

Wake County, North Carolina:

MOBILE CRISIS TEAMS SUPPORTING THOSE EXPERIENCING MENTAL ILLNESS, SUBSTANCE USE DISORDER AND HOMELESSNESS

OVERVIEW

Wake County, North Carolina, is the state's second most-populous county, encompassing its capital, Raleigh. The county is home to approximately 1,092,305 residents, of whom 8.9 percent live in poverty.¹ Per its most recent community health needs assessment, conducted every three years, Wake County identified homelessness and substance misuse as key priority areas for the county. In 2016, approximately 1,300 county residents were experiencing homelessness, of whom 37 percent had substance use disorder (SUD) and 18.8 percent struggled with a serious mental illness.²

In summer 2017, Wake County commissioned two studies related to incarceration, mental health, SUD and homelessness. The first study focused on the characteristics and utilization patterns of “familiar faces” — individuals with disproportionately high rates of criminal justice system involvement and utilization of county emergency medical services and homelessness services. The study found that

individuals with high utilization patterns were disproportionately housing-insecure Black or African American men.³ Seventy percent of jail bookings for familiar faces were for misdemeanor-level charges, most of which were likely related to homelessness, mental health or SUD.⁴ The second study examined the mental health characteristics of county jail detainees and found that approximately one in four detainees had a mental health condition or SUD.⁵

Based on these assessments, Wake County developed a number of innovative programs that target the intersecting challenges of SUD, homelessness and mental health conditions. Notably, the county was able to take advantage of North Carolina's transition to a Medicaid managed care system to invest in these programs. This case study will focus on Wake County's Enhanced Mobile Crisis Pilot Program and present key takeaways for other cities and counties considering similar cross-systems approaches.

PROGRAM DESCRIPTION

Enhanced Mobile Crisis Pilot Program

Wake County's Enhanced Mobile Crisis Pilot Program uses a team of mobile crisis behavioral health clinicians to connect those in crisis with service providers best suited to their needs. The purpose of this effort is to decrease overuse of emergency departments (EDs). Modeled after a similar program in Austin, Texas, Wake County began piloting the program in February 2019. The program is operated through a partnership between Alliance Health (a local behavioral health managed care organization (MCO)), and Therapeutic Alternatives (a local mobile crisis response provider), in collaboration with Wake County EMS, with funding from Wake County Behavioral Health.⁷

Enhanced Mobile Crisis teams are stationed in EMS stations throughout the county, so that they can quickly dispatch when the EMS is called. The team's work begins when EMS first responders, typically trained advanced paramedics, receive an emergency call related to a behavioral health issue. Wake County EMS personnel receive Crisis Intervention Team (CIT) training in mental health, allowing them to provide an initial assessment of the patient's mental state. Once EMS personnel determine that the individual has no physical health concerns and that the case is appropriate for the Enhanced Mobile Crisis team, the team travels to the site and completes a warm hand-off.

Upon arrival, mobile crisis clinicians conduct an in-depth assessment of the presenting crisis, current supports and resources. In some cases, behavioral specialists are able to provide short-term, onsite crisis management; otherwise, they refer individuals to appropriate services.^{8,9} For those who require

more intensive intervention, the Enhanced Mobile Crisis team continues to work with the individual for up to 30 days after the initial emergency call in order to ensure continued outpatient care for their condition. Case management is a key part of the 30-day follow-up period to make sure patients' outpatient treatment plans are working. If patients have difficulty, clinicians are able to identify additional barriers during this initial follow-up period and help the patient overcome those barriers through navigation assistance to existing treatment and support resources. Through this pilot, Wake County is testing the efficacy of diverting patients with low-acuity mental health conditions from more expensive systems of care, such as emergency departments and hospital behavioral health inpatient units, to community care providers.

RESULTS

The Enhanced Mobile Crisis Pilot Program is still in its early stages of implementation, but Wake County Behavioral Health, EMS and County Manager's Office will collectively assess the program upon its completion. Some of the metrics that will be evaluated include the number of EMS referrals, the number of cases seen by the mobile crisis program, and the percentage of patients who are able to stay in the community with an outpatient plan.

