This document is the result of 5-7 months of meetings and research by the 10 State Reentry Council Collaborative (SRCC) workgroups and presents draft recommendations. The SRCC welcomes your comments and feedback on these draft recommendations. **Note: Budget numbers in these recommendations are estimates only and have not been verified.**

All feedback will be reviewed and considered. Once the final recommendations are approved by the SRCC, they will be submitted to the NC General Assembly and the Office of Governor Roy Cooper.

In submitting your feedback, please include the following information:

- Your name
- Organization (if applicable)
- Workgroup and recommendation to which your feedback applies

We welcome any feedback submitted prior to the deadline, but all comments must be emailed to Irene Lawrence at irene.lawrence@ncdps.gov by 5pm on October 31st.

SRCC Mental Health, Substance Misuse, and Medical Workgroup Recommendation #1

Recommendation Summary

Explore the feasibility of a data sharing agreement between the North Carolina Department of Public Safety (NCDPS) and the Department of Health and Human Services (DHHS) to:

a. Identify persons who are incarcerated in NC who have active Medicaid coverage, and eliminate premium payments to Local Management Entity-Managed Care Organization (LME-MCOs) for those individuals.

b. Facilitate the timely re-establishment of Medicaid for eligible individuals upon their release from prison.

Background

Successful implementation of this recommendation might save the state a significant amount of money, if there are cost savings due to eliminating premium payments to the LME-MCOs for inmates. South Carolina, for example, reported recovering $1,400,000 in premium payments to their managed care contractors. The amount of recouped costs that North Carolina might recover has yet to be determined.

Timeline:

What can be done now?

- Establish a committee to consider the feasibility of a data sharing agreement between NCDPS and DHHS, including staff with the skills to determine the technological challenges involved in matching the DHHS / Medicaid and NCDPS databases.

In the short-term – within six months?

- Negotiate and execute the data sharing agreements between NCDPS and DHHS.

SRCC Mental Health, Substance Misuse, and Medical Workgroup Recommendation #2

Recommendation Summary

Expand Medicaid in North Carolina

SRCC Mental Health, Substance Misuse, and Medical Workgroup Recommendation #3

RECOMMENDATION SUMMARY

- Make a range of Medication-Assisted Treatment (MAT) options available to those who are incarcerated with a history of opioid dependence.
- Obtain and distribute Narcan overdose reversal kits to releasing individuals and provide them instruction on the use of these kits.

BACKGROUND

An estimated two-thirds of prison inmates have a substance use disorder (SUD), and of those, many are dependent upon opioids. Inmates who are dependent on opioids need best practice treatments to reduce their risk of overdose death, enhance their chances of recovery, and therefore lower their rates of recidivism. Studies have found the greatest success in treatment of opioid dependence when a range of medications for treatment of addiction is available. In particular, multiple studies have also shown that people who've received MAT in prison have lower recidivism rates than those with opioid dependence who have not received this treatment. MAT has also been found to have public health benefits, as it has been shown to be effective in helping preventing the spread of infectious diseases, like HIV.

In addition, when inmates with opioid dependency leave prison, their risk of death from an overdose within the first two weeks following release has been found to be more than 100 times greater than any other population. There is no population at higher risk of death, and no risk period greater, than for persons with opioid dependence who've just been released from prison. Individuals with opioid addictions prior to incarceration usually detox on their own in prison, and often are not aware of their diminished tolerance to these drugs when released, making them vulnerable to an accidental overdose.

The increased availability of extremely potent opioids like Fentanyl makes the need for medications to reduce overdose deaths even more important. Also, as cocaine and other drugs

are increasingly cut with opioids like Fentanyl, other drug users are also increasingly at risk of an overdose - not just inmates with opioid dependence.

Recommendation
To enhance their chances of successful re-entry, and reduce their risk of relapse and overdose death, Medication-Assisted Treatment (MAT) should be provided to those with opioid dependence while in prison.

In addition, all inmates should be informed about their risk of death from overdose upon release from prison, especially those who have used opioids and other drugs in the past. Those releasing individuals with a history of opioid dependency should receive Narcan kits, and instructions on how to use these kits, for overdose reversal. By providing MAT and Narcan kits to releasing individuals, risk of overdose death among them upon release can be reduced by 60%.

