



## 2011 Annual Report

### Review of the

North Carolina Department of Public Safety  
Division of Adult Correction and Alcoholism and Chemical  
Dependency Programs

NC General Statute 148-19(d)

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

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## **I. Introduction**

For men and women who struggle with mental illness, intellectual or developmental disabilities and substance abuse problems, contact with the legal system is one of many stops on a journey filled with enormous losses. 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 the implementation of the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services (Commission) Standards within the Department of Public Safety (DPS). General Statute 148-19 (d) states “*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 Public Safety*”. The Commission shall give the Secretary of the DPS 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 DHHS shall designate an agency or agencies within DHHS to monitor the implementation by DPS of these standards and of substance abuse standards adopted by DPS upon the advice of the Substance Abuse Advisory Council established pursuant to G.S. 143B-270. The Secretary of DHHS shall send a written report on the progress which DPS 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 DMH/DD/SAS.

The vision of DHHS is for all North Carolina residents with mental health, developmental disabilities and substance abuse service 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 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 support they need to live successfully in their communities. Reviews of the mental health and developmental disability services provided within the DPS were first conducted by DMH/DD/SAS in 1979, when the agency was known as the Department of Correction. 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 Mental Health, Developmental Disabilities and Substance Abuse Services in the Division of Adult Correction**

The Division of Adult Correction (DAC) 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 DAC has reshaped mental health, developmental disabilities and substance abuse services (mh/dd/sas) available to inmates. Mental health services were first provided for inmates in the Division of Prisons in 1965, and the first mental health ward was established at Central Prison in 1973. The Division of Prisons is now a section within the DAC under the DPS. The DPS was established pursuant to Executive Order 85, *Consolidation and Reorganization of Executive Branch Agencies to Improve the Efficiency of*

*State Government*, issued March 25, 2011. Consistent with this reorganization, the Department of Correction became the Division of Correction within the DPS.

The DAC 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 DAC provides a comprehensive continuum of mental health services to include inpatient, residential, day treatment, and outpatient services.

### **III. Review Process and Methodology**

A Review Team consisting of two reviewers from the Program Assurance Unit of the Accountability Team of DMH/DD/SAS are assigned the responsibility of reviewing mh/dd/sas within DAC facilities. The current review process and methodology outlined by the Secretary of DHHS chose DMH/DD/SAS to monitor DAC delivery of mh/dd/sas 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 courtesy call 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 (20) randomly selected clinical records;
- observation and tour of the interior and exterior grounds of the facility; and
- staff interviews.

Written reports are completed following each site review. The reports contain audit findings for the applicable standards and a summary of findings. Once a compliance rating is calculated the reports are submitted to the DAC 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 DAC, 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. This process insures that all facilities are visited at least once every three years.

Beginning in 2004, at the request of the Assistant Secretary of the then Division of Alcohol and Chemical Dependency Programs (DACDP), the Review Team from DMH/DD/SAS was asked to begin using standards established by the Commission on Accreditation of Rehabilitation Facilities (CARF) as guidelines for its review of substance abuse services. Screening, assessment and case planning are required components of a criminal justice-treatment program seeking compliance with the CARF standards. According to its mission statement, CARF promotes the quality, value, and optimal outcomes of rehabilitative services. In 2004, the Review Team from DMH/DD/SAS, in collaboration with the current Alcoholism and Chemical Dependency Programs Section, developed a compliance review instrument based on the CARF standards. This instrument was used to review the substance abuse treatment programs located in correctional facilities throughout the State. In 2009, The Review Team collaborated with the Alcoholism and Chemical Dependency Programs to create a new monitoring tool. The monitoring tools’ benchmarks were taken directly from the 2009 CARF Behavioral Health Standards Manual and used to measure the substance abuse treatment programs’ compliance rating.

