Welcome
Monthly Meeting
August 2, 2019
Welcome & Check-in
Agenda

I. Welcome and Introductions

II. Approval of August agenda and July minutes

III. Old Business
   a. Diversion Program Update and Review
   b. Jail Population Review and SJC (stress test and workgroup updates)

IV. New Business
   a. Waynesville, NC LEAD Presentation
   b. Procedural Justice
   c. JRAC Next Steps (Priority Setting)

V. Departmental Updates
ADULT MISDEMEANOR DIVERSION PROGRAM
&
FELONY DRUG DIVERSION PROGRAM

Presentation to the Justice Resource Advisory Council, August 2\textsuperscript{nd}, 2019

AMDP facilitated by RHA Health Services
FDDP facilitated by
Sunrise Community for Recovery and Wellness
ADULT MISDEMEANOR DIVERSION PROGRAM

**BRIEF AMDP PROGRAM HISTORY**

- **Fully operational since January 2018.**
- **Goal:** Dismissal of charges and preventing future criminal involvement.
- **Requirements:** Volunteer hours, evidenced based programming and participate in case management.
- **Referral Process:** The Assistant District Attorney’s approve eligible charges for AMDP. Participants may enroll in AMDP with a case manager at the Justice Resource Center.
- **Number of clients enrolled since program start (January 2018):** 498
- **Number of program completions since program start:** 236
- **Number of clients currently enrolled:** 218
ADULT MISDEMEANOR DIVERSION PROGRAM

PROGRAM UPDATES

- Address complex needs of clients
- Provide additional education around collateral consequences
- Update volunteer site list
- Expand eligibility criteria
ADULT MISDEMEANOR DIVERSION PROGRAM

Eligibility Criteria

Current

• No felony convictions
• No misdemeanor convictions in the past 4 years
• Offered diversion in the past 2 years
• Enrolled and failed in the past 2 years
• Pending felony charge
• Pending misdemeanor charge not on charge list

Updated

• Increasing opportunity for program eligibility
• Previous nonviolent felony convictions
• Previous misdemeanor convictions
• Previously enrolled and completed
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<th>Drug/ALE</th>
<th>Enrollment Video &amp; Intake</th>
<th>Volunteer Hours</th>
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*If Charged with Multiple offenses, Max Community Service given- 40*
FELONY DRUG DIVERSION PROGRAM

**BRIEF FDDP PROGRAM HISTORY**

- **Full operational since October 2017.**
- **Goal:** Dismissal of charges, prevention of future criminal involvement, and increased health and wellness.
- **Requirements:** Volunteer hours, evidenced based peer support sessions, recovery groups, and case management.

**Referral Process:**
- The Assistant District Attorney’s approve eligible charges for FDDP. Participants may enroll in FDDP with FDD Peer Supports at the JRC.

**Number of clients enrolled since program start (October 2017):** 116
**Number of program completions since program start:** 65
**Number of clients currently enrolled:** 52
FELONY DRUG DIVERSION PROGRAM

CURRENT ELIGIBILITY

- Felony Possession of Schedule I/II Controlled Substance and any related misdemeanor that doesn’t involve violence or a civilian victim.
- Prior non-violent felony or misdemeanor convictions eligible with full completion of the sentence of prior offense(s), and not on probation.
- Possession with intent to sell or deliver controlled substances (where the DA determines the violation is factually minimal and the defendant committed the offense primarily due to substance abuse (personal) rather than for monetary gain.
- Pending non-violent misdemeanors unrelated to felony charges at hand.
- Prior program participants allowed IF defendant partially complied in prior case and appears willing to make a good faith effort to complete the program with the new charge (and otherwise qualifies).
FELONY DRUG DIVERSION PROGRAM

REFERRAL STATISTICS

Average number of referrals from program start, to April 16th, 2019: 6-7 per month

Average number of referrals from April 16th, 2019 to present: 25-26 per month

Total Referrals (all time): 218

Percentage of People of Color, especially African Americans, referrals prior to April 16th, 2019: 5%-6%

