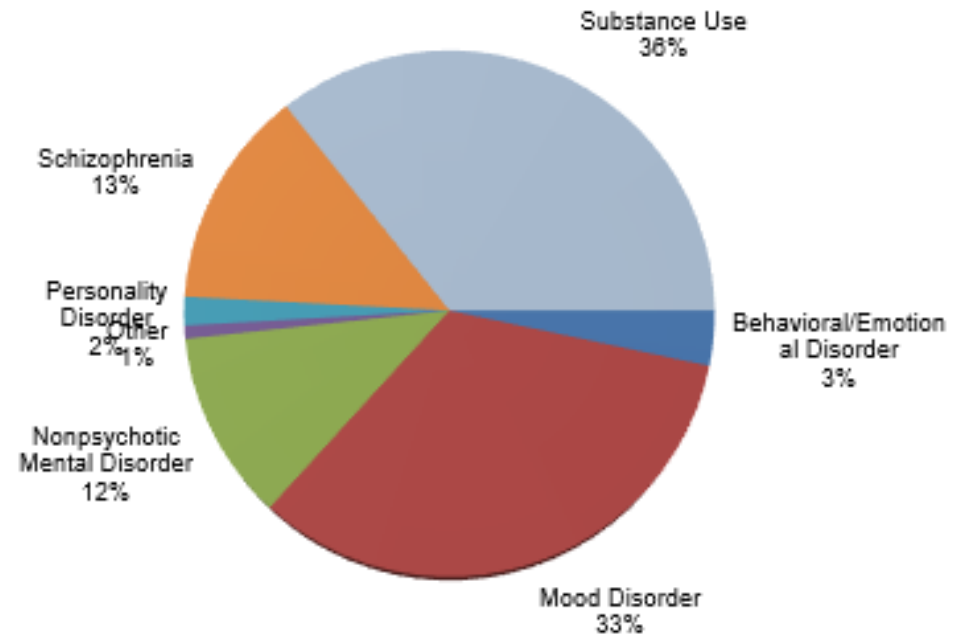
2. Reduce individuals in jail with behavioral health diagnosis by 10% by July 2020

- FY18 Baseline = 1,056
- Plan Target = 950
- FY19 Performance = TBD

Data source: Alliance



Consumer Proportion by Diagnosis Group (ICD Section)



Criminal Justice

Year 1 Objectives & Progress

Objective	Status	Progress	Notes
Assess opportunities for expanding existing or creating new diversion and re-entry programs.	●	➔	Recovery Court to continue to pursue grant funding where available. DA, Judge Rader and Board Public Safety Committee engaged in discussion on October 8 regarding current diversion programs.
Develop the capacity to ensure that people leaving county detention have their ongoing physical and behavioral health needs addressed, including but not limited to a routine care provider, a medical home, medications and community living needs.	●	➔	County will contract with Fellowship Health Resources to provide case management to Wake detention inmates - 3 case managers funded in FY19 budget. Post-release program funded in FY19 part of larger RFP that was ended when new sheriff administration changed approach to services. Alliance selected vendor for post-release program and now establishing operational relationships with Sheriff's Office and Fellowship.
Advocate to suspend rather than terminate Medicaid for those incarcerated in the county detention center. Advocate for other policy changes to lessen disruption in services and public benefits.	●	➔	Discussions underway with NCDHHS- Division of Medical Assistance

Access & Coordination Strategies

- Improve ability for individuals needing care to access it
 - Provide access to treatment for uninsured adults
 - Maintain community-wide resource database
- Reduce barriers/uncertainty for individuals needing care
 - Behavioral Health Urgent Care
 - Oak City Cares
 - School-based Care Coordination
- Provide community integration opportunities
 - Peer-led recovery center
 - Social/community programs

