

Agenda

1. Opening and Roll Call
2. Consent Agenda
3. Old Business
 - a. Strategic Planning
4. New Business
 - a. Crisis Response Planning
 - b. Public Health Community Paramedicine Program & Future Planning
 - c. Justice and Health Collaborative Update
 - d. Pilot Telehealth Program
5. Announcements and Departmental Updates





Crisis Response and Behavioral Health Update

Justice Resource Advisory Council

2/5/21



Crisis Response in Buncombe County

Background

In 2015, the Buncombe County Board of Commissioners passed a resolution committing to the goals of The Stepping Up Initiative. A national campaign sponsored by National Association of Counties, the Stepping Up Initiative is aimed at reducing the number of people with mental illness in jail.

Conducted a **comprehensive process analysis and inventory of services; Sequential Intercept Mapping on March 2018 with focus on Intercepts 0-1 December 2020.**

Current State and Future Planning

Buncombe County has been working to innovate services and infrastructure to meet the needs of its community and those who serve others in this community. Groups such as ANCHOR, CARE Team, Buncombe Crisis Collaborative and the START Team have come together to improve service delivery coordination. County investments have included performance management, data analysis, health programming in several departments, and health education.



Behavioral Health Crisis Response Services

Intercepts 0-1 as of Aug 2020

Community Crisis Response

RHA Mobile Crisis

Community Paramedic

Post Overdose Response Team

RHA Behavioral Health Stabilization 8am-8p

Sunrise Warm Line and Respite House

Family Preservation Services Peer Assertive Engagement

RHA RICCM

Law Enforcement Response

LEO

LEO Trained Crisis Intervention Team Officers

Facility Stabilization

Mission ED

Mission Inpatient

RHA Neil Dobbins

JFK ADATC

Swain Recovery

BCDF* (Familiar Faces, MAT in Jail, SA Diversion)

Post Facility Release Stabilization Support

ACT and CST teams

RHA RICCM

Community Care Clinic (WNCHHS, Dale Fell, MAHEC)

Family Preservation Services Peer Assertive Engagement

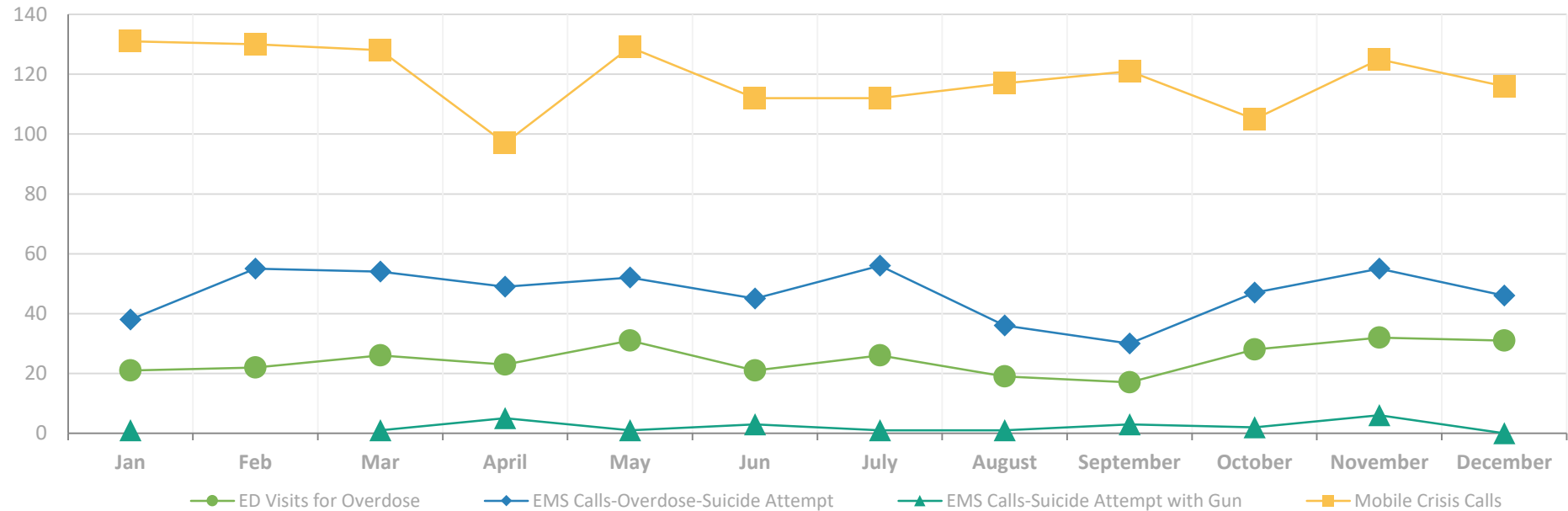
Community Linkages to Care and SCOR MAT Program

JUST program

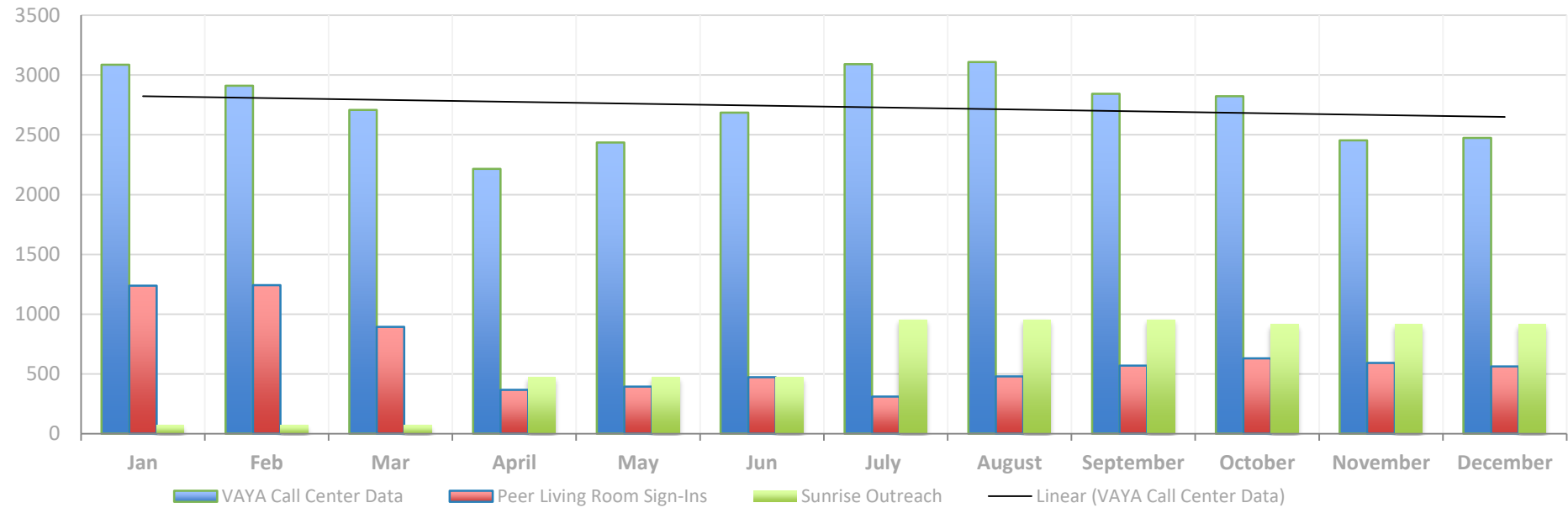
Jail Community Re-entry (DHT)

