

Transforming Services for Persons with
Behavioral Health Concerns in
the Criminal Justice System
Orange County, NC

Final Report



Transforming Services for Persons with Behavioral Health Concerns in the Criminal Justice System Orange County, NC

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Orange County, North Carolina:

Transforming Services for Persons with Behavioral Health Concerns in the Criminal Justice System

Introduction

The purpose of this report is to provide a summary of the Sequential Intercept Mapping and Taking Action for Change workshops held in Hillsborough, Orange County, NC on April 25th and 26th of 2019. This report (and accompanying electronic file) includes:

- A brief review of the origins and background for the workshop
- A summary of the information gathered at the workshop
- A sequential intercept map as developed by the group during the workshop
- An action planning matrix as developed by the group during the workshop
- Observations, comments, and recommendations

Recommendations contained in this report are based on information received prior to or during the Taking Action for Change workshop. Additional information is provided that may be relevant to future action planning.

Background

The Orange County Criminal Justice Resource Department, District Court Judges' Office, and multiple other local stakeholders requested the Sequential Intercept Mapping and Taking Action for Change workshops to provide assistance to Orange County with:

- Creation of a map illustrating points of interface among all relevant local systems
- Identification of resources, gaps, and barriers in the existing systems
- Development of a strategic action plan to promote progress in addressing criminal justice diversion and treatment needs of adults with behavioral health issues who are in contact with the criminal justice system

The participants in the workshops included 32 individuals representing multiple stakeholder systems including behavioral health services, human services, city and county government, advocates, family members, consumers, law enforcement, emergency medical services, and the court system. A complete list of participants is available in the resources section of this document. Robert Kurtz, Ph.D., from North Carolina's Division of MH/DD/SAS, Megan Pruett, MD, from Duke University, and Sara Huffman, LCSW, from RHA Health Services in Alamance County, facilitated the workshop sessions.

The Orange County Sequential Intercept Map

Objectives of the Sequential Intercept Mapping Exercise

The Sequential Intercept Mapping Exercise has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the Orange County criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Re-entry, and Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities for intervention and deflection at each intercept for individuals in the target population.
3. Development of priorities to improve system and service level responses for individuals in the target population.

The Orange County Sequential Intercept Map created during the workshop can be found in this report on page 4.

Keys to Success: Cross-System Task Force, Consumer Involvement, Representation from Key Decision Makers, Data Collection

Existing Cross-Systems Partnerships

- Improving outcomes for justice-involved persons with behavioral health disorders requires partnerships across the justice, mental health, homelessness, and substance use service systems. Outcomes are further improved by involvement from other systems and services that touch the lives of these individuals. Fortunately, Orange County has a variety of pre-existing cross-system partnerships that may be able to implement the action plans established during the Taking Action for Change workshop. Those pre-existing partnerships include:
 - Orange County's Commitment to the Stepping Up Initiative
 - CIT (Crisis Intervention Training) Program Planning Committee
 - Local Re-Entry Council
 - Jail Mental Health Work Group
 - Justice Advisory Council
 - Behavioral Health Task Force

While all of these partnerships have a role to play in implementing the Orange County Action Plan, some focus on just one intercept point, or just one issue. We recommend designating or establishing one lead partnership, with representatives from the other partnerships, to oversee the action plan's implementation. The lead partnership may be the recently-formed Behavioral Health Task Force.

Consumer Involvement

- Several individuals with “lived experience” of mental illness participated in the meeting. One serves as a board member of the local NAMI affiliate, another is a board member and resident of Club Nova, and the third is director of peer support services at Caramore Community. All were active participants and contributed a consumer perspective to the planning process. All were chosen by the SIM planning committee for their public advocacy on behalf of justice involved individuals living with mental illness in Orange County.

