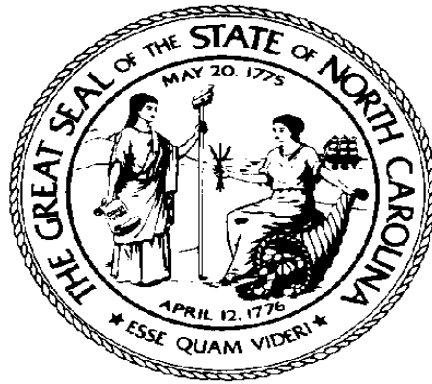




2009 Annual Report

**Review of the
North Carolina Department of Correction
Division of Alcoholism and Chemical Dependency Programs
Division of Prisons – Health Services
Mental Health Section**

General Statute §148-19(d)

**Department of Health and Human Services
Division of Mental Health, Developmental Disabilities, and
Substance Abuse Services**

Table of Contents

I.	Introduction.....	3
II.	Historical Overview of MH/DD/SA Services in the Division of Prisons.....	3
III.	Findings Related to Mental Health Services for Inmates	5
IV.	Services for Inmates with Intellectual and/or Developmental Disabilities	8
V.	Findings Related to Services for Inmates with Intellectual and/or Developmental Disabilities	8
VI.	Findings Related to Substance Abuse Services for Inmates	9
VII.	Review Process and Methodology.....	10
VIII.	Challenges to Providing Services within the Division of Prisons and Division of Alcoholism and Chemical Dependency Programs	11
IX.	The Division of Prisons and Division of Alcoholism and Chemical Dependency Programs Achievements in Regards to MH/DD/SA Services	11
X.	Recommendations for Improvements of MH/DD/SA Services within the Division of Prisons and Division of Alcohol Chemical Dependency Programs	11

I. Introduction

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) through the Department of Health and Human Services (DHHS) is designated to monitor implementation of The Commission for Mental Health, Developmental Disabilities and Substance Abuse Standards within the Department of Corrections (DOC). General Statute § 148-19 (d) requires that “*The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services shall adopt standards for the delivery of mental health and mental retardation services to inmates in the custody of the Department of Correction*”. The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services shall give the Secretary of Correction an opportunity to review and comment on proposed standards prior to promulgation of such standards; however, final authority to determine such standards remains with the Commission. The Secretary of the Department of Health and Human Services shall designate an agency or agencies within the Department of Health and Human Services to monitor the implementation by the DOC of these standards and of substance abuse standards adopted by the Department of Correction upon the advice of the Substance Abuse Advisory Council established pursuant to G.S. 143B-270. The Secretary of Health and Human Services shall send a written report on the progress which the Department of Correction has made on the implementation of such standards to the Governor, the Lieutenant Governor, and the Speaker of the House. Such reports shall be made on an annual basis beginning January 1, 1978. In keeping with its statutory mandate, the Secretary of DHHS has delegated responsibility for monitoring to the DMH/DD/SAS.

The vision of the DHHS is for all North Carolina residents with mental health, developmental disabilities and substance abuse services needs to have prompt access to evidenced-based, culturally competent services in their community to support them in achieving their life goals. The mission of the DMH/DD/SAS is to provide people in North Carolina with, or at risk of, mental illness, developmental disabilities and substance abuse problems and their families the necessary prevention, intervention, treatment, services and supports they need to live successfully in their communities. Reviews of the mental health and developmental disability services provided within the DOC were first conducted by the DMH/DD/SAS in 1979. Later, the Commission adopted Standards for Substance Abuse Services. The Commission develops and maintains standards that enable rehabilitative programs to achieve accreditation.

