Durham County Behavioral Health for Justice-involved Persons: Resource Mapping and Analysis of Needs

University of North Carolina at Chapel Hill

Submitted by:

Tonya Van Deinse, PhD

Prepared by:

Chase Ijams, MSW

Kacia Vines, BS

Tonya Van Deinse, PhD

May 2022

UNC SCHOOL OF SOCIAL WORK

Acknowledgements

This assessment was conducted by a research team from the School of Social Work at the University of North Carolina at Chapel Hill. The research team used a community-engaged approach where local stakeholders selected the assessment methods, designed the data collection instruments, assisted with data collection, and helped interpret assessment results. Consequently, the research team would like to thank the members of the Durham County Stepping Up Initiative Committee (SUI) for their leadership, guidance, and collaboration in conducting all aspects of the assessment. The research team would also like to thank the staff at the Criminal Justice Resource Center for assisting with data collection and members of the Data Subcommittee of the SUI for editing and feedback.

Table of Contents

Executive Summary

Background

People with mental illnesses are over-represented throughout the criminal justice system (e.g., jails, prisons, community supervision) and communities need a coordinated system-level approach to address their needs and reduce recidivism. The Sequential Intercept Model (SIM) is a framework that identifies the resources available at six intercepts or points where an individual interacts with the criminal justice system. These intercepts represent decision points where people can be diverted away from the criminal justice system, and where resources can be provided.

At the heart of the SIM is a mapping process (i.e., sequential intercept mapping) that involves facilitated discussions with community stakeholders from behavioral health and criminal justice entities. Together, community stakeholders identify specific services at each intercept as well as gaps in those services or other resources, such as housing. The community then engages in an action planning process that prioritizes resource needs and identifies an action plan.

The Durham County Stepping Up Initiative Committee (SUI) completed the SIM in 2019. Given changes in the service system over the last three years, the Durham County Government contracted with the School of Social Work at the University of North Carolina at Chapel Hill to complete an update of the 2019 SIM and to conduct a rapid assessment of the services and supports needed for people with behavioral health conditions in Durham's criminal justice system.

The Sequential Intercept Map Update

Updates to the sequential intercept map began in October 2021 with members of the SUI. During the mapping meetings, participants reviewed the 2019 sequential intercept map, and the research team updated the content based on participants' feedback. Changes to the map's format included: (1) adding color-coded pathways to make the map easier to read and interpret and (2) dividing the map into two intercepts at a time (rather than viewing all six intercepts at a time) to improve readability (see full report).

In terms of content at each intercept, the research team revised the pathways (i.e., presence and direction of arrows) to fix errors on the previous map and to add pathways to new resources. In addition, most of the changes in the map were at Intercept 0: Hospital, Crisis, Respite, Peer, and Community Services. With a few exceptions, these changes reflected resources that were not identified during the initial mapping process in 2019. New and future programs (e.g., the City of Durham's Community Safety Department pilot programs) were also added. Changes to the other intercepts primarily reflected corrections to the 2019 sequential intercept map (e.g., changing arrow direction, clarifying processes).

Survey Methods and Results

Methods

The research team and a subcommittee of the SUI developed a brief survey about the needs of people with behavioral health conditions in the criminal justice system, whether those supports were available in Durham County, and whether certain groups of people have a harder time accessing them. An anonymous survey link was distributed to the SUI with a request to complete the survey and forward it to others who may be eligible to participate. Eligible survey participants included: (1) people who have either worked and/or volunteered with organizations or agencies that serve individuals with mental illnesses; (2) people with mental illnesses who have had past involvement with the criminal justice system; or (3) family members of someone with a mental illness who has been involved with the criminal justice system in Durham County.

To recruit survey respondents, the research team and SUI subcommittee used purposive and snowball sampling. First, the web-based survey was sent to members of the larger SUI committee to complete. Then SUI committee members were asked to distribute it to people in their networks who would be eligible to participate, including individuals and their family members with lived experience with the criminal justice and behavioral health systems. The survey was launched on November 30, 2021 and closed on December 15, 2021.

In terms of data analysis, the research team used descriptive statistics to summarize responses on closed-ended questions and used a three-stage qualitative analysis approach for open-ended text responses: (1) developing a codebook, (2) independently coding each response, (3) comparing each coded response and reconciling any differences with coding team members. To summarize the top domains in which respondents identified needs, the research team combined results from two survey questions and developed categories that spanned behavioral health service needs and social and material needs. These qualitative responses were then summarized using frequencies and percentages. All analyses were conducted in Microsoft Excel and Stata.

Results

There were 103 respondents in the total analytic sample. The vast majority of respondents (95%, $n = 98$) had work or volunteer experience with people with mental illnesses who have been involved in the criminal justice system. In terms of lived experience, nearly a third of respondents (30%, $n = 31$) reported being a peer support worker, 23% ($n = 24$) had a diagnosed mental health or substance use disorder, 9% ($n = 9$) had a history of arrest and incarceration, 8% ($n = 8$) had been on community supervision, and 3% ($n = 3$) had been sentenced to jail or prison in the past.

Two questions in the survey asked about what services and supports are needed by people with mental illnesses in the criminal justice system. One question asked about behavioral health services and one asked about resources in general. The research team coded responses to these two items into broad categories or domains of needs. Most respondents (85%, $n = 87$) named general or specific behavioral health (i.e., mental health and substance use) supports. However,

nearly three-quarters (72%, *n* = 74) of respondents noted housing as a necessary support for people with mental illnesses in the criminal justice system. Within behavioral health services, the top two services named were peer support (33%, *n* = 33) case management (17%, *n* = 17). Other services included assertive community treatment, mental health outpatient treatment, mental health inpatient treatment, and community support team.

Overall, respondents reported that behavioral health, social, and material supports exist in the community, but often do not have sufficient capacity. Approximately 40% (*n* = 41) of respondents reported that social and material supports exist but capacity is limited and 35% (*n* = 36) reported that behavioral health services are available but have limited capacity (e.g., assertive community treatment teams are available but more are needed). Further, nearly a fifth of respondents (19%, *n* =19) indicated that people who are uninsured or underinsured have difficulty accessing the supports they need, followed by justice-involved people (16%, *n* = 16), people whose symptoms of mental illness impedes their ability to navigate the service system (11%, *n* =11), people who are unhoused (10%, *n* =10), and people without transportation (10%, *n* = 10). Findings indicate that, in addition to limited service capacity, specific groups of people have a harder time accessing existing resources.

Organizational Capacity Data

The research team worked with the Criminal Justice Resource Center, Alliance Health, and the SUI subcommittee to reach out to treatment providers in Durham County to collect information about specific behavioral health services, current waitlist, number of providers or teams, and whether or not they provide services to those without Medicaid or private insurance. Findings from the organizational data reinforced the results in the survey regarding capacity of behavioral health service providers.

Three behavioral health service providers reported offering either Community Support Team (CST) or Assertive Community Treatment (ACT). CST and ACT are community-based team approaches to addressing the treatment and rehabilitative needs of adults with complex treatment needs or severe and persistent mental illnesses. Two of three ACT and CST service providers reported having a waitlist at the time of the assessment. Notably, there were no behavioral health service providers that offer Forensic Assertive Community Treatment (FACT), which is a treatment approach specifically for people with serious mental illnesses who are involved in the criminal justice system and likely have co-occurring substance use disorders.

Five behavioral health service providers reported offering either substance abuse intensive outpatient (SAIOP) or substance abuse comprehensive outpatient treatment (SACOT). SAIOP and SACOT are both intensive substance use disorder treatment programs that provide individual and group treatment multiple days each week. Of the five service providers, two reported having waitlists for services at the time of the assessment. In addition, two providers reported offering services to people without insurance.

Five behavioral health service providers as well as the Durham County Detention Center reported offering medication assisted treatment (MAT)/medication supported recovery (MSR)

for opioid use disorder, most of which provide buprenorphine. One of the providers accepted private pay only and all others were available to those without insurance. With one exception, there were no waitlists for MAT/MSR services at the time of the assessment and people were able to access the services within 1 to 7 days.

Data Limitations

The primary purpose of this brief, rapid assessment was to update the sequential intercept map. It is not a comprehensive assessment of behavioral health services in Durham County. The small sample size, qualitative survey data, and sampling design create limitations in the generalizability (i.e., representativeness) of the study findings. Consequently, these limitations should be considered when interpreting the findings.

Key Observations and Takeaways

(1) Commitment from Community Members and Leaders

Durham County is a community with many behavioral health resources and other community supports for people involved in the criminal justice system. In addition, Durham has commitment from local leaders who have invested in programs and interventions that address the needs of individuals with behavioral health conditions and who participate in collaborative efforts to improve the service delivery system to divert people with mental illnesses from the criminal justice system.

(2) Enhancing Service Capacity

Resources to support people with mental illnesses are found at each intercept. With some exceptions, Durham County has evidence-based practices and other interventions specific to justice-involved people at each intercept of the Sequential Intercept Model framework [10]. However, assessment findings show that service capacity is limited in three ways: (1) waitlists for key behavioral health services (e.g., SAIOP, ACT, CST); (2) significant barriers to accessing services for groups of people, namely those who are uninsured or under-insured; and (3) the lack of a forensic assertive community treatment team and other mental health interventions designed specifically to meet the unique needs of justice-involved people. Additional information is needed to inform future decisions, including real-time availability and accessibility (including size of waitlist and average time to receiving services) of enhanced behavioral health services as well as capacity of peer support programs and housing resources.

(3) Therapeutic Value of Lived Experience

In addition to having a comprehensive behavioral health service system, the assessment findings indicate that having peer supports involved with a person's treatment and recovery process is important; one third of participants identified peer support as a critical resource. Peer supporters, whether in behavioral health services or criminal justice system settings, use the insight and expertise from their own lived experience to understand the many challenges a person may face and support them to successfully navigate their journey to recovery and community

reintegration. Peers can be embedded into services across the sequential intercept map, including within treatment providers at intercept 0, Mental Health Court at intercept 2, through incarceration, re-entry services, and community supervision.

(4) Housing is a Treatment Intervention

Although the focus of the SIM map is behavioral health resources, nearly three quarters of survey participants identified housing as a critical need in Durham. Housing provides a foundation upon which people can engage in treatment, pursue personal goals, and improve their quality of life. Failing to address housing stability among people with behavioral health conditions limits the potential impact of any treatment intervention. Given the lack of affordable housing and related challenges impacting the country, local efforts are needed to ensure that lower-income people, especially those with behavioral health conditions and criminal records, are prioritized in community-wide solutions to the current housing crisis.

Next Steps

The research team recommends using the assessment findings to revise the action planning priorities that were identified during the 2019 sequential intercept mapping process. Specifically, we recommend focusing on:

(1) Enhancing service capacity to improve access to services, including mental health treatment designed to meet the unique needs of justice-involved people;

(2) Prioritizing safe and affordable housing as a critical component of behavioral health treatment; and

(3) Assessing feasibility to integrate peer support in services provided at each intercept.

To address these priority areas, we suggest that the SUI restart the action planning process that began in 2019. Specifically, the SUI should re-establish working groups with representation from multiple behavioral health and criminal justice entities as well as those with lived experience of behavioral health conditions and/or involvement with the criminal justice system.

We also recommend that progress on these priority areas be documented and reported on at each SUI committee meeting and that a point person(s) be designated to help monitor the status of subcommittee meetings and a schedule for reports to the larger committee.

