North Dakota Behavioral Health
Interim Human Services Committee

Pamela Sagness, Executive Policy Director
Human Services
Behavioral health

A state of mental/emotional being and/or choices and actions that affect **WELLNESS**.

- Preventing and treating depression and anxiety
- Preventing and treating substance use disorder or other addictions
- Supporting recovery
- Creating healthy communities
- Promoting overall well-being
BEHAVIORAL HEALTH IS HEALTH
Individuals with behavioral health disorders die, on average, about 5 years earlier than persons without these disorders.

Individuals with serious mental illness (SMI) are now dying 25 years earlier than the general population.

(Druss BG, et al. Understanding Excess Mortality in Persons With Mental Illness: 17-Year Follow Up of a Nationally Representative US Survey. Medical Care 2011; 49(6), 599–604.)
Adult Mental Health

- **4%** Serious mental illness
- **13%** Other mental health condition
- **83%** No diagnosed mental health condition

PAST 30-DAY SUBSTANCE USE AMONG ADULTS

**North Dakota**
- Binge Alcohol Use: 35.2%
- Marijuana: 5.6%
- Illicit Drugs: 2.8%

**United States**
- Binge Alcohol Use: 26.5%
- Marijuana: 8.8%
- Illicit Drugs: 3.5%

Age 18 and Older; National Survey on Drug Use and Health
ND High School Students reported feeling sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the last 12 months); Youth Risk Behavior Survey
ND High School Student Suicide

- Seriously considered attempting suicide (within last 12 months)
- Made a plan about how they would attempt suicide (within last 12 months)
- Attempted suicide (within last 12 months)

Suicide rate
# of people per 100k

- ND: 13, 12
- US: 21, 15

Youth Risk Behavior Survey
Current Alcohol Use (past 30 days) among North Dakota High School Students

60.5% 59.2% 54.2% 49.0% 46.1% 43.3% 38.8% 35.3% 30.8% 29.1%

1999 2001 2003 2005 2007 2009 2011 2013 2015 2017

Youth Risk Behavior Survey
Individuals who start drinking before the age of 15 are **four times** more likely to have an alcohol use disorder (than those who start drinking at the age of 21).
Perceived versus Actual binge drinking* behavior in the past 30 days

*Binge Drinking: 5 or more drinks on an occasion or in a row.

PERCEIVED behavior

- 11+ days: 22%
- 6-10 days: 27%
- 3-5 days: 36%
- 1-2 days: 22%
- 0 days: 59%

ACTUAL binge drinking

- 1-2 days: 22%
- 3-5 days: 11%
- 6-10 days: 5%
- 11+ days: 3%
TIMELINE

2014
Behavioral Health Planning Final Report
Schulte Consulting

2016
ND Behavioral Health Assessment: Gaps and Recommendations

2018
ND Behavioral Health System Study
Human Services Research Institute (HSRI)
“A well-functioning behavioral health system attends not only to the intensive needs of children, youth, and adults with serious mental health conditions and substance use disorders but also to the outpatient and community-based service and support needs of individuals, and, critically, to the social and emotional well-being of the majority of the population who have not been diagnosed with a behavioral health condition—especially children, youth, and young adults.”
1. Develop a comprehensive implementation plan
2. Invest in prevention and early intervention
3. Ensure all North Dakotans have timely access to behavioral health services
4. Expand outpatient and community-based service array
5. Enhance and streamline system of care for children and youth
6. Continue to implement/refine criminal justice strategy
7. Engage in targeted efforts to recruit/retain competent behavioral health workforce
8. Expand the use of tele-behavioral health
9. Ensure the system reflects its values of person-centeredness, cultural competence, trauma-informed approaches
10. Encourage and support the efforts of communities to promote high-quality services
11. Partner with tribal nations to increase health equity
12. Diversify and enhance funding for behavioral health
13. Conduct ongoing, system-side data-driven monitoring of needs and access
For more information about BH in ND visit: https://www.hsri.org/NDvision-2020
Residential and inpatient expenditures accounted for about 85% of substance use disorder treatment services in FY2017.

Total estimated substance use disorder treatment expenditures were $19 million.
Residential, inpatient, and long-term care facility services accounted for a majority of mental health system treatment service expenditures in FY2017.
A high proportion of foster care children and youth admitted in 2016 and 2017 had indicated adverse childhood events.