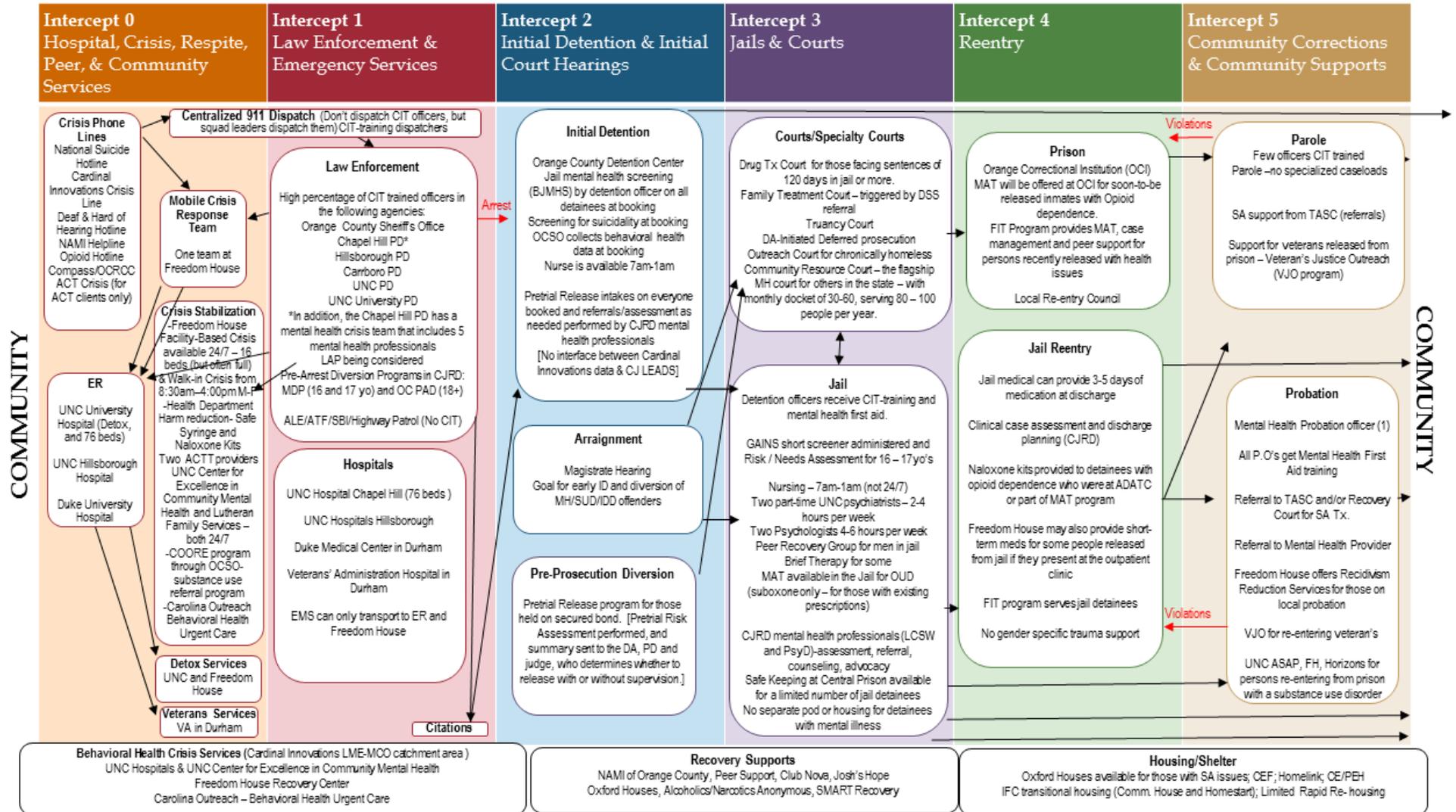
Representation from Key Decision Makers

- Many key decision makers participated in the Sequential Intercept Mapping workshop, including the Special Projects Manager of the District Court Judges’ Office, Director of Psychiatric Services for UNC Healthcare, the Director of the Orange County Department of Social Services (DSS), the Orange County Clerk of Court, the Chief Magistrate, a County Commissioner, and senior leadership with the Chapel Hill Police Department and Orange County Sheriff’s Office.
- Key players that were missing included representatives from other local law enforcement agencies in the county (Hillsborough, Carrboro, UNC Hospitals, and University Police Departments) and representatives from the Veteran’s Administration.

Data Collection

- Although some data was collected about persons with mental illness and/or substance use disorders and criminal justice involvement, this data has not been collected on a systematic, ongoing basis. The Detention Center was unable to report data about individuals incarcerated or released from custody with behavioral health issues. Although Cardinal Innovations has access to CJ LEADS data, it has not developed an interface between its database of consumers in its system and the CJ LEADS database of persons booked into jail in North Carolina. It is therefore unable to determine which of its consumers are booked into jail anywhere in the state.
- Post-booking Data Reports are not produced in the Orange County Detention Center, except for those served by its specialty courts, such as the Community Resource Court.
- Lack of regular collection of data about Detention Center detainees with behavioral health concerns was recognized as a gap in the system. It is a gap that has been subsequently filled by a new Booking Intake Form and improved data collection.

Orange County, North Carolina – Final Report



Orange County Sequential Intercept Map Narrative

The Sequential Intercept Mapping exercise is based on the Sequential Intercept Model developed by Patty Griffin and Mark Munetz for the National GAINS Center. During the exercise, participants were guided to identify gaps in services, existing resources, and opportunities at each of the five intercept points.

This narrative reflects information gathered during the Sequential Intercept Mapping Exercise. It provides a description of local activities at each intercept point, as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Orange County Sequential Intercept Map. The cross-systems local task forces may choose to revise or expand information gathered in the activity.

Intercept 0: Community-Based Crisis Services

Orange County has a range of crisis services at the community level, including:

- One mobile crisis team operated by Freedom House Recovery Center
- Facility Based Crisis Services at Freedom House Recovery Center
- A suicide hotline / veteran's suicide hotline
- NAMI NC Helpline
- A deaf and hard-of-hearing lifeline
- Opioid hotline
- Cardinal Innovations 24/7 call center
- Carolina Outreach Behavioral Health Urgent Care
- Chapel Hill Police Crisis Unit staffed with mental health professionals
- Compass Center 24/7 Domestic Violence Hotline
- Crisis intervention services 24/7 for Assertive Community Treatment Team clients
- EMS Community Paramedics

In addition, there are 76 inpatient psychiatric beds at UNC Medical Center, which serves as a regional and state-wide resource. The UNC Center for Excellence in Community Mental Health also includes the STEP Program, a specialized outpatient program for individuals with severe mental illness. Consumers in crisis in northern Orange County may be brought to the Duke Medical Center in Durham. Veterans may access the Veterans Administration Hospital in Durham. There are three hospital emergency departments to which persons in crisis may be taken: UNC Hospitals Medical Center's ED in Chapel Hill, Duke University Medical Center's ED in Durham, and UNC Hospitals Hillsborough Campus ED. In addition to the above, Freedom House operates a 16 bed Facility-Based Crisis (FBC) unit (for detox and mental health crises) and provides walk-in crisis services from 8:30am – 4:00pm Monday through Friday. Medical detox services are also provided at UNC Medical Center. Occasionally, patients may be taken to a state psychiatric facility if they are not able to be served locally.

■ Identified Gaps

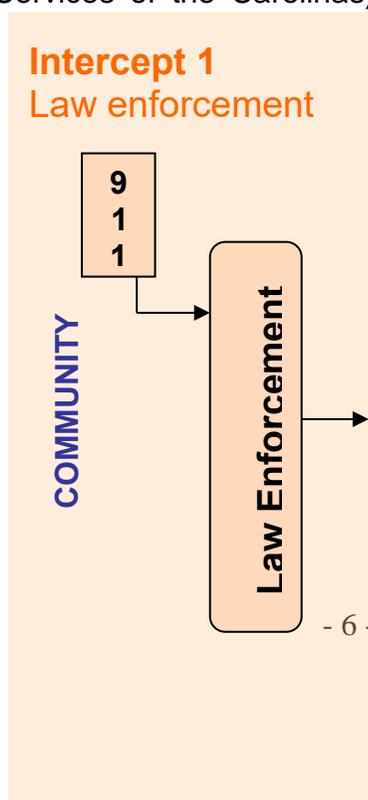
- The Freedom House FBC is often at capacity or may be unable to admit an individual due to eligibility limitations.

- Lack of communication among crisis providers. For example, other crisis providers don't know which consumers are served by ACTT and would have access to ACTT crisis response. ACTT teams don't hear about their consumer's crises from other crisis providers. Another example is lack of communication with police or homelessness services about persons discharged from UNC Hospital who may need homelessness services or law enforcement intervention.
 - Few consumers have Psychiatric Advanced Directives (PADs) which can aid in development and execution of crisis plans based on the consumer's expressed preferences.
 - No dedicated area for psychiatric patients in the ED. A need was expressed to have a specific location that is secure for law enforcement to take people in a behavioral health crisis.
 - Limited hours of psychiatric urgent care offered by Freedom House – need to extend hours and hire more staff.
 - Orange County does not have a low-barrier, emergency shelter.
 - Extremely limited availability of case management services.
 - No availability of data regarding mental health related crisis calls.
 - Few public restrooms result in charges for public urination.
- Identified Opportunities
 - Chapel Hill Police Department's Crisis Unit has licensed clinicians on staff to provide crisis intervention.
 - The UNC Medical Center's 24/7 availability and accessibility, with dedicated psychiatrists in the ED.
 - The majority of local law enforcement officers are CIT trained. EMS is in the process of providing CIT training to paramedics.
 - Orange County Josh's Hope Foundation program helps persons with mental illness register with law enforcement so that officers are aware of the potential of a mental health crisis when they respond to a call.
 - The 24/7 availability of Freedom House to provide FBC services.
 - Two ACTT teams (UNC Center of Excellence and Lutheran Services of the Carolinas) which have 24/7 crisis response.