Percentage of People of Color, especially African Americans, referrals from April 16th, 2019 to present: 18.4%

The average (after trial program expansion): 3x

Reason for the change:

400% increase (after trial program expansion)
FELONY DRUG DIVERSION PROGRAM

**FDDP OUTCOMES FROM PEER SUPPORT CASE MANAGEMENT**

- 32 Gained employment
- 21 Current participants gained employment
- 25 Medication Assisted Treatment (16 existing)
- 10 Gained inpatient substance use detox
- 9 Referred to county services (food stamps, Medicaid)
- 7 Referred to medical provider for physical health needs
- 17 Gained inpatient Treatment
- 11 Gained personal transportation
- 20 Gained housing
- 4 Referred to AB-Tech to return to school
- **Bonus:** 5 graduating participants expressed interest in becoming North Carolina Certified Peer Support Specialists. 2 graduated the peer support training and are NCCPSS's!! Of note: FDD intern completed her 40hr peer support training within her first month.
AMDP & FDDP STAKEHOLDER OVERLAP

MOVING FORWARD TOGETHER

Combined Program Review Meetings

Questions?

*The Office of the District Attorney
*Buncombe County Public Defenders Office
*Buncombe County Clerk of Court
*Buncombe County Performance Management
*District Court Judges
*Buncombe County Strategic Partnerships

AMDP

FDPP
Jail Population Update

Presented by
Lee Crayton
Performance Management
SAFETY AND JUSTICE CHALLENGE

Baseline

✓ Timeframe: November 1, 2017 to April 30, 2018
✓ Contract beds removed: Federal and Statewide Misdemeanor Confinement Program
✓ Baseline: 385
BOOKINGS AND LENGTH OF STAY
JANUARY THROUGH JULY

Bookings

YTD: 7,102
Last YTD: 7,193
YOV Change: -1.3%

Average Pretrial LOS
YTD: 12.1
## Top Five Most Serious Charges

**January through July**

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<thead>
<tr>
<th>Less than 24 Hours</th>
<th>1 – 7 Days</th>
<th>8 – 30 Days</th>
<th>31 – 60 Days</th>
<th>More than 60 Days</th>
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<td><strong>Driving While Impaired</strong></td>
<td><strong>Second Degree Trespass</strong></td>
<td><strong>Parole Comm. Violation</strong>*</td>
<td><strong>Felony Probation Violation</strong>*</td>
<td><strong>Habitual Felon</strong></td>
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<td><strong>Dwlr Not Impaired Rev</strong>*</td>
<td><strong>Assault on a Female</strong></td>
<td><strong>Felony Probation Violation</strong>*</td>
<td><strong>Assault on a Female</strong></td>
<td><strong>Felony Probation Violation</strong>*</td>
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<tr>
<td><strong>Second Degree Trespass</strong></td>
<td><strong>Misdemeanor Larceny</strong>*</td>
<td><strong>Misdemeanor Larceny</strong>*</td>
<td>*<em>Misdemeanor Probation Viol</em></td>
<td><strong>Possess Stolen Motor Vehicle</strong></td>
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<tr>
<td><strong>Misdemeanor Larceny</strong></td>
<td><strong>Possess Drug Paraphernalia</strong>*</td>
<td><strong>Pretrial Release Violation</strong>*</td>
<td><strong>Misdemeanor Larceny</strong>*</td>
<td><strong>Possess Methamphetamine</strong>*</td>
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<tr>
<td><strong>Assault on a Female</strong></td>
<td><strong>Felony Probation Violation</strong>*</td>
<td><strong>Possess Methamphetamine</strong>*</td>
<td><strong>Fel Prog Viol Out of County</strong>*</td>
<td><strong>Misdemeanor Probation Viol</strong>*</td>
</tr>
</tbody>
</table>

* More than half of bookings due to failure to appear or violation
PROBATION VIOLATIONS
JANUARY THROUGH JULY

YTD: 252
Last YTD: 293
YOY Change: -14.0%
ALOS: 25.1

* Booking with the following process type: OFPV
The State Pretrial population continues to be the driver of population increase.

