

Wake County Board of Commissioners
Human Services Committee
October 28, 2019
3:00 p.m.
Wake County Justice Center, Room 2800

Commissioners Present:

James West-Chair
Vickie Adamson-Vice Chair
Greg Ford
Susan Evans
Jessica Holmes

Wake County Staff Present:

David Ellis, County Manager; Derwick Paige, Chief Community Vitality Officer; Ben Canada, Assistant to the County Manager; Denise Foreman, Assistant County Manager; Nicole Kreiser, Assistant County Manager; Jason Horton, Strategic Performance Director; Katherine Williams, Cooperative Extension Director; Annemarie Maiorano, Human Services Deputy Director; Kim McDonald, Physician Director; Verna Best, Human Services Program Manager; Antonia Pedroza, Human Services Deputy Director; Dynasty Winters, VISTA Member; Vielka Gabriel, Human Services Program Specialist; Kristin Feierabend, Community Development Agent, Cooperative Extension Services; Paarth Mehta, Senior Budget and Management Analyst; Michelle Burgess, Budget and Management Analyst; Yvonne Gilyard, Deputy Clerk to the Board, and Michelle Cerett, Executive Assistant to the board.

Others Present: Kevin FitzGerald, Founder, Big Atlas; Debra Farrington, Chief of Staff, NC Medicaid; Clif Lavenhouse, Crosby Advocacy Group member; Christal Toodle, Crosby Advocacy Group member; Dr. Craig Brookins, Associate Professor, NC State; Fred Johnson, Assistant Professor, Duke University Health System; Chad Walker, Director of Community and Government Affairs, Transitions LifeCare; and Jerry Dodson, Cooperative Extension Advisory Leadership and Crosby Advocacy Group member.

Meeting Called to Order:

Commissioner West called the meeting to order at 3:00 P.M. and welcomed everyone to the meeting. Commissioner Holmes moved, seconded by Commissioner Ford, to approve the minutes of the June 24, 2019 meeting.

Medicaid Transformation Update

Mr. Derwick Paige, Chief Community Vitality Officer, introduced Ms. Debra Farrington, Chief of Staff, North Carolina Medicaid, Department of Health and Human Services; Mr. Kevin FitzGerald, Founder, Big Atlas; Denise Foreman, Assistant County Manager; Katherine Williams, Cooperative Extension Director; Annemarie Maiorano, Human Services Deputy Director; Kim McDonald, Physician Director;

and Antonia Pedroza, Human Services Deputy Director. Mr. Paige shared the agenda for today's meeting.

Today's Agenda

1. Approval of Minutes:

- June 24, 2019 Human Services Committee Meeting

2. Medicaid Transformation Update

3. NCCARE360 and Healthy Opportunities Updates

4. Behavioral Health Plan Update

5. Social & Economic Vitality Update

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He shared information on Medicaid in North Carolina.

Medicaid in NC

- **Medicaid** is a joint federal and state program that helps with medical costs for some people with limited income and resources.
- Currently, ~2.1M people in NC on Medicaid. In Wake County, 143,500 people are on Medicaid.
- The program is managed by the NC Department of Health & Human Services (DHHS), Division of Health Benefits whereby reimbursement is a fee-for-service paid directly to the service providers.

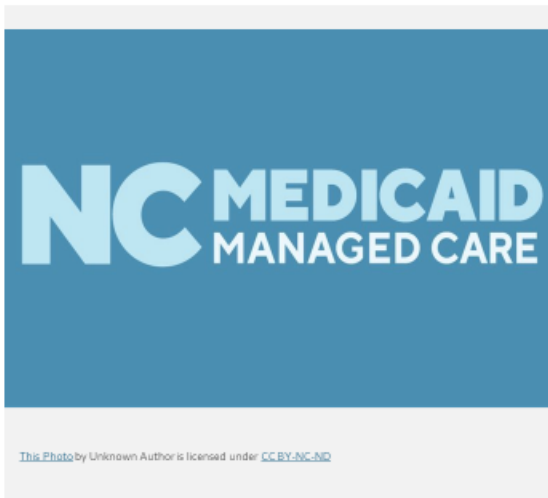


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He shared the background on the Medicaid Transformation process. He said the Medicaid transformation was supposed to go into effect in November, but was delayed until February due to the state budget.

