



November 8, 2021

TO: ncolmstead@tacinc.org

RE: Public Comments on NC's DRAFT Olmstead Plan

We are a coalition of NC mental health advocacy groups that has worked since 2011 to improve the screening, care and treatment of people with disabilities who become incarcerated in North Carolina prisons and jails. For more than a decade we have advocated for treatment and supports to keep people in the community and to stop the cycle of incarceration too many people with disabilities experience in North Carolina. Currently more than a fifth of North Carolina's prison population includes people with significant disabilities and many more people with disabilities are incarcerated in our jails.

Thank you for developing an Olmstead Plan for North Carolina. An Olmstead Plan is intended to incorporate a "comprehensive effectively working plan" that supports people in the community and prevents the serious risk of institutionalization. Too many people with disabilities in NC are in and at risk of incarceration. Care must be taken to explicitly include strategies to address the needs of disabled individuals at risk of incarcerated institutionalization in the Olmstead Plan. North Carolina's Plan must prioritize diversion of people with disabilities from the criminal system,; a successful diversion goal also requires treatment for people while incarcerated and intentional targeted support for reentry. This goal and Olmstead planning must be shared across public agencies, as the solutions to the over incarceration of people with disabilities will require commitment of law enforcement and others in criminal justice.

North Carolinians know what is required to prevent the unnecessary incarceration of people with disabilities. Best practices have been identified through extensive research. Other states' Olmstead Plans included targeted solutions for the risk of incarceration. Examples are offered in Attachment 1 to our Comments. Over-incarceration of people with disabilities in North Carolina's prisons and jails must be acknowledged and addressed in our Olmstead Plan. We urge the following strategies, services and supports be added to the final Olmstead Plan.

- Cross agency Cabinets that work to prevent arrests, screen and provide treatment and coordinated re-entry to community living
- Statewide Stepping Up community collaborations that include law enforcement and behavioral health systems that divert people from criminal system involvement
- Implement alternatives to law enforcement response to crisis situations
- Provide adequate services in prisons and jails so that people with disabilities are screened, accommodated and treated while incarcerated including mental health, ID, substance use and TBI

- Invest in coordinated reentry systems that build reentry plans before release with identified community providers who will then support people upon release
- Fund access to housing and employment including supportive services
- Support prison and jail Medication Assisted Treatment and substance use services
- Help with Medicaid being reinstated for those leaving prison and jail
- Implement specialized care coordination for people with SPMI in jails, on probation or parole and/or released from prison back to the community.
- Enhance specialized Peer Support services for people with disabilities that become involved in the justice system including Peer run respite and wellness centers
- Provide Forensic ACT or specialized CST to support people while involved with the criminal system.

Thank you for receiving and considering our Comments. Our Coalition is committed to these important reforms in North Carolina and we are ready and willing to assist in a robust Olmstead Plan that offers solutions to end the over-incarceration of people with disabilities.

Sincerely,
NC Prison Mental Health Advocacy Coalition

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Comments of the NC Prison Mental Health Advisory Coalition on the DRAFT NC Olmstead Plan

Attachment 1 – Summary of Other States’ Olmstead Goals to Reduce the Institutionalization/Incarceration of People with Disabilities.

North Carolina’s Olmstead Plan must include specific actions known to be effective to keep people with disabilities in the community and reduce their risk of institutionalization of people with disabilities in our prisons and jails. The following state Olmstead Plans incorporate some or all of the Goals below.

- Creating Cross-Agency Cabinets to enhance collaboration and coordination for people with disabilities that are Justice involved
- Providing targeted services designed specifically to keep people with disabilities in the community and out of prison and jails
- Initiating a statewide Stepping Up Campaign
- Providing peer support to people with disabilities interfacing with the criminal system
- Creating specialty court services aimed at people with disabilities
- Providing targeted services and treatment BEFORE, DURING and AFTER incarceration
- Identifying and prioritizing Supportive Housing as a key service to keep people in the community and out of prisons and jails
- Training for Law Enforcement and First Responders

Delaware

Delaware’s Olmstead Plan includes the “Mental Health Court Peer Specialist Mentor Program.” The MHCP works to support peer defendants in developing their continued recovery and treatment plan after being released from prison for a felony conviction. The peer mentors are available to the client for a variety of support:

- individual peer support,
- counseling,
- trouble shooting and
- emergency situations.
- Some of the services the MHCP provides may include: transportation to TASC, probation and doctor’s appointments; employment leads, housing referrals and Food Bank Locations.