Focus Area Goals

Access & Coordination

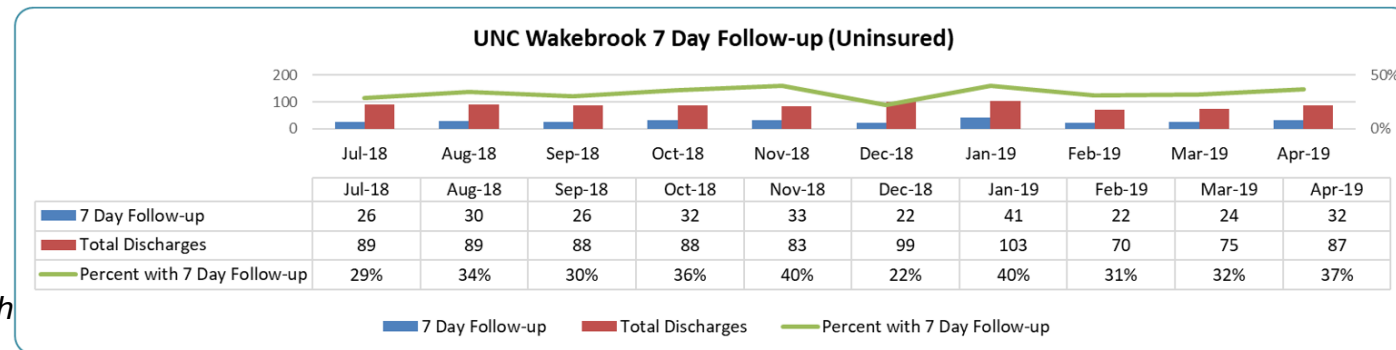
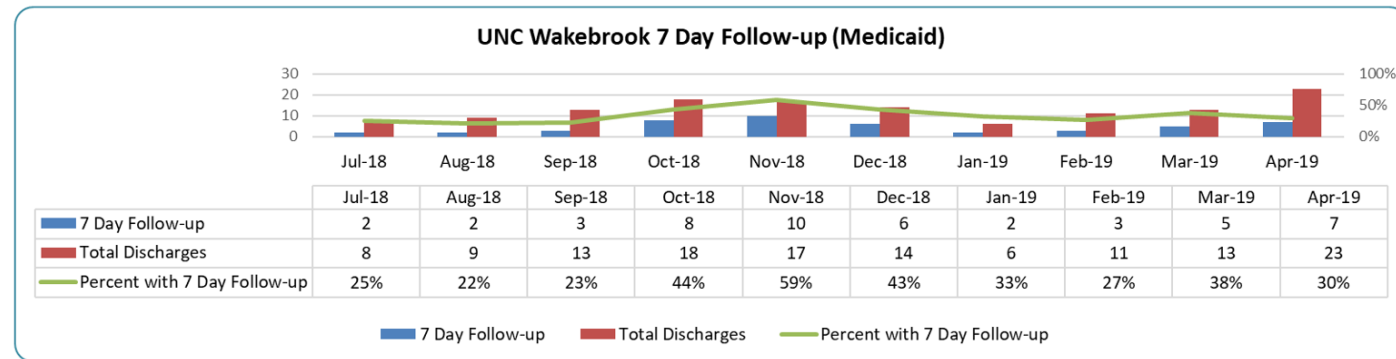
Individuals needing care can access it.

AC1. Increase individuals receiving treatment within 7 days of referral by Crisis Facility by 10% by July 2020

- FY18 Baseline = TBD
- Plan Target = TBD
- FY19 YTD = 33%

Data source: Alliance Health

Crisis Facility Follow-up



Focus Area Goals

Access & Coordination

Individuals needing care can access it.