Medicaid Transformation Background



- In 2015, the NC General Assembly enacted a law transitioning Medicaid from a fee-for-service structure to a managed care service (PHPs receive a set per member per month payment for services).
- These changes are intended to integrate physical and behavioral health; establish sustainable and predictable costs; engage and support healthcare providers; and improve overall population health.
- On February 1, 2020, the Standard Plan goes live for all for ~90% of the NC residents currently on Medicaid.

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He shared information on Prepaid Health Plans (PHP) and said they have been contracted to facilitate the healthcare services for managed Medicaid. (Two slides)

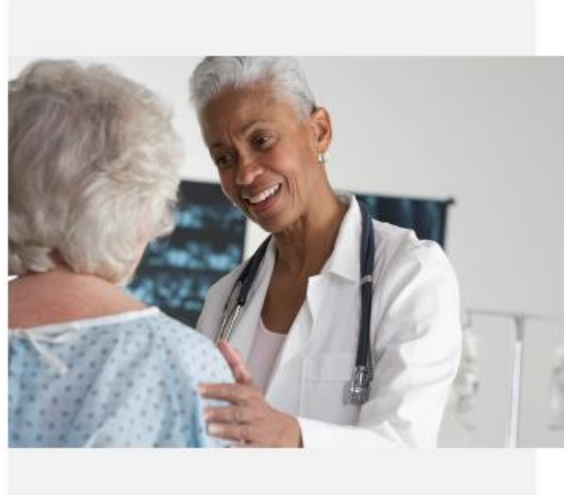
Medicaid Transformation Future

- Prepaid Health Plans (PHPs) will oversee the direct management of certain healthcare services and share the financial risks with contracted care providers to deliver services to their members.
- Five PHPs have been identified for our region
 - AmeriHealth Caritas North Carolina, Inc.
 - Blue Cross/Blue Shield of North Carolina
 - Carolina Complete Health, Inc.
 - UnitedHealthcare of North Carolina, Inc.
 - WellCare of North Carolina, Inc.
- The total contract for the State is > \$6.0 Billion

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Medicaid Transformation Future

- Physical health and pharmaceutical services will be integrated with behavioral health.
- PHPs will contract with their preferred service providers at predetermined rates.
- PHPs will be responsible for managing costs and for any cost overruns.
- DHHS will oversee the PHPs.



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Commissioner West asked if the PHP's would communicate to coordinate patient care. Ms. Farrington said individuals will only have one service provider, but all service providers will be working together.

Commissioner Adamson said Prepaid Health Plans have become unpopular because they put profit before patient care. She asked what process an individual will need to follow if they are denied care. Ms. Farrington said the PHP's are required to meet the state mandates regarding services provided. She said the Department of Health and Human Services will oversee the PHP's and all that information is outlined in their contract.

Mr. Paige shared the milestones of Medicaid Transformation.

Medicaid Transformation Milestones

Timing	Key Milestones
10/14/19	Day 1 Open Enrollment Final Regions
Mid-November	Approved Budget by General Assembly
Mid-November	Enrollment Reminder Cards
November 15th	Provider Contracts Must be Signed for Inclusion in Auto-Assignment
12/13/19	Open Enrollment Ends
Starting 12/16/19	Auto-Enrollment to PHPs and PCPs
2/1/2020	Standard Plan Effective Date

Commissioner West asked how enrollment information is being communicated to individuals. Ms. Farrington said letters were sent to everyone with instructions for choosing a PHP. She said the Department of Health and Human Services (DHHS) has enrollment specialists to assist with the enrollment process and they have held several enrollment sessions. She said DHHS has also established a call center to assist with enrollments.

Commissioner Ford asked how many individuals have enrolled thus far. Ms. Farrington said about 80,000 people, which is about 10 percent of the total eligible enrollees. She said most people don't select a plan themselves, but they will have an opportunity to change providers each year during open enrollment.

Mr. Paige shared the impacts of the Medicaid Transformation. (five slides) He said the call center is receiving a high number of calls seeking assistance with PHP enrollment. He said some issues have been identified and processes are in place to address them.

Medicaid Transformation Impacts



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- Human Services still will be responsible for determining Medicaid eligibility.
- While an enrollment broker (MAXIMUS) has been hired to assist clients with PHP selection, we anticipate a higher level of service will be sought and Human Services call volume will increase.

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Medicaid Transformation Impacts

- PHPs will be responsible for contracting for non-emergency transportation and don't have to contract with the County. Currently, receiving \$3.15M and estimated that ~20% of those revenues will move to PHPs in the first year with additional funding being lost each year.



