

**Memorandum of Agreement
between the
North Carolina Department of Health and Human Services
and the
North Carolina Department of Correction
and the
Administrative Office of the Courts**

This Memorandum of Agreement (MOA) and Appendices are entered by and between the Department of Health and Human Services (DHHS), the Department of Correction (DOC) and the Administrative Office of the Courts (AOC) for the purpose of developing a comprehensive offender management model that ensures public safety while addressing the needs of offenders. The Division of Community Corrections (DCC) and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) are the primary resources involved in community corrections. AOC manages the N. C. Drug Treatment Court Act Program and provides administrative support to the local courts that operate Adult Drug Treatment Courts (DTC). The Division of Alcoholism and Chemical Dependency Programs (DACDP) and Division of Prisons (DOP) impact community corrections through the release of offenders who have received services while in custody or while in a residential facility (DART-Cherry). The purpose of a comprehensive offender management model is to create a seamless system built on the ideals of integrated service delivery and coordination of resources that provide effective interventions for offenders.

DCC provides supervision of offenders in the community and DACDP and DOP offer services that support the offender's transition into the community - all of which require a structured link to services, support and coordination with DMHDDSAS community-based services. AOC provides resources and support for local judicial supervision of offenders in DTC that includes a continuum of sanctions and incentives. The Offender Management Model (OMM), as described in the Appendices, presents a systemic model for accessing community-based services through screening and assessment, matching to appropriate interventions and managing case plans. Utilizing the principles of effective interventions, we can reasonably assert that the OMM will be successful in modifying offender behavior. The objectives of the OMM are to:

- Create a comprehensive and seamless system of care for the provision of services to offenders;
- Clarify roles and responsibilities in providing control and treatment;
- Reduce the rate of revocation for technical and drug violations, thereby positively impacting the prison population;
- Combine efforts to guarantee the effective utilization of limited resources and prevent duplication;
- Use the principles of effective interventions, evidence-based practices, best practices and promising approaches for offenders;

- Share information and consult with partnering agencies when planning expansions, seeking funding, changing policy, or supporting changes in legislation that might impact service provision in one or all of the other agencies;
- Develop information systems that support information sharing, consistent with HIPAA and 42 CFR;
- Ensure cross-training opportunities for DOC, DCC, TASC, DACDP, DOP, and DTC staff and related DMHDDSAS entities and to ensure that said agencies are educated to implement the OMM; and
- Combine efforts to secure funding that would support OMM goals.

The target population for the OMM is primarily Intermediate Punishment offenders. However, Community Punishment violators at-risk for revocation, residential community corrections graduates, and post-releasees who have completed a treatment program are also eligible for this model. Offenders meeting the eligibility criteria will be screened and assessed using standard instruments and procedures that focus on criminogenic need, substance abuse and mental health service needs, and support service needs (such as housing, educational achievement, and employment skills). Through the assessment process, the offender's needs will be identified and prioritized in the common case plan for service delivery.

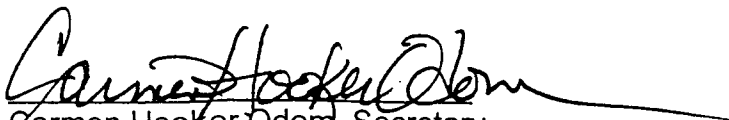
Once the assessment is complete, the individual case planning process will begin. A common case plan will be developed with the offender by appropriate DCC staff, TASC Care Managers, DACDP, CJPP and DTC staff. This team-initiated, common case plan supports a seamless system and further reinforces collaboration and coordination into a process of practical application. An offender's case plan will include the elements of treatment and control necessary to ensure compliance in both areas. Cognitive behavioral interventions will be used widely in this model to assist with skill building and cognitive restructuring. Research demonstrates that targeting antisocial attitudes, values and beliefs using cognitive behavioral interventions result in reductions in recidivism.

The criminal justice and public mental health systems must embrace stated goals of reducing recidivism, controlling criminal behavior and providing effective treatment to sustain the OMM's focus on outcomes. The common emphasis on reducing recidivism brings the two systems into alignment, and requires each to rethink operations and priorities based on shared goals. Furthermore, the team approach helps to maximize resources and make reallocation decisions apparent. Each entity, as appropriate, will assist in monitoring the offender's progress through joint case staffing/consultations. DCC, TASC, DACDP, DOP, and DTC staff will exchange information and make referrals regarding sanctions, treatment and service needs to existing community-based service providers.

