Advisory Committee:
Justice Initiatives for MH/SUD/IDD/TBI

1/9/2024
11:00 am-12:00 pm

Kelly Crosbie, MSW, LCSW
Director, Division of Mental Health, Developmental Disabilities,
and Substance Use Services

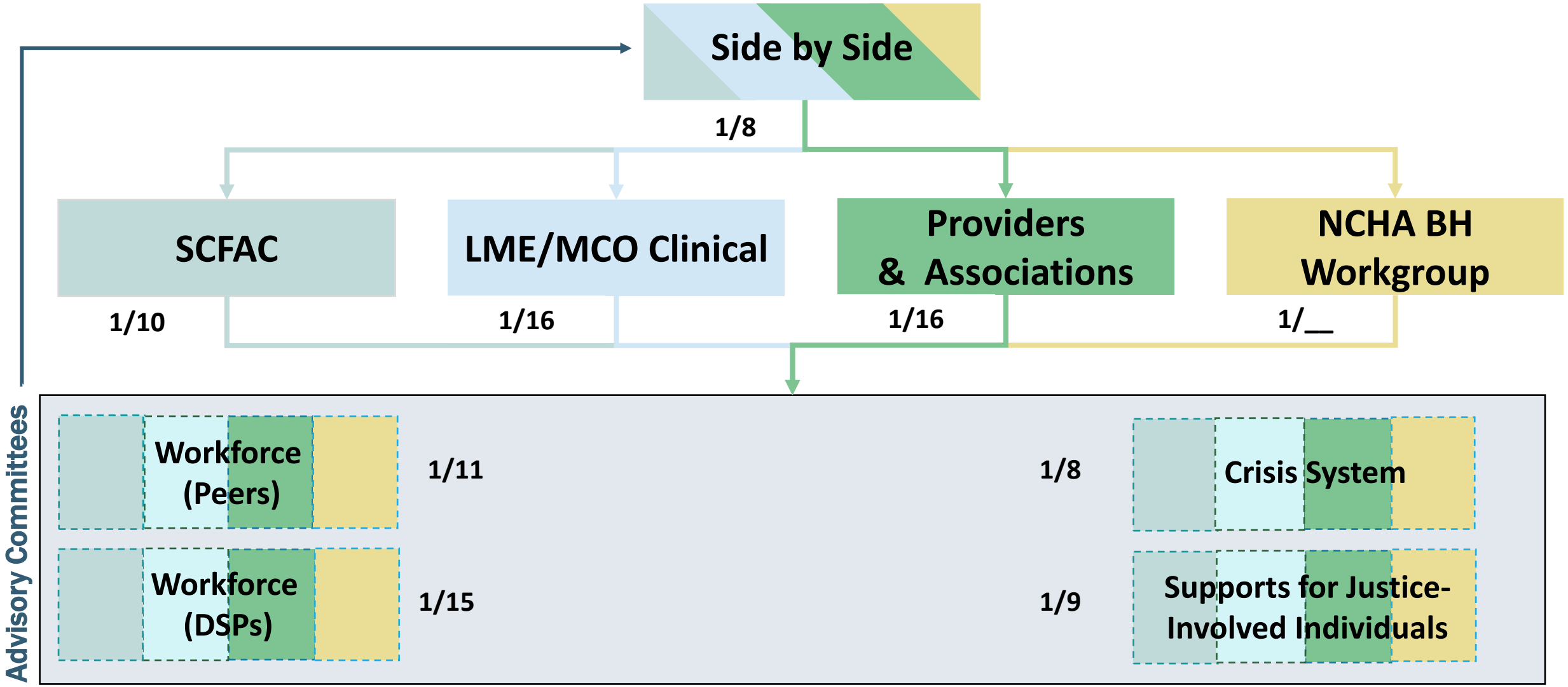
Agenda

- Community Collaboration Model
- Introductions
- Medicaid Eligibility and Enrollment for Justice-Involved People
- Potential Year 1 Funding Opportunities
  - Re-entry Programs
  - Deflection and Diversion
- Upcoming Activities
  - Juvenile Justice Subcommittee
  - Current State Assessment

DMH/DD/SUS
Community Collaboration Model

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Mental Health, Developmental Disabilities and Substance Use Services