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Medicaid Transformation Impacts

- GoWake Access provides approximately 145,000 van trips annually to 3,300 unique clients.
- 800 Clients will transition into managed care in the first phase and Go Wake Access will provide about 12,800 fewer trips as a result.
- GoWake Access will continue providing at least 132,200 trips annually to 2,500 clients until they transition into managed care which is estimated to occur in 2023.

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Medicaid Transformation Impacts

- Other areas that will be impacted include Child Welfare; Health Clinics; Public Health Care Management Programs; Pharmacy; EMS; and Alliance Health Contract.



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Medicaid Transformation Impact

- Managed care is an integrated, whole person approach to health care intended to enhance quality of services and improve control of medical costs.
- Human Services is currently the medical home for 6500 Medicaid covered children who will transition to managed care.
- Human Services Child Health Clinic is designated as Advanced Medical Home Tier 3.
- Increased focus on monitoring metrics, measuring performance and demonstrating clinical outcomes.
- Enhanced reimbursement available based on ability to meet quality and pay for performance metrics.
- Need to optimize infrastructure for data reporting and tracking.

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Ms. Farrington said DHHS is encouraging providers to contract with the non-emergency transportation providers. She said legislation requires the PHP's to contract with any willing provider and there are limited exceptions where the PHP can deny service.

Commissioner Adamson asked if the county will continue to subsidize funding for GoWakeAccess trips or if the PHP will cover the cost at 100 percent. Ms. Annemarie Maiorano, Human Services Deputy Director, said Medicaid pays for the Medicaid trips, but the county will continue to fund the non-emergency and non-Medicaid GoWakeAccess trips.

Mr. Paige shared the steps being taken by the Human Services Department to ensure a smooth transition.

Medicaid Transformation Steps Taken

Human Services

- Economic Services Division, Call Center, and reception staff in the Public Health Center have been trained to assist clients and callers.
- Temporary Call Center staff added.
- Outreach materials received and distributed.
- Enrollment events hosted.
- Enrollment broker has assigned on-site staff starting on 7/15/19 to provide in person assistance. One at Swinburne, one at Sunnybrook, and one rotating between regional locations.
- Dedicated phone line at Swinburne location in the e-Pass area, first floor.
- Baseline financial analysis, space utilization review and adaptation of business model for clinical services, to align with transformation requirements and improve access to care for high risk, vulnerable populations.
- Held a joint press conference with NCDHHS.



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He shared information on the progress with emergency medical services.

Medicaid Transformation Steps Taken

- **Emergency Medical Services**
 - Engaged counsel to review PHP's contract requirements.
 - Attended seminars to understand the potential impact on reimbursement.
 - Started a dialogue with PHP's to discuss potential compensation for EMS services not currently covered under the fee for service model.

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Mr. Paige shared steps county staff have taken to ensure a smooth transition.

Medicaid Transformation Steps Taken

- Attorney's Office is reviewing contracts with PHPs regarding the provision of Public Health Services, EMS, and Non-Emergency Transportation.
- An internal, multi-department team is evaluating potential short-term and long-term impacts on Wake County and what critical policy decisions will need to be considered.

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He shared concerns that have been identified with the Medicaid transformation.

Medicaid Transformation Concerns

- Tailored Plan, for individuals experiencing significant mental illnesses, will not be implemented until 2021.
- County at risk for any enrolled individual that it is later determined did not meet eligibility.
- Substance use disorders and intellectual/developmental disorders.
- EMS Issues.

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Commissioner West asked if the guidelines for Medicaid coverage will change due to the transformation. Mr. Paige said the guidelines will remain the same.

Commissioner Ford asked for clarification on the concerns with coverage for substance use disorders. Ms. Antonio Pedroza, Human Services Deputy Director, said individuals who do not self-

enroll in a plan may experience coverage issues related to their provider. She said the issue is fixable, but the individual may experience a delay in receiving services.

NCCARE360 and Healthy Opportunities Update

Ms. Denise Foreman, Assistant County Manager, provided an update on NCCARE360. She said best practices from other states were reviewed and that information was used when compiling the pilots.



She shared information on NC Healthcare Transformation. She said coordinating care with all types of providers is difficult, but it is very important to provide “whole healthcare.”

NC Healthcare Transformation

- Research shows up to 80% of a person's health is dependent on social, environmental, and behavioral factors. However, 90% of healthcare spending in the United States is devoted to medical care.
- NC DHHS Secretary Cohen has established vision to: “To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health.”
- To improve health outcomes, NC DHHS has partnered with others to:
 - create an interactive GIS map of Social Determinant of Health indicators
 - develop screening questions to identify patients' unmet health-related needs
 - roll out NCCare360, an electronic platform to support a statewide coordinated care network
 - design a pilot program to test and evaluate the impact of non-medical interventions on the health of high-needs Medicaid enrollees.

