

Justice External Advisory Committee Meeting

6/11/2024

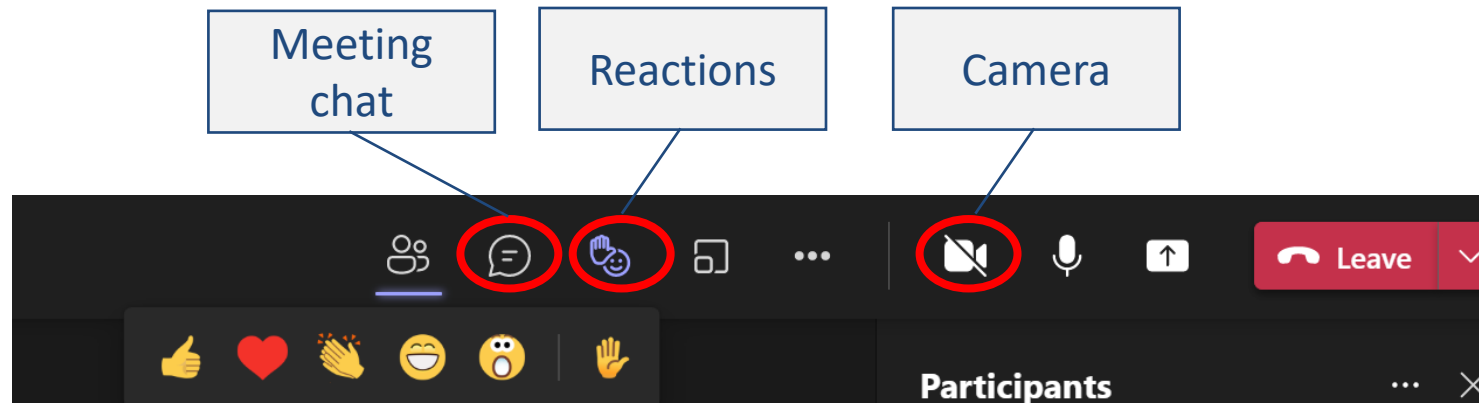
11:00 am-12:00 pm

Agenda

- DMH/DD/SUS' Community Collaboration Model
- Draft Strategic Plan
- Spotlight and Discussion on Services and Initiatives for Youth

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.



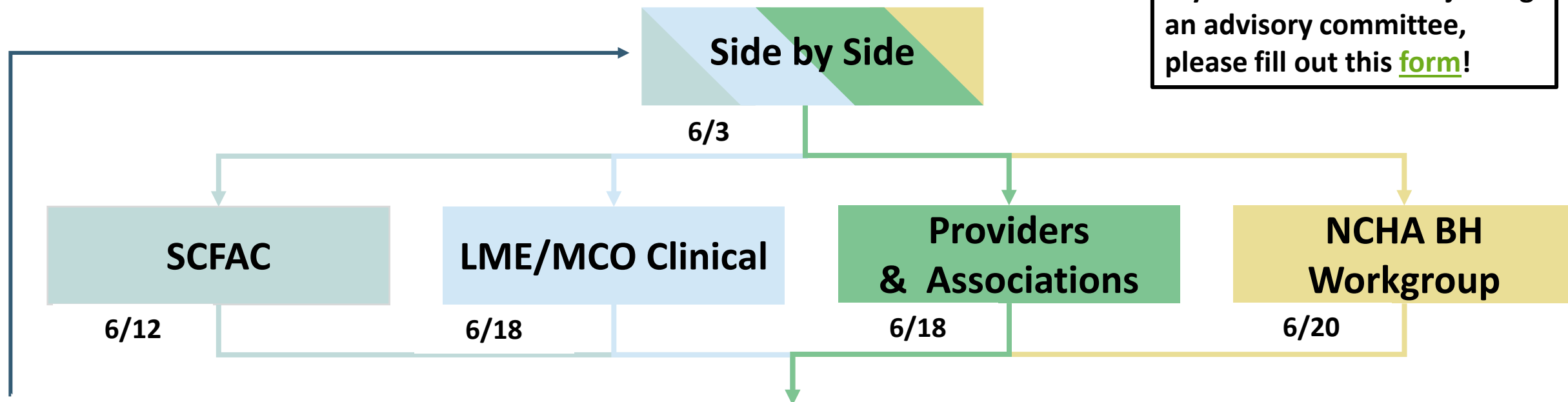
DMH/DD/SUS' Community Collaboration Model