BACKGROUND

Prevalence of Mental illness in the Criminal Justice System

People with behavioral health conditions (i.e., substance use disorders and mental illnesses) are over-represented throughout the criminal justice system, including in jails, prisons, parole, and on probation [1,2]. In county jails, an estimated 64% of people have a mental illness and almost half have a co-occurring mental illness and substance use disorder [3]. These same trends can be seen across state prisons, where nearly half (48%) of individuals who are incarcerated had a history of one or more mental health disorders, around a third (29%) had a severe mental illness, and 49% of those with a mental health disorder had a history of substance misuse [1]. On probation, estimates of people with mental illnesses range from 16%-27% [4-7]. Given the high prevalence rates of behavioral health conditions across the criminal justice system, communities need a coordinated system-level response to address the needs of people with mental illnesses and divert them from the criminal justice system.

Sequential Intercept Model

The Sequential Intercept Model (SIM) is a framework used to identify how individuals with behavioral health conditions interact with and move through the criminal justice system [8]. The SIM was developed 20 years ago by the GAINS Center, which focuses on expanding community services for people with behavioral health conditions who are justice-involved. The goal of the SIM is to help communities understand and improve the interactions between the criminal justice system and individuals with substance use and mental health disorders [9]. As part of the SIM framework, sequential intercept mapping is a facilitated process where community members--representing local behavioral health services, criminal justice system agencies, and other local resources--come together to identify resources and gaps at six intercepts:

- Intercept 0: Hospital, Crisis, Respite, Peer, and Community Services
- Intercept 1: Law Enforcement and Emergency Services
- Intercept 2: Initial Detention and Initial Court Hearings
- Intercept 3: Jails and Courts
- Intercept 4: Reentry
- Intercept 5: Community Corrections and Community Supports

The community then engages in a collaborative process that prioritizes resource needs and identifies an action plan.

Addressing Mental Illness and Criminal Justice System Involvement in Durham County

Durham County has a long history of working across systems to address the needs of persons with mental illnesses involved in the criminal justice system. Currently, efforts for cross-system collaboration are coordinated through the Durham County Stepping Up Initiative (SUI). In 2015, Durham County joined the national “Call to Action” to reduce the number of people with mental

illnesses in county jails. The Durham County SUI consists of more than 20 member entities including: Alliance Health, Durham County Board of County Commissioners, City of Durham , Criminal Justice Resource Center, North Carolina Department of Public Safety – Community Corrections, Community Paramedics (EMS), City of Durham Community Safety Department, Duke Institute for Brain Sciences, Duke Psychiatry, Duke Behavioral Health and Emergency Department, Duke Police Department, Durham Police Department, Durham County Office of the Sheriff, Durham County Department of Public Health, Housing for New Hope, NC Courts (District Court Judges), District Attorney's Office, Public Defender's Office, Recovery Innovations, University of North Carolina Chapel Hill School of Social Work, Veterans Affairs, Urban Ministries of Durham, and other provider agencies.

2019 Sequential Intercept Mapping Process

In 2019, the Durham County Stepping Up Initiative Committee (SUI) participated in a SIM mapping workshop to (1) understand how people with behavioral health disorders move through the criminal justice system, (2) identify existing resources as well as gaps and limitations, and (3) identify ways to divert people from justice system-involvement. The mapping process was facilitated by Dr. Tonya VanDeinse of UNC Chapel Hill and Dr. Megan Pruette of Duke University. The participants of this workshop included 26 individuals representing multiple stakeholder systems, including mental health, substance use treatment, corrections, advocates, family members, law enforcement, and courts. This two-day workshop culminated in the development of a Durham County sequential intercept map (Appendix A) and a list of priority areas with initial action steps (Appendix B) to be taken over the next several months. The action planning subcommittees met from May 2019 through March 2020 when the COVID-19 pandemic prompted many changes to the provider network and shifted county priorities. Given changes in the service system over the last three years, the Board of County Commissioners requested an updated map and contracted with a research team from the School of Social Work at UNC Chapel Hill to conduct a community-engaged, rapid assessment. This report describes the methods and findings from the 2022 SIM update.

THE SEQUENTIAL INTERCEPT MAP UPDATE

Sequential Intercept Mapping Meetings

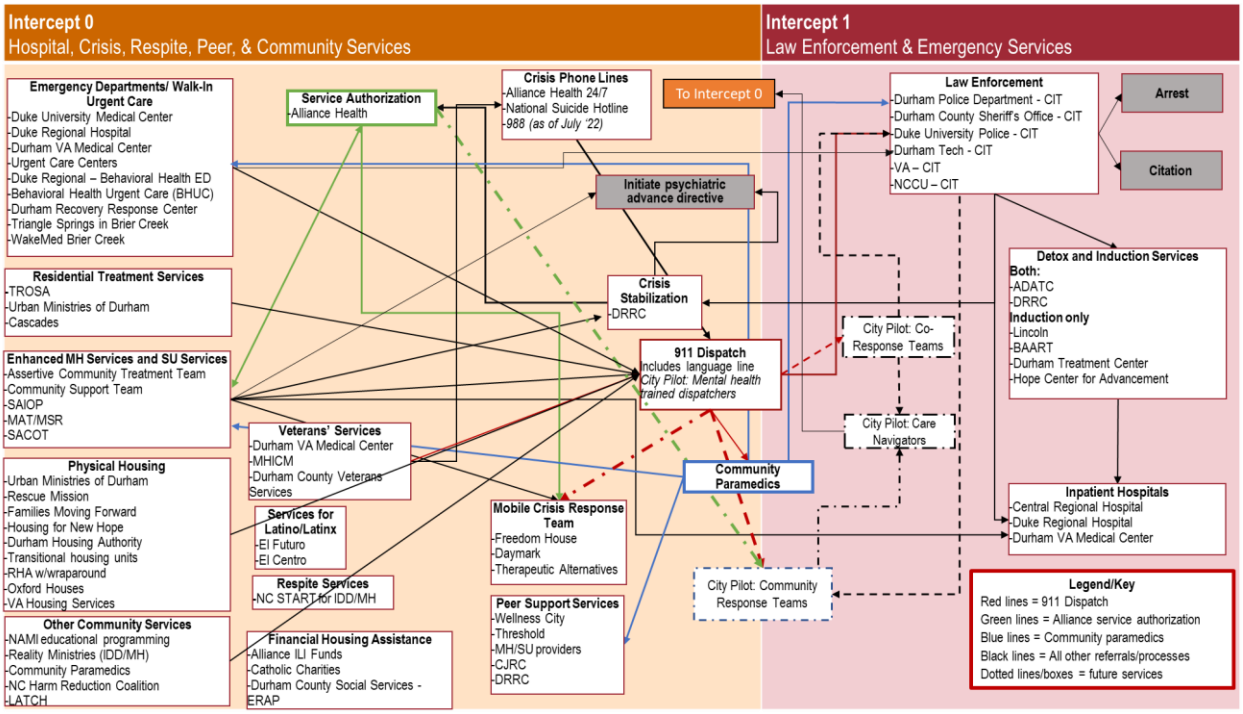
The sequential intercept map update began with two meetings in October 2021 with members of the Stepping Up Initiative (SUI). The mapping meetings lasted approximately 1.5 hours each and involved subject matter experts representing the following organizations and agencies: Durham County Sheriff's Office, Board of County Commissioners, Criminal Justice Resource Center, Alliance Health, Criminal Justice Advisory Committee, Duke Institute for Brain Sciences, Duke Psychiatry, Durham Police Department, City of Durham Community Safety Department, Community Paramedics, and Department of Public Safety –Community Corrections. These meetings were organized and facilitated by the research team from the UNC School of Social Work and in collaboration with the Criminal Justice Resource Center. All meetings were held virtually via Microsoft Teams.

During the mapping meetings, participants reviewed the 2019 sequential intercept map and the research team updated the content based on participants' feedback. For all six intercepts, the participants reviewed each service (i.e., box on the map) and pathway (i.e., line on the map) in order to update current availability of services and supports as well as processes that show how people with behavioral health conditions are moved through the criminal justice system and the services and interventions available to them.

Changes to the 2019 Sequential Intercept Map

Following these mapping meetings, the UNC research team updated the 2019 map with the modifications proposed by the SUI committee. Color-coded pathways were added to make the map easier to read and interpret. In addition, the research team presented two intercepts at a time rather than all six intercepts at once. The purpose of limiting the intercepts to two at a time was to increase readability.

The pages that follow show two intercepts at a time, followed by a list of acronyms found in each intercept. A complete list of changes to the 2019 SIM map can be found in Appendix C.

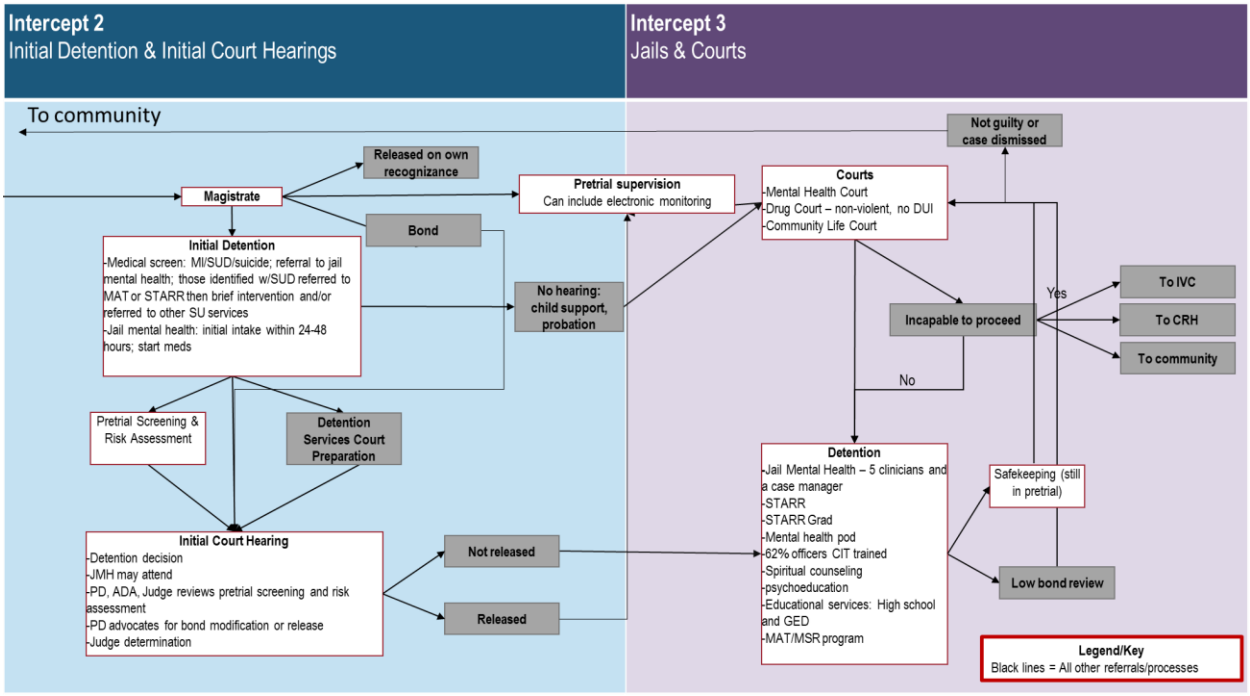


Acronyms in Intercept 0

- ED = Emergency Department
- ERAP = Emergency Rental Assistance Program
- CJRC = Criminal Justice Resource Center
- DRRC = Durham Recovery Response Center
- IDD = Intellectual and Developmental Disabilities
- ILI = Independent Living Initiative
- LATCH = Local Access to Coordinated Healthcare
- MAT/MSR = Medication Assisted Treatment/Medication Supported Recovery
- MHICM = Mental health intensive case management
- MH = Mental Health
- NAMI = National Alliance on Mental Illness
- NC START = Systemic, Therapeutic, Resources and Treatment
- RHA = Service provider
- SACOT = Substance Abuse Comprehensive Outpatient Treatment
- SAIOP = Substance Abuse Intensive Outpatient Program
- TROSA = Triangle Residential Options for Substance Abusers
- VA = Veterans Affairs