II. Historical Overview of MH/DD/SA Services in the Division of Prisons

The DOC has the responsibility for delivering comprehensive mental health, developmental disabilities and substance abuse services which provide for the care and treatment of inmates. Over the years, the DOC has reshaped mental health, developmental disabilities and substance abuse services available to inmates. Mental health services were first provided for inmates in the DOC in 1965; and the first mental health ward was established at Central Prison in 1973. The DOC’s stated mission for MH/DD/SAS is to deliver “multi-disciplinary services designed to prevent, control, reduce or eliminate those conditions which contribute to the inmate’s mental impairment.” The DOC provides a comprehensive continuum of mental health services to include inpatient, residential, day treatment, and outpatient services. The following provides a description and brief overview of the DOC comprehensive system of services:

- Inpatient Mental Health

The DOC maintains a 144-bed comprehensive inpatient mental health facility for the treatment of male inmates with serious acute mental illnesses. This facility is an accredited 24-hour comprehensive care unit located at Central Prison in Raleigh, North Carolina. Services provided include psychotropic medications, individual and group psychotherapy, activity and rehabilitation therapy, and mental health nursing services.

- Residential Mental Health

The DOC provides long-term residential mental health services for seriously chronic mentally ill inmates. Treatment and activity programming is similar to that provided at state psychiatric hospitals in the community and includes individual and group psychotherapy, psychotropic medications, activity therapies, mental illness education and relapse prevention training, and social skills training.

- Day Treatment Services

The DOC provides day treatment services and structured programming for inmates with chronic but less severe mental illnesses who do not require placement in a residential or inpatient mental health treatment facility. These day treatment programs focus on creating an understanding of the inmate's mental illness, the necessary methods for managing their illness, training of appropriate work, personal, and pro-social behavior, and combating the debilitating effects of chronic mental illness on thought process and the quality of life.

- Outpatient Treatment Services

The DOC provides outpatient treatment services to over 30,000 inmates. Services range from simple evaluation and treatment of situational disorders to intensive management of serious and life-threatening mental illnesses. Treatment modalities include individual and group psychotherapy using a variety of theoretical systems, cognitive-behavioral therapies, psychotropic medication administration, psycho educational training programs, and relapse prevention programs.

- Services for Persons with Intellectual and/or Developmental Disabilities.

The DOC provides a range of services to inmates with intellectual/ developmental disabilities. Per DOC rules, the term used is Developmental Disabilities, but the title here reflects current descriptive language used by the field. These services include interpreters for the deaf, specialized case management for inmates with intellectual disabilities, appliances for the physically handicapped, and communications devices for those with needs for them.

III. Findings Related to Mental Health Services for Inmates

Access to Services

Inmates can gain access to MH/DD/SA services through several avenues. The need for MH/DD/SA services can be identified during an inmate's initial medical screenings at the DOC Diagnostic Centers or at any time during the period of incarceration by self referral or a request from prison staff. Once an inmate's mental disorder is stabilized and he is no longer dangerous to himself or others in the prison population, the inmate may be transferred back to his regular prison unit for outpatient follow-up. Inmates requiring an intermediate level of inpatient care are transferred to a long-term residential mental health facility for the treatment of chronic mental illnesses. Some inmates with long-standing mental illness or a developmental disability who require frequent mental health intervention and programming but are able to function within the general prison population, may be transferred to a day training program similar to a sheltered workshop or day treatment program in the community. Inmates who are deemed to be seriously mentally ill and who may pose a significant danger to society or to themselves but who have otherwise served their entire sentence are referred for involuntary commitment to the state hospital system prior to the release into the community.

In addition to general mental health (mh) treatment services, outpatient mental health staff also conduct assessments of suitability for promotion in custody status, refer for admission to inpatient psychiatric hospitalization, assist with the management of suicidal or self-injurious inmates, provide court requested diagnostic evaluations, conduct specialized sexual offender treatment programs, and coordinate specialized case management services for developmentally disabled inmates. Several sites offer mental health services for Spanish speaking inmates who have not yet mastered English as a second language.

