

The Beaufort county Jail Committee met on Wednesday, May 26, 2021, at 3:00 PM, in the Commissioners Board Room located at 136 West 2<sup>nd</sup> Street in Washington, NC with the following present:

**Committee Members Present:**

Chairman John Rebholz  
Commissioner Jerry Langley  
Seth Edwards, District Attorney  
Ray Leary, Chocowinity  
Bill Davis,

**Staff Present:**

Brian Alligood, County Manager  
Katie Mosher, Clerk to the Board  
Christina Smith, Public Works Director

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Chairman Rebholz called the meeting to order.

**Motion:** Commissioner Langley motioned to approve. Chairman Rebholz seconded. The vote was unanimous.

**Motion:** Commissioner Langley motioned to approve the minutes from March 24, 2021. Chairman Rebholz seconded. The vote was unanimous.

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**Update on NCI Assessment**

Chairman Rebholz said we asked at the last meeting for Mr. Alligood to contact NCI for an assessment. He said we'll let him report on that.

Mr. Alligood said I had an email conversation with Mike Jackson, I think he is the gentlemen you spoke to and in that conversation I spoke or talked about the needs assessment and his comments back was NIC stopped doing needs assessments many years ago due to the cost and that assessments such as these require more time, therefore more money than we can budget to a project like this. He read the assistance that we do provide in this area is described in the attachment and we provide technical assistance in the form of site visits to other jails that might have some features or programs that your community might be interested in. He read we could fund a small delegation of up to four people that could travel to the site or sites and talk to their counterparts concerning purpose, design, funding, etcetera, wish you luck on your next step, let me know how we can assist. He said so I replied back to him and said I appreciate the follow-up but after reading the attachment I think we're looking to partner with you on what's called the jail and justice assessment and let me know how that is. He said that's doable, but his concern was based on our earlier conversations about the absence of participation of the Sheriff's Office in this committee he said we'll have to address the issue of the Sheriff's resistance and he says to building a new jail. He read if he refuses to let us in to tour or will not participate in the discussions or will not share the data that we may need in our needs assessment then you may not be able to obtain the full picture of the needs to address and may not be able to plan adequately for the facility. He read if you think he might just

participate in events just to hear what is said and voice concerns we could schedule it as soon as USDOJ lifts our travel prohibition. He said to apply for technical assistance, which is the JJSU, click on the link below and file the paperwork. He said so we can certainly do that. He said they are currently under, DOJ is under a travel restriction where they're not allowing folks to travel, related to Covid and we're not sure how long that's going to last. He said it would be the assessment, but their concern is they would do like they did last time. He said last time they actually came in under the Sheriff, he asked them to come in and do that. He said this time we just need to have that conversation and make sure that's acceptable. He said otherwise there may be some issues if he refuses to give access to the facility or answer questions or provide any information.

Chairman Rebholz said that conversation came up when I talked with him too. He read it's the sheriff's choice to allow us to come in or he said they could wait until the ACLU comes in. He said that would pretty much put a crimp in it. He said do you want me to call.

Mr. Alligood said we'll certainly take direction from this group as to what you want us to do. He said obviously it may be better coming from another official who's the chairman of the committee.

Chairman Rebholz said okay. He said do you think we're in line right now, in the que, so to speak.

Mr. Alligood said no, we are not in line for the que yet because we haven't submitted yet, pending that discussion on whether we'd be able to get in. He said obviously we need to be able to answer that question.

Chairman Rebholz said okay, I'll call Sheriff Coleman.

Mr. Alligood said then I guess the question would be, and I'm looking at both of you all for this question, the Board, as a whole, has said this is a committee, you all make recommendations, you don't get to take action. He said is this something we need to get on the June agenda before we go. He said we talked about that at the last meeting.

Commissioner Langley said I think that would be more contingent on when you speak with him if he's going to cooperate. He said if he's not going to cooperate then it would be a waste of time to put it on the June agenda.

Chairman Rebholz said plus I'm not sure we're making a recommendation. He said we're just trying to still gather information, which is what part of the charter for the committee was.

Mr. Alligood said I'm just trying to bring that up so nobody gets crosswise.

