STATEMENT OF

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"BREAKING THE CYCLE: MENTAL HEALTH AND THE JUSTICE SYSTEM"

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Chairman Grassley, Ranking Member Leahy, Senator Tillis and members of the committee: North Carolina Governor Pat McCrory, Secretary of Department of Public Safety Frank L. Perry and I are grateful for the opportunity to speak about North Carolina's progressive work with those with mental illness in our state prisons and community supervision.

Previously, North Carolina used a data-driven "justice reinvestment" approach to enact comprehensive criminal justice legislation designed to increase public safety while saving taxpayer dollars. Under the McCrory administration, North Carolina has successfully implemented the Justice Reinvestment Act by strengthening community supervision, increasing the number of people supervised after release from prison, investing in behavioral health treatment in North Carolina, and saving taxpayers hundreds of millions of dollars. We are focused on increased public safety through dramatically improving community supervision with 175 new probation and parole officers, expanding post-release supervision to include all felons released from prison, and working to significantly improve our behavioral health services to provide the programming that will help reduce future recidivism. As was demonstrated through its enactment of Justice Reinvestment in 2011 and the adoption of the Juvenile Justice Strategic Plan in 2014 in North Carolina, whereby North Carolina's Department of Public Safety, Division of Adult Correction and Juvenile Justice adapted to the needs and demands of that time through innovation and effectiveness, North Carolina is working diligently to adapt its adult correction and juvenile justice system to evolving demands for humane, safe, and effective custody and supervision of offenders who are afflicted with mental illness in our correctional facilities, youth development centers and in our communities.

As is often the reality in our profession, and as was the case with Justice Reinvestment, our work with the mentally ill in North Carolina's facilities and in our communities stems from the result of a 'learning experience.' The learning curve is great and the amount of time we have to meet this challenge is short, but, fortunately, I'm pleased to be able to tell you that I have unwavering interest, resources and support from a governor, a secretary and a legislature as well as a highly dedicated, professional, and passionate staff, all of whom consider this critical need in North Carolina a priority.

In North Carolina we incarcerate an average of 37,000 individuals each year, 14 percent of whom are diagnosed with a serious, persistent mental illness. Of the nearly 23,000 inmates who are released each year from North Carolina's prisons, 3,200 –also nearly 14 percent -- have been diagnosed with mental illness. Approximately five years ago, that statistic was nine percent, or 2,070. There are approximately 105,000 offenders on Community Supervision in North Carolina, approximately 31,000 of whom have been diagnosed with some type of mental illness. Among the youth committed to custody within the North Carolina Juvenile Justice system in 2014, 90 percent in Youth Development Centers had at least one mental health diagnosis. Eighty-one percent have more than one mental health diagnosis. Among juveniles under supervision of the court by a juvenile court counselor, 44 percent, or 2,600, have mental health needs that are being addressed and an additional 35 percent, or 2,000, have been identified for additional

mental health assessment. For juveniles under all types of supervision, including diversion programming, nearly 5,000 have mental health needs that are being addressed and nearly 4,000 have been identified for additional mental health assessment.

In 1955, 559,000 individuals were hospitalized in state psychiatric hospitals within the United States. Today, that number is approximately 35,000. Approximately 400,000 individuals with mental illness are incarcerated in prisons and jails today. As you can clearly see, our prisons and jails have become *de facto* mental health hospitals, and are straining to accommodate these recent demands. This means the most vulnerable individuals with mental illness who receive the least support are frequently placed in our correctional facilities.

Based on the mental health needs in North Carolina within our communities and our prisons, the McCrory administration has increased collaboration between state health care and public safety officials around behavioral health and championed millions in strategic investments to improving community mental health services and services in the corrections system. Governor McCrory initiated the first Governor's Task Force on Mental Health and Substance Use in July 2015. Officials from the public and private sectors serve on this task force which focuses on our public mental health and substance use treatment systems, and identifies opportunities to improve the lives of our citizens.

In June 2011, North Carolina enacted comprehensive criminal justice legislation designed to increase public safety while saving taxpayer dollars. Using a data-driven "justice reinvestment" approach, the state received 14 months of intensive technical assistance from the Council of State Governments (CSG) Justice Center, in partnership with The Pew Charitable Trusts and the U.S. Department of Justice's Bureau of Justice Assistance (BJA). The resulting Justice Reinvestment Act contains a framework for strengthening supervision, increasing the number of people supervised after release from prison, and investing in substance use treatment in North Carolina.

