

Preliminary Report on the Intersection of Mental Health and the Justice Systems for both Adults and Juveniles in North Carolina, Pursuant to Session Law 2025-93, Section 4

Submitted to the Joint Legislative Commission on Governmental Operations on April 1, 2026

On behalf of the North Carolina Collaboratory



Established in 2016 by the North Carolina General Assembly, the NC Collaboratory supports cross-sector research partnerships that seek to transform academic research into evidence-based solutions for environmental, health, and societal challenges faced by people in North Carolina. Codified as Article 31A of NCGS 116-255 and –256.

This preliminary report provides an overview of the legislative charge, stakeholder engagement, research study framework, data sources, and research study summaries, as well as considerations for the upcoming legislative sessions. The final report, due March 1, 2027, will present full findings from the funded research studies along with policy and funding recommendations for legislative consideration. The NC Collaboratory appreciates the opportunity to support the General Assembly in advancing data-driven strategies that strengthen public safety and behavioral health outcomes for North Carolinians.

Section 1: Legislative Charge

Per Section 4. of S.L. 2025-93/HB307 (“Iryna’s Law”), the NC Collaboratory shall study the intersection of mental health in the justice system for both adults and juveniles in North Carolina, including initial response, mental health evaluation, inpatient and outpatient involuntary commitment, incarceration, post-release monitoring and treatment; the availability of house arrest as a condition of pretrial release in each county or judicial district; and any other items the Collaboratory deems relevant.

The NC Collaboratory responds to this mandate by soliciting and funding research studies aligned to legislative and State agency priorities; advising, monitoring, and supporting funded research studies; working with the research teams to facilitate acquisition of necessary data and personnel/contacts; and sharing relevant and timely results with State and local policymakers, administrators, and providers.

Considerations for the 2026 Legislative Session: Priorities for Implementation

The NC Collaboratory has identified key pressure points that need to be addressed in order to implement S.L. 2025-93/HB307, including mental health treatment capacity, workforce capacity, and legal system capacity. Accordingly, the NC Collaboratory identified two priority areas for consideration in the 2026 Legislative Session (see Section 4):

- Improving data quality and access across health and criminal justice systems
- Providing support for ongoing research to assure operational feasibility and capacity for S.L. 2025-93/HB307, evaluate implementation, and guide further policy development

Considerations for the 2027-28 Legislative Session: Emerging Recommendation Topics

Research studies began February 1, 2026, and will inform the NC Collaboratory’s final report due March 1, 2027. Anticipated topics for final report recommendations to inform the 2027-28 Legislative Session, and beyond, include (see Section 3):

- Options for reforming involuntary commitment (IVC) statutes and reporting systems.
- Opportunities for improved coordination in behavioral health crisis response.
- Guidance for county implementation of pretrial electronic monitoring.
- Informing evidence-based minimum standards for behavioral healthcare in county detention facilities.
- Promising practices in re-entry planning.
- Strategies to address the mental health needs of justice-involved youth.

Section 2: Stakeholder Engagement

Establishing partnerships is critical to completing a research initiative of this scale. Agencies across State and local governments – including health, public safety, court systems, and law enforcement – provide critical expertise, background, and support to the NC Collaboratory and to the research teams. These collaborative relationships will support continued analysis, as well as the development of recommendations for improving system coordination, promoting public safety, and ensuring timely and appropriate treatment for people with serious mental health needs.

The NC Collaboratory has consulted with over 20 stakeholder groups since the passage of S.L. 2025-93/HB307 to identify qualified and trusted researchers, understand the state of current research and outstanding research gaps, and identify research priorities for this mandate. National experts also provide valuable insights into promising practices in other states. These discussions included:

- **North Carolina researchers in the fields of criminal justice and mental health:** Cecil G. Sheps Center for Health Services Research, Columbia University
Department of Psychiatry, East Carolina University – NC Statewide Telepsychiatry Program (NC-STeP), Duke Wilson Center for Science and Justice, Manhattan Institute, UNC School of Social Work, UNC School of Government
- **State agencies:** NC Administrative Office of the Courts (NCAOC), NC Department of Health and Human Services (NCDHHS), NC Department of Information Technology (DIT), NC Department of Public Safety (DPS), NC Department of Adult Correction (DAC), Department of Justice (DOJ), the Office of Governor Josh Stein
- **North Carolina associations and cross-sector organizations:** NC Association of County Commissioners, NC Center on the Workforce, Conservatives for Criminal Justice Reform, Disability Rights NC, NC Healthcare Association, NC Sheriffs' Association
- **Healthcare providers and agencies:** Wake County Health and Human Services, WakeMed Behavioral Health Network
- **National organizations:** Arnold Ventures, Council of State Governments

Several of these State agencies and associations have shared legislative priorities related to S.L. 2025-93/HB307 with the NC Collaboratory. These priorities will be cataloged, compiled, and shared in a forthcoming memo.

The NC Collaboratory plans to continue close coordination with these stakeholders and additional stakeholders to ensure that research is aligned with State and local priorities, to support the researchers in accessing necessary data, and to inform recommendations in the Final Report, due March 1, 2027.

Section 3: Research Plan

Based on recommendations from stakeholder consultations and additional research, the NC Collaboratory has funded nine research studies as of April 1, 2026. The NC Collaboratory solicited research proposals and selected projects that meet relevant goals while leveraging available data within the legislatively mandated timeline. While the funded studies cover the statutory requirement of Section 4 in S.L. 2025-93/HB307, they are not exhaustive. Since the passage of this legislation, NCGA members, State agencies, researchers, and other stakeholders have identified additional research priorities that would support the strengthening of North Carolina’s criminal justice and health systems.

Several high-level research questions guide the funded studies, including:

- What are the current policies and practices in North Carolina at the intersection of the criminal justice and mental health systems for people with severe mental illness (G.S. 122C-3), for both adults and juveniles?
- What are the current met and unmet needs in the systems that serve individuals in the criminal justice system with severe mental illness (e.g., staffing, training, facilities, funding, licensure, liability, data)?
- What models or policy reforms from the evidence base or other states could be adapted for the North Carolina context?
- What are the potential impacts of the changes enacted in S.L. 2025-93/HB307 and how can State and local agencies plan for implementation?

Appendix A provides two-page overviews of each funded study, detailing research questions, methods, and project leaders.

Conceptual Framework

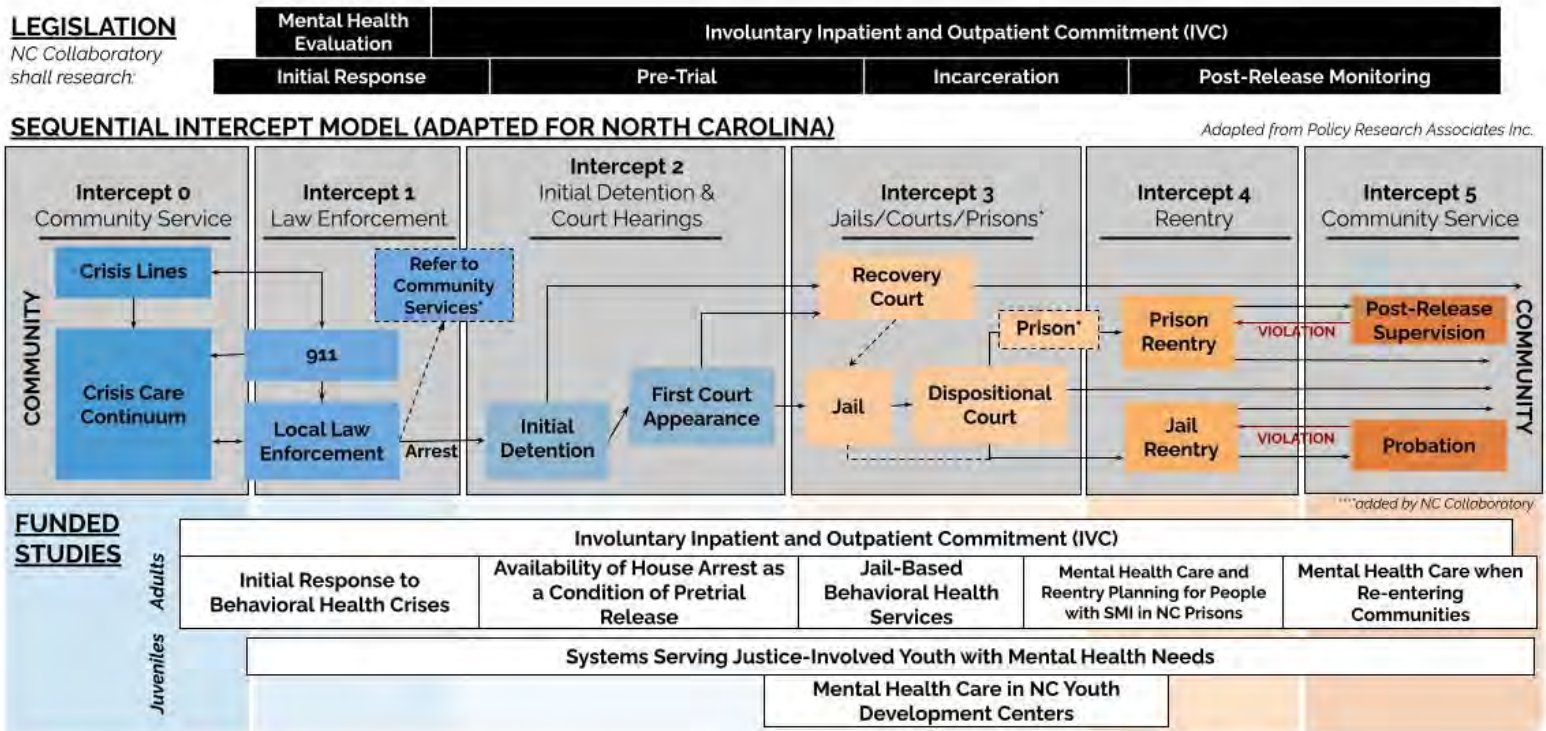
The Sequential Intercept Model (SIM) is an evidence-based, nationally recognized framework that illustrates how adults with mental illness and substance use disorders interact with and move through the criminal justice system.¹ Both nationally and in North Carolina, the SIM is used to guide investments and policy decisions to reduce involvement in the criminal justice system by strengthening community-based services, diverting individuals at earlier intercepts, and supporting successful transitions out of the justice system. The SIM is traditionally applied to the adult criminal justice system, though its aims broadly align with goals of the juvenile justice system.² In North Carolina, DHHS facilitates SIM workshops that convene local stakeholders (e.g., administrators, service providers, policymakers) to evaluate available community resources, identify service gaps, and improve coordination across systems. While the SIM is often depicted as a linear progression, individuals may exit and re-enter the system at multiple points.

