

Justice External Advisory Committee Meeting

5/14/2024

11:00 am-12:00 pm

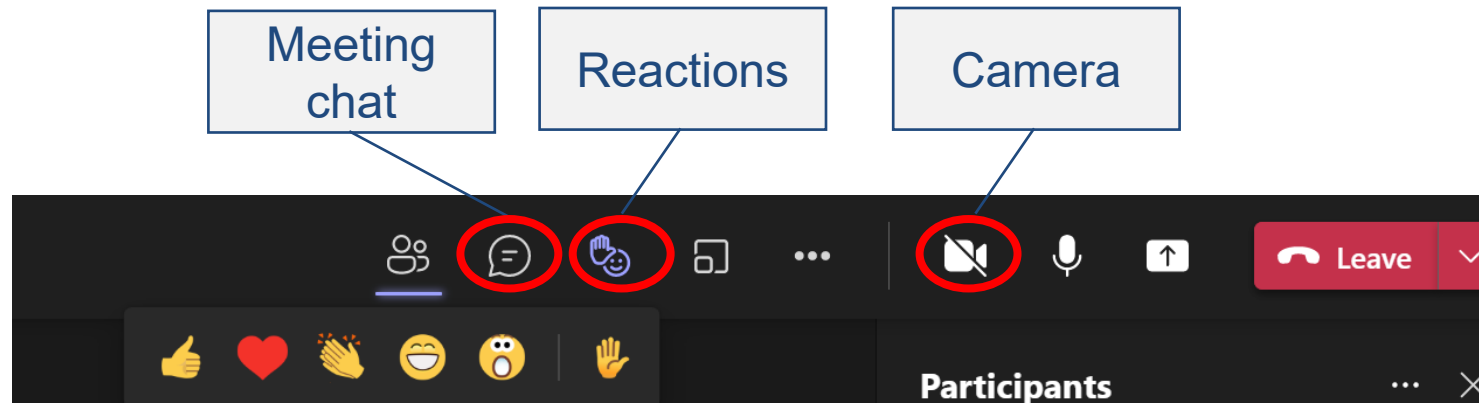
Agenda

- Mental Health Awareness Month
- DMH/DD/SUS Community Collaboration Model
- Summary of Year 1 Investments
- Long-term Investment Strategy Approach

As a reminder, this meeting includes a diverse group of stakeholders: providers, plans (LME/MCOs, Standard Plans, Tailored Plans), community partners, consumer and family members, officials from related state agencies/DHHS divisions and DMH/DD/SUS officials.

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.



Please introduce yourself in the chat.



- May Mental Health Awareness Month (MHAM) intent is to increase awareness about the vital role mental health plays in our overall health and well-being and provide resources and information to support individuals and communities who may need mental health support.
- We thank our Justice System Advisory Committee members for your contribution to this group and your efforts to support mental well-being.
- Please share your MHAM resources, activities, or events in the chat!

Mental Health Awareness Month

MHAM Resources:

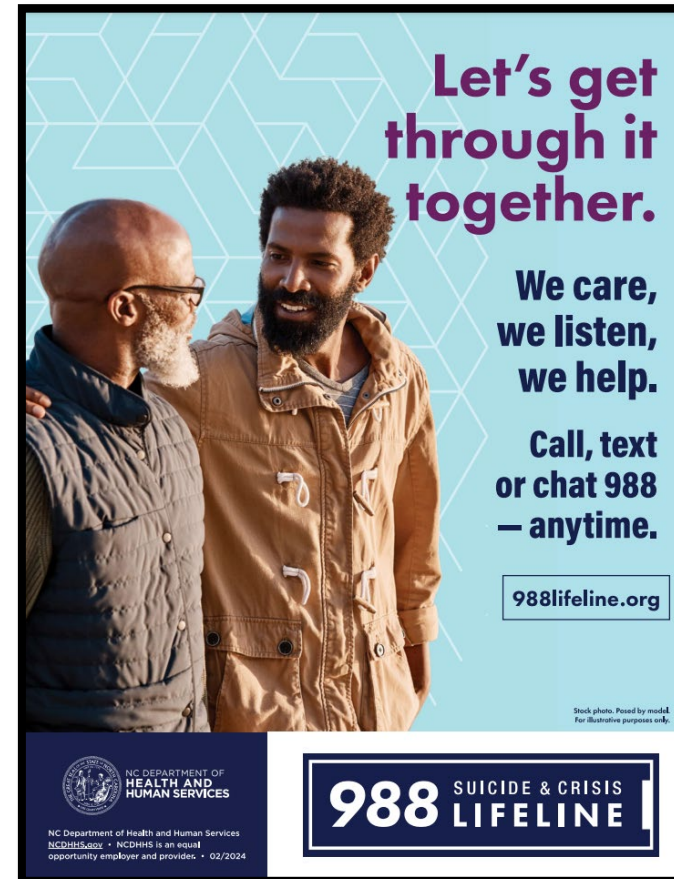
[DHHS 988 Site with Toolkit](#)