Small reductions in the average daily population has been sustained since March 2019.

Reductions are the result of a slight decrease in the number of bookings and reductions in the average length of stay in custody.

There has been a reduction in the number of bookings for probation violation. However, defendants in custody due to a probation violation, on average, stay in custody twice as long.
Stress Test Overview

• Safety + Justice Challenge Stress Test was held on July 22, 2019
  • The objective of this activity was to conduct a case based review of a representative sample of people who have been recently released from jail, who, under the proposed Safety + Justice Challenge plan to reduce the jail population, would not be incarcerated in the future if the plan is implemented.

• 40 cases were selected for review, which included 212 dockets
  • 15 cases were reviewed on the day of the meeting

• Participants included JFA facilitator, Vera Institute TA providers, and local criminal justice system stakeholders
Key takeaways included:

• Average daily population = volume of entry + length of stay
  • JFA’s point throughout the stress test was that length of stay is the major driver of our jail population, and some of these cases are the more difficult & complicated cases.

• Next steps include following-up with stakeholders individual participants & case processing workgroup
FROM THE FRONT LINE

Waynesville Police Department
58,220 KIA in Vietnam Over a 20 Year Period

2017

72,000+ died of a Drug Overdose*

*Center for Disease Control
“Prescription drug overdoses are epidemic in the United States.”

Dr. Thomas Frieden, CDC Director
Unintentional Medication & Drug Deaths by County
North Carolina Residents, 2012-2016

Analysis by Injury Epidemiology and Surveillance Unit
Rates of Unintentional/Undetermined Prescription Opioid Overdose Deaths & Outpatient Opioid Analgesic Prescriptions Dispensed

Outpatient Rx dispensed per 100 persons (2011-2015)
- 46-69
- 70-99
- 100-119
- 120-151

Overdose rates per 100,000 persons (2011-2015)
- Rate not calculated; <5 deaths
- 0-4
- 5-7
- 8-11
- 12-24

Average mortality rate:
6.4 per 100,000 persons
Average dispensing rate:
82.9 Rx per 100 persons

Analysis: Injury and Epidemiology Surveillance Unit
What Have We Done As Law Enforcement?
Community Education
State and National Training

Law Enforcement and Community Summit on Heroin in North Carolina

Law enforcement and community leaders will gather at the legislature to discuss legislative solutions to reducing the negative impacts of heroin in our communities. Law enforcement and community leaders will discuss attorney access to naloxone, syringe exchange, law enforcement agent programs, law enforcement assisted diversion, increasing access to social services, and rehabilitation activities.

Event Location: North Carolina General Assembly, 16 W. Jones Street, Raleigh, North Carolina 27601

Event Date: Thursday, May 12, 2016 8:00 AM - 2:00 PM

Contact: Robert Childs, 336-543-5050, robert.bo.childs@gmail.com

Confirmed Speakers:

- William H. Hollingsworth, Chief of Police, Waynesville Police Department, Waynesville, NC
- Robert Childs, MPh, Executive Officer, North Carolina Harm Reduction Coalition, Wilmington, NC
- John Ingram, Sheriff, Brunswick County Sheriff's Office, Bolivia, NC
- Joe Johnson, Ret. Chief of Police, Huntington Police Department, Huntington, WV
- Ronald Martin, Law Enforcement Safety Advocate, Retired NYPD, Raleigh, NC
- Karl Pank, Captain of Internal Affairs, Fayetteville Police Department, Fayetteville, NC
- Scott Prochaska, MPh, Epidemiologist Injury and Violence Prevention Branch, 2020, Raleigh, NC
- James Swain, Coordinator of Harm Reduction Education and Resources, NCHRC, Fayetteville, NC
- Dennis Varon, Ret. Special Agent in Charge of the State Bureau of Investigation, Harm Reduction Policy Coordinator, North Carolina Harm Reduction Coalition, Moses, NC

