Justice Resource Advisory Council

Presentations:

Behavioral Health Justice Collaborative Slides 2-14

NC DHHS Justice Support Grant Slides 15-28

Jail Needs Assessment Update Slides 29-43





Behavioral Health Justice Collaborative

Presented by

Sala Menaya – Merritt, Diversion Services Program Manager

Justice Resource Advisory Council
June 4, 2021



OBJECTIVES

- Background & Historical Framing
- Recommendations
- Next Steps & Request for Action



Background and Structure

• JRAC Goal #2: Enhancing Collaboration Across The Justice System



Outer Circle: Implementing Group Inner Circle: Accountable Group

Implementing Group	JRAC Member
Safety and Justice Challenge Community Engagement Workgroup	Jay Hackett
Coordinated Community Response to DV and SA	Julia Horrocks
Behavioral Health Justice Collaborative	TBD
Community Safety Strategic Planning	TBD

^{*}Independent body providing information only



Background and Historical Framing



Behavioral Health Crisis Response Services

Community Crisis Response

RHA Mobile Crisis

Community Paramedic

Post Overdose Response Team

RHA Behavioral Health Stabilization 8am-8p

Sunrise Warm Line and Respite House

Family Preservation Services Peer Assertive Engagement

RHA RICCM

Law Enforcement Response

LEO

LEO Trained Crisis
Intervention Team Officers

Facility Stabilization

Mission ED

Mission Inpatient

RHA Neil Dobbins

JFK ADATC

Swain Recovery

BCDF* (Familiar Faces, MAT in Jail, SA Diversion)

Post Facility Release Stabilization Support

ACT and CST teams

RHA RICCM

Community Care Clinic (WNCHHS, Dale Fell, MAHEC)

Family Preservation Services Peer Assertive Engagement

Community Linkages to Care and SCOR MAT Program

JUST program

Jail Community Re-entry (DHT)

Justice Diversion Services

Behavioral Health Stabilization Support

Justice Services

Buncombe County Treatment Courts

Felony Drug Diversion

Adult Misdemeanor Diversion Program

Residential Services

Mary Benson House RHA Health Services

Cross Area Service Program (CASP) October Road Inc.

Swain Recovery Center

First at Blue Ridge

Outpatient Services

RHA Health Services

October Road Inc.

Family Preservation Services

Asheville Recovery Center

Mountain Area Health Education Center Inc.

Legacy Freedom Treatment Center

Homelessness Services

Steadfast House

ABCCM- Veteran's Restoration Quarters

WC Rescue Ministries

AHOPE

Haywood St. Congregation

Beloved

Catholic Charities

Homeward Bound

Collaborative Partnerships in Buncombe Co.

Recovery Community Collaborative

An organization striving to unify health and housing professionals to support community driven individualized access to care and opportunities for recovery.

Goals: Attain and expand equal access to ethical, safe treatment and housing for everyone seeking recovery.

Homeless Coalition Meeting

Community Forum with information about how regional agencies and individuals are working to bridge needs for homeless and housing insecure in our area.

Buncombe Crisis Provider Collaborative

Goals: Improve communications among community stakeholders

Increase availability and quality of crisis services

Decrease ED use for crisis management for consumers whose needs can safely and effectively be met through other means (ED Diversion)

Decrease the length of stays in EDs (ED wait times)

Reduce recidivism / readmission of consumers who fall into the category of high risk / high cost

Helping law enforcement to know services and how to access (CIT, information sharing, education, problem-solving



Diagram of Service Overlap

Buncombe County

City of Asheville

Behavioral Health **Supportive Services**

Courts



Behavioral Health and Justice Stakeholders

City of	City Management	Behavioral	Vaya		
Asheville	City CAPE	Health	MAHEC		
	APD		HCA- Mission		
	AFD		HCA- IVIISSIOII		
	Community and Economic Development		Dale Fale & WNCHHS		
	Office of E&I		RHA, FPS, NC Brookhaven, October Road, ADATO		
Buncombe	County Management	Supportive	Homeward Bound		
County	County CAPE	Services & Courts	Umoja Health		
	Health and Human Services	Courts	Sunrise		
	Emergency Services		District Attorney		
	Sheriff's Office		Public Defender		
	Justice Services		Treatment Court Judge		
	Strategic Partnerships		Probation		