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### **Discussion on the Cost/Benefit of Doing Nothing**

Chairman Rebholz said next on the agenda is a discussion on the cost benefit of doing nothing and there is not, per se, a document that we're working off of. He said it is just trying to collect as you all, members of the committee, see the pluses and minuses in terms of cost to the County. He said I think we already know that the potential of a lawsuit down the road exists. He said we've been, so far, well, we've been so far lucky that nothing has gone beyond the attorney's letter. He said everything up to today, it's all been dismissed. He said any other comments.

Mr. Alligood said obviously the cost of off-site housing, as we get to the point where those capacity numbers get breached. He said those are up and down so you're always going to have, until you have more capacity you're going to have some off-site housing costs.

Vice-Chairman Langley said I think we really need to think about this, the times we're living in are not going to get better. He said they're going to get worse and one of the things that we must consider is we must prepare for the future because 10, 20 years from now they're going to look back and say we were idiots because we didn't choose to do the right thing. He said something has to be done. He said we cannot continue to go the way that we're going at this present time. He said what that turns out to be, I don't have the answer, but we need to really plan for the future.

Chairman Rebholz said last night at the budget meeting Chief Deputy Rose made reference to the fact that the thought the inmate population would go up as the court got back into full swing. He said is that your view too Mr. Edwards.

Mr. Seth Edwards said I would agree with that.

Mr. Alligood said Mr. Edwards have they started back with quick-dips and those kinds of things; do you know.

Mr. Edwards said yes, but sparingly. He said I will say with the courts starting to open up a little bit more I think we may, in the month of June open up a little bit more and the month of July, just gradually as it goes along. He said there are some folks that have been in jail for a while charged with some serious stuff that hopefully we'll be able to start trying their cases. He said I do agree that there's a possibility for the inmate populations to increase and some of those long timers, hopefully will be gone. He said that's not nothing that's going to happen overnight but certainly I would expect that in the fall to start happening.

Chairman Rebholz said by the way I was supposed to be on jury duty last Monday, a week ago Monday and apparently you settled everything because they told me they didn't need me so thank you.

Mr. Edwards said one case didn't get settled but we had trouble finding an attorney for the other one, so I guess you got off the hook.

Mr. Alligood said just to hit one more time on one of the other issues in dealing with looking for off-site capacities, there is a limited, just in general, and I think it kind of goes to Commissioner Langley's comments about, you know, you've got to plan for the future. He said the County has good relations with its partners across the state. He said the Sheriff's Office has good relations with its partners across the state. He said my belief is that, I mean, there are only so many jails in North Carolina, there are only so many places that have the capacity to share and when you take an approach where you say we're not going to do anything and we're going to push this off on someone else, first of all it drives the cost up for you because people realize I'm one of those lucky folks that's got some space and that space just got real expensive. He said but then you also have, I would anticipate some ill will that's created in that you aren't taking care of your local stuff and you're pawning it off on someone else so there maybe some opportunity there where folks just say no, but if we do it's going to cost you \$1,000 a day, take it or leave it. He said we've seen a little bit of that, we've seen a little bit of escalation because they know they're the only ones and it kind of puts us in a box. He said that too plays into that and I think it only gets worse as you let it go on and on.

Chairman Rebholz said I asked Mr. Madson to come and brief us on things going on at the Health Department, who provides services to the jail for the inmates and the intakes and in case anything happens while the inmate is in jail so Mr. Madson, if you would just brief us on what the process is.