[Mental Health America Toolkit](#)

[SAMHSA Toolkit](#)

[988 Toolkit](#)

[NAMI North Carolina](#)



Let's get through it together.

We care, we listen, we help.

Call, text or chat 988 – anytime.

988lifeline.org

Stock photo. Used by model. For illustrative purposes only.

988 SUICIDE & CRISIS LIFELINE

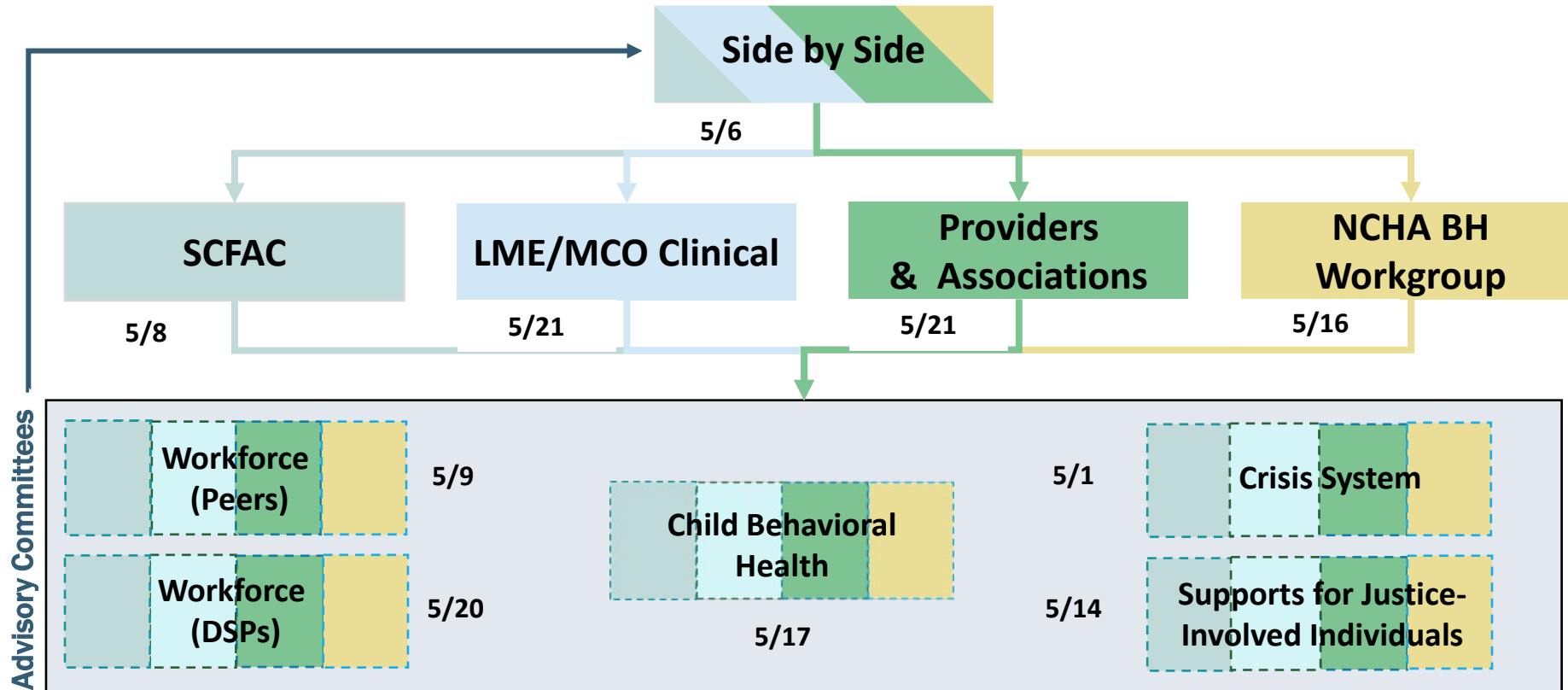
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
NC Department of Health and Human Services
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DMH/DD/SUS Community Collaboration Model



May Community Collaboration

Topic: Inclusion Connects



Year One Investments Update

Background: Justice Investments in the SFY 23-25 Budget

\$99 million is allocated towards justice initiatives across State Fiscal Years 2023-2025.

