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.

- 6th-highest rates of alcohol and drug abuse in the U.S.
- 43rd 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

**SUPPORT FOR POLICY OPTION #1**

**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

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

### Traditional Medicaid
Only 1 in 10 people exiting prison are eligible for traditional Medicaid.

- Under traditional Medicaid, the state covers 50% of costs.

<table>
<thead>
<tr>
<th>State Share</th>
<th>Federal Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

### Medicaid Expansion
9 in 10 people leaving prison are eligible under Medicaid expansion.

- Under traditional Medicaid, the state covers 10% of costs.

<table>
<thead>
<tr>
<th>State Share</th>
<th>Federal Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>10%</td>
</tr>
</tbody>
</table>

**EXAMPLE $5 MILLION EXPENDITURE**

- **$250K**
  - $250K

- **$450K**
  - $450K

- **$4.3M Leveraged Federal Share**
  - $4.3M

- **$700K Total State Share**

Council of State Governments Justice Center | 9
North Dakota can also leverage federal funds to offset the cost of enrollment activities through Medicaid Administrative Claiming (MAC).

**Examples of Reimbursable Activities**

- Outreach
- Application assistance
- Staff development and training

MAC can pay up to 50% for these activities.
POLICY OPTION #2

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 public safety** by addressing the behavioral health needs of individuals in the criminal justice system
- **Reduce** system capacity pressures and costs associated with incarceration
- **Improve the public health outcomes** for John by ensuring availability of an adequate array of treatment services in the community
POLICY OPTION #2

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

- **Low Risk**
  - **Low to High Treatment Needs**
    - Standard Supervision
    - Standard Treatment

- **Mod/High Risk**
  - **Low to High Treatment Needs**
    - Enhanced Supervision
    - Enhanced Treatment

Risk Assessment

Treatment Assessment

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

**POLICY OPTION #3**

*Substance Use Disorder System in North Dakota, DHS*

**http://www.med.und.edu/about-us/_files/docs/third-biennial-report.pdf**

Key Recruitment and Retention Barriers**

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

LOCATION AND NUMBER OF SUBSTANCE ABUSE CLINICIANS*

*Substance Use Disorder System in North Dakota, DHS*

*LOCATION AND NUMBER OF SUBSTANCE ABUSE CLINICIANS*
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

- Reserve incarceration for the most serious offenders
- Improves effectiveness and ensures accountability by pairing treatment with community supervision
- Help John avoid incarceration by providing tailored behavioral health services along with structured and supportive accountability
Interventions offered in the community are more effective at changing behavior than those offered in prison.

**PROGRAMMING DURING INCARCERATION**

-5 to -10% Recidivism

**PROGRAMMING IN THE COMMUNITY**

-20 to -30% Recidivism

**Required:**
- Assessment
- High-quality programs and treatment
- Transition planning
- Assessment
- High-quality programs and treatment
- Effective supervision

Potential cost savings with a treatment + supervision sentencing option

**AVERAGE TREATMENT AND SUPERVISION COSTS**

<table>
<thead>
<tr>
<th>CATEGORIZATION</th>
<th>6 MONTHS</th>
<th>COST DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROBATION</td>
<td>$763.20</td>
<td>$4.24 daily cost for 180 days ($20,446 state costs for 6 months incarceration in prison)</td>
</tr>
<tr>
<td>TREATMENT</td>
<td>$810</td>
<td>$4,590 paid through Medicaid (based on average costs of blended levels of treatment)</td>
</tr>
<tr>
<td>COMMUNITY ENGAGEMENT</td>
<td>$1,000</td>
<td>$1,000 (based on $50K/year salary and 25-person caseload)</td>
</tr>
</tbody>
</table>

**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

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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

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