

Justice External Advisory Committee Meeting

October 8th, 2024

11:00 am-12:00 pm

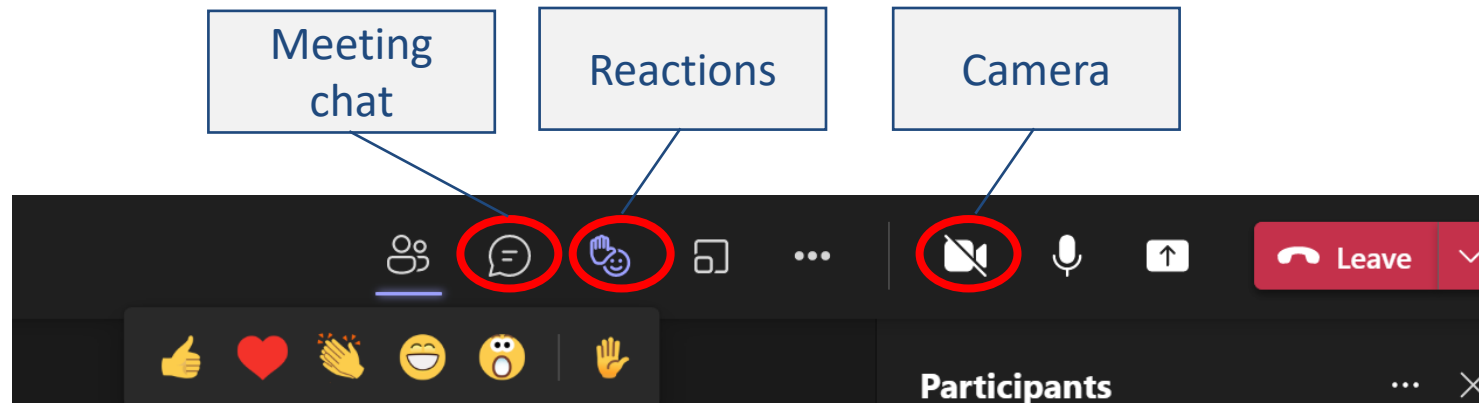
Agenda

- DMH/DD/SUS' Community Collaboration Model
- Adult Justice RFA Update
- Update on Investment Initiatives for Youth

As a reminder, this meeting includes a diverse group of stakeholders: providers, plans (Tailored Plans, Standard 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.



Guidelines for Engagement

DMH/DD/SUS (“the Division”) is committed to transparency in our work and creating shared spaces to engage in constructive dialogue.

We acknowledge that these topics may be difficult, based on personal experiences and identities, and we honor your willingness to share valuable insight.

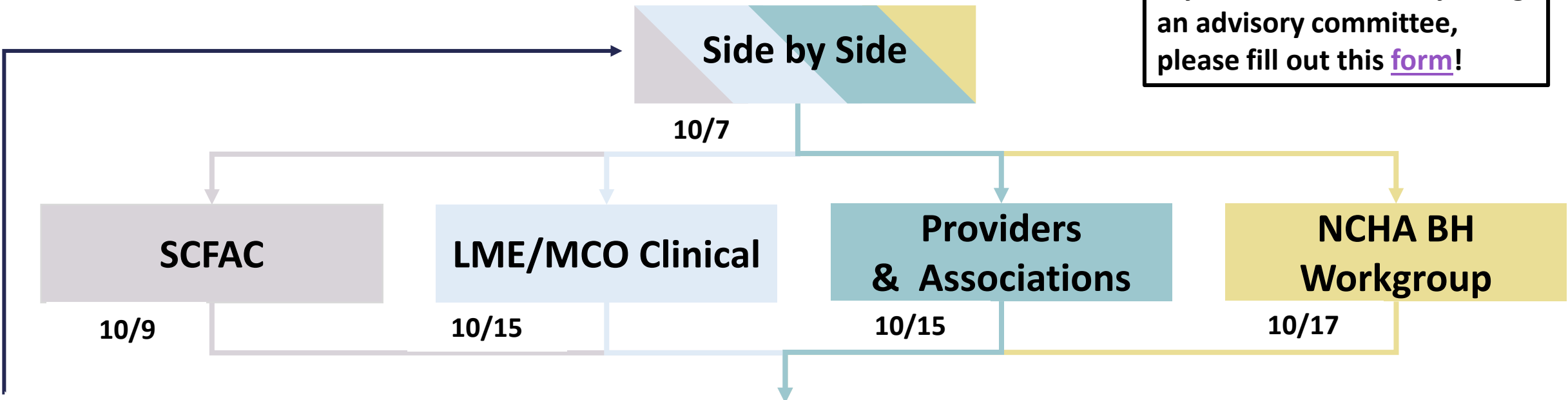
- If you have a question, wish to express an idea, or share a concern, please use the raise hand feature or the chat function.
- We ask that you are mindful of time to ensure as many members as possible have a chance to provide input and share their thoughts.
- We may interrupt dialogue to keep the space constructive. One of our staff members will connect you with our DMH/DD/SUS team for additional conversation offline.

