

Prison Presentation Follow-Up

Custody & Security

1) Number of commuter Correctional Officer Basic training classes

There were 55 commuter schools during FY 2015-2016.

2) DOP Facilities and counties that participate in the Statewide Misdemeanant Program

See list and map

Inmate Medical

1) Inmate ER visits related to assaults per year.

The Department reports they cannot provide this information. The Department's Incident Management system doesn't contain this information because the Inmate Injury field doesn't note whether outside or internal medical care was required. Also, they cannot get it through claims management because the diagnosis does give enough information to link it to an assault.

2) Why do so many inmates have podiatry problems?

As a result of the increase in diabetic patients as well as other orthopedic diagnosis, it requires these patients to be evaluated on a regular basis by the podiatrist

Programs

1) State and federal tax incentives for hiring

See handout

2) American Indian is listed as the second largest religion. Please provide more specific details about what that means and entails.

- American Indian Practitioners are the second largest faith group in NC Prisons according to OPUS records
- NC has a large identified population of indigenous American Indians (Native Americans)
- Per Chaplain Raymond Clark, American Indian Coordinator, “The American Indian population has expanded as many people, including inmates, are going back to their native or traditional roots.”
- NC Prison inmate population has the freedom to make a religious commitment and choose their faith group per policy
- American Indian practitioners are a recognized as a faith group within DPS Prisons
- DPS Prisons provides religious services to meet the needs of the American Indian practitioners, per policy
- American Indian Religious Practitioners should smudge and pray no less than three times a week, per policy
- The corporate Prayer Circle includes the use of the Sacred Pipe and the Pipe Ceremony which involves the use of Ceremonial Tobacco or Ceremonial Herbal Kinniknick inside the pipe, per policy
- US Census Bureau sites NC population in 2016 at 10,146,788 as of July 1, 2016 with 1.6 % of the population being American Indian or Alaskan Native as of July 1, 2015 (as opposed to 1.3 % as of 4/1/2010)
- UNC 2014 demography sites 184,000 individuals or 1.9% of the state’s total population identified as American Indian or Alaska Native, alone or in combination, on the 2010 census
- UNC 2014 demography sites among 122,000 North Carolina individuals who identified as American Indian or Alaska Native (alone), more than 85,000 or 70% reported specific tribal affiliation or community attachment

- The Center on Juvenile and Criminal Justice, Apr 27, 2015 states “Native Americans are incarcerated at a rate 38% higher than the national average, according to the Bureau of Justice Statistics. ... Native Americans are more likely to be killed by police than any other racial group, according to the Center on Juvenile and Criminal Justice, Apr 27, 2015”

3) Inmate telephone contract information

As you stated previously, this is question is in relation to the Inmate Telephone contract. DPS does not currently pay the contracted vendor for its services. The vendor is paid through the receipts from the inmate phone calls placed. The rates are presently at \$.10 per minute for intrastate phone calls. This is the highest states can charge without being in conflict with the FCC ruling. However, this rate does not provide the agency (welfare fund) commissions

4) Why don't inmates who enter prison with serious substance abuse problems not get treatment initially, especially to address their addiction? Do they have to go cold turkey?

Dr. Junker, Director of Behavioral Health, reports:

If an inmate comes into our system actively withdrawing, we will treat; if unstable he/she will be sent to local hospital.

Most detox by default has taken place while in jail awaiting sentence, etc....

Once in diagnostic, offenders do enter the eligibility pool, but certainly not enough beds to fill demand at entry.....prison maintains the search for available treatment beds and routes inmates as they can throughout sentence.

From a provider standpoint we believe treatment is best linked close to release window as skills are best utilized for successful re-entry.

5) Restitution follow-up

See handout