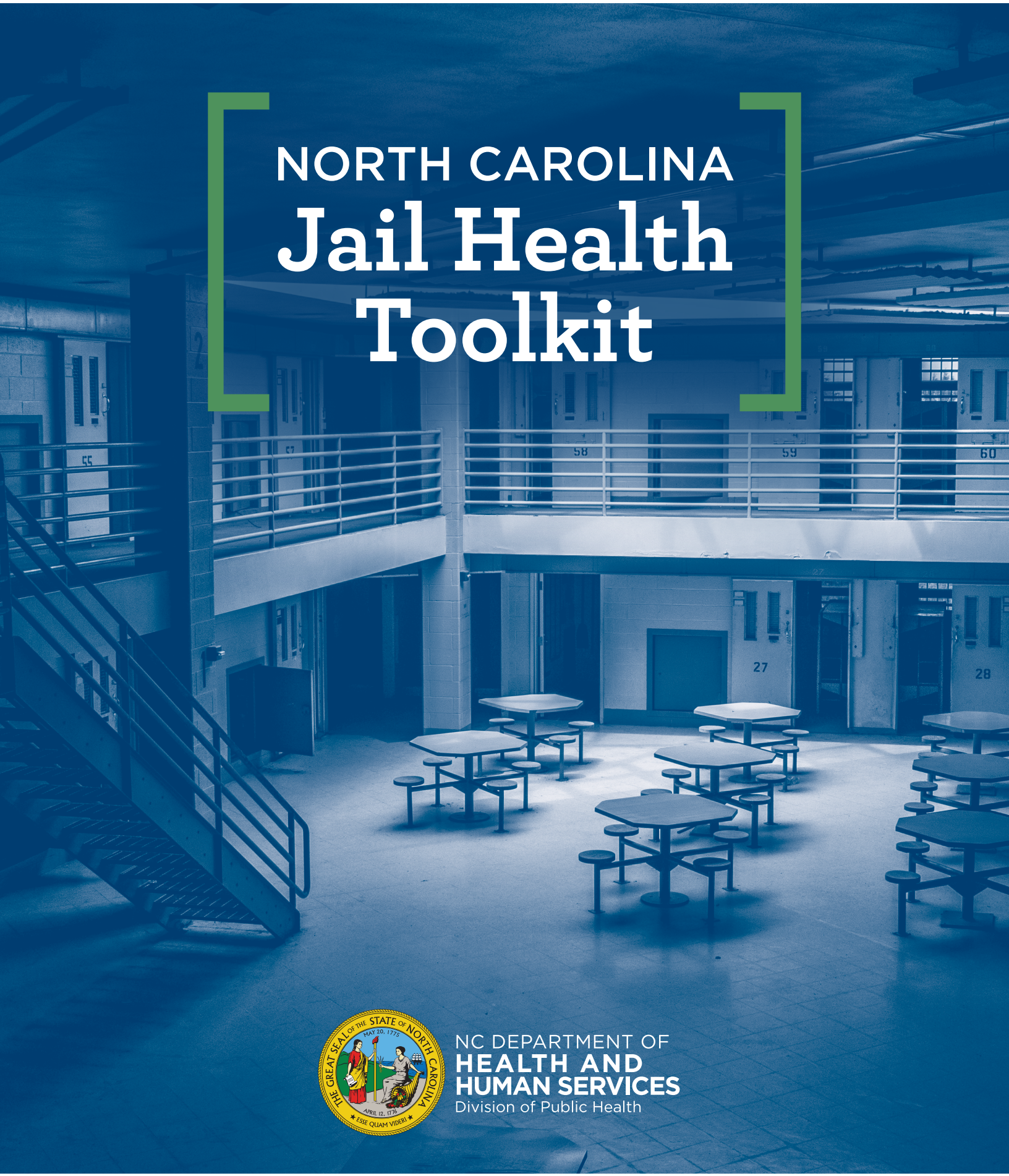
NCDHHS CORRECTIONS TEAM | COMMUNICABLE DISEASE BRANCH

NORTH CAROLINA Jail Health Toolkit



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Acknowledgments

This toolkit was initiated through a Master of Public Health Capstone Project between the North Carolina Department of Health and Human Services, Division of Public Health and the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill (UNC). The project was led by **Anna Stein, JD and Anita Wilson-Merritt, MD** at the North Carolina Division of Public Health.

Kathryn Aquilina, Katherine Davin, Samantha Karon, Bailey McInnes, and Noah Riley served on the UNC Capstone team, and Sarah Mills, PhD, served as the UNC faculty advisor.

The extensive work created during the project provided the foundation for members of the Division of Public Health Communicable Disease Branch Corrections Team in collaboration with Anna Stein, JD to develop the finished product presented. The Corrections Team is a time-limited, grant funded unit developed during the pandemic to provide technical assistance with COVID-19 mitigation and infection prevention to our state's confinement facilities.

The work of Corrections Team staff Paula Smith, MD; Myra Allen, BSN, RN; Anita Myers, RN, MSN; Brittny Honaker, RN; James Watson; Shavette Campbell, MPH, CHES, CD(DONA); Andres Burgos, MPH; and Shavon Flowers, MPH led by Anita Wilson-Merritt, MD is very much appreciated.

Special recognition must be given to **Zack Moore, MD, MPH**, State Epidemiologist and Epidemiology Section Chief and **Evelyn Foust, MPH**, Communicable Disease Branch Head for their support and guidance.

Disclaimer

This toolkit is designed to be a resource for administrators and stakeholders of health services within North Carolina local detention centers. The document is not meant to be a step-by-step guide but rather a collection of basic resources on some fundamental areas of jail healthcare. Although most of the content is aimed at local jails, portions of the document and resources can be utilized for corrections as a whole.

Although detainee or resident are typically used in official communication for our county confined justice-involved population, terms including prisoner and inmate are used within this document as stated in applicable laws, rules, or other resources.

The toolkit was developed in collaboration with partners across North Carolina. The invaluable contributions of the following individuals are greatly appreciated. Organizations listed with contributors represent their affiliation at the time of their contribution but may not reflect their current status.

Evan Ashkin
NC Formerly Incarcerated Transition (FIT)

Stella Bailey
NCDHHS Division of Mental Health, Developmental Disabilities, and Substance Use Services

Ashley Bahen
Dare County Health and Human Services

Ashley Wurth
The Mediation and Restorative Justice Center

Jeannie Berry
AppHealthCare

Colleen Blue
UNC School of Medicine

Margaret Bordeaux
NCDHHS Division of Public Health - Injury and Violence Prevention Branch

Robey Bowman
NC Department of Public Safety

Sheila Burns
Freelance Academic Correctional Health Specialist

Megan Canady
UNC Collaborative for Maternal and Infant Health

Erin McClain
UNC Collaborative for Maternal and Infant Health

Andrea Knittel
UNC Department of Obstetrics and Gynecology

Christina Caputo
NCDHHS Division of Public Health - Communicable Disease Branch

Kristena Clay-James
NCDHHS Division of Public Health - Communicable Disease Branch

Morgan Culver
NCDHHS Division of Public Health - Communicable Disease Branch

Connor Crews
UNC School of Government

Elena DiRosa
UNC School of Medicine

Kayla Ellis
NCDHHS Division of Public Health - Communicable Disease Branch

Mollie Furman
The Mediation and Restorative Justice Center

Sarah Gayton
Buncombe County Sheriff's Office

Leia Gearhart
Forsyth County Sheriff's Office

Anne Geissinger
NCDHHS Division of Public Health - Injury and Violence Prevention Branch

Shauna Guthrie
Granville-Vance District Health Department

Kimberly Hamm
Gaston County Health and Human Services

Lisa Harrison
Granville-Vance District Health Department

Erica Wilson
NCDHHS Division of Public Health – Communicable Disease Branch

Ronald Higginbotham
NCDHHS Division of Public Health - Communicable Disease Branch

Marie Holland
Holland and Associates Counseling

Randy Hunsucker
Forsyth County Sheriff's Office

Danny Hawkins
Clay County Health Department

Amanda Isac
NCDHHS Division of Public Health - Injury and Violence Prevention Branch

Constance Jones
NCDHHS Division of Public Health - Communicable Disease Branch

Chad Jordan
NC Department of Public Safety

Daniel King
Carteret County Detention Center

Alyssa Kitlas
NCDHHS Division of Public Health - Injury and Violence Prevention Branch

Melissia Larson
North Carolina Harm Reduction Coalition

Arthur Campbell
NC Department of Adult Correction

Gary Junker
NC Department of Adult Correction

James Markham
UNC School of Government

Sandee McSwain
Gaston Health and Human Services

Beth Meadows
NCDHHS Division of Public Health

Jane Ann Miller
NCDHHS Division of Public Health - Injury and Violence Prevention Branch

David Rosen
UNC School of Medicine

Pete Moore
NCDHHS Division of Public Health - Communicable Disease Branch

Rick Moore
UNC School of Medicine

Jon Peiper
NC Department of Adult Correction

Melinda Plue
The Arc of NC

Susan Pollitt
Disability Rights North Carolina

Joe Prater
NCDHHS Division of Public Health - Injury and Violence Prevention Branch

Tia Robertson
Gaston County Health and Human Services

Stacie Saunders
Buncombe County Health and Human Services

Starleen Scott-Robbins
NCDHHS Division of Mental Health, Developmental Disabilities, and Substance Use Services

Charlotte Wiliams
NC Department of Adult Correction

Anna Stanley
NCDHHS Division of Mental Health, Developmental Disabilities, and Substance Use Services

Glorina Stallworth
NCDHHS Division of Public Health - Injury and Violence Prevention Branch

Velma Taormina
Women's Health Consultant

Janice White
NCDHHS Division of Public Health - Injury and Violence Prevention Branch

Lori Wood
Forsyth County Sheriff's Office

Luke Woollard
Disability Rights North Carolina

Amy Patel
NCDHHS Division of Public Health - Injury and Violence Prevention Branch

Table of Contents

Introduction

This toolkit is designed to be a resource for administrators and stakeholders of health services within North Carolina local detention centers. Resources available to local detention centers are few and not widely publicized. With intent, this toolkit can generate conversation and information sharing among detention center staff who provide medical services to the justice-involved population. Although most of the content is aimed at local jails, portions of the document and resources can be utilized for corrections as a whole.

