

Support, enhance or create linkage to care networks for justice-involved individuals.

Expected Outcome:

Increased number of organizations that create programs and policies or partner with existing organizations to enhance programs that address the various health needs of people in their communities who are involved with the justice system.

Health Equity Planning Principles:

Justice-involved populations, due to the cycles of arrest, detention, conviction, imprisonment, and release associated with illicit substances and those with substance use disorders (SUDs) or who are actively using drugs often must return to their local communities without adequate connections to treatment, supportive services, and any other care modalities that have been identified by that individual. Justice-involved individuals “exhibit a high burden of chronic and non-communicable diseases (e.g., hypertension, diabetes, and asthma), as well as communicable diseases (e.g., hepatitis, HIV, tuberculosis), mental health problems, and substance use disorders.” Several studies have reported an increased risk of overdose following release from prison and jail in the United States. A study of formerly incarcerated people in North Carolina found a greater risk of opioid overdose death soon after release and even 40 times greater two weeks after release compared to other NC residents. People who use drugs (PWUD) deserve adequate resources that are practical in the state’s response to increasing treatment access for people who are justice-involved, expanding access to housing and employment supports, and recovering from the pandemic together.

It is important to note:

- Racial/ethnic minorities continue to be more likely than White individuals to be incarcerated for nonviolent substance-related offenses^{7,8} and imprisoned for drug charges;
- African American men are overrepresented in prisons and jails,
- There are more women and people who identify as women incarcerated in our nation than ever before,
- African American children with one or more parent with a history of incarceration are more likely to be incarcerated later in life and more likely to be diagnosed with a substance use disorder and other chronic diseases; and
- North Carolina American Indian populations carry the highest risk of fatal overdose in our state.

Programming should be available and accessible at all times to anyone seeking these resources and services. Policies should foster a culture of inclusion that celebrates and cultivates diversity along multiple dimensions, including race, ethnicity, sex, gender identity and expression, sexual orientation, age, national origin, socioeconomic status, religion, ability, culture, and experience.

Addressing the needs of this at-risk population will require local health departments to implement and support outreach/in-reach with local jails and other system-related



partners, such as local re-entry councils, federally qualified health centers, and other community-based organizations.

Recommended Partners:

- A. local law enforcement agencies
- B. local justice system partners
- C. local substance use advisory groups and coalitions
- D. local detention centers and other correctional settings, including juvenile offender sites and programs
- E. first responders and community paramedic teams
- F. medical and mental health care providers
- G. local re-entry organizations
- H. community groups
- I. civic groups
- J. harm reduction programs

Intervention Examples:

- A. A local health department has partnered with a community-based substance use treatment program that employs peer support specialists. Individuals detained in the local detention center are provided a self-referral form during intake if they indicate opioid use. The self-referral form includes a list of resources and services provided as well as peer support staff's contact information. For up to 90 days post-incarceration, participants can connect with the program.
- B. Local health departments can identify local, actionable, community-oriented strategies to prevent opioid overdose deaths and increase access to evidence-based treatment for substance use disorder.
- C. The North Carolina Formerly Incarcerated Transition (NC FIT) Program sponsored by UNC Family Medicine, connects formerly incarcerated individuals who have a chronic disease, mental illness, and/or substance use disorder with appropriate healthcare services and other reentry resources. These efforts are orchestrated by our Community Health Workers (CHWs). The NC FIT Program is a partnership between UNC Family Medicine, the North Carolina Department of Public Safety (which administers the state prisons), The North Carolina Community Health Center Association, Federally Qualified Health Centers, County Departments of Public Health, community-based reentry organizations, and local reentry councils. Learn how Durham County led the efforts in our state by visiting the link in the North Carolina Resources section of this document.

Related Programs:

Align with goals and recommendations that are supported in the Governor's [Opioid and Substance Use Action Plan](#).

Recommended Tools/Resources:

- A. Partnering with Jails to Improve Reentry: A Guidebook for Community-Based Organizations. This guidebook is helpful for local health departments as well as other community-based organizations.



<https://www.urban.org/sites/default/files/publication/29146/412211-Partnering-with-Jails-to-Improve-Reentry-A-Guidebook-for-Community-Based-Organizations.PDF>

- B. Health Departments Taking Action on Incarceration: A Framework for Advancing Health Instead of Punishment During COVID-19

<https://humanimpact.org/hiprojects/decarceration-framework/>

- C. [Jail-based Overdose Prevention Education and Naloxone Distribution Toolkit](#)

North Carolina Resources:

- A. MAT in Jails <https://injuryfreenc.ncdhhs.gov/preventionResources/docs/MATinJails-022620-WEB.pdf>

- B. IVPB technical assistance on overdose prevention and harm reduction

https://www.injuryfreenc.ncdhhs.gov/resources/docs/IVP_TAGuide_8.23.21_web.pdf

- C. Mental Health, Developmental Disabilities, Substance Abuse Services

www.ncdhhs.gov/divisions/mhddsas

- D. NC Formerly Incarcerated Transition Program (NC FIT)

<https://www.med.unc.edu/fammed/service-to-the-community/clinical-care/formerly-incarcerated-transition-program/>

Data Sources:

- A. Opioid and Substance Use Action Plan Data Dashboard

<https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>

- B. Incarceration and Health: A Family Medicine Perspective

<https://www.aafp.org/about/policies/all/incarceration.html>

- C. Opioid Overdose Mortality Among Former North Carolina Inmates: 2000–2015

<https://ajph.aphapublications.org/doi/10.2105/AJPH.2018.304514>