Mr. James Madson said these are the services, the scope of services which is the guide to provide the service through the agreement that we have and through the requirements by the State on services that we're approved to provide. He said going down through the list of these and what it entails, whenever an inmate gets processed into the jail they get a quick assessment for any emergent medical needs or suicidal issues. He said then, within 72 hours the nurse does a health physical on them to determine if there's any kind of health issues that they have. He said if there is a health issue then they'll address that health issue. He said that's within 72 hours of processing, that's the goal, within 72 hours. He said we're usually pretty good about hitting that 72-hour timeframe. He said then next is our routine medical care. He said that includes a lot of things and if you look down at the bottom I tried to list out most of those. He said routine medical care would include medications, whether it be oral, IM, sub-q (subcutaneous), inhalation or ID, vital signs, a physical exam if needed and one of the biggest ones would be drug dependency and withdrawal treatment, as well as wound care. He said immunizations, if they have any needs for communicable disease reasons, and lab tests if the physician deems it necessary. He said we don't do any kind of lab tests unless the physician tells us to do that. He said nutritional status assessment, behavioral health, treatment for any injuries, tuberculosis skin testing or a chest x-ray if we think they may have tuberculosis or if the skin test comes back positive. He said then any STD's. He said during the Covid we've also been testing when they come in to see if they're positive, with the rapid test for Covid so they can follow our isolation protocol that we have in place at the jail. He said there are a couple of things that we do that's not typically routine, but we offer it because we're the Health Department, is testing for HIV, syphilis, and Hepatitis C. He said that program is covered by another program that we have in the County. He said so that's about the only one we do that's not considered the normal routine stuff. He said the with urgent care, that's usually something that we notice is really bad with the inmate. He said their blood pressure may be really high, in the emergent zone. He said urgent but not necessarily in the emergency bubble. He said that's what, typically, they'd have to go to the doctor for. He said in the past, before the Health Department was in there, the contractor that we had just sent people straight to the emergency department for this category and that's one of the reasons we are saving the County some costs because they don't have to go to the emergency department as often for urgent care needs. He said we still send them there for emergencies, but the good thing is that we're there to make that call, whether it's an emergency need or not. He said we do have sick call at the jail. He said what the person, the inmate will do is they will put a slip in that they need to be seen for whatever it may be. He said typically we get nausea, vomiting, diarrhea, headache, things like that. He said so they'll put in a sick-call slip, and we'll work them in that day. He said this one comes with a fee, so the inmate gets charged for a sick-call visit. He said I think it's \$20.00 a visit. He said so we also dispense the medications, which is one of the biggest and time consuming things because you have to go through and make sure all the medications are up to date, you have to order the medicine from the pharmacy, the medication comes in and you have to go through that every day and prepare it because often times the physicians may change the medication based on the response to it. He said that's one of the time-consuming things and they do that even on the weekends. He said actually most of these services go through the weekend as well, so we have staff working on the weekends to go through this. He said we do refer any emergency medical problems, dental care, behavioral health, mental health, and pregnancies to other providers so if we have to send them to dental care then we have to prepare their packages for that. He said if they're pregnant they actually go over to the health department and there's a lot of preparation in getting them over there for each visit. He said often times we'll need to transfer somebody to the state for medical reasons so the nurse will be involved in that service as well. He said in the past they would send them to the emergency room to get them ready for being sent to central which to me was overkill but often times all they really want to know is their vital signs so it's easy for us to come in and do the vital signs, do a quick note, and send them off to state. He said typically that would be for a suicide watch kind of thing or for, we've had

people who were paralyzed from the waste down and had to be cathed every day. He said they said they couldn't self-cath, so we sent them to state for medical reasons. He said then, of course, the service also includes maintenance and confidentiality of medical records. He said so this is a quick summary of medical services we are providing at the jail.

Commissioner Langley, the revenue, the \$20.00, does that go to the Health Department or does that go to the Sheriff.

Mr. Madson said it's on our revenue line. He said it's about \$1,200 a year, it's not a lot.

Mr. Alligood said just walk back through, or just for clarification, you have a contract with a physician who acts as the medical director, he writes standing orders for your nurses who address those standing orders to deal with the inmates and then if there's anything outside of that they deal with your medical director.

Mr. Madson said we have a medical director that's our nurse practitioner. He said our nurse practitioner oversees, actually she does most of the case management for the inmates. He said when you look at her salary we put about 4 hours per week in on her salary towards the jail so she goes there on Fridays for anyone who has a need that the nurses may not feel comfortable with. He said so she's in there every Friday. He said it goes medical director to her and then to the nurses.

