



# **ANNUAL REPORT FY14**

## **BUNCOMBE COUNTY BEHAVIORAL HEALTH SERVICES**

Behavioral health services include mental health and substance abuse services, and are primarily funded by Smoky Mountain Center; however, the County funds a number of initiatives which address services gaps and areas of liability.

The budget in FY14 was \$1.29 million for behavioral health services, including \$600,000 of maintenance of effort funds (statutorily obligated) through Smoky Mountain Center.

### **MAJOR ACCOMPLISHMENTS**

1. Four Wet Shelter beds, at Western Carolina Rescue Ministries, were revived and became operational again
2. A DWI Court was added to the problem-solving courts, giving Buncombe County a comprehensive array of drug courts
3. The annual homeless count showed 9% reduction in chronic homelessness in past year; 47 persons remain to be housed
4. A County sponsored Hard-to-House Summit was held in 2012; an outgrowth of the Summit was a monthly “Hard to House” workgroup (part of the Asheville-Buncombe Homeless Initiative Advisory Committee). The group has implemented a plan, Oak Hill Commons, to house the most challenging group of chronically homeless people. The goal is to break ground on the facility in the coming year if all the funding pieces come together
5. The Assessment Center was fully implemented, offering expedited evaluations for HHS & Court programs, as well as trauma services
6. Neil Dobbins Center attained a census of near full capacity
7. Implemented a prison reentry program, in conjunction with the Buncombe County Reentry Council, funded by the NC Department of Public Safety
8. Updated the CIT training curriculum in conjunction with NAMI and Smoky Mountain Center
9. \$1.8M was earned by selling excess beds at the jail

### **JUSTICE COLLABORATION PROGRAMS**

This partnership with law enforcement and the Courts aims to divert persons from the criminal justice system—saving County dollars and reducing recidivism, which means fewer crime victims and a safer community.

Pre-Booking Services



Crisis Intervention Team (CIT) training in FY14:

- Patrol = 19
- An important component of CIT is “drop-off” capability—where officers may take persons for a psychiatric evaluation and leave. This saves time for officers to be serving the community rather than waiting in the Emergency Department. The average number of drop-offs per month was down slightly at Mission Hospital (111 to 107) and increased dramatically at Neil Dobbins Center (from 11 to 46).

Post-Booking Services at the Detention Facility

- Substance abuse case management = 588 clients served
- Mental health case management = 494 clients served
- An average of 435 detainees per month participated in a psycho-educational group
- Case management, including the JUST program in the jail, prevented 1,329 arrests and 46,249 days in jail, with a cost avoidance of \$138,747 for food.
- 127 jail bed were not needed because of diversion (21% of jail capacity)
- \$1,832,437 was earned by selling excess jail beds (25,935 bed days; or 71 beds)

Problem-Solving Courts

Adult Drug Treatment Court, Family Drug Treatment Court, DWI Court and the JUST program (alternative to a mental health court) had a total of 102 graduates with a combined 42% success rate.

Because the problem-solving courts have been running at below benchmark caseloads for several years, the County will begin funding the programs based on monthly caseload. If there are not sufficient referrals, the provider may attain the caseload

**RECIDIVISM**

RHA Health Service and Buncombe County conducted a recidivism study in 2010, and again in 2012, to confirm that the prevented arrests were being maintained. A random sample was taken of inmates who received substance abuse case management, mental health case management, and the JUST program case management. 12-month pre-program arrests were counted and compared with 12-month post-program arrests. A control group was also analyzed—persons who were eligible for the programs but chose not to participate. Arrest decreases were maintained in FY12, as follows, and we have extrapolated to apply to FY14:

Substance abuse case management prevented 1.5 arrests  
Mental health case management prevented .75 arrests  
Jail diversion (JUST Program) prevented 2.5 arrests

In FY14:

Substance abuse case management = 588 clients served  
Mental health case management = 494 clients served  
The JUST Program had 31 successful graduates

Therefore:

Substance abuse case management prevented 882 arrests  
Mental health case management prevented 370 arrests  
JUST Program prevented 77 arrests  
Jail diversion prevented 1,329 arrests

The average length of stay is 11.60 days; national studies show that the average length of stay for a person with a disability is about 3X longer; therefore, 34.80 days was used.

