

FaithHealthNC

Community Health Assets Mapping

Partnership

CHAMP-Cycles of Incarceration

Cycles of Incarceration

Forsyth County

Provider Level Workshop Report

August 18, 2017

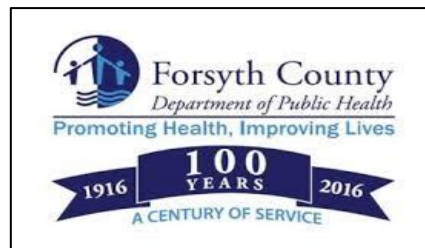
Seeker Reporting

August-Sept. 2017

CHAMP Access to Care Workshop

FaithHealthNC
A Shared Mission of Healing

 **Wake Forest™**
School of Medicine



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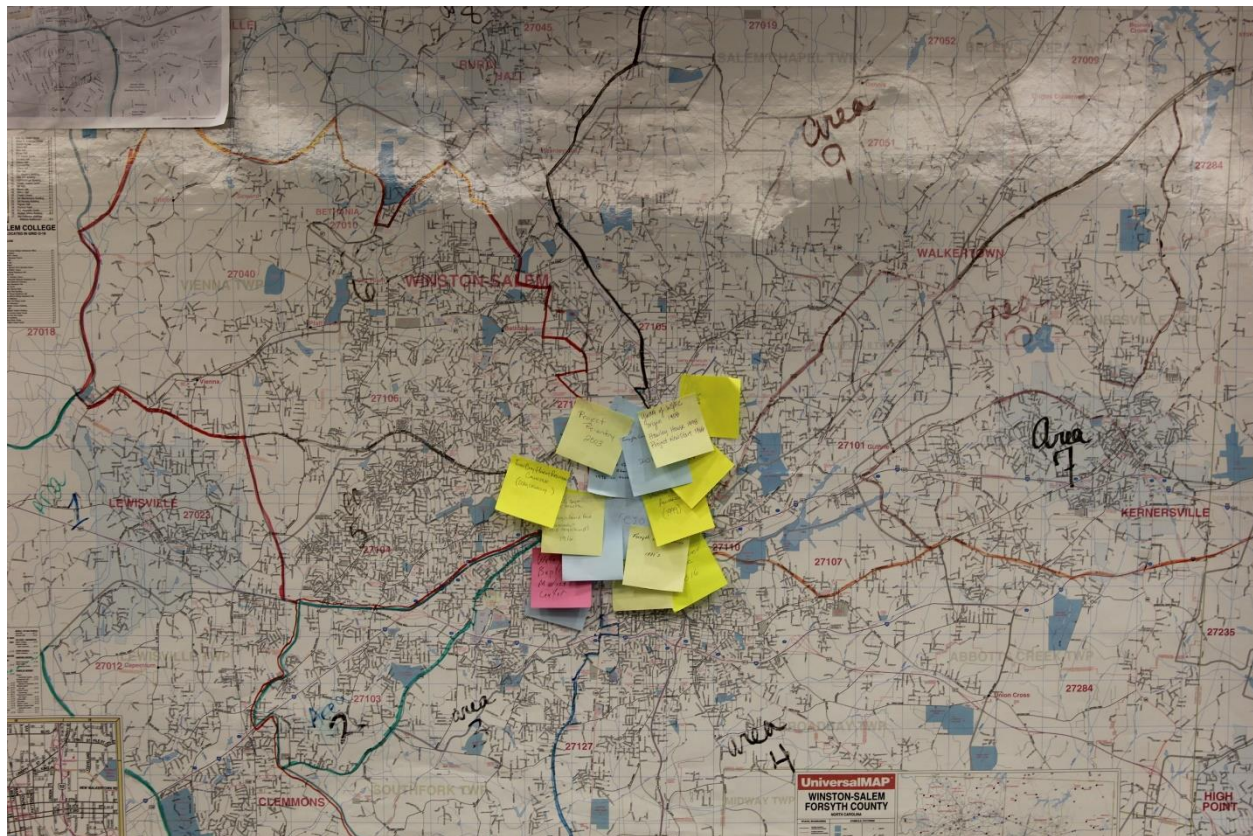
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This report is available online at: www.faithhealthnc.org

PROVIDER WORKSHOP INFORMATION



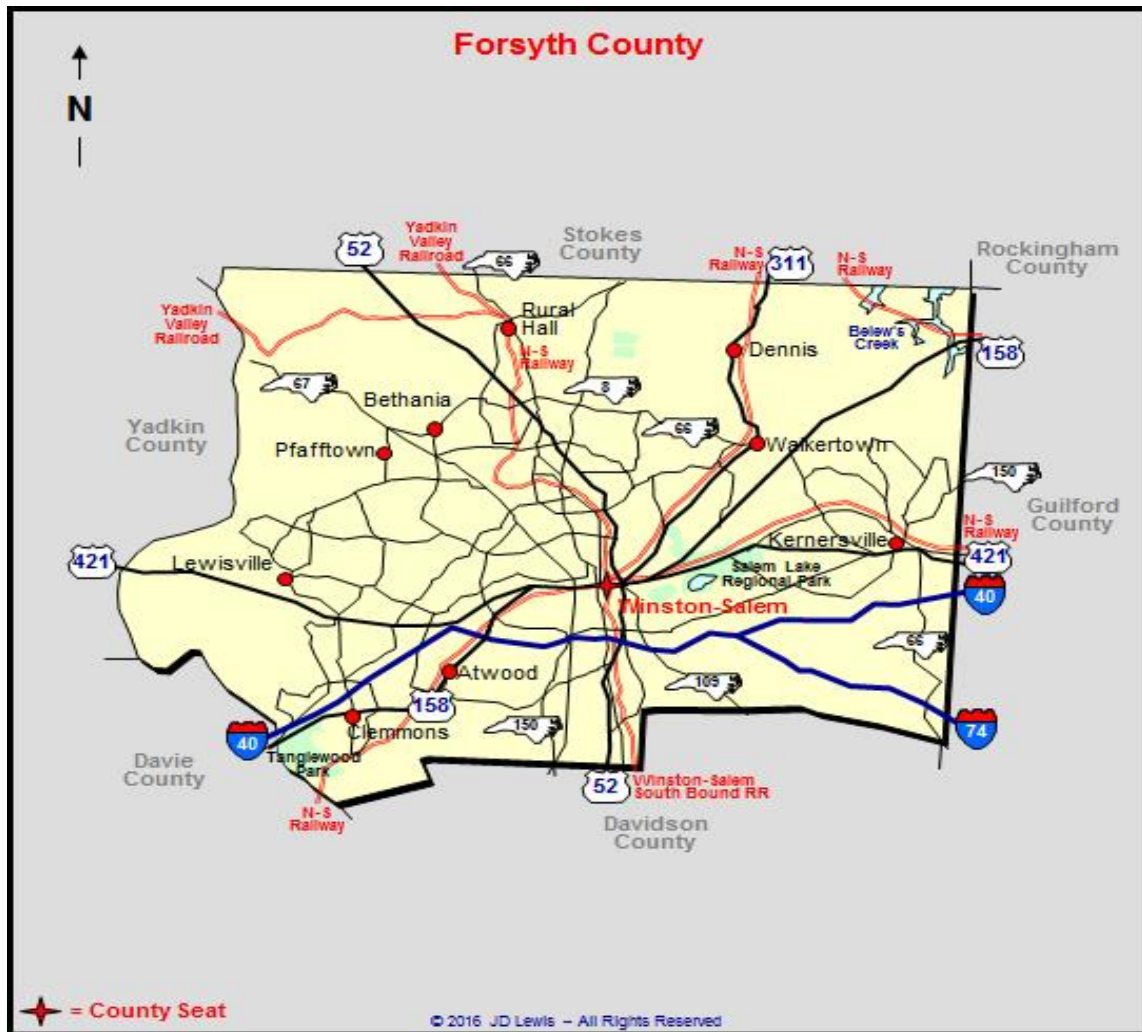
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SECTION A

AREA AND LEVEL

A half-day workshop, facilitated by Wake Forest Baptist Medical Center's FaithHealthNC, was offered in Winston-Salem at the provider level. As a part of the Community Health Asset Mapping Partnership in Winston-Salem, the workshop focused on institutional, organizational and individual service providers offering services to those in the community who are, or have been, incarcerated, or affected by the incarceration of another, in Forsyth County's detention center.



