

Mental Health Advisory Board Notes

January 25, 2017

Comments from Commissioner Morris:

He noted the issue of mental health is a top issue across counties with so many different needs in different areas. The purpose of the meeting this evening is to talk through issues, review gaps and suggest solutions. The list is long and funding limited, but it is our hope to put resources together to help and improve services.

Overview of Board by Mike Downs:

The board is a selected level of Executive leadership from our County and certain sectors of those who work with individuals touch by mental health issues (Judicial/Law Enforcement/EMS/Health Care/Human Services/Educators/Providers and Public Officials). It was suggested the board meet four (4) times a year. Work groups will be developed to include more frontline members. The board will be tasked with assessing and identifying issues through information and data provided to discuss and send ideas to the workgroups to help with strategic planning.

A proposed Mission Statement was read along with the three goals for the Advisory Board to consider. Emphasis is first on the judicial system, the second emphasizing better allocation of local funding and resources for early intervention before incarceration and the third goal directed to the general population about assessing mental health services and prioritize services/funding

The board is made up of 25 members, set up by resolution from Commissioners. The role of the member is to serve in an advisory capacity. Work groups would be more active and meet regularly to report back to the MHAB with findings/recommendations. This board can advise County Commissioners as well.

Stepping Up (SU) Program Presentation by Ronda Tatum, Assistant County Manager, Forsyth County:

April of 2015 Forsyth adopted Stepping Up resolution to reduce number of mentally ill in their jails. The project was driven by a County Commissioner who served on a health board associated with the National Association of Counties (NACo). The project started with a steering committee including the Chief Deputy, Detention Officials, Judge, County Manager, and County Commissioner. There are about six (6) – seven (7) steps within the resolution that are required to fulfill. The project orientation for key leaders discovered several agencies were touching the same people: ex: DSS ward gets arrested and may be sent to hospital. The orientation also provided an opportunity to talk and communicate together about the same people being touched by the justice system and local resource by multiple agencies. Other buy in for the program needed was the judicial branches (DA/Sheriff). The leaders also had to determine what the definition of mental illness to work with and then begin using the same terminology moving forward. The leaders then needed to determine how, when and where to get data from those agencies impacted by working individuals with mental health issues.

Stepping Up Approach: Determined action steps: Plan/Act/Observe/Reflect

Be efficient. Three (3) planning meetings were held. What was the vision (if funding was not an issue)? Resources to housing, discharge planning, and navigators were identified. A vote at the last planning meeting determined the SU initiative move forward with the pilot project SUPER (Stepping Up To End

Recidivism). The pilot project applied and received grant funding from the county and local community foundations (\$50k from County and local MOE mental health funding). The sequential intercepts for the SUPER project diagram was shared. Five (5) intercepts were identified: Law Enforcement/Detention/Jail and Courts/Reentry and Community/Community Corrections. Local mental health dollars were used to fund medics.

SUPER Pilot Project: Focuses on the female inmate population.

May 2016: pulled 16 female cases and looked at history. All had trauma and victimization history with psychotropic meds. The Project Coordinator will screen the cases and work with eligible inmates on discharge planning. Once a discharge plan is created, there will be a focus on mental health and substance abuse. Will focus though on other issues such as medical/housing/vocational. A Peer Support Specialist will be hired to connect with clients and get them resources/services. Clients will be followed for one (1) year with a weekly check in. After one year, the client will graduate from the program. A Community Partners meeting will bring together, information about resources that will help with connecting connect to the appropriate services. A release is being developed for the client to take to agencies which will help with accessing the needed services.

Question on Caseload ratio: 1 staff/25 clients. The Pilot Program is under the Public Health Department to have access to critical information (medical). Forsyth does have a Mental Health Court that will be a stop gap as well.

Cardinal Innovations gets \$4.1 million from Forsythe County for safety net providers. The County had input on where left over funding from Cardinal went to help with the pilot. SUPER targets only clients adjudicated by the Courts. The project will try to catch some individuals going before judges and offer the project as an alternative for jail. The goal is to intervene at any step.