¹ Munetz, M. R., & Griffin, P. A. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, 57(4), 544–549. <https://doi.org/10.1176/ps.2006.57.4.544>

² Heilbrun, K., Goldstein, N. E. S., DeMatteo, D., Newsham, R., Gale-Bentz, E., Cole, L., and Arnold, S. (2017). The Sequential Intercept Model and Juvenile Justice: Review and Prospectus. *Behav. Sci. Law*, 35: 319–336. <https://doi.org/10.1002/bsl.2291>

Figure 1 shows the alignment between the research mandate in S.L. 2025-93/HB307, an adapted version of the SIM, and studies funded by the NC Collaboratory to ensure topical coverage across the intercepts. The SIM in Figure 1 has been adapted to reflect the NC context and to include additional intercept points featured in the research mandate and funded studies, illustrated by dotted lines and borders (e.g., community services in Intercept 1, paths in and out of jail/prison in Intercept 3). Even with these revisions, the SIM does not reflect all service pathways for juveniles, nor the IVC process. NC Collaboratory-funded studies that focus on juveniles and IVC are still included in Figure 1 to broadly illustrate how the studies align with traditional intercepts.

Figure 1: Alignment between legislation, sequential intercept model, and NC Collaboratory-funded studies.



Data Sources

The NC Collaboratory is granted a range of unique privileges per S.L. 2025-93/HB307 to support research funding in service to the State, including access to local and State data and personnel. Specifically, “any unit of State or local government that receives a written request from the Collaboratory shall cooperate and assist the Collaboratory with this study by providing full access to personnel and data within 30 calendar days of the request.”

An initial review of relevant data elements (see Table 1) reveals several key types and sources of data needs across the nine studies. These data will also be critical for ongoing measurement of S.L. 2025-93/HB307 policy implementation and individual treatment and legal outcomes. Additional data needs may be identified throughout the course of the studies. The NC Collaboratory will support the funded research teams in their efforts to access data from the respective data custodians in State or local agencies or providers in a timely and streamlined manner.

Table 1. Types and sources of data needs across NC Collaboratory-funded research studies.

Data Type	Primary Sources & Custodians	Key Data Elements
Administrative	<ul style="list-style-type: none"> • NC DHHS (DMH/DD/SUS): 988 utilization; mobile crisis response unit encounters; • NC Administrative Office of the Courts (AOC): Enterprise Justice records of IVC petitions and court orders since Oct. 13, 2025. • NC Dept. of Adult Correction (DAC): OPUS database (demographics, infractions, mental health codes), healthcare encounters. • NC Dept. of Public Safety (DJJDP): NCJoin; juvenile court counselor case files (youth mental health diagnoses, treatment, stay lengths). • Carolina Center for Health Informatics (NC DETECT): hospital emergency room encounters • Local Management Entity/Managed Care Organizations (LME-MCOs), 24-hour Facilities, HealthConnex (HIE): Encounter data for crisis services and inpatient stays, including IVC; decisions for people subject to the IVC process. 	Counts of involuntary commitments, clinical decisions determining the course of IVC proceedings, clinical diagnoses in prison, juvenile court practices, and Medicaid-linked service utilization.
Survey	<ul style="list-style-type: none"> • Law Enforcement Agencies: Police Departments and Sheriffs' Offices. • Judicial Officials: Senior Resident Superior Court Judges and District Court Judges. • Justice Practitioners: Pretrial services directors, jail administrators, and juvenile justice staff. • Health Practitioners: Behavioral health providers; representatives from LME-MCOs • Local Re-entry Councils (LRCs): Staff from all 23 councils across NC. 	Availability of alternative response models, implementation of pretrial electronic monitoring for house arrest, scope of jail-based mental health services, and gaps in mental health services for youth and formerly incarcerated individuals.
Interview / Focus Group	<ul style="list-style-type: none"> • Judicial System Stakeholders: Judges, Sheriffs, and pretrial services staff regarding pretrial electronic monitoring. • Health and Criminal Justice Service Providers: Interviews with jail and medical service providers. • YDC Youth and Juvenile Justice Stakeholders: Youth receiving mental health services; YDC staff; juvenile court counselors, district court judges, and behavioral health providers. • LRC Staff: Interviews to understand barriers and promising practices related to reentry and mental health care. 	Qualitative insights into system barriers and opportunities to expand promising practices.
Literature & Policy Review	<ul style="list-style-type: none"> • Peer-Reviewed Journals: Existing research evidence. • Statutory Review: Examination of NC General Statutes regarding crisis response and commitment procedures. • Juvenile Code: Analysis of legal requirements for mental health screenings and assessments at intake and disposition. • Policy Manuals: Local Re-entry Council internal policies and program guidelines. 	Used to compare North Carolina's current legal framework and results against national promising practices.

Research Study Summaries

Research teams provided the following one-paragraph summaries of their studies. For more information and details on each study, please see Appendix A.

Understanding and Identifying Innovation in the Initial Response to Behavioral Health Crises in North Carolina

UNC School of Government, PI: Jeff Welty, JD

When someone is experiencing a behavioral health crisis, they or someone around them may call for emergency assistance. Law enforcement officers are frequently the first responders to behavioral health crises, but they don't always have specialized training or support to effectively respond to these crises. In North Carolina, there is growing interest in alternative models of crisis response that aim to connect people to services while reducing reliance on police to address behavioral health concerns. However, the availability of these types of programs varies widely across the State. This means the response you receive if you are in crisis can be different depending on where you live. Currently, there is no centralized resource that describes the different pathways of initial response in North Carolina and how the criminal justice and mental health systems intersect at the point of initial response. Through a literature review, survey, and statewide data analysis, this project will fill that gap and produce information to help State and local decision-makers as they assess options for crisis response that protect public safety while ensuring that individuals receive necessary services.

The Availability of House Arrest as a Condition of Pretrial Release in North Carolina

UNC School of Government, PI: Shea Denning, JD

When someone is released from jail while awaiting trial, judicial officials must impose certain conditions upon the person's release. One such permissible condition is house arrest with electronic monitoring. Iryna's Law (HB 307) expanded the circumstances in which this condition is required and also required each judicial district that did not have the capability of imposing house arrest with electronic monitoring to enter into a memorandum of agreement with a qualified vendor to provide such services. A 2024 survey found that only 29 counties in North Carolina had the ability to provide pretrial electronic monitoring, and many of those counties only supervised a small number of people. This study will conduct a statewide survey and convene focus groups to gather information on the current scope and availability of pretrial electronic monitoring, as well as local policies, costs, benefits, and lessons learned in communities with existing pretrial electric monitoring programs. We will produce a briefing paper and a final report that will provide important context and guidance to stakeholders as they navigate the expansion of pretrial electronic monitoring across North Carolina.

Involuntary Inpatient and Outpatient Commitment in North Carolina: Exploring Opportunities for Reform

*Duke Wilson Center, PIs: Brandon Garrett, JD, Marvin Swartz, MD
UNC School of Government, PI: Mark Botts, JD*

When effectively treated, people with serious mental illness (SMI), such as schizophrenia or bipolar disorder, are no more likely to be violent than other members of the general public. A subpopulation of adults with SMI, such as schizophrenia or bipolar disorder, lack consistent treatment, experience recurring psychiatric crises, may not adhere to treatment, and become dangerous to themselves or others, placing them at risk for involuntary treatment or arrest. All states struggle with clinical and legal means to address the problems of this subpopulation, improve treatment adherence, reduce relapse, and improve their functioning in the community. Iryna's Law expands and accelerates the use of involuntary inpatient and outpatient commitment for individuals with criminal legal involvement and known or suspected SMI. These statutory changes heighten longstanding concerns about the capacity, fairness, and effectiveness of North Carolina's IVC system. This project will examine the State's legal framework for IVC and its real-world implementation, synthesize evidence from research and stakeholders, and develop actionable policy options to support effective, accountable, and rights-respecting use of involuntary commitment.