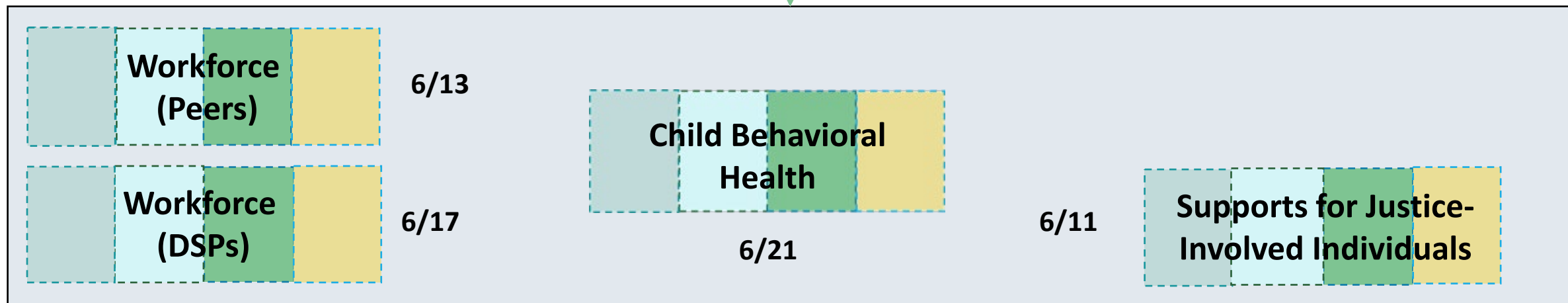
June Community Collaboration

Topic: Supports for Justice-Involved Individuals

If you're interested in joining an advisory committee, please fill out this [form!](#)



Advisory Committees



DMH/DD/SUS' Draft Strategic Plan for 2024-2029

Please share your feedback with us!

The Draft DMH/DD/SUS Strategic Plan for 2024-2029 was posted for public comment!

Use the link below to read the plan and submit your feedback by **July 1, 2024.**

Available Here: [Draft DMH/DD/SUS Strategic Plan for 2024-2029](#)

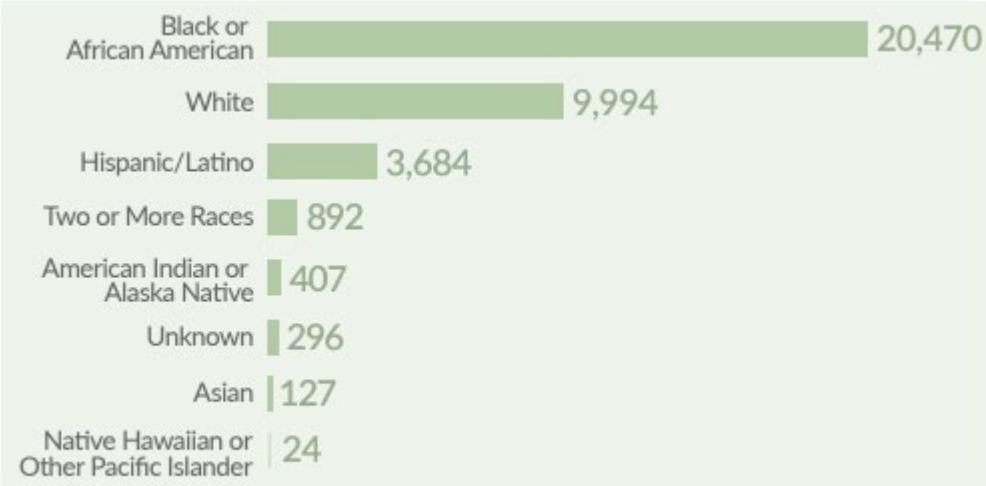
Level-Setting

Overview of Juvenile Justice and Delinquency Prevention System

Based on 2022 data, more than 14,000 youth in had contact with the juvenile justice system in North Carolina. DMH/DD/SUS is focused on ensuring that youth receive services and supports specific to their needs at every level of involvement.