(Forsyth County)

The Forsyth County Sheriff's Office Law Enforcement Detention Center (LEDC) is a maximum-security detention facility housing adult males and females. The LEDC population consists of sentenced misdemeanants, and pre-trial inmates. The structure is an eleven (11) story twin tower, containing 400,000 square feet. There are 735 modular steel cells. Bed capacity is 1,016. The LEDC

sits in its own block of downtown Winston-Salem, bordered by Second Street on the South, Third Street on the North, Church Street on the West, and Chestnut Street on the East. **CY 2016 Inmate Population Summary (from Annual report):**

- Total population served: 244, 876
 - 78% Male; 22% Female
 - Average population per month: 20,406
- Average Daily Population: 669
- Average Intakes Monthly: 961
- Average Releases Monthly: 959
- Average Length of Stay: 21 days

For more information, see <https://www.forsyth.cc/sheriff/ledc.aspx>



(The LEDC)

DATE AND PLACE OF WORKSHOP

The Cycles of Incarceration Asset Mapping provider level workshop took place on August 18, 2017, at the Forsyth County Public Health Department, 799 Highland Avenue in Winston-Salem, NC,

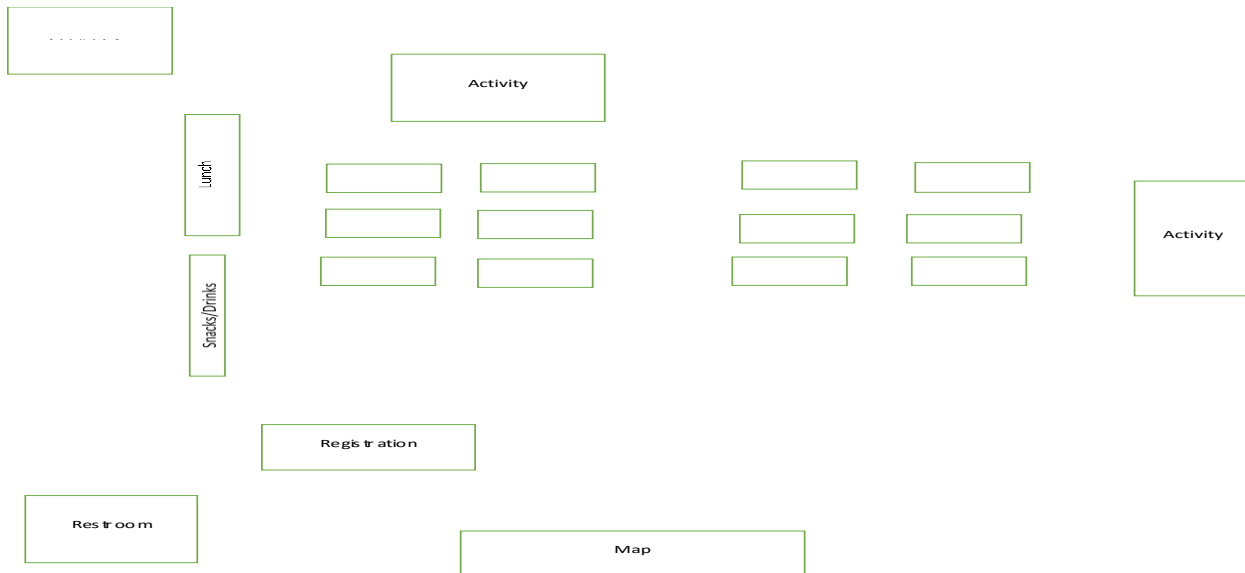
27101. The Health Department offered a central location for the participating providers. The workshop began at 8:30 a.m., and concluded by 1:30 p.m.

FACILITATION TEAM

Lead Facilitators:	Teresa Cutts, Ph.D. Rev. Gary R. Gunderson, M.Div., D.Min., D.Div.
Small Group Facilitators:	Rev. Emily Viverette, M.Div. Rev. Glenn G. Davis, M.Div. Rev. Christopher Henson, M.Div. Helena Epstein, M.Div.
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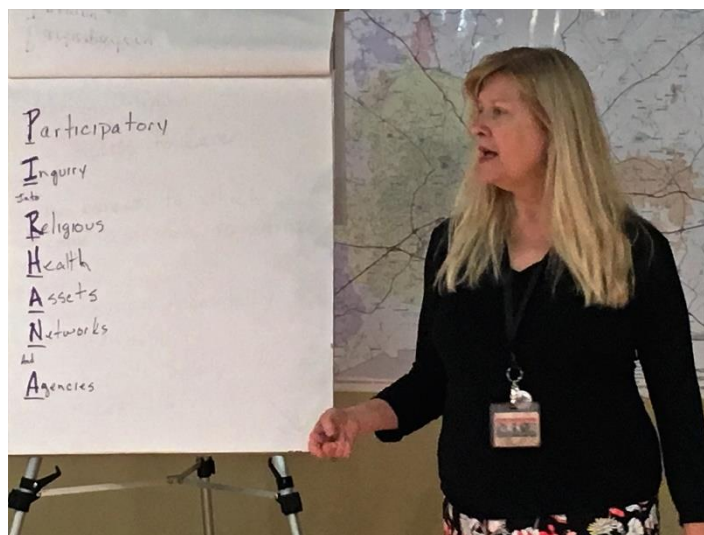
PHYSICAL DESCRIPTION

The workshop was held in the conference room at the Public Health Department, positioned near the entrance to the building. The room was handicap accessible. Snacks and drinks were available for participants as they entered the space. Restrooms were conveniently located nearby. There was ample individual seating, as well as multiple tables and chairs for groups. In the front of the room were the wall map and flip chart used during presentations. Other activity sites were positioned to the side and back of the room in a way that facilitated flow and interaction. Lunch was catered. Below is the room layout:



PREPARATORY WORK

Preparatory work for this PIRHANA workshop included several different activities including: background research, field study, data collection, map generation, facilitation team training, workshop planning, and workshop materials preparation.

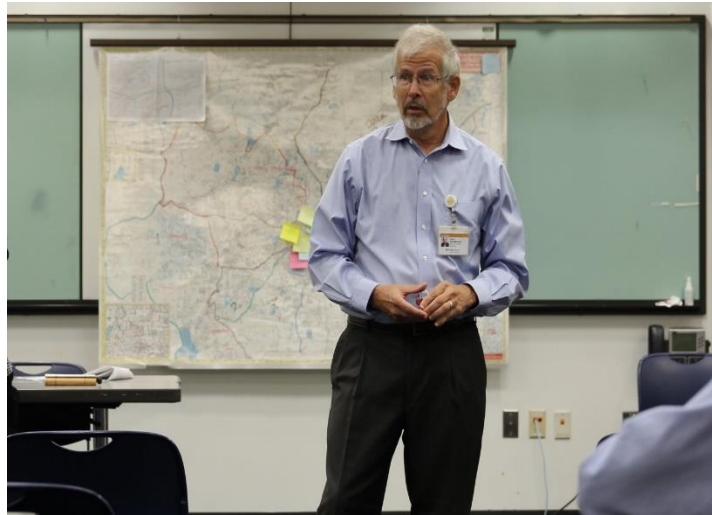


(Teresa Cutts)

Background Research included a review of Religious Health Assets Mapping projects in southern Africa, various approaches to community mapping, and models for participatory research projects.

Field Study included a series of transect drives through the study area with team members familiar with this area and the initial identification of key assets and potential key informants. These transect drives, in combination with the insights from key informants, were used to decide the preliminary boundaries for this mapping exercise.

Data Collection included the acquisition of basic demographic, socioeconomic and psychographic the study area, particularly the LEDC. Study staff compiled lists of known assets and interviewed key community informants.



(Gary Gunderson)

Map Generation involved the processing and analysis data on the study area, the incorporation of these data into a geographic information system, and the generation of geographical and special representation of area information through a series of GIS maps layers.

Facilitation Team Training occurred through team member's participation in training events, past workshops held in similar locations, and a familiarity with the CHAMP methodology and other participatory models for focused group discussion.

Workshop Planning involved identifying potential participants for the providers workshop, developing and disseminating a letter of invitation, and following up with potential participants. Workshop staff held planning meetings prior to the event, sent emails, and made follow-up telephone calls during the two weeks prior to the workshop. Workshop staff also identified the Forsyth County Health Department location as an appropriate site for the workshop and secured lunch for participants and staff members.

Workshop Materials Preparation included the printing of materials to be handed out, the packaging of these materials, and the organization of all the materials needed for the workshop

exercises (for example, large pieces of paper, post-it notes, writing utensils, flip charts, and gift cards).