Justice Diversion Services

Behavioral Health Emergencies 2020



Behavioral Health Outreach/Inreach



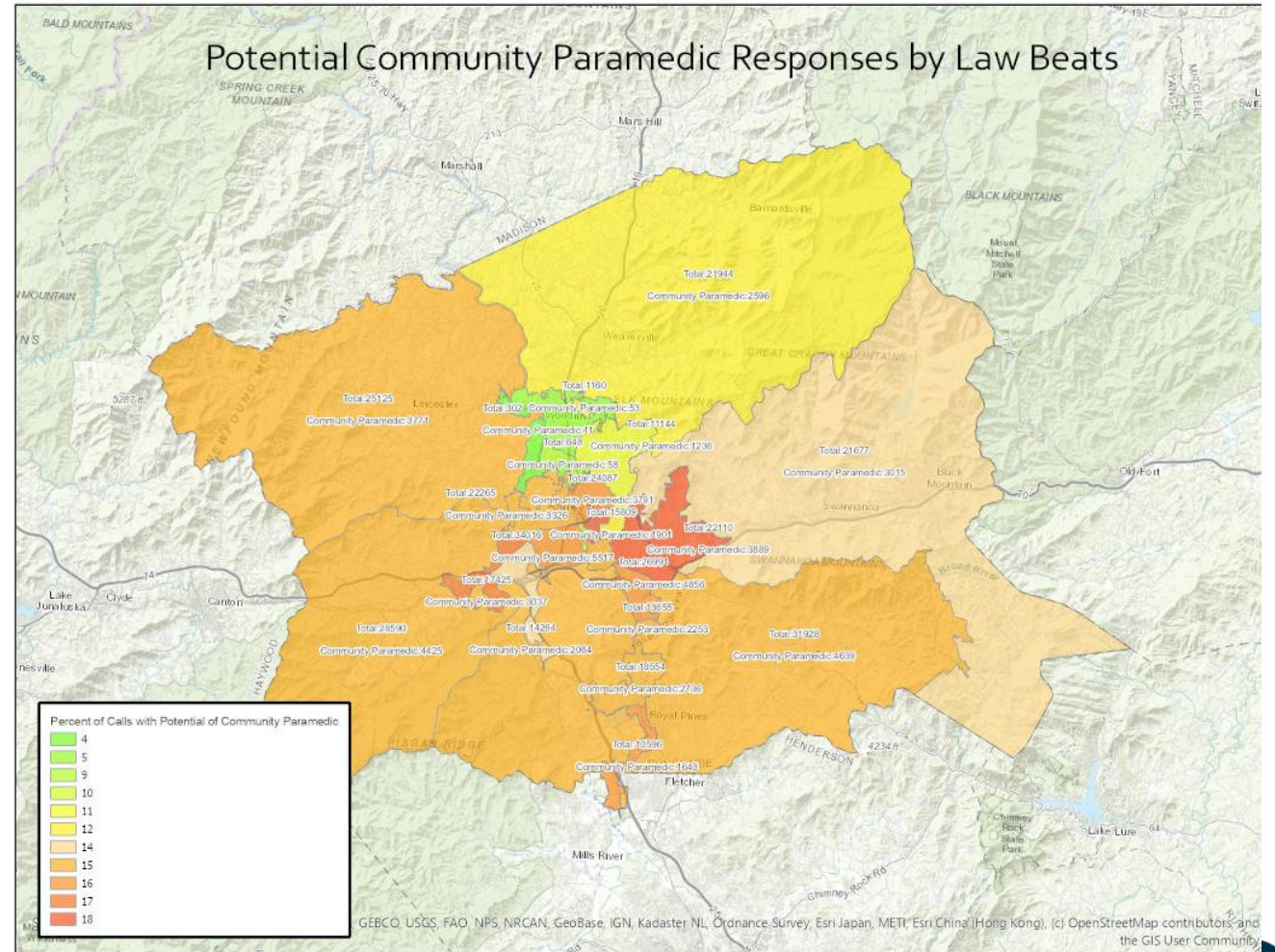
POTENTIAL COMMUNITY PARAMEDIC CFS BY LAW BEAT

Total identified law enforcement calls: 64,652

- Asheville Police Department: 44,899, representing 17.8% of calls for service
- Buncombe Count Sheriff's Office: 19,753, representing 11.6% of calls for service

Nature codes included:

| | | |
|----------------------------|----------------------------|-----------------------|
| Assist Motorist | Homeless Camp | Person Down |
| Belongings | Intoxicated Person | Reposed Vehicle |
| Blocked Drive/Alley | Juvenile Problem | Street Performer |
| Civil Disturbance | Landlord/Tenant Dispute | Traffic Signal Out |
| Debris Blocking Road | Loud Music/Noise | Tree Blocking Roadway |
| Delivery Emergency Message | Mental Papers to be Served | Trespassing |
| Found Property | Mental Subject | Welfare Check |
| Funeral Escort | Panhandling | Yelling |

