



Behavioral Health Services within Adult Correction

prepared for the Senate Select Committee on Public Safety

Gary Junker, PhD., Director Behavioral Health Services

NCDPS/Adult Correction

April 15, 2019

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Behavioral Health Services

A Component of the Health Services Mission

Vision: To be regarded as a premiere correctional healthcare system

Mission: To provide access to quality, cost effective healthcare that is rendered by competent healthcare professionals.

Goals:

1. To uphold the mission and goals of the North Carolina Department of Public Safety/Adult Correction
2. To meet or exceed community mental health standards
3. To view correctional facilities as public health entities that significantly impact the health status of the larger community
4. To manage mental health care so as to improve the health status of offenders upon release to the community
5. To reduce recidivism and enhance public safety

Behavioral Health Services

- Triage/Screening
- Emergency Services (crisis intervention)
- Outpatient Treatment
- Residential Treatment
- Inpatient Services
- Alcoholism and Chemical Dependency Programs
- Special Programs
- Social Work Services and Aftercare
- Consultation Services within Prisons



Behavioral Health Service Need Identifier System

- **M1** Receiving no behavioral health services
- **M2** Outpatient Behavioral Health Services, receiving services from a psychologist and/or a Licensed Clinical Social Worker
- **M3** Outpatient Behavioral Health Services, receiving services from a psychologist and/or licensed clinical social worker and a psychiatrist
- **M4** Residential Behavioral Health
- **M5** Inpatient Behavioral Health

Behavioral Health Services

Behavioral Health Services serves individuals with a wide range of mental health problems and diagnoses. These include but are not limited to...

- Thought Disorders
(ex. Schizophrenia, Brief Reactive Psychosis, and Delusional Disorder)
- Mood Disorders
(ex. Adjustment Disorder, Mild to Major Depression, Bi-Polar Disorder)
- Anxiety Disorders
(ex. PTSD, Obsessive Compulsive Disorder to Mild-Severe Anxiety)
- Intellectual and Developmental Disabilities
- Substance Use Disorders
- Personality Disorders

Level of Care	Services provided	Locations/ Special Features	# Beds	Gender Age	Custody Levels
Outpatient	<ul style="list-style-type: none"> ▪ Individual & group psychotherapy ▪ Medications ▪ Psycho-ed training ▪ Relapse prevention ▪ Diagnostic testing 	Available to all offenders	N/A	All	All
Day Treatment	<ul style="list-style-type: none"> ▪ Horticulture ▪ Vocational training ▪ Social/life skills training ▪ Coping skills ▪ Health education 	Pender CI Low intellectual Functioning	59	Males Adult	Medium Minimum
SOAR		Harnett CI	24		
Residential	<ul style="list-style-type: none"> ▪ Treatment for offenders with MI/DD unable to function adequately within regular population ▪ Social skills training ▪ Horticulture ▪ Educational services 	Maury	144	Males Ages 18 & above	All
		NCCIW	24	Females Ages 18 & above	All
		CP	24	Males Ages 18 & above	All
Therapeutic Diversion Unit	Standardized evidence-based therapeutic curriculum and program structure for offenders assigned to restrictive housing.	Maury NCCIW CP #1 CP #2 Foothills Alexander	32 24 24 24 20 32	Males & Females Age 18 & above	Close
Inpatient	<ul style="list-style-type: none"> ▪ Emergency care ▪ Treatment for acute mental illness ▪ Treatment of patients at risk for self-injurious behavior 	Central Prison	120	Males	All
		NCCIW	22	Females	All

Staffing

Organizational structure is essential to the coordination of Behavioral Health Services and to creating an **interdisciplinary system of care**

- Deputy Director Health Services
- Director of Behavioral Health
- Assistant Directors of Behavioral Health Services
- Director of Social Work Services
- ACDP Director
- Clinical Programs Manager
- Clinical Programs Specialist
- Psychological Program Managers
- Psychological Services Coordinators
- SA Program Managers
- Chief Psychiatrist
- Psychiatrists DPS/Agency
- Psychologists DPS/Agency
- Behavioral Health Specialists I & II
- Social Workers
- Advanced SA Counselor
- SA Counselor
- Nurse Consultant
- Administrative Support

