2002 ANNUAL REPORT

by the

DEPARTMENT OF HEALTH AND HUMAN SERVICES

REVIEWS

of

MENTAL HEALTH, MENTAL RETARDATION, AND SUBSTANCE ABUSE SERVICES

in the

DEPARTMENT OF CORRECTION

BACKGROUND

- the Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services (hereafter referred to as the Commission) adopt standards for the delivery of mental health and mental retardation services to inmates in the custody of the Department of Correction (DOC);
- the Secretary of the Department of Health and Human Services (DHHS) designate an agency to monitor the implementation of:
  - the Commission's standards; and
  - substance abuse standards adopted by DOC upon the advice of the Substance Abuse Advisory Council; and
- DHHS send, on an annual basis, a written report of the progress that DOC has made on the implementation of the above-referenced standards to the Governor, the Lieutenant Governor, and the Speaker of the House.

This report is submitted by the Secretary of DHHS in keeping with this statutory mandate.

REVIEW PROCESS

In keeping with its statutory mandate, the Secretary of DHHS has delegated responsibility for monitoring to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS). A team of two persons reviewed (1) mental health and mental retardation services and (2) substance abuse services as separate components, consistent with the service delivery system of DOC as follows:

A. Mental health and mental retardation services:

Standards for mental health and mental retardation services were established by the Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services. Absent statutory mandate regarding frequency of reviews, DHHS has historically reviewed facilities that provide inpatient/residential mental health and mental retardation services every two years; outpatient services, every three years; and administration, annually. At the request of the Director of Mental Health Services, however, beginning in 2002, reviews of inpatient/residential programs now occur annually and outpatient services, every two years.

It should be noted that this report references "mental retardation" rather than "developmental disabilities (dd)" even though services of DHHS and DOC are provided to persons with developmental disabilities. The statutory mandate has not been changed to reflect the current service delivery system.

Reviews of services to persons with mental illness and/or developmental disabilities, all outpatient unless otherwise specified, were conducted at the following twenty-three facilities, i.e. service delivery sites:

Brown Creek Correctional Institution
Central Prison (Outpatient, Residential, and Inpatient)
Craven Correctional Institution
Dan River Prison Work Farm
Eastern Correctional Institution (Outpatient and Residential)
Foothills Correctional Institution
Fountain Correctional Center for Women
Harnett Correctional Institution
Hoke Correctional Institution
Johnston Correctional Institution
Lincoln Correctional Center
Lumberton Correctional Center
Morrison Correctional Institution
Mountain View Correctional Institution
Nash Correctional Institution
Neuse Correctional Institution
New Hanover Correctional Center
North Carolina Correctional Institution for Women
(Outpatient, Residential, and Inpatient)
North Piedmont Correctional Center for Women
Pasquotank Correctional Institution
Pender Correctional Center
Piedmont Correctional Center
Western Youth Institution

A departmental/administrative review evaluated compliance with those standards specific to the Department rather than to individual service delivery sites.

B. Substance Abuse Services:

In recent years, DHHS has reviewed facilities that provide substance abuse services (alcoholism and chemical dependency) every two years. Beginning in late 2001, the review team was asked to begin utilizing standards established by the Commission on Accreditation of Rehabilitation Facilities [CARF] as guidelines for its reviews. Following three reviews in 2002, however, such reviews were suspended at the request of DOC Assistant Secretary for the Division of Alcoholism and Chemical Dependency Programs, pending outcome of State budget cuts and subsequent re-structuring of substance abuse/chemical dependency services provided by DOC.

Substance abuse services were reviewed at the following three facilities:

Mary Frances Center
Marion Correctional Institution
Pasquotank Correctional Institution

Although a meeting was held with the Assistant Secretary, a formal review of the governing body using CARF standards as guidelines was not done given the major changes in service provision for this population due to State budgetary constraints during the year.

FINDINGS

A. Mental Health and Mental Retardation Services:

Progress was noted particularly in the following areas:

- The Day Training Program for inmates with developmental disabilities at Pender Correctional Institution received recognition by the American Correctional Association as the Exemplary Offender Program for 2003.
- Psychotropic medication reviews for clients with mental illness were continued to ensure appropriateness and, to the extent feasible, cost- effectiveness of such medications.
- In collaboration with custody, mental health staff developed and implemented a policy and procedures for inmates with self-injurious behaviors. Training was provided by mental health staff to all custody staff prior to implementation.
- Continued emphasis and activities in the area of quality improvement have resulted in significant developments including, but certainly not limited to, progress in standardizing and clarifying documentation requirements.
- The continued development of "regional" positions provided staffing in some service delivery sites that historically have been difficult. Note, however, continuing issues as identified below.
- In addition to several other on-going special projects, the Division of Prisons was awarded a federally-funded grant to co-ordinate release planning for offenders 18-35 years old with a history of violent offenses. The primary focus is to build coalitions of community agencies and state governmental agencies to facilitate inmate release and transition to the community.
- As noted in previous reports, inmates with developmental disabilities (dd) received no specialized dd services until transferred from Diagnostic Centers. New procedures have been developed and implemented to facilitate transfer and, subsequently, timely services for this population.

