



Behavioral Health Supports for Individuals with:

- Mental Health
- Intellectual/Developmental Disabilities
- Substance Use
- Traumatic Brain Injury

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Justice-Involved Individuals: Understanding the Need

83% of individuals in jail with mental illness did not receive mental health care after admission

Compared to other North Carolinians, within the first 2 weeks post incarceration, formerly incarcerated people are 50 times more likely to die from an opioid overdose



60%

83%

68%

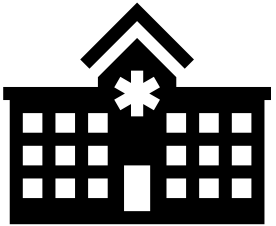
50x

60% of individuals in jail reported having had symptoms of a mental disorder in the prior twelve months

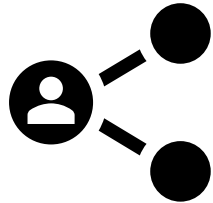
68% of people in jail have a history of misusing drugs, alcohol, or both

Current Justice System Challenges

Despite progress North Carolina has made to reduce justice involvement among adults and with significant BH needs, individuals face barriers to accessing to community-based treatment and supports.



**Programs Are
Not Universally
Available/
Accessible**



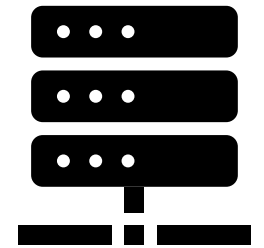
**Coordination
Among
Providers and
State Agencies
Is Lacking**



**Local Level
Partnerships
Are Constrained
by Limited
Resources**



**Delivery System
Is Not Always
Equipped to
Treat Complex
Individuals**



**Coordination,
Data Sharing
and Monitoring
Are Inconsistent**

Deflection & Diversion

DMH/DD/SUS funds programs to ensure:

- The full continuum of MH/SUD/IDD/TBI services are available to promote prevention, treatment and recovery in lieu of justice involvement.
 - *Community Programming for Justice Involved (CIT, LEAD)*
- **Multi-disciplinary teams (ACT, FACT, CST)** with small caseloads provide integrated MH/SUD services for clinically appropriate individuals (i.e., SMI) to prevent justice involvement.
- Specialty courts are available statewide to offer pathways to community-based treatment.



Partner Education: Defense attorneys, judges, and other court staff are educated and equipped with resources to refer an individual to community treatment.

Program Spotlight

Crisis Intervention Team (CIT) Training

Crisis Intervention Team Training is offered to all law enforcement officers.

Ensuring that law enforcement responses include a behavioral health co-responder when appropriate.



Re-Entry Supports

DMH/DD/SUS funds:

- **Seamless transitions/warm-handoff between correctional facilities and community treatment, to include in-reach by community-based treatment providers and peers.**
 - *DAC-SMI (available in 100 counties)*
- **Linkage to community-resources (e.g., healthcare/health benefits, housing, nutrition, etc.) , counseling, and application support through care management.***
 - *UNC-FIT (integrated care clinic)*
 - *DAC Housing Partnership (in process)*
 - *LME-MCO Housing Investment*
- **Multi-disciplinary teams (ACT, FACT, CST) with small caseloads support integration back into the community for clinically appropriate individuals.**
 - *5 New FACT Teams (implementation phase)*

