



MH/SUD/IDD Services for Justice-Involved Individuals

Advisory Committee Meeting

12/18/2023

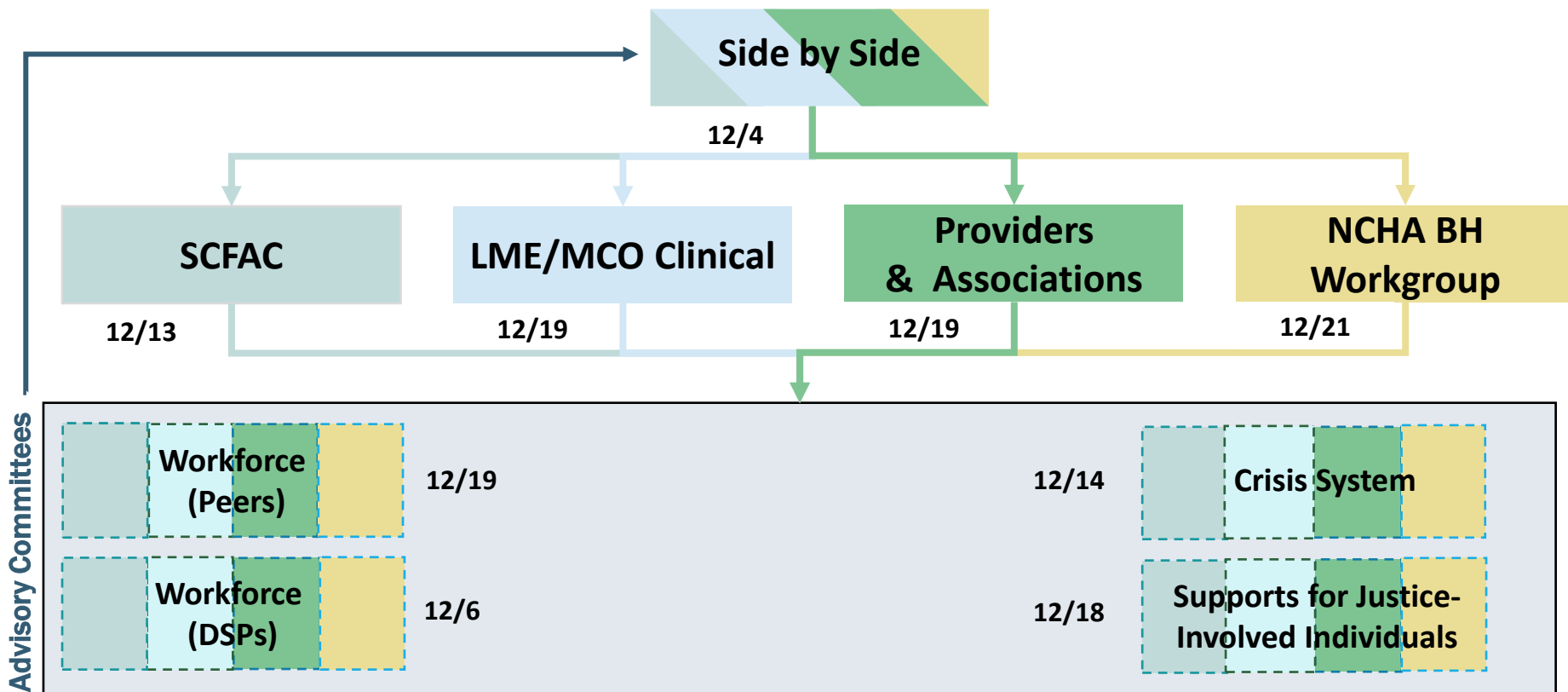
Kelly Crosbie, MSW, LCSW

Director, Division of Mental Health, Developmental
Disabilities, and Substance Use Services

Agenda

- Introductions
- Potential Year 1 Funding Opportunities
 - Capacity Restoration
 - Re-Entry Programs
- Upcoming Advisory Committee Topics
- Current State Assessment Overview

December 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
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
★ Nathan Cartwright	Blue Ridge Community Health Services
Nicole Sigmon	Davis Regional
Patricia Knautt	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

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
★ 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

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

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

Name	Organization
<i>Consumer and Family Advisory Committee</i>	
★ 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

Name	Organization
<i>State Agencies and Other DHHS Divisions</i>	
Bob Cochrane	Division of State Operated Health Facilities
Maggie Brewer	Department of Adult Corrections
Natalia Botella	Department of Justice