FY 23-25 Budget Item	FY23-24	FY24-25
<ul style="list-style-type: none">• Community-based pre-arrest diversion and reentry programs and to fund local partnerships between law enforcement, counties, and behavioral health providers.• Community-based and detention center-based restoration programs.	\$29M	\$70M

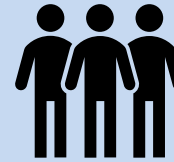
Background: Guiding Principles for Identifying Investments



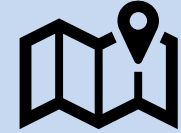
Expand current DMH/DD/SUS programs that have demonstrated positive outcomes



Leverage data and community input to prioritize projects based on need



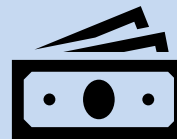
Expand supports for priority populations [e.g., historically marginalized populations (HMP)]



Build local capacity to address geographic disparities/gaps



Supplement existing programs to improve service



Provide bridge funding to align with a long-term sustainability pathway (e.g., Medicaid 1115 re-entry waiver)



Pilot innovative programs/service models

Year 1 Investments: Strengthening Services and Supports for Justice-Involved Youth



Increase Support for Juvenile Justice Behavioral Health (JJBH) Partnerships

Provides funding for screening, assessment, and treatment services with a focus on the high rate of justice-involved youth in need of substance use services.



Expansion of NC S.A.F.E. (Secure All Firearms Effectively)

Supports an awareness and education initiative to promote safe storage of firearms.

Year 1 Investments: Strengthening Services and Supports for Justice-Involved Youth



Fund, Recruit, and Train Credible Messengers



Credible Messengers Model

Justice-involved youth who have a higher risk of recidivism are matched with specially trained adults with relevant life experiences (often previously incarcerated, Returned Citizens) called *Credible Messengers*, who help motivate the most at-risk young people to successfully challenge and transform thinking, attitudes and actions.

