

Behavioral Health Update

Board Work Session
October 26, 2020



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Today's Update

- Behavioral Health COVID Response - Alliance
- DSS Partnership and Child Crisis Facility Update - Alliance
- Medicaid Transformation Update - Alliance
- Behavioral Health Plan Update – Wake County
 - Crisis Services
 - Criminal Justice
 - Access and Coordination
 - Housing
 - Familiar Faces

COVID Response – Members

Pandemic as a mental health crisis

- *Uninterrupted* capacity for crisis
 - Call Center, UNC WakeBrook Facility Based Crisis, all Wake EDs, all Wake inpatient
- Hotel efforts
 - Facilitated telepsych providers in both Wake County hotels (7 days a week initially)
 - Alliance-funded shelter for families May 18-September 1

COVID Response – Members

Pandemic as a mental health crisis

- Statewide efforts
 - Hope4NC, Hope4Healers helplines
 - Close contact with NC DHHS and NC DPH
- Criminal justice
 - Alliance staff remain embedded in Wake Courts (adult and juvenile)

COVID Response – Providers

Stabilizing the network

- Allocated roughly \$13 million through Session Laws 2020-88 and 2020-97 to be spent by December 31, 2020
- Received an increase in Medicaid funding
- At pandemic onset provided \$7.5 million in provider stability payments
- Implemented broad array of provider rate increases and other support – on target to spend \$20+ million by December 31, 2020

COVID Response – Providers

Member and network support

- Rapidly implemented comprehensive strategy to ensure telehealth services were widely available and accessible, including purchasing of smartphones and data plans for high risk members
 - Improved engagement for members in care
 - Survey of members revealed high rates of satisfaction (88%)
- Increased funding to Wake County inpatient providers to support increase availability to the uninsured

COVID Response – Providers

Member and network support

- Increasing funding to local Opioid Treatment Programs to serve uninsured individuals
- Developed new service definitions and new billing mechanisms to support services typically done in group/facility settings

Intensive residential options for individuals with TBI
New independent living options for individuals with IDD who currently live in institutional settings

System Improvements

- Expanded programs aimed at improving member engagement in care
- Expanding community living options
- Intensive residential options for individuals with TBI
- New independent living options for individuals with IDD who currently live in institutional settings

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DSS Partnership and Child Crisis Update

Support for Children in DSS Custody

- Developed comprehensive plan to address children with more complex needs
 - Funding development and operations of 24/7 crisis group home
 - Implementing an intensive case management service
 - Expanding access to specialized trauma assessments
 - Continuing work and strengthening contractual requirements with Alliance treatment foster care providers
 - Building predictive models and early identification support plan

Child Crisis Center



WAKE COUNTY

Child Crisis Center

- 16-bed crisis facility for children and teens ages 6-17
- Includes behavioral health urgent care services to address emergency department overcrowding
 - Walk-in access to same-day clinical assessments, psychiatric evaluations, necessary medications
- Designed to stabilize youth experiencing behavioral health crisis and engage them in appropriate treatment
 - 24/7 access to assessment, stabilization, treatment planning

Child Crisis Center

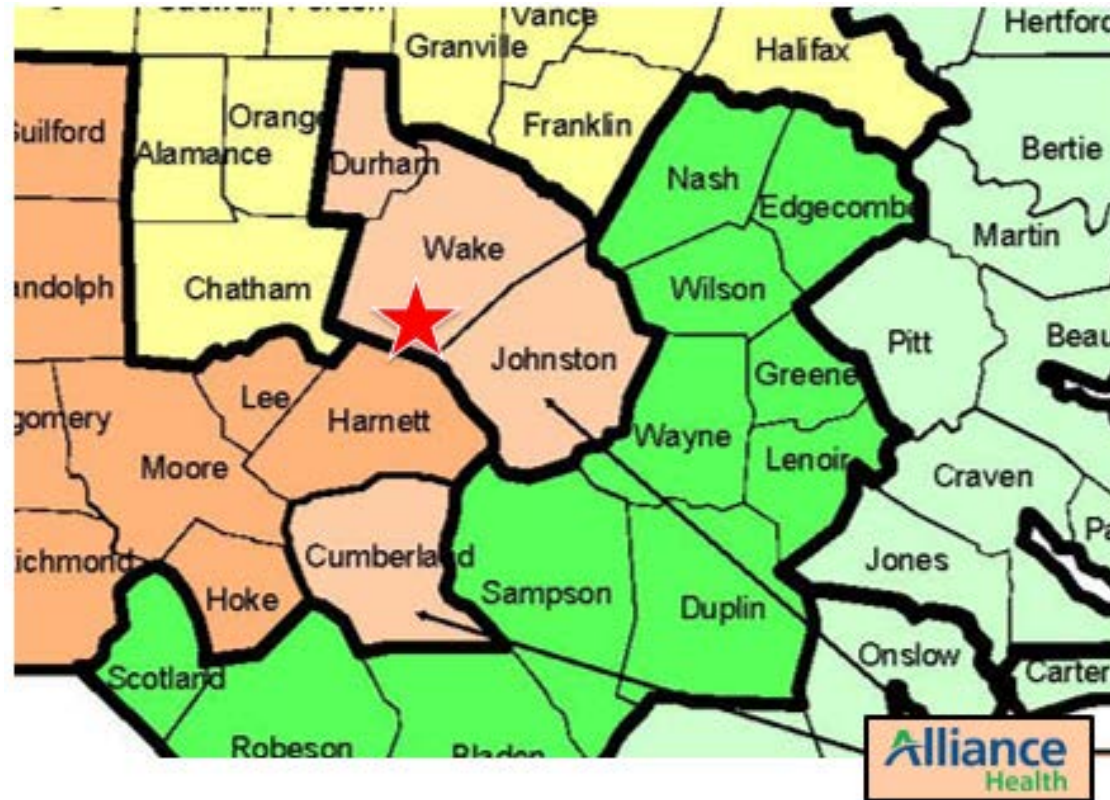
- The provider is KidsPeace, a leading non-profit provider of behavioral health services to children and families
 - Inpatient and residential treatment centers
 - Outpatient and community-based services
 - Foster care
- 40 locations across eight states
- Accredited in North Carolina by the Joint Commission
- Selected through a competitive process

Child Crisis Center

- Center addresses critical gaps in service continuum that have resulted in children sitting in EDs, youth homes, and DSS custody
- Investment in behavioral health safety net supports dynamic growth of the Alliance region
 - Raleigh is third fastest-growing large metro area in the U.S.
 - Area currently has no access to a child crisis center
- Would be one of the state's first facilities of this type

Child Crisis Center

- Centrally located in Fuquay-Varina, accessible to the entire Alliance region



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Medicaid Transformation Update

