

**The Brave “New” World of Mental Health and The
Impact on the Criminal Justice System
Fall Public Defender Seminar
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The Reform of North Carolina's Mental Health System

1. Downsizing of State Hospital beds.
2. Divestiture of services by Local Managing Entities (LME's) and the corresponding development and procurement of private provider systems to deliver care.
3. Expansion of community based care and crisis services to serve people in their communities.
4. Expanded Access to care.
5. Customer Relations - Meaningful involvement of consumers in their care and targeting recovery as an achievable goal.

The Reform of North Carolina's Mental Health System Continued

4. New treatment techniques and corresponding rates that are shown to improve the outcomes of serious illnesses and disabilities.
5. Extensive coordination with other systems of care (health, education, juvenile justice, social services and corrections).
6. Quality Management
7. Utilization Review and Authorizations

Session Law 2001-437 Becomes NCGS 122C-101 et. seq.

- First comprehensive reform of the public mental health, developmental disabilities and substance abuse services delivery system since the mid-70's.
- Within **available resources** it is the obligation of the **State and county government** to provide mental health, developmental disabilities and substance abuse services to meet the needs of consumers in the least restrictive, therapeutically most appropriate setting and to maximize their quality of life.

NCGS 122C-101 et. Seq.

Continued

- State and local governments shall develop and maintain a unified system of **public services** centered in area authorities or county programs ensuring, **within available resources**, the availability of **core services**.
- **Public Services-** Publicly funded mental health, developmental disabilities and substance abuse services **provided by public and/or private providers**.

NCGS 122C-101, et. Seq. Continued

- **Core Services -**
 - **Screening, Assessment and Referral**
 - **Emergency Services**
 - **Service Coordination**
 - **Consultation, Prevention, Education**

NCGS 122C-101, et. Seq.

Continued

- **Target Population Services** - Individuals given service priority under the State Plan.
- **Specialty Services** - Services that are provided to consumers from low incidence populations.
- **Uniform Portal Process** - A standardized process and procedure to ensure consumer access to and exit from public services in accordance with the State Plan.

Target Populations



Adult Mental Health
Child Mental Health
Adult Substance Abuse
Child Substance Abuse
Developmental Disabilities

Adult Substance Abuse Target Populations

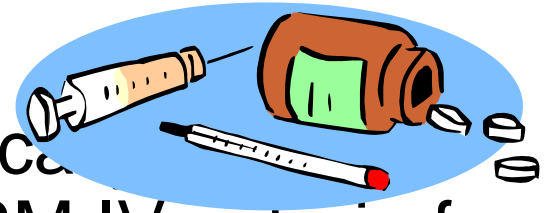
- IV Drug Users/Communicable Diseases
- Substance Abusing Women with Children
- Criminal Justice Offender
- DSS Involved
- DWI Treatment
- High Management
- Deaf and Hard of Hearing
- Homeless



Adult SA Target Populations

IV Drug Users/Communicable Disease

- Injecting drug users for non medical sanctioned reasons and meet DSM IV criteria for a Substance Related Disorder from the Target Population List OR
- HIV, TB, or Hepatitis B, C, or D, and meet DSM criteria for a Substance Abuse Related disorder from the Target Population List OR
- Opioid drug dependence for at least one year, 18 and older and enrolled in Opioid treatment program



Adult SA Target Populations

Substance Abusing Women with Children

- 18 years or older AND DSM IV Diagnosis of Substance Related Disorder from the Target Population List AND
- Pregnant OR
- Have dependent children OR
- Seeking Custody of Children



Adult SA Abuse Target Populations

Substance Abusers Involved in Criminal Justice

- 18 or older and involved with Criminal Justice AND
- Authorized by TASC AND
- DSM IV criteria for Substance related disorder from the Target Population List AND
- Voluntary participant AND
- Who are intermediate punishment offenders OR
- Who are department of correction releases who have completed a treatment program while in custody OR
- Who are community punishment violators at risk for revocation

Adult SA Target Populations

DSS Involved parents who are Substance Abusers

- DSS involved parents who are 18 years or older AND
- Have legal custody of a child or children under the age of 18 AND
- Diagnosis of a DSM IV Substance Related Disorder from the Target Population List AND
- Under active DSS investigation or supervision for child abuse or neglect OR
- Authorized by DSS to receive Work First assistance

Adult SA Target Populations

High Management Adult Substance Abusers



- DSM IV Substance Related Disorder from the Target Population List who are 18 AND
- Involuntary committed to Substance Abuse treatment OR
- Pattern of recurring habitual use requiring detoxification, AND advanced disease, AND no social supports, few coping skills, And maybe highly resistive to treatment, AND may have co-occurring disorders, moderate biomedical conditions, resistive to treatment

Adult SA Target Populations

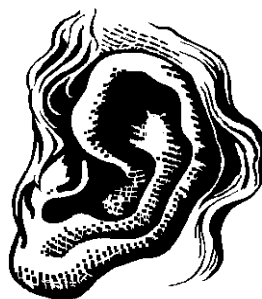
DWI Offenders



- Persons with a DSM IV Substance Related Disorder from the Target Population List AND
- Convicted of a DWI offense AND
- Completed a DWI Assessment and were identified with a substance abuse handicap AND
- Client pays for Assessment and Treatment (\$125) AND
- Has an income level 200 percent of poverty

Adult SA Target Populations Deaf and Hard of Hearing

- Adult clients who are 18 years or older who have a DSM IV Substance Related Disorder from the Target Population List AND
- Who have been classified as deaf or hard of hearing



