

Justice External Advisory Committee Meeting

2/13/2024

11:00 am-12:00 pm

Agenda

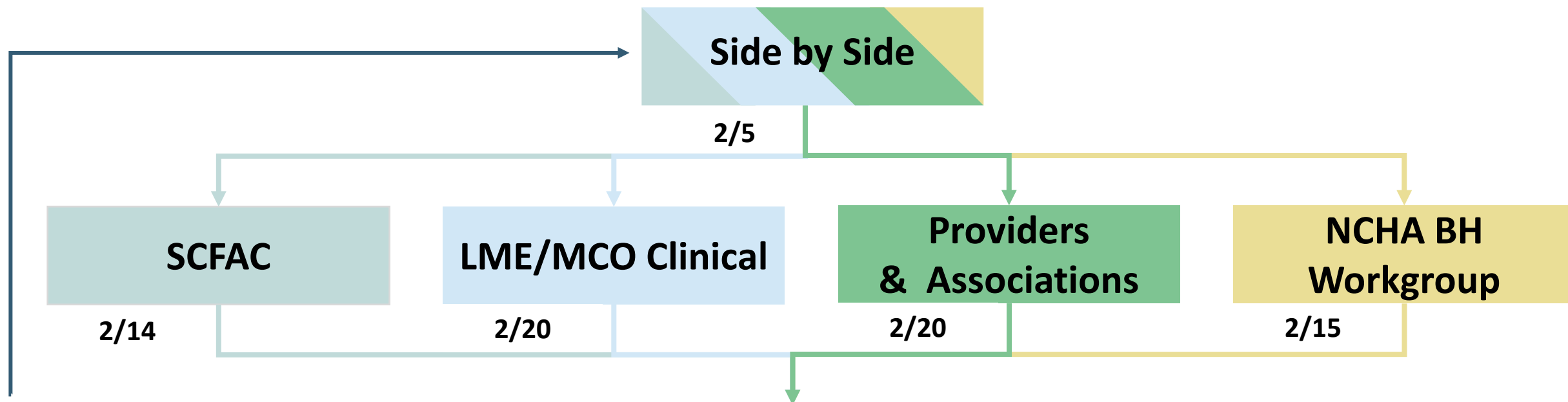
- DMH/DD/SUS Community Collaboration Model
- Introductions
- Juvenile Justice and Behavioral Health Subcommittee (1/30) Key Takeaways
- Continue Overview of Justice-Related Fiscal Year 2023-2024 Budget Investments
- Key Takeaways from System Mapping of Intercept 1 (Law Enforcement)

**DMH/DD/SUS
Community Collaboration Model**



February Community Collaboration

Topic: Workforce (Peer Support)



Advisory Committees

Workforce (Peers)	2/8	If you're interested in joining an advisory committee, please fill out this form!	2/7	Crisis System
Workforce (DSPs)	2/19		TBD	Child Behavioral Health

Introductions

Supports for Justice-Involved Individuals Advisory Committee Membership (1/5)

Name	Organization
Providers	
Alisha Tatum	Lifespan
Barry Dixon	Dixon Social Interactive Services Inc.
Bridget Cain	October Road
Carson Ojamaa	Children's Hope Alliance
Celeste Dominguez	Children's Hope Alliance
Corie Passmore	Tammy Lynn Center
Corye Dunn	Disability Rights NC
Evan Ashkin	UNC FIT
Geneva Scales	Easterseals
George Edmonds	Youth Villages
Jamie Melvin	Coastal Horizons
Jamila Little	Monarch
Karen King	Hope Haven Inc.
Kari Womack	Stanly County Emergency Services
Mackie Johnson	Anuvia Prevention & Recovery Center
Michael Roberts	APNC
Michelle Zechmann	Haven House NC
Monica Bartorelli	Carolina Restorative Health
Nathan Cartwright	BRCHS
Neice King	Caramore Community Inc.
Nicole Sigmon	Davis Regional
Patricia Knaudt	Psychiatrist, MD
Rachel Crouse	Coastal Horizons
Robin Downs	Addiction Professionals of North Carolina
Shaneka Bynum	Youth Advocate Programs, Inc.