Medicaid Transformation Update

Types of NC Managed Care Plans

- Standard Plans
 - Serve most Medicaid enrollees, including adults and children
 - Provide integrated physical health, behavioral health, and pharmacy services at launch of Medicaid managed care program
- Tailored Plans
 - Specifically designed to serve special populations with unique health care needs
 - Provide integrated physical health, behavioral health, and pharmacy services

Medicaid Transformation Update

Standard Plan Contracts

- Statewide PHP contracts were awarded to:
 - AmeriHealth Caritas North Carolina, Inc.
 - Blue Cross and Blue Shield of North Carolina
 - UnitedHealthcare of North Carolina, Inc.
 - WellCare of North Carolina, Inc.
- PHP contract awarded to Carolina Complete Health, a provider-led entity (PLE), to operate in Regions 3 and 5
 - DHHS extended CCH contract to also cover Region 4 (October '19)

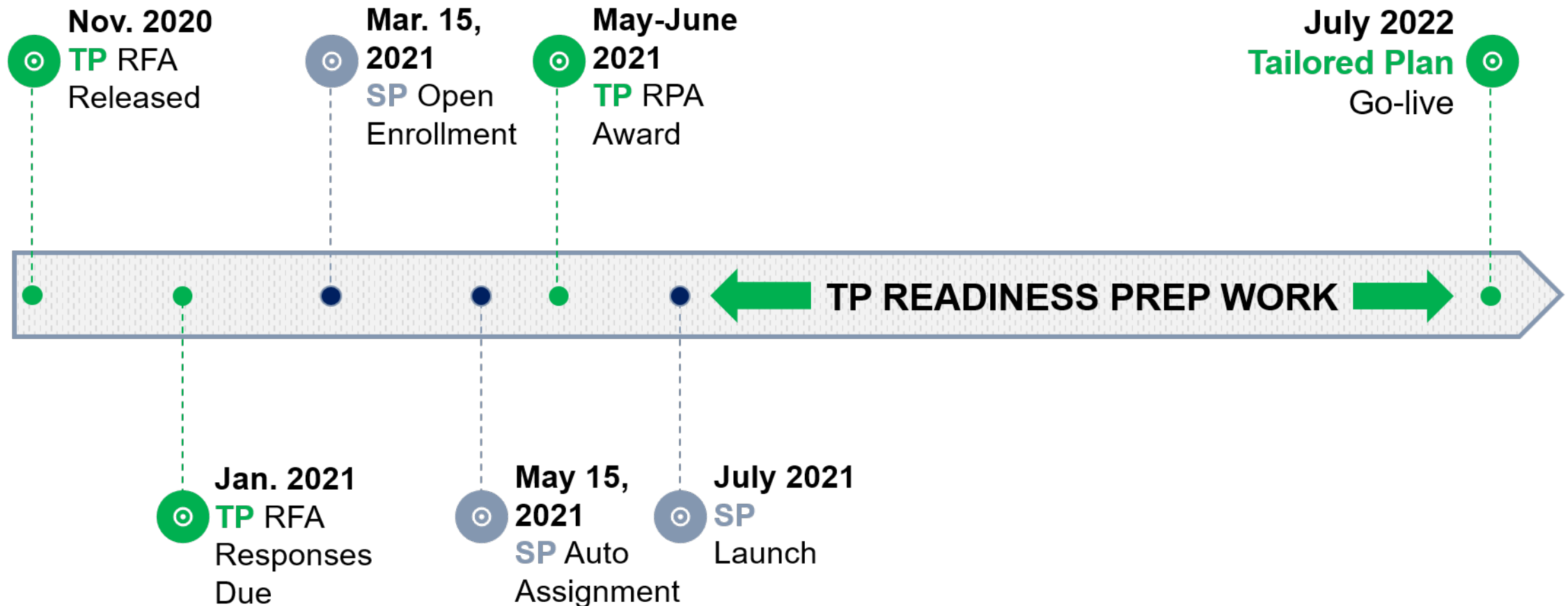
Medicaid Transformation Update

Tailored Plans

- LME/MCOs are the only entities that may operate a Tailored Plan during the initial four-year term
- There will be 5-7 Tailored Plans (yet to be determined)
- Tailored Plans must partner with a Standard Plan
- Tailored Plans must provide integrated care for all members to include physical health, behavioral health and pharmacy support

Medicaid Transformation Update

Timeline

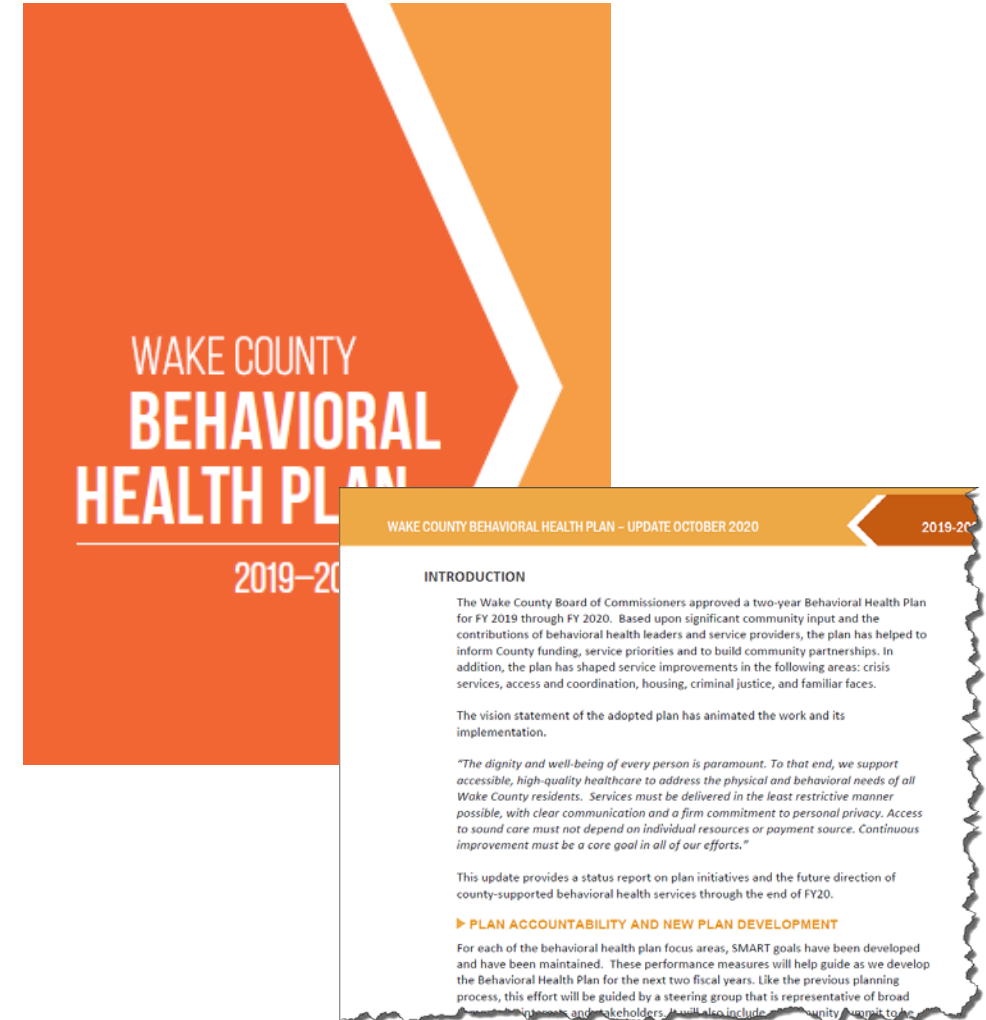




Behavioral Health Plan Updates

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
- Follow-Up Report Attached to Meeting Material