This document is not meant to be all inclusive or a step-by-step guide. Rather, it is a basic resource on standards, requirements and some fundamental areas of jail healthcare. For each topic chosen, collaborators worked to provide key points, resources, and local examples (when possible).

Scan to view the companion Appendix document

SECTION 1:

Legal Requirements Pertaining to Health Services

Legal requirements for local detention centers can be found in Article 10 of Chapter 153A of the NC General Statutes, and NC Administrative Code Title 10A, Chapter 14, Subchapter J.

Minimum Standards

Minimum standards for jails to be established by the Secretary. The Secretary of the North Carolina Department of Health and Human Services (NCDHHS) shall develop and publish minimum standards for the operation of local detention centers "with a view to providing secure custody of prisoners and to protecting their health and welfare and providing for their humane treatment." G.S. 153A-221.

The jail medical plan may include more depending on unique needs and services, but must, at a minimum, cover the following standards for areas including:

- Secure and safe physical facilities
- Jail design
- Adequacy of space per prisoner
- Heat, light, and ventilation
- Supervision
- Personal hygiene and comfort
- Medical care including mental health, behavioral health, intellectual and other developmental disability, and substance use disorder services
- Sanitation
- Food allowances, preparation, and handling
- Any other provisions that may be necessary for the safekeeping, privacy, care, protection, and welfare of prisoners
- Compliance with the requirements set forth in Part 2B of Article 10A of Chapter 153A of the NCGS

Operations Manual

A jail operations manual is required. The sheriff or jail administrator shall develop an operations manual. 10A NCAC 14J .0201. It shall be detailed enough to guide officers in completing their assigned duties, and each officer shall be familiar with the manual. 10 NCAC 14J .0202. The sheriff or regional jail administrator is required to review and approve the jail operations manual in writing on an annual basis10 NCAC 14J .0204. It shall be made available to NCDHHS' Construction Section of the Division of Health Service Regulation during inspection upon request. 10 NCAC 14J .0204.

Required contents. The manual shall include written policies and procedures to address a total of 23 specified areas (10 NCAC 14 J .0203), some of which are listed below:

- Security and supervision
- Management of special detainees
- Health, mental health, developmental disability, intellectual disability, and substance use disorder services
- Food services
- Opportunities for exercise
- A suicide prevention program
- The waiving of medical fees for indigent detainees
- Use of restraints

Jail Medical Plan

A jail medical plan is required. Every jail must have a plan for providing medical care for prisoners. The plan must be "adequate to protect the health and welfare of the prisoners." G.S. 153A-225(a). It shall be made available to the Construction Section during an inspection upon request. 10A NCAC 14J 1001(e).

Development. The plan must be developed in consultation with appropriate local officials, including the sheriff, the county physician, the local or district health director, and the local medical society. G.S. 153A-225(a).

Approval. The plan must then be approved by the local health director after consultation with the area mental health authority if it is "adequate to protect the health and welfare of the prisoners." G.S. 153A-225(a). The local health director shall review and update the plan at least once a year. The date of the most recent review shall be stated in the plan.

Board adoption. Upon a determination that the plan is adequate to protect the health and welfare of the prisoners, the plan must be adopted by the governing body. G.S. 153A-225(a). The "governing body" who must adopt the facility's medical plan is the "governing body of a county or city or the policy-making body for a district or regional confinement facility." G.S. 153A-217(4).

Contents of the plan. The jail medical plan must, at a minimum, cover the following topics:

1. A description of the health services available to inmates. 10A NCAC 14J .1001(a)
2. Screening upon admission. 10A NCAC 14J .1001(b)(1).
3. Routine medical care, including the handling of inmates with chronic illnesses. 10A NCAC 14J .1001(b).
4. Routine care for an inmate's needs related to mental health, developmental or intellectual disability, and substance use disorder. 10A NCAC 14J .1001(b)(3)(A)-(C).
5. The handling of inmates with communicable diseases and the detection, examination, and treatment of prisoners who are infected with tuberculosis and sexually transmitted infections. G.S. 153A-225(a)(3); 10A NCAC 14J .1001(b)(4).
6. Education of jail staff and prisoners about HIV, how it is transmitted, and how to avoid acquiring or transmitting this infection. 10A NCAC 41A .0202(8).
7. Administration, dispensing, and control of medications. 10A NCAC 14J .1001(b)(5).

8. The handling of emergency medical needs, including emergencies involving dental care, substance use disorder, pregnancy, and mental health. G.S. 153A-225(a); 10A NCAC 14J .1001(b)(6). An "emergency medical need" is a medical need "that requires medical treatment as soon as noticed and that may not be deferred until the next scheduled sick call or clinic." 10A NCAC 14J .0101(20).
9. Maintenance, preservation, and confidentiality of medical records. 10A NCAC 14J .1001(b)(7). (Per G.S. 130A-143, all records that identify a person who has an HIV infection or other reportable condition must be held strictly confidential. See 10A NCAC 41A .0101 for a complete list of reportable conditions).
10. Privacy during medical examinations and conferences with medical or mental personnel. 10A NCAC 14J .1001(b)(8).

Additional requirements regarding jail medical plan.

- Inmates shall be provided the opportunity to communicate their health complaints each day. A record of health complaints and the action taken must be maintained and made available to the Construction Section during inspection upon request. 10A NCAC 14J .1001(c).
- Medical or mental health personnel shall be available to evaluate the needs of inmates related to medical or mental health care, substance use disorder, and developmental or intellectual disability. 10A NCAC 14J .1001(c).

Medical Plan Guide. A guide has been developed for public health professionals and jail administrators to provide basic information outlining the components of a medical plan. The guide details state mandated and optional sections to be included along with key points to consider in developing a facility medical plan. A copy of the guide is located within the appendix.

Transfer of Health Records Between Facilities

Transfer required. When an inmate is transferred between jails, the transferring jail shall provide the receiving jail with any health information or medical records the jail has in its possession. G.S. 153A-225(b1).

Health Screening

- **Screening upon admission required.** Screening upon admission shall be conducted by medical personnel, mental health personnel, or an officer. 10 NCAC 14J .1002(a). Screenings upon admission must be documented. 10A NCAC 14J .1002(a). Incoming detainees must be screened for the following upon intake: Medical care needs.
- Mental health care needs.
- Developmental and intellectual disabilities.
- Substance use disorders.
- Risk of suicide.

Record of screening. Medical or mental health personnel shall maintain a record of the screening in the inmate's medical record. Documentation of screening shall be made available to the Construction Section during an inspection upon request. 10A NCAC 14J .1002(b)

More information and Sample Universal Intake Screening can be found in the Appendix.

Officer access to screening information. Officers may access or use information from screening in accordance with confidentiality policy set forth in the jail medical plan. 10A NCAC 14J .1002(c)

Medical Isolation

Separation of inmates. A jail shall separate inmates who require medical isolation from other inmates, either by housing them in a separate area or transferring them to another facility. 10A NCAC 14J .1003.

Exercise

Minimum requirements. After the fourteenth day of confinement, an inmate shall be provided opportunities for physical exercise *at least three days a week for one hour* on each of those days. 10A NCAC 14J .1004.

Adequate space. Physical exercise must take place in an area that provides adequate space, whether that is in the confinement unit or in a separate area of the jail. 10A NCAC 14J .1004.

Documentation. The opportunity for physical exercise shall be documented. 10A NCAC 14J .1004.

Nutrition

Menus. A jail shall prepare menus in consultation with a dietitian or nutritionist. 10A NCAC 14J .0904. If requested during an inspection, a jail must make dated menus available to Construction Section staff within 30 days. 10A NCAC 14J .0904.

Nutrient content. The average nutrient content of weekly menus shall meet the Recommended Dietary Allowances of the National Academy of Sciences. 10A NCAC 14J .0903.

Daily menus shall include all the following:

- Milk Group (*defined within statute*): Two servings
- Fruit Group: Two servings, one of which shall be citrus
- Vegetable Group: Three servings
- Meat or Protein Group: Two servings
- Cereal or Bread Group: Four servings of whole grain or enriched products
- Calories: 2,100 - 2,500.

Additional milk group servings for pregnant inmates. Pregnant inmates and all inmates under the age of 18 shall receive four servings of milk a day (double the regular number of servings). 10A NCAC 14J .0903(c).

Supervision

Officer rounds. An officer shall make supervision rounds and observe each inmate at least two times within a 60-minute time period on an *irregular basis* with *not more than 40 minutes between rounds*. Rounds shall be conducted 24 hours a day, seven days a week. 10A NCAC 14J .0601(a).

Documentation of rounds. Supervision rounds shall be documented and maintained as written or electronic records. Records shall be made available to the Construction Section during inspection upon request. 10A NCAC 14J .0601(a).

Supplemental methods of supervision. In addition to officer rounds, a jail shall utilize one or more supplemental supervision methods 24 hours a day, seven days a week. 10A NCAC 14J .0601(b). Potential supplemental methods are:

- Direct two-way voice communication.
- Remote two-way voice communication.
- Direct visual observation.
- Video surveillance.

Special watch. An inmate on special watch shall be observed by an officer *not less than four times within a 60-minute period* on an *irregular basis* with *not more than 20 minutes between rounds*. 10A NCAC 14J .0601(c).

Special watch shall be used for the following reasons:

- An inmate's medical record indicates the inmate has previously attempted suicide, unless the inmate is seen by a physician who determines special watch is not needed.
- An inmate reports a previous suicide attempt or threatens suicide during their initial screening, unless the inmate is seen by a physician who determines special watch is not needed.
- An inmate is assigned special watch by medical or mental health personnel or an officer.
- An inmate who physically hits or tries to hit an officer.
- An inmate who verbally abuses other people.
- An inmate who threatens other people.
- An inmate who engages or threatens to engage in self-injury.
- An inmate who is screaming, crying, laughing uncontrollably, or refusing to talk.
- An inmate who is intoxicated by alcohol or drug use at intake as determined by blood alcohol content of .15 or greater, use of slurred speech, or the inability to control body movement.

Officers awake. A jail must make sure officers remain awake at all times while on duty. 10A NCAC 14J .0601(d).

Conflicting tasks. Other tasks assigned to an officer may not interfere with or be performed at the same time as the completion of supervision and special watch rounds. 10A NCAC 14J .0601(e).

Female inmates. A jail shall have female officers on duty when female inmates are confined. 10A NCAC 14J .0601(f).