The state's new treatment program prioritizes substance use treatment for individuals under supervision who have the greatest need for treatment and who are at the highest risk of reoffending. Research shows that focusing too much supervision or intensive resources on low-risk individuals can actually increase their likelihood of committing a crime. Therefore, eligibility criteria have been established to prioritize high-risk individuals for this program. When officers identify probationers who meet the criteria for treatment, they are able to connect people directly to the services they need. The program requires the use of a cognitive behavioral approach that focuses on changing the characteristics or circumstances that research shows are associated with recidivism, such as criminal thinking and antisocial behavior. Of the state's total funding for treating people under supervision, 80 percent is now allocated for cognitive behavioral services in community-based programming. The state also now requires treatment providers to submit to stringent quality assurance metrics, including program evaluations and data collection.

So what does all of this mean for the management and treatment of this population within our correctional system? The needs are great. The challenge is daunting. It takes the collaboration and dedication of **all** staff across **all** disciplines for us to succeed in bringing about the changes necessary to address effectively increasing mental health needs. In North Carolina, we have not turned our backs on this vulnerable population. In fact, we are determined to do whatever it takes to make a positive difference in the lives of individuals in our care and custody, not only while they are incarcerated, but long after they are released to the community.

In North Carolina, we are working to: (1) identify the needs of each incarcerated individual when he/she first comes to prison; (2) place the individual in the most appropriate facility for meeting his/her needs, with an eye toward maintaining the safety and security of all inmates and the staff who work with them; (3) provide treatment/services to inmates with mental health needs; (4) assist the inmate in making a successful re-entry into the community; (5) create a culture shift within our facilities to improve our services to inmates with mental illness; (6) provide crisis intervention and mental health first aid training to all staff; (7) expand the treatment team concept across all disciplines, to include the front-line correctional officer as a critical member of the team; (8) build strong ties with our local communities aimed at continuity of care in the hand-off of an offender to entities within the community whose services the offender may require, policy development, and collaboration on joint initiatives; and, (9) continually look for additional ways to enhance our delivery of services, while simultaneously addressing the safety and security needs posed by a correctional environment.

When an individual first arrives at a correctional facility, he/she is processed through one of our diagnostic centers. The purpose of the diagnostic process within the North Carolina correctional system is to identify the risk and needs of inmates entering our system. Using evidence-based practices as a framework, the North Carolina correctional system identifies the physical health, mental health, educational level and criminogenic needs of inmates to determine suitable housing assignments. North Carolina has 56 adult prison facilities. The diagnostic process is used to determine the most appropriate facility placement for meeting the security and programming needs of the individual. The placement is based on the results of an extensive screening process. Those inmates in need of acute mental health services will begin receiving treatment services immediately, while still in-processing, and, once stabilized, will be transferred to a facility with the appropriate clinical and nursing staff to address their mental health issues.

Once transferred to a prison facility, inmates are assigned to a case manager and meet with that individual within three days of arrival. If there is an indication that mental health concerns or related issues exist, then the inmate is also assigned to a clinical social worker or behavioral specialist to ensure collaborative care among medical and mental health staff. This multidisciplinary team develops a comprehensive case plan for the inmate that delineates programming areas, job opportunities, and additional services and activities, in conjunction with mental health and medical treatment services. Major programming areas include cognitive-behavioral interventions, interactive journaling, academic and vocational education and training,

and life skills. Additionally, inmates have job opportunities working with facility services, community work crews, Correction Enterprises, the Inmate Construction Program, and Work Release. North Carolina's utilization of programming and job opportunities is vital in preparing inmates for release.

Mentally ill offenders who are identified with serious and persistent mental illness (SPMI) are assigned to institutions where appropriate services can be provided. Currently, approximately 14 percent of the North Carolina prison population is diagnosed with SPMI. Treatment options range from outpatient behavioral health services for offenders needing psychiatric medication and support counseling and those who require counseling alone to inpatient hospitalization. Offenders with higher mental health acuity may qualify for residential treatment and those who have the greatest need are typically transferred to inpatient treatment. Recently, evidence-based programming has been developed for mentally ill offenders assigned to restrictive housing. We received funding this year from Governor McCrory and the state legislature to open Therapeutic Diversion Units (TDUs). These units will provide intensive out-of-cell treatment as an alternative to restrictive housing. We will activate four TDUs in 2016, and anticipate activation of four additional units in 2017.

TDUs are staffed by professionals from nursing, psychiatry, psychology, social work, unit management and custody. The correctional officer is considered an integral member of the treatment team. We are extremely pleased to have received support from Governor McCrory and the North Carolina Legislature in approving a pay and reclassification study for our correctional officers. The correctional officer position had not been studied in 30 years. Recruiting the appropriate correctional professional to work in this environment is a challenge. The approved increase in salary will assist North Carolina in recruitment for these invaluable positions. All staff on the TDUs will be trained in crisis management, with special emphasis being placed on management of mentally ill offenders.