Supporting

- Staff Nurses
- Medical Providers
- Pharmacists
- Dietitians

Current Staffing Levels

- 159 Clinical Staff positions
- 29 contractual clinical staff (FTE)
 - Current effective vacancy rate: 3%
- 33 vacant clinical positions (21%)
- 88% of clinical vacancies are filled by contract staff
- Internship programs have been proven effective recruitment tools
- We currently offer psychology and social work internships at the graduate and undergraduate level.
- Our Doctoral Psychology Internship program was selected in November, 2018 to participate in the Accreditation Readiness Project (ARP) as a part of the Association of Psychology Postdoctoral and Internship Centers (APPIC).
 - 12 months of technical assistance and consultation for national accreditation by the American Psychological Association (APA).

Staffing: Internships as Recruitment Tools

- Internship programs are proven recruitment tools
- Currently psychology and social work internships
 - North Carolina Summer Internship Program (*managed by DOA*)
 - Gil Internship Program (*partnered with UNC, Psychology*)
 - Masters in Social Work Internship (*Academic Affiliation Agreements*)
 - Masters in Psychology Internship (*Academic Affiliation Agreements*)
 - Doctoral Psychology Practicum (*Academic Affiliation Agreements*)
 - Doctoral Psychology Internship (*seeking APA Accreditation*)
 - selected in November, 2018 to participate in the Accreditation Readiness Project (ARP) as a part of the Association of Psychology Postdoctoral and Internship Centers (APPIC).
 - Provides 12 months of technical assistance and consultation for national accreditation by the American Psychological Association (APA)
- Collaborative efforts with HR to recruit graduating students projected to meet minimum E&E requirements and to establish Post-Doctoral Psychology hiring process.

Behavioral Health Programs and Initiatives

(not listed in order of importance)



- Mental Health Treatment
- Substance Use Treatment
- Suicide Prevention
- Diversion from Restrictive Housing
- Reentry
- Staff Education and Training



PRIORITY 1

Providing behavioral health services to offenders with a behavioral disorder or mental health diagnosis

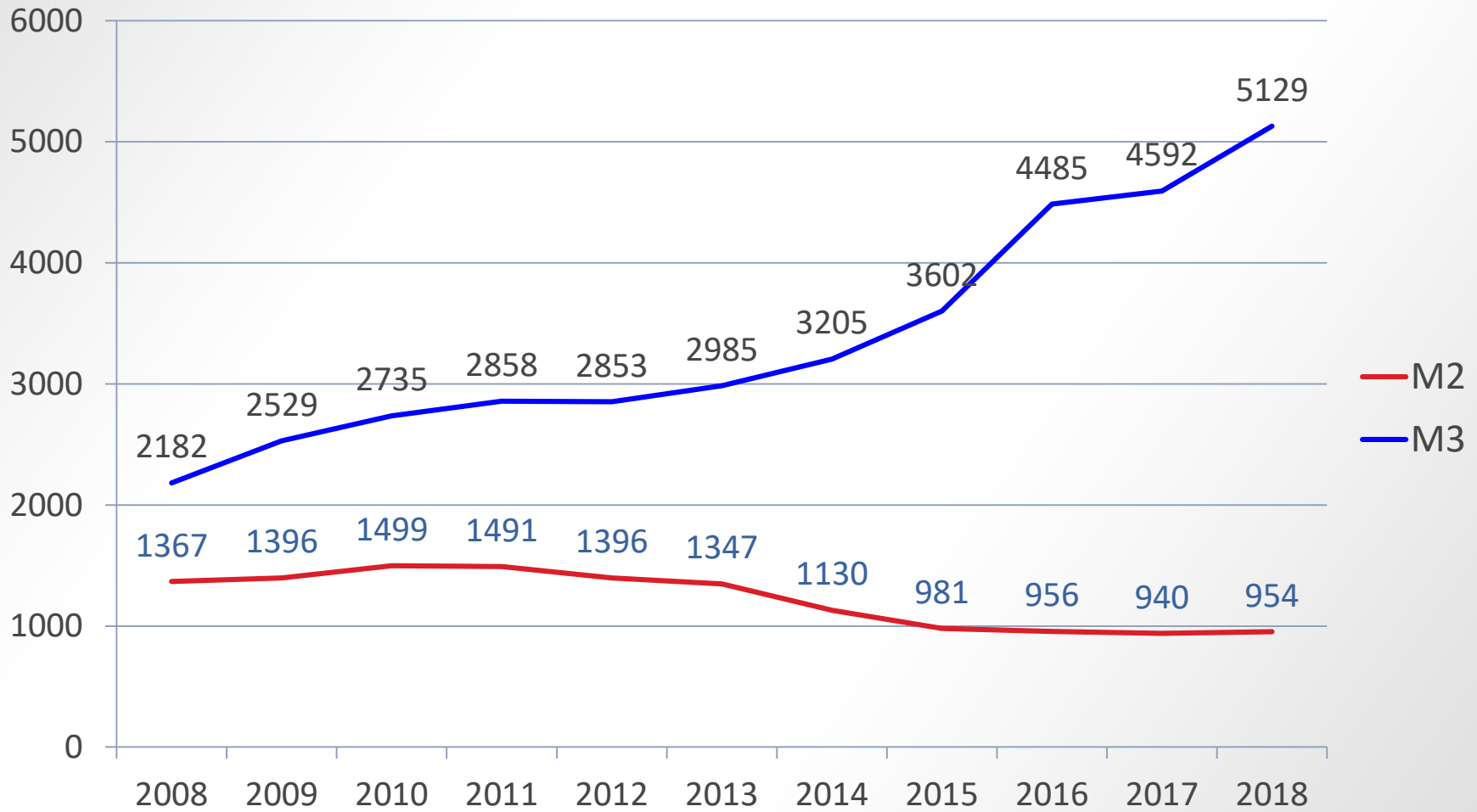
Getting services to an offender with a mental illness involves:

- Offender education
- Staff education
- Effective screening at intake and during incarceration
- Communication among professionals (tele-psychiatry)

An increasing number of offenders require behavioral health services

History 2007 9.8%	Jan-Mar 2018	Apr-Jun 2018	Jul-Sept 2018	Oct-Dec 2018	Jan 2019	Feb 2019	Mar 2019
Offenders on a Behavioral Health Caseload	17.17%	17.39%	17.55%	17.94%	18.2%	18.30%	18.20%

Increase in Inmates with More Serious Mental Health Needs



Substance Abuse Screening

ACDP utilizes the Substance Abuse Subtle Screening Inventory (SASSI) to identify inmates with a substance use problem and identify the appropriate level of treatment. Below is a statistical snapshot of the FY 2017-2018 prison admissions SASSI testing results:

- **Of the 17,203 inmates screened, 72% or 12,386** indicated a need for intermediate or long-term substance use disorder treatment, which is a 1% increase from FY 2016-2017.
- Of the 2,148 **adult female inmates** screened, **80%** or 1,716 indicated a need for intermediate or long-term substance use disorder treatment.
- Of the 13,832 **adult male inmates** screened, **71%** or 9,865 indicated a need for intermediate or long-term substance use disorder treatment.
- Of the 1,223 **youthful male inmates** (under age 22) screened, **66%** or 805 indicated a need for intermediate or long-term substance use disorder treatment.

FY 2017-2018

Inmate Admissions Identified with a Substance Use Problem and Number of Daily Treatment Slots Available