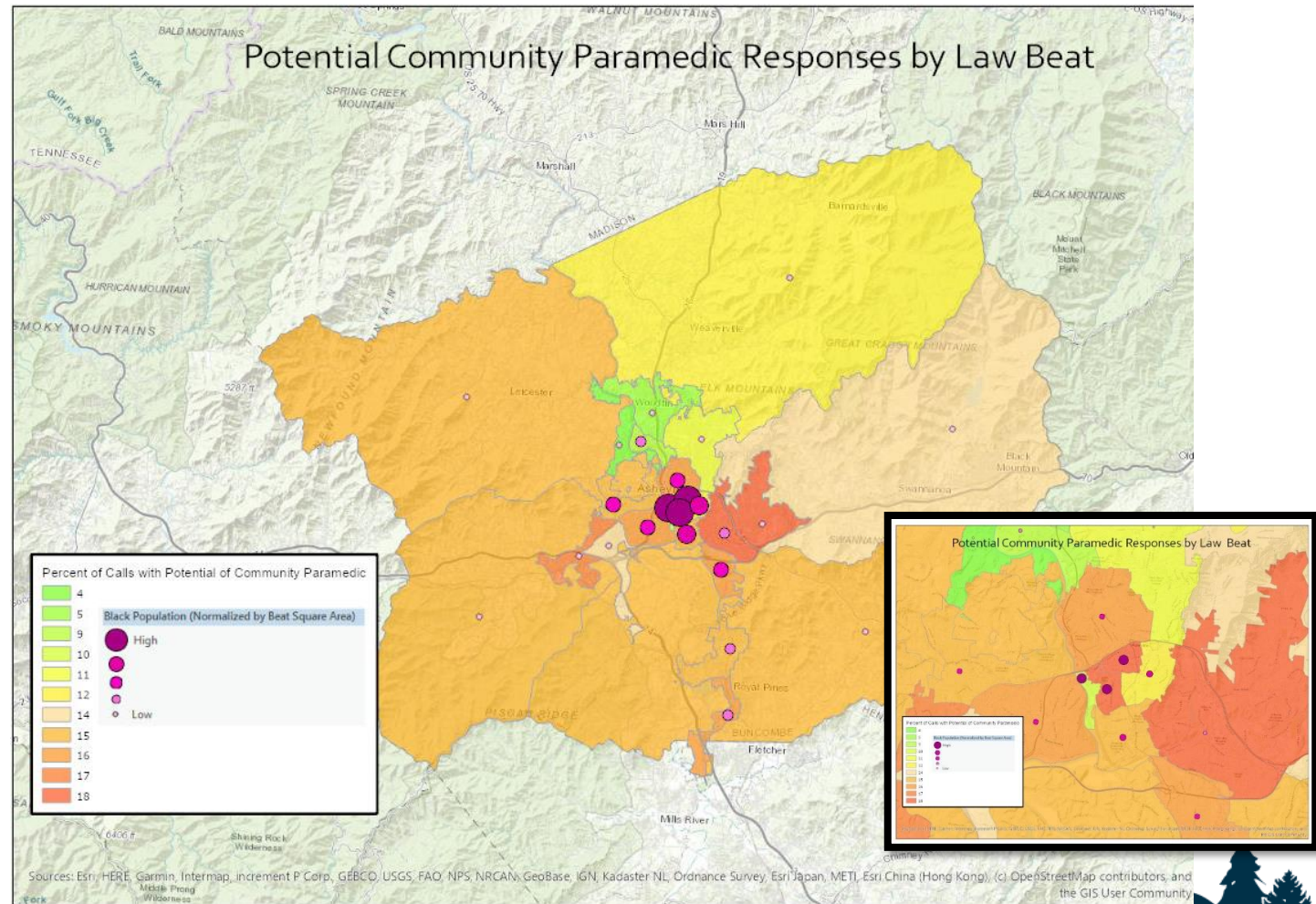


POTENTIAL COMMUNITY PARAMEDIC CFS

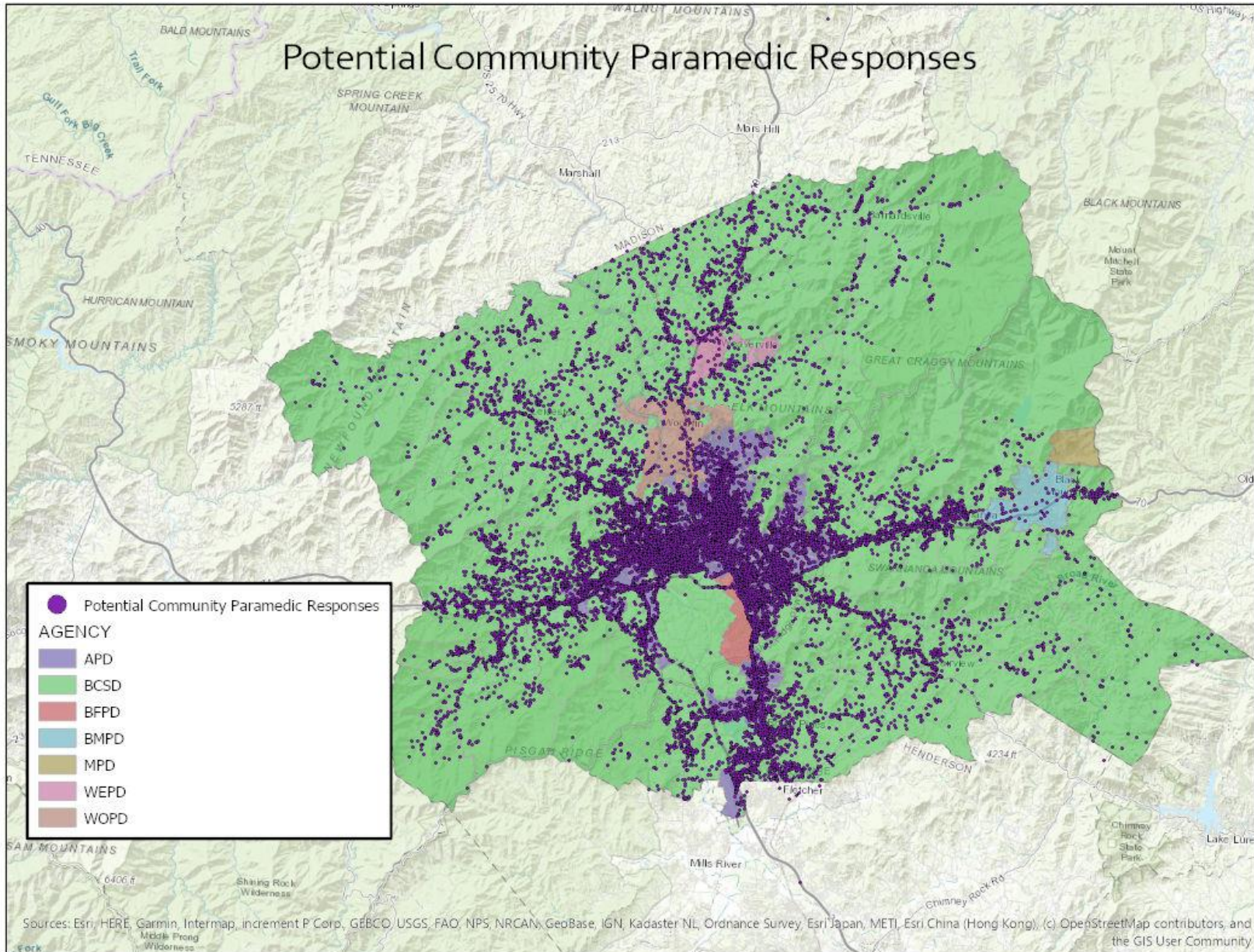
In some beats, potential community paramedic CFS represented up to 18% of all calls for service.

In some cases, the areas with high percentage of Black inhabitants were also the areas with higher percentage of potential community paramedic calls.

Downtown and East Asheville were the areas with the highest percentages of potential community paramedic calls.



