

WAKE COUNTY  
**BEHAVIORAL  
HEALTH PLAN**

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2019–2020

## ► INTRODUCTION

The behavioral health of Wake County’s residents is a core priority for the Wake County Board of Commissioners. In February 2018, the board affirmed its goal to “promote an effective behavioral and physical health system of care and practices that benefits all residents.”

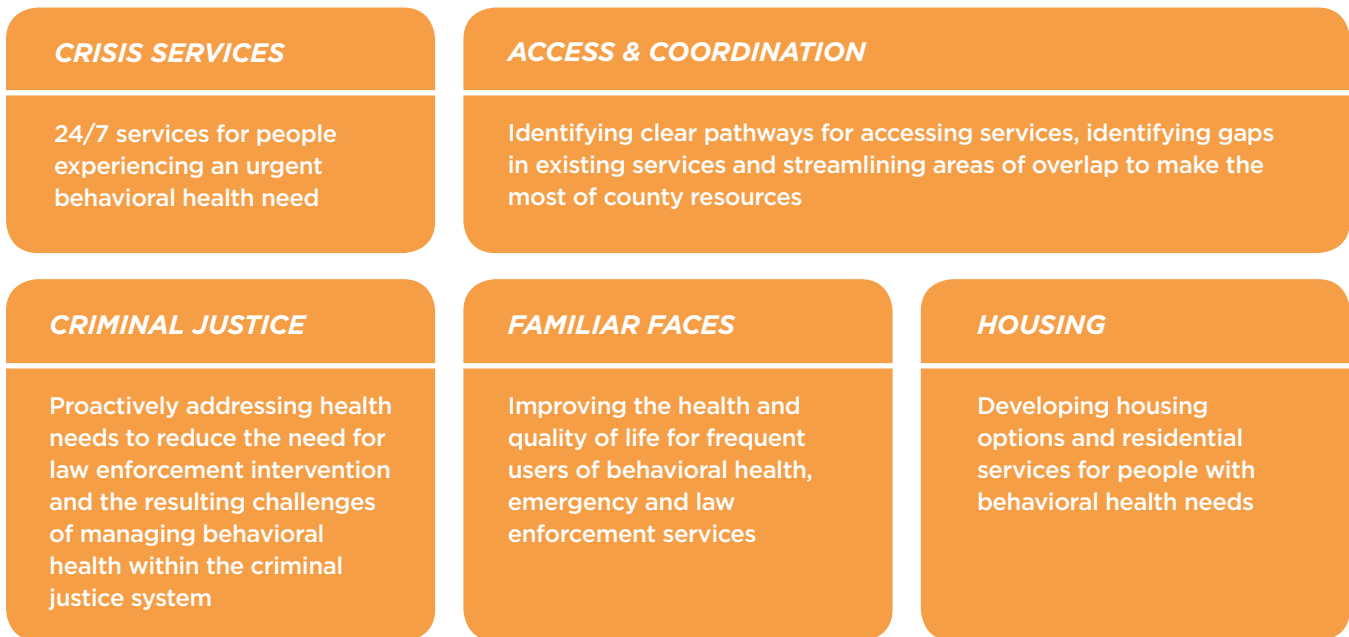
To create stronger relationships among the many organizations involved with behavioral health, a group chaired by the Wake County District Attorney — called “The Directors” — meets bi-monthly. This group has supported several research and planning projects focused on affordable supportive housing, criminal justice diversion and reentry programs<sup>1</sup>, health services for repeat inmates at the county jail, EMS and homelessness services, and bolstering crisis intervention to meet anticipated demand<sup>2</sup>.

Behavioral services available in Wake County are supported by various payment sources, including private insurance, federal and state funds, and private individuals. During the past five years, Wake County has also invested more than \$120 million to cover gaps not addressed through federal, state or private programs.

Even with these efforts, for some residents, the behavioral health infrastructure in Wake County remains fragmented, difficult to navigate and hindered by gaps in services. Across the country, behavioral health suffers from insufficient resources and a lack of clear vision.

