

Jail Health

**NC Health Directors' Legal Conference
April 20, 2023**

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Overview

Collaborating with Your Local Jail (Detention Center)

- Knowing the Big Picture

NC Law and Jail Health Plans

Coming Soon: Helpful Tools for Collaboration

- Jail Health Toolkit
- Jail Health Plan Template

Next Steps for Collaboration

Q & A

Collaborating with your local Jail

Understanding the Big Picture First



DID YOU KNOW



A **jail** refers to a facility usually run by local law enforcement or government agencies and is designed for short term stays, like pretrial detainments.



A **prison** is typically operated by either a state or the Federal Bureau of Prisons and is designed to hold individuals who've been convicted and are serving longer sentences.



North Carolina Correctional Facilities



Prisons

- 53 facilities
- ~30,000 offenders
- Health Services Leadership with Chief Medical Officer
- Policies/Procedures/Guidelines that apply to all facilities
- Facilities fall under NC Department of Adult Correction and are state funded



Jails (Local Detention Centers)

- 99 facilities (111 including annexes)
- ~23,000 bed capacity with consistently changing census
- Each facility is its own entity led by county Sheriff and appointed Jail Administrator
- Facilities are funded from the county budget

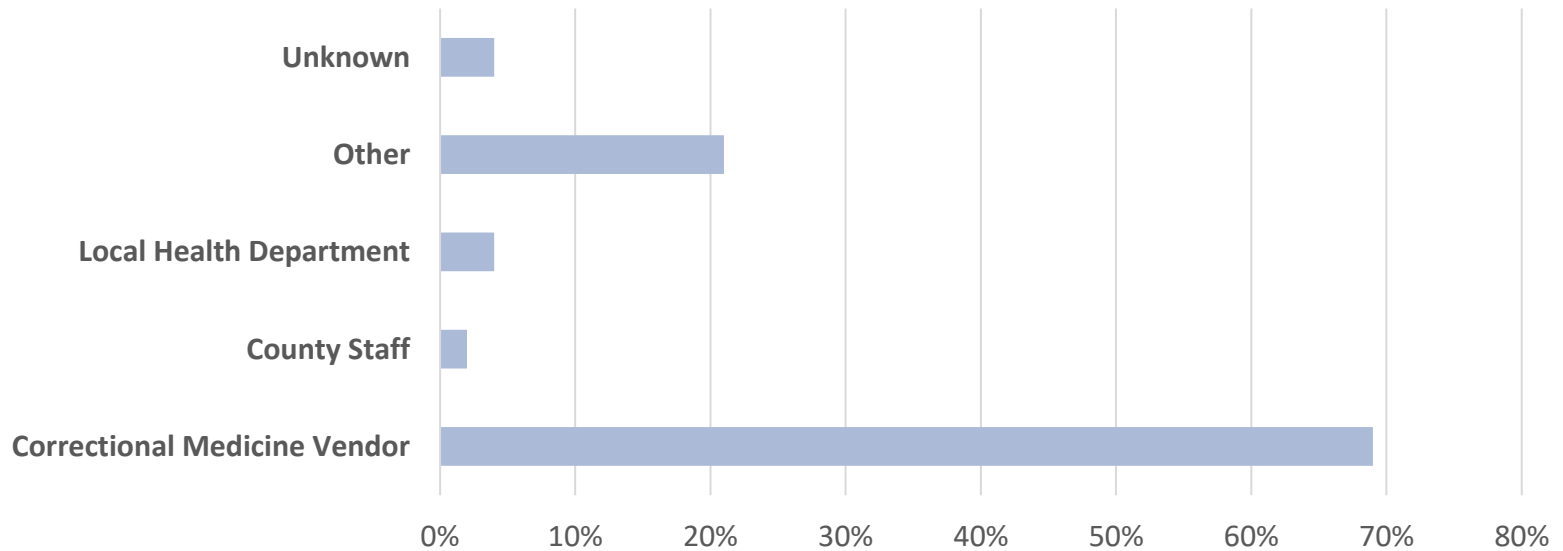
Jail Health Costs

- Detainees with public insurance, such as Medicaid, lose their eligibility for it upon incarceration (not conviction).
- The county becomes responsible for routine and emergency medical costs.
- North Carolina law permits local jails to charge inmates a fee for routine medical care.
- Each facility may establish fees of not more than twenty dollars (\$20.00) per incident for the provision of non-emergency medical care to residents and a fee of not more than ten dollars (\$10.00) for a 30-day supply or less of a prescription drug. Each facility is required to establish a procedure for waiving fees for indigent residents.

