

# Buncombe County Health and Human Services Behavioral Health – 2015 Annual Report and FY16 Budget

## Homelessness to Permanent Housing

In partnership with the City of Asheville, Buncombe County funds a Homeless Coordinator to provide leadership for the Asheville-Buncombe Homeless Initiative Advisory Committee (HIAC) and 10-Year Plan to End Homelessness, as well as administration of federal homeless funds. With the completion of the 10-Year Plan, in FY16 the HIAC will be developing a strategic plan for the future.

As shown in the chart below, the County homeless population remains relatively steady, while **the chronically homeless population has been reduced by 44%**. Although the chronically homeless population increased in the past year, the significant reduction over the past decade (taking into account population growth, the recession, and changing definitions of homeless) demonstrates the successful efforts of permanent supportive housing.

Annual Homeless Count

	2005	2014	2015
Homeless	502	533	562
Chronically Homeless	169	47	74



The County, in partnership with the Housing Authority of the City of Asheville, Mission Health, and Smoky Mountain LME/MCO funds supportive case management for chronically homeless persons in Housing Authority apartments and private-sector apartments through vouchers. Since 2006, **620 persons have been housed with an 85% success rate.**

Beginning in FY15, the County funded Homeward Bound for supported housing case management using a pay-for-performance method. Homeward Bound earned a case rate for each person based on achieving identified clinical pathways, such as primary care services, disability application, food security, employment, etc. In FY15, Homeward Bound served 28 persons and achieved 78 clinical pathway—to earn the entire allotment of \$90,000.

In FY16, the County and City are partnering with a private developer, Ward Griffin, to build a **24-unit apartment building for the hard-to-house.** This population of chronically homeless has typically failed at attempts to house. These persons are often frequent users of the Emergency Room, EMS, criminal justice system (jail) and shelters. The facility, named **Oak Hill Commons**, will have 24/7 on-site security, weekly medical services on-site, and ongoing case management support provided by Homeward Bound. The apartment complex will include an additional 48 “workforce” apartments with affordable rents.

In addition to funding supported housing through Homeward Bound, in FY16 the County will be **funding the Coordinated Assessment Program at Homeward Bound’s AHOPE day center.** AHOPE is the central point for people experiencing homelessness—serving both immediate and long-term housing needs. The County strongly supports AHOPE as the site which is the principal referral point for the community. Coordinated assessment saves our community money by placing the right client in the right housing intervention to end their homelessness.

### SSI/SSDI Outreach, Access and Recovery (SOAR) Program:

Pisgah Legal Services identifies persons who are homeless and may be eligible for disability, and attempts to fast-track the application process. Buncombe County has attained the State’s “gold-level” of implementation, and continues to lead the State in total successful applications. A total of 42 persons were approved for benefits in FY15, or an average of 3½ per month. The average amount of time from application to approval was 121 days. This compares to 2-3 years for most SSI/SSDI applications. The project leveraged \$5,776,759 in value of benefits. This amounted to a leveraging ratio of 1:64, that is, for every County \$1 invested in the Project, \$64 are returned to the County over the span of the average entitlements.

Beginning in FY15, the County funded Pisgah using a pay-for-performance method. Pisgah earned a case rate for each successful application and exceed the contractual maximum by 6 approvals.



**Buncombe County continues to lead every county in the State with the total number of approved SOAR applications: 270.**

### FY16 Homeless Services’ Budget:

- City of Asheville homeless coordinator: \$32,000
- Homeward Bound supported housing case management: \$90,000
- Homeward Bound coordinated assessment: \$130,000
- Pisgah Legal Services SOAR Disability Project: \$90,000
- Oak Hill Commons: \$325,000

## Crisis Services – Immediate Access, Anytime



After a decade of advocacy, beginning in March 2016, a 24/7/365 behavioral health crisis center will open in a County-owned property at 356 Biltmore Avenue. The program partnership includes Buncombe County Health and Human Services, Smoky Mountain LME/MCO, Mission Health, RHA Health Services, and ABCCM. Smoky Mountain LME/MCO was awarded a 2-year *Crisis Solutions* grant from the State to help with the implementation of the program, dubbed **C3@356** (Comprehensive Crisis Center at 356 Biltmore Avenue). The programming outlined below constitutes 1-stop comprehensive crisis center for this community and counties in the region. The hallmark of the program will be highly coordinated services which allow for the diversion of persons from the Mission Emergency Department and psychiatric hospitalization. This is a landmark program which will ensure that persons who need to access to behavioral health care can do so ANYTIME!