PARTICIPANTS

Twenty-seven (27) participants attended. Of these, twenty-six (26) provided their address and contact information, gender, race and/or ethnicity, marital status, age, level of completed education, occupation and/or school, church affiliation, and the length of time they have worked or lived in Forsyth County. In addition, each of these twenty-six (26) signed an informed consent form authorizing the use of this information by FaithHealthNC. One (1) participant signed the consent form but did not complete the information form.



(Participant registration)

The twenty-six (26) participants who reported information represented a variety of providers serving within Forsyth County. Eighteen (18) identified as White/Caucasian. Seven (7) identified as Black/African-American. One (1) identified as Latino/a. Fourteen (14) participants identified as

female, and twelve (12) identified as male. Nine (9) participants hold Bachelors' degrees. Ten (10) more participants hold Master's degrees. One (1) holds a doctorate. Two (2) participants have some college experience. The average age of participants was fifty (50) years old. The median age was also fifty (50).

Not all participants provided complete mailing addresses. Of those who provided the information, twenty-three (23) live in North Carolina. Of those, twenty-one (21) live in Forsyth County. The other two (2) live in Guilford and Stokes counties, respectively. Three (3) participants came from out of state: Georgia (1), Arkansas (1), Tennessee (1). The postal ZIP codes reported were: 27012, 27023, 27040, 27101, 27102, 27105, 27106, 27157, and 27401. Seventeen (17) participants reported a religious or faith community affiliation. Of those who did report, ten (10) identified as non-denominational. Two (2) stated they were United Methodists. Two (2) identified as Reformed. One (1) came from each of the following denominations: Baptist; A.M.E. Zion; and Roman Catholic. Nine (9) participants did not report a religious or faith affiliation.



INTRODUCTION TO WORKSHOP

The workshop commenced with an introduction to the facility space and a welcome by Marlon Hunter, Director of Forsyth County Department of Public Health, which graciously hosted the workshop.



(Marlon Hunter)

Major Robert Slater, Detention Administrator of the Forsyth County Sheriff's Office, joined in the welcome, and offered an overview of the FCSO LEDC on behalf of the Sheriff who was at the moment tending to other official duties. Sheriff Schatzman would later join us and extend his own welcome and observations.



(Sheriff Schatzman)



(Major Slater)

After this background and introduction, Gary Gunderson, Vice President for Faith and Health Ministries of Wake Forest Baptist Medical Center, offered an interfaith prayer. Gunderson shared his appreciation for each participant and his gratitude for The Department of Public Health providing space for the asset mapping event. Gunderson gave an interesting overview of the FaithHealth concept and how it began. He also shared how this particular mapping event originated from an inquiry by Forsyth County Manager, J. Dudley Watts, Jr., about ways to continue improving how the health and faith needs of the LEDC population are met.



(J. Dudley Watts, Jr.)

Following the invocation, the facilitation team conducted introductions and described the purpose of the event. Lead facilitator, Teresa Cutts ("TC"), introduced the background of the Community Health Asset Mapping Partnership (CHAMP) program. Participatory Inquiry into Religious Health Assets, Networks, and Agency (PIRHANA) is a research model developed by Gunderson, Dr.

James Cochrane, and Dr. Deborah McFarland, in South Africa that focused on identifying positive health assets present within communities in the midst of the HIV/AIDS epidemic within sub-Saharan Africa. The objective of CHAMP facilitated by FaithHealthNC is to translate the PIRHANA research method for North Carolina communities to discover positive health and faith based assets within their respective counties and regions.

The participants within these workshops on both the provider level and the seeker level contribute their knowledge and community understanding in a variety of activities and exercises throughout a half-day workshop.

SECTION B

PROVIDER ACTIVITIES

COMMUNITY MAPPING

OBJECTIVE

The purpose of the community mapping activity was to provide an idea of the footprint of the organizations and ministries, their location within the county, and their proximity to one another. The mapping exercise provides a greater awareness of which organizations are present in Forsyth County, as well as helps note gaps in the community.

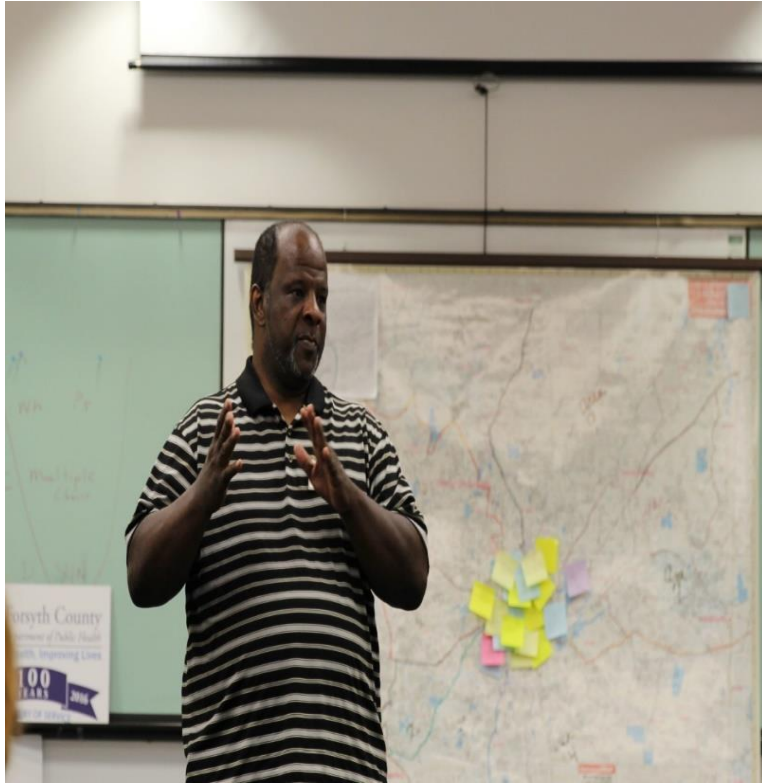


METHOD

Participants were asked to stand and introduce themselves, their organizations, institutions or ministries and the role in which they play within their organization, institution or ministry. The participants then placed the location of their service on a large map of Forsyth County. After the sticky notes were placed on the map, each organizational representative spoke on the services their particular organization offered. They shared their challenges, their objectives and their joys in regard to serving those within the community.

DISCUSSION

As each participant was speaking, they were affirmed by those listening, and clearly began to develop relationships with other participants. The provider participants represented an array of services offered in the greater Winston-Salem region. As each participant placed their organization on the map, participants had the opportunity to hear about each organization and ask questions about the functions of various organizations in the community. While most participants acknowledged an awareness of the various organizations, there were various questions posed about the particular services offered to those seeking services.



In reflective analysis of the map, participants noticed the density of the organizations placed in the downtown region of Winston-Salem. Various participants noted the lack of resources on the outskirts of the city and in the rural communities that make up the greater Winston-Salem area. Such a reflection led to an informative conversation about the lack of services offered outside of the downtown area and evolved into a dialogue about the organizations in the community not present in the mapping conversation.

Organizations that were mentioned in the discussion as not being present at the workshop were, in random order, as follows: Salvation Army, Rescue Mission, Bethesda, Department of Social Services, Project Hope, the Winston-Salem Minister's Conference, Prison Ministries, United Way, the School system, the Court system, Emergency Departments (Novant and NCBH), Eureka House, Samaritan Ministries, Experiment in Self Reliance, Vocational Rehabilitation, and consumer advocates.

Representatives from Transportation Services, YVEDDI, Goodwill, Downtown Health Plaza, Winston-Salem State University, Wake Forest University, Urban League, political parties, Winston-Salem Police Department, the Bar Association, the Public Defender, the District Attorney, elected officials other than the Sheriff, Chamber of Commerce, representatives of the East Winston-Salem area, for-profit organizations, churches and denominational organizations, Twelve (12) Step recovery programs like AA and NA, and other substance use disorder treatment providers were also noted to be missing from the conversation.

Various participants proposed that those organizations not present might be underrepresented in the mapping event because "we do not know who they are [in the community]", or "they do not perceive, or appreciate, the particular need, or their opportunity to serve", or that "there may be issues of institutional boundaries involved", or that they simply "may be too under-resourced to be able to attend".

HEALTH and INCARCERATION SERVICES MATRIX

OBJECTIVE

The Health Service Matrix activity aimed to document each agency's top two primary roles within the community. The exercise helps gain an overview of the way in which local entities contribute to health and incarceration related issues, describes services heavily offered as well as identifies gaps of services.

METHOD

Participants placed the name of their organizations on a large chart at the back of the room. They were asked to classify their organization as faith based, for-profit, government/federally-qualified healthcare, or not-for-profit. They then classified their organization's two primary areas of engagement.