In the 2009 surveys, 20 correctional facilities charged with providing mental health services to inmates were reviewed. The facilities reviewed were Albemarle Correctional Institution, Alexander Correctional Institution, Bertie Correctional Central Prison, Craven Correctional Institution, Duplin Correctional Institution, Foothills Correctional Institution, Foothills (minimum) Correctional Institution, Lanesboro Correctional Institution, Lumberton Correctional Institution, Marion Correctional Institution, North Piedmont Correctional Center for Women, North Carolina Correctional Institution for Women (NCCIW), Nash Correctional Institution, New Hanover Correctional Institution, Pender Correctional Institution, Neuse Correctional Institution, Piedmont Correctional Institution, Pasquotank Correctional Institution, Robeson Correctional Institution, Southern Correctional Institution and Western Correctional Institution. Some of these facilities had more than one mental health program reviewed during 2009. While compliance rating percentages give an overview of the state of mental health services in the prison system for 2009, additional data was collected during the interview portion of the reviews that provides information as to the strengths and weaknesses of the mental health (MH) programs.

Quantitative Summary of Facilities Reviewed for Mental Health Services

Facility	Program	%
Alexander Correctional Institution	Residential	98.9
Albemarle Correctional Institution	Outpatient	91.7%
Bertie Correctional Institution	Outpatient	70.4%
Central Prison	Inpatient	83.6%
Craven Correctional Institution	Outpatient	99.6%
Duplin Correctional Institution	Outpatient	97.2%
Foothills Correctional Institution	Outpatient	96.1%
Lanesboro Correctional Institution	Outpatient	99.3%
Lumberton Correctional Institution	Outpatient	98.7%
Marion Correctional Institution	Outpatient	99.2%
Nash Correctional Institution	Outpatient	77.6%
North Carolina Correction Institution for Women	Residential	100%
North Piedmont Correctional Center for Women	Outpatient	100%
New Hanover Correctional Institution	Outpatient	90.3%
Neuse Correctional Institution	Residential	97.7%
Pasquotank Correctional Institution	Outpatient	96.7%
Piedmont Correctional Institution	Outpatient	94.9%
Pender Correctional Institution	Outpatient	99%
Robeson Correctional Institution	Outpatient	96.9%
Southern Correctional Institution	Outpatient	99.5%
Western Correctional Institution	Outpatient	83.6%

Level of Mental Health Services Grades

The DOC has established a systematic means to standardize the type of service(s) and level of mental health treatment provided to inmates. Each facility is assigned a Mental Health Grade (M Grade), which determines the type of services the facility provides. The M Grades and definitions are as follows:

Mental Health Grades	
M Grade	Definition
1	No MH treatment provided; inmates needing MH services are transferred to a M2, M3, M4 or M5 facility, as appropriate.
2	Only outpatient treatment provided for mild mental illnesses by a psychologist or clinical social worker.
3	Only outpatient treatment provided for mild mental illnesses by a psychologist or clinical social worker; no limitations on work assignment.
4	Residential treatment provided; inmates transferring facilities or requesting major program changes must first be approved by MH staff.
5	Inpatient treatment provided; inmates transferring facilities or requesting major program changes must first be approved by MH staff.

See Appendix A for a chart that provides an overview of the M Grade(s) of each facility in the state. The available MH services fall into one of the following five categories:

- crisis/emergency
- prevention
- outpatient
- residential
- inpatient services

Crisis and emergency services are provided to inmates by the DOC. Most facilities have crisis services protocols in order to effectively handle a MH emergency. For instance, outpatient services assists with the management of inmates who are suicidal and/or those who exhibit self-injurious behavior. Programs offering this service are required to have at least one staff member who will respond to an emergency twenty-four hours a day, seven days a week. The staff member on call should be able to be reached immediately.

Prevention services use psycho-education training to provide inmates with the tools necessary to prevent emergencies and to aid the inmate in adjusting to prison life.