January Community Collaboration



Introductions

Supports for Justice-Involved Individuals Advisory Committee Membership (1/4)

Name	Organization
Providers	
Alisha Tatum	Lifespan
Carson Ojamaa	Children's Hope Alliance
Celeste Dominguez	Children's Hope Alliance
Celeste Ordiway	Vaya Health
Corie Passmore	Tammy Lynn Center
Corye Dunn	Disability Rights NC
George Edmonds	Youth Villages
Jamie Melvin	Coastal Horizons
Jamila Little	Monarch
Karen King	Hope Haven Inc.
Kari Womack	Stanly County Emergency Services
Mackie Johnson	Anuvia Prevention & Recovery Center
Michael Roberts	APNC
Michelle Zechmann	Haven House NC
Nathan Cartwright	BRCHS
Nicole Sigmon	Davis Regional
Neice King	Caramore Community Inc.
Patricia Knaudt	Psychiatrist, MD
Rachel Crouse	Coastal Horizons
Robin Downs	Addiction Professionals of North Carolina
Shelita Lee	UnitedHealthcare Community Plan
Shaneka Bynum	Youth Advocate Programs, Inc.
Ted Zarzar	WakeMed
Valerie Arendt	National Association of Social Workers

Supports for Justice-Involved Individuals Advisory Committee Membership (2/4)

Name	Organization
LME-MCOs	
Ann Oshel	Alliance Health
Brian Perkins	Alliance Health
Eric Johnson	Alliance Health
Sara Wilson	Alliance Health
Sandhya Gopal	Alliance Health
Tina Weston	Alliance Health
Lynnette Gordon	Eastpointe
Cindy Ehlers	Trillium
Edward Hall	Trillium
Laurie Whitson	Vaya
Lesley Jones	Vaya
Celeste Ordiway	Vaya
Tina Weston	Vaya

Supports for Justice-Involved Individuals Advisory Committee Membership (3/4)

Name	Organization
Researcher	
Melissia Larson	RTI

Name	Organization
County Official	
Lourdes Garcia	Durham County Justice Services Department
Cait Fenhagen	Orange County Criminal Justice Resource Center

Name	Organization
Other Community Partner	
Elijah Bazemore	Vital Strategies
Kristin Parks	NC Court System
Kristy LaLonde	Pride in NC
Kurtis Taylor	Bob Barker
Margaret Bordeaux	Duke University
Meredith Newman	Rapid Resource for Families

Name	Organization
Consumer and Family Advisory Committee	
Bob Crayton	Vaya Consumer and Family Advisory Committee
Crystal Foster	State Consumer and Family Advisory Committee
Gene McLendon	State Consumer and Family Advisory Committee
Johnnie Thomas	State Consumer and Family Advisory Committee
Russell Rainear	State Consumer and Family Advisory Committee

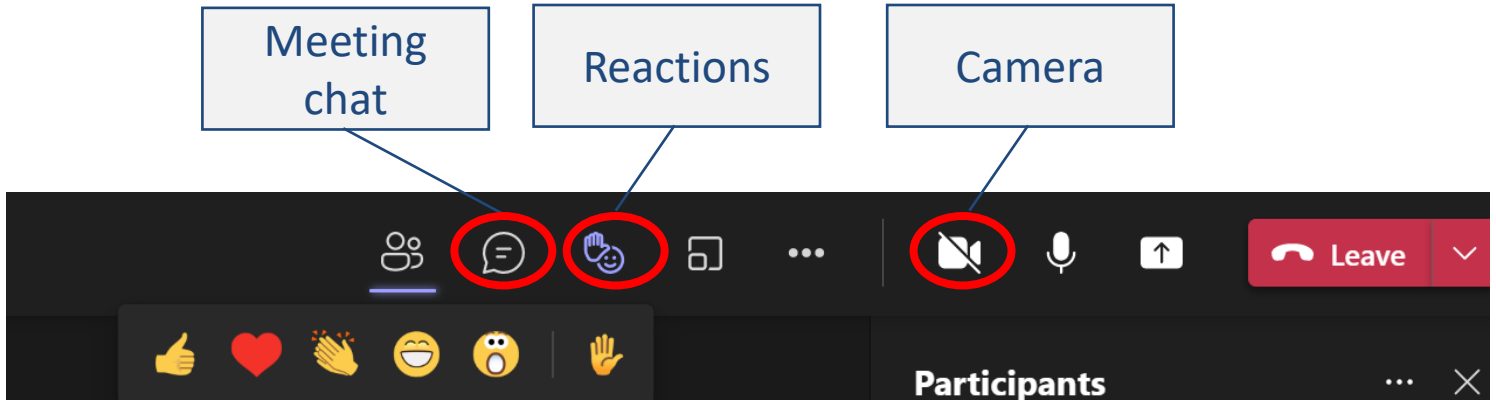
Supports for Justice-Involved Individuals Advisory Committee Membership (4/4)

