

North Carolina Department of Health and Human Services

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

June 30, 2013

The Honorable Pat McCrory
Office of the Governor
20301 Mail Service Center
Raleigh, NC 27699-0301

Dear Governor McCrory:

North Carolina General Statute 148-19(d) requires the Department of Health and Human Services to submit an annual report on the progress of the North Carolina Department of Public Safety, Division of Adult Correction's implementation of standards for the delivery of mental health and mental retardation services to inmates in its custody. The Department is pleased to submit the attached report, which shows a number of strengths in the programs and a few areas where improvements could be made, which DPS is pursuing.

Please feel free to contact Dave Richard, Director of the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services, should you have any questions regarding this report. Mr. Richard can be contacted at (919) 733-7011.

Sincerely,

A handwritten signature in dark ink, appearing to read "Wos", written over a light blue horizontal line.

Aldona Wos, M.D.
Secretary

AW:mth

Attachment

cc:	Susan Jacobs	Dave Richard	Senator Louis Pate
	Patricia Porter	Jim Jarrard	Representative Justin Burr
	Denise Thomas	Jim Slate	Representative Nelson Dollar
	Kristi Huff	Adam Sholar	Legislative Library (one hard copy)
	Sarah Riser		
	Pam Kilpatrick		
	Brandon Greife		

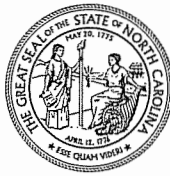
www.ncdhhs.gov

Telephone 919-855-4800 • Fax 919-715-4645

Location: 101 Blair Drive • Adams Building • Raleigh, NC 27603

Mailing Address: 2001 Mail Service Center • Raleigh, NC 27699-2001

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Ambassador (Ret.)
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June 30, 2013

The Honorable Phil Berger
President Pro Tempore of the Senate
North Carolina Senate
Room 2008, Legislative Building
Raleigh, NC 27601

Dear President Pro Tempore Berger:

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June 30, 2013

The Honorable Dan Forest
Office of the Lieutenant Governor
20401 Mail Service Center
Raleigh, NC 27699-7350

Dear Lieutenant Governor Forest:

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Secretary

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North Carolina Department of Health and Human Services

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Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

June 30, 2013

The Honorable Thom Tillis
Speaker of the House
North Carolina House of Representatives
Room 2304, Legislative Building
Raleigh, NC 27601

Dear Speaker Tillis:

North Carolina General Statute 148-19(d) requires the Department of Health and Human Services to submit an annual report on the progress of the North Carolina Department of Public Safety, Division of Adult Correction's implementation of standards for the delivery of mental health and mental retardation services to inmates in its custody. The Department is pleased to submit the attached report, which shows a number of strengths in the programs and a few areas where improvements could be made, which DPS is pursuing.

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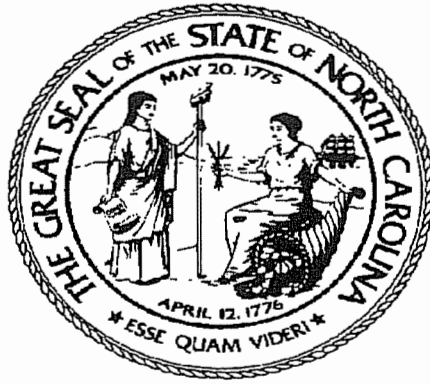
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2012 Annual Report

Review of the

North Carolina Department of Public Safety
Division of Adult Correction and Alcoholism and Chemical
Dependency Programs
North Carolina General Statute 148-19(d)

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

June 30, 2013

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Introduction

The North Carolina Department of Public Safety has the responsibility to deliver mental health, developmental disabilities and substance abuse services (mh/dd/sas) to inmates. The mission of the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (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. In order to assure correctional treatment standards are adopted, the 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 Standards within the Department of Public Safety.

There are **66** prisons in North Carolina of which **34** facilities are equipped to provide mental health, intellectual developmental disabilities and substance abuse services to offenders. The vision of DHHS is for all North Carolina residents with MH/DD/SAS needs to have prompt access to services in their community to support them.

II. Review Process and Methodology

In order to make an accurate assessment, auditing tools were developed. Specific questions were asked in order to measure program compliance and best practices as it relates to treatment of individuals in the correctional setting. The review focused on assessing the organization's leadership capacity, its treatment philosophy (i.e. person centered treatment planning), the overall program structure and staffing qualifications, treatment planning, medication management and documentation.

A Review Team consisting of two reviewers from the Program Assurance Unit of the Accountability Team of NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) are assigned the responsibility of reviewing mental health, developmental disabilities and substance abuse services (MH/DD/SAS) within Division of Adult Correction facilities. Program Reviewers from the DMH/DD/SAS audited a total of 580 MH/DD/SAS treatment records, and interviewed key administrators, psychological counseling, nursing and custody staff at each site in order to assess the quality of services, compared to the established guidelines.

In 2012, Program Reviewers from the DMH/DD/SAS audited 29 prison based treatment programs charged with providing mental health, intellectual disabilities and substance abuse treatment services to inmates. Of the 29 sites visited, 21 provided treatment services specific to mental health and intellectual disabilities and eight provided substance abuse treatment.