DISCUSSION

Eleven (11) organizations participating identified themselves as not-for-profit organizations. Eight (8) identified themselves as government/federally qualified services. Only one (1) organization present identified itself as a for-profit service. Three (3) organizations present engage in prevention education; four (4) engage in medical service; six (6) engage in case management; four (4) engage in advocacy; four (4) engage in education; three (3) engage in counseling; three (3) engage in housing; one (1) engages in rehabilitation services; one (1) engages in re-entry; one (1) engages in detox treatment; one (1) engages in post-trauma support; four (4) engage in front line responders support; one (1) engages in support groups.

As the participants analyzed the chart they created, they quickly realized various areas of engagement that were not listed, such as: few faith-based organizations, no educational systems, few offering addiction services, and few prevention services. With “what do we need?” as the driving question, participants acknowledged a need to have representatives from the judicial system, for-profits, elected government, and others, participate in the conversation.





TABLE 1: the matrix demonstrating the various organizations, the sector in which they identify themselves and their primary areas of engagement within the community.

	Not for Profit	Faith Based	Govt (including FQHS)	For Profit
Prevention	Twin city Harm Reduction Opioid Task Force		Public Health	
Medical Treatment	WFBH		Community Paramedic MIH FCSD	CCS
Case Management	Brian's Place Project Re-entry Empowerment Project COC		Public Health Step UP Project Re-entry City of W-S Comm. Dev.	
Advocacy	Project Re-entry Empowerment Project City with Dwellings Forsyth Jail Ministry		Project Re-entry	
Education	Twin Century Harm Reduction Opioid Task Force	First Responders Chaplain	Public Health	
Counseling	Brian's Place COC(homelessness)	Forsyth Jail/Prison Ministry		
Pharma/Medication Assistance		FaithHealth NC	Public Health	

Housing (Including Shelters)	Brian's Place City with Dwellings		City of W-S Comm. Dev.
Rehabilitation Services	Hawley House		
Re-Entry Programs	Project Re-entry Brian's Place	Eureka House	Project Re-entry City of W-S Comm Dev. Public Health (Step Up)
Detox			CCS
Post Trauma Support		First Responders Chaplain	FCSO Chaplains
Front Line Responders	First Responder Chaplain	First Responder Chaplain	Community Prevention Rapid Response FCSO FCSO Chaplains
Support Groups	Brian's Place		

HEALTH AND WELL-BEING INDEX

OBJECTIVE

This activity entailed a two-part brainstorming. Part I consisted of the participants brainstorming the two factors they personally believe are most important to the health and well-being of those affected by the cycles of incarceration. Part II consisted of two factors their organizations believe are most important to the health and well-being of those affected by cycles of incarceration.

METHOD

On two separate notecards, each participant was asked to write two factors they believe are most important to the health and well-being of those affected by cycles of incarceration. Each participant's notecards were combined and shared. After sharing the notecards, participants were then asked to vote on what they personally felt were the most important factors out of the original list.

In Part II of this activity, each participant was then asked to document two factors their organization feels are most important.

DISCUSSION

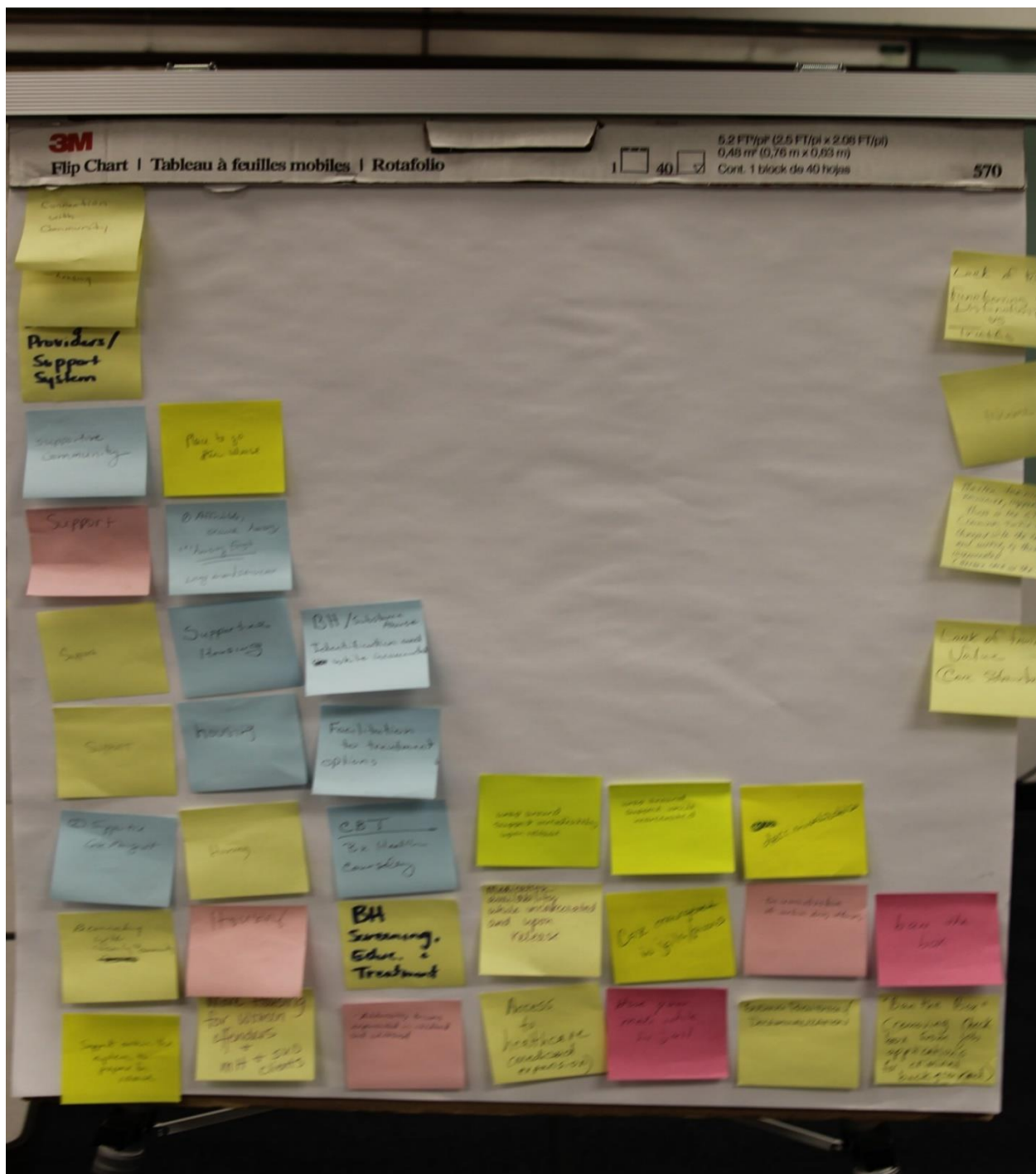
After the participants posted their cards, they were led in discussion by TC. As a result of that discussion, the participant identified the following factors as the most significant: knowledge and information, education, addiction amelioration and treatment, legislative action to end the prohibition of, or at least decriminalize, substance use. Another idea, connected to the issue of income, was to "ban the box", a reference to the common employment application requirement to disclose the applicant's prior convictions or arrests.

These factors identified by the participants can be understood within this framework:

- 1. Person-Centeredness:** Valued, basic needs met, cultural sensitivity, empathy, accompanying, self-determination, and whole person
- 2. Relationship** (between those seeking and providing care): Respect, trust and acceptance, non-judgmental, safety, and engagement
- 3. Accessibility:** Affordability, transportation, community engagement, and outreach
- 4. System Change:** Positive deviance, policy, governance, and legislative
- 5. Formal and Informal Support Networks**
- 6. Provider Competence:** Cultural sensitivity, recovery focus, appropriately trained, and dependability

Out of the abovementioned list of factors, participants were then asked to vote on the top factors they felt are most important to the health and well-being of those who need better access to services and care. The following are the top factors voted upon: support, housing, behavioral health, healthcare, case management, decriminalization, and income.

After the second chart was created, the group observed that the relationship between seekers and providers was identified personally and organizationally as the most important factor for those affected by the cycle of incarceration. Various participants noted the emphasis on relationships, and expressed the connection between client outcomes and positive, therapeutic relationships.



(The bar graph created by the participants.)

SOCIAL NETWORK MAPPING

OBJECTIVE

The objective of the fourth exercise was to create a picture of the ties, networks, and links between the various entities present. The exercise helps describe the connections to wider institutions and facilities that play a role in local service provision. It also provides data regarding important relationships that contribute to the success of service delivery.