Cabarrus County Stepping Up Program - Sheriff Riley:

300 counties across the United States are involved with Stepping Up which includes 28 counties within NC. Concerns about individuals with mental health needs who have contact with law enforcement and are in our detention center has been a long standing issue. We have had many informal discussions at this point on how to address this. Starting a Jail Diversion can help us assist all citizens in saving money and doing the right thing for those involved. We are early in our process but can move fast.

Goals we should look at:

- What do we see as our problem in Cabarrus County?
- What data do we need and where do we get the data?
- What should our program look like?
- What agencies/players need to be involved?
- What funding is needed and what grants are out there?
- How will we measure objectives (the recidivism)?

Statistics from Sheriff Riley:

Jails have become common place for mental health asylums.

- 35,000 that are mentally ill, are in hospitals compared to 375,000 in the jails.

- 44 out of 50 states have more inmates with mental illness than the largest psychiatry hospital in the community.
- 20% to 35% of people booked in the jails have some kind of mental illness.
- In 2016, out of 2000 inmates booked in the Cabarrus Detention Center, 327 individuals needed mental health intervention. A large amount of individuals could be caught in a better screening process.
- 70% to 80% of the inmate population is from cities. Ex: Having an intervention process in place to work with individuals who have mental health needs can save the cities/county money, rather than having an Officer/EMS responding to the same individual person 29 times. Intervention processes would reduce calls for service and offer referrals to appropriate services.

It costs more to house a person in jail vs providing inpatient care. The jail provides the inmate population with mental health intervention and assistance when needed. Houston, TX has saved over \$12 million a year with the Stepping Up program. Alamance County is currently developing a big mental health program around Stepping Up. In July 2016, they had 476 inmates booked in their detention center. 65 inmates screened had mental health needs. If got 65 of them served, could save over \$150k (just in housing costs).

Mike Downs shared with the group how the mental health and substance abuse concerns in Cabarrus County rose to the level of the Commissioners through former Commissioner Mynatt and her story about what services are in our County and how do we access these services.

Judge Hamby shared that it may be more of a cost reallocation vs cost savings. Social Services are dealing with more cases involving mental health/substance abuse clients. There is a critical need to look at more long term service and build residential facilities.

Listing of Issues/Impacts:

Law Enforcement: Involuntary/voluntary commitments require supervision. When individuals are not committed, LE are back there 2 weeks later. There is no gap service between those periods and we respond again to the same people with the same results. When a person is picked up, during the interim period, individuals should be directed to appropriate services for help. LE agencies serve 125 commitments a month. This service takes Officers time away from the streets vs sitting in a hospital waiting for process. LE can make a detention and then get a Magistrate to sign an Involuntary Commitment. This is state policy in statute, if a commitment paper is not obtained, LE have to charge the person for protection of the community. This criminalizes mental illness. IF individuals are a danger to self or other, this is considered mentally ill for LE. LE responded to 96 calls at one house over 3 months. Hours of documentation and reports were created regarding her calls. Went to adult protective services (APS) to get help. The individual involved eventually went outside and shot at a neighbor, creating reason for an arrest.

Department of Adult Probation - Community Corrections are looking at more mental health issues that affect probationers and officers receive training and education about the rise of mental health issues

among probationers. Crisis intervention training (CIT) is available through Cardinal and Probation is assessing the need of CIT for Probation Officers.

Department of Juvenile Justice: Juveniles may not have Medicaid/coverage, so waiting is involved for MCO authorization. Youth with mental health issues has been an issue for some time. There continues to be a lack of resources for young offenders that can provide secure placement options. A need for more provider services is and long term treatment is important.

District Attorney's Office: Lack of resources for juveniles, especially for those with serious offenses/violent crimes. Ex: have a 15 year old in need of a placement and have lack resources to place them. Have a 16 year old who is sitting in jail with no treatment plan to get care he needs. We need more providers and resources for placements. Also lacking are placements and services for adults. Ex: Sex offenders, there are basic treatments but often they are not getting other services when coming back to the community. Secured placement options are needed as well as Long term treatment and care options. There are no services for them in jail as well, so they return to the community without a treatment plan and still may pose a danger to the community. Our civil courts/DSS/custody cases also involve individuals who struggle with mental health issues that are not just in criminal court. We do not have the appropriate victim assistance available. Over 80% of victims who have experienced human trafficking were victims of sexual assault as a child.