Name	Organization
Providers (Continued)	
Shaneka Bynum	Youth Advocate Programs, Inc.
Shelita Lee	North Carolina Children and Families Specialty Plan
Sherrell Gales	Abound Health
Ted Zarzar	WakeMed
Therese Garrett	WellCare NC
Valerie Arendt	National Association of Social Workers

Supports for Justice-Involved Individuals Advisory Committee Membership (2/5)

Name	Organization
LME-MCOs	
Ann Oshel	Alliance Health
Brian Perkins	Alliance Health
Eric Johnson	Alliance Health
Sara Wilson	Alliance Health
Sandhya Gopal	Alliance Health
Tina Weston	Alliance Health
Lynnette Gordon	Eastpointe
Cindy Ehlers	Trillium
Edward Hall	Trillium
Laurie Whitson	Vaya
Lesley Jones	Vaya
Celeste Ordiway	Vaya
Tina Weston	Vaya

Supports for Justice-Involved Individuals Advisory Committee Membership (3/5)

Name	Organization
<i>Community Partner</i>	
Alicia Brunelli	Freedom House Recovery Center, Inc.
Amber Humble	Forsyth County
Ashley Barber	Alamance County Health Department
Cait Fenhagen	Orange County Criminal Justice Resource Center
Chiquita Evans	Neighbors for Better Neighborhoods
Denise Foreman	Wake County
Diannee Carden	Pitt County ekiM For Change
Elijah Bazemore	Vital Strategies
Freida MacDonald	Alcohol Drug Council of North Carolina (ADCNC)
Jesse Battle	TROSA
Kevin FitzGerald	Wake County Manager's Office, FHLI, NCAHEC
Kristin Parks	NC Court System
Kristy LaLonde	Pride in NC
Kurtis Taylor	Bob Barker
Lori Ann Eldridge	East Carolina University
Lourdes Garcia	Durham County Justice Services Department
Margaret Bordeauz	Duke University Health System
Marie Evitt	Sherriff's Association
Melissia Larson	RTI
Meredith Newman	Rapid Resource for Families
Natalie Mabon	Capital Area Workforce Development
Philip Woodward	NCCDD
Talley Wells	NCCDD
Teresa Wiley	Creatively ReNewed Living Adult Mental Health
Vanessa Palmer	Lincoln County Health Department

Supports for Justice-Involved Individuals Advisory Committee Membership (4/5)

Name	Organization
<i>Consumer and Family Advisory Committee</i>	
Ashley Snyder-Miller	State Consumer and Family Advisory Committee (SCFAC)
Bob Crayton	Vaya State Consumer and Family Advisory Committee (SCFAC)
Crystal Foster	State Consumer and Family Advisory Committee (SCFAC)
Gene McLendon	State Consumer and Family Advisory Committee (SCFAC)
Johnnie Thomas	State Consumer and Family Advisory Committee (SCFAC)
Michelle Laws	State Consumer and Family Advisory Committee (SCFAC)
Russell Rainear	State Consumer and Family Advisory Committee (SCFAC)

Name	Organization
<i>Consumer/Family Member</i>	
Crystal White	Easterseals UCP
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Hannah Russell	Special Education Consultant
Katherine Fields	Employee of Record
Rosemary Weaver	PSANC
Sherri McGimsey	NAMI