Very preliminary data (i.e. between April 2019 when the program reached full staffing capacity and August 2019) suggest promising results. During the initial five months of program operation, there were 136 EMS referrals and 70 mobile crisis clinical encounters. Sixty five percent of patients who were engaged by mobile crisis stayed in the community with an outpatient plan. The county is in the process of enhancing its

operational workflow to increase the number of cases the pilot program can take on.

FINANCING AND SUSTAINABILITY

In 2011, behavioral health services formerly operated by state and county health departments were brought under the purview of Local Management Entity-Managed Care Organizations (LME-MCOs). These public, regional organizations administer mental health, developmental disability and substance abuse services (MH/DD/SA) throughout the state. NC Medicaid funds LME-MCOs to reimburse care for Medicaid beneficiaries, while counties provide funding for uninsured patients' care and programs that Medicaid does not cover.^{10,11}

Alliance Health is the LME-MCO responsible for coordinating behavioral health services in Wake County. In addition to coordinating MH/DD/SA services in the region, Alliance has spearheaded a number of innovative programs for individuals with behavioral health needs which are funded through a mix of federal and state funding including Medicaid. These programs include housing assistance, non-emergency transportation and disaster relief.^{12,13}

Wake County officials adapted to this shift in responsibilities by reallocating tax revenue for public social services to support community behavioral health providers. The county invests \$30 million worth of services delivered through contracts with private for-profit and non-profit agencies located throughout the county. This shift also freed up funding for the county to invest in the Enhanced Mobile Crisis Pilot Program. Acknowledging that the county's behavioral health needs far outpaced the resources available, the Board of Commissioners allowed for the county to

dedicate prior-year behavioral health budget savings for innovative pilot programs like mobile crisis teams.

COLLABORATION ACROSS SYSTEMS

The Wake County Enhanced Mobile Crisis Pilot Program collaborates with a number of programs and organizations that participate in a system of care for those with mental illness:

WakeBrook

WakeBrook is a behavioral health facility operated by the University of North Carolina Health Care that offers a continuum of services for people dealing with mental health issues and/or SUD. Mobile crisis clinicians refer individuals to WakeBrook for crisis and assessment services, crisis stabilization, detoxification, and inpatient services.¹⁴ WakeBrook receives approximately \$10 million in annual funding from Wake County.

Alliance Health Housing Resources

As part of its efforts to address social determinants of health, Alliance Health offers a number of housing resources for individuals experiencing housing insecurity and concurrent behavioral health issues.

- The Independent Living Initiative Program is a short-term, one-time financial assistance program that assists Alliance Health beneficiaries experiencing housing insecurity with their rent, utilities, or security deposit.¹⁵
- The Restoring Hope Initiative is a three to six-month-long rental assistance program targeting Alliance Health beneficiaries who are homeless or housing insecure. The program is focused on assisting individuals

who frequently interact with emergency departments, the criminal justice system, and homeless shelters.¹⁶

- The Transitions to Community Living Initiative provides direct rent subsidy payments and works closely with property owners to ensure that individuals with mental illness are able to reside in their communities in the least restrictive settings of their choice.¹⁷

Oak City Cares

The Enhanced Mobile Crisis team may also refer individuals experiencing homelessness to Oak City Cares, an organization that provides comprehensive services to individuals and families who are at risk of or are experiencing homelessness. These services include primary urgent medical care, health screening and education, mental health services, assistance enrolling in public benefits such as the Supplementary Nutrition Assistance Program (SNAP), SUD counseling and referral and a legal clinic. Oak City Cares also provides individuals with basic necessities, such as showers, laundry, computer access, a secure cell phone charging station and weekend meals. The organization is operated by Catholic Charities of the Diocese of Raleigh, North Carolina, with funding and support from the City of Raleigh, the Raleigh/Wake Partnership to End and Prevent Homelessness, Wake County and numerous local health care providers and social service agencies.¹⁸