Crisis Services

Key Achievements

- Launched enhanced mobile crisis program with EMS
- Opened Behavioral Health Urgent Care
- Increased capacity at WakeBrook

Future Focus

- Sustain WakeBrook operations
- Expand substance use treatment and recovery services
- Expand crisis services for youth

Criminal Justice

Key Achievements

- Expanded case management at detention center
- Launched post-release intensive case management program
- Expanded diversion programs

Future Focus

- Expand substance use treatment and recovery services
- Enhance re-entry services and connections
- Utilize peers to expand outreach to treatment and community services

Access and Coordination

Key Achievements

- Implemented NC CARE360
- Expanded school-based team
- Responded to COVID related system needs

Future Focus

- Continue support of Medicaid Transformation
- Expand access to suicide prevention awareness in school-aged population
- Respond to changing community needs from COVID-19

Housing

Key Achievements

- Supported funding for 281 new permanent supportive housing units
- Piloted transitional supportive housing program
- Supported emergency housing during COVID

Future Focus

- Increase short-term supportive housing options
- Eliminate wait list for permanent supportive housing units
- Evaluate assessment process to ensure familiar faces receive opportunity for supportive housing

Familiar Faces

Key Achievements

- Supported Oak City Cares Opening
- Developing integrated data system to identify and connect familiar faces
- Awarded Robert Wood Johnson Foundation Grant

Future Focus

- Identify familiar faces by name using cross-system data
- Connect familiar faces with care managers and care
- Evaluate system improvements and health outcomes

Robert Woods Johnson Foundation Clinical Scholars

Awarded three-year grant for a multidisciplinary team from Wake County EMS, Human Services, WakeMed, Duke Health and UNC Health to focus on the complex care needs of Familiar Faces



Focus Area Performance Measures*

Performance Measure	Met	Not Met
CS1. Reduce avoidable hospital bed days by 20%	✓	
CS2. Reduce involuntary commitments by 10%		X
CJ1. Increase participation in diversion programs by 15%		X
CJ2. Reduce individuals in jail with a behavioral health diagnosis by 10%		X
AC1. Increase individuals receiving treatment within 14 days of assessment by 10%		X
AC2. Increase individuals returning for treatment for 30 days by 10%	✓	
H1. Reduce individuals returning to homelessness by 10%	✓	
H2. Reduce length of stay in homelessness by 20%		X
FF1. Reduce interactions of familiar faces with jail, EMS and shelters by 20%	N/A	N/A
FF2. Improve health outcomes for familiar faces by 10%	✓	

Next Steps

- Receive Commissioner Feedback
- Share Update with Stakeholders
- Convene Behavioral Health Summit 2021
- Update Behavioral Health Plan for FY22 and FY23

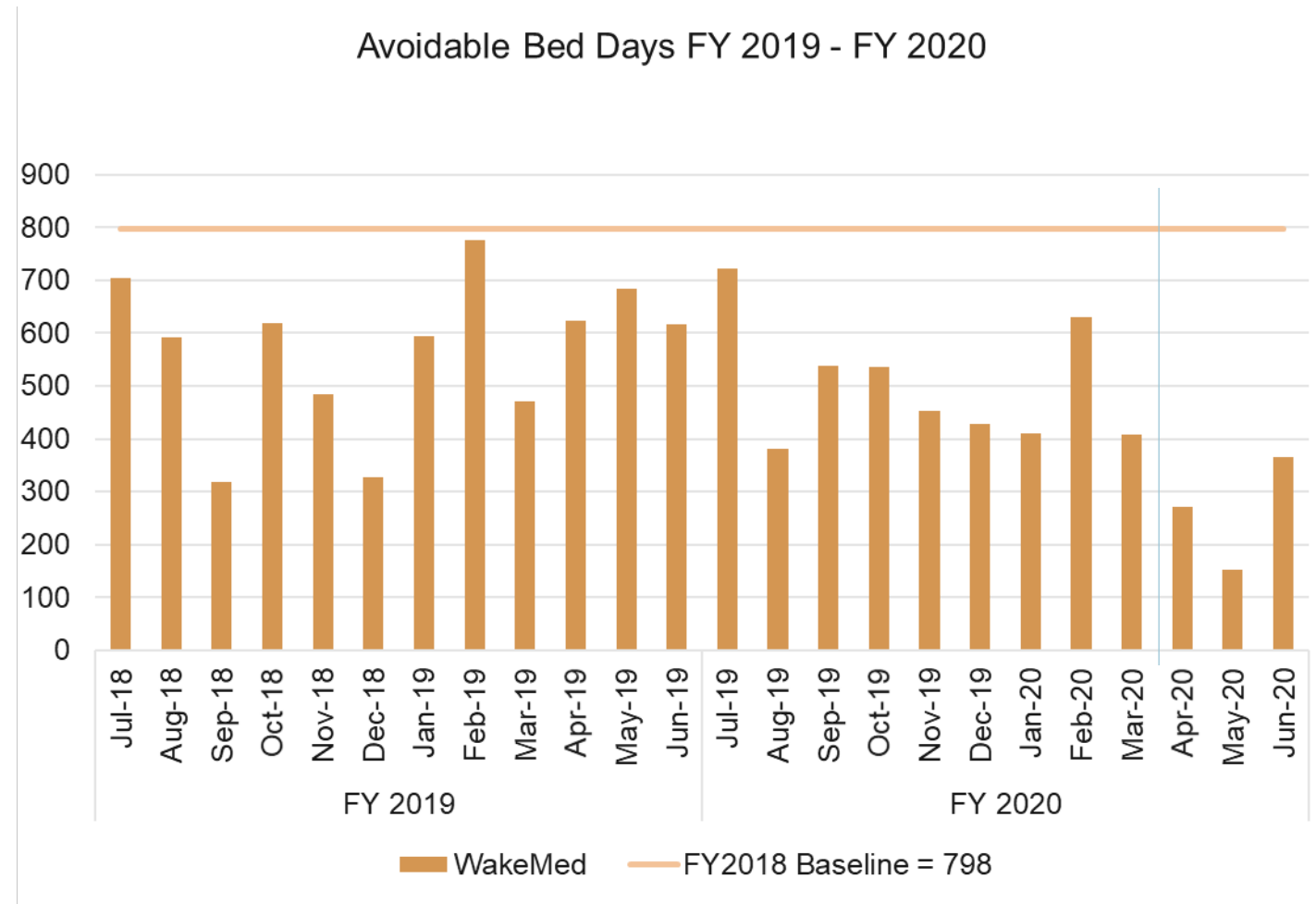


Appendix

Crisis Services - Reduced hospital utilization for primary mental health patients