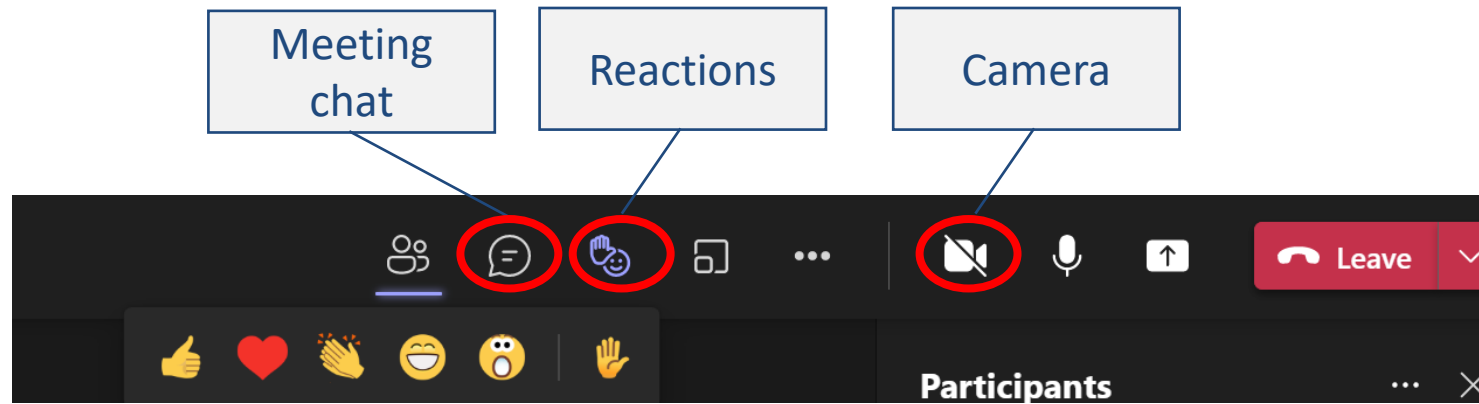
Supports for Justice-Involved Individuals Advisory Committee Membership (5/5)

Name	Organization
Internal/Consultants	
Elliot Krause-Lead	DMHDDSUS
Kelly Crosbie	DMHDDSUS
Charles Rousseau	DMHDDSUS
Keith McCoy	DMHDDSUS
Elliot Krause	DMHDDSUS
Julia Hanes	DMHDDSUS
Saarah Waleed	DMHDDSUS
Stella Bailey	DMHDDSUS
Latwanna Floyd	DMHDDSUS
Tanieka Williams	DMHDDSUS
Kimberly Hayes-Johnson	DMHDDSUS
Angela Harper King	DMHDDSUS
Stephena Jeffries	DMHDDSUS
Garrick Prokos	Accenture
Adara Vannarath	Accenture
Jocelyn Guyer	Manatt
Ashley Traube	Manatt
Michelle Savuto	Manatt
Jacob Rains	Manatt

Name	Organization
Other State Agencies and Other DHHS Divisions	
Bob Cochrane	Division of State Operated Health Facilities
Shuchin Shukla	DHHS
Rachel Zarcone	Division of Health Benefits
Natalia Botella	Department of Justice
Kelsi Knick	Division of Health Benefits
Maggie Brewer	Department of Adult Correction
Jeanna Cullinan	DHHS - Office of the Secretary
Ziev Dalsheim-Kahane	Office of the Governor

Housekeeping

We encourage those who are able to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



Juvenile Justice and Behavioral Health Subcommittee (1/30) Key Takeaways

Juvenile Justice and Behavioral Health Subcommittee Key Takeaways

On January 30th, Juvenile Justice Advisory Subcommittee participants shared gaps in services and supports and promising programs for youth who are justice-involved.

Key Gaps in Services and Supports	Promising Programs
<ul style="list-style-type: none">• Lack of support for youth at risk of justice involvement in schools (e.g., counselors, peers, IEPs).• Limited availability of linguistically and culturally competent providers.• Inadequate communication with youth, families, and justice system providers regarding available resources.• Variable application of diagnostic/analytical tools to link youth to appropriate services.• Minimal care coordination to access services and community supports (e.g., Treatment Expeditors and Treatment Coordinators track referrals and ensure youth are connected to services).	<ul style="list-style-type: none">• Functional Behavioral Therapy: Direct therapy sessions targeted at changing problem behaviors.• Communities in Schools Initiative (Reentry to Resilience): Supporting youth in YDCs during their stay and in the community.• Court Liaisons in Juvenile Courts: Supports screening and linkage of youth to services and supports.• BRIDGES Program: Engaging family members to prevent youth from becoming multi-system involved.• Treatment Alternatives for Sexualized Kids (TASK): Therapy and skill building for youth with a history of sexual aggression.• Child-Focused Assertive Community Treatment Team (C-ACTT): Intensive service delivered in the youth's home to deliver evidence-based treatment and provide wraparound support.