ROLE OF COUNTY LEADERSHIP

Wake Directors

Led by the District Attorney and the County Manager, Wake Directors brings together the Wake County School Superintendent, the Raleigh City Manager, the Raleigh Police Chief and Wake County Sheriff, Wake EMS Advanced Practice Paramedics, two major hospital systems, Alliance Behavioral Healthcare, the Housing Authority, the National Alliance on Mental Illness of Wake County and the Wake County Human Services Department to address issues related to the systems of crisis stabilization in Wake County. Recognizing that the same individuals tend to move in and out of various systems, these law enforcement, mental health care, city and social services representatives meet bi-monthly to address five priority areas: criminal justice; crisis services; familiar faces; access and coordination and housing.¹⁹

In 2017, Wake Directors hosted a behavioral health summit, bringing together stakeholders and community members to identify strategies to improve mental health treatment and response in Wake County, and to prioritize the next steps for the community.²⁰ Based on conversations that arose from this summit, Wake Directors released a comprehensive behavioral health plan for 2019-2020.²¹ Initiatives proposed in this plan include:

- Establishing the Enhanced Mobile Crisis Pilot Program;²²
- Acquiring an informatics platform to support integrated case management and assessment across services;²³
- Advocating to suspend rather than terminate Medicaid for individuals

incarcerated in the county detention center;²⁴ and

- Conducting a feasibility study for implementing a rental subsidy paired with support services for vulnerable populations.²⁵

KEY TAKEAWAYS FOR COUNTY LEADERS

For city or county leaders considering similar approaches to addressing SUD, homelessness, and mental health issues, there are several key lessons that can be learned from the Wake County Enhanced Mobile Crisis Pilot Program and its collaboration with other stakeholders and initiatives:

Use data to inform interventions. The studies that Wake County commissioned to evaluate familiar faces and county jail detainees demonstrated a pattern of arresting individuals experiencing homelessness, behavioral health issues and/or SUD. Repeatedly arresting individuals failed to appropriately address their underlying needs and created a reoccurring burden for law enforcement. Assessments of the county's behavioral health systems also indicated a need for additional facilities and novel approaches to crisis response. These data were subsequently used to demonstrate the value of investing in enhanced services for individuals experiencing homelessness, mental illness and/or SUD.

Solicit buy-in from diverse stakeholders.

The Wake County Behavioral Health Summit solicited input on crisis response initiatives and priorities from more than two hundred professionals, government officials, activists, and other community members.²⁶ Materials and presentations from the summit provided an overview of the current state of affairs in the county and encouraged participants to work in groups to prioritize and evaluate potential responses.²⁷ Feedback from the summit ultimately led to a comprehensive behavioral health plan that considers multiple approaches to address a wide range of needs.

Seek technical assistance from third parties, when possible.

Prior to North Carolina Medicaid's shift to a managed care system, all county data on behavioral health services and outcomes, EMS responses and incarcerated individuals were relatively easy for the Wake County Department of Behavioral Health Services to access and share. Once Alliance Health became responsible for overseeing behavioral health services, it became more difficult for city officials to access protected information and analyze trends in spending and delivery. To overcome this barrier, the county has contracted with a third party to collect and analyze data from local emergency departments, behavioral health clinics, jails and homeless shelters. This arrangement decreased the burden of coordinating with multiple agencies while ensuring compliance with privacy and patient protection laws.

Clearly define which agencies are responsible for outcomes. Wake County's crisis response initiatives are operated through voluntary partnerships between local government, health care providers, universities, insurance companies and EMS. These initiatives are funded through a combination of state, federal, local, and private for-profit and non-profit sources. While these partnerships enable Wake County to leverage a wide range of experts and funding sources, there is occasional uncertainty regarding which agency is ultimately responsible for outcomes and funding. On the other hand, because agencies focus on a select few performance measures

relevant to their reporting requirements, the interagency oversight of the mobile crisis response program helps to avoid potentially costly cycles in which certain outcomes are met at the expense of other measures or a more holistic improvement to the county's crisis response system. For example, it is important hospitals are not reducing their avoidable bed days by discharging individuals back into homelessness without access to ongoing treatment, prescriptions or community integration.