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

Name	Organization
<i>Internal/Consultants</i>	
Elliot Krause-Lead	DMHDDSUS
Kelly Crosbie	DMHDDSUS
Charles Rousseau	DMHDDSUS
Saarah Waleed	DMHDDSUS
Stella Bailey	DMHDDSUS
Garrick Prokos	Accenture
Adara Vannarath	Accenture
Jocelyn Guyer	Manatt
Ashley Traube	Manatt
Michelle Savuto	Manatt
Jacob Rains	Manatt

Justice-Involved Advisory Committee Draft Charter

The Justice-Involved Advisory Committee will advise and inform DMHDDSUS 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 DMHDDSUS 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.

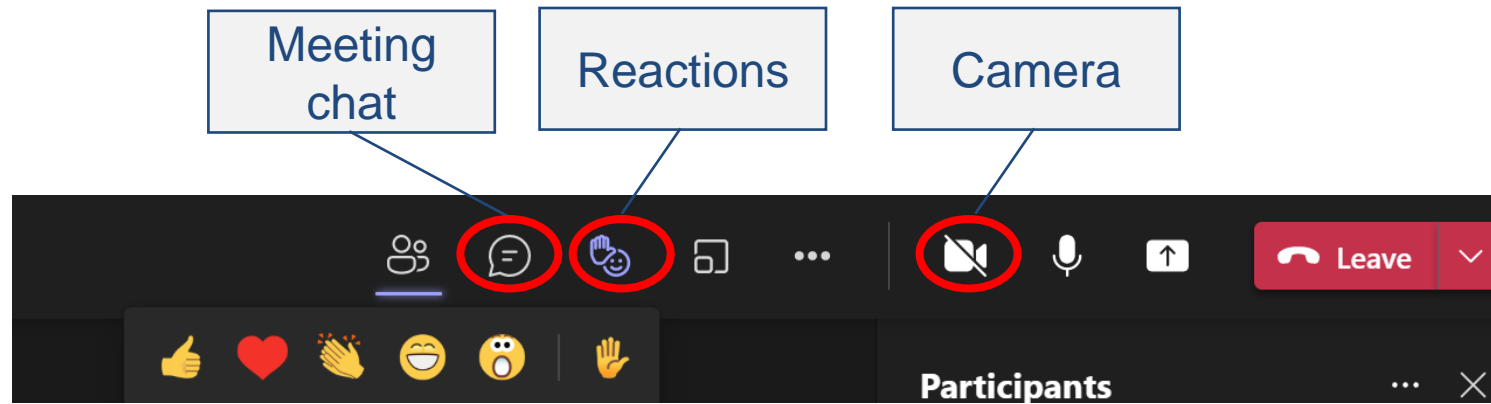
Meeting Logistics

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
- DMHDDSUS 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.

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.



North Carolina's System of Services and Supports for People with MH, SUD, IDD, TBI Involved with the Justice System, Part 2

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	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 <ul style="list-style-type: none"> 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
Workforce Wellness Recovery	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