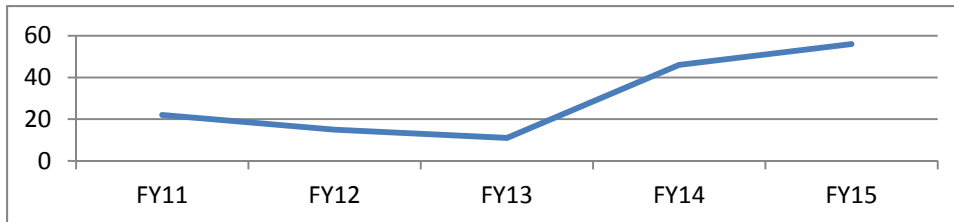
- 24/7/365 walk-in crisis services
- Law enforcement drop-off with on-site security
- Mobile crisis team on-site
- 16-bed crisis stabilization & detox unit (moved from current 277 Biltmore location)
- Eight 23-hour observation chairs to stabilize persons and avoid hospitalization
- Peer-led respite “living room” program to offer informal supports to persons in crisis, and ongoing
- NAMI family services
- Pharmacy operated by ABCCM (Medicaid and non-Medicaid)
- Adult outpatient services with extended hours, by RHA Health Services
- Evaluation coordinator to facilitate Buncombe County HHS expedited referrals
- (the vacated property at 277 Biltmore Avenue will be converted to a 16-bed children’s facility-based crisis unit, operated by Family Preservation Services)



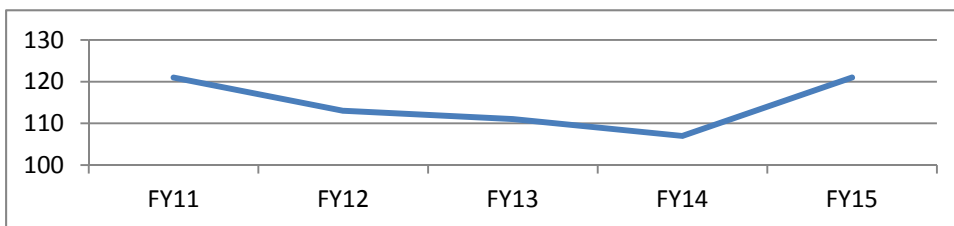
In FY15, the Neil Dobbins 16-bed detoxification and psychiatric crisis unit combined census was 92%; 90% is considered full capacity. Buncombe County residents comprised an average of 71% of the clients, down about 10% from last year. This decrease reflects the increased regional use of the facility by Smoky Mountain LME/MCO.

Law enforcement drop-off at Neil Dobbins Center averaged 56 per month, up 18% from last year. Law enforcement drop-off at Mission ED averaged 121 per month, up 8% from last year.

**Law Enforcement Drop-Offs at Neil Dobbins Center (average per month)**



**Law Enforcement Drop-Offs at Mission ED (average per month)**



### Assessment Center

The Assessment Center provides forensic evaluation and treatment engagement services for HSS Social Work and jail diversion program clients. After 2 successful years of operation by RHA Health Services at 205 College Street, the program is moving to 356 Biltmore Avenue, and will be integrated into the 24/7 crisis services there. As noted in the services’ outline above, HHS is funding one fulltime evaluation coordinator to ensure that HHS social workers continue to access expedited evaluations.