CS1. Reduce avoidable bed days by 20%

- Met – 37% average reduction FY20 pre-COVID

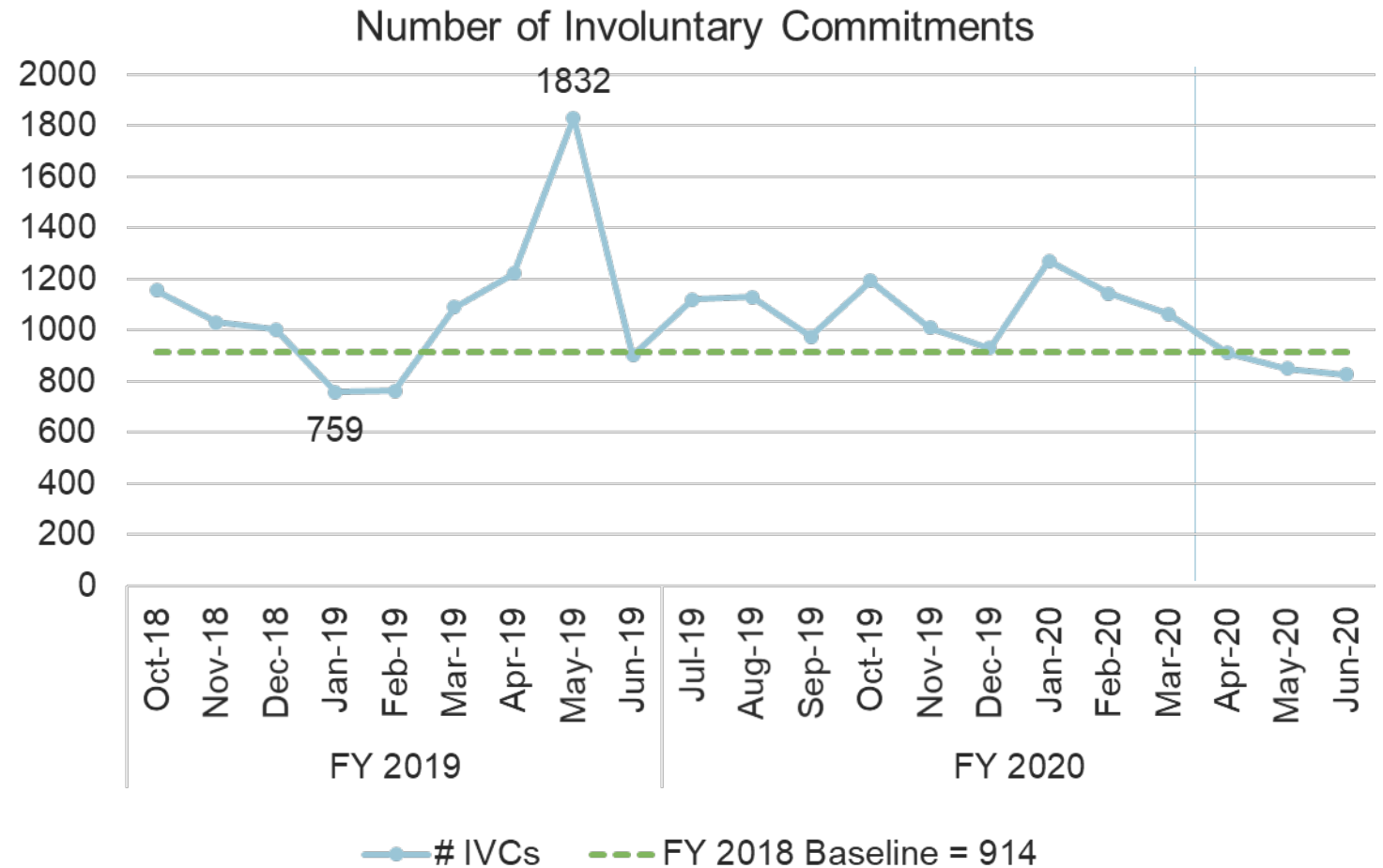


Data Source: WakeMed

Crisis Services – Increase in average annual involuntary commitments; reduction during COVID

