



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

December 23, 2019

SENT VIA ELECTRONIC MAIL

The Honorable Joyce Krawiec, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 308, Legislative Office Building
Raleigh, NC 27603

The Honorable Josh Dobson, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 307B, Legislative Office Building
Raleigh, NC 27603



The Honorable Donny Lambeth, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 303, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen:

Session Law 2018-76 requires the Department of Health and Human Services, to study and report on how to improve prisoner health screening with a goal of improving the determination that a prisoner in a local confinement facility has been prescribed life-saving prescription medications and a process to ensure the timely administration of those prescription medications by appropriate personnel. This report is due to the Joint Legislative Oversight Committee on Health and Human Services. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions, please contact Mark Benton, Assistant Secretary for Public Health, at (919) 707-5000.

Sincerely,

Mandy Cohen, MD, MPH
Secretary

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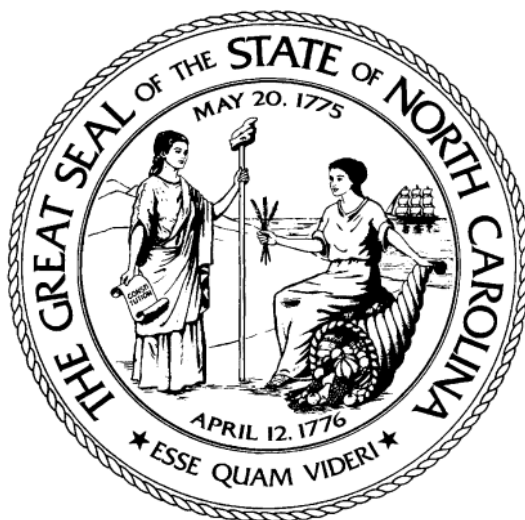
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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Improving Health Screenings & Administration of Prescription Medication in Jails

Session Law 2018-76, Section 2



Report to

**Joint Legislative Oversight Committee on
Health and Human Services**

by

NC Department of Health and Human Services

December 23, 2019

I. Reporting Requirements

Session Law 2018-76, Section 2, directs that “[c]onsistent with the requirements of G.S. 153A-216(3) and G.S. 153A-221, the Department of Health and Human Services shall study how to improve prisoner health screening with a goal of improving the determination that a prisoner in a local confinement facility has been prescribed life-saving prescription medications and a process to ensure the timely administration of those prescription medications by appropriate personnel.”

II. Background

County jails in North Carolina fall under the authority of their respective county’s sheriff, although some smaller counties pool their resources to operate “district confinement facilities” cooperatively.¹ In addition to confinement, they are charged with overseeing the medical care of the people who are in their custody.²

However, other agencies play a role in the medical care provided to those in local custody. Consistent with G.S. 153A-216(3) and G.S. 153A-221, the North Carolina Department of Health and Human Services (DHHS) requires jails to have a written medical plan that addresses the following areas:³

- (1) Health screening of inmates upon admission;
- (2) Handling routine medical care;
- (3) The handling of inmates with chronic illnesses or known communicable diseases or conditions;
- (4) Administration, dispensing and control of prescription and non-prescription medications;
- (5) Handling emergency medical problems, including but not limited to emergencies involving dental care, chemical dependency, pregnancy and mental health;
- (6) Maintenance and confidentiality of medical records; and
- (7) Privacy during medical examinations and conferences with qualified medical personnel

Each plan is developed “in consultation with appropriate local officials and organizations, including the sheriff, the county physician, the local or district health director, and the local medical society. The plan must be approved by the local or district health director after consultation with the area mental health, developmental disabilities, and substance abuse authority[.]”⁴ In most circumstances, jails contract with other medical providers or have their own staff to provide medical care to people in jails. In other cases, local health departments provide those services.

The size, resources and staffing capacity of jails varies significantly throughout the state. Also varying is the tool used to assess the health of inmates and what, if any, medications they have been prescribed.

¹ § 153A-219

² § 153A-225

³ 10A NCAC 14J .1001

⁴ § 153A-225

III. Collecting Input

To study how to improve health screenings and the timely administration of prescription medications by appropriate personnel in local confinement facilities, DHHS convened a collaborative, multi-agency workgroup with representation from:

- North Carolina Jail Administrators' Association
- North Carolina Sheriffs' Association
- North Carolina Association of County Commissioners
- Leadership from several, primarily rural, local health departments
- UNC-Chapel Hill School of Government

DHHS held one meeting of the key stakeholders and separately consulted with the leadership at the North Carolina Jail Administrators' Association and the North Carolina Sheriffs' Association.