Adult SA Target Populations Homeless

- **Adult clients who are 18 and who meet the criteria for a Substance Abuse target populations**
 - Injecting Drugs
 - Criminal Justice Involvement
 - DWI Treatment
 - High Management
 - Women
 - Deaf and Hard of Hearing AND
- **Considered homeless by having no permanent residence (living on the street, in a vehicle, temporary shelter, in an institution with no established placement plan, or otherwise unstable living situation)**



Child Substance Abuse Target Populations

- Child with Substance Abuse Disorder
- Child Substance Abuse Indicated Prevention
- Child Substance Abuse Selective Prevention
- Child Substance Abuse Women
- Child Substance Abuse Criminal Justice Offender
- Child Substance Abuse DWI Treatment

Adult MH Target Populations

People with severe and persistent Mental
Illness

- DSM IV Diagnosis of one of the following:
 - Schizophrenia, Bipolar Disorder, Major Depression, Schizoaffective Disorder, Schizophreniform Disorder, Psychotic Disorder NOS
- GAF Score of 40 or lower
- Or previous history of meeting all criteria and without treatment will decompensate to meet criteria

Adult MH Target Populations

People with Serious Mental Illness

- DSM IV diagnosis
- GAF of 50 or lower
- Or previous history of meeting all criteria and without treatment will decompensate to meet criteria

Adult MH Target Populations

Priority Populations

- Persons with multiple diagnoses
- Homeless Mentally Ill
- Mentally Ill in the Criminal Justice System
- Over age 65 with serious Mental Illness
- Deaf and Mentally Ill
- People needing care in State Hospitals or NC Special Care Centers
- Mid stage Alzheimer's disease requiring nursing care

Children with Severe Emotional Problems

- CAFAS Score of 90 or 60 with one domain scoring 30 AND
- 4 or more risk factors and 10 or less protective factors on the Resiliency Screening AND
- DSM IV diagnosis AND
 - sexually aggressive or
 - deaf or
 - dually/multiply diagnosed AND

Severe Child MH Criteria

continued

- Placed out of home or at imminent risk of an out of home placement by one of the following:
 - Utilized acute MH Crisis services in the past year or Intensive wraparound services to remain in community
 - 3 or more state hospitalizations in the past year or 1 hospitalization of 60 continuous days
 - DSS substantiated abuse, neglect or dependency in the past year
 - Experienced school failures, suspension or expulsion
 - Convicted of a felony or 2 or more serious misdemeanors or placed in detention, youth academy or jail within the past year **AND**

Severe Child MH Criteria continued

- In need and not receiving, or not evidencing improvement from more than one child serving agency: MH, DSS, DPI, DJJ, or Health Care AND
- Unable to access informal supports as indicated by one of the following
 - Support network not accessible to client and family
 - Support network is overwhelmed
 - Not enough support resources to address current needs

Children with Moderate MH Problems

- CAFAS score of 60 or CAFAS score of 40 with one domain score of 20 AND
- Presence of 2 or more psychosocial risk factors and 6 or fewer protective factors on the resiliency screening AND
- DSM IV Diagnosis AND

Child Moderate MH continued

- At risk for an out of home placement or history in the past year of one of the following:
 - Crisis intervention
 - Wraparound services
 - Abuse, neglect, dependency, foster care, adoption
 - School failure, suspension, expulsion, Special Education Services
 - Adjudication in juvenile court, conviction or a significant misdemeanor, diversion from court, charged with criminal activity, or on probation **AND**

Child Moderate MH continued

- In need and receiving services from more than one child serving agency: MH, DSS, DPI, DJJ, or Health Care AND
- Unable to access informal supports as indicated by one of the following
 - Support network not accessible to client and family
 - Support network is overwhelmed
 - Not enough support resources to address current needs

Children with Mild MH problems

- CAFAS score of 30 AND
- Presence of 1 or more risk factors and 4 or fewer protective factors on the resiliency screening AND
- DSM IV diagnosable disorder
- In need and receiving services from at least one child serving agency: MH, DSS, DPI, DJJ, or Health Care AND
- Children in need of and/or receiving enhanced informal supports

Developmental Disabilities

Target Populations

- People who meet the following criteria:
 - Attributable to a mental or physical impairment or combination of mental and physical impairment
 - Manifested before age 22, unless caused by a traumatic brain injury
 - Is likely to continue indefinitely

Developmental Disabilities

Target Populations Continued

- Results in substantial functional limitations in 3 or more of the following areas:
 - Self care,
 - Receptive and expressive language,
 - Capacity for independent living,
 - Capacity for independent learning,
 - Capacity for independent mobility,
 - Self direction
 - Economic self sufficiency
 - AND

Developmental Disabilities Target Populations Continued

- Reflects the person's need for a combination and sequence of special interdisciplinary care that is lifelong or for an extended duration and are individually planned OR
- When applied to children from birth to four may be evidenced by a developmental delay

Relevant North Carolina Statutes

- 122C-261 Affidavit and petition before clerk or magistrate to take respondent into custody for examination for involuntary commitment.
- 122C-289 Duty of Assigned Counsel- assigned counsel remains responsible for representation until discharged and responsible for perfecting and concluding an appeal.

Relevant North Carolina Statutes

- 122C-290 Duties for follow-up on commitment order-the area authority or physician responsible for the management and supervision of the respondent's commitment and treatment may prescribe or administer to the respondent reasonable and appropriate treatment either on an outpatient basis or in a 24-hour facility.

Relevant North Carolina Statutes

- 122C-311-313 Individuals on parole; Voluntary admissions and discharges of inmates of the DOC; Inmate becoming mentally ill and dangerous to himself or others.