Importance of the Collaboration

Cross-system collaboration and coordination of services

Routine Identification of people with mental and substance abuse disorders

Access to treatment for mental and substance use disorders

Linkage to benefits to support treatment success, including Medicaid and Social Security

Information sharing and performance measurement among behavioral health, criminal justice, and housing/homelessness services providers



Crisis Response

Crisis response models provide short-term help to individuals who are experiencing mental or substance use crisis and can divert individuals from the criminal justice system. Crisis response models include:

- Certified Community Behavioral Health Clinics
- Crisis Care Teams
- Crisis Response Centers
- Mobile Crisis Teams



Police Strategies

Proactive police responses with disadvantaged and vulnerable populations are a unique method of diverting individuals from the criminal justice system. Proactive police response models include:

- Crisis Intervention Teams
- Homeless Outreach Teams
- · Serial Inebriate Programs
- Systemwide Mental Assessment Response Teams



Tips for Success



Strong support from local officials



Community partnerships



Law enforcement training



Behavioral health staff training

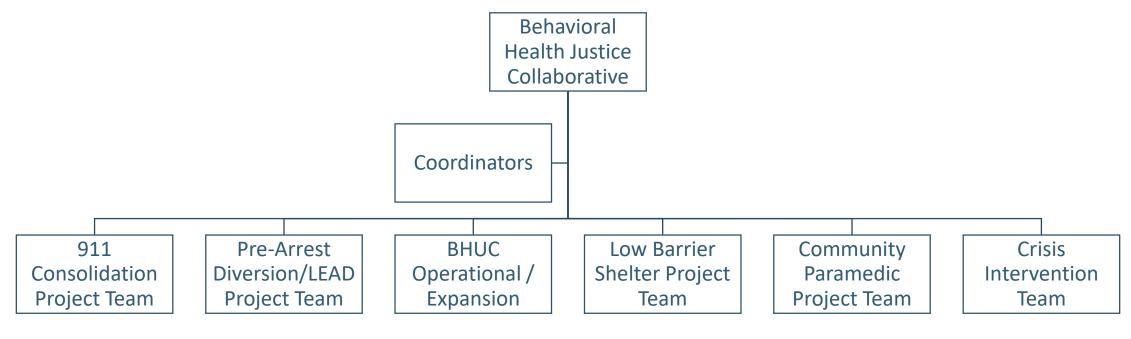


Recommendation



Structure of Collaborative

Justice Resource Advisory Council





Request for Action

 Approve Behavioral Health Justice Collaborative as Standing Committee of JRAC

BHJ Collaborative JRAC member representation (3 − 4 volunteers)

Suggestions for membership / participation





Sheriff's Office

Presented by

FY21 Grant Announcement

Justice Involved Individuals with Substance Use Disorders

JIISD - Justice Partners



NCHHS, Justice System Innovation Section

"Supporting Justice Involved Individuals with Substance Use Disorders during COVID"

\$700,000 Grant, 20 month term



State, BC and JRAC Strategic Plans

BC 2021 Strategic Plan Objectives: Resident Well-Being

Reduce Jail Population and Enhance Public Safety Reduce Eliminate Deaths as a result of substance abuse

The Justice Resource Advisory Council is designed to enhance the efficiency and effectiveness of the Buncombe County criminal justice system, thereby maximizing public safety and increasing community wellness.

Priorities
for the
Opioid
and
Substance
Use
Action
Plan

NORTH CAROLINA'S OPIOID ACTION PLAN

Equity and Lived Experiences at the Center

Prevent:

Prevent future addiction and address trauma by supporting children and families

Reduce Harm:

Move Beyond Just Opioids to Address Polysubstance Use

Connect to Car

Increase Treatment Access for Justice Involved People & Expand access to housing and employment supports, and recover from the pandemic together



Context and Design

- This grant allows activation and expansion of current organizational goals and strategies (State, County, JRAC, and Detention MAT SCOR Program (Strategic Community Opioid Response)
- Designed to nest within current programming constructs (Diversion and Treatment Court strategies (Justice), Linkage to Care (HHS), and Detention MAT (BCSO)
- Solution focused direct responses to identified service gaps, barriers to success, and programming needs



Program Summary

Primary Goals

- Address untreated addiction for those in the judicial system
- Support and facilitate arrest diversion

Program Structure

- Expand on current county programming: Diversion, Reentry, Detention MAT, Linkage to Care, and Child Support Resource Coordination
- Provide resources addressing unmet needs impacting arrest and recidivism

