BEHAVIORAL HEALTH PLAN

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This is the second Wake County Behavioral Health Plan. It covers the Fiscal Year 2022 to Fiscal Year 2023 and builds upon the Fiscal Year 2019 to– Fiscal Year 2020 plan adopted by the Wake County Board of Commissioners. It is informed by community partners and stakeholders, including a three-session Behavioral Health Summit held in late March 2021.

The plan provides direction for priorities and focuses on the following areas:

- **CRISIS SERVICES**
- **ACCESS AND COORDINATION**
- **CRIMINAL JUSTICE**
- **HOUSING**
- **FAMILIAR FACES**

Recommendations include progress measures and specificity around responsibility and accountability.

The following vision guided the first plan and provides a solid framework for this plan:

“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 sources. Continuous improvement must be a core goal in all of our efforts.”

**PLAN CONTEXT AND DEVELOPMENT**

The plan continues to focus county resources on residents who lack funds and insurance for behavioral health services. It seeks to leverage county funding with insurance, other governmental sources of revenue and resources of community partners.

For nearly a decade, Wake County has maintained local funding of nearly $30 million per year for behavioral health programs to serve county residents. The Wake County Manager’s Office has coordinated its investments with Alliance Health, the Local Management Entity for state funding and Managed Care Organization for Medicaid funds.
During the plan period, North Carolina’s Medicaid program will expand managed care to include physical health. A significant policy priority for this transformation includes integration of physical and behavioral health care for all Medicaid recipients. This transition to managed care will be phased in over the next two years. On July 1, 2021, most current Medicaid recipients will be assigned to one of five networks in the Standard Medicaid Plan. On July 1, 2022, Medicaid recipients with severe mental illness, developmental disability or certain substance use disorders will be assigned to a Tailored Plan provider.

As of this time, the NC General Assembly has not authorized the expansion of the Medicaid program. Consequently, there remains a significant number of uninsured individuals who require the safety-net support of the county and community for their care and services.

There are uncertainties to be addressed during this plan interval. These include the resumption of “normal” community, educational and social activities following the COVID-19 pandemic. Many experts anticipate—and providers are seeing—an increase in the number of behavioral health issues and substance use disorders for youth and other vulnerable populations. Also, the transition to managed care in Medicaid is expected to be confusing for many participants and providers. During the period of this plan, crisis services and access and coordination measures will be tested.

- **OVERARCHING PLAN STRATEGIES**

  **Approach**

  The Behavioral Health Plan has relied on broad community input and involvement that is supported by working groups that focus on plan priorities and strategies. The Behavioral Health Plan is coordinated with an integrated population health framework that has been adopted by Wake County: Live Well Wake. The plan is responsive and flexible to opportunities and needs. Emergent needs include COVID-19-related housing, substance use disorder prevention and treatment activities, and an anticipated increase in the need for behavioral health services that will be felt as COVID-19 subsides.

  **Accountability**

  The plan includes progress measures for each focus area. Goals are established with the expectation that the desired results will be achieved by the end of the plan term, June 2023. Updates will be provided to the Wake Directors, Wake County Board of Commissioners, associated work groups and the community.

  **Coordination or Organizational Structure**

  Building upon existing stakeholder relationships, and staffed by the County Manager’s Office, this plan will be implemented with the assistance of three coordinating committees:

  1. Crisis, Access and Coordination Team
  2. Behavioral Health/Criminal Justice Team
  3. Familiar Faces Team
Why It Matters:
A mental health crisis can be devastating for individuals, families and communities. While these crises cannot be fully predicted, we can improve how we structure services and organize approaches to best meet the needs of people who experience a mental health crisis. For adults and youth experiencing urgent or emergency behavioral health needs, there needs to be a continuum of services with sufficient capacity to assess and address the need in a timely manner. Ideally, this should be accomplished with community resources and facilities and not in the hospital or the county jail. This means providing sufficient services, which include mobile and community-based services, facility-based assessment and stabilization services, and adequate programs to receive referrals after a crisis.

Priority Objectives:
1. Focus on needs of youth in crisis.
2. Provide crisis alternatives to hospitals and jails.
3. Enhance educational outreach to improve public awareness of how to access crisis services.

Progress Measures:
- Reduce avoidable bed days at all area hospitals by 20%.
- Increase hospital diversion from EMS Mobile Crisis team by 20%.
- Track and improve the length of time to assess and place youth receiving crisis services.

Example Initiatives, Programs and Priorities:
1. Support new adolescent crisis facility led by Alliance Health and community providers.
2. Support residential needs of high-needs youth.
3. Enhance crisis services to expand availability.
4. Enhance and expand mobile crisis response.
5. Develop an educational outreach campaign to include 24/7 call resources, walk-in resources and mobile resources.
6. Engage peer support to assist with connecting individuals in need with appropriate resources.

Workgroup: Crisis, Access and Coordination Team
GET ACCESSIBLE, COORDINATED CARE WHEN NEEDED.

Why It Matters:
It’s often challenging to find the appropriate level of mental health and substance use treatment services and other support services, such as housing and employment. For many individuals and families seeking help, the system of care is confusing and difficult to navigate. The transition of North Carolina’s Medicaid program is anticipated to add more confusion among program participants and care providers. Often, frustrated individuals stop seeking care, seek help at more costly hospital emergency departments or miss out on important supports because of lack of connections between well-intended providers and community services.

Priority Objectives:
1. Expand access to care and support services for uninsured/underinsured individuals
2. Assure continuity of care and support for those transitioning from inpatient to outpatient settings.
3. Address needs of school-aged population and their families.

