

Status Report: The North Carolina Stepping Up Initiative

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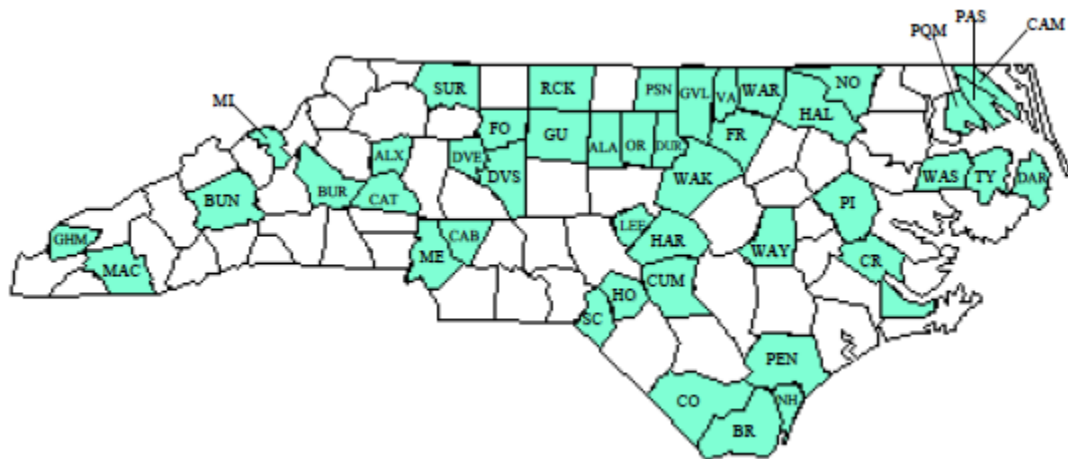
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Introduction

The Stepping Up Initiative is a national movement led by the National Association of Counties (NACo), the Council of State Governments, and the American Psychiatric Foundation with the goal of reducing the number of people with mental illnesses in jails. Nationwide, nearly 40 percent of people with a serious mental illness end up in jail at some point in their lives. Each year, North Carolina jails more than 11,000 people with serious mental illnesses. Jails cannot provide the recovery and treatment services that individuals with mental illnesses need, and being jailed makes recovery more difficult and increases recidivism for this population. The Stepping Up Initiative wants to improve the criminal justice system for individuals with mental illnesses by (1) reducing the number of people with mental illnesses in jails; (2) reducing the lengths of stay for these individuals; (3) increasing connections to community treatment resources upon release from jail; and (4) reducing recidivism rates.

North Carolina has been recognized for its involvement in this initiative, with 44 counties having adopted the resolution (Figure 1 shows which counties in NC have passed the resolution).

Figure 1: North Carolina Counties Active in the Stepping Up Initiative



With such a high number of North Carolina counties active in this initiative, NCACC wants to know more about what kinds of programs counties are implementing, what are the greatest needs and challenges faced by counties, and what can the association do to help counties move forward. Thus, the purpose of this report is three-fold:

1. Understand where North Carolina counties are in implementing the resolution
2. Discover how NCACC and others can aid counties in moving forward

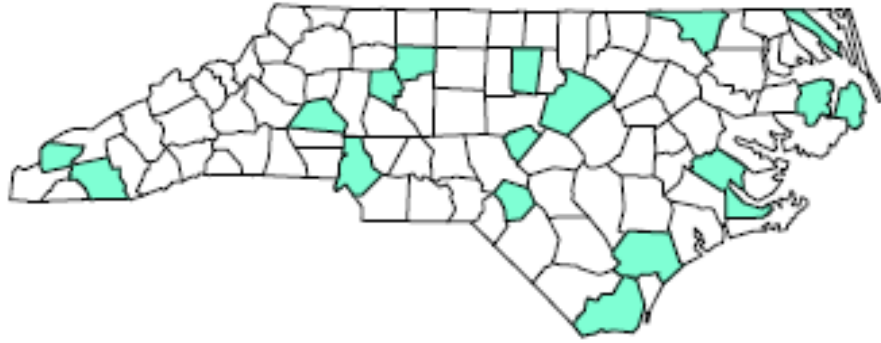
3. Provide a resource that facilitates idea sharing and collaboration among counties.

The information in this report was collected through interviews, primarily conducted over the phone. Representatives from various agencies (county government, public health, sheriff's office, etc.) were asked about their county's progress on the Stepping Up Initiative. Interview questions were based on NACo's "Six Question Guide," to learn about the details behind the county's initiative (i.e., Has your county created a committee? Who is on the committee? What is the jail's screening process like?). Additionally, counties were also asked "big picture" questions that focused on the county needs, challenges associated with implementation, and lessons learned. A full list of interview questions are provided in Appendix C.

This report is organized by need. Counties were sorted into one of four categories based on their *greatest* need. In creating these categories, funding was not considered as a need category, as nearly every county responded that it needed funding. The four categories are: Staff positions, Data, Information, and Training, Community Resources, and Stakeholder Engagement. Counties that did not report on their needs before publication and those that have not made progress on the Initiative were assigned to the Stakeholder Engagement category.

Each county report begins with a "County-at-a-Glance" section. The purpose of these statistics are to provide readers information on the size of each county, who are in positions of leadership, and the mental health resources available in the county. With this information, counties can get an idea of the kinds of programs that work in counties that "look like them," and can identify those counties that would be good resources for collaboration in the future. Descriptions of each variable reported in the County-at-a-Glance are provided in Appendix B. Further, a table listing the populations of all active counties can be found in Table A1 in Appendix A.

Section 1: Community Resource Needs



Brunswick County

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Chief Jane Evans

Chief Jailer

Brunswick County Detention Center

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County-at-a-Glance

- **Population:** 126,953
- **County Commissioners:** Frank Williams (Chair), Randy Thompson (Vice Chair), J. Martin "Marty" Cooke, Pat Sykes, Mike Forte
- **Sheriff:** John W. Ingram, V
- **Date of Passage:** May 2017
- **Mental Health Provider Ratio:** 1,306
- **Average Daily Jail Population:** 350
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 212
- **Prescription Opioid Poisoning Deaths, 2015:** 20

Status Report

Committed Leadership

Brunswick County has the support of both the county leadership and the community in moving forward with the Stepping Up Initiative. Since passing the resolution a few months ago, meetings have been held with various county government stakeholders (sheriff's office, Public Health Department, Department of Health and Human Services, county commissioners, etc.) to establish support and to begin developing a framework for getting started. Each of these stakeholders made it clear that they were committed to participating in the initiative. Prior to adopting Stepping Up, there existed a great deal of community support for a very similar project regarding mental health and substance abuse, so obtaining the necessary buy-in from stakeholders has not been difficult. Brunswick County has not yet formed a committee to lead the Stepping Up efforts; however, now that these initial meetings have taken place and commitment from stakeholders has been established, the next step will be to assemble a committee.

Screening and Data Collection

Each individual that is booked into the detention center is screened twice: once, with the Brief Jail Mental Health (BJMH) screen used by the booking officers, and a second time with a

thorough medical screen used by the nursing staff. The medical screen measures vitals and asks about allergies, arrest dates, current medical complaints/conditions (an individual can mention any mental illnesses they may have here), hospitalizations, and any history of trauma, diseases, or alcohol/drug abuse. Additionally, the medical screen features a second section devoted entirely to collecting a mental health history. In this section of the screening, the nursing staff will learn of any history with violent behavior or abuse, hospitalizations related to mental illness, outpatient treatment, medication, and substance abuse treatment.

If an individual is flagged as having mental health issues at any point during this two-stage screening process, he or she will be monitored by nursing staff while in custody. Should an individual “score” particularly high on the medical or BJMH screening, he or she will automatically be placed on suicide watch. The jail does have a mental health clinical worker that visits the jail to follow-up with individuals being monitored for mental health. However, the hours for this position are limited, and the follow-ups with individuals on suicide watch are the top priority. It is typically the case that the social worker’s client list is filled entirely with individuals on suicide watch, making it difficult for others in need of mental health assessments to meet with her. Should it become necessary for an inmate to receive further mental health evaluation or treatment, the jail will transport them to a community service provider for an appointment.

Baseline measures of the number of individuals with mental illnesses in the jail, lengths of stay, and recidivism rates have not yet been established. Currently, data on individuals with mental illnesses are collected electronically, and the medical staff uses records of mental health medications to track the number of individuals with mental illnesses in the jail, but this information has not yet been aggregated to form baseline measures and identify trends.

Sequential Intercept Mapping

Only a few months have passed since Brunswick County adopted the Stepping Up Initiative, and in that time, much of the work has been dedicated to establishing stakeholder support and commitment. Thus, the county has not yet participated in a sequential intercept mapping activity.

Plan of Action

In Brunswick County, all government facilities are located on one campus. Recently, the county added to this campus a mental health clinic to aid in providing warm hand-offs to treatment among government agencies. For example, if an individual needing mental health treatment were being released from the jail, he or she would simply be able to walk across the campus to the mental health clinic for any appointments, evaluations, or medications they may need. In opening the clinic, the county partnered with and gained support from various community partners, including Trillium, the sheriff’s office, and the courts.

Moving forward, Brunswick County hopes to pair the Stepping Up Initiative with the opioid task force already established in the county. Additionally, in planning for future work,

Brunswick County has studied the initiatives in place in Buncombe, Alamance, and Pitt counties. In doing so, Brunswick has observed that having a coordinator in place within the jail and courts who can dedicate time to identifying those individuals most in need of diversion is highly beneficial. Thus, when the planning team convenes, one of the first items on the agenda will be to discuss creating a jail coordinator position for the county.

Tracking Progress

Outcome measures for the Stepping Up Initiative have not yet been determined. This discussion is one that will be held once the task force begins meeting and a more formal plan of action is developed. Although specific measures have not yet been identified, the committee will most likely use other public health models, such as the community health assessment, as a guide. More information on the community health assessment tool can be found here:

<http://publichealth.nc.gov/lhd/cha/>

Needs and Challenges

From the perspective of the sheriff's office, the population of individuals with mental illnesses in the jail is continuing to grow. Additionally, there seems to be a rise in the number of individuals with co-occurring mental illnesses and substance abuse issues. Those who have both mental illnesses and substance abuse issues are particularly challenging for the jail to treat as medication may not be an option. Further, because the social worker who visits the jail for mental health assessments is overworked (her client list is usually full of individuals on suicide watch, making it difficult for others who need mental health evaluations to meet with her), the jail medical staff does not feel as if it is always equipped with the necessary expertise to treat individuals who have co-occurring mental health and substance abuse issues. This continues to be a challenge for the jail.

Detention officers and medical staff do their best to treat individuals while they are in custody; however, once released, the jail has no way of knowing if they are getting the help they need in the community. The lack of community resources available to individuals outside of the jail is a continual challenge that makes it difficult for individuals to successfully exit the criminal justice system. Therefore, moving forward, the county most greatly needs two things: (1) more community mental health resources; and (2) funding to pay for these resources and the services they provide.

Camden County

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County-at-a-Glance

- **Population:** 10,418
- **County Commissioners:** Clayton D. Riggs (Chair), Tom White (Vice Chair), Garry Meiggs, Randy Krainiak, Ross B. Munro
- **Sheriff:** Tony E. Perry
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 2,577
- **Average Daily Jail Population:** No County Jail
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 14
- **Prescription Opioid Poisoning Deaths, 2015:** 3

Status Update

Camden County has not yet made progress toward implementing the Stepping Up resolution. In speaking with Finance Officer Stephanie Humphries, it became clear that the county is having difficulty identifying its role in this initiative. From the county's perspective, the sheriff's office interacts with individuals with mental illnesses before incarceration, the jail is located in a different county, and the courts are determining what happens to an individual post-release. Thus, there does not seem to be a space for the county to enforce or implement the Stepping Up Initiative.

Though the county has not made progress toward implementation, I was able to speak with Robert Jones, Administrator at the Albemarle District Jail, to learn about the policies and procedures in place for treating individuals with mental illnesses.

Screening and Data Collection

The Albemarle District jail is a detention facility that serves Camden, Pasquotank, and Perquimans counties. Upon entering the jail, individuals are evaluated with a verbal and medical screening tool. The booking officers perform the verbal screen, while the nursing staff conduct the medical screen. If an individual is flagged as having (or potentially having) a mental illness, the jail will refer them to a follow-up with the tele-psychiatrist. The medical staff

work with individuals to get them on (or back on) any medications they may need, and to educate them as to where they can get assistance upon release.

The jail does not have collected data that could provide estimates for baseline measures, but the jail administrator would guess that about 25 percent of all inmates have some degree of mental illness.

Challenges and Needs

From the perspective of the jail administrator, the biggest challenge faced by the counties served by the jail (Camden, Pasquotank, and Perquimans) is the lack of community resources available to individuals upon release. There are not many mental health resources available within the community, and the counties do not have the funding to open more facilities. Additionally, even though the jail notifies inmates of resources that *do* exist within the community, much of this population does not have a stable home or job to return to after leaving the jail. Thus, follow-up appointments, trips to the pharmacy, outpatient treatment, etc. are not always attainable goals or top priorities.

Catawba County

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County-at-a-Glance

- **Population:** 156,459
- **County Commissioners:** C. Randall Isenhower (Chair), Barbara G. Beatty (Vice Chair), Kitty W. Barnes, Dan A. Hunsucker, Sherry E. Butler
- **Sheriff:** Coy Reid
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 564
- **Average Daily Jail Population:** 328
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 224
- **Prescription Opioid Poisoning Deaths, 2015:** 16

Status Report

Committed Leadership

Prior to adopting the Stepping Up Initiative, Catawba County had been doing work in the area of mental health diversion. Thus, obtaining commitment and support for Stepping Up was not difficult as the county's leadership and community stakeholders had already expressed their commitment to this work, and the success of existing initiatives had illustrated the importance and benefits of diversion.

When the county first began mental health diversion, a committee was established that consisted of representatives from various community groups, including the local MCO, jail clinicians, the sheriff's office, county government, and more. When the board of commissioners adopted the Stepping Up resolution, this committee expanded its purview to include the initiative. This group meets once every two months to discuss progress with diversion efforts and to identify next steps.

Screening and Data Collection

All inmates booked into the Catawba County Detention Center are screened by booking officers for mental health and substance abuse issues using the Brief Jail Mental Health (BJMH)

screening tool. The mental health/substance abuse liaison in the jail, contracted with Catawba Valley Behavioral Healthcare (CVBH) through Partners Behavioral Health Management, identifies those inmates in need of mental health services through the BJMH screener, reviewing jail intake logs for inmates with a history of mental health and/or substance abuse issues, and through medical and/or jail staff referrals.

When the jail liaison receives a request for follow-up, he will conduct interviews and clinical assessments to determine the needs of the individual. If there is a need for medication, the jail liaison will refer the individual back to the jail medical staff and will consult with them about the individual’s mental health and medical history to determine a medication treatment plan. If the liaison feels as if the individual should be in treatment rather than in the jail, he will present the case to the judge for long-term treatment instead of time. Typically, the judge agrees to send individuals to treatment. Those who are in jail for felonies could be waiting for their case to be processed for several months. In order to take advantage of this time, CVBH offers an 8-week intensive in-house treatment program.

Detailed records of the services provided to inmates with mental illnesses and/or substance abuse issues are kept (see Table 1 below), and it also has some data on the population in the jail with mental illnesses. Overall, the data on individuals with mental illnesses could be better, and recent data collection improvements will address this gap in information. A new IT system has been installed that places all resources and records in the same system, allowing providers to track individuals in more detail as they move through the criminal justice and mental health systems.

Table 1: Mental Health/Substance Abuse Services Provided to Inmates, 2014

Service	Total
Mental Health Liaison interviews and assessments	332
Weekly mental health clinic – medication management	119
Unscheduled or emergency visits	186
Suicide/Special Watch	289
Alcohol Detox	302
Opioid Detox	1,124
Benzo Detox	734
Involuntary Commitments	7

Sequential Intercept Mapping

Catawba County has not participated in the sequential intercept mapping activity.

Plan of Action

Catawba County is continuing to execute various programs that were already in place, and are continuing to plan for more programs. Currently, the services offered in the jail include: short-term supportive counseling, anger management counseling, alcohol and drug detoxification,

referrals to mental health/substance abuse treatment providers upon release, unplanned or emergency assistance, referrals for suicide/special watch, assistance with obtaining involuntary commitments, assistance to the medical services provider in the jail to gather treatment history on individuals in the jail. CVBH also has an intensive in-house treatment program made available to individuals upon release.

In 2015, the county contracted for a mental health/substance abuse liaison to facilitate structured groups for individuals with these issues, and to provide training to jail personnel in recognizing signals of mental illness and other disabilities. Additionally, the county contracts with Repay, Inc. for pre-trial services and court improvement coordination services. The Repay staff work with the contracted mental health liaison and court officials to divert inmates with mental health and substance abuse issues into treatment and out of incarceration. On the front end, Partners BHM provides funding for law enforcement officers to participate in Crisis Intervention Training (CIT). Finally, CVBH has a peer-support follow-up program in which a peer support person will work with an individual prior to release to set up appointments, transport them to/from those appointments upon release, or transport them to long-term treatment.

Tracking Progress

Recidivism is the key outcome of interest for CVBH and Partners BHM, and the outcome they have been tracking with most of their diversion work. However, on July 1, 2017, CVBH also started keeping track of IV drug users under the age of 25. This statistic is of particular interest as the opioid crisis continues to infiltrate communities.

Needs and Challenges

One of the biggest challenges facing Catawba County is funding. The county's drug court is no longer funded through its original source, but remains in operation because of providers and judges who are invested in its success. However, it is clear that this could change in the future, and recurring funding to secure the court would be extremely helpful. Additionally, the new mental health/substance abuse liaison program could be bolstered with additional funding. Currently, the department is run by two people. Even though it is a young program, there is evidence that it is working. Additional funding would allow the program to expand and to divert more individuals into treatment.

The other primary challenge facing Catawba County is its lack of access to community resources. The county does not have many residential substance abuse treatment facilities, limiting the number of individuals who can make use of this resource. Furthermore, because the county does not have many residential treatment options, individuals are forced to either travel back and forth for outpatient treatment, or to travel to a different county to find residential treatment. This makes transportation an issue as well.

Advice and Lessons Learned

Throughout this process, Catawba County has learned two important lessons: (1) getting buy-in

from your stakeholders on the front end is very helpful, and (2) you need to keep your stakeholders updated on what is happening. A good rule of thumb may be to report to your commissioners (and perhaps others) on number served, success of programs, and costs saved (or spent) at least twice per year.

Craven County

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County Manager

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Greg Singleton

Chairman

Craven Pamlico Re-entry Council

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County-at-a-Glance

- **Population:** 103,445
- **County Commissioners:** Thomas F. Mark (Chair), Scott C. Dacey (Vice Chair), Jason R. Jones, George S. Liner, Theron McCabe, Johnnie Sampson, Jr., Steve Tyson
- **Sheriff:** Jerry G. Monette
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 520
- **Average Daily Jail Population:** 263
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 125
- **Prescription Opioid Poisoning Deaths, 2015:** 17

Status Report

Committed Leadership

Each person interviewed in Craven County strongly emphasized the commitment of its leadership to the Stepping Up Initiative. The county enjoys the support not only of its board of commissioners, but also its sheriff's office, mental health professionals, and other elected bodies. The wide array of support in Craven County for Stepping Up has allowed the county to create a multi-disciplinary team to serve as the initiative's planning committee. On this committee are representatives from a variety of health care fields, county government, law enforcement, the courts, and the mental health community. For now the committee is meeting every other month to discuss the initiative and plan next steps. Once the county has finished collecting its baseline data and can better outline a plan of action, the committee will meet more regularly.

Screening and Data Collection

All individuals entering the detention facility are screened for mental health issues. A detention officer can learn about a mental illness in a variety of ways: (1) the individual can disclose this information in the screening process, (2) the officer may observe something that is abnormal in the individual's behavior, or (3) family or friends may contact the jail to inform detention

officers of a mental illness. If at any point officers become aware of a potential mental illness, they will refer that individual to the nursing staff for a medical assessment. The nurse will further assess the individual, determine if any medical attention is needed, and provide that attention if possible. The officers prefer to keep medical treatments in-house, but they will refer an individual to an outside agency if they require a service the jail cannot provide. After the medical assessment, the individual will be evaluated by a psychiatrist. The psychiatrist will provide any in-house services that are available, and will refer the individual to an outside agency if needed.

Almost immediately upon beginning work on the Stepping Up Initiative, the planning committee realized that they needed to begin collecting better data in order to establish baseline measures of the mentally ill population in the jail. The county's contracted health provider, Trillium, has been working with them on data collection, and they now have four months of baseline data. The committee is beginning to see some trends, and they are now able to track inmates, measure recidivism, classify inmates based on charges, and identify what individuals are doing post-release.

Sequential Intercept Mapping

Craven County has not yet participated in the sequential intercept mapping activity.

Plan of Action

Any formal plan of action created by the planning committee will heavily depend on the trends revealed in the baseline data. The next committee meeting will be held in August or September, at which point more data will have been collected, and a more detailed conversation of next steps will take place. Although formal implementation plans have not been established, there are a couple of issues the committee plans to discuss and address. First, the committee hopes to brainstorm with the local hospital about alternatives to addressing mental illness in the emergency department (ED). The committee has been working with the mental health providers to help in the venture; however, the North Carolina mental health system is quite dysfunctional and it has been a challenge to work within that system. Second, the committee recognizes a need for more in-patient facilities in the community. The local LME is working on opening new locations; however, budget cuts have caused operations to stop on two of the new centers (one in Wilmington and one in Greenville).

Despite the challenges Craven County is facing in addressing some of its county-specific needs, there has been success with other community programs. Prior to adopting the Stepping Up resolution, Craven County partnered with Pamlico County to establish the Craven-Pamlico Re-entry Council in 2011. This community center provides post-release resources for individuals in whatever areas they may need: clothing, housing, transportation, etc. Essentially, the center works to ensure individuals are provided with the bare necessities for obtaining and sustaining a job. Since its adoption, the re-entry council has been embraced 100 percent by the community and its leaders. With such strong support, the Re-entry Council enjoys more freedom in the

work it does, and is able rely on stakeholders in the community to refer their clients to the center. It is estimated that between sixty and sixty-five percent of both Craven and Pamlico counties know that the Re-entry Council exists and what services it provides.

Tracking Progress

With the help of the local healthcare provider, the jail is beginning to collect baseline measures of numbers of individuals with mental illnesses in the jail, recidivism rates, and lengths of stay. These measures are certainly outcomes of interest to the committee, but any additional measures that may be collected have not yet been established. The committee will have this discussion after more baseline data is gathered.

Needs and Challenges

Craven County is facing three primary challenges in implementing its Stepping Up Initiative: (1) funding – both a lack of funding to implement new programs and cuts in funding that have halted operations on in-progress initiatives, such as the in-patient treatment facilities, have been large barriers to progress; (2) *occasional resistance to programs – overall, the committee has not had trouble gaining support and engagement from all stakeholders; however, there have been a few instances in which resistance from one (or a few) stakeholders slows any momentum the committee had established;* and (3) limited community resources – not only is the county lacking access to in-patient treatment centers, but it is also limited in jobs and transportation, vital factors in an individual's successful re-entry into the community.