North Carolina's jail system is decentralized and the availability of resources among these local confinement facilities varies considerably. These facts complicate the tasks of addressing how to improve health screening and medication administration within all jails. For instance, health screening questions and practices are developed locally and appear to vary throughout the state. Moreover, that health screening is done by jail personnel at some locations and performed by contract medical staff at others. Similar variation exists in jails' medication administration practices, with some locations providing individuals in their care with pre-packaged medication packs, while at others staff hand out medications directly.

IV. Recommendations

Although there is a general awareness of these variations, the North Carolina Jail Administrators' Association and the North Carolina Sheriffs' Association have confirmed that there is not currently a system to track the scope and extent of that variation, and nor has there been adopted a coordinated approach to health screening and medication administration best practices in jails. Accordingly, DHHS recommends that – in consultation with the North Carolina Jail Administrators' Association and the North Carolina Sheriffs' Association and other agencies and organizations currently involved in jail health, as appropriate – there be developed a coordinated system to track and monitor health screening and medication administration practices throughout jails in the state.

DHHS further recommends that there be developed—also in consultation with external partners—a “core” set of health screening questions that all local confinement facilities would ask detained people upon admission. Such a document would ensure that questions are asked so that the need for life-saving medications are quickly identified during the health screening process and administered as needed. That questionnaire would not preclude local confinement facilities from posing additional questions nor conducting more rigorous screenings, but it would ensure more consistency across the state whenever someone is taken into local custody. Included in Appendix A to this report are two draft health screening tools that will be utilized by NC-based, Medicaid Pre-Paid Health Plans. These tools are included as a further resource for jails and could form the beginnings of a screening tool that can be used in any jail setting. They are not meant to replace any existing questionnaire and/or document; rather, they may be useful in identifying additional key questions that could be posed. Of particular are those which may useful in identifying a

condition or diagnosis that is usually treated with a prescription drug.

There would likely be a cost associated with the development and implementation of a health screening questionnaire to be used across all local confinement facilities. The special provision which prompted this report did not include funding for that follow-up task.

Finally, DHHS would like to highlight other collaborative work being done by DHHS and the Government Data Analytics Center within the Department of Information Technology—in conjunction with local government and local law enforcement—which could prove very helpful in both the screening and medication administration space. Specifically, as directed by Session Law 2018-76, Section 3.(b), this group is exploring the possibility of connecting local confinement facilities to the North Carolina Health Information Exchange Network (HIE Network), known as NC HealthConnex. Whether through direct connection or through a portal, these connections have the potential to facilitate the secure electronic transmission of current, relevant health and life-saving medication information pertaining to people in the custody of local confinement facilities.

Appendix A

At UnitedHealthcare, we want you to be as healthy as you can be. We also want you to get the most from your healthcare. We would like to ask you some questions that will help us connect you with programs that we offer to best meet your healthcare needs. Your answers will not lower your benefits in any way.

1. What is your date of birth?
2. What is your sex?
 - Male
 - Female
 - Other
3. Are you pregnant? (question dependent of Female answer above)
 - Yes (if yes complete Pregnancy Care Needs Screening also)
 - No
 - Unknown
 - Declined to answer
 - N/A
4. Within the past 12 months, have you had any of the following services? Please answer "Yes" or "No" to each. (question dependent on Female answer question 2)
 - Breast Cancer Screening or Mammography
 - Yes
 - No
 - Unknown
 - Declined to answer
 - N/A
 - Cervical Cancer Screening or Pap Smear
 - Yes
 - No
 - Unknown
 - Declined to answer
 - N/A
5. Within the past 12 months, have you had any of the following services? Please answer "Yes" or "No" to each.
 - Colon Cancer Screening like Colonoscopy or blood stool test

- Yes
- No
- Unknown
- Declined to answer
- N/A
- Flu shot/vaccine
 - Yes
 - No
 - Unknown
 - Declined to answer
 - N/A

6. Compared to others your age, how would you describe your health?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Unknown
- Declined to answer
- N/A

7. Have you ever been told you have any of the following or are you being treated for any of the following? Please answer "Yes" or "No" to each.

