

THE  
**STEPPING UP**  
INITIATIVE

**Forsyth County, NC**  
Steering Committee Update  
12.4.2015

Project Team:  
Amber Humble, Doris Paez, Patrice Toney, Ronda Tatum

# Today's Agenda

Stepping Up  
Project Objectives  
8:00a

Project Team Activities to  
Date  
8:30a

Mapping  
8:45a

Best Practices & Pilot  
Projects (North Carolina)  
9:00a

Population  
Studies/Options  
9:15a

Planning Team  
9:30a

The ASK (of the  
Steering Committee)  
9:30a

## Stepping Up Initiative Overarching Goals & Action Steps

1. Reduce the Number of People with Mental Illnesses in Jails.
2. Reduce the Number of People with Substance Abuse/Use Issues in Jails.
3. Reduce the Number of People with Mental Illnesses + Substance Abuse/Use Issues in Jails.

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Stepping Up participants commit to engaging in these six action steps:<sup>7</sup>

1. **Convene or draw on a diverse team** of leaders and decision makers from multiple agencies committed to reducing the prevalence of people with mental illnesses in jails.
2. **Identify and assess the mental health needs and recidivism risk factors** for adults entering jails to measure prevalence rates and guide decision making at the system, program, and case levels.
3. **Examine treatment and service capacity** to determine which programs and services are available in the county for people with mental illnesses and co-occurring substance use disorders and identify barriers to change.
4. **Develop a plan** with measurable outcomes that draws on comprehensive jail data and an inventory of available treatment and service options
5. **Implement research-based approaches** to advance the plan.
6. **Track progress** using data and information systems.

# Forsyth County's Stepping Up Project Objectives

1. ***Create a coalition of diverse team leaders and decision makers from multiple agencies committed to safely reducing the number of people with mental illnesses in jails.***
2. ***Establish a baseline of the rates of persons in jails with mental illnesses and their recidivism risk.***
3. ***Generate a service map/director that identifies the programs and services available in the county for people with mental illnesses and co-occurring substance use, disorders, and identify state and local policy and funding barriers to minimizing contact with the justice system and providing treatment and supports in the community.***
4. Develop a plan with measurable outcomes that draws on the needs and prevalence assessment data and examination of available treatment and service capacity, while considering identified barriers.
5. Implement research-based approaches that advance the plan.
6. Create an initiative evaluation plan.
7. Share lessons learned with other counties in North Carolina and across the U.S.

# Project Team Activities to Date

1. Review or participation in NACo webinars
2. Tour of the Detention Center
3. Mapping Draft
4. Draft recommendations for a planning team (larger group per Stepping Up)
5. Observations in Mental Health Court
6. Data mining and “frequent flyer” option discussion – Sgt. Woods (FC Detention Center) & Truheart (CCS – jail medical provider)
7. Began review of NC counties’ current initiatives
8. NC Department of Corrections statistics review
9. Review of Medical (Psychiatric) Correct Care Solutions (CCS) Proposal
10. Discussion with Randy Hunsucker (Sheriff’s Business Officer) regarding needs for future medical care contracts and behavioral health components needed.

# Mapping

Generate a service map/director that identifies the programs and services Available in the county for people with mental illnesses and co-occurring substance use, disorders, and identify state and local policy and funding barriers to minimizing contact with the justice system and providing treatment and supports in the community.

## Process Steps

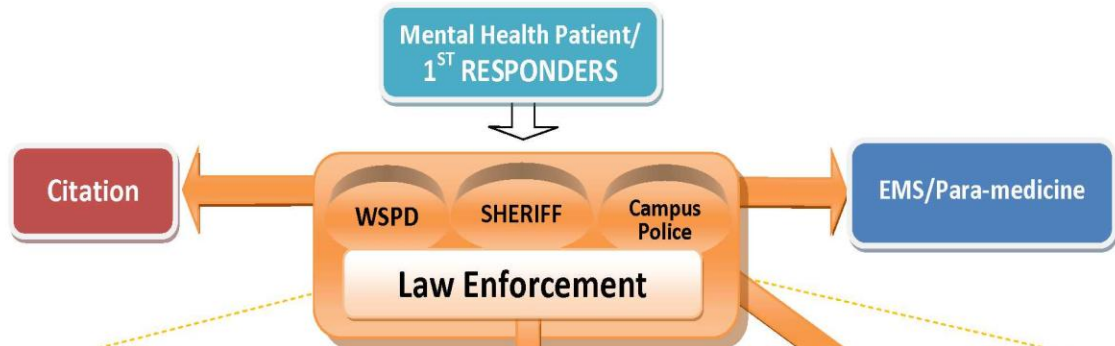
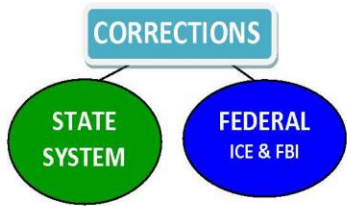
1. Humble and Paez met and drew
2. Toney, Paez, Humble, and Tatum review
3. Toney formatted
4. Steering Committee Members to Review
5. Key Community Members to Review
6. Align with policies associated with “steps” in the map.