- 2,591 Youth Admitted to Detention Centers
- 702 Youth in Residential Contractual Programs
- 397 Youth Receiving Intensive Intervention Services
- 274 Youth in Community Based Contractual Programs
- 154 Youth Committed to Youth Development Centers



Complaints Received by Race/Ethnicity

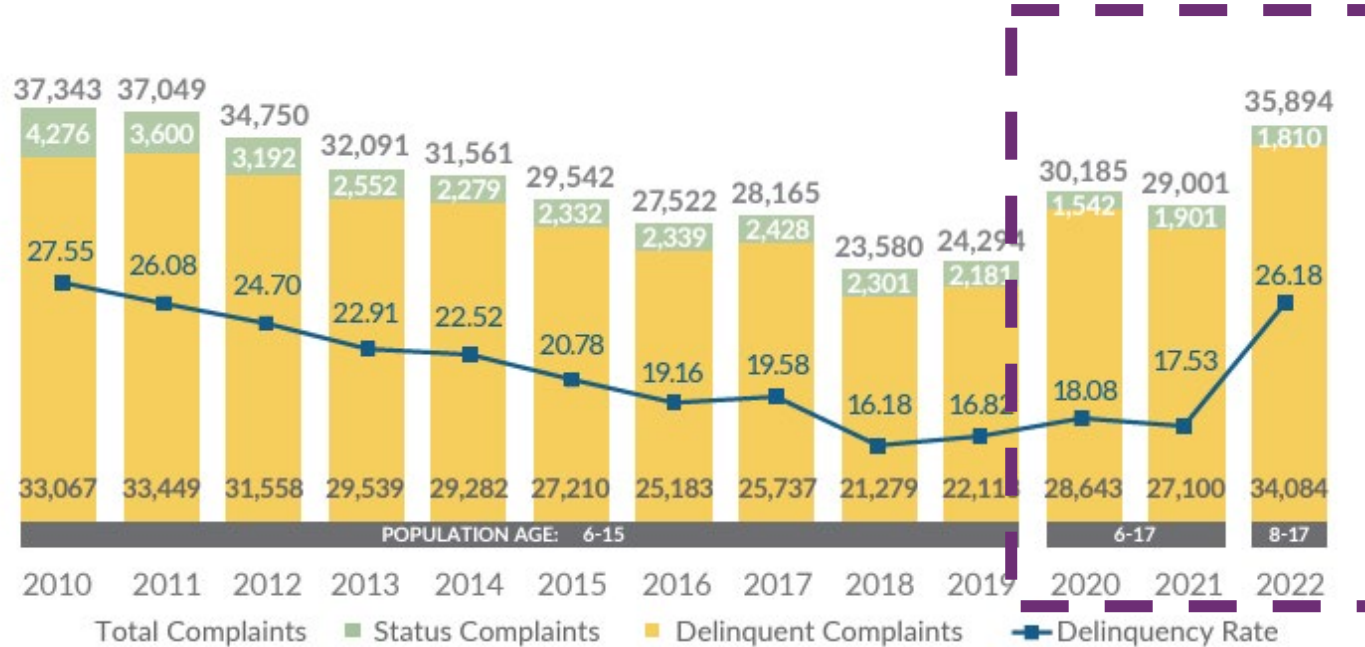
Note: A juvenile can have complaints receive multiple outcomes over the course of a year (e.g., one complaint approved for court, another diverted and another closed). The combinations cause the juvenile count for approved, diverted and closed to sum more than 14,804.

Source: [2022 Juvenile Justice and Delinquency Prevention Annual Report](#).

Statewide Increase in Youth Justice Involvement

In 2019, North Carolina implemented legislation that raised the age of juvenile jurisdiction for nonviolent crimes to 18. Since then, the number of juvenile justice complaints and the juvenile justice delinquency rate have risen.

Complaints Received & Delinquency Rate, 2010-2022



- **Complaint:** A written allegation that a juvenile is delinquent or undisciplined, which is submitted to a juvenile court counselor for evaluation.
- **Delinquent Juvenile:** A juvenile who is between 6-17 years old who commits an offense that would be a crime or infraction if committed by an adult, excluding 16- and 17-year-olds who commit motor vehicle offenses.

Source: 2022 North Carolina Juvenile Justice and Delinquency Prevention Annual Report, Juvenile Delinquency Overview.