In 2011, twenty-seven (27) facilities charged with providing mental health, intellectual disabilities and substance abuse treatment services to inmates were reviewed. The chart below lists the compliance rating percentages for the correctional facilities reviewed and the mental health grade (M grade) assigned by the DAC. The mental health grade (M grade) ranges from 1, which indicates that no mental health treatment is provided, through 5, which reflects the provision of inpatient treatment, and denotes the intensity and level of mental health treatment available at a facility. The M Grade also identifies which facilities provide specialized psychiatric services. The code or M Grade is designed to cluster inmates at facilities best able to manage their mental health needs.

The compliance rating percentages provide feedback regarding each correctional facility in terms of measuring adherence to mental health and substance abuse treatment standards. Additional data collected during the interview portion of the reviews provide information as to the strengths and weaknesses of the mental health and substance abuse programs.

<b>Quantitative Summary of Facilities Reviewed for Mental Health Services</b>			
<b>Facility</b>	<b>M grade</b>	<b>Program</b>	<b>%</b>
Albemarle Correctional	2	Outpatient	100.00%
Alexander Correctional	4	Residential	94.61%
Bertie Correctional	2	Outpatient	99.61%
Central Correctional	5	Inpatient	85.16%
Craven Correctional	3	Outpatient	100.00%
Duplin Correctional	3	Outpatient	97.22%
Foothills Correctional	3	Outpatient	98.65%
Lanesboro Correctional	3	Outpatient	100.00%
Lumberton Correctional	3	Outpatient	97.64%
Marion Correctional	2	Outpatient	100.00%
Morrison Correctional	2	Outpatient	99.16%
Nash Correctional	3	Outpatient	82.17%
Neuse Correctional	3	Processing Center	92.96%
NC Correctional Institution for Women (NCCIW)	5	Inpatient	100.00%
NCCIW	5	Residential	99.74%
New Hanover Correctional	3	Outpatient	99.54%
Pasquotank Correctional	1	Outpatient	99.24%
Pender Correctional	3	Outpatient	99.30%
Piedmont Correctional	3	Outpatient	97.13%
Robeson Correctional	2	Outpatient	100.00%
Southern Correctional	3	Outpatient	100.00%
Western Youth Correctional	3	Outpatient	91.72%
<b>Quantitative Summary of Facilities Reviewed for Substance Abuse Services</b>			
Craggy Correctional	2	Intensive Outpatient	85.35%
Duplin Correctional	2	Intensive Outpatient	90.50%
NCCIW	5	Intensive Outpatient	73.53%
Pender Correctional	3	Intensive Outpatient	82.79%
Piedmont Minimum (LT)	2	Intensive Outpatient	81.83%

#### **IV. Findings Related to Mental Health Services for Inmates**

**Access to Services.** A vital step in providing appropriate treatment services is to identify those individuals entering the criminal justice system who are in need of a particular service. An initial healthcare screening at the DAC Diagnostic Centers identifies mental health, developmental disabilities and/or substance abuse services needs for inmates entering the DAC. It can identify special needs for inmates with co- occurring mental health and substance abuse problems. It can also identify those individuals who may pose a threat to themselves or others.

An inmate is allowed by self-referral or a request from prison staff to be screened by a clinician or counselor to determine if the inmate is capable of benefitting from treatment. For the inmates in crisis, 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 treatment and follow-up. Some inmates requiring an intermediate level of inpatient care are transferred to a long-term residential mental health facility for the treatment. Inmates with a long-standing mental illness or an intellectual or 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 chronically mentally ill 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 their release into the community.

**Crisis and emergency services.** Most facilities have crisis services protocols in order to effectively handle a mental health emergency. For instance, outpatient services assist 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 is available to respond to an emergency twenty-four hours a day, seven days a week.

**Outpatient services.** These services range from assessment, evaluation and treatment of situational disorders to the 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.** These services are provided at four facilities in the State. These facilities offer long-term services for inmates who have serious and chronic mental illnesses. Adult male felons are housed at the Maury and Alexander Correctional Facilities. Youth offenders are housed at Foothills Correctional Facility, and female felon offenders reside at the North Carolina Correctional Institution for Women (NCCIW). Treatment and activity programming is analogous to services provided at state psychiatric hospitals and includes individual and group psychotherapy, psychotropic medications, activity therapy, substance abuse education, relapse prevention training, and social skills training. Inmates who make a satisfactory extended adjustment within the residential program, but who continue to require frequent intervention, may be transferred into a day treatment program. This day treatment program is for inmates with chronic and less severe mental illnesses. Those inmates who make a full recovery or improve

their levels of functioning may be transferred back to the original facility from which they were initially referred.