Mr. Alligood said so obviously I can't bring my own medication into the jail, so I have an existing relationship with the physician, I have my own primary care physician and I get locked up. He said then your nurse practitioner or nurse is having conversations with my physician to determine what my medication needs are and then you're ordering that direct from the pharmacy so that medication flows through a direct chain so there's nothing outside that comes into the jail.

Mr. Madson said that's correct. He said if you come in we will coordinate with your provider in order to continue the care that they see needed. He said any adjustments could be made by partner practitioners because once you're in our custody there may be changes but for the most part it will be the same. He said your medicines, you can have them brought in or you can bring them in yourself, usually you're not bringing them in yourself, but you can have someone bring them in for you and then our nurses will go through and verify that those pills are what they are with an identification process. He said so that may be their initial medications until they get that 72-hour appointment, until they see that nurse practitioner who will then coordinate that care.

Chairman Rebholz said you've got three nurses that are assigned, is that right.

Mr. Madson said that are assigned.

Chairman Rebholz said plus a nurse practitioner.

Mr. Madson said 4 hours of her time.

Chairman Rebholz said okay, can you talk about the facility and your facility needs and how adequately they're met.

Mr. Madson said well, the revamped that area for us so it's better than it was when we first got in there. He said I think it's tight and it's very hard to have two people in there working and somebody getting a physically at the same time. He said it's a little intrusive on them in that sense. He said I think as far as necessity they're all pretty much there. He said we're working now to get the electronic medical records

in there so it's easier to manage all the stuff that's going on and also when they leave to have a record to go with them for their care. He said I always hear that it could be better over there. He said I would love for it to be a better place but it's pretty limited in what we have. He said it has been, even more so during the isolation, trying to keep people isolated during Covid, that's been a big issue. He said one exam table makes it pretty tight though.

Mr. Alligood said can you speak to that because Covid is not the only communicable disease there is running around out there so how do you deal with someone who comes back positive for other communicable diseases for isolation.

Mr. Madson said right, there's one cell block that's separated out for isolation reasons, at least for now. He said before we really didn't have that focus early on. He said so there's one room that they put people who are symptomatic. He said now we have the rapid test that's really quick and then all the people that are positive are pretty much kept in the same area, separated from the negatives.

Mr. Alligood said so like TB or any other diseases that you as Health Director are charged with monitoring throughout the County anyway.

Mr. Madson said these isolation methods would be short term. He said we have not had a positive TB, or we haven't had an active TB because with TB you can be positive but not be an active case. He said if you're positive but not active you can still be put into the general facilities. He said so if there's somebody who's active we'd probably have to meet to see if there's a long-term isolation. He said they'd have to be isolated for a while. He said probably at least 30 to 60 days. He said that conversation hasn't happened, but it may come up.

Commissioner Langley said based on what you're saying though, the air quality and ventilation in there is really not adequate.

Mr. Madson said it's not. He said I'm not one to typically gripe about conditions, being in the military my whole life, but yeah, I could definitely say I'd want it improved if I could.

Commissioner Rebholz said can you expand on that, the air quality.

Mr. Madson said the air exchange in there, it's shared.

Chairman Rebholz said Ms. Smith didn't we do something in there. He said I thought we talked about that as part of the prior project.

Ms. Christina Smith said well it depends on which part of the facility you're talking about. She said the air quality in the detention facility is shared. She said there's one air handler that provides all of the air flow into that facility so when you're talking about all of the different cell blocks the air comes from one air handler. She said then all of the supplies area powered returns, so the air is not recirculated, everything is powered out but there is not a true isolation area. She said there's not a true area that is totally isolated. She said again, the doors right now, are they still using C-Block as their isolation area.

Mr. Madson said I don't know.

Ms. Smith said doesn't matter, any of the, no matter which ever block they're using as their isolation area, there's not a negative, the air flow is not negative on one side and positive on the other so when the guards or the nurses are going in and out of the areas the air flow is exchanging back and forth there. She said there's not a negative and a positive, we're not keeping the air contained in one particular area of the

detention center. She said the actual air quality, as far as the mold spore count and that sort of thing is of an acceptable level so there's not any type of quality issue with that. She said in the actual nurse's station we had some issues as far as the cooling and that type of thing where they were warm during the summer and cold during the winter, but we've addressed that and now there's a mini-split ductless unit that's in there, so they are now able to regulate the temperature in the nurse's station. She said but again, that is, the basement of the courthouse wasn't originally set up as a detention center therefore the HVAC mechanical systems were not designed to be a detention center. She said only a small portion was set up for that and then the other portion was for office space and locker rooms and that type of things, so the mechanical system has been altered throughout the years very minimally, but it is not designed specifically for the specific needs of a detention center.

