

# Justice Reinvestment in North Dakota

## Treatment and Programming Presentation

July 25, 2016

**STEVE ALLEN**, Senior Policy Advisor

**MICHELLE RODRIGUEZ**, Program Associate

**MARC PELKA**, Deputy Director, State Division

**KATIE MOSEHAUER**, Project Manager

**RACHAEL DRUCKHAMMER**, Senior Research Associate



# Key Challenges in North Dakota

**PRISON AND JAIL POPULATION GROWTH DRIVING COST.** The statewide jail population increased 83 percent between 2006 and 2013. The prison population, up 32 percent between 2005 and 2015, is projected to increase 75 percent by 2025. Accommodating the increase will require hundreds of millions of dollars in new spending unless action is taken to avert the growth.

**GROWING IMPACT OF SUBSTANCE USE.** Drug use presents a growing challenge for North Dakota's criminal justice system. Between 2011 and 2014, there was a 148 percent increase in drug-related felony sentence events.

**HIGH RATES OF FAILURE ON COMMUNITY SUPERVISION.** Probation and parole officers reported that three-quarters of the people they supervised needed some form of drug or alcohol treatment. Most stakeholders see substance use as the primary causes of violations and revocations. Probation revocations alone cost the state an estimated \$12.5 million each year.

**BEHAVIORAL HEALTH SYSTEM OVERWHELMED.** Rural and urban communities alike lack the trained workforce and services necessary to meet the needs of their residents.

## Justice reinvestment goals explored in today's presentations:

Avoid hundreds of millions in corrections spending

Improve services and resources for victims of crime

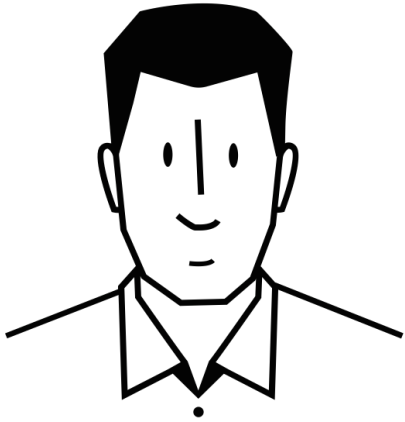
Reduce recidivism with stronger supervision

Expand access to high-quality programs and treatment

This presentation contains four behavioral health policy options:

1. Increase healthcare enrollment for people involved with the criminal justice system.
2. Develop and fund an enhanced array of community interventions for people with high risk and needs.
3. Establish and fund policies to ensure an adequate network of community behavioral health practitioners throughout the state.
4. Create an alternative sentencing option that delivers treatment and supervision.

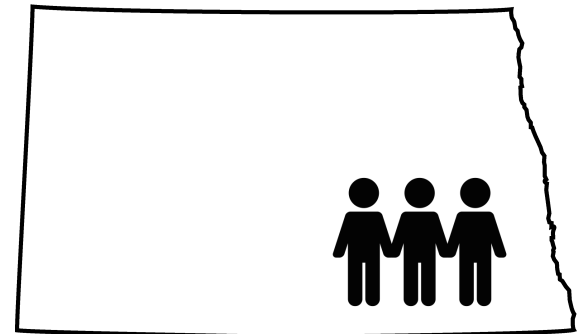
Access to behavioral health treatment not only impacts individual lives but also every community around the state.



**Meet John Smith.** John was sentenced to state prison and was recently released. He received treatment behind the walls but lacks health insurance and cannot afford to continue his medication back in his community. Without medications and counseling supports, John begins to decompensate and his behavior comes to the attention of police.

**Across North Dakota,** the availability of behavioral health treatment is not keeping pace with the level of need. Incarceration, despite its negative effects on people, is sometimes viewed as the only way to connect people to services.

- 6<sup>th</sup>-highest rates of alcohol and drug abuse in the U.S.
- 43<sup>rd</sup> in behavioral health workforce availability
- Enrollment in substance use treatment decreased 15% (2009–13)

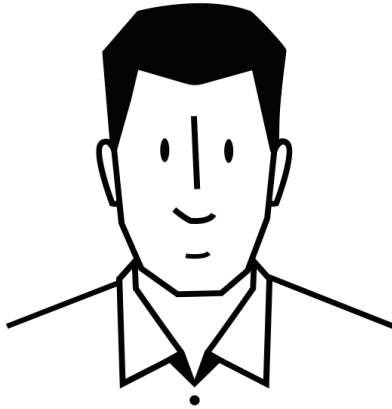


POLICY  
OPTION #1

Increase healthcare enrollment for criminal justice system involved individuals.

- 1A. Ensure use of a **comprehensive process** to screen and enroll prison and supervised populations in healthcare.
- 1B. Require Medicaid to **suspend benefits** rather than terminate during incarceration.
- 1C. Require Medicaid to work with DOCR to **facilitate Medicaid Administrative Claiming** to reimburse DOCR for all eligible activities.