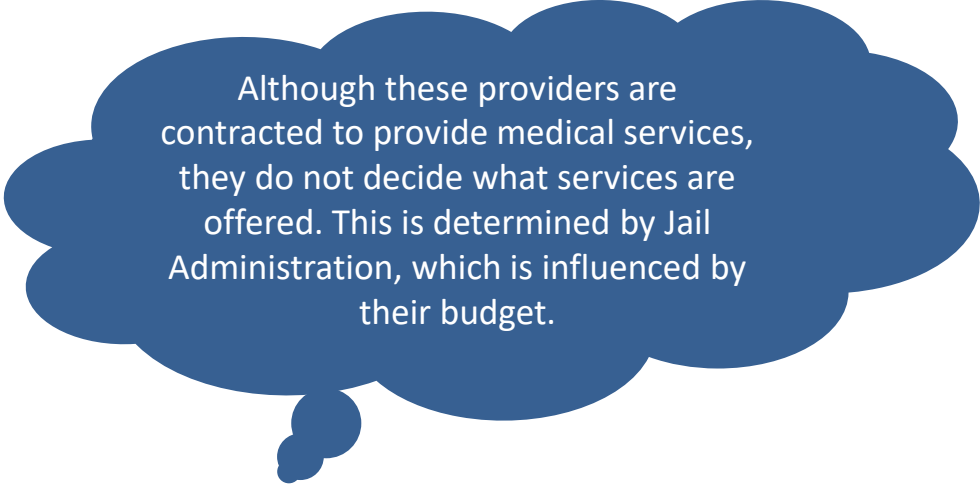
Jails and Medicaid

- Many states have set up their Medicaid systems to merely suspend a person's Medicaid status, rather than terminate it, upon incarceration. In this way, a person's Medicaid can be reinstated quickly when they are released.
- NC Medicaid is currently working to update its system to suspend rather than terminate persons' Medicaid upon incarceration.
- The Biden administration announced in Feb. 2023 that it will release guidance this spring on how states can use Medicaid dollars to treat substance use disorder before release from jail.
- In January 2023, CMS approved an 1115 waiver from California to treat SUD prior to release. CMS has indicated CA's plan may be used as a model for its national guidance.

Who Provides Medical Care to Our Detainees



Who Provides Medical Care to Our Detainees



Although these providers are contracted to provide medical services, they do not decide what services are offered. This is determined by Jail Administration, which is influenced by their budget.

- Due to each facility being its own entity, there is no overarching leadership or authority that maintains a database of who provides the medical care within the facilities.
- The other category includes local EMS, urgent care facilities, independent medical contractors, community provider, and local university collaborations
- Southern Health Partners (54%), WellPath (12%), and Mediko (3%) are the major correctional vendors for our state.

NC Law: Jail Health Plans

NC General Statutes §153A-221

10A NC Administrative Code 14J .1001 (updated 2020)

- Jail health plan is developed in consultation with “appropriate local officials,” including the local health director.
- Jail health plan must be approved by local health director after consultation with the area mental health authority.
- Upon determination that plan is “adequate to protect the health and welfare of the prisoners,” the plan must be adopted by the governing body (e.g., board of county commissioners).
- Local health director reviews and approves the plan at least once a year.

Required Contents of Jail Health Plan

- Description of health services available to inmates
- Screening upon admission
- Handling of inmates with chronic illnesses
- Routine care related to mental health, developmental and intellectual disability, and substance use disorder
- Handling of communicable disease, including TB and STIs
- Education of staff and inmates about HIV
- Administration and control of medications

Required Contents of Jail Health Plan

- Handling of emergency medical needs, including emergencies involving dental care, SUD, mental health, and pregnancy
- Maintenance of medical records
- Privacy during medical examinations
- Opportunity to communicate health complaints daily; record of complaints and action taken
- Availability of personnel to evaluate needs related to medical and mental health care, SUD, and developmental or intellectual disability

