

FACT SHEET: **ACCESS AND COORDINATION**

IMPORTANT FACTS

- Way-finding to and within the behavioral health continuum of services is confusing for patients, families, service providers and institutions.
- Access to services for indigent, uninsured, underinsured and special needs patients is difficult.
- Legally sharing confidential health information is challenging.
- Integration of services between health and human services organizations is a challenge. Case management systems across multiple systems of care are inadequate.
- Current behavioral health information systems are improving but often lack the capacity to track patient quality and satisfaction outcomes.

INITIATIVES UNDERWAY

- Mental Health First Aid education enables providers and first responders with important guidance about how to help individuals.
- NC DHHS, Alliance and other funders are supporting approaches to help address barriers to Social Determinants of Health, which are most often food and housing insecurity, poverty and lack of reliable transportation.
- ACTT (Assertive Community Treatment Team) services are available for individuals with severe and persistent mental illness.
- The Wake County Public School System has implemented model school-based treatment services.
- WakeMed has launched a Community Case Management Mental Health Pilot.
- WakeBrook provides primary medical care for behavioral health patients.
- AHA (Advocates for Health and Action) has mobilized community stakeholders to help address ACES (Adverse Childhood Experiences).
- The Wake County Community Health Assessment has identified Behavioral Health as a key priority.

GAPS

- Meaningful intervention often happens late. There is a pressing need to provide earlier prevention services.
- Screening for behavioral health needs is inconsistent across service providers.
- For people with multiple health problems, accessing a medical home that comprehensively addresses physical and behavioral health in an integrated fashion is challenging, especially for those who have no or inadequate insurance.
- Coordinated information technology infrastructure is lacking.

**Tally Sheet: Access and Coordination
Initiatives and Strategies**

		Tally
A	Develop connections with health care providers, including sharing of pertinent case and health information where appropriate	126
B	Acquire technology framework for assessment, case management and outcomes tracking.	114
C	Expand school-based mental health program.	110
D	Expand awareness of behavioral health issues to the community.	72
E	Engage community in Mental Health First Aid training.	28
F	Complete a County Behavioral Health Plan.	52
G	Expand outpatient care for individuals who are uninsured or underinsured.	141
H	Increase access to necessary therapeutic pharmaceuticals.	47
I	Improve transportation to needed services.	77
J	Expand early behavioral health screening.	39
K	Expand the ACEs Initiative.	17
L	Expand language services at access	14
M	Advocate for Medicaid expansion and improved access to health insurance	49
N	Develop integrated Assertive Community Treatment Teams	8
O	Increase providers doing integrated mental and physical health care.	20

IMPORTANT FACTS

Based upon 2017 Wake County-sponsored studies of Wake County detention data:

- The total Wake County Detention Center admissions in 2016 were over 31,000.
- 25% individuals admitted to jail have probable mental health problems at the time of booking.
- Individuals with probable mental health problems stay in jail stay twice as long as those without.
- Most inmates are charged with misdemeanor offenses.
- Many individuals booked into jail lose their Medicaid after 30 days in jail.

INITIATIVES UNDERWAY

- The county is looking to provide supplemental screenings for inmates with mental health symptoms and enhanced screenings for criminogenic risk.
- Electronic medical records are being implemented in the jail to enhance medical services and increase data collection.
- Mental health education through the Crisis Intervention Team (CIT) for law enforcement and amended CIT training for detention officers in the jail continues to be expanded.
- A mental health deferral program is being implemented through the court system.
- A Forensic Post Release program utilizes critical time intervention for intensive services for up to 9 months for individuals leaving the jail.
- An inmate education and workforce program pilot will better connect individuals to the workforce upon release.

GAPS

- There is a shortage of available housing for those with criminal histories.
- There are insufficient jail diversion options, pre-and-post arrest.
- Reentry services that assist jail inmates with mental health or substance abuse diagnosis when they return back into the community are uncoordinated.
- Substance abuse treatment in the jail is limited.
- Data sharing between the jail and other providers is a challenge due to constraints around patient privacy protection.
- Accessing transportation, especially to behavioral health providers and to pick up medications, is challenging.
- In some instances, jails have become a default for lack of access to needed behavioral health services.