Acronyms in Intercept 1

- ADATC = Alcohol and Drug Abuse Treatment Center
- CIT = Crisis Intervention Team

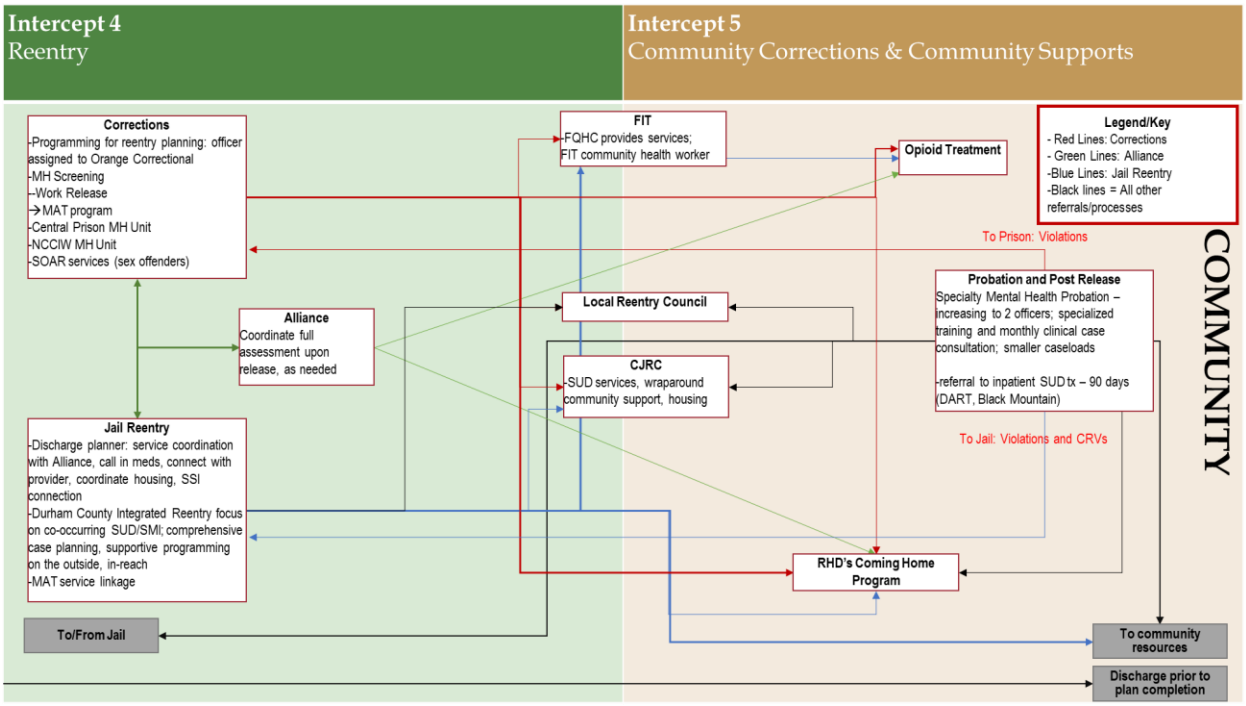


Acronyms in Intercept 2

- ADA = Assistant District Attorney
- JMH = Jail mental health
- MAT = Medication Assisted Treatment
- MI = Mental illness
- PD = Public defender
- STARR = Substance abuse treatment and recidivism reduction
- SU = Substance use
- SUD = Substance use disorder

Acronyms in Intercept 3

- DUI = Driving under the influence
- STARR = Substance Abuse Treatment and Recidivism Reduction



Acronyms in Intercept 4

- MAT = Medication Assisted Treatment
- MH = Mental health
- NCCIW = North Carolina Correctional Institution for Women
- SMI = Serious mental illness
- SOAR = SSI/SSDI Outreach, Access, and Recovery
- SSI = Social Security Insurance
- SUD = Substance use disorder

Acronyms in Intercept 5

- CJRC = Criminal Justice Resource Center
- DART = Drug Alcohol Recovery Treatment
- FIT = Formerly Incarcerated Transitions Program
- FQHC = Federally qualified health center
- RHD = Resources for Human Development
- SUD = Substance use disorder
- Tx = treatment

SURVEY METHODS AND RESULTS

Survey Development

The research team collaborated with a sub-committee of the Stepping Up Initiative (SUI) to develop a survey that was brief, inclusive of professional and personal experiences (e.g., lived experience with mental illness, substance use, and criminal justice system involvement), and allowed respondents to share perspectives rather than selecting from a list of pre-determined responses (e.g., open-ended items vs. multiple choice or yes/no items). The survey consisted of 14 questions divided into two sections. The first section included nine questions pertaining to the respondent's background and interactions with the behavioral health and criminal justice systems (e.g., work or volunteer experience in behavioral health or criminal justice systems, personal contact with the criminal justice system). The second section included open-ended questions regarding the services and supports needed by people with behavioral health conditions, whether those supports were available in Durham County, and whether certain groups of people have a harder time accessing them. In addition, the survey asked about other resources and supports, outside of treatment, needed by people with behavioral health conditions and whether those services were available and accessible in the community. Respondents were not asked to provide any identifiable information, including their name or place of work. See Appendix D for the full list of survey items.

Sampling and Distribution

Eligible survey participants included: (1) people who have either worked and/or volunteered with organizations or agencies that serve individuals with mental illnesses (e.g., mental health providers, EMS, county detention, probation, medical providers, substance use services); (2) people with mental illnesses who have had past involvement with the criminal justice system (e.g., past incarceration, probation); or (3) family members of someone with a mental illness who has been involved with the criminal justice system in Durham County.

To recruit survey respondents, the research team and SUI subcommittee used purposive and snowball sampling. First, the web-based survey was sent to members of the larger SUI committee to complete. Then SUI committee members were asked to distribute it to people in their networks who would be eligible to participate. In addition, specific individuals and organizations were contacted separately in order to further disseminate the survey to individuals and their family members with lived experience with the criminal justice and behavioral health systems. The survey was launched on November 30, 2021 and closed on December 15, 2021.

Data Analysis

For items in section 1 of the survey that were closed-ended questions (e.g., multiple choice), the research team calculated frequencies (i.e., counts) and percentages of response options. For items that asked for numerical answers (e.g., the number of years the participant worked or volunteered in Durham), the research team calculated means and standard deviations (SD). All quantitative data were analyzed in aggregate, meaning that analyses were not broken down by group (e.g., those who work in mental health versus criminal justice systems), because these designations were not mutually exclusive and because disaggregating the total sample (i.e., breaking it up by group) can lead to misleading results when there are small sub-sample sizes.

For the open-ended questions in section 2 of the survey, two members of the research team used a three-stage qualitative analysis approach in which they first reviewed all survey responses and developed an initial codebook (i.e., categories of potential themes within the survey responses for each question). The two team members then met and reviewed their respective codebooks and reconciled any differences before continuing to independently code responses. In the third stage, the coding pair reviewed and confirmed their counterpart's codes. Any coding discrepancies were discussed with a third team member.

These qualitative responses were then summarized using frequencies and percentages. All analyses were conducted in Microsoft Excel and Stata.

Participant Background

Participants' perspectives

There were 103 respondents in the total analytic sample. Respondents were first asked to select one or more experiences on which they were basing their survey responses. The vast majority of respondents (95%, *n* = 98) reported that they were basing their survey responses on their work or volunteer experiences with people with mental illnesses who have been involved in the criminal justice system. Around one-fifth of respondents (19%, *n* = 20) based their responses on their own experiences with mental illness and 17% (*n* = 17) based their responses on their experiences being involved with the criminal justice system. Lastly, 13% (*n* = 13) based their responses on their family member's experience with a mental illness and criminal justice involvement.

Work or volunteer experience with people with MI in the CJ system

Nearly half (48%, *n* = 49) of respondents worked at a criminal justice agency (e.g., law enforcement, courts, detention, probation) and encountered people with mental illnesses. Just under a third of respondents (27%, *n* = 28) worked at a behavioral health service provider and had clients involved in the criminal justice system. The remainder interacted with people with mental illnesses in the criminal justice system through their work at community-based resource providers (e.g., housing), medical services, or some other type of support service.

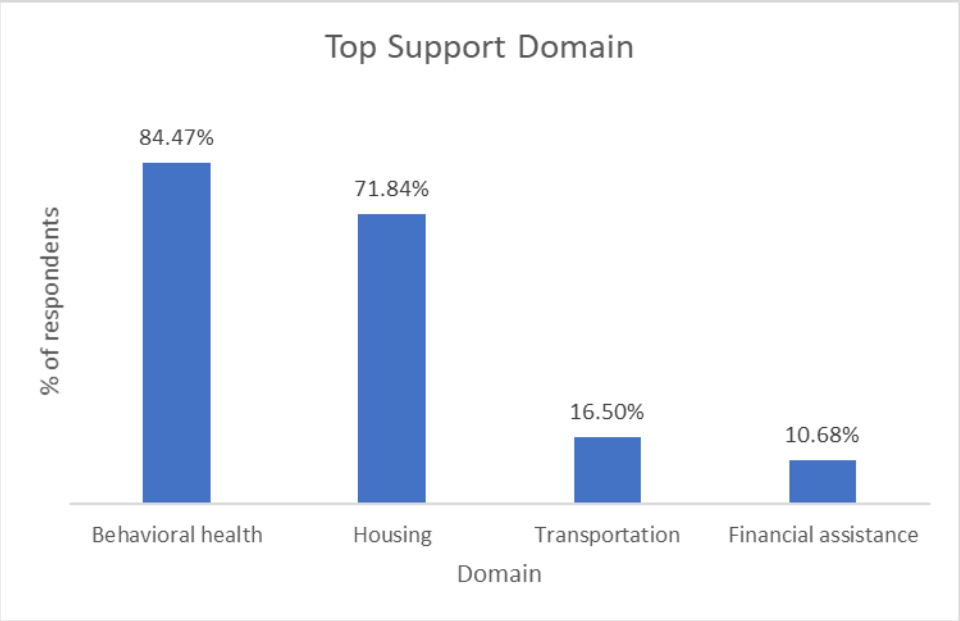
On average, those who reported having work or volunteer experience with people with mental illnesses in the criminal justice system had been in their current position for almost 11 years (SD=8.19) and had worked or volunteered in Durham County for 12 years (SD= 9.95). Of those who had work or volunteer experience with people with mental illnesses involved in the criminal justice system, nearly three-quarters had interacted with law enforcement, county jail/detention, probation and post-release, and the court system and just over half had interactions with corrections/prison.

Respondents' lived experience

Just under a third of respondents (30%, *n* =31) reported being a peer support worker, 9% (*n* = 9) had a history of arrest and incarceration, 8% (*n* = 8) had been on community supervision (i.e., probation, post-release, parole), and 3% (*n* = 3) had been sentenced to jail or prison in the past. In terms of behavioral health conditions, nearly one-quarter of respondents (23%, *n* =24) had been diagnosed with a mental health or substance use disorder.

Top Support Domains

Two questions in the survey asked about what services and supports are needed by people with mental illnesses in the criminal justice system. One question asked about behavioral health services and one asked about resources in general. The research team coded responses to these two items into broad categories or domains of needs. As expected, most respondents (85%, *n* = 87) named general or specific behavioral health (i.e., mental health and substance use) supports. However, nearly three-quarters (72%, *n* = 74) of respondents noted housing as a necessary support for people with mental illnesses in the criminal justice system.



