

# **Justice External Advisory Committee Meeting**

November 12<sup>th</sup>, 2024

11:00 am-12:00 pm

## Agenda

- DMH/DD/SUS' Community Collaboration Model
- Adult Justice Request for Funding Applications (RFA) Update
- 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.

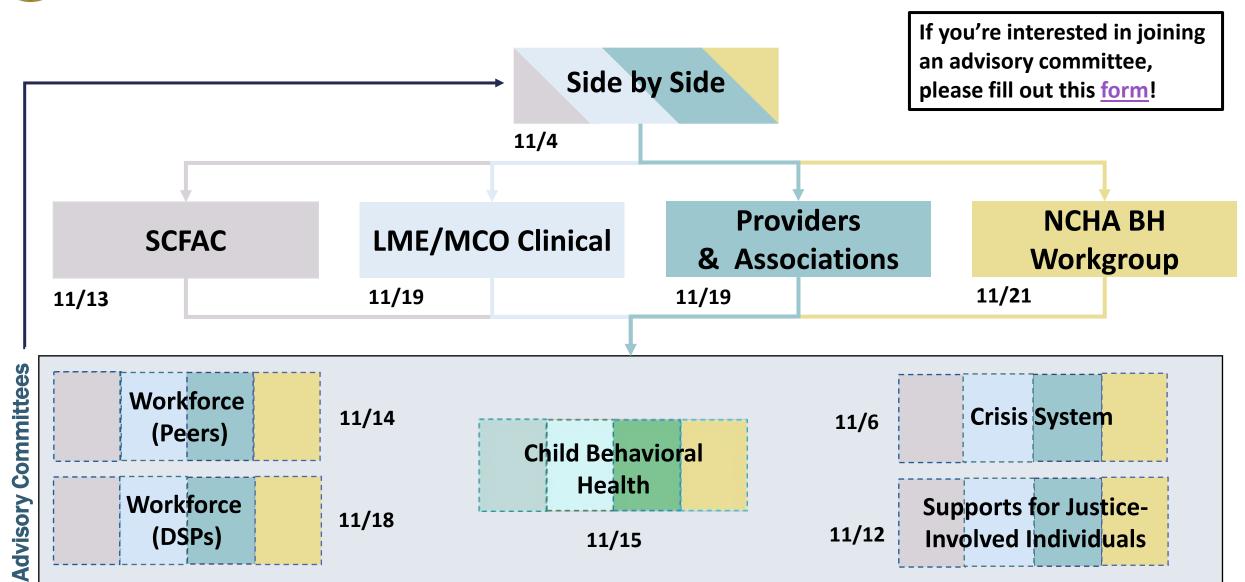
We acknowledge that these topics may be difficult, based on personal experiences and identities, and we honor your willingness to share valuable insight.

- 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.





## **November Community Collaboration**





### **Announcement: Release of the Justice RFA for Adults**

DMH/DD/SUS released an RFA in early October and extended the deadline until <u>December 2, 2024</u>. RFA funding is available to support (1) Law Enforcement Assisted Diversion (LEAD) programs (2) housing support programs, and/or (3) supported employment programs.

#### **Funding Opportunity Information**

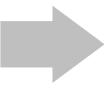
- Applicants must be located in North Carolina and be a **non-profit, for-profit or local government entity** (e.g., county government, local area entity).
- Applicants may apply alone and/or in collaboration with partners (e.g., county government, law enforcement, treatment provider, treatment court, recovery center/hub, LME-MCO/Tailored Plan, community paramedicine programs, community-based organizations).
- Applicants must describe how RFA funds will be used to serve justice-involved adults with behavioral health, intellectual and
  developmental disabilities, traumatic brain injury, and co-occurring related needs no matter their county of residence, insurance status,
  or health plan.
- The RFA announcement is posted on the **DMH/DD/SUS Grant Opportunities webpage** and was distributed via various listservs (e.g., DMH/DD/SUS Hot Topics).
- Individuals and organizations interested in receiving email updates about this opportunity can join the Division's mailing list.

## **Purpose of the Justice RFA for Adults**

The RFA seeks to address gaps identified through data analysis and stakeholder feedback for three areas of focus for the Department.