Intercept I: Law Enforcement / Emergency Services

There are six local law enforcement agencies serving Orange County, the largest of which are the Orange Sheriff's Office and the Chapel Hill Police Department. Others include the Hillsborough Police Department, Carrboro Police Department, UNC Campus Police Department, and the UNC Hospital Police Department. All of these law enforcement agencies participate in their local Crisis Intervention Training (CIT) program. Orange County's law enforcement agencies have implemented several innovations at Intercept I, including:

- * Chapel Hill Police Department's Crisis Unit staffed with mental health professionals.
- * CIT training specific for the youth population.



- * Josh's Hope Foundation – to register persons with mental illness with law enforcement.
- * CIT training for EMS community paramedics.
- * Provision of Mental Health First Aid and CIT training to Orange County Detention Center officers.
- * Community Paramedics

Individuals in contact with law enforcement that commit eligible offenses may be deflected from the justice system through the Pre-Arrest Diversion Program (OC PAD) and through the Misdemeanor Diversion Program (MDP).

■ Identified Gaps

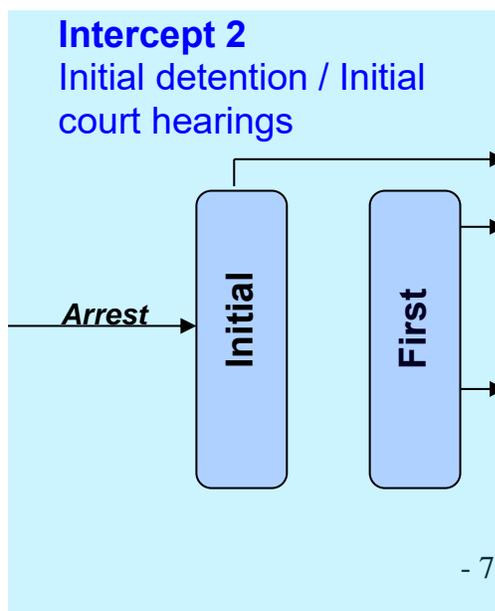
- Lack of magistrates in Chapel Hill delays the IVC process for Chapel Hill residents.
- CIT officers need additional training on when it's appropriate to charge people with assault on law enforcement when they are experiencing a mental health crisis.
- No CIT training for 911 tele-communicators.
- Lack of information available to law enforcement when intervening in crises. Need access to PADs and to know which consumers are served by ACTT.
- Law enforcement do not always consider pre-arrest diversion or may encounter eligibility barriers at FBC.
- Harm reduction deflection/diversion (currently only for first offenders)
- Peer Support.
- Street Outreach for people experiencing homelessness.

● Identified Opportunities

- High percentage of CIT trained law enforcement throughout Orange County.
- Crisis unit within Chapel Hill Police Department.
- Process for dispatching CIT officers to crisis calls.
- The Pre-Arrest Diversion programs (operated by the Criminal Justice Resource Department and supported by the district attorney's office and law enforcement).
- Interest in expanding deflection and harm reduction among stakeholders

Intercept II: Initial Detention / Initial Court Hearing

When people are booked into jail in Orange County, they are screened for a variety of conditions. The Brief Jail Mental Health Screen is used to identify those with potential mental health issues upon booking. Screenings are conducted by Detention Center officers. Those screening positive are referred to the Detention Center medical staff for further evaluation. Screening for suicide risk also occurs at booking. Screening for other medical conditions, such as substance use history, also occurs at booking. A nurse is in the jail to provide medical care, but not 24 /7. Although CJ LEADS (Criminal Justice Law Enforcement Automated Data Services) is available to Cardinal Innovations (LME-MCO), Cardinal has not



developed an interface between CJ LEADS and their database to enable a data matching process to identify consumers in the public behavioral health services system who are also justice-involved.

The Pretrial Release Case Manager completes an intake with each person in the detention center the first business day after they have been arrested. A Pretrial Risk and Needs Assessment is also completed for everyone with a first appearance hearing. Individuals with behavioral issues are identified in these intakes and information is shared with mental health professionals at the CJRD, who follow up accordingly.

■ Identified Gaps

- Little data is collected on persons booked into jail with mental health or substance use disorders. (Note: This has changed as of 1/1/20 as a result of upgraded software and booking sheet)
- There is no analysis of “high utilizers” in the detention center. There is a need to have meetings with service providers for those high utilizers, sometimes known as “familiar faces.”
- There are four hours in the Detention Center with no medical staff on site (1am-5am).
- Individuals incapable of proceeding to trial often have charges dropped, but then are arrested shortly thereafter, and are not adequately linked to services upon release, resulting in repeated cycling through the criminal justice system.
- Some evidence-based screening tools are used (Brief Jail Mental Health Screen), but idiosyncratic, untested tools are used to screen for other conditions.

● Identified Opportunities

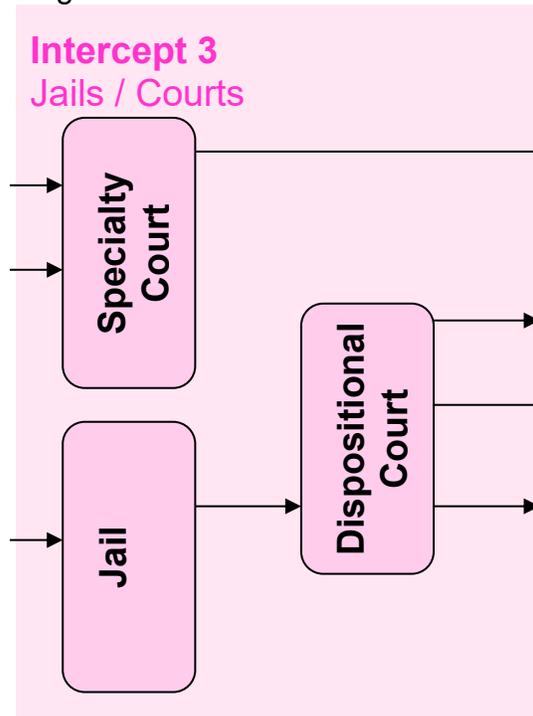
- There is a nurse available in the detention center 20 hours/day (5am through 1am).
- Effective diversion efforts at Intercept I reduces the numbers of people needing diversion at intercept II.
- CJ LEADS data is available to Cardinal Innovations and could potentially be used to identify consumers of the public mental health system in Orange County who are incarcerated, providing an opportunity for intervention.
- The Brief Jail Mental Health Screen is already being used at booking to identify those needing further evaluation.
- CJRD staff provides clinical assessments, therapeutic interventions, treatment referrals, and crisis interventions for those in custody.
- Pre-trial release program through the CJRD screens individuals and completes a risk and assessment to make a release recommendation at first appearances. Any potential mental health and substance use needs are also documented at this time and referred as needed.