In October 2017, The Directors convened more than 200 community leaders<sup>3</sup> at a Behavioral Health Summit to review five focus areas and make recommendations for further work.

They include:



<sup>1</sup> [ncdhhs.gov/assistance/mental-health-substance-abuse/jail-diversion](http://ncdhhs.gov/assistance/mental-health-substance-abuse/jail-diversion)

<sup>2</sup> [wakegov.com/humanservices/behavioralhealth/Documents/NCSU%20Jail%20Project%20Final%20Report.pdf](http://wakegov.com/humanservices/behavioralhealth/Documents/NCSU%20Jail%20Project%20Final%20Report.pdf)

<sup>3</sup> [wakegov.com/humanservices/behavioralhealth/Pages/summit.aspx](http://wakegov.com/humanservices/behavioralhealth/Pages/summit.aspx)

<sup>4</sup> Documentation of county budget for behavioral health

At the summit, the community identified the need for a Wake County Behavioral Health Plan to clarify the role and priorities of county government. The resulting plan reflects broad community input to guide Wake County’s \$30 million current annual investment in behavioral health<sup>4</sup> and policymaking by the county commissioners, state officials and community leaders.

## ► BEHAVIORAL HEALTH PLAN CONTEXT

The plan covers a two-year timeframe (July 2018–June 2020) and focuses on mental health services. It *excludes* developmental disability services. In addition, new initiatives for drug and alcohol treatment are not within the scope of this plan. Wake County Human Services is developing a separate plan to address the opioid epidemic.

The policies and agencies overseeing behavioral health care in North Carolina are constantly evolving. This offers opportunities for reform, but it also presents challenges for sustained approaches to care.

Within the timeframe of this plan, North Carolina will transition the state Medicaid program to a managed care model, inviting yet-to-be-named health networks to oversee patient care. This will have a significant impact on Alliance Behavioral Healthcare, which serves thousands of residents in Wake, Durham, Cumberland and Johnston counties. State lawmakers are still discussing the future role of agencies like Alliance, but it is clear the Medicaid transition will cause some disruption for patients and service providers.

Encouragingly, the North Carolina Department of Health and Human Services (NC DHHS) has asked permission to use federal Medicaid funds to help address social determinants of health. Housing, transportation, food security and personal safety are among the areas likely to be included in future NC DHHS proposals, opening significant new opportunities for tackling behavioral health problems. Wake County is active on several fronts in these areas. This plan focuses on connecting individuals with behavioral health needs with these vital services.

Changes in payment and service delivery will refocus state policy on outcomes rather than volume of care. That will demand greater coordination and information sharing in exchange for continued state support, and this plan helps lay the groundwork for that shift.

The Wake County Manager’s Office has guided the creation of this plan with help from:

- **Lorin Freeman**,  
Wake County District Attorney
- **Gerry and Ann Akland**,  
Community advocates
- **Bill Hart**, Wake County Sheriff’s Office
- **Ann Oshel**, Alliance Behavioral Health
- **Rick Shrum**, WakeMed
- **Laurie Stickney**,  
Community provider

**Kevin FitzGerald** provided consulting assistance.

This two-year plan is intended to guide the county in several key areas, including:

- Developing the framework for identifying gaps and needs for additional county support;
- Building a countywide vision for behavioral health;
- Broadening awareness and support of behavioral health services; and
- Attracting more external resources to leverage and extend work underway.

The initiatives included in this plan will include the following results:

- Measurable progress in the five focus areas: crisis services, access and coordination, criminal justice, familiar faces and housing;
- Development of a computer system to support coordinated assessment and case management of people needing assistance;
- Specific business case rationale to support community expansion of needed programs; and
- Capacity to anticipate and respond to significant changes in North Carolina's Medicaid program that will affect the availability and delivery of behavioral health services.

## ► A SHARED VISION

Community members and agency leaders across Wake County offered insight into the kind of vision that could help guide behavioral health efforts in the years ahead.