The following quotes are examples of responses pertaining to support domains:

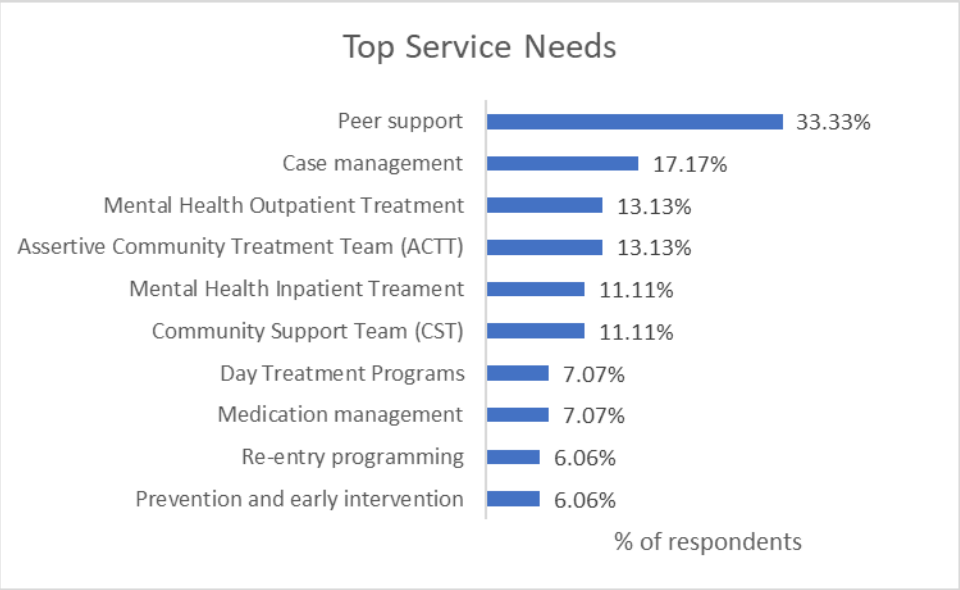
"They are all mental health resources. Mental health starts with safety, then food, water and shelter, then what we commonly call mental health can be more completely addressed." - DCo52

"Many clients would be more stable and less involved with criminal justice if adequate housing were available." - DCo62

"People experiencing homelessness or unstable housing situations...without the foundation of secure and safe housing, they do not have the resources to focus on their mental health needs" - DCo10

Top Service Needs Identified

The survey asked about specific behavioral health supports needed by people with mental illnesses in the criminal justice system. A third of respondents (33%, *n* =33) identified peer support in which a person with lived experience (e.g., criminal justice involvement, mental illness, substance use disorder) draws on their experiences to help clients navigate the system and get their needs met. In addition, 17% (*n* = 17) of respondents identified case management as a specific behavioral health support need. Other services include specific mental health interventions, such as assertive community treatment teams.



The following quotes are examples of responses pertaining to service needs:

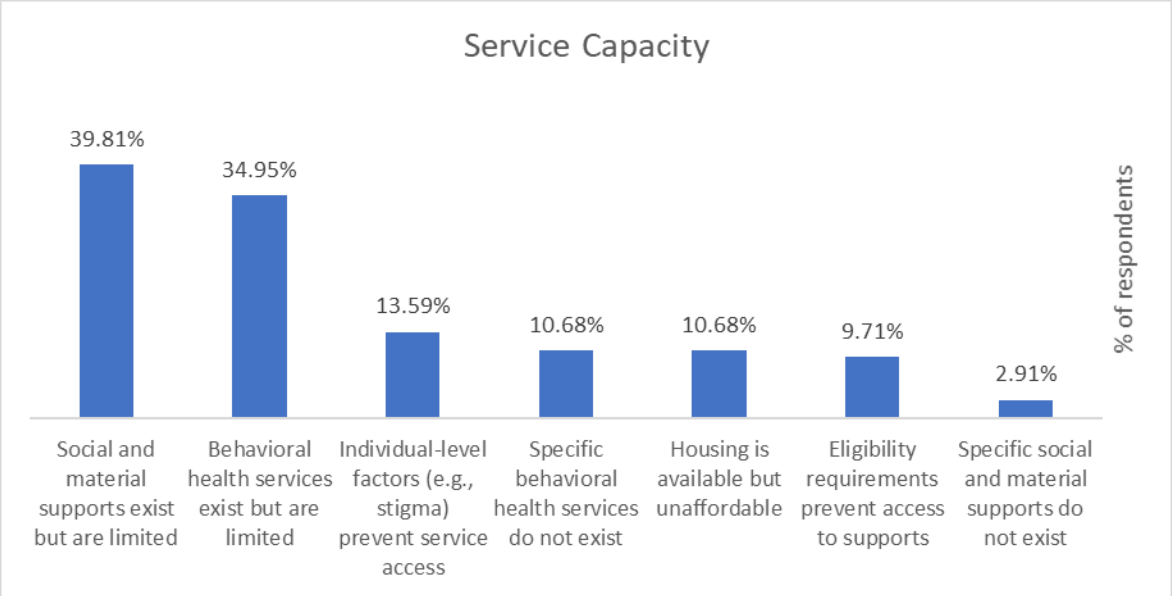
"People need ongoing support from a paid peer or professional to maintain stable housing, jobs, and disability income. Housing and vocational training is not enough." - DCo53

"I think peer support and mentors could help people stay on the right path." - DCo74

"...increasing peer support interaction in facilities before individuals are released to understand the support they now have integrating back home successfully." - DCo80

Top Service Capacity Challenges

The survey also asked about service capacity and whether the resources and supports people named were available and accessible in the community. Overall, behavioral health, social, and material supports exist in the community, but respondents noted capacity-related challenges. Approximately 40% (*n* = 41) of respondents reported that social and material supports exist but that they are limited. Similarly, 35% (*n* = 36) of respondents report that behavioral health services exist but are limited.



The following quotes are examples of responses pertaining to service capacity:

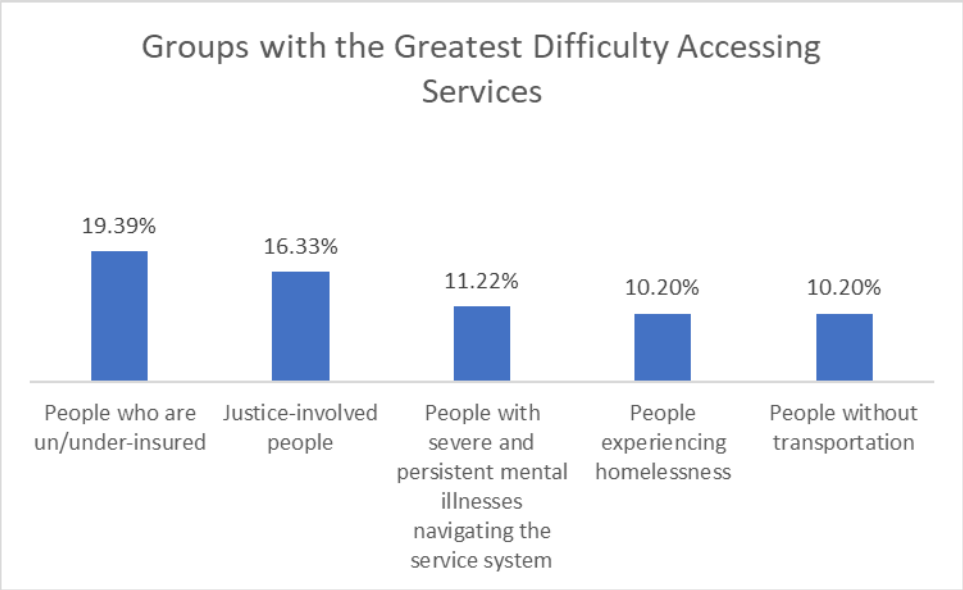
"[Services in Durham] do exist but many people are not aware or do not know how to access them. Therefore, they are ineffective for many who need the services." - DCo3

"There is very little low-income housing." - DCo4

"Ongoing gentrification coupled with the nationwide upward spiral of housing costs have only made things worse." - DCo9

Groups with the greatest difficulty accessing services

In terms of disparities in service access, respondents named specific groups of people who have difficulty accessing the services. Nearly a fifth of respondents (19%, *n* =19) indicated that people who are uninsured or underinsured have difficulty accessing the supports they need, followed by justice-involved people (16%, *n* = 16), people whose symptoms of mental illness impede their ability to navigate the service system (11%, *n* =11), people who are unhoused (10%, *n* =10), and people without transportation (10%, *n* = 10).



The following quotes are examples of responses pertaining to difficulty accessing services:

"…those without insurance have a much harder time accessing services." - DCo6

"People experiencing homelessness or unstable housing situations... because without the foundation of secure and safe housing, they do not have the resources to focus on their mental health needs" - DCo10

"Those without insurance, those without a serious mental illness, those with more serious/violent offenses all have difficulty accessing services" - DCo48

ORGANIZATIONAL CAPACITY DATA

This assessment of capacity is focused on treatment types that our stakeholders identified as very important for justice-involved people with mental illnesses. These treatment types are community-based mental health and substance use services that are comprehensive and typically serve clients who have greater treatment needs, such as those with severe and persistent mental illnesses (e.g., schizophrenia, bipolar disorder, major depression). Although it is important to assess the capacity of all treatment types, supports such as outpatient therapy and medication management (as a standalone service) are not included here.

The research team worked with the Criminal Justice Resource Center, Alliance Health, and the SUI subcommittee to identify and collect information about the capacity of core community-based services for people with mental illnesses in Durham's criminal justice system. Given the high prevalence rate of substance use among people with mental illnesses, this capacity assessment includes substance use services. Alliance Health shared a list of behavioral health service providers that offered Assertive Community Treatment Teams (ACTT), Community Support Teams (CST), Substance Abuse Intensive Outpatient (SAIOP) programs, and Substance Abuse Comprehensive Outpatient Treatment (SACOT) programs. The research team also gathered information about providers that offered opioid treatment, particularly Medication Assisted Treatment (MAT) and Medication Supported Recovery (MSR).

The research team then developed a list of questions to assess the providers' current capacity, including services provided, current waitlist, number of providers or teams, and whether or not they provide services to those without Medicaid or private insurance. The research team then worked with staff members at the Criminal Justice Resource Center to coordinate outreach to service providers and obtain answers to each question. Results were entered into an Excel spreadsheet.

Each person conducting outreach with providers asked the following list of questions:

1. Confirm that the provider offers the services listed (i.e., CST, ACT, SAIOP, SACOT, MAT/MSR).
2. How many teams does the provider have in EACH service listed?
3. How many clients does the provider serve on EACH team?
4. Do they currently have a waitlist for EACH of the services listed?
5. How long it takes to access EACH service (on average). In other words, how long does it take to get off the waitlist?
6. Does the provider have any other waitlist information from previous years for EACH of the services?
7. Does the provider offer services to those who don't have Medicaid?

Enhanced Mental Health Services

Assertive Community Treatment and Community Support Teams

Organization	Service Type	# of teams	How many clients served by each team?	Current waitlist? Y/N	Provide services to those w/out Medicaid?
Carolina Outreach	ACT	2	62	Y	Yes
Carolina Outreach	CST	5	25	Y	Yes
The Aya Center	CST	6	Unavailable	Unavailable	Unavailable
EasterSeals	ACT	1	Unavailable	Y	No

Three behavioral health service providers reported offering either CST or ACT. CST and ACT are community-based team approaches to addressing the treatment and rehabilitative needs of adults with complex treatment needs or severe and persistent mental illnesses. Two service providers reported having a waitlist at the time of the assessment.