METHOD

The fourth activity was centered on drawing connections via a spidergram chart. Representatives of present organizations were asked to draw their organizational connections with other local organizations. If organizations partner, meet with, or network, a line was drawn with a "red" pen. If organizations are connected via financial resources such as funding, their connection was drawn with a "green" pen. If organizations saw a potential beneficial relationship they drew a line in "blue."

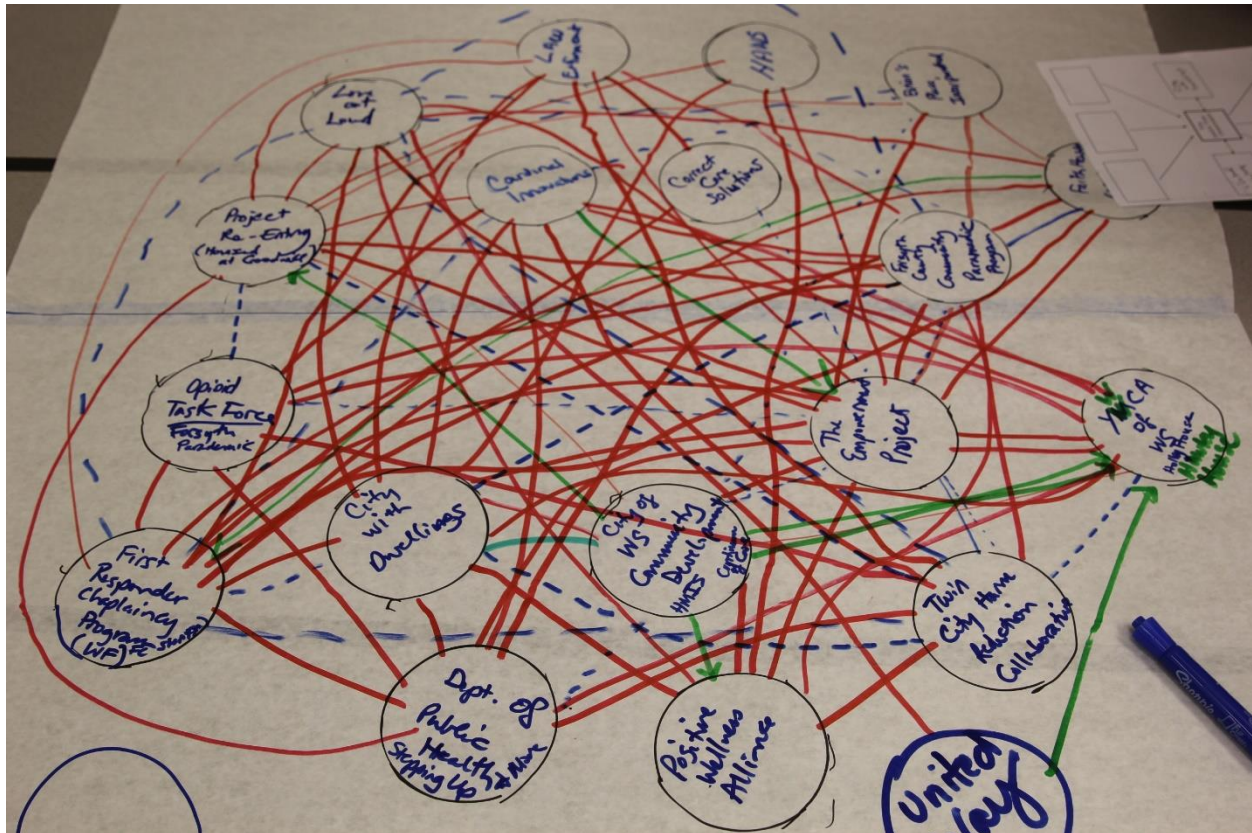


(building the spidergram)

DISCUSSION

In reviewing the spidergram chart, participants noticed that the diagram showed many lines of connections between service providers (red lines). However, there were fewer green lines that connote relationships in which money is exchanged. The diagram shows that most of these relationships are connected to the City of Winston-Salem Community Development. Other funding sources noted were Cardinal, United Way, and FaithHealthNC. Forsyth County, of course, is the major funder for the LEDC.

Many of the participants shared multiple blue lines of desired connection with other participants. Twin City Harm Reduction Collaborative had the greatest number of blue dotted lines that signified desired relationships with six (6), followed closely by Love Out Loud with (5), and the First Responders Chaplaincy Program of FaithHealthNC with four (4). Other participants actively seeking, or being sought after, for connection were City with Dwellings, Department of Health, Community Development, Project Re-entry, Forsyth Community Paramedics, Brian's Place, Cardinal, YWCA Hawley House, Empowerment Project, Opioid Task Force, Correct Care Solutions, and FaithHealthNC.



(The completed spidergram)

COLLABORATION CONTRIBUTION GRID

OBJECTIVE

The objective of this exercise was to identify existing and potential collaborative partnerships and shared resources. This activity sets the foundation for next action steps in terms of strengthening partnerships and building capacity.

METHOD

Collaboration contribution grid forms were handed out to representatives of the organizations present at the workshop. Participants had the opportunity to complete their forms individually. After their forms were completed, they were submitted at the end of the workshop.

DISCUSSION

Tables 2-13 depict the various organizations present, the organizations in which they have existing partnerships, and organizations in which they would like potential partnerships. Participants also listed contributions they could potentially make to their partnership organizations and contributions their partnership organizations could make to them.

City With Dwellings				
Name of Organization	Existing Partnership	Potential Partnership	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
WSPD	✓		Awareness/ Collaboration Being available	Awareness/ Collaboration Being Available
Empowerment	✓		Collaboration	Collaboration
United Way	✓		Being an enthusiastic agent of change	A place at the table
City of W-S	✓		Being a feather in the cities cap	More outward tangible support and recognition
Love out Loud	✓?	✓	Not sure	Not sure
EMT /Mobile response	✓		Being openly welcoming and easy to communicate with	
FaithHealth	✓		Wrapping ER homeless with community	Communication ER homelessness needs
HMIS	✓		Better data collection	Training

FaithHealth Chaplaincy

Name	Existing Partnership	Potential Partnership	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Empowerment	✓		Spiritual care/homelessness	Would love to refer eligible individuals to their program
FCSO	✓		Spiritual care/first responder work	Enhanced support
City of W-S	✓		Spiritual care/advocacy	Collaborate on housing first
Eureka House		✓	Connecting WFBH	Referral resource for chaplains and our patients
Hawley House		✓	Connecting WFBH	Referral source for our patients

First Responder Chaplaincy Program

Name	Existing Partnership	Potential Partnership	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
EMS-MIH	✓		More Networking, training, service agreement	Formal collaboration would make more resources available and increase capacity
Other local first responder agencies	✓(some)	✓(some)	More Networking, training, service agreement	Potential if resources allow
Local churches and missions and associations	✓(some)	✓(some)	Crisis response training to better serve victims and first responders	
WFBMC and FaithHealth	✓		Opportunities for ongoing training and collaborating with staff and students	Opportunities for ongoing training and collaborating with staff and students

FHNC

Name	Existing Partnership	Potential Partnership	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Empowerment	✓		Help with homeless population referrals	Provide food resources and other personal needs once housing established
Community EMS	✓		Identify persons with immediate EMS need or intervention	Services provided to patient that might have medical crisis
Ministers Conference	✓		Send people who need spiritual emotional support or social support	

Dept. of Public Health				
Name	Existing Partnership	Potential Partnership	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Empowerment	✓		Better engagement in meetings Integrated needs	Funding, collaboration
EMS	✓		Receiving end of referrals	Currently _____ collaboration around community health needs
Sheriff's office	✓		Continued engagement to assure positive health outcomes for inmates	
Hospitals	✓		Collaborate to address community	
HUD (& others attending today this one really applies to everyone)		✓	Collaboration to better address who person needs. Better awareness of services so we may better direct appropriate referrals.	Collaboration to better address who person needs. Better awareness of services so we may better direct appropriate referrals.

City Of WS

Name	Existing Partnership	Potential Partnership	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
YWCA	✓		funding	More information/education (more awareness)
Twin City Harm Reduction				Same as stated above
Project Re-Entry	✓			Same as above
Forsyth EMS		✓		Same as above

Forsyth County EMS MIH paramedics

Name	Existing Partnership	Potential Partnership	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
FaithHealth	✓			
Twin City Harm Reduction	✓			
YWCA/Hawley House		✓	Referrals to services. Community education on services	As outlet to send people who are in need
Stepping up Amber		✓	Helping patient access local resources	Reduce loss of life to people with addiction problems
Empowerment Project	✓		Resources for quick access to housing options	Work to help identify local resources.