Potential Community Paramedic Responses



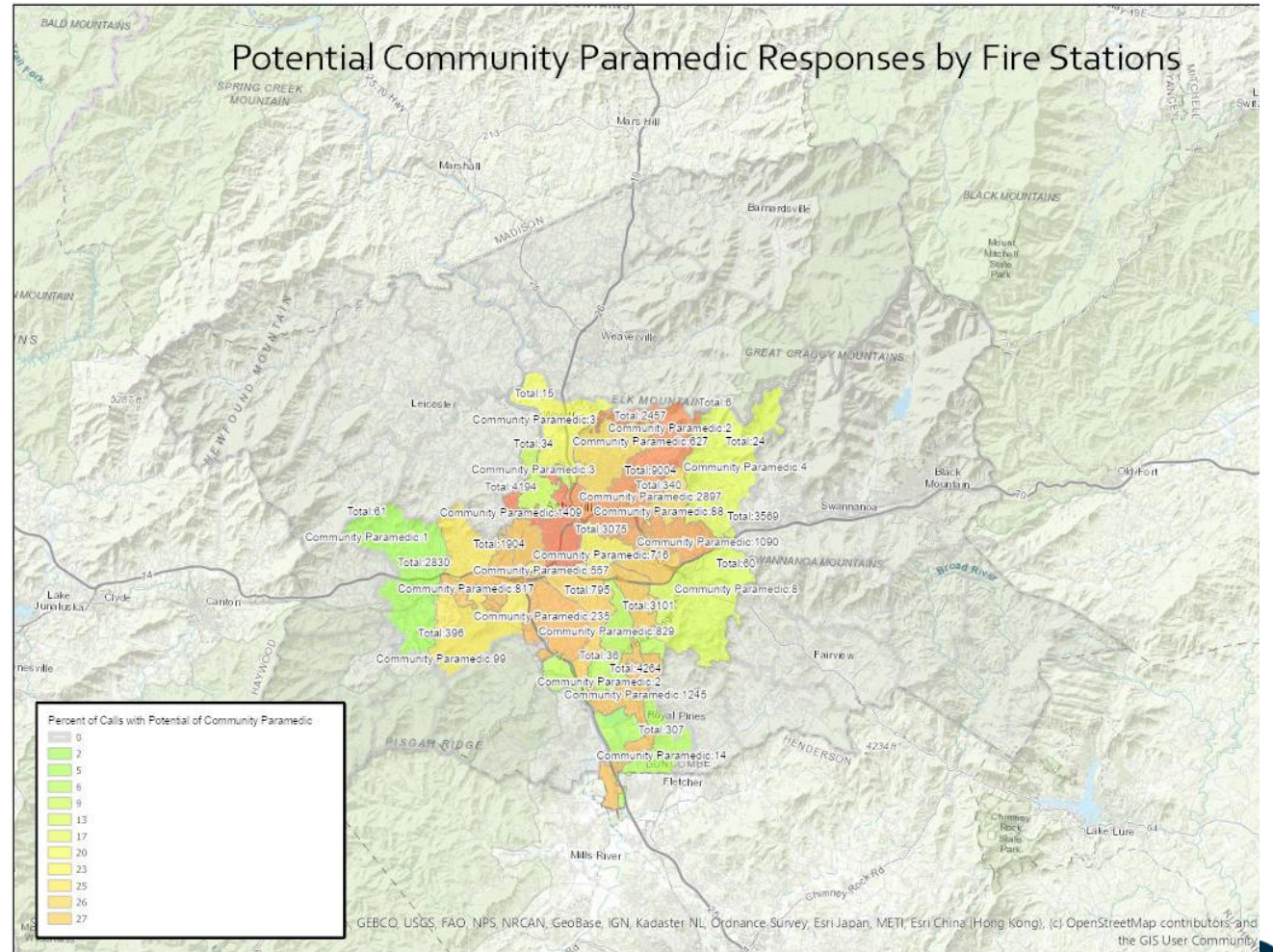
POTENTIAL COMMUNITY PARAMEDIC CFS BY FIRE STATION

Total identified Asheville Fire calls: 11,302, representing 28.7% of all calls

In some service areas, up to 27% of calls for service were flagged as potential community paramedic calls for service.

Nature codes included:

- (Z) Death Questionable
- (Z) Suicide with Gun
- Falls
- (Z) Suicide Overdose
- Sick Person
- (Z) Suicide
- Unconscious/Fainting
- (Z) Overdose
- Unknown Problem
- Assist EMS
- Overdose/Poisoning
- Psychiatric Problems



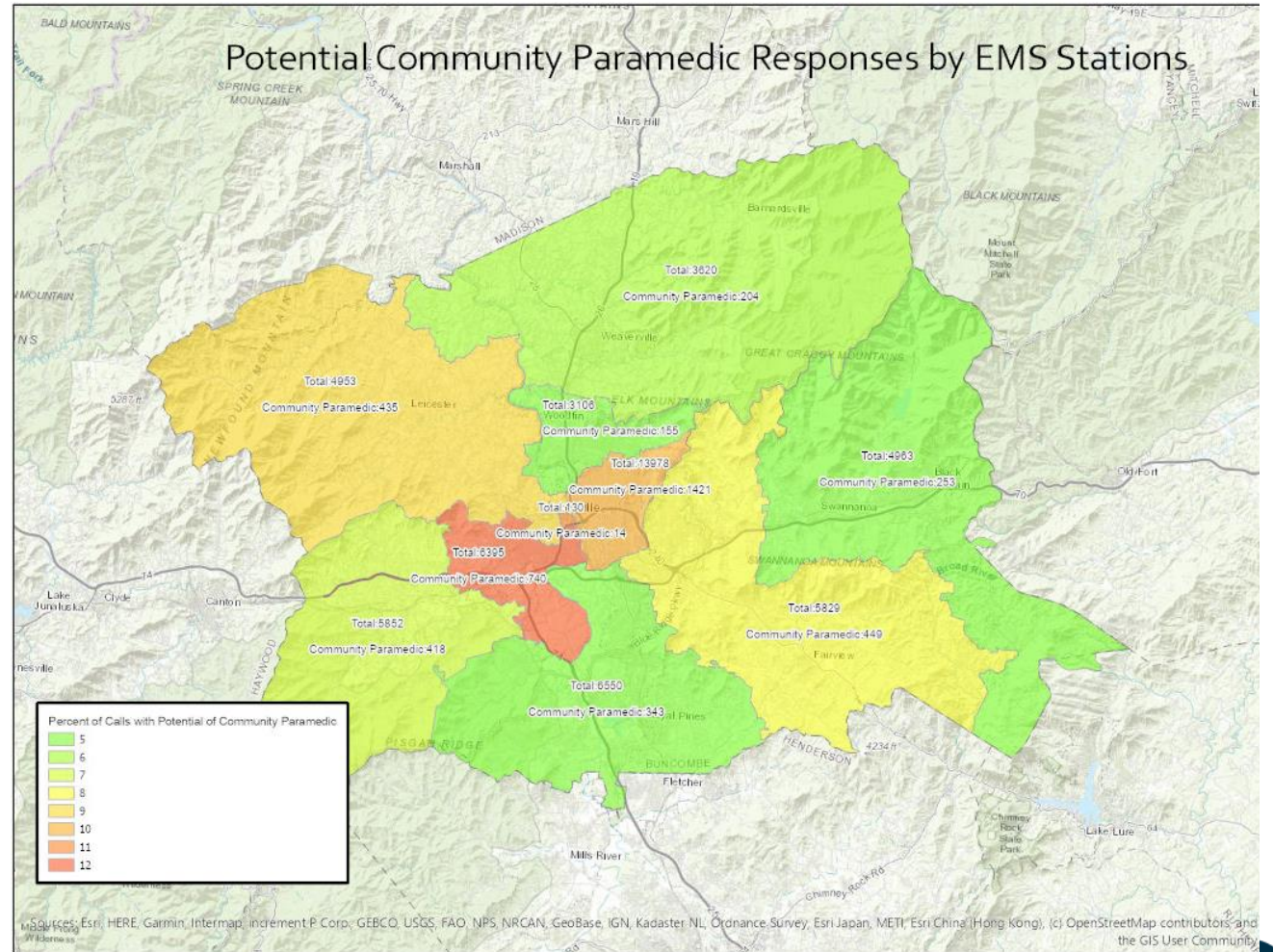
POTENTIAL COMMUNITY PARAMEDIC CFS BY EMS STATION

Total identified EMS calls: 4,432, representing 7.9% of all calls

In some service areas, up to 12% of calls for service were flagged as potential community paramedic calls for service.