She shared a definition of NCCARE360. She said NCCARE360 is an electronic platform to support a statewide coordinated care network. She said it is a referral network so individuals can get information on a wide variety of services.

What is NCCARE360?

NCCARE360 is the first statewide coordinated network to collectively provide the opportunity for health that includes:

- Resource directory
- Data repository
- Referral and outcome platform

NCCARE360 Partners:



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Ms. Foreman shared the planned roll-out schedule for NCCARE360.

NCCare360 Roll-Out

- Launched in Wake County in June
- Over 100 Wake organizations included in database
- Currently active in over 21 counties, expect to be statewide by end of 2020
- Recently announced 1000th referral statewide

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She shared how Wake County has been involved in the implementation of NCCARE360. She said this approach is new to the county, and Human Services has agreed to test the program. Ms. Foreman thanked the county IT staff, legal staff, and Human Services staff for working together on the implementation of the program.

NCCARE360 Wake Participation

- Beginning with Human Services
- Worked through security and legal issues to meet county standards
 - Developed county procedure for participation and Informed Consent for client signature
 - Agreed to Memorandum of Signing with vendor
- Onboarding and training of participating program staff by end of 2019
- Will phase in participation starting with referrals into programs transitioning to referrals out to community organizations

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She shared the Wake County Human Services participating programs.

Wake Human Services Participating Programs

Health Clinics

Child Health Clinic
Dental Clinic
HIV and STD Clinic
HIV/AIDS Case Management
Immunizations and Tuberculosis Clinic
Infectious Disease Clinic
Prenatal Care Clinic
Walk-in Teen Clinic
Women's Health Clinic

Public Health Programs

Foreign Travel Immunizations
Child Care Health Consultants
HIV/STD Community Program
Pregnancy Care Management
WIC Supplemental Nutrition Program for Women Infants and Children

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Commissioner West asked if the Health Information Portability and Accountability Act (HIPAA) is a barrier or a resource for the program. Ms. Foreman said there are measures in place to protect individual personal information. She said individuals can opt out of the system if they chose to.

Healthy Opportunities Pilots

Ms. Foreman shared information on the Healthy Opportunities Pilots. She said the work already being done with Population Health and Familiar Faces makes Wake County a perfect fit for the program.

Healthy Opportunities Pilots

The federal government authorized up to \$650 million in state and federal Medicaid funding to test evidence-based, non-medical interventions designed to improve health outcomes and reduce healthcare costs for a subset of Medicaid enrollees.

Pilot funds will be used to:

- Cover the cost of federally-approved Pilot services
 - *DHHS is developing a fee schedule to reimburse entities that deliver these non-clinical services*
- Support capacity building to establish “Lead Pilot Entities” that will develop and manage a network of human service organizations (HSOs), and strengthen the ability of HSOs to deliver Pilot services
 - *DHHS will procure Lead Pilot Entities with deep roots in their community that can facilitate collaboration across the healthcare and human service providers through building partnerships.*

NC’s priority “Healthy Opportunities” domains

Housing



Food



Transportation



Interpersonal
Violence



She shared the services provided through the pilots.

What Services Can Enrollees Receive Through The Pilots?

North Carolina’s 1115 waiver specifies services that can be covered by the Pilot.



Housing

- Tenancy support and sustaining services
- Housing quality and safety improvements
- One-time securing house payments (e.g., first month’s rent and security deposit)



Food

- Linkages to community-based food services (e.g., SNAP/WIC application support)
- Nutrition and cooking coaching/counseling
- Healthy food boxes
- Medically tailored meal delivery



Transportation

- Linkages to existing public transit
- Payment for transit to support access to pilot services, including:
 - Public transit
 - Taxis, in areas with limited public transit infrastructure



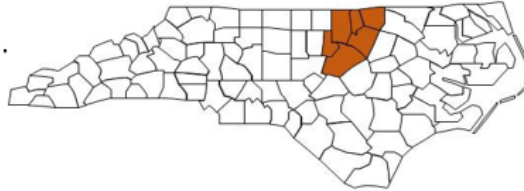
Interpersonal Violence (IPV)

- Linkages to legal services for IPV related issues
- Evidence-based parenting support programs
- Evidence-based home visiting services

She shared the partnership approach.