The Empowerment Project

Name	Existing Partnership	Potential Partnership	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Positive Wellness Alliance		✓	Assist/Receive referrals for their clients who are experiencing homelessness	Support services for our client who are living with HIV
City with Dwellings	✓		Mutual sharing of knowledge and resources, teamwork with same population (homeless)	Mutual sharing of knowledge and resources, teamwork with same population (homeless)
Brian's Place		✓	Knowledge & resources related to housing, but their participants not eligible for enrollment with us because residential program not currently homeless	Resources for re-entry needs among our clients
Jail	✓	✓	Knowledge, resources,	Support for clients' healthcare needs

			education, coordination, communication of our current clients or eligible inmates not connected to us.	including transportation, help with forms, etc.
FaithHealth supporters/connectors	✓		Teamwork!	Knowledge re: housing/homelessness

City of WS/ COC

Name	Existing Partnership	Potential Partnership	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Project Re-entry	✓		funding	Re-entry services/provider coordination
Hawley House	✓		funding	housing
Empowerment team/WFU		✓ in the works!	Data management	
PWA		✓	Funding	Funding and case management
Faith health/ WFU		✓		Rapid response housing and services

Forsyth County Sheriff

Name	Existing Partnership	Potential Partnership	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Public Health	✓			We receive great services from them. HIV and STD testing and education
Correct Care Solutions	✓			Complete medical services for the jail
FCEMS		✓	Coordination of re-entry of substance abuse	

Twin City Harm Reduction Collective (TCHRC)

Name	Existing Partnership	Potential Partnership	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Positive Wellness Alliance	✓		Testing for HIV, connection to care	PWA is operating as TCHRC's parent organization (we operate under their 501 c3 status)
EMS	✓		Working with people who are not ready for treatment	Referrals and collaboration
NCHRC	✓		Operating SEP in Forsyth county	Support and guidance
Green St UMC	✓		Missional opportunity	Space to operate
ARCA	✓		Referrals	Treatment for participants

Brian's Place Inc.

Name	Existing Partnership	Potential Partnership	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Empowerment Project	✓		Residence for Ex-Offender	Case Management
Re-Entry	✓		Residence for Ex-Offender	Case Management
Community Health Services		✓	Residence for Ex-Offender	Case Management
Cardinal Innovation		✓	Residence for Ex-Offender	Case Management
FaithHealth		✓	Residence for Ex-Offender	Medicines, visits if necessary

Wake Forest Baptist Medical Center- FaithHealth

Name	Existing Partnership	Potential Partnership	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Community Paramedicine		✓	Other opportunity to grow relationships with vulnerable patients/community members who can benefit from health coaching assessment	Expertise from professionals who are familiar with communities that overutilize ED for primary care
Empowerment	✓		Help with navigating clients in the community to resources and providing longer term social support	Provides an opportunity to grow the team of hospital staff focused on the most vulnerable
Love out Loud	✓		Continue to share our learning specific to patients and the barriers to better health they face	Potential identification of volunteers who could join the connector network along with certain faith organizations
Ministers Conference	✓			
Novant		✓		

EXEMPLARY PRACTICE

OBJECTIVE

The purpose of this exercise was to identify the existing providers in the community whose ethic and practice consistently produced positive and meaningful results for seekers, and the community. The effective practices, and achievements, of these exemplary providers are to be used in developing future action steps and follow up goals.

METHOD

After being informed of the exercise's purpose and focus, participants were invited to identify those organizations that were exemplary models of best practices and service delivery in their respective spheres of operation. It was not required that those identified be among those in attendance. The discussion was moderated by TC. Participants identified organizations that they considered exemplary, giving their reasons to support the conclusion. Other participants were able to contribute their own opinions during the discussion as well, all of which was recorded by TC on the flip chart at the front of the room.

DISCUSSION

The discussion resulted in seven (7) organizations being highlighted for praise. Following is a list of those organizations, and the ways in which they operate, or the expertise they wield, that stood out to the participants.

City With Dwellings: fast, flexible, mobile.

The Empowerment Project: fast, flexible.

The Fellowship Home (men): housing, case management, counseling.

Winston-Salem Downtown Police: training, handling of people in crisis, collaboration

Forsyth County EMS MIH paramedic program: fast, training, responsive

WFBMC Pharmacy: community assistance, counseling, caring for those coming out of incarceration, fast, flexible.

Cardinal Innovations: community partnering, empowering, funding.

LOCAL ACTION

OBJECTIVE

The final exercise helped to identify next steps for collaborative partnering, understand the next steps in the community and share the date of the follow-up meeting.

METHOD

At the end of the workshop, the facilitators asked all participants, "What do you think should be done to take this process further?" Many participants responded about what they would like to see with respect to incarceration related services within the community as an outcome of the workshop, and what they would like for providers of the community to pursue collectively.

DISCUSSION

Next Action Steps:

- Promote a joint meeting of the City Council and County Commissioners to receive the workshop's report
- CCS and WFBMC will review the available data with an eye toward revealing long cycles of care and opportunities for future action
- Bill Kissel of CCS will offer an overview of the data at the follow-up meeting
- Investigating whether and how participants can combine data systems consistent with applicable law to identify and better serve frequent service users (Frequent Use System Engagement)
- Agencies name their top three (3) needs and sources of collaborative funding and costs
- Encouraging local faith communities to identify and support the participating service providers, both through volunteering and financial support
- Seek a dedicated SOAR worker, and provide for better discharge planning (SOAR stands for SSI/SSDI Outreach, Access, and Recovery)

SEEKER LEVEL REPORTING

SEEKER DATA

In follow up sessions after the Provider workshop, nineteen (19) Seeker respondents offered their input to trusted liaisons from the community, representing Hawley House, Brian's Place, the Empowerment Project, and City With Dwellings. Interviews were conducted in mid to late September, and either oral or signed consent was obtained from participants. No PHI was gathered. The basic demographic information concerning these Seekers will be presented here in aggregate. Seeker information was captured on site from persons running the organizations noted above.

There were 8 Caucasian Seeker respondents, and 11 African American ones, with 7 females and 12 males. The mean age was 42.57, and ages ranged from 22 to 64. The median age was 44. The mode was 46.

General themes of responses are noted below, broken into these general categories: Needs, Gaps in Service, Exemplary Programs and Advice from Seekers, which is advice directed to authorities, policy makers, law makers, criminal justice staff, legislators and others who allocate resources.

The Seekers' responses are compiled, collectively, below. These responses are reported in the vernacular of the respondents, with only minimal editing.

NEEDS

General themes included needing navigation to help and resources, advocacy, counseling, housing, employment, education, medical and mental health care, transportation, financial assistance, compassionate care and hope.

Not knowing what to do, where to go, - need people who care to direct me on these things. My addiction was getting worse and I didn't know how to even ask for help.

More people like the ones that run Hawley House that care. It is so hard to find people that care.

Help after we get out to include financial, employment, advocacy and stable housing.

Communication, Advocacy, Counseling. My Mental Health is serious and my anger and Suicidal Ideation is not a good combination and when I am treated poorly I want to die.

Hope and teaching- provide groups in the community so that people can understand what people truly go through.

Good job placement, travel (bus passes); food assistance; medical care.

Better transportation services, more open-ended memberships to places such as fitness centers, doctor's offices, rehabilitation services.

Need some guidance, only if they are ready.

Need an increase in having facilities for ex-cons. Need better transportation for ex-cons. More availability of temporary food assistance for ex-cons, including those with drug convictions.

Direct case worker to help people transition themselves from one place to another, especially if you've been there for an extended period of time – I think they should get these men and women linked up with resources and liaisons in anticipation of them getting out. Where are you going to go, what are you going to do, what are your options, what are your resources? When you get out, you've lost housing, you've lost employment, which a lot of times leads you back into crime and homelessness, all those ills.

Direct access to healthcare for acute and already existing medical conditions.

Mental health care while incarcerated.

Support and resources while incarcerated.

The greatest need is work and a purpose. They put us out here where we are nothing and give us nothing and make life extra hard and expect us to be outstanding citizens but when life is this tough it makes you think about the wrong things to get away from it.

The greatest need is a safe place where we have a chance. You send us back to the same stinking people and places and we got nothing, we going to do wrong.

GAPS IN SERVICE

General themes include needing case management to get help, advocacy for hiring, better healthcare access and continuity of care across providers, housing, food, as well as the lack of a compassionate listener who cares for you as a person.

