



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.

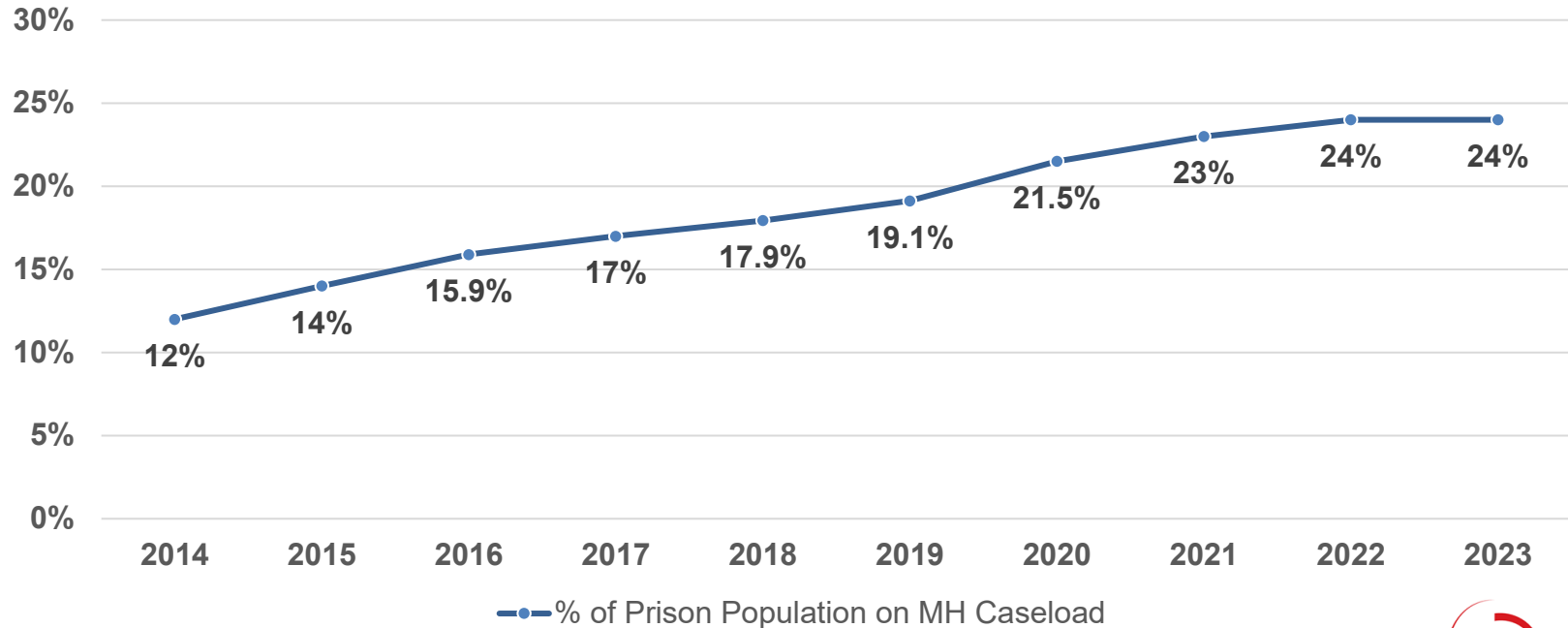
Director of Clinical Support Services: Provides oversight for Risk Management/Quality Assurance, Telehealth, Healthcare Records, and Clinical Informatics.

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.