Stakeholders:
NC Department of Public Safety
Local Re-Entry Councils
Harm Reduction Coalition
Drug Alcohol Recovery Treatment (DART) – Cherry
SUD providers in the community.

Timeline:
What can be done now?

- Begin planning for the development of an MAT program in our prison system. Establish a working group to determine the cost of piloting an MAT program, secure funding for an MAT program, determine the facility in which it would most appropriately be piloted, how inmates will be selected for participation in the MAT program, and develop protocols for implementation of the MAT program.
- Begin planning for the development of educational materials that warn those about to be released of their risk of death from an overdose, due to reduced tolerance following their abstinence from drug use while in prison. Communicate to all prison social workers and case managers the need to provide this warning to all those who are soon to be released.
- Establish a committee to develop a plan to distribute Narcan kits to releasing inmates.

In the short-term – within six months?

- Train staff on implementation of the MAT program protocols and procedures.
- Begin MAT for those inmates with opioid addiction in prison, and link them to MAT providers in the community upon their release.
- Develop a system for identifying inmates with a prior history of opioid dependence, and target them for information and education within a month prior to their release.
- Develop educational materials, flyers, and posters warning inmates of their risk of overdosing on opioids after release.

In the intermediate term – 6 to 18 months?

- Evaluate effectiveness of the prison MAT program. Refine the MAT model and protocols.
- Purchase and distribute Narcan Kits to releasing inmates with a known history of opioid addiction.

In the long-term – more than 18 months?

- Expansion of MAT to other NC prisons.

Type of Action Required:
Executive action will be needed. The North Carolina Department of Public Safety (NCDPS) will need to provide support, coordination, and assistance to establish linkages with prisons, local re-entry councils, and to help identify inmates who need MAT, and inmates who are at highest risk of overdose and should receive such instruction and/or Narcan kits. Legislative action may be required, if additional funding is sought.

Budgetary estimates / considerations:
Cost estimates would depend on the resources available to purchase medications for MAT and to train staff to administer the MAT program. Cost estimates would also depend on the resources available to purchase and distribute Narcan kits. Cost of one Narcan Kit containing two doses = $75.

Potential barriers:
Cost of medications for MAT.
Cost of Narcan Kits.
Stigma of opioid addicts, and opposition to MAT by those who view it as enabling the opioid addict.

SRCC Mental Health, Substance Misuse, and Medical Workgroup Recommendation #4

RECOMMENDATION SUMMARY

Explore innovative ways to reinstate or expand health insurance coverage to formerly incarcerated individuals, similar to efforts underway in South Carolina to help assure those who are eligible receive Medicaid as quickly as possible upon their release from prison.

1. Pilot the establishment of Medicaid eligibility workers at one or two re-entry facilities. These Medicaid eligibility workers could help releasing inmates apply for benefits, prioritizing those with the highest likelihood for obtaining Medicaid (i.e., those over 65 y/o, mothers, and those who previously received Medicaid). These workers may also train other correctional staff on how to assist in completing these applications.
2. Study the possibility of expanding the Medicaid Family Planning Waiver (FPW) program to cover health conditions other than those directly related to family planning. Expanding the FPW program to cover a wider range of health conditions would enable some recently released individuals to have health insurance that they'd not otherwise be able to obtain.

BACKGROUND

Most individuals released from prison to the community are not eligible to receive Medicaid. Like North Carolina, South Carolina (SC) has not expanded Medicaid. However, SC has requested permission from the Center for Medicare and Medicaid (CMS) to use their Medicaid FPW program to cover screenings for health conditions, like heart disease, that could impact a pregnancy. Both SC and Texas have requested permission from CMS to further expand the FPW program to pay for preconception health services, such as treatment of chronic diseases, including mental illness and substance use. If SC and Texas are granted permission by CMS to use the FPW program to pay for treatment of chronic health conditions, North Carolina should similarly explore using the FPW program to provide medical care to released inmates to treat those same medical conditions.

Stakeholders:

NC Department of Public Safety
NC Department of Human Services – Division of Medical Assistance (DMA) and Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS)
Center for Medicare and Medicaid Services (CMS)

Timeline:

What can be done now?

- Track the efforts of SC and Texas to obtain permission from CMS to use the FPW to pay for preconception health services and chronic health conditions.