The major issues cited during for the year are summarized as follows:

- Consistent with current plans by DOC to re-structure its facilities based upon health grades and mental health status, inmates on psychotropic medications in some facilities will either be transferred or medications discontinued. In some cases, this will occur even when nursing staff is being increased. These decisions are not fully understood. The reviewers are concerned that inmates with mental illness may refuse to take medications as an alternative to transfer to a facility where such medications are administered.
- As noted in previous annual reports, the Mental Health Director of DOC has no line authority for the provision of mental health and mental retardation services at Central Prison and NC Correctional Center for Women which have historically presented the most significant, greatest risk out-of-compliance issues. [It should be noted, however, that progress was evident at NC Correctional Center for Women in 2002.]
- Consideration is being given to the elimination of day training services for persons with mental illness and developmental disabilities due to State budgetary constraints and the acuity level proposals. It is strongly recommended that these services be retained as they provide activities and training for an at-risk population.
- Administrative segregation for purpose of therapeutic seclusion is utilized at most facilities providing outpatient services. For purpose of risk management, it is suggested that DOC clarify the use of therapeutic seclusion vs. administrative segregation in facilities not authorized to use therapeutic seclusion and establish policy/procedures for such use.
- Most mental health positions are assigned to facilities rather than to the mental health service system. Subsequently, without the approval of facility management, mental health management is unable to transfer positions or delegate staff to provide mental health services at other sites as needed. As noted above, efforts have been made to address this issue, to the extent feasible, through the development of "regional" positions; however, such positions are relatively few. Subsequently, services are very limited in some facilities due to long-term vacancies, recruitment difficulties, or inadequate staffing. This was most evident at one facility where there was only one psychologist for more than 1100 inmates with a high turnover of the inmate population.
- Some facilities have a history of long-term difficulty in recruiting mental health professionals but have not been designated to receive a geographic differential.
- Some issues remain regarding the shared responsibility for implementation of policy and case management services for inmates with developmental disabilities by "Mental Health" staff and "Programs" staff.
    - In a few facilities, Mental Health staff have designated responsibility for orientation and assessment of inmates with developmental disabilities. Because they may be assigned to the facility only once a month, it is not feasible for them to meet the 7-15 day requirements consistent with DOP policy.

- "Programs" has positions designated by State Personnel as social workers. Persons in these positions appear to be practicing *outside the requirements of State statute* and recommendations of the State licensure board.
- "Programs" staff do not have access to mental health records of inmates with mental retardation but, in some cases, have designated responsibility for implementation of specific strategies on treatment plans. Staff should not have responsibility for duties without access to the written plans.

- A few facilities continue to have no designated space for the provision of mental health services and retention of mental health records. This often compromises confidentiality and, in one such facility, there was a report of a threatened grievance by an inmate for this reason.

B. Substance Abuse Services:

Although only three facilities were reviewed during this year, there were significant differences in the levels of documentation/organization of materials as referenced by CARF Standards, with the Mary Frances Center, a contractual program, far exceeding the two State-operated programs. As noted above, however, the State programs have only recently begun to address CARF standards.

C. General (for mental health, mental retardation and substance abuse)

Major issues regarding the provision of services for this population were related to the "freeze" or loss of positions due to State budgetary constraints. Service inequities remain for certain populations especially services for female offenders (mental health, mental retardation, and substance abuse). For example, with the elimination of the day training program at Fountain Correctional Center for Women, there is no longer access to this service for female inmates. The majority of services for females are, in fact, provided at North Carolina Correctional Institution for Women, the most restrictive facility for females in the State.

As referenced above, G.S. 148-19(d) should be revised to reflect the current service delivery system relative to persons with developmental disabilities.

The current Memorandum of Understanding between DHHS and DOC has not been revised since 1990.

INDIVIDUAL REPORTS:

Individual reports for service delivery sites and a report of the departmental review of mental health/mental retardation services were completed following each of the above-referenced reviews with specific findings for each of the applicable standards; these were submitted to DOC. Copies of these reports and other documents referenced in this report are available upon request.