New Hampshire

Due to their serious risk of institutionalization, New Hampshire's Olmstead actions include the establishment of a priority for services for individuals with criminal justice involvement as a result of mental illness.

Services include:

- Act
- Supported housing
- Community crisis apartments
- Supported employment
- Family and peer supports
- Transition planning

Pennsylvania

The Olmstead Plan:

- Establishes a joint DHHS/DOC Mental Health and Justice Advisory Committee which has embarked on a housing initiative to increase community re-entry and jail diversion opportunities for people with disabilities;
- Initiates a statewide "Stepping Up" strategy using the Sequential Intercept Model to identify and empower effective intervention to prevent or mitigate individuals' further involvement in the criminal system.;
- Includes Forensic Peer Support to aid Pennsylvania's effort to divert individuals from incarceration and support individuals upon release.;
- Establishes 10 mental health courts to divert people with mental illness into judicially supervised, community based treatment programs.

New York

New York has created "The NY Olmstead Cabinet" which seeks to insure that people with disabilities who leave correctional facilities are able to access needed community based services. The NY Olmstead Cabinet works closely with the DOC to implement statewide actions prior to and after release:

- Screening people in prison for mental illness
- Provide mental health services in prisons
- Facilitating re-entry from prisons to the community.

Vermont

- By state statute, the Vermont DOC “shall administer a program of mental health services which shall be available to all inmates and provide adequate staff to support the program.”
- The Olmstead Plan requires continued efforts for an ongoing close working relationship between DHS and DOC and their delivery of mental health services, policy development and administration.

Maine

The Olmstead Plan creates a state agency workgroup that includes the DOC to ensure collaboration and coordination of transition of people with disabilities from prison.

Maryland

Regarding people with IDD, the “State Plan” advocates for:

- improvements in statewide policies and practices within jails and prisons so they are clear, consistent and appropriately support people with IDD;
- screening and reporting the number of people with IDD in jails and prisons;
- The Maryland Developmental Disabilities Counsel was provided funds to establish a statewide community practice focused on youth with IDD in the criminal Justice system.

Mississippi

The Olmstead Plan includes the following:

- Collection of person level and aggregate data on jail placement pending State Hospital admission, including length of placement;
- Strengthening crisis response systems including crisis stabilization units and teams;
- Increased training in CIT

New Jersey

The Olmstead Plan includes supportive housing for those that “have a history of cycling in and out of psychiatric hospitals, JAILS, emergency rooms and/or homelessness due to their disability and/or lack of needed community services.”

Virginia

Pursuant to the Olmstead Plan, the Virginia Department of Behavioral Health and Developmental Services implements and continues to expand “permanent supportive housing opportunities for individuals with serious mental illness who are homeless, institutionalized, or frequent users of hospitals and CRIMINAL JUSTICE SYSTEMS.”

Minnesota

- Continue implementation of training for the Department of Corrections staff on crisis intervention teams, motivational interviewing, traumatic brain injury, and Aggression Replacement Training (ART) 47 as appropriate for correctional settings.
- Implement the Forensic Assertive Community Treatment (FACT) team model. This service focuses on individuals exiting correctional facilities with serious mental illness and provides a flexible set of community-based mental health services to support the individuals in returning to the community.

Indiana

Indiana will educate at least 250 law enforcement and first responders on how to properly engage with people with IDD.

Kentucky

The DHHS and DOC will work together to develop data sharing and collection mechanisms to facilitate smooth transitions.