CS2. Reduce Involuntary Commitments by 10%

- Not met – 20% increase FY20 pre-COVID

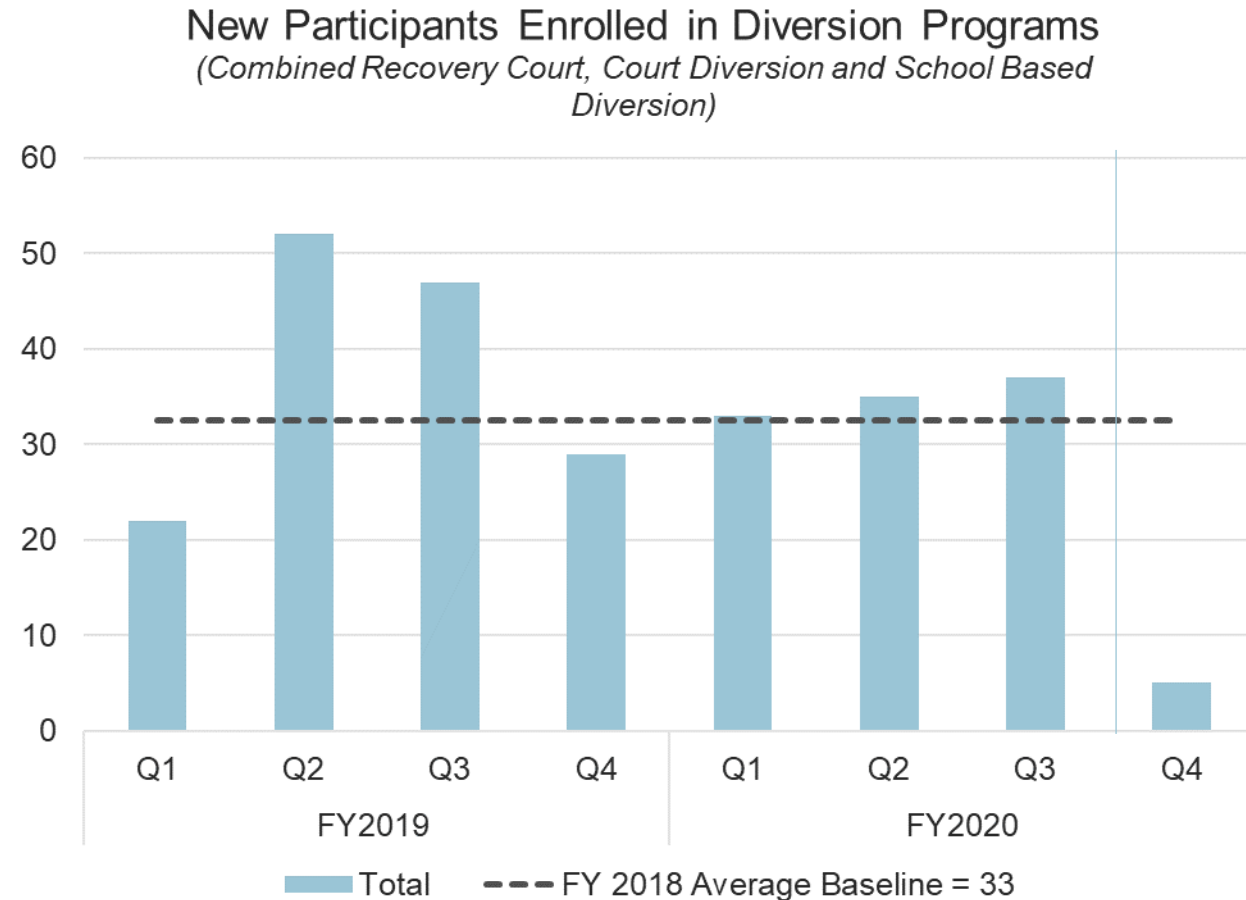


Data Source: Wake County Clerk of Court

Criminal Justice - Diversion programs increased participation but did not achieve target

CJ1. Increase participation in diversion programs by 15%

- Not met – 6% increase FY20 pre-COVID

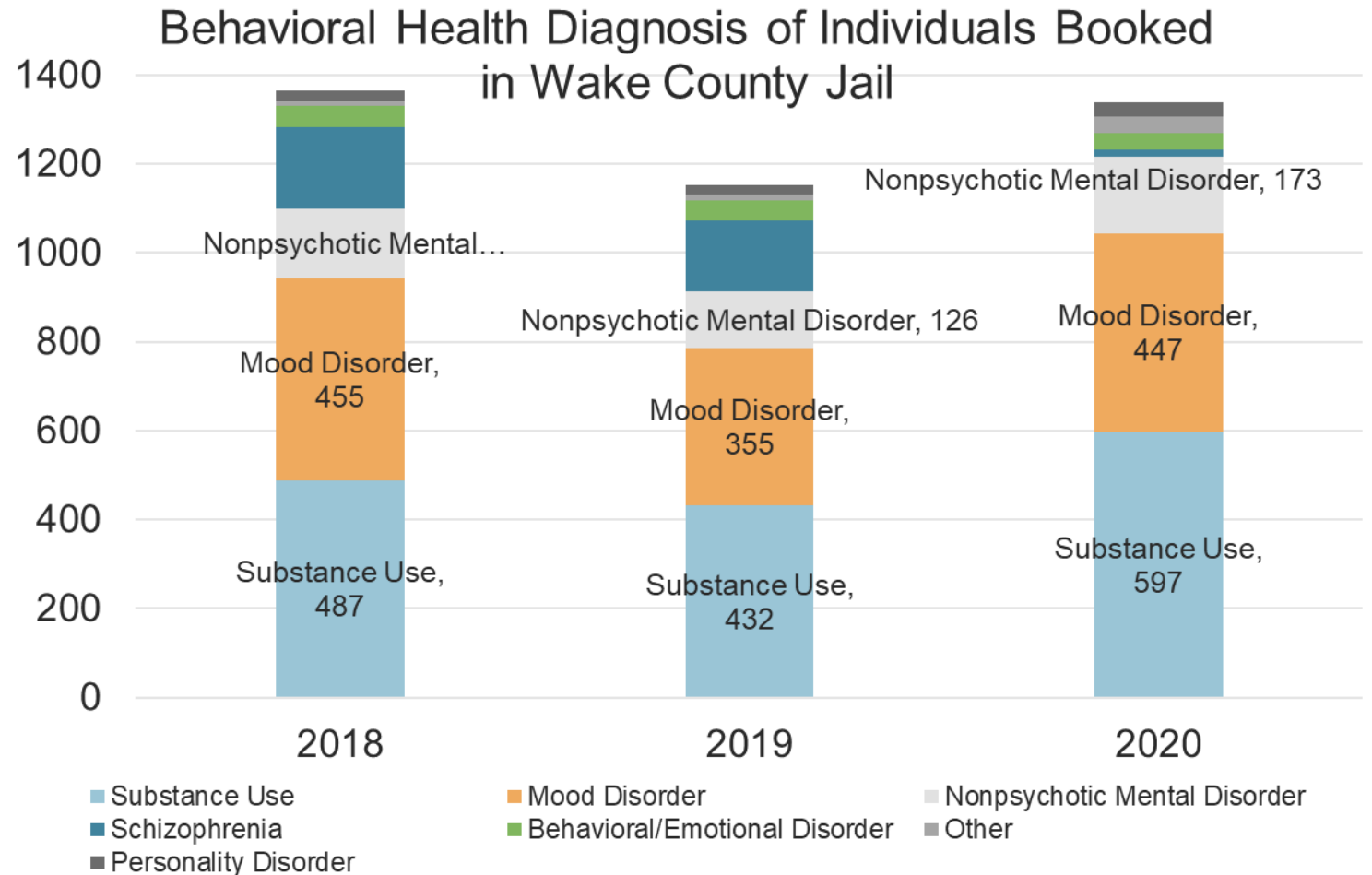


Data Source: Wake County Human Services, Wake County Public Defender, Alliance Health

Criminal Justice - Although overall incarceration of individuals with behavioral health diagnosis decreased, individuals with substance use addictions increased