Program Spotlight

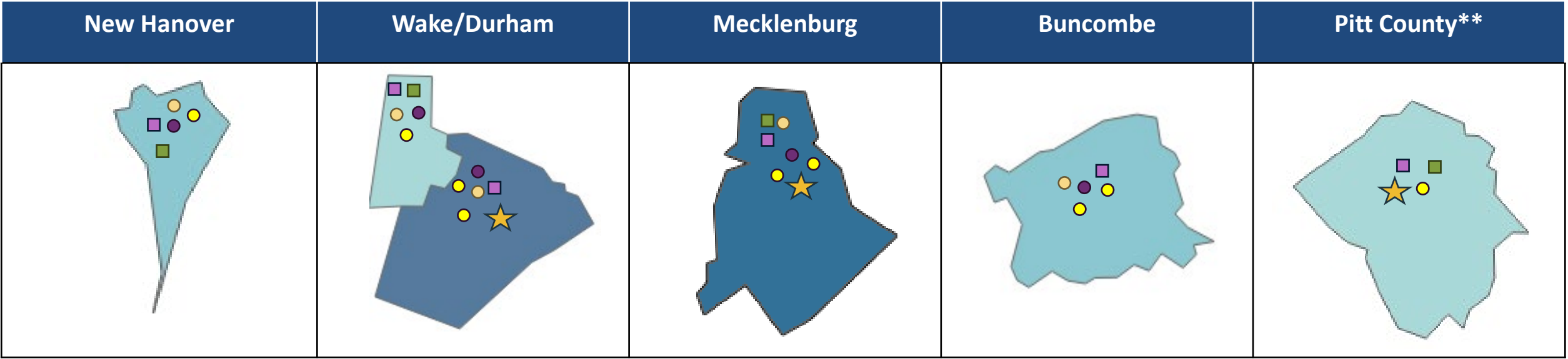
DAC SMI Priority Reentry

During the 90 day pre-release period and upon release from a DAC facility, re-entry liaisons connect individuals with Serious Mental Illness (SMI) and serious offenses to key services and supports in the community such as behavioral and physical health care, medication management, housing support, food and benefits coordination.

Treatment Spotlight: New FACT Teams

DHHS used a data-informed approach to pilot FACT teams based on several factors, such as: high numbers of state prison exits and availability of justice-involved behavioral health resources.

- DHHS-Funded Deflection/Diversion Programs
- DHHS-Funded Re-entry Programs
- ★ Capacity Restoration Pilot*
- Mental Health Court
- Other Recovery Courts
- Assertive Community Treatment (ACT) Team



*DHHS currently funds a detention-based capacity restoration pilot in Mecklenburg and intends to open new detention-based programs in Wake and Pitt counties.

**The Pitt County FACT team catchment will include Beaufort, Hyde, Martin, Tyrrell, and Washington Counties.

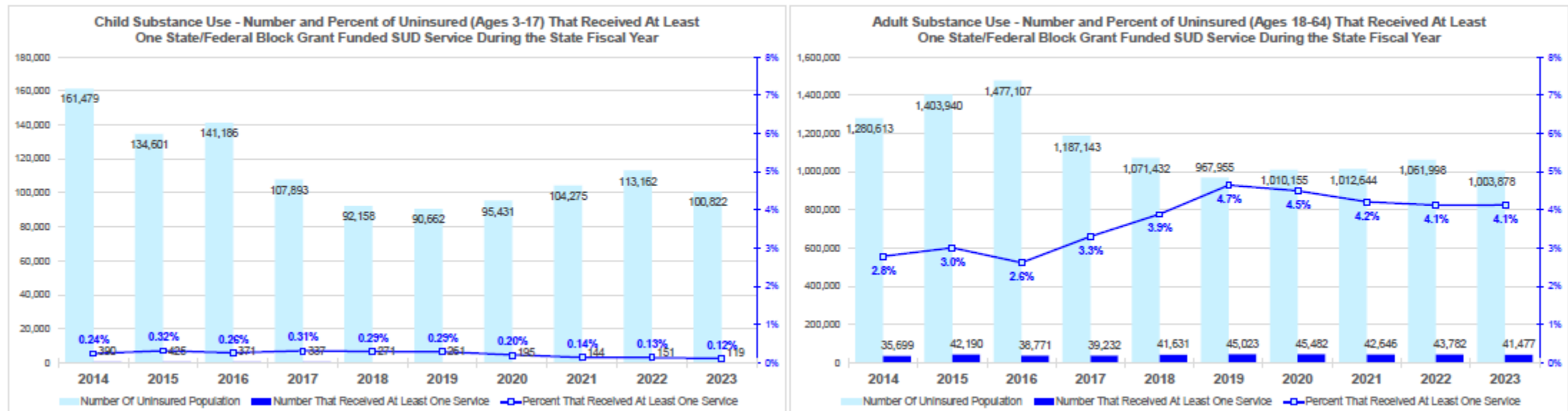
SUD Prevalence & Treatment Rates

SUD Prevalence

16.36% of adults ages 18+ (1 in 6 adults)

7.70% of youth ages 12-17 (1 in 13 youth)