More information regarding treatment approach, service definitions, and eligibility criteria is available from the North Carolina Department of Health and Human Services:

Assertive Community Treatment: https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/adult-mental-health-services/assertive-community-treatment

Community Support Team: https://www.ncdhhs.gov/media/10095/download

Substance Use Treatment

Medication Assisted Treatment (MAT) for Opioid Use Disorder

Provider name	Service Type	Opioid Treatment Provided	# of providers	# of clients served	Current waitlist? Y/N	Time to access (Days)	Provide services to those w/out Medicaid?
New Seasons/Durham Treatment Center	Opioid Tx	MAT - Buprenorphine, Suboxone	8	315	Y	14	Private pay only
Carolina Behavioral Care	Opioid Tx	MAT - Buprenorphine	6	200	N	7	Yes
The Hope Center for Advancement	Opioid Tx	MAT - Buprenorphine	5	110	N	5	Yes
Lincoln Community Health Center	Opioid Tx	MAT	5	200	N	1	Yes
Recovery Innovations	Opioid Tx	MAT - Buprenorphine, naltrexone, suboxone	2	50	N	3	Yes
SMART Program - Durham County Detention Center	Opioid Tx	MAT	2	35	N	1	Yes

Medications are a key resource for treating opioid use disorder. Six behavioral health service providers as well as the Durham County Detention Center reported offering medication assisted treatment (MAT)/medication supported recovery (MSR), most of which provide buprenorphine (a form of MAT that does not require detox and can be prescribed by outpatient physicians rather than requiring daily in-person visits to a clinic). One of the providers accepted private pay only and all others were state-funded services and available to those without insurance. With one exception, there were no waitlists for the services at the time of the assessment and people were able to access the services within 1 to 7 days.

Additional information about buprenorphine can be found at this link:
https://files.nc.gov/ncdhhs/BuprenorphineGuidance.pdf

Additional information MAT in jails can be found at this link:
https://injuryfreenc.ncdhhs.gov/preventionResources/docs/MATinJails-022620-WEB.pdf

Outpatient Substance Use Services

Provider name	Service Type	# of teams	# of providers on each team	# of clients served by each team	Current waitlist? Y/N	Time to access (Days)	Provide services to those w/out Medicaid?
B&D Integrated Health Services	SAIOP	1	3	15	N	1	No
Carolina Community Support Services	SAIOP	1	Unavailable	5	Y	Unavailable	No
Community Alternatives/ CASCADES	SACOT	1	Unavailable	15	Y	30	Yes, state funded
Community Alternatives/ CASCADES	SAIOP	1	Unavailable	15	Y	30	Yes, stated funded
Healing with CAARE	SAIOP	1	3	Unavailable	N	Unavailable	Yes
Criminal Justice Resource Center	SAIOP	1	Unavailable	60	N	21	Yes, services are free

Five behavioral health service providers reported offering either substance abuse intensive outpatient (SAIOP) or substance abuse comprehensive outpatient treatment (SACOT). SAIOP and SACOT are both intensive substance use disorder treatment that offers individual and group treatment and is provided multiple days each week (i.e., 3 days for SAIOP and 5 days for SACOT). Of the five service providers, two reported having waitlists for services at the time of the assessment. In addition, two providers reported offering services to people without insurance.

More information regarding treatment approach, service definitions, and eligibility criteria is available from the North Carolina Department of Health and Human Services: https://www.ncdhhs.gov/media/15048/download?attachment

Capacity Summary

Although estimating the number of people in Durham who need ACT or CST is beyond the scope of this study, results show that the existing capacity does not meet the current community needs. This limited capacity of ACT and CST services is evident in the fact that all three ACT teams in Durham (2 at Carolina Outreach and 1 at EasterSeals) had waitlists at the time of the assessment, regardless of funding source (i.e., Medicaid or state-funded services for people

without insurance). Similarly, enhanced substance use treatment approaches – SAIOP and SACOT – also had limited capacity, indicated by waitlists at the time of the assessment. On the other hand, MAT services in Durham appeared to be available at the time of the assessment, with all but one private pay provider reporting no waitlist for their services. Although understanding factors that impact differences in capacity across service types is beyond the scope of this rapid assessment, it is important to note the greater availability of new funding initiatives to address the national opioid epidemic. Enhanced mental health treatment approaches could benefit from this same level of investment.

DATA LIMITATIONS

The primary aim of this assessment was to update the SIM map and to provide some additional perspectives from those with relevant personal and professional experience. In addition, the assessment needed to be completed within a 6-month time period. Consequently, the research team and SUI subcommittee selected data collection methods that reflected the aims and brief timeline defined by the assessment scope. As a result, there are a few limitations that should be considered when interpreting the assessment findings.

First, the SIM mapping process was completed by Durham's Stepping Up Initiative committee members and its contents were reviewed by a subcommittee. Although participants in the mapping process had vast experience with the local criminal justice and behavioral health service systems, it is possible that there are errors in the updated map, including missing resources, resources that no longer exist, and pathways (i.e., arrows) that may be displayed incorrectly. It is important that the SUI committee treat the map as a "living document" and periodically update it when changes in resources and processes occur.

Second, guided by the preferences of the SUI subcommittee, the survey included mostly open-ended items for questions pertaining to service needs, problems accessing services, etc. The benefit of this strategy is that respondents' answers were not restricted to multiple choice items predetermined by the research team. Rather, respondents could share what was most important to them. On the other hand, the challenge of open-ended questions is that these individualized answers yield low counts or low rates of endorsement for specific items which make it difficult to see patterns in the responses and to prioritize one category over another.

Third, the research team and SUI sub-committee used purposive and snowball sampling which targeted specific networks that know about mental health and criminal justice systems and asked them to share the survey with those in their network. The benefit of this strategy is that respondents have relevant personal or professional expertise in mental health and criminal justice systems. The challenge is that this sampling strategy limits the generalizability (i.e., representativeness) of our findings, and it is possible that there may be clusters of respondents from some organizations with similar perspectives.

Fourth, this assessment represents one point in time (i.e., the end of 2021 and early 2022). Given the changing service environment, findings - particularly those related to service data (e.g., available services and waitlists) should be interpreted as a 'snapshot' and not necessarily indicative of trends. In addition, the assessment of organizational capacity was selective, focusing on enhanced mental health services and comprehensive and intensive substance use service approaches rather than an assessment of all services offered. For a more comprehensive understanding of capacity trends, the research team recommends obtaining longitudinal data (i.e., capacity information over time), such as a monthly average waitlist, for select services and may consider expanding the capacity assessment to other service types (e.g., medication management, outpatient therapy).

Nevertheless, findings from this study yield several actionable takeaways that Durham County leaders and community partners should consider as they prioritize resources and effort moving forward.

KEY OBSERVATIONS AND TAKEAWAYS

Commitment from Community Members and Leaders

Durham County is a community with many behavioral health resources and other community supports for people involved in the criminal justice system. In addition, Durham has local leaders who are committed to addressing serious challenges that are faced by people with behavioral health conditions in the criminal justice system. This commitment has come in the form of significant public investment into programs and interventions that address the needs of individuals with behavioral health conditions (e.g., behavioral health services within detention, and county-funded diversion interventions such as mental health court) as well as significant cross-system collaboration as evidenced by the dedication of SUI members and other community-based groups. Most recently, the Board of County Commissioners requested an update of Durham County's 2019 SIM, indicating ongoing interest in and commitment to addressing gaps in our service continuum to divert people with mental illnesses from the criminal justice system.

Enhancing Service Capacity

Looking across the SIM map, resources to support people with behavioral health conditions are found at each intercept, from Behavioral Health Urgent Care at intercept 0 and the upcoming Community Safety Department pilot programs (see Appendix E) at intercept 1, through the Local Reentry Council and specialty mental health probation at intercept 5. With some exceptions (e.g., Forensic Assertive Community Treatment), Durham County has the evidence-based practices (e.g., mental health court, assertive community treatment team) and other essential interventions (e.g., pretrial diversion programming) that the SIM suggests for communities. However, assessment findings show that service capacity is limited in three ways: (1) waitlists for key behavioral health services (e.g., SAIOP, ACT, CST); (2) significant barriers to accessing services for groups of people, namely those who are uninsured or under-insured; and (3) the lack of a forensic assertive community treatment (FACT) team and other mental health interventions designed specifically for justice-involved people [10]. Consequently, service expansion and enhancement could focus both on broadening eligibility for uninsured Durham residents and enhance provider capacity to increase their caseloads (e.g., additional ACT and CST teams or SAIOP providers). Further, Durham County efforts could focus on implementing FACT and other mental health interventions specifically designed for justice-involved people.

Further, access to service capacity information for this assessment was limited and more information is needed to inform future decisions, including real-time availability and accessibility of enhanced behavioral health services as well as capacity of peer support programs and housing resources.

Last, service capacity data available for this assessment was limited and more information is needed to inform future decisions to enhance local capacity for essential behavioral health services. For instance, the County could partner with Alliance Health and local service providers to obtain organizational data to track the number of people on waitlists, the average time to receive services, and other relevant data for understanding service capacity over time. The research team suggests partnering with Alliance Health given their access to information, administrative relationship with service providers, and their existing gaps and needs analysis process. The County may also consider engaging clients who are on waitlists to better understand their needs for interim support while awaiting comprehensive treatment. In addition to understanding capacity of behavioral health services, efforts in Durham should focus on identifying the capacity of peer support programs and housing resources available for people with behavioral health conditions in the criminal justice system. Given assessment findings about the importance of these two resources, efforts should focus on identifying current providers, understanding what the gaps in resources are, and estimating how many additional services or supports are needed.

Therapeutic Value of Lived Experience

In addition to having a comprehensive behavioral health service system, the assessment findings show the importance of peer supports in the treatment and recovery process. Peer supports, whether in behavioral health services or criminal justice system settings, can understand and assist with the many challenges a person may face on their journey to recovery and community reintegration and can support this process through the insight and expertise from their own lived experience. Peers can be embedded into services across the sequential intercept map, including within treatment providers at intercept 0, Mental Health Court at intercept 2, through incarceration, re-entry services, and community supervision. Peers can promote successful engagement with services by establishing trusting, non-stigmatizing relationships and providing hope for recovery. They may also provide crucial assistance to prevent people from "falling through the cracks" following referral to services, including navigation of eligibility requirements and transportation. Consequently, recognizing and investing in the therapeutic value of lived experience could enhance supports to individuals and may also increase service engagement.

Housing is a Treatment Intervention

Although the focus of the SIM map is behavioral health resources, the results of the survey demonstrated the importance of housing both as a critical need and a resource gap in Durham. Housing provides a foundation upon which people can pursue personal goals and improve their quality of life and research has shown that living in a stable home environment improves health, employment, and educational outcomes [11]. Assessment results show a heightened awareness of Durham's acute housing crisis and the impact it is having on Durham residents, especially those with behavioral health conditions and who are justice-involved. Respondents noted that safe and affordable housing is a treatment intervention and that failing to address housing stability among people with behavioral health conditions limits the potential impact of any treatment intervention because a person's basic needs are not being met.

Supportive housing is a strategy that combines affordable housing with intensive coordinated services to help people struggling with chronic physical and mental health conditions maintain stable housing and receive appropriate health care. Supportive housing has been shown to significantly improve criminal justice and mental health outcomes (FUSE, 2010). In addition, Housing First is an approach that is guided by the belief that people's basic needs, such as food and shelter, must be met before addressing other needs like employment and behavioral health treatment. The Housing First approach contrasts other types of programming that make housing contingent upon treatment adherence or negative drug screens. Rather, Housing First approaches prioritize housing as a critical need and then wraps additional services (e.g., mental health and substance use treatment teams) around the individuals.

Given the larger housing market challenges impacting the country, local efforts are needed to ensure that lower-income people, especially those with behavioral health conditions and criminal records, are prioritized in community-wide solutions to the current housing crisis. There are a number of local organizations leading housing advocacy efforts for lower-income Durham residents. Members of the SUI committee can seek to collaborate with them to ensure that the interests of justice-involved people with behavioral health conditions are represented.