CJ1. Reducing individuals in jail with a behavioral health diagnosis by 10%

- Not met – 2% decrease in FY20

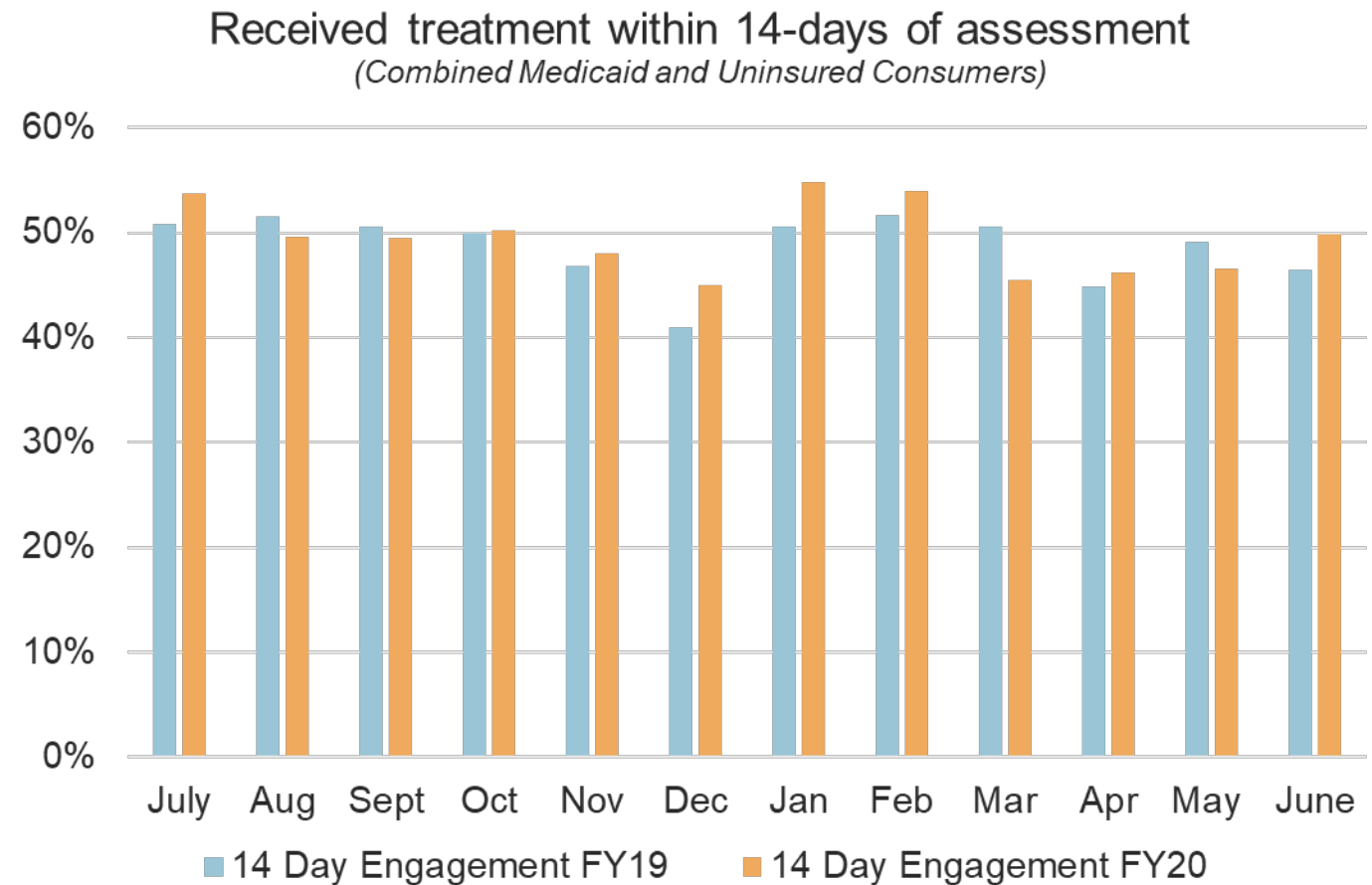


Data Source: Alliance Health

Access and Coordination – individuals accessing treatment within 14 days of initial assessment did not change year over year

AS1. Increase individuals receiving treatment within 14 days of assessment by 10%