Each entity will need to operationalize the Offender Management Model to their unique set of offender needs and resources. Specifically, standard operating procedures or MOAs governing the implementation of the model at the local level must be developed and negotiated, then signed by the appropriate authorized local representatives.

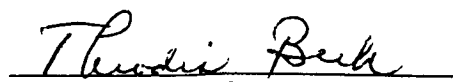
This MOA shall begin on January 1, 2006 and end on December 31, 2008. This MOA may be terminated by either party upon at least 30 days' written notice or immediately upon notice for cause. This MOA may be amended, if mutually agreed upon, to change scope and terms of the MOA. Such changes shall be incorporated as a written amendment to this MOA.

Department of Health and Human Services


Carmen Hooker Odom, Secretary

DATE: 12/09/2005

Department of Correction


Theodis Beck, Secretary

DATE: 12/09/05

Administrative Office of the Courts


Judge Ralph Walker, Director

DATE: 12/9/2005

Appendix I

North Carolina Offender Management Model (OMM)

The Offender Management Model (OMM) is a joint effort between the Department of Correction (DOC), Division of Community Corrections (DCC), Division of Alcoholism and Chemical Dependency Programs (DACDP) and Department of Health and Human Services (DHHS), Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) and the Administrative Office of the Courts (AOC). OMM embodies the partnership between these agencies. DCC and DMHDDSAS are committed to providing treatment and control of high risk/high need offenders under probation/post-release supervision in the community. DACDP is committed to providing treatment to offenders participating in DACDP programs in prisons and in residential probation/parole facilities. AOC is committed to providing resources and support for local judicial monitoring of the case plan for those offenders in Drug Treatment Court (DTC) to increase offender accountability. Utilizing principles of effective interventions, this partnership between the DOC, AOC, and DHHS, will promote consistent matching of treatment and supervision levels for quality offender management.

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Division of Community Corrections, Division of Alcoholism and Chemical Dependency Programs, and the Administrative Office of the Courts agree to:

- A. Promote an open exchange of information in accordance with Rules of Confidentiality and legal waivers and/or Releases of Information including Federal Confidentiality Rules (42 CFR Part 2) and Health Insurance Portability and Accountability Act (HIPAA) by obtaining appropriate Releases of Information to allow the exchange of information between TASC, DCC, DART-Cherry, DACDP, DOP and DTC;
- B. Coordinate all communications between the treatment and justice systems in accordance with the Offender Management Model (OMM) and the Department of Health and Human Services-Department of Correction-Administrative Office of the Courts Memorandum of Understanding;
- C. Abide by and promote the use of the principles of effective interventions, best practices and promising approaches with offenders, including cognitive behavioral interventions and curricula;
- D. Target high risk/high need offenders for programs and services. High risk/high need offenders include sentenced offenders from the following categories: Intermediate Punishment, Community Punishment Violators At-Risk for Revocation, Residential Community Corrections Center Graduates, Post-Releasees who completed a prison treatment program;

- E. Develop and monitor common case plans specific to offender's needs and risks to accomplish mutually agreed upon goals, based on the results of the assessment and update the common case plans based on progress, collateral contacts and joint case staffing/consultation. Common case plans will integrate probation judgment requirements/post-release supervision requirements, substance abuse, mental health and support service needs;
- F. Participate in re-entry, transition and discharge planning with the appropriate staff and agencies;
- G. Educate staff, particularly field supervisors and front-line staff, about the OMM philosophy and principles as an underlying component of the criminal justice system in North Carolina; hold staff accountable for understanding, implementing and adhering to OMM in daily practices; and
- H. Promote problem-solving and conflict resolution between partner agencies at the state and local level to address areas of mutual concern.

The Division of Mental Health, Developmental Disabilities and Substance Abuse Services' (DMHDDSAS) mission is to provide people with, or at risk of, mental illness, developmental disabilities and substance abuse problems and their families the necessary prevention, intervention, treatment, services and supports they need to live successfully in communities of their choice.

DMHDDSAS agrees to:

- A. Support the role of Local Management Entities (LMEs) in coordinating with TASC for the provision of services to criminal justice clients in accordance with G.S. 122C-117(a)13. for screening, assessment and person-centered-planning;
- B. Support the LMEs responsibility regarding the provision of services to criminal justice clients within the targeted populations for mental health, developmental disabilities, and substance abuse services as defined in G.S. 122C-3(38);
- C. Support the role of LMEs in working with TASC to develop qualified providers that demonstrate an array of services and service provider options for offenders in target and non-target populations who are involved in the criminal justice system; and
- D. Promulgate Standard Operating Procedures for TASC programs.