- Cancer
 - Yes
 - No
 - Unknown
 - Declined to answer
 - N/A
- HIV/AIDS
 - Yes
 - No
 - Unknown
 - Declined to answer
 - N/A
- Schizophrenia
 - Yes

- No
- Unknown
- Declined to answer
- N/A
- Sickle Cell Disease
 - Yes
 - No
 - Unknown
 - Declined to answer
 - N/A
- Asthma
 - Yes
 - No
 - Unknown
 - Declined to answer
 - N/A
- COPD
 - Yes
 - No
 - Unknown
 - Declined to answer
 - N/A
- Depression
 - Yes
 - No
 - Unknown
 - Declined to answer
 - N/A
- Diabetes (sugar diabetes or too much sugar in your blood)
 - Yes
 - No
 - Unknown
 - Declined to answer
 - N/A
- Heart Problems (irregular heartbeat, heart attack, or heart surgery)
 - Yes
 - No
 - Unknown
 - Declined to answer

- N/A
- High Blood Pressure
 - Yes
 - No
 - Unknown
 - Declined to answer
 - N/A
- Kidney Failure or on dialysis
 - Yes
 - No
 - Unknown
 - Declined to answer
 - N/A

8. Within the past 12 months, how many times have you stayed overnight as a patient in a hospital?

- 0
- 1-2 times
- 3-5 times
- 6 or more times
- Unknown
- Declined to answer
- N/A

9. Within the past 12 months, how many times have you been to an emergency room as a patient?

- 0
- 1-2 times
- 3-5 times
- 6 or more times
- Unknown
- Declined to answer
- N/A

10. Do you have chronic pain that has lasted for more than 3 months and is not related to cancer?

- Yes

- No
- Unknown
- Declined to answer
- N/A

11. Within the past 12 months, how many days did you miss work, school, or were unable to take care of yourself because of illness?

- 0-3
- 4-6
- 7-9
- 10 or more
- Unknown
- Declined to answer
- N/A

12. How many different kinds of medications do you take each day? (include prescription and over-the-counter medications)

- 0
- 1-3
- 4-7
- 8 or more
- Unknown
- Declined to answer
- N/A

13. Over the last two weeks, how often have you been bothered by little interest or pleasure in doing things?

- Not at all
- Several days
- More than half the days
- Nearly every day
- Declined to answer

14. Over the last two weeks, how often have you been feeling down, depressed or hopeless?

- Not at all

- Several days
- More than half the days
- Nearly every day
- Declined to answer

14.1 Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Question display has dependency on previous 2 answers¹)

- Trouble falling asleep, staying asleep, or sleeping too much
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
 - Declined to answer
- Feeling tired or having little energy
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
 - Declined to answer
- Poor appetite or overeating
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
 - Declined to answer
- Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
 - Declined to answer
- Trouble concentrating on things such as reading the newspaper or watching television
 - Not at all
 - Several days

- More than half the days
 - Nearly every day
 - Declined to answer
- Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
 - Declined to answer
- Thinking that you would be better off dead or that you want to hurt yourself in some way
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
 - Declined to answer

.How many drinks of beer, wine, or other alcohol do you have per week?

- 0
- 1-7
- 8-14
- 15 or more
- Unknown
- Declined to answer
- N/A

15. Do you smoke or use any form of tobacco?

- Yes
- No
- Unknown
- Declined to answer
- N/A

16.1 Do you want to quit tobacco use? (make question dependent on yes answer above)

- Yes
- No
- Unknown
- Declined to answer
- N/A

16. Within the past 12 months, how many times have you used street drugs or a prescription medication for non-medical reasons (for example, because of the way it made you feel)?