Assessing the Availability of Jail-Based Behavioral Health Services in North Carolina

UNC School of Government, PI: Jamie Markham, JD

Many people housed in local jails across North Carolina have mental health needs. Appropriate treatment and management of individuals with mental health needs, especially those with severe mental illness, is crucial to keeping jails safe and supporting successful reentry into the community. However, the availability and quality of mental health services can vary across local jails, because behavioral health care is typically delivered through county-level contracts rather than a unified statewide system. Currently, there are few resources that document what behavioral health services are being provided in local jails, who provides them, what they cost, and the challenges associated with providing high quality mental health treatment to incarcerated people. Using results from a statewide survey and interviews with jail leadership, we will write a report that answers these key questions. We will also conduct a literature review that summarizes best practices for providing behavioral health services in jails and highlights promising models already in place in North Carolina. Findings will help inform lawmakers, behavioral health practitioners, and Sheriffs as they assess the available services and practices in place across the State.

Using Prison Data to Improve Mental Health Care and Reentry Planning for Individuals with Serious Mental Illness incarcerated in North Carolina Prisons

UNC School of Social Work; PI: Amy Blank Wilson, PhD

North Carolina passed Iryna's Law to improve how people with serious mental illness (SMI) are identified, treated, and supported when incarcerated and in the community. Many people with SMI enter prison each year with complex needs, yet there is limited information about their experiences while they are incarcerated, including what types of mental health care they receive. This project will use existing records from the North

Carolina Department of Adult Correction to better understand the experiences of people with SMI in the State prison system. The study will examine when and how people with SMI enter and leave prison and how their criminal justice experiences unfold. Where possible, the project will also explore mental health assessments and treatment during incarceration to identify opportunities to strengthen treatment and continuity of services during incarceration and at release. The project will also identify groups of people with SMI in prison with similar needs to help the State plan services more effectively during incarceration and after release. Findings will support policymakers and correctional leaders in making informed decisions, improving coordination across systems, and strengthening mental health care, reentry planning, and public safety.

Mental Health Care when Reentering Communities: Assessing Access, Quality, and Evidence-Based Practice

Duke Wilson Center, PI: Ben Finholt, JD

Approximately 40% of people returning to communities from jails and prisons are struggling with mental health issues, according to the National Alliance on Mental Illness. However, little is known about whether reentry services adequately address these needs. North Carolina has committed to the national Reentry 2030 initiative to improve reentry outcomes but lacks comprehensive data on mental health service availability and gaps in counties with significant reentry populations. Our research team will conduct a systematic assessment of mental health services for justice-involved individuals with Local Reentry Councils (LRCs)—community partnerships designed to coordinate reentry support. We will catalog available mental health services, analyze utilization patterns and barriers to access, and interview LRC staff and reentry organizations to understand what’s working and what’s not. We will compare findings to evidence-based practices and successful models from other states. Our findings will provide the North Carolina Department of Adult Correction, LRCs, and local policymakers with evidence-based recommendations for strengthening mental health service delivery during reentry. By addressing this critical gap, North Carolina can reduce recidivism, support successful community reintegration, and enhance public safety.

The Intersection of the Juvenile Justice System & Mental Health: Unmet Needs for Justice-Involved Youth with Severe Mental Health Diagnoses

UNC School of Government, PI: Jacquelyn Greene, JD

Many youths involved in the juvenile justice system live with significant mental health conditions, but the services they need are often fragmented or difficult to access. Without effective care, these youth face a higher risk of continued system involvement as juveniles and adults, impacting individual and community wellbeing and public safety. This project aims to better understand the intersection between the juvenile justice and mental health systems and the unmet needs of justice-involved juveniles with mental health diagnoses. Through a review of State law and juvenile court procedures, analysis of NC Department of Public Safety (Division of Juvenile Justice and Delinquency Prevention) data, a statewide survey, and interviews with key stakeholders, we will identify where gaps occur and what approaches show the most promise. Project findings will be shared through a briefing paper and a final report outlining practical steps North Carolina can take to ensure that youth with the greatest needs are identified and receive effective treatment that supports

safer communities and better outcomes into adulthood.

Mental Health Care in North Carolina Youth Development Centers: Assessing Access, Quality, and Evidence-Based Practice

Duke Wilson Center, PI: Ben Finholt, JD

Virtually all children who go through the juvenile court process and are sent to a youth prison are struggling with mental health issues, yet comprehensive data on mental health service availability, utilization, and quality in Youth Development Centers (YDCs) does not exist. This information gap makes it difficult for policymakers to ensure youth receive evidence-based care or allocate resources effectively—despite research showing that untreated mental health issues are major drivers of recidivism and youth violence. Our research team will conduct the first comprehensive assessment of mental health services across all five of North Carolina’s YDCs. We will catalog available services, analyze utilization patterns, and identify barriers to care by interviewing youth, families, and mental health staff. We will also synthesize existing research on effective mental health interventions in juvenile justice settings to determine how North Carolina’s practices compare to evidence-based approaches. Our findings will provide the North Carolina General Assembly and juvenile justice administrators with clear, evidence-based recommendations for improving mental health service delivery in YDCs. By strengthening these services, North Carolina can better support youth rehabilitation, reduce recidivism, and enhance public safety—benefitting both justice-involved youth and the communities to which they return.

Emerging Recommendation Topics

Research studies began February 1, 2026, and will inform the NC Collaboratory’s final report due March 1, 2027. Anticipated topics for final report recommendations to inform the 2027-28 Legislative Session, and beyond, for adult and juvenile systems include:

- **Options for reforming involuntary commitment (IVC) statutes and reporting systems.**
Clarified roles and timelines for data reporting across agencies, healthcare providers, and courts to support transparency, quality improvement, and policy evaluation. Updated statutory language to align IVC programs and policies with evidence-based practices and support necessary data collection. Potential programs or models from other states that could be adapted for the North Carolina context (e.g. New York assisted outpatient treatment).
- **Opportunities for improved coordination in behavioral health crisis response.**
Characteristics of promising alternative response models. Strategies to address challenges in current crisis response models that address geographic, demographic, and capacity variation throughout North Carolina.
- **Guidance for county implementation of pretrial electronic monitoring.**
Promising strategies for implementing vendor contracts and pretrial electronic monitoring programs. Topics may include recommendations for program

operations, recouping costs from defendants, and measuring ongoing program effectiveness.

- **Informing evidence-based minimum standards for behavioral health care in county detention facilities.**

Research to support the development of standards, improvements in officer training and safety supports, more comprehensive discharge planning, and better data collection systems.

- **Promising practices in re-entry planning.**

Practices to improve re-entry planning for individuals with serious mental illness in North Carolina's prisons. Topics may include staff training, care coordination models, and access to financial benefits and health coverage at release.

- **Strategies to address the mental health needs of justice-involved youth.**

Strategies to leverage existing evidence and administrative data to facilitate needed access to effective youth mental healthcare. Topics may include processes to effectively identify and address the mental health needs of justice-involved youth, the amount and types of therapy provided at youth development centers (YDCs), and how obstacles to high-quality treatment can be overcome.

As these funded studies are in very early phases, additional recommendations may be added, or removed, based on findings and data availability. The research teams are working closely with State and local agency leaders and providers throughout the research process to leverage their expertise for input into the emerging topics of recommendations to make sure they are viable within the North Carolina context.

Section 4: Priorities for Implementation

Through consultation with State agencies, professional associations, and available evidence from prior research, the NC Collaboratory has identified two priority areas for consideration in NCGA's 2026 Short Session:

- Improving data quality and access across health and criminal justice systems
- Providing support for ongoing research to assure operational feasibility and capacity for S.L. 2025-93/HB307, evaluate its implementation, and guide further policy development

We describe these considerations in greater detail below.

Improving Data Quality and Access

Current Challenges

North Carolina has an informatics issue that will prevent the successful implementation of S.L. 2025-93/HB307. Due to existing State and federal statutes, health and criminal justice data systems in North Carolina are often intentionally maintained as separate systems. While these separations serve important legal and privacy purposes, they limit opportunities for data sharing and linkage across agencies to inform policy. Some critical data elements are maintained in paper files or stored as non-structured electronic formats such as PDFs, making aggregation and trend analysis very challenging or impossible.

Together, these factors make it difficult for policymakers, administrators, and providers to comprehensively assess the current landscape of programs serving justice-involved individuals with serious mental health needs. They also limit any group's ability to fully understand patterns of IVC in North Carolina and to identify all potential impacts of implementing S.L. 2025-93/HB307.

Why It Matters

Effective implementation of S.L. 2025-93/HB307 will require North Carolina policymakers, State and local agencies, and healthcare providers to have access to data describing youth and adults across their interactions with the health and justice systems. These interactions may span the full continuum of response, including initial crisis response, IVC evaluation, treatment in healthcare facilities, incarceration, and reentry.

These data must be organized and, where appropriate, linked across systems so that designated legal and health service providers can access relevant cross-sector data in real time to inform their decisions. Further, agencies and policymakers must be able to analyze trends and outcomes through administrative databases rather than relying on manual reviews of individual case files.

Potential Next Steps

Addressing these issues will require a sustained multi-agency effort over time. Some progress is already underway. For example, the North Carolina Administrative Office of the Courts (NCAOC) is coordinating with court clerks to update historical data so that

magistrates can access three years of IVC history when setting pretrial release conditions, as required by S.L. 2025-93/HB307, Section 1(c). Beyond these initial steps, multiple changes are needed across health, justice, and data infrastructure sectors to fully implement all legislative requirements outlined in S.L. 2025-93/HB307.