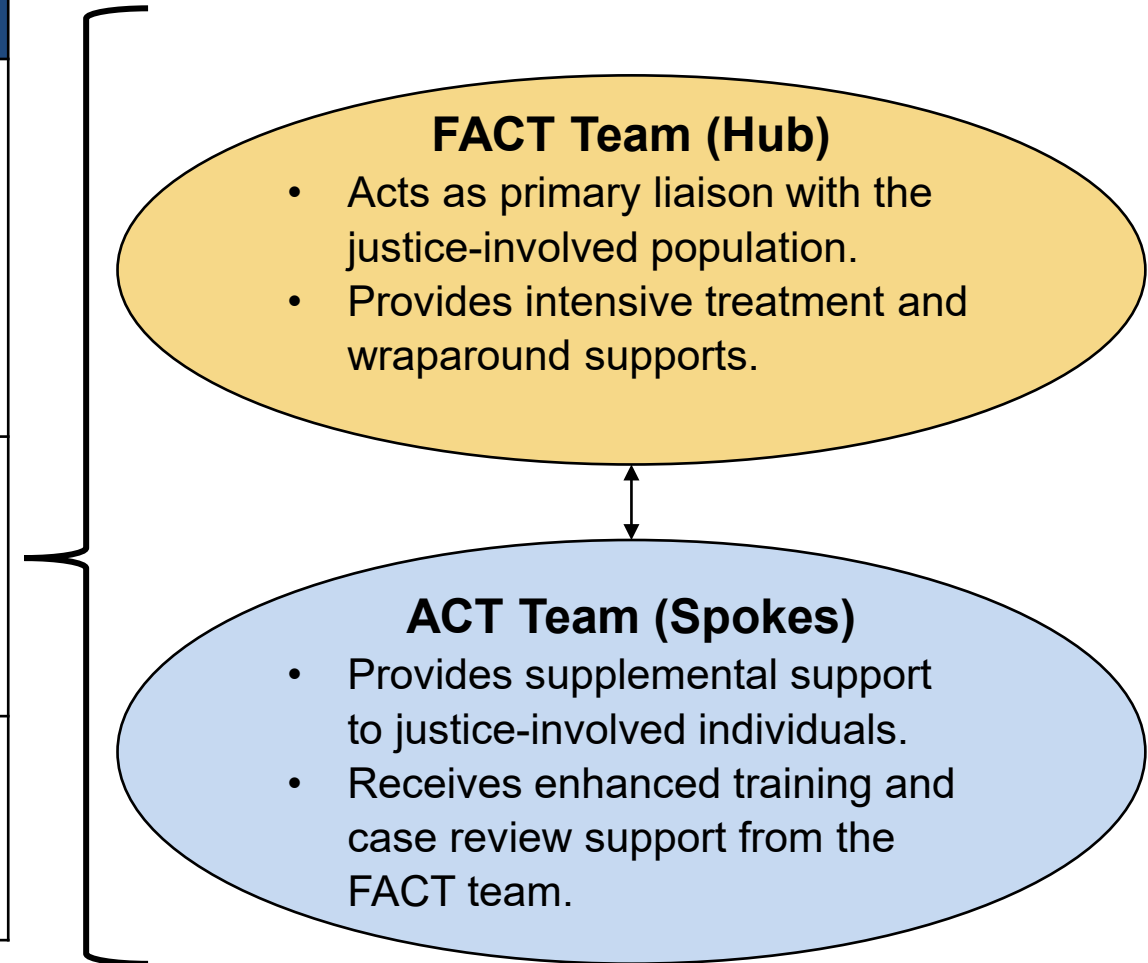


Credible Messenger Roles and Responsibilities:

- Forming trusted relationships with youth
- Providing mentoring sessions
- Facilitating restorative focused group activities
- Monitoring and providing support for educational, vocational, personal development, life enhancement activities, life coaching and co-navigation.

Year 1 Investments: Deflecting/Diverting from the Justice System to Community-Based Treatment

Investment	Investment Summary
Deflection and Diversion Programs	<ul style="list-style-type: none"> Funds capacity-building support to programs, based on geographic area and population of focus (i.e., serious mental illness (SMI), substance use disorder (SUD), HMP]. Example: Law Enforcement Assisted Diversion (LEAD) programs.
Forensic Assertive Community Treatment (FACT) Teams	<ul style="list-style-type: none"> Funds new FACT Teams to meet the needs of individuals with SMI (teams will also support re-entry). Note: FACT teams also support re-entry for justice-involved individuals.
Technical Assistance	<ul style="list-style-type: none"> Funds a single point of contact service for communities to share best practices related to improving local responses to justice involved individuals.



Year 1 Investments: Supporting Justice-Involved Individuals in Jails and Prisons



Capacity Restoration Expansion

- *Expands the Detention Center Capacity Restoration Program (DCCRP) in Mecklenburg to 25 beds. Mecklenburg will accept individuals from surrounding counties*
- *Opens new detention-based programs in Wake and Pitt.*



- Mecklenburg DCCRP has been operational since December 2022.
- **32 Incapable to Proceed (ITP) defendants** participated in year one, and **80%** were restored.
- Average restoration time was **45 days** at a cost of **\$400 per day**, which is **four times faster at 1/5 of the cost of hospitalization.**



