



Safekeeper Program

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North Carolina House of Representatives

Select Committee on Involuntary Commitment and Public Safety

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Context Matters

- More people being admitted week over week than released
- Staffing is up slightly, but cannot account for increased population
- Medical costs are up – projected \$63 million shortfall for FY25-26
 - \$22.3 million for hospital providers (up 23% from FY24-25)
 - \$12 million for other service providers (NPs and PAs) (up 92%)
 - \$4.3 million for prescription drugs (up 16%)

What is a safekeeper?

- Person transferred from custody of county sheriffs to Department of Adult Correction (DAC) pursuant to N.C.G.S. 162-39
- Requires a court order
- Prisoner must either
 - Pose a security risk or
 - Require medical or mental health treatment
- [N.C.G.S 162-39]





When does a prisoner pose a security risk?

- Poses serious escape risk
- Exhibits violent/aggressive behavior
- Requires protection from other inmates
- Poses imminent danger to staff or other inmates
- Prisoner is a female or person 18 years of age or younger, and the local jail lacks adequate housing for them
- Prisoner is in custody during a catastrophic event impacting a local jail
- [N.C.G.S 162-39(b)]

Who is considered a medical/mental health safekeeper?

- Requires medical or mental health treatment that “the county decides can best be provided by the Department of Adult Correction.”
 - Caveat – DAC is not capable of providing all medical treatments in-house
 - [N.C.G.S 162-39(d)]



How many safekeepers at DAC facilities?

- Number may not exceed 200 unless authorized by the DAC Secretary [N.C.G.S. 162-39(e)]
- Roughly 200 safekeepers on average
- 181 safekeepers held on 12/15/2025 (151 male, 30 female)





How long may DAC house safekeepers?

- Persons posing a security risk may be held indefinitely
- Persons held for medical or mental health treatment are initially held for 30-day period
 - DAC assesses need and makes recommendation
 - Court must approve any extension beyond 30 days
- [N.C.G.S 162-39]

Where are safekeepers held?

- Central Prison in Raleigh
- NC Correctional Institution for Women in Raleigh
- Granville Correctional Institution in Butner



How does DAC manage safekeepers?

- Housed separately from DAC general population offenders
- Held to same expectations as DAC convicted offenders
- Subject to same disciplinary sanctions and grievance procedures
- Can access medical, dental, and mental health services, as needed





Medical and Mental Health Safekeepers



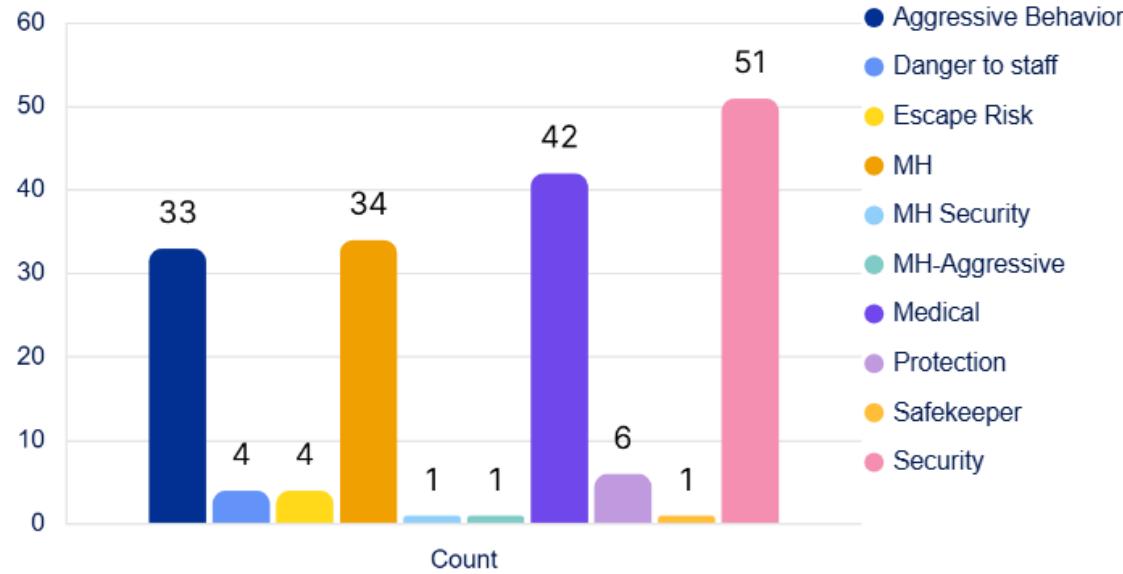
Is DAC reimbursed for medical care provided to safekeepers?