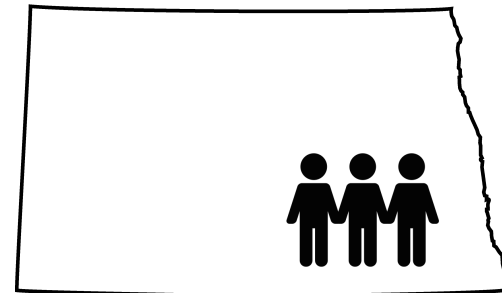
## Key reasons to increase healthcare enrollment for people involved with the criminal justice system



Improve John's health and stability and **reduce recidivism** by ensuring funding for needed healthcare services

**Improve public safety** by addressing the behavioral health needs of individuals in the criminal justice system

**Maximize state investments** by fully leveraging federal share of healthcare costs





Suspending rather than terminating Medicaid benefits during incarceration can expedite reinstatement of benefits after release.

### Current Practice: TERMINATION



John enters prison. If he receives Medicaid, his **benefits are terminated.**

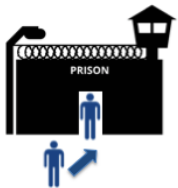


John leaves prison. He must begin the **process of reinstating Medicaid** on his own.



**Months pass** before John's Medicaid benefits are reinstated.

### Proposed Practice: SUSPENSION



John enters prison and is screened for Medicaid.

If John has Medicaid, his benefits are **suspended.**

If he does not have Medicaid, he is **enrolled.**



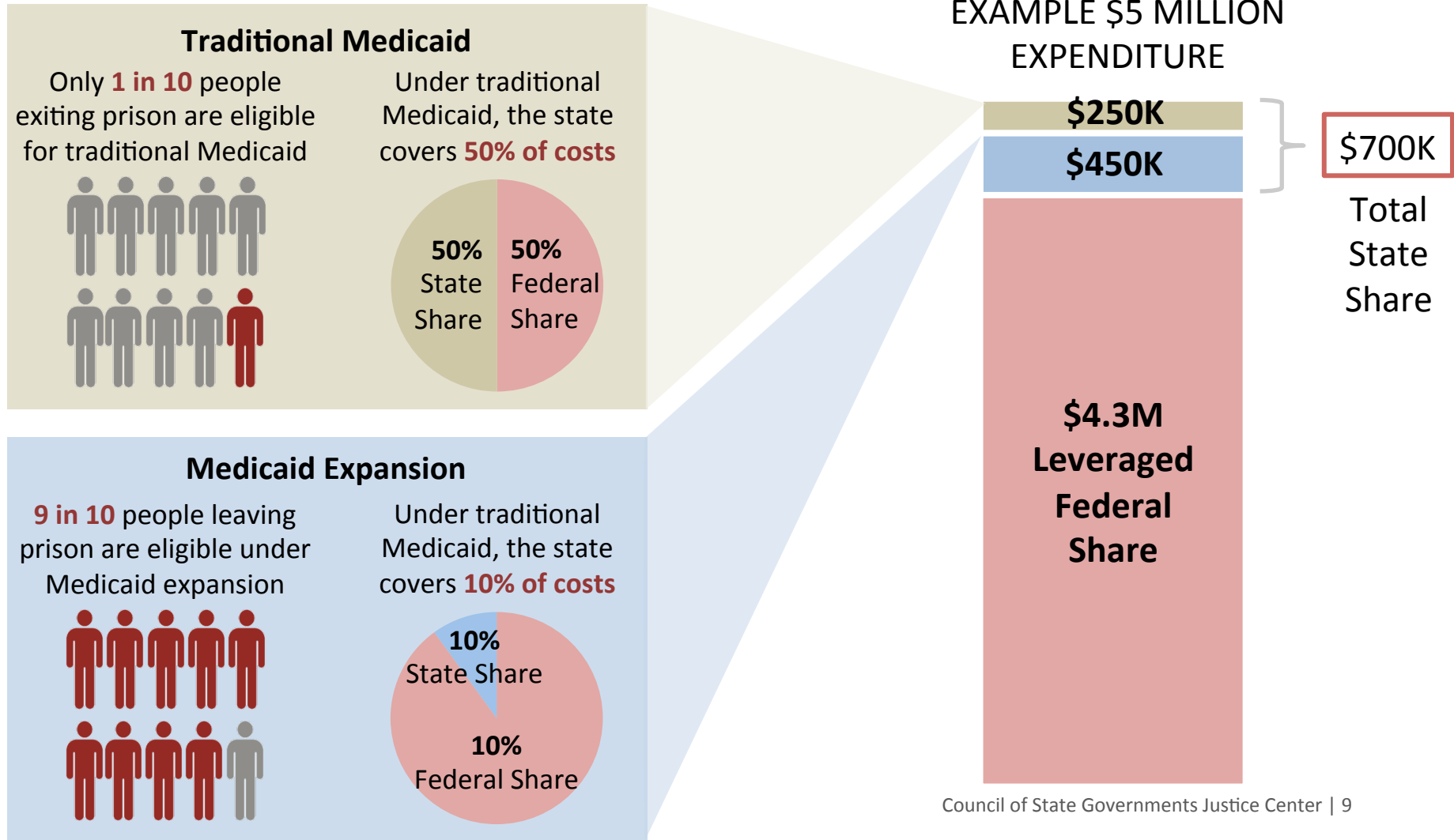
John leaves prison with healthcare benefits already initiated.



John's benefits are reinstated within **days.**



# Medicaid Expansion enhances coverage for more people and leverages 90 federal dollars for every 1 dollar spent



North Dakota can also leverage federal funds to offset the cost of enrollment activities through Medicaid Administrative Claiming (MAC).