Dignity for Women Who Are Incarcerated

Care of pregnant and postpartum women. Session Law 2021-143 created requirements for the State prison system and local detention centers regarding the care of pregnant and postpartum women and access to menstrual products. A detailed summary of the Act is contained in the Maternal and Reproductive Health Section.

Detainee Medical Expenses

Emergency medical care. The county is obligated to pay the cost of emergency medical services provided to inmates in its care. G.S. 153A-224(b).

Nonemergency care. A jail may, pursuant to its medical plan, establish fees of not more than $20 per incident for the provision of nonemergency medical care to prisoners. The jail must have a procedure for waiving the fee for indigent prisoners. G.S. 153A-225(a).

Prescription drugs. A jail may establish fees of not more than 10 dollars ($10) for a 30-day supply or less of a prescription drug. The jail shall establish a procedure for waiving fees for indigent prisoners. G.S. 153A-225(a).

When is the county liable for medical expenses?

- When the person is committed to jail by a court or magistrate. See G.S. 15-126.
- Upon arrest by county officers. *See Spicer v. Williamson*, 191 NC App 487 (1926) and *Annie Penn Memorial Hospital v. Caswell County*, 72 NC App 197 (1984).
- But not generally upon arrest by municipal police. See *Craven County Hospital Corp. v. Lenoir County*, 75 NC App 453 (1985).

Controlling Detainee Medical Expenses

Insurance. If a person who receives emergency care has health insurance, G.S. 153A-224(b) the medical service provider must bill the insurance company directly. The county is then liable for costs not reimbursed by the insurer, less any money the county is able to recover from the detainee.

Medicaid. The jail medical plan may authorize utilization of Medicaid for inpatient hospitalization or for any other Medicaid services allowable for eligible prisoners, provided that the plan includes a reimbursement process which pays the State portion of the costs, including the costs of the services provided and any administrative costs directly related to the services to be reimbursed, to the State's Medicaid program. G.S. 153A-225(a).

Limit on county reimbursement. County reimbursement for out-of-jail expenses for requested or emergency medical care is capped at 70% of the provider's then-prevailing charge or two times the then-current Medicaid rate, whichever is less. The county may audit any provider to ensure compliance with that limit. G.S. 153A-225.2. Counties are free to contract with providers at different rates. G.S. 153A-225.2(b). The statute covers all necessary and appropriate care from the time the person "presents to the provider or facility in the custody of county law enforcement officers until the time that the individual is safely transferred back to law enforcement or medically discharged to another community setting." G.S. 153A-225.2(d).

Inmate Medical Cost Management Plan. The NC Sheriffs' Association offers to counties the Inmate Medical Cost Management Plan. The plan "scrubs" health care bills for excess charges, errors, and fraud.

State Misdemeanant Confinement Program (SMCP). While, historically, jails housed only persons awaiting trial, since 2012 counties have been eligible to volunteer through the SMCP to house persons convicted of a misdemeanor. In-jail medical expenses are expected to be covered by the flat fee the State pays per person for housing. Out-of-jail medical expenses are paid by the State, as well as costs for transportation to and from the outside facility. Reimbursements are paid through the Statewide Misdemeanant Confinement Fund, administered by the NC Sheriffs' Association (G.S. 148-32.1; G.S. 148-10.4).

Safekeeping. When a person held in a jail requires a higher level of medical or mental health treatment than can be provided by that jail, a judge may transfer the person from jail to prison as a "safekeeper." The county pays the Department of Adult Correction (DAC) a daily rate for taking custody of the person, plus inpatient medical expenses and outpatient medical expenses exceeding $35 per occurrence. G.S. 162-39(c). SMCP detainees may be transferred for safekeeping under a similar provision in G.S. 148-32.1(b3). Costs of SMCP safekeepers are paid out of the Statewide Misdemeanant Confinement Fund.

Release. In general, a pretrial detainee's conditions of release may be modified at any time on application of a prosecutor, as provided by G.S. 15A-539. However, note *University of North Carolina v. Hill*, 96 N.C. App. 673 (1990), a county may not avoid its statutory obligations to pay for an unconscious detainee's emergency medical expenses by having a judge release him from custody by unsecuring his bond.

Death of a Detainee

Required reporting. When an inmate dies, the medical examiner and the coroner shall be notified immediately. G.S. 153A-225(b). Within five days of the death, the jail administrator shall make a written report to the local or district health director and to the Construction Section. G.S. 153A-225(b); 10A NCAC 14J .1102. Construction Section reporting form can be found using this link: https://info.ncdhhs.gov/dhsr/jail/pdf/OnlineDeathForm.pdf.

Investigation. A sheriff may request assistance investigating a detainee's death from the State Bureau of Investigation. G.S. 143B-917.

Prison Rape Elimination Act

The **Prison Rape Elimination Act (PREA)** was passed by Congress to reduce the risk of sexual assault in America's prison and jails. It applies to federal, state, and local detention centers. State compliance is enforced by grant incentive—a state will lose 5% of federal grant money it would otherwise receive for prison purposes unless its governor can certify each year that the state is in full compliance with PREA standards. The governor's certification is not required to include certification of compliance by local detention centers.

PREA standards include:

- Prevention Planning
- Responsive Planning
- Training and Education of all staff, detainees, volunteers & contract staff
- Screening for Risk of Sexual Victimization and Abusiveness
- Reporting to include Offender Reporting and access to confidential support services.
- Official Response Following an Inmate, Detainee, or Resident Report
- Incident reporting and Investigations
- Discipline
- Medical and Mental Care
- Data Collection and reviews, auditing, and corrective action; PREA requires jails to keep data regarding inmate-inmate sexual assaults, nonconsensual sexual acts, and staff sexual misconduct.
- Audits and State Compliance

Additional information pertaining to PREA standards can be found at: www.prearesourcecenter.org

PREA compliance may come under scrutiny in jails in other ways, such as:

1. Jails housing *federal inmates* (Federal Bureau of Prisons, US Marshals Service, or Immigration and Customs Enforcement) are required by contract to adopt and comply with PREA standards. The contract must also provide for monitoring that the jail is complying with PREA standards.
2. Contracts to house people through the Statewide Misdemeanant Confinement Program appear to be required by federal law to include PREA standards.
3. Jails seeking *accreditation* will likely be required to show compliance with PREA, as PREA says that no accrediting agency may receive federal funds unless it adopts accreditation standards consistent with PREA.

Technical assistance. Technical assistance on PREA standards is available at: www.prearesourcecenter.org/request-for-assistance

SECTION 2:

Infection Control and Prevention

Incarcerated people are at high risk of being exposed to communicable diseases while in detention facilities due to close physical proximity of incarcerated people and staff.

General Information

- Communication with the **local health department** and communicable disease nurse is critical to infection prevention and control for several reasons:
  - Reporting requirements and assistance
  - Linkage to available local and State resources
  - Infection prevention knowledge
  - Knowledge of current community threats and resources
- The **Communicable Disease Branch** (CDB) within the Epidemiology Section of the Division of Public Health in NCDHHS houses a number of federally and state supported programs that aid local detention centers detailed later in this section. The branch has an Epi On-Call staff member available 24 hours a day to assist with responding to emergent communicable disease issues by:
  - Answering infectious disease related questions
  - Referring to appropriate Subject Matter Expert as needed
  - Referring to other State agencies as needed (ex. Environmental Health)
  - Facilitating access to special testing such as mumps testing.

Screening for Communicable Diseases

- Pursuant to North Carolina law, jails are required to develop policies and procedures in the medical plan that "avoids the spread of contagious disease" and "provide for the detection, examination and treatment of prisoners who are infected with tuberculosis or venereal diseases." G.S. 153A-225 (1) and (3).
- Administrators should be aware that all pregnant women must be screened for syphilis twice during prenatal care AND at delivery. 10A NCAC 41A .0204.
- CDC offers additional guidance on which infections to screen for, which should be screened at intake, and which pregnant women should be screened for. See www.cdc.gov/correctionalhealth/rec-guide.html.

Medical Isolation

- Separation of inmates. A jail shall separate inmates who require medical isolation from other inmates, either by housing them in a separate area or transferring them to another facility. 10A NCAC 14J .1003.
- Medical isolation means housing in a separate area with a separate toilet, hand-washing station, soap, towels, and shower area from non-infected individuals.

Standard Precautions

For Healthcare staff or corrections staff assigned to the medical unit.

Standard Precautions are used for all patient care. Standard precautions are based on a risk assessment and make use of common-sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient.

Components of Standard Precautions include:

- Hand hygiene
- Use of personal protective equipment (PPE)
- Respiratory hygiene/cough etiquette
- Proper handling and cleaning/disinfection of care equipment and devices
- Careful and proper handling of textiles and laundry

More guidance on Standard Precautions can be found at this CDC webpage: https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html

Transmission-Based Precautions

For Healthcare staff or corrections staff assigned to the medical unit. Updates and complete guidance can be found at: www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html.

Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.

Infections are spread by the methods listed below, which require specific forms of personal protection equipment (PPE) in addition to any standard precautions to prevent exposure or transmission:

- **Airborne.** The pathogen is transmitted by fine mist, dust, aerosols, or liquids. Airborne particles are tiny, can stay in the air for a long time, and travel longer distances than droplets. *Fit tested N95 respirator/mask is recommended.*
- **Droplets.** The pathogen is transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. *Face Shield or goggles and mask recommended.*
- **Body or Surface contact.** The pathogen transmission occurs through direct body contact with the tissues or fluids of an infected individual. Physical transfer and entry of microorganisms occurs through mucous membranes (e.g., eyes, mouth), open wounds, or abraded skin. *Gloves and gown recommended.*
- **Blood and Bodily Fluids.** Pathogen transmission occurs through direct body contact with the blood or bodily fluids of an infected individual but there is an added risk for uncontrolled exposure such as with active bleeding, dressing change, unpredictable movements, etc. *Face Shield or goggles and mask in addition to gown and gloves recommended.*

Facility Exposure Control Plan

- The Exposure Control Plan is the focal point of any bloodborne pathogen exposure prevention program. It details in writing your plan for reducing exposures to blood or other bodily fluids and explains what steps to take if an exposure occurs.
- The basics of a control plan include details pertaining to required personal protective equipment, disinfection supplies/equipment, decontamination procedures, disposal of contaminated items, and decontamination of re-useable equipment.