DMH/DD/SUS' Community Collaboration Model

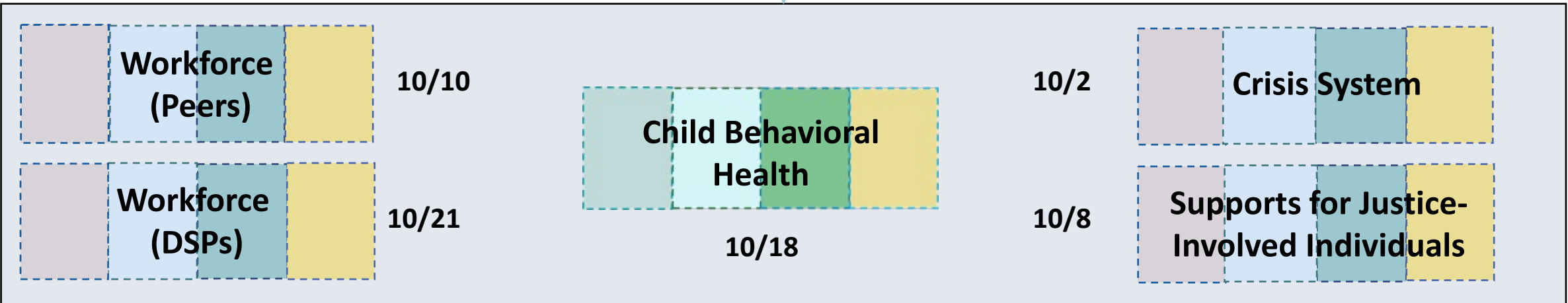


October Community Collaboration

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



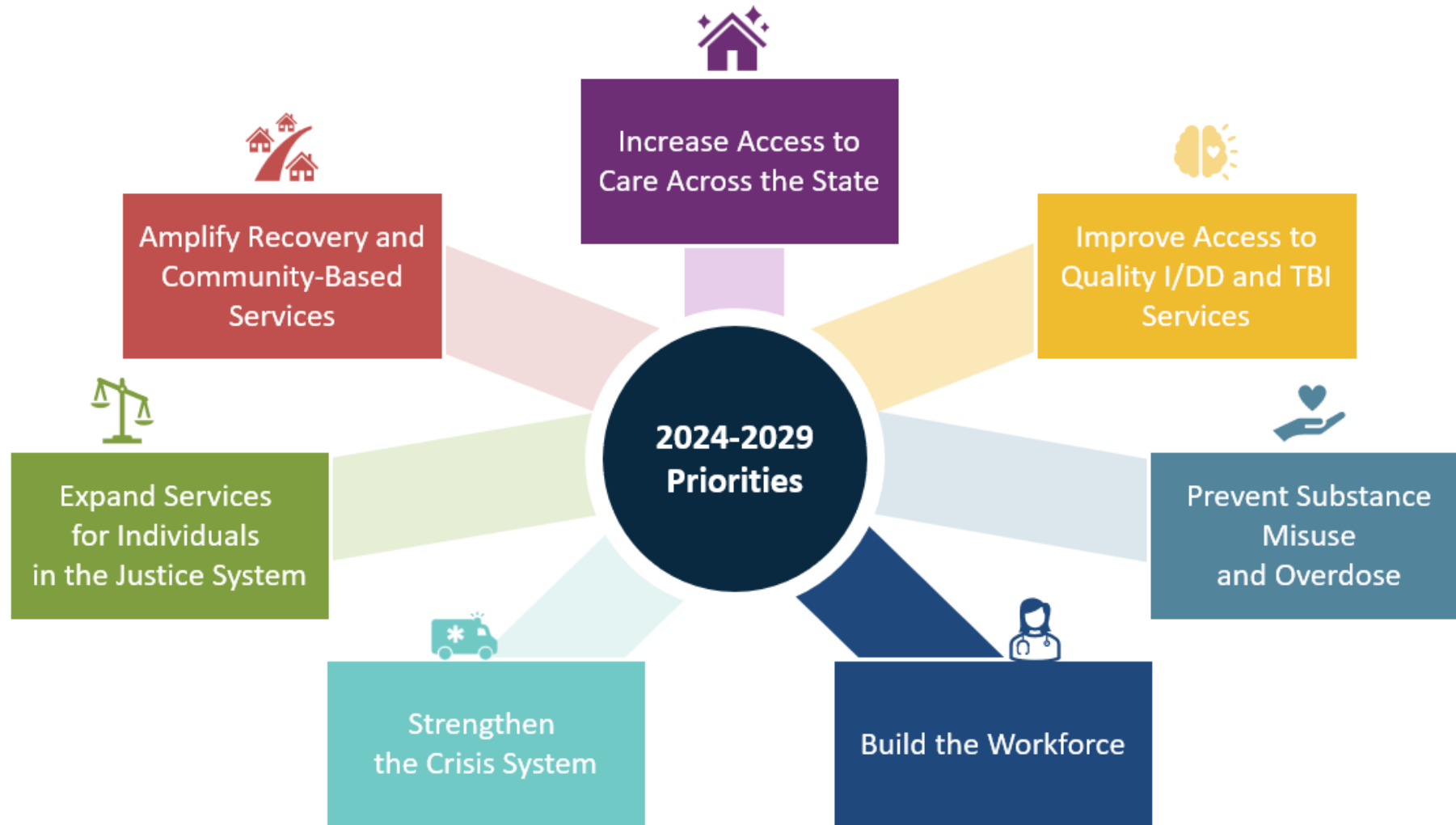
Advisory Committees



Adult Justice RFA Update

Level-Setting

The Division's 2024-2029 Strategic Plan Priority Areas



I/DD=Intellectual and Developmental Disabilities