MAC can  
pay up to  
**50%**  
for these  
activities

Examples of Reimbursable Activities

Outreach

Application assistance

Staff development and training

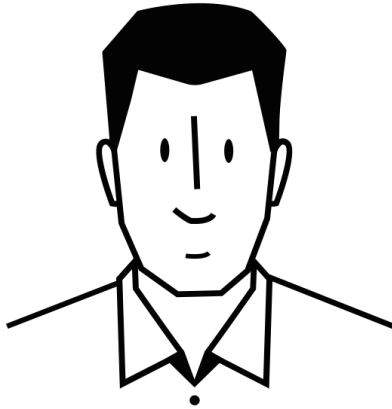
Create an array of community interventions for people with high risk and needs.

**2A.** Require DHS and DOCR to develop and promulgate standards for the provision of an array of community behavioral health services tailored to moderate- and high-risk offenders with serious behavioral health disorders.

**2B.** Require Medicaid to create enhanced rates with performance-based incentives to adequately support enhanced service provision.

**2C.** Increase access to risk-reducing cognitive-behavioral interventions for offenders on probation and parole.

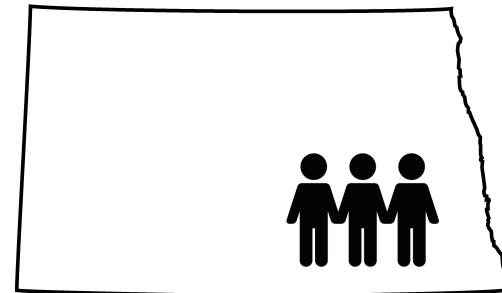
## Key reasons to expand access to community-based treatment for populations involved with the criminal justice system



**Improve the public health outcomes** for John by ensuring availability of an adequate array of treatment services in the community

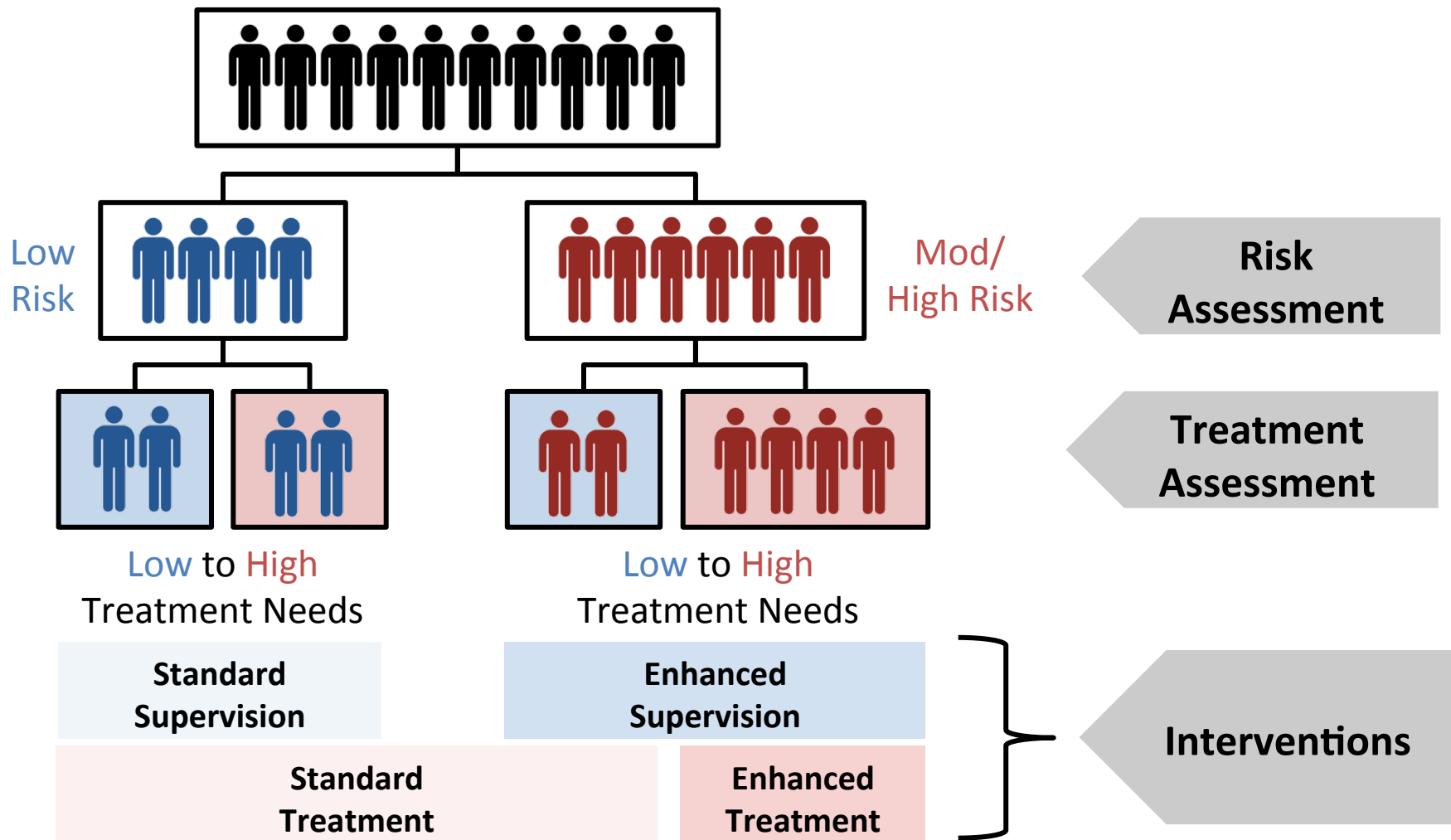
**Improve public safety** by addressing the behavioral health needs of individuals in the criminal justice system