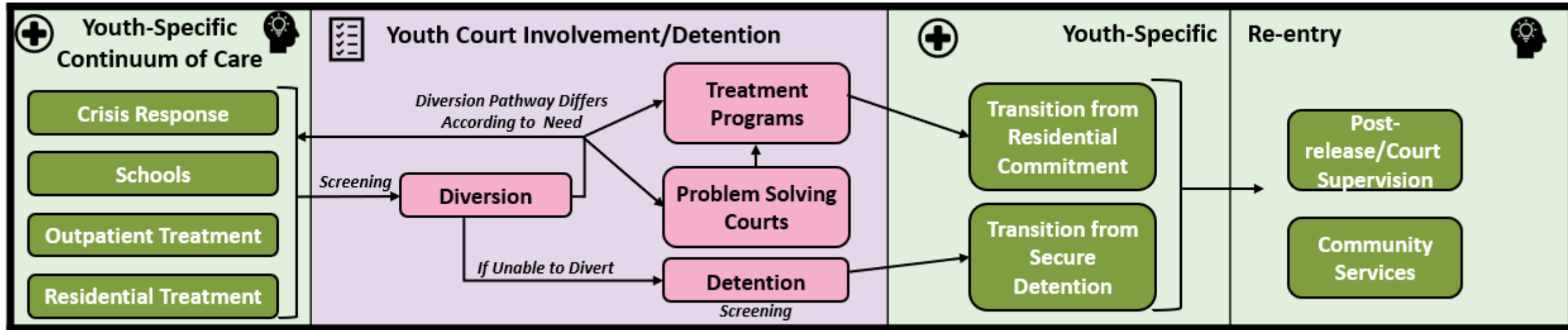
The Importance of Addressing Youth Behavioral Health Needs

- Youth experience challenges accessing certain types of treatment in the community and in detention (e.g., non-medical detoxification, residential services).
- Involvement in the justice system places youth at risk for exposure to trauma and practices that may intensify their psychological distress.
- Data from a 2022 point-in-time survey of young people in North Carolina's Youth Development Centers (YDCs) demonstrates high rates of externalizing behaviors and internalizing disorders among these youth:
 - More than half had trauma and stress-related disorders.
 - 48% had co-occurring mental health and substance use diagnoses.
 - Approximately 20% had depressive disorders.
 - Over 80% had disruptive, impulse-control, and conduct disorder.

In this presentation, the term “behavioral health” encompasses mental health (MH), substance use disorder (SUD), intellectual/developmental disabilities (IDD), and traumatic brain injury (TBI) needs.

Reminder: Youth Justice Continuum

DMH/DD/SUS' intends to build on its existing foundation of services and supports across the youth justice continuum to address challenges and improve supports for youth with behavioral health needs.

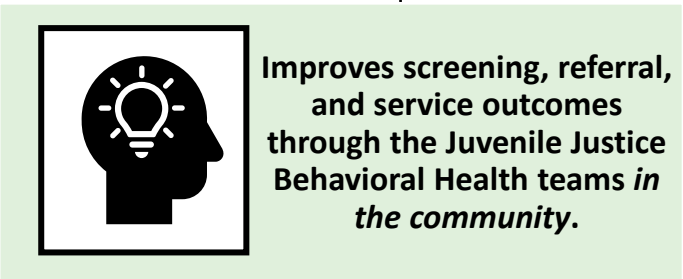


Examples

High Fidelity Wraparound (HFW) facilitates care planning and coordination of services for youth 5-20 years of age with serious emotional disturbance (SED).

Juvenile Justice Behavioral Health (JJBH) teams work to support local planning statewide to increase access, effective treatment engagement and retention, and community engagement for youth with BH needs and their families.

Vision: DMH/DD/SUS' Role to Strengthen Behavioral Health Services for Youth and their Families



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

Spotlight and Discussion on Services and Initiatives for Youth involved in the Juvenile Justice System

Background: JJBH Partnership

The JJBH Partnership works to increase access to and utilization of behavioral health services for youth and families. DMH/DD/SUS partners with LME-MCOs, UNC-Greensboro, other youth-serving state agencies, and local teams to support the partnership



NCDHHS

- DMH/DD/SUS
- Juvenile Justice Lead



LME-MCOs

- Alliance
- Partners
- Trillium
- Vaya



UNCG

- Training, Technical Assistance & Coaching Team
- Data Analyzer



State Team

- DJJDP
- DHB
- DPI
- DSS
- DCFW
- UNCG
- NC Voices Amplified



Local Teams

- DJJ
- Treatment Providers
- LME/MCOs
- JCPC Programs
- Schools
- DSS
- Community Programs

Background: JJBH Charge

DMH/DD/SUS supports the JJBH program in partnership with multiple youth-serving state agencies and in coordination with the LME-MCOs.