Outpatient services range from assessment, evaluation and treatment of situational disorders to intensive management of serious and life-threatening mental illnesses. Treatment modalities include individual and group psychotherapy using a variety of theoretical systems, cognitive-behavioral therapies, psychotropic medication administration, psycho-educational training programs, and relapse prevention programs.

Residential services are provided at four facilities in the state. These facilities offer long-term services for inmates who have serious, chronic mental illnesses. Adult male felons are housed at the Maury and Alexander Correctional Facilities. Youth offenders housed at Foothills, and female felon offenders reside at the North Carolina Correctional Institution for Women (NCCIW). Treatment and activity programming is analogous to that provided at state psychiatric hospitals and includes individual and group psychotherapy, psychotropic medications, activity therapies, mental illness education and relapse prevention training, and social skills training. Inmates who make satisfactory extended adjustment within the residential program but who continue to require frequent intervention by staff may be transferred into a day treatment program, which is for inmates with chronic, less severe mental illnesses. Those inmates who make a full recovery to pre-morbid levels of functioning may be transferred back to the original facility from which they were initially referred.

Inpatient services are provided for inmates who are acutely mentally ill. Male inmates are treated at Central Prison and females at NCCIW. Inpatient services include psychiatric and clinical services, psychotropic medications, individual and group psychotherapy, activity and rehabilitation therapy, and nursing services. Once the inmates' mental disorders are stabilized, they may be transferred back to their regular prison units for outpatient follow-up. Inmates requiring an intermediate level of inpatient care are transferred to a long-term residential facility. Some inmates with long-standing mental illness or developmental disabilities who require frequent intervention and programming but are able to function within the general prison population may be transferred to a day treatment program.

IV. Services for Inmates with Intellectual and/or Developmental Disabilities

Many inmates are in prison because of diminished judgment and reasoning abilities. In some cases the inmates may be persons with intellectual/developmental disabilities and may require continual monitoring of assignments and structuring of all daily activities in order to function effectively and be able to re-enter society successfully. Treatment activities include individual and group psychotherapy, psychotropic medication education and administration, and training in various work assignments to keep inmates active and productive. Several inmates with intellectual/developmental disabilities identified as such at the Diagnostic Centers are referred to the Day Treatment Program at Pender Correctional Institution. The Pender Facility provides services to inmates with intellectual/developmental disabilities that are in need of a comprehensive assessment as well as social and vocational skill building prior to entering the regular population. Instruction is provided in the areas of Survival/ Social Skills, Horticulture/Grounds Maintenance, Compensatory/Adult Basic Education, Leisure Skills, and Vocational Skill Building. Inmates who demonstrate the ability to function within the regular population will be transitioned into the general population at the Pender Unit prior to being reassigned. Inmates felt to be at risk in the regular population may remain at the Unit for the duration of their classification in medium custody. Inmates with behavioral problems who are unable to function within regular units may be housed in the inpatient mental health unit at Central Prison or in the residential program located at the Eastern Correctional Facility. Female offenders with similar needs are housed in the inpatient mental health program at NCCIW. Aftercare plans are developed for those inmates who need assistance transitioning back into the community.

V. Findings Related to Services for Inmates with Intellectual and/or Developmental Disabilities

Of the 350 mental health, developmental disabilities and substance abuse records reviewed in 2009, seven percent of those were records of inmates with intellectual/developmental disabilities. The determination that an inmate meets the clinical criteria for intellectual/developmental disabilities involves a process which uses several screening tools. Initially, the psychologist in the processing center completes the DC 927: Evaluation Criteria for Persons with Intellectual/Developmental Disabilities. The I/DD Case Manager at the receiving facility completes the DC 532: Adaptive Behavioral Checklist (ABC) and the Social Worker completes the DC 925: I/DD Assessment. The DC 564: Mental Retardation Assessment and the DC 542: I/DD Orientation, is completed within 30 days of admission to the facility.