Name	Organization
Other State Agencies and Other DHHS Divisions	
Bob Cochrane	Division of State Operated Health Facilities
Maggie Brewer	Department of Adult Corrections
Natalia Botella	Department of Justice
Rachel Zarcane	Division of Health Benefits

Name	Organization
Internal/Consultants	
Elliot Krause-Lead	DMHDDSUS
Kelly Crosbie	DMHDDSUS
Charles Rousseau	DMHDDSUS
Saarah Waleed	DMHDDSUS
Stella Bailey	DMHDDSUS
Keith McCoy	DMHDDSUS
Stephenia Jeffries	DMHDDSUS
Scott Pokorny	DMHDDSUS
Michael Brown	DHHS
Shuchin Shukla	DHHS
Garrick Prokos	Accenture
Adara Vannarath	Accenture
Jocelyn Guyer	Manatt
Ashley Traube	Manatt
Michelle Savuto	Manatt
Jacob Rains	Manatt

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.



Medicaid Eligibility and Enrollment for Justice-Involved People

Medicaid Eligibility and Enrollment for Justice-Involved People

Background on Medicaid Suspension, Termination, and Reinstatement for Justice-Involved People	
Prisons	**Jails**
• Upon incarceration, an individual's Medicaid is **suspended.** • Data sharing via NC FAST on Medicaid enrollment status facilitates reinstatement of coverage for individuals returning to their communities.	• Upon incarceration, an individual's Medicaid is **terminated** if **their incarceration is reported to the county Division of Social Services (DSS) office.** • If an individual's Medicaid is terminated while in jail, they must reapply for Medicaid.

Guest Speaker: Gina Hamilton, Associate Director for Policy/County Operations, Division of Health Benefits

Overview of Justice-Related Fiscal Year 2023-2024 Budget Investments

Why Do We Need a Strategy?

- **60%** of individuals in jail reported symptoms of a **mental health issue** in the previous 12 months
- **83%** of individuals in jail with mental illness **did not receive mental health** care after admission
- **68%** of people in jail have a history of misusing **drugs and/or alcohol**
- Compared to other North Carolinians, within the first 2 weeks post incarceration, formerly incarcerated people are **40 times more likely to die** from an opioid overdose
- Mental health needs and substance use disorders are more prevalent in the justice population compared to the general population.
- We don't have many programs for people with I/DD or TBI or co-occurring disorders
- Individuals do not have access in all facilities to medications (MOUD) needed to support recovery
- Key services that support diversion, deflection, and re-entry are either unavailable or have waiting lists in some areas

Behavioral Health Budget Provisions

$99M is going towards justice across SFY23-25

	Provision	FY24	FY25
	Crisis System (e.g. mobile, FBCs)	$30M	$50M
	Crisis Stabilization (short-term shelter)	~$3M	~$7M
	Non-Law Enforcement Transportation Pilot Program	$10M	$10M
	BH SCAN	$10M	$10M
Justice	Justice-Involved Programs • Community-based pre-arrest diversion and reentry programs; fund partnerships between law enforcement, counties, and BH providers • Community-based and detention center-based restoration programs	$29M	$70M
	Behavioral Health Workforce Training	~$8M	$10M
	NC Psychiatry Access Line (NC PAL)	~$4M	~$4M
	Behavioral Health Rate Increases	$165M	$220M
	State Facility Workforce Investment	$20M	$20M
	Electronic Health Records for State Facilities		$25M
	Child Welfare and Family Well-Being	$20M	$60M
	Collaborative Care	**$2.5M**	**$2.5M**