County Program Partners

- Sheriff's Office Grant Management and Program Leadership
- Justice Services Diversion Case Manager, serving Pretrial population
- BCHHS, Child Support Services Community Peer Support Specialist



Services and Objectives

Reduce technical violations leading to arrest

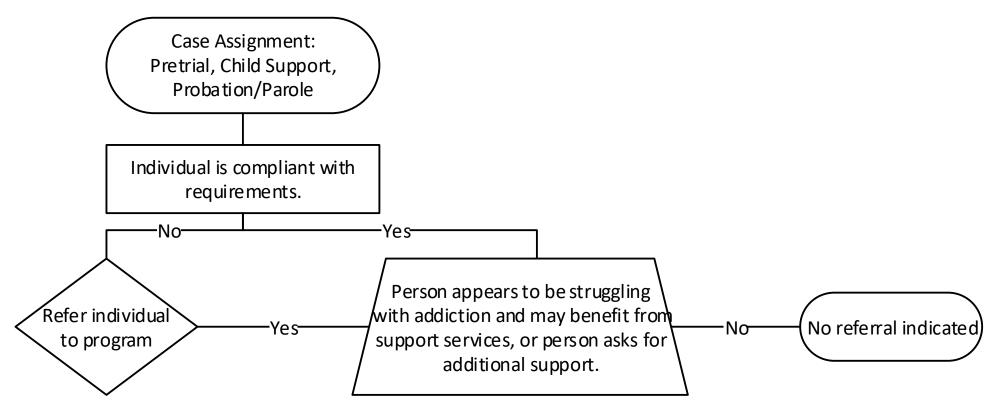
(Pretrial, child support, probation)

Provide financial resources and refund current programming efforts

- Justice Partners (new resources)
 - Pretrial, Diversion Courts, Reentry
 - Probation, Parole
 - Child Support
- Linkage to Care, BCHHS (current programming)
 - Refund current interventions: Treatment, flexible spending for social determinants of health (medical/treatment care, housing, food, etc.)
- Detention MAT Program (current programming)
 - Expand provision of overdose reversal kits at release
 - Expand MAT and/or other treatment services to prevent arrest



Program Structure





Staffing Plan

Program Coordination, Sarah Gayton

• BCSO, Extension of Detention MAT Program

Staff 1: Case Manager (Community Based) Justice Diversion Services

- Grant funded position
- Peer Support Specialist/individual with lived experience, and/or commensurate training/experience
- Serving primarily individuals assigned to Pretrial.
- Supporting Probation and others justice involved individuals as resources allow.

Staff 2: Peer Support Specialist (Community Based)

- Sunrise Community for Recovery and Wellness contract staff
- Serving individuals through Child Support Services



Budget: \$700,000/20 months

- 2 Staff positions (1 county, 1 contract)
- Operational and equipment expenses
- Overdose reversal kits for participants and jail population (expanded access)
- Training: Resources for direct staff, program participants and justice partners (Impacts of addiction, trauma informed, anti-stigma, etc.)
- Flexible spending account for social determinants of health (Parallel to current BCHHS Linkage to Care program and Detention MAT)
 - Medical/Mental Health/Addiction treatment, transportation, housing, communication/phones, identification, basic needs: food clothing, etc.
- Child Support Purge (within programming parameters and criteria)

Supporting Data

Annual Detainment (Average: 2 years of data)	Releases	Length of Stay (Days)
Technical Violations	2326.5	13.5
Non Support	248.5	9

Calendar 2019

Booking Type	Number of Releases	Average Length of Stay (Days)
OFFAs		
Pretrial Violation Only	103	19.7
Probation Violation Only	203	10.8
Parole Violation Only	141	14.9
Failure To Appear Only	2,538	7.8
Non Support Only	330	10.5
Top Charge Class 3 Misdemeanor	1,757	2.9

Calendar 2020

Booking Type	Number of Releases	Average Length of Stay (Days)
OFFAs		
Pretrial Violation Only	96	20
Probation Violation Only	134	9.1
Parole Violation Only	117	18.4
Failure To Appear Only	1,321	9.9
Non Support Only	167	7.3
Top Charge Class 3 Misdemeanor	827	1.6

Grant Considerations

Challenges

- State timeline and contracting process (20 month grant, contracting still active)
- Multi-agency partnerships
- Layered service delivery

Values

- Program provides immediate and objective responses to specific community needs and organizational goals
- Will provide a case study/proof of concept evaluation for the community and Justice Partners, exploring new strategies for addressing system challenges
- Technical Assistance accompanies the award and will be available to all justice partners.