Progress Measures:
• Increase individuals receiving treatment within seven days of referral by a crisis facility by 10%.
• Increase school-aged students referred to behavioral health services by 10%.

Example Initiatives, Programs and Priorities:
1. Expand access to behavioral health services for uninsured/underinsured adults.
2. Support expansion of coverage for individuals and families currently in insurance gap.
3. Engage partners in efforts to increase inpatient beds available to Wake County residents.
4. Advocate for continued access to telehealth for mental health and substance use disorder needs.
5. Support development of cross-system information sharing to better connect individuals and service providers.
6. Support educational outreach campaign to include 24/7 call resources, walk-in resources and mobile resources.

Workgroup: Crisis, Access and Coordination Team
Why It Matters:

The criminal justice system should not be a default pathway for behavioral health and substance use disorder services. Arrest and incarceration often destabilize an individual’s life. Even brief incarceration can lead to adverse consequences, including loss of employment and future employment opportunities, poorer physical and behavioral health, loss of housing and future housing opportunities, and disruptions in family life and social connections.

Priority Objectives:

1. Expand and enhance diversion programs to avoid criminal charges and convictions.
2. Improve communication and care coordination between law enforcement, emergency responders and behavioral health resources.
3. Support re-entry programs to better connect individuals while incarcerated to community supports and programs.
4. Expand and support substance use disorder treatment for individuals with criminal justice involvement.

Progress Measures:

- Increase the number engaged in diversion programs by 15%.
- Achieve 75% successful completion for individuals participating in substance use disorder treatment upon release from jail.

Example Initiatives, Programs and Priorities:

1. Enhance coordination of existing diversion programs and link with supportive services and programs.
2. Engage peer support staff to develop supportive relationships with individuals while incarcerated and to support successful reentry upon release.
4. Support reentry harm reduction efforts for individuals leaving Wake County jail including access to NARCAN® and appropriate medications and/or prescriptions.
5. Support coordination of social determinant of health needs of individuals to avoid incarceration.
PROVIDE A CONTINUUM OF HOUSING RESOURCES TO ALLOW INDIVIDUALS TO FOCUS ON RECOVERY AND WELL-BEING.

Why It Matters:
For people with mental health and substance use disorders, housing provides a foundation for successful and sustained treatment and recovery. When this basic need isn’t met, people can cycle tragically in and out homelessness, jails, shelters and hospitals at a high cost to society and themselves. The loss of housing is often an underlying factor in causing one to need crisis behavioral health services. Re-establishing housing, with appropriate and necessary support services, is a critical hurdle in reclaiming one’s health.

Priority Objectives:
1. Increase availability and accessibility of a continuum of housing options and supportive services for persons with mental health and substance use disorders.
2. Support efforts to make homelessness among individuals with mental health and substance use disorders rare, brief and one-time.
3. Coordinate care management among community providers to support housing needs of clients with significant housing barriers.

Progress Measures:
- Increase available supportive housing units by 10%.
- Increase participant income by 10%.
- Increase retention of participants in housing programs by 10%.

Example Initiatives, Programs and Priorities:
1. Continue efforts to set aside supportive housing units in new developments supported with County funding.
2. Align supportive housing needs with available and future supply of housing.
3. Support efforts to reduce and remove barriers to emergency shelter, transitional housing and permanent housing.
4. Support transitional housing programs for familiar faces, criminal justice system involved and individuals leaving inpatient settings.
5. Support efforts to engage landlords who will accept rental assistance vouchers and individuals
FAMILIAR FACES

STABILIZE FREQUENT USERS OF CRISIS SERVICES.

Why It Matters:
Familiar Faces are individuals who make very frequent use of health, mental health, homeless, law enforcement and emergency medical services. These individuals tend to struggle with a combination of complex health and social issues, including mental illness, substance use disorders and unstable housing. Despite the many resources devoted to responding to frequent utilizers, care is often provided in fragmented ways that does not promote recovery or better outcomes for individuals or communities. The needs of these individuals can be better met through a coordinated multi-system approach using data frameworks to support person-centered, innovative practices that provide front line responders with appropriate crisis response options to reduce unaddressed needs, arrests and emergency medical services.

Priority Objectives:
1. Implement a data system that identifies high utilizers and helps to coordinate services for them.
2. Align identified familiar faces to a coordinated service approach.
3. Provide front line responders with needed information about familiar faces by name.

Progress Measures:
- Identify cross-system familiar faces by name.
- Implement tool that identifies community familiar faces and shares pertinent information among first responders and service providers.
- Develop a collective approach to integrated service delivery and track outcomes.

Example Initiatives, Programs and Priorities:
1. Develop cross-system data system that integrates data from multiple community partners.
2. Use data to develop identification criteria for engaging individuals in familiar faces efforts.
3. Support development of data system informed by front line responders and service providers that can assist them in working with complex individuals.
4. Calculate societal costs associated with familiar faces and other high utilizers.
5. Calculate cost comparisons of individuals once engaged in familiar faces supports.
Crisis Services
Act early and manage crisis in an appropriate setting.

Access & Coordination
Get accessible, coordinated care when needed.

Familiar Faces
Stabilize frequent users of crisis services.

Criminal Justice
Reduce interactions of individuals with mental illness and substance use disorder issues from the criminal justice system.

Housing
Provide a continuum of housing resources to allow individuals to focus on recovery and well-being.

Wake County Behavioral Health Plan
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