



Human Services Committee

FY2019 Behavioral Health Budget Planning

April 11, 2018

Committee Meeting Purpose

- Staff will share information regarding FY2019 budget planning for Wake County and Alliance Behavioral Healthcare
- Commissioners will provide feedback on information received
- No decisions to be made at Committee meeting

County Behavioral Health Budget Planning Process

- County and Alliance staff work together to establish funding levels for key behavioral health initiatives for our community
- Most funding stable and continues for programs in place since before divestiture
- County and Alliance accrue prior year savings and have established reinvestment plans to address key initiatives
- County recommendations focus on some of key initiatives identified through Behavioral Health Summit

Wake County Behavioral Health

- Focus on addressing high priority service gaps not met by primary funding sources – Medicaid, state/federal funds, private, non-profit...
- Gaps include:
 - Basic services for uninsured
 - Enhanced services needs for uninsured/underinsured
 - Other programs/services for all residents

Services Gaps (Examples)

Basic Services

- Outpatient services
- Medications
- Medication management
- Inpatient
- Residential treatment programs

Enhanced Services

- Medications
- Medication management
- Extended sessions
- Individual sessions
- Repeat treatment (i.e. addiction treatment)
- Tenancy support

Other Programs/Services

- Case management
- Care coordination
- Peer support
- Forensic programs
- Housing – short-term and permanent
- School-based programs
- System wayfinding
- BH education

Wake County Population and Behavioral Health Spending

	Wake Population	Numbers Served in Wake	Funding Available
Medicaid	124,868	15,977 (12.8%)	Approx. \$175M from Medicaid
Uninsured	112,471	8,482 (7.4%)	Approx. \$60M from State/Local
Insured/Other	768,028		

County Commitment

Areas of focus:

Crisis Services	Housing	Criminal Justice	Access and Coordination	Familiar Faces
Reduce need for crisis services; Reduce wait times; Improve access to services	Increase and improve housing options for behavioral health population	Reduce interactions of mentally ill with criminal justice system	Improve behavioral health system to improve outcomes for individuals interacting with the system, including clients, families, providers, agencies	Identify as early as possible, intervene, reduce high utilization and improve quality and stability of their lives

Behavioral Health Summit Priorities

Top Three Priorities by Focus Area:

Rank	Crisis Services	Housing	Criminal Justice	Access and Coordination	Familiar Faces
1	Increase inpatient psychiatric capacity	Create additional permanent supportive housing	Expand pre-charge diversion programs for adolescents and adults	Expand outpatient care for uninsured and underinsured	Develop early intervention system for those with pattern of utilization
2	Expand adult crisis assessment and add locations	Expand short-term housing options	Advocate to suspend Medicaid for incarcerated	Develop connection with healthcare providers, sharing information	Intersect data systems to identify familiar faces
3	Develop a walk-in behavioral health urgent care	Implement a housing first strategy	Improve re-entry program linkages	Acquire technology framework for assessment case management and outcomes tracking	Assign high risk individuals to case managers

Board Goals Alignment

Board Initiatives for 2018 Goal: Community Health	Crisis Services	Housing	Criminal Justice	Access and Coordination	Familiar Faces
CH1.1: Work with the Sheriff's Office and community partners to develop sustainable strategies for assisting detained and/or incarcerated individuals that suffer from mental illness.	X	X	X	X	X
CH1.2: Evaluate and develop sustainability plan for WakeBrook operations.	X			X	
CH1.3: Work with Wake Director's Group and community partners to improve coordination and integration of services and resources related to behavioral health needs, including improved utilization of 211.	X	X	X	X	X
CH1.4: Leverage partnerships to enhance data sharing related to behavioral health services.	X	X	X	X	X
CH1.5: Expand opportunities to provide stable housing choices to frequent users of community services through permanent supportive housing and other available tools (i.e. housing first).		X		X	X
CH1.6: Explore opportunities to continue Medicaid eligibility for individuals incarcerated in County jails.			X	X	X
CH1.7: Evaluate options to expand telemedicine for case management and other behavioral health services.	X			X	X
CH1.8: Enhance crisis services available to Wake County residents.	X		X	X	X