NEXT STEPS

In its typical format, sequential intercept mapping processes end with a prioritization activity and a planning process. Stakeholders participating in Durham's 2019 SIM participated in this process and identified discrete priorities and developed action plans for each. These priorities and action plans formed the foundation for a number of SUI subcommittees that consisted of representatives from county government, behavioral health providers, criminal justice entities, university partners, and community resources. These subcommittees began to address the SIM priorities until March 2020 when COVID-19 impacted operations and priorities across partners.

Results from the 2022 SIM update provide an opportunity to restart these collaborative efforts. Specifically, the SUI should re-establish working groups with representation from multiple behavioral health and criminal justice entities as well as those with lived experience of behavioral health conditions and/or involvement with the criminal justice system. The SUI could consider organizing these workgroups based on the following:

(1) Enhance service capacity and to improve access to services.

(2) Address safe and affordable housing needs as a critical component of behavioral health treatment.

(3) Assess feasibility to integrate peer support in services provided at each intercept

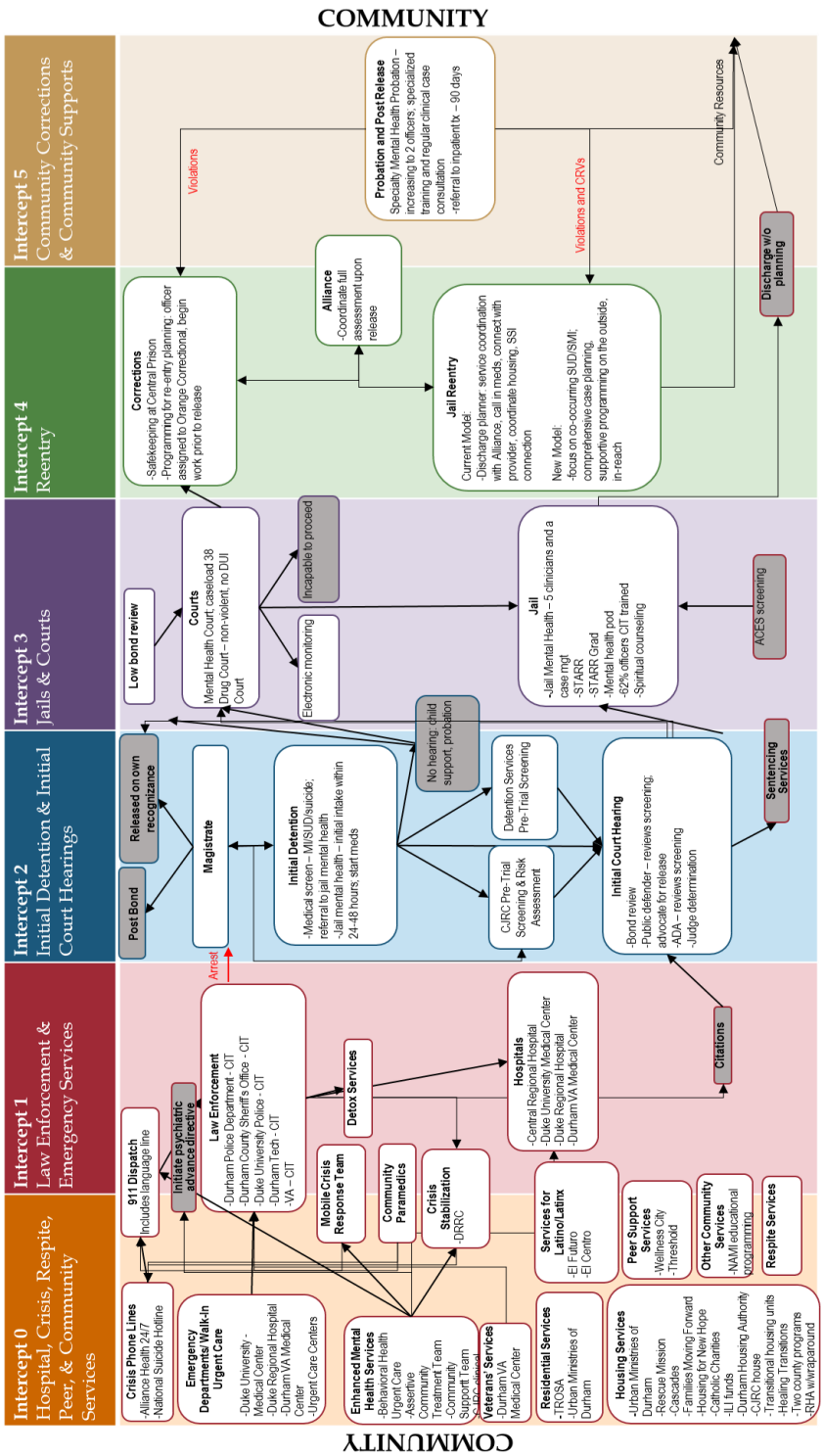
We also recommend that progress on these priority areas be documented and reported at each SUI committee meeting and that a point person(s) be designated to help monitor the status of subcommittee meetings and develop a schedule for reports to the larger committee. These measures will help ensure accountability, identify roadblocks encountered, and mark progress on these priority areas. These efforts will also provide more direction and guidance about the type and number of resources needed to address system gaps.

REFERENCES

1. Al-Rousan, T., Rubenstein, L., Sieleni, B., Deol, H., & Wallace, R. B. (2017). Inside the nation's largest mental health institution: A prevalence study in a state prison system. BMC Public Health, 17(1), 342. https://doi.org/10.1186/s12889-017-4257-0
2. Prins, S. J. (2014). The Prevalence of Mental Illnesses in U.S. State Prisons: A Systematic Review. Psychiatric Services (Washington, D.C.), 65(7), 862–872. https://doi.org/10.1176/appi.ps.201300166
3. James, D. J., & Glaze, L. E. (2006). Bureau of Justice Statistics special report: Mental health problems of prison and jail inmates. Washington, DC: US Department of Justice.
4. Crilly, J. F., Caine, E. D., Lamberti, J. S., Brown, T., & Friedman, B. (2009). Mental health services use and symptom prevalence in a cohort of adults on probation. Psychiatric Services, 60(4), 542-544.
5. Ditton, P. M. (1999). Mental health and treatment of inmates and probationers. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
6. Lurigio, A. J., Cho, Y. I., Swartz, J. A., Johnson, T. P., Graf, I., & Pickup, L. (2003). Standardized Assessment of Substance-Related, Other Psychiatric, and Comorbid Disorders among Probationers. International Journal of Offender Therapy and Comparative Criminology, 47(6), 630–652. https://doi.org/10.1177/0306624X03257710
7. Van Deinse, T. B., Cuddeback, G. S., Wilson, A. B., Lambert, M., & Edwards, D. (2019). Using statewide administrative data and brief mental health screening to estimate the prevalence of mental illness among probationers. Probation Journal, 66(2), 236-247.
8. Substance Abuse and Mental Health Services Administration (2021). The Sequential Intercept Model (SIM) retrieved from: https://www.samhsa.gov/criminal-juvenile-justice/sim-overview
9. Substance Abuse and Mental Health Services Administration (2022). About the GAINS Center retrieved from: https://www.samhsa.gov/gains-center/about
10. Policy Research Associates (2019). Introducing the Forensic Assertive Community Treatment (FACT) Action Brief. https://www.prainc.com/introducing-forensic-assertive-community-treatment-fact-action-brief/
11. United States Interagency Council on Homelessness. (2019). The Importance of Housing Affordability and Stability for Preventing and Ending Homelessness (p. 5). https://www.usich.gov/resources/uploads/asset_library/Housing-Affordability-and-Stablility-Brief.pdf

APPENDICES

Appendix A: 2019 Sequential Intercept Map



Appendix B: 2019 Action Steps and Priority Areas

The following tables reflect the original priority areas and action steps identified during the 2019 SIM process and progress that committees made as of January 2020.

Priority Area 1: Community Education

Table 1: Priority Area 1 – Community Education: Making residents aware of available mental health services	
Action Step	**When**
Explore simplifying Alliance Hotline	Next Stepping Up meeting / 2 months
Explore Nurse Hotline	Next Stepping Up meeting / 2 months
Other Community Models for 911 triage	Get information to Gudrun for March Meeting
Meet with 911 via committee- include the software question	March meeting
Public Advertisement campaign subcommittee (Crisis- CIT and non-crisis network of care)	Next Stepping Up Meeting / 2 months
Make Network of Care more user friendly	March
Web analytics report on Network of Care	March

Priority Area 2: Access to Housing

Table 2A: Priority Area 2 – Access to Housing Increase access and availability for people with mental health problems in shelters	
Action Step	**Status**
Obtain census data for shelters, - specifically justice-involved individuals with mental illness or SUD	In progress – there does not appear to be a specific data field for CJ involvement
Explore whether HMIS includes justice involvement	Complete - one tool has some CJ related info but not easy to extract
Understand who is and is not eligible for shelter stays	In progress – UMD has attended SUI meeting and presented; Rescue Mission remains
Address the Monday scheduling issue at Urban Ministries	Complete – UMD presented at SUI and explained the process
Talk to shelters about banning protocols	In progress
Make detention center affiliate	Complete – this was confirmed at SUI committee
Invite Urban Ministries and Rescue Mission to SUI to discuss justice-involved individuals with mental illnesses and SUD	In progress – UMD presented at SUI; Rescue Mission remains
Table 2B: Priority Area 2 - Access to Housing Collaborate with existing housing initiatives to coordinate resources	
Consider attending meetings of existing groups (e.g., Mayor's roundtable for landlords, the Unlocking Doors Initiative, etc.)	In progress – team members were unable to attend the most recent meetings of these groups
Meet with representatives from the Housing Authority to learn more about the City's efforts	In progress – meeting will be scheduled for January
Coordinate meeting with the Local Re-Entry Council group focused on transitional housing	In progress
Reach out to the Community Empowerment Fund to learn more about their work	

