



Counties Building Safe and Healthy Communities: 12 Impact Stories

INTRODUCTION

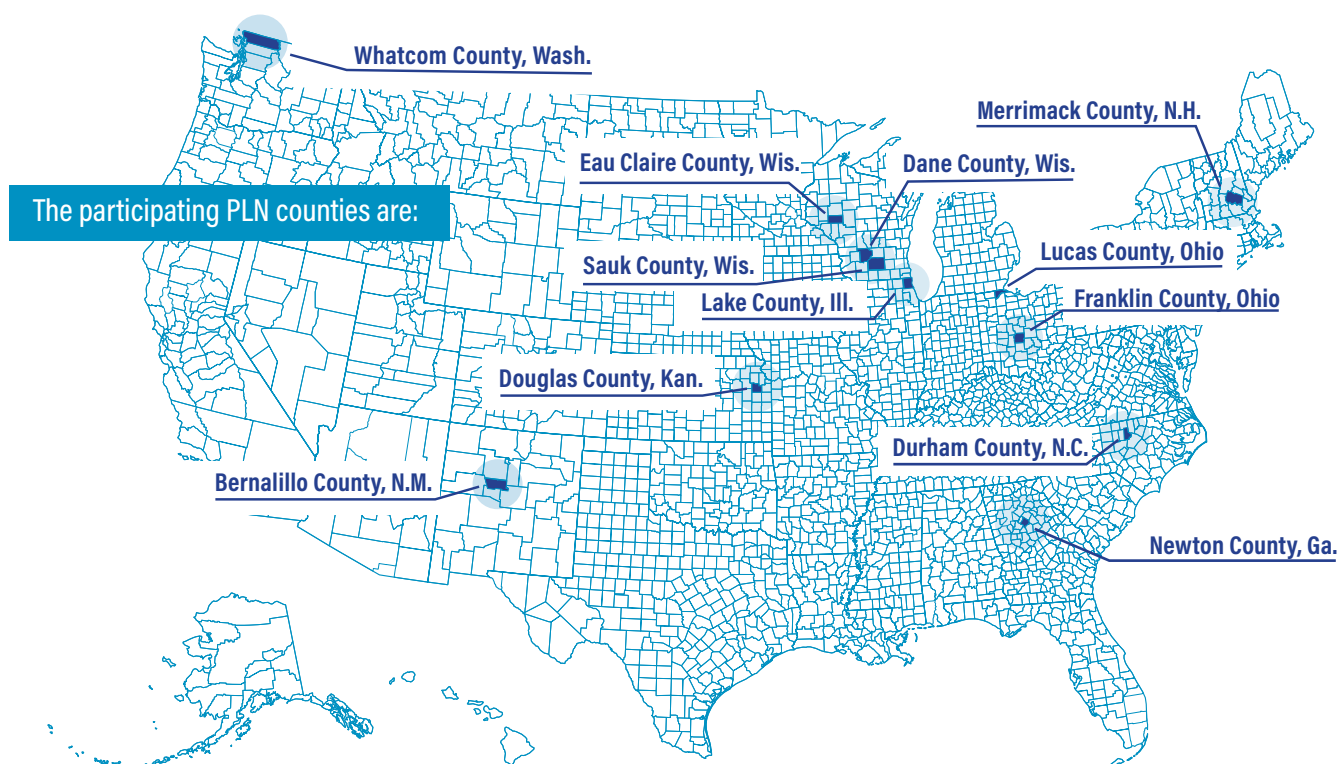
Counties across the country are developing policies, practices and programs to reduce the overuse and misuse of the criminal legal system for community members living with behavioral health conditions, such as mental illness and substance use disorder.

An estimated 2 million annual jail admissions involve a person with a serious mental illness and three-quarters of these individuals have a co-occurring substance use disorder.¹ Counties invest \$100 million annually in community health systems but access to community-based behavioral health treatment remains a challenge, resulting in law enforcement and jails becoming the de facto mental health treatment providers.² These issues compound and disproportionately affect community members of color, who are overrepresented in the criminal legal system and less likely to be diagnosed with behavioral health conditions.³