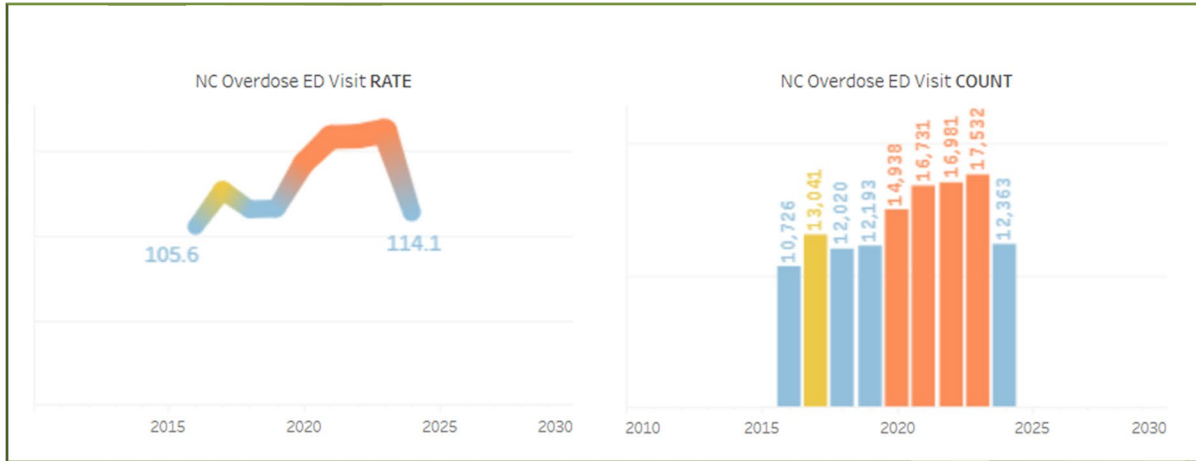
State/Federal Block Grant Funded



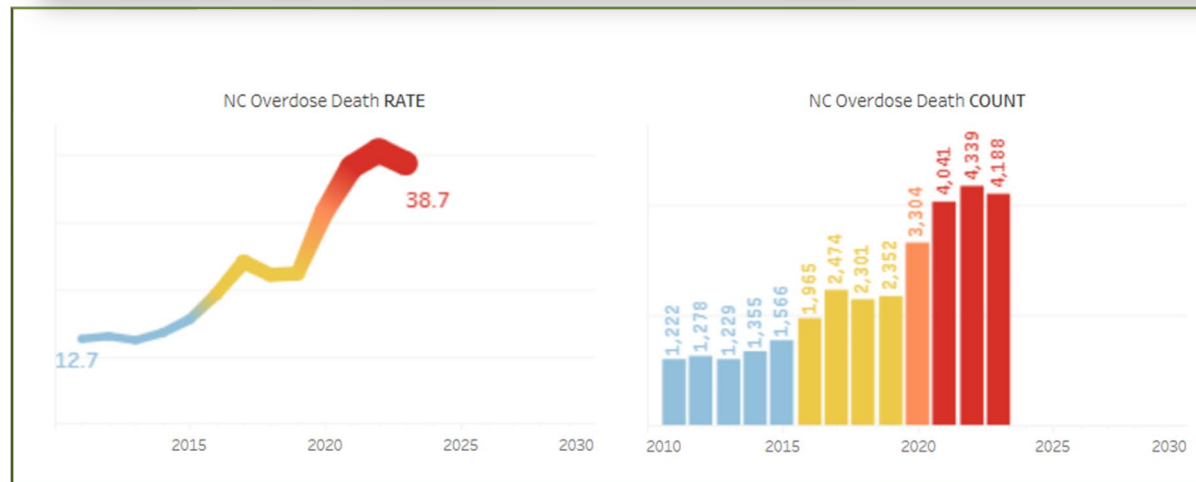
- In FY23, for Medicaid enrollees 1.13% of children and 6.3% adults received at least one SUD service.
- For the uninsured population, <1% of the children and 4.1% of adults received at least one state/block grant service.

Decreasing Overdose ED Visits and Deaths

Learn more about the [Opioid and Substance Use Action Plan](#) and access the [dashboard](#) here!



29% decrease* in overdose ED visits from 2023 to 2024.



5% decrease* in overdose deaths from 2022 to 2023.

27% decrease in *suspected* overdose deaths from 2023 to 2024.

*Note 2024 ED data and 2023 death data are provisional and subject to change.

