



Justice-Involved Populations Advisory Committee Meeting

11/21/2023

10:00 am – 11:00 am

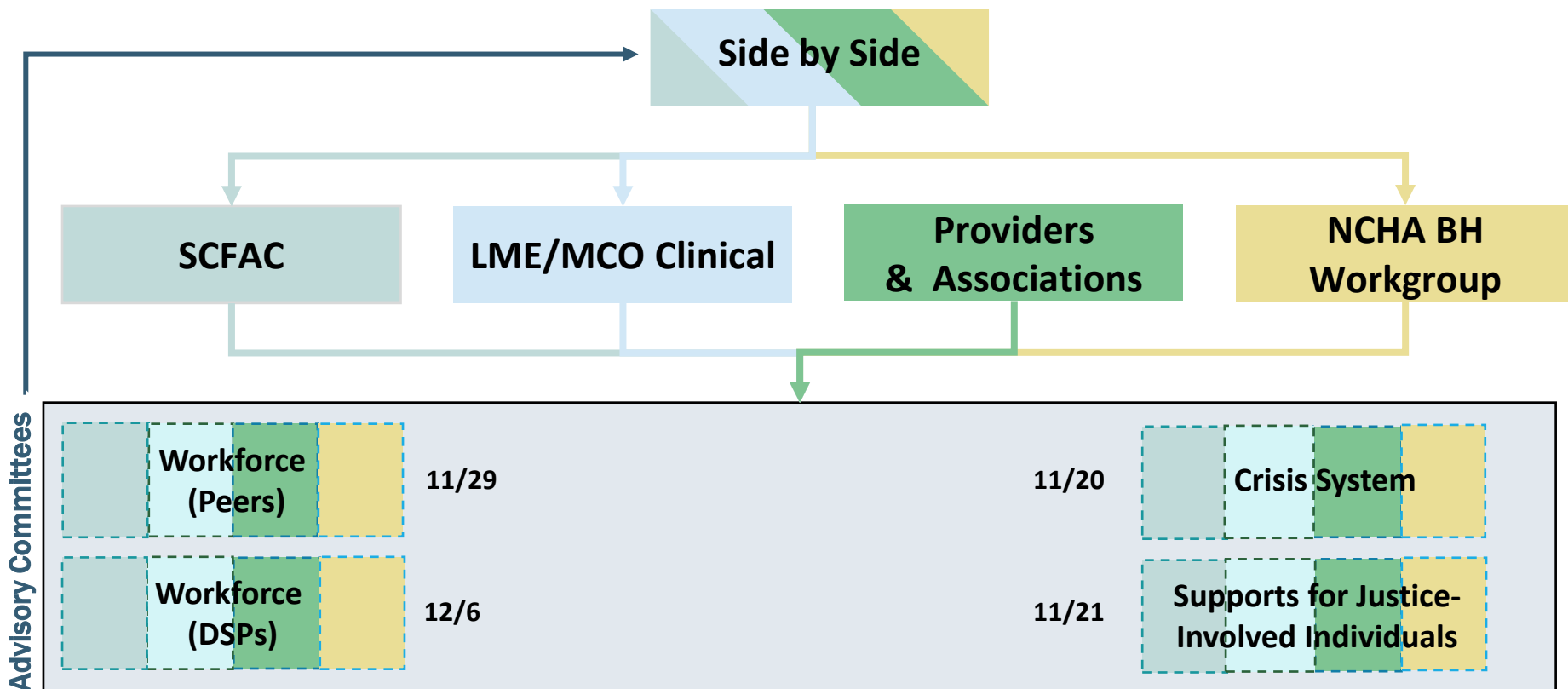
Agenda

- DMH/DD/SUS Community Collaboration Model
- Introductions
- Charter
- Justice funding in the SFY24-25 Budget
- Current State of Services/Supports, Part 1
- Areas of focus for investments, Part 1

DMH/DD/SUS Community Collaboration Model



Community Collaboration



Introductions and Charter

Describing Our Community Collaboration Model

- We are building a structure for collaboration where information cascades across three levels of engagement. This structure allows us to present ideas, receive feedback, and collaborate on policy priorities. This structure is one of the ways we will do this work side by side.
- **Level 1:** Large scale public engagement. We use our Side By Side webinar to provide important updates to the public, proactively communicate key policy priorities, and answer questions from participants.
- **Level 2:** Focused engagement across a range of topics with key community partners. Our SCFAC meeting is an example.
- **Level 3:** Collaboration with advisory committees that are dedicated to a single topic. Advisory committees are made up of representatives from each of our key community partners. Advisory committees are being developed to discuss four key priority areas: crisis system, supports for justice-involved individuals, peer workforce, and direct support professional workforce. Input from advisory committees informs DMHDDSUS' policy development and future conversations.