Partnership Approach

- Wake County partnering in effort led by Duke University and Duke's Medically Integrated Network
- Includes Wake, Durham, Franklin, Granville, Vance and Warren (WD4C)
- A successful application will include demonstrating both an understanding of each communities' assets and needs, and prioritization of funding to get the communities ready to be a pilot site.



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Ms. Foreman introduced Mr. Fred Johnson, Assistant Professor, Duke University Health System and said he is working with the six-county region to roll out the pilot opportunity.

Ms. Foreman shared the demographics for the six-county region.

Demographics for 6 County Region

	Wake	Durham	Granville	Vance	Franklin	Warren
Area (sq miles)	857	298	537	270	494	444
Total Population Est	998,576	294,618	58,341	44,508	62,989	20,324
Males	485,068	140,813	29,722	20,766	31,235	10,196
Females	513,508	153,805	28,619	23,742	31,754	10,128
Median Age	35.6	34.6	41.9	40.5	40.4	46.5
Race/ethnicity (%)						
White	69.3	53.2	64.5	45.2	69.4	40.9
African American	22	39.2	33.3	51.1	27.3	52.5
Hispanic	9.9	13.3	7.5	7.1	7.9	3.9
Avg Household Size	2.61	2.37	2.65	2.62	2.59	2.49
Median Income	\$ 70,620	\$ 54,093	\$ 50,317	\$ 32,733	\$ 44,272	\$33,913

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Ms. Foreman shared county level health outcomes.

County Level Health Outcomes

	Wake	Durham	Granville	Vance	Franklin	Warren
Health Outcomes ranking in NC	1	12	25	98	35	89
Length of Life ranking in NC	2	6	14	100	35	68
Quality of Life ranking in NC	2	25	41	97	56	94
Poor/fair health (% of adults reporting)	13%	17%	19%	24%	18%	24%
Social/Economic Factors ranking in NC	1	46	23	93	47	92
High school graduation	89%	82%	81%	82%	86%	71%
Children in poverty	12%	24%	17%	38%	24%	33%
Unemployment	3.9%	4.1%	3.9%	6.3%	4.7%	6.9%
Violent crime (number per 100,000)	115	666	293	581	142	211
Severe housing problems	14%	18%	17%	20%	15%	19%

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Commissioner West said averages can sometimes be deceiving due to the population size. He asked how these six counties were selected. Ms. Foreman said they are all self-selected and staff agreed that they made geographical sense.

Ms. Foreman shared the Healthy Opportunities Pilots. She said the RFP's have not been released yet, but they will be by the end of the year. She said the Pilots will be in place by FY 2020.

Healthy Opportunities Pilots

- Pilots will test and scale to a population level evidence-based interventions designed to improve health and reduce costs by more intensely addressing food insecurity, housing quality and instability, transportation insecurity, interpersonal violence and toxic stress for eligible Medicaid beneficiaries.
- Key pilot entities include:
 - North Carolina DHHS
 - Prepaid Health Plans
 - Lead Pilot Entities (LPE)
 - Care Managers (predominantly located at Local Health Departments and Advanced Medical Home)
 - Human Service Organizations (governmental, non-profit, etc.)

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Ms. Foreman shared the Healthy Opportunities steps taken.

HOP Steps Taken

- Duke University/WD4C expressed interest in LPE role to DHHS
- Regularly convene community leaders and human service organization partners
 - Regional group with representatives for all 6 counties
 - Local group with representatives for Wake
- Inventory services providers within all 6 counties that align with draft service definitions
- Continuously monitor and provide feedback as Pilot program design continues

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She shared the timeline for the Healthy Opportunities Pilots.

Process/ Timeline

- Late 2019: Request for Proposals (RFP)
 - RFP will determine LPEs/ Pilot Regions
- Late 2019/Early 2020: Award LPEs/ Pilot Regions
- 2020: Full year of capacity building for LPEs and regions
- January 1, 2021: Begin Service Delivery
- October 31, 2024: End Pilots (at end of 1115 waiver)

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Ms. Foreman shared the next steps for the Pilot programs. She said a resolution of support from each of the six counties will be considered at a future meeting of the respective boards.

HOP Next Steps

- Continue preparation for release of RFP by NC DHHS
 - Request Resolutions of Support from County Commissioners
 - Continue design of WD4C approach
 - Continue educating and engaging partners

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Behavioral Health Plan Update

Ms. Foreman provided an update on the Behavioral Health Plan.