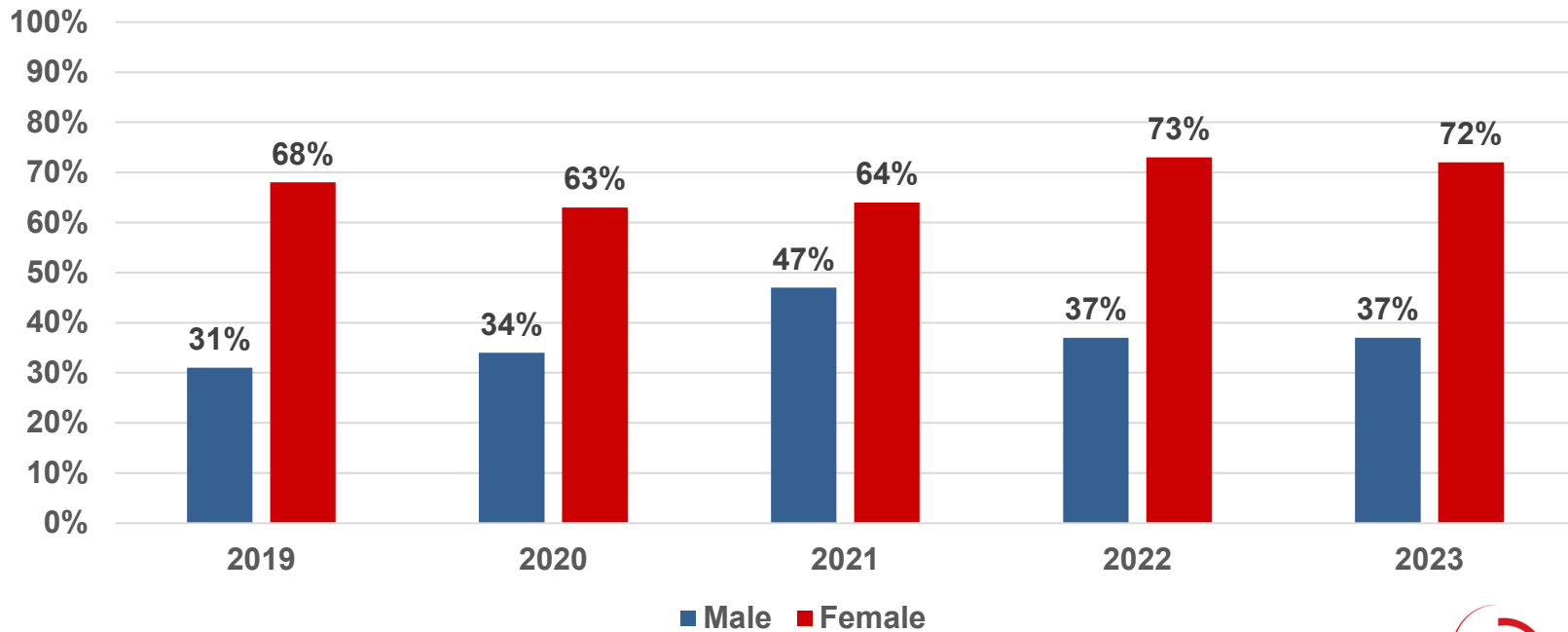
Behavioral Health Statistics

% of Prison Population on MH Caseload



Average Intake MH Referral Rate

MHSI Screenings/MHSI Generated Referrals



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

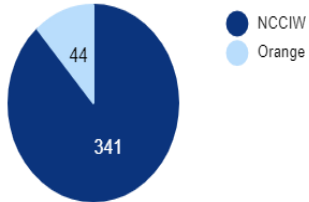
229
Received Pre-Release MOUD

252
Enrolled Participants now Post-Release

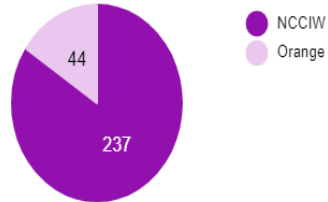
171
Participants Released with Eligible Home Plan