Moving forward, Craven County needs access to more in-patient facilities and community resources, particularly housing for ex-offenders. Additionally, the county needs to continue collecting data on the jail population. With this information the committee will be able to establish a plan of action, and formalize next steps. Lastly, Craven needs help in diverting individuals away from the hospital's emergency department and into a treatment center that can provide the best treatment plan for individuals with mental illnesses.

Advice and Lessons Learned

The first lesson Craven County has learned in the Stepping Up process is that this is a worthwhile effort. Understand the various benefits of the initiative, and use these messages to gain the support of all necessary stakeholders. Perhaps some groups are most interested in the monetary benefits of diversion, while others are more concerned with the humane element of providing treatment to those in need. Understand your audience, and tailor your message to fit their interests. In doing so, you will be able to assemble a committee that is a wide and diverse representation of the community. Most importantly, you must understand the population you are attempting to reach with the initiative. Who that population is varies from county to county, and may even vary within a county. Work to identify the unique challenges and needs facing your population, and tailor your goals to fit those needs.

Second, Craven County has learned that small counties are just as serious and important as large counties in doing this work. Large counties may have the advantage of more resources,

but small counties tend to be comprised of more tight-knit communities, fostering a greater sense of cooperation and collaboration. Large counties have learned from Craven County, just as Craven has learned from larger counties. Each is important in implementing this initiative.

Dare County

Allen Moran

Jail Administrator

Dare County Sheriff's Office

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County-at-a-Glance

- **Population:** 35,964
- **County Commissioners:** Robert Woodard (Chair), Wally Overman (Vice Chair), Jack Shea, Steve House, Rob Ross, Jim Tobin, Danny Couch
- **Sheriff:** J.D. "Doug" Doughtie
- **Date of Passage:** July 2015
- **Mental Health Provider Ratio:** 637
- **Average Daily Jail Population:** 68
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 63
- **Prescription Opioid Poisoning Deaths, 2015:** 3

Status Report

Committed Leadership

Prior to adopting the Stepping Up resolution, Dare County had already implemented several diversion programs with full support from the community stakeholders and county government. Thus, gaining the necessary support and commitment from these agencies for the Stepping Up Initiative was not difficult. The committee that leads the Stepping Up efforts in Dare County is the Saving Lives Task Force (formerly known as the Dare County Task Force). This committee oversees several criminal justice diversion initiatives, and consists of representatives from each treatment facility within the region, a commissioner from each county represented on the board, a representative from each municipality, a mental health clinician, the Dare County Health Director, a sheriff appointee, law enforcement officers, and a citizen-at-large. The committee meets bi-monthly to discuss each of its initiatives, and formulate next steps.

Screening and Data Collection

Booking officers perform the Brief Jail Mental Health (BJMH) screening on all individuals entering the detention facility. If an individual is flagged as having (or potentially having) and

mental illness during this screening process, he or she is placed on special watch with a follow-up from Dr. Coy, the jail's tele-psychiatrist contracted through Carolina Behavioral Health. Dr. Coy calls into the jail as-needed, and is available 24/7.

The jail has not yet been able to identify baseline measures and trends on the population with mental illnesses within the jail; however, in the past year, the data collection process has changed to allow for these outcomes to be measured. Soon, the jail will be able to identify trends and baselines.

Sequential Intercept Mapping

Dare County was unaware of the sequential intercept mapping activity, and as such, has not participated in it. Information on this activity, its purpose, and how it is performed has since been shared with the county.

Plan of Action

Prior to adopting the Stepping Up Initiative, the county had worked to implement several programs. First, the jail contracted with Dr. Coy of Carolina Behavioral Health to provide 24/7 psychiatric services to its inmates. Second, the jail instituted two substance abuse counseling groups within the jail – Recovery Innovations (male counseling group) and New Horizons (female counseling group). Third, the jail regularly hosts Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings.

As Dare County continues to work toward its Stepping Up and criminal justice reform goals, the Saving Lives Task Force and the sheriff are currently working together to develop a re-entry program within the jail. This program will feature a recovery process during incarceration, followed by a six month re-entry program upon release. The program is still in the development stage, but the committee hopes to begin implementation in the near future.

Tracking Progress

Dare County has not yet identified specific measures for tracking the effectiveness of its programs.

Needs and Challenges

The biggest challenge facing Dare County is its lack of community resources. The jail is working to provide services to individuals while in custody; however, upon release, mental health resources are more difficult to find, especially for a population that may not have insurance. Without access to treatment outside of the jail, it is difficult for individuals to make a successful (and sustained) re-entry into the community. Thus, more community resources is what the county needs most to continue moving forward.

Advice and Lessons Learned

Dare County has one simple piece of advice: just do it! They urge counties to take the plunge and get involved in the Stepping Up Initiative. In implementing a plan of action, counties need

not reinvent the wheel – start by choosing one thing that you know you can do, and go from there. The most important thing is that counties get involved.

Davie County

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County-at-a-Glance

- **Population:** 42,013
- **County Commissioners:** Terry Renegar (Chair), John Ferguson (Vice Chair), Dan Barrett, Mark Jones, Richard Poindexter
- **Sheriff:** JD Hartman
- **Date of Passage:** May 2017
- **Mental Health Provider Ratio:** 2,320
- **Average Daily Jail Population:** 67
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 53
- **Prescription Opioid Poisoning Deaths, 2015:** 2

Status Report

Committed Leadership

In implementing the Stepping Up Initiative, Davie County has the full support and commitment of its county leadership. County manager, John Eller, was the one who brought this issues before the board of commissioners and championed its passage. After adopting the resolution earlier this year, Davie County sent several representatives from its county government to the NC Stepping Up Summit held in Raleigh.

Davie County has not yet created a task force to lead the Stepping Up efforts; however, Lieutenant Dana Recktenwald has been designated as the point person on the initiative. In the next few months Lt. Recktenwald hopes to assemble a committee with representation from various community stakeholders to discuss Davie County's approach to the Stepping Up Initiative.

Screening and Data Collection

All individuals entering the detention center are screened with the Brief Jail Mental Health (BJMH) screening tool. If an individual is flagged during the screening process as having (or potentially having) a mental illness, the booking officer will differ them to the nurse. The nurse will perform a full medical screen, which includes mental health, on all individuals referred to

her. If the nurse determines there is need for an individual to be placed on suicide watch, he or she will be placed in a holding cell for constant monitoring. If suicide watch is not necessary, individuals will be provided with information on mental health services available outside of the jail, and the nurse/mobile crisis will work to place the individual on any necessary medication. Additionally, the detention staff makes sure to transport individuals to any outstanding mental health appointments outside of the jail, and to hearings for any charges they may have acquired in other counties.

Davie County does not have a lot of data on inmates with mental illnesses, but they have recently made some changes that will allow the jail to start collecting more information on this population. Previously, the nurse was the only person in the jail keeping track of medical information for individuals with mental illnesses; however, the jail has recently started adding this information to its database as well. Though the detention staff has not recently analyzed the data and does not know exact numbers, they would estimate that about 20 out of the current 70 inmates have mental illnesses.

Sequential Intercept Mapping

Davie County has not yet participated in the sequential intercept mapping activity, but information on the activity and its benefits have been provided to the project coordinator. Sequential intercept mapping is something the county plans to participate in once the task force has been established.

Plan of Action

Though the Stepping Up Initiative is new to Davie County, the detention center has been addressing mental illness through various avenues. Law enforcement officers have been participating in Crisis Intervention Training (CIT) in order to better respond to mental health calls. Inside the jail, Lt. Recktenwald has posted pamphlets, flyers, and business cards in both the nurse's office and the lobby for Cardinal Innovations and Daymark Recovery Services. All information is available in English and Spanish, and is posted in locations that can be accessed by inmates as well as their families/friends.

The jail does not have mental health professionals on its medical staff, but it does utilize mobile crisis to serve its inmates who have mental illnesses. Mobile crisis can provide services when the nurse is not on duty, and can also work with the nurse to ensure all individuals are receiving the services they need. Additionally, mobile crisis will reach out to the family and friends of inmate to learn more about mental health/medical histories. Should an individual need to access an outside agency for mental health treatment or evaluation, the nurse will schedule an appointment at Daymark Recovery Services, and the jail will transport the individual to the appointment. Lastly, the jail invites church groups into the jail to lead group sessions with the inmates, and the staff hopes to expand this to include Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings in the future.

Lastly, Davie County also has a pre-trial release program that is located right next door to the jail. The coordinator of the pre-trial release program screens arrest records for individuals he believes may be eligible for pre-trial release. In deciding this, a background check on each individual is performed and a mental health history is collected. If he believes an individual is a good candidate for pre-trial release, he will work with the courts to facilitate a release of the individual from the jail and into treatment.

Davie County has also begun to think about how to build upon these existing services to address the goals of the Stepping Up Initiative. In order to get more acquainted with the initiative and learn more about what has been successful for other counties, the project coordinator has participated in the rural network calls hosted by NACo. In addition, Davie County has been in conversation/collaboration with Forsyth County regarding its Stepping Up Initiative pilot program. Once more results from this pilot are available, Davie will consider how it could implement a similar program to address its needs.

Tracking Progress

Currently, the only outcomes that are measured in Davie County diversion efforts are those related to the pre-trial release program. The program presents the county with annual reports that provide information on overall success rates and the types of treatment in which users of the program are engaged. More recently, the pre-trial release program has begun working with probation services in the Recidivism Reduction Services (RRS) program. As of now, recidivism rates are not included in the annual reports, but this is something they plan to add in the future. Any other additional measures that will be collected to track the progress of the Stepping Up Initiative have not yet been identified.

Needs and Challenges

The biggest challenges facing Davie County is its lack of community resources. Local clients are having to resort to traveling out of county to access more intensive treatment and evaluations. When individuals are unable to access treatment within their community, this makes transportation an additional challenge. Many individuals leave jail with no vehicle or valid driver's license, which makes traveling out of county for treatment particularly difficult. Davie County has one bus route that runs twice a day from Knoxville to Winston-Salem, but this is not enough. Furthermore, there are hardly any housing options for individuals leaving the jail. Without a home to provide shelter and without a vehicle to provide transportation to mental health services, it is nearly impossible for individuals leaving jail to make a successful re-entry into the community. Thus, Davie County's greatest need is more community resources that can fill some of these gaps in services.

Advice and Lessons Learned

Davie County has learned several lessons through its pre-trial release program. First, there needs to be a strong link between the sheriff's office and the local mental health providers. Without this connection, individuals leaving the jail will not be connected to the services

provided by the mental health providers. On a related note, it is important to establish at least one reliable contact individual in each department you work with. It may be the case that not all people in a department will know what is happening with your program/initiative, so knowing who you can depend on for collaboration is vital. Lastly, the county needs to have a thorough knowledge of what local resources exist and what is still needed. Your local mental health provider may be engaged and providing services; however, it is possible that it will not provide all the services you will need. This has the potential to be especially problematic in rural counties where there does not exist enough funding to provide an exhaustive list of services. So, be aware of the resources that are available (and make the most of them), but also continually work to bring new and improved resources into your community.

Forsyth County

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County-at-a-Glance

- **Population:** 369,019
- **County Commissioners:** David R. Plyler (Chair), Don Martin (Vice Chair), Everette Witherspoon, Fleming El-Amin, Richard V. Linville, Gloria D. Whisenhunt, Ted Kaplan
- **Sheriff:** William T. Schatzman
- **Date of Passage:** April 2015
- **Mental Health Provider Ratio:** 424
- **Average Daily Jail Population:** 686
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 329
- **Prescription Opioid Poisoning Deaths, 2015:** 33

Status Report

Committed Leadership

The Forsyth County Board of Commissioners is highly committed to the success of the Stepping Up Initiative. Commissioner Gloria Whisenhunt has been the biggest champion of the initiative, having brought the resolution to the board for consideration and seeing it through to its adoption. Since adopting the resolution in April 2015, Forsyth County has organized a committee to lead the efforts on the Stepping Up Initiative. This committee consists of mental health professionals, county management, a part-time data consultant, a representative from the county budget office, the sheriff's office, and Amber Humble, the project coordinator for Forsyth County's pilot program.

Screening and Data Collection

All individuals entering the jail are screened by booking officers with the Brief Jail Mental Health (BJMH) screening tool. Amber performs a second screening on all individuals referred to her for participation in the pilot program. Utilizing a modified mental health screen and the Texas Christian University Screen (for substance abuse), Amber is able to collect more detailed information on medical history, mental health status, medications, etc. Amber will develop post-release transition plans during one-on-one meetings with any individuals who are

accepted into the pilot program. Post-release transition plans include connections to mental health and substance abuse treatment options, housing and employment resources, information on transportation resources, and more. Amber establishes an expectation with all program participants that they will check in with her at least once per week upon their release. Check-ins can occur over the phone or in-person, and can also occur more than once per week if needed.

Amber is keeping detailed data on her clients, but is unsure about what information the jail collects on the population as a whole. The county plans to start from scratch in terms of data collection, and use the information collected in the pilot to establish baseline measures.

Sequential Intercept Mapping

Forsyth County has participated in the sequential intercept mapping activity. The county's end product can be found in Figure D1 (Appendix D).

Plan of Action

Forsyth's pilot program is called the Stepping Up Process to End Recidivism (SUPER). Amber began work as the program coordinator in December of 2016. For the first few months of her employment, Amber developed procedures for the pilot and wrote a program handbook. In February 2017, the pilot launched and Amber began accepting participants into the program. The pilot works with women in the jail who have mental illnesses to develop a post-release plan for transitioning back into the community. The pilot and Amber's position as project coordinator are grant-funded, but the county has expanded funding to continue the program into next year. Additionally, a part-time peer support specialist will be added to the program staff.

Tracking Progress

Clients are expected to follow-up with Amber at least once per week after being released from the jail. In following up, Amber can evaluate how well the client is following her discharge plan, determine if there are any needs that are not being met, and keep record of the client's post-release activity. If a client goes 30 days without checking in, she will be released from the program.

Particular outcomes of interest include recidivism, any substances the individual is using, where they have been referred for services, types of services they have been referred to, housing, educational attainment, and employment status.

Needs and Challenges

One of the biggest challenges Amber has faced in implementing this pilot program is that she has a staff of one. Managing the program and all of its clients is a lot of work for one person to do on their own. Fortunately, the county has provided funding for an additional position, which will be helpful in addressing this issue. In general, funding has been a challenge. Thus far, the county has been generous and supportive of the program, but there is always the possibility for funding to disappear with changes in leadership.

Additionally, there has been some difficulty associated with the sharing of information among various agencies. In order to address this, Amber has created a release waiver that, if signed, will grant her permission to share an individual's information with other mental health providers, the jail, etc. Lastly, the lack of community resources – particularly housing and transportation – have been difficult challenges to overcome. In order to continue successfully moving forward with the SUPER program, Forsyth County needs adequate and stable housing options for individuals transitioning back into the community.

Advice and Lessons Learned

Forsyth County has learned many lessons in implementing its pilot program. First, the county needs a large and diverse group of people at the table who are committed to finding solutions to the problem. Once these stakeholders are established, it is important that the project coordinators keep them involved. Update them frequently on the status of your initiatives, ask them for help, and include them in the brainstorming process. Second, and related to the first lesson, community engagement is key! When getting started, present the initiative to as many people as possible. Constantly be promoting your initiative, especially to those agencies you will be using the most. Third, if the county is able to hire a project coordinator, it is important to also provide the coordinator with a staff. It is too much work for one person. Lastly, it is important to keep in mind that many successful programs failed at first. It is easy to expect immediate results, but that is not usually how things work out. Mistakes will be made and some ideas will fail, and that's okay. As long as you have committed leadership, you will be able to learn from these mistakes to create the best program for your community.

Graham County

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County-at-a-Glance

- **Population:** 8,558
- **County Commissioners:** Keith Eller (Chair), Connie Orr (Vice Chair), Jacob Nelms, Dale E. Wiggins, Raymond Williams
- **Sheriff:** Danny Millsaps
- **Date of Passage:** July 2015
- **Mental Health Provider Ratio:** 1,723
- **Average Daily Jail Population:** 8
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 15
- **Prescription Opioid Poisoning Deaths, 2015:** 2

Status Report

Graham County is still working on its approach to the Stepping Up Initiative. Not much progress has been made yet, but it is still very much on the table. The county manager has been working closely with the chief jailer on the initiative, and they will be meeting soon to discuss getting the ball rolling. The chief jailer was able to attend the NC Stepping Up Summit held in Raleigh, and has a passion for mental health outreach. Unfortunately, the sheriff is not completely on board with the initiative due to the county's small, minimum security jail, and lack of resources the county would be able to dedicate to Stepping Up

Screening and Data Collection

Graham County's jail is an 8-bed minimum security facility. There is no in-house medical staff, anybody who needs *any* medical attention (mental health, medical assistance, dietary restrictions, etc.) is housed out of county, and women are housed out of county. Any time an individual is arrested who needs mental health attention, the jail has to travel 6 hours round-trip to house them in Transylvania or Swain County. Once per quarter the jail *may* have an individual that could benefit from a Stepping Up program; however, even if an individual could benefit from the program, he or she would not stay at the jail long enough to make use of any services. If Graham County's jail continues these same operations, it would be extremely

difficult to implement a program that would have an effect on the jail population. However, if the county decides to build a larger jail that allows for housing individuals with mental illnesses and other medical issues, they could really start making progress on the initiative.

Needs and Challenges

The primary challenge facing Graham County in implementing the Stepping Up Initiative is funding. Graham is a very small county with a small, minimum security detention facility. Federal land makes up 73 percent of the county, so the county is only able to tax on 27 percent of the land, which makes for a poor tax revenue. The sheriff's department struggles with turnover because it is unable to pay its deputies the way other counties can. If the sheriff cannot obtain enough funding to keep his deputies in the department, funding a supplemental program is nearly out of the question.

Hoke County

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County-at-a-Glance

- **Population:** 53,262
- **County Commissioners:** James Leach (Chair), Harry Southerland (Vice Chair), Allen Thomas, Jr., Robert Wright, Tony Hunt
- **Sheriff:** Hubert A. Peterkin
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 908
- **Average Daily Jail Population:** Data unavailable
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 34
- **Prescription Opioid Poisoning Deaths, 2015:**

Status Report

It is unclear who is leading the Stepping Up Initiative in Hoke County. The name of the individual who would be able to provide an update on the status of Stepping Up in Hoke County was not provided before the report was published. However, the chief jailer at the detention center did provide information on the policies and protocols in place at the jail for treating individuals with mental illnesses. In speaking with Major Revels, it seems as if the biggest challenge facing Hoke County in continuing to move forward with the Stepping Up Initiative is its lack of community resources.

Screening and Data Collection

All individuals entering the facility will be screened by booking officers using the Brief Jail Mental Health (BJMH) screener, and by the nurse using a health screener. If an individual is flagged as having (or potentially having) a mental illness during this screening process, he or she will be placed on watch. Detention officers will check on this individual four times each hour (i.e., every fifteen minutes). Medical services in the jail are contracted with Daymark. If an individual is placed on watch, the nurse will call Daymark to perform a follow-up evaluation. These providers only visit the jail when appointments are made or to follow-up with individuals in custody who are using their services. The detention center does not have baseline

measures of the number of individuals with mental illnesses in the jail, lengths of stay, or recidivism rates. However, it is clear that recidivism is a big problem. Officers at the jail know many individuals by name because they have cycled through the jail so many times.

Lee County

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County-at-a-Glance

- **Population:** 59,616
- **County Commissioners:** Amy Dalrymple (Chair), Tim Sloan (Vice Chair), Cameron Sharpe, Robert T. Reives, Kevin Dodson, Dr. Andre Knecht, Larry Oldham
- **Sheriff:** Tracy L. Carter
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 642
- **Average Daily Jail Population:** Data unavailable
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 64
- **Prescription Opioid Poisoning Deaths, 2015:** 5

Status Report

Lee County did not report on its progress with the Stepping Up Initiative before this report was published. However, the jail administrator did provide some information regarding the screening and data collection processes in the jail. Additionally, this conversation highlighted the need Lee County has for more treatment facilities in the community. With such few facilities available in the community, it is difficult to divert individuals away from/out of the jail – they have no other place to go.

Screening and Data Collection

All individual entering the facility are screened using a mental health screening tool. If an individual is flagged as having (or potentially having) a mental illness, the booking officers will process the information through to the medical staff. From there, the medical staff will perform a follow-up assessment and refer the individual to the jail's tele-psych services. Tele-psych is held every Wednesday, but the doctor will call in more if needed.

Macon County

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County-at-a-Glance

- **Population:** 34,376
- **County Commissioners:** James P. Tate, Ronnie Beale, Karl Gillespie, Paul Higdon, Gary Shields
- **Sheriff:** Robert L. Holland
- **Date of Passage:** July 2015
- **Mental Health Provider Ratio:** 552
- **Average Daily Jail Population:** 67
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 54
- **Prescription Opioid Poisoning Deaths, 2015:** 4

Status Report

An in-depth conversation about the Macon County Stepping Up Initiative did not occur before the report was published. However, in communications with the county manager, it was made clear that Macon County government, elected leaders, and community stakeholders are all committed to the success of the Stepping Up Initiative. Although information about the concrete steps Macon County has made toward implementing the initiative was not provided, descriptions of the primary challenges facing the county were. Primarily, the county is challenged by its lack of community resources – simply put, there is nowhere to divert people. The limited availability of extended rehabilitation facilities in the area and the every-growing wait list at regional facilities continue to present a roadblock for the jail diversion program. For example, The Balsam Center, located 30 minutes away in Haywood County, is a detox-only facility. Currently, the center’s wait list is 2.5 weeks. Macon’s regional Alcohol and Drug Abuse Treatment Center (ADATC), which does provide extended rehabilitation, is located 1.5 hours away in Black Mountain. This facility serves 37 counties, and currently has a wait list of 2.5-3 weeks. Macon County fears that the recent cuts to mental health funding at the state level will only compound these problems.

Mecklenburg County

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County-at-a-Glance

- **Population:** 1,034,070
- **County Commissioners:** Ella B. Scarborough (Chair), Jim Puckett (Vice Chair), Pat Chotham, Trevor Fuller, Vilma Leake, George Dunlap, Bill James, Matthew Ridenhour, Dumont Clarke
- **Sheriff:** Irwin Carmichael
- **Date of Passage:** June 2016
- **Mental Health Provider Ratio:** 433
- **Average Daily Jail Population:** Data unavailable
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 430
- **Prescription Opioid Poisoning Deaths, 2015:** 39

Status Report

Committed Leadership

Mecklenburg County has been providing jail diversion services for many years, so gaining support and commitment from county leadership after the adoption of the Stepping Up resolution was not difficult. The Criminal Justice Advisory Group (CJAG) oversees all criminal justice-related initiatives, including the Stepping Up Initiative. The mental health task force and the Stepping Up task force are composed of mental health providers, jail liaisons, re-entry planning groups, public defenders, the DA, judges, police departments the sheriff's office, consumers, representatives from the local chapter of the National Alliance on Mental Illness (NAMI), and private agencies. These stakeholders work together to address the goals of the initiative and report back to CJAG.

