



July 20, 2023

To: Sheriff's Department/County Detention Center(s)

Re: Public Records Request

I am writing to make a public records request. As necessary to fulfill this request, please redact personally identifying information protected by HIPAA. If there is more than one detention facility in the county, please provide the information for all facilities in the county. You may do this separately, if needed, if the information differs based on the facility.

We are requesting the following records for the dates of January 1, 2022 to present (unless otherwise specifically noted):

1. The name, title and contact information (email and phone number) of the person in charge of the jail's medications for opioid use disorder (MOUD)/medication assisted treatment (MAT) program. MOUD/MAT includes methadone and buprenorphine/suboxone and similar medications.
 - a. If no MOUD/MAT program is in place, the name, title and contact information of the person in charge of making decisions about the use of MOUD/MAT in the jail.
2. The name, title and contact information (email and phone number) of the ADA Coordinator for the jail/Sheriff's Office.
3. All documents pertaining to opioid use disorder in the County jail/detention center(s), including, but not limited to, the use of MOUD or MAT, the current jail medical plan, records, policies and procedures, memorandum, MOUs (memorandum of understanding), withdrawal protocols, contracts with third party medical providers, and

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screening tools used (or please provide the name of the screening document used if it is a proprietary tool by ASAM (American Society of Addiction Medicine) or other entity).

4. Written communications including, but not limited to, emails, letters, and memos written by or to jail staff, county officials, or other county employees, or contracted medical staff related to the determination to provide/not provide MOUD/MAT and/or the decision to use to other treatment or monitoring protocols.
5. Records evidencing the demographic data of the total number of individuals in jail, month by month, including race and gender.
6. Records evidencing the demographic data of the number of unique individuals, month by month, who present with opioid use disorder (OUD) during intake, broken down by race and gender.
7. Records evidencing the number of unique individuals receiving MOUD/MAT, month by month, broken down by race, gender, pregnant/not pregnant, and type of medication.
8. Records evidencing the number of individuals who received MOUD/MAT in the community prior to incarceration broken down by race and medication, but whose MOUD/MAT was terminated while at the jail. Indicate if this was discontinued due to lack of MOUD program in the facility,
9. Records evidencing the number of unique individuals who received MOUD/MAT at the jail, but whose MOUD/MAT was later terminated, month by month broken down by race and medication and the reason that the medication was terminated or discontinued.
10. Records evidencing the number of unique individuals who received MOUD/MAT based on a court order.

11. Records evidencing the amount budgeted for MOUD/MAT. Specify what is used for medications alone and what is used for costs to administer the program such as staffing, etc., and the amount spent by year.
12. A copy of any disciplinary policies, including but not limited to any policies around medication diversion (medication given to a person other than the intended recipient), that would impact initiation or continued provision of MOUD/MAT.
13. Any grievances related to MOUD/MAT medications (including, but not limited to, Buprenorphine, Suboxone, Sublocade, Methadone, Naltrexone, and Vivitrol), and/or opioid withdrawal. Include the written or other response to those grievances as well as any internal documents, emails, etc. touching on or regarding the grievance.
14. The number of appeals to those grievance decisions and copies of any appeal documents and responses.

*** If such data is not collected, please indicate that data does not exist.**

**** If such policies and procedures do not exist, please respond with "does not exist."**

***** If data is not collected broken down by race, etc., please provide what data you do have.**

Thank you for your assistance. If there is more than a nominal fee associated with filling this request, please contact us first. Please contact Lisa Gessler, DRNC Staff Attorney, with any questions you may have about this request. I can be reached at 919-856-2195 x207 or lisa.gessler@disabilityrightsn.org.