121
Participants Linked to FIT Post-Release

Interviews By Facility



Enrollments By Facility



P1-P2 Goal

45 Participants Enrolled

136% Progress

P3 Goal

100 Participants Enrolled

187% Progress

P3 Goal

100 Participants Dosed

176% Progress

P4 Goal

60 Participants Enrolled

38% Progress

Prison Release & Reentry Tracking

Summary Totals

256

Participants Released from Prison

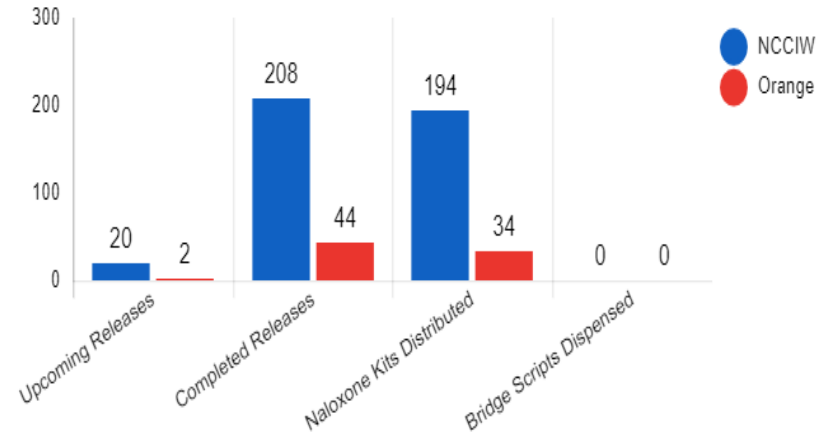
229

Naloxone Kits Distributed at Release

121

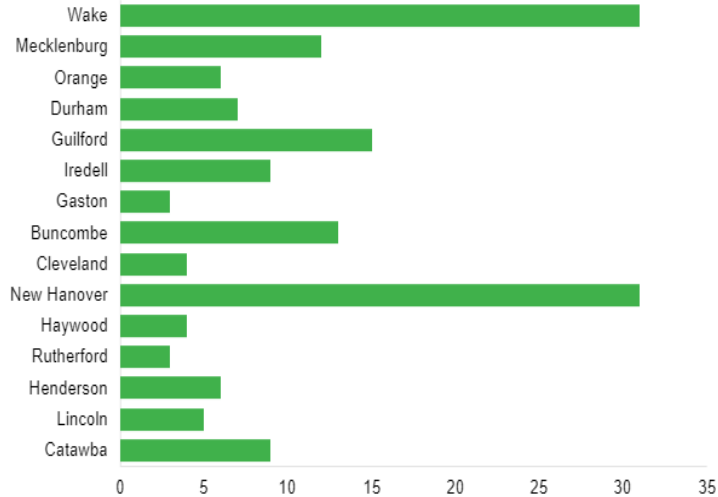
FIT Intakes Completed Post-Release

Prison Releases & Harm Reduction



MOUD Release by County

Reentry Counties of Enrolled Participants



Received MOUD Post-Release Metrics

65%

Received MOUD and Released with Pilot Eligible Home Plan

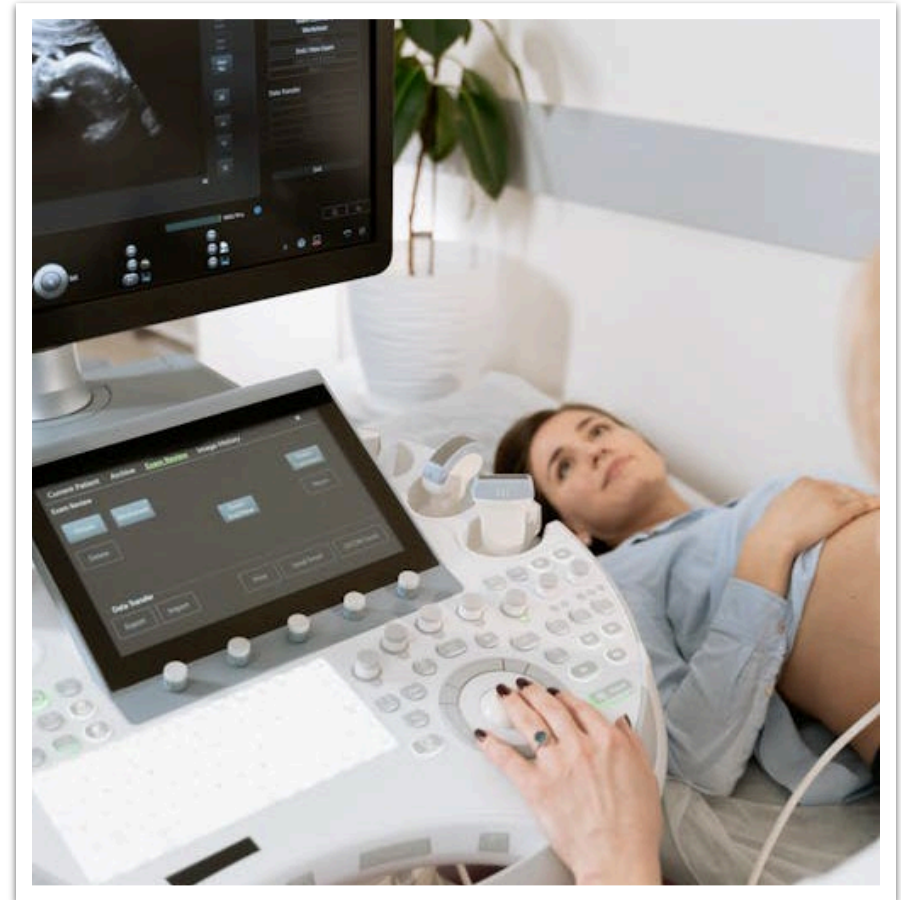
48%

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