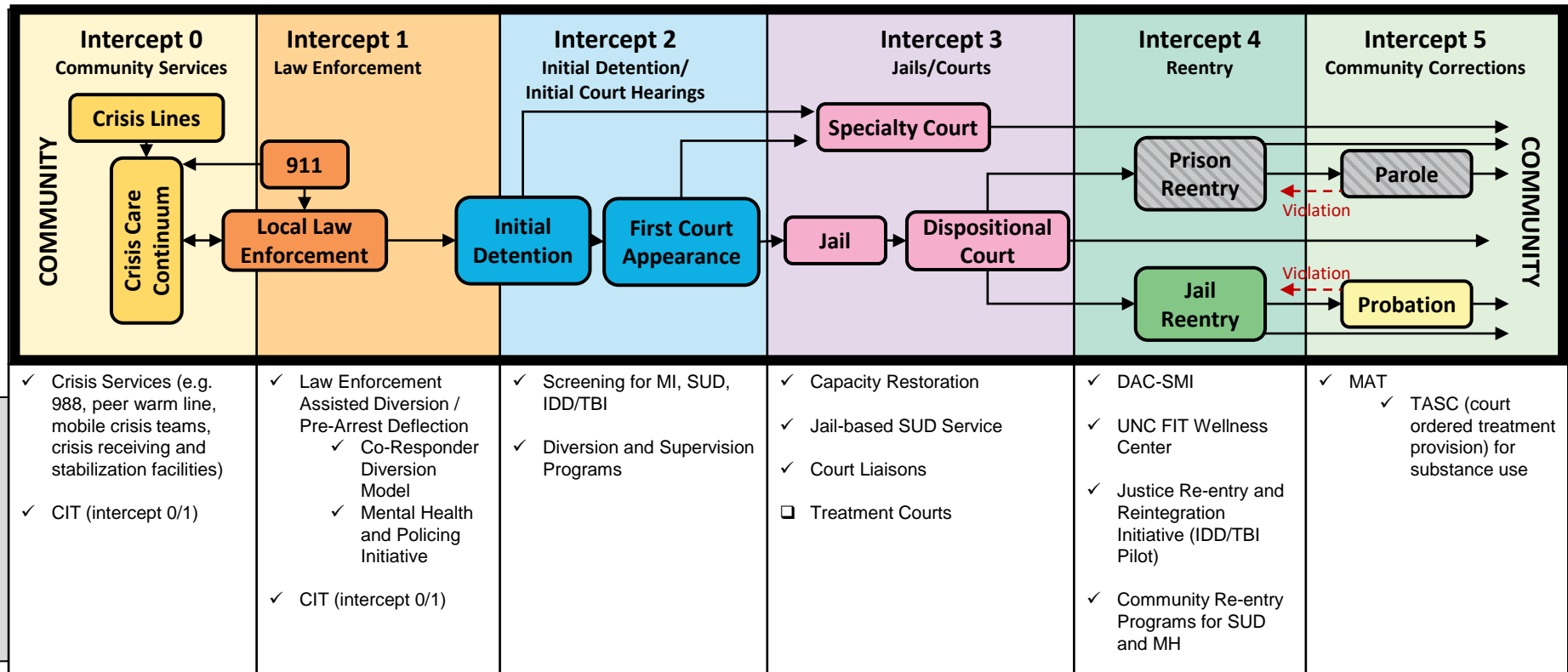
- Fund infrastructure to allow current DMHDDSUS programs producing positive outcomes to expand their reach
- Leverage data and community input to prioritize projects based on need

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



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

Today's Focus

Upcoming Advisory Committees

Capacity Restoration Pilot

Intercept 3

- **What is it?**
 - **The Mecklenburg detention-based pilot provides an alternative to delivering capacity restoration in state hospitals for defendants found to be Incapable to Proceed (ITP) to trial.**
 - **The average time to restore capacity in the detention-based program is 43 days, compared to the 180 days on average that it takes to restore someone's capacity in a state hospital.**
- **Potential investment:**
 - **Reduce the average time required to restore individuals' capacity and expand the pilot to enable the site to accommodate ITP defendants in nearby counties.**

Discussion Question:

- **How are counties, LME-MCOs, and providers working to meet the re-entry needs of individuals who have undergone capacity restoration and were later released?**

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:

- Are there additional needs for the population receiving these services that DMHDDSUS should consider?
- Are justice system providers piloting a similar approach for individuals being released from jails? What are the opportunities and challenges?

North Carolina 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**

Discussion Questions:

- Are other justice system providers piloting a similar approach to re-entry services in other parts of the state in line with the [Transitions Clinic Model](#) or other evidence-based models?

Justice: Re-entry and Reintegration Initiative (I/DD and TBI Program) Intercept 4