In the short-term – within six months?

- Timeline to be determined.

In the intermediate term – 6 to 18 months?

- Timeline to be determined.

In the long-term – more than 18 months?

- Timeline to be determined.

Type of Action Required:
Executive action will be needed.
Legislative action may be required, if additional funding is sought.

Budgetary estimates / considerations:
Costs of hiring two Medicaid eligibility workers to pilot this program are estimated at $100,000.

Potential barriers:
Implementation for expansion of the FPW program hinges upon permission provided by the federal government (i.e., CMS) to use the FPW for the purposes indicated.

SRCC Mental Health, Substance Misuse, and Medical Workgroup Recommendation #5

RECOMMENDATION SUMMARY

Expand the North Carolina Formerly Incarcerated Transition (or FIT) Program to establish patient-centered primary care medical homes for returning inmates with chronic medical conditions, mental illness and/or substance use disorder (SUD).

There has been no system providing linkages to healthcare during the critical transition from incarceration to the community. The NC FIT Program builds on investments being made by the NC Department of Public Safety (NCDPS) to remission the state prison system to improve reentry. In coordination with NCDPS the FIT Program extends the work of local reentry councils and community-based organizations to link recently released prisoners with essential healthcare services. The North Carolina Community Health Center Association has been an important partner in establishing partnerships with Federally Qualified Health Centers that are uniquely positioned to care for these complex patients addressing physical and mental health as well as treatment for SUD. The NC FIT Program utilizes specially trained community health workers (CHWs) with a personal history of incarceration, to establish rapport and trust and act as peer navigators in all aspects of reentry. Currently there are FIT Programs in Orange and Durham Counties, and expanding into Wake and Mecklenburg in August 2018. The NC FIT Program is based on the Transitions Clinic Network model that is being successfully implemented in 25 clinics in eleven states and Puerto Rico. The FIT Program emphasizes:

- Strong linkages with NCDPS to coordinate warm handoffs of care from incarceration to needed healthcare services in the community.
- A peer navigator model that works with local reentry councils and community-based organizations to create comprehensive reentry plans including healthcare.
- Culturally competent, patient-centered medical services capable of addressing the complex needs of people returning to their communities that suffer from multiple comorbidities.
- Close partnerships with key stakeholders in North Carolina that include NCDPS, County Jails, County and State Departments of Public Health, local reentry councils, community mental health, community SUD treatment and the North Carolina Community Health Center Association.

The FIT program is currently being operated in collaboration with the state's Department of Public Safety, the UNC Medical School's Department of Family Medicine, the NC Community Health Center Association, the Orange and Durham County Health Departments, Piedmont Health Services, Inc. and the Lincoln Community Health Center. New partners are the Charlotte Community Health Clinic and the Center for Community Transitions in Mecklenburg County, and Advance Community Health Center and UNC Wakebrook Primary Care in Wake County. We recommend expanding this model to 5 additional sites within North Carolina and

piloting a medical discharge planning program for prisoners being released to more rural counties with fewer reentry resources.

BACKGROUND

In 2017 nearly 25,000 people were released from North Carolina Prisons. Best estimates tell us that 30-40% suffer from chronic disease including Diabetes, Hypertension, Kidney problems and Lung disease. Up to 20% have significant mental illness and 50% likely suffer from SUD. Only individuals with HIV/AIDS are regularly liked to healthcare. An additional barrier is lack of health insurance for the majority of this population. We also know that recently released individuals are 74 times more likely than the general population to die of a heroin overdose in the first 2 weeks post-release. Commonly, recently released individuals suffer from housing and food insecurity, barriers to transportation, unemployment, and are disconnected from essential healthcare services. Without assistance and treatment, re-arrest and reincarceration are almost certainties. The vast majority of this population only receive medical care through expensive emergency room visits and preventable hospitalizations, neither which result in linkages to ongoing primary care or treatment for mental illness and/or SUD. This pattern of continued emergency medical care ultimately dramatically raises costs of healthcare for this vulnerable population. People who are incarcerated have much higher rates of communicable diseases, like TB, hepatitis, and HIV/AIDS, and when they are released back to the community without adequate healthcare, not only is their health at risk, but so is the health of the community. Treatment for SUD reduces crime and recidivism. The FIT Program connects recently released prisoners with essential health services in a timely and cost-effective program that builds on efforts of NCDPS, existing reentry resources and the NC safety net health system. Additionally, it is a natural extension of the statewide efforts to combat the opioid overdose epidemic and protects the overall health of our communities.