Education: More young children are being identified with mental health issues in our schools. Training has been provided for counselors to identify these issues and apply basic intervention skills. Threat assessments are being done to determine the danger of a child to the campus. There has been an increase in threats at schools with students and we are working with School Resource Officers (SRO) and the courts to assess and determine services. Parents may not cooperate to help their child with services. Working with parents through law enforcement means to try and address issues but still are limited at times. Our school systems cannot provide the mental health services due to lack of parental consents. Some children with mental health issues may often inherit this due to multi-generational issues. Students with mental health issues are receiving provider services at school. If a student is suspended, those services are reinstated with the student returns to school. School Systems can't mandate the services because there is no funding. Data is difficult to collect based on the transient nature of students. Schools do provide support however it is more of a short term support model to help them succeed in school. We believe our school systems are a much better place because there are better training tools and staff resources provided to the schools, yet there are still gaps.

Human Services: Child Protective Services (CPS) work with young clients who are living in homes where parents are involved with substance abuse, mental health and domestic violence going on at the same time. With serious mental health issues, DHS takes custody of the child. Due to lack of resources for long term placement, this becomes an issue. Adult Protective Services (APS) is experiencing younger clients who are having mental health issues. DHS is limited as well by statutes and jurisdiction to what they can do.

Emergency Medical Services: Have a successful community paramedic program which follows clients who have home plans after release from the Emergency Department. There is not a good "on-call"

mental health service at this time that could screen, assesses and connect the resources. Expanding the Community Paramedic program to serve as a resource channel to connect individuals with mental health issues could help reduce the number of folks going to the ED or Detention Center.

Carolina HealthCare Systems/Cabarrus Health Alliance: Public health and mental health are separate in NC, so creates issues locally. Public health system offers few alternatives often with poor results. Or the private system which is expensive. It is a “throw away” society. Drugs are prescribed to manage mental health issues. Judicial system becomes the only alternative. Healthy Cabarrus has identified substance abuse and mental health issues are the top two health priorities that need to be addressed in Cabarrus County at this time. The hospital emergency department has become a safety net for anything that doesn’t work. Patients can be prescribed treatment which can be refused. Individuals with mental health issues need to be evaluated and treated well before the justice system gets involved.

Service Providers: Interventions need to happen sooner. Mobile Crisis is underutilized. Access to care is the biggest issue faced. Barriers such as no Medicaid and missed appointments leads to providers having to be more selective in who they take and can help. Case management is the key to successful results. When individuals can’t access services or do not qualify, this means other individuals will not get unseen, thereby individuals with a mental illness may get adjudicated and criminalizing their mental illness which the individual may end up in the prison system. Individuals with mental illness can’t be mandated to receive services. Barriers also exist for people getting to services (work/transportation/funds). There is a need for providers/partnerships to collaborate more and improve communication that will help with better coordination to provide services and be open to adapting to meet the needs of the client.

Mental Health Services: Opioid and heroin use is on the rise. There is a real need for facility based crisis services for adolescents and substance abuse crisis safe havens. Temporary housing for those experiencing substance abuse crisis would also make a difference so that we could treat individuals in home their community.

***Monarch was awarded a pilot for facility based crisis which is being piloted in Mecklenburg County.

Elected Officials/Managers: Importance to look at homelessness and those who are homeless and have mental health issues. The needs are many and we need to work collectively to build bridges together. Mayor Eudy is committed to helping and doing all his community of Mt. Pleasant can do. We should approach citizens who have critical mental health needs that are crossing all agencies and try to work with them first.

Closing Comments: Commissioner Morris thanked everyone for attending and providing needed input to support the Mental Health Advisory Board. Everyone was asked to review the mission and goals of the board to agree on at the next meeting. It was agreed that initially, we may need to meet more often upfront and to create workgroups from those priorities that were discussed.

Next meeting: February 15th at 6pm in the Multipurpose Room at the Government Center. Dinner will be provided.