Screening and Data Collection

Staff from Correct Care solutions, the contracted healthcare provider in the jail, conduct medical screenings and assessments on all individuals who enter the jail. This consists of a clinical

interview that asks about diagnoses, medications, health care providers, etc. Should an individual be flagged as having (or potentially having) a mental illness during the screening process, he or she will be referred for follow-up with staff from the Forensic Evaluations Unit (FEU). This unit works with individuals to identify which services and treatments they need and to develop a transition plan to divert them out of jail and back into the community. Upon release, staff will drive individuals to their providers for an appointment, or help file applications for social security.

Jail data is constantly being monitored by the research and planning division within the Criminal Justice Services department. Additionally, Mecklenburg has a criminal justice warehouse that serves as a local depository for jail population data. Information such as length of stay, dates of arrest, and arrest charges, but collecting this information on the population of individuals in the jail with mental illnesses is more difficult. Because most mental health information is self-reported, and individuals are not always willing to provide that information, it is likely the data is not telling the full story. In previous years, FEU staff were able to utilize a data match system to run the mental health database against daily arrest reports; however, providers have changed and this is no longer possible.

Sequential Intercept Mapping

Mecklenburg County has been completely sequential intercept maps for many years, most recently in Summer 2017. The county has found these maps to be incredibly useful when meeting with individuals or agencies who are not familiar with the criminal justice system. The map allows you to quickly inform others of the system that is in place and the gaps that need to be filled. Additionally, remapping every couple of years provides great perspective on the work that is being done, and how initiatives have improved over time. Mecklenburg's most recent sequential intercept map can be found in Figure D2 (Appendix D).

Plan of Action

Most of the jail diversion programming in Mecklenburg County are collaborative ventures run through FEU. In many ways, FEU is a unique program. The department was initially part of the mental health system before being transferred to criminal justice due to the fact that most of its work was court-ordered evaluations. This transition allowed the department to expand its services to include diversion work. Court and jail liaisons are FEU staff, and many referrals for evaluation and diversion come into the department from police officers, the DA, or public defenders. One workgroup that is currently in operation is Targeted Strategies for Charlotte's Most Vulnerable, a monthly gathering of the Mecklenburg-Charlotte Police Department (MCPD) in which officers who often interact with the homeless population share information and brainstorm about ways to best serve these individuals. The group works together to identify alternatives to jail and provide information on resources. This group is instrumental in preventing unnecessary visits to the jail or emergency room. Another source of pre-arrest diversion is the county's robust Crisis Intervention Training (CIT) program for first responders. Lastly, Mecklenburg County has a sub-committee that reviews Involuntary Commitments

(IVCs) to establish strategies for enhancing outpatient commitment compliance. This committee is composed of a variety of representatives from the criminal justice system, the courts, behavioral health providers, and the county's MCO.

In addition to pre-arrest diversion, the county has many post-release initiatives in place to help ease an individual's transition back into the community. A partnership has been developed with the Charlotte Bridge Home, a local veteran's organization, to establish connections with community services veterans are eligible to receive. This group will also send representative of the jail to help with release planning. Additionally, the Housing First Charlotte-Mecklenburg Consortium holds regular meetings to ensure permanent support of housing case management providers. This group tends to be more focused on education stakeholders on how to efficiently deliver services to segments of the population with a long-term history of homelessness. The county is also preparing to begin another partnership with the Criminal Justice Technical Assistance group aimed at helping individuals attain social security or disability benefits after exiting the criminal justice system. The first meeting was held in July 2017, and the group is hoping to target those in the criminal justice system who are homeless and have significant behavioral health issues. Further, the county's Peer-Bridger Service program is a collaborative initiative from Criminal Justice Services and Cardinal Innovations that pairs peer support specialists with incarcerated individuals prior to their release. The hope is that the peer support specialist will provide guidance in navigating the re-entry process. Finally, the Mecklenburg FUSE program provides housing enhancement for individuals who make frequent use of the psychiatric services, the emergency room, the jail, or the homeless shelter.

In the jail, four licensed clinicians, employed by the private health care provider, provide treatment services and assessments to inmates. Mostly, these clinicians do triage assessments before individuals are evaluated by the psychiatrists located in the jail.

Tracking Progress

How Mecklenburg County tracks the effectiveness of all of these programs is unknown; however, data collection and analysis on the jail population is occurring in several departments. Moving forward, the county would like to establish more robust data for those in the jail who have mental illnesses.

Needs and Challenges

The biggest challenges facing Mecklenburg County is its limited access to service connections, especially for those individuals without insurance. The county feels as if it does a good job of identifying those individuals who have mental health issues, but connecting them to services is particularly challenging. Additionally, because the county is so large, case managers have a hard time locating and connecting with all the providers from which an individual is currently receiving treatment or those from which they have received treatment in the past. Lastly, the jail diversion initiatives are regularly met with barriers and resistance from funders to provide

identified needs (i.e., a crisis diversion unit). The county talks about gaps in services that have been identified for many years, but no action is taken toward filling those gaps.

Advice and Lessons Learned

The number one piece of advice Mecklenburg County would give to others getting involved in this initiative is that a plan for data collection should be established from the very beginning.

The committee should discuss what its measurable objectives are going to be, and how it is going to measure them. Second, this is a collaborative venture. Criminal justice diversion involves many different stakeholders at many different points of the system. The committee needs to clearly identify who should be involved in this process. Lastly, be patient.

Conversations surround jail diversion are not always popular, and it is likely that you may have to spend some time educating people before getting to work.

Northampton County

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County-at-a-Glance

- **Population:** 20,000
- **County Commissioners:** Robert V. Carter (Chair), Chester Deloatch (Vice Chair), Charles R. Tyner, Geneva Riddick, Fannie P. Greene
- **Sheriff:** Jack E. Smith
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 2,043
- **Average Daily Jail Population:** 75
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 11
- **Prescription Opioid Poisoning Deaths, 2015:** 0

Status Report

Northampton County has not yet begun its implementation of the Stepping Up Initiative. However, Major Drew was able to provide some information regarding the jail's screening and data collection procedures.

Screening and Data Collection

Several screening tools are used in the Northampton County Jail. First, the booking officers perform a sample screening for health conditions, which asks about things such as drug use and suicidal thoughts. If any question is answered with a "yes," it will be noted on the form and passed along to the nurse. Second is the Suicide Prevention Screening Guideline, published by the National Sheriffs' Association. This tool asks about suicidal behaviors, family ties, if family or significant others have attempted suicide, any history of psychological medications, history of drug/alcohol abuse, etc. Lastly, the jail uses the Brief Jail Mental Health (BJMH) screening.

If an individual is flagged as having (or potentially having) a mental illness at any point during this screening process, a medical alert will be placed on the individual and 24 hour supervision will begin. If the individual is on any medication, the nurse will call his or her provider(s) to get the medication information. This medication regimen will be continued while the individual is incarcerated. Upon release, individuals with mental illnesses are given contact

information for psychiatrists in the community. Additionally, the jail will provide 7 days' worth of medication to cover any gap in treatment they may experience post-release.

Unfortunately, Northampton County has not collected baseline measures and trends for the population of individuals with mental illnesses in the jail. Most of the data collected on individuals with mental illnesses are kept in medical records, which jail staff are unable to access.

Orange County

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County-at-a-Glance

- **Population:** 141,354
- **County Commissioners:** Mark Dorosin (Chair), Penny Rich (Vice Chair), Mia Day Burroughs, Barry Jacobs, Mark Marcoplos, Earl McKee, Renee Price
- **Sheriff:** Charles S. Blackwood
- **Date of Passage:** September 2015
- **Mental Health Provider Ratio:** 167
- **Average Daily Jail Population:** 122
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 92
- **Prescription Opioid Poisoning Deaths, 2015:** 4

Status Report

Committed Leadership

Orange County benefits from a high level of commitment and support from its elected officials, community stakeholders, and members of the public. The sheriff and his staff have expressed their commitment to the program and acknowledge that the jail is not the right place for individuals with mental illnesses. Judges, county commissioners, healthcare providers, and other community stakeholders are also dedicated to the success of the Stepping Up Initiative. Additionally, the issue of mental illness in jails is one that the community (i.e., general public) is aware of, and is not afraid to talk about.

In 2014, prior to the adoption of the Stepping Up resolution, the sheriff had created a jail mental health working group, composed of mental health professionals, police departments, the SA, and the sheriff's office. This group is chaired by the sheriff and meets quarterly to discuss progress and next steps. The workgroup reports its recommendations to the Justice Advisory Council, which is overseen by the board of county commissioners. The Justice Advisory Council also meets quarterly. Additionally, Cait Fenhagen, the Criminal Justice Resource Manager, works on initiatives within the Office of Criminal Justice Resources.

Screening and Data Collection

Booking officers perform a mental health screen on all individuals entering the jail. This screen is followed by a more detailed assessment by a pre-trial case manager to identify any mental health or substance abuse issues. If an individual is flagged as having a mental illness, the information collected in this second screen is shared with the Criminal Case Assessment Specialist (LCSW, LCAS) located in the Office of Criminal Justice. The case assessment specialist then assesses all individuals that have been referred to her, links them to treatment or interventions, and communicates with the jail's medical staff and contract psychiatrist to develop a plan to have them released from jail. If an individual is not able to be released, typically due to the nature of the offense, care coordination begins.

Prior to starting work on the Stepping Up Initiative, the jail had not been compiling information and the lack of data was a challenge. Now, the jail performs updates on its population every 90 days, and the data continues to improve. The social worker and psychiatrist in the Office of Criminal Justice Resources also collect data on all of their clients; however, some individuals are still not properly identified, so there are still some gaps. The county has authorized contracting with a software case manager to address some of these problems. IT helped in the search process, and the contract should be signed soon.

Sequential Intercept Mapping

Orange County has not participated in the sequential intercept mapping activity, but recognizes its value and plans to participate in the future.

Plan of Action

Adding the Criminal Case Assessment Specialist position to the sheriff's office was one of the first actions taken by Orange County in its Stepping Up efforts. This position has been extremely helpful in identifying individuals with mental illnesses and diverting them out of the jail. In addition to this in-jail diversion, the county has a couple of specialty courts to aid in diversion efforts. First, the Community Resource Court, which was started as a mental health diversion court 10 years ago, provides individuals the opportunity to have their charges dismissed if they agree to comply with mental health treatment. If treatment has been successfully completed after 6-9 months, charges will be dismissed. Second, the Outreach Court, which was established 3 years ago, works with the homeless population to provide the option for participating in therapeutic treatment (transitional housing, mental health/substance abuse treatment). Again, if an individual complies for 90 days, the charge will be dismissed.

The jail mental health working group identified an additional need: a psychiatrist in the jail. The board of commissioners and Cardinal Innovations agreed to a one-year pilot contract with a psychiatrist for the UNC Center for Excellence in Mental Health. The psychiatrist began work in November 2016, and is referred to cases with acute medication needs.

Tracking Progress

Orange County wants to measure the four indicators identified in the Stepping Up Initiative: (1)

reducing the number of people with mental illnesses in jails; (2) reducing the lengths of stay for individuals with mental illnesses; (3) increasing connections to community resources; and (4) reducing recidivism rates. In order to facilitate this, the county needs to first establish better jail data.

Needs and Challenges

Orange County has faced two primary challenges in its work on the Stepping Up Initiative: (1) the county has no formalized law enforcement assisted diversion program to avoid individuals being incarcerated in the first place; and (2) a lack of community resources, particularly crisis housing.

Moving forward, there are four needs Orange County hopes to address: (1) making sure they are collecting complete data from the detention center about the individuals with mental illness and substance abuse issues; (2) more staff – ideally a full-time case manager, another social worker, and more dedicated hours for the jail’s psychiatrist; (3) coordinated re-entry services; and (4) formalizing law enforcement diversion.

Advice and Lessons Learned

The first piece of advice Orange County would offer is to create a diverse and representative working group that can take the lead on the initiative. Recruiting stakeholders from a wide range of backgrounds and sectors allows for collaborative community and identification of priorities, another necessity for success.

Second, the leadership team needs to include individuals who have personal experience with mental health and who have gone through the criminal justice system. The perspective this individual can provide is highly valuable, and it ensures that the committee stays connected to the population it is attempting to serve.

Pender County

Captain Samantha Jones

Jail Administrator

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(910) 259-1446

County-at-a-Glance

- **Population:** 59,090
- **County Commissioners:** George Brown (Chair), Fred McCoy (Vice Chair), Jackie Newton, David Piepmeyer, David Williams
- **Sheriff:** Carson H. Smith, Jr.
- **Date of Passage:** July 2015
- **Mental Health Provider Ratio:** 1,440
- **Average Daily Jail Population:** Data unavailable
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 63
- **Prescription Opioid Poisoning Deaths, 2015:** 10

Status Report

Pender County has not yet made progress on the Stepping Up Initiative; however, Captain Jones feels as if the county leadership and community stakeholders would be supportive of actively pursuing the initiative. Captain Jones is very committed to providing mental health services to the individuals in the Pender County jail. Additionally, law enforcement officers are going through CIT/MHFA training and are committed to those programs. Further, the judges and district attorneys often meet with Captain Jones to discuss particularly difficult cases that would benefit from diversion out of the jail and into treatment. Given the commitment of these individuals, Pender County may not have difficulty establishing a support network when it does move forward with the Stepping Up Initiative.

If Pender County were to move forward with the Stepping Up Initiative, the lack of community resources, especially for those without insurance, would be its biggest challenge. On average, about 25 percent of the jail's population has a mental illness. The detention staff works with the courts as much as possible to divert individuals into treatment, but for those who are not diverted, accessing resources upon release is very challenging.

Screening and Data Collection

Booking officers screen all individuals entering the facility using the Brief Jail Mental Health

(BJMH) screening tool. If an individual is flagged as having (or potentially having) a mental illness during this screening process, he or she will be referred for a follow-up assessment with the jail's tele-psych doctor, Dr. Coy. These follow-ups are one-on-one evaluations between the individual and Dr. Coy, and take place every Monday evening. Weekly calls seem to be working well, but if an individual is in greater need, the doctor can call more frequently.

The jail collects information on the number of individuals in the jail who have mental illnesses and their lengths of stay, but it does not have data on what happens post-release (i.e., recidivism and connection to community resources). In her previous position Capt. Jones was able to access post-release information through Trillium, but in her new position she no longer has access to this data.

Tyrrell County

Sheriff Darryl Liverman

Tyrrell County Sheriff's Office

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(252) 796-2661

County-at-a-Glance

- **Population:** 4,141
- **County Commissioners:** Leroy Spivey (Chair), Carl Willis (Vice Chair), Lawrence Swain, Nathan T. Everett, Nina Griswell
- **Sheriff:** Darryl Liverman
- **Date of Passage:** July 2015
- **Mental Health Provider Ratio:** Data not available
- **Average Daily Jail Population:** No County Jail
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 2
- **Prescription Opioid Poisoning Deaths, 2015:** 0

Status Report

Tyrrell County has not yet made progress on the Stepping Up Initiative. The county does not have a jail, and all inmates are transferred to Dare County for detention. Sheriff Liverman feels as if mental illnesses in jail is not a big issue in Tyrrell County. It is a small county with a small population, and he is under the impression that fewer and fewer individuals with mental illnesses are ending up in jails.

In general, the biggest issue facing Tyrrell County in providing behavioral health services is its lack of community resources. The county does not have many providers at all, and most health services are outsourced to other counties. It is difficult for the county to create a plan of action for this initiative because of its size and lack of resources.

Wake County

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County-at-a-Glance

- **Population:** 1,024,198
- **County Commissioners:** Sig Hutchinson (Chair), Matt Calabria (Vice Chair), Jessica Holmes, Erv Portman, James West, Greg Ford, John D. Burns
- **Sheriff:** Donnie Harrison
- **Date of Passage:** June 2015
- **Mental Health Provider Ratio:** 395
- **Average Daily Jail Population:** 1,176
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 378
- **Prescription Opioid Poisoning Deaths, 2015:** 38

Status Report

Committed Leadership

The elected leaders and community stakeholders are committed to supporting the Stepping Up Initiative in Wake County. There are several working groups that regularly meet to discuss issues related to the mental health and criminal justice. There is no explicit Stepping Up committee in Wake County, but the Stepping Up program is an initiative that is discussed by these various workgroups. One group that meets regularly is the Wake Directors group, composed of representatives from the county manager's office, the courts, schools, hospitals, the city of Raleigh, sheriff's office, police departments, and the local chapter of the National Alliance on Mental Illness (NAMI). The group meets every other month, and is chaired by Assistant County Manager, Denise Foreman. Another group that has been involved with the Stepping Up efforts is the Mental Health and Criminal Justice Advisory Committee, chaired by Budget and Management Analyst, Sara Warren. This group also meets every other month, although recently the meetings have been more irregular.

Screening and Data Collection

The jail screens all individuals entering the facility with the Brief Jail Mental Health (BJMH) screening tool. The sheriff's office is currently considering additional tools that would help

asses risk of violent behavior. If an individual is flagged for mental health during this process, he or she will be referred to the on-site contracted clinician. Typically, the jail staff will try to start the medication process if they are able to identify medications an individual has already been prescribed. Alliance, the county's MCO, mostly provides triage services (though they occasionally perform full assessments) and connects with case management to help with the re-entry process. Additionally, Alliance has matched the Criminal Justice Automated Data Services (CJ LEADS) data to their database of consumers in order to automate the process of identifying consumers of mental health services who end up in jail.

Much of Wake County's thus far have focused on data collection. The sheriff's department is beginning to take a broader look at its high utilizer population to better understand risk factors, especially for people with mental illnesses. The office partnered with a company that performs analytics to help with this initial data mapping and analysis. Additionally, the county is working with the Department of Psychology and the Department of Statistics at NC State on utilizing the Brief Jail MH Screen (BJMHS) to understand the prevalence of mental illness in its jail. It has been difficult to obtain any diagnosis information or data on the individuals with mental illnesses in the jail from the MCO. The county is working to understand the legal barriers and opportunities for obtaining this information through information-sharing agreements. In the meantime, the sheriff's office is using jail demographics and the BJMHS to understand who is presenting with mental health disorders. Further, the EMS, HMIS, and jail data have been combined to match data points across the system in order to identify which individuals are frequent users of these systems. Preliminary analysis of this data has begun, and the county is working to gauge interest of local hospitals in also participating. A report on the results of this analysis will be presented to the board of commissioners at the end of the month.

Sequential Intercept Mapping

Wake County has not yet participated in the sequential intercept mapping activity.

Plan of Action

Wake County plans to present the results from its data analysis to the board of the commissioners at the end of the month. Once this information has been compiled and presented, the county will start to discuss next steps.

Tracking Progress

The county has not yet decided which outcomes it will measure to track its progress.

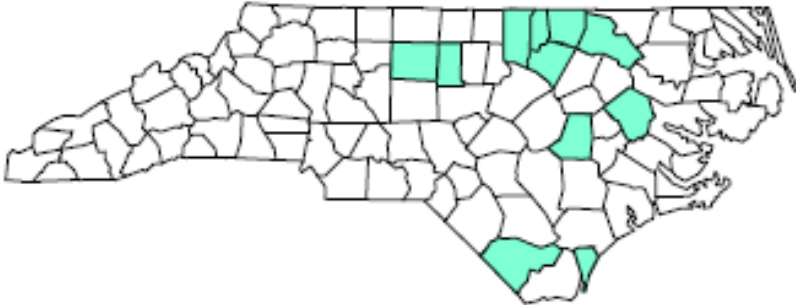
Needs and Challenges

The biggest challenge to progress in Wake County has been accessing data and information from Alliance. However, in working with various research firms and nearby universities, the county has been develop creative solutions to this challenge. The other primary challenge faced by Wake County is a lack of community resources. Simply put, there are not enough facilities to meet the demand of the county.

Advice and Lessons Learned

Wake County has learned two valuable lessons in this process. First, if your county has access to a local college or university, use it! The assistance provided by NC State was incredibly valuable to Wake County. Second, make use of all the resources you possibly can. Access the Toolkit on NACo's Stepping Up website, attend webinars and conferences, use the Six Questions Guide, etc.

Section 2: Data, Information, and Training Needs



Alamance County

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County-at-a-Glance

- **Population:** 159,688
- **County Commissioners:** Eddie Boswell (Chair), Bill Lashley (Vice Chair), Amy Scott Galey, Bob Byrd, Tim Sutton
- **Sheriff:** Terry Johnson
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 829
- **Average Daily Jail Population:** 407
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 129
- **Prescription Opioid Poisoning Deaths, 2015:** 5

Status Report

Committed Leadership

Alamance County benefits from a system of highly committed leadership comprised of various stakeholders – county government, sheriff’s office, Department of Social Services, the local hospital, MCO, etc. In addressing this first question of the “Six Questions Guide,” Alamance County took four action steps to ensure the commitment of its leadership:

1. The County Commission mandated justice and behavioral health reform.
2. The Planning team was formed with a wide representation capable of creating change.
3. The team committed itself to a shared vision, mission, and guiding principles.
4. Planning team chairpersons and project coordinators were designated to manage the work.

After the Board of Commissioners passed the resolution in August 2015, Alamance County formed a planning team to establish a course of action. Initially, the planning team consisted of the county manager, a county commissioner, the Director of Social Services, and the sheriff and chief deputy sheriff. However, this group quickly grew to include a planning team comprised of representation from nearly 15 different agencies. This group meets monthly to discuss

progress and formulate next steps. In addition to this planning team, there also exists a broader task force made up of about 70 people who represent a cross-section of the community. This task force meets twice per year. The full list of agencies represented on each of these committees can be found in Table D3 (Appendix D).

The planning team worked together to better unify the various agendas represented by each of the agencies participating in Alamance Steps Up by writing mission and vision statements that would serve as the guiding principles of the initiative. These statements are as follows:

Mission Statement: The mission of “Alamance Steps Up” is to reduce the number of persons with mental illness or co-occurring mental health and substance abuse disorders involved in the criminal justice system in Alamance County, North Carolina.

Vision Statement: We envision a community that respects, supports, and embraces persons with mental illness or co-occurring mental health and substance abuse disorders, and whose systems of health, behavioral health, law enforcement, justice, human services, public safety, and advocacy work together in a deliberate and coordinated fashion to optimize the level of services provided for them and minimize their level of incarceration in the county detention center.

In order to ensure effective project and committee leadership, project co-coordinators and planning team co-chairs were designated. The planning team is co-chaired by Commissioner Bob Byrd, a retired healthcare executive, and Susan Osborne, the Director of the Department of Social Services. Positions for two part-time project co-coordinators, Gary Ander and Linda Allison, were funded through the county’s Bureau of Justice Grant. Gary and Linda now serve as the designated individuals leading the Alamance Steps Up Initiative.