Nature codes included:

- Overdose
- Intoxicated Person
- Assist Law Enforcement
- Psychiatric Problems
- Welfare Check
- Mental Subject

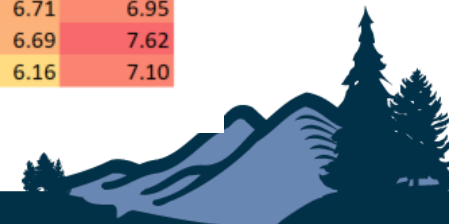


TOTAL CALLS AND TIME OF CALLS

- A total of 80,386 calls for services were flagged as potential community paramedic calls during FY2018 and FY2019 across four agencies.
- This translated into approximately 15.5% of all calls for service.
- Average hourly call volume was highest in the evening/night – Monday, Friday, and Saturday

Agencies: AFR, APD, BCSD, EMS Date: FY18/19 and FY19/20

| Hour | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------|--------|--------|---------|-----------|----------|--------|----------|
| 0 | 6.18 | 3.52 | 3.43 | 3.34 | 3.45 | 3.89 | 5.51 |
| 1 | 5.17 | 2.92 | 2.83 | 2.81 | 3.10 | 2.97 | 4.47 |
| 2 | 4.04 | 2.13 | 2.29 | 2.22 | 1.87 | 2.61 | 3.62 |
| 3 | 3.01 | 1.81 | 1.69 | 1.85 | 1.90 | 2.00 | 2.73 |
| 4 | 1.99 | 1.50 | 1.71 | 1.49 | 1.75 | 1.62 | 1.88 |
| 5 | 1.50 | 1.21 | 1.71 | 1.57 | 1.23 | 1.63 | 1.78 |
| 6 | 1.57 | 1.68 | 1.85 | 1.67 | 1.97 | 1.82 | 1.72 |
| 7 | 1.81 | 2.63 | 2.25 | 2.60 | 2.69 | 2.65 | 1.99 |
| 8 | 2.43 | 3.26 | 3.76 | 3.60 | 3.13 | 3.71 | 2.93 |
| 9 | 2.96 | 4.28 | 4.18 | 4.13 | 4.19 | 4.14 | 3.65 |
| 10 | 3.84 | 4.95 | 4.12 | 4.82 | 4.89 | 4.68 | 4.14 |
| 11 | 4.27 | 5.51 | 5.21 | 5.34 | 5.29 | 5.43 | 4.80 |
| 12 | 4.92 | 5.53 | 5.77 | 5.59 | 5.40 | 5.95 | 5.65 |
| 13 | 5.35 | 5.69 | 5.97 | 5.83 | 5.96 | 6.34 | 5.18 |
| 14 | 5.05 | 6.07 | 5.99 | 5.98 | 6.16 | 6.37 | 5.97 |
| 15 | 5.88 | 6.59 | 6.43 | 6.13 | 6.86 | 6.91 | 5.71 |
| 16 | 5.33 | 6.47 | 6.60 | 6.50 | 6.76 | 6.90 | 6.02 |
| 17 | 5.78 | 6.73 | 6.47 | 6.41 | 6.88 | 6.41 | 6.50 |
| 18 | 5.78 | 6.28 | 6.41 | 6.38 | 7.09 | 6.78 | 6.59 |
| 19 | 5.74 | 6.82 | 6.38 | 6.54 | 6.89 | 7.65 | 6.88 |
| 20 | 5.85 | 6.40 | 6.12 | 5.95 | 6.74 | 7.08 | 7.25 |
| 21 | 6.08 | 6.48 | 6.74 | 5.68 | 6.48 | 6.71 | 6.95 |
| 22 | 5.11 | 5.52 | 5.27 | 5.66 | 5.99 | 6.69 | 7.62 |
| 23 | 4.84 | 4.66 | 4.75 | 4.42 | 4.95 | 6.16 | 7.10 |





