

Justice External Advisory Committee Meeting

3/12/2024

11:00 am-12:00 pm

Agenda

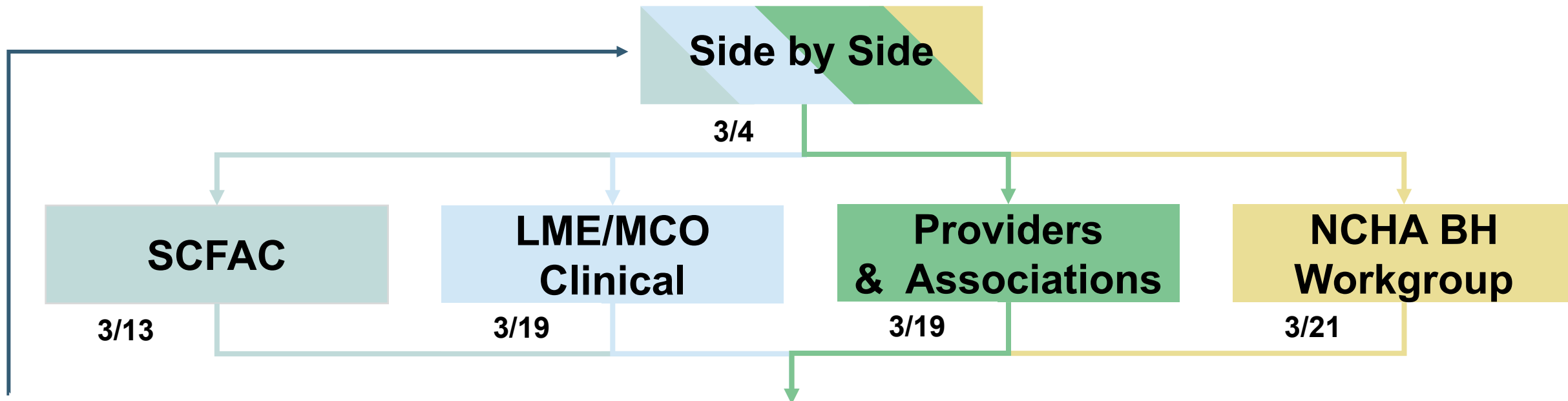
- DMH/DD/SUS Community Collaboration Model
- Discuss strategies to promote stable housing for high-risk populations
- Present key takeaways from system mapping of Intercept 1, Law Enforcement (overview, challenges, opportunities)