There are gaps in Department of Health and Human Servicesfunded diversion programming in counties with high arrest or substance use overdose rates.



The RFA funds new or expand existing Law-Enforcement Assisted Diversion (LEAD) programs that employ trauma-informed, harm reduction-based approaches.



Formerly incarcerated individuals are 10 times more likely to experience homelessness than the general population, and individuals are at a higher risk of rearrest upon reentry if they are experiencing homelessness.

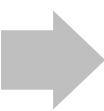
Affordable, secure housing tailored to the needs of justice-involved adults with co-occurring or complex conditions is limited statewide.



The RFA funds new or expand existing housing models across the state to serve justice-involved individuals according to their needs. Housing models eligible for funding will include transitional, bridge, enhanced bridge and permanent supportive housing.



Formerly incarcerated individuals in NC <u>experience</u> poor employment outcomes: fewer than 50% of people gain employment following release. Further, employment programs are often not tailored to the needs of justice-involved individuals.



The RFA funds new or expand existing supported employment programs tailored to help justice-involved individuals with BH, I/DD and TBI needs who seek to work or obtain vocational education.



## 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 strategic plan highlights its priority to expand services for youth\* in contact with or at risk of involvement with the justice system over the next five years.

#### Goal 6.3: Increase Use of Evidenced Based Programs for Youth In Contact with the Juvenile Justice System



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.

#### **Metrics for Tracking Progress**

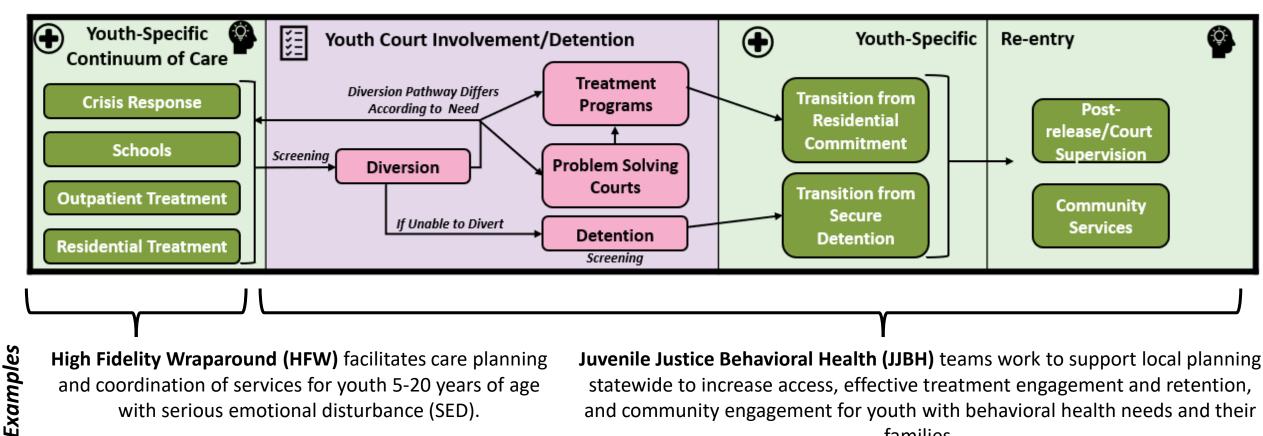
- 1. Number of individuals with mental health or substance use needs served by a deflection or diversion program.
- 2. Number of individuals with mental health or substance use needs served by a re-entry program.
- 3. Number of youth receiving evidenced based deflection/diversion, treatment, or re-entry services.

Source: 2024-2029 DMH/DD/SUS 2024-2029 Strategic Plan.

<sup>\*</sup>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.



**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.

## The Division's Role to Strengthen Services and Supports for Youth and their Families



DMH/DD/SUS' Role



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.



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

DMH/DD/SUS is partnering with the Division of Juvenile Justice and Delinquency Prevention (DJJDP) to purchase gun locks, flyers, and other promotional items to be distributed by community partners.

#### **Project Overview**

- The Department of Public Safety launched the NC S.A.F.E campaign in response to a skyrocketing number of deaths of children and youths caused by firearm injury and a surge in firearm thefts.
- The NC S.A.F.E. campaign includes **digital**, **TV**, **radio**, **and social media advertising**. Additionally, **gun locks and other promotional materials** will be distributed by DJJDP, DMH/DD/SUS, JJBH local teams, Mobile Crisis Management providers, and other field staff.