Board Goals Alignment

Board Initiatives for 2018 Goal: Public Safety	Crisis Services	Housing	Criminal Justice	Access and Coordination	Familiar Faces
PS1.1: Coordinate public safety data collection and interagency coordination to inform and assist public policy decisions and identify areas for strengthening.	X		X	X	X
PS4.1: Continue coordination of stakeholders that informs key leaders on drug-related issues and their impact on the community.	X		X	X	X
PS4.2: Work with partners such as other law enforcement agencies, first responders, and the County health department to improve public education and define county messaging parameters.	X		X	X	
PS4.3: Identify public health, addiction prevention and recovery strategies to address substance abuse in the community.	X		X	X	
PS6.1: Evaluate and implement tools available to assist public safety personnel working in crisis management, de-escalation and mental health first aid.	X	X	X	X	X
PS6.2: Work with stakeholders to identify strategies to provide interventions for at-risk school-aged youth to disrupt the school-to-prison pipeline.			X	X	
PS7.1: Utilize data to implement programs that increase diversion opportunities and reduce length of stay in jail.	X	X	X	X	X
PS7.3: Continue support for recovery (drug treatment) courts as a diversion opportunity.			X	X	

Board Goals Alignment

Board Initiatives for 2018 Goal: Social and Economic Vitality	Crisis Services	Housing	Criminal Justice	Access and Coordination	Familiar Faces
SEV1.1: Work collaboratively with all partners to preserve and increase the County's affordable housing inventory, reduce homelessness, and improve the wellbeing of our most vulnerable citizens.		X		X	X
SEV2.1: Use and share data to develop economic, physical, behavioral, and environmental health strategies and baseline indicators at the individual, community and population level to track improvement in specific vulnerable regions of the County.	X	X	X	X	X

Behavioral Health Plan for Wake County

- Developing Behavioral Health Plan for Wake County
- Complete May 2018
- Plan Purpose:
 - Articulate global vision for behavioral health services in Wake county
 - Build a team of informed citizens engaged in making measurable progress for neighbors with mental illness
 - Advance Summit priorities in the five focus areas: Criminal Justice, Crisis Services, Housing, Familiar Faces and Access and Coordination
- Core Team includes representatives from NAMI, Alliance, Wake District Attorney, Sheriff, Community Provider, WakeMed

County Funding

FY2018 Budget

Category/Programs	Budget	Comments
Crisis Services <i>WakeBrook and Holly Hill</i>	\$18.5M	Includes Partial Hospitalization Pilot at Holly Hill
Treatment <i>Outpatient, Foster Care, Flex Funds</i>	\$ 4.1M	Includes Flex Funds
Criminal Justice <i>Jail services, Post-Release</i>	\$ 1.3M	
Residential <i>Transitional, Independent, Case management</i>	\$ 1.1M	Includes Short-term Supportive Housing Pilot at Harrington Place
Supports <i>School Based, SOAR, Network of Care, Daycare, I/DD Camp, Peer Support</i>	\$ 1.6M	Includes annualized support for Network of Care and Mental Health First Aid, ACEs program with SouthLight and WCPSS and Peer Support at WakeBrook
Recovery <i>Peer-led Recovery Center</i>	\$ 385K	
Total – Operating/Fund Balance Blend	\$27.3M	Includes \$1.3 M allocation from fund balance

*Budget includes additional allocation for Healing Place, consultant contracts, and data projects that doesn't flow through Alliance

Blue = Basic

Orange = Enhanced

Green = Other

WAKE COUNTY

County Funding

FY2019 Budget Request to County Manager

Category	FY19 Target Base Budget	FY19 Proposed Budget Request	Difference	Notes
Behavioral Health - Admin	\$ 752,744	\$ 652,744	\$ (100,000)	Adds funds for contractors; moves Healing Place to Crisis Services
Crisis Services	\$ 18,050,912	\$ 19,983,912	\$ 1,933,000	Moves Healing Transitions; Continues Partial Hospitalization; Adds Mobile Crisis for First Responders
Treatment	\$ 3,908,821	\$ 4,798,821	\$ 900,000	Continues Flex Funds; Adds Behavioral Health Urgent Care
Judiciary/Criminal Justice	\$ 1,341,446	\$ 1,341,446	\$ 0	No changes to funding
Residential	\$ 970,344	\$ 1,120,344	\$ 150,000	Continues Independent Living Initiative
Supports	\$ 1,377,781	\$ 1,928,781	\$ 666,000	Continue ACE program; Expand School Based Team
Recovery	\$ 385,567	\$ 385,567	\$ -	No changes to funding
Administrative Support	\$ 260,349	\$ 289,489	\$ 29,140	1% administrative fee to Alliance
Total	\$27,047,964	\$ 30,791,482	\$ 3,674,000	\$900,000 continue programs funded in FY2018; \$2.6 new programs