Overview of Justice-Related Fiscal Year 2023-2024 Budget Investments

Behavioral Health Budget Provisions

\$99M is going towards justice across SFY23-25

	Provision	FY24	FY25
	Crisis System (e.g. mobile, FBCs)	\$30M	\$50M
	Crisis Stabilization (short-term shelter)	~\$3M	~\$7M
	Non-Law Enforcement Transportation Pilot Program	\$10M	\$10M
	BH SCAN	\$10M	\$10M
Justice	Justice-Involved Programs <ul style="list-style-type: none"> Community-based pre-arrest diversion and reentry programs; fund partnerships between law enforcement, counties, and BH providers Community-based and detention center-based restoration programs 	\$29M	\$70M
	Behavioral Health Workforce Training	~\$8M	\$10M
	NC Psychiatry Access Line (NC PAL)	~\$4M	~\$4M
	Behavioral Health Rate Increases	\$165M	\$220M
	State Facility Workforce Investment	\$20M	\$20M
	Electronic Health Records for State Facilities		\$25M
	Child Welfare and Family Well-Being	\$20M	\$60M
	Collaborative Care	\$2.5M	\$2.5M

Reminder: DMH/DD/SUS Areas of Focus

North Carolina will use data to inform distribution of the \$29 M investment with the goal of supporting the needs of justice-involved individuals with behavioral health needs, to include improving access to community resources and treatment across the continuum of care.

Re-Entry	Deflection and Diversion	Facility-Based Treatment	Justice-Involved Children and Adolescents	Technical Assistance
Scale existing re-entry programs for individuals with Intellectual/Developmental Disabilities (I/DD), Traumatic Brain Injury (TBI), Serious Mental Illness (SMI), and a history of violent aggression.	Expand capacity of counties and other local entities (law enforcement, behavioral health providers) to support deflection initiatives.	Expand the Detention-Based Capacity Restoration Pilot in Mecklenburg County.	Support evidence-based behavioral health services and practices for youth.	Increase the availability of technical assistance to support providers, law enforcement, first responders, and correctional staff.

Today's Focus

Continuation of Discussion Regarding Re-Entry Program Investments

Year One Investments, Re-Entry

Investment: Expand the Justice Reentry, and Reintegration Initiative (I/DD and TBI Pilot Program) to additional facilities

- Program that provides Individual Re-Entry Plan (IRP) development for individuals with I/DD and TBI including skill-building and supports to assist individuals in obtaining housing, transportation, employment, and other benefits across eight counties.
- The initiative is currently available in 14 of the 56 Department of Adult Corrections (DAC) facilities.
- Investments will be utilized to scale the pilot to approximately six additional facilities in coordination with the Department of Adult Corrections (DAC) and fill a gap in the availability of specialized training on the specific needs of these populations for DAC staff, re-entry providers, and justice system partners.

Discussion Questions:

- To what extent do justice system providers use validated I/DD and TBI screening tools? Which justice system providers, if any, are using them? Are there challenges in administering these tools?
- What training gaps exist to help justice system providers meet the needs of individuals with I/DD and TBI? How can DMH/DD/SUS address these gaps?
- How can DMH/DD/SUS tailor behavioral health services to better meet the needs of justice-involved individuals with I/DD and TBI?

System Mapping of Intercept 1 (Law Enforcement Deflection)