The John D. and Catherine T. MacArthur Foundation's [Safety and Justice Challenge](#) reimagines local criminal justice systems with equity-based solutions to reduce jail incarceration and protect public safety. The Challenge supports a national network of more than 57 cities, counties

and states as they identify and implement community-informed solutions that are effective and scalable. As part of the Challenge, the National Association of Counties (NACo) created a [County Justice Peer Learning Network](#) (PLN) to support county leaders – as a key constituency for justice reform – from January 2020 to October 2022. **Counties participating in the PLN developed and implemented action plans to reduce the number of community members with behavioral health conditions involved in the legal system and identify and eliminate racial and ethnic disparities.**

This report outlines the accomplishments of the PLN members in supporting vulnerable residents, reducing the local jail population and addressing racial and ethnic disparities. The COVID-19 pandemic impacted each site, but members persisted in, and many amplified, efforts to advance the PLN's goals.



COUNTY IMPACTS ON JUSTICE AND BEHAVIORAL HEALTH PRACTICES AND PROGRAMS

Between January 2020 and October 2022, of the **12 Peer Learning Network sites** developing policies, practices and programs to better serve community members with behavioral health conditions, enhance public safety and reduce racial and ethnic disparities in the criminal legal system:



10

sites deployed,
piloted or discussed
implementing mobile crisis teams



9

sites dedicated
a combined \$38.3 million
of American Rescue Plan
Act (ARPA) Recovery Funds
towards public safety and
behavioral health programs
and improvements



10

sites opened,
approved or explored developing
a crisis triage center



8

sites launched
behavioral health programs
to assist people in jail



7

sites established
data dashboards



6

sites partnered
with local universities to
support research activities and
data-driven decision making



6

sites launched
or enhanced initiatives
focused on racial equity



COUNTY ACTIONS

Over the past three years, PLN members considered, launched or enhanced strategies at the intersection of behavioral health and justice systems to support community members and address disparities. The accomplishments highlighted below offer a glimpse into the robust and innovative policies, practices and programs within each site.

To ensure community members experiencing a behavioral health emergency receive rapid support to address immediate needs and connections to appropriate care, **Bernalillo County, N.M.** (Pop. 676,444) launched [fire mobile crisis teams](#) in 2021, which pair a behavioral health clinician and paramedic. Furthermore, county commissioners contributed \$20 million from the behavioral health tax fund to construct a crisis triage center, scheduled to open in early 2023.⁴ In addition, Bernalillo County and HopeWorks opened [Hope Village](#) in early 2022. This 42-unit permanent supportive housing facility serves families and single adults who experience housing instability – including individuals returning from incarceration – and have been diagnosed with a behavioral health condition. To continue data-driven efforts and ensure coordination, the county secured external technical assistance to overcome barriers to data sharing and integrating data, funded a [Stepping Up](#) coordinator position and created the [Office of Criminal Justice and Behavioral Health Initiatives](#) under the County Manager.⁵

Hope Village in Bernalillo County, N.M.



Dane County, Wis. (Pop. 561,504) focused on enhancing elements of the behavioral health continuum of care by staffing the county crisis call line with clinicians and social workers and deploying mobile crisis teams partnering paramedics with crisis workers. The county executive also dedicated \$10 million to a crisis triage center and required the vendor to solicit community input and feedback throughout the decision-making process.⁶ To support community members in rural areas, deputies in the Sheriff’s Office are now equipped with technology for teletherapy. For individuals who frequent jail, emergency departments and social service programs, the county created a jail booking alert to provide connections to services and offer a faster and more effective response to high needs clients. To support sustainability, the Criminal Justice Council created a new subcommittee to regularly review the intersection of behavioral health and justice.

“Investing \$10 million for the Crisis Triage Center will bolster mental and behavioral health services in our community, keeping people out of the criminal justice system and in services suited to address the barriers they face.”

– Joe Parisi, County Executive, Dane County, Wis.⁷



Douglas County, Kan. commissioners and leaders open the Treatment and Recovery Center.

Douglas County, Kan. (Pop. 118,785) commissioners directed funds from the behavioral health quarter-cent sales tax to several initiatives. Opening in November 2022, the [Treatment and Recovery Center](#) (TRC) is a 24-hour crisis center offering walk-in urgent psychiatric care to adults and children and observation and stabilization services for individuals dropped off by law enforcement, EMS and mobile crisis response teams. TRC is part of a campus that offers transitional and supportive housing options for community members with behavioral health conditions that need a higher level of care. The county also launched a 24-hour, seven days a week crisis line linked to the National Suicide and Crisis Lifeline (988), a mobile crisis response team, Assertive Community Treatment and Assisted Outpatient Treatment.⁸ To increase accessibility, the [Peer Fellows Program](#), composed of peer specialists with lived experience who provide emotional and social support to community members living with a mental illness and/or substance use disorder, expanded to the local library, housing authority and human services settings.