**Reduce** system capacity pressures and costs associated with incarceration



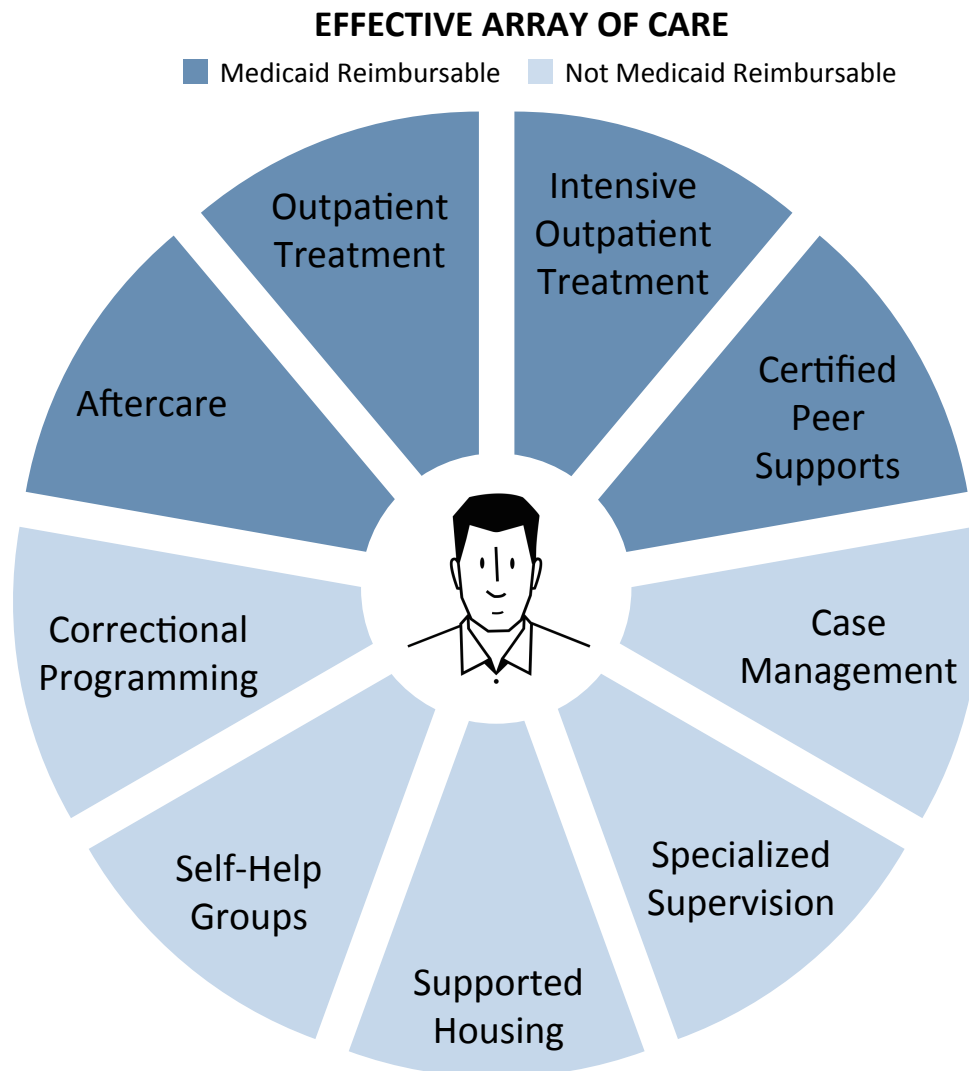
POLICY  
OPTION #2

Expand access to community-based treatment for populations involved with the criminal justice system.



## POLICY OPTION #2

Create an array of integrated community interventions for people with high risk and needs.



### KEY FEATURES

- Team-based case planning
- Close collaboration
- Coordinated services
- Efficient information sharing
- Proactive engagement
- Continuing care strategies
- Data-driven shared outcomes
- Manage level of care

### VALUE-BASED INCENTIVES

- Enhanced services linked to enhanced rates
- Enhanced rates linked to provider performance

Establish and fund specialized positions to provide needed community supports and services.

**3A.** Require DHS and DOCR to collaborate in establishing **training and certification processes** for both mental health and substance use peer support specialist positions to work in criminal justice settings.