Wake County Behavioral Health Fund Balance Planning

Designated Behavioral Health Fund Balance		
	<u>Expenditure</u>	<u>Balance</u>
		\$ 14,417,533
<u>FY18 Commitments/Plans</u>		
FY18 Contract Commitment	\$ 1,004,000	\$ 13,413,533
Permanent Supportive Housing	\$ 8,000,000	\$ 5,413,533
Consultant Contracts	\$ 325,000	\$ 5,088,533
<u>FY19 Plans</u>		
FY19 Proposed Expansions	\$ 3,674,000	\$ 1,414,533
Balance Available		\$ 1,414,533

Other Initiatives Under Consideration

Proposals could be finalized prior to budget presentation

- **Adult Crisis Facility**
 - Consider county contribution to ongoing operating costs
 - Alliance purchased facility – delayed operation due to State funding reductions
- **Care Coordinator for Public Defender**
 - Public Defender's office submitted draft request; vetting process on-going
 - Fund through Alliance similar to adolescent diversion care coordinator on school based team or court liaison

Ongoing Efforts

- Permanent Supportive Housing Development
- Data Sharing Efforts/Technology Integration

Next Steps for County Budget

- Manager considering all budget requests
- May 9 – Manager Presents Recommended Budget
- June 4 – County Commissioners Approve Fy2019 Budget



Wake County Human Services Committee

April 11, 2018

Agenda Overview

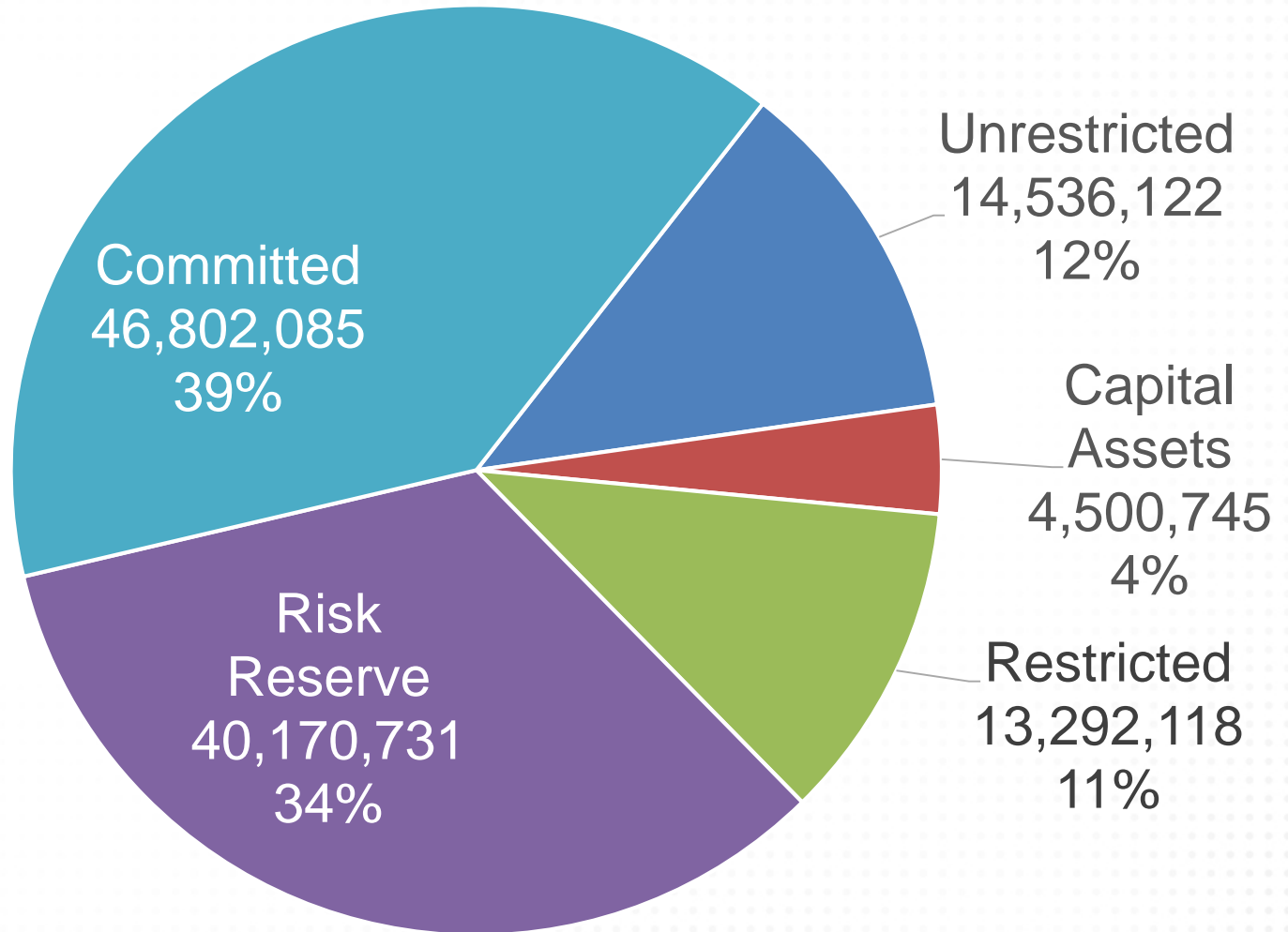
- Financial picture
- Funding reductions
- Reinvestment plan
- Wake Adult Crisis Facility