**Tally Sheet: Criminal Justice
Initiatives and Strategies**

		Tally
A	Expand precharge diversion programs for adolescents and adults	168
B	Improve pre-conviction diversion programs.	56
C	Improve post-conviction recidivism reduction programs.	32
D	Expand availability of substance abuse treatment in jail.	41
E	Provide for medication access upon release from jail.	85
F	Increase mental health training for criminal justice staff.	54
G	Develop risk score for incarcerated individuals and assign them to community intervention team.	25
H	Improve re-entry program linkages.	92
I	Create a "jail alternatives team" to assist public defender, district attorney , jail command staff and judges.	47
J	Implement evidence based behavioral health screening for those with second spell at the county jail.	16
K	Advocate for Medicaid to be suspended rather than terminated when an individual is incarcerated.	100
L	Implement mental health court.	67
M	Increase peer support specialist inreach and reentry.	29
N		

IMPORTANT FACTS

- A crisis service is one of the following: admission to a hospital emergency department (ED), crisis assessment, facility-based detox or crisis facility; admission to any inpatient psychiatric hospital or day hospital program; mobile crisis, EMS or Crisis Intervention Team (CIT) response; or behavioral health urgent care or behavioral health ER.
- Wake County's crisis assessment capacity at WakeBrook is 12 slots. Occupancy rate is frequently over 125%, and it has been in diversion status 16% of the time in 2017.
- On any given day, there are about 100 individuals waiting in Wake County hospitals for behavioral health crisis services. It is not uncommon for WakeMed to have 80 people waiting.
- There are approximately 1,000 court-ordered inpatient commitments each month in Wake County.
- Top presenting crisis issues are other mood disorders, psychotic disorders, bipolar disorders, substance abuse disorder and cognitive disorders.
- Housing instability, transportation and quick access to assessment and treatment are significant factors for crisis services.

INITIATIVES UNDERWAY

- WakeBrook provides 12 crisis assessment slots, 16 medical detoxification beds, 16 facility-based crisis beds (lower level of care than inpatient beds), 28 inpatient psychiatric beds and primary care medical clinic for behavioral health patients.
- Wake County and UNC are considering adding psychiatric inpatient beds at WakeBrook.
- Holly Hill, Triangle Springs Psychiatric Hospital, and Strategic Behavioral Health are adding 165 beds.
- Alliance is developing an adolescent crisis facility.
- Several service providers offer walk-in clinics to help avoid hospitalization and crisis.
- Behavioral Health urgent care discussions are underway.

GAPS

- Capacity for crisis assessment and immediate psychiatric services needs significant expansion across Wake County.
- Substance use, especially increases in opioid addictions, has increased crisis referrals.
- Pressing crisis services needs are not well-met for youth, elderly and violent individuals.
- Services for individuals who are uninsured or underinsured have limited access to urgent behavioral health care.
- Access to crisis services is confusing.

**Tally Sheet: Crisis Services
Initiatives and Strategies**

		Tally
A	Expand adult crisis assessment services capacity and add additional locations.	110
B	Add adult facility-based crisis beds.	69
C	Expand geriatric crisis assessment services.	13
D	Develop a walk-in behavioral health urgent care service.	88
E	Create respite program (step down) for individuals exiting health care facilities.	71
F	Improve mobile crisis service model.	70
G	Increase size of psychiatric inpatient capacity.	129
H	Develop a Behavioral Health Emergency Room.	77
I	Implement an education campaign to improve awareness of how to access crisis service.	65
J	Increase prevention and early intervention - mobile primary care - address comorbidities.	64
K	Improve specialized emergency services for children and adolescents.	34
L	Create social setting - nonmedical detox	10
M	Increase language interpretation services to improve care.	13
N		

FACT SHEET: FAMILIAR FACES

IMPORTANT FACTS

- Familiar Faces are individuals who have frequent interactions with homelessness, medical, human services and law enforcement services.
- Wake County recently completed a study of Familiar Faces who encounter Wake County jail, emergency medical and homelessness services.
- When jail, EMS and homelessness caseloads are compared, slightly more than 800 persons are known to all three systems, and 26 are considered to be top 5% utilizers of all three systems. These individuals are generally older and male, with complex needs that combine physical health, behavioral health and other human service conditions.
- WakeMed has developed analytics to identify some of the sickest and most vulnerable patients with high utilization across medical systems and works closely with them to help connect them with community services that address underlying social determinants of health.
- There is no cross-system, comprehensive strategy to meet the needs of Familiar Faces.