The NC Collaboratory offers the following actions for consideration:

- **Designate a North Carolina State agency to serve as a data lead** responsible for developing a statewide plan to connect behavioral health and criminal justice data systems. This will require delegating an agency to first understand and then navigate legal restrictions (e.g., HIPAA and CJIS restrictions); and determine whether there are existing State or local staff who can access, view, and work with data from both realms. This staffing issue may require creating new positions or teams with legal authority to simultaneously access behavioral health and criminal justice data.
- **Develop a comprehensive map of existing data systems in North Carolina to inform a federated data solution.** This effort could include mapping current information on data availability, quality, ownership and governance, connectivity, and privacy requirements to identify opportunities and challenges for responsible data linkage. This mapping could also consider other data systems that measure important outcomes and wraparound services, such as housing and employment data, that could be linked in the future. North Carolina should consider best data practices from other jurisdictions that have successfully connected health and justice data systems, such as Allegheny County (Data Warehouse), Florida (Baker Act reporting systems), and New York (outpatient commitment tracking).
- **Review and update statutory requirements for data reporting and data access.** Statutory changes are needed to add new data reporting requirements and to grant necessary legal authorities for State and local agencies to access those data. See Appendix B for an example of an amendment for the statute outlining reporting requirements for one phase of the civil IVC process (G.S. 122C-255). Beyond this example, multiple statutes may require revisions to improve data *availability* throughout the IVC process. To ensure changes are feasible to implement, it will also be critical to engage with the State and local agencies, legal jurisdictions, and health service providers tasked with implementing and complying with any future statutory changes.
- **Update guidance to operationalize new data collection processes and systems.** This will require program administrators, policymakers, and health service providers to develop and implement new training and guidance for data collection and reporting. Cross-agency and cross-sector coordination will be critical to ensure compliance with relevant State and federal statutes.

Ongoing Research for Feasibility, Implementation, and Policy

North Carolina is undertaking one of the most significant overhauls of its mental health and criminal justice systems in decades, with S.L. 2025-93/HB307 introducing changes with substantial operational, fiscal, and public safety implications. Available data and

stakeholder feedback indicate that North Carolina’s existing systems lack the capacity to absorb these requirements without significant workforce investment and cross-system coordination.

Current Challenges

The intersection of North Carolina’s mental health and criminal justice systems is complex and evolving. While NC Collaboratory-funded research addresses several urgent questions, it does not fully capture the range of implementation challenges emerging under S.L. 2025-93/HB307. Policymakers, administrators, and providers have identified critical gaps related to operational execution, workforce constraints, and legal system capacity that remain outside the scope of current studies. These challenges are interconnected and may not be successfully addressed as separate issues. Some key pressure points include the following:

- **Treatment capacity.** Effective outcomes for justice-involved individuals with serious mental illness depend on access to timely, high-quality care. Capacity is already strained across the IVC continuum—including in preventive care units, emergency departments, crisis units, and inpatient and outpatient services—creating bottlenecks that may worsen under expanded statutory requirements. These bottlenecks manifest in multiple ways, including patients waiting in clinically inappropriate settings for a State hospital bed; patients in State beds waiting to be discharged to community care; and patients eligible for outpatient commitment who lack appropriate local treatment options. North Carolina must address capacity issues in both inpatient and outpatient treatment options.
- **Workforce capacity.** Nearly all entities responsible for implementing S.L. 2025-93/HB307 face staffing shortages and operational strains. Many agencies and providers attribute unfilled clinical and law enforcement positions to low salary levels, lengthy hiring processes, and competing demands on staff time (e.g., transporting individuals under IVC orders). As a result, hundreds of beds in State-operated facilities are left vacant due to these staffing challenges. Although workforce expansion efforts are underway, additional investment and coordination are needed to ensure agencies are adequately staffed, funded, and trained.
- **Legal system capacity.** S.L. 2025-93/HB307 introduces new procedural and timeline requirements that extend beyond the scope of current research, including changes affecting capital case processing. These will have system-wide impacts across District, Superior, Appellate, and Supreme Courts, necessitating new workflows and coordination mechanisms.

Why It Matters

As State agencies and counties make changes to implement new requirements under S.L. 2025-93/HB307, independent and ongoing evaluation will be essential to determine what works, identify emerging challenges, and assess impacts on public safety, system performance, and individual outcomes. Embedding research into implementation would strengthen accountability and support effective use of public resources.

Potential Next Steps

To maximize the effectiveness of S.L. 2025-93/HB307, the General Assembly should pair statutory reforms with support for sustained research and evaluation infrastructure. Continuous analysis will help identify successful models, inform mid-course corrections, and guide statewide scale-up.

The NC Collaboratory offers the following actions for consideration:

- **Embed evaluation into implementation.** Require and fund rigorous evaluation as part of new policies and the expansion of pilot programs serving justice-involved adults and youth with mental health needs. Partner with North Carolina researchers who have experience evaluating local programs, as well as national experts who have experience assessing other promising models.
- **Leverage external funding.** Encourage partnerships with national philanthropic and research organizations to support research, technical assistance, and demonstration projects. For example, major organizations including Arnold Ventures, the Annie E. Casey Foundation, the Charles Koch Foundation, and the MacArthur Foundation fund research focused on criminal justice and health systems.
- **Establish and fund an Office of Health and Justice Research.** Provide recurring funding to create a dedicated office within the NC Collaboratory to coordinate research, administer grants aligned with State priorities, and translate findings into actionable policy guidance. Similarly to how the NCGA established and funded the Office of Learning Research at the NC Collaboratory to study pressing policy issues in K-12 education (S.L. 2024-57, SECTION 2A.8.(a-e); \$1.5M (R)), the NCGA could establish and fund a parallel office to focus on critical issues in the intersecting fields of health and criminal justice. See Appendix C for sample legislation.

Appendix A:

Research Study Overviews

Appendix B:

Example Amendment to Civil IVC Statute G.S. 122C-255

Appendix C:

Sample Legislation for Recurring Research Support

Appendix A: Research Study Overviews

Research Studies Funded by the NC Collaboratory as of April 1, 2026

Institution	Lead(s)	Topic	Focus Area (per SL 2025-93, Section 4)	Budget
Adults				
UNC School of Government	Welty	Understanding and Identifying Innovation in the Initial Response to Behavioral Health Crises in North Carolina	Initial Response	\$111k
UNC School of Government	Denning	The Availability of House Arrest as a Condition of Pretrial Release in North Carolina	Pre-Trial (House Arrest)	\$69k
Duke Wilson Center & UNC School of Government	Garrett/Swartz & Botts	Involuntary inpatient and outpatient commitment in NC: exploring opportunities for reform	IVC (Inpatient & Outpatient)	\$269k
UNC School of Government	Markham	Assessing the Availability of Jail-Based Behavioral Health Services in North Carolina	Incarceration (Jails)	\$91k
UNC School of Social Work	Blank Wilson	Using Prison Data to Improve Mental Health Care and Reentry Planning for Individuals with Serious Mental Illness incarcerated in North Carolina Prisons	Incarceration (Prisons)	\$210k
Duke Wilson Center	Finholt	Mental Health Care when Reentering Communities: Assessing Access, Quality, and Evidence-Based Practice	Post-Release	\$103k
Juveniles				
UNC School of Government	Greene	The Intersection of the Juvenile Justice System & Mental Health: Unmet Needs for Justice-Involved Youth with Severe Mental Health Diagnoses	Intake, Evaluation, Court Processing, Disposition, Post Release	\$134k
Duke Wilson Center	Finholt	Mental Health Care in North Carolina Youth Development Centers: Assessing Access, Quality, and Evidence-Based Practice	Youth Development Centers	\$95k
Total Funding Allocated				\$1.08M

S.L. 2025-93/HB307 authorized the NC Collaboratory to use up to \$1M in previously appropriated funds to support these studies, which will be supplemented with the NC Collaboratory’s discretionary funding.

Understanding & Identifying Innovation in the Initial Response to Behavioral Health Crises in North Carolina

Focus Issue: Initial Response

In North Carolina, most 911 calls result in an armed, uniformed law enforcement officer responding to the scene. However, there is growing interest in alternative models of crisis response directed at calls arising from behavioral health issues, substance abuse, and homelessness rather than serious criminal behavior. These alternative models often aim to pair officers with social workers or other professionals to better connect people to services while reducing reliance on police to address behavioral health concerns. However, the availability and structure of these programs vary across the state. There is no centralized resource that describes the different models of initial crisis response in North Carolina, explores how the criminal justice and mental health systems intersect at the point of initial response, and identifies promising innovations in this area. This project will fill that gap and produce information to help state and local decision-makers as they assess options for crisis response that protect public safety while ensuring that individuals receive necessary services.

The Research Team

Principal Investigator: Jeff Welty, Professor of Public Law & Government

Institution: University of North Carolina at Chapel Hill School of Government

The UNC School of Government is the largest university-based local government training, advisory, and research organization in the United States. The mission of the School is to improve the lives of North Carolinians by engaging in practical scholarship that helps public officials and citizens understand and improve state and local government.

Professor Welty joined the School in 2008 and is an expert in criminal law and procedure, with a particular focus on policing and the law of search and seizure. He regularly teaches and consults with law enforcement leaders, prosecutors, and judicial officials. Professor Welty will be assisted by members of the School's Justice Systems Research Team, Hannah Turner and Maggie Bailey.

Research Questions, Methods, and Data Sources

Research Question 1: *How does the initial response to behavioral health crises vary across North Carolina?*

Research Question 2: *What are some of the benefits and challenges associated with starting and maintaining alternative crisis response programs in North Carolina?*

Research Question 3: *What does the existing literature show about the efficacy of alternative response models?*

The project will examine crisis response in North Carolina through three primary methods: (1) a statewide survey of law enforcement agencies, (2) analysis of statewide utilization data from emergency departments, the 988 crisis line, and mobile crisis teams, and (3) a review of existing literature on alternative crisis response programs.