- Daily
- Weekly
- Rarely
- Never
- Unknown
- Declined to answer
- N/A

17. How often do you feel overwhelmed with stress or anxiety?

- Daily
- Weekly
- Rarely
- Never
- Unknown
- Declined to answer
- N/A

18. Do you have any of the following? Please answer "Yes" or "No" to each.

- Blindness
 - Yes
 - No
 - Unknown
 - Declined to answer
 - N/A
- Some loss of vision

- ☐ Yes
 - ☐ No
 - ☐ Unknown
 - ☐ Declined to answer
 - ☐ N/A
- Deafness
 - ☐ Yes
 - ☐ No
 - ☐ Unknown
 - ☐ Declined to answer
 - ☐ N/A
- Some loss of hearing
 - ☐ Yes
 - ☐ No
 - ☐ Unknown
 - ☐ Declined to answer
 - ☐ N/A
- Learning disability
 - ☐ Yes
 - ☐ No
 - ☐ Unknown
 - ☐ Declined to answer
 - ☐ N/A
- Loss of use of an arm or leg or amputation
 - ☐ Yes
 - ☐ No
 - ☐ Unknown
 - ☐ Declined to answer
 - ☐ N/A
- Memory loss
 - ☐ Yes
 - ☐ No
 - ☐ Unknown
 - ☐ Declined to answer
 - ☐ N/A

19. Do you need help with daily activities such as bathing, getting dressed, walking, or using the toilet?

- Yes
- No
- Unknown
- Declined to answer
- N/A

21. Do you have an unpaid caregiver(s), such as family members or friends, who assist you on a regular basis?

- Yes
- No
- Unknown
- Declined to answer
- N/A

22. Do you wear a seatbelt in the car?

- Yes
- No
- Unknown
- Declined to answer
- N/A

23. Do you exercise for at least 30 minutes three or more times a week?

- Yes
- No
- Unknown
- Declined to answer
- N/A

24. How often do you eat fresh fruits and vegetables?

- Always
- Sometimes
- Never
- Unknown

- Declined to answer
- N/A

25. Do you see a dentist to care for your teeth?

- Yes
- No
- Unknown
- Declined to answer
- N/A

26. How interested are you in making healthy changes (like eating better, stopping smoking, or exercising more)?

- Already making changes
- Interested in making changes
- Not interested at all
- Unknown
- Declined to answer
- N/A

27. How tall are you? (in inches)

- Text box for answer
- Unknown
- Declined to answer

28. How much do you weigh? (in pounds)

- Text box for answer
- Unknown
- Declined to answer

29. What is your race and/or ethnicity? (check all that apply)

- American Indian/Alaskan Native
- Asian
- Black/African American

- Native Hawaiian/Other Pacific Islander
- Hispanic
- Latino
- White
- Other
- Unknown
- Declined to answer

30. What is your preferred language?

- English
- Spanish
- Arabic
- Mandarin
- Russian
- Other
- Unknown
- Declined to answer

Script: We believe everyone should have the opportunity for health. Some things like not having enough food or reliable transportation or a safe place to live can make it hard to be healthy. Please answer the following questions to help us better understand you and your current situation. We may not be able to find resources for all your needs, but we will try and help as much as we can.

31. Within the past 12 months, did you worry that your food would run out before you got money to buy more?

- Yes
- No
- Unknown
- Declined to answer

32. within the past 12 months did the food you bought just not last and you didn't have money to get more?

- Yes
- No
- Unknown

- Declined to answer

33. Do you have housing?

- Yes
- No
- Unknown
- Declined to answer

34. Are you worried about losing your housing?

- Yes
- No
- Unknown
- Declined to answer

35. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)?

- Yes
- No
- Unknown
- Declined to answer

36. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?

- Yes
- No
- Unknown
- Declined to answer

37. Do you have problems with pests (bugs, ants, mice), mold, lead and/or water leaks at the place where you stay?

- Yes
- No
- Unknown
- Declined to answer

38. Within the past 12 months, has lack of transportation kept you from medical appointments, getting your medicines, non-medical appointments, work, or from getting things that you need or from doing things needed for daily living?

- Yes
- No
- Unknown

- Declined to answer

39. Do you feel physically and emotionally safe where you currently live?

- Yes
- No
- Unknown
- Declined to answer

40. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by someone?

- Yes
- No
- Unknown
- Declined to answer

41. Within the past 12 months, have you been humiliated or emotionally abused in other ways by anyone?

- Yes
- No
- Unknown
- Declined to answer

42. We would like to help identify resources for you. Would you like help with any of the needs you have identified?

- Yes
- No
- Unknown
- Declined to answer

43. To help you with the needs you have identified, this information will be helpful for your doctor and other support programs, which may be involved in your care. Do you permit us to share relevant answers with them?