Guiding Principles for Identifying Investments

Year 1

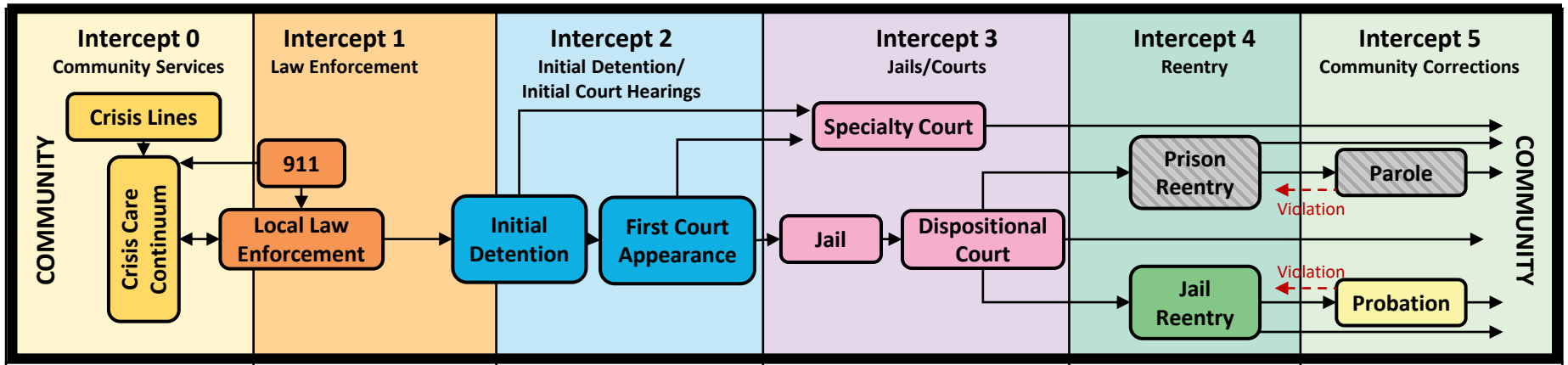
- Fund infrastructure to allow current DMHDDSUS programs producing positive outcomes to expand their reach
- Leverage data and community input to prioritize projects based on need

Year 2

- Fund innovative programs that require additional research and design
- Change existing programs to improve service quality and/or build path for long-term sustainability

Current DMHDDSUS-Funded Programs Along the Sequential Intercept Map

- This is where current DMHDDSUS-funded programs sit within the Sequential Intercept Map
- The mapping of programs and services is **preliminary** and under refinement
- Services that DMHDDSUS supports (e.g. thru funding) marked with a ✓, other services marked with □
- Availability of a program or service may be county dependent



Current Programs

Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5
✓ Crisis Services (e.g. 988, peer warm line, mobile crisis teams, crisis receiving and stabilization facilities) ✓ CIT (intercept 0/1)	✓ Law Enforcement Assisted Diversion / Pre-Arrest Deflection ✓ Co-Responder Diversion Model ✓ Mental Health and Policing Initiative ✓ CIT (intercept 0/1)	✓ Screening for MI, SUD, IDD/TBI ✓ Diversion and Supervision Programs	✓ Capacity Restoration ✓ Jail-based SUD Service ✓ Court Liaisons ❑ Treatment Courts	✓ DAC-SMI ✓ UNC FIT Wellness Center ✓ Justice Re-entry and Reintegration Initiative (IDD/TBI Pilot) ✓ Community Re-entry Programs for SUD and MH	✓ MAT ✓ TASC (court ordered treatment provision) for substance use

Source: SAMHSA Sequential Intercept Map Overview, September 2022.

Year One Priority Areas

These are the areas DMHDDSUS is exploring for Year 1 investment.