Mr. Madson said I would say there are a couple of other services we are looing to do and one of those is really to address substance abuse. He said we did an analysis of medical records there and we did find that 2/3's of the people are there because of substance abuse problems of some sort or mental health issues and so we are trying to get a grant to help us go in there and address it while they're there because obviously substance abuse is curtailed while they're in jail, hopefully, and then try to get them into programs once they get out. He said start the program while they're inside and continue while they're outside so that we can try to make it where they don't come back in later because of the problems. He said that's another service that we're trying to do. He said it looks like there's plenty of, well, I shouldn't say plenty but there's funds out there for us to do this without impacting County dollars. He said that's all, I guess, unless you have specific questions.

Mr. Alligood said kind of along the lines of medical, it's my understanding, and I think we've got the required OSHA equipment out there, maybe a wash station for your folks but, and when an inmate comes in it's my understanding that they do an assessment, they strip them down, they change clothes and I guess they have a shower at the time if they need one I guess, I don't know, but there's not decon facilities in the jail. He said so in case there's a detention officer who got some kind of substance on them, something thrown on them, if one of Mr. Madson's nurses had some kind of biologic, urine, feces, whatever, there is not a decon facility there. He said they would have to leave that facility to decon and then come back.

Chairman Rebholz said I think currently they send the deputies home to take a shower and change.

Ms. Smith said for the intake of the inmates, it's not, they go into a room where they change clothes and change into the jumpsuits but if there's anything else, there are not shower facilities available to the inmates until they go into the cell blocks. She said again, all of the showers are in shared cell blocks so there's not, even in the G-Block which has only two cells, that's the isolation cells, the two cells share one shower, so the intake of the inmates have to go to a shared shower.

Commissioner Langley said so pretty much if you have a defendant who comes in and let's say he's contaminated by something he can pretty much go in, be processed in, and go into the cell block and contaminate everybody else in the cell block before anybody realizes that he has something that's contagious. He said that's one of the things that really bother me.

Mr. Madson said one example of that was when we had somebody that had MRSA wounds on their arms, and we had a difficult time with him because he would take showers at the same location, and they had to be disinfected after that. He said we normally get through it but it's not an easy process.

Chairman Rebholz said Mr. Alligood do you remember when we went down to Craven, do they do showers as part of the intake.

Mr. Alligood said as I recall I think that's what they do. He said as you come in and they do an assessment, you shower down and change out and they take the clothes and vacuum seal them, remember that nice area there, and then you're into the general population. He said the other big piece of that is yes, you should do that for inmates, but we don't even have that for staff and staff is at more of a risk for that just because of altercations that may occur in the, that's why they put up some of the mesh, because of fluids being thrown at jailers. He that's something that needs to be worked on.

Mr. Madson said one other thing, the hours for those nurses, and the reason it's three is we do cover nights as well but the nurses, there's nurses there from 7:30 in the morning to 7:30 in the evening and the nurse that's coming off is also on call throughout the night. He said I actually did that one time when we were short on nurses, so I know what it's like to get called at 2:00 in the morning and at 2:15 and then at 4:00. He said that's why we've got three nurses, because of that call, it adds a whole lot more burden to nursing, plus that weekend duty. He said they're coming in on the weekends, it's not as robust on the weekend but they're there to do what needs to be done.

Chairman Rebholz said if you need, if an inmate needs to see a doctor does the doctor go in or do they get transported out.