Drawing on these data sources, the project will provide a comprehensive picture of initial response pathways across the state, with a particular focus on 911, 988, statewide mobile crisis services, and local alternative response programs. It will quantify how frequently different crisis response options are used, assess how often law enforcement officers are involved in initial response, and use survey findings to describe the scope and distribution of alternative response programs, including barriers that limit their development or use in some communities. The literature review will offer evidence on promising crisis response models in North Carolina and similar states, focusing on public safety outcomes.

The final report will highlight key intersection points between the criminal justice and mental health systems at the moment of initial crisis response, offering actionable insights for stakeholders ranging from law enforcement and 911 dispatchers to behavioral health providers and policymakers.

Recommendation Topics

The project may generate evidence in the following topic areas that could inform policy and practice:

- Geographic and demographic variation in crisis response approaches and service availability.
- Characteristics of promising alternative response models.
- Opportunities for improved coordination between law enforcement, 988, mobile crisis teams, DSS, and emergency departments concerning crisis response.
- Challenges that limit the development, sustainability, or effectiveness of initial crisis response services, and opportunities for state actors to address those challenges.

Contact Information

Principal Investigator: Jeff Welty, welty@sog.unc.edu

This work is made possible through funding from the North Carolina General Assembly via the NC Collaboratory. Thank you for your support.



**School of
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The Availability of House Arrest as a Condition of Pretrial Release in North Carolina

Focus Issue: Pretrial Electronic Monitoring

S.L. 2025-93 (H 307) (“Iryna’s Law”) requires the NC Collaboratory to study “the availability of house arrest as a condition of pretrial release in each county or judicial district,” and this project will answer that fundamental research question. Additionally, this project will produce insights from practitioners on implementing pretrial electronic monitoring programs, as the law also requires all judicial districts to enter into an agreement with a qualified vendor to provide pretrial electronic monitoring. A 2024 survey conducted by the UNC School of Government found that only twenty-nine counties had pretrial electronic monitoring capabilities, meaning many stakeholders may benefit from additional guidance to successfully implement a pretrial electronic monitoring program.¹

The Research Team

Principal Investigator: Shea Denning, James E. Holshouser Distinguished Professor of Public Law and Government; Director, North Carolina Judicial College

Institution: University of North Carolina at Chapel Hill School of Government

The UNC School of Government is the largest university-based local government training, advisory, and research organization in the United States. The mission of the School is to improve the lives of North Carolinians by engaging in practical scholarship that helps public officials and citizens understand and improve state and local government.

Professor Denning joined the School in 2003. She is an expert in criminal law and procedure and judicial authority and administration. She currently serves as director of the North Carolina Judicial College. As a faculty member, she teaches and advises judges, magistrates, prosecutors, defense attorneys, and law enforcement officers. Professor Denning will be assisted by members of the School of Government’s Justice Systems Research Team, Hannah Turner and Maggie Bailey.

Research Questions, Methods, and Data Sources

Research Question 1: What is the scope and availability of electronic monitoring as a condition of pretrial release in each county or judicial district?

Research Question 2: What are the primary methods for funding electronic monitoring?

¹ UNC School of Government Criminal Justice Innovation Lab. (2024, December). *Pretrial Supervision & Support Services in North Carolina*. <https://cjil.sog.unc.edu/resource/pretrial-supervision-support-services-in-north-carolina/>.

Research Question 3: What lessons on the implementation of electronic monitoring as a condition of pretrial release can be shared with judicial system stakeholders?

Research Question 4: What are the potential impacts of Iryna’s Law on the availability and use of electronic monitoring as a condition of pretrial release statewide?

We will answer these three research questions through a combination of a statewide survey and two focus groups. The statewide survey will be sent to stakeholders in every judicial district, including senior resident superior court judges, chief district court judges, pretrial services directors, and Sheriffs. The survey will ask about the availability of pretrial electronic monitoring, local oversight structure, vendor information, cost considerations, payment models, and more.

After the survey is complete, we will conduct two focus groups. The first will include judicial system stakeholders from jurisdictions that had pretrial electronic monitoring capabilities prior to the passage of Iryna’s Law. The second will include judicial system stakeholders from jurisdictions that did not have pretrial electronic monitoring capabilities prior to Iryna’s Law and have recently established pretrial electronic monitoring programs or are working to establish them. We will recruit focus group participants that are diverse in terms of their positions within the judicial system and the geography, size, and urbanicity of the jurisdictions they serve.

These focus groups will produce information on topics including, but not limited to, similarities and differences in pretrial electronic monitoring programs across the state, common barriers to implementation and how stakeholders have overcome those challenges, funding and payment methods, and local evaluation practices to assess the success of pretrial electronic monitoring.

Recommendation Topics

- Identify promising strategies for implementation of vendor-based contracts for the provision of electronic monitoring.
- Identify models for providing electronic monitoring and recouping costs from defendants.
- Identify potential methods for assessing the success of pretrial electronic monitoring.

Contact Information

Principal Investigator: Shea Denning, denning@sog.unc.edu

This work is made possible through funding from the North Carolina General Assembly via the NC Collaboratory. Thank you for your support.



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Involuntary inpatient and outpatient commitment in NC: exploring opportunities for reform

Focus Issue: Involuntary commitment under HB 307

The newly enacted HB 307 (“Iryna’s Law”) expands and accelerates the use of involuntary inpatient and outpatient commitment (IVC) for individuals with criminal legal involvement and known or suspected serious mental illness. These statutory changes heighten longstanding concerns about the capacity, fairness, and effectiveness of North Carolina’s IVC system. This project will examine the state’s legal framework for IVC and its real-world implementation, synthesize evidence from research and stakeholders, and develop actionable policy options to support effective, accountable, and rights-respecting use of involuntary commitment.

The Research Team

Principal Investigators: Brandon Garrett, Professor (Duke Law) and Marvin Swartz, MD, Professor (Psychiatry and Behavioral Sciences, Duke University School of Medicine & Wilson Center for Science & Justice at Duke Law)

Research Team: Jeffrey Swanson, PhD, Michele Easter, PhD (Psychiatry and Behavioral Sciences, Duke University School of Medicine & Wilson Center for Science & Justice at Duke Law), Rita Grunberg, PhD (Wilson Center for Science and Justice at Duke Law), Mark Botts, JD (UNC-CH School of Government)

Our research team combines the expertise of the Wilson Center for Science and Justice (WCSJ) at Duke Law and the UNC-CH School of Government (UNC-SOG). The WCSJ brings together faculty and students at Duke University in law, medicine, behavioral health, public policy, and arts and sciences to conduct research, develop policy recommendations, and educate the next generation of criminal justice professionals to improve criminal justice outcomes. The mission of the UNC-SOG is to improve the lives of North Carolinians by engaging in practical scholarship that helps public officials and citizens understand and improve state and local government.

Research Questions, Methods, and Data Sources

Research Question 1: What does existing evidence from peer-reviewed publications and rigorously conducted reports about the use, effectiveness and successful implementation of involuntary inpatient and outpatient commitment programs tell us about opportunities for reform of these programs in North Carolina?

Utilizing existing published sources, we will conduct a focused review and synthesize the findings from peer-reviewed publications and rigorously conducted reports about involuntary inpatient and outpatient commitment.

Research Question 2: What can we learn from stakeholder interviews with national, state and local behavioral health administrators, legal experts and selected advocacy groups about the current barriers to effective use of involuntary inpatient and outpatient commitment and suggested reforms?

We will identify key informants with knowledge of IVC practices, and conduct and synthesize stakeholder interviews about the effectiveness of involuntary civil commitment in North Carolina and barriers to its more effective use.

Research Question 3: If data are available, what is the current utilization of involuntary inpatient and outpatient commitment in North Carolina? How do these rates compare to national rates and to similar states?

To the extent possible, we will compile available data on the current utilization of involuntary inpatient and outpatient commitment in North Carolina.

Research Question 4: How do the features and state of implementation of involuntary outpatient commitment in NC compare to other states' programs?

The team will identify and synthesize key elements of successful involuntary outpatient commitment programs from the literature reviewed and stakeholder interviews.

Research Question 5: What are key policy reform options for consideration for stakeholders in North Carolina?

We will synthesize findings from Questions 1-4 and formulate key policy reform options for North Carolina.

Recommendation Topics

- Strengthen accountability and implementation of inpatient and outpatient commitment by updating statutory language, clarifying roles and responsibilities, and adopting best practices demonstrated in effective programs in comparable states.
- Improve data infrastructure and reporting requirements across all stages of the IVC process — including initiation, evaluation, disposition, inpatient care, and outpatient follow-up — to support transparency, quality improvement, and policy evaluation.

Contact Information

Principal Investigators: Brandon Garrett and Marvin Swartz MD, email: marvin.swartz@duke.edu

This work is made possible through funding from the North Carolina General Assembly via the NC Collaboratory. Thank you for your support.



Assessing the Availability of Jail-Based Behavioral Health Services in North Carolina

Focus Issue: Jail-Based Mental Health Services

Local jails in North Carolina have a constitutional, statutory, and regulatory obligation to address mental health needs among the jail population. Effective management and treatment of individuals in jails with mental health issues is key to meeting these obligations, keeping jails safe, and supporting successful reentry into the community. However, the availability and quality of mental health services vary across local jails, and there is limited statewide understanding of what behavioral health services are available, how those services are delivered, and which models are most effective.

The Research Team

Principal Investigator: James Markham, Professor of Public Law and Government

Institution: University of North Carolina at Chapel Hill School of Government

The UNC School of Government is the largest university-based local government training, advisory, and research organization in the United States. The mission of the School is to improve the lives of North Carolinians by engaging in practical scholarship that helps public officials and citizens understand and improve state and local government.