Screening and Data Collection

All individuals entering the jail undergo a full medical and mental health screening. The booking officers will complete the standard Brief Jail Mental Health (BJMH) screening tool, and the nursing staff will follow-up with the full medical screen. These screens are used to collect a medical (and mental health) history, a list of medications the individual may be taking, perform standard medical exams, and test for signs of mental illness. If an individual is flagged as having a mental illness, the medical staff would arrange for a follow-up visit from RHA Health Services staff in order to assess the situation and create a plan for treatment. The jail’s medical staff are on-site 24/7, and the jail is currently in the process of hiring a Licensed Clinical Social Worker (LCSW) to aid in the process of caring for inmates with mental illnesses.

Collecting data has not been too difficult for Alamance County. The difficulty has mostly come in sharing that information and navigating potential issues surrounding confidentiality. However, the county has been able to report on several statistics, such as the number of inmates with mental illnesses, the number of inmates with mental illnesses who are also taking medication, the offenses for which these individuals were booked, the daily cost of housing an

inmate with mental illness, trips made by law enforcement to the emergency department, and more. Additionally, the jail is beginning to concentrate on tracking “wrap-around services,” by tracking – and collecting data on – individuals as they move through the criminal justice system and beyond.

Sequential Intercept Mapping

As a county, Alamance has not participated in a formalized sequential intercept mapping activity; however, as a community, a day long dialogue was held in September 2016 with facilitators from the UNC School of Social Work. This community dialogue exercise allowed the team to complete a Gaps and Needs Analysis and to strategically prioritize its work moving forward. The objectives and goals that were identified through this community dialogue are being addressed via four subcommittees and various workgroups. The four subcommittees are identified below. A full listing of sub-committees, workgroups, and objectives can be found in Table D4 (Appendix D).

1. First Responder Training and Community Education
2. Screening, Assessment, and Treatment
3. Recovery and Re-entry Services
4. Community Service Capacity and Sustainability

Plan of Action

Alamance County has received a Planning and Implementation Grant from the Bureau of Justice, so much of their work has been focused on creating a Planning and Implementation Guide and executing trainings for various groups in the community. Crisis Intervention Training (CIT) has been a major component of the group’s initiative, with a commitment from the sheriff and all police chiefs to have 90% of officers trained within two years. Alamance Steps Up hopes to continue expanding CIT to include *all* first responders. Additionally, the jail is currently in the process of training all officers in mental health first aid.

Beyond CIT, the planning team has also begun putting a “Mental Health 101” class into practice in the school system, courts, and wider community. Thus far, school resource officers and guidance counselors have completed the course, and some individuals have been trained to teach the course. The goal of this course is to teach people about mental illnesses, how to identify them, how to respond to them, and most importantly, to remove the stigma surrounding the discussion of mental illness. The planning team feels as if this stigma often prevents individuals from seeking help when mental illness strikes. This course aims to educate as many members of the community as possible in order to better inform and prepare individuals to address mental health issues if and when they arise.

In addition to implementing CIT, Mental Health First Aid, and Mental Health 101, Alamance Steps Up has also been creating new positions in the jail to better serve individuals with mental illnesses. The sheriff has reclassified a detention center staff position as a clinical social worker

position, which is to be filled by the behavioral health services provider. The county is currently in the process of hiring an individual to fill this role. This position will be a part-time, 10 hours per week position that will supplement the jail liaison (also 10 hours/week) that is already in place. Hiring a social worker to fill this position is a major step forward for Alamance County as it will allow for better identification, assessment, and treatment of individuals with mental illnesses in the jail. The sheriff's office will also be adding a clinician co-responder position in the fall of 2017. This individual will be a mental health professional who will work in the sheriff's office, and will respond to mental health calls alongside officers.

Lastly, Alamance Steps Up is continually working toward its ultimate goal of establishing a 24/7 diversion center. Currently, the planning team is working on devising a plan to implement this center. Thus far, they have identified a county-owned building that they hope will be renovated to serve as the diversion center. From there, the team will need to establish a source of funding that will support the work performed at the center.

Tracking Progress

Alamance Steps Up is contracting with the local health department to assist in data tracking and evaluation. Currently, they are in the process of finalizing data elements needed for the Bureau of Justice Grant as well as for the county's Stepping Up goals. In addition, they have established a workgroup to determine how the county will track and measure the effectiveness of their work, and will continually assess what other data needs to be collected in order to illustrate their progress.

Needs and Challenges

Alamance County has faced four main challenges in implementing the Stepping Up Initiative. First, they have faced obstacles with data and information sharing across invested agencies. It is unclear what information can and cannot be shared, and what constitutes a violation of confidentiality and HIPPA. The planning team has sat in on various webinars and trainings in an attempt to better understand this issue; however, it continues to be an obstacle. Second, because Medicaid coverage is discontinued when an individual is incarcerated, the population served by the Stepping Up Initiative typically does not have health insurance. This makes it highly difficult to provide services to individuals upon release from jail, and creates a need for consistent case management to ensure individuals are connected to services and are following up on treatment.

Third, from the law enforcement perspective, a lack of diversion options within the community has been the biggest obstacle. If an officer encounters an individual in crisis, they have three options: (1) take the individual into custody and transport them to the emergency department for evaluation, which can evolve into a weeks-long wait for bed space; (2) if the incident occurs during business hours, take the individual to RHA Health Services; and (3) arrest the individual and take them to jail. Officers recognize that the jail is not the appropriate place for individuals with mental illnesses, but it is the only option that is always available and does not take up the

time and resources of the sheriff's office. Without a diversion center in the community that can act as an alternative to jail, officers feel as if they have no other option than to arrest and book individuals with mental illnesses. Finally, Alamance County is also faced with the challenge of identifying a recurring source of funding, especially when faced with the community goal to establish a 24/7 diversion center.

In order to continue moving forward Alamance County needs (1) a model for establishing a Criminal Justice Advisory Council, (2) more information regarding data and information sharing, and (3) help identifying federal sources of both grant and recurring funds to support and sustain their work.

Advice and Lessons Learned

Alamance Steps Up feels as if much of what has been accomplished was only possible because the co-coordinator positions were in place. A lot of work goes into planning and implementing a Stepping Up program, and committee members have jobs and responsibilities that can make it difficult to devote the necessary time and efforts into furthering program goals. Thus, the project co-coordinators have been extremely helpful in advancing the initiative. Alamance County also quickly learned that it was necessary to have various entities at the table, as no one agency could fully understand nor fully address the problem on their own. Rather, it is vital to have representation from law enforcement, county commissioners, county management, mental health providers, etc.

Additionally, Alamance highly recommends making use of the Six Questions Guide and participating in some form of gaps and needs analysis (whether that be an informal community dialogue, or a more formal sequential intercept mapping). Both of these resources have been vital to advancing Alamance County's understanding of the problem in their community, and have been necessary for the planning team to identify which actions to take in order to best address the problem.

Columbus County

Samantha Alsup

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Captain Clem Thompson

Columbus County Sheriff's Office
(910) 642-6551

County-at-a-Glance

- **Population:** 56,505
- **County Commissioners:** James E. Prevatte (Chair), Amon E. McKenzie (Vice Chair), Giles E. (Buddy) Byrd, P. Edwin Russ, Trent Burroughs, Ricky Bullard, Charles T. McDowell
- **Sheriff:** Lewis Hatcher
- **Date of Passage:** July 2015
- **Mental Health Provider Ratio:** 846
- **Average Daily Jail Population:** Data unavailable
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 97
- **Prescription Opioid Poisoning Deaths, 2015:** 9

Status Report

Columbus County has not yet started implementing the Stepping Up Initiative. Currently, the county is awaiting a decision from the Secretary of the Department of Health and Human Services as to whether or not they can be released from Eastpointe to join Trillium as managed care organization (MCO).

Ms. Alsup has spoken with the board about taking steps to form a committee to implement the initiative, and she hopes this will move forward soon. I attempted to speak with Jail Captain, Clem Thompson regarding protocols and policies currently in place in the jail, but was unable to get in touch with her.

Franklin County

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County Manager
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(919) 496-5994

Major Rudy Baker
Jail Administrator
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County-at-a-Glance

- **Population:** 64,705
- **County Commissioners:** Cedric K. Jones, Sr. (Chair), Sidney E. Dunston (Vice Chair), James M. Speed, David Bunn, Michael Schriver, Harry L. Foy, Jr., Shelley Dickerson
- **Sheriff:** Kent D. Winstead
- **Date of Passage:** NA
- **Mental Health Provider Ratio:** 1,517
- **Average Daily Jail Population:** 186
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 46
- **Prescription Opioid Poisoning Deaths, 2015:** 5

Status Report

Franklin County is one of five counties (Franklin, Granville, Halifax, Vance, and Warren) that formed an interlocal agreement with each other to implement the Stepping Up Initiative as a regional network. Each county invested between \$15,000 and \$20,000 in the Stepping Up Initiative, bringing the total to \$85,000. Half of this is dedicated to funding staff to facilitate the initiative, and the other half is to be dedicated to funding the initiative however the committee sees fit. This status report will first provide an update on the regional efforts undertaken by this collective of counties (to be considered the regional update for all five counties in this section), before providing information specific to Franklin County.

The interlocal agreement is supported by county government and community leaders across the five counties. Law enforcement is on board in each county, and the committee is aware of at least one person in each jail that can serve as a point of contact. Commissioner Dan Brummitt of Vance County has consistently been the “singular champion” throughout this process, following up with ideas and conversations where others may not.

The five counties began their work together by forming a committee to lead the Stepping Up efforts. This group consists of representatives from each county (managers and commissioners), a representative from Cardinal Innovations, the Granville-Vance District Health Director, law

enforcement, mental health providers and more. Dan Brummitt serves as the chair of this committee. Meetings take place on the second Monday of each month, though smaller meetings between various stakeholders may also occur during the off-weeks. In the first couple of meetings, the committee had a difficult time figuring out how to get started. As conversations continued to evolve, it became clear that the group needed to designate an individual to facilitate this process. The committee issued an RFP and the Granville-Vance Health Department proposal was chosen. Now, Lisa Harrison, Director of the Health Department, is the facilitator of the regional initiative.

With a designated facilitator in place, the committee set to work collecting the jail intake assessment forms from each county. Currently, the team is working on consolidating these forms to determine which screening method is best at identifying individuals with mental illnesses, how the counties can best share information without breaching HIPPA, and what data each sheriff's office has on its population of individuals with mental illnesses. This has been a slow process. The committee does not always know what to ask for before asking, and some owners of data have been reluctant to provide information. However, the committee has recruited with the UNC Institute of Public Health and RTI to assist in this process.

A year has passed since the committee started meeting, and now the counties are ready to get things going. In the coming months, the committee will be looking for both county-specific and region-specific solutions. Additionally, Halifax County will be launching a pilot program aimed at developing a system of navigating around the termination of benefits that accompanies incarceration. Once the results of this pilot are collected, the committee will be decide if the program should be implemented throughout the region. The committee's project timeline and schedule can be found in Table D5 and Table D6, respectively (Appendix D).

There are three primary challenges facing the five counties: (1) not many resources are available in these counties – not only is there a need for psychological services, but the infrastructures of the jail and public health system are outdated; (2) frustration with slow progress – forming the committee, writing the interlocal agreement, and deciding on how to structure funding were lengthy processes as each of the five counties had to approve and agree to the terms and conditions. Now that the committee is formed, stakeholders are eager to take action, but this needs to be balanced with the patience required to identify what is best for each of the counties and for the region as a whole; and (3) variance in county abilities – not all of the counties can implement the same programs, and not all stakeholders are at the same level of willingness to participate, which can be an additional obstacle to progress.

Moving forward, the regional initiative needs more mental health providers and treatment services. The lack of community resources in these counties continues to be a significant barrier to diversion. Similarly, a lack of access to data makes it difficult to identify the population being served by the Stepping Up Initiative, creating another barrier to diversion. The region would benefit greatly from policy changes that allows participating Medicaid agencies to share de-

identified public health data with its partners. Lastly, the committee has recognized a need for a statewide effort on training jail health staff in identifying mental illnesses and appropriately referring individuals to treatment.

Screening and Data Collection in Franklin County

Franklin County screens all individuals entering the jail facility with a medical screening form. Any individuals who are flagged in this process as having (or potentially having) a mental illness are referred to the nursing staff. From there the nurse will further examine the individual and develop a treatment plan. The jail has no psychiatrists that assist in mental health assessments and evaluations, so follow-up with individuals flagged during screening is very limited.

Before the Stepping Up Initiative, the jail was not keeping data on individuals with mental illnesses; however, last month the jail began collecting this data. Though baseline measures have not yet been established for Franklin County, the detention staff would estimate that about 70 percent of the inmates have at least one mental health issue.

Granville County

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Captain Jimmy Hayes
Detention Administrator
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County-at-a-Glance

- **Population:** 59,031
- **County Commissioners:** Timothy Karan (Chair), Edgar Smoak (Vice Chair), Zelodis Jay, David Smith, Sue Hinman, Tony Cozart, Owen Roberts
- **Sheriff:** Brindell B. Wilkins, Jr.
- **Date of Passage:** November 2016
- **Mental Health Provider Ratio:** 383
- **Average Daily Jail Population:** 100
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 44
- **Prescription Opioid Poisoning Deaths, 2015:** 3

Status Report

Screening and Data Collection

Booking officers screen all individuals entering the jail using a full medical screening tool. This tool asks about any medical problems an individual may have (including mental health) and any medications being taken. If an individual is flagged as having (or potentially having) a mental illness, his or her immediate need will be assessed. If immediate attention is required, the individual will be transferred to the Emergency Department. If the need is not immediate, he or she will be transferred to the North Carolina Central Prison for mental health treatment. The Granville County jail has no full-time medical staff. A nurse visits once per day for a couple of hours, and a doctor visits once per week. If any medical emergency occurs when the nurse/doctor are not there, the inmate is transported to the emergency department.

The jail does not have the data necessary to construct baseline measures and trends on the population of individuals with mental illnesses. Prior to joining the Stepping Up Initiative, this information was never collected. However, since joining the initiative, the jail has started collecting this data and keeping better records.

Guilford County

Major Chuck Williamson

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County-at-a-Glance

- **Population:** 521,330
- **County Commissioners:** Jeff Phillips (Chair), Alan Branson (Vice Chair), Katie "Kay" S. Cashion, Carolyn Q. Coleman, Justin Conrad, J. Carlvena Foster, Hank Henning, Alan Perdue, Melvin "Skip" Alston
- **Sheriff:** BJ Barnes
- **Date of Passage:** June 2015
- **Mental Health Provider Ratio:** 427
- **Average Daily Jail Population:** 965
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 338
- **Prescription Opioid Poisoning Deaths, 2015:** 29

Status Report

Committed Leadership

Guilford County's leadership and community stakeholders are in full support of the Stepping Up Initiative. In fact, 72 stakeholders, including mental health providers, county government representatives, and law enforcement officers make up the committee tasked with leading the initiative. This committee is called the Re-entry Council and meets monthly to discuss next steps and formulate plans of action.

Screening and Data Collection

When booking officers accept custody of an individual from arresting officers, they complete a general intake form that is used primarily for classification purposes. This initial screening is 50 questions long and asks about any pressing medical needs, suicidal thoughts, any drugs/medications the individual may be using, etc. – items that are important to officers for maintaining jail safety. The jail's contracted medical provider also requires that every individual who enters the jail be screened by the nurse within two hours of booking (and before housing). This medical screen is performed in a private room and collects more detailed information about the individual's mental/medical health history. After completing the medical screen, the

nurse will consult with the detention officers to determine the most appropriate place for the jail to house the individual.

Any individual flagged during these screenings as having (or potentially having) a mental illness is referred for a follow-up with the mental health practitioner/psychiatrists in the jail. The medical ward has three housing units, where individuals who require more medical attention can be housed. However, if an individual ends up in general housing, he or she can still request to be seen by the mental health practitioners and can also be moved into medical ward housing if needed. While performing the medical screen, the nurse will obtain a release from the individual to contact other health care providers with their medical information. With this release, the nurse and mental health practitioners are able to share information collected during screenings and assessments with other healthcare providers.

The jail does have information on the number of individuals with mental illnesses in the jail and lengths of stay, but they are still working on obtaining baseline measures for recidivism rates. Gathering data on recidivism ended up being more difficult than was originally anticipated; however, the county is working on developing a reporting system that would allow the jail to better track recidivism rates. The county has also applied for several grants that focus on recidivism and require the county to define the measure, identify the population on which they would use grant funds, and describe what kind of data they would be collecting. In addition to being able to answer these questions, the application process for these grants has helped the county identify other data it wants to collect (i.e., demographics).

Sequential Intercept Mapping

Guilford County has participated in a sequential intercept mapping activity.

Plan of Action

The conversations and connections that have grown out of the Stepping Up Initiative have highlighted the county's need for post-release, re-entry services. Additionally, these conversations have created a broader perspective of re-entry in general, and this has been the motivating theme behind Guilford County's work. The Re-entry Council has begun to look at case management from two directions: (1) a post-release case manager to assist an individual in connecting with community providers and establishing a stable living environment; and (2) an intake case manager to forge an immediate connection with an individual's case, and to assist in developing a post-release plan. Currently, there are three case manager positions seated in the county structure, but the Re-entry Council hopes to use grant funding to broaden this to six positions (the county has applied for three grants). From the law enforcement perspective, the jail is doing a good job of providing mental health treatment within the jail, but individuals still need help in navigating the re-entry process in order to successfully leave the criminal justice system. The council believes that providing case management at intake *and* re-entry will go a long way in addressing the challenges associated with re-entry.

In addition to these plans for broadening re-entry services, other mental health resources have been added to the jail as a result of the Stepping Up Initiative. The Sandhills Center provided three additional mental health practitioners to the jail, carrying mental health coverage from 5 days per week to 7 days per week. The center also provided the jail with some individual, private counseling services (outside of simple medication management) for mental health treatment.

Tracking Progress

Currently, the Re-entry Council is focused on tracking progress by examining trends in recidivism rates and through case management records. The Re-entry Council is working on developing a record system that will allow officers to track individuals after they have left the jail and to follow which community resources they are utilizing.

Needs and Challenges

One of the biggest challenges Guilford County had to overcome in implementing its Stepping Up Initiative was the learning curve. Before being designated as the point person for the initiative, Major Williamson did not know very much about mental health and behavioral health care. Before any progress could be made, Major Williamson had to research the topic to learn as much as he could about the issues. Even now, there are still times when he feels unsure of a lot of things. Once Major Williamson felt comfortable enough with the subject matter to move forward with the committee, another challenge reared its head: bringing a lot of people to the table is necessary, but it can also be very difficult to mesh competing perspectives, agendas, and ideas once all those people start talking about diversion. Overcoming this challenge requires patience from the stakeholders and a willingness to listen to the perspective of others.

In order to continue moving forward, Guilford County needs funding. Not only would funding make the case manager positions possible, but it would also help to ease some tension between the board of commissioners and the county administration as to who should be paying for these programs.

Advice and Lessons Learned

Bringing as many different people to the table as you can is essential. Though the meshing of perspectives can be difficult, it is an important learning opportunity, and a necessary part of creating a program that utilizes all the resources at your disposal.

Halifax County

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Jail Administrator

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County-at-a-Glance

- **Population:** 51,766
- **County Commissioners:** Vernon J. Bryant (Chair), J. Rives Manning, Jr. (Vice Chair), Linda A. Brewer, Carolyn C. Johnson, T. Patrick W. Qualls, Marcelle O. Smith
- **Sheriff:** Wes Tripp
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 920
- **Average Daily Jail Population:** 100
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 34
- **Prescription Opioid Poisoning Deaths, 2015:** 5

Status Report

Screening and Data Collection

Jail Administrator, Jay Burch, was contacted to provide information on the screening and data collection process in the Halifax County Jail. However, no comment was provided before the time of publishing this report.

New Hanover County

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County-at-a-Glance

- **Population:** 223,483
- **County Commissioners:** Woody White (Chair), Skip Watkins (Vice Chair), Jonathan Barfield, Jr., Patricia Kusek, Rob Zapple
- **Sheriff:** Ed McMahon
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 286
- **Average Daily Jail Population:** 555
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 272
- **Prescription Opioid Poisoning Deaths, 2015:** 32

Status Report

Committed Leadership

In order to address the goals of the Stepping Up Initiative, New Hanover County created a Criminal Justice Advisory Group (CJAG), consisting of prosecutors, probation officers, representatives from various programs for at-risk youth, law enforcement, government officials, non-profits, the local hospital, etc. Beth Schrader, the county's Chief Strategy and Budget Officer, has been designated as the leader of this group and the point person for the Stepping Up Initiative. The group meets monthly to discuss all diversion efforts in place in the county, and to formulate next steps. Overall, CJAG has the commitment and support of county leadership in pursuing the Stepping Up goals. However, there have been occasions in which the sheriff's office is a source of resistance, particularly when it comes to providing data access to individuals not associated with the sheriff's office.

Screening and Data Collection

The initial screening process in place in the jail was doing a poor job of identifying individuals with mental illnesses. CJAG immediately addressed this problem, and worked alongside the jail and various mental health professionals to develop a more effective screening tool. More

information about the new tool was requested from the sheriff's office, but no response had been received by the time of publication.

In addition to revamping the screening process, for the past nine months CJAG has been working on improving the jail's data collection system. Through this work, the group has been able to fully map the data system, so it now knows where to go for look for data and various outcomes. This is a major accomplishment, but the group wants to continue improving the data system such that data are able to be accessed in real time. Overcoming this data obstacle has been the biggest challenge for New Hanover County's Stepping Up Initiative. Not only was the data system outdated and unorganized, but the classification system used by the jail to assign risk to inmates made the data incredibly difficult to analyze and interpret. In order to understand the classification system, one-on-one interviews had to be conducted with many booking and detention officers as the classification decisions made varied from officer to officer.

Sequential Intercept Mapping

New Hanover County has participated in the sequential intercept mapping activity. Through this process, the advisory group was able to identify six county-specific priorities it felt needed to be addressed:

1. Courthouse efficiencies
2. Opioid crisis
3. Gangs
4. Youth crime and violence
5. Sexual offenses
6. Transportation

Plan of Action

New Hanover County's approach to the Stepping Up Initiative is unique in that it focuses on early intervention through various youth diversion programs, it needs to address the opioid crisis within the county, and because of the damage gangs, opioids, and youth violence can have on families, it needs to establish programs that work to heal parent-child relationships.

The county's youth intervention begins as early as kindergarten with the "Double the Impact" program. This initiative consists of a series of intervention and prevention programs aimed at providing a continuum of care for high-risk kids in grades K-8. Additionally, local prevention programs for grades 3-5 work to promote self-regulation and present children with alternatives to anger and violence. Kids that are in these programs are identified by the school system, the juvenile system, or law enforcement as demonstrating signs of distress, or as being in a family involved in high-risk activity. Other school-based mental health programs include the Too Good for Violence program, which equips children in grades 6-8 with skills to prevent and disengage from violent situations. Further, various psycho-educational groups throughout the county provide mental health services to families and children of incarcerated individuals. Included in this year's budget are funds for three additional sets of year-round pre-K

classrooms. This program will serve the highest risk children in the community, and though it is not directly related to Stepping Up, it will impact the initiative's ability to be effective. Lastly, CJAG regularly writes and publishes Memos of Understanding (MOUs) on how to deal with issues that may arise in the community (i.e., how to respond to kids fighting in the hall at school).