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



March Community Collaboration

Topic: Child BH

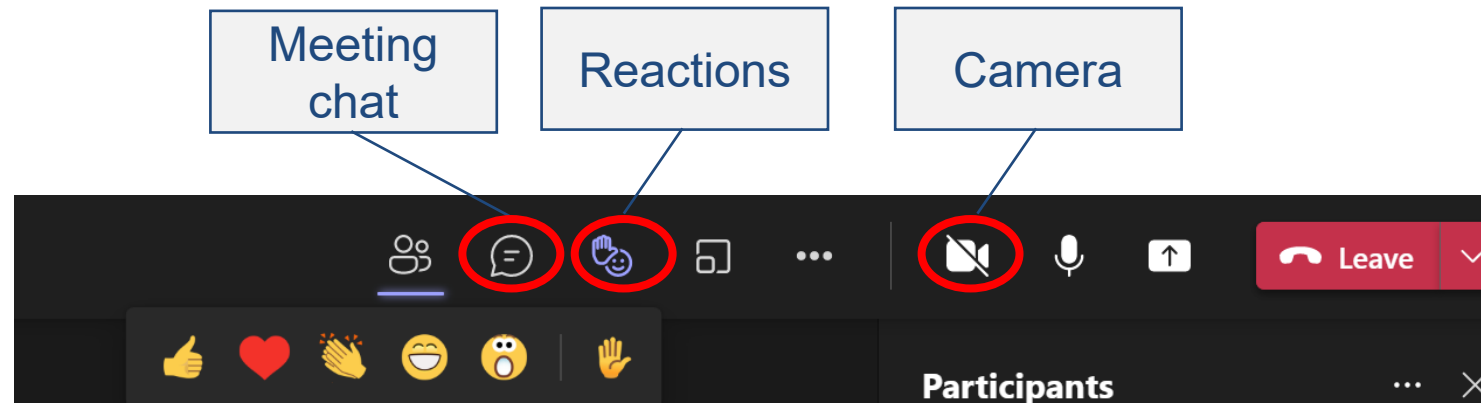


Advisory Committees

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px dashed blue; padding: 5px; width: 150px; height: 40px;">Workforce (Peers)</div> <div style="width: 100px; text-align: center;">3/14</div> </div>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>If you're interested in joining an advisory committee, please fill out this form!</p> </div>	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px dashed blue; padding: 5px; width: 150px; height: 40px;">Crisis System</div> <div style="width: 100px; text-align: center;">3/6</div> </div>
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px dashed blue; padding: 5px; width: 150px; height: 40px;">Workforce (DSPs)</div> <div style="width: 100px; text-align: center;">3/18</div> </div>		<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px dashed blue; padding: 5px; width: 150px; height: 40px;">Child Behavioral Health</div> <div style="width: 100px; text-align: center;">3/12</div> </div>

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.



Stable Housing for High-Risk Populations

Background: Housing for High-Risk Populations

Justice-involved individuals, particularly those with more complex needs, face significant barriers to accessing housing that supports their needs.

DMH/DD/SUS is committed to expanding housing availability for justice-involved individuals.

Barriers to Housing for Justice-Involved Individuals

- Lack of available, affordable units.
- Stringent requirements for credit checks, landlord references, and deposits.
- Discrimination.
- Lack of available supports (e.g., on-call staff, physical modifications).
- Limited availability of housing navigation resources.
- Lack of housing first programming and harm reduction strategies.

Strategies for Expanding Housing to High-Risk Populations

North Carolina's justice, public safety, behavioral health, recovery, and housing sectors support housing programs for justice-involved individuals.

Permanent supportive housing is available through LME-MCOs in multiple parts of the state, providing intensive case management, medical and behavioral health services.

Transitions to Community Living provides supportive housing to over 3,500 individuals with serious mental illness.

The Department of Public Safety supports transitional housing programs for individuals transitioning from prison.

Local Reentry Councils and the Transitional Aftercare Network help identify and secure transitional housing for justice-involved individuals.

North Carolina has a number of short-term rental assistance programs that provide time-limited case management supported by coordinated entry entities.

Multiple LME-MCOs provide incentives to landlords that accept justice-involved individuals. Care coordinators monitor the status of housing during their check-ins with clients.

Discussion Questions

- What other housing strategies are achieving positive outcomes for this population?
- What has your experience been with the programs highlighted in the previous slide? Could any of these programs be scaled?
- What strategies should DMH/DD/SUS consider supporting to improve housing options for justice-involved individuals?
- What barriers do housing providers face in standing up housing programs across the state?
- What other steps can be taken to encourage housing providers to accept applications for housing from justice-involved individuals?
- What specific services should be provided in conjunction with housing for high-risk populations (e.g., mental health care, nutrition assistance)?

System Mapping of Intercept 1 (Law Enforcement Deflection)