Aligned Response Buncombe County and JRAC Strategic Plans

BC 2021 Strategic Plan Objectives: Resident Well-Being

Reduce Jail Population and Enhance Public Safety

- ✓ Reduce average length of stay for pretrial population.
- ✓ Reduce annual bookings for failure to appear and technical violations.
- ✓ Increase the number of successful graduates from diversion programs and treatment courts.
- ✓ Reduce crime rate, including violent and property crimes, within the County's jurisdiction

Reduce Eliminate Deaths as a result of substance abuse

- ✓ Increase prevention and treatment programs.
- ✓ Equip County professionals and partners with appropriate and adequate tools and training.

Status, Timeline and Next Steps

- BCSO is 1 of 18 sites in the state in receipt of the award
- NCHHS has been delayed in their award/contracting process
- Per their federal pass-through timelines, 6/1/21 has been identified as the grant start date.
- 6/15/21 County Commission: Grant Presentation and Request for Board Action, Budget Amendment
- 6/16/21 County to post position for Diversion Case Manager
- Onboard new staff and activate programming resources
- Current Activities
 - Contracting process with the State, partners, providers, and county budget office
 - Planning and coordination with Justice Partners
 - Sunrise: Staff cross training (community work is parallel with current County/Sunrise partner programs)

Contacts

Buncombe County Sheriff's Office

Sarah Gayton

Sarah.Gayton@buncombecounty.org

Justice Services

Tiffany Iheanacho

Tiffany.Iheanacho@buncombecounty.org

Health and Human Services

Phillip Hardin

Phillip.Hardin@buncombecounty.org

Diversion Services

Sala Menaya-Merritt

Sala.Menaya-Merritt@buncombecounty.org

Kendra Queen

Kendra.Queen@buncombecounty.org

Pretrial Services

Kevin Todd

Kevin.Todd@buncombecounty.org

Sunrise Community For Wellness and Recovery

Sue Polston

Spolston@sunriseinasheville.org





BUNCOMBE COUNTY NC JAIL NEEDS ASSESSMENT UPDATE

Presented by

Tiffany Iheanacho

Justice Resource Advisory Council

June 4th 2021



Project Purpose



CGL Firm selected in June 2020 to conduct a jail needs assessment

CGL performed the following:

- 1. In-Custody Population Analysis
- 2. Assessment of Current Justice System Policies and Practices
- 3. Staffing Assessment
- 4. Facility Conditions Assessment
- 5. Forecast Detention Needs
- 6. Overall System Options
- 7. Implementation Plan



Data Type	Data Range
County Population	Projected 20 Years (2021 – 2039)
Crime Rates	Historic 8 Years (2011-2018)
Arrests	Historic 5 Years (2016-2020)
Bookings	Historic 10 Years by Gender (2011-2020)
Jail Population	Historic 32 Months (November 2017- June 2020)
Jail Population Attributes	Pre & Post COVID Comparison (January 2020 & July 2020)
Jail Population by Offense	Snapshot (July 28, 2020)
Jail Releases by Length of Stay	Snapshot (July 2019 – June 2020)
Jail Releases by Release Reason	Snapshot (July 2019 – June 2020)
Jail Releases by Serious Offense	Snapshot (July 2019 – June 2020)
Housing Classification by Gender	Pre & Post COVID Comparison
Mental Health Population	Snapshot (January 2021)

Comparison Pre and Post Covid-19

- There has been a significant decline in the male minimum custody population
- There has been no decline in the special management and a small decline in the maximum security populations

Classification	Difference			
Ciassification	Male	Female		
Maximum	-7%	0%		
Medium	-11%	-26%		
Minimum	-89%	-25%		
Special Mngt	0% 0 -46% 0			
Classification/Intake				
Total	-40%	-25%		



