

STATEMENT OF WORK

Guilford County Sheriff Office

Contractor Name

Contract Number

Effective Date

Termination Date

BACKGROUND

The COVID19 pandemic presents a double risk for people that are involved in the justice system. Persons that are incarcerated have been identified as an at-risk population for COVID-19 transmissions, with correctional facilities across the US and in North Carolina being a site of multiple COVID-19 outbreaks and individuals living in congregate settings being one of the most vulnerable groups in this current pandemic. Correctional health is intricately linked to community health, so supporting individuals leaving the justice system in their re-entry to their community is an important opportunity to prevent community transmission.

COVID-19 has also had a disproportionate impact on communities of color, who have been historically marginalized from access to healthcare, substance use treatment and other resources. African Americans and LatinX/Hispanic communities make up a disproportionate number of North Carolina's COVID-19 laboratory confirmed cases and deaths. African Americans make up an estimated 22% of North Carolina's population and 31% (as of May 26, 2020) of laboratory confirmed COVID-19 cases and 35% of deaths. LatinX/Hispanic populations make 9.6% of North Carolina's population and 35% of confirmed COVID-19 cases. People who use drugs from historically marginalized populations (African Americans, Latinx, Native Americans, Immigrants, Refugees, and LGBTQ people) are also more likely to be justice-involved. Research shows people of color experience discrimination at every stage of the criminal justice system and are more likely to be stopped, searched, arrested, convicted, harshly sentenced, and saddled with a lifelong criminal record. This is particularly the case for drug law violations. Nearly 80% of people in federal prison and almost 60% of people in state prison for drug offenses are black or Latino.

In addition, this population has an increased risk of overdose post-release. People recently released from incarceration are 40 times more likely to die of an overdose in the first two weeks post release, and drug overdose continues to be one of the leading causes of death for people recently released from correctional settings. Studies have shown that connections to treatment and care among this population can significantly decrease overdose risks and other undesired health outcomes. However, connections to care during COVID19 are increasingly difficult, as many services may be taking fewer individuals, operating reduced or modified hours, or not operating.

These efforts must be met with appropriate and evidence-based strategies and programming to link individuals with substance use disorder (SUD) to appropriate care, provide access to culturally inclusive services, and reduce their vulnerabilities to COVID-19, overdose mortality, and recidivism. Jails provide unique opportunities to promote public health crisis interventions that can have a meaningful impact on individual, community and societal levels.

For this funding opportunity, NC DHHS recognizes the following as historically marginalized populations:

- African Americans,
- Latinx,
- Native Americans/American Indians,
- Immigrants,
- Refugees, and
- LGBTQ people.

PURPOSE

Strategy 1B The purpose of the contract is to provide a comprehensive re-entry planning and navigation support program to support people in navigating treatment and support options during COVID-19, and connecting to the needed treatment, harm reduction programs, and other support services upon release.

SCOPE OF WORK (PERFORMANCE REQUIREMENTS)

- Implement a comprehensive reentry program and jail discharge program for justice served individuals
- The coordinator with participant develops a Wellness Recovery Action Plan (WRAP)
- Establish a client relationship through a pre-release engagement connection for at risk individuals from the Guilford County Detention Center
- Coordinate and participate in meetings/collaboratives with other community stakeholders and work cooperatively with other community supports to meet the need of participants
- Conduct a medical screening of all participants before a referral to a comprehensive program intake assessment
- Offer substance use disorder education, mental health education, and information on harm reduction and COVID-19
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PERFORMANCE STANDARDS

- Track and monitor the Opioid death rates in Guilford County

- The GCSTOP will coordinate record, track, and monitor the dissemination of buprenorphine
- Document and record referrals to the DMV for the issuance of an ID card to pick up controlled substances
- Schedule uber transportation services to local pharmacies
- Train program participants on the self-usage of Naloxone
- Implement evidence-based strategies, and monitor the provision of provide culturally inclusive services, decrease overdose mortality, and decrease recidivism rates while addressing COVID-19
- Track and chart the referrals for employment, housing, transportation services, educational services, substance use treatment, health care, supportive services, and family reunification
- Maintain overdose prevention curriculum and attendance logs
- Maintain a copy of the participant wellness Recovery Plan (WRAP)

PERFORMANCE MONITORING/QUALITY ASSURANCE PLAN

Provider shall be expected to submit all data necessary to calculate each of the above listed outcomes (and/or data tracking spreadsheet created in partnership with provider, TA provider and DMH staff) to DMH via an electronic report.

Provider shall include in the subject line of electronic submission the name of the Provider and the specific program for which data is being submitted.

All data is due no later than the 10th of the following month.

Upon request, provider shall provide additional data, reports, and data analysis, within a timely manner.

Data not received by the deadline could delay issuance of invoice/financial reimbursement.

Deliverables shall be monitored by site visits and required reports. The Contractor agrees to participate in periodic site visits as needed (with a minimum of one per year) as determined by the Division. If the Contractor is deemed out of compliance, program staff shall provide technical assistance; and funds may be withheld until the Contractor is back in compliance with deliverables. If technical assistance does not prove beneficial, the Contract may then be terminated.

REIMBURSEMENTS

Option 1 Strategy B

The contract shall submit a quarterly Financial Status Report (FSR) Form of expenditures to the Division Contract Administrator by the 10th day of the following month for services provided. A detailed description of expenditures is provided in the contract budget. Should your contractor not be able to submit FSRs by the 10th, there must be a contractually agreed upon date for submission each month.

WORKING DRAFT