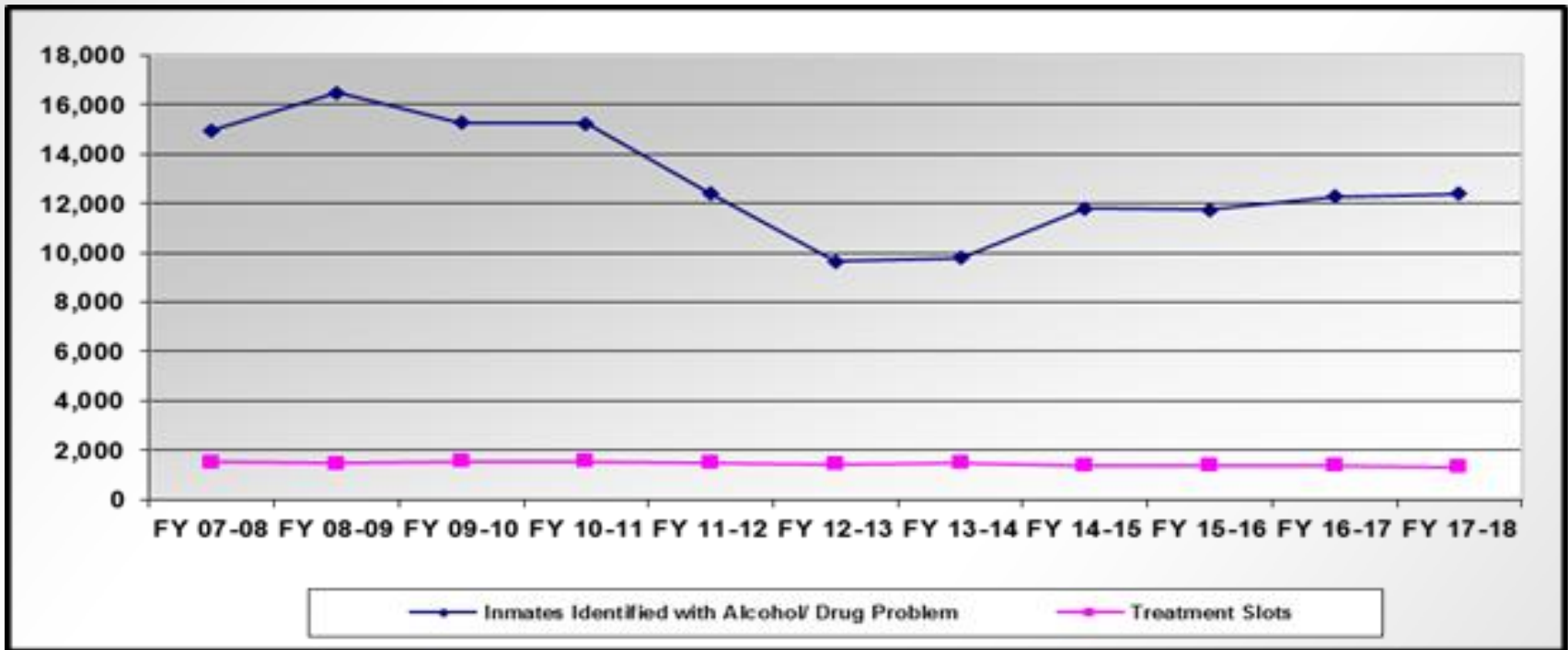


Table 3 – FY 2017-2018 DART Cherry Enrollments

Program Type and Type of Supervision	Offenders Enrolled	Percent of Annual Enrolled
90-day Parole	42	3%
90-day Probation	1,427	97%
Totals	1,469	100%