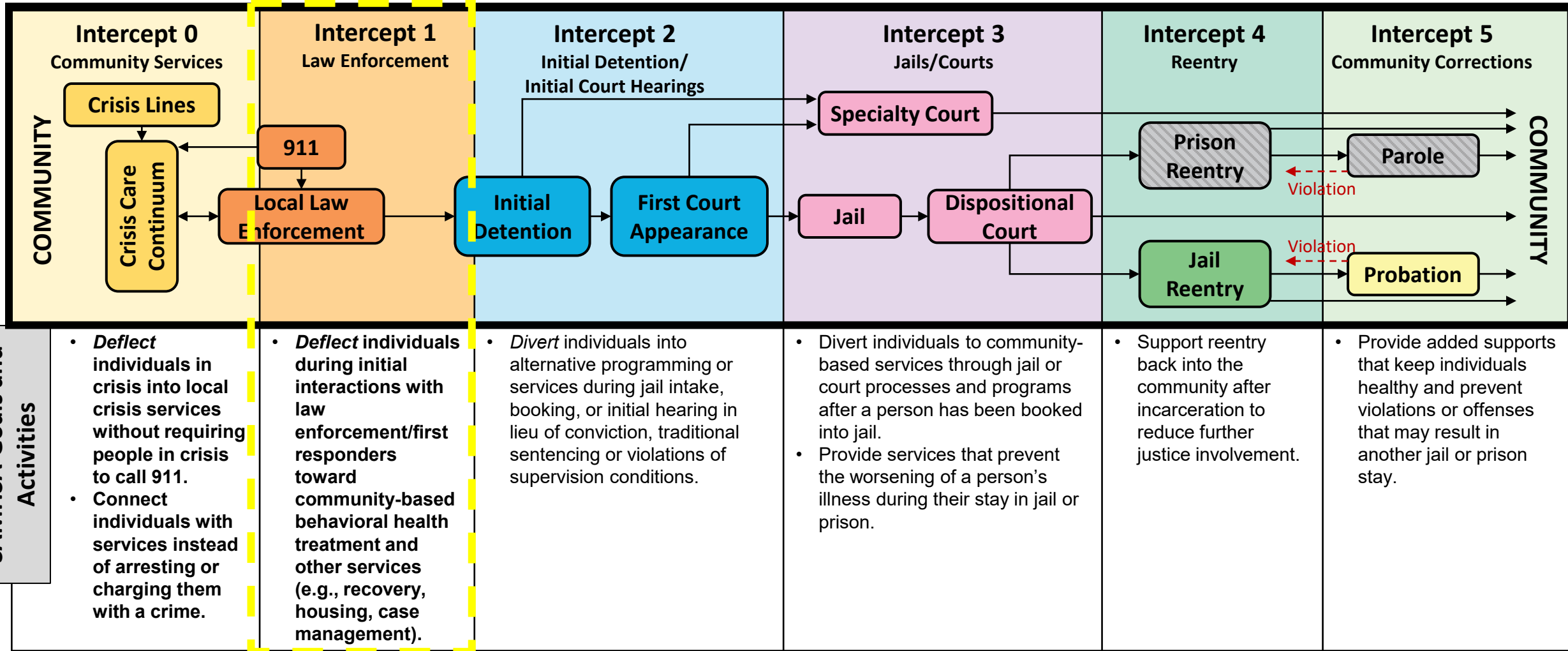
Current State Assessment Overview

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



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 staff 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).

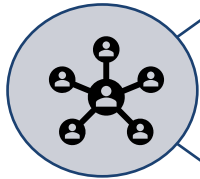
System Gaps Identified Thus Far During the Current State Assessment



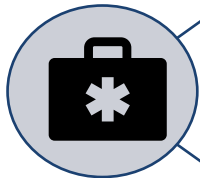
Differing Geographic Availability of Programs – Law enforcement deflection programs are primarily concentrated in the central and western parts of the state, with few programs in the eastern region.



Diffuse Agency Coordination – Greater partnership across agencies is needed to align on a deflection strategies.



Local Level Partnerships Differ in their Sophistication – The level of partnership between different deflection programs within the same community differs throughout the state. Integration with community-based behavioral health and social service organizations varies.



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 SUD. 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. There are opportunities to standardize outcome measures and promote participation in the fidelity review process.

Are there other system gaps that should be reflected here?

Intercept One Actions Being Considered (1/2)

DMH/DD/SUS is considering several actions to strengthen the service array of intercept one programs.

System Gap	Potential Actions
<p>Differing Geographic Availability of Programs</p>	<ul style="list-style-type: none"> • Support local communities in conducting sequential intercept mapping to understand their current service/program array and to help identify potential deflection pathways. • Provide sustainable, blended funding to support deflection programming in alignment with core, evidence-based components (with support from a technical assistance provider).
<p>Diffuse Agency Coordination</p>	<ul style="list-style-type: none"> • Convene new forums for cross-agency collaboration to identify challenges, share best practices, and coordinate programming and services across counties/regions.
<p>Local Level Partnerships Differ in their Ability to Serve All Needs</p>	<ul style="list-style-type: none"> • Promote regional collaboration to enable access to resources in small and rural counties. • Offer technical assistance to rural counties. • Create deflection toolkit(s) to raise awareness about different strategies and resources at the local level.

Any reactions to these strategies? Are there other strategies to add?

Discussion Questions

- Are there any deflection strategies in the State that DMH/DD/SUS could expand in the short-term (e.g., HEART Model, Mental Health and Policing Initiative)?
- Where are there strong partnerships between law enforcement and community providers that could support new deflection strategies?
- What barriers do communities face implementing new deflection programs? How can DMH/DD/SUS provide support to overcome these barriers?