The Administrative Office of the Courts is the administrative arm of the Judicial Branch. The AOC provides statewide support services for the courts, including information, technology, personnel, financial, legal, research and purchasing services. The mission of the Judicial Branch is to protect and preserve the rights and liberties of all the people, as guaranteed by the Constitutions and laws of the United States and North Carolina, by providing a fair, independent, and accessible forum for the just, timely, and economical resolution of their legal affairs.

The Administrative Office of the Courts agrees to:

- A. Promulgate Minimum Standards for Drug Treatment Courts;
- B. Recognize and support the vital role of partner agencies in providing justice through court processes and promote an open exchange of information between TASC, DCC, DART-Cherry, DACDP, DOP, and DTC;
- C. Coordinate the planning, design and implementation of specialized problem-solving courts with partner agencies;
- D. Abide by and promote the use of the principles of effective interventions, best practices and promising approaches with offenders. Promulgate operating guidelines and best practices models for drug treatment courts, including a Model Local Memorandum of Understanding for drug treatment courts;
- E. Provide view-only access to the Automated Criminal Information System (ACIS) to staff in partner agencies and appropriate access to the Drug Treatment Court Management Information System (MIS);
- F. Advocate for additional treatment resources to the Department of Health and Human Services for target population offenders and support the State MH/DD/SAS Plan for Services for substance abusing offenders; and
- G. Educate court officials and staff about the OMM philosophy and principles as an underlying component of the criminal justice system in North Carolina.

Treatment Alternatives to Street Crime's (TASC) mission is to provide clinical assessment, treatment matching, referral and care management services to eligible offenders.

- A. Screen referrals and assess offenders for needed services and supports;
- B. Prioritize the assessment for certain offenders and programs:
 - 1. For offenders in **custody** awaiting assessment, the assessment is completed within 2 working days;

2. For **DWI** offenders, refer to DWI assessors authorized by DMHDDSAS to perform DWI assessments and make treatment recommendations www.ncdwiservices.org;
 3. For offenders being considered for **DART-Cherry**, TASC will provide DART-Cherry with a copy of the TASC assessment, documenting ASAM Level III need, releases of information and other pertinent documentation, in coordination with DCC; and:
 - a) For offenders referred for **priority admission** to DART-Cherry, the assessment and determination of the validity the priority admission request is completed within 2 working days;
 - b) For offenders **sentenced by the Court** to DART-Cherry at initial sentencing (not as a result of a probation violation), the assessment is completed within 10 working days, upon being notified by the Court through the supervising DCC Officer;
 - c) For offenders in the **probation/post-release violation** process, TASC shall participate in the violation/non-compliance process with DCC to ensure utilization of appropriate community-based services prior to making a DART-Cherry recommendation; and
 4. Assessment of all offenders being considered for **Drug Treatment Court (DTC)** is completed within 10 working days of referral;
- C. Match offenders' needs with appropriate treatment and support services, paying special attention to responsivity issues;
 - D. Make the appropriate service and/or supports referrals;
 - E. Monitor and adjust the individual case plan based on the results of the assessment and update the case plan based on treatment progress, collateral contacts and joint case staffings/consultation;
 - F. Provide care management services for all offenders meeting the eligibility criteria for OMM; care management is defined as eligibility screening, assessment for treatment and support service needs, making appropriate referrals, coordinating with the LME for authorization, monitoring treatment progress, adjusting the case plan, and providing progress reports.
 - G. Participate in joint case staffings/consultations with the appropriate DCC, DACDP and DTC staff;
 - H. Integrate DCC violation response policies with TASC non-compliance policies through joint team decision making concerning when to sanction offender behavior as well as when to provide incentives, participate in joint decisions regarding when to return the offender to court for the formal violation hearing process as led by the DCC Probation Officer;

- I. Collect drug screens from DCC offenders pursuant to the DCC Substance Abuse Screening and Intervention Program policy and provide DCC with a secure fax line to receive urine drug screening results and other confidential reports; and
- J. Develop local drug screening protocols that ensure appropriate collection, chain of custody, and transportation of samples collected by TASC for submission to DCC drug labs

The Division of Community Correction's (DCC) mission is to protect the safety of citizens in our communities throughout the state by providing viable alternatives and meaningful supervision to offenders placed in DCC custody by reaching an equal balance of control and treatment for offenders that will positively affect their behavior and lifestyle patterns.