The Review Team also found through conducting staff interviews that ID/DD inmates were seen by social workers. The staff at Randolph Correctional Institution indicated that they have seen an increase in the number of I/DD inmates receiving MH services over the last few years. . Based on staff interviews and reviews of the clinical records, the Review Team concludes that services for the intellectually/developmentally disabled are provided in compliance with MH/DD/SAS Standards. The compliance ratings for these 24 records averaged 87.31%.

VI. Findings Related to Substance Abuse Services for Inmates

In 1985, a North Carolina Legislative Research Commission reported that over 67% of criminal offenses were directly connected to alcohol and drug use and found that treating addiction was imperative since most offenders will eventually leave prison. For this reason, the Substance Abuse and Chemical Dependency Program (SACDP) was created by the Division of Alcoholism and Chemical Dependency Programs (DACDP). From this sprung the Drug Alcohol Recovery Treatment (DART) program in January of 1988 at Wayne Correctional Center. Since then, DART has provided an opportunity for offenders to engage in treatment and recovery.

The DACDP is one of four major divisions of the DOC. Its mission is to plan, administer and coordinate chemical dependency screening, assessment, intervention, treatment, aftercare and continuing care services for the department. Throughout DACDP, there are 215 staff members, (eight of whom are federally funded), including state-level administration, two district office teams, community-based DART-Cherry and prison-based program staff. The DACDP provides regular training and clinical supervision for clinical staff, encourages input from all staff as to program development, and is committed to activities aimed at leadership development for program and district management teams. The DACDP promotes programming that reflects “best practices” for intervention and treatment, as established by the National Institute on Drug Abuse (NIDA). These programs are based on proven Cognitive-Behavioral Interventions and are designed to challenge criminal thinking and confront the abuse and addiction processes as identified by program participants. In addition, the DACDP provides information and education on traditional recovery resources available to inmates both while in prison and upon return to the community. In 2007, “A New Direction” (AND) curriculum was implemented by the DACDP substance abuse staff. This is a workbook driven program emphasizing identification of destructive thinking patterns and replacement with constructive recovery-driven thoughts and actions. The program is a nationally recognized and standardized cognitive-behavioral module designed specifically for offenders. Full implementation and training of staff was done on the AND curriculum in time for the 2007 Reviews. Since then, the curriculums have extended to include other DACDP existing and new prison-based programs.

Treatment Assistants, formerly known as “Peer Counselors” are an integral part of the corrections-treatment design. Treatment Assistants have completed residential treatment, and have participated in the DACDP continuum of care program. After participating in the application process, Treatment Assistants attend an intensive 10-week training program at the Peer Development Center at Wayne Correctional Center. The 10-week training program is centered on the Treatment Assistant knowing and living three basic themes: (1) The Difference between Alcoholics Anonymous and Narcotics Anonymous and the Professional Field of Alcoholism & Chemical Dependency; (2) the DACDP Model; and (3) What Is & How To Be An Effective Role Model. These three themes encompass the dynamics that Treatment Assistants encounter on their jobs.

Other unique DACDP treatment programs are the “Therapeutic Community” (TC), which views drug abuse as a disorder of the whole person. Treatment activities promote an understanding of criminal thinking in relation to substance abuse behavior and engage the offender in activities that encourage experiential and social learning. DART-Cherry is a community-based residential treatment program for male probation/parolees which provides treatment in three categories: brief intervention, intermediate and long-term treatment services, established for male and female inmates within prison facilities. The DACDP Intervention-24 program is designed to provide 24 hours of content over a period of three to four days for inmates determined to be substance abusers but not chemically dependent, as indicated by a screening done during prison admission. Intermediate DACDP programs range from 35 to 180 days in thirteen (13) residential settings located in prisons across the state.