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



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She shared the vision of the Behavioral Health plan. She said this vision guides the work of the plan.

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.

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She shared focus area accomplishments for each focus area.

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

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She shared information on the crisis services strategies, which is a focus area.

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)

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Commissioner Adamson asked what services the enhanced mobile unit provides. Ms. Foreman said staff with the enhanced mobile unit responds to calls with emergency services personnel when there is a mental health issue. She said there is also a peer support program that responds to overdose calls.

Commissioner Holmes left the meeting at 4:00 p.m.

Ms. Foreman shared the focus area goals for CS1, which is crisis services.

Focus Area Goals

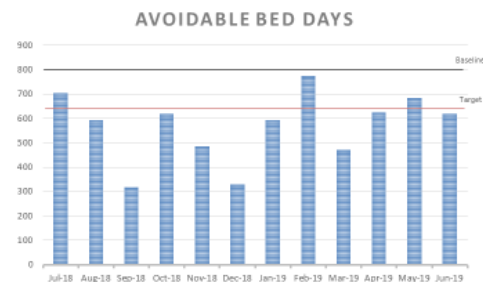
Crisis Services

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,



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She shared the goals of CS2.

Focus Area Goals

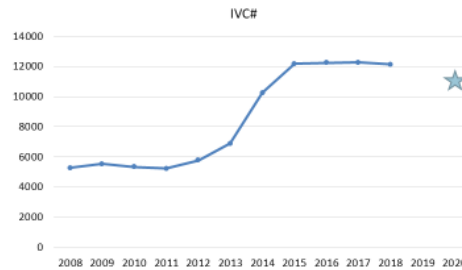
Crisis Services

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



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Ms. Foreman said there has been a drastic increase in involuntary commitments since 2008, but the number has remained stable in recent years.

Commissioner Ford asked if the involuntary commitment statistics include duplicate services for the same individual. Ms. Foreman said it is possible that an individual receives services multiple times.

Commissioner Adamson asked for an explanation of the increase in involuntary commitments between 2010 to 2016. Ms. Foreman said behavioral healthcare was moved to managed care during that time, which changed how individuals accessed services. She said Dorothea Dix hospital also closed during that time, which reduced the number of inpatient beds.

Commissioner Adamson asked what the suicide rate is in Wake County. Ms. Foreman does not have that information, but she will get it and distribute it to the board.

Ms. Foreman shared the year one objectives and progress for crisis services.

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)

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She shared information on the criminal justice strategies.

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

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She shared the focus area goals for Criminal Justice. (Two slides) Ms. Foreman said one-third of new incarcerations last year were known to Alliance Health.

Focus Area Goals

Criminal Justice

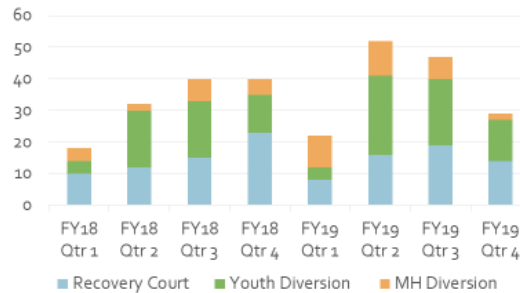
Reduced incarceration of individuals with behavioral health condition

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



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Focus Area Goals

Criminal Justice

Reduced incarceration of individuals with behavioral health condition

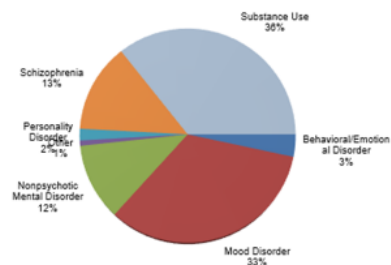
2. Reduce individuals in jail with behavioral health diagnosis by 10% by July 2020

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

Data source: Alliance

Total Consumers Received Services
1,056

Consumer Proportion by Diagnosis Group (ICD Section)



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She shared the year one objectives and progress for Criminal Justice. She said this is a working process and will be updated as necessary.

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

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Ms. Foreman shared information on access and coordination services.