In 2022, the **Durham County (N.C.)** (Pop. 324,833) Board of County Commissioners approved continued funding to support people with co-occurring mental illness and substance use disorders after release from detention. To help reduce the number of residents in contact with the criminal legal system, county EMTs are part of the three-member, civilian-only [community response team](#), piloted by the City of Durham. To support these efforts, a Post Arrest Diversion Program, started in 2020, and an expanded Mental Health Court Diversion Program offer additional opportunities to reduce the use of jail for people who can be best served in the community.⁹ Underlying these practices and to help inform decision-making, the county developed a data dashboard tracking jail and mental health data.

“The Mental Health Court Expansion Initiative addresses critical gaps in the Durham County diversion efforts by enhancing treatment supports for Mental Health Court clients.”

– Gudrun Parmer, Director, Criminal Justice Resource Center, Durham County, N.C.¹⁰

Eau Claire County, Wis. (Pop. 105,710) conducted a sequential intercept mapping (SIM) exercise to identify gaps at the intersection of behavioral health and justice. Based on their findings, the county launched a police co-responder team and hopes to develop a crisis stabilization center. Supporting these efforts, the county created a Community Collaborative and Intervention group to review the cases of people who are incarcerated with mental health and/or substance use disorders and connect them with services for further intervention. County leaders attributed the success of justice efforts to the local criminal justice coordinating council (CJCC) as an avenue to garner support and connect across agencies. To further build trust and explore opportunities to enhance racial equity, the CJCC membership expanded to include a community member with lived experience in the justice system.

In **Franklin County, Ohio** (Pop. 1,323,807), the Rapid Resource Center, located near the release area at the jail, provides immediate access to supportive services, harm reduction education and behavioral health treatment linkage post-release. Between March 2021 and 2022, more than 1,000 individuals released from incarceration and/or family members received services. To address the social determinants of health, the county launched Fresh Start, a permanent supportive housing program that identifies and houses 30 people with the highest need.¹¹ Recognizing the need for community-based crisis resources, county leaders have begun preparations to open a crisis center in 2024.

Lake County, Ill. (Pop. 714,342) opened the Living Room Wellness Center in 2020 that provides crisis intervention, referrals to additional services, shower facilities, a room to relax, snacks and transportation services as well as serves as a law enforcement drop-off center. Between January and July 2022, the Lake County Sheriff's Office and other law enforcement agencies transported 41 people to the center, diverting them from the hospital or jail, and the center accepted more than 1,400 walk-ins between December 2021 and May 2022.¹² The county also expanded its Crisis Outreach and Support Team (COAST) program, which provides follow-up services and support for up to 90 days after encountering law enforcement during a behavioral health emergency, to increase the number of responding teams and include a social worker, clinician or peer specialist. Furthermore, to enhance community support, transparency and trust, the [Sheriff's Office](#) and [State's Attorney's Office](#) developed public facing data dashboards.



“The [Living Room] Wellness Center is a critical program in our strategy to decrease the incarceration of the mentally ill in Lake County. This deflection program and other diversion programs recognize that we can rehabilitate and treat non-violent individuals and keep our community safe without using jails or prisons.”

- Eric Rinehart, State's Attorney, Lake County, Ill.¹³



The Zepf Center in Lucas County, Ohio and the CARE Center.

To equip law enforcement officers with an option for deflection, **Lucas County, Ohio** (Pop. 431,279) opened the Crisis, Access, Recovery and Engagement (CARE) Center in January 2022 that serves as a triage center and “one stop” access point for behavioral health resources. Between January and August 2022, 89 community members were deflected from justice system involvement to the CARE Center.¹⁴ Building on its robust data sharing infrastructure, the county added two behavioral health agencies’ data to its systems and leveraged the information to help identify and better support familiar faces.