Within the DACDP, there are two types of long-term treatment programs: 1) federally funded Residential Substance Abuse Treatment (RSAT) and 2) contractual private treatment facilities. Each program is designed to treat the seriously addicted inmate. Treatment is scheduled at the end of the inmate’s sentence, usually within six to twelve months of their projected release. The RSAT long-term treatment programs replicate the TC model within the correctional environment. The DOC has contractual agreements with two private facilities, Evergreen Rehabilitation Center (male) and Mary Frances Center (females), for the provision of long-term residential treatment to inmates entering the final six to twelve months of incarceration.

VII. Review Process and Methodology

A Review Team consisting of two reviewers from the Program Assurance Unit of the Accountability Team of the DMH/DD/SAS is assigned the responsibility of reviewing MH/DD/SAS within the DOC facilities. The current review process and methodology outlined by the Secretary of the DHHS chose the DMH/DD/SAS to monitor the DOC delivery of mental health, developmental disabilities and substance abuse services to persons incarcerated and in need of treatment. Prior to visiting each correctional facility, a courtesy phone call is made to the facility to discuss the agenda for the upcoming review; this is followed by a fax containing the agreed upon agenda for the audit. The audits are three pronged and include:

- a systematic review of twenty randomly selected clinical records
- observation and tour of the interior and exterior grounds of the facility
- staff interviews

Individual facility reports are completed following each site review. The reports contain audit findings for the applicable standards and are submitted to the DOP for follow up. Copies of the individual reports and other documents referenced in this report are available upon request.

In 2001, at the request of the DOC Director of Mental Health Services, a decision was made to conduct reviews of inpatient and residential programs annually and to review outpatient services bi-annually. The selection process insures that all facilities are visited at least once every three years.

The review process has evolved from its inception. Beginning in 2004, at the request of the Assistant Secretary of the Division of Alcohol and Chemical Dependency Programs (DACDP), the Review Team from DMH/DD/SAS was asked to begin utilizing standards established by the Commission on Accreditation of Rehabilitation Facilities (CARF) as guidelines for its review of substance abuse services. Screenings, assessments and case planning are required components of a criminal justice treatment program under the CARF standards. According to their mission statement, CARF promotes the quality, value, and optimal outcomes of rehabilitative services.

In 2004, the Review Team from DHHS, in collaboration with the DACDP, developed a compliance review instrument based on the CARF standard by which to review substance abuse programs. The Review Team and the DACDP created a new monitoring tool for the 2009 SA reviews. The tool benchmarks are taken directly from the 2009 CARF Behavioral Health Standards Manual and are used to measure the SA programs' compliance rating.

VIII. Challenges to Providing Services within the Division of Prisons and Division of Alcoholism and Chemical Dependency Programs

1. There are limited clinical resources available to provide effective mental health, intellectual/developmental disabilities and substance abuse treatment services to offenders.
2. There is the need for consistency in response to the mental health, intellectual/ developmental disabilities and substance abuse treatment and housing needs of offenders returning to the community.

IX. The Division of Prisons and Division of Alcoholism and Chemical Dependency Programs Achievements in Regards to MH/DD/SA Services

1. In 2009, DACDP completed and implemented a Policy and Procedures Manual which compliments the Commission on Accreditation of Rehabilitation Facilities (CARF) standards. These policies and procedures are implemented throughout the substance abuse programs.
2. Beginning the fourth quarter of the 2009-2010 fiscal year, DACDP designated a new 50-bed residential treatment program for female probationers and parolees within the DOP compounds.

X. Recommendations for Improvements of MH/DD/SA Services within the Division of Prisons and Division of Alcohol Chemical Dependency Programs

1. The information collected concerning mental health/intellectual developmental disabilities and substance abuse services should include an analysis of the efficiency and effectiveness of clinical outcomes and how the data can be used to improve the delivery of services. This should include DOP and DACDP sending an Annual Outcome Report to the Program Assurance Unit Reviewers.
2. It is recommended that additional staff training be provided to DACDP staff in regards to the CARF standards, client rights, appeals and confidentiality policies and procedures.