**3B.** Require Medicaid to recognize peer support specialists as a **Medicaid billable service**.

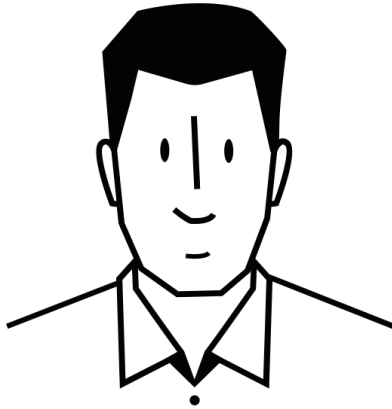
**3C.** Require DHS and DOCR to establish the parameters of a **Community Engagement Specialist position** and determine how many positions are needed to meet current and future system needs. Legislature to adequately fund.

**3D.** Require and fund DOCR in expanding its use of **specialized community supervision agents** to manage and improve outcomes for higher-risk people with serious behavioral health disorders.



POLICY  
OPTION #3

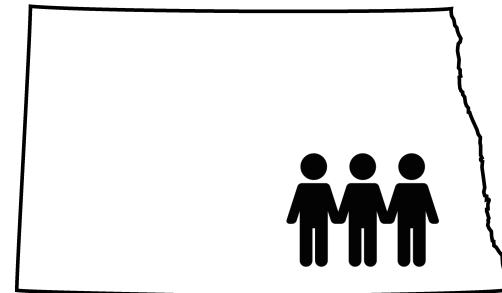
# Key reasons to establish and fund specialized positions to provide needed community supports and services



Assure John's **access to recovery supports** that are integrated with criminal justice systems

Provides **entry level** paid **positions** for people who are interested in making a career in behavioral health

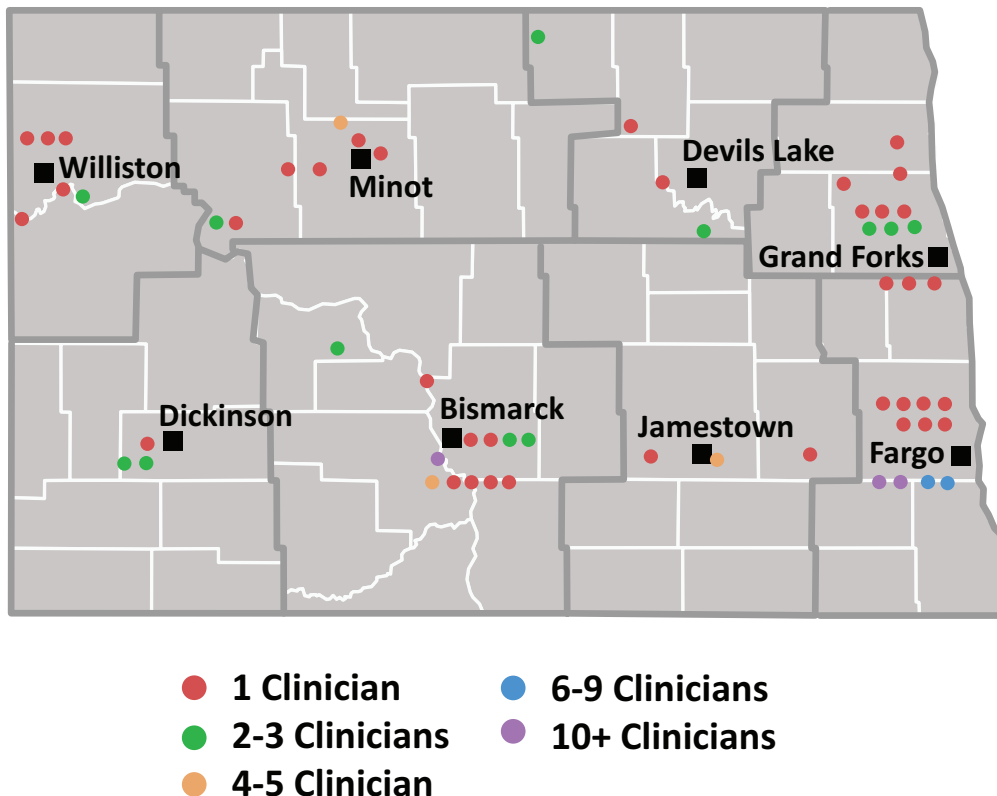
Help address the extreme behavioral health **workforce shortage**



## POLICY OPTION #3

North Dakota faces significant workforce shortages at all levels of the behavioral health profession.

LOCATION AND NUMBER OF SUBSTANCE ABUSE CLINICIANS\*



### Key Recruitment and Retention Barriers\*\*

- Compensation
- Work schedule
- Housing availability and quality
- Cultural activities
- Spousal employment
- Continuing education