Justice and Health Collaborative Update

Amy Upham

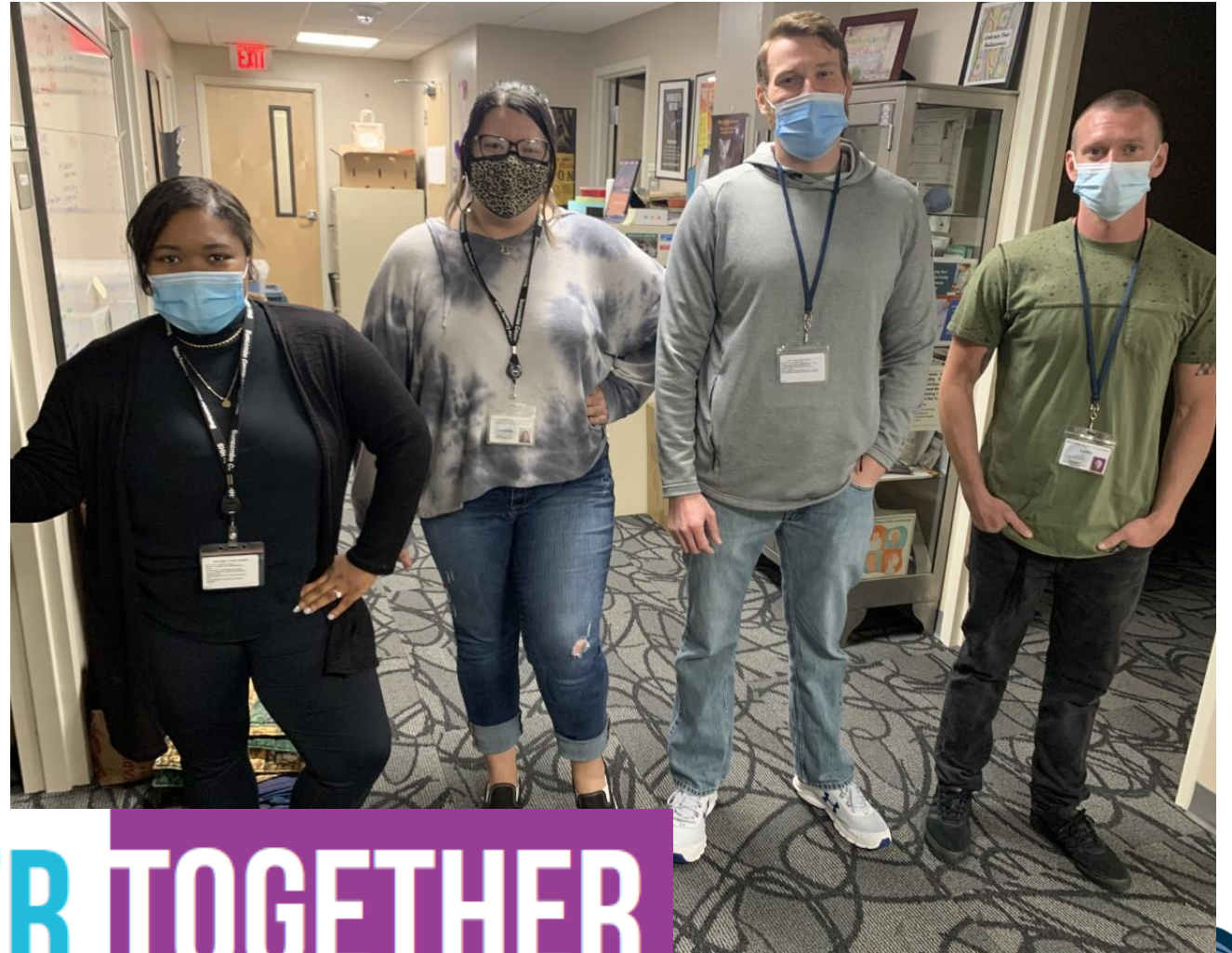
2/5/20



No Wrong Door

Six staff and an intern meet biweekly for program policy/protocol, resource sharing and troubleshooting:

- Syringe Services
- Linkage to Care
- Post-Overdose Response
- Hepatitis C Bridge Counseling



SAFER TOGETHER

Alignment with Harm Reduction

- Syringe Access
- Naloxone Access
- Choice
- Empowerment
- Collaboration

- Participants are referred to Syringe Exchange/Services Programs as requested
- Program oversees provision of Naloxone through the SSP, Detention Center and EMS
- Participants are not mandated to services
- Individuals choose their own goals, which may or may not include abstinence
- People with lived experience with both substance use and incarceration run the day to day operations of the programs.



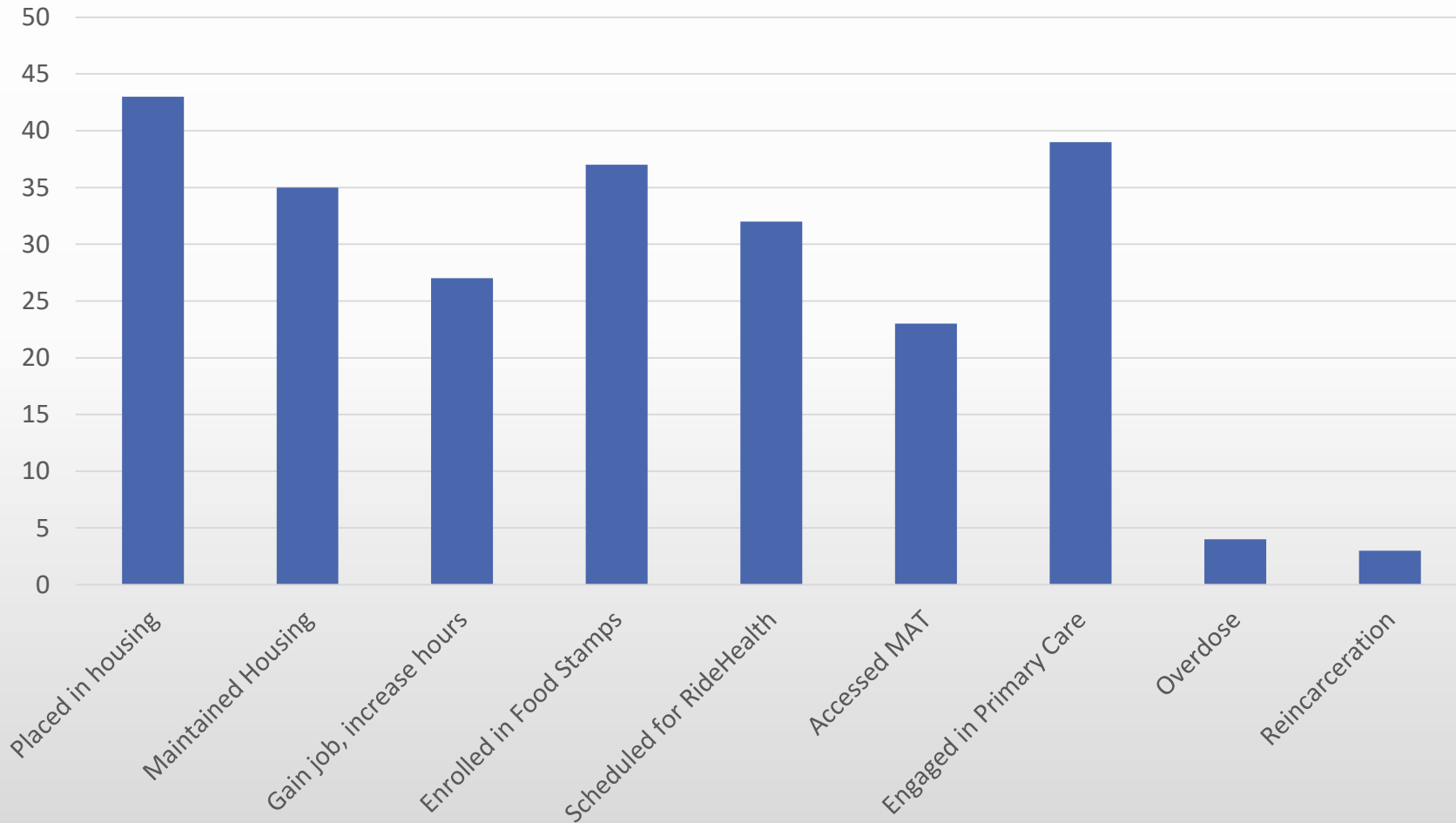
Linkage to Care (Re-entry)

- Made possible by an AA with NCDHHS and a Dogwood grant
- Contract with Sunrise Community for Recovery and Wellness, includes SDoH fund
- 98 referrals; 77 intakes (21% BIPOC)
- Peers oversee Naloxone Upon Release; **550** kits distributed to BCDF in 2020
- 2nd staff added Dec. 2020. Criteria expanded to all substance use and chronic illness
- UNCA's Health and Wellness program evaluating; report in May
- 3 reincarcerations and 4 overdoses in 2020



BCHHS Peer Support Re-entry Services

2020 Stats
Of 77 intakes



Safer Together Grant/PORT and MAT

- Made possible through a Bureau of Justice Assistance grant
- Post Overdose Response Team launched 11/9/20
 - Peer Support Specialist through Family Preservation Services
 - Community Paramedic on call 24/7
 - FPS hiring Mental Health Clinician (telehealth)
 - 108 referrals; 32 intakes-7% BIPOC
- 75 MAT slots (50 at MAHEC and 25 at AMCHC) launched April of 2020
 - Referrals made from each program
 - All 75 filled in 2020
 - 75 additional slots added for 2021
 - 83% adherent to MAT



PORT Activity

In just three short months...