- Yes
- No
- Unknown
- Declined to answer

44. Are any of your needs urgent? For example, I don't have food for tonight, I don't have a place to sleep tonight, I am afraid I will get hurt if I go home today?

- Yes
- No
- Unknown

- Declined to answer

Administrative Information: questions are not asked of the member

- **Date HRA Complete/Incomplete**
- **Who provided the HRA answers?**
 - Member
 - Caregiver
 - Parent/Guardian
- **How was this HRA completed?**
 - Face-to-face
 - IVR
 - Mailed
 - Mobile App
 - MyUHC.com
 - Phone
- **HRA Type:**
 - Annual
 - Initial
 - Other
- **Specify your department**
 - External CM
 - Health Plan Staff
 - Member Engagement – Inbound
 - Member Engagement – Outbound
 - Optum
 - Provider
 - Resource Partners
 - Other

¹ Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9. Journal of general internal medicine, 16(9), 606-613. Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

Healthy Blue New Member Care Needs Screener***SDOH Questions****Food**

1. Within the past 12 months, did you worry that your food would run out before you got money to buy more?
2. Within the past 12 months, did the food you bought just not last and you didn't have money to get more? *

Housing/ Utilities

3. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)? *
4. Are you worried about losing your housing? *
5. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?
6. Do you feel the condition of your home impacts your health (i.e. messy, cluttered mold, pests or bugs)?

Transportation

7. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living? *
8. Is your provider's office so far away that it prevents you from being able to see him/her?

Interpersonal Safety

9. Do you feel physically or emotionally unsafe where you currently live? *
10. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone? *
11. Within the past 12 months, have you been humiliated or emotionally abused by anyone? *
12. Do you ever become physically or verbally aggressive toward others, wander away from home, or have other behavior problems that require someone to intervene to keep you or others safe?
13. Have you the member, had two or more falls in the prior 12 months?

Immediate Need

14. Are any of your needs urgent? For example, you don't have food for tonight, you don't have a place to sleep tonight, you are afraid you will get hurt if you go home today. *
15. Would you like help with any of the needs that you have identified? *

Other (Finances/Religion/Culture)

16. In the past 12 months, have you had difficulty with your finances which impacts your ability to purchase something you needed for your health (i.e. DME, medications, gas for your car to get to your appointments)?
17. Are you able to communicate with your providers without assistance from an interpreter?

Education and Employment

18. What is your highest level of education?
 - Less than High School
 - High School Degree or Equivalent
 - Some College but no Degree
 - Associate Degree
 - Bachelor Degree
 - Graduate Degree
 - Technical/Vocational Training or Certificate
19. Are you currently enrolled in school or training programs?
20. Are you currently employed?
21. If no, are you interested in working?

General Health Related

22. Have you ever been told you have any of the following health conditions?
Heart disease
High Blood Pressure
Diabetes/Pre-diabetes
Cancer
Asthma
Other respiratory illness, such as bronchitis or emphysema
Back pain
Intellectual or Developmental Disability
Alzheimer's/Dementia, Traumatic Brain Injury
Other Cognitive Disorders
Gastrointestinal Disorders (Crohn's Disease, Ulcers)
Stroke
End Stage Renal Disease/Chronic Kidney Disease
Obesity
Arthritis
HIV
Hepatitis C
Sickle Cell
Behavioral health condition
Any other chronic condition not listed
23. Have you been in the hospital two or more times in the past 6 months?
24. Have you been in the emergency room two or more times in the past 6 months?
25. Have you been seen by a doctor/qualified health care provider in the past year for routine health care?
26. Have you received all recommended vaccinations?
27. Are you pregnant?
Long Term Services and Supports
28. Do you need or require assistance with any of the following activities?
Bathing
Dressing
Toileting
Getting in our out of bed
Communicating basic wants and needs
Taking medications on time or need assistance with sorting or to hand you the medications
Eating or preparing meals
Performing housework
Managing finances
29. Do you need care or supervision in order to be safe or complete daily activities?
30. If you answered yes to the previous question, was there someone available if you needed help?
31. Can they continue providing the same care going forward?
32. If no, do you have an immediate need for services or supports?
Behavioral Health Related Conditions
33. Over the past 2 week, how often have you been bothered by any of the following problems?

[illegible]