Current State Assessment Overview

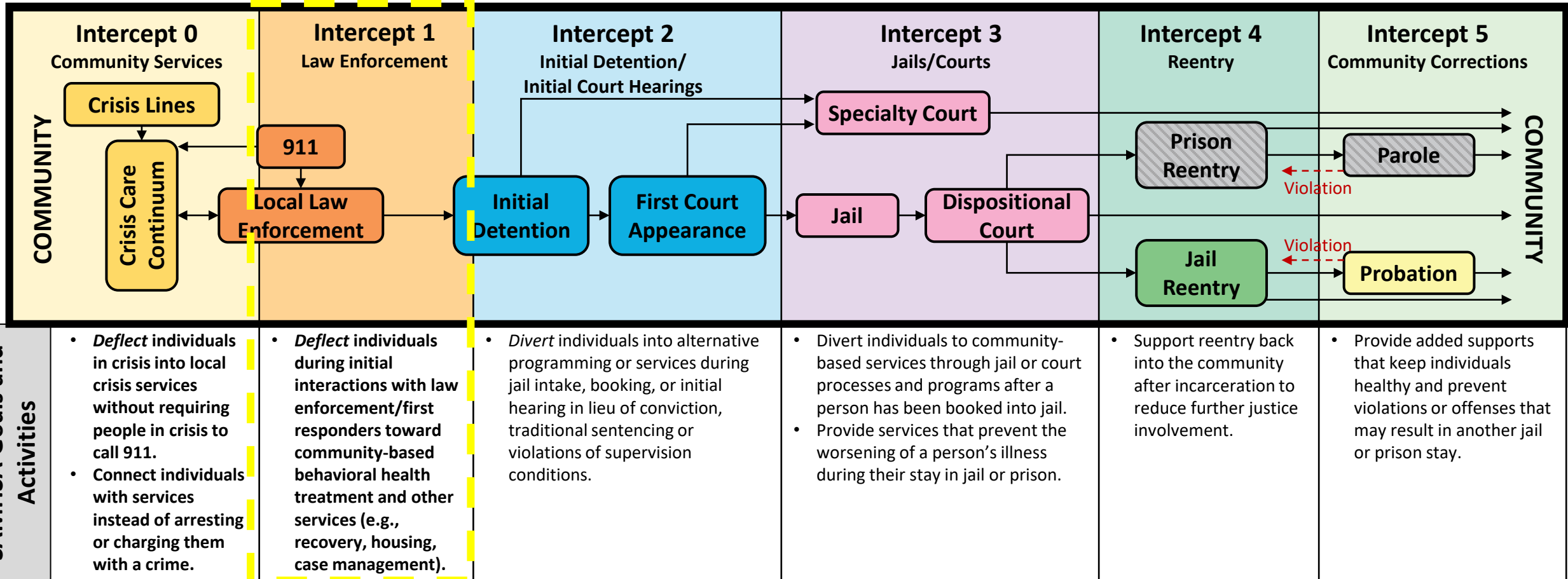
DMH/DD/SUS is developing a current state assessment of behavioral health supports for justice-involved individuals in North Carolina to inform a long-term strategy to improve outcomes for this population.

Current State Assessment Elements

- **Define DMH/DD/SUS's role** - Define DMH/DD/SUS' role within JI-focused programs, initiatives and services ("activities").
- **Key features** – Description of the activity, how success is defined, population(s) of focus, geographic reach, level(s) of the Sequential Intercept Model impacted, and activity run time (e.g. service has been live two years).
- **Monitoring and Evaluation** – What data is available? What outcomes do we see?
- **Funding** – How is the activity currently funded? Where are there opportunities to leverage other resources?
- **Challenges & Opportunities** – What barriers are there that, if addressed, would improve an activity's effectiveness at achieving its objectives and where are there opportunities for growth and improvement?
- **System Gaps** - What gaps exist in DMH/DD/SUS' current set of activities?

Sequential Intercept Map

The sequential intercept model details how individuals with mental health and substance use disorders encounter the justice system. Today's focus is on deflection programs involving law enforcement officers.



Reminder: Pathways to Community Treatment

There are several ways that law enforcement and their partners can deflect individuals toward community-based behavioral health services and supports in lieu of the justice system.