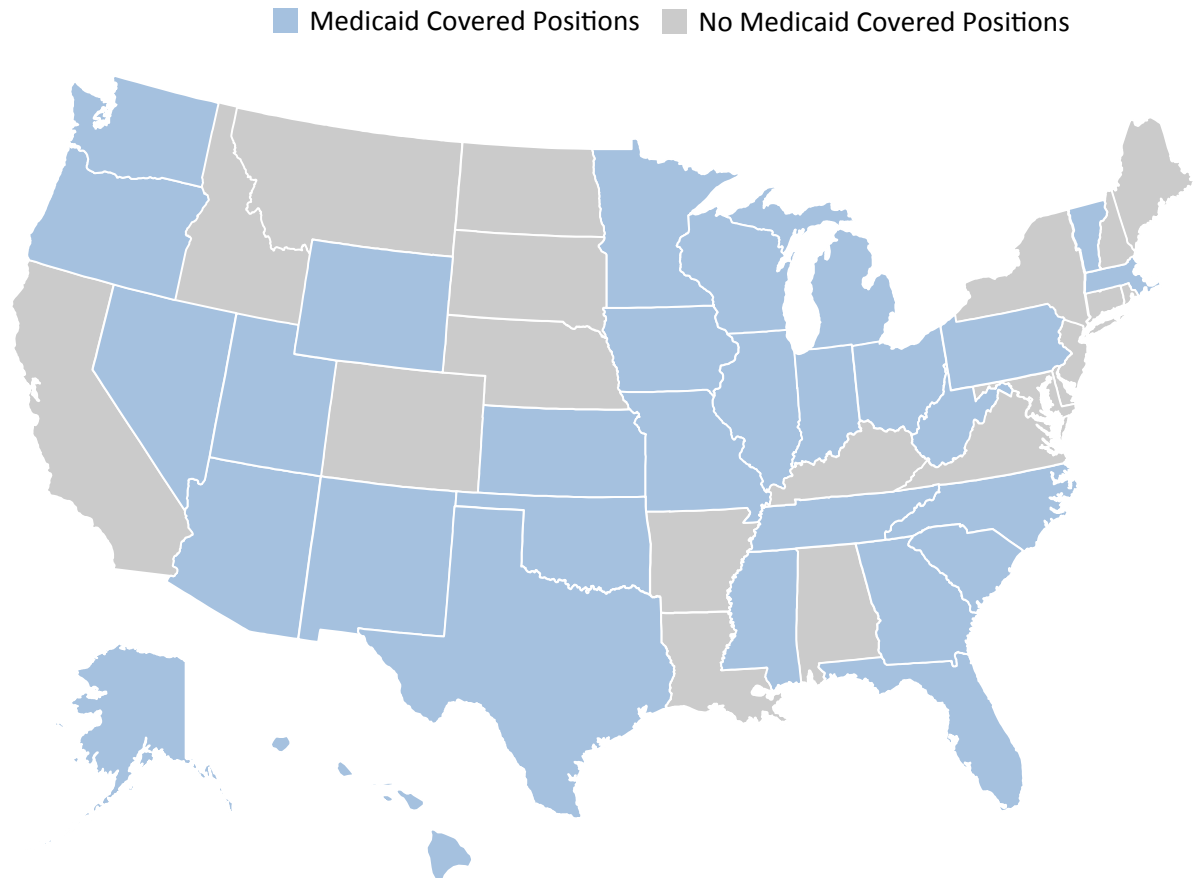
\*Substance Use Disorder System in North Dakota, DHS  
<https://www.nd.gov/dhs/info/testimony/2015-2016-interim/human-services/2015-11-3-behavioral-health-services-in-nd--new-initiatives--and-needs-assessment.pdf>

\*\*[http://www.med.und.edu/about-us/\\_files/docs/third-biennial-report.pdf](http://www.med.und.edu/about-us/_files/docs/third-biennial-report.pdf)

## POLICY OPTION #3

Many states have already taken advantage of Medicaid to pay for peer specialist positions.

In 31 states,  
Medicaid pays for  
licensed peer  
specialist, counselors  
recovering from  
severe mental illness  
or substance abuse  
addiction who are  
trained to help  
others with similar  
conditions

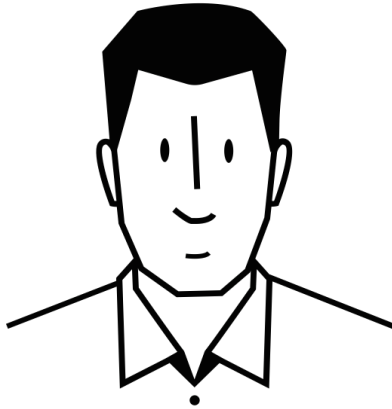


## Create an alternative sentencing option that delivers treatment and supervision

- 4A. Establish a **new sentencing option** for high-risk offenders who have serious behavioral health disorders.
- 4B. Establish **eligibility criteria** with exceptions for violent and dangerous individuals.
- 4C. Require participation in **community behavioral health services**.

## POLICY OPTION #4

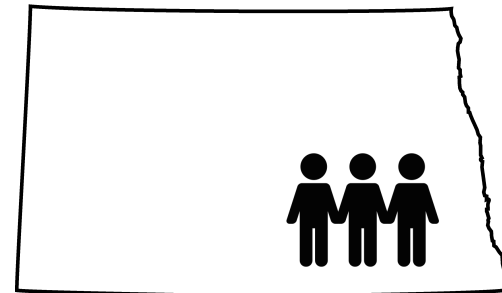
# Key reasons to create alternative sentencing option to treatment and supervision for target population



Help John avoid incarceration by **providing tailored behavioral health services** along with structured and supportive accountability

**Reserve incarceration** for the most serious offenders

Improves effectiveness and ensures accountability by **pairing treatment with community supervision**



## POLICY OPTION #4

Interventions offered in the community are more effective at changing behavior than those offered in prison