Professor Markham joined the School in 2007. His area of expertise is criminal law and procedure, with a focus on the law of sentencing, corrections, and the conditions of confinement. As part of his work, he regularly provides training and consultation to Sheriffs and jail administrators. Professor Markham will be assisted by members of the School of Government's Justice Systems Research Team, Hannah Turner and Maggie Bailey.

Research Questions, Methods, and Data Sources

Research Question 1: What behavioral health services are available to individuals incarcerated in local jails in North Carolina?

Research Question 2: How do jails identify, manage, and treat individuals with severe behavioral health needs?

Research Question 3: What does the existing literature show about effective delivery models for jail-based behavioral health services?

We will answer these three research questions through a combination of a statewide survey of Sheriffs' Offices, interviews with Sheriffs and jail administrators, and a literature review.

The statewide survey will be administered to all 100 Sheriffs' Offices to identify the behavioral health services available in local jails, who provides those services, screening protocols, cost considerations, special programs, and more. Sheriffs that do not have a jail in their jurisdiction will be asked about services provided in the facility where individuals arrested in their county are held.

After the survey is complete, we will conduct interviews with representatives from at least ten Sheriffs' Offices. These interviews may be with the Sheriff, the jail administrator, or another position that is responsible for oversight of behavioral health services in the jail. We will recruit interview participants that represent geographic diversity, various levels of urbanicity, different models of behavioral health service delivery, and different levels of service availability. These interviews will provide additional insight into policies, procedures, and day-to-day operational decisions related to the management and treatment of individuals in local jails with behavioral health needs. For example, protocols for responding to mental health crises, ways that safety considerations impact service delivery, and collaboration with community providers.

Finally, the literature review will summarize promising evidence-based practices for treating individuals with behavioral health needs in local jails, with an emphasis on models in North Carolina and jurisdictions comparable to North Carolina. It will also summarize practitioner-oriented research and guidance that is specific to North Carolina, like data presented in agency reports and training materials provided to detention officers.

Recommendation Topics

- Establish statewide minimum standards for jail-based behavioral health services, incorporated into formal administrative rules and/or the Detention Officer Certification Course/in-service training.
- Expanded workforce capacity, including telehealth and regional service models.
- Improve crisis-response protocols and diversion pathways.
- Develop protocols for information-sharing and coordination with the courts.
- Strengthen discharge planning and continuity of care.
- Develop statewide data collection and monitoring systems.
- Enhance detention officer training and safety supports.
- Align funding with identified service gaps.

Contact Information

Principal Investigator: James Markham, markham@sog.unc.edu

This work is made possible through funding from the North Carolina General Assembly via the NC Collaboratory. Thank you for your support.



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Using Prison Data to Improve Mental Health Care and Reentry Planning for Individuals with Serious Mental Illness Incarcerated in North Carolina Prisons

Focus Issue: Mental Health Screening, Treatment, and Continuity of Care in Prison

People with serious mental illnesses are incarcerated at rates far higher than the general population, and incarceration can worsen psychiatric symptoms and increase the risk of prolonged criminal justice involvement. This project will examine how individuals with serious mental illness enter, move through, and exit prison—including their mental health assessment(s) and treatment—identifying patterns of need to strengthen care, improve reentry planning, and inform data-driven decisions that enhance public safety and system coordination.

The Research Team

Principal Investigator: Amy Blank Wilson, MSW, PhD, Professor,
Co-Principal Investigator: Rebecca Rebbe, MSW, PhD, Assistant Professor
Institution: School of Social Work, University of North Carolina at Chapel Hill

The UNC School of Social Work conducts intervention-focused research to inform practice and public policy and address pressing social challenges. Ranked the top public university social work program, and third overall, nationally in research by the National Science Foundation's Higher Education Research and Development Survey, the School has a longstanding commitment to serving North Carolina through rigorous research, training, and collaboration with state and community systems.

This project's research team brings nationally recognized expertise at the intersection of mental illness and the criminal justice system, with extensive experience using complex administrative data to address policy-relevant questions about individuals with serious mental illness. The team combines advanced quantitative and person-centered methodological training, and has a strong track record of conducting community-engaged, system-level research to inform policy and practice decisions at the local, state, and national levels.

Research Questions, Methods, and Data Sources

This study will use a retrospective cohort design to examine the experiences of individuals with serious mental illness who have been incarcerated in North Carolina prisons over the past decade. Guided by a community-engaged approach, the research team will collaborate with the North Carolina Department of Adult Correction throughout the project—from data identification through interpretation and policy translation—using existing prison administrative records to identify individuals with serious mental illness and characterize their experiences from entry to release, including institutional experiences, mental health screening and treatment, and criminal legal characteristics. We will also evaluate whether correctional records can be matched with prison medical records to assess treatment patterns and continuity of care and use all of the data obtained to identify distinct profiles of individuals with serious mental illness who share similar institutional experiences and treatment needs to inform future policy and resource planning. Specific aims include:

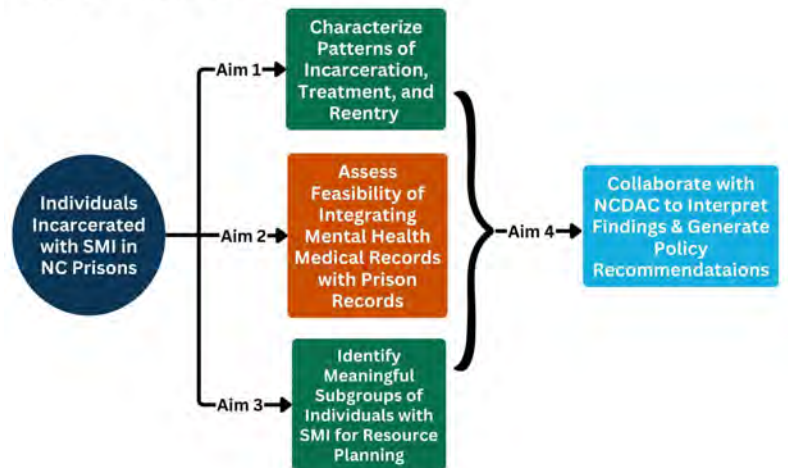
Aim 1: Characterize patterns of prison entry and release, criminal charges and sentences, institutional placement and conduct, and risk factors for recidivism among individuals with serious mental illness (SMI) incarcerated in the North Carolina prison system.

Aim 2: Assess the feasibility of integrating prison mental health treatment records associated with criminal legal and institutional experiences in Aim 1. Where feasible, exploratory and preliminary analyses will be engaged of mental health assessments, treatment, and continuity of care during incarceration in prison, with the goal of identifying opportunities to strengthen care coordination and continuity of services during incarceration and at release.

Aim 3: Use criminal legal, institutional, and mental health data to identify meaningful subgroups of individuals with SMI to inform policy and resource planning during incarceration and after release.

Aim 4: Collaborate with NCDAC policymakers, administrators, and staff throughout the study to inform data planning and acquisition, interpret findings and to translate findings into actionable policy recommendations to improve mental health screening, treatment continuity during incarceration, and care coordination at release.

Figure 1. Study Overview



Recommendation Topics

- Strengthen and better leverage existing state investments in mental health programs for individuals with SMI incarcerated in jail and prison.
- Identify and prioritize new or expanded services that reduce recidivism among individuals with SMI.
- Develop coordinated service and system-level strategies that maximize access to financial benefits and health coverage at release (e.g., Medicaid, SSI/SSDI).
- Implement reentry models that provide intensive, coordinated support during the critical transition from incarceration to the community for individuals with SMI.
- Expand cross-system training and workforce development opportunities for correctional and mental health staff working with justice-involved individuals with SMI.

Contact Information

Principal Investigator(s): Amy Blank Wilson, amyblank@email.unc.edu

This work is made possible through funding from the North Carolina General Assembly via the NC Collaboratory. Thank you for your support.



Mental Health Care when Reentering Communities: Assessing Access, Quality, and Evidence-Based Practice

Focus Issue: Mental Health During Reentry

Reentry programs serve as key intervention spaces for recidivism reduction, particularly for people with mental health needs who are exiting jails and prisons. People reentering from incarceration are under state supervision that seeks to provide rehabilitation and support. We hope to learn how these programs can most effectively address mental health needs to reduce recidivism and prevent future violence.

The Research Team

Principal Investigator(s): Ben Finholt, Director of Second Chances and Legal Advocacy

Research Team: Dr. Katharine Gary, Behavioral Health Research Analyst; Marcus Pollard, Policy Analyst

Institution: Wilson Center for Science and Justice at Duke Law

The Wilson Center has a robust Behavioral Health Core team that studies the intersection of the criminal legal system and people with mental illness and investigates interventions that reduce criminal involvement. It is the only North Carolina organization that combines peer-reviewed behavioral health research with legal expertise and policy solutions. The team for this study has years of experience working with individuals reentering from prison and Local Reentry Councils that provide support and includes a mental health clinician.

Research Questions, Methods, and Data Sources

Research Question 1: What mental health services are currently available to people reentering communities from incarceration and, of those that are available, which are utilized across North Carolina counties with local reentry councils?

We will contact each of the 20 Local Reentry Councils (LRCs) in the state to find out how they interact with people reentering from incarceration who need mental health services. We have created a survey form in Qualtrics to acquire our data, which can be filled out by LRC staff or Wilson Center researchers. We will catalogue the data and categorize it by relevant re-entry variables related to mental health services, such as (1) mental health service availability, (2) mental health service utilization, (3) service type, and (4) LRC utilization.