NCHRC
Pill Take Back Days
Agency Drop Boxes
Safe Needle Disposal
Naloxone in Patrol

- Naloxone Issued to Every Patrol Officer in EVERY Law Enforcement Agency in the County
- Officers Trained in Auto-Injectors and Nasal Applicators
- Law Enforcement Officers are often the first Emergency Responders on the scene. They are trained and equipped to deliver life-saving Naloxone to victims of Opiate Overdose
Opioid Overdose Reversals with Naloxone Reported by
NC Law Enforcement Agencies, 1/1/2015-12/31/2017

900 + Law Enforcement reversals reported

Source: North Carolina Harm Reduction Coalition (NCHRC), January 2018
Analysis by Injury Epidemiology and Surveillance Unit
• **Physicians for Responsible Opiate Prescribing**

• Group of Physicians dedicated to Educating their peers (the Prescribers) as to the appropriate and safe prescribing of pain medication

• Dedicated to Educating their Patients and the Public regarding the Dangers of Opiate Abuse

• “Take The Pledge”

• “PainChangers” – GET INVOLVED
Effective Legislation
Law Enforcement Assisted Diversion

L.E.A.D.

WAYNESVILLE POLICE

NORTH CAROLINA
Diversion Program (Pre-Arrest)

Utilizes Officer and District Attorney Discretion

Harm Reduction Framework

Public Health Approach

Referral to Services
LEAD is a pre-booking diversion program.

Pre-booking means that low level offenders for whom probable cause exists for an arrest are diverted and redirected from jail and prosecution by immediately providing linkages to treatment and social supports including harm reduction and intensive case management in an effort to treat the root cause - opiate drug addiction.
The Central Tenents of LEAD are:

- Divert individuals immediately into wrap around services. IE drug treatment, emergency housing (DV situations), food, medications, pregnancy programs, dual diagnosis treatment, education, trade training, etc.

- Redirect officers back into the street as soon as possible (1 hour oppose to 6 hours) to handle more pressing law enforcement priorities.

- Reduce Jail Costs

- Reduce overdose deaths and reduce criminal activity.
MAJOR STAKEHOLDERS IN LEAD

LAW ENFORCEMENT
POLICE DEPARTMENT
SHERIFF’S OFFICE

SERVICE PROVIDERS
HARM REDUCTION
HOUSING
HEALTHCARE
TREATMENT
CASE MANAGEMENT

LEGAL SYSTEM
DISTRICT ATTORNEY’S OFFICE

LEAD
Law • Enforcement • Assisted • Diversion
WAYNESVILLE, NORTH CAROLINA
How LEAD Works

- Upon arrest, an officer will contact an individual on the street and determine, based on eligibility requirements, if they qualify as a candidate for LEAD.

- If they do qualify, the subject is handed over to a case manager immediately and the officer is released to continue his shift. If they do not qualify, the subject is referred through the traditional criminal justice system.

- The subject is required to complete an intake assessment and is required to return to the treatment provider within 14 days to continue a more intense individualized treatment plan. If the subject does not return criminal charges can be filed by the DA.

- The officers and case managers meet twice a month to discuss the progress of their client and learn about the services that are being provided to them.

- Officers also have a social referral component to the program. An officer can refer a subject who is at risk of being arrested based on their behavior.
2 Types of Referrals

* Charge Diversion – Restrictions Agreed Upon by MOU Stakeholders

* Social Referral – Based on History and Knowledge
Patrol Officers are the primary decision maker for diverting an individual to LEAD pursuant to the criteria on which officers have been trained.

Officers will make a series of decisions about the individuals they contact to determine whether or not those individuals are arrested or will be diverted to LEAD.