Not knowing what to do or how to get help.

There need to be more Halfway houses.

Childcare.

More life and survival skills.

It is hard to get anyone to hire me. People don't care if you get a job or not so we end up going back to our old behaviors. Same as renters, they won't rent to you with a criminal background.

Healthcare, Resources, Backgrounds are an issue with getting any help.

I never have someone that wants to listen to me, hear what I am trying to say especially when I tell the truth about wanting to hurt myself or how I need a hug, they just want to lock me up or send me away and I do not like that. I am a human being that was born this way and I am treated very badly.

Medical - Doctors need to collaborate with each other and with those providing services, they act like doing something simple so that the client can get what they need is out of the question. We are state licensed so we have to have an order for everything we administer in the patients' chart. We type up prewritten orders so that they just have to sign them and have the nurse add the meds when they change and it is still an act of congress to get those papers back. Our Director has to go speak to office managers all the time. We also get a lot of misdiagnosis from the Mental health providers. They do the paperwork too quick or don't take.

A starting off point; maybe a central counselor that can help coordinate services.

Housing, also money should be allotted for felons to acquire a proper means of shelter; food assistance should be allowed for ex-felons for a temporary period; even for drug convictions.

Some are not able to get stable living conditions. Some cannot find employment.

Not any medical resources or food assistance; for people convicted of possession of drugs, funds for housing.

Even people in shelters who get kicked out or just get fed up with the bureaucracy and the individual agendas within the staff of shelters, and how the shelter doesn't provide individualized services, but instead they paint everybody with a broad brush. You have to find more ways to reach people with their life issues other than to say, "here take this Bible and read it and live it."

There is not a housing plan aside from dumping you at a shelter and then you don't have a job and a big criminal history that no one wants to touch so nothing else matters if those two pieces are broken.

Therapy animals would help.

All kinds of gaps. There is no transition. I was let out on the streets and then went to a shelter. I was sent out without any help or support.

EXEMPLARY ORGANIZATIONS

The Hawley House (where many respondents receive care) was the top exemplary, followed by the Empowerment Project, Goodwill, the Samaritan Center, Daymark and Vocational Rehabilitation.

Hawley House

- Provides everything: Food, Shelter, getting glasses, getting my teeth fixed, get clothes all the time. I get a hug every day, I feel loved, receive hope and faith, they teach us to budget and help with interviews. They connect us to agencies that specialize in different outreach, they teach us to clean and cook and take pride in how we look and dress.
- Shelter, transportation, clothing, support, counseling - individual and group, food, spiritual studies.
- They are teaching me to be responsible, how to budget my money, they provide SAFE shelter, counseling. They give us hope and strength.
- Has given me everything I ever wanted. I am heard here, we communicate here, I am given transportation to work and all my appointments and I have a lot. I am given Hope, Faith and Love - the director Ms. O'Leary is my Superwoman, she is a true friend I have never had and I feel like God gave me an angel.

The Empowerment Project

- They explain things to you in a way you can really understand things
- Help you break it down what to do to get to your goals – but also because they can help with material resources

Goodwill

- Clothing for interviews
- Helpful and do good at trying to make you feel like you matter even if they can't find you a job

The Samaritan Center

- Pretty good and they give you advice
- Tried really hard, the counselors are nice and will try to help you

Daymark

- Provides me with my medicine and I have a Dr. there to talk to me about my mental health. R.J. Blackley helped me with my anger and with meds when I was there.
- I go to group therapy there.

Vocational Rehabilitation

- Provide one month's rent for clients, bus passes, clothing for their jobs, shoes for the job, also scrubs, watches, stethoscopes for the medical field.
- Also, offer treatment plans for the clients.

Project Re-Entry

- Staff found a way to get me clothing for a job interview

Monarch

- I receive my mental health meds from them and counseling, Individual with my Dr. and group for DBT.

Forsyth County Detention Center (LEDC)

- The women that came to see me in the jail for Bible Study encouraged me and gave me hope. I also was glad when people would bring a Narcotics Anonymous meeting into the jail.

Freedom House

- I received short term treatment there

Begin Again Treatment Services/Insight Human Services (BATS program)

- I received shelter, group and food and was grateful for that but the program itself was not run well at all. People living there were using drugs and nothing was done about it.

Dress For Success

- Great program that provides clothing for interviews and one week of work clothes

Community Care Clinic

- Provides medical care to those that do not have insurance

HealthCare Access

- Provides short term insurance to clients without insurance that have issues that require medical attention.

Brian's Place

- Offered me shelter, food, travel to work and helped me get food benefits (EBT) and to pantries

Narcotics Anonymous, Life Recovery program, Alcoholics Anonymous

Prison Ministry

- Helped some people get settled and back into life by locating assisted living and some type of employment.

The following grid shows a comparison of Exemplary organizations named by both Providers and Seekers. The Empowerment Project was named by both groups as exemplifying “best practice.”

Provider Responses	Seeker Responses:
City With Dwellings	Hawley House
The Empowerment Project	The Empowerment Project
Winston Salem Downtown Police	Goodwill
Forsyth County EMS MIH Paramedic Program	Samaritan Center
The Fellowship Home for men	Daymark
Wake Forest Baptist Medical Center Pharmacy	Vocational Rehabilitation
Cardinal Innovations	

ADVICE TO AUTHORITIES

General themes included giving people a “second chance,” offering education and training, making sure that they have access to care for trauma and addictions, with a focus on offering treatment vs. incarceration for those with addictions (in some cases, decriminalization of addiction-related crimes). Additionally, decreasing stigma from laypeople and authorities by educating them about the incarceration experience was suggested, as well as general themes of compassionate treatment.

Get these groups of people on the same page, inform them that if they do not know about addiction or what happens to someone that self-medicates due to a trauma, teach them so that they stop treating people like they don't deserve a second chance or that they are better than you because you have been to a treatment program or jail.

Have a group of these people that go around different areas and just knock on people's doors and ask if they will share with you their opinions on these questions, see how they feel and make what they tell you matter. Make every voice count.

Offer classes - treat people like human beings, if you get Medicare or Medicaid or state aid people treat you like you are dirt, don't talk down to us, everyone makes mistakes, sit down and talk to us like you actually care especially while incarcerated. Stop judging people based on where they live if that is all they can afford, or where you work etc.

Give us a second chance. Don't judge us. We all bleed the same.

Knowledge and understanding on how people feel about how they are treated. Medications - psychiatry departments they are not on the same page most of the time doctors are not aware that other doctors are treating their clients too.

Treat people like you would want to be treated or how you would want your family member treated. Understand that Mental Illness is not chosen and that at any given time something could happen to any of us that would cause us to be seen differently and we would not want to be treated like you are less than. Especially in the detention center, I was treated very bad and I was threatened, I was ignored and I came in with several traumas from my past and one that I was on disability from work when I did get locked up. Then when I went to prison after my ineffective assistance of counsel - my attorney told me I would not see my sons graduate from High School if I took the Federal Government to trial, my sons were 5 and 7 years old and I was not guilty but I was told if I plead not guilty and went to trial I would get 30 years. I was put on so much medication in the detention center that I have never been on; I was almost unable to walk at times. I have a lot of information I would like to give to the officials that have the ability to do something about it.

We need healthcare access besides going to the ED.

To offer more help to those in need of treatment facilities instead of prison or jail sentences; more mandatory inpatient programs as sentences

We need more programs designed to help people that are being cycled through the prison system and to educate law enforcement to have a better understanding of these people that are going in and out of prison. They may have problems that need to be resolved through programming.

To set into motion an alternative sentencing for drug addicts. Instead of prison or jail, go for mandatory substance abuse inpatient programs.

Need training on how to expect people to react to them, how not everybody reacts the same way. If they already have that training, they need to increase it – cultural difference training and training about bias. Black men react more standoffishly to cops. We're almost afraid of having interactions with officers. Last August I had an incident with Winston-Salem law enforcement and I was slammed to the ground causing these scars on my head, then they turned around and charged ME with assault against a government official because I swiped his hand off me. There was no reason to put hands on me: when he approached me I held my hands up and said just don't kill me because last summer there was a lot going on with cops and violence I was fearful – and so I got caught up in court and jail – if I would plead to the lower charge of resisting arrest like they want it would be done with but I appealed because I didn't do what they said I did, I didn't do anything wrong, so I'm waiting and waiting thru the appeals – I was very grateful that the employers that I found didn't use my pending charges against me –it goes to your credibility – and trying to get into housing they might make you wait until you resolve pending charges, too.