Intercept One Actions Being Considered (2/2)

System Gap	Potential Actions
<p>Data Sharing Challenges</p>	<ul style="list-style-type: none"> • Fund improvements in data sharing infrastructure to connect justice system providers with other systems (e.g., jails, hospitals, 911, crisis lines).
<p>Data Collection and Monitoring Challenges</p>	<ul style="list-style-type: none"> • Create a core set of performance measures and outcome objectives for DMH/DD/SUS-funded deflection programs. • Fund evaluator positions as a part of the State’s existing array of technical assistance providers or as part of grant funding to deflection programs.
<p>Insufficient Access to Community-Based Behavioral Health Services for High-Needs Populations</p>	<ul style="list-style-type: none"> • Leverage crisis services funding to create regionally located “places to go” that include support specific to justice-involved individuals. • Expand access to crisis services that have strong connections to law enforcement. • Support existing SUD-focused programs in building their capacity to provide mental health, I/DD, and TBI-specific supports with new positions, services, and training. • Offer regular training to law enforcement and other justice providers focused on working with special populations. • Expand access to peer supports and specialized training (e.g., forensic).

Any reactions to these strategies? Are there other strategies to add?

Strategies that sit at the intersection of the crisis and justice services continuums will be coordinated across workstreams to ensure that unmet needs among justice-involved people are addressed comprehensively.

Appendix

Introductions

Supports for Justice-Involved Individuals Advisory Committee Membership

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
Erin Jamieson Day	Community Impact NC
Evan Ashkin	UNC FIT
Geneva Scales	Easterseals
George Edmonds	Youth Villages
Jade Neptune	Carolina Dunes Behavioral Health employee, student
James Rachal	Atrium Health
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

Supports for Justice-Involved Individuals Advisory Committee Membership

Name	Organization
Providers	
Pablo Puento	ServiceSource
Patricia Knaudt	Psychiatrist, MD
Rachel Crouse	Coastal Horizons
Robert	Children's Hope Alliance
Robin Downs	Addiction Professionals of North Carolina
Ron Flack Jr.	Volunteers of America Chesapeake and Carolinas
Ryan Estes	Coastal Horizons
Shaneka Bynum	Youth Advocate Programs, Inc.
Shelita Lee	North Carolina Children and Families Specialty Plan
Sherrell Gales	Abound Health
Tammy Hernandez	Pinnacle Family Services
Ted Zarzar	WakeMed
Therese Garrett	WellCare NC
Valerie Arendt	National Association of Social Workers
Yasmin Gay	Atrium Health Wake Forest Baptist/ Wake Forest University School of Medicine
John Sotirkys	Hope Recovery Homes
Teri Herrmann	SPARC Network
Luke McDonald	Novant Health

Supports for Justice-Involved Individuals Advisory Committee Membership (2/4)

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

Name	Organization
Community Partners	
Alicia Brunelli	NC Harm Reduction Coalition
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
Desireé Gorbea-Finalet	Disability Rights North Carolina
Elijah Bazemore	Vital Strategies
Freida MacDonald	Alcohol Drug Council of North Carolina (ADCNC)
Jesse Battle	TROSA
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
Tara Fields	Benchmarks
Teresa Wiley	Creatively ReNewed Living Adult Mental Health
Troy Manns	CHPD/CHT Crisis Unit
Vanessa Palmer	Lincoln County Health Department
William Edwards	Transitional Services Center, inc

Supports for Justice-Involved Individuals Advisory Committee Membership

Name	Organization
<i>Consumers and Family Members</i>	
Ashley Snyder-Miller	SCFAC
Bob Crayton	Vaya CFAC
Crystal Foster	SCFAC
Crystal White	Easterseals UCP
Gene McLendon	SCFAC
Hannah Russell	Special Education Consultant
Johnnie Thomas	SCFAC and Wake NC 507 CoC
Katherine Fields	Employee of Record
Michelle Laws	SCFAC
Rosemary Weaver	PSANC
Russell Rainear	SCFAC
Sherri McGimsey	NAMI

Supports for Justice-Involved Individuals Advisory Committee Membership

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

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

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