46,249 days in jail were prevented (times \$3.00/day for food = \$138,747)

Or, 127 jail beds (46,249 divided by 365) were not needed because of diversion

standard by serving other HHS Social Work clients.

### Jail Health Services

In FY14, costs increased over \$171,619, mostly because of treatment outside the jail (a number of high-cost hospitalizations), however, the total cost was still 5% lower than the 3-year average cost (\$1,459,864) under the previous provider. The monthly average number of sick calls decreased from 188 to 148, probably because of the higher co-pay to access sick call. Mental health assessments decreased from 553 to 454. The number of ER visits increased from an average of less than one a month to more than 5. The number of initial screenings increased from 589 to 628, probably because of the increased daily census at the jail.

## **CRISIS SERVICES**

Neil Dobbins Center. The Neil Dobbins Crisis Stabilization Unit (CSU) is a local 16-bed detoxification and psychiatric crisis unit. The goal is to stabilize persons in their community and avoid hospitalization. The psychiatric census increased from the previous year, 95% compared to 72%; likewise, the detox census increased to 83% from 74%. The combined census was 89%; 90% is considered full capacity. The County successfully tied discounted rent to improved census in its FY14 lease to the provider.

## **ASSESSMENT CENTER**

The Assessment Center provides forensic evaluation and treatment engagement services for HSS Social Work and jail diversion program clients (Pretrial Services, JUST Program, Adult Drug Treatment Court, DWI Court and Family Drug Treatment Court). Services were fully implemented in FY14 with the addition of Trauma Focused Cognitive Behavioral Therapy services by Family Preservation Services.

The Assessment Center offers open access scheduling, which provides flexible, timely appointments, so that clients may participate more easily, and staff and the Court receive reports with a very quick turn-around time. Center staff also are available to respond to urgent requests by DSS, Judges, Magistrates, the Detention Facility, Public Defender or District Attorney for immediate evaluation or crisis intervention with clients. The program is funded by Buncombe County and operated via



contract by RHA Health Services, Inc. The Assessment Center is located at 205 College Street, within steps of the Courthouse and Detention Facility, as well as HHS Social Work offices.

*Results:*

- An average of 51 referrals were received per month
- An average of 40 evaluations were completed each month; average cost = \$422
- An average of 34 persons a month were referred for treatment, i.e., most persons who were referred for evaluation needed treatment
- About 9 treatment engagement groups were completed each month
- About 36 “no show” appointments per month, demonstrating the value of having open access scheduling
- HSS contracted for 13 additional specialized evaluations, at a cost of \$14,000, or more than a thousand dollars per evaluation
- 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

*Emerging Observations:*

- Reduced court-time to process CPS cases
- More efficient use of CPS case management time
- Reduced length of stay out of home, including foster care
- Better outcomes for CPS clients who are less compliant

## CHRONIC 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 39 persons were approved for benefits in FY14, or an average of 3¼ per month. The average amount of time from application to approval was 104 days (3½ months). This compares to 2-3 years for most SSI/SSDI applications. The project leveraged \$5,293,553 in value of benefits. This amounted to a leveraging ratio of 1:59, that is, for every County \$1 invested in the Project, \$59 are returned to the County over the span of the average entitlements.



Supported Housing Program

This is a program of Homeward Bound which uses the “housing first” philosophy to serve high-need, high cost homeless persons who also typically cycle through the jail and hospital Emergency Department



**SAVINGS FROM SUPPORTED HOUSING**

Based on a local study conducted by UNC-CH in 2007, the cost for chronically homeless persons (across health services, justice system and public assistance) decreases an average of 33% once the person is placed in supported housing, resulting in a \$3,585 cost savings per person per year. Key characteristics of this group include: inpatient hospitalization in the past 2 years, incarcerated in the past 5 years, living with HIV or other chronic disease, used emergency room in past 2 years, mental illness, substance abuse, probation record in past 3 years. The 26 persons placed into supported housing in FY14 represent a \$93,210 cost avoidance, which is cumulative year to year.

multiple times annually.