- Behavioral health needs are **identified** and **addressed**.
- Services are delivered in a **respectful** fashion that **integrates** behavioral and physical health.
- Access is clear and simple.
- Commitment to **innovation** and **transformation** in delivery of **effective, evidence-based** care.
- Discrepancies in access and care, based on payer source, are eliminated.
- Services are available in the **least restrictive setting** and **supported by the whole community**.
- While respecting **individual privacy**, providers **share information** to improve care.
- Local investment **leverages** outside investment.
- **Client satisfaction** is highly valued.

Based on the feedback above, the following statement was created to guide this plan.

“ *The dignity and well-being of every person is paramount. To that end, we support accessible, high-quality healthcare to address the physical and behavioral needs of all Wake County residents. Services must be delivered in the least restrictive manner possible, with clear communication and a firm commitment to personal privacy. Access to sound care must not depend on individual resources or payment source. Continuous improvement must be a core goal in all of our efforts.* ”



# CRISIS SERVICES

## ► PROBLEM

The demand for crisis services outweighs capacity, a challenge made worse by complicated routes for accessing care.

## ► 2019-2020 GOALS & OBJECTIVES

**MISSION:** Increase capacity for crisis response – especially for young, elderly and violent individuals – by streamlining access to crisis services while decreasing the use of hospital emergency departments and reducing involuntary commitments.

### Goals:

The following goals are designed to increase capacity and services for crisis response. Those highlighted in bold are priorities from the summit.

- A. **Expand capacity of adult crisis assessment services; add additional locations.**
- B. **Develop a behavioral health urgent care service.**
- C. **Increase psychiatric inpatient capacity.**
- D. Increase community outpatient service capacity or alternatives to crisis services.
- E. Enhance communication among first responders and crisis service providers.
- F. Reduce the number of involuntary commitments (IVCs).

### Objectives:

	Objective	Aligned with Goal(s)
1	Set performance baselines and measure crisis system impacts.	A, B, C, D, E, F
2	Quantify the need for additional psychiatric hospital beds and crisis assessment centers.	A, C
3	Pilot test program modeled after Integral Care’s Mobile Crisis Outreach Team <sup>5</sup> in Austin, Texas. The Austin program utilizes the county 911 call center, EMS and a network of community outpatient providers. Evaluate its impact on emergency room utilization and explore using Medicaid funding for community-based case management.	A, D, E
4	Expand funding for Partial Hospital Programs, which is designed to reduce the length of stay in inpatient facilities.	C, D

<sup>5</sup> [integralcare.org/program/mobile-crisis-outreach-team-mcot/](http://integralcare.org/program/mobile-crisis-outreach-team-mcot/)

	Objective	Aligned with Goal(s)
5	With Alliance Behavioral Health, evaluate partnership opportunities for additional adult crisis facility beds in FY2019.	C
6	Work with Alliance Behavioral Health to update Crisis Intervention Team (CIT) <sup>6</sup> training materials to improve access to existing crisis services and identify new services coming in 2019, including adolescent crisis facility and behavioral health urgent care. Offer refresher training for CIT officers, paramedics and 911 call center operators.	D, E
7	In partnership with Alliance Behavioral Health and local hospitals, review the impact of new crisis programs and develop recommendations to: <ul style="list-style-type: none"> <li>• Streamline and increase access to crisis services;</li> <li>• Consider additional crisis facility beds;</li> <li>• Review usage of state facilities;</li> <li>• Evaluate the involuntary commitment processes; and</li> <li>• Evaluate the need for ongoing operational support.</li> </ul>	A, B, C, D, E, F

## ► OUTCOMES

1. WakeBrook Crisis & Assessment Services will see a reduction in the number of hours spent in diversion status and a reduction in the average length of stay.
2. Local hospital emergency departments will see a reduction in behavioral health admissions.
3. Wake County EMS and law enforcement will serve fewer behavioral health patients requiring transport to a hospital or facility-based crisis services.
4. Fewer behavioral health-related calls for services to first responders.
5. Fewer involuntary commitments.