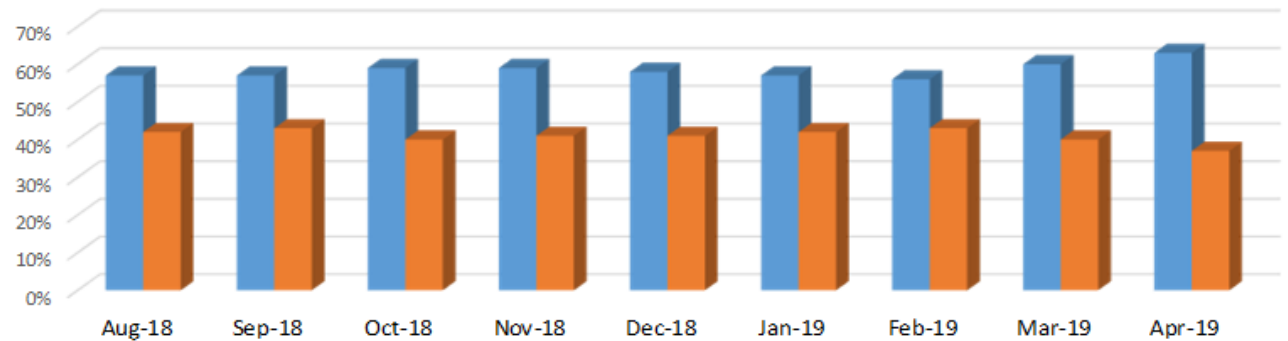
AC2. Increase individuals returning for treatment for 30 days by 10% by July 2020

- FY18 Baseline = TBD
- Plan Target = TBD
- FY19 YTD = 41%

Data source: Alliance Health

Initiation and Engagement In Treatment (Uninsured)

Wake County Initiation and Engagement (Uninsured)

















	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
■ 14 Day Initiation	57%	57%	59%	59%	58%	57%	56%	60%	63%
■ 30 Day Engagement	42%	43%	40%	41%	41%	42%	43%	40%	37%

■ 14 Day Initiation ■ 30 Day Engagement

Access & Coordination

Year 1 Objectives & Progress

Objective	Status	Progress	Notes
Develop contractual agreements between members of the system of care that comply with relevant privacy laws and facilitate appropriate sharing of health and case information.			Initiating conversations with WakeMed, UNC, and Duke to establish IT sharing on Health side.
Identify technologies to improve case management and coordination across multiple agencies.			Progress has been made with NCCare360 implementation and Familiar Faces design process
Establish performance baseline and measures of crisis system/all focus areas.			Measures established. Ongoing monitoring in place. Completing baselines and measure refinement.
Update County's BH website. Ensure content on wakegov.com is accessible, clear and comprehensive.			Initial update complete. BH update will be part of County's website redesign.
Expand school-based coordination for children and families.			FY19 budget included funding for 4 new positions. Staff in place and supporting early childhood cases, children leaving facilities and IDD population.
Acquire and implement an informatics platform capable of supporting improved assessment and integrated case management across multiple services.			Rolled into NC Care 360 and Familiar Faces design
Coordinate efforts with Wake County Human Services, NC DHHS and other entities addressing assessment, referral, case management, social determinants of health and anticipated changes in the NC Medicaid Program.			Engaged in conversations regarding opportunities around Health Opportunities Pilot programs

Housing Strategies

- Expand access to housing for individuals with behavioral health needs
 - Permanent Supportive Housing
 - Tax credit process = 126 new units funded
 - Temporary Supportive Housing

<i>FY 2019 Performance:</i>	Q1	Q2	Q3	Q4
Average length of homelessness (months) prior to entering program	12	7	11	18
Average length of stay (days)	114	141	107	142

<i>FY 2019 Performance:</i>	Q1	Q2	Q3	Q4
Total Number Entering Program	4	7	7	6
Total Number in Need of and Connected with Behavioral Health Services	2	7	2	4

Focus Area Goals

Housing

Increase housing stability for individuals with behavioral health conditions.