Disinfection Practices

- Purchase and provide appropriate Environmental Protection Agency (EPA)-registered disinfectants for cleaning and disinfection of environmental surfaces and equipment. Ensure the product is registered for target bloodborne pathogens (hepatitis, HIV, etc.) and other pathogens of concern in the facility. Different pathogen types may require different disinfection products.
- Ensure that indoor ventilation is adequate when using disinfectants, especially in small, enclosed spaces.
- Maintain consistent, scheduled housekeeping practices to include the frequent cleaning and disinfection of surfaces and work equipment. Provide facility-specific cleaning instructions where needed for facility furnishings.
- Provide appropriate PPE as recommended by the product's safety data sheet. Train employees in the use, care, and disposal of PPE.
- Provide access to soap and water stations for handwashing for employees and incarcerated persons.
- Ensure staff and detainees are educated and trained in their role with cleaning and disinfecting as well as proper disposal of biohazardous materials and spills.

Release of Individual with an Infectious Disease

It is a best practice for confinement facilities to ensure that discharge plans facilitate linkage with community-based providers for continued preventive and clinical services for existing health conditions.

Key Communicable Diseases

Reportable communicable diseases are defined in NC Administrative Code (10A NCAC 41A .0101)

Infection	Transmission	Special Considerations
Tuberculosis (TB)	Aerosols generated by breathing, sneezing, or coughing	• These infections deserve attention in corrections as they can spread quickly, resulting in difficult to manage outbreaks. • Screening, testing, and vaccination (where possible) for these conditions are critical forms of infection control. CDC offers recommendations and mandatory requirements can be found in general statute. *(Resources below)* • Treatment is critical to disease control and oftentimes mandated for STIs, HIV, and TB. This can be a significant expense for local detention but partnerships and LHD collaboration can be helpful in addressing this barrier. • Note case reporting requirements (linked in resources section below). While reporting outbreaks to public health is not mandated for some conditions, it is recommended to assist with state and local resource management.
Hepatitis (B/C)	Barrier-free contact with blood or body fluids	
Hepatitis A	Eating contaminated food or contact with bodily fluids from an infected person	
HIV	Barrier-free contact with blood or body fluids	
Viral Respiratory Infections (COVID, Flu, RSV)	Droplets and aerosols generated when an infectious person is breathing or by sneezing	
STIs	Barrier-free contact with blood or body fluids	
Ectoparasites (Lice, Scabies)	Body & surface contact	
Varicella Zoster (Chickenpox & Shingles)	Contact with or inhalation of aerosols from lesions or through infected respiratory secretions	

State Communicable Disease Programs for Jails

Jail STI (Sexually Transmitted Infection) Testing Program

- The Communicable Disease Branch of the NC Division of Public Health receives CDC funding for HIV and STI testing in jails. Those funds go to community-based organizations and local health departments to provide **testing for HIV, syphilis, gonorrhea, chlamydia, and hepatitis C** in select jails throughout the state.
- Funded agencies can submit blood samples to the State Laboratory of Public Health (State Lab) for free testing of blood samples for HIV, syphilis, and hepatitis C.
- Funded agencies work with individual jails to determine which type of testing and counseling arrangement works best for both entities.
- Often, funded agency staff conduct group education presentations to detainees in residential common areas and then conduct testing for those detainees that wish to be tested immediately after the group educational presentation.
- Funded agencies understand the challenges inherent in providing testing services and strive to reduce the burden of these testing programs on jails staff.
- For more information, discuss with your local health department communicable disease nurse.

HIV Medication Assistance Program (HMAP)

While state and federal prison systems are not eligible for government related financial assistance programs in paying for HIV medications for incarcerated individuals, local detention centers may be eligible. Jails that document inadequate funding for HIV-related medications can receive assistance through the North Carolina HIV Medication Assistance Program (HMAP). (Note: individuals who are housed in state or federal custody but housed in a local detention center are not eligible for HMAP).

Process for HMAP in Jails:

- HMAP Program Coordinator can train jail nurses on the process for HMAP.
- Jail nurses fill out applications for assistance.
- HMAP Program Coordinator reviews and processes applications.
- After approval, Program Coordinator forwards the client information to Durham, NC, Walgreens for assistance with prescription and medication delivery.
- Medication is shipped through FedEx overnight directly to the jail nurse.
- Once a client is released to the community, Walgreens is informed of the status and the client receives any medications left to take home.
- If a client is transferred to prison, they are removed from the program and medications are shipped back to Walgreens.

For more information on HMAP https://epi.dph.ncdhhs.gov/cd/hiv/hmap.html | HMAP Client Hotline: In State (Toll Free): 1-877-466-2232

North Carolina Viral Hepatitis Program (NCVHP)

NCVHP maintains a statewide bridge counselor program that aims to establish and promote linkage to care activities for Hepatitis C (HCV) positive patients. The HCV bridge counselors offer support and guidance to those who may otherwise have difficulty accessing both medical treatment and social services, including incarcerated individuals re-entering the community.

- Bridge counselors may receive their referrals directly from health department communicable disease nurses who work directly with the jail(s) located in their respective county.
- A bridge counselor may team up with a communicable disease nurse and assist with the linkage process by interacting with people while they are in jail and contacting them upon release.
- Jail medical staff can also reach out to a bridge counselor directly to ensure that an incarcerated person will be connected to treatment upon release from the jail.

Resources

- *NC General Statutes_ Article 6 Communicable Disease.* This document includes all the state's legislation pertaining to communicable diseases. https://www.ncleg.gov/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_130A/Article_6.pdf
- *NC Tuberculosis Policy Manual.* Provides policy for local health departments for the management of tuberculosis disease and infection. https://epi.dph.ncdhhs.gov/cd/lhds/manuals/tb/toc.html
- *Tips for Improving Your Exposure Control Plan* – document detailing the basics of a facility exposure control plan and tips for implementing. Protect Your Employees with an Exposure Control Plan (cdc.gov)

- *Bloodborne Pathogens: Model Plans and Programs for the OSHA Bloodborne Pathogens and Hazard Communications Standards* – guide demonstrating key components of a facility exposure control plan based on OSHA standards. Bloodborne Pathogens (osha.gov)
- *Safe and Proper Use of Disinfectants to Reduce Viral Surface Contamination in Correctional Facilities.* Within this document The National Institute for Occupational Safety and Health (NIOSH) recommends steps to reduce viral surface contamination through safe and proper use of disinfectants. Document in Appendix.
- *Best practices for disinfecting correctional facilities during COVID-19.* Article outlining key components of cleaning and disinfection within correctional facilities. https://www.corrections1.com/products/infection-control/articles/best-practices-for-disinfecting-correctional-facilities-during-covid-19-4onutGDad5thM9x7/
- *EPA N – list Disinfectant Infographic.* This resource provides guidance finding and determining if a disinfectant kills coronavirus. EPA N-list infographic
- *EPA Coronavirus Disinfectant List.* This webpage provides the ability to search for the disinfectants known to kill coronavirus. List N Advanced Search Page: Disinfectants for Coronavirus (COVID-19) | US EPA

Examples of Implementation

- Jail STI Program: Forsyth County Detention Center – Forsyth County Department of Public Health funds a nursing position at the Forsyth County Detention Center to offer HIV, syphilis, and hepatitis C testing to all detainees at intake. In this way, the jail conducts routine, opt-out testing in which detainees are tested unless they decline.
- Wake County Human Services Jail STI Program – Detainees are given notice of onsite testing dates and provided the opportunity to sign up for testing.

SECTION 3:

Maternal and Reproductive Health

While men still account for the majority of people in the criminal justice system, the proportion of women has been growing steadily over the past several decades. In North Carolina, efforts have been made to improve and increase access to women's health services on both county and state levels. The Dignity for Women Who Are Incarcerated Act (HB 608) was signed into law in 2021 to mandate maternal and reproductive services delivered in confinement facilities state-wide.

Dignity for Women Who are Incarcerated Act

Session Law 2021-143 amends NC General Statutes Chapter 148 (State Prison System) and Chapter 153A (Counties) to establish certain requirements related to the housing and treatment of females incarcerated in State prisons and local detention centers. The Act became effective Dec. 1, 2021, and was codified at G.S. 153A-229.2. Portions of the statutory requirements are outlined below.

Limitation on use of restraints. Jail shall not use restraints on a pregnant person during the second and third trimester of pregnancy, during labor and delivery, and during the postpartum period (six weeks following delivery or longer as determined by medical personnel). G.S. 153A-229.2(a).

Exceptions:

- A person in the postpartum recovery period may be restrained if the facility employee makes an individualized determination that an important circumstance exists. In this case, only handcuffs held in front of the person's body may be used and only when she is ambulatory. The employee ordering the use of restraints must submit a written report to the sheriff or jail administrator within five days containing the justification for the restraint.
- Handcuffs or wrist restraints held in front of the person's body may be used during transport outside the jail, except that these restraints shall not be used when a person is in labor or suspected to be in labor.
- Medical restraints may be used by a licensed health care professional to ensure the medical safety of a pregnant person.

Body cavity searches. Only certified health care professionals may conduct body cavity searches of a person who is pregnant or postpartum. G.S. 153A-229.2(b).

Exception:

- A facility employee has probable cause to believe the person is concealing contraband that presents an immediate threat of harm to the person herself, the fetus, or another person. The employee shall submit a written report to the sheriff or jail administrator within five days containing the justification for the body cavity search and the presence or absence of any contraband.

Nutrition. A pregnant person must be provided sufficient food and dietary supplements and access to food at appropriate times of day as ordered by a physician or nutritionist. While in hospital, a pregnant or postpartum person shall have access to the full range of hospital meal options. G.S. 153A-229.2(c).

Restrictive housing. A pregnant or postpartum person shall not be placed in restrictive housing. G.S. 153A-229.2(d).

Exception:

- A facility employee makes an individualized determination that an important circumstance exists. The employee shall submit a written report to the sheriff or jail administrator within five days containing the justification for confining the person in restrictive housing.

Bed assignments. A pregnant or postpartum person shall not be assigned a bed that is elevated more than three feet from the floor. G.S. 153A-229.2(e).

Cost of care. A pregnant person shall be provided necessary prenatal, labor, and delivery care at no cost. G.S. 153A-229.2(f).

Bonding period. A newborn may remain with an incarcerated person in the hospital following delivery. G.S. 153A-229.2(g).