Locally, many steps have been taken to not jail parents who are not current on child support payments, and the county will work with parents to create payment plans that are achievable and will allow them to catch up on payments. The Department of Social Services, courts, and child support enforcement officials are all working together to help parents through this process. The county also has a Fatherhood Project initiative that identifies parents who have been disenfranchised/have not been interacting with their families. Once these parents are identified, the Fatherhood Project works with them to get them more involved in the lives of their families, and provides any services (such as medication, co-parenting classes, or job training) that will allow them to continue being present in the lives of their families.

On the jail diversion side of things, New Hanover County has three programs it has established or is working on implementing. First is the misdemeanor diversion program for 16 and 17 year olds. A county-funded employee works with the youth in the courts to divert them out of juvenile detention and into a treatment program. This is a relatively new program, so data on its effectiveness have not yet been collected. Second, the county is in the process of starting construction for a 100-200 bed residential treatment facility that will be peer-mediated, will have a wet shelter, and will be located across the street from the hospital. This center, The Healing Place, will allow law enforcement to bring individuals to the wet shelter while they detox. While individual are detoxing, they will be introduced to the treatment program, and will have the opportunity to continue their stay if they choose to do so. Finally, while the county is waiting for The Healing Place to be built, CJAG is working on implementing its jail diversion pilot program (a NACo achievement award winner). The pilot is currently targeted toward women, but the county hopes to expand this to include both men and women in the coming year. The program is a post-release initiative that provides health services of all kinds to individuals, including housing, job readiness skills training, basic necessities, medical treatment, etc. In the first year of the pilot 11 women participated in the program. This year, the county is hoping for 40 participants (20 women and 20 men).

Tracking Progress

CJAG plans to measure the success of its pilot program by tracking several outcomes of interest. These include the number of individuals that procure permanent housing, recidivism rates, percentage of individuals that receive mental health referrals/are already receiving mental health services, compliance with medication, percentage of individuals that successfully complete substance abuse treatment (and if they stay sober 6, 9, and 12 months after completing treatment), employment status, percentage of individuals that receive a post-secondary education, and whether or not unemployed individuals are receiving social security benefits.

Needs and Challenges

As discussed earlier in the status report, data has been the biggest challenges facing New Hanover County. In addition to this, the opioid crisis in New Hanover County is particularly difficult to address. The county is pulling 30 kids per month out of their homes because their parents are addicted to opioids. The gangs that are driving the drug trade in the county are familial, making it especially difficult for law enforcement to learn tips information that may help in breaking the gangs up. With the gangs driving the drug trade and children removed from their homes, youth violence is an ever-increasing problem to which the county is struggling to find a solution. A related challenge that CJAG has faced in addressing the Stepping Up Initiative is that members of the advisory council disagree on what the best methods are for addressing opioid abuse (i.e., methadone vs. cold turkey), and it is unclear who should be making the final call. Lastly, the county is challenged by the lack of a single funding stream, instead CJAG must rely on its ability to cobble together various sources of funding.

Moving forward, there are two things New Hanover County most needs: (1) the ability to access and share data across programs and agencies; and (2) a dedicated source of funding that would allow the group to pilot new programs or implement existing, evidence-based programs.

Advice and Lessons Learned

New Hanover County recommends creating a committee such as the Criminal Justice Advisory Group. Following the model of Mecklenburg County, New Hanover was able to easily establish its own CJAG committee. Not only did this process help the county bring together all the necessary and important stakeholders, but it also allowed the county to see the issue of diversion from several new perspectives. Exposure to new perspectives helped the county prioritize its needs and formalize its plan of action. An additional piece of advice New Hanover would give to counties getting started with the Stepping Up Initiative is that establishing buy-in from stakeholders requires you to understand what your audience needs/wants to hear.

Pitt County

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Officer Venus Curry
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County-at-a-Glance

- **Population:** 175,842
- **County Commissioners:** Melvin C. McLawhorn (Chair), Mark W. Owens, Jr. (Vice Chair), Tom Coulson, Charles Farley, Jimmy Garris, Ann Floyd Huggins, Mary Perkins-Williams, Beth B. Ward, Glen Webb
- **Sheriff:** Neil Elks
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 315
- **Average Daily Jail Population:** 442
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 122
- **Prescription Opioid Poisoning Deaths, 2015:** 10

Status Report

Committed Leadership

Pitt County has the full support of its board of commissioners in pursuing the Stepping Up Initiative. When the resolution was first presented to the board, the community stakeholders very much stressed the importance the commissioners following through with their commitment should the resolution be adopted. The commissioners have visited the jail to learn more about the facility, the classification process, life in jail, and the realities of mental illness in jails. This was a very powerful experience for the commissioners, and one that helped solidify their commitment. Following the visit, the commissioner immediately approved adding a jail navigator position to assist individuals with mental illness in accessing treatment.

The committee leading the charge on the Stepping Up efforts in Pitt County is a collaborative group comprised of stakeholders from law enforcement, the courts, behavioral healthcare providers, county government, and more. The group meets monthly to discuss the initiative, identify needs and priorities, and identify next steps. Officer Venus Singleton, the jail navigator, and Captain Chad Singleton are the co-chairs of this committee.

Screening and Data Collection

The medical department conducts a medical screen on all individuals entering the facility. After the committee realized the holes in jail data that resulted in some individuals not being identified as having a mental illness or as needing medication, it decided to shift responsibility to the nurse for screening. If an individual is flagged for mental illness during screening, he or she will be moved to “special management housing” where the part-time psychiatrist and nurse will work to prescribe necessary medications and coordinate care. Additionally, the jail navigator will meet with all individuals who have mental illnesses to connect them with treatment resources available in the community.

The committee has been able to establish some baseline measures on individuals with mental illnesses, but it does not yet have all the information it needs. Medical staff have a lot of the information that the jail staff needs on file, and they are working on getting those two systems merged. Historically, the data on the population with mental illnesses has come from the pharmacy (how many medications are being prescribed). The jail has been able to establish a baseline measure for lengths of stay: on average, the length of stay for individuals without mental illnesses is 15-17 days. For those with mental illnesses, the average length of stay is 35-60 days.

Sequential Intercept Mapping

Pitt County has participated in the sequential intercept mapping activity.

Plan of Action

Pitt County applied for and received the Bureau of Justice Planning and Implementation Grant. Since receiving the grant, the county has been working through the Planning and Implementation Guide, and is currently in the implementation phase. As part of the guide, the county assembled its committee of stakeholders to discuss the county-specific needs and priorities in Pitt County. Through these conversations, the group was able to identify three primary challenges (discussed below in the “Needs and Challenges” section).

In discussing these challenges/problems with the collaborative group, it became clear that there were many resources available in the community, but not everybody knew what they were. They needed somebody to facilitate conversation across these groups, and felt a jail navigator would be the right person for the job. The jail navigator would meet with stakeholders and inmates to identify resources and needs, and connect inmates to the services in the community. The group unanimously supported adding the position to the jail, and submitted its proposal to the county commissioners, who immediately approved the position.

Officer Curry was hired as the jail navigator a few months ago. Since her hiring, Officer Curry has been meeting with stakeholder to learn about the services they provide, and she has begun

taking on clients in the jail. In this short time, she has helped 5 inmates get released and connected to community resources.

Tracking Progress

Pitt County plans to measure effectiveness using the four indicators of the Stepping Up Initiative (which happen to be the same indicators required for the Bureau of Justice Grant): (1) decreasing the number of people with mental illnesses in jails; (2) decreasing the length of stay for individuals with mental illnesses; (3) increasing connections to community resources; and (4) reducing recidivism rates.

Needs and Challenges

The three challenges Pitt County has encountered in working toward its Stepping Up goals are as follows: First, the jail did not keep statistical data on inmates with mental illnesses. The committee knew the number of people booked and released, but had no specific data beyond that. Thus, one of the biggest challenges they've been grappling with is the validity of the data. In order to paint some sort of picture of the jail population with mental illnesses, the committee has relied upon medications records (how many are psychotropic medications are prescribed and administered). Second, medical records are not kept electronically, which slowed communication between medical staff and detention officers. It would take about one week for medical to inform detention officers of any inmates who had mental illnesses. Third, the general statutes governing jails state that they must provide first aid for a person in crisis, but there is no regulation mandating they provide "upkeep" for inmates with mental illnesses. The responsibility of the jail to care for inmates with mental illnesses was not clearly defined, making county managers reluctant/unwilling to agree to a medical contract that included additional expenses for psychiatric medical staff.

Advice and Lessons Learned

Pitt County would strongly suggest other counties invite their commissioners to the jail to learn about the criminal justice system, and how this system is complicated for individuals with mental illnesses. The visit Pitt County commissioners made to the jail helped open their eyes to issues surrounding mental health in the criminal justice system, and solidified their commitment to the initiative.

Vance County

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County-at-a-Glance

- **Population:** 44,244
- **County Commissioners:** Dan Brummitt (Chair), Thomas S. Hester, Jr. (Vice Chair), Carolyn Faines, Yolanda J. Feimster, Leo Kelly, Jr., Archie B. Taylor, Jr., Gordon Wilder
- **Sheriff:** Peter White
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 602
- **Average Daily Jail Population:** unavailable
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 40
- **Prescription Opioid Poisoning Deaths, 2015:** 5

Status Report Vance County has joined forces with Franklin, Granville, Halifax, and Warren counties to create an interlocal approach to addressing the Stepping Up Initiative (see Franklin County report for more information on interlocal agreement and approach). An interview with Vance County's detention facility had not been completed at time of publication.

Warren County

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County-at-a-Glance

- **Population:** 19,907
- **County Commissioners:** Victor Hunt (Chair), Tare Davis (Vice Chair), Jennifer Jordan Pierce, Bertadean Baker, Walter Powell
- **Sheriff:** Johnny M. Williams
- **Date of Passage:** September 2015
- **Mental Health Provider Ratio:** 2,016
- **Average Daily Jail Population:** 36
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 3
- **Prescription Opioid Poisoning Deaths, 2015:** 0

Status Report

Screening and Data Collection

Warren County uses a standard medical form to screen all individuals entering the detention facility. The booking officer conducts the screen, which asks about medical and mental health history. If the individual responds “yes” to any of the questions in the mental health section of the screen, he or she is referred to the nurse who conducts a one-on-one consultation. If more assistance is needed for treatment, the nurse will schedule an appointment for the individual at Daymark or Central Regional Hospital in Butner. The jail keeps data on all individuals in its custody. In accessing the jail’s database, one would be able to pinpoint any individual that has been incarcerated in Warren County and identify various statistics, such as length of stay, type of charge, etc.

Wayne County

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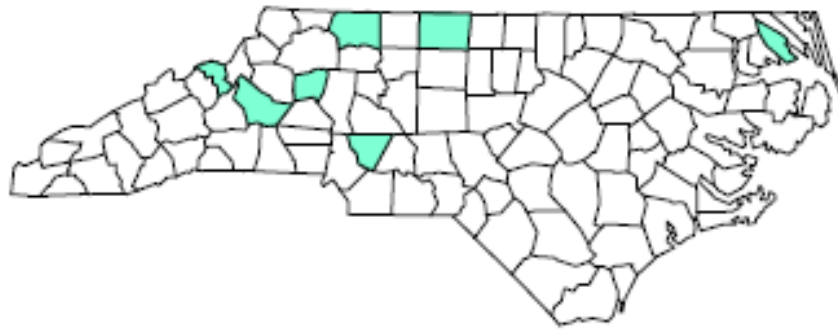
County-at-a-Glance

- **Population:** 124,150
- **County Commissioners:** Bill Pate (Chair), A. Joe Gurley, III (Vice Chair), George Wayne Aycock, E. Ray Mayo, Edward Cromartie, John M. Bell, Joe Daughtery
- **Sheriff:** Larry Pierce
- **Date of Passage:** July 2015
- **Mental Health Provider Ratio:** 591
- **Average Daily Jail Population:** 230
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 82
- **Prescription Opioid Poisoning Deaths, 2015:** 6

Status Report

Wayne County has recently had its first meeting of government leaders and community stakeholders to discuss the Stepping Up Initiative. A variety of agencies attended this meeting and all are highly committed to working together to achieve the goals of Stepping Up. The next committee meeting will be held in early September, where the initiative will be discussed in more detail, and the committee will begin to formalize next steps.

Section 3: Staff Positions Needs



Alexander County

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Captain Phillip Starnes

Jail Administrator

[Alexander County Sheriff's Office](#)

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County-at-a-Glance

- **Population:** 37,428
- **County Commissioners:** Milton Campbell (Chairman), Ronnie Reese (Vice Chairman), Josh Lail, Ryan Mayberry, Jeffrey Peal
- **Sheriff:** Chris Bowman
- **Date of Passage:** April 2017
- **Mental Health Provider Ratio:** 2,666
- **Average Daily Jail Population:** 85
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 66
- **Prescription Opioid Poisoning Deaths, 2015:** 6

Status Report

Committed Leadership

Only a few months have passed since Alexander County passed the Stepping Up resolution, so the county has not yet made much progress on the initiative. However, it is clear that the leadership is committed to reducing the number of individuals with mental illnesses in the jail. No board members were able to attend the Stepping Up Summit in May, but the county manager's office has requested information and guidance on identifying first steps.

Additionally, in speaking with Captain Starnes in the sheriff's office, it seems as if the District Attorney (DA) and judges are invested in diverting individuals with mental illnesses into treatment. When the jail has an individual in custody who has a serious mental illness, the detention and medical staff will work with the DA and judges to have them released into treatment. If the jail ever has an individual in custody who is not safe to release into treatment, they will work to obtain a safekeeping order to house that individual in Raleigh's Central Prison. However, Captain Starnes's impression is that this is a very rare occurrence.

Screening and Data Collection

Individuals entering the jail will be screened by booking officers with a full medical screening, which will collect information regarding mental health. After this screening, the doctor and nurse in the jail will follow-up with any individuals who are flagged as having (or potentially

having) mental health issues. This follow-up will include further assessment by the medical staff and the creation of a treatment plan. Additionally, the jail has access to on-call mental health providers that can meet with inmates as needed. The jail also makes use of mobile crisis services when other resources are not available or sufficient for their needs.

Baseline data on individuals with mental illnesses are not readily available, but Captain Starnes feels the jail would be able to access this information if needed. Generally speaking, the impression held by Captain Starnes is that very few inmates have mental illnesses.

County Needs

From the perspective of the sheriff's office, very few inmates have mental health issues. Additionally, when the jail does have custody of an inmate with a mental illness, the jail has the support of the DA and judges to divert those individuals into treatment. Thus, the sheriff's office feels as if a greater need for additional mental health services in the jail would be necessary in order to continue moving forward with the Stepping Up Initiative. If the need for additional mental health services were to become more prevalent, the sheriff's office would need a coordinator on staff to aid in facilitating these services.

Burke County

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Steve Whisenant

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County-at-a-Glance

- **Population:** 88,851
- **County Commissioners:** Jeffrey C. Brittain, P.E. (Chair), Johnnie Carswell (Vice Chair), Maynard M. Taylor, Wayne F. Abele, Sr., Scott Mulwee
- **Sheriff:** Steve Whisenant
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 421
- **Average Daily Jail Population:** 153
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 251
- **Prescription Opioid Poisoning Deaths, 2015:** 30

Status Report

Since adopting the Stepping Up Initiative in August 2015, Burke County has not made much progress toward implementation. However, I was able to speak with Sheriff Steve Whisenant to learn about the policies and protocols currently in place in the jail to identify and treat individuals with mental illnesses and substance abuse issues.

Screening and Data Collection

Booking officers conduct mental health screenings on all individuals that enter the jail. The screening is an eight question assessment that asks about mental health history and current mental health status. If an individual is flagged as having (or potentially having) a mental illness during this screening, he or she will be referred to the jail's mental health provider (Partner's Behavioral Health) for an assessment. In waiting for an assessment, all individuals flagged during the screening are assigned to a single cell and placed on a 15 minute watch. If the individual is deemed suicidal, he or she will be placed in one of the padded cells and all clothing (the individual will receive a smock) and property will be removed. When under suicide watch, officers check in at least every 15 minutes. These frequent checks will remain in place until medical or mental health staff clears the individual.

Currently, the jail does not keep data on individuals with mental health issues; however, the jail management system does keep data on *all* detainees' lengths of stay and the number of times they are charged with crimes. Thus, this information is available for individuals with *and* without mental illnesses.

Needs and Challenges

The sheriff feels as if there is a great need to create a mental health/substance abuse counselor position within the jail. Recently, he has been working with Catawba Valley Behavioral Healthcare in hopes of obtaining a grant to fund this position. The counselor would be incredibly helpful in assessing the needs of individuals with mental illnesses and/or substance abuse issues, and in providing them with education and treatment during incarceration. Additionally, the counselor would be able to identify and collaborate with community resources to establish a more fluid continuum of care upon an individual's release. On a related note, there also exists a need for transportation services that can be provided to individuals without access to transportation upon release. Providing access to transportation would increase the likelihood of an individual pursuing and committing to a treatment plan, and would increase access to community resources.

Cabarrus County

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County-at-a-Glance

- **Population:** 201,590
- **County Commissioners:** Stephen M. Morris (Chair), Diane R. Honeycutt (Vice Chair), Blake Kiger, Elizabeth F. Poole, Lynn W. Shue
- **Sheriff:** Brad Riley
- **Date of Passage:** September 2016
- **Mental Health Provider Ratio:** 431
- **Average Daily Jail Population:** 285
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 198
- **Prescription Opioid Poisoning Deaths, 2015:** 15

Status Report

Committed Leadership

The leadership and stakeholders in Cabarrus County are in complete support of the Stepping Up Initiative. The board of commissioners, sheriff, jail administrator, judges, courts, police chiefs, and public health officials are all invested in the success of the initiative. Since adopting the resolution, the county has assembled the Mental Health Advisory Board, tasked with developing and implementing Cabarrus's Stepping Up program. The board meets quarterly, and is comprised of 25 members who represent a cross-section of the community.

Leading the board is project coordinator, Jodi Ramirez. Jodi serves as the project coordinator within the sheriff's office, and is also the coordinator of Cabarrus's related initiative, Project Safe Neighborhood. After the county adopted the Stepping Up resolution, Jodi's responsibilities (and pay) were expanded to include Stepping Up.

Screening and Data Collection

The screening process in the Cabarrus County jail involves a booking officer administering a 10-12 question screen when an individual enters the facility. If one is flagged during this screen as having (or potentially having) a mental illness, a mental health provider from Southern Health Partners will visit the jail for follow-up and treatment planning. Currently, the jail does not

have any procedures in place that allow for medical information collected during the intake screening to be shared with mental health providers, but any information that is considered “public” may be shared. In the future, the county hopes to move to a more in-depth screening process in order to better identify individuals with mental illnesses, and to establish a case manager that will work with various agencies to improve information sharing agreements.

Data collection has been a challenge for Cabarrus County as the jail management system only contains a flag for suicide risk, and not for general mental illness. Because of this, it has been very difficult to properly identify the full population of individuals in the jail with mental illnesses, and thus, to establish baseline measures and trends. The Mental Health Advisory Board recognizes the challenge this presents, and is working to create a plan to improve the jail management system and overall data collection.

Sequential Intercept Mapping

Cabarrus County has not yet participated in the sequential intercept mapping activity, but does plan to work with this model in the future.

Plan of Action

The county’s plan of action is in the development stage. Currently, the advisory board is working to better understand the broad picture of mental health issues in the county. This entails working with various stakeholders – mostly the sheriff’s office and mental health providers – to identify the magnitude of the problem and the county-specific needs to be addressed in moving forward.

In having these conversations, the board has concluded that evaluation of and initial contact with individuals in the detention center is the intercept that needs the most work. Currently, the jail is struggling to identify the full population of people with mental illnesses in detention. This incomplete information makes it difficult for individuals to receive the assessment and treatment they need from the jail and mental health providers. In order to address this, the advisory board hopes to hire a case manager (either as a contracted position or as a county employee) to revamp the screening process and work with individuals in the jail to provide assessments and create treatment plans. The project coordinator plans to discuss hiring the case manager with the advisory board in September 2017. Further down the road, the board also hopes to install a mental health court in order to place individuals into treatment without having to first go through the criminal justice system. The judges in the county are on board with this plan, but conversations still need to be had with the district attorneys.

Tracking Progress

Concrete plans have not yet been made for tracking progress; however, the county does plan to start with improving its baseline measures. Thus, the key outcomes that will be measured include the number of individuals in jail with mental illnesses, the lengths of stay of these individuals, and rates of recidivism. Once the case manager is involved with the initiative, the

team hopes expand these outcomes to include follow-up connections made post-release and additional arrests.

Needs and Challenges

The leaders of the initiative anticipated encountering challenges with receiving buy-in from various stakeholders, but that has not been the case. In general, the advisory board feels as if the county is in a good spot. The stakeholders have all shown their support in making this a successful initiative, and the board is beginning to make steps toward hiring a case manager. Moving forward, the one thing Cabarrus County needs more of is funding. The county has chosen to divert some of its Maintenance of Effort (MOE) funds from Cardinal Innovations to the Stepping Up Initiative, but these funds are not able to cover all the costs associated with funding additional employees and programs.

Advice and Lessons Learned

Cabarrus County quickly learned the importance of having the sheriff's support in this initiative, and urges other counties to ensure that this partnership is in place before beginning work. Additionally, the advisory board recommends casting a wide net into the community when asking for support and assistance on this initiative. The county learned through its recruitment process that while some issues may be new to one person/stakeholder, it is likely the case that others have been working on them for a long time. This ability to share experiences and perspectives is essential for success. Lastly, at the first meeting of the advisory board, the members took the time to share with the group why they were participating in the initiative. This activity not only helped to establish commitment and engagement from the stakeholders, but it also made clear the prevalence of this issue in the lives of all sectors of the community.

Mitchell County

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County-at-a-Glance

- **Population:** 15,126
- **County Commissioners:** Vern Grindstaff (Chair), Keith Holtsclaw (Vice Chair), Ken Hollifield, Danny Burlison, Jacob Willis,
- **Sheriff:** Donald Street
- **Date of Passage:** June 2017
- **Mental Health Provider Ratio:** 1,386
- **Average Daily Jail Population:** Data unavailable
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 46
- **Prescription Opioid Poisoning Deaths, 2015:** 4

Status Report

Although it has only been a couple of months since Mitchell County adopted the Stepping Up resolution, the county has been hard at work developing a plan of action. All members of the board of commissioners, other elected officials, and community stakeholders support the initiative 100 percent. Unfortunately, the momentum Mitchell County had been able to build came to a halt after mental health budget cuts eliminated the position of the MCO representative who was coordinating the initiative. The county had been planning to partner with Yancey County on this initiative as well as the drug task force. The MCO representative was working on a press release to announce the partnership between the counties, but then she lost her job. Additionally, Mitchell County was planning to install kiosks in the library lobby that provide free mental health assessments and information on where to seek further treatment, but this work also stopped when the MCO representative lost her job. Despite this setback, the network for pursuing the initiative has been established, and the board will continue to move forward, but it was incredibly disheartening for the board to see all its work fall apart so quickly. The county feels as if they have been left with no leader.

