

Justice External Advisory Committee Meeting

7/9/2024

11:00 am-12:00 pm

Agenda

- DMH/DD/SUS' Community Collaboration Model
- Justice Investments Implementation Updates
- Justice RFA and Webinar

Housekeeping

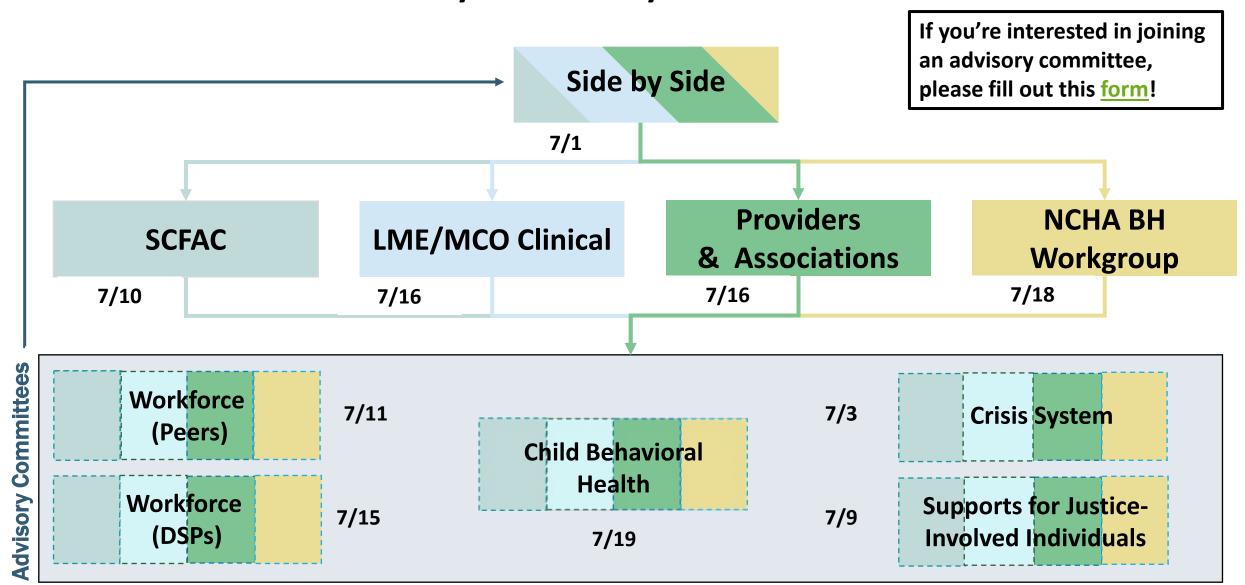
We encourage those who are able to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.







July Community Collaboration





Today's Focus

- 1. Department of Adult Corrections (DAC) Priority Re-entry program expansion
- 2. Creation of new Forensic Assertive Community Treatment (FACT) teams
- 3. Intellectual and Development Disabilities (I/DD) and Traumatic Brain Injury (TBI) training

DAC Priority Re-entry Program

Through investments to the DAC Priority Re-entry program, DHHS and DAC seek to expand access to care management and treatment services for individuals on the DAC re-entry prioritization list.

Investment Overview

What is it?

- The initiative provides Tailored Plan re-entry care coordination and related supports to individuals with Serious Mental Illness (SMI) on the DAC re-entry prioritization list.
- Upon release from a DAC facility, re-entry liaisons connect individuals to key services and supports in the community such as behavioral and physical health care, medication management, housing support, food and benefits coordination.

New Investments:

- Expansion of program eligibility to all individuals receiving Clozapine (an antipsychotic medication).
- Funds additional staff for Tailored Plans to deploy to support eligible individuals: care coordinators and peers with forensic background/training.
- Funds basic needs supports for eligible individuals, such as housing (e.g., deposits, start-up costs).

Creation of New FACT Teams

DMH/DD/SUS is partnering with Tailored Plans to launch new FACT teams in five counties.