INITIATIVES UNDERWAY

- Health-related organizations (hospitals, Alliance, other providers) are actively working to improve coordination efforts, especially with the criminal justice stakeholders.
- The Wake County Population Health Task Force has identified addressing the needs of Familiar Faces as a key strategy.
- WakeMed recently implemented a case management program for frequent utilizers of emergency services. Many of these patients have behavioral health diagnoses.
- Efforts are underway to enhance supportive housing and increase the quantity and quality of decent housing.
- First-line providers are discussing how to standardize and improve behavioral health screenings to better inform case management efforts and provide targeted services earlier.
- A task group is being formed to identify ways to pull together an information system capacity to aid more coordinated service delivery.

GAPS

- There is a lack of a clear definition and coordinated case management for this population.
- Systems do not track outcomes for Familiar Faces on a consistent basis.
- There is a pressing need to provide preventive services earlier.

**Tally Sheet: Familiar Faces
Initiatives and Strategies**

		Tally
A	Develop an early intervention system for those who have a pattern of services utilization	171
B	Intersect data systems to identify individual high utilizers.	148
C	Develop risk score for incarcerated individuals and assign them to community intervention team	26
D	Assign high risk individuals to case managers	123
E	Identify trends to avoid high utilization through analytics.	32
F	Use analytics to help target preventative services sooner.	65
G	Increase housing options for Familiar Faces.	103
H	Implement Housing First strategies for Familiar Faces (including harm reduction strategies)	84
I	Collect/analyze Youth familiar faces data	13
J	Increase access to multidisciplinary teams for familiar faces.	30
K	Develop and utilize a universal consent form/approach	54
L	Implement wrap around peer support approach for familiar faces	37
M	Improve collaborations between major institutions serving familiar faces (jail, hospitals, crisis services, etc.)	31
N		

IMPORTANT FACTS

- Stable housing is an essential element of one's physical and behavioral health.
- From 2000-2015, more than 60% of the Triangle's growth occurred in Wake County. It is one of the fastest growing counties in the country.
- Wake County needs to add 7,500 new housing units each year through 2030 to accommodate projected population growth. More than 42,000 Wake County households spend more than half of their income on housing.
- Incomes have risen by 26% since 2000, but housing costs have risen 41%. Households below the median income accounted for 66% of population growth from 2000-2015.
- Access to stable housing is very difficult for individuals who have special needs, criminal records or persistent behavioral health issues.
- There are many community providers who assist in supporting the placement of housing services, but there are insufficient resources to cover the demand for their services, especially for individuals with special needs.

INITIATIVES UNDERWAY

- The Wake County Affordable Housing Plan synthesizes current sustainable housing efforts and creates a long-term affordable housing vision.
- The State of North Carolina entered into a settlement agreement with the U.S. Department of Justice to assure that people with mental illness are allowed to reside in their communities in the least restrictive setting of their choice.
- Service providers for the homeless are consolidating their intake services at a new multi-service center to better coordinate service delivery.
- A bridge housing pilot project with supportive services will soon begin to provide safe, temporary housing for people waiting for permanent Housing First placement.

GAPS

- There is an unmet affordable housing need for 56,000 households earning less than \$39,000 annually.
- Lack of housing options with appropriate supports and wrap-around services is a hurdle for moving behavioral health clients from non-institutional settings.
- Loss of housing or housing insecurity often affects a person's access to behavioral health services.

Tally Sheet: **Housing** Initiatives and Strategies

		Tally
A	Expand short-term housing options for individuals exiting institutions (jails, hospitals, crisis facilities, etc.). (rapid rehousing not short term housing)	312
B	Create additional permanent supportive housing.	323
C	Enhance services for current permanent supportive housing efforts.	111
D	Create respite program for individuals exiting health care facilities.	70
E	Expand coordinated re-entry efforts for those exiting the criminal justice system.	119
F	Enhance housing placement and service coordination for special needs individuals (including co-occurring needs)	117
G	Implement a Housing First strategy that provides housing before addressing other needed services.	188
H	Reuse existing facilities for housing (hotels, Dix buildings, etc.)	98
I	Expand rental subsidies with risk mitigation for landlords	72
J	Distribute housing options across county (with accessible transportation options)	29
K	Consider land use policy - allow tiny homes, more multifamily	58
L	Housing options for youth transitioning to adulthood/independence	57
M	Provide more financial counseling/debt management - eviction avoidance services	62
N		