Screening and Data Collection

The jail captain was contacted to provide information on the screening and data collection

procedures in place in the jail; however, the call had not yet been returned at time of publication.

Pasquotank County

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County-at-a-Glance

- **Population:** 39,864
- **County Commissioners:** Cecil Perry (Chair), Dr. William R. Sterritt (Vice Chair), Lloyd E. Griffin, III, Joseph S. Winslow, Jr., Jeff Dixon, Frankie Meads, Bettie J. Parker
- **Sheriff:** Randy Cartwright
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 594
- **Average Daily Jail Population:** 160
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 28
- **Prescription Opioid Poisoning Deaths, 2015:** 2

Status Report

Committed Leadership

Pasquotank County has assembled a committee of community stakeholders to take the lead on the Stepping Up Initiative. Represented on the committee are representatives from the local mental health provider (Trillium), staff from the Albemarle District Jail, probation and parole agents, police officers, the sheriff's deputy, and the regional health services agency. The committee was very helpful in overseeing the creation of the Pasquotank County's plan of action, but follow-up and implementation of the plan have been an issue.

Screening and Data Collection

The Albemarle District jail is a detention facility that serves Camden, Pasquotank, and Perquimans counties. Upon entering the jail, individuals are evaluated with a verbal and medical screening tool. The booking officers perform the verbal screen, while the nursing staff conduct the medical screen. If an individual is flagged as having (or potentially having) a mental illness, the jail will refer them to a follow-up with the tele-psychiatrist. The medical staff work with individuals to get them on (or back on) any medications they may need, and to educate them as to where they can get assistance upon release.

The jail does not have collected data that could provide estimates for baseline measures, but the jail administrator would guess that about 25 percent of all inmates have some degree of mental illness.

Sequential Intercept Mapping

Pasquotank County did not indicate whether or not it has participated in the sequential intercept mapping activity.

Plan of Action

In developing an action plan, Pasquotank County identified three areas in which diversion strategies would be the most useful: pre-arrest, jail/detention, and post-release. For each area, the planning team worked to identify goals and programs it would like to implement. At the local/pre-arrest level, the committee's goal is to improve early access to mental health treatment to prevent behaviors escalating to arrestable offenses. To achieve this goal, the committee wants to expand local mental health facilities, encourage the local hospital to reduce emergency room wait time for mental illness, require law enforcement officers to participate in CIT, utilize mobile crisis (and track its use), and promote public awareness/availability of resources.

Inside the jail, the committee's plan of action included insuring detention officers are fully CIT trained, and continuing the use of screening and tele-psychiatry. Upon release, the committee wants to provide individuals with a list of mental health resources available in the county, help ensure access to follow-up care, and promote the mental health/substance abuse providers in the community.

Tracking Progress

Pasquotank County recently began tracking the use of mobile crisis services as a means of measuring program effectiveness. Thus far, this is the only outcome the county is measuring.

Needs and Challenges

Now that the committee has established a plan of action, the challenge comes in actually implementing it. The plan came together quickly, but now it is unclear who should be making the first move toward implementation. Additionally, all committee members are busy with full-time jobs, so finding the time to devote to a new initiative is a challenge. In general, the county is stretched pretty thin, and the resources to hire a grant writer or coordinator who can devote more time and energy to the initiative do not exist. One piece of the plan that has been implemented is the Crisis Intervention Training; however, even this has posed a challenge. The sheriff's office sees frequent turnover with its officers, creating a consistent need for CIT courses and placing a strain on time and resources.

Advice and Lessons Learned

Through this process, Pasquotank County has learned that convening a diverse committee of stakeholders opened lines of communication that would not have been opened otherwise.

Rockingham County

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County-at-a-Glance

- **Population:** 91,393
- **County Commissioners:** Mark F. Richardson (Chair), Kevin Berger (Vice Chair), T. Craig Travis, W. Keith Mabe, A. Reece Pyrtle, Jr.
- **Sheriff:** Samuel S. Page
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 900
- **Average Daily Jail Population:** 170
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 141
- **Prescription Opioid Poisoning Deaths, 2015:** 10

Status Report

Committed Leadership

Rockingham County's elected officials are all in support of the Stepping Up Initiative. The sheriff attended the NC Stepping Up Summit in May, and learned a lot about the problem and what other counties are doing. In general, mental health services in the county are struggling, so there is a lot of conversation taking place on the topic.

A planning committee has not yet been established in Rockingham County, but this past year the county chose to divert some of its Maintenance of Effort (MOE) funds from the MCO to fund a Stepping Up consultant. Thus far, it has been a challenge to find an individual who is able to put the necessary time into facilitating the project, so hiring a coordinator will be helpful. The county does want the initiative to be a collaborative effort, so Health and Human Services has compiled a list of agencies and stakeholders that should be involved once a committee is formed. This list has been shared with the sheriff's office.

Screening and Data Collection

The jail screens all individuals entering the facility using the Brief Jail Mental Health (BJMH) screening tool. Individuals are categorized by crime and category that will determine where they are housed in the jail. If an individual is flagged for mental health, the contracted nurse

will perform a follow-up assessment. Should an individual need mental health evaluation or assistance that cannot be provided in-house, the jail will transport them to the hospital or local healthcare provider for attention.

Baseline measures of the jail population with mental illnesses have not yet been established, though the jail administrators feel as if this is information they would be able to provide.

Sequential Intercept Mapping

Rockingham County has not yet participated in the sequential intercept mapping activity.

Plan of Action

Though the county is just getting started on its Stepping Up efforts, there are some things the county is already doing to address mental health in jails. A couple of years ago, the county received the Kate B. Reynolds Charitable Trust Grant in Innovative Health Care that funded a community behavioral health counselor to provide outreach and case management to law enforcement, the courts, and the emergency department.

Additionally, Rockingham County has one of the highest percentages of CIT officers. The county holds trainings 3-4 times per year, and includes all first responders in these trainings (the county is one of the pilot counties for EMS diversion processes). There is always one CIT-trained EMS paramedic per truck, per shift (~8 trucks per shift). Probation officers have also been CIT trained and have had mental health first aid training.

Tracking Progress

The county has been tracking the outcomes of the community behavioral health counselor, and it has decreased the time law enforcement waits on a professional to respond to a request. Additionally, the county has measured the number of individuals diverted from the emergency department.

Needs and Challenges

Rockingham County is still getting moving on its efforts, so challenges and needs are somewhat difficult to identify. However, early impressions suggest that funding and the amount of time and energy that is needed to build a Stepping Up program will be challenges.

Surry County

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County-at-a-Glance

- **Population:** 72,743
- **County Commissioners:** Eddie Harris (Chair), Van Tucker (Vice Chair), Larry Phillips, Larry Johnson, R.F. "Buck" Golding
- **Sheriff:** Jimmy Combs
- **Date of Passage:** July 2015
- **Mental Health Provider Ratio:** 945
- **Average Daily Jail Population:** 157
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 132
- **Prescription Opioid Poisoning Deaths, 2015:** 6

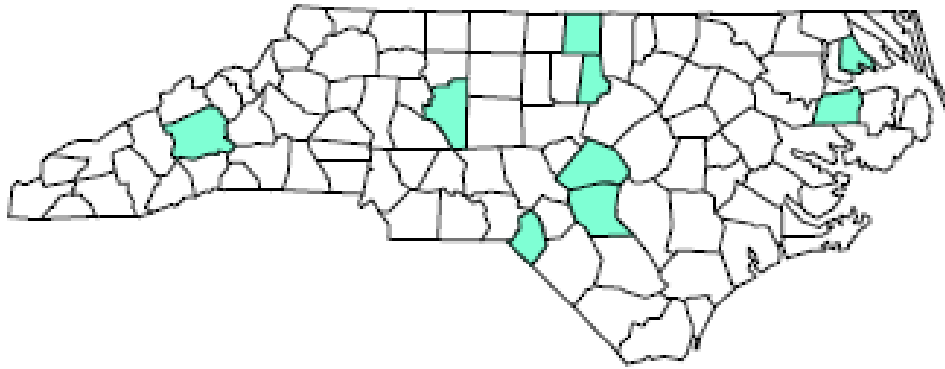
Status Report

Largely due to a change in the sheriff's office, Surry County has not yet made progress on the Stepping Up Initiative. When the county first started to address the initiative, the sheriff resigned and took a position in Raleigh. About one month later, after going through the necessary legislative process, a replacement was chosen. The new sheriff has been in office for a couple of months and has been busy getting established in his new position within the department. The county management feels as if it is time to breach the subject of the initiative with him, and planned to do so at the beginning of August. When Stepping Up was initially discussed, it had support from the board of commissioners and the county manager. Hopefully, this supportive mentality is shared by the new sheriff.

Though the county has not made progress with the initiative, it is still able to identify its most pressing need. Primarily, the need for local resources to assist the jail administrator and staff in assessing and treating individuals with mental illnesses. In the past, communication between agencies had not been great, making it difficult to provide an appropriate and adequate treatment for an individual with a mental illness. One year ago, a local liaison position was created by Partners Behavioral Health Management to facilitate communication between the jail

and community mental health resources. Since creating this position, the lines of communication have greatly improved.

Section 4: Stakeholder Engagement Needs



Buncombe County

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County-at-a-Glance

- **Population:** 256,088
- **County Commissioners:** Brownie Newman (Chair), Jasmine Beach-Ferrara, Al Whitesides, Mike Fryar, Ellen Frost, Joe Belcher, Robert Pressley
- **Sheriff:** Van Duncan
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 207
- **Average Daily Jail Population:** 421
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 270
- **Prescription Opioid Poisoning Deaths, 2015:** 19

Status Report

Committed Leadership

Buncombe County enjoys the commitment and support of its board of commissioners, sheriff's office, county management, and healthcare providers in pursuing the Stepping Up Initiative. The membership of the board of commissioners has changed since the resolution was passed in August 2015; however, the new board of commissioners is as equally committed to the initiative as the original board.

An exclusive Stepping Up committee has not been formed in Buncombe County. Instead, initiative efforts have fallen under the purview of the county's Justice Administrative Group (JAG), which focuses on managing the jail population in general. Mandy Stone, County Manager and former former director of Health and Human Services, has been pivotal in ensuring all stakeholders are engaged with the initiative and that conversations are happening despite the lack of a specific Stepping Up committee.

This will soon change with the opening of the Criminal Justice Coordinating Council (CJCC). Tiffany Iheanacho will be working as the Justice Resource Coordinator at the center. She hopes

to develop a more connected and collaborative system between criminal justice and behavioral health partners.

Screening and Data Collection

Buncombe County is currently working on improving its screening process to allow for better identification of individuals coming into the jail with mental illnesses. When the county began its Stepping Up work, it was suggested that the jail stop using the Brief Jail Mental Health (BJMH) screening tool. Officers had not been trained to understand why the questions included in the screen were asked, and case managers were performing individual screenings with better results. Multiple screenings were being conducted, each with its own question terminology and phrasing, so the jail was receiving many different responses from the same individual. It was recommended that the current screening process be replaced with a different screening tool that focused more on suicide risk because this is what was most important to the detention staff. However, this new screening system was not effective for several reasons: (1) It removed the ability to use the jail management system to pull information from the medical database; (2) it does not identify *why* an individual is suicidal, nor does it do a good job of identifying mental illness that is not accompanied by suicidal thoughts. So, the JAG's number one goal at the moment is to reintroduce the BJMH screening tool. Further, the county is hoping to implement a universal screening process in the near future.

Currently, screenings are conducted by staff from RHA Health Services, the contracted healthcare provider in the jail. Should an individual be flagged as having (or potentially having) a mental illness, the individual will be referred for further evaluation and needs assessment with the RHA staff to determine a plan for treatment.

The quality of data available to Buncombe County is mixed. The jail does have a robust jail management system that allows it to keep and analyze a lot of data on the jail population, including tools that aid command staff in monitoring the jail (i.e., who is coming in and why, how long are individuals staying, etc.). However, a lot of the behavioral health support services, such as substance abuse and mental health case management, do not have a reliable way of tracking data. IT specialists have been working to incorporate more data into the jail management system that will allow for more reliable measures of recidivism. The county was able to work with the local mental health provider to establish some baseline measures on the population in the jail with serious mental illnesses (SMIs). This one-time analysis provided a foundation for future data collection and trend analysis.

As part of the screenign and assessment work, the county also wants to implement electronic flags for mental health. Currentlty, the system *only* allows for flagging individuals who are having suicidal thoughts. With the addition of electronic flags, the jail and mental health providers would be able to better track identify the population with mental illnesses and track individuals through the system.

Sequential Intercept Mapping

Buncombe County has completed the sequential intercept mapping activity. A copy of the map created through this process can be found in Figure D7 (Appendix D).

Plan of Action

Buncombe County just passed a budge that funds the development of its Criminal Justice Resource Center (CJRC) and Coordinating Council (followed the Durham County model). The county also hired a coordinated that began work in July, and bids from healthcare providers have been requested to provide services at the center. As these pieces continue to fall into place, there will be more discussion among the leadership and stakeholder groups about moving the Stepping Up Initiative forward. Prior to the establishment of the CJRC, Buncombe County had several diversion programs in place.

Partnerships exist with the court system, district attorneys, public defenders, sheriff's office and RHA Health Services to provide specialty courts (Superior Court post-plea adult drug treatment court, Civil District Court family drug treatment court, and DWI post-plea sobriety court) which allow for individuals the opporutnity to enter treatment rather than jail. Upon successful completion of the treatment, charges may be reduced to misdemeanors and/or dismissed. In terms of pre-booking diversion initiatives, Buncombe County has a robust Crisis Intervention Training (CIT) program, a crisis stabilization unit, and a one year old behavioral health urgent care.

Inside the jail, some diversion is possible at the magistrate level if the an individual is considered eligibile. Individuals who have severe and persistent mental illnesses or are very high-risk may also be diverted out of the jail and into treatment or to the state prison. Psycho-education programming is also offered within the jail, and will continue to be offered at the justice center. These programs involve motivational enhancement activiites aimed at preparing individuals for their re-entry into the community. Vera Pathways also offers a post-release program that focuses on job placement and developing skills/resources that increase the likelihood of an individual maintaining a job. This program works very closely with probation officers.

Tracking Progress

Measures such as recidivism and length of stay are improtant outcomes that the county wants to track. Beyond these measures, the county is interested in tracking the impact these programs have on the institutional behaviors within the detention facility, as well as case dismissal rates.

Additionally, the Criminal Justice Coordinator will be working with individuals at the CJCC to determine how to best define “success” in the community. JAG has been able to build a strong sense of trust among various stakeholders for how it handles collaborative data, and the CJCC wants to continue to build upon this.

Needs and Challenges

Buncombe County has faced two primary challenges in its work with the Stepping Up Initiative. First, working with a large system of providers and agencies can create bureaucratic roadblocks that slow progress. It takes a lot of time to create and design these diversion programs, but it takes even more time to get them implemented. At times, this can be particularly challenging, but the county has found this slow and methodical process to be beneficial to its larger program goals. Second, the county has faced some challenges with collecting and analyzing data. When first getting started on the initiative, there was not a solid understanding of the impact of the previous ten years’ work due to a lack of quality data. Developing evidence-based programs to address the issues of mental illness in jails is particularly difficult when there is no evidence upon which to base decisions.

Moving forward, Buncombe County needs continued access to communities across the state and county that are doing similar work. Particularlry, Buncombe is interested in partnering with some other counties in western North Carolina in order to expand the Stepping Up Initiative and create a more united network of services. Lastly, the county needs more funding opportunities from the federal and state level.

Advice and Lessons Learned

Throughout this process Buncombe County has learned that patience and a willingness to listen to others’ perspectives is essential for the success of this program. When bringing various agencies together, who may not have ever worked together, there is bound to be some disconnect in ideas, agendas, and perceived priorities. A willingness to listen to and understand perpsicivtes that are different is necessary for creating a successful program.

Buncombe County has learned that one of the most *helpful* things about the Stepping Up Initiative is that it provides the county the opportunity to take a step back and evaluate how things are done (and have been done for the past number of years). It has afforded the county the opportunity to identify things that are not working, and to determine which areas need the resources of the county.

One piece of advice the county would give to others getting started in this work is that you don’t need a lot of money to develop a strong diversion program. Many things can be done for free! Take a look at the resources you already have, including partnerships with mental health agencies, and who your champions are in law enforcement and county governemnt, and identify a small thing the county can do to nudge the process along. Doing small things for a year or two will allow the county to provide some initial evidence/data on the success of its

efforts. From there, it becomes easier to request more funding (and people are more willing to give it to you!) and to implement larger changes to the system.

Cumberland County

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County-at-a-Glance

- **Population:** 327,127
- **County Commissioners:** Glenn B. Adams (Chair), Charles Evans (Vice Chair), Michael C. Boose, Dr. Jeannette M. Council, W. Marshall Faircloth, Jimmy Keefe, Larry L. Lancaster
- **Sheriff:** Ennis W. Wright
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 377
- **Average Daily Jail Population:** 714
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 255
- **Prescription Opioid Poisoning Deaths, 2015:** 31

Status Report

Committed Leadership

Cumberland County's work in jail diversion began with Crisis Intervention Training (CIT) in 2007. Since then, the county has continued to work on jail diversion programs, including establishing a fairly new post-release initiative. Thus, gaining commitment and support from county leadership and community stakeholders to address the Stepping Up Initiative was not a difficult task.

Since the adoption of the resolution in December 2015, the county has assembled a task force to lead the Stepping Up efforts. Included on this task force is the sheriff's office, Fayetteville police department, county management, the courts, district attorney's office, local non-profits, mental health providers (including the local MCO, Alliance), the local National Alliance on Mental Illness (NAMI) representative, Cumberland County EMS, the hospital behavioral health department, the Department of Public Health, and more. Because this is such a large group, it is likely that a smaller "executive" group will form as the primary planning and implementation committee. This executive committee will meet more regularly than the full committee, and will be the front lines of action in the Stepping Up Initiative.

To date, the full committee has held two orientation sessions to introduce all committee members to the issue of mental illness in jails and the Stepping Up Initiative. The current project coordinators hope to organize another meeting in the near future, at which next steps and a plan of action will be discussed in greater detail.

Screening and Data Collection

All individuals entering the detention center are screened using the Brief Jail Mental Health Screening (BJMH) tool. Additionally, the nursing staff will conduct a general medical screening to check for any medical conditions, to identify any medications an individual may be taking, and to record a medical/mental health history. If an individual is flagged as having (or potentially having) a mental illness during this screening process, the mental health team will follow-up with that individual for further assessment. The mental health team is a full-time staff consisting of psychologists and Licensed Clinical Social Workers (LCSWs). These individuals provide treatment plans and bridge services during incarceration and help to prepare inmates for continuing treatment post-release. The jail/medical staff can also learn that an individual has a mental illness through a tip from a CIT officer or an observation from jail administration. The CIT coordinator in the sheriff's office is also a trained psychologist; he focuses on identifying individuals who may be eligible for diversion, and works with attorneys to develop a plan for moving those individuals out of jail and into treatment.

The jail started collecting data on individuals with mental illnesses about ten years ago, and it is something that is periodically revisited. However, it has not been analyzed recently, but this is something the committee will do as part of its next steps.

Sequential Intercept Mapping

After the first year of CIT operation, the CIT and jail diversion leadership identified sequential intercept mapping as a tool that would be useful in the future. A healthcare management student that was working with the leadership at the time did some research in the area and the concept was embraced by the committee. When the county started moving into post-release diversion in 2013, the sequential intercept mapping was identified again as a useful tool.

Though the county has not conducted a formal sequential intercept mapping activity, several community dialogues have been held as new areas of diversion have been explored. The county feels as if a new sequential intercept mapping is necessary in order to identify existing gaps that the Stepping Up Initiative could address.

Plan of Action

The CIT program in Cumberland County has grown to be quite robust, with all first responders having participated in the training. This includes the sheriff's office, EMS, the police department, Fort Bragg officers, campus police, the magistrate, and 911 dispatchers/communicators. In addition to this robust CIT program, which serves as a pre-arrest diversion initiative, the county unveiled a post-released program in 2013. This program

allows the sheriff's office (or attorneys) to work together in diverting an individual with a mental illness out of the jail and into treatment. Together, the sheriff's office and the attorney approach the judge to present a treatment plan. If approved, the sheriff's office and attorney follow the plan until the individual is released from jail.

Moving forward, Cumberland County's next big step is to reassemble the task force. At this meeting, the team hopes to have a more detailed and concrete discussion about the Stepping Up Initiative that allows them to identify the county-specific needs and priorities they want to address with the initiative.

Tracking Progress

In measuring the effectiveness of existing programs, Cumberland County began by examining the post-release data for the number of incarcerations (i.e., recidivism rates) for some of the earliest users of the program. Additionally, the county is able to access data from the pre-arrest side of things via the CIT calls and reports. These sources provide information on the number of individuals being diverted to services or other resources, as well as any serious injuries incurred to an officer or individual during a crisis encounter. Lastly, the county is beginning to measure its success with early identification of mental illness by analyzing outcomes of young people in their first episode of psychosis. This data is still in its early stages, but it is looking promising.

Needs and Challenges

The largest challenge facing Cumberland County's Stepping Up Initiative is the limited amount of time and resources that members of the task force can commit to the work. Limited staff and resources make progress slow and difficult. In order to combat this limitation, Cumberland County feels as if it needs to create a more holistic strategy for diversion. The CIT and structured post-release programs are wonderful, but they focus heavily on the law enforcement side of things. Moving forward, the committee hopes to develop an approach to diversion that encompasses the entire community and all providers. Not only will this spread the burden of limited resources and time across more groups, thus easing the overall burden, but it will also help in identifying additional gaps in service that have yet to be addressed.

Advice and Lessons Learned

Cumberland County has learned that taking big picture inventories of the resources your county has can be highly beneficial. Perform gaps and needs analyses to understand what services your community does and does not offer. Importantly, use this process to identify who have roles in the Stepping Up process and who could *potentially* have roles. Potential is important. Furthermore, the community needs to understand that pre-booking and post-release are connected. Any agency or stakeholder that is involved at any point of the process needs to be involved in the Stepping Up efforts.

Davidson County

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County-at-a-Glance

- **Population:** 164,926
- **County Commissioners:** Don Truell (Chair), Steve Shell (Vice Chair), Todd Yates, Steve Jarvis, Lance Barrett, Fred McClure, Zak Crotts
- **Sheriff:** David S. Grice
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 1,266
- **Average Daily Jail Population:** 280
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 234
- **Prescription Opioid Poisoning Deaths, 2015:** 15

Status Report

Davidson County adopted the Stepping Up resolution in August 2015, but the board has been so occupied with a multitude of other issues that it has been unable to move forward with the initiative. One of the issues in which the county is highly involved is the opioid crisis, and the county leadership and community stakeholders have taken steps toward establishing a task force to address this issue. As the opioid issue has a strong overlap with mental illness, perhaps the county will merge these two initiatives as they continue to move forward. The Davidson County sheriff and jail captain were contacted in an attempt to learn about the current procedures and protocols in place for treating individuals with mental illnesses in the jail. However, neither returned a comment by the time of the report's publication.