Program Overview

Statewide initiative with 21 local teams and one statewide team dedicated to addressing the mental health and substance use needs of youth and families in contact with the juvenile justice system.

JJBH Partnership Service Domains (utilized by local teams):

- Screening and referrals (to providers/services)
- Assessment (MH, SUD, and Co-occurring Disorders)
- Engagement (utilization of systems of care to engage family and community partners in the access to and completion of treatment)
- Evidence-based treatment
- Involvement of Juvenile Crime and Prevention Councils (JCPC) & Recovery Oriented Systems of Care

Data Capabilities:

- JJBH teams conduct data tracking to ensure youth are connected to appropriate resources and that care coordination occurs across a range of providers

Investment Focus Area: Improving Data Collection, Screening, Assessment, and Referrals

DMH/DD/SUS is focused on investing in JJBH to improve data collection to inform improvements in high-quality assessments and higher rates of treatment initiation and completion.

Discussion Questions

- What recommendations does the group have to improve data collection through the JJBH local teams and their partners?
- For organizations that have implemented a single assessor model for youth, are you seeing positive outcomes? What challenges are you experiencing?
- What practices and procedures have justice-related providers/organizations implemented to improve the quality of assessments? Where are there opportunities for improvement? Have there been any positive outcomes from these changes?
- Is there any technical assistance, training or other support that DMH/DD/SUS can provide to support you in addressing screening, assessment and referral barriers?

Investment Focus Area: Increasing Youth Engagement in Services

DMH/DD/SUS is interested in investing in opportunities to elevate youth voices and engagement in services.

For example, DMH/DD/SUS is providing funds to recruit, train, and assign Credible Messenger Mentors, community-rooted leaders with justice lived experience, to support youth in juvenile justice facilities. The model also includes a Messenger Mentor position that is specifically designed for a younger person.

Additional Models for Youth Engagement in North Carolina

- NC Youth and Family Voices Amplified provides youth peer and family support training and elevates youth and family input on mental health services they receive.
- The Eastern Band of Cherokee Indians (ECBI) supports a Juvenile Justice Treatment Continuum (JJTC) project that includes Peer Support Specialists who work directly with young people and their families.


Discussion Questions

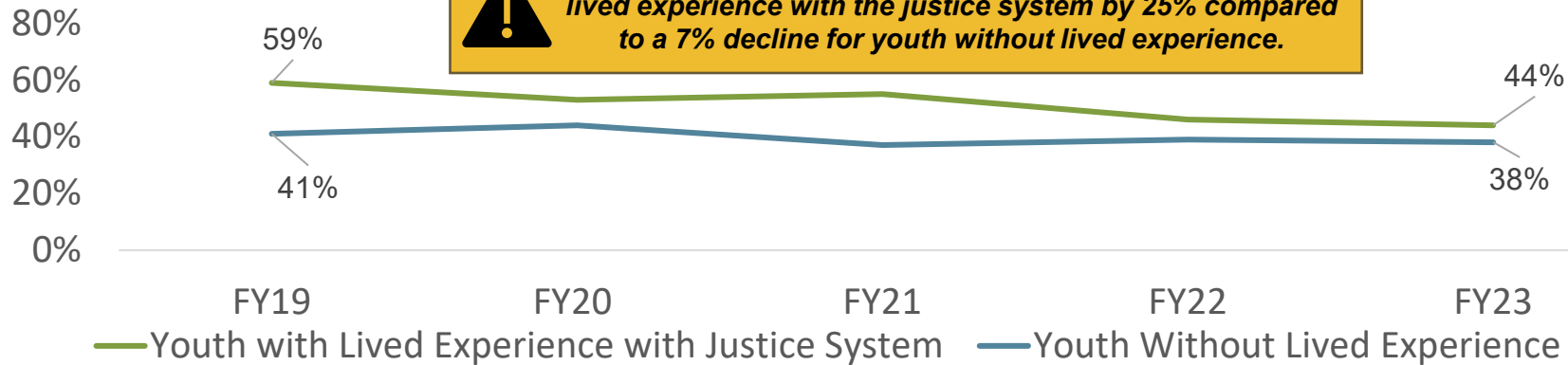
- Are there any models, such as those listed above, for youth engagement that DMH/DD/SUS should explore expanding?
- What other settings are justice-related providers/organizations currently employing peers in (e.g., schools, community-based treatment)?
- Are there justice-related providers/organizations today that include youth peers?