Exception:

- A medical provider has a reasonable belief that there is a risk to the health or safety of the newborn by doing so.

Nutritional and hygiene products during postpartum period. A postpartum person shall receive needed nutritional and hygiene products at no cost. G.S. 153A-229.2(h).

Access to menstrual products. All incarcerated persons who have an active menstrual cycle shall be provided sufficient menstrual products at no cost. G.S. 153A-229.4.

Inspections when female incarcerated person is undressed. There shall be a limitation on inspections by male facility employees when a female incarcerated person is in a state of undress to the greatest extent practicable and consistent with the need for safety and order. G.S. 153A-229.3.

Exception:

- No female facility employee is available within a reasonable period.
- If a search or inspection is conducted by male employee while a female incarcerated person is in a clear state of undress, the employee submits a written report to the sheriff or jail administrator within five days containing the justification for doing so.

Reporting. The sheriff or jail administrator shall compile a monthly summary of all written reports received pursuant to these requirements. G.S. 153A-229.4.

Additional Considerations for the Care of Incarcerated Women

- Facilities that house pregnant women should be equipped for and educated on obstetric emergencies/maternal warning signs and emergency delivery.
- Build collaborative partnerships and engage stakeholders in the care of women (e.g. local health department, community agencies, social services).
- Train staff on the on the law pertaining to care for women, perinatal signs of emergency, and the importance of reproductive health.
- Post-partum women can experience pregnancy-related health issues up to a year after delivery. Detention center staff should be aware of warning symptoms that could indicate a life-threatening medical emergency during this timeframe. *See the Appendix for a poster of Guidelines Regarding Women in NC Jails which includes perinatal warning signs*.
- Women's health needs may also include services associated with contraception, menstruation, and menopause. These are key elements of reproductive healthcare and can exacerbate other medical conditions.

Resources

- Justice-Involved Women. National Institute of Corrections webpage providing resources for women's health. https://nicic.gov/resources/resources-topics-and-roles/topics/justice-involved-women
- National Resource Center on Justice-Involved Women. Resources section provides various links to developing more gender-focused care for incarcerated women. https://cjinvolvedwomen.org/resources/
- Incarcerated Women's Health. This website showcases resources and trainings from The UNC Collaborative for Maternal and Infant Health (CMIH) who received one-time CDC funding to address the care and treatment of pregnant and postpartum persons in local jails, including ways to mitigate COVID-19 among this highly vulnerable demographic of our community. https://incarceratedwomenshealth.org/
- Dignity for Women Who are Incarcerated Act Training. Free on-line course developed by CMIH. https://unc-cmih.thinkific.com/courses/the-dignity-for-women-who-are-incarcerated-act-and-incarcerated-women-s-health
- Urgent maternal warning signs. Centers for Disease Control and Prevention 2022. https://www.cdc.gov/hearher/maternal-warning-signs/index.html
- Pregnancy-Postpartum Patient Education Booklet. Resource for residents that can be ordered using this link https://www.surveymonkey.com/r/WHBPublicationsOrderForm. https://incarceratedwomenshealth.org/wp-content/uploads/2023/06/Incarceration-Postpartum-Pregnancy-Booklet-6.22.23.pdf

SECTION 4:

Persons with an Intellectual/ Developmental Disability (IDD)

Title II of the Americans with Disabilities Act (ADA) protects individuals with intellectual and developmental disabilities (IDD) from discrimination within the criminal justice system. According to North Carolina law, jails must provide medical care that includes services for persons with **intellectual and other developmental disability**. G.S. 153A-221.

Adapted from "Assessing for Intellectual/Developmental Disability (Including Autism Spectrum Disorder) and Tips for Communication" resource from The Arc North Carolina and Disability Rights North Carolina

Intellectual/developmental disability (IDD) is a term that describes an individual born with or who developed limitations in intellectual and social abilities at birth or very early in life.

- IDD is pervasive and lifelong; there is no cure.
- A person with IDD cannot be identified by appearance and persons with IDD may try to hide their condition due to fear of being labeled.
- IDD can result in limited functions, including:
  - Difficulties making decisions and caring for oneself
  - Difficulties with communication
  - Difficulties with learning
  - Difficulties with mobility or moving around
  - Difficulties living independently and being financially self-sufficient

Autism Spectrum Disorder (ASD) is a diagnosis which may or may not come with intellectual impairment, but the individual is likely to have significant social and communication impairments. An estimated 5,437,988 (2.21%) adults in the United States have ASD.

- The individual may react to stressful situations such as detainment with extreme anxiety that can include pacing, flapping or twirling hands, self-harming, screaming, groaning, shouting, and loss of control.
- People with autism could invade the personal space of others or may need more personal space for themselves than the average person.

Educating Staff about Individuals with IDD:

- Train staff and officers on effective communication methods to use with people with IDD (*See Tips for Communication in Appendix*).
- Train staff to conduct intake screenings that help identify those with IDD, as required by 10A NCAC 14J .1002. *See sample screening and assessments tools in Appendix*.
- Screening for IDD is important so officers will be aware that the individual:
  - May not understand commands or instructions but pretend that they do.
  - May get frustrated.
  - May be vulnerable to victimization (have their items stolen, be sexually assaulted, be targeted for physical/verbal abuse, or used by other inmates for acts that violate jail rules).
- Educate staff on how non-medically trained criminal justice personnel can recognize common characteristics and behaviors associated with IDD.

Additional Considerations

- Many people with IDD have legal guardians as appointed by their local Clerk of Court to assist and make some decisions for the person.
  - Guardians can coordinate needed medications, make connections for needed services, and help with discharge planning.
- Incarcerated persons with IDD should be appropriately housed according to their risk and needs:
  - Housed in an area that reduces risk of victimization.
  - Housed in an area based on their individual challenges.

Resources

- Autism: Understanding, Recognizing, and Managing This Invisible Disability. This course will teach you to recognize behaviors associated with autism, how to de-escalate a meltdown, pre-empt a meltdown, and communicate more effectively. 60 minutes/1 CE credit hour. Recorded July 2021. https://www.ncchc.org/education-events/recorded-webinars/
- Information and Technical Assistance on the Americans with Disabilities Act (ADA) – United States Department of Justice Civil Rights Division. Website is an archive of resources to assist criminal justice entities with ADA compliance. https://archive.ada.gov/criminaljustice/cj_ta.html
- ADA.gov Guidance and Resources Webpage. Examples and Resources to Support Criminal Justice Entities in Compliance with Title II of the Americans with Disabilities Act (ADA) https://www.ada.gov/resources/?filters=
- ADA Title II Technical Assistance Manual (II-6.3300 Types of facilities 6) Jails and Prisons). This technical assistance manual addresses the requirements of Title II of the Americans with Disabilities Act, which applies to the operations of State and local governments. It is one of a series of publications issued by Federal agencies under section 506 of the ADA to assist individuals and entities in understanding their rights and duties under the Act. https://archive.ada.gov/taman2.htm
- NCDHHS Division of Mental Health Intellectual and Development Disabilities webpage. Site provides state definition of IDD and links to various resources. https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/intellectual-and-developmental-disabilities
- The Arc North Carolina website. The Arc of North Carolina is a state chapter of The Arc of the United States. The Arc works with its federation of state and local chapters to create a network of human service agencies and resources specifically for NC. https://www.arcnc.org/resources

SECTION 5:

Persons with a Brain Injury

Brain injury is common among people who are incarcerated. Between 25-87% of detainees in jails and prisons report experiencing a head injury or having a TBI (Traumatic Brain Injury), as compared to 8.5% of the general population (see resource document from CDC: "Traumatic Brain Injury in Prisons and Jails: An Unrecognized Problem").

Be Aware

- Brain injuries can be **traumatic**, caused by an outside force (physical assaults, falls, motor vehicle crashes, and sports injuries) OR **non-traumatic**, meaning caused by a process inside the body (strokes, seizures, poisonings such as lead exposure, and situations causing lack of oxygen to the brain such as drug overdoses).
- Brain injuries can impact judgment and impulse control and can lead to aggressive behavior.
- Brain injuries can also contribute to the development of substance use disorders which can lead to additional brain injury.
- Brain injuries can cause physical, cognitive, emotional and/or behavioral symptoms. Symptoms may be short-term, long-term, or lifelong.
- Symptoms vary widely from person to person. Individuals who report or show signs of brain injury should have a medical professional determine what residual effects of the injury the individual has.

Screen

- Individuals with a brain injury may not want to reveal their diagnosis or may not be aware of it.
- Routine screening of detainees to identify history of brain injury is recommended. Medical personnel, mental health personnel, or an officer shall conduct and document screenings of each detainee upon admission for health care needs, mental health needs, and developmental and intellectual disabilities. 10A NCAC 14J .1002. *A sample screening tool can be found in the Appendix.*

Educate

- Educate staff and detainees regarding the effects and occurrence of brain injury.
- Train staff to recognize symptoms that may indicate a brain injury.
- Train staff to screen detainees for brain injuries.
- Identify methods or available tools for staff to screen detainees for brain injury (sample screening tool can be found in the Appendix).
- Provide staff techniques to improve communication with brain injured detainees.
- Identify resources to assist staff with brain injured detainees.

Additional Considerations

- Some people with a brain injury may have a legal guardian as appointed by their local Clerk of Court to assist and make some decisions for the person.
  - Guardians can coordinate needed medications, make connections for needed services, and help with discharge planning.
- Inmates with a brain injury must be appropriately housed according to their risk and needs:
  - Housed in an area that reduces risk of victimization.
  - Housed in an area based on their individual challenges.

Resources

- Traumatic Brain Injury in Prisons and Jails: An Unrecognized Problem. CDC article by National Center for Injury Prevention and Control (U.S.). Division of Injury Response 2007. https://stacks.cdc.gov/view/cdc/11668
- Ohio State University's TBI Identification Method and ABI Interview Form. The Ohio State University Traumatic Brain Injury (TBI) Identification Method (OSU TBI-ID) is a standardized procedure for eliciting lifetime history of TBI via a structured interview and has been used as a screening tool. https://wexnermedical.osu.edu/neurological-institute/neuroscience-research-institute/research-centers/ohio-valley-center-for-brain-injury-prevention-and-rehabilitation/osu-tbi-id
- Brain Injury Association of NC Training Center. Webpage with several education and training resources to include Crisis Intervention Team training. https://www.bianc.net/resources/education-training/
- Traumatic Brain Injury in Corrections. Resource posted by the Brain Injury Association of America. https://www.biausa.org/public-affairs/media/traumatic-brain-injury-in-corrections

SECTION 6:

Mental Health Resources

NC jails are required by law to address routine and emergency care related to mental health and substance use disorders. G.S. 153A-221 and 10A NCAC 14J .1001(b). Jails may face challenges providing mental and behavioral health treatment to detainees based on limited treatment capacity in their geographical area and limited financial resources.