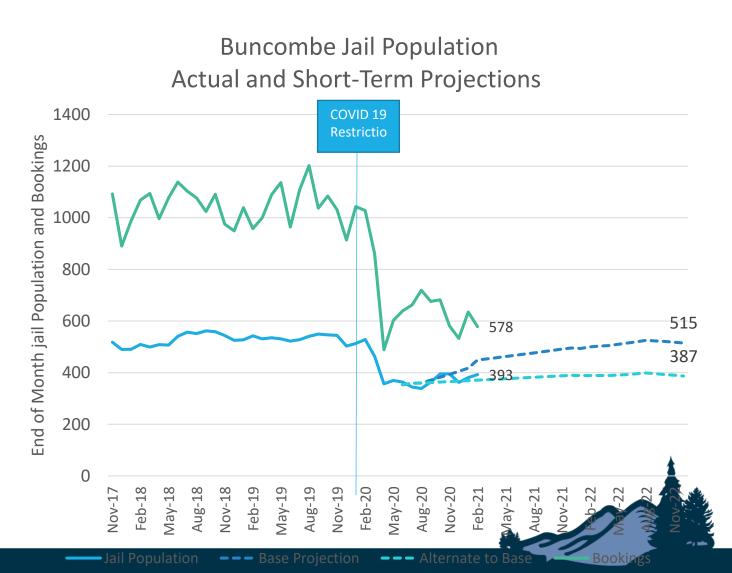
Population Profile

- Large decline in the white population but little decline in the black population which is related to charge level
- Violent felony pop has not declined while the property and misdemeanant pop has declined significantly
- LOS to date has increased significantly while the pretrial population has declined
- Federal Contract total of 61

Attribute	February 2020	July 2020	Difference
Gender	501	336	-165
Female	61	30	-31
Male	440	306	-134
Race	501	336	-165
White	377	229	-148
Black	115	100	-15
Other	9	7	-2
Felony	284	206	-78
Violent Felony	100	103	+3
Non-Violent Felony	184	103	-81
Misdemeanant	96	37	-59
Other	121	93	-28
Length of Stay to Date	120 days	177 days	+57 days
Legal Status			
Pretrial	416	269	-147
Federal Contract	77	61	-16

Key Findings

- Jail Population Little change in the population until the Covid19 restrictions were imposed
- Bookings Same trend occurred for the bookings reflecting declines in property crime and arrests
- Rebound There was a slight rebound in bookings and average daily population followed by declines (largely seasonal)
- LOS The average LOS has increased since March 2020.



2. Assessment of Current Justice System Policies &

Dracticac

Stakeholders Interviewed

- County Manager
- Health and Human Services, Mental Health, and Public Health
- Sheriff's Office
- Probation and Parole
- Jail Re-entry
- Pre-Trial Services
- District Attorney
- Public Defender
- Bar Association
- Superior Court
- District Court
- Treatment Courts Adult Drug, Family, Sobriety/Driving while Intoxicated, and Veterans
 - Asheville Police Department

2. Assessment of Current Justice System Policies &

Dracticas

Opportunities

- Expand Treatment Courts to lower risk/need population in the categories of Child Support, Domestic Violence, and Drug Court Light
- Direct resources to community treatment programs for substance abuse, homelessness, and mental health
- Renovate existing BCDC to address need for exam rooms, negative pressure rooms, improved wireless network, dedicated mental health unit, smaller units for specialty populations, and streamlined intake process
- Assess existing jail programs and expand
- Expand pre-arrest diversion with law enforcement
- Revise bail/bond policy to improve racial disparity
- Provide more efficient court case processing for detained population
- Support for the return of the Women-At-Risk Program



2. Assessment of Current Justice System Policies & Practices

Common Themes

- Almost every stakeholder hesitated at the thought of expanding the BCDC for future population, especially with traditional jail beds
- From multiple discussions, offering therapeutic treatment alternatives to incarceration would be very supported in the County
- BCDC should provide a normative and therapeutic environment, focused on rehabilitation of the defendant/offender



3. Staffing Assessment

Assessment

- Conducted a post analysis
- Developed and applied a shift relief factor
- Identified several administrative positions often filled with security staff
- Identified areas in jail understaffed

Findings

- Meets national and local guidelines in regard to operational performance
- Staff observed to be professional and respectful to the inmate population and visitors to the facility; although tasked with multiple responsibilities beyond their post assignment
- Many officers assigned (68%) have less than 5-years of employment with the Sheriff's Office
- Potential need for 33 additional positions



4. Facility Condition Assessment

Assessment

- Identified visually apparent deficiencies in the Central Tower, North Tower, and Annex and develop a cost basis for repair or upgrade based on current operation
- Collected data on the condition and life cycle of major systems
- Calculated the Facility Condition Needs Index (FCNI)
- Prioritized the identified work