Investment Focus Area: SUD Treatment Availability Across the Continuum

DMH/DD/SUS is interested in advancing approaches that address the challenges raised by stakeholders that youth face in access and retention in SUD treatment?

Substance Use Treatment Completion Rates Among Youth in North Carolina

 *Treatment completion rates declined among youth with lived experience with the justice system by 25% compared to a 7% decline for youth without lived experience.*



Discussion Questions

- What ASAM levels of care have been most challenging for youth to access?
- For organizations that provide treatment services to youth, what approaches are you taking to improve treatment initiation and completion rates?
- Are there particular treatment programming models that you have found to be most effective?
- What solutions have providers implemented to address staffing challenges?

Key Gaps Across the Service Continuum

- Not all outpatient intensive community support services serve youth with co-occurring needs.
- There is a lack of residential substance use services.
- Some Opioid Treatment Providers (OTPs) are not geared towards serving young people.

Appendix

DMH/DD/SUS' Draft Strategic Plan for 2024-2029

DMH/DD/SUS' Mission, Vision, and Principles



Our Principles	
Lived Experience	Lived Experience. We value lived experience by listening to and advocating for individuals and families, championing the expertise of peers, promoting natural and community supports, and creating opportunities for meaningful partnership.
Equity	Equity. We create policy that helps everyone get what they need to live healthy lives in their communities, with particular focus on improving access to services for historically marginalized populations.
Inclusivity	Inclusivity. We commit to ensuring that everyone who uses our systems feels welcomed, and our policies support the health and well-being of all North Carolinians, regardless of race, ethnicity, sex, gender identity and expression, sexual orientation, age, national origin, socioeconomic status, religion, ability, culture and experience.
Quality	Quality. We promote the provision of high-quality, evidence-based services and supports that leverage the expertise and best-practices of our clinical partners.
Trauma-Informed	Trauma-Informed. We recognize the reality of trauma and promote a culture of kindness, understanding, and respect for every person.

DMH/DD/SUS' Populations of Focus & Priority Areas



The Strategic Plan in Action

The final release of the Strategic Plan will include initiatives that DMH/DD/SUS is working on and measures used to show progress. The Division will publish a dashboard showing progress towards implementation in 2024.

Priority Area	Example Goal	Example Initiative	Example Measure
Expand Services for Individuals in the Justice System	6.2: Increase Successful Community Re-engagement.	DMH/DD/SUS will invest in community reentry programs in counties that don't already have reentry services, which improve reentry services for the justice-involved population by delivering psychiatric and physical health care services along with connections to community supports	Number of counties with at least one reentry program

This table includes ~~an~~ illustrative examples. The final Strategic Plan will include goals, initiatives, and measures for six total priority areas.

Advisory Committee Membership

Supports for Justice-Involved Individuals Advisory Committee Membership

Name	Organization
Providers	
Alisha Tatum	Lifespan
Amanda Mckenna	Hope Mission Ministries - Peer
Ariana Nesbit Huselid	Central Regional Hospital
Baines Jamil	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
Devin Lyall	Wilkes Recovery Revolution, Inc.
Devoria Berry	Community Support Agency
Dr. A. Michelle Bryant	Alpha-Omega Family Counseling and Restoration Services, Inc
Erin Jamieson Day	Community Impact NC
Evan Ashkin	UNC FIT
Geneva Scales	Easterseals
George Edmonds	Youth Villages
Hayes Houston	Hope Mission Ministries - Peer
Hillary Faulk Vaughan	Physician Alliance for Mental Health
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