<sup>6</sup> [crissolutionsnc.org/cit/](http://crissolutionsnc.org/cit/)

► **COUNTY FUNDED PROGRAMS**

<p><b>Crisis and assessment services, inpatient services, facility-based crisis and medical detox services</b> WakeBrook (UNC Health Care)<sup>7</sup></p>
<p><b>Inpatient and partial hospitalization services</b> Holly Hill Hospital<sup>8</sup></p>
<p><b>Program for individuals for early onset psychosis</b> UNC Wake Encompass (formerly Wake OASIS)<sup>9</sup></p>
<p><b>Outpatient clinic for schizophrenia</b> UNC STEP Community Clinic - Wake County<sup>10</sup></p>
<p><b>Open Access and adult outpatient services</b> Monarch<sup>11</sup></p>
<p><b>Adult outpatient services and peer recovery services</b> Fellowship Health Resources<sup>12</sup></p>
<p><b>* Mobile Crisis Outreach Team (for First Responder Calls)</b> Therapeutic Alternatives<sup>13</sup></p>
<p><b>* Behavioral Health Urgent Care</b> Monarch Behavioral Health Urgent Care<sup>14</sup></p>

**\* New initiatives for FY19**

<sup>7</sup> [uncmedicalcenter.org/uncmc/care-treatment/mental-health/unc-hospitals-at-wakebrook/](http://uncmedicalcenter.org/uncmc/care-treatment/mental-health/unc-hospitals-at-wakebrook/)

<sup>8</sup> [hollyhillhospital.com/](http://hollyhillhospital.com/)

<sup>9</sup> [med.unc.edu/psych/cecmh/patients/clinics-programs/unc-wake-encompass](http://med.unc.edu/psych/cecmh/patients/clinics-programs/unc-wake-encompass)

<sup>10</sup> [med.unc.edu/psych/cecmh/patients/clinics-programs/step-community-clinic/wake-step-clinic](http://med.unc.edu/psych/cecmh/patients/clinics-programs/step-community-clinic/wake-step-clinic)

<sup>11</sup> [monarchnc.org/what-we-do/mental-health-services/treatments-and-services](http://monarchnc.org/what-we-do/mental-health-services/treatments-and-services)

<sup>12</sup> [fhr.net/our-services/north-carolina/services#ncdrop](http://fhr.net/our-services/north-carolina/services#ncdrop)

<sup>13</sup> [mytahome.com/mobile-crisis](http://mytahome.com/mobile-crisis)

<sup>14</sup> [monarchnc.org/what-we-do/mental-health-services/treatments-and-services/monarch-s-open-access](http://monarchnc.org/what-we-do/mental-health-services/treatments-and-services/monarch-s-open-access)



# ACCESS & COORDINATION

## ► PROBLEM

The system of care for behavioral health services is confusing and lacks sufficient coordination. This is especially challenging for vulnerable populations and those involved with the criminal justice system.

## ► 2019–2020 GOALS & OBJECTIVES

**MISSION:** Ensure that those needing services receive them and improve coordination of services across the system of care.

The “system of care” refers to all health and human services that people with behavioral and/or mental health issues may need. These include inpatient facilities, emergency departments, outpatient clinics and assessment services.

To be successful in achieving the goals of this plan, the system of care must also include “first responders,” or those who do not generally provide services for behavioral health but may serve as entry points for those needing such services. These include law enforcement and the criminal justice system; public and independent schools; food banks, shelters and other organizations providing services to vulnerable populations; and rape crisis centers, domestic violence agencies and other organizations providing crisis services.

### Goals:

The following goals are designed to increase access to services and improve coordination across the system of care. Those highlighted in bold are priorities from the summit.

- A. **Expand service access and outpatient care for low-income, uninsured, underinsured and special needs patients.**
- B. **Build relationships and encourage communications across the system of care, including coordinating case management and sharing health information when relevant and possible.**
- C. **Increase capacity of behavioral health information systems to track both individual and aggregate patient data for assessment, case management, information sharing and outcomes.**
- D. Improve understanding of behavioral health and available services among patients, patient advocates, first responders and service providers.
- E. Increase capacity for integrated physical and behavioral healthcare at inpatient facilities for those with multiple health problems, especially people who are uninsured or underinsured.