# Sequential Intercept Model

Five (5) key points for “intercepting” individuals with behavioral health issues, linking them to services and preventing further penetration into the criminal justice system:

- Intercept 1: Community & Law Enforcement
  - Intercept 2: Arrest and Initial Detention/Court Hearings
  - Intercept 3: Jails/Specialty Courts
  - Intercept 4: Reentry from Jails and Prisons to the Community
  - Intercept 5: Community Corrections (probation, parole, etc.)
- collaboration between the criminal justice and behavioral health systems;
  - highlights where to intercept individuals as they move through the criminal justice system;
  - identifies critical decision-makers who can authorize movement away from the justice system and into treatment;
  - delineates essential partnerships among mental health, substance use, law enforcement, pre-trial services, courts, judges, jails, community corrections, social services, public health, and others.

# Behavioral Crisis "On the Streets"



## POPULATIONS

- Female Adults
- Male Adults
- 16-17 Females
- 16-17 Males
- 0-15 = M/F Juveniles

**COMMUNITY RESOURCES**

- Mental Health Association
- Goodwill Industries
- Mental Health Providers (85)
- ESR (Mental Health Housing)
- Prison Ministries (45 Congregations)

**THE COURTS**

- Mental Health** (Camille Banks-Payne)
  - Sanctions
  - Wellness Recovery Action Plan
  - Counseling
  - Aftercare Plan
- JDTC** (Drug Court)
- Juvenile Court**
- Traffic/DWI Court**
  - Public Defender
  - District Attorney

**ARREST**

- Magistrate
  - Posted or Reduction (Out on Bond)
- Medical Screenings
- Go To Jail Cell

Inmates with Mental Health issues are housed in 8-South and 6-South.

**PHYSICAL/MEDICAL NEEDS**

- Baptist Hospital
- Forsyth Hospital
- Hospital Clearance Needed

**MENTAL HEALTH/SUBSTANCE ABUSE NEEDS**

- 2017 CPHS Urgent Care
- Old Vineyard (Inpatient)
- DayMark

Probation/Parole



# Best Practices & Pilot Projects (North Carolina)

1. Alamance
2. Buncombe
3. Burke
4. Catawba
5. Craven
6. Cumberland
7. Dare
8. Davidson
9. Durham
10. Forsyth
11. Guilford
12. Macon
13. Mecklenburg
14. New Hanover
15. Orange
16. Pasquotank
17. Perquimans
18. Pitt
19. Rockingham
20. Scotland
21. Vance
22. Wake
23. Wayne

# Best Practices of Other Pilot Projects (North Carolina)

## Mecklenburg – JAIL DIVERSION CONTINUUM

- Jail Diversion Clinician at the Jail
- Central Mental Health and Drug Treatment Courts
- Clinician in the Public Defenders Office
- MeckFUSE (Frequent User Systems Engagement)
- Crisis Intervention Teams
- Mobile Crisis