ENDNOTES

- 1 Quick Facts, Wake County, North Carolina, United States Census, available at: <https://www.census.gov/quickfacts/fact/table/wakecountynorthcarolina/PST045218>.
- 2 Wake County Community Health Needs Assessment, Wake County Department of Human Services, 2016, available at: <http://www.wakegov.com/humanservices/data/Documents/2016%20Wake%20County%20CHNA%20Full%20Document%20Final.pdf>.
- 3 SAS. (2017). SAS Project Full Report. <http://www.wakegov.com/humanservices/behavioralhealth/Documents/SAS%20Project%20Full%20Report%20Final.pdf>.
- 4 Id.
- 5 Desmarais S. L., Lowder, E. M., Dong, L., & Laber, E. B. (2017). Mental Health Characteristics of Detainees in the Wake County Jail. North Carolina State University. <http://www.wakegov.com/humanservices/behavioralhealth/Documents/NCSU%20Jail%20Project%20Final%20Report.pdf>.
- 6 <https://nami-wake.org/new-wake-mobile-crisis-services-in-mental-health/>.
- 7 Alliance Health. (2018). Thought Leadership: Realizing Our Vision: Aligning Our Focus [2018 Annual Report]. <https://www.flipgorilla.com/p/25693471184528801/show#/25693471184528801/8>.
- 8 National Alliance on Mental Illness: Wake County. New: Wake Mobile Crisis Services In Mental Health. <https://nami-wake.org/new-wake-mobile-crisis-services-in-mental-health/>.
- 9 Alliance Health. (2019). Mobile Crisis Services. <https://www.alliancehealthplan.org/consumers-families/crisis-and-access/mobile-crisis-services/>.
- 10 Johnson, H. (2018). Medicaid Transformation. North Carolina Association of County Commissioners. http://www.ncacc.org/DocumentCenter/View/4383/MedicaidTransformation_final.
- 11 Lin, A. P. (2007). The Implementation of Local Management Entities in North Carolina. Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services. <https://www.ncleg.gov/documentsites/committees/JLOCMH-DD-SAS/LOC%20Minutes%20and%20Handouts/Minutes%20for%202007/LOC%20Meeting%20September%2025,%202007/LME%20Review%20Final%20Report%20-%20Dr.%20Alice%20Lin.pdf>.
- 12 Alliance Health. (2018). Thought Leadership: Realizing Our Vision: Aligning Our Focus [2018 Annual Report]. <https://www.flipgorilla.com/p/25693471184528801/show#/25693471184528801/Q>.
- 13 Alliance Health. (2019). Housing Resources. <https://www.alliancehealthplan.org/providers/housing-resources-2-2/>.
- 14 UNC Medical Center. WakeBrook. <https://www.uncmedicalcenter.org/uncmc/care-treatment/mental-health/unc-hospitals-at-wakebrook/>.
- 15 Alliance Health. (2019). Housing Resources. <https://www.alliancehealthplan.org/providers/housing-resources-2-2/>.
- 16 Id.
- 17 Id.
- 18 Oak City Cares. About Us. <https://oakcitycares.org/about-us/>.
- 19 Wake County. (2017). Wake County Behavioral Health Summit [Agenda]. <http://www.wakegov.com/humanservices/behavioralhealth/Documents/Participant%20Packet%20Final.docx.pdf>.
- 20 Id.
- 21 Wake County. Wake County Behavioral Health Plan, 2019-2020. <http://www.wakegov.com/behavioralhealth/Documents/BH%20Plan%20Approved.pdf>.
- 22 Id.
- 23 Id.
- 24 Id.
- 25 Id.
- 26 Goldsmith, T. (2017). Its Mental Health System Is “Overwhelming, Complicated, and Messy.” Wake County Wants to Fix That. Indy Week. <https://indyweek.com/news/wake/mental-health-system-overwhelming-complicated-messy-wake-county-wants-fix/>.
- 27 Wake County. (2017). Wake County Behavioral Health Summit [Agenda]. <http://www.wakegov.com/humanservices/behavioralhealth/Documents/Participant%20Packet%20Final.docx.pdf>.