The Housing Authority of the City of Asheville uses its authority to establish local preferences to move eligible persons from this target group to the top of the waiting list for apartments in public housing or Housing Choice vouchers, which are used to access apartments in the private market. A requirement of acceptance into the program is ongoing case management. The Housing Authority of the City of Asheville, Western Highlands, Mission Health System, and Buncombe County contribute case management funding.

In FY14, the Chronic Homeless Program placed an average of 2.2 persons into permanent housing each month, compared to 3.3 in the previous year. (The decrease was primarily to the unavailability of Housing Choice vouchers.) An average of 106 persons were case managed each month (compared to 104 in the previous year), with an 89% success rate.

A Program to End Chronic Homelessness in Buncombe County

The year 2015 will mark the final year of Asheville-Buncombe County’s Ten-Year Plan to End Homelessness. Since 2005, the Asheville-Buncombe Homeless Initiative Advisory Committee and the Homeless Coalition have implemented “housing first” strategies which have resulted in an 84% reduction in chronic homelessness in Buncombe County (293 to 47). The final step is to develop a program for the most challenging persons to house. Many of these persons have long-standing addictions and mental disabilities.

**A recent evaluation of the first year of Moore Place showed:**

- 80% of the original tenants remained at Moore Place after 1 year
- Moore Place tenant income increased since entering the program
- Area hospital bills, emergency room visits, and lengths of hospitalizations have significantly decreased during the tenants’ first year of housing at Moore Place

Modeled after successful communities across the country, and specifically Moore Place in Charlotte, Oak Hill Commons will have 30 one-bedroom apartments with on-site case management and 24-hour security for chronically homeless men and women. Community service providers will be available onsite to provide services, for example, physical and mental health care.

This will be the “end-game” in Asheville for chronically homeless men and women (many of whom have already failed in attempts to house) and a cornerstone piece of Asheville-Buncombe County’s Ten-Year Plan to End Homelessness. The \$2.2M cost of the facility will be raised through a combination of private, federal, foundation and public monies. Residents will pay 30% of their income for rent and utilities and be responsible for their own cooking and cleaning of their homes. The Housing Authority of the City of Asheville will provide Section 8 vouchers to many of the residents.

The Asheville-Buncombe Homeless Initiative Advisory Committee has been working with local developer/contractor Ward Griffin to plan the program—to be located on property on Leicester Highway, a short distance from the Patton Avenue Ingles and near the Salvation Army Thrift Store. The site is on transportation routes and in a reclusive location, with 24-hour security to ensure that the surrounding community remains undisturbed by its presence. If funding commitments are in place, ground-breaking for the facility could occur before the end of the year, and occupancy by the end of 2015.

## PREVENTION

Reflecting the County’s ongoing commitment to prevention, 14% of the budget in FY14 was allocated to prevention programs, including the *Partnership for Substance Free Youth in Buncombe County* (coordinated by ARP/RHA). Project Lazarus is a prescription drug abuse prevention model which was developed in Wilkes County. It is being replicated throughout the State. In Buncombe County, the Partnership for Substance Free Youth is taking the lead.

Buncombe County also funds a fulltime CISM specialist, employed by RHA Health Services, Inc., to implement crisis interventions for secondary trauma in first responders, including HHS social workers. The specialist also is implementing an organizational resiliency plan. Additionally, the specialist has begun to work part-time with the HHS Veteran’s Program to assist clients with a history of PTSD and military sexual trauma.