The 21 mental health programs were audited using the Rules for Mental Health, Developmental Disabilities and Substance Abuse Services Facilities and Services in 10A NC Administrative Code 27G (APSM 30-01). The eight substance abuse facilities and services were audited using the Commission on Accreditation of Rehabilitation Facilities (CARF) Standards.

III. Findings Related to Mental Health Services for Inmates

Access to Services: The Reviewers found that an inmate can access services by self-referral or a request from prison custody staff. Inmates can gain access to MH/DD/SAS through several avenues, such as during initial medical screenings at diagnostic centers or at any time during incarceration by inmate or prison staff request. The inmate is then screened by a clinician or counselor to determine if the inmate is capable of benefitting from treatment.

Inmates with a long-standing mental illness or an intellectual 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 and who may pose a significant danger to society or to themselves but who have otherwise served their sentence, are referred for involuntary commitment to the state hospital system prior to their release into the community.

Crisis and emergency services: The facilities reviewed 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. For inmates in crisis, once an inmate's mental disorder is stabilized and they are no longer dangerous to themselves or others, the inmate may be transferred back to their regular prison unit for outpatient treatment and follow-up.

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: Some inmates requiring an intermediate level of care are transferred to a long-term residential mental health facility for treatment. These services are provided at four facilities within the State. These facilities offer long-term services for inmates who have serious and chronic mental illnesses. 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 the North Carolina Correctional Institution for Women (NCCIW). Inpatient services include psychiatric and clinical services, psychotropic medications, individual and group psychotherapy, activity and rehabilitation therapy, and nursing services.

IV. Findings Related to Substance Abuse Services for Inmates

The reviewers found evidence that the Alcoholism and Chemical Dependency Program (ACDP) provides regular training and clinical supervision for clinical staff and encourages input from all staff as to program development. ACDP consistently demonstrates commitment to activities aimed at leadership development for its various program. Through its 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). The New Direction Program is based on proven Cognitive-Behavioral Interventions and is designed to challenge criminal thinking and confront the abuse and addiction processes as identified by program participants. The Reviewers found evidence that the ACDP provides information and education on traditional recovery resources available to inmates both while in prison and upon return to their respective communities.

The four treatment strategies established for male and female inmates within the ACDP for the 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: Drug Abuse Resistance Treatment (DART) Cherry for male probationers/parolees and the Black Mountain Substance Abuse Treatment Center for Women probationers/ parolees. The Black Mountain Substance Abuse Treatment Center for Women opened May 10, 2010. This 50 bed facility is responsible for the delivery of substance abuse services for substance abuse treatment for female offenders. The Center offers a 90-day treatment program that offers group and individual therapy in addition to substance abuse education.

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

In some cases the inmates may be intellectually disadvantaged and 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. Other services for inmates with Intellectual and Developmental Disabilities (IDD) include: interpreters for the deaf, specialized case management for mentally retarded, appliances for the physically handicapped, and communications devices for those with needs for them.

Inmates with suspected IDD identified at the diagnostic centers are referred to the Day Treatment Program at Pender Correctional Institution. Inmates who are developmentally deficient are assigned to the horticultural therapy program that trains them for landscaping and gardening jobs. The Pender facility's objective is to provide services for inmates with developmental disabilities in need of comprehensive assessment as well as social and vocational skills 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 are transitioned into the general population at the Pender Unit prior to being reassigned. The program is open-ended, allowing inmates to progress at their own rate. Those felt to be at risk in the regular population may remain at the Unit for the duration of their classification in medium custody. Aftercare Plans are developed for those inmates who need assistance transitioning back into the community. Efforts are made to coordinate services through the local IDD staff in the county to which the inmate will be returning.

VI. Summary of Findings: Strengths and Potential Areas for Improvement - Mental Health, Developmental Disabilities and Substance Abuse (MH/DD/SA) Services within the Division of Adult Correction and Alcoholism and Chemical Dependency Programs

Program Strengths:

1. There is visible support and understanding of the need for accountability by administrators within the Department of Public Safety, the Division of Adult Correction and the Alcoholism and Chemical Dependency Programs Section as well as line staff.
2. The employees are well trained and opportunities for ongoing professional education are encouraged by Program Managers within the Division of Adult Correction.

3. Mental health, substance abuse treatment and services for the intellectual developmentally disabled individuals in the correctional setting are conducted with adequate supervision, monitoring and other control measures.
4. Classification processes go beyond separating inmates based on custody and/or supervision level. Classification processes includes specific efforts to identify inmates needing mental health, intellectual disability and substance abuse services.
5. Some facilities have instituted regular meetings with custody and mental health staff. These regular meetings, in some instances weekly meetings, foster collaboration and allow staff to share pertinent information and provide coherent and consistent treatment for the inmates.

Potential Areas for Improvement:

1. More programs could be available that address the trauma of incarceration and the response by some inmates to prison culture that often conflicts with treatment goals.
2. Recruiting and retaining qualified staff who understands MH/DD/SAS treatment practices.
3. Although generally adequate, coordination among mental health and custody staff needs on-going attention because of the inherent issue of control and a balanced treatment approach.
4. Case managers and social work staff working together to provide each inmate with a home plan that includes housing, treatment appointments and contact information to a transitional home.

VII. Closing Summary

This report shows there are MH/DD/SAS available to inmates in the state prison system. While there are areas for improvement, the system has a number of strengths.