Durham County

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Brian Jones

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County-at-a-Glance

- **Population:** 300,952
- **County Commissioners:** Wendy Jacobs (Chair), James Hill (Vice Chair), Heidi Carter, Brenda A. Howerton, Ellen W. Reckhow
- **Sheriff:** Mike Andrews
- **Date of Passage:** June 2015
- **Mental Health Provider Ratio:** 197
- **Average Daily Jail Population:** 482
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 148
- **Prescription Opioid Poisoning Deaths, 2015:** 13

Status Report

Committed Leadership

Durham County's leadership is highly committed to criminal justice reform and rehabilitation, including the work the county is doing on the Stepping Up Initiative. Durham County established its Criminal Justice Resource Center many years ago, and the programs and initiatives offered by the center have continued to grow over the years. The Criminal Justice Advisory Committee (CJAC) addresses the full continuum of criminal justice services in Durham County. Upon passing the resolution in June 2015, the CJAC developed a Stepping Up subcommittee to take the lead on the initiative. Working through the membership of the CJAC, the Stepping Up subcommittee developed into a diverse and representative cross-section of the community stakeholders. The sub-committee consists of a county commissioner, the assistant director of the Criminal Justice Resource Center (CJRC), a variety of mental health providers, Durham County's MCO, criminal justice stakeholders (DA, public defenders, sheriff's department, Durham police department), crisis center staff, and a representation from the local branch of the National Alliance on Mental Illness (NAMI). The committee meets monthly and is co-chaired by a county commissioner and the assistant director of the CJRC.

Screening and Data Collection

Durham County has received the Federal Justice in Mental Health Collaboration Grant to review and improve its screening process. Initially, the jail would screen all individuals with the Brief Jail Mental Health (BJMH) screening tool. Under the grant, the county is pilot testing a new two-stage screening process. First, individuals will be screened by booking officers with the BJMH. Second, staff from Correct Care Solutions, the jail's contracted healthcare provider, will conduct a more extensive (7 page) screening aimed at collecting a full medical history, identifying any issues, determining a medication routine, etc. This more extensive screening occurs within 14 days of booking. If an individual is flagged as having (or potentially having) a mental illness, he or she will be referred to the mental health service providers in the jail, a team of five full-time providers and a part-time psychiatrist (12 hours/week).

The sheriff's office has done a good job of keeping records, so Durham County has been able to establish some baseline measures and trends. Additionally, the medical staff collect data on the individuals with mental illnesses and track this information over time. With the collaboration grant, the jail would also like to address the issue of data and information sharing in order to create a system in which the jail would have access to the information collected by mental health providers.

Sequential Intercept Mapping

Durham County has participated in the sequential intercept mapping activity. The map created from this activity can be found in Figure D8 (Appendix D).

Plan of Action

In its first year of the Stepping Up Initiative, the county focused mainly on intercepts 2 and 3 (booking and detention). The CJRC applied for a grant for a mental health court, which they did not receive, but in FY16-17, it did receive funding from the county to establish a mental health court diversion program. Additionally, the center addressed jail diversion for individuals that were held at the jail for 24 hours. Rather than taking these individuals to jail, law enforcement should be diverting them to the crisis center. In doing so, the county was able to reduce the number of people that go to a jail for 24-hour holds by 50 percent. The county also funded additional detention center positions to create a mental health pod in the jail.

The Federal Justice in Mental Health Collaboration Grant discussed previously is a three year grant aimed at revamping the county's identification and screening process at booking, providing additional training to detention officers, and reconsidering how the jail houses individuals with mental illnesses. The county is working with the UNC School of Social Work to plan and implement programs funded by the grant. Alliance Behavioral Health, Durham's MCO, has been working with the Durham police department and the sheriff's office to provide CIT training for officers. With the new grant, the county is looking at providing a specialized and abbreviated training for the detention staff. If the jail knows the date of an individual's

release, the mental health staff in the jail will work to create a discharge plan and to connect individuals to healthcare providers for their first appointment. Also included in this year's budget is funding for a peer support specialist who will provide assistance in obtaining short-term transitional housing for individuals upon their release. Lastly, in addressing intercepts 2 and 3, the county is considering reinstating its co-responder program. This program situates mental health clinicians within the Durham police department that respond to mental health calls alongside police officers, and follow-up with these individuals in the days after the call.

Moving forward, the Stepping Up subcommittee wants to shift its focus from intercepts 2 and 3 to other gaps in the system. Most likely, the new focus will be on intercept 1 (pre-arrest law enforcement and first responders).

Tracking Progress

Because much of Durham County's work is grant-funded, the outcomes it is most interested in tracking are those necessary for the grant. Thus, the county will be evaluating the effectiveness of its screening process in identifying individuals with mental illnesses, enhancing its jail database to allow for more communication and information sharing across agencies, and evaluating the validity of the data the jail does have.

Needs and Challenges

The biggest challenge Durham County has encountered in its Stepping Up work has been keeping the committee and stakeholders focused on what is currently being done. Because there is so much that can be done to address the issue of mental health in jails, it can be difficult to keep stakeholders focused on just one intercept in the criminal justice process. Additionally, there is some concern that the energy and excitement generated from early successes will fade out when the group encounters roadblocks or challenges. In order to address this, the committee needs to continue to keep its members focused on the work that is left to do, engaged with the initiative, and energized by the next steps.

Advice and Lessons Learned

Durham has two pieces of advice it would offer to counties getting started in this work. First, use the sequential intercept model! This activity allowed the committee to systematically identify the biggest gaps in service. In attempting to understand such a complex issue, this guide helped focus the committee and keep its members connected to reality. Additionally, as your county makes changes and implements programs, the map can evolve to highlight gaps that have been filled and new gaps that may have opened. Second, groups need a lead agency or individual who can keep things moving forward. Having a designated individual who can keep the group focused, call meetings, organize stakeholders, etc. helps ensure that progress will be made.

Harnett County

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Anne Kimball

Community Relations

Sandhills Center

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County-at-a-Glance

- **Population:** 130,881
- **County Commissioners:** C. Gordon Springle (Chair), Joe Miller (Vice Chair), Barbara McKoy, Abe Elmore, Howard Penny, Jr.
- **Sheriff:** Wayne Coats
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 1,393
- **Average Daily Jail Population:** 200
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 105
- **Prescription Opioid Poisoning Deaths, 2015:** 10

Status Report

Harnett County has not yet made progress on the Stepping Up Initiative. However, in speaking with staff at the Sandhills Center, I learned of various initiatives and programs the county has implemented that address mental health.

First, the Harnett County government and the Harnett County Sheriff's Office joined with various other sponsors (Sandhills Center, NAMI Cumberland – Lee & Harnett, Central Carolina Community College, Good Hope Hospital, and Harnett Health) to host a Crisis Intervention Training (CIT) course the week of June 12, 2017. Nineteen individuals graduated from the 40-hour training. Additionally, over the past two years, Harnett County government employees have received Mental Health First Aid (MHFA) training through a partnership with Sandhills Center. MHFA is an 8-hour training which equips individuals with the tools to effectively respond to a mental health crisis.

Second, the Harnett County Manger's Office, the Department of Social Services (DSS), the Harnett Public Library, and Sandhills Centered partnered to offer Access2Care kiosks in the DSS and public library lobbies. These kiosks offer a confidential setting in which individuals

can participate in a computerized, evidence-based mental health screening tool. Individuals are also able to contact Sandhills Center 24/7 Call Center for further screening and to access behavioral health services.

Third, the lobby of DSS also displays a mental health educational video that emphasizes early screening for mental health or substance use disorders, and provides information about Sandhills Center's Call Center. This video, in addition to posters throughout the building, serves to provide important mental health information to the public.

Finally, Harnett County government and Sandhills Center, along with community members and service providers, are partnering in collaboration to address issues surrounding opioid abuse.

Perquimans County

Bland Baker

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Sheriff Shelton Ray White, Jr.

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County-at-a-Glance

- **Population:** 13,335
- **County Commissioners:** Kyle Jones (Chair), Fondella Leigh (Vice Chair), Joseph W. Hoffler, Edward Muzzulin, Wallace Nelson, Charles Woodard
- **Sheriff:** Shelton Ray White, Jr.
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 2,240
- **Average Daily Jail Population:** No county jail
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 11
- **Prescription Opioid Poisoning Deaths, 2015:** 1

Status Report

Perquimans County has not yet made progress on the Stepping Up Initiative. The county manager's office has left it up to the mental health provider, Trillium. However, Trillium has had no conversation with the county about taking action on the Stepping Up Initiative. Trillium *has* worked with Pasquotank County to report on the number of individuals with mental illnesses in jails, to discuss particular obstacles faced by the county, and to develop a plan of action. No such conversation has occurred between Trillium and Perquimans County.

Screening and Data Collection

The Albemarle District jail is a detention facility that serves Camden, Pasquotank, and Perquimans counties. Upon entering the jail, individuals are evaluated with a verbal and medical screening tool. The booking officers perform the verbal screen, while the nursing staff conduct the medical screen. If an individual is flagged as having (or potentially having) a mental illness, the jail will refer them to a follow-up with the tele-psychiatrist. The medical staff work with individuals to get them on (or back on) any medications they may need, and to educate them as to where they can get assistance upon release.

The jail does not have collected data that could provide estimates for baseline measures, but the jail administrator would guess that about 25 percent of all inmates have some degree of mental illness.

Person County

Sybil Tate

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Martha Pickett

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Clinic Director
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County-at-a-Glance

- **Population:** 39,284
- **County Commissioners:** Tracey L. Kendrick (Chair), Gordon Powell (Vice Chair), Jimmy B. Clayton, Kyle W. Puryear, B. Ray Jeffers
- **Sheriff:** Dewey E. Jones
- **Date of Passage:** July 2015
- **Mental Health Provider Ratio:** 1,061
- **Average Daily Jail Population:** 104
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 38
- **Prescription Opioid Poisoning Deaths, 2015:** 3

Status Report

Committed Leadership

The Person County Board of Commissioners is committed to the success of the Stepping Up Initiative. One of the board members initially introduced to the county and championed its adoption. The board has continued to show support to the initiative through its endorsement of grant applications.

A formal task force has not been established in the county, but the community stakeholders involved in the initiative know who is involved and who they can talk to about the initiative. Assistant County Manager, Sybil Tate, is the point person for the Stepping Up Initiative in Person County, and she remains in contact with the local mental health provider, non-profits that work with the youth and juvenile justice systems, the sheriff, and the judges (particularly those involved with the county's drug court).

Screening and Data Collection

Booking officers collect information on all individuals entering the jail using two screens: a basic medical screen and a Brief Jail Mental Health (BJMH) screen. If an individual is flagged as

having (or potentially having) a mental illness at any point during the screening process, he or she will be referred to the nurse for a follow-up assessment. The nurse will consult with the doctor, who is contracted through the local medical provider, to determine a plan of treatment for the individual.

Baseline measures of the jail population with mental illnesses are not available. The nurse may be able to provide some information regarding individuals with mental illnesses, but this data would not be included in the jail's general database.

Sequential Intercept Mapping

Person County has not participated in the sequential intercept mapping activity, but a gaps and needs assessment is something the county plans to complete in the future.

Plan of Action

Recently, the county applied for a Substance Abuse and Mental Health Services Administration (SAMHSA) grant to fund the expansion of the drug court and its staff. The grant would provide for a full-time drug court director (currently a part-time position), two treatment counselors in the jail, and a safe room in the hospital where the emergency room personnel could assess and treat mental health patients. At the time of interviewing, the county had not yet heard if it had received the grant.

In addition to the grant, the county is looking to perform a gaps and needs assessment in order to identify where services are needed most. Ideally, the results of the needs assessment would be evaluated with a consultant who could provide the county guidance on which services/programs would be the best investment of its money.

Tracking Progress

The county has not yet identified how it will track the progress of its drug court expansion initiative. However, Freedom House Recovery Clinic does perform some performance evaluation based on clients' lifestyle changes over time as noted in medical records. Additionally, feedback from Freedom House client surveys is compiled annually by the clinic and the LME/MCO.

Needs and Challenges

Funding is the number one challenge facing Person County. The SAMHSA grant may be the only hope the county has for receiving mental health funding this fiscal year. Had the decision from the grant been announced earlier in the year, the county may have been able to make alternate plans for funding if it did not receive the grant. Now, however, if the county does not receive the grant, it will be far too late to apply for other sources of funding or to be included in the county budget.

Advice and Lessons Learned

Through this process, Person County has learned the importance of getting the right people in

the room. The Health Department, Department of Social Services, law enforcement, mental health providers, and non-profits are all very dedicated to change, so when they all collaborate, a lot of good energy and ideas are generated.

Scotland County

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Captain Donald Flowers

Jail Administrator

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County-at-a-Glance

- **Population:** 35,244
- **County Commissioners:** Carol McCall (Chair), Whit Gibson (Vice Chair), John T. Alford, Bob Davis, Betty Blue Gholston, Guy McCook, Clarence McPhatter, II
- **Sheriff:** Ralph Kersey
- **Date of Passage:** August 2015
- **Mental Health Provider Ratio:** 683
- **Average Daily Jail Population:** 120
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 49
- **Prescription Opioid Poisoning Deaths, 2015:** 5

Status Report

It is unclear whether Scotland County has made progress on the Stepping Up Initiative. Because healthcare services provided inside the jail are contracted through the local MCO, the health department did not have information on Scotland County's involvement with the initiative. Instead, it was suggested to contact the sheriff's office. Several calls were made to the sheriff's office and the jail administrator; however, a response to these calls had not yet been received at the time of publication.

Washington County

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County-at-a-Glance

- **Population:** 12,195
- **County Commissioners:** Julius Walker, Jr. (Chair), Tracey A. Johnson (Vice Chair), William R. Sexton, Jr., D. Cole Phelps, Jennifer C. Riddick
- **Sheriff:** Johnny Barnes
- **Date of Passage:** February 2017
- **Mental Health Provider Ratio:** 1,032
- **Average Daily Jail Population:** 25
- **Prescription Opioid Poisoning Deaths, 1999-2015:** 3
- **Prescription Opioid Poisoning Deaths, 2015:** 1

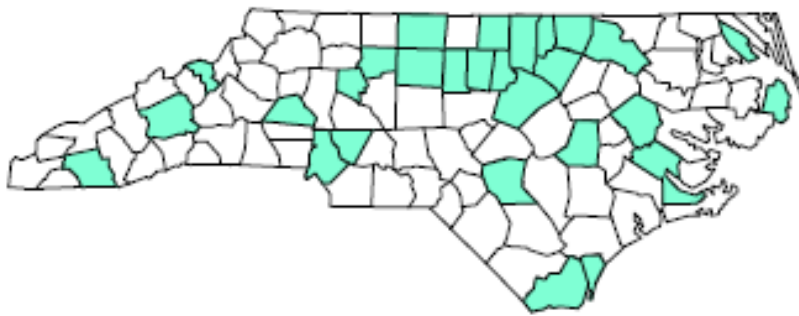
Status Report

It is unclear whether Washington County has made progress on the Stepping Up Initiative. Sheriff Johnny Barnes suggested speaking with a jail administrator in order to learn more about the Stepping Up Initiative in Washington County and any policies currently in place in the jail for treating individuals with mental illnesses. Unfortunately, a report from the jail administrator had not been received by the time of publication.

Summary and Discussion of Themes

This report makes clear that North Carolina counties are excited about the Stepping Up Initiative, and many counties are implementing creative programs to address the issue of mental illness in jails. Out of the 44 counties that have adopted the Stepping Up resolution, 28 are making at least *some* progress toward the initiative’s goals. Figure 2, below, illustrates which counties these are. To be included in this count, a county needs to have merely made at least one step toward implementing the initiative – this could be as small as assembling a group of stakeholders for an initial meeting, or as big as creating and implementing a pre-trial release program. These 28 counties make up 64 percent of the 44 active counties, and 28 percent of all counties in North Carolina. This is a wonderful start, but there is certainly still room to grow.

Figure 2: NC Counties Making Progress Toward Stepping Up Goals.

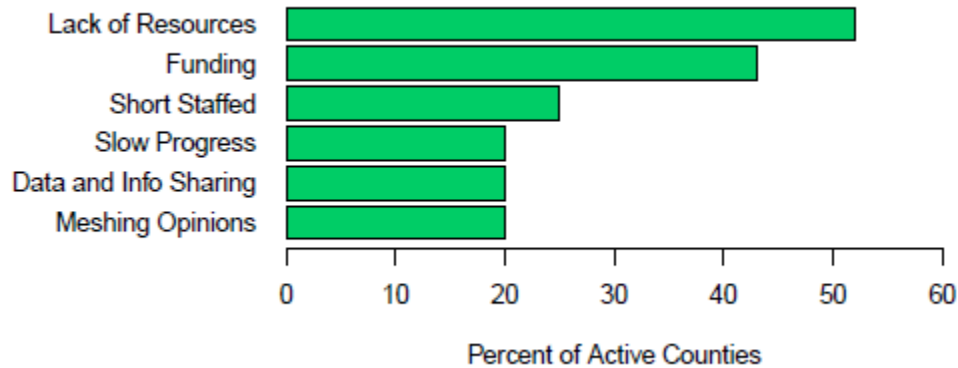


Needs and Challenges Trends

All counties were asked about the greatest challenges facing their communities in implementing the Stepping Up initiative. Figure 3 illustrates the trends in responses to this question provided by counties. The figure makes clear that a lack of community resources – be that housing options, residential treatment facilities, psychiatrists, etc. – is the greatest challenge facing counties with 52 percent of the 44 active counties indicating that this is a challenge they are facing. For most communities, diversion options are not available. Despite wide agreement that jails are not an appropriate place for individuals with mental illnesses, oftentimes there are no other options. Additionally, a lack of community resources available to individuals upon release makes it difficult for treatment plans to be followed, increasing the likelihood of recidivism. Other common challenges associated with implementing this initiative include a lack of funding, not having enough staff members to dedicate the necessary

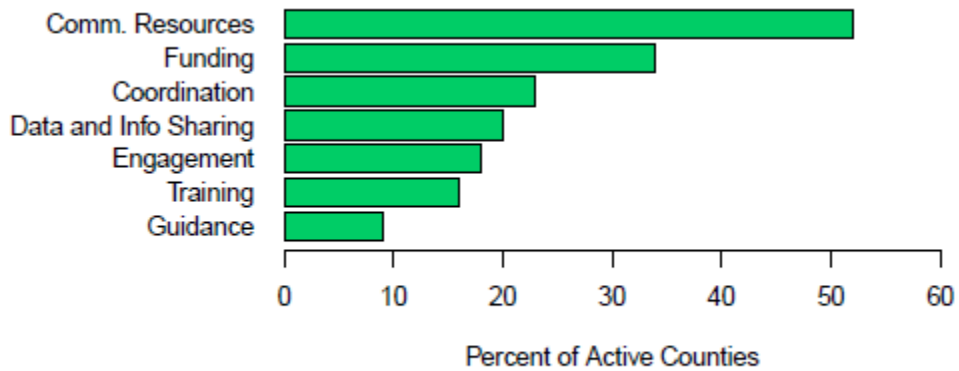
time to the initiative (or not having the ability to hire a coordinator to lead the efforts), the slow progress that accompanies this work, difficulty sharing data and information across agencies, and challenges associated with meshing the opinions and perspectives of a diverse group of stakeholders.

Figure 3: Challenges Trends



In addition to asking about the challenges counties are facing in implementing this initiative, the interview also asked counties about the needs they had moving forward. Figure 4 illustrates the most common responses to this question. Unsurprisingly, community resources and funding were once again the two most common responses. In addition to these needs, counties emphasized their need for a designated individual to coordinate the efforts in their communities. Those counties who have been able to designate a coordinator position have found that it has helped keep stakeholders engaged, facilitate discussion and collaboration, and ensures that action steps continue to be taken. Other common responses include the need for a better understanding the legal barriers to data and information sharing, engagement with stakeholders (whether that be returning to a regular meeting schedule or engaging a wider audience in an effort to create a more holistic approach to diversion), training individuals and groups at all intersection points, and guidance on best practices or establishing particular models used in other counties.

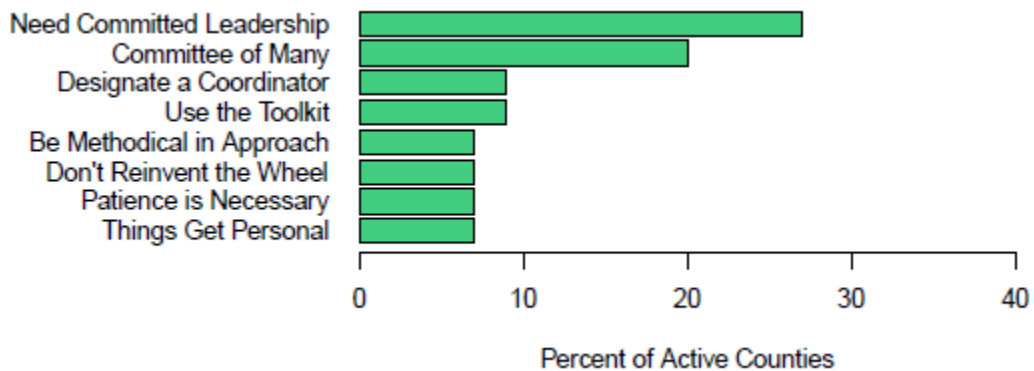
Figure 4: Needs Trends



Lessons Learned

Counties were also asked to share and advice or lessons learned with other counties who are involved (or considering getting involved) with the Stepping Up Initiative. Nearly 30 percent of the 44 active counties emphasized the importance of having committed leadership. Having commitment from all major stakeholders (i.e., law enforcement, sheriff’s office, county commissioners) opens the door to many more possibilities than would be the case if doing the work without their commitment. On a related note, a large percentage of active counties also emphasized the importance of establishing a diverse committee that represents a wide cross-section of the community. The more voices a county can bring to the table, the more perspectives it can incorporate into its planning, and the more holistic of a plan of action it can create. Other lessons/advice included making use of the Toolkit available on NACos website, approaching the initiative with a lot of patience and understanding, and recognizing that your county’s solution does not have to reinvent the wheel.