In addition to TDUs, a "treatment mall" was developed for mentally ill offenders located at the Central Prison inpatient facility. A treatment mall is a centralized area for programming that is housed separately from the hospital's residential wards. Patients meet staff on the mall to participate in a variety of programming activities aimed at skills development, emotional regulation, improved symptom management and support. They receive approximately 20 hours of out-of-cell structured activity with a multidisciplinary treatment team each week. The treatment mall has had a significant impact on the day-to-day management of this vulnerable population. The Governor and our state legislature also provided funding this year to include 66 positions to fully operate a 72-bed unit within Central Prison Mental Health Facility.

Two recently hired mental health managers are providing new perspective and oversight to our work. Dr. Karen Steinour serves as the health services compliance manager, a position that was established to provide oversight of the state's correctional mental health and health services system, ensuring coordinated adherence to national standards, best practices and established

policies across all health services disciplines. Her professional experience includes 20 years in clinical and management positions with the Federal Bureau of Prisons.

Dr. Gary Junker serves as director of behavioral health. Dr. Junker holds doctoral and master's degrees in counseling psychology and has more than 25 years of clinical and management experience in correctional mental health, including more than 20 years in mental health services with the Federal Bureau of Prisons. He is providing clinical leadership to all psychiatry, psychology, social work and behavioral treatment staff.

Transition to the Community

Approximately nine months prior to the offender's release from prison, a Probation Officer investigates the offender's home plan. The officer continues to follow up periodically with the family to ensure the plan is stable prior to release. At the time of release, the officer receives an electronic discharge summary listing all appointments in the community. This summary gives the officer a starting point for having substantive conversation with the released offender. The conversation includes transportation to scheduled appointments, verification of the location of the appointment, and clarification of any medications the offender is prescribed. The goal is continuity of care through thorough and timely communication among staff from Prisons and Community Corrections. The successful integration of the offender into the community requires this hand-off from one entity to another, with continued collaboration across all components of the system.

A goal for the near-future is to have institutional officers physically assigned to release facilities in an effort to bridge the gap between the case manager in the prison and the probation officer in the community. This will assist the inmate in maintaining skills gained and strengths developed in prison upon his/her release to the community. Additionally, it will afford the offender a basic understanding of what he/she can do to increase the likelihood of successful integration into the community.

Once in the community, all Probation Officers complete a risk and needs assessment on each offender. The results identify offenders with mental health concerns, many of whom already will have been identified as having mental health needs that require additional focus and continuity of care. Officers can refer an offender for assessment or continued services. Probation officers obtain a signed release of information in order to communicate with the provider about the offender's needs and the officer's expectations of the offender, such as keeping appointments, taking medication, obtaining employment, or accessing other services if necessary.

Community Corrections has been conducting a pilot for the last year in both a rural and an urban county to determine the benefits of having a specialty-trained probation officer on-site and developing effective strategies for all officers to use when supervising this challenging population. The specialty officers receive mental health-specific training as well as staffing time with a clinician. Caseloads are reduced to allow the officer to attend appointments with the offender and treatment providers and conduct skill-building exercises during their office

contacts. Initial indications suggest that each officer's optimal caseload would not exceed 40 offenders. This type of management on a statewide level will require additional Probation and Parole Officer positions. North Carolina received a Smarter Supervision grant from BJA in October 2015 to expand the pilot to six additional counties.

In an effort to better prepare staff in dealing with situations within prison facilities, we initiated Crisis Intervention Team (CIT) training in 2014 for all state prison employees. This is a significant initiative but one that will pay dividends by increasing the number of properly trained staff who can assist with critical situations. To date, approximately 100 personnel have been trained as CIT instructors and 2,800 staff members have completed the full course. Mental Health First Aid will be added to annual training (July 2016) for all staff working within North Carolina's correctional facilities. Community Corrections staff are attending Mental Health First Aid training in order to be equipped to better address mentally ill offenders assigned to their caseload. In addition, we have trained all of the state's juvenile court services staff in Mental Health First Aid. The time required to teach this important training diminishes the time our mental health providers devote to direct patient care. In order to sustain CIT and Mental Health First Aid, we will need additional staff to sustain this training initiative.