Key Points

- Mental healthcare to include screenings, suicide prevention, evaluation (for those with pre-existing conditions), and substance use disorders treatment is mandated in North Carolina.
- Grant funding by nature is time-limited but is a useful tool to pilot new programs and determine the program's efficiency and effectiveness.
- Partnering with local community agencies, local health department, and/or telehealth providers can be options used to expand services while managing cost.
- Consider partnering with surrounding counties to jointly contract with a mental health vendor.
- Consider collaborating with the **Local Management Entity-Managed Care Organization (LME-MCO)** covering your geographical area to develop, enhance and sustain your program.
  - In North Carolina, LME-MCO agencies manage behavioral health services for the uninsured and manage services for some individuals with Medicaid who have significant behavioral health needs or intellectual/developmental disabilities.
  - Each LME-MCO differs in its organizational structure and approach to managing services, but they all develop a network of services that include outpatient treatment options for individuals upon release from jail.
  - LME-MCO funding may be limited based on federal and state limitations for use of funds in local detention settings but because they receive funding from multiple sources, they may be able to help identify funding for jail health services, including local funding, grant opportunities, or other options.
  - LME-MCO staff can help identify community stakeholders to support the jail's programs. LME-MCOs are tasked with collaborating with public health departments, local Departments of Social Services, courts and confinement centers, and housing providers, among others.
  - LME-MCOs can assist jails with identifying local providers under contract to serve individuals with Medicaid or who are uninsured or have interest in partnering with the jail.

Jail Diversion

Jail diversion refers to a program in which individuals receive little to no jail time for a current nonviolent misdemeanor or for probation violations resulting from past court orders due to their behavioral health or substance use. The term is used to describe programs that allow individuals with severe mental illness, substance use or co-occurring disorders to receive the community-based care and treatment they require in lieu of being incarcerated. Strong partnerships between county jails, local behavioral health providers and court system are required to successfully implement a jail diversion program. These partnerships can be supported by grant opportunities.

Resources

- **LME-MCOs –** an updated list of LME-MCOs and their coverage area are located at the following website: https://www.ncdhhs.gov/providers/lmemco-directory
- **Grant Opportunities**
  - **At the state level**, the Department of Health and Human Services Division of Mental Health, Developmental Disabilities and Substance Use Services provides various grant funding opportunities that can be found at the following link, NCDHHS: Mental Health, Developmental Disabilities and Substance Use Services Grant Opportunities
  - **At the federal level**, the Bureau of Justice Assistance provides links to various contacts for justice and non-justice associated grant opportunities. https://bja.ojp.gov/contact-us

SECTION 7:

Suicide Prevention

Suicide is the leading cause of death in detention facilities. NC jails are required by administrative code (10A NCAC 14J .0203) to provide a suicide prevention program. Line staff are often the first to notice signs that a person in confinement may be considering suicide. Staff training about what signs to look for and who to tell about potential problems is a critical piece in suicide prevention.

Identifying Suicide Risk

- Individuals at higher risk for suicide may have:
  - Prior suicide attempt
  - Psychiatric history (mood disorders, schizophrenia, substance use disorders, etc.)
  - Family history of suicide
  - Very few close friends/family
  - High position in society (tend to have especially intense shame regarding criminal justice involvement)
- Warning signs for suicide risk include:
  - Displaying overt mental disorder symptoms (loss of reality, paranoid ideation, manic/depressive episodes)
  - Depression (withdrawal from people, lack of energy, frequent crying, appetite loss)
  - Excessive feelings of shame, failure, hopelessness
  - High level of anxiety
  - Agitation
  - Sudden mood changes- person appearing suddenly calm and happy after being depressed may indicate their decision to die by suicide
  - Talk of suicide
  - Giving away possessions
  - Asking questions about death, estates, wills
  - Attempting to obscure view into their cell, blocking windows with paper, towels, etc.
- High-Risk Suicide Periods
  - The first 24 hours of confinement
  - Intoxication/withdrawal/sobering up
  - Upcoming trial date
  - Recent sentencing
  - Impending release
  - Holidays
  - Decreased staff supervision
  - Bad news of any kind
  - Recent loss of stabilizing resources – job, home, loved one, etc.
  - Cluster effect – Suicide may follow other suicide or suicide attempts.

WHY ARE INTOXICATION AND WITHDRAWAL IMPORTANT FACTORS IN SUICIDE?

- Drugs and alcohol can alter a person's thinking. They may become anxious or depressed and more prone to panic. They may become less inhibited and more likely to do things they wouldn't ordinarily do.
- The experience of withdrawal from drugs or alcohol can be so uncomfortable or painful that suicide may seem like the only relief available at the time.
- Some drugs cause hallucinations or delusions, either during intoxication or withdrawal. These hallucinations or delusions may lead the person to suicide.
- The Bureau of Justice Assistance released *Guidelines to Manage Substance Withdrawal in Jails* in June 2023. https://bja.ojp.gov/news/new-resource-guidelines-managing-substance-withdrawal-jails

Develop a Comprehensive Suicide Prevention Program

- Jails are required to have a written suicide prevention program that includes "identifying suicidal inmates, supervising suicidal inmates, and reviewing procedures and debriefing officers after an inmate suicide." 10A NCAC 14J .0203(a)(20).
- The written plan is to be included in the operations manual and should include:
  - Procedures for identifying high-risk and suicidal individuals.
  - How intake suicide risk screening is performed.
  - Detail monitoring and supervision of suicidal detainees to include how to discontinue special watch.
  - Procedures for record keeping and inter-shift communication.
  - Detail provider notification and method of obtaining a mental health evaluation by a member of the health care or mental health team for a detainee who is suicidal or at high suicide risk.
  - Procedure for responding to a suicide-emergency.
  - Detail post-suicide procedure and staff debriefing.
- Training for all staff on the suicide prevention plan should be done at hiring, continuing at specified intervals (annually at a minimum).

Be aware of administrative rules for supervision of detainees on special watch due to suicide risk.

- See 10A NCAC 14J .0601, detailed in the "Supervision" section of this toolkit's chapter on Legal Requirements Related to Jail Health.

Physical & Environmental Aspects of Preventing Suicide

- Most suicides in North Carolina jails have been completed by hanging.
- A person's feet need not be off the floor to accomplish a hanging; hanging can be accomplished by sitting, kneeling, or lying down, if sufficient pressure has been applied to the neck to cut off blood flow. The fastening anchor may, therefore, be close to the floor.
- To prevent risk of hangings:
  - Ensure that cells are free of all obvious protrusions from which a ligature can be affixed.
  - Eliminate holes in bed frames.
  - Ensure that vent spacing is less than 3/16 inch wide and screen holes no more than 16-mesh per square inch.
  - Remove items that could be used in a hanging, such as belts, shoelaces, and drawstrings.

- *Refer to Appendix "Checklist for the 'Suicide-Resistant Design' of Correctional Facilities" for a list of environmental considerations for detention centers.*
- **Provide access to social support** from other detainees, family members, and detention staff as social support decreases risk of suicide.

Resources

- Suicide Prevention Resources https://sprc.org/effective-prevention/
- American Foundation for Suicide Prevention https://afsp.org/
- Basics and Beyond: Suicide Prevention in Jails | National Institute of Corrections https://nicic.gov/basics-and-beyond-suicide-prevention-jails
- Writing a Suicide Prevention Policy https://www.corrections1.com/corrections/articles/writing-a-suicide-prevention-policy-hyX58AbPA1wRygKN/

Refer to the Appendix for sample tools/forms to assist with the management of a suicidal person.

SECTION 8:

Medications for the Treatment of Opioid Use Disorder

Opioid use disorder (OUD) is a specific kind of substance use disorder. Individuals with OUD have a pattern of opioid use that leads to significant issues, such as health problems and difficulty meeting major responsibilities at home, work, or school. The Americans with Disabilities Act (ADA) protects people in recovery from OUD who are not engaging in illegal drug use, including those who are taking medication prescribed by their doctor to treat their OUD. The use of medications to treat OUD, previously called "medication-assisted treatment" (**MAT**) and now called "medications to treat opioid use disorder" (**MOUD**), is on the rise in confinement settings. As stated by the Executive Director of the National Sheriffs' Association (NSA), Jonathan Thompson:

> *"Historically, it has not been the responsibility of the sheriffs and jail administrators to be primary providers of substance use disorder treatments. But with thousands of Americans dying every week from drug overdoses and those recently released from jail among the most defenseless, the situation has changed—sheriffs have taken on the challenge."*

Benefits of MOUD in Jails:

- Increased safety of people who enter jail dependent on opioids.
- Decreased risk of detainee death due to withdrawal complications.
- Decreased substance contraband into the facility.
- Decreased risk of overdose death from people utilizing contraband.
- Decreased disciplinary issues from people who are dependent on opioids.
- Decreased recidivism.
- Decreased risk of liability for violating alleged detainee rights to receive MOUD.
- Improved engagement in prenatal care and improved birth outcomes for pregnant individuals.

Prohibiting MOUD Could Be a Violation of Detainee Rights:

- The U.S. Department of Justice released a guidance document in 2022 stating that jails with a blanket policy of prohibiting the continued use of MOUD by persons who were prescribed the medication before their detention are violating those persons' rights under the Americans with Disabilities Act.

MOUD Medications

There are three medications approved by the US Food and Drug Administration to treat opioid use disorder:

- Buprenorphine (e.g., Suboxone)
- Methadone
- Naltrexone (e.g., Vivitrol)
- Buprenorphine and methadone are controlled substances; naltrexone is not.
- Medical professionals match the choice of medication with the needs of the individual.
- In pregnancy, only methadone and sublingual buprenorphine are recommended at this time.

MOUD Misperceptions

A common misperception is that the use of MOUD is just "swapping one drug for another."