#### FY15 Results:

- An average of 55 referrals were received per month
- An average of 33 evaluations were completed each month; average cost = approx. \$500
- An average of 12 treatment engagement groups were completed each month

- An average of 33 “no show” appointments per month, demonstrating the value of having open access scheduling
- It took an average of 1 week for a client to get an appointment
- Social workers received CCA reports within 2-3 days and parenting capacity evaluations within 1 week

**FY16 Crisis Services’ Budget:**

- County discounted rent to RHA Health Services for 277 Biltmore facility-based crisis center: \$82,665
- County capital funding for renovation of 356 Biltmore: \$1,000,000
- County in-kind operational funding for C3@356 (discounted lease; security): \$500,000
- State grant (Crisis Solutions): \$998,450 FY15 & FY16
- Mission Health: capital \$500,000; operational \$500,000
- Smoky Mountain LME/MCO: \$2,000,00+ capital
- County funded evaluation coordinator (through RHA) at C3@356: \$70,000

## Criminal Justice Diversion

The Jail Diversion continuum of services includes:

- Justice Advisory Group meets monthly as a collaborative leadership team to plan jail population management initiatives
- CIT (Crisis Intervention Team) training for law enforcement
- 24/7 law enforcement drop-off at Mission emergency room
- Jail Health services’ contract (TransformHealthCS)
- Jail reentry case management for substance abuse and mental health
- Prison reentry program (funded by Governor’s Crime Commission)
- Drug Treatment Court
- Family Treatment Court
- DWI Treatment Court (funded by Governor’s Highway Safety Program)
- Veteran’s Treatment Court (funded by Governor’s Crime Commission)
- JUST Program for persons with mental illness (funded by Smoky Mountain LME/MCO)
- Buncombe County Reentry Council



### Pre-Booking Services

Crisis Intervention Team (CIT) training in FY15:

- Patrol = 46
- Dispatch = 2
- Both APD and BCSO continue to have at least 20% of patrol trained, which is the CIT standard

### Post-Booking Services at the Detention Facility

- Substance abuse case management = 549 clients served (7% decrease)
- Mental health case management = 547 clients served (10% increase)
- An average of 387 detainees per month participated in a psycho-educational groups (12% decrease)
- Case management, including the JUST program in the jail, prevented 1,561 arrests (15% increase) and 49,125 days in jail, with a cost avoidance of \$159,163 for food (13% increase)
- 135 jail beds were not needed because of diversion (5% increase). This represents 22% of jail capacity
- \$2,167,449 was earned by selling excess jail beds—a 15% increase (an average of 76.27 beds per day)

### Calculation of Saving at the Jail

Row Labels	Sample of People Screened by RHA	# RHA Screens Rebooked within 12 Months	Percent of People			
			# Screens After Screening	# Bookings 12 Mo Before Screening	# Bookings 12 Mo From Screening	Bookings Saved
SA Case Management	21	9	42.86 %	63	26	37
MH Case Management	21	14	66.67 %	66	45	21
JUST Approved	17	14	82.35 %	44	27	17
<b>Grand Total</b>	<b>59</b>	<b>37</b>	<b>62.71 %</b>	<b>173</b>	<b>98</b>	<b>75</b>

Average Length of Stay	10.49
ALOS x3	31.47
Total with SA Plan FY 14	588
Total with MH Plan FY 14	494
Total JUST Graduates FY 14	31
Bookings SA Saved/Person	1.8
Bookings MH Saved/Person	1
Bookings JUST Saved/Person	1
SA Plan Bookings Saved	1036.0
MH Plan Bookings Saved	494.0
JUST Bookings Saved	31.0
Total Bookings Saved	1,561.0
Total Jail Days Saved	49,124.7
Total Food Costs Saved	\$ 159,163.93
Jail Beds Saved	134.59

### Problem-Solving Courts

- Drug Treatment Court: Average of 25 active clients; 53% successful graduation rate
- Family Treatment Court: Average of 22 active clients; 20% successful graduation rate
- DWI Court: Average of 19 active clients; 20% successful graduation rate
- JUST Program (for persons with mental illness): Average of 25 active clients; 63% successful graduation rate