Research Question 2: What barriers exist to accessing and providing quality mental health services after incarceration?

Using a Qualtrics form with LRC and DAC staff, we will catalogue (1) structural barriers such as lack of service availability or lack of contact with people needing mental health services and (2) individual barriers such as lack of knowledge about mental health needs in the reentering population, cost, or lack of transportation.

Research Question 3: What does existing evidence tell us about effective mental health interventions for people reentering communities from incarceration?

We will systematically review existing literature to examine the current utilization of mental health services by people reentering communities from incarceration and compare to national and state benchmarks. The literature will be centered around topics related to post-release mental health interventions, such as service referral, enrollment, and engagement with outpatient mental health care, psychiatric services, crisis services or other behavioral health programs during post-release.

Recommendation Topics

A few key themes have emerged so far as we have begun our research.

- First, Medicaid is a vital component of getting people the help they need. Without Medicaid, virtually everyone reentering from jail and prison will not be able to get mental health services.
- Second, the best way to ensure treatment for people reentering from incarceration is to make sure that all three of the following steps are taken:
 - A diagnosis while incarcerated;
 - A referral to an outside provider before release; and
 - Assistance with enrollment in Medicaid prior to release.
- For people reentering from prison, current prison staffing levels make referral to a treatment provider and enrollment in Medicaid difficult, if not impossible, for most people.
- Third, another way for reentering people to get treatment is by referral after release. However, most North Carolina counties do not have local reentry councils to make those referrals, as the state has only 20 LRCs serving 26 counties that are state funded through 2026.
 - Of these 20 LRCs, 17 receive recurring funding from the General Assembly and three receive funding from the Department of Commerce. In 2024, DAC decided to fund an additional 11 LRCs serving 27 counties using internal funds. However, without a state budget, DAC has been unable to continue funding the 11 LRCs.
- Finally, people are supposed to leave prison with 30 days worth of medication, but sometimes do not. Ensuring that they have this supply would reduce violence.

Contact Information

Principal Investigator(s): Ben Finholt, benjamin.finholt@duke.edu

This work is made possible through funding from the North Carolina General Assembly via the NC Collaboratory. Thank you for your support.



The Intersection of the Juvenile Justice System & Mental Health: Unmet Needs for Justice-Involved Youth with Severe Mental Health Diagnoses

Focus Issue: Unmet Needs for Justice-Involved Youth

Many youths involved in the juvenile justice system live with significant mental health conditions, but the services they need are often fragmented or difficult to access. Without effective care, these youth face a higher risk of continued system involvement as juveniles and adults, impacting individual and community wellbeing and public safety. Currently, there is limited information about the identification of mental health needs for justice-involved youth, treatment pathways to address those needs, and outcomes for justice-involved youth with mental health needs, particularly for youth with significant mental health diagnoses who have also been charged with violent offenses.

The Research Team

Principal Investigator: Jacquelyn Greene, Associate Professor of Public Law and Government

Institution: University of North Carolina at Chapel Hill School of Government

The UNC School of Government is the largest university-based local government training, advisory, and research organization in the United States. The mission of the School is to improve the lives of North Carolinians by engaging in practical scholarship that helps public officials and citizens understand and improve state and local government.

Professor Greene joined the School in 2018. She teaches, advises, and writes about juvenile law as it relates to the juvenile justice system. Before coming to the School, she was the Director of Juvenile Justice Policy for the New York State Division of Criminal Justice Services and she subsequently provided national technical assistance on the intersection of juvenile justice, schools, and mental health. Professor Greene will be assisted by members of the School of Government's Justice Systems Research Team, Hannah Turner and Maggie Bailey, as well as Jamie Swaine, a Social/Clinical Research Assistant in the UNC School of Medicine Psychiatry Department.

Research Questions, Methods, and Data Sources

Research Question 1: Where and how do the juvenile justice and mental health systems intersect?

Research Question 2: What unmet needs exist for juveniles who have engaged in violent behavior and who have a significant mental health need?

Research Question 3: What promising models for treating justice-involved youth with significant mental health diagnoses exist in the literature?

We will answer these three research questions through a combination of a statewide survey, stakeholder interviews, data analysis, and a review of relevant literature and North Carolina statutes.

The survey will be administered to NC Division of Juvenile Justice (DJJ) staff, mental health service providers, district court judges, and representatives from LME/MCOs across the state. The survey will ask about intersection points between the juvenile justice and mental health systems, screening and assessment procedures, ways justice-involved youth are connected to treatment, service and system process gaps, and more.

From the stakeholder pool that receives the survey, we will select a minimum of fifteen individuals for in-depth interviews. We will select interview participants that are diverse in terms of their positions within the juvenile justice and mental health systems and the geography, urbanicity, and availability of mental health services in the jurisdictions they serve. These interviews will provide additional insight into barriers that exist for justice-involved youth in need of mental health treatment, areas for systems improvement, and issues related to cross-system coordination.

To supplement what we learn through the survey and interviews, we will analyze data from DJJ about youth charged with violent offenses who also have significant mental health diagnoses. We intend to identify the mental health services recommended for these youth versus the services they received, examine case outcomes, and determine the extent of their repeat interactions with the juvenile justice system.

Finally, the legal review will examine North Carolina statutes and administrative procedures to understand how the juvenile justice system is designed to connect with the mental health system. The literature review will summarize peer-reviewed literature and other reporting on effective models for treating justice-involved juveniles with mental health needs.

Recommendation Topics

- Current structures to identify and address the mental health needs of justice-involved youth, including structural gaps and barriers to the identification of mental health needs and access to needed treatment.
- Unmet mental health needs among justice involved youth.
- Promising practices to address the mental health needs of justice-involved youth.

Contact Information

Principal Investigator: Jacquelyn Greene, greenes@sog.unc.edu

This work is made possible through funding from the North Carolina General Assembly via the NC Collaboratory. Thank you for your support.



Mental Health Care when Reentering Communities: Assessing Access, Quality, and Evidence-Based Practice

Focus Issue: Mental Health at Youth Development Centers

Commitment to a Youth Development Center (YDC) is the most severe disposition in the juvenile system. A commitment is typically for an indefinite period of at least six months and, according to statute, should only exceed six months if the Division of Juvenile Justice and Delinquency Prevention (DJJDP) determines that the child requires additional treatment or rehabilitation. This focus on rehabilitation makes YDCs a key intervention space for recidivism and violence reduction, particularly for young people with mental health needs. However, the average commitment remains fourteen months, despite a recent study conducted by DJJDP which found that treatment at YDC after the initial six months did not meaningfully reduce recidivism. Thus, more research is needed to better understand the treatment that is being provided at YDCs and how it can most effectively prevent future violence.

The Research Team

Principal Investigator: Ben Finholt, Director of Second Chances and Legal Advocacy

Research Team: *Dr. Jesse Lopez, Research Analyst; Sam Lawrence, Fellow and Licensed Clinical Social Worker*

Institution: Wilson Center for Science and Justice at Duke Law

The Wilson Center is the only North Carolina organization that combines peer-reviewed behavioral health research with legal expertise and investigates policy solutions to reduce criminal involvement. The team for this study has years of experience working with at-risk youth and designing studies to measure the impact of programming on violence reduction.

Research Questions, Methods, and Data Sources

Research Question 1: What mental health services are currently available and, of those that are available, which are utilized across North Carolina's five YDCs?

DJJDP does not keep lists of the types of treatment offered and which children in YDCs are receiving treatment over time. We will work with DJJDP to determine:

- How many licensed mental health clinicians provide services at each YDC and the types of therapy and treatments they are trained in;
- The frequency and duration of sessions with licensed clinicians for children at YDCs;
- What types of treatments the children currently in YDCs are receiving; and
- What other activities or institutional factors aside from treatment with a licensed mental health provider impact the mental health of children at YDCs.

Research Question 2: What does existing evidence tell us about effective mental health interventions in juvenile justice settings?

We will conduct a review of the literature on mental health services provided in juvenile facilities, and their impact on outcomes related to well-being, violations during their stay, and recidivism.

Research Question 3: What barriers exist to accessing and providing quality mental health services in North Carolina YDCs?

We will conduct interviews with children in YDCs and YDC staff. These interviews will be semi-structured qualitative interviews that aim to assess barriers to access, service quality, and discuss the perceived short-term and long-term benefit of accessing these services.

Recommendation Topics

- Based on DJJDP’s Annual Reports between 2019 and 2024, 96% of youth in YDCs were diagnosed with at least one mental health condition. Youth had an average of 3–4 distinct mental health or substance-related diagnoses documented each year, spanning a variety of categories including disruptive and impulse-control disorders, trauma and stress-related disorders, substance use disorders, and neurodevelopmental disorders. Each of these diagnostic categories requires distinct clinical approaches and supports. Research is needed to assess how YDC treatment can be improved to reduce recidivism and violence among youth with such complex mental health needs.
- While reports produced by the DJJDP provide insight into the proportion of youth prescribed medication (approximately 38–55%), they do not include information on the type or frequency of therapy provided by licensed clinicians.
- YDCs are only required to offer children one session per month with a licensed mental health provider. While there may be other activities in YDCs that offer therapeutic benefit, individual therapy once a month is significantly less than the three sessions a week a high-risk child would receive in the community or a mental health treatment facility. Research is needed to understand the amount and types of therapy provided at YDCs and how obstacles to more robust treatment can be overcome.

Contact Information

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This work is made possible through funding from the North Carolina General Assembly via the NC Collaboratory. Thank you for your support.