**Inpatient services.** These services are provided for inmates who are acutely mentally ill. Male inmates are treated at Central Prison and female inmates are treated at NCCIW. Inpatient services include psychiatric and clinical services, psychotropic medications, individual and group psychotherapy, activity and rehabilitation therapy, and nursing services. Once an inmate's 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 an intellectual or developmental disability, and who require frequent intervention and programming but are able to function within the general prison population, may be transferred to a day treatment program.

## **V. Services for Inmates with Intellectual and Developmental Disabilities**

Many inmates are in prison because of diminished judgment and reasoning abilities. In some cases these inmates may be persons with intellectual or developmental disabilities and may require continual monitoring of assignments and structuring of all daily activities. Treatment activities for these inmates include individual and group psychotherapy, psychotropic medication education and administration, and training in various work assignments to keep inmates active and productive. Inmates with behavioral problems who are unable to function within regular units may be housed in the inpatient mental health unit at Central Prison. 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.

## **VI. Findings Related to Services for Inmates with Intellectual and Developmental Disabilities**

Of the approximately 543 mh/dd/sa records reviewed in 2011, three (3) percent of those were records of inmates with intellectual or developmental disabilities. The determination that an inmate meets the clinical criteria for intellectual or developmental disabilities involves a process which uses several screening tools. Initially, the psychologist in the processing center completes the Form-DC 927, Evaluation Criteria for Persons with Intellectual or Developmental Disabilities (IDD). A case manager at the receiving facility completes the Form DC 532, Adaptive Behavioral Checklist (ABC) and the social worker completes the Form DC 925, the I/DD Assessment. The Assessment and the Form DC 542, I/DD Orientation, are completed within 30 days of admission to the facility. Based on staff interviews and reviews of the clinical records, the Review Team concluded that services for the intellectually or developmentally disabled are provided in compliance with mh/dd/sas standards.

## **VII. Findings Related to Substance Abuse Services for Inmates**

The Alcoholism and Chemical Dependency Programs Section (ACDP) is one of the major Sections located within the DPS. Its mission is to plan, administer and coordinate chemical dependency screening, assessment, intervention, treatment, aftercare and continuing care services for the Department. The ACDP 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 ACDP 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, ACDP provides information and education on traditional recovery resources available to inmates both while in prison and upon return to the community.

The four treatment strategies established for male and female inmates within ACDP prison facilities consist of brief intervention, intermediate and long term treatment and aftercare services. The ACDP Brief Treatment-48 program provides brief intensive chemical dependency intervention/treatment for offenders during their incarceration. A total of 48 hours of substance abuse services is provided to inmates in either three or six hour group sessions during a period of up to eight weeks.

There are two community based residential treatment programs for probationers: DART Cherry for male probationers/parolees and the Black Mountain Substance Abuse Treatment Center for Women for female probationers/parolees. The Black Mountain Substance Abuse Treatment Center for Women opened May 10, 2010. This fifty (50) bed facility is responsible for the delivery of substance abuse services to female probationers and parolees. The Black Mountain Substance Abuse Treatment Center for Women is a long awaited response to meeting the need for substance abuse treatment for female offenders. The Black Mountain Center offers a 90-day treatment program that offers group and individual therapy in addition to substance abuse education.