Wake County DCCRP will launch in summer 2024 and serve **10 participants.**

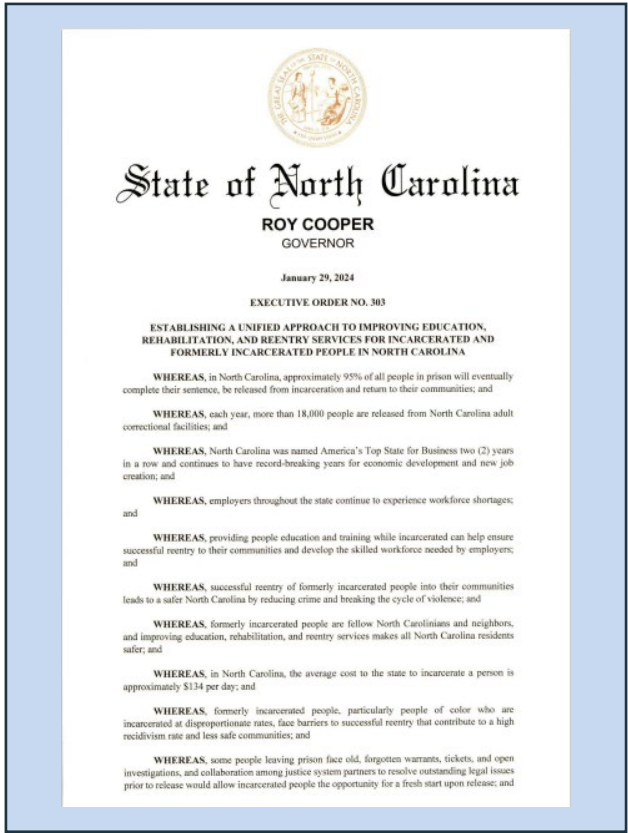


Pitt County DCCRP will launch in fall 2024 and serve **10 participants.** The program model will include **out-of-county participants.**

Year 1 Investments: Supporting Seamless Re-Entry from the Justice System to Community-Based Treatment

Investment	Investment Summary
<p>Re-Entry Programs</p>	<ul style="list-style-type: none"> Funds capacity-building support to extend select contracts or expand their geographic reach, based on geographic area and population of focus (i.e., SMI, SUD, HMP). <p><i>Example: North Carolina Formerly Incarcerated Transition Program (NC FIT) Wellness Program.</i></p>
<p>I/DD and TBI Training</p>	<ul style="list-style-type: none"> Funds trainings (virtual and in-person) for Department of Adult Corrections (DAC) staff and, potentially, other justice system partners (e.g., probation and parole officers, local re-entry councils, and judges).
<p>DAC-SMI Expansion</p>	<ul style="list-style-type: none"> Supports the hiring of additional care coordinators and peer support specialists. Funds housing supports for individuals with SMI.

Governor’s Whole-of-Government Reentry Executive Order



Note: Some project funding for these investments may be distributed in Fiscal Year 2024-2025.

Year 1 Investments: Seamless Reentry from Prison



North Carolina FIT Wellness

- *Integrated physical and behavioral healthcare with wraparound supports with in-reach and post-release services.*
- *Includes addition of new pilot sites in Orange, Durham, and New Hanover counties and expansion of the Wake County pilot program.*
- *Initiates a Psychiatric Residency program to conduct clinical rotations at each program site*
- *Investment will cover participant support costs and workforce expansion.*



Program Data (as of December 2023):

- 98% enrollment rate.
- 62% of participants are Black/African American.
- 39% of participants have received housing assistance.
- 33% of participants have been connected to Medicaid.
- 22% of participants have received SUD treatment.



Pathways and policies utilized for this program are informing the 1115 Re-entry Waiver and Reentry2030 strategies.



Key Outcome:
Increases access to medication in the first two weeks post-release.

Upcoming Funding Opportunities

DHHS looks forward to collaborating with you to identify future funding opportunities and ensure that resources for justice-involved behavioral health initiatives are distributed in a data-driven, equitable manner.

DHHS will be releasing a request for funding proposals to gather investment suggestions for justice-involved behavioral health initiatives.

Funding Opportunity Example:

North Carolina's pending 1115 re-entry demonstration renewal application includes a request for \$315 million in capacity-building funding for justice programs.

Long-Term Investment Strategy

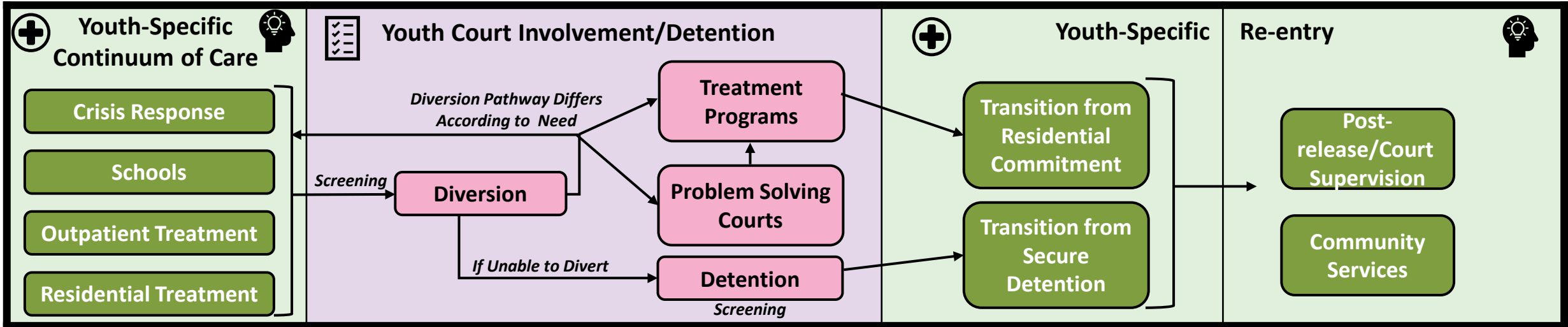
DMH/DD/SUS's Long-Term Vision and Funding Strategy