Table 5 – FY 2017-2018 Black Mountain Enrollments

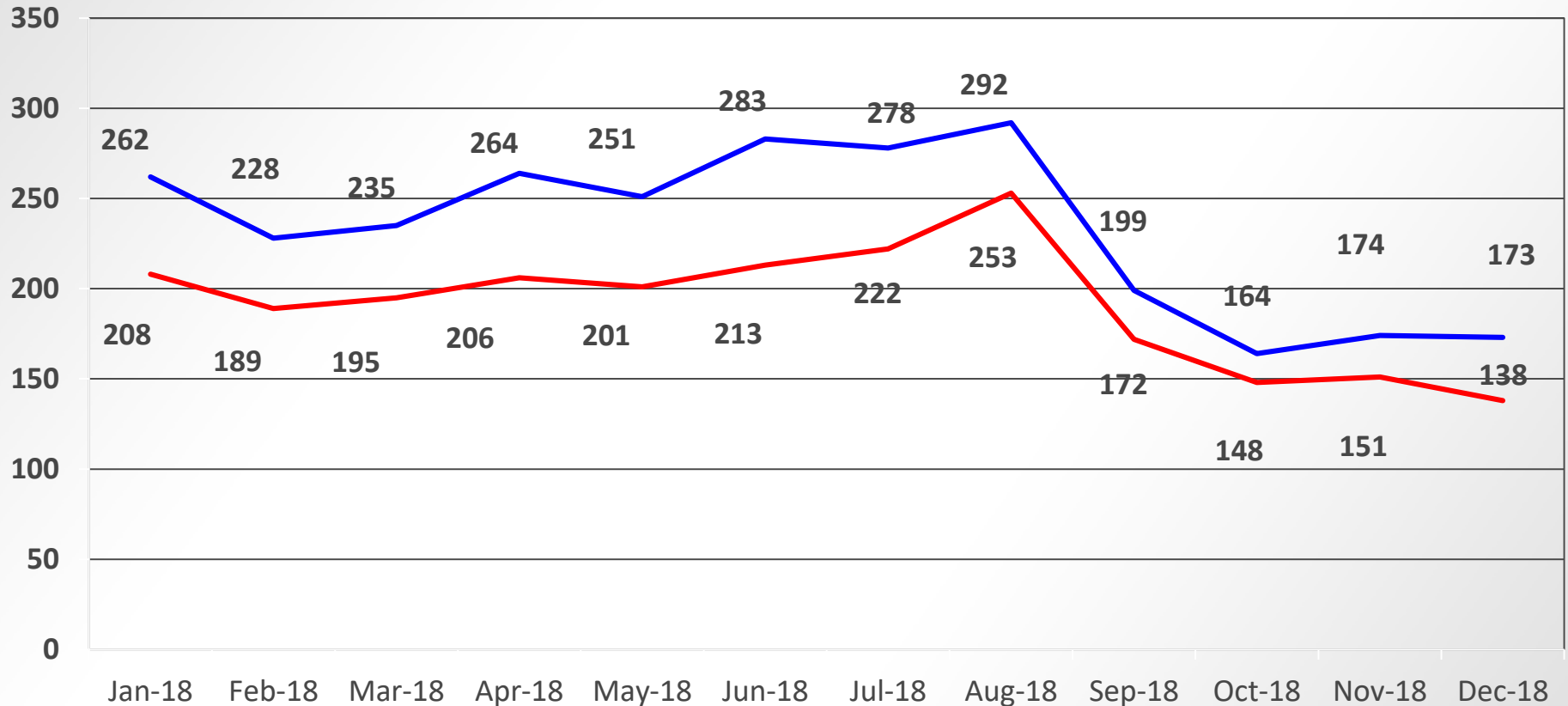
Program Type and Type of Supervision	Offenders Enrolled	Percent of Annual Enrolled
90-day Parole	6	2%
90-day Probation	284	98%
Totals	290	100%



PRIORITY 2

Preventing suicide and self-injurious behavior

Behavioral Health Services



— Total number of events requiring a Risk Assessment for potential and/or actual SIB for 2018
— Total number of offenders

Suicide Numbers

Year	Number
2016	7
2017	6
2018	12*

*1 death in 2018 is still under review as possibly accidental

Self-Injury Risk Assessments - 2018

- ▶ Self-Injury Risk Assessments are completed within 24 hours of a verbal threat or actual self-injurious behavior.

Target Goal: 100%

January	100%
February	97.7%
March	100%
April	100%
May	90.62%
June	94.28%
July	100%
August	100%
September	96.67%
October	100%
November	100%
December	100%

* Chart based on a random sample of at least one example from each facility reporting an occurrence

Daily Contact Notes - 2018

- ▶ Documentation of daily contact with offender while on “Suicide Watch.”

Target Goal: 100%

January	98.1%
February	100%
March	97.9%
April	100%
May	93.75%
June	100%
July	96.43%
August	100%
September	93.34%
October	100%
November	100%
December	100%

* Chart based on a random sample of at least one example from each facility reporting an occurrence

Post-Watch Contact

- ▶ Documentation of “Post Watch Contact” within 24 hours following discontinuation of a suicide watch.