Facility-Based Treatment Intercept: 3	Re-Entry Intercept: 4	Deflection and Diversion Intercepts: 0-2	Justice-Involved Children and Adolescents System-wide	Technical Assistance Intercepts: 0-5
Expand the Detention-Based Capacity Restoration Pilot in Mecklenburg County.	Scale existing re-entry programs for individuals with I/DD, TBI, SMI, and a history of violent aggression.	Expand capacity of counties and other local entities (law enforcement, behavioral health providers) to support deflection initiatives.	Support evidence-based behavioral health services and practices for youth.	Increase the availability of technical assistance to support providers, law enforcement, first responders, and correctional staff.

Today's Focus

Continuation of Discussion Regarding Re-Entry Program Investments

Recap: NC Formerly Incarcerated Transition (NC FIT) Wellness Program

Intercept 4

- **What is it?**
  - Delivers psychiatric and physical health care services along with connections to community supports (e.g., housing, transportation, phones) for individuals in Wake County after release from the state prison system with SMI and a history of treatment non-compliance, aggression, or recent solitary confinement.
- **Potential investments:**
  - Establish additional FIT Wellness, support statewide positions, and enable acceptance of new referrals from the Wake County Detention Center
  - Support participant costs across all FIT Wellness sites (e.g. phones, transportation, durable medical equipment, emergency housing immediately post-release and medication costs)
  - Offer clinical rotations at FIT Wellness sites via the UNC-Duke community psychiatry residency track

Recap: DAC-SMI Care Coordination Initiative

Intercept 4

- **What is it?**
  - The initiative provides LME-MCO re-entry care coordination and related supports to individuals with SMI on the Department of Adult Corrections (DAC) re-entry prioritization list.
  - Re-entry liaisons connect released individuals to key services and supports in the community such as behavioral and physical health care, medication management, housing support, food and benefits coordination.
- **Potential investments:**
  - New forensic Assertive Community Treatment (ACT) teams
  - Additional clinical prescribers to support medication management
  - Support up to 90 days of post-release emergency housing to provide further wraparound support to a high-need population

Discussion Questions:

- How many forensic ACT teams are needed in each LME-MCO region?
- What population is best served by forensic ACT teams in addition to the individuals included in DAC-SMI Care Coordination?
- Which population should be targeted for housing assistance in addition to the individuals included in DAC-SMI Care Coordination?

Re-entry and Reintegration Initiative (I/DD and TBI Program)

Intercept 4

- **What is it?**
  - Provides Individual Re-Entry Plan (IRP) development for individuals with I/DD and TBI including skill-building and supports to assist individuals in obtaining housing, transportation, employment, and other benefits across eight counties.
  - The initiative is currently available in 14 of the 56 Department of Adult Corrections (DAC) facilities.
- **Potential investment:**
  - Scale the pilot to more facilities.
  - Support specialized training on the specific needs of these populations for DAC staff, re-entry providers, and justice system partners.

Discussion Questions:

- How are justice system providers currently tailoring their services to meet the needs of individuals with I/DD and TBI?
- Where are there gaps that additional training and support could address?

Deflection and Diversion Investment Opportunity

Deflection and Diversion Background

DMH/DD/SUS is exploring opportunities to support local jurisdictions, to include community providers and law enforcement, in implementing new or expanding existing pathways away from incarceration.

Definitions
Definitions differ by state but national leaders, such as SAMSHA's GAINS Center, are encouraging states to consider deflection and diversion as two separate strategies that require different approaches. (more information is available here)