Stakeholders:

NC Department of Public Safety
Local Re-Entry Councils and Community-Based reentry organizations
Federally Qualified Healthcare Centers and safety net clinics
County Health Departments
County Jails
NC Department of Public Health
Mental Health Services local and statewide
Substance Use Disorder Treatment Programs and Statewide Opioid Overdose reduction efforts
University of North Carolina
Transitions Clinic Network
Families and communities impacted by mass incarceration

Timeline:

What can be done now: Work directly with NCDPS to identify new locations for FIT Program expansion. Continue discussions with NCDPS about implementation of a medical discharge planning model at prisons releasing people to areas without a FIT Program. Continue

discussions with NCDPS and county jails about screening prisoners to be released for opioid use disorder to start Medication Assisted Treatment.
In the short-term –6 months: Fortify the network of the 4 FIT pilot programs to ensure fidelity of implementation, and continue to work on solutions to the social determinants of health facing this population. Establish contact in identified expansion sites with reentry community, law enforcement and safety net clinics to prepare for FIT Program implementation in those new counties. Initiate screening program for opioid use disorder in all FIT Program clients and start referrals to Medication Assisted Treatment (MAT). Begin to pilot medical discharge planning for prisoners with chronic disease, mental illness and/or substance use disorder that are not in NCDPS Transition Prison sites.

In the intermediate term 6-18 months: Hire CHWs for two new FIT Program sites and train partners in implementation of the FIT Program, develop MOUs with local reentry partners and health service providers. Begin in-reach into local prisons and jails to identify clients to enroll in FIT Programs. Hire regional Social Workers for pilot of Prison medical discharge planning program in coordination with NCDPS and NC Community Health Center Association. Continue implementation of treatment with MAT for recently released prisoners and plan for MAT pilot in the NC Prison system.

In the long-term – more than 18 months: Continue to expand the FIT Program in coordination with NCDPS across the state, expand Prison Medical Discharge planning program to all regions of the state with prisons that house prisoners with chronic disease, mental illness and/or SUD. Expand program initiating MAT prior to release for high risk prisoners for opioid overdose and increase community resources to continue MAT in the out-patient setting.

Type of Action Required:
Executive action will be needed. The NCDPS will need to provide support, coordination, and assistance to establish linkages with prisons, local re-entry councils.
Legislative action may be required, if additional funding is sought.

Budgetary estimates / considerations:
The existing FIT Program received initial funding from the NC Department of Health to start the pilot in Durham County. A grant from the Duke Endowment allowed us to continue the program in Durham and extend into Orange County for a 3-year period. A recent contract with NCDPS will support 3 new CHWs this year for Wake and Mecklenburg counties with an additional 2 the following year. Both Durham and Orange County Health Departments are contributing to salary support for their CHWs. Funding is requested to fortify the existing NC FIT Program in extending ability to offer Medication Assisted Treatment for Opioid addiction and cover transportation costs and medical visit/pharmacy copays for clients. Additionally, to expand the FIT Program to other NC communities.

Cost per FIT site:
CHW salary and benefits: $55,000
Administration support from FIT Program local partner: $10,000

Administrative support from NC FIT Program including program evaluation: $57,000
Technical support from Transitions Clinic Network $7,500
Copays for medical visits and pharmacy for 100 clients ($250 per client per year): $25,000
Copays for MAT treatment visits and medication for 20 clients: $43,000
Transportation Vouchers for 100 clients ($100 per client): $10,000
Total cost per FIT site: $207,500 per year

Estimated cost for Prison Medical Discharge pilot program:
Support is also requested to pilot the Prison medical discharge planning program for 2 regions to be determined by NCDPS.
Pilot for Discharge Planning Year 1: $210,000

Potential barriers:
Inadequate access to MAT in the community
Limited reentry services in rural and more under-resourced counties
Lack of adequate community mental health and SUD treatment
Lack of health insurance for most people coming out of incarceration
Difficulty in obtaining medical records of formerly incarcerated people
Lack of information on health care utilization of uninsured people.