Decisions include reviewing previous LE interactions, criminal history, and agency eligibility criteria.
LEAD Client Eligibility Requirements

(Applicants currently on supervised probation and/or with a violent criminal history are disqualified)

Reason for LEAD Referral:

- Larceny (Misdemeanor)
- Possession of Stolen Property (Misdemeanor)
- Shoplifting
- Possession of Drug Paraphernalia (G.S. 90-113.22)
- Possession of a Controlled Substance
- PWISP, S&D of C.S., Trafficking, Conspiracy & Maintaining a Dwelling are automatic disqualifiers

- Intoxicated & Disruptive
- 1st & 2nd Degree Trespassing
- Prostitution (G.S. 14-205.1)
- Social Contact Referral

Specify: ___________________________
LEAD SCREENING FORM

Client Full Name: ___________________________ Agency Case Number: ___________________________

D.O.B. __/__/____ Gender: □ Male □ Female □ Transgender MTF □ Transgender FT M

Race/Ethnicity: □ African-American □ Asian-Pacific Islander □ Caucasian □ Hispanic □ Native American □ Other (please specify): ___________________________

Phone Number: ___________________________ Text Only □ Yes □ No Email Address: ___________________________

Address: ___________________________ City: ______ State: ______ Zip: __________ 

If no phone or address, how can LEAD staff contact you?

Alternate Contact: ___________________________

(Applicants currently on probation and/or with a violent criminal history are disqualified)

Reason for LEAD Referral:

□ Larceny (Misdemeanor) □ Possession of Stolen Property (Misdemeanor) □ Possession of Drug Paraphernalia (G.S. 90-133.22) □ Possession of a Controlled Substance (G.S. 90-9.113.22) □ Possession of Stolen Goods (Misdemeanor) □ Shoplifting □ Possession of Controlled Substances □ Intoxicated & Disruptive □ Trespassing □ 1st & 2nd Degree Trespassing □ Prostitution (G.S. 14-205.1) □ Social Contact Referral

Specify: ___________________________

Reason for Non-Referral:

(Reason)

Initial Arrested Taken:

In order to participate in LEAD you must sign a medical release of information so that the LEAD Case Coordinating Team can process and staff your case. Will you sign a release of information? □ Yes □ No

LEAD Participant: ___________________________ Date: ___________________________

Referring Officer: ___________________________ Date: ___________________________

Referring Officer's Supervisor: ___________________________ Date: ___________________________

check when information has been entered into database

LEAD CHECKLIST

QUALIFIED INCIDENTS/CRIMES

□ Larceny (Misdemeanor) □ Possession of Stolen Goods (Misdemeanor) □ Shoplifting □ Possession of Drug Paraphernalia □ Possession of Controlled Substances □ Intoxicated & Disruptive □ Trespassing □ 1st & 2nd Degree Trespassing □ Prostitution

VERIFIED CRIMINAL HISTORY (DCI AND AOI)

□ Charges or convictions within the past 5 (5) years for violent or firearm-related crimes are automatic disqualifiers.

□ Subjects or probation or parole are also disqualified

COMPLETE LEAD SCREENING FORM (REFERRALS AND NON-REFERRALS)

□ Completed Screening Form is emailed to LEAD Coordinator

NOTIFY LEAD CASE MANAGER OR MOBILE CRISIS

LEAD Case Manager (Mon-Fri): 910-303-1030

□ Officer will transport participant

□ Mobile Crisis (After Hours)

□ Mobile Crisis will respond to location and meet with participant

COMPLETE INCIDENT REPORT (INCLUDING SOCIAL REFERRALS)

□ Incident listed as “LEAD” □ Victim listed as “Society” □ Participant listed as “Suspect” □ Evidence listed as “Found” □ Supplements completed (if necessary)

SEIZED PROPERTY LOGGED IN AS “FOUND PROPERTY”

□ Found Property will only be held for 180 days unless otherwise directed by the submitting officer.