TBI= Traumatic Brain Injury

Strategic Plan Priority Area: Expanding Access to Services for Youth

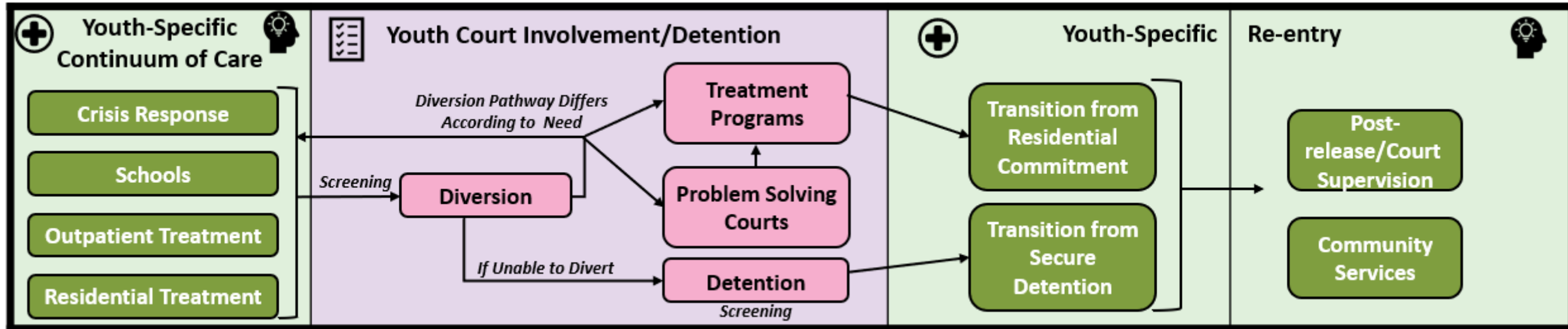
The Division’s newly released strategic plan highlights that expanding services for youth* in contact with or at risk of involvement with the justice system is a priority area of focus over the next five years.