#### Jail Health Services

In FY15, total jail health services costs were \$1,347,739, a decrease of \$16,191 (2%). The total cost was 8% lower than the 3-year average cost (\$1,459,864) under the previous provider (FY09-11), without taking into account inflation. Costs outside of the jail dropped 8%, from \$440,362 to \$403,431. The monthly average number of sick calls decreased from 150 to 119, probably because of the higher co-pay to access sick call. Mental health assessments increased 5% from 449 to 516. The number of ER visits decreased from an average of 5.4 a month to 4. The number of initial screenings decreased 16% from 623 to 524, probably because of the decreased average daily population (ADP = 436). Several new indicators were tracked in FY15: chronic health conditions--100 per month on average; detoxification—34 per month on average; pregnancies—3.6 per month on average; taking psychiatric medications—132 per month on average. On average, 25% of the jail population has a mental illness which is serious enough to require psychiatric medication (number of persons who taking psychiatric medications divided by the number of initial screenings). We ran the costs to the County for FY14 frequent users. According to that analysis, frequent users do not contribute significantly to outside jail health costs. We believe the majority of frequent user costs come from stocked medications. TransformHealthCS has started to track this and we will re-run the analysis in 6 months.

#### Prison Reentry Services

- 409 persons had contact with the program
- 66 persons were formally admitted into program services (two-thirds were former County residents)
- 19 persons were successfully linked to housing
- 56 persons were successfully engaged in employment
- 37 persons were successfully engaged in vocational/educational programs
- Only 2 persons reoffended

#### *FY16 Criminal Justice Diversion Budget:*

- DV unit in DA's office: \$225,708
- Treatment Courts: \$145,666
- DWI Court grant: \$95,060
- Prison Reentry grant: \$74,989
- Jail Reentry: \$227,331

## Prevention

Buncombe County Health and Human Services remains committed to prevention, allotting from 15-20% of its behavioral health funding for primary, as well secondary and tertiary, prevention programs. The 4 areas of prevention programming include:

- Prevention of Substance Abuse
- Prevention of Domestic Violence
- Prevention of Secondary Trauma
- Prevention of Frequent Users of Public Resources

#### **Prevention of Substance Abuse**

The County funds the Partnership for Substance Free Youth through ARP/RHA Health Services.

- In September of 2014, the Partnership was awarded a \$125,000 Drug Free Communities grant, which is guaranteed for 5 years, and with the opportunity of 10 years of funding.
- Since January 2015, the Partnership in collaboration with both the Asheville Police Department and the Buncombe County Sheriff's Office, has collected over 256 pounds of medications off the streets and out of people's homes—to keep the youth of the county safe. Recently, a prescription drug take back was held in April. The next take back is scheduled for September at all six Walgreens locations in Buncombe County.
- The Partnership is working with MAHEC, Community Care of WNC and Project Lazarus to provide "Prescribe to Prevent: A Community Treatment Team Approach" event, which will train medical providers in responsible prescribing methods of opioids. This event will take place in August.
- The Partnership is responsible for delivering Alcohol Merchant Kits to assist retailers in how to card for alcohol. It also works within the community to create policy changes around access to alcohol among minors. The Partnership conducts randomized alcohol purchase surveys and randomized alcohol compliance checks throughout the county.
- The Partnership continues collaboration efforts with the Asheville Police Department, Buncombe County Sheriff's Office, Buncombe County Health and Human Services, Alcohol Law Enforcement, Asheville City Schools, Buncombe County Schools, Walgreens, AB Tech, UNC Asheville, UNC School of Pharmacy, Smoky Mountain Center, Mission Hospital, MAHEC, Project Lazarus, Minick Law Firm, Eckerd, October Road, ARP Prevention Services, Community Care Network of WNC, Department of Juvenile Justice, the North Carolina Preventing Underage Drinking Initiative and other partners throughout the County.
- In addition to funding from Buncombe County, the Partnership has funding from the Drug Free Communities Program, Project Lazarus, and the North Carolina Preventing Underage Drinking Initiative.