We are in the process of transforming the culture within our prison facilities. Inherent in the transformation of a work unit as large as the Section of Prisons (16,000 employees) is to first identify a workable strategy for shifting the organizational culture of an agency of that size. In order to be successful in addressing the major initiatives listed above, we must focus on how to best reach these goals in an effective and efficient manner. This will require extensive transformative work with staff and cannot successfully be realized or sustained without a thoughtful, multidisciplinary approach. The recognition of communication as the first, and typically the best, most powerful intervention in addressing inmates' needs safely and professionally is paramount in this change process. Additional funding is needed to help bring this transformation, or culture shift, to fruition. Experts in this field are available and have worked with us in areas such as gender-responsive issues as well as the Prison Rape Elimination Act.

Healthcare and Staffing in Prisons

Attracting healthcare professionals to positions within correctional facilities and retaining them for the longer-term have proven to be incredibly difficult and time-consuming tasks. The work entails interaction, at times close physical interaction, with a population that includes dangerous and aggressive individuals. In addition, maintaining a strong Correctional Officer workforce that enables healthcare workers to carry out their responsibilities remains challenging. Although North Carolina has made significant strides in this arena, the vacancy rate, particularly among healthcare professionals, remains high. The numbers speak for themselves:

PROFESSIONAL NURSES			
Region	**Total Positions**	**Total Vacant**	**Total Filled**
Triangle Region	271	57	214
Coastal Region	96	21	75
Central Region	101	15	86
Mountain Region	100	29	71
PSYCHOLOGISTS			
Region	**Total Positions**	**Total Vacant**	**Total Filled**
Triangle Region	31	2	29
Coastal Region	9	2	7
Central Region	6	1	5
Mountain Region	18	4	1

Hiring incentives, pay differentials, and continuing professional education are several of the incentives commonly offered to professionals in the private sector. The extent that incentives could be utilized to address the problem of hiring and retaining professional staff to work within the challenging environment of correctional facilities should be considered. Currently, the National Health Service Corps Loan Repayment Program offers tax-free loan repayment assistance to support licensed healthcare providers who are willing to take their skills where they are needed most, that is, to hard-to-fill positions in challenging settings.

Finding and hiring candidates who are emotionally and psychologically suited for demanding work as a correctional officer or probation officer is another constant challenge. We need officers with the proper demeanor, motivation and ethical foundation. We are improving our methods of finding the best employees with the use of new psychological screening and employment testing tools that minimize the risk of hiring candidates with negative characteristics such as predatory and overly-dependent behaviors. Our goal is to hire staff of the highest caliber, who will serve admirably to protect our citizens and our public safety.

2015 C/O Vacancies - Statewide

Region	Vacancies
Triangle Region	148
Coastal Region	206
Central Region	65
Mountain Region	81

Note:

Beginning Vacancies June 2015 = 900

Ending Vacancies December 2015 = 500

Adult Correction & Juvenile Justice staffing: 20,811

Correctional Officers: 9,575

Probation Officers: 1,899

Juvenile Justice Staff: 1,328

Therapeutic Diversion Unit

NC Adult Correction

Mission

The North Carolina Department of Public Safety/Adult Correction is creating eight Therapeutic Diversion Units (TDU) across the State. Four TDUs will be activated in 2016 and four in 2017. Each TDU will offer a standardized evidence-based therapeutic curriculum and program structure. The establishment of these units is intended to enhance the care and custody for individuals diagnosed with mental illness, decrease incidents involving violence and/or self-harm, decrease the need for placement in a restrictive housing setting and improve the quality of life for this vulnerable population.

The TDU will accomplish these goals through the provision of a comprehensive treatment program that will afford a multidisciplinary approach to behavioral intervention planning and program implementation.

Objectives

The primary goal of the TDU is to assist individuals with mental illness in developing effective emotional regulation and self-management skills, understanding of their symptom presentation and patterns, and to help them prepare for re-entry into a less restrictive environment within the prison, and ultimately successful transition to the community.

Treatment

Treatment in the TDU is evidence-based with a multidisciplinary approach. The disciplines contributing to the program include, but are not limited to, psychology, psychiatry, nursing, custody, recreation therapy, and unit management. The program will be coordinated by a licensed psychologist who will direct the daily operations of the TDU with the assistance of the unit manager, lead nurse, and program staff. Treatment curriculum is focused on psychological and emotional health, physical well-being, relationship building, and social skills development.

Outcome

Participant response to evidence-based treatment protocols will be measured to determine program effectiveness. Outcome measures will include multiple assessment and survey instruments administered pre-treatment and at regular intervals. Additional measures such as number of incident reports, self-injurious or threats of self-injurious behavior, and both internal

and external hospital admissions will be tracked. Outcome data will be summarized in a quarterly report.

Thank you for the opportunity to testify today. I would be glad to answer any questions you may have.