Priority Area 3: Length of Stay

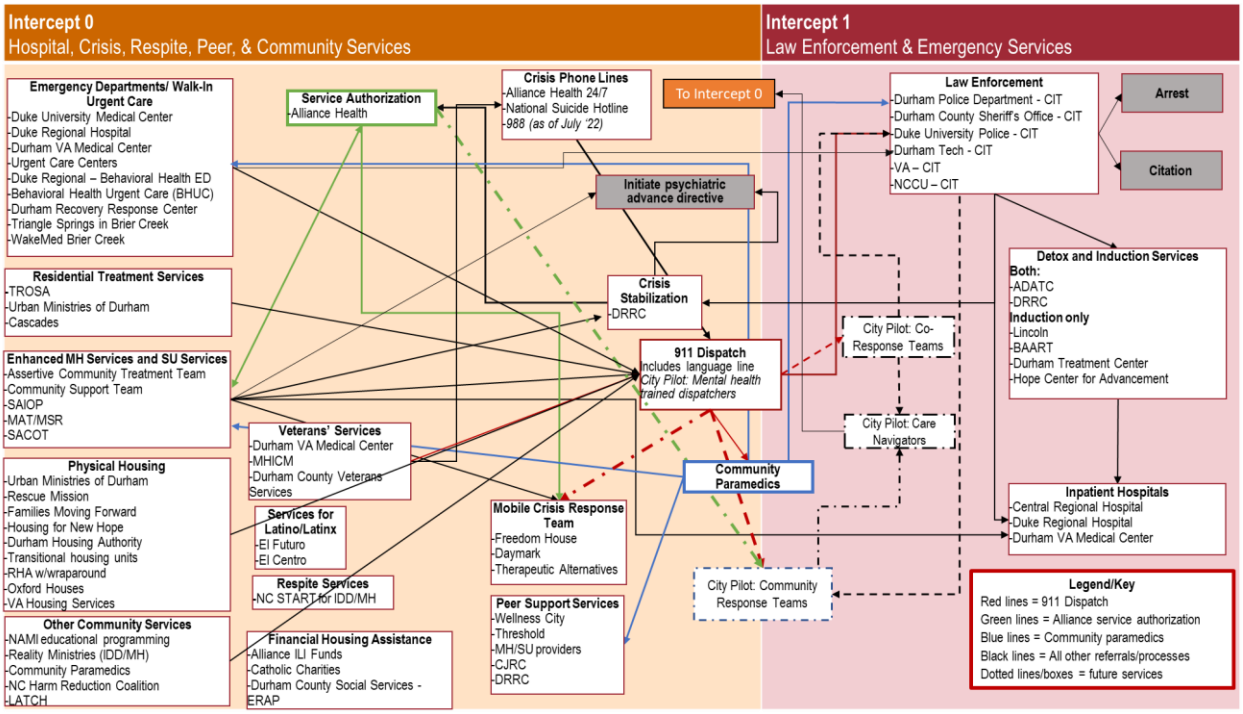
Table 3: Priority area 3 – Length of Stay (Updated Fall 2019) **Address the long length of stay for people with mental illnesses or SUD in the detention center**	
Action Step	**Status**
Set-up meeting to make action plan for length of stay	Complete
Set up meeting with court system representatives to discuss	Postponed → team decided to look at data to understand current status
Set-up meeting to discuss plans for data analysis	Complete
Conduct a brief analysis of the length of stay comparing (1) LOS of those MI to those without, and (2) changes in LOS of those with MI and those without over an 18 month period	Pending – end of year
Reconvene the action planning group to review data findings and plan next steps	

Priority Area 4: Services for Mental Health Court

Table 4 Priority Area 4 – Services for Mental Health Court **Address the gap in services to support participants in MHC**	
Action Step	**Status**
Set-up meeting for action planning and discussion	Complete – need to revise original plan of *Increase IPRS Funding for MHC*
Consider additional items identified at committee meeting (lawyer attendance at MHC training, have a forensic and MHC presentation for private attorneys, other models for providing services/supports given current constraints)	
Connect with CJRC about using data to demonstrate the difference between recommended service level and services received	
Reconvene the committee to check in about other action items	

Appendix C: Changes to the 2019 SIM Map

The following pages describe the specific changes to the content and the formatting of the 2019 SIM Map.



Acronyms in Intercept 0

- ED = Emergency Department
- ERAP = Emergency Rental Assistance Program
- CJRC = Criminal Justice Resource Center
- DRRC = Durham Recovery Response Center
- IDD = Intellectual and Developmental Disabilities
- ILI = Independent Living Initiative
- LATCH = Local Access to Coordinated Healthcare
- MAT/MSR = Medication Assisted Treatment/Medication Supported Recovery
- MHICM = Mental health intensive case management
- MH = Mental Health
- NAMI = National Alliance on Mental Illness
- NC START = Systemic, Therapeutic, Resources and Treatment
- RHA = Service provider
- SACOT = Substance Abuse Comprehensive Outpatient Treatment
- SAIOP = Substance Abuse Intensive Outpatient Program
- TROSA = Triangle Residential Options for Substance Abusers
- VA = Veterans Affairs

Acronyms in Intercept 1

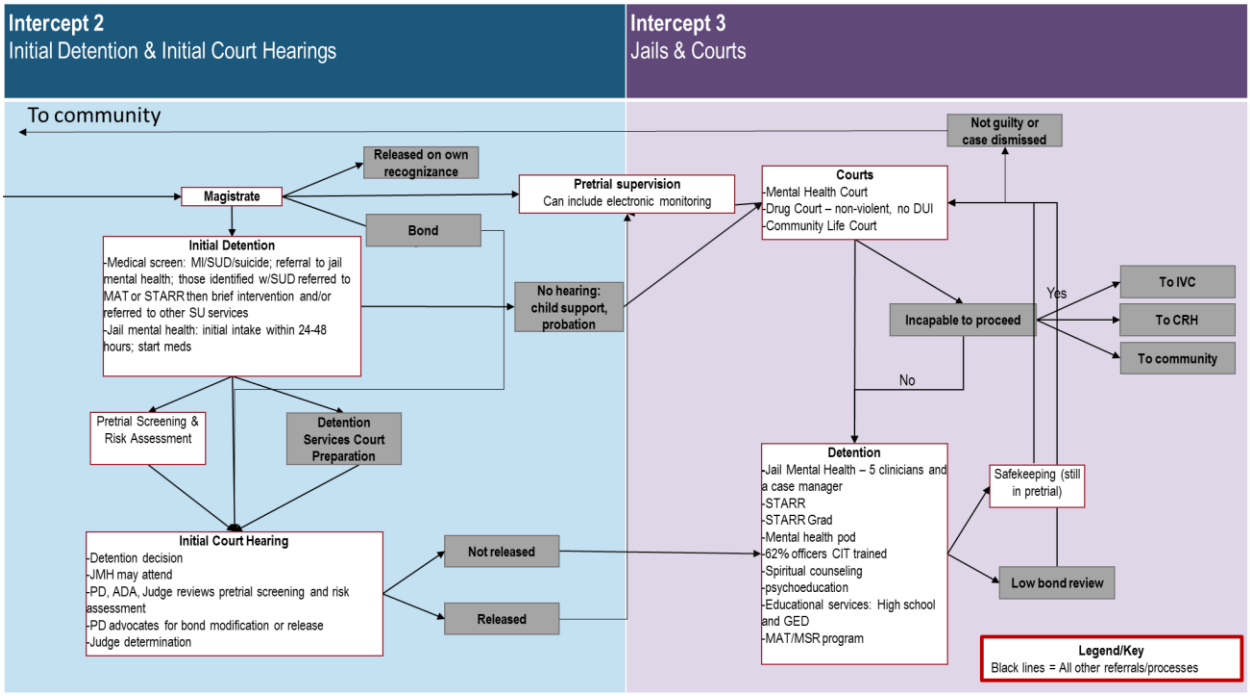
- ADATC = Alcohol and Drug Abuse Treatment Center
- CIT = Crisis Intervention Team

Changes to Intercept 0

- New categories for 'Physical Housing' and 'Financial Housing Assistance'
- Color-coded lines (i.e., red, green, blue) to show referral and communication pathways between community service organizations, 911 Dispatch, Community Paramedics, and Alliance Service Authorization
- Emergency Departments/Walk-in Urgent Care - added Recovery Innovations, Triangle Springs in Brier Creek, WakeMed Brier Creek, was Duke Regional Behavioral Health ED was also new
- Enhanced MH and SU services - added SACOT, SAIOP, MAT/MSR and removed CJRC Clinical Psychologist
- Physical Housing/Financial Housing Assistance - added Durham County Social Services - ERAP and removed Cascades, Healing Transitions, two county programs
- Mobile Crisis Teams - added Freedom House, Daymark, Therapeutic Alternatives
- Veteran's Services - added Mental Health Intensive Case Management (MHICM), Durham County Veteran's Services
- Peer Support Services - added MH/SU Providers, Criminal Justice Resource Center, Durham Recovery Response Center
- Other Community Services - added Reality Ministries (IDD/MH), Community Paramedics, NC Harm Reduction Coalition, LATCH
- 911 Dispatch - added, City Pilot: Mental Health trained dispatchers
- Crisis Phone Lines - added 988 (as of July '22)
- City Pilot Programs (intersection of intercepts 0/1) - added Behavioral Health Unarmed Response, Care Navigators, Co-Response Teams

Changes to Intercept 1

- Law Enforcement - added NCCU-CIT and VA CIT
- Detox and Induction Services - added RJ Blackley Alcohol and Drug Abuse Treatment Center, Durham Recovery Response Center, Lincoln, BAART, ·Durham Treatment Center, Hope Center for Advancement
- Inpatient Hospitals - changed from 'Hospitals' and removed Duke University Medical Center
- Added Diversion Programming



Acronyms in Intercept 2

- ADA = Assistant District Attorney
- JMH = Jail mental health
- MAT = Medication Assisted Treatment
- MI = Mental illness
- PD = Public defender
- STARR = Substance abuse treatment and recidivism reduction
- SU = Substance use
- SUD = Substance use disorder

Acronyms in Intercept 3

- DUI = Driving under the influence
- STARR = Substance abuse treatment and recidivism reduction

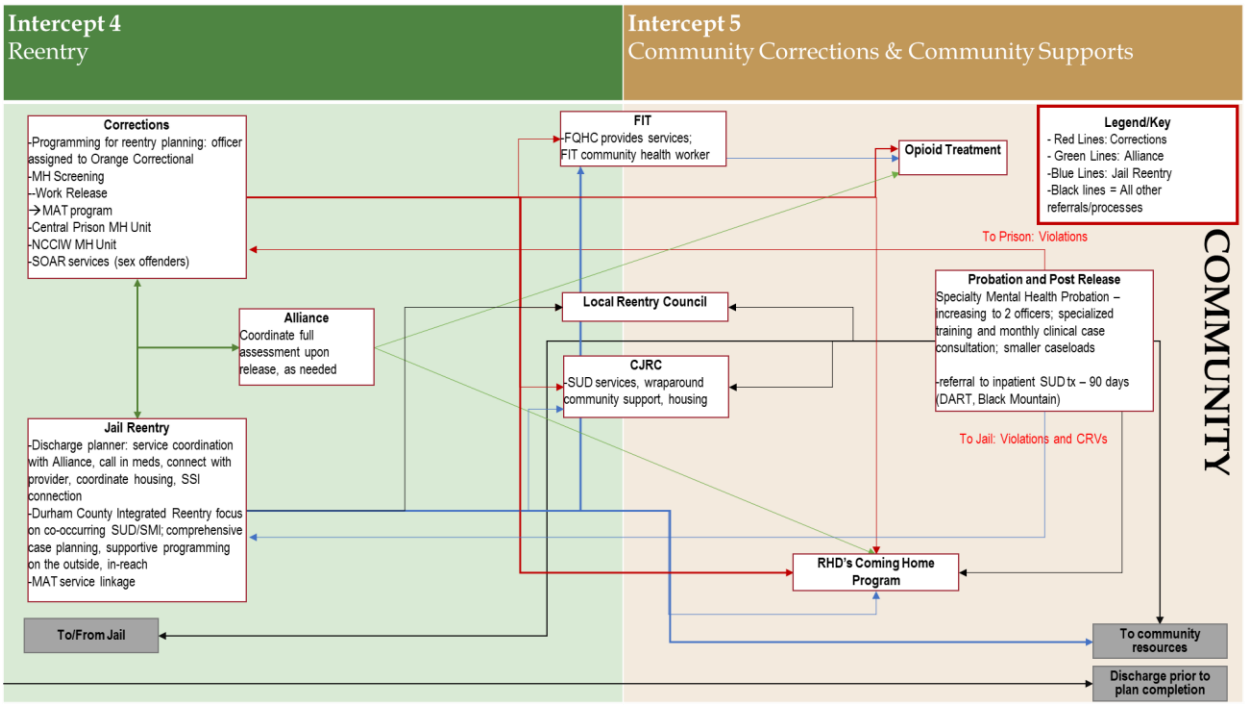
Changes to Intercept 2

- Added:
  - ‘Booked’ box before ‘Magistrate’
  - ‘Detention Services Pre-trial Screening’ box changed to a “process” box (grey)
  - Initial Detention - added Medical screen SUD protocol
  - Initial Court Hearing - added detention screening, 'JMH/MAT may attend', 'PD, ADA, Judge reviews pretrial screening and risk assessment', 'Public defender

advocates for bond modification or release,' and a line between 'Bond' and 'Initial Court Hearing'
    - Line between 'Magistrate' and 'CJRC Pretrial supervision'
    - 'CJRC Pretrial supervision' box
        - 'Electronic Monitoring' included under box
- Removed 'Sentencing Services' Box and two-way arrow between 'Magistrate' and 'PreTrial Screening & Risk Assessment'
- Changed 'Post Bond' to 'Bond'
- Initial Court Hearing - added bond review and line between 'Initial Court Hearing' and 'Released on own recognizance'