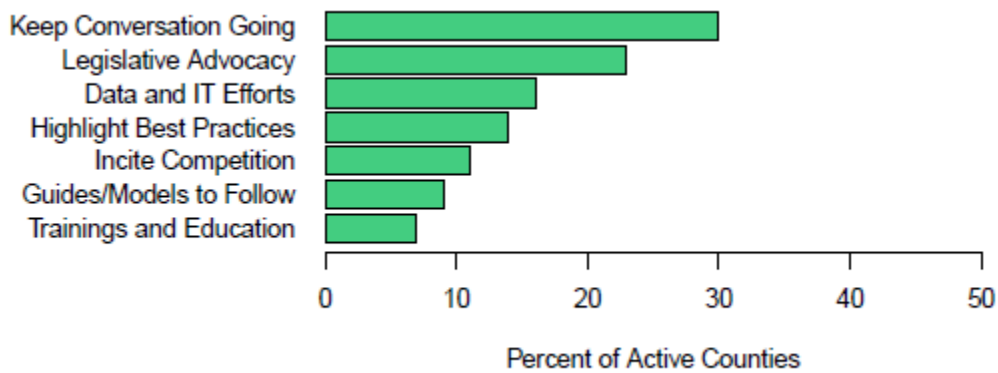
Figure 5: Advice and Lessons Learned



How NCACC Can Help

Finally, counties were asked what NCACC could do to make progress easier. The results from this question are found in Figure 5. Overall, counties have greatly appreciate the resources NCACC and NACo have provided. Counties especially enjoyed the NC Stepping Up Initiative Summit held in May, which allowed them to learn about the initiative and to hear about the kinds of programs other counties are implementing. Moving forward, over 30 percent of the active counties indicated that they would like the association to keep the conversation going. Promotion of the initiative is crucial for continuing its success and getting other counties on board. Additionally, about 25 percent of the active counties requested that the association engage in legislative advocacy to ensure that funding for mental health and jail diversion programs are not further cut from the state budget. Previous budget cuts have had detrimental effects on the progress of many counties, so legislative advocacy on the part of NCACC to protect what funding is left would be helpful. Other responses indicate that counties would like the association to assist counties in their data and IT efforts (perhaps establishing a more central data system), highlight best practices being implemented in counties around the state, incite competition between counties to encourage progress, publish guides/models for counties to follow in implementing their programs, and provide various trainings and educational opportunities.

Figure 6: How NCACC Can Help



Appendix A: Reference Materials

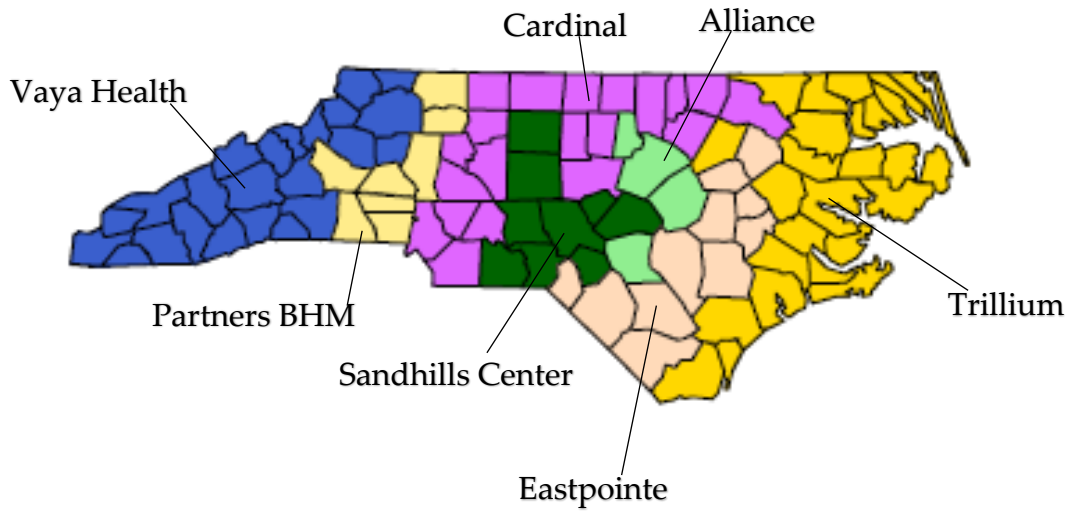
Table A1: Populations of Counties Active in Stepping Up Initiative

County	Population
Alamance	159,688
Alexander	37,428
Brunswick	126,953
Buncombe	256,088
Burke	88,851
Cabarrus	201,590
Camden	10,418
Catawba	156,459
Columbus	56,505
Craven	103,445
Cumberland	327,127
Dare	35,964
Davidson	164,926
Davie	42,013
Durham	306,212
Forsyth	371,511
Franklin	64,705
Graham	8,558
Granville	59,031
Guilford	521,330
Halifax	51,766
Harnett	130,881
Hoke	53,262
Lee	59,616
Macon	34,376
Mecklenburg	1,054,835
Mitchell	15,126

New Hanover	223,483
Northampton	20,000
Orange	141,796
Pasquotank	39,864
Pender	59,090
Perquimans	13,335
Person	39,284
Pitt	177,220
Rockingham	91,393
Scotland	35,244
Surry	72,113
Tyrrell	4,141
Vance	44,244
Wake	1,046,791
Warren	19,907
Washington	12,195
Wayne	124,150

*Note: Populations displayed in Table A1 are the 2016 population estimates provided by the Census Annual Estimates of Resident Populations

Figure A1: North Carolina MCOs by County



Appendix B: County-at-a-Glance Codebook

Population: Data are the 2016 population estimates provided by the Census Annual Estimates of Resident Populations

Date of Passage: Month and year in which the county adopted the Stepping Up resolution

Mental Health Provider Ratio: This number reflects the ratio of the county population to the number of mental health providers currently practicing in that county. Mental health providers include psychiatrists, psychologist, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other drug abuse issues, and advanced practice nurses specializing in mental health care. As an example, a ratio of “207” can be interpreted as “one mental health provider for every 207 citizens in the county.” Data are from the 2017 NC County Health Rankings compiled by the University of Wisconsin Population Health Institute.

Average Daily Jail Population: Data are self-reported from all counties in North Carolina on the 2016-17 NCACC Budget and Tax Survey.

Opiate Deaths: Data are from the NC Department of Public Health.

Appendix C: Interview Questions

1. Has your county adopted the Stepping Up Resolution?
2. Has the county assembled a task force/representative team?
 - a. Who is on the task force?
 - b. Does it meet regularly/how often does it meet?
3. Do you feel the leadership in the county is committed (including the planning team, elected bodies, sheriff's office, MH/BH professionals, etc.)?
4. Is there a chairperson/designated individual who is leading things?
5. Are screenings performed on individuals when being booked into jail?
 - a. Which screening tool?
 - b. Who conducts the screening?
 - c. What is the procedure for an individual flagged during screening?
 - d. Is information collected during screenings able to be shared with MH service providers for follow-ups/clinical assessments/release planning?
6. Has the county established baseline measures of (1) the number of people with MIs booked into jail; (2) average length of stay; (3) percentage of people connected to treatment; and (4) recidivism rates?
 - a. Data on individuals with *and* without MIs?
7. Are data collected electronically?
8. Are reports routinely created on the jail population?
9. Has the planning team participated in process analysis/sequential intercept modelling/tracing each step of a person's involvement in the CJ system?
 - a. What was learned? Any unknowns? Where were the gaps in service?
10. Are the county-specific needs clear/
 - a. And priorities?
11. Has a concrete plan of action been developed?
 - a. What does this include?
12. How is progress being tracked (or going to be tracked)?
13. What have been the biggest challenges?
14. What does the county need to move forward?
15. What can NCACC do to make things easier?
16. What resources have been used (webinars, networking calls, toolkit, etc.)?
17. What are your takeaways/lessons learned/advice thus far?
18. Moving forward, what are your next big steps/goals?
19. Who else should I talk to?

Appendix D: Supplementary Materials

Figure D1: Forsyth County Sequential Intercept Map

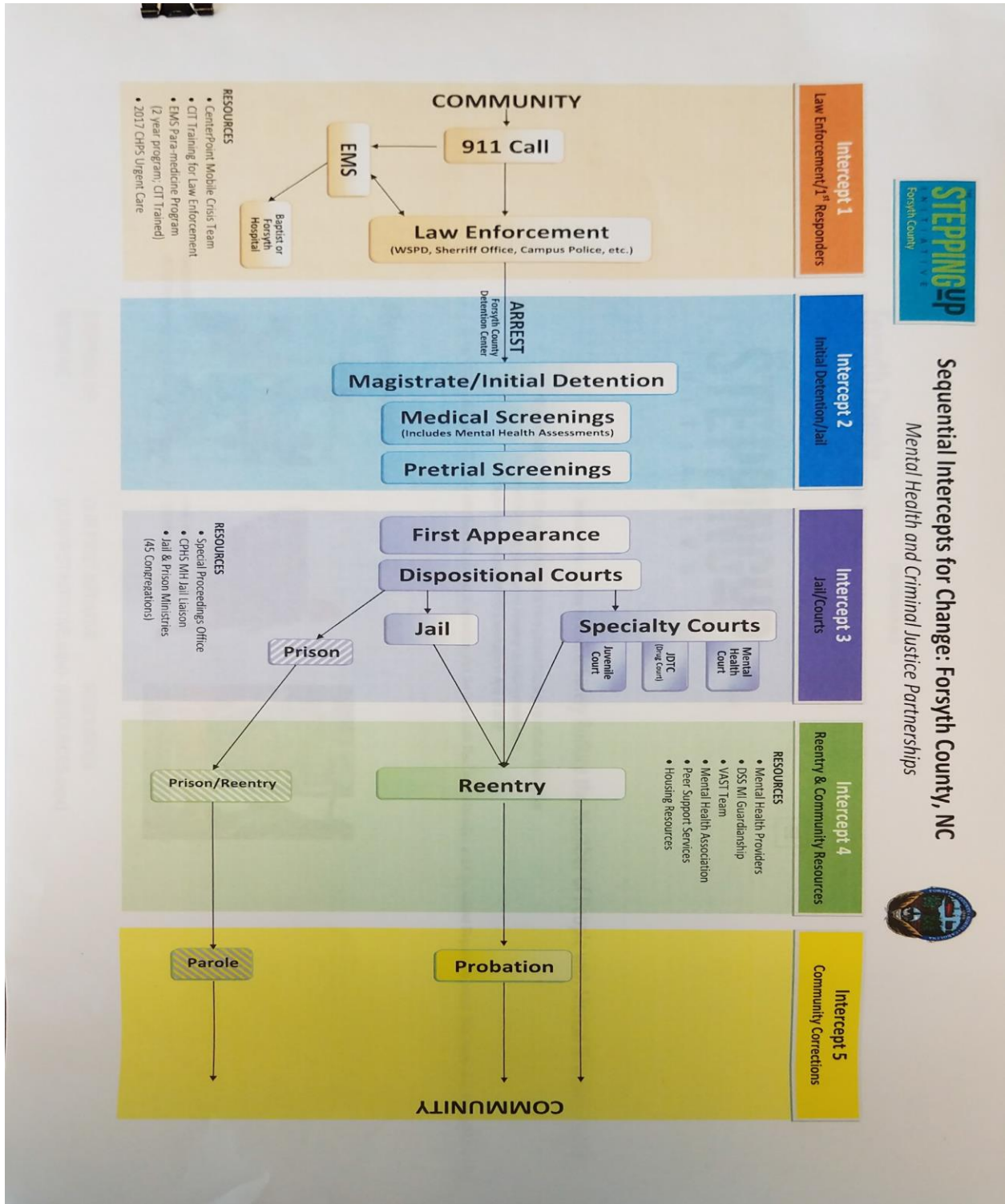


Figure D2: Mecklenburg County Sequential Intercept Map

Sequential Intercepts for Change: Criminal Justice/Behavioral Health Partnerships - 2016
Charlotte, Mecklenburg County, North Carolina

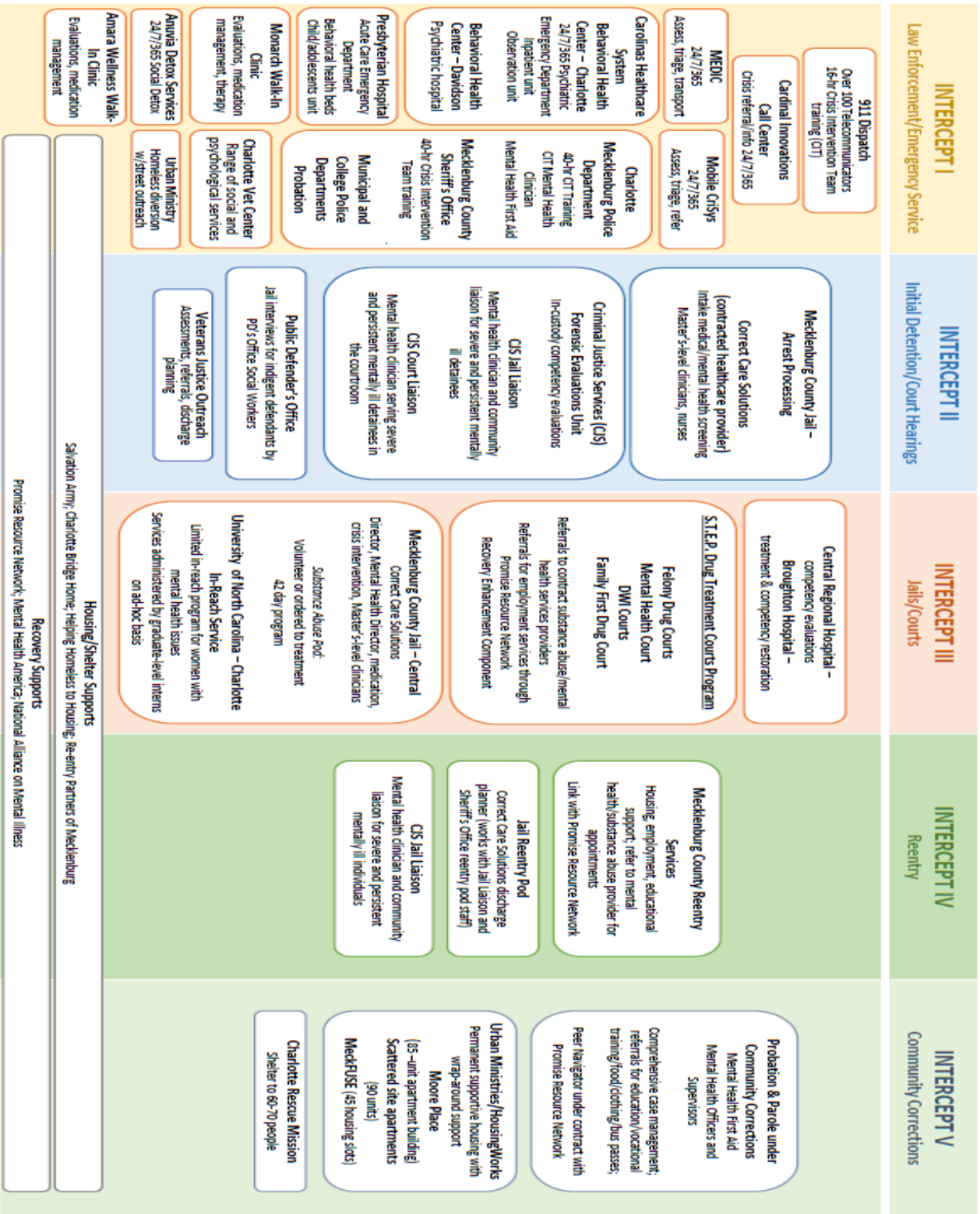


Table D3: Alamance Steps Up Planning Team and Task Force Members

Planning Team (once monthly)	Task Force (twice annually)
County Commissioner (co-chair)	Consumers and Consumer Advocates
Director of Social Services (co-chair)	Hospital Representatives
County Manager	District Court Judges
Sheriff and Chief Deputy Sheriff	Private Mental Health Providers
Health Director	Family Justice Center Director
Local LME/MCO Executive	Healthy Alamance Director
District Attorney	C-Com Director
Exec. Director, NC Psychiatric Association	Police Chiefs
Director of Administration and Community Services, Sheriff's Office	Director, Allied Churches Ministry (homeless shelter)
Chief Medical Officer, Cone Health/Alamance Regional Medical Center	LME/MCO Community and Family Advisory Council Head
Private Psychiatrist	Residential Treatment Services Director
Local NAMI Chapter President	Veteran Services Director
Project Co-Coordinators	United Way Executives
	President, Alamance Citizens For a Drug Free Community
	EMS Director
	School Board Representative
	Other Elected Officials
	Other Human Service Agency Officials

Table D4: Alamance County Sub-Committees, Workgroups, and Objectives

First Responder Training and Community Education	Screening, Assessment, and Treatment	Recovery and Re-Entry Services	Community Service Capacity and Sustainability
CIT Steering Committee Workgroup		Business Engagement Workgroup Pre- & Post-Release Programs Workgroup	Project 25 Workgroup Reclaimed Pharmacy Workgroup Diversion Center Workgroup
<ul style="list-style-type: none"> • Utilize & expand CIT and MH First Aid Training. • Increase Community Education. • Obtain input from professional groups to determine which populations are best served with CIT/MHFA/T T. • Identify goals for percentages of LE officers trained in CIT. • Set CIT/MHFA/T T training schedule to meet goal within 24 months. • Determine the role and needs for group homes. 	<ul style="list-style-type: none"> • ID inmates with mental health needs at intake & coordinate treatment. • Determine information we are currently gathering on inmates’ MH and substance use. • Select appropriate assessment tool. • Determine best practices being used in Alamance and elsewhere. • Determine measures and how to collect them. • Determine what MH services inmates currently 	<ul style="list-style-type: none"> • Coordinate treatment services at release. • Create discharge plans that include ongoing treatment, housing, case management, crisis stabilization, etc. • Determine strategies targeted at preventing recidivism and implement with best practices. • Offer programs/service s to the jail and diversion center to enhance the likelihood for successful recovery and re-entry. • Engage the business community, faith community, and others in successful 	<ul style="list-style-type: none"> • Create a Diversion Center with access to assessment services. • Implement a Reclaimed Pharmacy Program. • Complete a gaps and needs analysis regarding services to support the Stepping Up population. • Identify barriers – both policy and funding. • Strategize on methods for identifying top users of services (Project 25). • Provide recommendation s to increase community capacity for treatment, recovery, and re-entry.

<ul style="list-style-type: none"> • Educate the community on the service continuum. • Educate the community on Stepping Up: The Need, The Goals, and "How You Can Help." 	<p>receive and how follow-up occurs.</p> <ul style="list-style-type: none"> • Determine if mobile crisis services are used appropriately. • Assess additional treatment options and services to consider. 	<p>programs that offer mentoring, support, and employment opportunities.</p>	<ul style="list-style-type: none"> • Under the direction of CJAC, work to identify sustained funding and resources.
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Table D5: Interlocal Initiative Project Timeline

Activities	May 8-July 7	July 10-Aug 31	Sept 1-Dec 8
1. Project management support			
2. Promising practices summary			
3. Process map planning			
Process map development			
4. Process standardization			
Process pilot implementation			

Table D6: Interlocal Initiative Task Plan

June	NCIPH staff meets regional partners, presents/reviews work plan, starts to schedule process assessment meetings in 5 counties
July	Presentation of promising practices, review of work plan and schedules
mid-late August	Presentation of 5 process maps for GVPH to facilitate discussion to draft regional process, review of work plan and schedules
Sept	Review/refinement of draft regional process, review of work plan and schedules
Oct	GVPH facilitated discussion to plan for next year building on promising practices and draft regional process
Early Dec	Presentation of results of draft regional process pilot, GVPH facilitated discussion of implications for plans for next year

Figure D7: Buncombe County Sequential Intercept Map

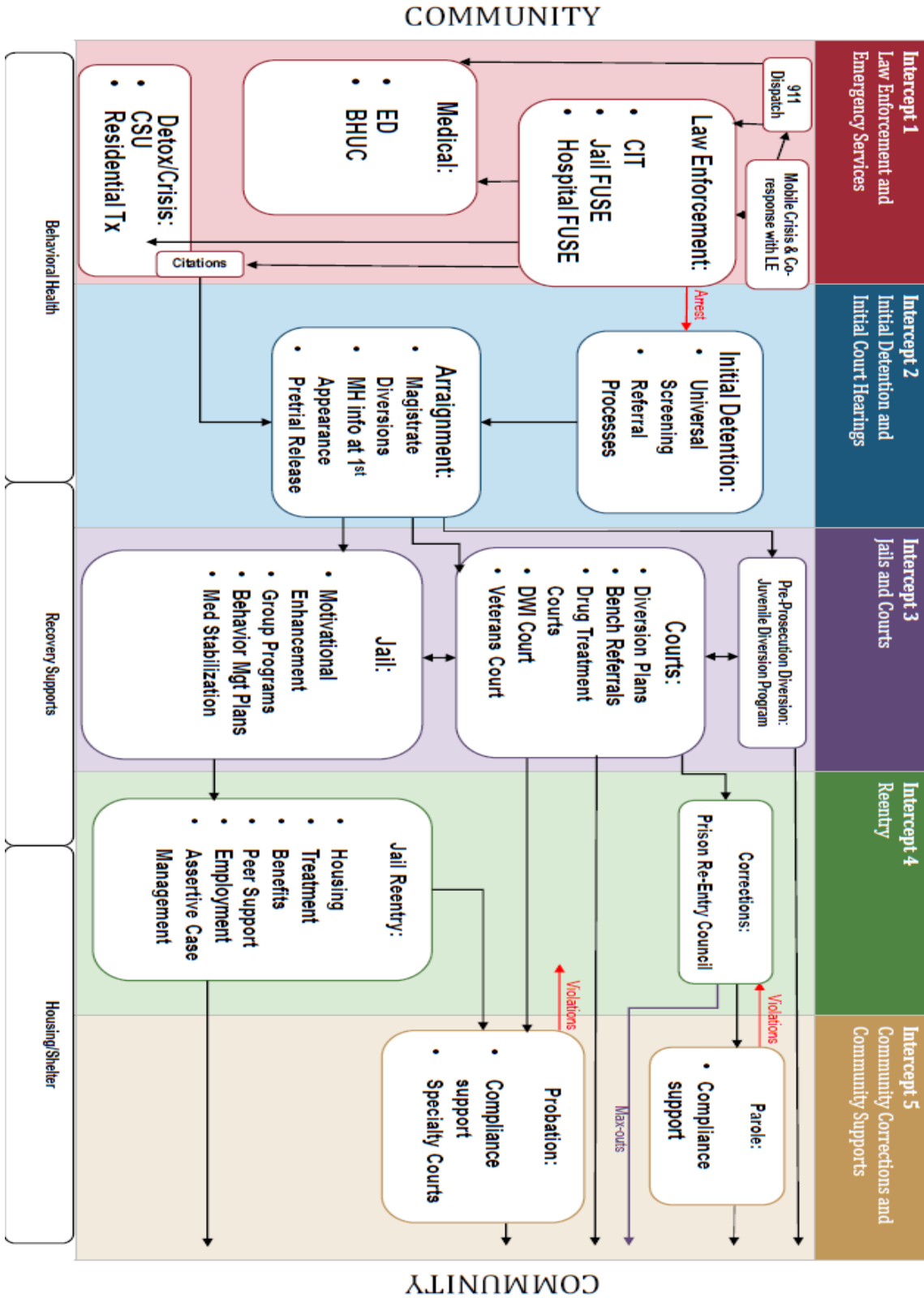


Figure D8: Durham County Sequential Intercept Map