**Objectives:**

	<b>Objective</b>	<b>Aligned with Goal(s)</b>
1	Establish performance baselines and SMART goals for the five focus areas.	All
2	Establish a project team to assess the current level of knowledge regarding the local system of care, and develop training for behavioral health service providers to effectively refer patients, track data, share information and coordinate case management.	B, D
3	Coordinate efforts with Wake County Human Services, NC DHHS and other entities addressing assessment, referral, case management, social determinants of health and anticipated changes in the NC Medicaid Program.	A, B, C, D
4	Acquire and implement an informatics platform capable of supporting improved assessment and integrated case management across multiple services.	B, C, E
5	Update the county's website and add interactive functionality. Ensure that behavioral health content on wakegov.com is accessible, clear and comprehensive.	A
6	Establish a project team to develop contractual agreements between members of the system of care that comply with relevant privacy laws and facilitate appropriate sharing of health and case information.	B, C, E
7	Identify technologies that can improve case management and coordination across multiple agencies.	C
8	Expand school-based coordination for children and families.	A, D

**► OUTCOMES**

1. Behavioral health training system is in place, and 75 percent of identified personnel are trained.
2. Memoranda of Agreement are in place to support sharing of relevant case information and identification of familiar faces. Case management protocols have been modified to reflect these agreements. *(This outcome is also listed under the Familiar Faces focus area.)*
3. An information technology platform to support data tracking and integrated service delivery has been assessed, designed, funded and implemented.
4. Qualitative feedback from both clients and service providers indicates improvement in access and service coordination. Based upon these measures, quantitative measures are developed.

## ► COUNTY FUNDED PROGRAMS

<p><b>School-Based Care Coordination and Wake Teen Diversion Program<sup>15</sup></b> (Alliance Behavioral Healthcare directs services and referrals to treat behavioral health needs and keep teens out of the criminal justice system.)</p>
<p><b>Direct services and referrals to community support</b> Southlight Healthcare<sup>16</sup></p>
<p><b>Specialized recreational programs for Wake residents with developmental disabilities</b> City of Raleigh Parks and Rec<sup>17</sup></p>
<p><b>Training for caseworkers to assist homeless people with applying for disability benefits</b> NC SOAR Initiative (SouthLight)<sup>18</sup></p>
<p><b>Online directory of resources and services (Wake Network of Care)<sup>19</sup></b> Alliance Behavioral Healthcare</p>
<p><b>Assessment and Treatment (plus Flex) for Foster Children</b> UNC Health Care</p>
<p><b>* Expand School-Based Care Coordination<sup>20</sup></b> Alliance Behavioral Healthcare</p>
<p><b>* Assistance with Behavioral Health Plan implementation and website redesign</b></p>

### \* New initiatives for FY19

<sup>15</sup> [alliancebhc.org/general-news-announcements/wake-teen-diversion-program-shows-promising-results/](http://alliancebhc.org/general-news-announcements/wake-teen-diversion-program-shows-promising-results/)

<sup>16</sup> [southlight.org](http://southlight.org)

<sup>17</sup> [raleighnc.gov/parks/content/Departments/Articles/ParksandRecreation.html](http://raleighnc.gov/parks/content/Departments/Articles/ParksandRecreation.html)

<sup>18</sup> [ncceh.org/ncsoar/](http://ncceh.org/ncsoar/)

<sup>19</sup> [wake.nc.networkofcare.org/mh/](http://wake.nc.networkofcare.org/mh/)

<sup>20</sup> [alliancebhc.org/general-news-announcements/alliance-partnership-wake-county-schools-wins-award/](http://alliancebhc.org/general-news-announcements/alliance-partnership-wake-county-schools-wins-award/)

# CRIMINAL JUSTICE

## ► PROBLEM

The criminal justice system has assumed much of the burden of behavioral health care — not by conscious policy but simply by default. Many of those in need of behavioral health services do not receive them. As a result, police and emergency services are on the front lines of dealing with unlawful and sometimes violent activities that are the byproduct of mental illness. People with behavioral or mental health issues are more likely to be incarcerated and generally have longer incarceration periods than people without such issues.<sup>21</sup>

## ► 2019–2020 GOALS & OBJECTIVES

**MISSION:** Ensure humane and effective treatment for those in need of behavioral health services while reducing the burden on law enforcement agencies dealing with untreated behavioral health issues. Design diversion programs to serve patients better and avoid costly incarceration.

