



WAKE COUNTY
**BEHAVIORAL
HEALTH
SUMMIT**

EVENT SUMMARY

WAKE COUNTY BEHAVIORAL HEALTH SUMMIT 2017

On Oct. 18, 2017, more than 200 community stakeholders gathered at the Raleigh Convention Center for a day-long summit conference about behavioral health services in Wake County.

PARTICIPANTS

Participants attended from across Wake County and included representation from a variety of stakeholder groups: behavioral health advocates, housing services, local and state government, medical community, human service providers, criminal justice system and faith community.

GOALS FOR THE DAY

The purpose of the summit was two-fold:

1. To share important information and highlight initiatives planned or underway and important gaps; and
2. To begin to set priorities regarding next actions to take.

FIVE CRITICAL DISCUSSION TOPICS

The day-long event was sponsored by The Directors and focused on five pressing behavioral health issues:

- ▶ **Crisis Services:**
Reduce wait times and improve access to needed services
- ▶ **Criminal Justice:**
Reduce the number of mentally ill in jail
- ▶ **Access and Coordination:**
Achieve improved outcomes for individuals in the system (providers, clients, families, agencies) by bettering the behavioral health
- ▶ **Familiar Faces:**
Identify, as early as possible, likely high-utilizers and take appropriate interventions to reduce their cyclic use of highly reactive services and improve the quality and stability of their lives
- ▶ **Housing:**
Increase housing stock and improve options for the behavioral health population



SPEAKERS

The audience heard from the following speakers who provided context and information about the topics for the day.

Welcome

Sig Hutchinson, Wake County Board of Commissioners Chair
Donnie Harrison, Wake County Sheriff

Orientation

Jim Hartmann, County Manager
Denise Foreman, Assistant County Manager

Crisis Services

Ann Akland, NAMI Wake County

Criminal Justice

Lorri Freeman, Wake County District Attorney



POWERPOINT PRESENTATION:

(cont.)

Familiar Faces

Dr. Brian Klausner, WakeMed Health & Hospitals

Access and Coordination

Dr. Kate Knutson, Alliance Behavioral Healthcare

Housing

David Ellis, Deputy County Manager

Closing

Lorin Freeman, Wake County District Attorney

SUMMIT PROCESS

After brief orientation presentations on the topics, participants, randomly assigned to small table discussion groups and with the help of a facilitator and table leaders, discussed the topics guided by the written materials, added new initiatives to be considered, and voted their priorities for the initiatives to be pursued.

The written table discussion materials and full summary voting results can be found at wakegov.com/humanservices/behavioralhealth.



PRIORITY RESULTS

The voting results for the top three initiatives for each topic are as follows:

▶ **Access/Service Coordination**

1. Expand outpatient care for individuals who are uninsured or underinsured.
2. Develop connections with health care providers, including sharing of pertinent case and health information where appropriate.
3. Acquire technology framework for assessment, case management and outcomes tracking.

▶ **Criminal Justice**

1. Expand pre-charge diversion programs for adolescents and adults.
2. Advocate for Medicaid to be suspended rather than terminated when an individual is incarcerated.
3. Improve re-entry program linkages.

▶ **Housing**

1. Expand rapid rehousing options for individuals exiting institutions such as jails, hospitals, crisis facilities, etc.
2. Create additional permanent supportive housing.
3. Implement a Housing First strategy that provides housing before addressing other needed services.

▶ **Crisis Services**

1. Increase size of psychiatric inpatient capacity.
2. Expand adult crisis assessment services capacity and add additional locations.
3. Develop a walk-in behavioral health urgent care service.

▶ **Familiar Faces**

1. Develop an early intervention system for those who have a pattern of services utilization.
2. Intersect data systems to identify individual high utilizers.
3. Assign high risk individuals to case managers.

EVALUATION

Participants turned in 138 written evaluations of the day. There were a variety of constructive suggestions made. This feedback will be used to help shape follow-up implementation efforts.

More information from the evaluations can be found at wakegov.com/humanservices/behavioralhealth.

A COURSE FOR FURTHER WORK

The summit has added energy and support, and provided direction, for important community challenges. There was broad commitment expressed by participants to keep learning and talking with one another.

Many participants indicated keen interest in helping implement the priorities that emerged from the day's conversation and balloting. For many, the summit provided important insights about work underway and an understanding that efforts going forward should build upon existing community priorities and commitments.

Expectations for tangible improvement and support for individuals and families who are touched by mental illness were raised.

There are several broad community efforts, such as the Population Health Task Force, and staff-led efforts, like the Criminal Justice and Mental Health Advisory team, that are active and working to advance work in the areas of criminal justice, supportive housing, familiar faces and crisis services. These groups need support as they provide direction and organizational focus and resources.

To bring together the energy from the summit with the work underway, a group of summit participants and organizational leaders will come together under the direction of the Directors for the next 90 days to work on a concrete plan of action that:

- Articulates a global vision for behavioral health services in Wake County.
- Builds a team of informed citizens engaged in making measurable progress for neighbors with mental illness.
- Advances Summit priorities in the following areas:
 - Criminal Justice
 - Crisis Services
 - Familiar Faces
 - Access and Coordination
 - Housing



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