#### **Prevention of Domestic Violence**

- Primary prevention in schools—to prevent domestic and sexual violence. HHS is partnering with Our Voice and its initiative (through a federal grant) to prevent violence. A prevention coalition has been formed and will identify needed interventions in the community. The school-based prevention program *Shifting Boundaries* is being implemented in the Buncombe County Schools.
- Community-wide provider training in danger assessment for domestic violence. In August 2014, Dr. Jacqueline Campbell trained over 500 local professionals at MAHEC on how to conduct a danger assessment, in an effort identify potentially lethal domestic violence.
- Training of medical providers to screen for domestic violence. In February 2015, MAHEC trained over 100 medical professionals in screening for domestic violence. Five local practices indicated an interest in follow up training and consultation to implement a program of domestic violence screening, which will be offered in FY16.
- Offender treatment services, to prevent reoffending—for court-ordered and HHS clients (contracted through SPARC Network).



*Description of Offender Treatment Services:*

- These services are new for FY16. The program will consist of 26 group sessions, meeting on a weekly basis for 90 minutes. The groups will be held to a maximum of 12 - 16 members. The groups are based on EMERGE, a psycho-educational model used nationwide. The program helps the participant understand what domestic abuse is and how this abuse negatively affects the victim as well as the perpetrator. The goal is to help the offender accept responsibility for their actions, to understand the negative self-talk that led to choosing violence, to learn about and practice other behavioral choices and to do so in a respectful atmosphere that relies on guidance of the facilitators as well as feedback from other participants. This work occurs in an atmosphere of respect and acceptance of the participant as someone capable of positive change.
- There will be a group co-facilitator, who also will provide case management services to the participants. Using an assessment tool, the case manager will work with each individual around issues that might present impediments to their successful completion of the program. These might include housing, employment, child custody, health, transportation, financial concerns, or others. The case manager will work with participants to develop a plan to address these needs, particularly looking at utilizing available community resources wherever possible. He will also monitor criminal justice records to ensure that the individual has not re-offended, which would make the participants ineligible to continue in the program.
- The cost to the individual participant will be \$30 for the assessment and the subsequent group sessions. Upon successful completion of the 26-weeks, the participant will be reimbursed 50% of the cost of the sessions. Hopefully this will serve as an inducement for participants to complete the program!
- Group sessions will be held on the campus of AB Tech, in donated space. Groups will run Monday through Friday evenings, and, if there is need, a group on Saturday mornings. The SPARC Network is partnering with Catholic Charities to run a group for Spanish speaking participants.
- Though the primary target audience is men, as needed, groups will be run for female offenders and those from the LGBTQ community as well. The SPARC Network is working with the Probation office, HHS, Pisgah Legal Services, the Defense Bar, and the District Attorney's office, seeking referrals. At least 200 participants are expected in FY16.



**Prevention of Secondary Trauma**

The Critical Incident Stress Management (CISM) program, led by RHA Health Services, provides resiliency support and critical incident intervention for first responders (principally EMS, BCSO, and HHS social workers). In FY15, services included:

- 133 resiliency contacts
- 16 resiliency trainings
- 59 individual and group CISM interventions



**Prevention of Frequent/High Utilizers of Public Resources**

Every month, a multidisciplinary team of professionals in the community meets to review cases of persons who are high-utilizers of the Mission ED, EMS, and the jail. Excessive use of these services is very costly to our community. By coordinating interventions and problem-solving creative solutions to these cases, the community is trying to contain the high costs of these frequent users. Additionally, a High-Risk Outreach Team (HOT Team) and Caring for You program at MAHEC (both part of Project 1300, which connects frequent users of the Mission ED, Copestone psychiatric services and inpatient to primary care), helps to coordinate the services for these persons and provides intensive case management. These programs are part of a collaborative funding initiative of Buncombe County Health and Human Services, Mission Health, MAHEC, Community Care of WNC, and Smoky Mountain LME/MCO.

*FY16 Prevention Budget:*

- Buncombe County Partnership for Substance Free Youth (through ARP/RHA): \$79,823
- Project Lazarus (ARP/RHA): \$2,500
- Batterer Intervention Services (through The SPARC Network): \$105,000
- Critical Incident Stress Management and Resiliency Coordination - (through The SPARC Network): \$69,000
- Project 1300 (through MAHEC) to link uninsured persons, in the ED and inpatient, to primary care: \$300,000