Overview

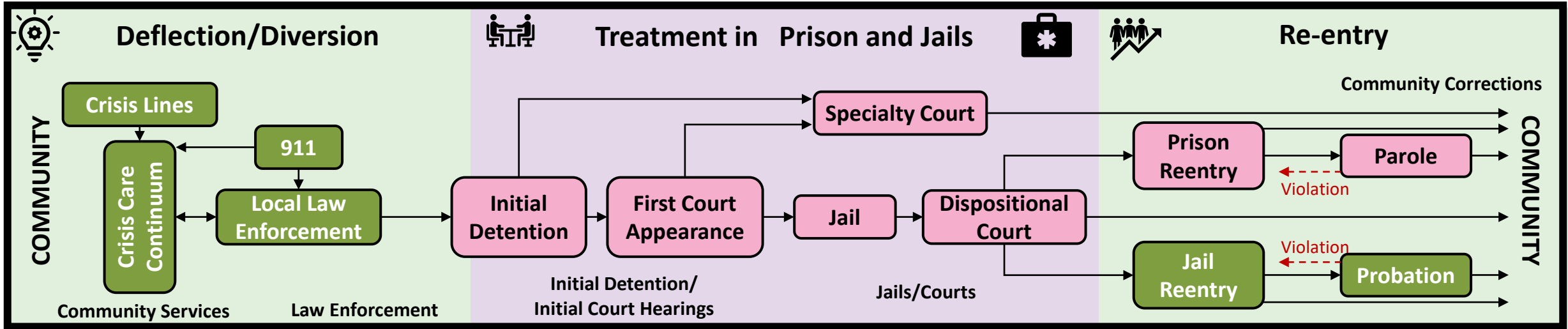
- Building on the guiding principles that supported the development of the Year One justice investments, DMH/DD/SUS **developed a vision for strengthening justice services and supports for youth and adults** across the continuum to guide the design and allocation of future investments.
- DMH/DD/SUS will continue to develop investment recommendations using a **data-driven approach**, leveraging additional data and engaging with key agencies/stakeholders (i.e., DAC, Department of Public Safety, Division of Health Benefits).
- The investment design process will also focus on ensuring that these one-time investments have a **long-term sustainability pathway (i.e., Medicaid)**.
- The **1115 re-entry demonstration design** and **Consolidated Appropriations Act, 2023** requirements will inform and be coordinated with this work.

DMH/DD/SUS will continue to work with stakeholders through its community collaboration model to develop investment recommendations.

Youth Justice Continuum



Adult Justice Continuum



Long Term Investments Timeline

The design process for future investments will be divided into three phases:

1. Data Analysis

May-June 2024

- Obtain relevant data from key state agencies and stakeholders.
- Continue data analysis of justice programs and population health data in line with the justice vision.



2. Current State Review

June-July 2024

- Review key findings from stakeholder engagement and justice data analysis.
- Articulate gaps in services and supports to be addressed through long-term investments.
- Identify gaps that can be addressed through the 1115 re-entry waiver and/or other initiatives.



3. Recommendations Development

July-September 2024

- Develop youth and adult-specific recommendations across the continuum and reflective of enabling factors.
- Develop final investment recommendations.

DMH/DD/SUS will regularly share updates with this group and raise investment proposals for discussion.

Discussion

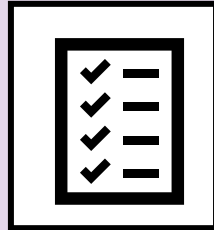
- **Any questions about the justice vision or long-term investment strategy?**
- **Are there data that would be helpful to guide DMH/DD/SUS' future investments that committee members would like to/are able to share?**
- **Are there other inputs that DMH/DD/SUS should consider as part of its investment-related decision-making?**

Appendix

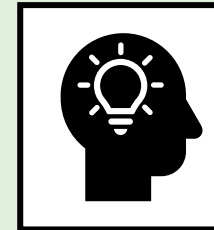
Vision: DMH/DD/SUS' Role to Strengthen the Justice Foundation for Youth and their Families



Provide *community-based treatment services* to prevent youth from entering and supporting youth leaving the justice system.