Supports for Justice-Involved Individuals Advisory Committee Membership (1/2)

Name	Organization
Providers	
Alisha Tatum	Lifespan
Celeste Dominguez	Children's Hope Alliance
George Edmonds	Youth Villages
Jamie Melvin	Coastal Horizons
Mackie Johnson	Anuvia Prevention & Recovery Center
Michael Roberts	APNC
Michelle Zechmann	Haven House NC
Nicole Sigmon	Davis Regional
Patricia Knautd	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
County Official	
Cait Fenhagen	Orange County Criminal Justice Resource Center

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

Name	Organization
<i>LME-MCOs</i>	
Lynnette Gordon	Eastpointe
Cindy Ehlers	Trillium
Edward Hall	Trillium
Laurie Whitson	Vaya
Lesley Jones	Vaya
Celeste Ordiway	Vaya
Tina Weston	Vaya

Name	Organization
<i>Other Departments / Divisions</i>	
Natalia Botella	NC DOJ
Bob Cochrane	DSOHF
Maggie Brewer	DAC
<i>DMH/DD/SUS / Consultants</i>	
Elliot Krause	DMHDDSUS
Kelly Crosbie	DMHDDSUS
Charles Rousseau	DMHDDSUS
Saarah Waleed	DMHDDSUS
Stella Bailey	DMHDDSUS
Jocelyn Guyer	Manatt
Ashley Traube	Manatt
Michelle Savuto	Manatt
Jacob Rains	Manatt
Garrick Prokos	Accenture
Adara Vannarath	Accenture

Justice-Involved Advisory Committee Draft Charter

The Justice-Involved Advisory Committee will advise and inform DMH/DD/SUS on key aspects of the design, implementation, and evolution of North Carolina's services for people with BH needs and/or I/DD involved in the justice system.

- The Advisory Committee is chaired by DMH/DD/SUS and will consist of a group of representatives from consumer and family advisory committees, provider groups, the North Carolina Healthcare Association, and LME-MCOs.
- Members will serve a one-year term, with an optional second year.
- The Advisory Committee will advise on FY23 – FY24 budget investments under development that will inform the longer-term strategy/redesign of the justice-involved system.
- Recommendations are advisory only.
- The Advisory Committee may create ad-hoc technical groups (“subcommittees”), as needed, to develop formal recommendations on specific, high priority topics.

Meeting Logistics

Each Advisory Committee meeting will introduce key topics for discussion related to Justice-Involved services and supports for people with BH and/or IDD who are involved in the justice system; initial meetings will set expectations regarding the nature and scope of issues to be addressed.

- The Advisory Committee will meet approximately once per month
- DMH/DD/SUS will seek to circulate agendas and materials with membership up to a week in advance of a meeting and post publicly.
- Members are expected to:
 - Regularly attend meetings, whether in-person or virtually.
 - Actively participate in conversations on key policy and design issues and provide meaningful feedback. For virtual meetings, please turn on cameras (if able), use reactions in Teams to share opinions on topics discussed, and share questions in the chat.
 - Bring issues raised during meetings back to their organizations to promote dialogue and communication between the Advisory Committee and a broader group of stakeholders.

North Carolina's System of Services and Supports for People with MH, SUD, IDD, TBI Involved with the Justice System, Part 1

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

Justice Investments in the SFY 23-25 Budget

\$99 million is allocated towards justice initiatives across SFY23-25

FY 23-25 Budget Item	FY23-24	FY24-25
<ul style="list-style-type: none">• Community-based pre-arrest diversion and reentry programs and to fund local partnerships between law enforcement, counties, and behavioral health providers.• Community-based and detention center-based restoration programs.	\$29M	\$70M