Intercept III: Jails / Courts

Those in the jail needing medical or behavioral health treatment are provided that treatment through the services of a nurse who is on staff, two psychiatric residents who provide 2-4 hours of psychiatric services per week, and/or the jail psychologist who provides 4-6 hours of services in the Orange County jail per week. One full-time clinician in the CJRD provides therapeutic services to the jail population and one part-time psychologist in the CJRD provides

clinical care to youth who are incarcerated. Josh's Hope Peer Recovery Program (Foundations for Hope) provides a substance use treatment group to men in jail. Post Arrest Diversion may occur through a number of court initiatives including:

- **Community Resource Court:** Described as a mental health court, it is presided over by the chief district court judge, Hon. Joseph Buckner. This mental health court serves as a “flagship” court and mentors the other mental health courts in North Carolina. It has a monthly docket of 30-60 persons, and serves an average of 80 -100 Orange County residents per year.
- **DA-Initiated Deferred Prosecution**
- **Adult Recovery Court:** A therapeutic diversion court for those with substance use disorders who are “high risk/high needs” with significant criminal charges, typically used as an alternative to incarceration.
- **Family Treatment Court:** Available to DSS-involved parents with substance use disorders who have lost, or who are at risk of losing, custody of their children, providing an opportunity for treatment and reunification.
- **Truancy Court:** For parents of students who are not attending school as required.
- **Outreach Court:** Assists those who are experiencing chronic homelessness with minor charges.



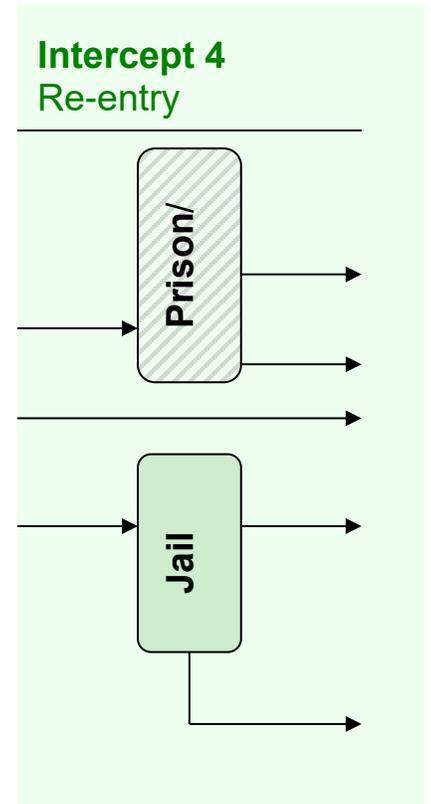
■ Identified Gaps

- An increase in referrals to Outreach Court and CRC would allow for more individuals to receive assistance.
 - Currently, Medication Assisted Treatment (MAT) is not available in the Orange County Detention Center. (Note: This has changed. The MAT Pilot Policy started in September 2019 at the Detention Center allowing for pregnant women and those with current prescriptions to receive MAT)
 - Data is not systematically collected or analyzed.
 - No Driving While Impaired (DWI) court.
 - No Veterans' Treatment court.
 - Limited physical space in the Detention Center for additional programming.
 - There is no program within the Detention Center for restoration of a detainee's capacity to proceed to trial – this can only occur at Central Regional Hospital.
 - No separate pod or housing area in the jail for people with mental illness.
- Identified Opportunities
 - Detention officers currently receive both Mental Health First Aid and CIT training.
 - The variety of specialty courts (Community Resource Court, Recovery Court, Family Treatment Court, Outreach Court).
 - Peer recovery group for men in jail twice per week, facilitated by a peer support specialist.

- Brief therapy is available on a limited basis.
- Psychiatric medications can be initiated and managed in jail.
- Opioid intervention and overdose education program is being planned for the jail. Construction for a new detention center is underway. The design allows for additional space for visitation and programming.

Intercept IV: Re-Entry

Orange Correctional Center (OCC) is the state prison facility in Hillsborough, Orange County. People with behavioral health treatment needs who are released from prison and re-entering society in Orange County may receive support from various agencies. Few have insurance or qualify for Medicaid upon their release so treatment options are limited. However, certain agencies are able to assist those released from prison without insurance, including Carolina Outreach, Freedom House, and the Formerly Incarcerated Transition (FIT) program. The FIT program is managed by the UNC Department of Family Medicine and assists those with chronic medical conditions, including mental illness and substance use disorders, by connecting them to medical and behavioral health treatment. The FIT program operates in partnership with Piedmont Health Services in Carrboro. In addition, the Orange County Local Re-Entry Council helps ease formerly incarcerated persons' transition to the community from prison by providing case management and other resources. Those who are on community supervision may receive support from TASC (Treatment Alternatives for Safer Communities), which refers and connects people to treatment services.



Other resources available for those transitioning from prison to the community include the Orange County Department of Public Health through its medical needs care management program. The Community Empowerment Fund (CEF) provides some case management resources for those re-entering from jail or prison. In addition, UNC's Center for Excellence in Community Mental Health may take people with mental illness and criminal justice involvement into its Supported Employment program.

■ Identified Gaps

- Paying for prescribed medications following release from incarceration can be challenging without special assistance.
- Because of low reimbursement rates, Orange County no longer has the Critical Time Intervention (CTI) program which used to provide enhanced support to individuals transitioning out of hospitals and jails/prisons.
- There is currently no rapid re-housing program.
- There is no low-barrier/crisis shelter.
- Affordable, accessible housing is very limited and hard to find.

- No reentry group homes in the county.
 - Information about resources available for persons with mental illness and criminal justice involvement is not widely available or as accessible as it could be.
- Identified Opportunities
 - Dedicated staff from CJRD assists with release planning and treatment referrals for jail detainees.
 - FIT program provides medical case management for persons re-entering from OCC and the detention facility.
 - MAT program is in the planning process for people released from OCC with an opioid use disorder.
 - LRC Case Manager supports individuals facing reentry barriers with case management and some financial support.
 - CJRD’s Legal Restoration Counsel and the DA’s Office assist with pro bono driver’s license restoration and expungement services.