Division of Community Corrections agrees to:

- A. Promulgate Case Management Standards for community corrections cases;
- B. Provide control and supervision of all offenders meeting the eligibility criteria of OMM;
- C. Identify and refer eligible offenders to TASC for screening and assessment;
- D. Expedite referrals to TASC for screening and assessment of offenders, use the DCC TASC referral form to refer and document the screening and assessment request date, and notify TASC immediately of any high priority case needs such as DRC/DTC failures and post detoxification cases;
- E. Develop a plan to ensure a "fast track" is in place to move offenders in custody expeditiously through the screening and assessment referral process in each District;
- F. Refer DWI offenders to DWI assessors authorized by the DMHDDSAS to perform DWI assessments and make treatment recommendations www.ncdwiservices.org;
- G. Provide TASC and DTC staff with copies of the Judgment, Post-Release and Parole Agreement, OPUS number, copy of DCC-26, and all pertinent documentation necessary to facilitate delivery of services;
- H. Transport high priority cases with immediate need to DART-Cherry;
- I. Develop an individualized offender common case plan based on the requirements of the probation judgment, offender risk assessment, treatment assessment, and offender needs and update the common case plan as needed

based on treatment progress, collateral contacts and joint case staffing/consultation. Facilitate compliance with the treatment assessment and all services recommended;

- J. Provide appropriate case management for offenders to include addressing offender needs and conducting all supervision contacts on the offender in the community;
- K. Participate, as Team Leader, in regular joint case management staffing/consultations with all appropriate partners;
- L. Encourage judges and DCC officers to ensure that the following special conditions of probation are incorporated in the judgment:
 - 1. Submit at reasonable times to warrantless searches;
 - 2. Not use, possess, or control any illegal drug or controlled substance;
 - 3. Supply a breath, urine and/or blood specimen for analysis; and
 - 4. Report for initial evaluation, participate in all further evaluation, counseling, treatment or education programs recommended as a result of that evaluation, and comply with all other therapeutic requirements of those programs until discharged.
- M. Identify and enforce sanctions and supervision levels to match and address offender risk;
- N. Integrate current DCC violation response policy with joint team decision making concerning when to sanction offender behavior as well as when to provide incentives, participate in joint decisions regarding when to return the offender to court for the formal violation hearing process as led by the Probation Officer. Use the violation process to help identify offenders in need of DTC, DRC, and Residential Treatment (DART-Cherry);
- O. Perform all drug screens on DCC offenders participating in a DRC, DTC, and TASC program unless the agency is a treatment provider and share the drug screen results in a timely manner with the appropriate agency per DCC Substance Abuse Screening and Intervention Program Policy. Coordinate with other agencies the collection of drug screens to prevent duplication. Provide the supplies necessary for the collection of offender drug screens to TASC, DRC's, and DTC's according to DCC Policies. Communicate screen results in a timely manner to the collection agent.
- P. Provide appropriate training on DCC Policy and Procedure to TASC, DRC staff and DTC staff as needed. Training will include specimen collection procedures, specimen handling and storage, transportation to a DCC lab, and chain of custody. Provide appropriate refresher training as needed;

- Q. DCC officers will conduct urine screening tests according to appropriate policies /procedures, and will provide accurate results to the collection agent by fax, electronic data, or hardcopy within 48 hours of receipt of the specimen;
- R. Assign DCC officers dedicated to DART-Cherry, DRC, and DTC programs as needed and if resources are available;
- S. Participate in specialized training provided by DTC, CJPP, and TASC whenever possible; and
- T. Participate in Drug Treatment Court:
 1. Follow DCC selection standards, supervision standards and caseload goals for DTC probation officers;
 2. Abide by DTC State and Local Guidelines/Policies and Procedures that are not inconsistent with DCC Policy and Procedures;
 3. Designate the local JDM/CPPO to serve as a member on the local DTC Committee.
 4. Participate as a team member in pre court DTC staffing.
 5. Perform all supervision contacts on the offender in the community to include place of employment and residence.

The purpose of the Criminal Justice Partnership Program (CJPP) is to provide supplemental community-based corrections programs which appropriately punish criminal behavior and which provide effective rehabilitative services.