1. Increase individuals exiting homelessness to permanent housing by 10% by July 2020

- FY17 Baseline =

- Target =

- FY19 Performance = 1,,257

Data source: Partnership to End and Prevent Homelessness

	Total # of Persons who Exited to Permanent Housing Destination	Returns to Homelessness in less than 6 Months	Returns to Homelessness from 6 to 12 Months	Returns to Homelessness from 13 to 24 Months
Exit was from SO	27	0	0	0
Exit was from ES	689	52	13	1
Exit was from TH	88	2	0	0
Exit was from PH	453	5	1	0
	1,257			

Focus Area Goals

Housing

Increase housing stability for individuals with behavioral health conditions.

2. Reduce length of stay of individuals in homelessness by 20% by July 2020
 - FY17 Baseline = 48 nights in emergency shelter and safe haven
 - Target = 38 nights
 - FY19 Performance = 53 nights

Data source: Partnership to End and Prevent Homelessness

Housing

Year 1 Objectives & Progress

Objective	Status	Progress	Notes
Conduct a community design session for a permanent supportive housing model with set-aside units for the Familiar Faces population and access to onsite services.	●	↑	Session held September 6, 2018. Approximately 65 attendees. Developed "Community Considerations" criteria in PSH RFP.
Conduct educational sessions with developers, property managers, hospital systems and service providers to develop Housing First strategies with a focus on harm reduction and tenant support.	●	↑	Complete.
Work with the Corporation for Supportive Housing, the NC Housing Finance Agency and Wake County Housing Department to create new housing through partnerships with developers and service providers.	●	↑	146 units of permanent supportive housing funded through tax credit process (6 projects). Additional project in progress that would create approx. 44 units of PSH for familiar faces.
Ensure that information sharing and case management efforts outlined under Access & Coordination objectives 3, 5 and 6 include housing efforts.	●	↘	Housing Department is part of NCCare 360 and HOP conversations. Partnerships to End Homelessness part of Familiar Faces initiative
Support the ongoing operation and the establishment of a permanent location for the Oak City Outreach Center	●	↑	Facility opened April 8, 2019. Behavioral health professionals available on Monday and Wednesday
Research the Los Angeles Flexible Subsidy Pool – a rental subsidy paired with support services for vulnerable populations.	●	→	No additional progress made to date.
Work with Wake County Housing Department to develop a plan for engagement of supportive services for units allocated to permanent supportive housing through the tax credit process.	●	↑	New supportive housing director hired by Housing Department. Engaging CSH to evaluate current program. Support design changes that improve integration of services.

Familiar Faces Strategies

- Reduce extensive utilization of costly services and avoid suffering by high utilizer population
 - Case management services









Outcome 3: At least 85% of those in those in need of community-based supportive services that will meet other life domain needs of the recipient (including food access, financial management, vocational and employment support services, etc.) will be linked with appropriate resources/services.

<i>FY 2019 Performance:</i>	Q1	Q2	Q3	Q4
Outcome Measurement	89%	87%	93%	93%
Analysis	Met	Met	Met	Met

- Cross-organizational team currently redefining this effort
 - Aligned with Live Well Wake
 - Led by Lorrin Freeman and Dr. Brian Klausner
- Performance metrics – to be defined

Familiar Faces

Year 1 Objectives & Progress

Objective	Status	Progress	Notes
Appoint a Wake County Familiar Faces workgroup.			Coordinate creation of this workgroup with PHTF implementation and follow-up to AHRQ submission. Follow-up team has been appointed and is meeting. Lorrin Freeman and Brian Klausner chair. Tied into PHTF process.
Ensure that information sharing and case management efforts include methods for identifying Familiar Faces.			Working with Brian Klaussner and Peter Morris regarding NC CARE 360 and EPIC Tie-in; Working with SAS on FF design for identification and integrated case management support.
Develop a financial model to analyze the return on investment for new initiatives.			Incorporated in FF Design process; business plan component
Collaborate with Wake County Human Services and NC DHHS to standardize social determinants of health screening protocols.			Rolled into NC Care 360 implementation

Next Steps

- Continue implementation of Behavioral Health Plan Objectives
- Conduct Behavioral Health Summit – Spring 2020
- Update Behavioral Health Plan – Summer 2020