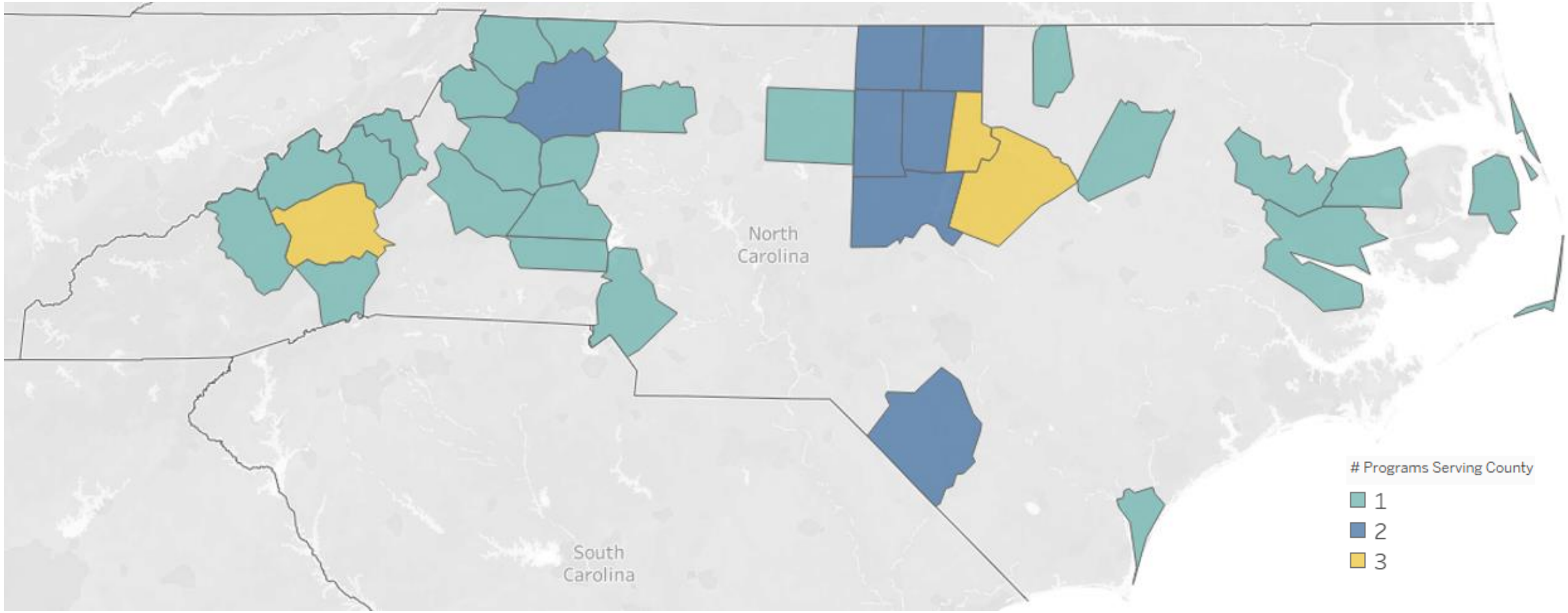
Deflection: Any collaborative intervention connecting law enforcement and other first responders with public health systems to create **non-arrest pathways to treatment and services** for people with substance use disorder, mental health disorders, or co-occurring disorders, and who often have other service needs.

Diversion: Strategies that offer **post arrest/pre-booking alternative programming or services to individuals in lieu of conviction**, traditional sentencing, or violations of supervision conditions. These strategies traditionally involve prosecutors, courts, probation, and/or parole officers.

Deflection and Diversion Investment Goals
• Reduce frequency with which people with behavioral health needs are arrested, booked into jail or brought to an emergency department.
• Ensure people with behavioral health needs are connected efficiently and effectively to community-based systems of behavioral health care.
• Decrease dispatch of traditional police-based responses to behavioral health emergencies.

Deflection / Diversion

- 25 DMHDDSUS-funded Deflection & Diversion Programs - 2 are mental health focused, 23 are substance use focused



Deflection and Diversion Pathways

Pathway to Community Treatment	Description	North Carolina Current State
Self-Referral Response *Initiation Location: Police station, fire station, EMS*	Individual initiates contact with law enforcement for a treatment referral (without fear of arrest), preferably a warm handoff to treatment. *Examples:* Police Assisted Addiction and Recovery Initiative (PAARI) Angel Program	Treatment providers may accept community referrals from law enforcement in select regions of the state.
Active Outreach Response *Initiation Location: In community*	Law enforcement initially IDs or seeks individuals; a warm handoff is made to treatment provider, who engages them in treatment. *Examples:* PAARI Arlington; Quick Response Team (QRT)	Orange County and Washington County diversion embed staff in local law enforcement to conduct training and encourage warm handoff to community providers.
Post-Overdose/Naloxone Plus Response *Initiation Location: In community, hospital/ emergency department, residence*	Engagement with treatment as part of an overdose response or a severe substance use disorder at acute risk for opioid overdose. *Examples:* Drug Abuse Response Team (DART); Stop, Triage, Engage, Educate and Rehabilitate (STEER); QRT	NC has several first responder teams doing this work.
Officer Prevention/Community Engagement *Initiation Location: In the community, in response to a call, on patrol*	Law enforcement initiates treatment engagement; no charges are filed. Examples: CIT; Law Enforcement Assisted Diversion (LEAD); STEER; Mobile Crisis; Co-Responders; Crisis/Triage/Assessment Centers; Veterans Diversion	• In 2022, 230 local law enforcement agencies received CIT training. • There are some LEAD programs in NC, originally championed by NC Harm Reduction.
Officer Intervention Response *Initiation Location: In the community, in response to a call, on patrol*	Law enforcement initiates treatment engagement; charges are held in abeyance or citations issued, with requirement for completion of treatment and/or social service plan. Examples: Civil Citation Network (CCN); Crisis Intervention Team (CIT); LEAD; STEER	• See deployment of CIT above. • NC has a range of interventions at post arrest, pre-booking or pre-trial services.