Within the ACDP, there are three types of long-term treatment programs: 1) state funded services; 2) federally funded Residential Substance Abuse Treatment (RSAT); and 3) contractual private treatment facilities. Currently there are eight long term programs within the ACDP; of those, five are state funded, two are contractual private facilities, and one is a RSAT program. The long term programs within ACDP have an average length of stay ranging from 120 to 365 days. Each program is designed to treat the seriously addicted inmate. These programs target inmates whose substance abuse history is lengthy, severe and who have had multiple treatment episodes. Long- term treatment programs address substance abuse and criminal thinking issues during the treatment process. 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 Therapeutic Community (TC) model of substance abuse treatment within the correctional environment. The DAC has contractual agreements with two private facilities: Evergreen Rehabilitation Center (male) and Mary Frances Center (females). These facilities provide long-term residential treatment to inmates entering the final six to twelve months of incarceration.



**VIII. Future Challenges to Providing Services within the Division of Adult Correction and the Alcoholism and Chemical Dependency Programs Section located within the Department of Public Safety**

1. A substantial percentage of those under criminal justice supervision have one or more co-occurring mental disorders in addition to a substance abuse disorder. Providing and developing a systematic approach to screen and assess the need for mental health, intellectual developmental disability, and substance abuse treatment is a challenge.
2. The less severe mental disorders such as anxiety, phobia disorders, post traumatic stress disorder (PTSD), along with less severe depression, attention deficit disorders, and various types of personality disorders are common among the inmate population and can affect treatment outcomes (Broner et al. 2002; Haywood et al. 2000; Henderson 1998; Peters and Hills 1997, 1999; Teplin et al. 1996.) Therefore, targeting the limited clinical resources available to provide effective mental health, intellectual or developmental disabilities and substance abuse treatment services to offenders is a challenge.
3. A number of environmental stressors can lead to renewed substance use and risk for recidivism when inmates are released from custody and returned to their community. Structuring a consistent response to the mental health, intellectual or developmental disabilities and substance abuse treatment and housing needs of offenders returning to the community is an on-going challenge.
4. The offender population has relatively high rates of affective disorders, anxiety disorders and personality disorders. Blending person centered planning, person centered treatment, and person centered thinking as a therapeutic approach in the correctional treatment setting is a challenge.
5. Developing a strategy to provide needed services for the growing number of inmates entering the DAC diagnosed with mental illness, intellectual developmental disabilities and substance abuse services issues while at the same time facing a reduction of psychiatric and residential beds in the community, is a challenge.

**IX. Recommendations for Improvements to MH/DD/SA Services within the Division of Adult Correction and the Alcoholism and Chemical Dependency Programs Section**

1. The information collected concerning mental health, intellectual or developmental disabilities and substance abuse services should include an analysis of the efficiency and effectiveness of clinical outcomes, as well as how the data can be used to improve the delivery of services. This should include the DAC and the Alcoholism and Chemical Dependency Programs Section sending an Annual Outcome Report to the Program Assurance Unit Reviewers.
2. Additional staff training conducted by DMH/DD/SAS should be provided to ACDP staff in regards to the CARF standards, client rights, appeals and confidentiality policies and procedures.

3. The cumulative mental health, intellectual and developmental disability and substance abuse treatment information should follow the offender from the earliest impact point throughout the system.
4. The continuing care plan should include joint planning to include prospective service providers (i.e., social service agencies, primary health care providers, employment agencies, housing assistance services, transportation and education services) with the community. Ideally, this planning should be done before the inmates leave custody and the current treatment.
5. In-prison treatment should also address the trauma of incarceration as well as prison culture that conflicts with treatment goals.
6. ACDP should incorporate drug testing for offenders in both the institutional and community settings as a part of the substance abuse treatment plan.

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## Appendix A. Level of Mental Health Service Grades or M Grade

Mental Health Grades	
M Grade	Definition
1	No mental health treatment provided; inmates needing mental health 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 is provided; for more serious mental illnesses or substance abuse illnesses, a part-time psychiatrist is available on site to treat inmates. Inmates may be transferred from other correctional facilities due to major changes in their mental health status and the level of mental health treatment needed.
5	Inpatient treatment is provided for the most serious and persistent mental illnesses by a full time psychiatrist available on site to treat inmates. Inmates may be transferred from other correctional facilities due to major changes in their mental health status and the level of mental health treatment needed.