LEAD CONTACTS

LEAD Coordinator

Detective Paige Shelton
Lt. Tyler Trafton
pshelton@waynesvillegov

LEAD Case Manager

Garriam Yochim
910-228-5322
garriam@tncc.org

Mobile Crisis

Kaleb Winge
828-454-6516
Kaleb.d.winge@ncourts.org

DA’s Office

888-315-2800

Revised: 1/29/2018

Revised: 10/1/2017
LEAD Work Flow Card

WAYNESVILLE POLICE DEPARTMENT LEAD PROGRAM WORKFLOW

Law Enforcement Officer Responsibility 9am-5pm

1. Officer decides to refer
2. Explain LEAD & Complete LEAD Screening Document
3. Transport to LEAD Case Manager located @ Meridian Behavioral Health (131 Walnut St.) 828-458-6604
4. Hand off participant & screening form to LEAD Case Manager
5. Send copy of screening form to WPD LEAD Coordinator

Law Enforcement Officer Responsibility 5pm-9am & Weekends

1. Officer decides to refer
2. Explain LEAD & Complete LEAD Screening Document
3. Transport to Appalachian Comm. Services @ 91 Timberlane Road 828-454-7220
4. Hand off participant & screening form to ACS Staff
5. Send copy of screening form to WPD LEAD Coordinator
The LEAD Case Review Committee consists of:

- Police Department
- District Attorney’s Office
- NC Harm Reduction Coalition
- Case Manager
- Mental Health/Substance Abuse Organization
- Any additional member of the Memorandum of Understanding

Meets twice a month to review participant progress and make programmatic decisions.
Case Manager Process

Provides immediate individual intake and access to clinical assessment to determine

- Factors contributing to the person's engagement in substances
- Creation of individualized comprehensive treatment plan
- Referral to services
Service Provision

LEAD
Law Enforcement • Assisted • Diversion
Waynesville, North Carolina

- Screening, Intake and Assessment
- Intensive Case Management
- Harm Reduction Services
- Development of Individual Intervention Plans
- Basic Needs, i.e. food, clothing, medical/dental care, enrollment in Medicaid, etc.
- Transportation
- Housing
- Treatment Services (including medication assisted treatment)
- Job training/employment supports/education supports
Program Development

- Identify Stakeholders
- Develop Team
- Determine Criteria for Eligibility
- Identify Local Resources
- Draft MOU
- Develop Training for Officers
Community Resource Assessment

- Transportation
- Methadone/Suboxone
- Case Management
- Determining Coverage (insurance or no insurance?)
- Identify Barriers
Follow-Up Made on All Non-Fatal Overdose Calls

* Follow-Up Team
* Law Enforcement
* NC Harm Reduction Coalition
* Substance Abuse / Mental Health Treatment
Overdose Response Report

Report serves 2 main purposes:

- Investigatory Information
- Overdose Follow-Up

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<th>OVERDOSE INFO:</th>
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<td>Suspected Drug or Medicine:</td>
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<tr>
<td>Controlled Substance YES / NO</td>
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<td>Intentional or Unintentional:</td>
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<td>Evidence/Paraphernalia Seized:</td>
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<td>Source of Drug / Controlled Substance:</td>
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<th>OVERDOSE RESPONSE:</th>
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<td>Was anyone present during overdose: YES / NO</td>
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<tr>
<td>Was Narcan administered: YES / NO</td>
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<tr>
<td>Was Narcan administered by an LEO: YES / NO</td>
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<tr>
<td>If yes, Name of Officer:</td>
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<tr>
<td>Was subject transported: YES / NO</td>
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<tr>
<td>Was Overdose Fatal: Non-Fatal:</td>
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Counties with Post Overdose Response Programs*  
as of December 31, 2017

*The Post Overdose Response Programs (or Rapid Response Teams) offer support, recovery resources and links to substance use disorder treatment options, overdose prevention education, naloxone, case management, and referrals to syringe exchange programs.

Source: North Carolina Harm Reduction Coalition, January 2018
Analysis: Injury Epidemiology and Surveillance Unit

Waynesville Police Department

Haywood County Sheriff’s Office
Where Do We Go From Here?