Alliance FY18 Funding

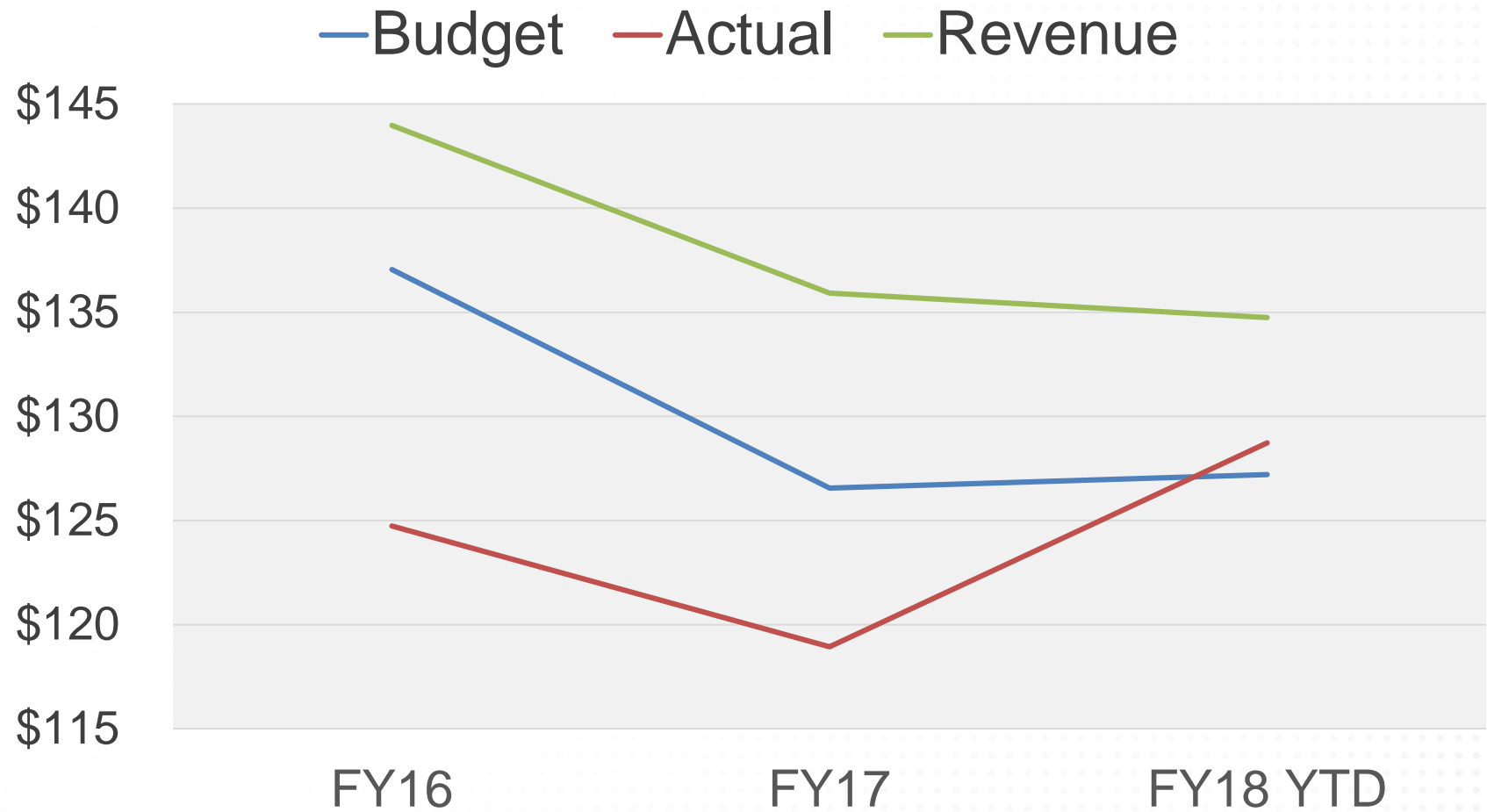
Source	Amount	% of Total
Medicaid	\$415,470,331	77.48%
State	\$83,833,344	15.63%
Local	\$36,034,939	6.72%
Grants/Misc.	\$883,000	0.16%
Total	\$536,221,615	100%