What can lawmakers do? They need to make the jails and prisons places of rehabilitation – you're not offering anything you're just sitting them there – you're not putting them thru conflict resolution classes – so the yard is segregated by race – if you don't decide within yourself that I'm going to make some changes – these institutions themselves don't do anything to encourage them or address the issues – some people have mental issues, they just dope them up and they're zombified – and people with mental issues going to court/jail over and over getting trespassing charge after charge – and it's obvious some people have got mental issues but they wind up spending all this time in jail because they have nowhere to go and they get trespass charges. Why is it that we can afford to spend taxpayer money on jail but not spend the same money to actually help people, and houses people, especially people with these mental issues that really can't help themselves?

We have to have incentives to stay away [...from crime and incarceration]. It's got to be more uncomfortable in the slammer than in the streets. You can't give people all these benefits and safety behind bars and then send them out with a paper bag and a scarlet letter and expect them to succeed. Life is hard for the people without background issues, so imagine how it is for us. The bottom line is that you want to give us reason, purpose and work on the outside so we have no reason to want to return [to incarceration].

It's got to be better on the outside then it is on the inside. I would do stupid stuff on purpose just to get a couple weeks in jail when it was super cold. The shelters kick you out and jail

doesn't so you get to rest and relax. Definitely housing and transportation and employment need to be more available.

FOLLOW UP MEETING

The follow up meeting was held at the Forsyth County Department of Public Health, on October 10, 2017. Marlon Hunter once again was our gracious host. A light supper was catered for the event, which began at 5:30 p.m., and concluded shortly after 7:00 p.m.

Twelve (12) providers participated in this follow up meeting. Of these, three (3) were African American. Nine (9) were Caucasian. Five (5) were female. Seven (7) were male.

Gary Gunderson began the meeting with a welcome, and a recap of the prior event, including a reminder of the initial call from Dudley Watts that sparked the workshop.

As Gunderson observed, the average stay for an inmate in the LEDC is twenty-four (24) days. During those days, we know what the inmates are doing, and what they need. What interests Gary, and by extension those in the workshop, is this: what is happening on the 25th day? What happens after the inmate is discharged? What resources are available, and what resources are needed, to break the cycle of incarceration? This cycle does not affect just the LEDC, but all social service providers in the community, as well as the community itself. For instance, it is almost a certainty that many of the patients seen in local emergency departments also number in the LEDC population at some point.

Focusing on who those folks are, and what they need, and how to get it to them, in order to help break that cycle, needs to start earlier. The twenty-third (23) day at the LEDC is a bad time to start discharge planning. This observation, by the way, is not in any way a criticism of the fine, dedicated work of the FSCO or the LEDC. They are providing excellent, professional service, despite being understaffed, and under-resourced. Rather, the observation is directed to the core goals of the workshop, which are to identify the needs of the seekers, the resources of the providers, the areas where are gaps, and the places to improve how providers meet seekers' needs. It is possible to build a different, better, reality for those in need.

Gunderson also referenced the Provider Level Workshop Report/Seeker Reporting draft that was made available to all at the beginning of the meeting. That report is at this point just a draft, because the desire and input of the group is desired. The document will not be done until the group is happy with it and says it is done. The final version will be available online, and providers are free to post it on their own sites and share it as they deem useful.

Gunderson then turned the meeting over to TC. After she provided an overview of the prior workshop, and subsequent seeker reporting, she summarized the methodology being employed in the mapping process and analysis.

TC also summarized some of the key data from the workshop, including that there was a total of thirty-eight (38) entities involved, or identified as involved, in the workshop. Twenty-five (25) were present, the other thirteen (13) were identified as relevant and material to the conversation.

TC also provided specific demographic information relevant to Forsyth County, and a detailed breakdown of the average LEDC population.

From there, TC continued with a review of the health services matrix, the spidergram, and the factors that work to promote health and well-being in the community as regards cycles of incarceration. Part of the workshop process was to identify exemplary providers and their practices, which TC summarized in a slide entitled “Biggest Winners were”.

In addition, details of the seeker reporting process were shared, and seeker interviewers were identified.

One theme that resonated in the seekers’ responses was their desire for compassionate care, for sincere, empathetic, and timely, human connection. One particularly powerful seeker plea TC shared was this, in the seeker’s own words:

“What can lawmakers do? They need to make the jails and prisons places of rehabilitation – you’re not offering anything you’re just sitting them there – you’re not putting them thru conflict resolution classes – so the yard is segregated by race – if you don’t decide within yourself that I’m going to make some changes – these institutions themselves don’t do anything to encourage them or address the issues – some people have mental issues, they just dope them up and they’re zombified – and people with mental issues going to court/jail over and over getting trespassing charge after charge – and it’s obvious some people have got mental issues but they wind up spending all this time in jail because they have nowhere to go and they get trespass charges. Why is it that we can afford to spend taxpayer money on jail but not spend the same money to actually help people, and houses people, especially people with these mental issues that really can’t help themselves?”

TC then opened up the floor to Questions/Comments. The participants immediately picked up on the need to offer compassion and hope. One participant shared his personal experience serving folks with a history of mental health struggles and how important it was to them that someone listens to them. They need to know that others care for them, are available to help them, and want to help them.

Others observed that depending on the individual seeker’s circumstances, such as one wrestling with addiction, it is often difficult to know when and how to intervene effectively. The individual has to be ready to participate to the level of their ability. Yet, while that is true, those in the conversation agreed that effective assistance has to be timely, directed to meet people where they are right then. In the context of the incarceration cycle, the most critical time is the time immediately following discharge. Pushing back appointments and resource delivery until weeks later or making such contingent on completion on qualification or screening is counter-productive.

Gunderson noted the timing issue involved, and the need for better organization of resource delivery. To that point, Marlon Hunter spoke about a recent trip he and Major Slater, along with others, had recently taken to Memphis, TN, that included a visit to that community's Office of Re-entry. It is a one stop shop model of resource delivery for folks being discharged from both jails, and prisons. Hunter offered it as an example this community might seek to emulate. It is a state funded program in Tennessee. A lively, animated continued around this particular point, with broad agreement among the providers as to the efficacy and importance of timely, coordinated assistance, especially during the immediate post discharge period. Ultimately this ties back into Gunderson's opening observation, which is how important it is to address discharge issues early, well before the twenty-fourth (24th) day.

As laudable a goal as that is, however, Major Slater reminded the group of the realities in which the LEDC must operate. Chief among them, with regard to post-discharge planning, is that the LEDC houses primarily pre-trial detainees. Unlike convicted offenders in prison, there is no set discharge date for pre-trial detainees. The LEDC does not know when a particular detainee may be released. For instance, it is common for detainees to be realized at their first court date for "time served", or to otherwise post bail. Once this happens, the LEDC has a legal obligation to release the inmate promptly. There is no time for planning at that point, nor any mechanism to require the detainee to participate. Moreover, the Major observed, his staff is already fully involved in meeting basic priority responsibilities: safety, security, food, shelter, healthcare.

The group acknowledged the Major's input, and expressed their appreciation for what the LEDC does provide. As one participant noted, how the providers in the community build on that will turn on there being a "Human Bridge" extended to those being discharged, a bridge that is there, ready to engage, when the detainee comes out of the jail. It is immediate, and on the spot, instead of waiting or pushing the contact out weeks later. And one of the most significant items the Human Bridge can provide is housing. The housing programs currently available would be more effective if they were flexible, and readily accessible.

After a brief break, Gunderson introduced Bill Kissell, Senior Vice-President of CCS, the health care provider for inmates at the LEDC. Bill in turn introduced his regional manager, a former LEO himself, and then shared with the group his excellent presentation, "Introduction to Jail Healthcare 101". To summarize, this presentation covered the legal duties imposed on the FCSO for providing care, and the specific challenges that arise in the LEDC type environment in providing such care. Jails, like the LEDC, are much more challenging and difficult given that the detainees are pre-trial inmates, as opposed to those in prison serving post-conviction sentences.

Following Kissell's informative presentation, Gunderson summarized the discussions of the evening, with the participants joining in to share the most significant points they wished to make. Namely, there is an overarching need for compassionate, timely, human interaction between seekers and providers, which needs to be present and available as soon as the

detainee leaves the LEDC. Among the many resources that human bridge needs to be able to provide, the chief is housing, the foundation of what is hopefully a successful landing pad for the detainee and way out of the cycle incarceration. Next steps were defined as posting the report with follow up comments, along with the ppt slide show shared, as well as convening the group in the future to ponder next steps.

At the conclusion of the discussion, the meeting adjourned.

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