Joint Reentry Council
July 24, 2024

Gary Junker, Deputy Secretary Comprehensive Health Services
Arthur “Les” Campbell, Chief Medical Officer
The Division of Health Services envisions correctional facilities as public health stations that significantly impact the health status of the larger community. The Division is committed to providing care that will positively impact the public health sector; improve the health status of justice involved persons; engage in sound healthcare practices that meet or exceed community standards; and in support of the mission and goals of the North Carolina Department of Adult Correction.
**Chief Medical Officer**: Maintains responsibility for the quality of medical care provided to justice involved persons.

**Chief Nursing Officer**: Nursing Services function as an integral part of multidisciplinary teams and participate in the planning, implementation and monitoring of safe, evidenced-based health care.

**Chief Dental Officer**: Responsible to develop, implement and monitor dental care in accordance with North Carolina State Board of Dental Examiners and applicable statutes, rules and regulations.

**Director of Behavioral Health**: Oversight for services for individuals identified with a serious mental illness and those with less severe mental health needs related to emotional, cognitive and behavioral deficits. In addition, substance use treatment is provided within behavioral health services as a holistic approach to healthcare.

**Chief of Psychiatry**: Maintains responsibility for the quality of psychiatric services provided to offenders and specifically management of psychiatric medications.

**Director of Clinical Support Services**: Provides oversight for Risk Management/Quality Assurance, Telehealth, Healthcare Records, and Clinical Informatics.

**Business Officer**: Provides support for contracts, business administration, and Human Resources.

**The Director of Pharmacy Services**: Is responsible for all pharmaceutical services provided by the Central Pharmacy, a centralized outpatient pharmacy and on-site pharmacies.
Behavioral Health Statistics

% of Prison Population on MH Caseload

- 2014: 12%
- 2015: 14%
- 2016: 15.9%
- 2017: 17%
- 2018: 17.9%
- 2019: 19.1%
- 2020: 21.5%
- 2021: 23%
- 2022: 24%
- 2023: 24%
Average Intake MH Referral Rate
MHSI Screenings/MHSI Generated Referrals

Year | Male | Female
--- | --- | ---
2019 | 31% | 68%
2020 | 34% | 63%
2021 | 47% | 64%
2022 | 37% | 73%
2023 | 37% | 72%
ACDP Screening

- **Substance Abuse Subtle Screening Inventory (SASSI)**
  - 1: No treatment indicated
    - Males 10%
    - Females 8%
  - 2: Intervention
    - Males 14%
    - Females 9%
  - 3: Intermediate treatment (90 days)
    - Males 42%
    - Females 22%
  - 4: Intermediate to long term (90-180)
    - Males 23%
    - Females 35%
  - 5: Long term treatment (120-365)
    - Males 10%
    - Females 26%
Alcoholism and Chemical Dependency Programs (ACDP) and Services

• All ACDP Treatment Programs and Services are customized to address any Substance Use Disorder specific to the participant, to include Opioid Use Disorder.

• ACDP In-Prison Treatment Programs currently encompass 19 programs spread across 17 prison facilities.

• Residential programs for individuals on parole or probation are located at:
  • DART Center – 270 capacity residential male treatment facility
  • Black Mountain – 64 capacity residential female treatment facility
  • Narcan provided at program completion
About Opioid Use Disorder (OUD)

What is OUD?
• OUD is a specific kind of substance use disorder, individuals with OUD have a pattern of opioid use that leads to significant issues, such as health problems and difficulty meeting major responsibilities at home, work, or school. OUD can involve the use of illegal opioids (for example, heroin) or prescription opioids (for example, oxycodone).

Is OUD a disability?
• For many people, OUD is a disability under the ADA’s definition because it is a drug addiction that substantially limits a major life activity. For example, OUD can affect a person’s:
  • Ability to take care of themselves
  • Thinking
  • Learning
  • Concentrating
  • Communication
  • Working
MOUD Pilot Program

Snapshot Data
Cumulative of Entire Project

- **423** Interviews Completed
- **287** Unique Participants Enrolled
- **14** Participants Re-enrolled
- **229** Received Pre-Release MOUD
- **252** Enrolled Participants now Post-Release
- **171** Participants Released with Eligible Home Plan
- **121** Participants Linked to FIT Post-Release

**Interviews By Facility**
- NCCIW: 341
- Orange: 44

**Enrollments By Facility**
- NCCIW: 237
- Orange: 44

**Goals Progress**
- **P1-P2 Goal**: 45 Participants Enrolled (136% Progress)
- **P3 Goal**: 100 Participants Enrolled (100% Progress)
- **P3 Goal**: 100 Participants Dosed (176% Progress)
- **P4 Goal**: 60 Participants Enrolled (38% Progress)
## Summary Totals

- **256** Participants Released from Prison
- **229** Naloxone Kits Distributed at Release
- **121** FIT Intakes Completed Post-Release

## Prison Releases & Harm Reduction

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<tr>
<th>Category</th>
<th>Upcoming Releases</th>
<th>Completed Releasess</th>
<th>Naloxone Kits Distributed</th>
<th>Bridge Scripts Dispensed</th>
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<td>208</td>
<td>194</td>
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<tr>
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### Notes
- NCCIW: North Carolina Community介入与Wellness
- Orange: Other

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**NC Department of Adult Correction**

**PROTECTION • INNOVATION • REHABILITATION**
MOUD Release by County

Reentry Counties of Enrolled Participants

- Wake
- Mecklenburg
- Orange
- Durham
- Guilford
- Iredell
- Gaston
- Buncombe
- Cleveland
- New Hanover
- Haywood
- Rutherford
- Henderson
- Lincoln
- Catawba

Received MOUD Post-Release Metrics

- 65%
- Received MOUD and Released with Pilot Eligible Home Plan
- 48%
- Received MOUD & Completed FIT Intake
Medicated Assisted Treatment for Incarcerated Pregnant Females

The High Risk Obstetrics team at NCCIW provides MAT services for incarcerated females who are pregnant and have a diagnosis of Opioid Dependence.

- The team includes OB/GYN providers, nurses, behavioral health clinicians, and social workers
- Partnership with UNC Horizons to provide in-reach services
  - Substance use counseling
  - Housing supports
  - Aftercare planning
  - Care coordination
NCDAC MOUD Organizational Structure

Expert Advisory Committee (EAC):
Comprised of DAC medical leaders, clinicians and external experts
Coordinate with local, state and federal agencies (DEA, SAMHSA, NC DHHS, SOTA, NC-FIT and others) to develop policy, protocols and implementation procedures

Regionalized program mirroring institutional organizational structure:

- MOUD Program Director: Chief, Psychiatry
- MOUD Medical Director: Chief Medical Officer
- MOUD Clinical Director: Addiction-trained physician

Regional MOUD providers (one for each of the four prison regions)
**MOUD Program Expansion (Initial Phases)**

**Sustain: Maternity MOUD Program**

**Expand existing pilot programs:** (Assume responsibility from MAHEC team with end of contract June 30, 2024)

- Pre-release naloxone
  Provision of naloxone to all releasing offenders at all facilities (regardless of substance use history or not)

- Reentry MOUD Program
  Screening and identification of at-risk offenders and initiation of MOUD treatment prior to release with community coordination for continuity of care

**Establish new programs:** Sustained MOUD treatment for offenders arriving to prison on active MOUD treatment with sentences (<91 days)

  Confinement in Response to Violation (CRV) facilities and residential Alcohol and Chemical Dependency Program (ACDP) facilities
Questions???

Thank you