Attorney General’s Opioid Task Force

* Naloxone to Law Enforcement and First Responders
* Treatment in Prison System
* Add Benzodiazepines (Benzos) to STOP Act Mandate
* Provide Law Enforcement Access to Controlled Substance Reporting System
* Deter Diversion by Health Care Providers
* Control / Elimination of Pain Management Clinics (Pill Mills)
* Work with President’s Commission on Combatting Drug Addiction

And the Opioid Crisis (Federal Health Care Systems Share Data, National Inter-Connection of CSRS, Mental Health/Substance Abuse Treatment)
THANK YOU!

Waynesville Police Department
Procedural Justice
A CAYLA Experience

Ariahn Glass
Miranda Williams
Introduction!

Miranda Williams:

Junior at Asheville High School

CAYLA Intern

Future criminal justice attorney
Introduction

Ariahn Glass

Graduated from Asheville High

Cayla Intern

Future in Law Enforcement
What is Procedural justice?

Procedural justice focuses on how police and other authorities interact with the public.

Fairness within the court system and to allocate resources and discussions with administration of legal proceedings.

“It is a concept that, when embraced, promotes positive organizational change, bolsters good relations with the community, and enhances officer
To Ensure Trust

Procedural justice is made up of four categories which are:

1. Fairness
2. Voice
3. Transparency
4. Impartiality
Fairness

Everyone is treated equally regardless of race, religion or appearance

Procedures used to allocate rewards and make decisions
Voice

Ability to be heard speaks volumes because if the court system isn’t willing to hear your story, it can appears as those the system is not helping.

If court officials do not appear to be listening, it will appear they are not helping.
Transparency

Decisions that are made do not rely upon secrecy or deception.

For example, when officers are as transparent as possible, community members are more likely to accept officers’ decisions—even if they are unfavorable to them.
Impartiality

- Decisions are made based on relevant evidence or data rather than on personal opinion, speculation, or guesswork
Procedural Fairness

Voice
All relevant parties are, or at least have the opportunity to be, heard

Correctability
A decision can be corrected if it somehow rests on the wrong premises

Impartiality
The decision maker has no personal stake or interest in the decision outcome

Consistency
Allocative procedures are consistent across individuals and over time

Accuracy
The decision is based accurately on all available information

Neutrality
Representation of relevant parties is balanced without any part enjoying special status
Procedural Justice Observations

- The public’s unawareness of how to come to court
- How slow the system moves
- Members of lower wealth communities not having access to certain information.
- Lack of empathy expressed by judicial members and staff.
- Lack of unity.
What can we as a system do better?

- Being responsible with the authority given.
- Connect more with the community in ALL parts.
- Keeping everyone involved and up to date about what’s going on in our community. (Important things)
- Building trust
- Informing the community of proper court proceedings
- Do better by our kids and younger generations
  - More bus routes
  - More crosswalks
  - Street lights
  - Recreation centers

Our voices are stronger as one.
References

U.S. Department of Justice [https://cops.usdoj.gov/proceduraljustice](https://cops.usdoj.gov/proceduraljustice)

Current Projects

- Specialty Courts
- Justice Resource Center (diversions and supportive services)

Safety and Justice Challenge
  1. Improving Deflection Opportunities
  2. Improving Crisis Response and Familiar Faces Services
  3. Pretrial Enhancement, including implementation of the Public Safety Assessment
  4. Improving Case Processing

- Increasing Community Engagement
- Addressing Racial and Ethnic Disparities
- Raise the Age Implementation
- Community Crisis (IVC) Planning
- Diversion Services Enhancements
Rank these items from most important to least important

1st: Behavioral Health and Justice Collaboration
2nd: Restorative Justice
3rd: Improving Outcomes for Youth
4th: Law Enforcement Aided Diversion
5th: Driver's License Restoration Clinic
Thank you!

Next Meeting: September 6, 2019 12:30pm-2:00pm
200 College Street, Ground Floor