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

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She shared focus area goals for access and coordination. (Two slides)

Focus Area Goals

Access & Coordination

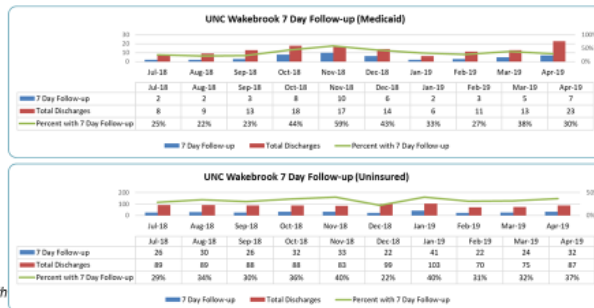
Individuals needing care can access it.

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



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Focus Area Goals

Access & Coordination

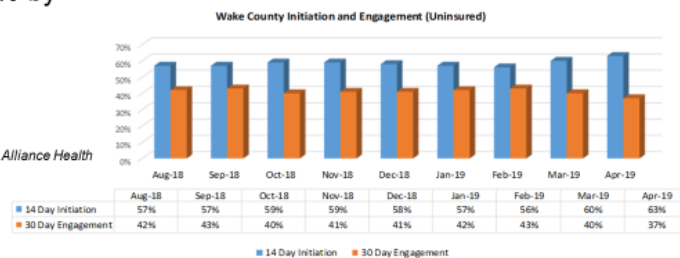
Individuals needing care can access it.

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)



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WAKE COUNTY

She shared year one objectives and progress for access and coordination.

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

WAKE COUNTY

Ms. Foreman shared information on housing strategies.

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

FY 2019 Performance:	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

FY 2019 Performance:	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

WAKE COUNTY

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She shared focus area goals for housing strategies. (Two slides)

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			

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WAKE COUNTY

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

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WAKE COUNTY

She shared year one objectives and progress for housing.

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 PSR 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 PSR 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.

WAKE COUNTY

She shared information on the Familiar Faces strategies.

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.

FY 2019 Performance:	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

WAKE COUNTY

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She shared year one objectives and progress for familiar faces.

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. Lorin 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 Klausner 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

WAKE COUNTY

Ms. Foreman shared the next steps for the behavioral health plan.

Next Steps

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

WAKE COUNTY

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Social and Economic Vitality Update

Ms. Verna Best, Human Services Program Manager, was present to provide an update on Social & Economic Vitality. She shared the agenda for today's meeting.

Today's Presentation Covers...

- Defining Social and Economic Vitality in SE Raleigh & Eastern Wake
- Introducing the Core Values and Focus Areas
- Reviewing the Strategic Framework with Performance Measures
- Discussing Accomplishments to Date

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Ms. Best recognized the following county staff and partners for their work on Social and Economic Vitality:

Clif Lavenhouse, Crosby Advocacy Group member
Christal Toodle, Crosby Advocacy Group member
Dr. Craig Brookins, Associate Professor, NC State
Chad Walker, Director of Community and Government Affairs, Transitions LifeCare
Jerry Dodson, Cooperative Extension Advisory Leadership and Crosby Advocacy Group member
Kristin Feierabend, Community Development Agenda
Vielka Gabriel, Human Services Program Manager
Dynasty Winters, AmeriCorps VISTA
Katherine Williams, Cooperative Extension

Ms. Best shared the values of Social & Economic Vitality (SEV).

Social & Economic Vitality

(Southeast Raleigh, Knightdale, Wendell and Zebulon)



Social and Economic Vitality (SEV) is a collaborative, multi-tiered initiative to eliminate intergenerational poverty in Southeast Raleigh and eastern Wake County. SEV strategies are holistic in nature and designed to foster positive community change that supports thriving families, nonprofits and small businesses.



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She shared the focus area for SEV. She said services are offered Monday through Friday at the Crosby Center, but also many Saturdays. She said the strategic partners are significant at every level of the framework for SEV.

Social & Economic Vitality

(Southeast Raleigh, Knightdale, Wendell and Zebulon)

