

Eddie Caldwell Executive Vice President and General Counsel North Carolina Sheriffs' Association

March 13, 2018



Presentation to the Joint Legislative Oversight Committee on Health and Human Services

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Today's Presentation is an Overview

- Experts with Details are:
 - Sheriffs, Jail Administrators, and Detention Officers
 - Steve Lewis and staff, DHHS Construction Section
 - Bob Kurtz, Ph.D., DHHS, Division of MH/DD/SA



• G.S. § 162-22, Custody of Jail

"The sheriff shall have the care and custody of the jail in his county; and shall be, or appoint, the keeper thereof."



Topics for Today's Presentation

- Training Requirements
 - Detention Officers
 - Medical Care Providers
- An Overview of Medical Care in Jails
- Process for Screening Prisoners
- Mental Health Services Provided by the Jails
 - Using Jail Staff
 - Via Contracts with Health Care Providers
- Coordination upon Prisoner's Release between Jail and LME



Training Requirements

- Detention Officers
 - Certified by the NC Sheriffs' Education and Training Standards Commission
 - Detention Officer Certification Course
 - Minimum of 174 Hours of Training
 - Curriculum Developed by the North Carolina Justice Academy
 - Taught by Certified Instructors
 - Delivered by Sheriffs' Offices, the NC Justice Academy and Various Community Colleges



Training Requirements

Medical Care Providers:

County Jails or their health care providers utilize staff certified by the appropriate State licensing agency, such as the nursing board, medical board, etc.



- Board of County Commissioners must adopt "a plan for providing medical care for prisoners" which shall:
 - Be designed to protect the health and welfare of the prisoners
 - Be designed to avoid the spread of contagious disease
 - Provide for medical supervision and emergency medical care to the extent necessary for prisoners' health and welfare
 - Provide for detection, examination and treatment of prisoners who are infected with tuberculosis or venereal disease



- Payment of hospital and medical care provider bills is almost always the responsibility of the county.
- Rarely does a prisoner have valid medical insurance.
- Medicaid is not available to MOST prisoners. Generally, prisoners that are males under 65 don't qualify for Medicaid.
- NCSA and others have programs that "scrub" the bills for errors and for charges in excess of the statutory maximum.

- Medical Care Plan is developed in consultation with:
 - Sheriff
 - County Physician
 - Local or District Health Director
 - Local Medical Society



- Medical Care Plan must be adequate to protect the health and welfare of the prisoners, and must be approved by:
 - Local or District Health Director after consultation with area mental health, developmental disabilities and substance abuse authority
 - Board of County Commissioners



10A NCAC 14J .1001

Medical plan shall be reviewed annually

- Medical plan shall include policies and procedures that address:
 - (1) Health screening of inmates upon admission;
 - (2) Handling routine medical care;
 - (3) The handling of inmates with chronic illnesses or known communicable diseases or conditions;

10A NCAC 14J .1001 (continued)

- Medical plan shall include policies and procedures that address:
 - (4) Administration, dispensing and control of prescription and non-prescription medications;
 - (5) Handling emergency medical problems, including but not limited to emergencies involving dental care, chemical dependency, pregnancy and mental health;
 - (6) Maintenance and confidentiality of medical records; and
 - (7) Privacy during medical examinations and conferences with qualified medical personnel.

10A NCAC 14J .1001 (continued)

- Inmates must be provided an opportunity each day to communicate their health complaints to a health professional or to an officer.
- Qualified medical personnel shall be available to evaluate the medical needs of inmates.
- A written record shall be maintained of the request for medical care and the action taken.



Process for Screening Prisoners

- Questionnaire is administered to prisoners admitted into jail and the prisoners answers are documented
- "Brief Jail Mental Health Screen"
- Eight Questions
- Prisoner is referred for further mental health evaluation:
 - If prisoner's answer is YES to certain questions, or
 - If detention officer feels "it is necessary for any other reason"



Process for Screening Prisoners

- During screening, the Detention Officer should note the following:
 - Language Barrier
 - Difficulty understanding questions
 - Under the influence of drugs/alcohol
 - Non-cooperative
 - Other comments/impressions



Mental Health Services Provided by the Jails

- Health Services in jails are provided by:
 - Third party company that specializes in jail health care
 - [two companies serve approximately two-thirds of the jails]
 - Local health department
 - Local private physician



Mental Health Services Provided by the Jails

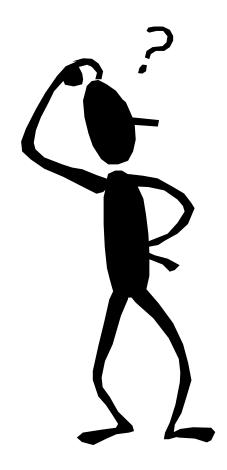
- Varies among the individual jails
- Provided by the jail's health care provider
- Use of telemedicine
- In coordination with the LME, utilizing local providers
 - For prisoners in jail and those on pre-trial release
- Central Prison Hospital (for safekeepers)
- Involuntary Commitment (IVC) to State Mental Hospitals
- Prisoners found incompetent to stand trial to State Mental Hospitals



Coordination upon Prisoner's Release between Jail and LME

- Degree of coordination varies widely. Some examples of feedback from jail administrators about the role of the LME is:
 - No coordination with LME
 - LME very seldom coordinates with the jail upon prisoners' release
 - Don't have a LME
 - Have a contract with Daymark Recovery Services to provide an employee onsite in the jail to find resources and help for prisoners about to be released
 - No coordination with LME, but jail staff work with providers in the area to connect prisoners to available services

Questions?









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