Intercept V: Community Corrections / Community Support

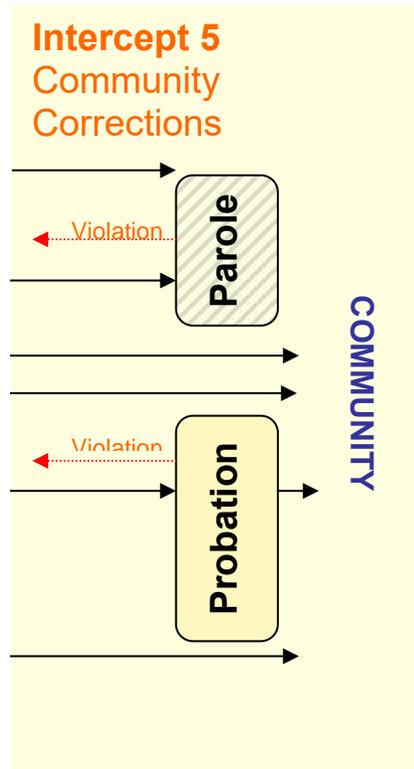
Those in Orange County with behavioral health needs who are released from prison or who are on probation or post-release supervision are referred to TASC for an assessment. Those determined by that assessment to be in need of behavioral health treatment are referred to local providers. They are most frequently referred to Carolina Outreach, UNC Center for Excellence in Community Mental Health, or Freedom House.

■ Identified Gaps

- No transitional housing from jail or prison in Orange County.
- Insufficient support from the Veterans Administration for veterans released from jail or prison. Need more Veteran’s Justice Outreach workers.
- There is currently only one probation officer in Orange County with a specialty caseload of persons with mental health diagnoses.
- SOAR (SSI/SSDI Outreach, Access, and Recovery) training is needed to help formerly incarcerated persons apply for social security disability benefits.
- Lack of affordable housing options for individuals with criminal histories.

● Identified Opportunities.

- Probation officers in Orange County receive Mental Health First Aid training.
- There is a pilot program managed by Dr. Cuddeback at the UNC School of Social Work that provides enhanced mental health training for probation officers.



- Oxford House residential treatment placements are available, as well as the UNC Horizons program for pregnant women and mothers with substance use disorders.
- Permanent housing vouchers, supported employment, and SOAR assistance are all available, though the need for those supports is far greater than their availability.
- IFC operates the Men's Community House and the Project HomeStart for women – both are long-term residential options.

Taking Action for Change

Orange County, North Carolina

Objectives of the Action Planning Workshop

The action planning workshop initiates development of a detailed plan for the community. It identifies tasks, time frames and responsible parties for the identified priorities.

Action Planning Process

The stakeholders that assembled for the workshop were enthusiastic participants in the development of a strategic action plan. A copy of the local Action Plan can be found beginning on page 17 of this document. The action planning process promotes the development of specific objectives and action steps related to each of the priority areas, identifies the individuals responsible for implementation of each action step, and proposes a reasonable timeframe for completion of the identified tasks.

During this workshop, the group spent a substantial amount of time focused on each priority area. Various groups were charged with the task of moving the action plan forward. We recommend establishing one lead committee with overall responsibility for implementation of the Action Plan in its entirety, though subcommittees and other work groups may have responsibility for portions of Action Plan implementation.

During this process, additional gaps and issues were identified that, although they did not rise to the level of top priorities for the group, may be addressed through less formal means, or by individual local partners. For example, a lack of public restrooms was noted as a contributor to the arrests for public urination, therefore a need to expand the availability of public restrooms was noted. Participants may choose to explore how they may increase the availability of public restrooms in Orange County, even though this was not identified to be a top priority of the group.

Other problems were identified as “parking lot” issues. These were issues beyond the scope of the Orange County SIM Workshop, because they involved a need for legislation, action by parties outside of Orange County, or would require resources not likely to be available to Orange County in the foreseeable future. Those “parking lot” issues included:

- Increasing the availability of free or low-cost transportation for indigent individuals throughout Orange County.
- Eliminating, reducing or finding funding sources to pay for outstanding criminal justice debt. (Note: Chapel Hill started a Criminal Justice Debt Fund in 2020)
- Establishing a reasonable bundled rate for the Critical Time Intervention service.
- Medicaid expansion.

Orange County Priorities

After the *Sequential Intercept Mapping* exercise was completed, the assembled stakeholders began to define specific areas of activity to address the identified gaps and opportunities. A total of five distinct priorities were identified, including both opportunities for tactical interventions to promote “early quick victories” and more strategic interventions to stimulate

longer-term system changes. Listed below are the priority areas as ranked by the workshop participants.

Top Five Priorities

1. Addressing Social Determinants of Health
2. Increased Access to Case Management for Individuals with Behavioral Health Issues
3. Enhanced Collection and Analysis of Data about Persons with Behavioral Health Issues and Criminal Justice Involvement
4. Establish a Crisis Diversion Center, Day Center and Street Outreach and Case Management to Increase Deflection from the Criminal Justice System
5. Fill Gaps Identified in Harm Reduction and the Homelessness Systems Analysis (<https://www.ocpehnc.com/gaps-analysis>)

Other Priorities

In addition to these top five priorities, the following priorities were noted.

Additional Priorities

- Increase interagency communication regarding people with behavioral health issues.
- Increase and expand Psychiatric Advanced Directives (PADs).
- Increase available and affordable Medication Assisted Treatment (MAT) for persons released from jail who have a history of opioid addiction.
- Enhance mental health training for law enforcement officers.
- Implement staff meetings for agencies working with those identified as “familiar faces.”
- Establish public restrooms with the goal of reducing arrests for public urination.
- Make magistrates available in Chapel Hill or eliminate the need for required face to face contact with the magistrate located in Hillsborough.
- Increase availability of SOAR trained workers to assist in applications for SSI/SSDI.

The Orange County SIM participants were encouraged to select priorities that would reflect short-term goals that could be attained without a significant infusion of funding. However, some of the priorities identified by Orange County SIM participants reflected more ambitious, longer-term goals that will require additional resources to address. While we applaud the desire of the Orange County SIM participants to tackle these larger challenges, we hope the planning committees also consider gaining momentum for their efforts by addressing those additional priorities that may achieve successful resolution within a shorter time frame.

The passionate and informed “planning for action” discussion that the Orange SIM participants embarked upon took considerable time – more than was available to completely flesh out the action plans to the extent that will be needed. Our hope is that the committee(s) charged with implementation of these plans will continue to work towards establishing clear objectives with well-considered action steps, designating responsibilities for specific partners, and defining realistic time frames. The following action plans should be considered preliminary plans that will need further detail to ensure their success.

Orange County, NC

PRIORITY AREA 1: Address social determinants of health.

Objective	Action Step	Who	When
<p>1.1</p> <p>The social determinants for the top 30 “familiar faces” who rotate through multiple systems will be addressed.</p>	<ol style="list-style-type: none"> 1. Identify the top 30 “familiar faces.” 2. Identify the social determinants of health to be addressed. 3. Determine a plan for how to assess the needs of the top 30. 4. Assess the needs of those people. 5. Create multi-agency release of information forms. 6. Meet with each identified person and develop a plan to address their needs. 	<ol style="list-style-type: none"> 1. Allison Zirkel (heads a committee of court staff, providers, CRC, hospital staff, housing providers, and Cardinal Innovations). 2. Committee (TBD) 3. Committee (TBD) 4. Committee (TBD) 5. Committee (TBD) 6. Committee (TBD) 	<p>By August 1, 2019</p>

Orange County, NC

PRIORITY AREA 2: Increase access to case management for persons with behavioral health issues and criminal justice involvement.