Goal 6.3: Increase Use of Evidenced Based Programs for Youth In Contact with the Juvenile Justice System	Metrics for Tracking Progress
<ul style="list-style-type: none"> Youth and adolescents require specialized services that meet them at each point along the youth justice continuum, from community-based diversion services through re-entry. The Division is committed to developing the kind of tailored programming and supports as well as partnerships with community organizations necessary to meet children and adolescents where they are and ensure needed services are available. 	<ol style="list-style-type: none"> Number of individuals with mental health or substance use needs served by a deflection or diversion program. Number of individuals with mental health or substance use needs served by a re-entry program. Number of youth receiving evidenced based deflection/diversion, treatment, or re-entry services .

*The Division’s Strategic Plan also prioritizes expanding access to treatment, services, and supports for adults.

Reminder: Youth Justice Continuum

The Division 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, IDD and/or TBI needs.

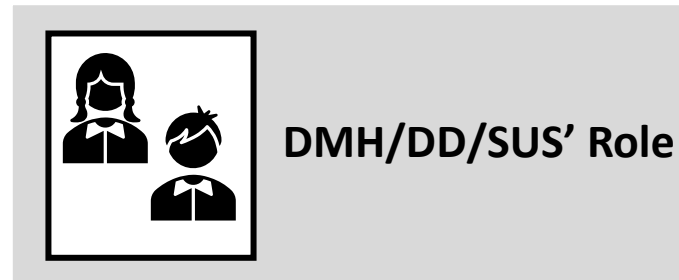


Examples

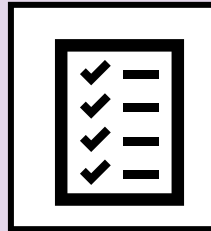
High Fidelity Wraparound (HFW) facilitates care planning and coordination of services for youth 5-20 years of age with serious emotional disturbance (SED).

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 behavioral health needs and their families.

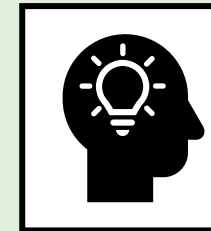
Vision: The Division's Role to Strengthen Behavioral Health Services for Youth and their Families



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 JJBH teams *in the community*.

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 to identify their needs and implement best practices.

Update on Investment Initiatives for Youth

Overview: Proposed Youth-Focused Investments to Improve Access to Treatment

The Division is exploring several new investments designed to expand access to treatment and support services for youth in contact or at risk of involvement with the juvenile justice system.

Treatment for Mental Health, Substance Use Disorder (SUD) and Co-Occurring Needs

- 1. **Creating a new intensive treatment unit** located within a Division of Juvenile Justice and Delinquency Prevention (DJJDP) facility for youth with behavioral health needs.
- 2. Releasing a request for proposals from the provider community to **enhance access to substance use treatment services for adolescents in the community by providing workforce and capital funding.**

Tele-Behavioral Health Expansion

Investing in a service to provide **asynchronous behavioral health care and telehealth appointments with licensed therapists.** This investment may serve other special populations (e.g., child victims of crime).

Evidence-Based Practice Implementation

Expanding and improving the quality of evidence-based practices (EBPs), such as Multi-Systemic Therapy, delivered by providers that partner with the state's 21 **JJBH Partnership** local teams.

DJJDP Behavioral Health Treatment Unit

The Division is exploring a partnership with DJJDP, Alliance and New Hope Treatment Center, to expand access to treatment services for youth with intensive behavioral health needs in a DJJDP facility by supporting treatment unit start-up and operation costs.

Investment Overview

- **Purpose:** Establish a trauma-focused, therapeutic environment in a treatment unit at a DJJDP facility for youth who have mental health, SUD, or co-occurring needs beyond the capabilities of the facility. The unit would serve youth statewide.
- **Eligible Population:** Post-adjudication youth held in a DJJDP facility who have intensive mental health, SUD or co-occurring needs. The Division is exploring whether pre-adjudication youth may be eligible.
- **Funding Uses:**
 - Initial start-up and ramp-up costs (e.g., facility renovations, initial staff salaries).
 - Operating costs for a set time period (e.g., two years).
- **Services Provided by the Treatment Unit:**
 - Completion of a **psychiatric evaluation and comprehensive trauma-informed assessment** upon admission to the DJJDP facility.
 - **Delivery of treatment services** using a trauma-informed, multi-generational family systems approach with 24/7 nursing, licensed mental health and substance use clinicians, a medical director, and youth peer support.
 - **Discharge planning and reentry support** into the community or another setting.