NC Preventing Overdose--Highlights

- DMHDDSUS sent more than one million doses of naloxone to agencies serving those at highest risk for overdose, 114,000 doses in 2024
- More than 10,000 naloxone doses distributed on the Qualla Boundary with Eastern Band of Cherokee Indian, ten harm reduction vending machines implemented, resulting in some months of no overdose deaths
- 40+ community-based programs across North Carolina received direct funding to expand overdose prevention activities, including services for **justice-involved** individuals

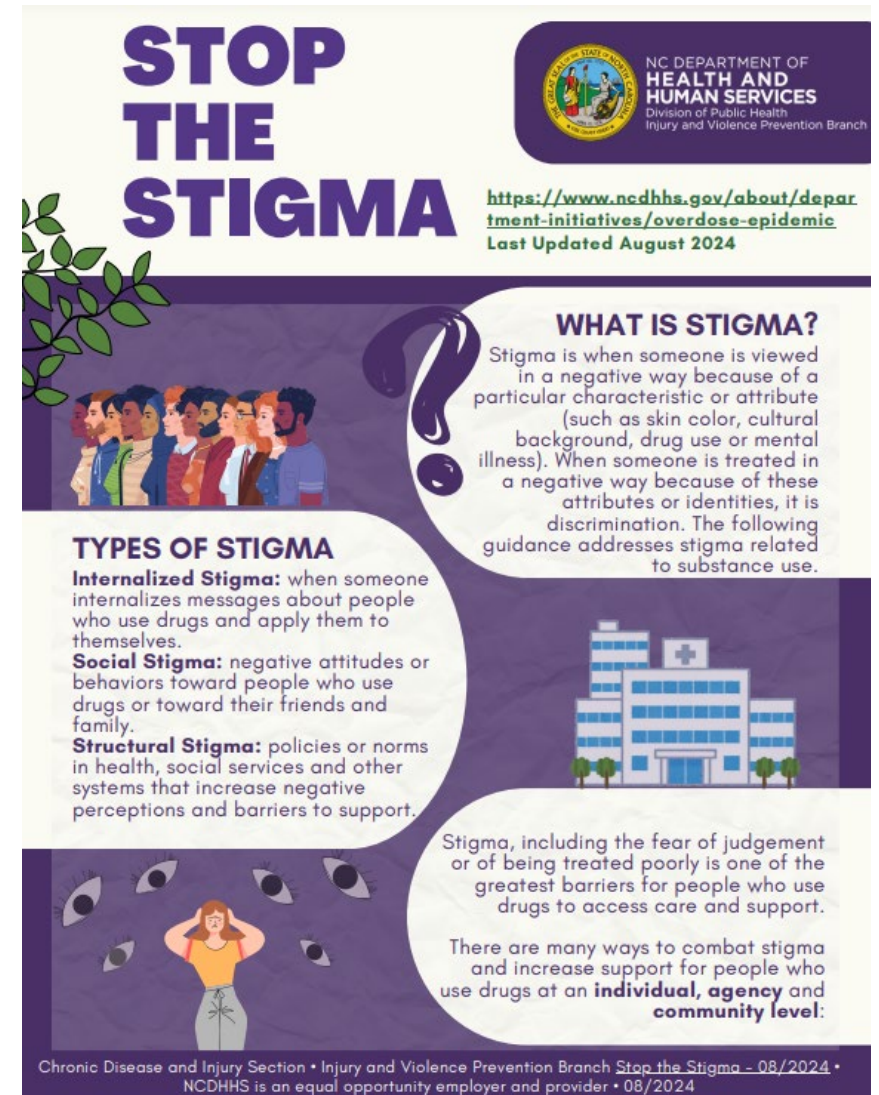
<https://naloxonesaves-nc.org/>

NALOXONE SAVES

The logo for "NALOXONE SAVES" features the text in a bold, white, sans-serif font on a dark grey rectangular background. Below the text is a solid red horizontal bar.

Reducing Substance Use Stigma

- **Stigma Reduction Training:** Education and technical assistance to local health departments, community partners/ agencies on addressing drug-related stigma.
- **Collaborative Training Efforts:** Delivers stigma-focused sessions - UNC Injury Prevention Research Center and the NC Association of County Commissioners (NCACC)
- **Educational Campaigns:** Developed and disseminated "Stop the Stigma" and other resources for use across multiple community sectors
- **UNSHAME NC:** digital/ social media campaign