Target Goal: 100%

* Chart based on a random sample of at least one example from each facility reporting an occurrence

January	96.2%
February	95.5%
March	100%
April	98.33%
May	100%
June	100%
July	92.86%
August	100%
September	90%
October	100%
November	100%
December	100%

2018 Initiative: Suicide Prevention Work-Group

Includes the Deputy Director of Behavioral Services, Psychological Program Managers, Psychological Services Coordinators, Social Work Director, Psychologists, Clinical Social Worker, Nurse & a Psychiatrist

Projects:

- Pilot an offender observer program at Mountain View Correctional Institution
- Develop Psycho-educational materials (pamphlets) for offenders
- Consult with the National Suicide Prevention Coordinator for the BOP
- Automated reporting system for SIB & documentation compliance



PRIORITY 3

Diverting offenders with a mental illness
from long term restrictive housing!

Restrictive Housing Strategies

- Increase active treatment & supportive care while in and out of restrictive housing.
- Therapeutic Diversion Units
- Routine monitoring of offenders in restrictive housing
- Multi-disciplinary team discusses those in restrictive housing over thirty days and every 30 days thereafter until removed.
- Effective medication management

➤ The number of mentally ill Offenders in Restrictive Housing had declined within the past several years until 2017, when two significant events resulted in injuries and the death of five DPS/Prison staff.

Long Term Restrictive Housing

This table illustrates the percentage of mentally ill offenders in long term restrictive housing within the total behavioral health offender population

	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec
2015	8.10%	8.01%	7.40%	7.10%
2016	7%	6%	4%	3.8%
2017	3.5%	3.6%	3.4%	3.9%
2018	4.3%-5.9%	6.2%-6.1%	6.5%-6.5%-6.1%	6.3%-6%-5.9%

Therapeutic Diversion Units

Implemented in 2016, Therapeutic Diversion Units (TDUs) are designed to decrease the number of offenders assigned to restrictive housing and increase the transition of offenders with mental illness out of extended restrictive housing.

- A TDU provides a structured active treatment program, where active treatment is integrated 24 hours a day into the offenders activities of daily living.
- All disciplines - nursing, custody, medical and mental health staff - work together in providing consistency in care and services.

TDU Bed Availability - 2018

Facility	Number of Beds
Central Prison (1)	24
Central Prison (2)	24
Maury	32
NCCIW	24
Alexander	32
Foothills	20
Polk (Until 3/2018)*	

* The Polk TDU was discontinued in March of 2018. In Fall of 2019, a seventh TDU will open in the newly transitioned Anson Correctional Institution.

TDU Outcome Measures

- ▶ Decreased incidence of self-injurious behavior.
- ▶ Decreased incidence of assaults against staff and/or peers.
- ▶ Decreased incidence of inpatient admission.

- ▶ To date, **542** offenders have participated in the program.
- ▶ **63%** completed the program or have a positive exit (i.e. are released to the community)
- ▶ The average participant gets **149** days of treatment exposure.