Establish standards to ensure youth access to evidence-based treatment *in residential and detention facilities*.

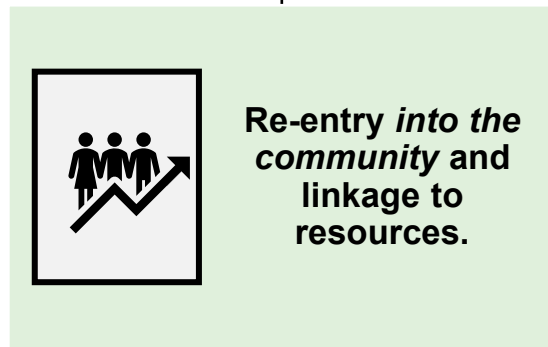
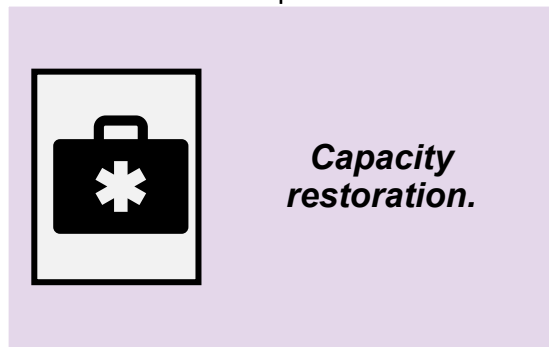
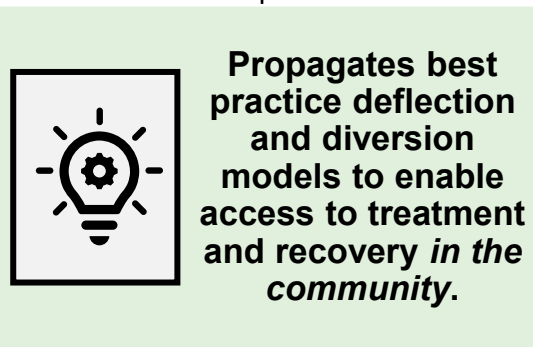
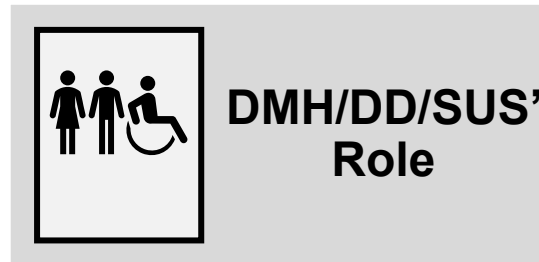


Improves screening, referral, and service outcomes through the Juvenile Justice Behavioral Health teams *in the community*.

Foundational Elements

- Access to housing, employment (older youth), health benefits, education and other community services.
- Outreach, education and awareness among community and justice providers.
- Leadership, expertise, and support to enable local communities identify their needs and implement best practices.

Vision: DMH/DD/SUS' Role to Strengthen the Justice Foundation for Adults



- Foundational Elements**
- Access to housing, employment, health benefits and other community services.
 - Outreach, education and awareness among community and justice providers.
 - Leadership, expertise, and support to enable local communities identify their needs and implement best practices.

Enabling Factors Supporting the Justice Vision



State agencies serving adults and youth with significant BH needs coordinate delivery of services and implementation of initiatives/system improvements (i.e., streamlined screening/assessment tools).



Communication channels facilitate care coordination and sharing of best practices between treatment providers, inpatient/facility staff, LME-MCOs, community-based organizations, state agencies, and the justice system.



Data systems enable 1) transfer of an individual's information and needs across settings; 2) linkage to community resources and social service benefits; and 3) evaluation of performance metrics to understand program/service outcomes.



Technical assistance, training, and education are provided to law enforcement, court officials, school-based providers, front line providers, correctional staff, and community-based treatment providers.