| | |
|---|---|
| PORT Referrals | 109 |
| PORT Intakes | 35 |
| PORT Warm Hand Off to MAT | 7 |
| PORT Warm Hand Off to Detox/Rehab | 3 |
| PORT Referral to Mental Health | 9 |
| PORT provision of harm reduction supplies | 15 Naloxone kits, 4 safe injection kits, 1 box of fentanyl test strips during spike |
| PORT Warm Hand off to Hep C care | 3 |

Process Evaluation:

- *Co-responder model would decrease referral-intake loss*
- *Begin Suboxone administration on scene (EMS Medical Director setting medical protocol)*
- *Social Determinants of Health fund, like with Linkage 2 Care, would increase success and retention*



HHS-MAHEC Substance Use Disorder Curriculum 2021

- Anti-Stigma (Seek Healing)
 - Harm Reduction (HHS)*
 - MAT 101 (MAHEC)*
 - Trauma Training for First Responders (HHS and EMS)
 - Racial Equity and SUD (HHS, Justice, MAHEC)*
 - Patient Brokering (Willow Place for Recovery, Florida's Sober Homes Taskforce)
 - Patient Brokering (Willow Place for Recovery, Florida's Sober Homes Taskforce)
 - HIV/Hep C (MAHEC)*
 - Naloxone and Safe Syringe Disposal (Sunrise Community for Recovery and Wellness)
 - Perinatal Substance Use (MAHEC)*
- Will be offered to all HHS staff, as well as EMS, Justice, and BCSO
 - Trainings come with CEU's
 - Launches late February 2021



Community Health Improvement Plan Mental Health Advisory Committee

CARE Team

ANCHOR

Clinicians of Color

START Team

Recovery Collaborative

Consulta Tu Compa

Community Paramedic Steering
Committee

Umoja Health, Wellness and Justice
Collective

Social Bridging Project

YWCA

COVID Behavioral Health Workgroup

***Create a Trauma
Responsive
and Resilience-
Focused Community***



Community Coalitions

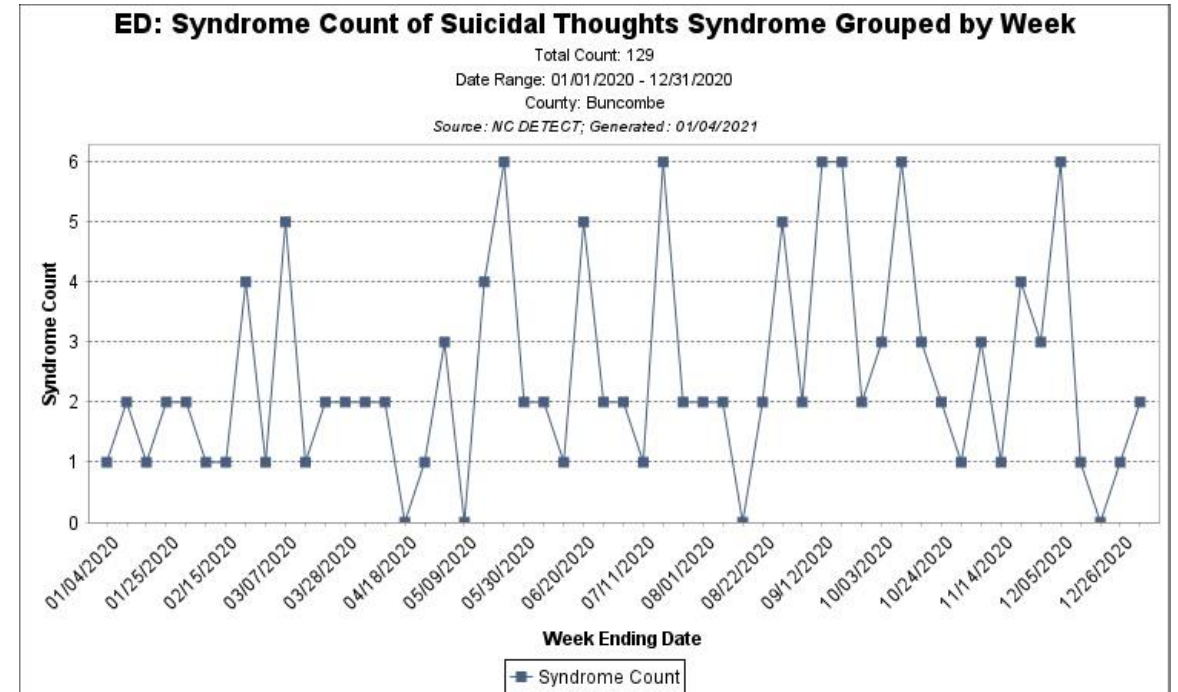
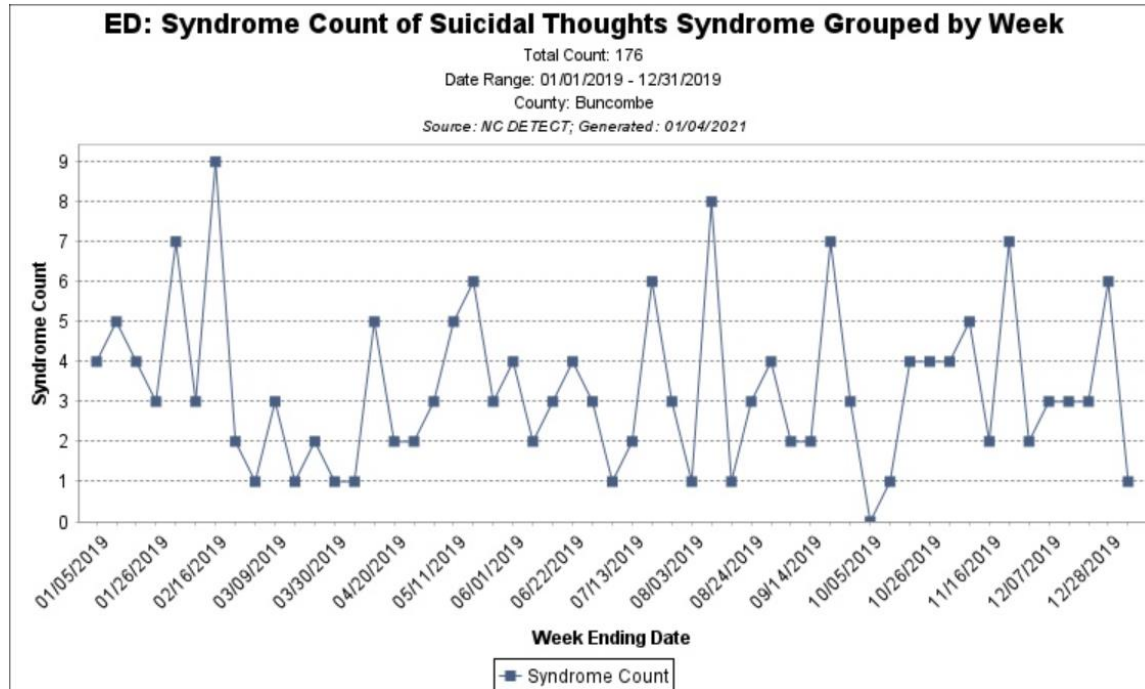
Shared Common Goals from Community Coalitions' Strategic Plans