Fund Balance/Net Position - \$119M

as of February 28



PMPPM Trend



Single-Stream Reductions

Fiscal Year	Alliance Share of Legislative Reduction (RECURRING)	Alliance Share of Legislative Reduction (NON-RECURRING)	Total Legislative Reduction
FY16		\$11,066,104	\$110,000,000
FY17		\$15,264,638	\$152,000,000
FY18	\$7,468,941	\$8,478,129	\$86,942,289
FY19	\$10,226,331	\$9,357,813	\$90,608,677

Reinvestment Plan

- Original plan - \$43M
- Revised plan - \$29M
 - FY19 plan - \$13.6M
 - Includes Wake Adult Crisis - \$5M renovation
- FY20 plan - \$5.3M start-up/first year operations for Wake Adult Crisis
- Future years – funding needed for ongoing support

Reinvestment Plan Success

- Child Crisis Facility
- Renovations of Durham Crisis Facility
- Provider rate increases
- Integrated Care
- Enhanced Therapeutic Foster Care
- NC START
- Technology Enabled Homes
- **Total spend over two years - \$16M**

Wake Adult Crisis Facility

- Behavioral health crisis facilities are critical to addressing overcrowded emergency departments by offering an alternative location for emergency responders to transport individuals experiencing a behavioral health crisis.
- A 24/7 community-based, non-hospital residential setting to provide specialized and cost-effective care to individuals in crisis
- 16 beds for crisis services and 4 chairs for walk-in behavioral health needs
- Expected to serve 200-300 per month

Wake Adult Crisis Facility

- \$7M initial investment
 - Building purchase, renovation/build, equipment, supplies, furniture, staff training and start-up
- Yearly operational costs – \$5.8M+
 - Medicaid funding – \$500K
 - Annual need – \$5.3M

Potential Unrestricted Net Position

Potential Unrestricted Net Position					
	FY18	FY19	FY20	FY21	FY22
Beginning Unrestricted Net Position	\$ 81,522,966	\$ 66,730,332	\$ 29,568,184	\$ 12,966,482	(\$ 1,598,080)
Current Commitments	22,792,634	44,887,148	29,876,702	21,689,562	22,155,562
Offset with Recommended Savings		(2,725,000)	(5,275,000)	(7,125,000)	(7,625,000)
Total	\$ 22,792,634	\$ 42,162,148	\$ 24,601,702	\$ 14,564,562	\$ 14,530,562
Funds available after commitments	58,730,332	24,568,184	4,966,482	(1,598,080)	(16,128,642)
Assumed yearly savings	8,000,000	5,000,000	8,000,000	5,000,000	5,000,000
Potential Ending Net Position	\$ 66,730,332	\$ 29,568,184	\$ 12,966,482	(\$ 1,598,080)	(\$ 11,128,642)

Commitments

	FY18	FY19
Beginning Unrestricted Net Position	\$ 81,522,966	\$ 66,730,332
Commitments		
Reinvestment Plan	\$ 5,300,000	\$ 16,490,773
Legislative reductions	15,947,070	19,584,144
Yearly Commitments		
Crisis Centers		
Durham	321,272	321,272
Cumberland	940,959	940,959
Child Crisis		500,000
Wake Crisis		
Behavioral Health Urgent Care		1,200,000
Non-Medicaid rate increases	283,333	850,000
Medicaid Transformation		5,000,000
Total Cost of Yearly Commitments	\$ 22,792,634	\$ 44,887,148

Potential Full Net Position

	FY18	FY19	FY20	FY21	FY22
Investment in Capital Asset	7,430,730	9,965,251	11,255,148	12,543,224	12,837,061
Restricted:					
Risk Reserve	42,818,478	51,543,355	60,704,475	65,436,577	65,436,577
Total Restricted	42,818,478	51,543,355	60,704,475	65,436,577	65,436,577
Unrestricted:					
Medicaid Funding	66,730,332	29,568,184	12,966,482	(1,598,080)	(11,128,642)
Total Potential Net Position at 6/30	\$109,548,809	\$81,111,538	\$73,670,957	\$63,838,497	\$54,307,935