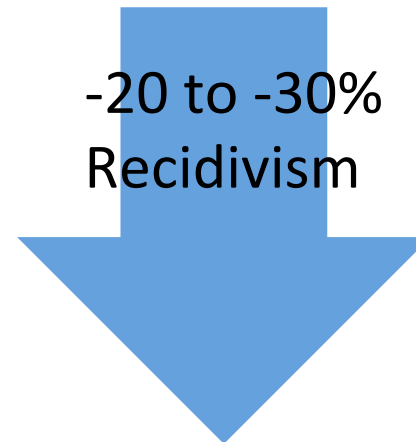
### PROGRAMMING DURING INCARCERATION



Required:

- Assessment
- High-quality programs and treatment
- Transition planning

### PROGRAMMING IN THE COMMUNITY



- Assessment
- High-quality programs and treatment
- Effective supervision

## POLICY OPTION #4

# Potential cost savings with a treatment + supervision sentencing option

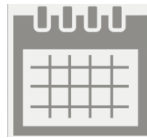
### AVERAGE TREATMENT AND SUPERVISION COSTS

PROBATION

6 MONTHS



X



=

**\$763.20**

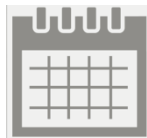
(\$4.24 daily cost for 180 days)

TREATMENT

6 MONTHS



X



=

**\$810** cost to the state

**\$4,590** paid through Medicaid

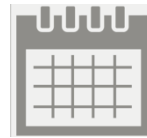
(based on average costs of blended levels of treatment)

COMMUNITY  
ENGAGEMENT  
SPECIALIST

6 MONTHS



X



=

**\$1,000**

(based on \$50K/year salary and 25-person caseload)