Name	Organization
Providers	
Jamila Little	Monarch
Jennifer Shepherd	Children's Hope Alliance
John Sotirkys	Hope Recovery Homes
Joyce Harper	Freedom House Recovery Center, Inc.
Julie Walker	The Cognitve 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
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
Pamela Goodine	The Journey Continues
Patricia Knautt	Psychiatrist, MD
Patrick Hooks	Hope Mission Ministries - Peer
Rachel Crouse	Coastal Horizons
Rebecca Simmons	Falling Starr Home Care LLC
Robert Collier	Children's Hope Alliance
Robyn Codrington	Affiliated Sante Group-CriSyS
Ron Flack Jr.	Volunteers of America Chesapeake and Carolinas

Supports for Justice-Involved Individuals Advisory Committee Membership

Name	Organization
Providers	
Ronald Metcalf	RAP/ Abound Health LLC
Ryan Estes	Coastal Horizons
Sandra Wilson	WBHEALTHCAREINC
Sarah Rosenquest	UNC- SOM Psychiatry
Shaneka Bynum	Youth Advocate Programs, Inc.
Shelita Lee	North Carolina Children and Families Specialty Plan
Sierra Jones	Triumphant Homes LLC
Stephanie Almeida	Smoky Mountain Harm Reduction
Stephanie Tyson	Resourceful Clinical Laboratory
Tamara Veit	Surry/Stokes Friends of Youth
Tammy Hernandez	Pinnacle Family Services
Ted Zarzar	WakeMed
Teri Herrmann	SPARC Network
Tiffany Randazza	Catawba Valley Healthcare
Valerie Arendt	National Association of Social Workers
Vanessa Alvarado	Duke Health
Yasmin Gay	Atrium Health Wake Forest Baptist/ Wake Forest University School of Medicine
Mackie Johnson	Anuvia Prevention & Recovery Center
Sherrell Gales	Abound Health
Therese Garrett	WellCare NC
Robin Downs	Addiction Professionals of North Carolina

Name	Organization
Community Partners	
Alicia Brunelli	NC Harm Reduction Coalition
Alisha, Fox	ForLoveNotMoney
Amanda Dolinger	Benchmarks
Amber Humble	Forsyth County
Ashley Barber	Alamance County Health Department
Cait Fenhagen	Orange County Criminal Justice Resource Center
Chiquita Evans	Neighbors for Better Neighborhoods
Chris Peters	Mecklenburg County
Crystal Grant	UNC-Chapel Hill School of Social Work
Dawn Gentry	Alliant Health Solutions - NC Quality Improvement Organization (QIO)
Denise Foreman	Wake County
Desireé Gorbea-Finalet	Disability Rights North Carolina
Donna McMillan	HBCU Collaborative Network
Dr Latonya Lee Niang	Cape fear community college
Dunaway, Kerry	New Hanover County Government
Elijah Bazemore	Vital Strategies
Elizabeth Zook	Forsyth Tech community college
Essence Hairston	UNC Horizons-Wake Program
Freida MacDonald	Alcohol Drug Council of North Carolina (ADCNC)
Hope Knuckles-Perks	Youth Advocacy Programs
India Harrison	Youth Advocacy Programs
Jesse Battle	TROSA
Kara Finch	Stanly Community College
Karlesia Montague	North Carolina Central University
Kendrick Cunningham	N/A
Kristin Parks	NC Court System
Kristy LaLonde	Pride in NC

Supports for Justice-Involved Individuals Advisory Committee Membership

Name	Organization
Community Partners	
Kurtis Taylor	Bob Barker
Lao Rubert	Durham Local Re-entry Council
Lori Ann Eldridge	East Carolina University
Lourdes Garcia	Durham County Justice Services Department
Luke Woollard	Disability Rights North Carolina
Marcus Reddrick	Mecklenburg County Reentry Services
Margaret Bordeauz	Duke University Health System
Marie Evitt	Sherriff's Association
Marilee Johnson	Alliant Health Solutions
Melissia Larson	RTI
Meredith Newman	Rapid Resource for Families
Natalie Mabon	Capital Area Workforce Development
Nathan Boucher	MFP funded project
Neehar Kale	Advocate
Philip Cooper	Voices of Affrilachia
Philip Woodward	NCCDD
Porscha Orndorf	Asheville-Buncombe Technical CC
Rosemary Weaver	PSANC
Staci Sansone	Cumberland County DSS
Suresh Nagarajan	PCG
Susan Robinson	NC Collaborative for Children, Youth, and Families
Talley Wells	NCCDD
Tara Fields	Benchmarks
Teresa Wiley	Creatively ReNewed Living Adult Mental Health
Timothy Grant Livengood	Acadia Healthcare
Tori Brasher-Weathers	Children's Home Society of North Carolina-Institute for Family
Troy Manns	CHPD/CHT Crisis Unit