- There are key differences between medications like buprenorphine and methadone and street drugs like heroin and fentanyl.
- Medications are long-acting, while street drugs produce rapid, intense, short-lived effects in the brain.
- Medications given to a person with OUD at the proper dose do not create a "high"; instead, they allow the person to function normally.

MOUD Technical Assistance

The NC Drug Control Unit provides technical assistance on the State and Federal regulatory requirements for storing controlled substances on site:

- The Drug Control Unit offers technical assistance to jails concerning security and record-keeping requirements of the NC Controlled Substances Act. The Drug Control Unit can also help answer questions about federal requirements and facilitate connections to the US Drug Enforcement Administration for further technical assistance. Please email questions to nccsareg@dhhs.nc.gov and an inspector assigned to your region will assist.
- Most jails can properly store controlled substances in secured medication carts located in their treatment rooms, in medication rooms with wall cabinets equipped with a lock, or other secured locations.
- Whether jails are required to register with the DEA to maintain controlled substances on site depends on whether the controlled substances are being maintained by prescription for a particular person and filled by a pharmacy off-site (federal registration **not** required) vs. whether they are obtained from a DEA-registered distributor to be sourced from a general administration stock held on site in the jail (federal registration is required).
- The facility administrator or designee should consult with the DEA or the NC Drug Control Unit prior to storing controlled substances on site if not done previously.
- See the NC Controlled Substances Regulatory | NCDHHS for state registration forms (see Form DHHS 224-D) and frequently asked questions.

Opioid Treatment Programs and Jails

Opioid Treatment Programs can partner with jails to provide MOUD to detainees.

- Opioid Treatment Programs (OTP) are federally and state licensed programs that provide comprehensive services to treat Opioid Use Disorders (OUD). Medication is used to treat the physical aspects of OUD such as withdrawal and cravings, while counseling is used to treat the behavioral aspects of addiction.
- OTPs can use all three FDA-approved medications for OUD treatment. While buprenorphine can be prescribed by medical providers in any setting and dispensed through pharmacies, methadone to be used for the purpose of treating OUD is only available through OTPs, with some exceptions (see next section).
- NC has more than 80 OTPs located across the state.
- Jails can partner with their local OTP to ensure that detainees on methadone or other medications can continue their life-saving medication while incarcerated.
- Substance Abuse and Mental Health Services Administration (SAMHSA) Federal Guidelines allow for medication to be provided by an OTP to detainees. To continue the patient's methadone treatment while also ensuring appropriate handling, storage, and delivery of the medication, it is recommended that programs use chain of custody procedures:
  - The OTP would request Federal/State approval for "exception" take home medication.
  - Following approval, the medication would be dispensed to the patient in individual containers and secured in a locked box.
  - Once dispensed to the patient, the medication may then be stored, handled, and delivered to the patient using a chain of custody record which would include the signatures of all persons who have handled the medication.
  - *A sample Chain of Custody form is available in the Appendix*.

Jails can provide methadone to detainees from their own formulary under certain circumstances.

- DEA regulations give jails the ability to use methadone without becoming an Opioid Treatment Program (OTP) or obtaining methadone from an OTP. In *A Guide to DEA Narcotic Treatment Program Regulations*, Revised 2022 (p. 30), the DEA states:

  > *A confinement facility may register with DEA as a hospital/clinic. Under a hospital/clinic registration, a physician or authorized hospital staff may administer or dispense narcotic drugs in a hospital to maintain or detoxify a person as an* ***incidental adjunct*** *to medical or surgical treatment of conditions other than addiction. (Emphasis in original.)*

- The NC State Opioid Treatment Authority (SOTA) office has notified the DEA that it is supportive of confinement facilities that have a Schedule II hospital/clinic registration being able to maintain detainees on methadone from their own formulary, provided that the detainee is being treated for a primary diagnosis other than Opioid Use Disorder (OUD), and that the jail coordinates with the detainee's home OTP for medication dose verification/adjustments and discharge.
- For technical assistance related to this approach, please contact SOTA@dhhs.nc.gov.

Many jails in North Carolina already offer MOUD to detainees or are building programs.

- NC jails have shown that MOUD programs can be built by adding additional layers and services over time to avoid the process becoming too overwhelming.
- Jails often begin their MOUD programs by continuing detainees who were prescribed MOUD in the community on MOUD in the jail. This is sometimes called Phase I.
- Jails can also induct detainees onto MOUD who were not on MOUD before arriving at the jail. This is sometimes called Phase II.

NC-based technical assistance is available to help sheriffs and jail administrators build their programs.

- At the time of the printing of this Toolkit, retired Major Elijah Bazemore, who helped start the Durham County Detention Center's MOUD program, is available for consultation to NC jails. He may be contacted at Ebazemore.consultant@vitalstrategies.org.
- The State Opioid Treatment Authority (SOTA), housed in the NC Division of Mental Health, Developmental Disabilities, and Substance Use Services, provides consultation on the provision of MOUD in jails and other settings. The SOTA has particular expertise in the provision of methadone. Contact SOTA@dhhs.nc.gov.

Resources

- *MAT in Jails Webinar Series: Legal, Medical, Community, and Security Considerations*. A three-part webinar series with NC-based experts; includes presentations from Assistant US Attorneys in the Western, Middle, and Eastern Districts of NC regarding requirements under the Americans with Disabilities Act. https://app.smartsheet.com/b/publish?EQBCT=d4801dd761084fd29e50e8494f80f009
- *NC Controlled Substances Regulatory*. Webpage from NCDHHS website with resources about how to store controlled substances in North Carolina, also contains state registration forms. https://www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-abuse/north-carolina-drug-control-unit/nc-controlled-substances-regulatory
- *(MAT) in the Criminal Justice System: Brief Guidance to the States*. Guidance from the Substance Abuse and Mental Health Services Administration (SAMHSA) related to implementing MAT in jails and prisons. https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matbriefcjs_0.pdf
- *Jail-Based Medication Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field*. Resource available through the National Sheriffs' Association and the National Commission on Correctional Health Care that includes best practices, tools, and examples of jail MAT programs https://www.sheriffs.org/publications/Jail-Based-MAT-PPG.pdf.
- *Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit*. Toolkit from Vital Strategies and the National Council for Behavioral Health with step-by-step ideas for implementing an MAT program in a jail. https://www.vitalstrategies.org/resources/medication-assisted-treatment-for-opioid-use-disorder-in-jails-and-prisons-a-planning-and-implementation-toolkit/
- *Substance Use Disorders and Treatment Among Jail Populations*. Resource document available through the BJA's (US Department of Justice, Office of Justice Programs) COSSAP with links to training and other informational materials. https://www.cossapresources.org/Content/Documents/Articles/Resources_for_Corrections_Personnel.pdf
- *County Jail MOUD Expansion Initiative*. Webpage on Health Management Associates' website with information about technical assistance related to Medications for Opioid Use Disorder (MOUD) or MAT, includes resources and links for program expansion in jails. https://www.healthmanagement.com/wp-content/uploads/BD-Case-Study-Jail-and-DOC-MOUD_Feb-2024_FINAL.pdf
- *Screening for Substance Use Disorders in Jails*. Resource from the Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Abuse Program with a detailed list of substance use disorder screening tools. https://www.ojp.gov/library/publications/screening-substance-use-disorders-jails

SECTION 9:

Opioid Overdose Prevention

Persons leaving incarceration have a dramatically higher risk of drug overdose than the general population. Over the past several years, a growing number of North Carolina jails have implemented jail-based overdose prevention programs to address this issue.

There are **two main categories of jail-based overdose prevention programs**: overdose prevention education programs and take-home naloxone programs.

Overdose Prevention Education Programs

Overdose prevention education programs are classes designed to increase detainees' knowledge of how to prevent and respond to an opioid overdose when they return to the community. Some capacity and logistical points to consider for implementation are below:

- Is there space available to have the class?
- What level of interest in participation is within your population?
- What staff resources are necessary for the facilitator and participants to access the classroom?
- Who will facilitate the class? (staff member, substance use counselor, practitioner from the community, or a peer support specialist)
  - If the class will be facilitated by practitioner(s) from the community, it's helpful to establish a Memorandum of Understanding (MOU) between the jail and the community organization.
- What and how much information will be provided in the class?
  - Will it be a singular session or multiple sessions?
- How often will the classes be offered?
- Who will be allowed to attend? (all detainees or only those with history of substance use)
- For external facilitators, what educational materials can they bring into the jails?

Take-Home Naloxone Programs

Naloxone is a medication that reverses opioid overdoses. Take-home naloxone programs provide naloxone kits to incarcerated individuals to take with them upon release. Naloxone kits typically contain two doses of naloxone and instructions for how to administer naloxone safely.

- When possible, a take-home naloxone program should be implemented alongside an overdose prevention education program so

WHAT IS A PEER SUPPORT SPECIALIST?

- A peer support specialist is someone who has lived through challenges with substance use, mental health, or incarceration and uses their experience to help others facing similar challenges.
- A peer support specialist can meet with a person who is in jail to learn about their recovery and life goals and work with local service providers to support them.
- When someone is released from jail, a peer support specialist can help them enroll in a mental health or substance use treatment program, continue medical care that began at the jail, and obtain housing and employment.
- In North Carolina, peer support specialists can be certified through the NC Certified Peer Support Specialist Program. For more information, please visit https://pss.unc.edu/.

that detainees have both the training and tools to prevent overdose when they return to the community.

- If a jail does not have the capacity to implement an overdose education program, a take-home naloxone program can still be implemented on its own.
- To implement a take-home naloxone program, the jail should consider capacity and logistical issues, including:
  - What is the cost of purchasing naloxone for your jail?
    - Jails may be able to obtain naloxone at no cost from the NC Department of Health and Human Services, local health departments, or LME-MCOs.
    - Naloxone can also be purchased through pharmaceutical procurement mechanisms or local pharmacies.
  - Who will be responsible for the distribution of naloxone at time of release?
  - Who would be eligible for a take-home naloxone kit?
  - What is the current understanding of naloxone among jail staff?
    - Would staff education be required before implementing such a program?
- Distribution
  - To distribute prescription naloxone, a jail must obtain a distribution standing order from a health care provider.
    - North Carolina's naloxone access law (G.S. 90-12.7) allows health care providers to write distribution standing orders to authorize organizations, including jails, to distribute naloxone.
    - Any health care provider employed by the jail can sign the standing order.
    - The North Carolina Naloxone Distribution Toolkit, created by the North Carolina Division of Public Health, provides a template for a distribution standing order. A copy of the template is available in the Appendix.
  - Over-the-counter formulations of naloxone (newly available in 2023) do not require a standing order for distribution.
  - See Appendix for Standing Order Sample and Implementation Tool.
- Naloxone vending machines
  - One method of distributing naloxone is in a "vending" machine (free of cost) in the jail lobby. Naloxone vending machines are being used by an increasing number of jails and health departments in NC.
  - This method frees up jail staff from having to hand out naloxone upon a detainee's release.
  - It provides naloxone access to detainees' family members and other visitors to the jail.