- Not Met – No change in engagement in FY20

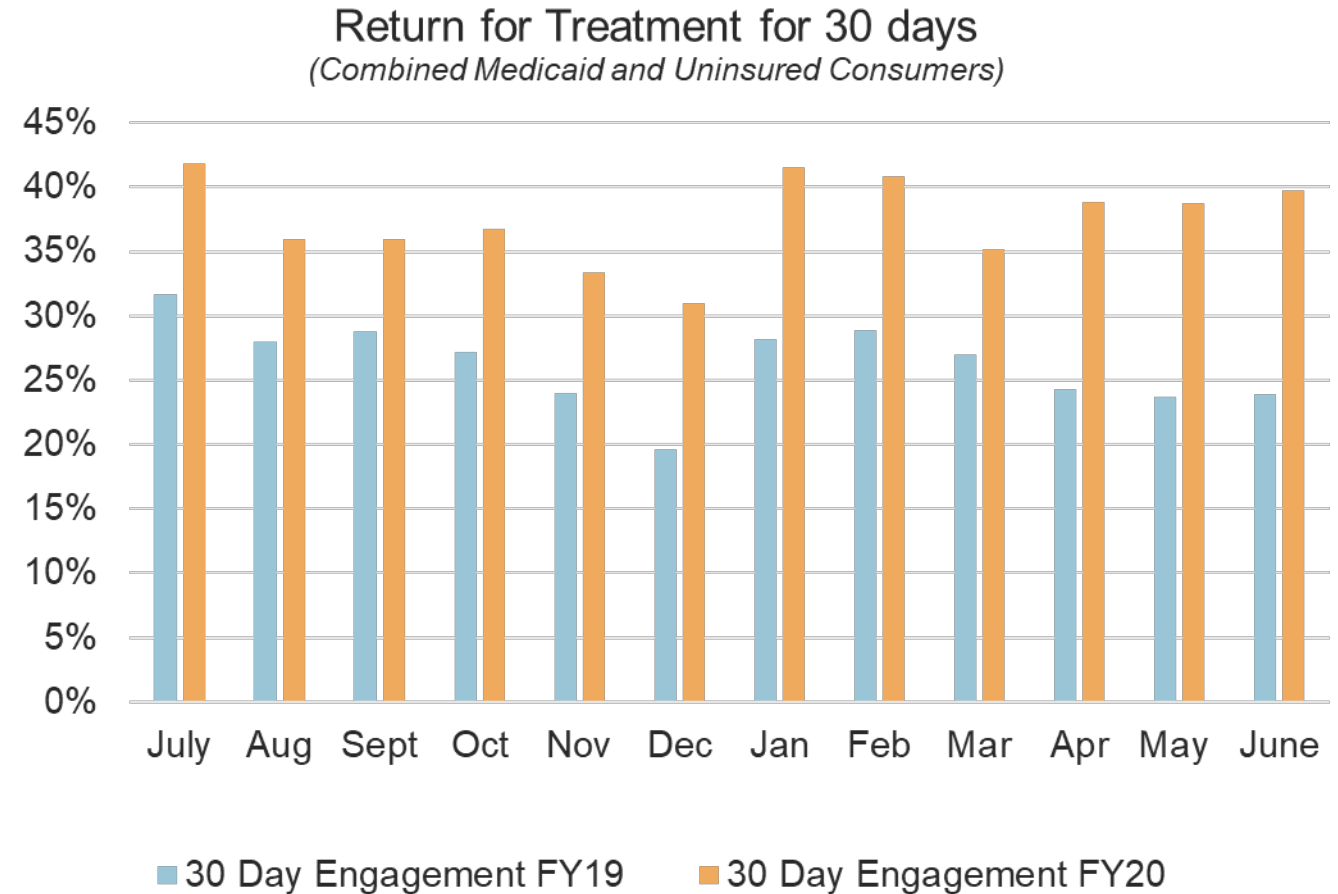


Data Source: Alliance Health

Access and Coordination – Individuals remaining engaged in treatment after initial assessment improved year over year, even during COVID

AS2. Increase individuals returning for treatment for 30 days by 10%

- Met – 11% increase in FY20

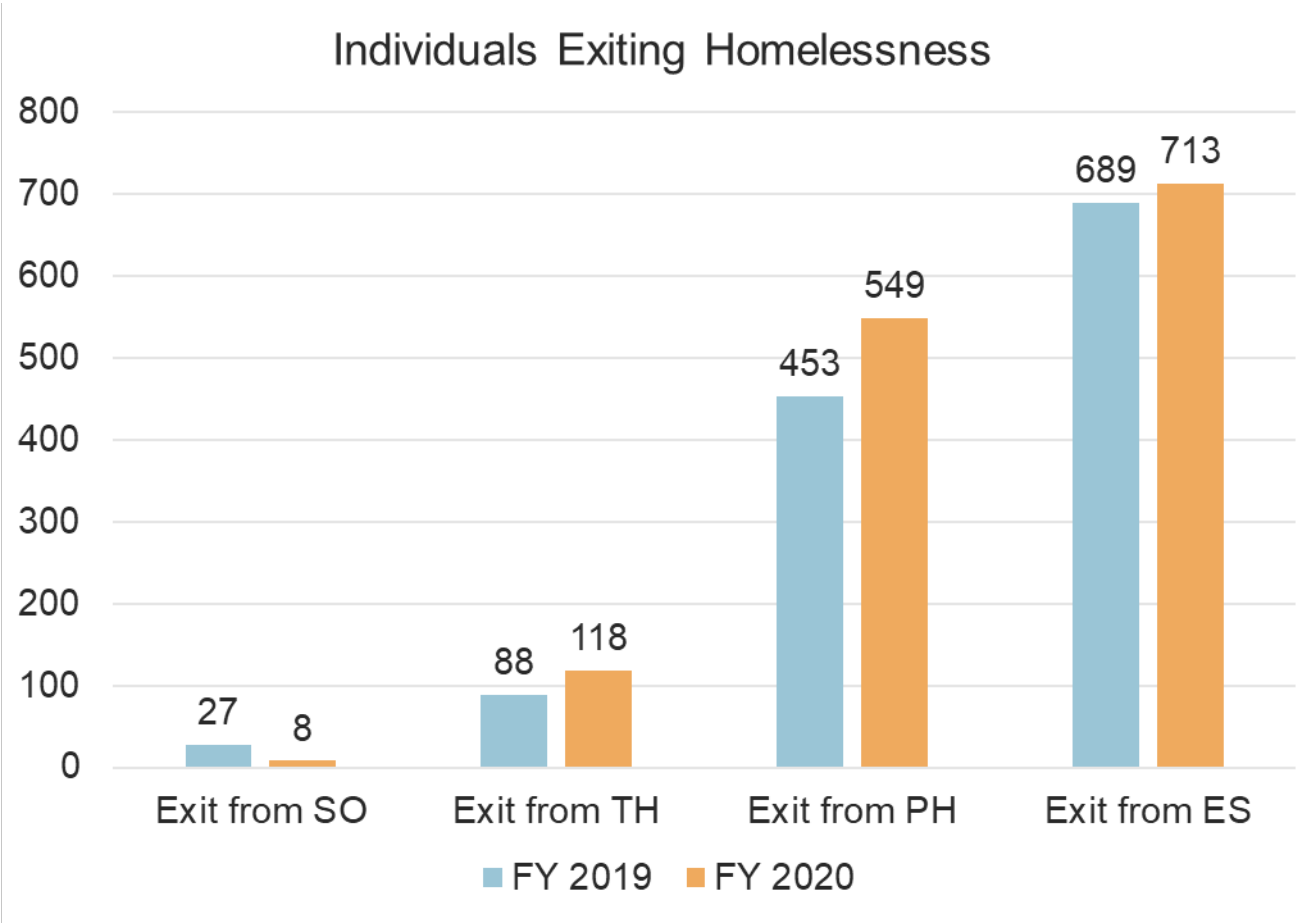


Data Source: Alliance Health

Housing – Even while COVID reduced shelter capacity, individuals exiting homelessness to permanent housing increased

H1. Increase individuals exiting homelessness to permanent housing by 10% by July 2020

