Adult Correction, DPS

NC Mental Health and Substance Use Service Array Survey

Table 1

Service Name	Population/Eligibility	Funding Source	Penetration	Setting	Oversight Agency	Authority/Rule	Funding and Capacity	Entrance/Exit
 Include any subcategories of service on a separate line In Table 2, please add service description and key terms 	Age group, source, justice involvement, etc. What makes you eligible?	List the fund source	% = receiving / needed + eligible	Community (home, office, school), facility/type, correctional setting (jail, YOC, detention, prison)	State Division/Department	Cite the applicable statute or rule	Entitled, limited to available funding *add annual expenditure for each	 How do you get into service (medical necessity, referred by courts, self-ref., sentenced, LME-MCO) How are you discharged (medical nec., goals met, complete sentence, time-limit, complete course
Intermediate Substance Abuse Treatment	Adult and Youth committed to DPS state prison	State	54%=2906 need /5345 slots per year	Prison	Public Safety-DACJJ	G.S. 143B- 704(d)	Limited to available funding	Court referral, medical necessity, successful treatment completion
Long-Term Substance Abuse Treatment	Adult and Youth committed to DPS state prison	State and Federal	27%=3,085 need /853 slots per year	Prison	Public Safety-DACJJ	G.S. 143B- 704(d)	Limited to available funding	Court referral, medical necessity, successful treatment completion
Community Residential Treatment	Adult and Youth Probationers/DWI Parolees	State	Unknown	Residential facility (probation/parole/PRS)	Public Safety-DACJJ	G.S. 143B- 704(d)	Limited to available funding	Court referral, medical necessity, successful treatment completion
Recidivism Reduction Services*	Adult and Youth Probationers/Parolees/Post- Releasees	State	6.9%=7576/109365	Community outpatient facilities (probation/parole/PRS)	Public Safety-DACJJ	G.S. 143B Article 6B	Limited to available funding	Court referral, medical necessity, successful treatment completion
Mental Health Services	Adult and Youth committed to DPS state prison	State	100%=5144/5144**	Prison	Public Safety-DACJJ	G.S. 148-19	Entitled	Self-Referral, Custodial Referral, Medical/psychological necessity, medical/psychological release
Specialized Mental Health Case Loads***	Adult Probationers with Mental Health and Substance Use Disorder	Federal	1.5%=300/20000	Community (probation/parole/PRS)	Public Safety-DACJJ	n/a	Limited to available funding	Self-Referral / completion of term
Transitional Housing	Adult and Youth Probationers/Parolees/Post- Releasees	State	Unknown	Residential facility (probation/parole/PRS)	Public Safety-DACJJ	G.S. 143B Article 6B	Limited to available funding	Self-Referral/Community Corrections Referral

Adult Correction, DPS

NC Mental Health and Substance Use Service Array Survey

Table 2

Service (and 2-3 sentence description)	Intermediate Substance Abuse Treatment	Intermediate ACDP programs are available in 12 prison facilities across the state and have a program length of 90 days. Programs utilize a cognitive behaviorally based curriculum- A New Direction				
	Long-Term Substance Abuse Treatment	Long-term treatment programs from 120 to 365 days. These programs are reserved for inmates who are in need of intensive treatment where the abuse history is both lengthy and severe, and/or those with multiple treatment episodes. Programs utilize a modified Therapeutic Community (TC) model within the correctional environment.				
	Community Residential Treatment	There are two community-based residential treatment facilities, DART Cherry and Black Mountain Substance Abuse Treatment Center for Women. The male 90 day program utilizes a TC model, while the female 90 day program utilizes a multi-disciplinary approach, focusing on group and individual therapy in addition to substance abuse education.				
	Cognitive Behavioral Group Therapy and Substance Abuse Services	For FY 2013-2014, the Department awarded TECSP contracts to 32 different vendors serving offenders in 89 counties. All programs provide cognitive-behaviorally based intervention and substance abuse treatment meeting the DHHS definition of Regular Outpatient therapy along with Substance Abuse Aftercare services.				
	Mental Health Services	Refers to mental health services provided to inmates while incarcerated including but not limited to screening and assessment for mental health concerns, outpatient interventions with psychologist or clinical social worker, outpatient psychopharmacology intervention with psychiatrist, psychologist or clinical social worker, long term treatment in a residential setting, and acute care inpatient settings.				
	Specialized Mental Health Case Loads	High-risk offenders with severe mental illness (e.g., depression, schizophrenia) and substance abuse disorders are managed on a reduced caseload by probation officers trained specifically to address the needs of these offenders. Officers are provided clinical supervision and develop collaborative relationships with LME providers and other community resources to better provide a structured, behavior management model of supervision for these probationers.				
Key Terms (and definition)	*Additional services accessed by probationer/parolee/post-releasees in the community for substance abuse include: detox, drug education, regular outpatient, intensive outpatient, methadone clinics, and 30-day residential. Mental health services include: crisis walk-in clinics, mobile crisis, ACT Team and individual counseling from approved providers recommended by the LME. These services provided through non-DPS funding sources, including individual-private funding.					
	**On any given day between 8-15% of the prison population (between approximately 3,000 and 5,500 inmates) is receiving some type of mental health service. This figure does not represent the number of then incarcerated inmates who have ever received mental health services at some point during the period of incarceration. While the latter percentage is not known, we anticipate that it is similar to those cited in studies that have estimated the prevalence of mental illness within US state prison populations using an "ever treated" measure.					
	***Specialized Mental Health Caseloads are in pilot stage. Federal funding has been awarded to develop the supervisions model with funding through 06/2016. Additional funds have been awarded to conduct a randomized controlled evaluation of program effectiveness (funding through 09/2018) and develop implementation protocols if found effective at reducing non-compliance and recidivism or negative mental health outcomes for probationers.					