Pathway to Community Treatment	Description
<p>Self-Referral Response</p> <p><i>Initiation Location: Police station, fire station, EMS</i></p>	<p>Individual initiates contact with law enforcement for a treatment referral (without fear of arrest), preferably a warm handoff to treatment.</p> <p><i>Examples: Police Assisted Addiction and Recovery Initiative (PAARI) Angel Program</i></p>
<p>Active Outreach Response</p> <p><i>Initiation Location: In community</i></p>	<p>Law enforcement initially IDs or seeks individuals; a warm handoff is made to treatment provider, who engages them in treatment.</p> <p><i>Examples: PAARI Arlington; Quick Response Team (QRT)</i></p>
<p>Post-Overdose/Naloxone Plus Response</p> <p><i>Initiation Location: In community, hospital/ emergency department, residence</i></p>	<p>Engagement with treatment as part of an overdose response or a severe substance use disorder at acute risk for opioid overdose.</p> <p><i>Examples: Drug Abuse Response Team (DART); Stop, Triage, Engage, Educate and Rehabilitate (STEER); QRT</i></p>
<p>Officer Prevention/Community Engagement</p> <p><i>Initiation Location: In the community, in response to a call, on patrol</i></p>	<p>Law enforcement initiates treatment engagement; no charges are filed.</p> <p><i>Examples: CIT; Law Enforcement Assisted Diversion (LEAD); STEER; Mobile Crisis; Co-Responders; Crisis/Triage/Assessment Centers; Veterans Diversion</i></p>
<p>Officer Intervention Response</p> <p><i>Initiation Location: In the community, in response to a call, on patrol</i></p>	<p>Law enforcement initiates treatment engagement; charges are held in abeyance or citations issued, with requirement for completion of treatment and/or social service plan.</p> <p><i>Examples: Civil Citation Network (CCN); Crisis Intervention Team (CIT); LEAD; STEER</i></p>

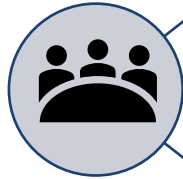
Pathways to Community Treatment in North Carolina

Pathway to Community Treatment	Summary of North Carolina Current State
Self-Referral Response	<ul style="list-style-type: none"> • Self-referral programs in Watauga, Caldwell, and Hoke Counties.
Active Outreach Response	<ul style="list-style-type: none"> • Orange County and Washington County diversion embed staff in local law enforcement to conduct training and encourage warm handoff to community providers.
Post-Overdose/Naloxone Plus Response	<ul style="list-style-type: none"> • More than half of counties have Naloxone available through pharmacies, emergency medical services, the health department, or other organizations/agencies. • Approximately 25% of counties have Post-Overdose Response Teams (PORT) and Quick Response Teams (QRT).
Officer Prevention/Community Engagement	<ul style="list-style-type: none"> • In 2022, 230 local law enforcement agencies received CIT training.
Officer Intervention Response	<ul style="list-style-type: none"> • NC has a range of interventions at post arrest, pre-booking or pre-trial services (e.g., Law Enforcement Assisted Diversion (LEAD) and LEAD-like programs operating in 16 counties).

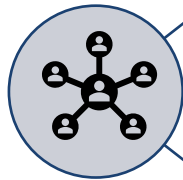
System Gaps Identified Thus Far During the Current State Assessment



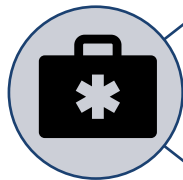
Differing Geographic Availability of Programs – Law enforcement deflection programs are primarily concentrated in the central and western parts of the state, with few programs in the eastern region.



Diffuse Agency Coordination – Multiple state agencies and divisions fund or participate in deflection programming. While forums exist for interagency collaboration, greater partnership is needed to align on a statewide law enforcement deflection strategy.



Local Level Partnerships Differ in their Sophistication – The level of partnership between different deflection programs within the same community differs throughout the state. In addition, many programs report challenges in fully integrating themselves with community-based behavioral health and social service organizations (many of which are DHHS-funded).



Insufficient Access to Community-Based Behavioral Health Services for High-Needs Populations – The majority of deflection programs in the state are focused on adults with substance use disorder. Program availability for mental health, youth, I/DD and TBI, and individuals with complex medical needs is limited.



Data and Monitoring Challenges – Data collection and monitoring processes differ across the state. Most deflection programs collect few outcome measures and do not participate in a fidelity review process.

Discussion Questions

- Are there additional system gaps from your experience that should be reflected?
- Are there any deflection or diversion strategies existing in the State that DMH/DD/SUS should consider expanding (e.g., CIT, HEART Model, Mental Health and Policing Initiative)?
- Where are there unmet needs within existing strategies that additional funding could support?
- What are the barriers to standing up deflection or diversion strategies?
- How could additional funds promote implementation of new pathways to deflection or diversion from incarceration (particularly in areas where there are currently few options)?
- Where are there strong partnerships between law enforcement and community providers that could support new deflection or diversion strategies?