#### **Timeline**

January 2025 - December 2027

#### **Areas of Focus**

- Prevention
- Youth Deflection/Diversion
- Youth Safety
- Community-based Programming

## **Credible Messengers Mentorship Program**

DMH/DD/SUS is partnering with DJJDP to implement a new mentorship program in all juvenile justice facilities.

#### **Project Overview**

- Credible messenger mentors are individuals who share a lived experience
  with the youth they are mentoring, traditionally those with lived experience
  in the juvenile justice system. Their support spans from within DJJDP
  facilities to reentry.
- DJJDP and DMH/DD/SUS will engage community-based organizations to cultivate a cadre of staff to be recruited, trained, developed, and assigned as Credible Messenger mentors to all juvenile justice facilities.
- DJJDP will release an RFP to identify community-based organizations that will host credible messenger mentors.
- Selected organizations will develop a training program, roles and responsibilities, and an implementation schedule for Credible Messengers.
- DJJDP and DMH/DD/SUS will monitor and track the activities of Credible
   Messengers to evaluate the effectiveness of the program.

#### Timeline

January 2025 - December 2027

#### **Areas of Focus**

- Peer Mentorship
- Youth Deflection/Diversion
- Youth Re-entry
- Community-based Programming

## **Talkspace**

DMH/DD/SUS is partnering with Talkspace to meet the needs of youth upstream by providing access to self-guided services, peer support, and virtual therapy services.

#### **Project Overview**

- Offers messaging (text, audio, video) and live sessions (video, phone, chat) with a licensed clinician for youth at-risk or with juvenile justice involvement, youth of incarcerated parents, and youth victims of crime.
- Provides a peer-to-peer platform, Teenspace Community, providing teens with a safe, moderated space to connect with other teens.
- Makes available self-guided tools including micro-learning courses, reflection, journaling, pre- and post-assessments.
- Ensure North Carolina licensed therapists have experience or knowledge with the justice system through training and education.

#### Timeline

January 2025 – December 2027

#### **Areas of Focus**

- Peer Mentorship
- Youth Deflection/Diversion
- Youth Re-entry
- Community-based Programming



### **DJJDP Behavioral Health Treatment Unit**

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

#### **Investment Overview**

- **Purpose:** Establish a trauma-focused, therapeutic environment in a treatment unit at a DJJDP facility for youth who have mental health, substance use disorder (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 May Be Used For:
  - 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, to include 24/7 nursing, licensed mental health and substance use clinical support, and peer support.





**Discharge planning and reentry support** into the community or another setting.

### **Discussion Questions: DJJDP Behavioral Health Treatment Unit**

- What are participants' reactions to this proposal?
- To what extent does it address the gaps and challenges that youth in DJJDP facilities experience?
- Should the unit serve both pre- and post-disposition youth? What are some considerations for predisposition youth that the proposal should account for?
- How can the treatment unit better support youth with co-occurring mental health and substance use needs? What other clinical needs are important for the unit to address?
- Are there additional ways that one-time investment funding could be used to support the unit?
- Are there implementation opportunities or challenges that the Division should consider?

## **Substance Use Treatment in the Community for Adolescents**

DMH/DD/SUS is planning to improve access to community-based, integrated substance use and mental health treatment services through capacity building.

#### **Investment Overview**

- **Purpose:** Build or expand the capacity of community-based SUD providers to deliver clinically appropriate SUD and co-occurring treatment 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 May Be Used For:
  - Workforce, training, and certification costs (initial salaries, recruitment bonuses, workforce development).
  - 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, Standard Plans, Local Management Entity/Managed Care Organizations (LME/MCOs).

### **Discussion Questions: Substance Use Treatment for Adolescents**

- What are participants' reactions to this proposal?
- To what extent does it address the gaps in the behavioral health continuum of care in the community for youth in contact or at risk of involvement with the juvenile justice system?
- What types of support(s) 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?

Are there implementation opportunities or challenges that the Division should consider?





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	
ME-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	

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 Mer	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
ternal/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