Source: PTACC; funded by the Bureau of Justice Assistance and provides expertise to SAMHSA Gains Center.

Deflection and Diversion Investment: Discussion Questions

- Are there any deflection or diversion strategies existing in the State that DMH/DD/SUS should consider expanding (e.g., CIT, HEART Model, Mental Health and Policing Initiative)?
- Where are there unmet needs within existing strategies that additional funding could support?
- What are the barriers to standing up deflection or diversion strategies?
- How could additional funds promote implementation of new pathways to deflection or diversion from incarceration (particularly in areas where there are currently few options)?
- Where are there strong partnerships between law enforcement and community providers that could support new deflection or diversion strategies?
- What else should DMH/DD/SUS keep in mind as it continues to explore an investment proposal for deflection and diversion (i.e., opportunities, challenges, operational barriers)?

Upcoming Activities

Juvenile Justice-focused Subcommittee

- The system of services, supports, and providers is different for the adult and juvenile-justice populations
- We are scheduling a separate time with a targeted workgroup to discuss the challenges of supporting this population
- Let us know if you are interested in participating and/or if there is someone from your organization we can include
- Intention is that this subcommittee will meet 1-2 times in total
- Tentative date: 1/30 from 12:00-1:00

Tentative Participant List

Name	Organization
Alisha Tatum	Lifespan
Carson Ojamaa	Children's Hope Alliance
Celeste Dominguez	Children's Hope Alliance
George Edmonds	Youth Villages
Jamie Melvin	Coastal Horizons
Karen King	Hope Haven Inc.
Kari Womack	Stanly County Emergency Services
Mackie Johnson	Anuvia Prevention & Recovery Center
Michael Roberts	APNC
Michelle Zechmann	Haven House NC

Name	Organization
Nathan Cartwright	Blue Ridge Community Health Services
Nicole Sigmon	Davis Regional
Patricia Knaudt	Psychiatrist, MD
Rachel Crouse	Coastal Horizons
Robin Downs	Addiction Professionals of North Carolina
Shelita Lee	North Carolina Children and Families Specialty Plan
Ted Zarzar	WakeMed
Valerie Arendt	National Association of Social Workers
Mackie Johnson	Anuvia Prevention & Recovery Center
Robin Downs	Addiction Professionals of North Carolina

Current State Assessment Overview

DMH/DD/SUS is developing a current state assessment of behavioral health supports for justice-involved individuals in North Carolina to inform a long-term strategy to improve outcomes for this population.

Current State Assessment Elements
• **Define DMH/DD/SUS's role -** Define DMH/DD/SUS' role within JI-focused programs, initiatives and services ("activities"). • **Key features –** Description of the activity, how success is defined, population(s) of focus, geographic reach, level(s) of the Sequential Intercept Model impacted, and activity run time (e.g. service has been live two years). • **Monitoring and Evaluation –** What data is available? What outcomes do we see? • **Funding –** How is the activity currently funded? Where are there opportunities to leverage other resources? • **Challenges & Opportunities –** What barriers are there that, if addressed, would improve an activity's effectiveness at achieving its objectives and where are there opportunities for growth and improvement? • **System Gaps -** What gaps exist in DMH/DD/SUS' current set of activities?

DMH/DD/SUS plans to solicit feedback from the external advisory group on existing programs and services.