- DAC bills counties for the cost of medical care provided in-house: [N.C.G.S. 162-39(c)]
 - Inpatient care (hospitalized)
 - Outpatient care in excess of \$35 (nonhospitalized)
 - Replacement eyeglasses or dental prosthetic devices
 - Transportation and custody costs associated with community care
 - Cost of sick call encounters at rate charged to State inmates
- Community care providers charge the Inmate Medical Costs Management Plan through the NC Sheriffs' Association [N.C.G.S. 148-19.3]

Male Safekeeper Orders

(snapshot as of 12/10/2025)

SK Order Type Distribution



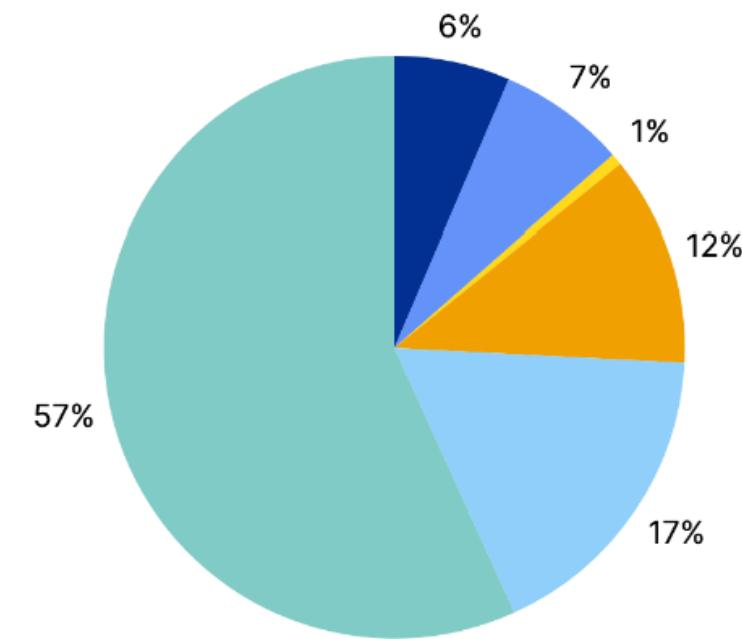
Male Safekeeper Status

(snapshot as of 12/10/2025)

Count by SK Status

- Discharged - Inpatient Mental Health
- Discharged- Inpatient Medical
- Discharged- Res Mental Health
- Inpatient Medical
- Inpatient Mental Health

● Outside Rounds



Capacity

CY2025 Averages

- 198 safekeepers per week
 - Nine weeks where weekly average exceeded 200
- 7 Medical/MH: 3 Security Risk
- Currently, eight (8) counties each have five or more safekeepers housed at DAC

Length of Stay

Current Safekeepers (as of 12/10/2025)

- Security LOS: 324 days
- Medical LOS: 159 days
- Mental Health LOS: 111 days
- By county
 - Averages range from 17 to 1,324 days
 - One midsized county has four (4) safekeepers in DAC custody, with lengths of stay ranging from 170 – 721 days

Medical/Mental Health Safekeepers

- 65 counties transferred offenders to DAC for medical/mental health safekeeping between June 1 and October 31, 2025
- 150 medical/mental health safekeepers have been transferred to DAC in the past six months
 - 80 medical
 - 70 mental health

Challenges

- (1) **Lack of information made available to DAC** – Little to no medical/mental health history, medication lists or other essential information for incoming safekeepers. This leads to delays in initiation of treatment.
- (2) **Longer stays** – Negatively impact safekeeper program capacity overall, while also decreasing availability of slots for other county inmates in need of medical/mental health care.
- (3) **Increased proportion of medical/mental health safekeepers** – Shifts provision of care for convicted DAC offenders to community care.

*Every bed occupied by a safekeeper
is a bed **not** available to
DAC convicted inmates.*

Safekeepers currently occupy:

**21% of all *inpatient* medical beds and
26% of DAC *Long-Term Care* beds.**

Indirect Costs Associated with Medical/Mental Health Safekeepers

- Further strain on DAC healthcare budget by shifting DAC sentenced inmate care from more cost-efficient in-house care to community care.
 - Example: Safekeeper occupancy of DAC long-term care (LTC) beds has required sentenced offenders to be placed in a community LTC facility at a significant increased cost (\$8.2 million in 2024; \$6 million to-date in 2025).
- Increased demand on corrections officers for transport/supervision during community healthcare visits.

As currently structured, the program does not support the most efficient and safe transfer of safekeepers from counties to DAC and the subsequent return of those detainees to their counties once treatment is complete.

Ensuring that the safekeeper program has adequate resources is crucial for maintaining public safety.



Questions?