Objective	Action Step	Who	When
<p>2.1</p> <p>Increase the amount of effective and appropriately matched case management in Orange County.</p>	<ol style="list-style-type: none"> 1. Map what case management we have in the community and find clear gaps in what we need. 2. Identify best case management practices for different populations. 3. Look to other localities with existing programs that are working to address the needs of “familiar faces.” 4. Determine how to best follow up on referrals (including development of a universal consent form). 5. Identify funding to support case management services. 	<p>Allison Zirkel and her “familiar faces” committee.</p>	<p>By April 26, 2020.</p>

Orange County, NC

PRIORITY AREA 3: Enhance data collection and analysis for persons with behavioral health issues and criminal justice involvement.

Objective	Action Step	Who	When
<p>3.1</p> <p>Collect data from various intercepts and agencies (jail, law enforcement, EMS, and hospitals) to measure progress towards achieving the four goals of the Stepping Up Initiative:</p> <ol style="list-style-type: none"> 1. Reduce the number of people with serious mental illness (SMI) in the Orange County Jail. 2. Reduce the length of stay of persons with SMI in jail. 3. Increase the linkage of persons with SMI to treatment in the community upon their release from jail. 4. Reduce recidivism for persons with SMI. 	<ol style="list-style-type: none"> 1. Determine a way to get individual data on hospital stays, jail bookings, linkage to treatment, and recidivism rates. 2. Establish a new booking process that ensures screening for mental illness. 3. Update the dashboard (daily data report on OCSO website) to include these measures. 4. Implement a Universal ROI. 5. Collect data on top 30 “familiar faces” 6. Analyze data for cost savings and community needs; and for justification of funding for programs / needs. 	<ol style="list-style-type: none"> 1. Caitlin Fenhagen, Pam Weiden and Jail Mental Health Workgroup 2. Allison Zirkel and Familiar Faces workgroup 3. OCSO 	<ol style="list-style-type: none"> 1. By June 2019 meeting 2. April 2020 3. Ongoing

Orange County, NC:

PRIORITY AREA 4: Establish a Crisis Diversion Center, Day Center, Sobering Facility and Street Outreach to support increased deflection from the criminal justice system and harm reduction.

Objective	Action Step	Who	When	
4.1	<p>a. Enhance / expand the Community Empowerment Fund (CEF) or develop / expand an alternate Day Center model.</p> <p>b. Create a Crisis Diversion Center.</p>	<ol style="list-style-type: none"> 1. Create a community strategic plan. 2. Include community agencies in carrying out the strategic plan (LRC, OCPEH, DSS, Health Department). 3. Explore potential funding opportunity presented by House Bill 983. 4. Determine which elected officials will be on the community strategic plan committee. <hr/> <ol style="list-style-type: none"> 1. Re-start the Orange County Diversion Center discussion. 2. Determine the barriers to creation of the Diversion Center. 3. Assess what currently exists and what needs are not being met. 4. Explore braided / blended funding sources. 5. Visit other diversion centers in North Carolina. 	<p>a. Corey Root (heads a Day Center Work Group)</p> <p>b. Crisis Diversion Facility Work Group</p> <p>c. Barbara Ann Bybel & the Behavioral Health Task Force -Behavioral Health Task Force reports to Justice Advisory Committee</p>	<p>By November 1, 2019</p> <p>By May 17, 2019</p>

Orange County, NC

PRIORITY AREA 5: Fill Gaps of Homeless System Analysis: <https://www.ocpehnc.com/gaps-analysis>

Objective	Action Step	Who	When
<p>5.1</p> <p>Fill gaps identified in the Orange County Homeless System Gaps Analysis</p>	<ol style="list-style-type: none"> 1. Expand Rapid Re-Housing Program. 2. Establish a low barrier shelter. 3. Build consensus and support in the community to determine how best to “fill in the gap” of low barrier housing focused shelter. <ol style="list-style-type: none"> a. Work with the Triangle J Council of Governments to facilitate conversations between community members, to include communities beyond the local neighborhoods proximate to the shelter. b. Include the Local Reentry Council and other entities in this endeavor. 4. Brainstorm ways to create emergency housing. <ol style="list-style-type: none"> a. Determine ways to increase funding. b. Work towards coordinated, consistent access to emergency housing. 5. Maintain focus on long-term housing solutions. 6. Highlight success stories to reduce stigma and increase engagement from community. 	<p>LRC, Partnership to End Homelessness, Housing Department, County Commissioners, four elected boards (Chapel Hill, Carrboro, Hillsborough, Orange County), Chamber of Boards, Mayors, DPS, Sheriff.</p>	<p>By April 26, 2022</p>

Conclusions and Recommendations: Summary

Orange County is poised to tackle critical issues that will greatly improve services for persons with behavioral health issues who are also involved in the criminal justice system. Creating a steering committee or designating a planning committee, such as the Behavioral Health Task Force or Jail Mental Health Work Group, is an essential first step in beginning to address the priorities established during the Sequential Intercept Mapping workshop. This committee should:

- Ensure that the process is truly a cross-systems endeavor, bringing together representatives from all systems (e.g., behavioral health, jail/prison, homeless services, courts, police, social services, consumers, family members, advocates) to promote ongoing dialogue and collaboration to pursue systems change.
- Include representatives from local and state government as active participants on the committee.
- Promote ongoing involvement from court stakeholders, police departments, Sheriff's Office, local correctional facilities, and community corrections.
- Create effective working relationships with others including: Veterans Administration, Ten Year Plan to End Homelessness, faith-based organizations, community behavioral health providers, peer support specialists, Social Security Administration, and others.

Activities to be developed, implemented, and/or overseen by this committee include:

- Coordination of efforts across systems to assure timely access to community services and resources.
- Development of transition planning across all intercepts.
- Increase opportunities to safely deflect individuals with behavioral health needs from the criminal justice system and into appropriate services.
- Easing access to services for people released from jail or prison to promote successful integration into their community, including in-reach to nearby re-entry prisons (e.g. Orange Correctional Center).
- Systemically expedite access to benefits to facilitate successful reentry to the community.
- Expansion of peer support services to promote recovery.
- Oversee implementation of the priority areas identified during the workshop.

It is essential that this work be designated a priority. With adequate staffing and support, it can be an effective locus of boundary spanning and systems change. Cultivation of relationships among the leadership of relevant systems can ensure active and ongoing participation of essential stakeholders – especially law enforcement, prosecutors, consumers, and family members – for the benefit of the entire community.