DJDP Behavioral Health Treatment Unit: Discussion Questions

- **What are participants' reactions to this proposal?**
- **To what extent does it address some of the gaps in the continuum of care for youth in contact or at risk of involvement with the juvenile justice system?**
- **Should the unit serve both pre- and post-disposition youth? What are some considerations for pre-disposition youth that the proposal should account for?**
- **Are there additional ways that one-time investment funding could be used to support the unit?**

Substance Use Treatment for Adolescents

DMH/DD/SUS is planning to fund providers' workforce and capital needs to improve access to community-based, integrated SUD and mental health treatment services.

Investment Overview

- **Purpose:** Build or expand the capacity of community-based SUD providers to deliver clinically appropriate SUD and treatment for co-occurring conditions to adolescents in contact or at risk of involvement with the juvenile justice system.
- **Eligible Population:** Youth ages 12-19 in the community in contact or at risk of involvement with the juvenile justice system.
- **Funding Use Cases:**
 - Workforce, training, and certification costs (initial salaries, recruitment bonuses).
 - Capital improvements/purchases.
- **Awardees Will Be Required To:**
 - **Provide SUD treatment and recovery planning support** in the community, including integrated mental health care for adolescents with co-occurring needs. *Note: The Division expects that most of the treatment services delivered through the pilot would be billable to Medicaid.*
 - Provide **comprehensive screening and multidimensional assessment** to identify SUD and co-occurring needs and the level of care needed.
 - Accept **referrals** of adolescents from a variety of sources (e.g., DJJDP, LME-MCOs, Standard Plans, etc.)

Substance Use Treatment for Adolescents: Discussion Questions

- **What are participants' reactions to this proposal?**
- **To what extent does it address some of the gaps in the continuum of care for youth in contact or at risk of involvement with the juvenile justice system?**
- **What types of support do providers need to expand workforce capacity and willingness to provide adolescent SUD services for youth in contact or at risk of involvement in the juvenile justice system, including youth with co-occurring mental health needs?**

Tele-Behavioral Health Expansion

DMH/DD/SUS seeks to fund a contract with a telebehavioral health service to provide at-risk adolescents with asynchronous and synchronous care.

Investment Overview

- **Purpose:** Offer an additional pathway to treatment for youth who might otherwise not be receiving services.
 - 32% of adolescents in one study reported they would choose an online therapy over traditional face-to-face support.
- **Eligible Population:** Youth in contact or at risk of involvement with the juvenile justice system, youth with incarcerated parents, and youth victims of crime.
- **Funding Use:** Contract with a tele-behavioral health platform to provide asynchronous texting with providers, and virtual therapy appointments to eligible youth.



What are participants' reactions to this proposal? To what extent does it address some of the gaps in the continuum of care for youth in contact or at risk of involvement with the juvenile justice system?

- **Are there any challenges, opportunities or lessons learned the Division should consider as it seeks to make investments in virtual care for this population?**

EBP Implementation

The Division plans to invest in improving delivery of EBPs through JJBH-supported providers/provider agencies.

Examples of EBPs Utilized by Providers Partnering with JJBH

- Multisystemic Therapy (MST)
- Multisystemic Therapy-Problem Sexual Behavior (MST-PSB)
- Family Centered Treatment (FCT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Seeking Safety
- Child-focused Assertive Community Treatment (ACTT)
- Seven Challenges

Stakeholder Feedback on EBP Implementation

- There is an insufficient number of providers offering EBPs to youth in contact with the juvenile justice system.
- Staff recruitment and retention challenges make it more difficult for providers to deliver select EBPs.
- Not all providers are equipped to serve youth with MH, SUD, I/DD, TBI, and co-occurring needs.



What types of support have previously been most effective in helping providers enhance their delivery of EBPs to youth in contact or at risk of involvement with the juvenile justice system?

- **What strategies are communities employing today to increase awareness and utilization of EBPs for youth in contact or at risk of involvement with the juvenile justice system?**
- **How can JJBH local teams expand the number of providers/provider agencies serving this population?**
- **To what extent are providers/provider agencies working to incorporate youth and family voice into their efforts to increase treatment engagement and completion?**

Appendix

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 Oppportunity 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