Investment Overview

What is it?

- FACT teams deliver an evidence-based, targeted service model to justice-involved adults who require services beyond what Assertive Community Treatment (ACT) teams can provide.
- FACT teams address criminogenic risk and needs as part of the treatment plan.
- FACT teams include a criminal justice partner, peer with lived criminal justice experience, psychiatrist, registered nurses, social worker, substance use specialist, housing specialist and employment/vocational specialist.
- FACT teams provide individualized treatment plans with time unlimited services.

New Investments:

- Funds will support the launch of five new FACT teams in New Hanover, Wake/Durham, Mecklenburg, Buncombe, and Pitt* Counties to directly care for eligible justice-involved adults.
- FACT teams will serve as "hubs" that can provide consultation and support to ACT teams "spokes" in other parts of the state to better serve justice-involved adults.

Data Spotlight: Creation of New FACT Teams

DHHS used a data-informed approach to pilot FACT teams based on several factors, such as: high numbers of state prison exits and availability of justice-involved behavioral health resources.

- DHHS-Funded Deflection/Diversion Programs
- DHHS-Funded Re-entry Programs
- **★ Capacity Restoration Pilot***
- Mental Health Court
- Other Recovery Courts
- Assertive Community Treatment (ACT) Team

Prison Ex	xits: County	of Resider	nce	
306				1,066

New Hanover	Wake/Durham	Mecklenburg	Buncombe	Pitt County**

^{*}DHHS currently funds a detention-based capacity restoration pilot in Mecklenburg and intends to open new detention-based programs in Wake and Pitt counties.

^{**}The Pitt County FACT team catchment will include Beaufort, Hyde, Martin, Tyrrell, and Washington Counties.

I/DD and TBI Training

DMH/DD/SUS is collaborating with DAC and other justice system partners to expand access to I/DD and TBI training for community supervision professionals, justice system staff, and community-based justice organizations.

Investment Overview

What is it?

- I/DD and TBI training for justice system partners is currently not widely available.
- This training will provide information about I/DD and TBI, screening, effective strategies for engagement, identifying needed supports and resources.

New Investments Provide:

- In-person and virtual training sessions for justice system facilities.
- Educational materials on I/DD and TBI for justice system partners.
- Support for evaluation to determine the effectiveness of the training programs.

Discussion

- Any questions about the justice investments implementation updates?
- Are there any considerations DMH/DD/SUS should consider as it works to operationalize these investments?
- What suggestions do you have for DMH/DD/SUS on how to best evaluate the impact of these investments?



The Justice RFA is Grounded in DMH/DD/SUS' Vision for Adults

DMH/DD/SUS is proposing to use an RFA to distribute \$35 million of the \$70 million in Year 2 budget investment funds to build upon its justice vision for adults and support a whole system approach to <u>deflection</u>, <u>diversion and reentry services</u>.



DMH/DD/SUS' Role Focus
Area of
the RFA



Propagates best practice deflection and diversion models to enable access to treatment and recovery in the community.



Partners with DAC and AOC to ensure provision of treatment in carceral settings.



Capacity restoration

Investments in this area will be part of the remaining \$35 M, along with juvenile justice.



Re-entry into the community and linkage to resources.

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.

Justice RFA Purpose

DMH/DD/SUS' aims to:



Improve services and supports for justice-involved individuals with behavioral health (mental health and substance use disorder) and/or IDD/TBI conditions; and address basic needs across the continuum.



Promote a regional approach to address gaps in justice programming.



Expand the use of best practices across deflection, diversion and reentry programs.



Build capacity to ensure the long-term sustainability of justice programming.