- Increase peer support
- Equity as foundational
- Outreach and Prevention
- Enhance evidence-based housing options across continuum
- Data Integration
- Increase training resources
- Improved collaboration with hospital
- Central information portal for resources, trainings, events

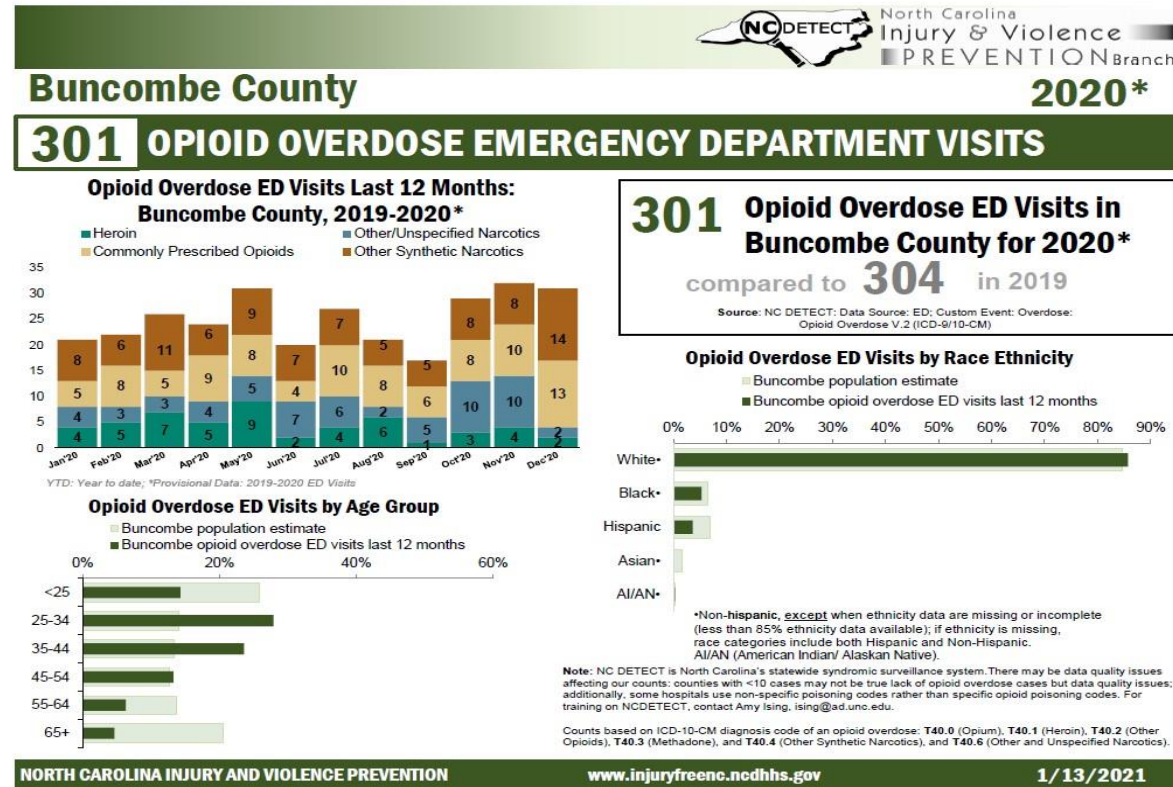
SIM 0-1 Action Plan 12/17/20

- Increase peer coordination with first responders
- Outreach and in-reach to Historically Marginalized Populations
- Develop a bed management strategy, to include more crisis beds
- Coordination of data gathering and evaluation
- More behavioral health training for first responders
- Reduce 911 call volume, ED visits
- Reduce incarceration of those with behavioral health issues
- Utilize Collective Impact Model to share data, minutes, plans, and action steps across coalitions

ED Visits for Suicidal Thoughts



2020 Overdose ED Visits



North Carolina saw a 23% increase in ED visits for overdose compared to Buncombe County, which saw no increase.





Imagine Real Community **CHANGE**

Taylor Jones, EMS Director





One Buncombe: CHANGE Team

Community Helping Address Needs, Goals, and Ensuring Equity



Age

Gender

Chronic
Illness

Previous
Trauma

Health
Outcomes

Quality &
Quantity
of Life

Immutable

Behaviors

Clinical Care

Social
Determinants

Physical
Environment

Modifiable

Smoking
Eating
Drug and Alcohol Use
Treatment Adherence

Access to Care
Quality of Care
Care Integration
Guideline Adherence

Income
Insurance
Education
Social Support
Inequality

Food
Housing
Transportation
Community

50%

50%



Community Paramedic

Stakeholder Engagement

Community Paramedic Phase I (Launching October 2020)

Community Paramedic Phase II



Major External Stakeholders

Behaviors

Mental Health Programs (VAYA, RHA, Family Preservation)
Syringe Exchange Programs (WNCAP)
Substance Use Treatment and Recovery (ADATC, October Road)
People with Mental Health, Developmental Disabilities and Substance Use

Clinical Care

Federally Qualified Health Centers (WNCCHS, AMCHC)
Health Educators/Research Organizations (MAHEC, WNC Healthy Impact)
HCA
People with Chronic Disease

50%

Social
Determinants

Pisgah Legal
Vocational Supports (NC Works, AB Tech, Vocational Rehabilitation)
Peer Support Services (Sunrise)
Equity Champions (YWCA, ABIPA)
Faith Community
Homeward Bound
Manna Food Bank
Mountain Mobility
Neighborhood Associations
People who are houseless and/or underemployed

Physical
Environment

50%

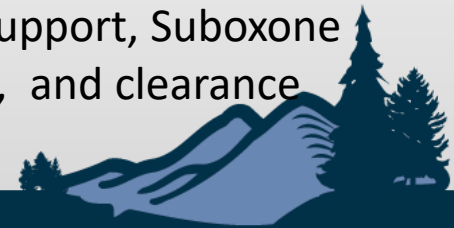
Community Paramedic: Phase 1 Post-Overdose Response Team

- Visits individual with Peer Support and Community Paramedic within 72 hours and offers clinical assessment.
- Determines need for higher level of care.
- Can complete assessment virtually.



Visits individual with Clinician and Community Paramedic within 72 hours. Takes on Linkage to Care and Healthy Opportunities navigation. Provides Peer Support services. *With CHANGE, this would be a co-responder model from 911.*

Dispatches from 911 Call, Uses Naloxone, Stays with Individual to ensure correct dosage of Naloxone and talks them through/refers to Recovery, Treatment and Harm Reduction options/ Healthy Opportunities. Provides ongoing basic medical support, Suboxone induction, and clearance for detox.



CHANGE Team Service Delivery

- Assess Crisis Needs & Triage
- Evaluate Immediate Psych/Medical Treatment
- Implement WRAP Plan
- Connect to current providers (ACT, CST, VA, etc.)
- Connect to a new provider
- Develop WRAP for prevention Measures
- 72 hour, 1 week, 30 day, 90 day follow-up