Appendix B: Example Amendment for Civil IVC Statute G.S. 122C-255

This is one example of a statutory amendment that would increase reporting requirements to require more data collection throughout the civil involuntary commitment (IVC) process to inform program and policy implementation.

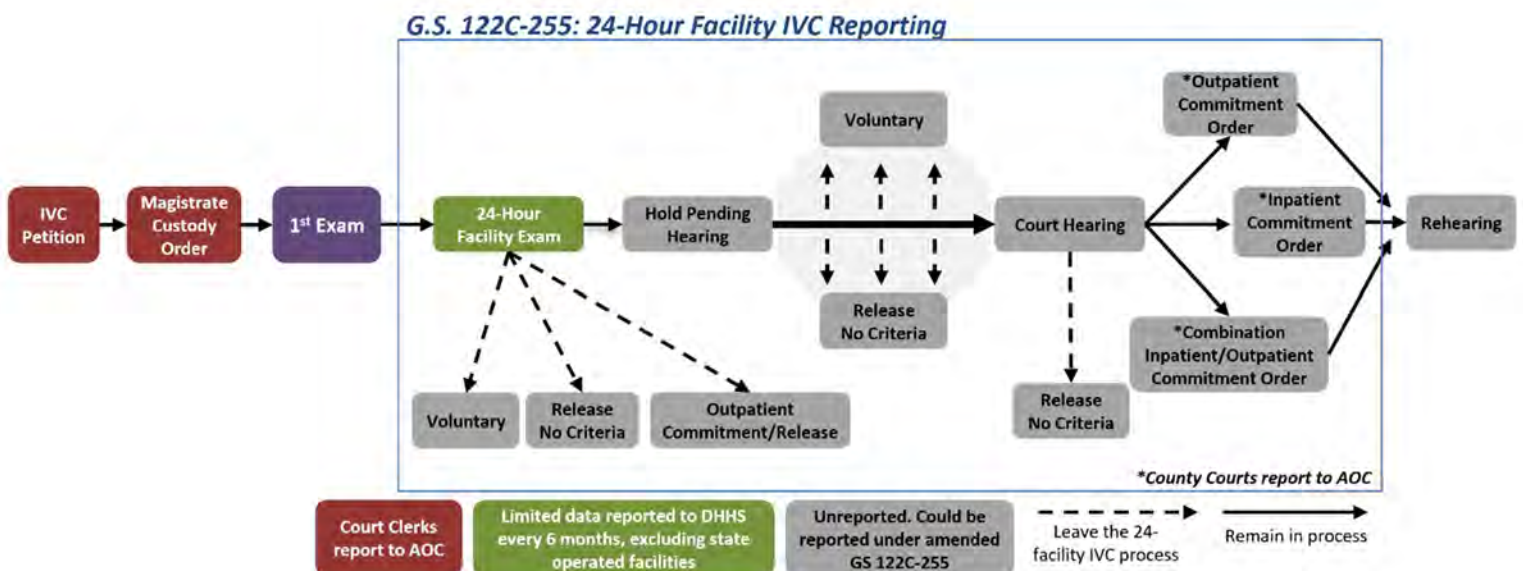
Specifically, this is an example of a potential amendment to G.S. 122C-255, the statute governing data reporting for 24-hour (inpatient) facilities that provide services to individuals involved in the IVC process. Critically, this statute governs data reporting in *only one phase* of the IVC process.

Before formal statutory changes are made, State agencies and health service providers implicated in the change should provide feedback and inform implementation. All changes to reporting requirements would have implications for staff training and time, data security and systems, and oversight.

Current Requirement: G.S. 122C-255 requires that 24-hour facilities provide semi-annual reports to NCDHHS. These required reports involve relatively few data points, and the requirement does not apply to State-operated inpatient facilities. The statutory reporting requirements leave out multiple data points that would make it possible for policymakers to measure and understand key aspects of IVC in North Carolina.

Process (See Figure 1): The flowchart below illustrates key steps and decision points in the civil IVC process, with the blue box bounding the phase of the process governed by this statute (G.S. 122C-255). Of these critical decision points, 24-hour facilities are required to report on the number of individuals receiving IVC services (green box), but not the outcome of those evaluations (grey boxes). To support the implementation of Iryna’s Law, NCAOC now requires county court clerks to collect the number of IVC petitions (red box), magistrate custody orders (red box), and court order information from 24-hour facilities (*grey boxes) in their jurisdictions. Still, *data describing many key decision points in the IVC process are not systematically reported to DHHS (grey boxes)*. The example amendment in this Appendix offers examples of language to address these grey boxes.

Figure 1: Flow Chart of IVC Process and Reporting



This is one example of a statutory amendment that could strengthen G.S. 122C-255 by 1) extending the reporting requirements to include State-operated facilities and 2) adding requirements for case outcome data.

Example Amendment

§ 122C-255. Report required.

Each 24-hour facility that ~~is either a (i) State facility under the jurisdiction of the Secretary of Health and Human Services or (ii) (i) falls under the category of nonhospital medical detoxification, facility-based crisis service, or inpatient hospital treatment; and (ii) is not a State facility under the jurisdiction of the Secretary of Health and Human Services, and (iii)~~ is designated by the Secretary of Health and Human Services as a facility for the custody and treatment of individuals under a petition of involuntary commitment pursuant to G.S. 122C-252 and 10A NCAC 26C.0101 shall submit a written report on involuntary commitments each January 1 and each July 1 to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Use Services. The report shall include all of the following:

- (1) The number and primary presenting conditions of individuals receiving treatment from the facility under a petition of involuntary commitment.
- ~~(1a)2~~ (2) The transportation method utilized by individuals admitted under a petition of involuntary commitment to the 24-hour facility.
- ~~(1b)3~~ (3) The total number of individuals respondents received under a petition for involuntary commitment during the reporting period and, upon completion of the 24-hour examination in accordance with G.S. 122C-266, the number of those respondents
 - (a) moved to voluntary status; -at any time between arrival at the 24-hour facility and completion of the required 24-hour examination
 - (b) recommended for inpatient commitment and held pending the district court hearing;
 - (c) recommended for outpatient commitment and released;
 - (d) recommended for substance abuse commitment and held pending the district court hearing;
 - (e) released upon completion of the 24-hour examination based on the determination that the respondent does not meet the criteria for commitment;
- (4) Of the respondents calendared for a hearing upon completion of the 24-hour facility examination because they fell within categories (3)(b) and (d), above, and were reported to the clerk of superior court pursuant to G.S. 122C-266(c) or 122C-285(c) as meeting the criteria for inpatient or substance abuse commitment, the number:
 - (a) moved to voluntary status before the district court hearing; -
 - (b) released before the district court hearing because the facility determines the respondent no longer meets the criteria for commitment;
 - (c) upon a hearing held in accordance with G.S. 122C-268 or 122C-286, the district court ordered
 - i. outpatient commitment;
 - ii. inpatient commitment;
 - iii. a combination of inpatient and outpatient commitment;
 - iv. substance abuse commitment; or

i.—discharge because the court finds the respondent does not meet the criteria for commitment.

-(25) The number of individuals for whom an involuntary commitment proceeding was initiated at the facility, who were referred to a different facility or program.

(36) The reason for referring the individuals described in subdivision (42) of this section to a different facility or program, including the need for more intensive medical supervision.

(7) The number of respondents whose custody order states that the respondent was charged with a violent crime, including a crime involving assault with a deadly weapon, and that the respondent was found incapable of proceeding.

Appendix C: Sample Legislation for Recurring Research Support

Sample legislation to require the NC Collaboratory to fund and manage further research on health and criminal justice.

§ 116-258. Office of Health and Justice Research

1. Office of Health and Justice Research Established – There is established the Office of Health and Research Justice (OHJR) to research, identify, and evaluate the intersection of mental health and the justice system within the State for both adults and juveniles.
2. The OHJR shall be housed within the North Carolina Collaboratory (Collaboratory) housed at the University of North Carolina at Chapel Hill established pursuant to G.S. 116-255.
3. Funding and Duties of the OHJR. – Funding allocated to the Collaboratory for the OHJR shall be administered by the Collaboratory pursuant to the provisions of G.S. 116-255. These funds shall be used to do at least the following:
 1. Independently identify and evaluate the efficiency and efficacy of programs, activities, initiatives, procedures, and any other factors related to the health and justice systems for both adults and juveniles in the State.
 2. Identify all data collected by State and local governments as well as other entities including, but not limited to, medical care providers, non-profit organizations, institutions of higher learning and any other entity the Collaboratory deems relevant to facilitate compliance with subsection (c)(1) including, but not limited to, data format, storage, transmission, analysis, access, and sharing and any other items the Collaboratory deems relevant.
 3. Identify additional data beyond those identified in subdivision (2) of this subsection that should be collected, by whom, and how they should be formatted, stored, transmitted, analyzed, accessed, and shared and any other items the Collaboratory deems to be relevant to support the Collaboratory’s compliance with its powers and duties as authorized under Article 31A of G.S. 116.
 4. Support the operations of the OHJR.

5. Access to Information. – All units of State and local government that receive a written request from the Collaboratory, including an electronically transmitted request, shall provide full access to personnel, data, or infrastructure to the Collaboratory, or any research team at an institution of higher learning funded by the Collaboratory, to address the issues defined in this subsection within 30 calendar days of the request. Any information or data received, regardless of format, that is confidential or not public record shall remain confidential and may not be publicly disclosed except as de-identified, aggregated information or data that contains no personally identifiable information.