Changes to Intercept 3

- Added
    - Courts - Community Life Court and arrow from 'Low bond review' to 'Courts'
    - 'Low Bond Review' changed to a "process" box
    - 'Safekeeping (still in pretrial)'
        - Incapable to Proceed – added 'No' and 'Yes' as well as 'To involuntary commitment (IVC),' 'To Central Regional Hospital,' 'To community,' and 'process'
    - Jail - Spiritual counseling – psychoeducation, educational services, MAT/MSR program, Durham County Public Schools – High School
- Removed 'ACES Screening' box



Acronyms in Intercept 4

- MAT = Medication Assisted Treatment
- MH = Mental health
- NCCIW = North Carolina Correctional Institution for Women
- SMI = Serious mental illness
- SOAR = SSI/SSDI Outreach, Access, and Recovery
- SSI = Social Security Insurance
- SUD = Substance use disorder

Acronyms in Intercept 5

- CJRC = Criminal Justice Resource Center
- DART = Drug Alcohol Recovery Treatment
- FIT = Formerly Incarcerated Transitions Program
- FQHC = Federally qualified health center
- RHD = Resources for Human Development
- SUD = Substance use disorder
- Tx = treatment

Changes to Intercept 4

- Added
    - Corrections: 'MH Screening,' 'MAT Program', 'Correctional, begin work prior to release', 'Central Prison MH unit', 'NCCIW MH Unit,' and 'SOAR services (sex offenders)'

    - Jail Reentry - Durham County Integrated Reentry and MAT service linkage
    - ‘To/From Probation’ process box
- Changed 'Discharge w/o planning’ to ‘Discharge prior to plan completion’

Changes to Intercept 5

- Added
    - Colored lines to increase readability
    - Legend/Key - Red Lines=Corrections, Green Lines=Alliance, Blue Lines=Jail reentry
    - Formerly Incarcerated Transition Program (FIT) - FQHC provides services, FIT community health worker
    - Local Reentry Council
    - CJRC - SU services, wraparound community support, housing
    - RHD’s Coming Home Program
    - Opioid Treatment
    - Probation and Post-Release added ‘DART, Black Mountain,’ ‘To Prison: Violations,’ and ‘To Jail: Violations and Confinement in Response to Violations (CRV)’
    - ‘To community resources’ process box

Appendix D: Survey Items

Durham County Behavioral Health and Criminal Justice Resource Mapping and Needs Analysis

Note that the following text and questions appeared on a web-based survey and do not reflect the actual formatting and appearance of the survey.

The Durham County Government is partnering with a research team from the UNC Chapel Hill School of Social Work to complete a resource map and needs analysis of resources available to help divert people with mental illnesses from the criminal justice system.

The purpose of this assessment is to better understand the strengths and gaps in the service continuum and to inform decisions about how best to allocate resources for adults with mental illnesses in Durham County.

This brief survey will take approximately 10-15 minutes, depending on the length of your responses. This survey is for people who have worked and/or volunteered with organizations or agencies that serve individuals with mental illnesses (e.g., mental health providers, EMS, county detention, probation, medical providers, substance use services) or people with mental illnesses who have had past involvement with the criminal justice system (e.g., past incarceration, probation).

Your participation is completely voluntary and no identifying information will be collected. All information you provide will be kept confidential and results will be reported in aggregate form.

This survey may ask potentially sensitive questions about mental illness and criminal justice system involvement. To ensure anonymity, please do not to include identifying information in any open responses, including your name, place of work, or job title.

If you have any questions about the assessment or data collection form, please contact Tonya Van Deinse at tbv@email.unc.edu.

If you agree to complete the survey, please click the button below to begin the survey.

1. In the questions that follow, we will be asking you about your perspectives on criminal justice involvement, mental illness, and gaps in services and supports within the Durham community. On which of the following will you be basing your responses. Check all that apply.

- a. Your experiences as a person with a mental illness (e.g., depression, bipolar disorder, schizophrenia)
- b. Your experiences as a person who is or has been involved in the criminal justice system
- c. Your experiences as a family member of someone with a mental illness who has been involved in the criminal justice system
- d. Your current work and/or volunteer experiences with people with mental illnesses involved in the criminal justice system
- e. Other, Specify [open text] (go to next question)

2. Which of the following statements best describes your current work and/or volunteer experiences with people with mental illnesses involved in the criminal justice system? (select one)

- a. I work at a criminal justice agency (police, sheriff, courts, detention, probation and post-release) and some of the people we encounter have a mental illness
- b. I work at a mental health or substance use service provider and some of the people we work with have been involved in the criminal justice system
- c. I work at another community-based resource (e.g., housing) and some of our clients have a mental illness and have been involved in the criminal justice system
- d. I work at a medical provider (e.g., hospital, primary care) and some of our clients have a mental illness and have been involved in the criminal justice system
- e. Other, please specify (open text)
- f. I do not have current work and/or volunteer experiences with people with mental illnesses involved in the criminal justice system

3. Are you a peer support specialist or peer support worker?

- a. Yes
- b. No

4. We are interested in the perspectives of people who have had direct experience with the criminal justice system (e.g., arrest, incarceration, probation, post-release). Please select one or more of the following options that best describes your current or previous involvement in the criminal justice system.

- a. I have been arrested, booked, and charged for allegedly breaking the law
- b. I have been in juvenile detention
- c. I was previously sentenced to jail or prison
- d. I have been on probation, parole, or post-release
- e. None of the above
- f. Other, specify: (open text)

5. Have you ever been diagnosed with a mental health or substance use disorder? (e.g., schizophrenia, major depressive disorder, bipolar disorder, alcohol use disorder, etc.)

- a. Yes
- b. No

6. [ask if answer to Q1=D] Approximately how many years have you worked and/or volunteered in your current position?

7. [ask if answer to Q1=D] Approximately how many years have you worked and/or volunteered in Durham County?

8. [ask if answer to Q1=D] Which of the following options best describes the type of organization or agency that you work and/or volunteer for? Check all that apply.

- a. Mental health service provider
- b. Police Department or Sheriff's Office
- c. County detention/jail
- d. Corrections
- e. Probation and post-release
- f. The court system
- g. Substance use service providers
- h. Housing services
- i. Managed care organization
- j. EMS
- k. Crisis stabilization center
- l. Veterans' services
- m. Residential treatment provider
- n. Psychiatric inpatient
- o. Mobile crisis unit
- p. Other, please specify type of service [open text]

9. [ask if answer to Q1=D] In your work, volunteer, or personal experiences with the criminal justice system, what agencies have you interacted with? Check all that apply

- a. Police Department
- b. Sheriff's Office
- c. County detention/jail
- d. Corrections/prison
- e. Probation and post-release
- f. The court system
- g. Juvenile justice system
- h. Other, please specify [open text]

In this section, we will ask you about the types of supports people with mental illnesses need to help them stay out of the criminal justice system.

10.What types of mental health and substance use services and supports do you think are necessary for helping people with mental illnesses stay out of the criminal justice system? [open text]

- a. Follow-up: Are the services and supports you named currently provided in Durham County? If so, do these services and supports meet the needs of those who seek the services? Please explain. [open text]
- b. Follow-up: Do some individuals or groups have more difficulty accessing or engaging in those mental health services and supports? If so, who and why? [open text]

11. In addition to mental health and substance use services and supports, what additional resources (e.g., housing, vocational training, etc.) do people with mental illnesses need to help them stay in the community and out of the criminal justice system?

- a. Follow-up: Does Durham County have an adequate supply of the resources you named? Please explain. [open text]
- b. Follow-up: Do some individuals or groups have more difficulty accessing the resources you named? If so, who and why? [open text]

12. If additional funding was available to invest in services and programs aimed to divert people with mental illnesses from the criminal justice system, how would you recommend allocating those funds? [open text]

13. Are there any service providers or agencies who do a particularly good job of meeting the needs of their clients in Durham County? If so, please describe what makes them successful.

14. Please share any additional thoughts you have about resources and services to divert people with mental illnesses from the criminal justice system. [open text]

Please click the button below to Submit your responses to the survey.

Thank you for taking the time to complete this survey. We know that your time is valuable and appreciate your contribution to building the knowledge about specialized approaches to supervising individuals with mental illnesses. If you have additional questions or comments, feel free to email Dr. Tonya Van Deinse at tbv@email.unc.edu.

Appendix E: City of Durham's Community Safety Department Pilots

The **Crisis Call Diversion** pilot embeds licensed mental health clinicians into Durham's 911 call center to triage, assess, and respond to behavioral and mental health related calls that are non-emergent and non-life threatening. Its primary goal is to provide residents with quality remote (over the phone) care and/or connect residents to in-person care. By so doing, it diverts calls away from law enforcement and to trained behavioral and mental health counselors.

The **Community Response Team** (unarmed response team) pilot dispatches through 9-1-1 teams of unarmed, skilled, and compassionate responders to provide in-person care for behavioral health, mental health, and quality of life related 911 calls that are non-violent and non-life threatening. The three-person teams will include an Advance-EMT, Licensed Clinician, and Peer Support Specialist. The pilot's primary goal is to provide residents with quality in-person care based on their needs and, by so doing, increase the number of crises that can be resolved in community and reduce law enforcement encounters and unnecessary emergency room use.

The **Co-Response** pilot dispatches a licensed clinician with a Crisis Intervention Trained (CIT) police officer to the highest risk calls involving mental and behavioral health needs. Its primary goals are to (a) provide residents with behavioral/mental health care and peer support even when their calls are assigned higher priority levels and (b) more safely explore some call types to see if they might be appropriate for unarmed responses in the future.

The **Care Navigator** pilot sends two-person teams (a peer support specialist or community health worker and a licensed clinician) to provide in-person or phone-based care within 48 hours of initial encounter with crisis response teams. Care Navigators continue to follow-up until residents are linked to the care they need and want. The pilot's primary goal is to increase the likelihood that people receive community-based care, reduce unnecessary use of the emergency room, and decrease the number of people who experience multiple crises.

Appendix F: Links to Resources and Best Practices

Data Collection Across the Sequential Intercept Model: Essential Measures

https://store.samhsa.gov/sites/default/files/d7/priv/pep19-sim-data.pdf

Forensic Assertive Community Treatment (FACT)

https://store.samhsa.gov/sites/default/files/d7/priv/pep19-fact-br.pdf

Medication-assisted Treatment Inside Correctional Facilities

https://store.samhsa.gov/sites/default/files/d7/priv/pep19-mat-corrections.pdf

Permanent Supportive Housing Evidence-Based Practices Kit

https://store.samhsa.gov/sites/default/files/d7/priv/howtouseebpkits-psh.pdf

Principles of Community-based Behavioral Health Services for Justice-involved Individuals: A Research-based Guide

https://store.samhsa.gov/sites/default/files/d7/priv/pep19-mat-corrections.pdf

Screening and Assessment of Co-Occurring Disorders in the Justice System

https://store.samhsa.gov/sites/default/files/d7/priv/pep19-screen-codjs.pdf

The Sequential Intercept Model Brochure

https://store.samhsa.gov/sites/default/files/d7/priv/pep19-sim-brochure.pdf