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
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.

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

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

- ED Visits for Overdose
- EMS Calls-Overdose-Suicide Attempt
- EMS Calls-Suicide Attempt with Gun
- Mobile Crisis Calls
Behavioral Health Outreach/Inreach

![Chart showing data analysis for different months with categories: VAYA Call Center Data, Peer Living Room Sign-Ins, Sunrise Outreach, and a linear trend line.](image-url)
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 County Sheriff’s Office: 19,753, representing 11.6% of calls for service

Nature codes included:

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

(Z) Suicide with Gun
(Z) Suicide Overdose
(Z) Suicide
(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
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.
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

buncombecounty.org
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

- Placed in housing
- Maintained Housing
- Gain job, increase hours
- Enrolled in Food Stamps
- Scheduled for RideHealth
- Accessed MAT
- Engaged in Primary Care
- Overdose
- Reincarceration
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...*

<table>
<thead>
<tr>
<th>Activity</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>PORT Referrals</td>
<td>109</td>
</tr>
<tr>
<td>PORT Intakes</td>
<td>35</td>
</tr>
<tr>
<td>PORT Warm Hand Off to MAT</td>
<td>7</td>
</tr>
<tr>
<td>PORT Warm Hand Off to Detox/Rehab</td>
<td>3</td>
</tr>
<tr>
<td>PORT Referral to Mental Health</td>
<td>9</td>
</tr>
<tr>
<td>PORT provision of harm reduction supplies</td>
<td>15 Naloxone kits, 4 safe injection kits, 1 box of fentanyl test strips during spike</td>
</tr>
<tr>
<td>PORT Warm Hand off to Hep C care</td>
<td>3</td>
</tr>
</tbody>
</table>

**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

Create a Trauma Responsive and Resilience-Focused Community

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
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

ED: Syndrome Count of Suicidal Thoughts Syndrome Grouped by Week
Total Count: 176
Date Range: 01/01/2019 - 12/31/2019
County: Buncombe
Source: NC DETECT, Generated: 01/04/2021

ED: Syndrome Count of Suicidal Thoughts Syndrome Grouped by Week
Total Count: 119
Date Range: 01/01/2020 - 12/31/2020
County: Buncombe
Source: NC DETECT, Generated: 01/04/2021
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
Community Paramedic

Stakeholder Engagement
Community Paramedic Phase I (Launching October 2020)
Community Paramedic Phase II
<table>
<thead>
<tr>
<th>Behaviors</th>
<th>Clinical Care</th>
<th>Social Determinants</th>
<th>Physical Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Programs (VAYA, RHA, Family Preservation)</td>
<td>Syringe Exchange Programs (WNCAP)</td>
<td>Pisgah Legal</td>
<td>People who are houseless and/or underemployed</td>
</tr>
<tr>
<td>Syringe Exchange Programs (WNCAP)</td>
<td>Substance Use Treatment and Recovery (ADATC, October Road)</td>
<td>Vocational Supports (NC Works, AB Tech, Vocational Rehabilitation)</td>
<td>Manna Food Bank</td>
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<tr>
<td>People with Mental Health, Developmental Disabilities and Substance Use</td>
<td>Federally Qualified Health Centers (WNCCHS, AMCHC)</td>
<td>Peer Support Services (Sunrise)</td>
<td>Mountain Mobility</td>
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<tr>
<td>Health Educators/Research Organizations (MAHEC, WNC Healthy Impact)</td>
<td>HCA</td>
<td>Equity Champions (YWCA, ABIPA)</td>
<td>Neighborhood Associations</td>
</tr>
<tr>
<td>People with Chronic Disease</td>
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<td>Faith Community</td>
<td>People who are houseless and/or underemployed</td>
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<td></td>
<td></td>
<td>Homeward Bound</td>
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<td></td>
<td></td>
<td>Manna Food Bank</td>
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<tr>
<td>50%</td>
<td></td>
<td>Mountain Mobility</td>
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<tr>
<td></td>
<td></td>
<td>Neighborhood Associations</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>People who are houseless and/or underemployed</td>
<td></td>
</tr>
</tbody>
</table>
Community Paramedic: Phase 1
Post-Overdose Response Team

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.

- 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.
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