Justice Services Department

THE STEPPING UP INITIATIVE

April 13, 2026

Minutes

Attendees: Elise Ashkin-Baker, **Carolina Outreach;** Abena Bediako, **HEART**; Antoinette Carter, **Durham County Sheriff Department;** Michele Easter, **Duke Psychiatry;** Roshanna Humphrey, **JSD;** Wendy Jacobs, **Durham Board of County Commissioners;** Eric Johnson, **Alliance Health;** Lao Rubert, **Local Re-entry Council**; Tremaine Sawyer, **JSD**; Nicole Schramm-Sapyta, **Duke Institute for Brain Science**; Renee Shaw**, JSD;** Marc Strange, **JSD;** Helen Trip, **Durham County EMS;** Tonya VanDeinse, **UNC School of Social Work;** Laylon Williams**, Alliance Health;** Angela Winchester, **Department of Adult Corrections-Community Supervision**

Qualitative Team Fall 2025 Updates
STAR Program Feedback
Positive Themes Identified by Participants

- Participants found the STAR program engaging, especially activities such as journaling and group sharing.
- They appreciated the group class format, which helped "bring people together."
- Strong praise for competent staff, peer support, and structured group settings.
- Participants valued connection to resources upon release, describing STAR as a way to "get yourself seen and heard for getting your needs met."
- Program helped participants learn about addiction, recovery, and provided pragmatic strategies for managing symptoms.
- Participants reported opportunities to reflect on trauma and build intrinsic motivation for change.

Quoted participant reflections:

- *"She made us have a journal… it made me go back in time and find the source of my problem."*
- *"If you choose to be your healer from the inside, then you can heal others… you got to be your own true healer before you can heal anybody else."*

Barriers Identified

Participants reported several barriers to accessing STAR:

- Eligibility confusion:

    - Requirements perceived as "too high" or "rigid," including bond amounts under $20,000 and assumptions about needing specific charges or court orders.
    - Some individuals wanted to attend but were not permitted.
- **Operational barriers:**
    - Some participants felt the program was "unorganized."
    - Scheduling did not align with detention timelines.
    - Individuals were not held long enough to participate.
- **Lack of awareness:**
    - Many had "not heard about the program."
    - One participant stated: *"They don't come around and say anything… I heard somebody asking about STAR on TV and that's how I learned to ask about it."*
- **Personal barriers:**
    - Some individuals did not recognize their addiction or need for help at the time.

The qualitative team is preparing a manuscript and exploring gathering staff perspectives next semester.

Quantitative Team Report – Therapeutic Housing Unit Analysis

Data Sources

- Detention facility bookings
- Duke Health records
- Justice Services program data
- Analysis period: **2014–2023**
- Qualitative sample: Individuals incarcerated **2019–2024**

Key Findings

- The therapeutic housing unit serves high-acuity detainees with daily mental health services, psychoeducation, and pro-social activities.
- Demographic comparisons show the unit is appropriately serving individuals with serious mental illness (schizophrenia, major depressive disorder, bipolar disorder).

Level of Care Change & Rearrest Rates

Participants were categorized by change in acuity status (red/yellow/green) from entry to exit.

- Those who improved:
    - ~25% rearrest rate within 3 months—similar to general population.
- Those who did not improve or declined:
    - Significantly higher rearrest rates.

Causal Analysis (Matching Study)

A statistical matching model compared individuals who improved vs. those who did not, controlling for:

- Race
- Mental health status
- Prior therapeutic housing visits
- Prior incarceration days
- Days spent in therapeutic housing

Result:

- 15% decrease in odds of rebooking for individuals who improved in therapeutic housing.

This supports long-standing observations from jail mental health staff: stabilization in therapeutic housing meaningfully reduces short-term rearrest risk.

Sequential Intercept Model (SIM) Planning Update

- SIM event rescheduled for **June 8, 2026** (full-day, in-person; food provided).
- Access to Care Subcommittee will meet April 20 at 11:00 AM to discuss whether children should be included in the mapping exercise.
- Invitations will be sent; members may request additional invites.

Subcommittee Updates

Mental Health Court

- New Mental Health Court Coordinator begins **April 27, 2026**.

Forensic Community Support Team (FCST)

- FCST implementation is going well; referrals are strong and staff responsiveness is high.
- Weekly case meetings are occurring.
- A justice-system training for FCST staff will be held Friday at the Justice Services Center.
    - This is not public training; it is specifically for FCST staff to learn justice-system processes.

Partner Updates & Discussion

IVC Routing Concerns

- Alliance Health raised concerns about all IVCs being routed to Duke instead of RI, contrary to the county crisis plan.
- Members suggested contacting:
    - Dawn Baxton (Public Defender's Office)
    - HEART's IVC team
- Additional discussion about challenges related to Iryna's Law (HB307), including:
    - Increased jail populations
    - Transportation burdens
    - Staffing shortages
    - Judges are issuing treatment orders after charges are dismissed, contributing to CRH backlog

Research Update (Duke Team)

- Studying impacts of Iryna's Law and outpatient commitment barriers.
- Evaluating statewide expansion of Law Enforcement Assisted Diversion (LEAD) programs.

General Assembly Hearings

- Members encouraged watching legislative hearings for updates on Iryna's Law implementation.