The CJP Programs agrees to:

- A. Promulgate Minimum Operating Standards for CJP Programs;
- B. Screen offenders for CJPP eligibility;
- C. Provide ancillary services and purchase treatment services for all offenders meeting the eligibility criteria for CJPP and OMM;
- D. Develop an individualized common case plan based on the requirements of the probation judgment, offender risk assessment, treatment assessment, and offender needs and update the case plan based on treatment progress, collateral contacts and joint case staffing/consultations;
- E. Make the appropriate referrals for ancillary services;
- F. Participate in regular case staffing/consultation with the appropriate DCC, DACDP, DTC and TASC staff;

- G. Collect drug screens from DCC offenders pursuant to the DCC Substance Abuse Screening and Intervention Program and provide DCC with a secure fax line to receive urine drug screening results and other confidential reports; and
- H. Develop local drug screening protocols that ensure appropriate collection, chain of custody, and transportation of samples collected by CJPP for submission to DCC drug labs.

The Division of Alcoholism and Chemical Dependency Programs' (DACDP) mission is to provide comprehensive interventions, programs, and services that afford offenders with alcohol and/or drug problems the opportunity to achieve recovery.

DACDP agrees to:

- A. Utilize the common assessment;
- B. Provide appropriate substance abuse treatment services to offenders assigned to the DART-Cherry Residential Facility Program;
- C. Assist in identifying the needs of target populations for which services are indicated and communicate findings to DHHS to coordinate the provision of such services;
- D. Participate in regular case staffings with the appropriate partner agencies; and
- E. Obtain appropriate release of information agreements to allow the exchange of information between TASC, DCC, DTC and DACDP.

DART-Cherry provides residential chemical dependency treatment that helps offenders to live drug-free lives.

DART-Cherry agrees to:

- A. Prioritize admission for high priority populations, such as Day Reporting Center failures, Drug Treatment Court failures, and post detoxification cases;
- B. Provide 10 emergency beds for high priority populations;
- C. Monitor the offender's individual case plan based on the results of the assessment and update the case plan based on treatment progress, collateral contacts and joint case staffing/consultation;

- D. Participate in joint case staffing/consultations with the appropriate DCC, TASC, DTC, and CJPP staff;
- E. Collect drug screens from DCC offenders pursuant to the DCC Substance Abuse Screening and Intervention Program policy and provide DCC Substance Abuse Screening Labs with a secure fax line to receive urine drug screening results and other confidential reports;
- F. Utilize TASC as a liaison for services between DART-Cherry and community-based treatment and support service providers;
- G. Provide TASC pertinent background information necessary to facilitate successful community re-entry regarding the provision of services, supports and care management, to include: the common assessment, signed releases of information, SASSI, referral summaries, treatment summaries, aftercare plans, and other pertinent documentation prior to the client's discharge to ensure a seamless transition to aftercare;
 - 1. At least 30 days prior to discharge, DART-Cherry will refer graduates to TASC for aftercare coordination and TASC care management. DART-Cherry will provide TASC Regional Clinical Coordinators, based on counties in their geographic region, with the names and contact information (including county) of anticipated DART-Cherry clients who are completing treatment. TASC will schedule aftercare appointments for each client and inform DART-Cherry of appointment dates and times prior to the clients' discharge; and
 - 2. DART-Cherry will refer DWI offenders to DHMDDSAS-authorized assessing agencies to perform DWI assessments and make required treatment recommendations and support other DMV requirements
www.ncdwiservices.org.

DART-Cherry staff or the supervising DCC officer shall refer DWI offenders who complete DART-Cherry and who demonstrate significant need for support services and additional treatment (as evidenced by the discharge plan) and who remain a high risk to public safety to TASC for support.

The Office of Research & Planning's mission is to assist the department and staff to make informed decisions that will result in successful outcomes.

Research and Planning agrees to:

- A. Provide training in the Principles of Effective Interventions with Offenders;
- B. Coordinate training in the principles of Cognitive Behavioral programming;
- C. Provide consultation and staff to assist in the implementation of program evaluation efforts;

- D. Assist in the identification of needs of target populations for which substance abuse and mental health services appear to be indicated and to communicate its findings to DMHDDSAS and the AOC for the purpose of coordinating the provision of such services; and
- E. Assist partner agencies in joint grant initiatives with data analysis, evidence-based research findings, and evaluation.
- F. Provide assistance to the partnering agencies in joint grant initiatives.

Appendix II
North Carolina Offender Management Model (OMM)

Figure 1. North Carolina Criminal Justice Flow Chart

Figure 2. North Carolina Offender Management Model Diagram