### Goals:

The following goals are designed to improve access to services and decrease incarceration rates and incarceration periods for people with behavioral health issues. Those highlighted in bold are priorities from the summit. Some goals and objectives overlap with other focus areas, especially *Access & Coordination*.

- A. **Reduce disruption and loss of public benefits for incarcerated and previously incarcerated people.**
- B. **Expand pre-charge diversion programs to avoid interaction with the Wake County criminal justice system.**
- C. **Expand re-entry services.**
- D. Improve service quality, data tracking, case management and information sharing across the system of care.

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<sup>21</sup> [wakegov.com/humanservices/behavioralhealth/Documents/NCSU%20Jail%20Project%20Final%20Report.pdf](http://wakegov.com/humanservices/behavioralhealth/Documents/NCSU%20Jail%20Project%20Final%20Report.pdf)

**Objectives:**

	<b>Objective</b>	<b>Aligned with Goal(s)</b>
1	Advocate to suspend rather than terminate Medicaid for those incarcerated in the county detention center. Advocate for other policy changes to lessen disruption in services and public benefits.	A
2	Assist people who need to regain Medicaid and other public benefits.	A
3	Improve methods for identifying at-risk youth and adults needing behavioral and physical health services.	B, D
4	Ensure that members of the criminal justice system (Wake County Detention Center, Wake County Sheriff's Office, local law enforcement agencies, etc.) and the legal system share information and participate in case management and training initiatives as outlined under <i>Access &amp; Coordination</i> objectives 3, 5, 6, 7 and 8.	D
5	Review and implement national best practices regarding diversion and post-release programs, especially those related to housing placement, continuity of medications and other needed services.	B, C
6	Assess opportunities for continued funding, expansion or creation of new diversion and re-entry programs (e.g. Recovery Court and Wake Teen Diversion Program <sup>22</sup> )	B, C
7	Make recommendations for improving access and service delivery to those leaving detention. Efforts may include the use of standardized screening and assessment, comprehensive and collaborative case management, and pre- and post-release programs addressing health needs.	C, D
8	Develop the capacity to ensure that people leaving county detention have their ongoing physical and behavioral health needs addressed, including but not limited to a routine care provider, a medical home, medications and community living needs.	C
9	Develop a financial model to analyze the return on investment for diversion and reentry programs to strengthen advocacy efforts.	B, C

<sup>22</sup> [alliancebhc.org/general-news-announcements/wake-teen-diversion-program-shows-promising-results/](https://alliancebhc.org/general-news-announcements/wake-teen-diversion-program-shows-promising-results/)

## ▶ OUTCOMES

1. Improved health outcomes for formerly incarcerated people with chronic disease, mental illness and/or substance abuse disorders.
2. Reduced recidivism rates.
3. Reduced emergency room and hospital rates for people participating in post-release programs.
4. Higher percentage of at-risk individuals receiving behavioral health services upon release.
5. Reduced number of people with mental illness jailed through court intervention.

## ▶ COUNTY FUNDED PROGRAMS

<b>In-jail behavioral health screening, assessment and care management</b> (Fellowship Health Care and Wake County Sheriff)
<b>Post-release program</b> (Implementation of Critical Time Intervention Model for FY 2019)
* <b>Applying for grant funding from the Bureau of Justice Assistance for “Improving Reentry for Adults with Co-occurring Substance Abuse and Mental Illness”</b>
* <b>Applying for grant funding from the Urban League for “Safety and Justice Challenge and Urban Institute Innovation Fund Competition”</b>
* <b>Care coordination for Alliance to provide court-related liaison services</b>

\* **New initiatives for FY19**

# FAMILIAR FACES

## ► PROBLEM

There is a small number of individuals who regularly and repeatedly access emergency and crisis services in Wake County. Though a small group, “Familiar Faces” requires a disproportionate share of local criminal justice, shelter, medical and behavioral health resources. Many *Familiar Faces* are uninsured or underinsured, and many are ineligible for public benefits such as Medicaid, housing or food assistance. Without access to preventative care and safety net programs, many *Familiar Faces* depend on costlier crisis and emergency services.