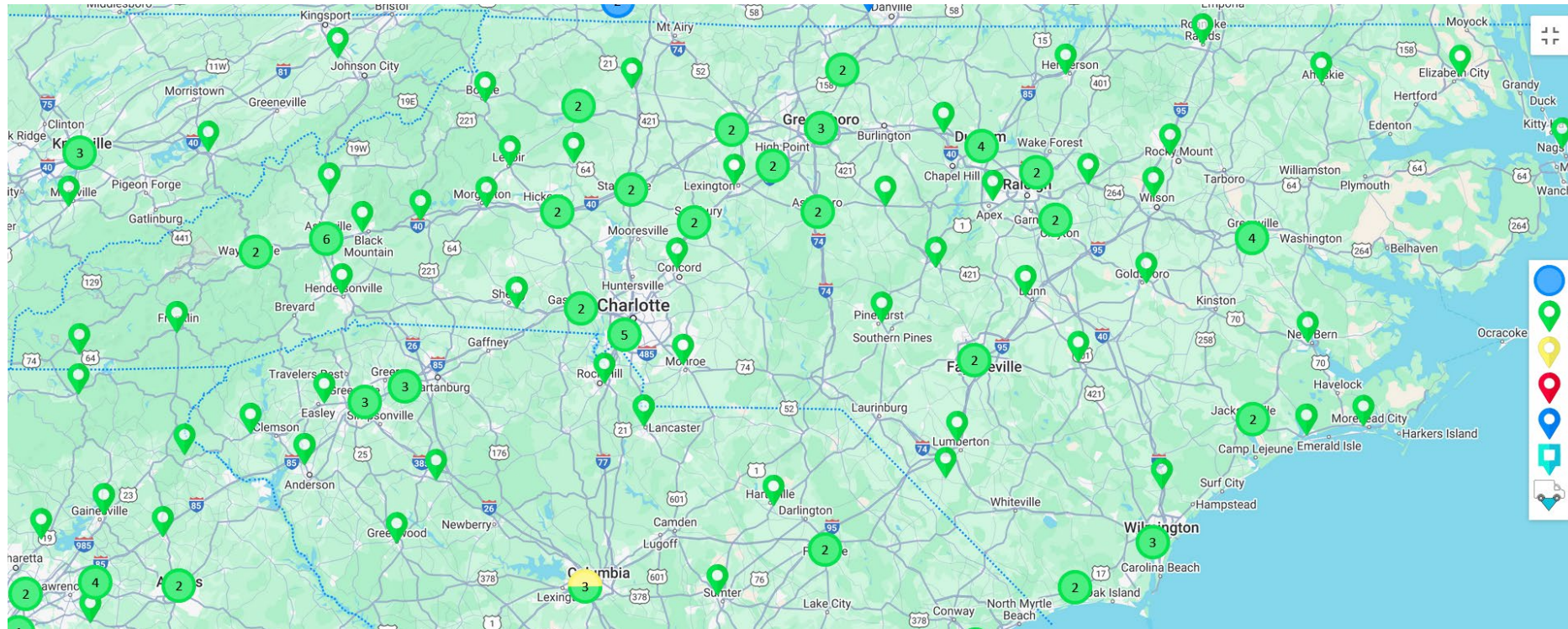


Addressing Opioid & Substance Use

- **Statewide Capacity Building:** Trains justice system staff, local health departments, law enforcement, and community organizations on overdose prevention best practices.
- **Comprehensive Training Topics:** Covers substance use disorder (SUD), opioid use disorder (OUD), treatment access, naloxone use, harm reduction, and overdose recognition & response.
- **Provider Education Initiatives:** Supports clinical training across DPH to ensure healthcare providers apply best practices in treating SUD/OUD
- **Data-Driven Research:** Works with UNC-IPRC to understand substance use trends, including:
 - **50x increased overdose risk post-incarceration**
 - Overdose as the leading cause of death among NC's homeless population
 - Elevated risks of homicide and suicide among justice-involved populations

MOUD Saturation: NC Opioid Treatment Program (OTP) Landscape

- 92 OTPs in NC (including 1 EBCI/CIHA and 2 ADATCs)
- + 15 new OTPs pending
- + 5 mobile units and 2 medication units pending



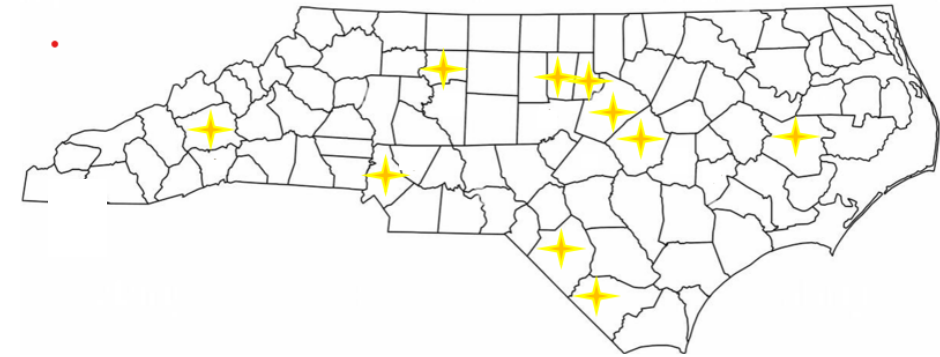
Source: <https://thecentralregistry.com/map/>

