



Myth Buster:
Services for Women with Justice Involved Histories

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April 9th, 2026

Asheville, NC

Disclosures

- No Disclosures

The Myth

Services are available, Women just don't want to utilize them.

but does that tell the whole story?

The Reality

It's not a lack
of desire

Access does
not equal
availability

The path to
wellness is not
always realistic

What Gets in the Way

Transportation

Childcare & fear of losing parental rights

Housing & employment instability

Stigma, Shame and Judgement

System overwhelm & cognitive overload

Trust in systems

ADDICTION MEDICINE

GOVERNOR'S INSTITUTE

Beyond the Prescription: Integrating Behavioral Health and System
Supports for Women with Justice-Involved Histories Receiving
Medication for Opioid Use Disorder

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April 9, 2026

Asheville, NC

Disclosures

The presenter has no relevant financial or non-financial relationships to disclose.

Objectives

1. Describe the clinical role of behavioral health in supporting women with justice-involved histories who are receiving medication for opioid use disorder (MOUD).
2. Identify core Sequential Intercept Model (SIM) points where intervention can improve access to MOUD for women with justice-involved histories.
3. Identify key resources that support cross-system integration of behavioral health, legal assistance, and housing services for women with justice-involved histories receiving MOUD

Case Review Snapshot

Three snapshots of the same individual across the life course

| Age 16 | Age 24 | Age 35 |
|---|--|--|
| <p>Cannabis Use Disorder</p> <p>Substance Use</p> <ul style="list-style-type: none">• Early opioid experimentation <p>Justice Involvement</p> <ul style="list-style-type: none">• Juvenile detention | <p>Pregnant — Opioid Use Disorder</p> <p>Substance Use</p> <ul style="list-style-type: none">• Opioid Use Disorder• Arrest (possession & paraphernalia)• Adult detention (pre-trial) | <p>Pregnant, parent</p> <p>Substance Use</p> <ul style="list-style-type: none">• Fentanyl & methamphetamine use <p>Justice Involvement</p> <ul style="list-style-type: none">• CRV incarceration (90-day) |

Behavioral health intervention opportunities exist at each stage of this trajectory.

Clinical Continuum of Behavioral Health Services



From **identification** → understanding → **sustained recovery support**

UNC Horizons Program

Integrated Substance Use Disorder Treatment and Justice-Involvement Intercepts for Women

INTERCEPT 0: COMMUNITY SERVICES

Women are referred from healthcare, child welfare, or self-referred to Horizons-Wake Outpatient Program* or CHERISH** for community-based substance use and behavioral health services, harm reduction doula services, and housing. Goal- reduce the likelihood of justice system involvement.

INTERCEPT 1: LAW ENFORCEMENT

Women are referred from voluntary pathways and law enforcement linkage, leveraging a 24/7 referral line. Thus, women engage in care before arrest or booking, thereby reducing justice system penetration. Care is through Horizons-Wake Outpatient Program*, GRACE^, and CHERISH** that provide community-based substance use and behavioral health services to participants.

INTERCEPT 3: JAILS COURTS

RISE^ and CHERISH **collaborate with Adult and Family Recovery Courts to deliver screening, care coordination, and recovery support for individual and family needs. RISE^ promotes clinical stabilization and ongoing treatment participation during court supervision. Children can receive care at Horizons Pediatric Specialty Clinic, led by Dr. Johnson and Seashore. Primary care and medication management are provided at UNC REACH by Dr. Michael Baca-Atlas in Wake County.

INTERCEPT 5: COMMUNITY CORRECTIONS

CHERISH** provides housing & community-based behavioral health services to pregnant, parenting, and reproductive-age women with substance use disorders who are under community supervision, supporting treatment engagement and reducing risk of violations that could result in reincarceration. Primary care and MOUD are provided at UNC REACH by Dr. Michael Baca-Atlas.

INTERCEPT 2: INITIAL COURT HEARINGS INITIAL DETENTION

RISE^ and CHERISH** conduct behavioral health screenings and clinical assessments at the time of arrest and jail intake to identify treatment needs and support early connection to community-based care. Incarcerated pregnant women receive prenatal care at Horizons Prenatal SUD Specialty Clinic by Dr. Elisabeth Johnson.

INTERCEPT 4: RE-ENTRY

GRACE^ and CHERISH** reentry services provide local and statewide coordinated, trauma-responsive care for women with co-occurring mental health conditions during the first six months following release, ensuring continuity of behavioral health treatment and stabilization during transition from incarceration to the community.