Focus Area	Priority Strategies	Key Performance Measures	Measurement Tools	Strategic Partners
THRIVING FAMILIES Residents in SEV zones achieve upward mobility and make progress on self-identified goals.	1a. Coaching Provide a distinct cohort of families with life coaching and referral services to help them achieve goals related to education, employment, finances, mental and physical wellness, housing, and civic engagement.	<ul style="list-style-type: none"> 50 individuals complete 10-week program annually, including development of life plan * 45% of participants indicate readiness to address Social Determinants of Health at completion of 10-week program * 25 individuals actively engage in monthly group coaching sessions * 	<ul style="list-style-type: none"> Pre/post readiness assessments at start/end of 10-weeks (to be revised) Results Oriented Management and Accountability (ROMA) Self Sufficiency Scale 	<ul style="list-style-type: none"> The Green Chair Project Triangle Family Services Passage Home Wake Technical College Advance Community Health Operation Hope Dress for Success
THRIVING ORGANIZATIONS Grassroots organizations in SEV zones increase their sustainability and capacity for impact.	2a. Grassroots Nonprofit Leadership Academy (GNLA) Work with NCSU and other partners to implement the GNLA biannually for 15-25 grassroots organizations.	<ul style="list-style-type: none"> 90% of participants completing the GNLA indicate that, as a result of networking throughout the program, they accessed 3 or more resources to strengthen personal leadership skills or service delivery. 	<ul style="list-style-type: none"> Pre/post program assessment developed by NCSU Institute for Nonprofits (to be revised) 	<ul style="list-style-type: none"> NCSU Institute for Nonprofits ESC of the Triangle City of Raleigh
THRIVING BUSINESSES Existing and aspiring entrepreneurs and small businesses in SEV zones increase revenue and long-term viability.	3. Entrepreneurial Accelerator/Pitch Competition Work with partners to implement an Entrepreneurial Accelerator/Pitch Competition biannually for 15-25 preferred but not limited to "social innovators"	<ul style="list-style-type: none"> 80% of participants indicate that, as a result of networking throughout the program, they accessed 3 or more resources to advance business development or sustainability. 	<ul style="list-style-type: none"> Pre/post program assessment (to be developed) 	<ul style="list-style-type: none"> City of Raleigh Carolina Small Business Development Fund/Innovation & Entrepreneurship Center
THRIVING COMMUNITIES Residents and partners work together to build trusting relationships and lead positive community change.	4e. Strategic Partnerships & Collaboration Develop strategic partnerships and support collaborative efforts that advance SEV goals.	<ul style="list-style-type: none"> 12 new or continued activities collaboratively planned or implemented by SEV and partners \$ value of resources leveraged through partnerships to advance SEV initiatives (Calculation to be determined) 	<ul style="list-style-type: none"> MOUs Referrals Financial Reports Marketing Materials 	<ul style="list-style-type: none"> Live Well Wake Best Baby Zone NCSU - Wake Cup Black Entrepreneurship Week Planning Wake County Child Abuse Prevention Planning Diversity, Equity and Inclusion through the Chamber



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Dr. Craig Brookins, Associate Professor, NC State, said NC State partners with the county on SEV to identify community needs. He said they have worked together for two years to address community needs as they arise. He said NC State provided seed money for Community Counseling Education and Research Center, which offers free or reduced cost mental health services. He said they also support the Grassroots Non-Profit Leadership Academy, which has been successful in providing training for local non-profits.

Ms. Best shared the Results Oriented Management and Accountability Cycle (ROMA) and Self-Sufficiency Matrix.

Social & Economic Vitality

(Southeast Raleigh, Knightdale, Wendell and Zebulon)

- SEV 2.1 Support a higher quality of life for citizens in vulnerable communities through policy changes, partnerships, workforce development and the community college.

Key Accomplishments

- Workforce Development Month
- Grassroots Nonprofit Leadership Academy
- Reimagining Human Capital Development Life Coaching (formerly **Middle Class Express**)
- Anchor Asset Development
- Expanding Capacity (2 FTEs/3 Additional VISTAs)
- WakeCUP & Strategic Alignments

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Social & Economic Vitality

(Southeast Raleigh, Knightdale, Wendell and Zebulon)



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She shared how the commissioners can help meet the SEV goals.

Commissioners Matter...Here's How You Can Help



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- Support ongoing development of a comprehensive Social and Economic Vitality Plan.
- Prioritize SEV need for DATA supports, marketing/communications and anchor asset facilities development.
- Visit Crosby-Garfield & Engage with Residents and Partners.
- Value processes that seek to amplify the authentic community voices in SE Raleigh, Knightdale, Wendell and Zebulon.



Commissioner Adamson asked if there is an actual SEV plan. Ms. Best said there is not, but there has been discussion of creating one.

Commissioner West said he is proud of all the work that has taken place regarding SEV. He thanked everyone for attending today.

Ms. Williams said staff is working with the Live Well Wake program and she is hopeful that the two together will help eliminate the social determinants of health. She said staff is also working on food insecurity and the healthy opportunities pilots.

There being no further business, the meeting adjourned at 5:04 p.m.

Respectfully submitted,

Michelle L. Cerett, Executive Assistant
Wake County Board of Commissioners