RFA Investment Guiding Principles



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



Leverage data and community input to support projects based on need



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



Build regional capacity to address geographic disparities/gaps



Supplement existing programs to improve service

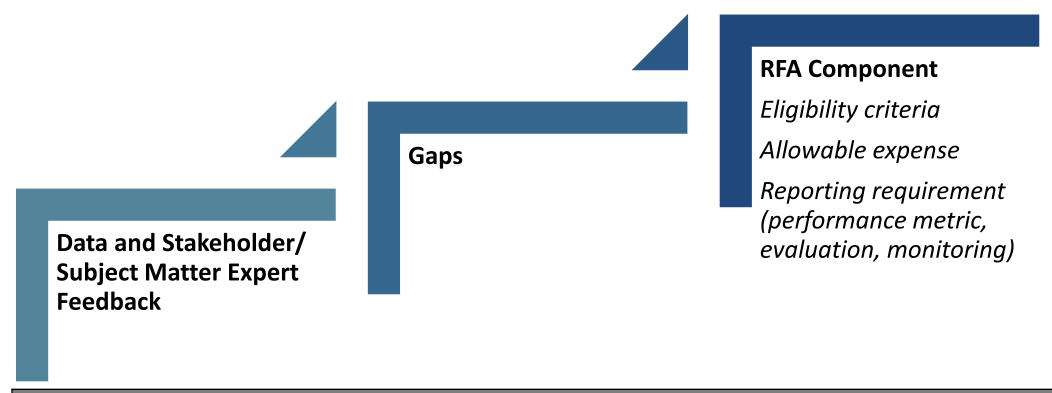


Provide bridge funding to align with a long-term sustainability pathway (e.g., Medicaid 1115 reentry waiver)



Pilot innovative programs/service models

The RFA Will Seek to Address Data Driven Gaps



Examples		
DAC data shows that more than half of unhoused individuals with SMI reside in rural counties post-release.	Housing resources, particularly transitional and bridge housing, are not widely available in most rural areas.	Housing resources will be an allowable expense (basic needs costs) as a part of the RFA.
Deflection programs are not widely available in select regions, particulary those with smaller counties.	Funding is not currently available to support regional models for deflection programming.	Regional models for deflection/diversion programs are emphasized as a part of the RFA design.

Example of RFA Allowable Expense: Housing

As a part of the Justice RFA, to be released this Fall, DMH/DD/SUS is seeking applications to expand access housing for justice-involved individuals with BH/IDD/TBI needs.

Highlighted Strategies in the RFA

- Rapid Re-Housing: Short-term rental assistance strategy that quickly identifies housing for individuals, provides rent and move-in assistance, and ongoing case management support.
- **Master Leasing:** Short and long-term housing strategy to support individuals as they enter and maintain housing that involves third-party agencies (e.g., behavioral health, non-profit, criminal justice, etc.) sub-leasing to clients or otherwise working with landlords to secure housing units.

Criteria	Rapid Re-Housing	Master Leasing
Who identifies housing for the client?	The provider agency or the client can identify	The provider agency identifies housing and works with
	housing for the client.	the landlord directly.
Who holds the lease?	The client holds the lease.	The provider agency holds the lease and assumes risk.
What is the length of stay?	The length of stay is generally short-term.	The length of stay can be short- or long-term.
What activities are included in the strategy?	Activities include housing identification, move-in	On its own, activities only include identifying and
	and rent, and case management.	securing housing for clients.
Can this strategy pair with other strategies?	Rapid Re-Housing can be adapted to pair with	Master leasing can pair with other strategies, including
	master leasing.	Rapid Re-housing and Permanent Supportive Housing.

Source: National Alliance to End Homelessness, Rapid Rehousing Overview (2023).

Please Register for the August 1st Justice Webinar

- Webinar: Regional Approach to Sustainable Diversion and Reentry Programs -Request for Applications
- Date/Time: Thursday, August 1, 2024, 9:00-10:00 a.m.
- Purpose:
 - Provide an overview of the upcoming funding opportunity to support capacity building for deflection/diversion and re-entry
 - Offer details on the RFA timeline and next steps

Webinar Registration Link





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
oviders	
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 Knaudt	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

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	

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
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

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	МНА
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

Name	Organization
nternal/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
Latwanna 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	