## ► 2019–2020 GOALS & OBJECTIVES

**MISSION:** Stabilize frequent users of crisis services.

### Goals:

The following goals are designed to improve access to appropriate services and decrease chronic use of high-cost services. Those highlighted in bold are priorities from the summit. Some goals and objectives overlap with other focus areas, such as *Access & Coordination*.

- A. Establish a methodology to identify those who are or who are likely to become Familiar Faces.
- B. Develop an early intervention system for those at risk of becoming Familiar Faces.**
- C. Improve service quality, data tracking, case management and information sharing across the system of care.**

### Objectives:

	Objective	Aligned with Goal(s)
1	Identify alternative sources of social services to prevent the eventual need for crisis or emergency services, and link individuals in need with them.	B
2	Ensure that information sharing and case management efforts outlined under <i>Access &amp; Coordination</i> objectives 3, 5 and 6 include methods for identifying Familiar Faces.	C
3	Create an outreach and case management team to support Familiar Faces and those at risk of becoming Familiar Faces.	B
4	Appoint a Wake County Familiar Faces workgroup to implement recommendations of the Wake County Population Health Task Force.	A, B, C
5	Create an outreach team to train high-risk individuals to access community resources.	B, C

	Objective	Aligned with Goal(s)
6	Collaborate with Wake County Human Services and NC DHHS to standardize social determinants of health screening protocols.	A, B, C
7	Conduct a community design session for a permanent supportive housing model with set-aside units for the Familiar Faces population and access to onsite services.	B, C
8	Partner to raise community and grant funds for housing for Familiar Faces.	C
9	Develop a financial model to analyze the return on investment for familiar faces initiatives.	C

► **OUTCOMES**

1. Memoranda of Agreement are in place to support sharing of relevant case information and identification of Familiar Faces. Case management protocols have been modified to reflect these agreements. *(This outcome is also listed under the Access & Coordination focus area.)*
2. Outreach and case management team is created.
3. Improved health outcomes for those identified as Familiar Faces.
4. Reduced crisis program utilization rates for those identified as Familiar Faces.
5. Return an investment calculated for Familiar Faces initiatives.

► **COUNTY FUNDED PROGRAMS**

<p><b>Case management for permanent supportive housing clients</b> Triangle Family Services<sup>23</sup></p>
<p><b>* Funding identified in FY2019 to expand permanent supportive housing units for Familiar Faces</b></p>

\* **New initiatives for FY19**

<sup>23</sup> [tfsnc.org/housing-assistance/](https://tfsnc.org/housing-assistance/)



# HOUSING

## ► PROBLEM

There is insufficient housing available for people with behavioral health needs. When individuals lack supportive housing options, they often turn to high-cost services such as emergency care or institutional placement.

## ► 2019–2020 GOALS & OBJECTIVES

**MISSION:** Increase housing security and reduce reliance on institutional settings.

### Goals:

The following goals are designed to strengthen housing security for those with behavioral health issues. Those highlighted in bold are priorities from the summit. Some goals and objectives overlap with other focus areas, such as *Access & Coordination*.

- A. **Increase permanent housing options with wrap-around services for people who have special needs, criminal records and/or persistent behavioral health issues.**
- B. **Expand rapid re-housing services for those exiting institutions.**
- C. **Implement a Housing First<sup>24</sup> strategy.**
- D. Improve service quality, data tracking, case management and information sharing across the system of care.