OUTCOME

Over 600 women and families have received services. to date, zero fatal overdoses and one non-fatal overdose requiring hospitalization and subsequent follow-up care.

When You Prescribe MOUD, also Prescribe the Ecosystem

MOUD

Reduces cravings & withdrawal

Split dosing for Buprenorphine or Methadone

Behavioral Health (Weekly; PRN)

Therapy (individual & group); crisis support

Trauma-informed care coordination

Stability Supports (Daily)

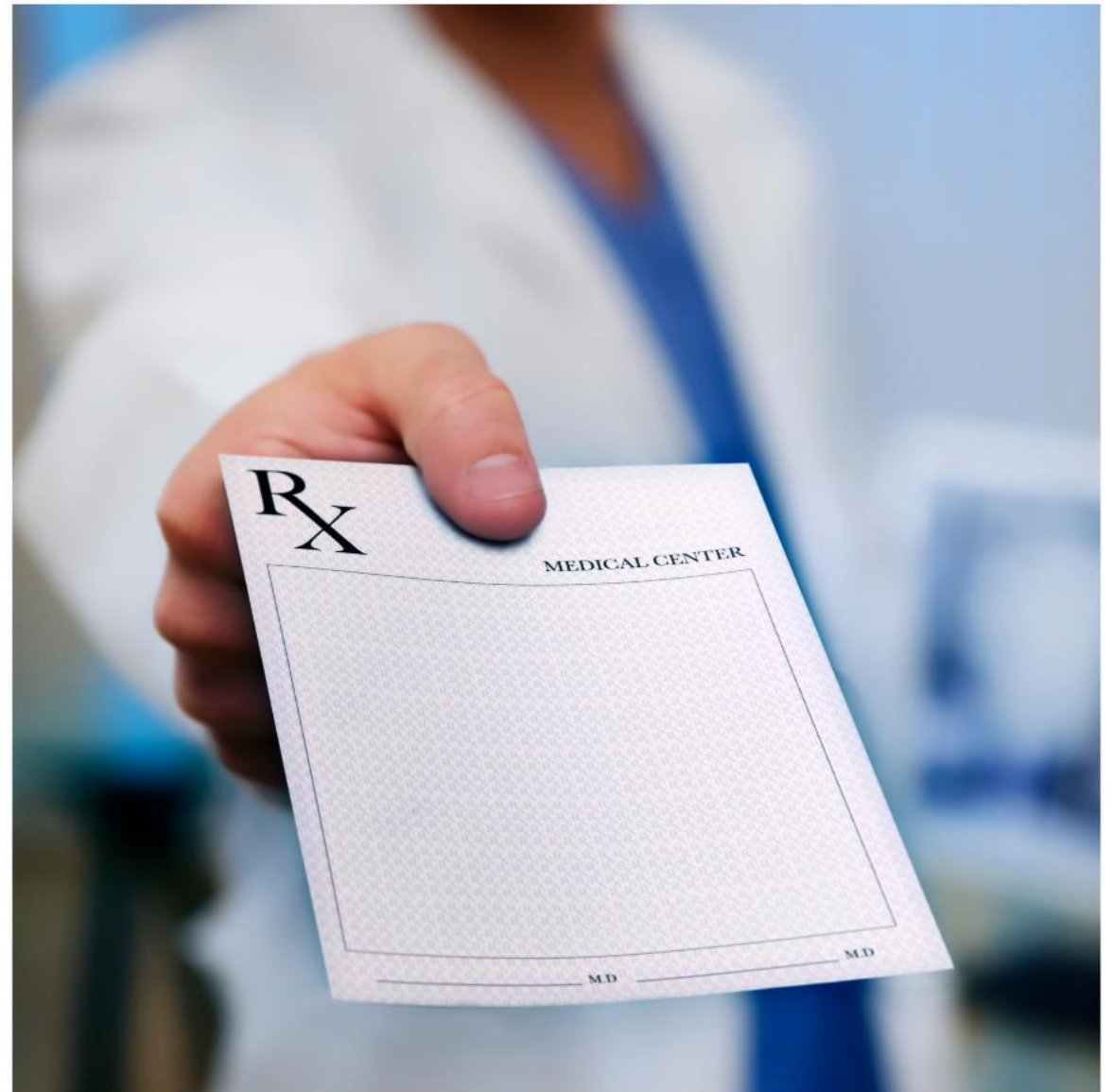
Housing

Transportation & childcare

Medical-Legal (PRN)

Reunification & expungement

Court navigation



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Thank you!

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