Evidence-Based and Promising Practices

Specific treatment modalities, criminal justice practices, and service delivery methods were not closely examined during the course of the Sequential Intercept Mapping workshop. At some point, Orange County may want to assess its use of evidenced-based and promising practices in the following key areas:

Criminal Justice

- Increase cultural competence and reduce disparities in access to behavioral health services at each intercept, and throughout the systems change process.
 - Appendix B includes a short bibliography of helpful resources that address cultural competency issues in criminal justice and behavioral health settings.
- Consideration of the impact of trauma in regard to policy and procedures at all intercepts.
- The need for equity and gender-informed practices at all intercepts.

- Facilitation of transitional planning and linkage of individuals to appropriate services in the community.
 - The APIC model and the Transitional Planning Checklist provide criminal justice staff, behavioral health staff, and others with a concrete model to consider for implementing transitional planning across all intercepts. Please see the publication, *A Best Practice Approach to Community Re-Entry for Inmates with Co-Occurring Disorders: The APIC Model*.
- Availability of prescribed medications following release from incarceration or hospitalization.
- Information sharing across criminal justice and treatment settings.
 - Please see John Petrilá's tele-net conference PowerPoint slides for an example of an information sharing MOU.

Treatment

- Integrated treatment of co-occurring mental illness and substance use disorders that includes illness self-management strategies and that provides additional support services for families.
- Treatment for trauma-related disorders for both men and women (gender specific).
- Forensic Assertive Community Treatment and intensive forensic case management programs.

Service

- Utilization of a systematic approach to accessing benefits for individuals who qualify for SSI and SSDI, especially for individuals who are homeless and those recently released from jail or prison, building on the current SOAR model.
- Employing people with lived experience (e.g. peer support specialists) in delivery of in-reach, case management, and training services.
- The use of natural community supports, including families, to expand service capacity.
- The use of supported employment programs and other related programs that assist individuals in accessing mainstream employment opportunities.
- Safe housing for persons with mental illness and/or substance use diagnoses who are involved with the criminal justice system.

Closing

Orange County is extremely fortunate to have community leaders who have made concerted efforts to understand and support the many different issues discussed in this workshop. The community's interest in putting forward a coordinated strategy to address the criminalization of mental illness offers a remarkable opportunity to move forward with the priorities crafted by the Sequential Intercept Mapping workshop participants.

Orange County is also fortunate to have the interest and support of the State's Department of Health and Human Services Division of Mental Health / Developmental Disabilities / Substance Abuse Services in this endeavor. The facilitation of this workshop by the staff from the Division of MH/DD/SAS, along with staff from a private provider organization serving Alamance County, and a psychiatrist serving the jail in Durham, reflects the state and local partnerships that are necessary to address issues that arise when people with behavioral health disorders are in contact with the criminal justice system.

The Sequential Intercept Mapping & Taking Action for Change workshop participants displayed a high level of passion, energy and expertise. By re-convening and supporting the work of the Orange County Stepping Up Initiative in coming months, it will be possible to maintain the momentum that has been developed during the Sequential Intercept Mapping workshop and build on the creativity and drive of key local stakeholders. The Division of MH/DD/SAS hopes to continue its relationship with Orange County and observe its progress. Feel free to contact Bob Kurtz at bob.kurtz@dhhs.nc.gov or at 919-715-2024 for more information and for additional services to assist in these endeavors.

Transforming Services for Persons with Behavioral Health Concerns in the Criminal Justice System

Resources

Web Sites Sponsored by Policy Research Associates	
Policy Research Associates	www.prainc.com
National GAINS Center	http://www.samhsa.gov/gains-center
SOAR: SSI/SSDI Outreach and Recovery	www.prainc.com/soar
Statewide Family & Consumer Networks	www.policyresearchinc.org/fcnhome
National Center for Mental Health and Juvenile Justice	www.ncmhjj.com

Additional Web Sites	
Center for Mental Health Services	www.samhsa.gov/about/cmhs.aspx
Center for Substance Abuse Prevention	www.prevention.samhsa.gov
Center for Substance Abuse Treatment	www.csat.samhsa.gov
Council of State Governments Consensus Project	www.consensusproject.org
Council of State Governments Justice Center	www.justicecenter.csg.org
National Alliance for the Mentally Ill	www.nami.org
National Center on Cultural Competence	http://nccc.georgetown.edu
National Center for Post-Traumatic Stress Disorder (PTSD)	www.ptsd.va.gov
National Center for Trauma Informed Care	www.samhsa.gov/nctic
National Criminal Justice Reference Service	www.ncjrs.org
National Institute of Corrections	www.nicic.org
National Institute on Drug Abuse	www.nida.nih.gov
National Institute of Mental Health	www.nimh.nih.gov
Office of Justice Programs	www.ojp.usdoj.gov
Ohio Criminal Justice Center for Excellence	http://cjccoe.neoucom.edu
Partners for Recovery	www.pfr.samhsa.gov
Substance Abuse and Mental Health Services Administration	www.samhsa.gov

Sequential Intercept Mapping

Orange County • North Carolina

April 25th and April 26th, 2019

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Sequential Intercept Mapping & Taking Action for Change

Appendix A: Agendas

Sequential Intercept Mapping Workshop

AGENDA

Orange County, Hillsborough NC
Whitted Human Services Meeting Room

April 25th 2019

8:00 **Registration and Networking**

8:30 **Openings**

- Welcome and Introductions
- Overview of the Workshop
- Workshop Focus, Goals, and Tasks
- Collaboration: What's Happening Locally

What Works!

- Keys to Success

The Sequential Intercept Model

- The Basis of Cross-Systems Mapping
- Six Key Points for Interception

Cross-Systems Mapping

- Creating a Local Map
- Examining the Gaps and Opportunities

Establishing Priorities

- Identify Potential, Promising Areas for Modification Within the Existing System
- Top Five List
- Collaborating for Progress

Wrap-Up

- Review

4:30 **Adjourn**

*There will be a 10-15 minute break mid-morning and mid-afternoon.
There will be break for lunch at approximately noon.*

Sequential Intercept Mapping Workshop

AGENDA

Orange County, Hillsborough NC
Whitted Human Services Meeting Room

April 26th 2019

8:15 **Registration and Networking**

8:30 **Openings**

- Remarks
- Preview of the Day

Review

- Day 1 Accomplishments
- Local County Priorities
- Keys to Success in Community

Action Planning

Finalizing the Action Plan

Next Steps

Summary and Closing

12:00 **Adjourn**

There will be a 10-15 minute mid-morning break.

Appendix B:

Resources on Cultural Competence for Criminal Justice / Behavioral Health

“Adapting Offender Treatment for Specific Populations.” In Center for Substance Abuse Treatment, *Substance Abuse Treatment for Adults in the Criminal Justice System*. Treatment Improvement Protocol (TIP) Series 44. DHHS Pub. No. (SMA) 05-4056. Rockville, MD: Substance Abuse and Mental Health Services Administration, pp 93 -95.

New Freedom Commission on Mental Health, *Subcommittee on Criminal Justice: Background Paper*. DHHS Pub. No. SMA-04-3880. Rockville, MD: 2004.