Community-based providers can **work continuously with adults and youth whether they are in or out of** detention and/or treatment facilities. Youth and their families receive **person-centered, trauma-informed, culturally and linguistically competent care/education.**

Advisory Committee Membership

Supports for Justice-Involved Individuals Advisory Committee Membership

Name	Organization
Providers	
Alisha Tatum	Lifespan
Amanda Mckenna	Hope Mission Ministries - Peer
Baines Jamill	Archmade LLC
Barry Dixon	Dixon Social Interactive Services Inc.
Bridget Cain	October Road
Brittany Weeks	Hope Mission Ministries - Peer
Carson Ojamaa	Children's Hope Alliance
Celeste Dominguez	Children's Hope Alliance
Cherene, Caraco	Promise Resource Network
Corie Passmore	Tammy Lynn Center
Corye Dunn	Disability Rights NC
Devoria Berry	Community Support Agency
Erin Jamieson Day	Community Impact NC
Evan Ashkin	UNC FIT
Geneva Scales	Easterseals
George Edmonds	Youth Villages
Hayes Houston	Hope Mission Ministries - Peer
Howard Calhoun	Behavior Balance PLLC
Hudaisa Hafeez	Cape Fear Valley Health
Jade Neptune	Carolina Dunes Behavioral Health employee, student
James Rachal	Atrium Health
Jamie Melvin	Coastal Horizons
Jamie Tripp	Hope Mission Ministries - Peer
Jamila Little	Monarch

Name	Organization
Providers	
Jennifer Shepherd	Children's Hope Alliance
John Sotirkys	Hope Recovery Homes
Joyce Harper	Freedom House Recovery Center, Inc.
Julie Walker	The Cognitive Connection
Karen King	Hope Haven Inc.
Kari Womack	Stanly County Emergency Services
Kathy Merritt	Wayne Opportunity Center/ part time Cherry Hospital (retiree)
Lexi Kam	Youth Villages
Luke McDonald	Novant Health
Mackie Johnson	Anuvia Prevention & Recovery Center
Matthew Cauley	Hope Mission Ministries - Peer
Melissa Taylor	Hope Mission Ministries - Peer
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
Pablo Puente	ServiceSource
Patricia Knautd	Psychiatrist, MD
Patrick Hooks	Hope Mission Ministries - Peer
Rachel Crouse	Coastal Horizons
Robert Collier	Children's Hope Alliance
Robin Downs	Addiction Professionals of North Carolina

Supports for Justice-Involved Individuals Advisory Committee Membership

Name	Organization
Providers	
Robyn Codrington	Affiliated Sante Group-CriSyS
Ron Flack Jr.	Volunteers of America Chesapeake and Carolinas
Ronald Metcalf	RAP/ Abound Health LLC
Ryan Estes	Coastal Horizons
Sandra	WBHEALTHCAREINC
Shaneka Bynum	Youth Advocate Programs, Inc.
Shelita Lee	North Carolina Children and Families Specialty Plan
Sherrell Gales	Abound Health
Stephanie Tyson	Resourceful Clinical Laboratory
Tamara Veit	Surry/Stokes Friends of Youth
Tammy Hernandez	Pinnacle Family Services
Ted Zarzar	WakeMed
Teri Herrmann	SPARC Network
Therese Garrett	WellCare NC
Valerie Arendt	National Association of Social Workers
Yasmin Gay	Atrium Health Wake Forest Baptist/ Wake Forest University School of Medicine
Sierra Jones	Triumphant Homes LLC
Ariana Nesbit Huselid	Central Regional Hospital

Name	Organization
LME-MCOs, Standard Plans, Tailored Plans	
Moya Foster	Alliance Health
Ann Oshel	Alliance Health
Brian Perkins	Alliance Health
Eric Johnson	Alliance Health
Sandhya Gopal	Alliance Health
Sara Wilson	Alliance Health
Amilcar Blake	Partners Health Management
Neva Bartholomew	Partners Health Management
Tara Conrad	Partners Health Management
Edward Hall	Trillium
Elizabeth Seagroves	Trillium
Cindy Ehlers	Trillium
Celeste Ordiway	Vaya Health
Laurie Whitson	Vaya Health
Lesley Jones	Vaya Health
Tina Weston	Vaya Health
Eric Harbour	WellCare of NC

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

Name	Organization
<i>Internal/Consultants</i>	
Stella Bailey-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
Elliot Krause	DMHDDSUS
Tracy Ginn	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