Guiding Principles for Identifying Investments

Year 1

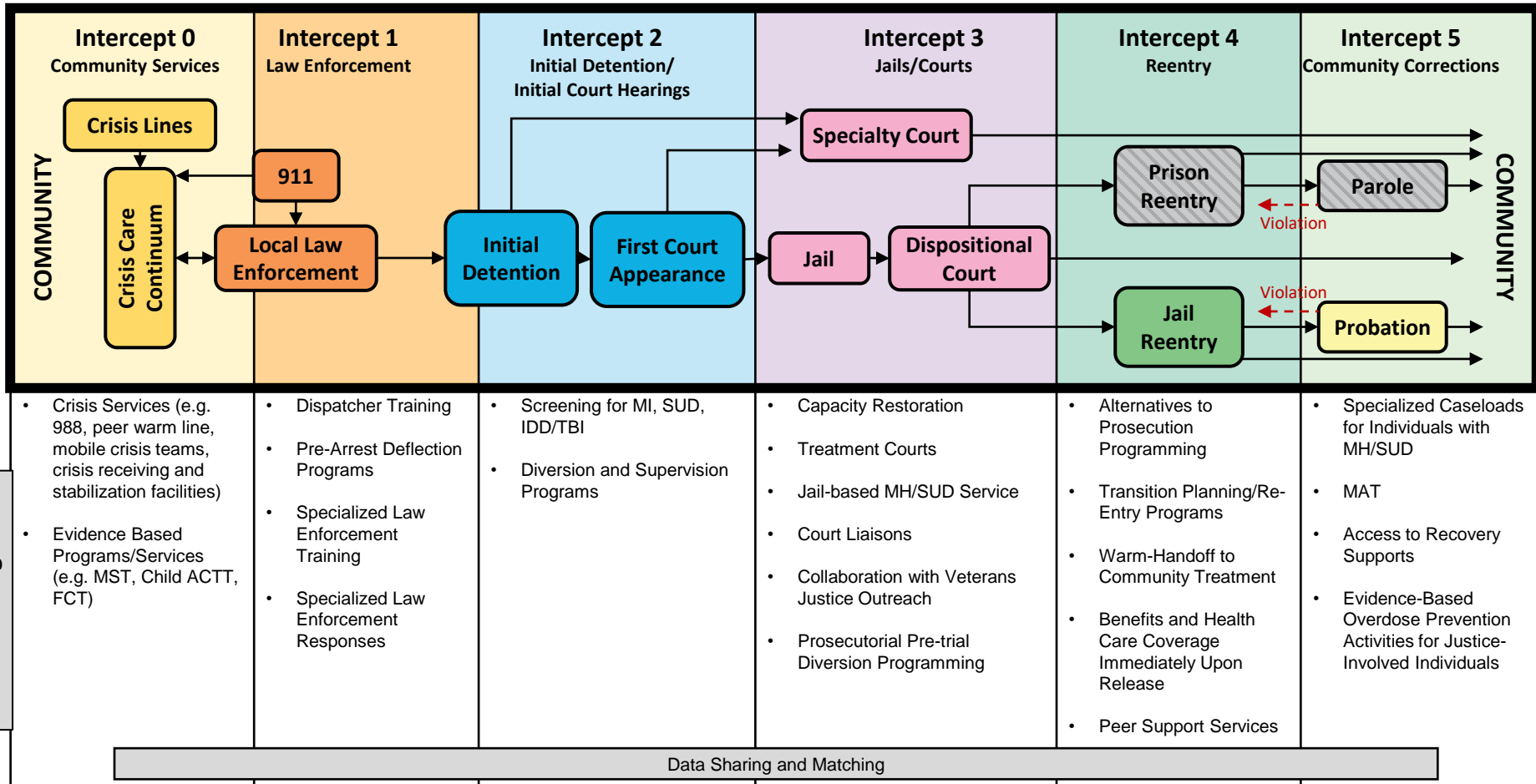
- Fund infrastructure to allow current DMH/DD/SUS programs producing positive outcomes to expand their reach
- Leverage data and community input to prioritize projects based on need

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

DMHDDSUS-funded Services Mapped on the Sequential Intercept Model

- The sequential intercept model details how individuals with mental health, substance use disorders, and IDD encounter the justice system
- The mapping of DMHDDSUS-funded services is **preliminary**
- Availability of a program or services may be county dependent



Source: SAMHSA Sequential Intercept Map Overview, September 2022.

Expanding Access to Behavioral Health (MH/SUD) & IDD/TBI Supports Across the Justice System

North Carolina envisions a system that deflects and diverts individuals with behavioral health (MH/SUD) and IDD needs away from incarceration, provides treatment to individuals who become incarcerated, and connects individuals with comprehensive behavioral health and social supports upon release to stabilize them in the community.

Deflection

Level 1

Individuals are deflected to community-based behavioral health treatment and other services in lieu of arrest to reduce incarceration.

Diversion or Facility-Based Treatment

Level 2

Individuals are diverted to alternative programming or services to prevent the worsening of their condition while incarcerated.

Capacity Restoration

Level 3

The process of supporting individuals with SMI, TBI, IDD and other factors that limit their ability to understand a trial process. Typically performed in state hospital, can be performed in the community.

Re-Entry

Level 4

Individuals are supported in the community after incarceration to increase potential for productive re-entry into society and decrease likelihood of recidivism.