MOUD Saturation: Reentry & Jail-Based MOUD Services

- Reentry and jail-based MOUD services in 46 county jails in partnership with OTPs
- FDA-approved OUD medications
- Naloxone before release
- Peer support in jails & community outreach
- Licensed clinicians for SUD & mental health
- Peer Supports, care Management and Life Supports (housing, employment)

NC Perinatal & Maternal Substance Use Initiative

- ❑ Family centered, trauma informed treatment services for pregnant and parenting women with a primary substance use disorder & their child(ren).
- ❑ Ten residential sites statewide
 - 15 Residential programs (accommodates 200+ families statewide)
- ❑ Seven comprehensive outpatient treatment programs
(3 co-located at residential sites)
- ❑ Services include screening, assessment, case management, SUD and MH services, parenting education/skills, vocational/educational skills and referrals & coordination with primary and preventative health care.
- ❑ The children also benefit from the services provided by the local health departments (pediatric care, CMARC), early intervention programs, behavioral health services & substance use prevention services.



DMHDDSUS has established call lines to provide help for people who are struggling or in crisis.

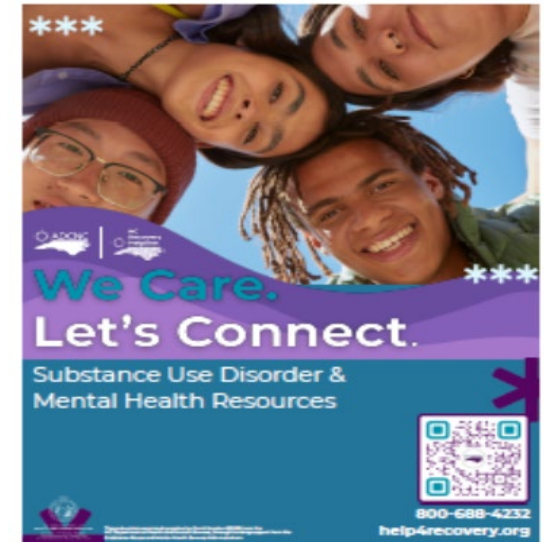
Call Lines



- 9-8-8 Suicide and Crisis Lifeline was launched on July 16, 2022
- 24/7 access to trained crisis counselors
- Assessments determine the need for further intervention (Mobile Crisis, Law Enforcement, Referral to services)
- **112,757 contacts in FY23-24**



- NC Statewide Peer Warmline was launched on February 20, 2024
- 24/7 access to Peer Support Specialists who offer non-clinical support and resources to those in crisis
- **54,940 contacts in CY2024**



- NC Recovery Helpline
- Call, chat, text, email 24/7 with a peer to obtain resources
- **7000 calls answered in the 1st 6 months of SFY25**

Connections App-NEW in 2024

- The Connect app offers 24/7 peer support and recovery tools for individuals using substances or in recovery.
- 530 individuals onboarded in the Connections App and still growing!
- The Peer to Peer Connect feature enables Certified Peer Support Specialists to connect statewide, providing crucial support to prevent burnout.



Welcome to Connections.

A free recovery-focused app with 24/7 peer support, a supportive recovery community, and tools to help you track and celebrate milestones!

Scan to enroll:



Or, text 610-488-2461 with the following information to receive a link for the Connections App download:

Full name, date of birth and provider name

Technical difficulties? Get in touch: onboarding@chess.health

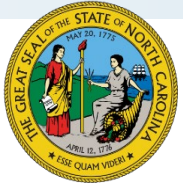
Connections is a free resource made available by:



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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North Carolina Department of Health and Human Services

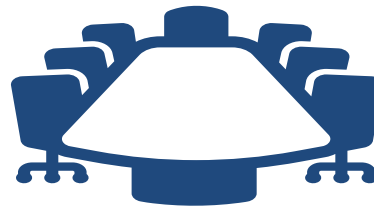


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