NC DHHS Jail Health Toolkit

Sections include resources on the topics below as well as others:

- NC law regarding jail health care
- Communicable disease
- Reproductive health
- Suicide prevention
- Overdose prevention
- Medication-assisted treatment
- Health care vendor RFPs
- Jail Health Plan template
- Universal Intake screening tool



Jail Health Plan Template

- Provide an outline of required and optional health plan sections
- Links required sections to general statutes and administrative code
- Provides a medical policy example
- Lists key points to consider and pertinent facility specific information for each outlined section



Special Topic: Mental Health and Substance Use Disorder

- Two-thirds of individuals in jail meet the criteria for substance use disorder compared to 5% of adults who are not incarcerated.¹
- More than 1 in 9 adults with co-occurring mental health and substance use disorders are arrested annually.²
- Jail deaths in NC have increased over the past decade. Mental illness and drug addiction are major drivers of jail deaths.³
- Nationally, 77% of persons who died in jails were not convicted of a crime at the time of their death.⁴

1 Bronson et al. Drug Use, Dependence, and Abuse Among State Prisoners and Jail Confined Persons, 2007-2009. Revised 2020. US Dept. of Justice, Bureau of Justice Statistics.

2 Pew Charitable Trusts Issue Brief, February 6, 2023.

3 Raleigh News & Observer, North Carolina jail deaths reach a record-high in 2021. Why are so many inmates dying?, July 20, 2022.

4 Carson, E.A. Mortality in local jails, 2000-2019-statistical tables. US Dept. of Justice, Office of Justice Programs, Bureau of Justice Statistics, December 2021.

Medications to Treat Opioid Use Disorder (MOUD)

- MOUD (also called medication-assisted treatment or MAT) include three FDA-approved medications: methadone, buprenorphine (e.g., Suboxone), and naltrexone (e.g., Vivitrol).
- US Dept. of Justice has issued key guidance on the requirements of the Americans with Disabilities Act with regard to the provision of MOUD, including in jails.¹
- NC DHHS partnered with the US Attorney's offices in the Western, Middle, and Eastern Districts of NC to produce a webinar series on MOUD in jails in August 2022.²

¹ <https://www.justice.gov/opa/pr/justice-department-issues-guidance-protections-people-opioid-use-disorder-under-americans>

² <https://injuryfreenc.dph.ncdhhs.gov/> (See News/Highlights section)

Treatment of Withdrawal

- Within the first few hours and days of detainment, individuals who have suddenly stopped using substances often experience withdrawal symptoms.
- Failing to recognize and manage withdrawal symptoms can lead to serious health complications or death for detainees and liability for the county.
- Deaths in jails due to drug or alcohol intoxication increased by almost 19% from 2017 to 2018 and more than quadrupled between 2000 and 2018.¹
- The US Dept. of Justice's Bureau of Justice Assistance will soon release a toolkit for jails with practical and evidence-based guidelines for treating withdrawal.²

¹ Carson, E.A. Mortality in local jails, 2000-2019-statistical tables. US Dept. of Justice, Office of Justice Programs, Bureau of Justice Statistics, December 2021.

² <https://www.cossapresources.org/Tools/JRC>

Overdose Prevention

- A NC study found that people were over 40 times more likely to die from an overdose in the 2 weeks after they leave incarceration and over 10 times more likely to die in the year after they leave incarceration.¹
- Resource: North Carolina Harm Reduction Coalition's *Jail-Based Overdose Prevention Education and Naloxone Distribution*



Naloxone vending machine in the Forsyth County Detention Center

¹ Shabbar I. Ranapurwala et al. "Opioid Overdose Mortality Among Former North Carolina Inmates: 2000–2015", *American Journal of Public Health* 108, no. 9 (September 1, 2018): pp. 1207-1213.

Next Steps to Collaboration

- County dependent
- Good questions to start with...
 - Why do you want to partner with your local jail?
 - How will this partnership benefit the jail?
 - How will this partnership benefit clients?
 - How will this partnership benefit the community?
 - What will you need from the jail?
 - How much will it cost, if anything?

Thank you for your time....

Contact the NC DHHS Corrections Team, led by Dr. Anita Wilson-Merritt, MD, for more information or to provide feedback...

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Questions?