Deflection / Diversion

Deflection: Intercepts 0-1 / Diversion: Intercepts 1-2

- **What is it?**

- Deflection: Deflection of individuals during initial interactions with law enforcement and first responders towards community-based behavioral health treatment and other services (e.g., recovery, housing, case management) as an alternative to arrest.
- Diversion: Divert individuals into alternative programming or services during jail intake, booking, or initial hearing in lieu of conviction, traditional sentencing or violations of supervision conditions.

- **Challenges**

- Deflection and Diversion programs are not available in all counties.
- There are upstream challenges, such as lack of integration of the 911/988 help-lines and traditional response teams may not coordinate with available programs/services.

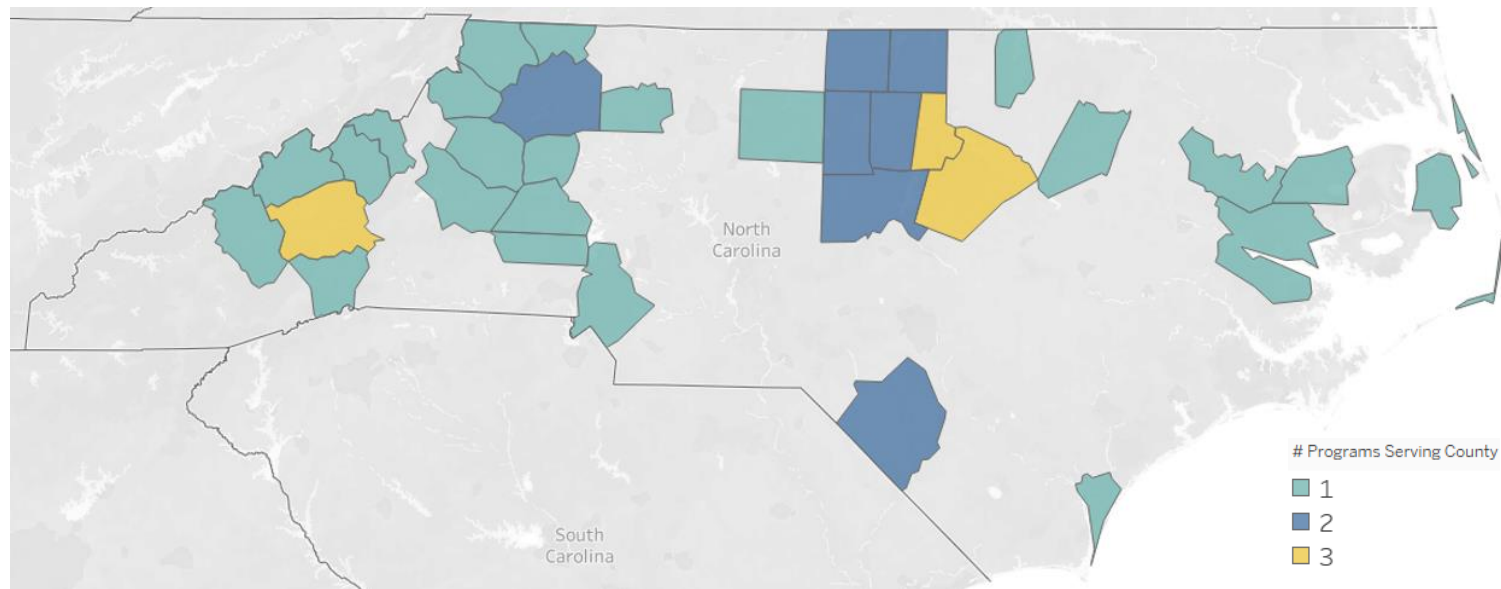
- **Goals**

- Increase access to treatment and recovery
- Reduce arrests or eliminate the time people with mental and substance abuse disorders spend incarcerated.
- Improve connections between behavioral health sector, local law enforcement, and judicial system

25 DMHDDSUS-funded Deflection & Diversion Programs

Deflection: Intercepts 0-1 / Diversion: Intercepts 1-2

- 2 programs are behavioral health focused, 23 are substance use focused
- 7,000 individuals have been served through these programs
 - 51% of individuals were connected to SUD services
 - 18% connected to MAT/MOUD (medication for opioid use disorders)
 - 58% connected to Recovery Support services
 - 13,000 naloxone kits have been distributed



Questions to Consider

- What are your pain points in NC' system of services and supports for people with MH, SUD, IDD and TBI involved in the justice system?
- What are your pride points?
- How should we invest in new or existing services for:
 - Children
 - Youth
 - People with SMI
 - People with I/DD, TBI, and Co-Occurring needs
 - People with SUD
- How can investments be used to support pre-arrest deflection and diversion programs?