Recognizing the importance of developing a behavioral health continuum of care to reduce jail populations, commissioners and justice leaders in **Newton County, Ga.** (Pop. 112,483) are interested in planning a SIM workshop to promote active engagement from stakeholders and better understand the local justice system. This exercise aims to build the foundation for the county to consider future elements of the behavioral health continuum of care, such as crisis stabilization center. This center is one element of the continuum that would also include a co-responder program and an embedded clinician in the 911 center to enhance pre-arrest deflection opportunities. Additionally, county commissioners are exploring the possibility of creating a Criminal Justice Council.

Merrimack County, N.H. (Pop. 153,808) leveraged ARPA Recovery Funds to help carry out its PLN goals. To support residents after release from jail, the County Board of Commissioners directed \$150,000 of these funds, as well as dollars from the opioid settlement, to hire county navigators. Navigators help connect community members to behavioral health and social safety net resources. The county commissioners also dedicated Recovery Funds to a new case management software to integrate care across agencies. To support these initiatives and take a systemic approach to address the length of stay for community members with a serious mental illness, the county established a multi-discipline committee of stakeholders within the criminal legal system, a recommendation from previous technical assistance the county received.

“Opening lines of communication is a goal of ours, that’s one of many things that we’re trying to do with the navigator program is to be a resource and a source at the same time.”

–Ross Cunningham, County Administrator, Merrimack County, N.H.¹⁵

In 2021, **Sauk County, Wis.** (Pop. 65,763) hired a jail re-entry coordinator to work with individuals, particularly those with substance use disorders, 30 days prior to release and offer connections to community-based services and treatment. The re-entry coordinator is collaborating with a local non-profit organization that is developing a Transitional Career Center, in partnership with the county, to help people who are incarcerated learn a new trade and secure apprenticeships with local businesses. County leaders allocated \$100,000 in Recovery Funds towards this effort. To further assist during the re-entry process, the [Educational Navigator Program](#), started in 2020, helps justice-involved residents obtain a GED to expand educational and employment opportunities. Most recently, Sauk County and the District Attorney's Office jointly developed the [Diversion Supervision Agreement Program](#), a deferred prosecution program that allows residents to have their charges dismissed or dropped upon successful program completion. Program components are tailored for each individual, based on a risk/need assessment, and can include referrals to mental health services.

Whatcom County, Wash. officials break ground on the crisis stabilization center.



Launched in 2020, the **Whatcom County (Wash.)** (Pop. 226,847) [Ground-Level Response and Coordinated Engagement \(GRACE\)](#) and [Law Enforcement Assisted Diversion \(LEAD\) programs](#) provide intensive support to reduce the number of community members cycling through justice and health systems. In 2021, GRACE participants experienced a 97 percent decrease in emergency medical service use, 84 percent reduction in jail bookings and 62 percent decrease in emergency department visits. Similarly, LEAD participants reduced jail bookings by 97 percent.¹⁶ The county also opened an enhanced [crisis stabilization center](#) and safe detox unit in 2020. The center has 32 beds, divided evenly between withdrawal management services and mental health stabilization, and provides an option for law enforcement as an alternative to jail. To support these efforts and ensure communication and collaboration, the county health department created the [Response Systems Division](#) to work closely with community providers involved in crisis response and behavioral health services.

“This new center is well-designed and staffed with professionals who can get the patients stabilized and ready to enter a longer-term and less intensive care environment. It’s going to change the lives of our community members for the better.”

–Satpal Sidhu, County Executive, Whatcom County, Wash.¹⁷

KEY STRATEGIES

Across the PLN sites, activities that supported local actions include:

- **Engaging in system mapping** to understand needs and service gaps
- **Developing a behavioral health continuum of care** to support community members before, during and after a behavioral health emergency and/or justice system involvement
- **Leveraging data** to inform decision making and system improvements
- **Striving for racial and ethnic equity and engaging the community** to reduce disparities, and
- **Encouraging collaboration and securing champions** to increase coordination, sustain and achieve positive impacts.



CONCLUSION

Counties participating in the PLN implemented innovative policies, practices and programs to rethink the role local jails and justice systems play in enhancing public safety and well-being. By building elements of the behavioral health continuum of care and enhancing racial equity, counties are rightsizing local justice systems and increasing access to community-based services. These strategies are often complementary to ongoing, holistic initiatives that contribute to justice and equity.

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660 NORTH CAPITOL STREET, NW
SUITE 400 • WASHINGTON, D.C. 20001
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