Primm, A., Osher, F, & Gomez, M. Race and Ethnicity, Mental Health Services and Cultural Competency in the Criminal Justice System: Are We Ready to Change? *Community Mental Health Journal*, Volume 1, Number 5, 557-569, 2005.

“Statement on Cultural Competence.” In *Evidence –Based Practices: Shaping Mental Health Services Toward Recovery*.

<http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/cooccurring/competence.asp>.

Retrieved 8-14-07.

U.S. Department of Health and Human Services. *Mental health: culture, race, and ethnicity: A report of the Surgeon General*. Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. Rockville, MD: 2001.

Appendix C:

Community Collaboration Questionnaire

Effective and efficient services for people with mental illness and co-occurring substance use disorders in the justice system requires meaningful cross-system collaboration. The *Community Collaboration Questionnaire* provides PRA with background information about your community's experience in collaborating across systems. It is recommended that one questionnaire be completed in consultation with all of the key stakeholders.

This information helps prepare PRA for providing the best direction during the training about the points of intervention most useful in your community. This Word document can be filled in and returned by way of email to akrider@prainc.com

Community: Orange County, NC		
Contact Person: Caitlin Fenhagen Pamela Weiden	Phone 919-245-2303 919-644-4659	Email cfenhagen@orangecountync.gov Pamela.H.Weiden@nccourts.org

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
1	Has your community begun to collaborate in providing services/working with people with mental illness and co-occurring disorders in the criminal justice system?	x	
2	Does your community have a cross-system collaborative team or task force? <i>If yes, please list the membership by agency and/or title, listing mental health providers, criminal justice services, substance abuse services, consumers, family members, elected officials and others.</i> We have a number of collaborative court projects targeting substance use disorder, mental illness, homelessness and truancy. Additionally, we have a Local Reentry Council, a Jail Mental Health Work Group, a Justice Advisory Council and will soon have a Behavioral Health Task Force. Each of these entities has membership that includes each category listed above.	x	

3	<p>Does your community provide for cross-training of mental health, substance abuse, criminal justice and other providers? <i>If yes, please list recent programs:</i></p> <p>We do have programs to which a cross section of agencies are invited. We do not have much in the way of embedded cross training.</p>	x	x
4	<p>Does your community have resources identified to work with this population? <i>Please describe:</i></p> <p>Center for Excellence in Community Mental Health, the Criminal Justice Resource Department, Freedom House, UNC Horizons, Caramore, several ACTT teams, Carolina Outreach, OASIS, the Chapel Hill Police Department Crisis Unit.</p>	x	
5	<p>Do agencies have dedicated staff or staff time to work with this population? <i>Please describe:</i></p> <p>County employees: LCSW working with the jail population, part time psychologist available for evaluations primarily for youth, Recovery Court and Family Treatment Court coordinator for participants with substance use disorders, a pretrial release case manager, and a diversion coordinator. The County also has a Homelessness Coordinator. Center for Excellence in Community Mental Health- 2 SW providing screenings for court participation, overseeing treatment compliance and providing therapy when necessary. Other local agencies, such as Freedom House, have dedicated employees serving this population.</p>	x	
6	<p>Does your community gather data about persons with mental illness and co-occurring substance use disorders involved with the criminal justice system? <i>Please describe:</i></p> <p>Monthly reports made by CECMH re: persons involved with Community Resource Court (MH court) Cardinal has individual information re: treatment but not system data The CJRD maintains data about individuals participating in their programs, many of whom have co-occurring disorders.</p>	x	
7	<p>Does your community have an identified boundary spanner? <i>Please describe the position and the person(s):</i></p> <p>Clinical Coordinator at CECMH LCSW, LCAS and Psychologist on staff in Criminal Justice Resource Dept. Homelessness Coordinator</p>	x	

8	<p>Does your community have interagency agreements (MOU) to facilitate services and enhance safety? <i>Please describe:</i></p> <p>Some- primarily geared toward information sharing re: juveniles or to provide services to CJRD programs or the Local Reentry Council</p>	x	
9	<p>Does your community have a coordinated crisis management plan or team? <i>Please describe:</i></p> <p>Mobile Crisis Unit through Freedom House Chapel Hill Police Dept Crisis Unit Behavioral Health Task Force is meeting soon to create written County crisis transport plan</p>	x	
10	<p>Does your community have any jail diversion programs at this time? <i>Please describe:</i></p> <p>Pretrial Release Services Misdemeanor Diversion Program- historically pre-arrest diversion by law enforcement for first time 16/17 yr old offenders but expanding/changing in spring 2019 to be charge related and include 18 and older first offenders Recovery Courts, MH court, Truancy court</p>	x	
11	<p>Does your community have a mental health, drug or other specialty court? <i>Please describe:</i></p> <p>Both Community Resource Court; two drug treatment courts, and Outreach Court for people experiencing homelessness</p>	x	
12	<p>Does your community have a mechanism (such as an MOU) to facilitate communication across agencies or systems?</p> <p>Quarterly meetings across areas to facilitate communication and trust</p>	x	
13	<p>Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation, parole or law enforcement? <i>Please describe:</i></p> <p>Inclusion in discussion, court programs and all advisory groups Actively involved in Local Reentry Council</p>	x	

14	<p>Have screening or assessment procedures been instituted in the mental health, substance abuse and criminal justice systems to identify people with mental illness and co-occurring substance use disorders? <i>Please describe:</i></p> <p>LCSW conducts screenings and CCA as necessary. Youth Mental Health Liaison conducts forensic evaluations, screenings and assessments CRC Coordinator and team conduct screenings to determine suitability for MH court. Diversion Coordinator is an MSW and conducts screenings Recovery courts utilize screenings and assessments from local providers</p>	x	
15	<p>Have re-entry services been instituted to help people returning to their communities from jail or prison? <i>Please describe:</i></p> <p>Peer support program operates in the Jail Local Reentry Council (with two dedicated county positions) is operational and many providers offer reentry support services</p>	x	
16	<p>To be successful, what aspects of each agency's culture do the other agencies need to be sensitive?</p>		

JAIL BOOKINGS	
<i>How many people are identified as having mental health issues?</i>	
By jail booking staff: <i>See positive screenings data reports.</i>	
While incarcerated (by corrections officers, health staff or others): <i>See special management case review reports and prescribed psychiatric medications report.</i>	
Release Planning Activity	
How many people are held for forensic review?	
CROSS TABULATION OF MULTI-SYSTEM DATA	
<i>For the entire population of persons booked into jail during the identified time period (open or closed cases):</i>	
How many were known to publicly-funded mental health system?	
Acute crisis services?	unknown
Long-term service enrollment?	unknown
How many were known to publicly funded substance abuse treatment system?	
Community-based	unknown
Detoxification services	unknown
Residential	unknown