State costs for 6 months of incarceration in prison

=

**\$20,446**

State costs for 6 months supervision + treatment

=

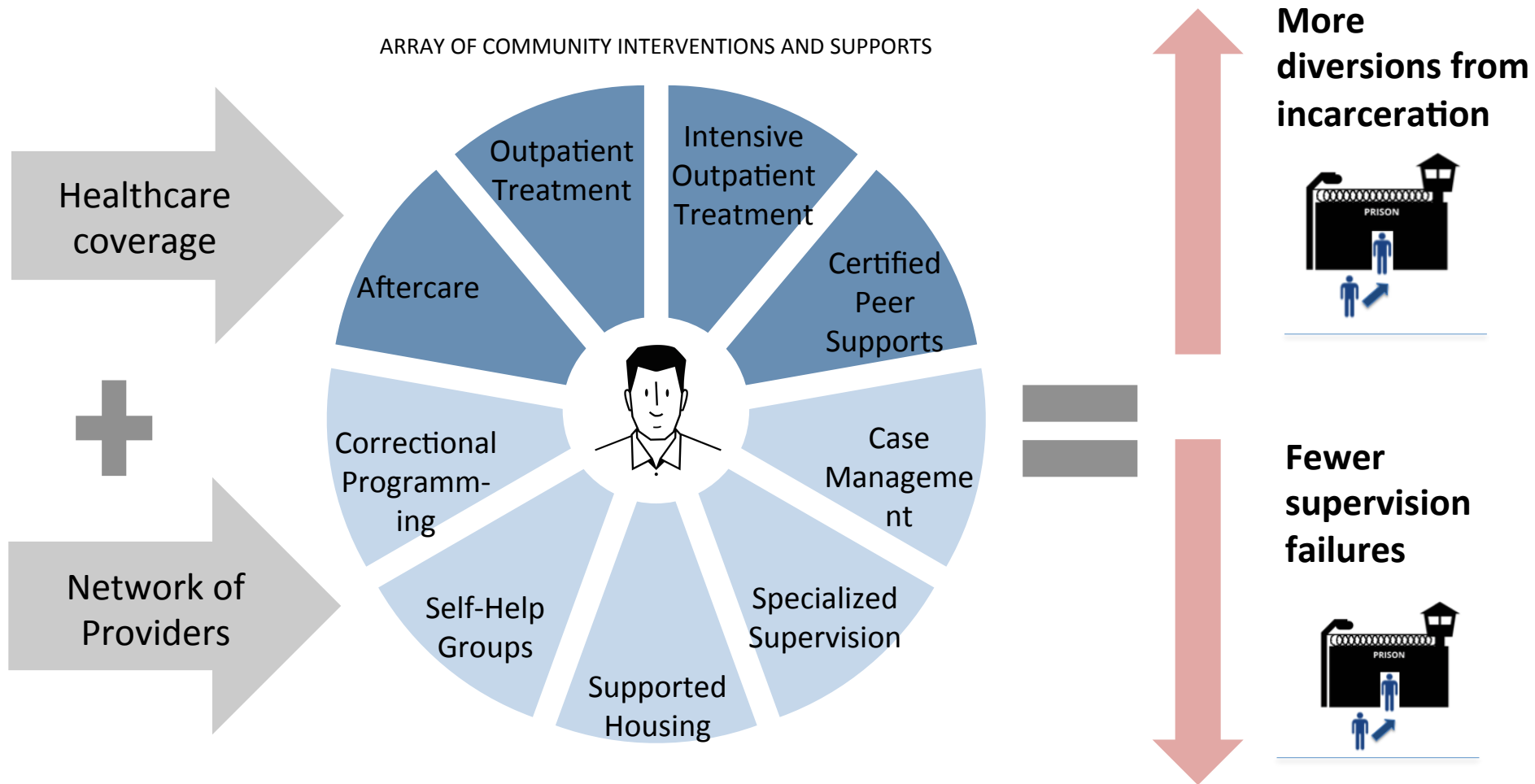
**\$2,573.20**

+ **\$4,590** leveraged through Medicaid

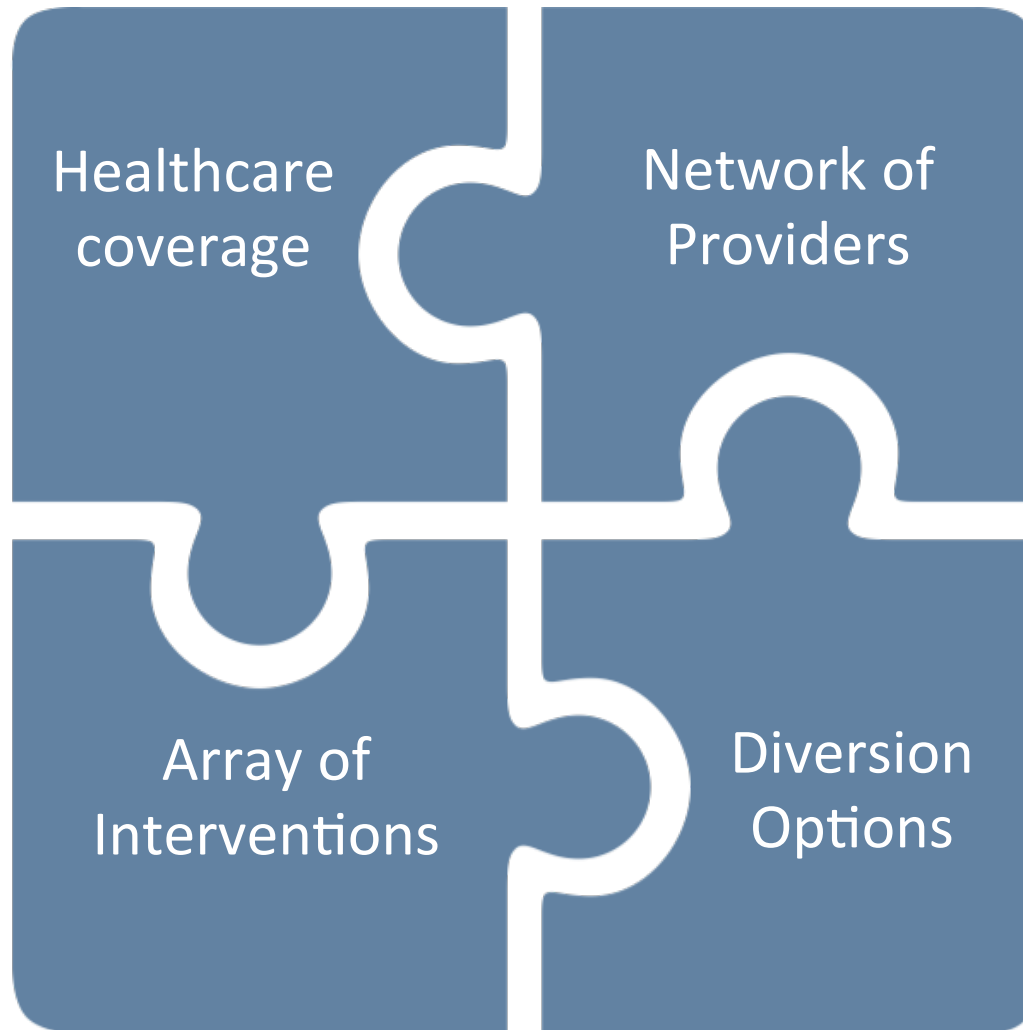
**Total Savings:**  
**\$17,872.80**



The proposed policies create a package of changes that work together to decrease incarceration and improve behavioral health outcomes for individuals



The core tenets of justice reinvestment are interconnected and build upon one another to create an impact



## Additional Considerations

- Adopt consistent approaches to services and supports across all of the Human Services Centers.
- Support committee work to assess behavioral health board credentialing processes and standards.
- Create paid career ladders and eliminate requirements that lead to unpaid post-degree internships where feasible.
- Streamline interstate transfers.
- Expand existing rural healthcare workforce initiatives to include behavioral health workers.
- Review emergency room refusals to serve justice-involved populations.
- Encourage utilization of behavioral health assessments across agencies (uniform standards of content and quality).

# Thank You

Steve Allen, Senior Policy Advisor, [sallen@csg.org](mailto:sallen@csg.org)

Receive monthly updates about justice reinvestment states across the country as well as other CSG Justice Center Programs.

Sign up at:

**[CSGJUSTICECENTER.ORG/SUBSCRIBE](https://CSGJUSTICECENTER.ORG/SUBSCRIBE)**

This material was prepared for the State of North Dakota. The presentation was developed by members of the Council of State Governments Justice Center staff. Because presentations are not subject to the same rigorous review process as other printed materials, the statements made reflect the views of the authors, and should not be considered the official position of the Justice Center, the members of the Council of State Governments, or the funding agency supporting the work.



This project was supported by Grant No. 2015-ZB-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.