# Population Studies/Options – How do we study?

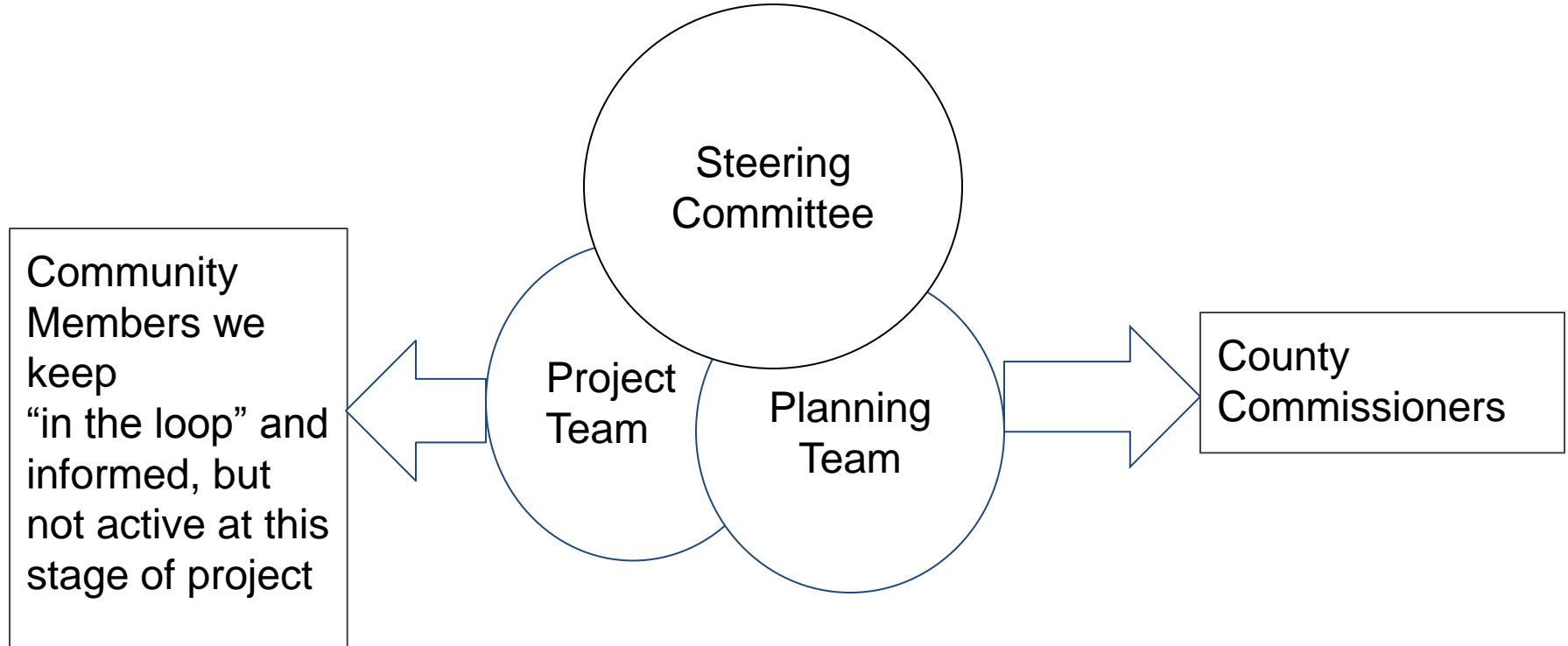
- Representative Sample
- Data mining
  - Logs
  - Not a TRUE database/set
  - Correct Care Solutions (CCS) Treatment notes are scanned (qualitative v quantitative)
    - Mental Health Progress Notes
    - Follow-up Psychiatry Notes
    - Initial Psychiatric Evaluation
    - Intake Mental Health Assessment (for Intake or for Health Assessments at Intake)
    - Suicide Risk Assessment Checklist
    - Treatment Plan Acute Mental Health Events
    - Treatment Plan – Non-Acute Event
    - Consent for Psychotropic Meds
    - Segregation Review
    - Mental Health Statistical Report (monthly, daily)
- Consider expanding use of the OFFENDER TRAITS INVENTORY (Risk Assessment – OPUS Screen PP11)

# Population Studies/Options – How do we study?

Categories	Detention Center “Frequent Flyers” most prolific “consumers” of police/detention services	Currently in Detention Center	Parole	Probation	Citation
Adult Males					
Adult Females					
16 -17 year old Males					
16 -17 year old Females					
Mental Health only					
Substance Abuse/Use					
Psychopathic (Criminal Traits)					

# Planning Team

- Create a coalition of diverse team leaders and decision makers from multiple agencies committed to safely reducing the number of people with mental illnesses in jails.



# *The ASK*

1. Approve the following:
  - Planning Team Membership
  - Planning Team's Work
  - Schedule & Intersects of Project, Steering, & Planning Team
  
2. Thoughts on 2016 and Beyond
  
3. Directives on community messages

Member X = CORE    ^ = Guest	Project Team	Steering Committee	Planning Team	Planning Team Recommended Members
Doris Paez, FC	x		x	x – DA’s Office Rep
Amber Humble, CPHS	x		x	x – Public Defender Rep
Ronda Tatum, FC	x		x	x – WS Police Rep
Patrice Toney, FC	x		x	x – CenterPoint Decision Maker
Dudley Watts, County Manager		x	x	^ - NAMI Rep ^ – MH Association Rep
Gloria Whisenhunt, County Commissioner		x	x	^ – Public Health Dept Rep
Judge Lisa Menefee, Chief District Court Judge		x	x	^ – Methodist Children’s Home Assessment Program
Chief Brad Stanley, Sheriff’s Office		x	x	x – DSS Adult Guardianship
Major Robert Slater, Detention Administrator		x	x	x – Magistrate Rep
Alice Barclay, CPHS			x	^ – Reentry program
				x – Probation/Parole
				^ – EMS Paramedicine Program

# *Next Steps*

1. Prepare for January Orientation
2. Conduct Orientation in January
3. Continue with research & data mining



**THANK YOU**