## GRANTS

In FY14, the County received four grants which are related to behavioral health:

- Governor's Highway Safety Program/DWI Court \$95,060
- Governor's Crime Commission/Changing Together Focused Deterrence \$75,000
- Department of Public Safety/(Prison) Reentry Council \$203,712
- Project Lazarus (prescription abuse prevention) \$9,000

## COMMUNITY HEALTH NAVIGATION

In FY14, the County issued an RFR to fund a "community health navigator" model to work with high-need, high-cost clients who are referred from the jail FUSE (Frequent User System Engagement) committee.

Clients are identified through the jail's weekly Frequent User committee. After enrollment, clients are assigned to a community health navigator who helps them complete the pathways that the client has prioritized. Each pathway outlines critical steps needed to achieve positive outcomes. The navigator works to build the client's trust in the system of care, coordinates the services provided by participating community agencies and reports any system barriers encountered, and documents activities in the HMIS database. Key steps in this process include:

- Assignment to pathways and community organizations: The navigator identifies the care pathways that address the client's most critical near-term needs (although clients can be assigned to many different pathways). The 23 available pathways encompass medical issues as well as social determinants of health; example pathways include behavioral health, child care, dental care, diabetes, domestic violence, employment, food security, health care home, housing, homelessness prevention, legal services, medical debt, and transportation. Depending on the pathways selected, the navigator refers the client to one or more community organizations.
- Ongoing monitoring: The navigator monitors each client's progress, providing support in accessing services. The navigator stays in touch with clients via telephone calls, occasional home visits, and scheduled or walk-in appointments. Key contact persons at the referral agencies confirm that clients have kept their appointments, received services, and made plans for follow-up. The program will have a small emergency fund to help those with financial barriers to keep appointments and/or complete pathways. Funds can be used to pay for such items as bus fare, identification card fees, driver's license fees, one-time utility payments, and prescription drugs.

National research studies have shown that for every \$1 spent on treatment for incarcerated persons who are released in the community it results in \$18 cost avoidance related to crime. The evidence focuses on drug treatment, but since 50% of men and two-thirds of women who are released from the Buncombe County Detention Facility (according to a local study conducted by Western Carolina University) have a substance addiction, we anticipate that most persons served in this program will have substance abuse treatment as a primary need.

The County expects to fund the model in FY15.

## WHAT'S AHEAD IN FY15?

- The County is in discussions with Mission Health and Smoky Mountain Center about the development of a 24/7 community crisis center.
- The County is implementing a comprehensive domestic violence plan, consisting of a number of evidence-informed programs.
- RHA Health Services is taking steps to conduct parenting capacity evaluations in more complex cases, including use of a standardized instrument—the NC Functional Assessment Scale--and also having staff complete an online training course
- Two contracts which were negotiated this year will specifically pay for performance, or what is sometimes referred to as “pay for success”: Pisgah Legal Services will be paid for each successful disability application; Homeward Bound will be paid for achieving clinical benchmarks with chronically homeless persons

## RESOURCES



[Buncombe County Peer Response Network](https://www.youtube.com/watch?v=LZRIMpFOTds). The video features interviews with clinicians, law enforcement, and program participants. The video is available online at <https://www.youtube.com/watch?v=LZRIMpFOTds>

[Recidivism](http://www.youtube.com/watch?v=YLp5ka2-EzY). This video is about jail diversion programs. The video features interviews with judges, clinicians, law enforcement, and program participants. The video is available online at <http://www.youtube.com/watch?v=YLp5ka2-EzY>



### [Community Health Navigation: FUSE Protocol Manual](#)

The case management process is “manualized” in this protocol to ensure that providers are implementing the FUSE model with fidelity. The manual identifies more than 20 “pathways” which navigators follow to attain benchmarked outcomes.



CISM

### [CISM: Critical Incident Stress Management Protocol Manual](#)

The detailed step-by-step process of conducting a critical incident defusing or debriefing event is outlined in this manual, including how to access CISM when needed.

**HHS BEHAVIORAL HEALTH PARTNERS:** ARP-Addiction Recovery Prevention, City of Asheville, Family Preservation Services, Homeward Bound of WNC, Mission Health, RHA Health Services, Pisgah Legal Services, Smoky Mountain Center, WNC Community Health Services