Resources

- Jail-based Overdose Prevention Education and Naloxone Distribution: A North Carolina Harm Reduction Coalition Toolkit. Toolkit developed by the North Carolina Harm Reduction Coalition and partners to provide overdose prevention education and take-home naloxone programs in jails. https://www.injuryfreenc.ncdhhs.gov/resources/docs/Jail_OEND_Curriculum_NCHRC.pdf
- Harm reduction resource for North Carolina. The website includes resources on overdose prevention and allows sites to request no-cost naloxone. https://naloxonesave-ncs.org/

SECTION 10:

Developing Medical Vendor Contracts - Requests for Proposals

For jails that contract with private medical vendors,[1] developing a detailed Request for Proposals (RFP) is key to meeting the standard of operations required by law. The RFP directly informs which services vendors are contractually required to provide, so it's critical to describe the full list of services that must be provided in the jail before the contract is awarded. Although not discussed here, a Request for Information (RFI) can be utilized prior to the RFP process to assist in eliciting the exact details of the medical need by examining the various services offered.

Preparation

Several activities need to take place before an RFP is released to the public. Key activities include organizing personnel and gathering information, drafting/updating RFP content, and external communications. Each jail is unique, and the RFP process can help tailor how health services are provided.

- Build a Multidisciplinary Team.
  - Gather a team of people who will later assess proposals *before* the RFP is released.
  - Aim to include multiple disciplines/perspectives on your team, including county leadership (e.g. county manager's office)/finance, health department, jail (medical and administrative), and community hospital(s) representation.
- Determine which clinical outcomes vendors should measure and report.
- Gather information on the logistics, expense, and level of health services you currently provide (including outside services/visits) and if services can or should be expanded or simplified.
  - This is a good time to review expense and staffing challenges to determine the key areas for which your medical vendor applicants can offer solutions.
- Gather data on your jail's average daily population and health needs to inform services that vendors propose to deliver.
- Contact Sheriff's Offices that operate jails of a similar size to your own and ask them about their RFP elements and how specific services are provided in their jail.
- Contact potential vendors to generate interest and offer them a chance to ask questions one-on-one.
  - This must be done *before* the RFP is released, because after the RFP is released, you cannot communicate with applicants one-on-one until the negotiation period.

Develop your RFP (Request for Proposal)

- Review all county or local government laws/rules regarding RFPs and familiarize yourself with average timelines.

[1] State law allows, but does not require, counties to use competitive bidding to select a jail medical vendor (see Chapter 143 of the NC General Statutes which lays out what *is* required to go to competitive bid). Counties that use federal grant dollars to fund medical services may be required to use competitive bidding due to federal grant regulations, which apply even if applicable state law is less restrictive.

- Be specific in identifying required and optional services for vendors to consider.
  - When, where, and how will medical, mental health, and dental services be delivered?
  - What staffing ratios are provided?
  - When, where, and how will medication rounding take place?
  - What is the capacity to treat patients with medications for opioid use disorder?
  - How are medical emergencies handled?
  - How will services be delivered after-hours?
  - How will patient privacy be preserved, and HIPAA rules upheld?
  - What security and safety measures need to be taken?
- Specify what data the vendor must collect and how often it must be reported.
- Specify how the contract will be monitored and how performance will be enforced.
- A sample RFP contents outline can be found in the Appendix of this document.

Evaluating and Choosing an Applicant

- Develop an assessment tool/plan for choosing an applicant.
  - Assessment criteria should be finalized prior to the release of the RFP.
  - Once the requirements for potential healthcare vendors are identified, methods for scoring and comparing applicants can be decided on according to the priority of meeting each criterion. (See a sample assessment tool in the Appendix.)
  - Using an assessment tool allows for a more standardized comparison of applicants.
- Ensure there is a question-and-answer period where bidding vendors can ask questions and answers are shared with all vendor applicants.
- A pre-proposal conference with vendors—including a site tour—can be held before applications are received to ensure understanding of your facility conditions, operation, location, requirements, and space availability.
- The RFP assessment team may allow vendors to submit questions after the conference and can share responses as an addendum before the application deadline.
- Interviews help the assessment team to clarify plans and services and select the best fit.
- Once a vendor is selected, the timeline for starting the contract must be determined.

Resources

- *Developing a Request for Proposal.* Research brief document published by the National Association of Counties that provides helpful details in developing an RFP. https://www.naco.org/sites/default/files/documents/Developing%20A%20Request%20for%20Proposal.pdf
- *Guidebook: Crafting a Results-Driven Request for Proposals (RFP).* Guidebook published by the Harvard Kennedy School Government Performance Lab. This document through eight modules, walks through the RFP process step by step from early planning through managing a contract. https://govlab.hks.harvard.edu/files/govlabs/files/gpl_rfp_guidebook_2021.pdf
- *Facility Development: Needs Assessment & Pre-Design Planning RFP Checklist [and] Planning & Design RFQ and RFP Checklist*. In this compilation of three documents presented by the NIC, critical elements to include in a needs assessment and planning services RFP and an architectural planning and design RFP or RFQ (Request for Qualifications) are identified. Each document contains an overview of RFP content, checklist questions, and a sample. https://nicic.gov/resources/nic-library/all-library-items/facility-development-needs-assessment-pre-design-planning

SECTION 11:

Corrections Officer Health

The **ability of corrections officers to meet the physical and mental health needs of inmates is directly tied to the physical and mental well-being of the corrections officers themselves**. The greatest resource a jail has is its staff. Fortunately, researchers and correctional agencies are working to build a body of evidence-based practices to support corrections officers' health.

Corrections Stressors

- The stresses in the correctional setting can be broken into three categories:[2]
  - **Operational:** understaffing; mandatory overtime; demands of shiftwork; 24/7 nature of the work; equipment failures.
  - **Organizational:** dealing with changes in leadership and expectations; interpersonal challenges with peers; workplace culture; role challenges ("Am I a security officer or a mental health worker?").
  - **Traumatic:** having to break up fights; assaults on inmates or correction officers with resulting injury or death; suicide; witnessing or hearing about traumatic events that happen to other people.

Role of Resiliency in Correctional Work

- Stress reactions are a normal and even helpful function in the body. It's how people interpret those stress reactions that can make all the difference to a person's physical and mental health. Fortunately, the ability to deal constructively with stress reactions — the ability to be resilient — can be improved through skills training.
- Resiliency Skill Set[2]
  - **Optimism:** Grounded in the belief that one can be an effective agent of change
  - **Decisiveness:** Avoiding "paralysis by analysis"
  - **Honesty, integrity, ethical behavior:** Being able to sleep at night
  - **Ability to create meaning and purpose**
  - **Ability to positively reinterpret a negative event:** Learn from it, find strength or meaning
  - **Perseverance:** Can-do attitude
  - **Social support:** No lone wolves
  - **Humor**
  - **Healthy notion of control**
  - **Seeking help when needed**

---

[2] Denhof, M. D., Spinaris, C. G., & Morton, G. R. (2014) Occupational Stressors in Corrections Organizations: Types, Effects and Solutions. National Institute of Justice, Office of Justice Programs. https://s3.amazonaws.com/static.nicic.gov/Library/028299.pdf.

[3] National Institute of Corrections. (n.d.). Corrections Stress: Peaks and Valleys. Video series. National Institute of Corrections. https://nicic.gov/corrections-stress-peaks-and-valleys.

Importance of Facility Culture

- It is essential to the overall functioning of a detention center—to prevent excess sick leave and staff vacancies—for leadership to be in tune with the challenges corrections officers experience and be prepared to provide support.
- Leadership should engage in ongoing interventions to build resiliency in their staff and not wait for major crisis events to bring in assistance. Early recognition and intervention of correction officer burnout or distress is critical to addressing staffing challenges.
- Engagement can occur through education, observation, and access to programs such as Employee Assistance Programs and peer support programs.
- **A healthy facility culture:**
  - Does not accept the mindset that corrections officers must be "tough" and remain unaffected by what they see and experience.
  - Emphasizes that stress reactions are normal.
  - Supports people who seek help to deal with stress reactions.
  - Provides new hire and ongoing training and programming to build resiliency among staff (e.g. signs of stress, stress management and self-care, how to get help).
  - Ensures the ability to recognize and intervene early when a correction officer shows signs of burnout or distress.
  - Recognizes the significance of staff wellness.
- Build a healthy facility culture by prioritizing and organizing your efforts; celebrate successes; and be realistic as you implement change.

Information and themes in this section are drawn from **Corrections Stress: Peaks and Valleys**, a video series created by the National Institute of Corrections.

IF YOU OR SOMEONE YOU CARE ABOUT IS IN EMOTIONAL DISTRESS, please call the National Suicide Prevention Lifeline at 1-800-273-8255. Support is free and confidential.

Resources

- National Institute of Corrections. Wellness for Corrections and Supervision Professionals. https://nicic.gov/projects/wellness-for-corrections-and-supervision-professionals
- NC Law Enforcement Assistance Program https://www.nc-leap.org/
- American Jail Association AJA (americanjail.org) Staff Wellness – Fit for Duty: Tips for Starting a Wellness Program
- Desert Waters Correctional Outreach https://desertwaters.com/
- The Columbia Lighthouse Project https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.general-use.english
- US Department of Veterans Affairs, Stress First Aid https://www.ptsd.va.gov/professional/treat/type/stress_first_aid.asp
- International Critical Incident Stress Foundation, Inc. https://icisf.org/sections/education-training/

Scan to view the companion Appendix document

NC Department of Health and Human Services • Division of Public Health, Communicable Disease Branch, Corrections Team • www.ncdhhs.gov/divisions/public-health/ncdhhs-communicable-disease-branch-corrections-team • NCDHHS is an equal opportunity employer and provider. • 1/2025