Mr. Madson said it depends. He said the nurse would make an assessment and the nurse practitioner would be the next line because she can do a lot by phone. He said she can say what does it look like, okay let's do this or between the two of them they may say let's go ahead and get them to the emergency room. He said the nurse can make that call too. He said there's protocols that say when they need to go to the emergency room. He said for certain blood pressure levels they've got to go, their blood sugar level is a certain level they've got to go, if they have chest pains they've got to go so there's protocols for that. He said then, the nurses are not always just at the jail. He said a lot of times we'll use the nurses for other public health efforts. He said like on Wednesdays we usually have a little more nursing staff over there, so we pull one out on Wednesdays and the jail health nurses has been doing all of the home bound Covid shots for the last four months, or whatever. He said so we often bring them over to do home visits for mothers and babies and we'll also use them in the clinic when we're short staffed, so we do pull them out of there. He said when they do that we time them in that clinic, so it cuts down on the time, the financial money that we're putting in the jail goes over to another program throughout the year.

Mr. Alligood said because this is being recorded and other folks may see it later, I just wanted to be clear, I know you passed out a sheet to some of the members that talked about procedures that you're required to provide, to be clear, you are not providing elected procedures for folks. He said you are providing emergent procedures or urgent procedures that are required to maintain their health while they're under our care and custody.

Mr. Madson said right. He said we evaluate the needs and if there's needs that don't require immediate attention then they won't get that. He said again, it depends on what kind of need we're talking about. He said I'm trying to think of one, like a lot of dental work or something like that. He said they don't go to see a dentist unless they're in pain. He said that's the only time we really send someone to the dentist. He said they don't get elective surgery, like you said. He said if we know they're going to be released soon and the condition is not urgent then they'll delay that until release.

Mr. Alligood said last thing on that, and I remember Lt. Bryant talking about some of that, where insurance, folks who are eligible under Medicaid, that there is an opportunity.

Mr. Madson said that's not allowed. He said the state takes them off of Medicaid when they are detained. He said if they have Blue Cross/Blue Shield we can file through them but not Medicaid. He said they have looked at changing that, but I haven't heard about it being changed.

Mr. Leary said does that apply to Medicare as well.

Mr. Madson said I'd have to get back to you on that, I think Medicare still covers it.

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### **Future Meeting Dates/Times**

Chairman Rebholz said that pretty much covers what we have on the agenda. He said the next meeting would be scheduled for Wednesday, June 30<sup>th</sup>. He said does that fit on everyone's calendar. He said okay, let's lock that in. He said any last comments or questions, suggestions.

Mr. Leary said we had a thing we discussed back in June of last year, it was the ankle bracelet program. He said I never did hear any solid information on how many ankle bracelets they had and who monitored the program and could that be expanded. He said without cooperation from our Sheriff I'm not sure we can get that information unless Chief Deputy Rose could give that to us.

Chairman Rebholz said we talked about that last night. He said there is \$30,000 in the budget. He said Mr. Edwards, you probably could answer this too but as he explained it that's a decision that the justice, the courts make. He said I guess they'll offer it to anybody but that's at the discretion of the judge.

Mr. Edwards said well there are guidelines, and it depends on the persons, what they're charged with. He said that's the first factor. He said the most serious charges are usually not going to be on the electronic monitoring however, we have had some cases where they're charged with sex offender or murder, and they still have to post all conditions of bond. He said if they do the judge says also you're going to be on electronic monitoring as a way to track them, so it's essentially run by the sheriff's office pursuant to guidelines and they then have to approach the judge to sign off on it.

Chairman Rebholz said there's, I think \$30,000 in the budget, the proposed budget anyway and Chief Deputy Rose felt that was sufficient to cover their needs in the coming year. He said it obviously saves us money if we can put them on electronic monitoring, versus in the jail but he thought that was sufficient. He said I think as a group we would've been willing to take it higher if that need existed.

Mr. Alligood said while you've got Mr. Edwards on the spot, have you heard anything additional on the bail reform work that's going through where they're using the checklist to say do you meet this criterion or this criterion.

Mr. Edwards said they're using it.

Mr. Alligood said okay, they are doing it now.

**Motion:** Commissioner Langley motioned to adjourn. Chairman Rebholz seconded. The vote was unanimous.

Meeting adjourned at 3:40 PM

Respectfully submitted to you by:

Katie Mosher,  
Clerk to the Board.