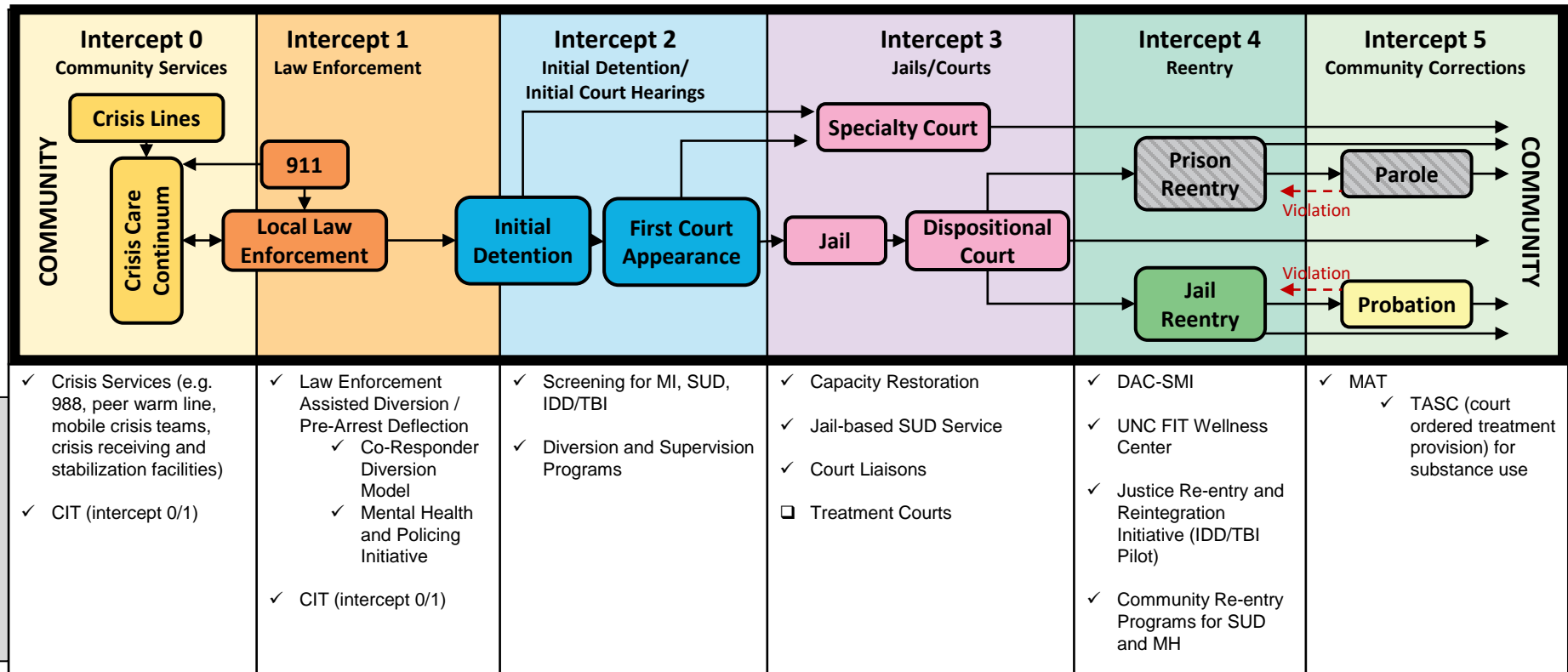
- **What is it?**
 - Provides Individual Re-Entry Plan (IRP) development for individuals with I/DD and TBI including skill-building and supports to assist individuals in obtaining housing, transportation, employment, and other benefits across eight counties.
 - The initiative is currently available in 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?

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



Source: [SAMHSA Sequential Intercept Map Overview](#), September 2022.

Upcoming Advisory Committee Topics

Deflection and Diversion <u>Intercepts: 0-3</u>	Justice-Involved Children and Adolescents <u>Intercepts: 0-5</u>	Technical Assistance <u>Intercepts: 0-5</u>
<p>Expand capacity of counties and other local entities (law enforcement, behavioral health providers) to support deflection initiatives.</p>	<p>Support evidence-based behavioral health services and practices for youth.</p>	<p>Increase the availability of technical assistance to support providers, law enforcement, first responders, and correctional staff.</p>

Discussion Questions:

- Are there any high performing programs, services or initiatives that DMHDDSUS should consider expanding?
- What else should DMHDDSUS keep in mind as it continues to explore an investment proposal for these areas (i.e., opportunities, challenges, operational barriers)?

Current State Assessment Overview

DMHDDSUS 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 service delivery and outcomes for this population.

Current State Assessment Elements

- **Description of the Activity** – Information on the initiative/program/service, including population(s) of focus, eligibility criteria, staffing/facilities, geographic reach, area(s) of the Sequential Intercept Model impacted, and run time (e.g. operational more/less than 2 years).
- **Monitoring and Evaluation** – Information on data collection and outcomes (i.e., recidivism, completion of treatment, etc.)
- **Funding** – Inventory of current sources of funding for justice-involved activities.
- **Challenges & Opportunities** – Overview of barriers current justice-involved activities are experiencing and opportunities to expand access to services.
- **System Gaps** - What gaps exist in DMHDDSUS' current set of activities? E.g., a service or treatment is unavailable to certain population segments or is unavailable in parts of the state.

DMHDDSUS will solicit feedback on existing programs and services with the external advisory group.