### Objectives:

	Objective	Aligned with Goal(s)
1	Support the ongoing operation and the establishment of a permanent location for the Oak City Outreach Center <sup>25</sup> .	A, B, C, D
2	Work with the Corporation for Supportive Housing, the NC Housing Finance Agency <sup>26</sup> and Wake County Housing Department <sup>27</sup> to create new housing through partnerships with developers and service providers.	A, C
3	Research the Los Angeles Flexible Subsidy Pool <sup>28</sup> – a rental subsidy paired with support services for vulnerable populations. Collaborate with local hospitals and Wake County Human Services to determine the feasibility of such a program in Wake County.	A, C

<sup>24</sup> [hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf](http://hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf)

<sup>25</sup> [endhomelessnesswake.org/what-we-do/oak-city-outreach-center/](http://endhomelessnesswake.org/what-we-do/oak-city-outreach-center/)

<sup>26</sup> [nchfa.com/es/node/266](http://nchfa.com/es/node/266)

<sup>27</sup> [wakegov.com/humanservices/housing/Pages/default.aspx](http://wakegov.com/humanservices/housing/Pages/default.aspx)

<sup>28</sup> [hiltonfoundation.org/learning/history-and-takeaways-from-los-angeles-county-s-flexible-house-subsidy-pool](http://hiltonfoundation.org/learning/history-and-takeaways-from-los-angeles-county-s-flexible-house-subsidy-pool)

	Objective	Aligned with Goal(s)
4	Evaluate the impact of increasing emergency shelter capacity to mitigate housing insecurity and avoiding hospitalization and jail.	B, C
5	Work with Wake County Housing Department to develop a plan for engagement of supportive services for units allocated to permanent supportive housing through the tax credit process.	A
6	Ensure that information sharing and case management efforts outlined under <i>Access &amp; Coordination</i> objectives 3, 5 and 6 include housing efforts.	D
7	Conduct educational sessions with developers, property managers, hospital systems and service providers to develop Housing First strategies with a focus on harm reduction and tenant support.	C
8	Develop a financial model to analyze the return on investment for existing and new housing initiatives funded by the county.	D

► **OUTCOMES**

1. An additional 250 permanent supportive housing units will be created in Wake County by 2024.
2. Increase in total number of Housing First units.
3. Elimination of waiting list for individuals identified for permanent supportive housing through the Coordinated Entry Vulnerability Index.
4. Reduced number of avoidable hospital days due to housing insecurity.

► **COUNTY FUNDED PROGRAMS**

<p><b>Recovery facility for homeless people with substance abuse issues</b> Healing Transitions<sup>29</sup></p>
<p><b>Transitional housing for people engaged in substance abuse treatment</b> NC Recovery Support Services</p>
<p><b>Funding designated to support the development of new permanent supportive housing units</b></p>
<p><b>Funding approved to support new Wake County Affordable Housing Plan</b></p>
<p>* <b>Short-term supportive housing partnership with CASA<sup>30</sup> and Resources for Human Development<sup>31</sup></b></p>

\* **New initiatives for FY19**

<sup>29</sup> [healing-transitions.org/](http://healing-transitions.org/)

## ► CONCLUSION

Through efforts identified in this plan, Wake County seeks to broaden awareness and support for behavioral health services and achieve measurable progress in five focus areas – crisis services, assessment and coordination, criminal justice, familiar faces and housing.

The county’s role in behavioral health is largely shaped by the gaps left by the larger systems involved in behavioral health. As these systems evolve, local governments must be nimble enough to respond to these changes and continually assess gaps and opportunities for improvement.

This plan builds on current investments and partnerships, and sets a direction for the county as it seeks to promote a more effective behavioral and physical health system of care and practices. As health care financing changes unfold at the state and federal levels, this plan will help Wake County evolve and improve the behavioral health system for the benefit of county residents through strategic partnerships and deliberate local investment.

This plan has a two-year horizon. A new plan will be developed in 2020, based upon an updated environmental scan and progress made from this plan.

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<sup>30</sup> [casanc.org/](http://casanc.org/)

<sup>31</sup> [rhd.org/program/rhd-north-carolina/](http://rhd.org/program/rhd-north-carolina/)