KEY FINDINGS	CENTRAL TOWER	NORTH TOWER	ANNEX	
Current Year Facility Condition Needs Index	8%, Fair	2%, Good	8%, Fair	
Immediate Capital Needs (Year 1)	\$3,456,072.73	\$1,093,175.00	\$331,543.00	
Future Capital Needs (Year 2 to Year 11)	\$7,185,093.38	\$10,214,331.44	\$1,480,424	
TOTAL	\$10,641,166	\$11,307,506	\$1,811,967	

County Review Workshop 12/01/2020

- Population Forecast Option analysis based on how to accommodate the high/ baseline forecast
- Population Detail Consultant to work with BCDC health provider and industry experience to detail the projection by classification and bed type
- Policy Parameters Option analysis to include
 - (1) meeting minimum industry physical and operational standards
 - (2) reuse of Central and North Towers and exclude utilization of the Annex



Current Facility Operating Capacity

	Current Facility Design and Operational Capacities									
Facility	Housing Unit	Operational	Gender	Cells	20-Feb	20-Jul				
North Tower	6 East	Maximum	46	85%	39	Male	46 Single	43	39	
North Tower	6 West	Maximum	46	85%	39	Male	46 Single	44	39	
North Tower	5 East	General Population	46	90%	41	Male	46 Single	43	36	
North Tower	5 West	General Population	46	90%	41	Male	46 Single	44	38	
North Tower	4 East	General Population	46	90%	41	Male	46 Single	41	40	
North Tower	4 West	Special Management	22	80%	18	Male	46 Single	20	11	
North Tower	4 West	Special Management	24	80%	19	Male	46 Single	7	16	
							24 Single /			
Central Tower	3 Central West	Minimum	56	95%	53	Male	16 Double	54	0	
							24 Single /			
Central Tower	2 Central West	Classification	56	90%	50	Male	16 Double	42	32	
		General Population &					24 Single /			
Central Tower	1 Central West	Classification	56	90%	50	Female	16 Double	39	27	
Central Tower	C Dorm	Minimum	40	95%	38	Male/Female	Dormitory	19	19	
Central Tower	D Dorm	Minimum	40	95%	38	Male	Dormitory	35	16	
Annex	Annex	Minimum	40	95%	38	Male	Dormitory	31	0	
Annex	Annex	Minimum	40	95%	38	Male	Dormitory	27	0	
Booking						Male		3	12	
Booking						Female		4	2	
	Total		604		545			501	336	



Facility Operating Capacity Less Annex

Facility	Housing Unit	Classification	Design Beds	Peaking	Operational	Gender	Cells
North Tower	6 East	Maximum	46	85%	39	Male	46 Single
North Tower	6 West	Maximum	46	85%	39	Male	46 Single
North Tower	5 East	General Population	46	90%	41	Male	46 Single
North Tower	5 West	General Population	46	90%	41	Male	46 Single
North Tower	4 East	General Population	46	90%	41	Male	46 Single
North Tower	4 West	Special Management	22	80%	18	Male	46 Single
North Tower	4 West	Special Management	24	80%	19	Male	46 Single
							24 Single /
Central Tower	3 Central West	Minimum	56	95%	53	Male	16 Double
							24 Single /
Central Tower	2 Central West	Classification	56	90%	50	Male	16 Double
		General Population &					24 Single /
Central Tower	1 Central West	Classification	56	90%	50	Female	16 Double
Central Tower	C Dorm	Minimum	40	95%	38	Male/Female	Dormitory
Central Tower	D Dorm	Minimum	40	95%	38	Male	Dormitory
	Total				469		

Comparison

ltem	Current Capacity	Adjusted Capacity	Option 1	Option 2	Option 3	Option 4
Components	North & Central Towers + Annex	North & Central Towers	Double Bunk & Split Central	Double Bunk & Split Central + Split North	Double Bunk & Split Central + Split North + Renovate Booking Areas	Split North + Construct South
Design Beds	604	524	596	596	630	614
Operating Capacity	545	469	527	528	553	539
# Housing Units	14	12	15	19	20	19
2021 Project Cost Estimate/One-time			\$1.7 M	\$2.9 M	\$15.6 M	\$22.0 M
Staff Impact			19.1	38.2	47.7	57.5
2021 Staffing Cost Estimate/Annual			\$1.5 M (reoccurring)	\$3.0 M (reoccurring)	\$3.8 M (reoccurring)	\$4.6 M (reoccurring)