Met – 10%

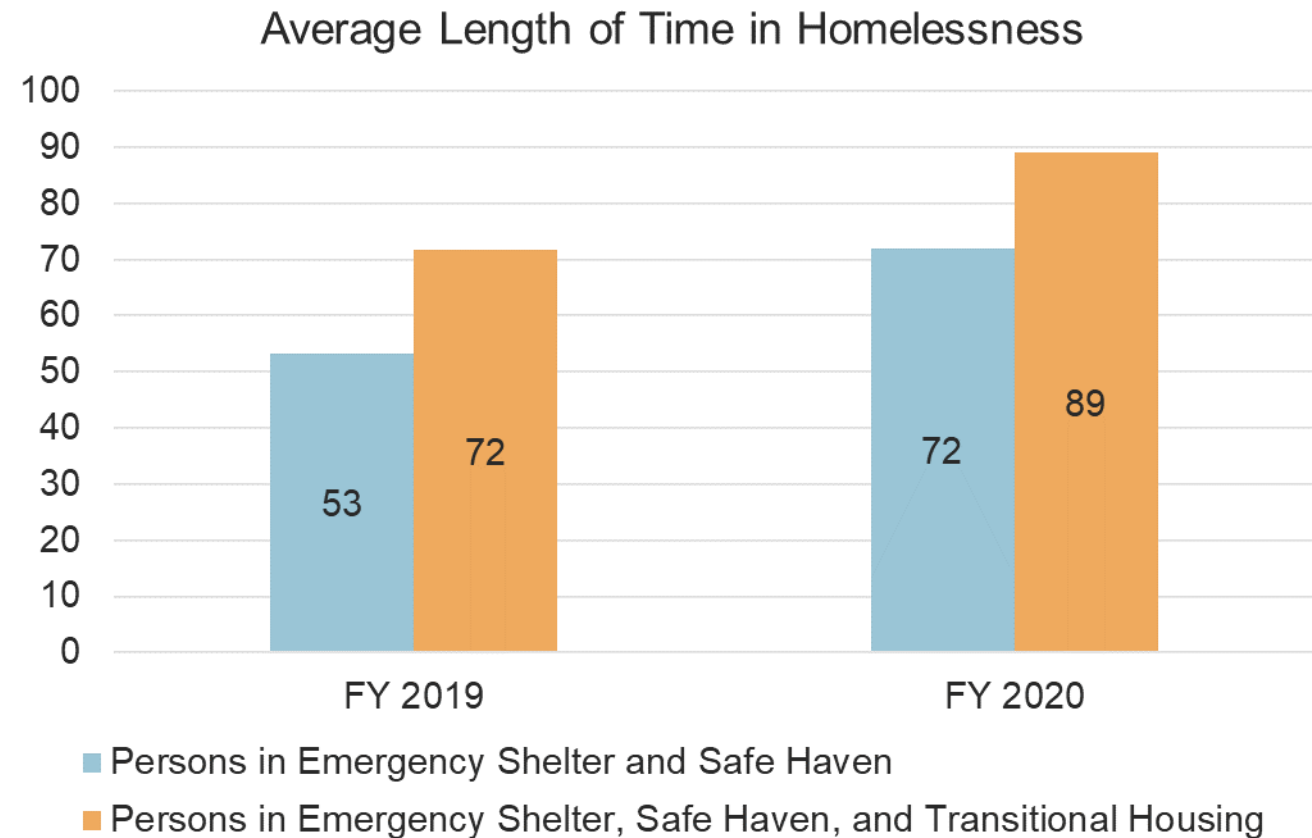


Data Source: Partnership to End and Prevent Homelessness

Housing – Housing placement options limited during early months of COVID resulted in longer time in homelessness

H2. Reduce length of time individuals experience homelessness 20% by July 2020

Not Met – 24% increase



Data Source: Partnership to End and Prevent Homelessness

Familiar Faces – Cross-system data platform is in development but is not yet available to identify and track outcomes of familiar faces

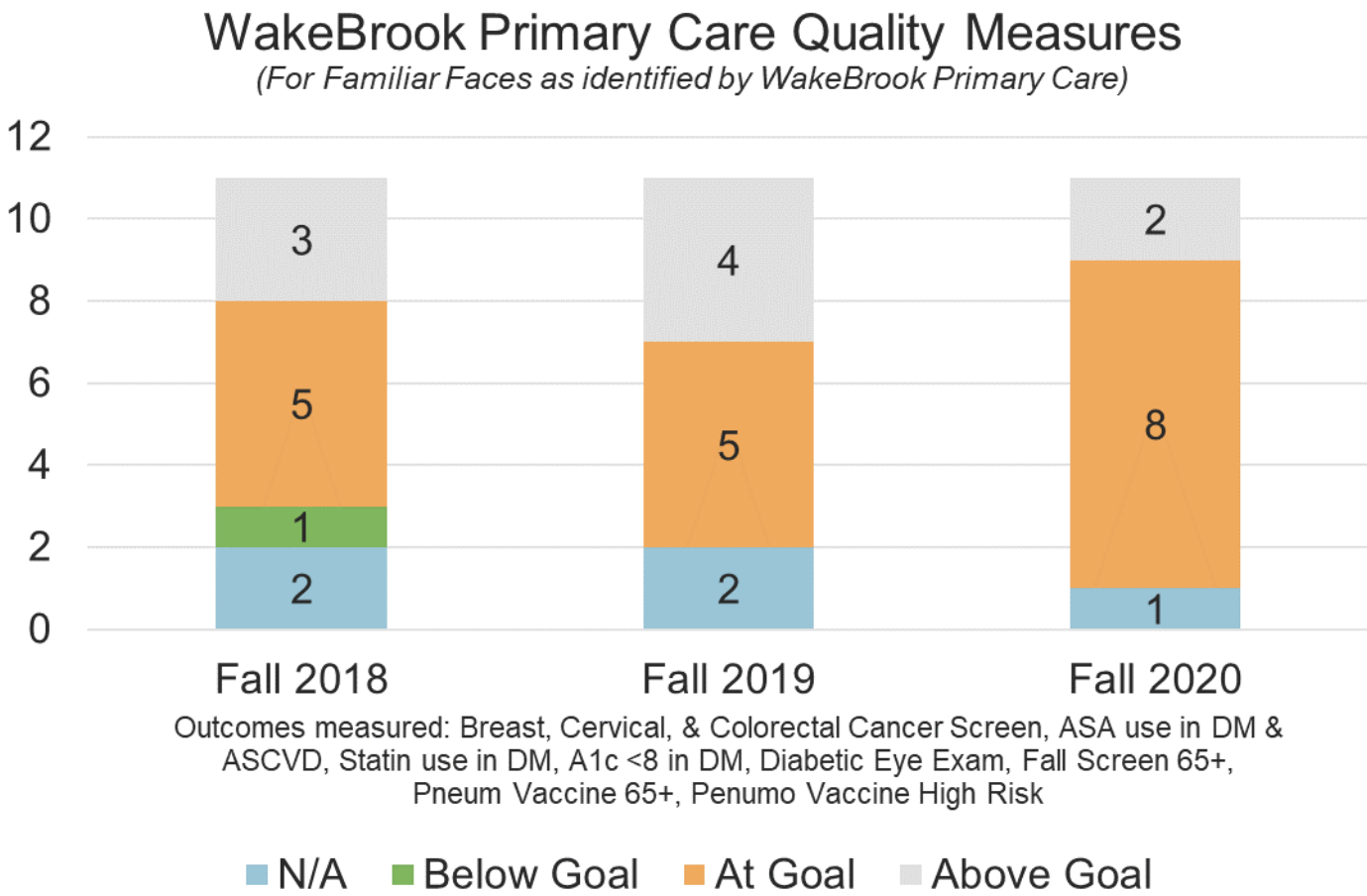
FF1. Improve health outcomes of familiar faces by 10% by July 2020

Not Met – Cross-system data platform to identify and connect familiar faces has not been developed

Familiar Faces – Familiar Faces will receive improved health benefits when receiving health screenings, vaccines and regular exams

FF2. Improve health outcomes of familiar faces by 10% by July 2020

Met – 20% increase



Data Source: UNC Health