Name	Organization
LME-MCOs/Tailored Plans, Standard Plans	
Ann Oshel	Alliance Health
Brian Perkins	Alliance Health
Dedrick Battle	Alliance Health
Eric Johnson	Alliance Health
Moya Foster	Alliance Health
Sandhya Gopal	Alliance Health
Sara Wilson	Alliance Health
Melissa Payne	Alliance Health
Doug Gallion	Partners Health Management
Amilcar Blake	Partners Health Management
Neva Bartholomew	Partners Health Management
Tara Conrad	Partners Health Management
Cindy Ehlers	Trillium Health Resources
Edward Hall	Trillium Health Resources
Elizabeth Seagroves	Trillium Health Resources
Erika Reynolds	Trillium Health Resources
Inesha S. Trahan	Trillium Health Resources
Jokena Islam	Trillium Health Resources
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	
Vanessa Palmer	Lincoln County Health Department
William Edwards	Transitional Services Center, inc
Zavera Basrai	MFP funded project
Zenobia Edwards	Old North State Medical Society
Vanessa Palmer	Lincoln County Health Department
William Edwards	Transitional Services Center, inc
Zavera Basrai	MFP funded project
Zenobia Edwards	Old North State Medical Society

Name	Organization
Consumers and Family Members	
Annika Jeffries	MHA
Beth Field	LAND (Leadership Alliance for Neurodevelopmental Disabilities)
Crystal White	Easterseals UCP
Flo Stein	APNC, Freedom House Board
Hannah Russell	Special Education Consultant
Katherine Fields	Employee of Record
Marie Britt	Advocate
Rachel Menna	Self
Sherri McGimsey	NAMI
Ashley Snyder-Miller	SCFAC
Bob Crayton	Vaya CFAC
Crystal Foster	SCFAC
Gene McLendon	SCFAC
Johnnie Thomas	SCFAC
Michelle Laws	SCFAC
Russell Rainear	SCFAC

Supports for Justice-Involved Individuals Advisory Committee Membership

Name	Organization
Internal/Consultants	
Angela Harper King	DMHDDSUS
Avi Aggarwal	DMHDDSUS
Charles Rousseau	DMHDDSUS
Elliot Krause	DMHDDSUS
Julia Hanes	DMHDDSUS
Keith McCoy	DMHDDSUS
Kelly Crosbie	DMHDDSUS
Kimberly Hayes-Johnson	DMHDDSUS
Latwana Floyd	DMHDDSUS
Saarah Waleed	DMHDDSUS
Stella Bailey	DMHDDSUS
Stephenia Jeffries	DMHDDSUS
Scott Pokorny	DMHDDSUS
Tanieka Williams	DMHDDSUS
Tiana Jones	DMHDDSUS
Stacey Harward	DMHDDSUS
Tracy Ginn	DMHDDSUS
Garrick Prokos	Accenture
Adara Vannarath	Accenture
Jocelyn Guyer	Manatt
Ashley Traube	Manatt
Michelle Savuto	Manatt
Jacob Rains	Manatt

Name	Organization
Other State Officials	
Angela Bryant	DHHS Health Equity/Office of People, Culture, and Belonging
Bob Cochrane	Division of State Operated Healthcare Facilities
Holly Riddle	Office of the Secretary - Olmstead/TCL
Jeanna Cullinan	DHHS - Office of the Secretary
John Keating	Vocational Rehabilitation
Kelsi Knick	Division of Health Benefits
LaQreshia A. Bates-Harley	NCDPS, Division of Juvenile Justice & Delinquency Prevention
Maggie Brewer	Department of Adult Correction
Natalia Botella	Department of Justice
Peter Kuhns	Division of Juvenile Justice and Delinquency Prevention
Rachel Zarcone	Division of Health Benefits
Rich Smith	NCDPS - DJJDP - Division of Community Programs
Shuchin Shukla	DHHS
Marcus Lewis	Department of Adult Corrections
Jasmyn Mack	Division of Public Health
Ziev Dalsheim-Kahane	Office of the Governor