FREE THROUGH Recovery
North Dakota’s jail and prison populations are experiencing some of the largest rates of growth in the country.

The North Dakota prison population had the 
**FOURTH HIGHEST percent increase**
in the country between 2005 and 2014.

The North Dakota jail population had the 
**THIRD HIGHEST percent increase**
in the country between 2006 and 2013.

*The 2006–2013 timeframe is the most recent data available for national data comparisons on jail populations.*

The state’s correctional system is at capacity and is forecasted to grow significantly over the next decade.
Without action, public safety dollars will be consumed trying to keep up with growth rather than investing in crime and recidivism-reduction strategies.

General Fund Corrections Appropriations (in millions), FY2007–2017

- FY07–09: $131
- FY09–11: $144
- FY11–13: $160
- FY13–15: $181
- FY15–17: $215*

Corrections Spending Increase, FY07–09 to FY15–17

64%

The FY2009–11 state budget provided $64 million ($22.5 million from the General Fund) for construction and renovation at the North Dakota State Penitentiary.

DOCR also receives special funding allocations.

*Budgeted, not spent for 2016 and 2017.

A majority of judges have sentenced individuals to prison in order to connect them with mental health or alcohol and drug programming.

Have you ever sentenced someone to prison in order to connect him/her with needed mental health, alcohol or drug addiction programming, or other treatment even when he/she is not considered high risk?

- YES 70%
- NO 30%

Judges noted that these sentences are reserved for specific instances with extenuating circumstances, such as:

- Inadequate services in the local area
- Community-based drug or alcohol treatment programs have failed or been exhausted
- Defendant has no ability to pay for treatment

Source: 2014 CSG Justice Center North Dakota Judicial Survey
Probation and parole officers reported an acute need for substance use services in the community

**Substance Use**

Half of POs reported that 75% or more of their clients needed substance use treatment.

**Need for Treatment**

**Availability of Treatment**

- Available & accessible: 62%
- Somewhat available: 24%
- Somewhat unavailable: 12%
- Unavailable: 2%

**Mental Health**

Half of POs reported that fewer than 50% of their clients needed mental health treatment.

**Need for Treatment**

**Availability of Treatment**

- Available & accessible: 48%
- Somewhat available: 4%
- Somewhat unavailable: 2%
- Unavailable: 46%

Source: CSG Justice Center Probation and Parole Officer Survey
A majority of POs observed wait times of at least three weeks to access all forms of community treatment.
SB 2015 (2017) created a new community behavioral health program for people involved in the criminal justice system.

The bill established a $7M investment in behavioral health services for people in the criminal justice system to improve public safety and public health outcomes.
Mission: To improve healthcare outcomes and reduce recidivism by delivering high-quality community behavioral health services, linked with effective community supervision.

Key Principles:
• Recidivism is reduced by attending to criminogenic risk and need.
• Recovery from substance use and mental health disorders is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
Free Through Recovery Behavioral Health Team

Department of Corrections and Rehabilitation
- FTR Clinical Administrator
- Parole and Probation

Behavioral Health Division
- Statewide FTR Administrator
- Regional FTR Administrators (5)

Providing Agency
- Care Coordinator
- Recovery Support Services (Peer Support Specialist)
Current FTR Staff

**Pamela Sagness**
Behavioral Health Director, DHS

Paula Schwab
Free Through Recovery Statewide Administrator
DHS

Debora Murray
Free Through Recovery Administrator – Region 5
DHS

Michael Freeman
Free Through Recovery Administrator – Regions 3/6
DHS

Kellie Wilson
Free Through Recovery Administrator – Region 4

**Dr. Lisa Peterson**
Clinical Director, DOCR

Mallory Nygaard, MSW, LCSW
Free Through Recovery Clinical Administrator
DOCR

Recruiting efforts underway for regions 1, 2, & 8.
Two key services: Care Coordination

Includes providing an ongoing source of pro-social connection, helping clients access treatment and recovery support services, and creatively addressing barriers to individual success.

Care Coordinators

- Help make referrals
- Provide ongoing assessment of needs
- Help establish recovery-oriented goals (care plan)
- Collaborate with other clinical services and providers
- Serve as a part of a care team with probation or parole, the regional FTR administrator and other various community behavioral health providers
- Creatively problem solve
Two key services: Recovery Support Services (Peer Support Specialists)

Recovery services includes access to nourishment, assistance programs, supportive housing, educational opportunities, meaningful employment, leisure activities and wellness, family and community social supports, parenting education, spiritual engagement, and any other individualized needs the person has to help them lead a healthy and fulfilling life.

**Peer Support Specialists** – Individuals with similar first-hand, lived experience and demographic identifiers as the individuals they are serving. Peer Specialists use their experience to support others in their recovery.

- Serve as pro-social model
- Provide information, guidance and advice
- Establish good rapport
- Offer insight to participant’s care team
Participant Eligibility

**Individual Eligibility**

1. The individual is 18 years of age or older.

2. The individual is involved with the criminal justice system (parole/probation, transitioning from prison).

3. The individual has an LSI-R score of 34 or above (some exceptions will be made based on behavioral healthcare need)

4. The individual evidences a serious behavioral health condition.
Participant Eligibility

**Serious Behavioral Health Conditions**

A DSM-5 diagnostic profile* that includes one or more of the following:

- Delusional Disorder
- Psychotic Disorders of all types including Schizophrenia
- Major Depressive Disorder
- Bipolar and Related Disorders
- Obsessive Compulsive Disorder (OCD)
- Panic Disorder
- Posttraumatic Stress Disorder (PTSD)
- Borderline Personality Disorder

**Moderate and Severe Substance Use Disorders**

AND functional impairment in one or more of the following domains:

- Housing
- Education or employment
- Social support
- Financial stability
- Leisure/recreation
- Ability to effectively engage in community supervision

*Individuals who have not been formally diagnosed may be considered based on signs of functional impairment related to a behavioral health condition.

*Participants do not need to be diagnosed with both a serious mental illness and a substance use disorder to be eligible.
Outcomes:
Stable Housing
Stable Employment
Recovery
Reduced Criminal Justice Involvement

Reimbursement:
• Providers will be paid a base rate per participant, per month, for providing care coordination and recovery services, including peer support.
• Providers may receive an additional 20% per participant per month for each participant who meets at least 3 out of the 4 identified outcomes.
Program Implementation:

January 22-26 – care coordination training
January 29-February 2 – peer support specialist training
February 1 – Client services begin

Thirteen providers ready to serve 580-615 individuals across ND.

Providers:
Lutheran Social Services (75-80)
Community Options (105)
Community Medical Services (45)
STAND (18-23)
Native American Development Center (20)
F5 Project (45-50)
Elliott Kabanuk (15-30)
Fraser Ltd. (20)
Warriors of the 21st Century Re-Entry Program (55)
Face It Together (27)
Heartview Foundation (40)
Redemption Road (50)
Lighthouse Church Fargo (25)
Centre Inc. (50)

Capacity by Region:

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<th>Capacity</th>
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<tr>
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Thank you!

Questions?