Priority 4

Transition and Re-Entry

Social Work Services Reentry Facilities

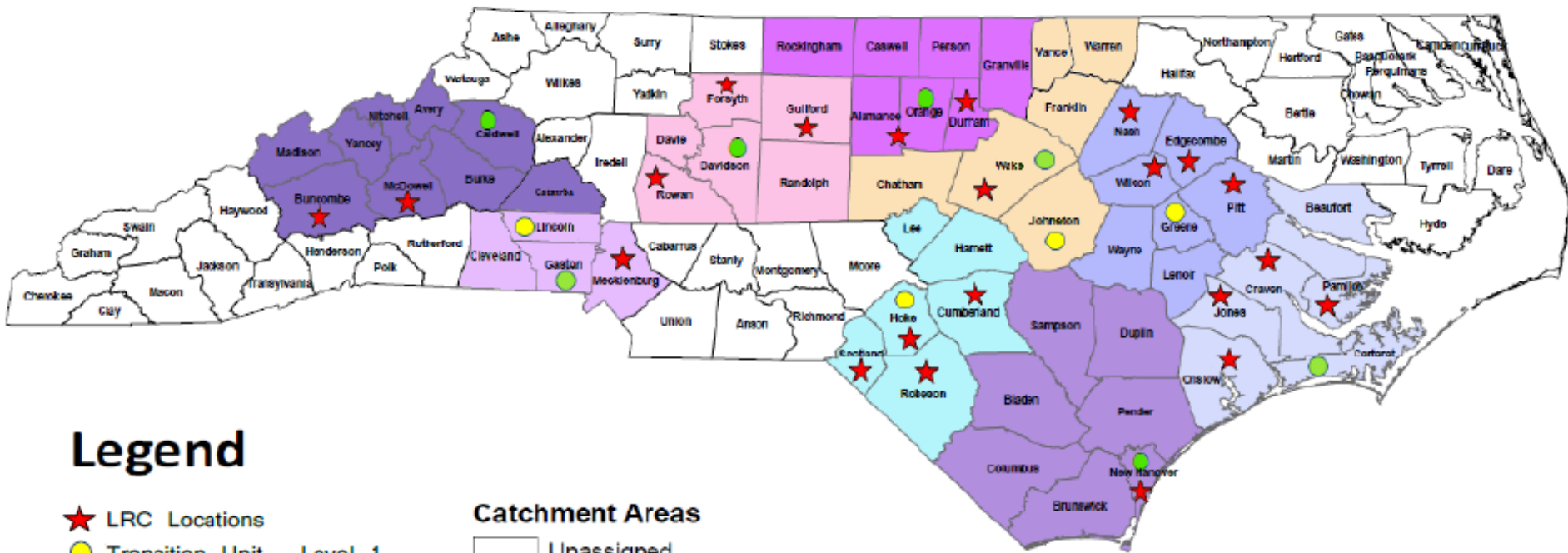
Eleven prisons have been designated as transition facilities in collaboration with NC DPS Rehabilitation Program and Services' Leaders and County Reentry Council Services .

List of Transition Facilities:

- ▶ Wake Correctional Center *
- ▶ Lincoln Correctional Center
- ▶ Gaston Correctional Center
- ▶ Caldwell Correctional Center
- ▶ Orange Correctional Center *
- ▶ Johnston Correctional Institution
- ▶ NCCIW-Minimum *
- ▶ Greene Correctional Institution
- ▶ Hoke Correctional Institution
- ▶ New Hanover Correctional Center
- ▶ Carteret Correctional Center

* MAT Pilot

Minimum Custody Transition Units in Relation to Local Reentry Council Service Areas



Legend

- ★ LRC Locations
- Transition Unit - Level 1
- Transition Unit - Level 2 & 3

- ### Catchment Areas
- Unassigned
 - Lowland Mountains
 - Charlotte
 - Triad
 - Triangle West
 - Triangle East
 - Fayetteville
 - Neuse
 - Central Coast
 - Southern Coast



Reentry, Programs & Services
 Research & Decision Support Analysis Unit



40
 Miles

Reference: MP 160801
 Map Created: 08 August 2016

Medication-Assisted Treatment

- ▶ Medication-Assisted Treatment (MAT) is a substance use treatment protocol specifically for offenders with opioid dependencies.
- ▶ Reduces the risk of overdose for individuals just released from prison.
- ▶ Naloxone
- ▶ Naltrexone



PRIORITY 5

Staff Education and Training

Initiative: increase Staff education and training

Mental Health Education, an eight-hour training implemented in June 2016. The training was revised in 2018, and there now is a four hour version available.

Training Objective: Staff will have a better understanding of mental illness, the importance of prevention, early intervention, and treatment compliance. Through understanding and empathy, staff are better equipped to provide **H.O.P.E** to offenders with a mental illness or a mental health problem.

- (H) Heighten Awareness regarding signs and symptoms
- (O) Observe and Listen to Offender
- (P) Provide Support to Offender
- (E) Encourage professional help & provide offender with self-help strategies

Staff Education and Training

- ▶ Crisis Intervention Team Training
- ▶ American Correctional Association Behavioral Health Certification Training
- ▶ Annual Training
- ▶ Learning Management System Modules
- ▶ Psychology and Social Work Internships

Challenges to managing offenders with mental illness

- ▶ Typically not a single diagnosis but rather co-occurring illness such as depression, anxiety, personality disorder and substance use disorder.
- ▶ Often unpredictable behavior and deficits in impulse control and behavioral regulation
- ▶ Routine response to manage a crisis can result in escalation of negative behavior
- ▶ Substance use and diversion of medication can undermine treatment and behavior management



THANK YOU!