- Psychological Abuse: 69%
- Physical Abuse: 51%
- Sexual Abuse: 26%
- Emotional Neglect: 56%
- Physical Neglect: 61%
- Caregiver Abandonment: 83%
- Domestic Violence: 55%
- Caregiver Substance Abuse: 77%
- Caregiver Mental Illness/Suicide: 59%
- Incarcerated Family Member: 52%

Source: PATH ND; n=366; Children and youth in the sample endorsed an average of 5.9 ACEs.
42% of children removed from their home was because of parent substance abuse.

<table>
<thead>
<tr>
<th>Removal reasons</th>
<th>National</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Neglect</td>
<td>62%</td>
<td>22%</td>
</tr>
<tr>
<td>Parent Substance Abuse</td>
<td>39%</td>
<td>42%</td>
</tr>
<tr>
<td>Caretaker Inability to Cope</td>
<td>14%</td>
<td>6%</td>
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<tr>
<td>Physical Abuse</td>
<td>12%</td>
<td>8%</td>
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<tr>
<td>Inadequate Housing</td>
<td>10%</td>
<td>1%</td>
</tr>
<tr>
<td>Child Behavior</td>
<td>9%</td>
<td>16%</td>
</tr>
<tr>
<td>Parent Incarcerated</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Abandonment</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>Child Substance Abuse</td>
<td>3%</td>
<td>2%</td>
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<tr>
<td>Child Disability</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Relinquishment</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Parent Death</td>
<td>1%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Data source: state-submitted AFCARS data
Meet Jessica.

Age 11

Diagnosed with ADHD and history of self injurious behavior.

Behavioral issues in school resulting in several referrals to the school resource officer leading to juvenile court involvement.

A year ago she successfully completed residential treatment.

Recent loss of grandmother and suicidal ideation led to an emergency department visit.

The residential program she participated in before will not accept Jessica back because she “maximized benefit” from their program.

A program out of state will take Jessica but only if she is referred from social services & on ND Medicaid.
Behavioral Health **Continuum of Care Model**

The goal of this model is to ensure there is access to a full range of high quality services to meet the various needs of North Dakotans.
PROMOTION & PREVENTION
PROMOTION/PREVENTION

- Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem or preventing death.
EARLY INTERVENTION
EARLY INTERVENTION

- These strategies identify those individuals at risk for or showing the early signs of a disorder with the goal of intervening to prevent progression.
EARLY INTERVENTION

- ½ of all people with mental and/or substance use disorders are diagnosed by age 14
- ¾ of people with these conditions are diagnosed by age 24

(2009 Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Institute of Medicine)
WINDOWS OF OPPORTUNITY

Intervening during windows of opportunity—**CAN** prevent the disorder from developing.
TREATMENT

▪ These clinical services are for people diagnosed with a behavioral health disorder.
RECOVERY
RECOVERY

- These services support individuals’ abilities to live meaningful, productive lives in the community.
Return on Investment
WHAT’S NEW
ND BEHAVIORAL HEALTH
LEGISLATIVE UPDATES
Behavioral Health
Keys to Reforming North Dakota’s Behavioral Health System

- Support the full Continuum of Care
- Increase Community-Based Services
- Prevent Criminal Justice Involvement for Individuals with a Behavioral Health Condition
<table>
<thead>
<tr>
<th>SB 2012 SECTION</th>
<th>PROGRAM/SERVICE</th>
<th>DIVISION BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Substance Use Disorder Voucher <em>(additional dollars to support need, additional capacity [2 FTE], and reduction in age eligibility from 18 to 14; previously SB 2175)</em></td>
<td>Behavioral Health Division</td>
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<td></td>
<td>Parents Lead</td>
<td>Behavioral Health Division</td>
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<td></td>
<td>Mental Illness Prevention <em>(previously 2028)</em></td>
<td>Behavioral Health Division</td>
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<td>Recovery home grant program</td>
<td>Behavioral Health Division</td>
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<td></td>
<td>Maintain trauma-informed practices network <em>(funding moved from SB 2291)</em></td>
<td>Behavioral Health Division</td>
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<td></td>
<td>Suicide prevention transfer from Department of Health</td>
<td>Behavioral Health Division</td>
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<td>Statewide Behavioral Health Crisis Services</td>
<td>Field Services Division</td>
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<tr>
<td>4</td>
<td>Peer Support certification <em>(previously SB 2032)</em></td>
<td>Behavioral Health Division</td>
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<tr>
<td>5</td>
<td>Community Behavioral Health Program <em>(expansion of Free Through Recovery; previously SB 2029)</em></td>
<td>Behavioral Health Division</td>
</tr>
<tr>
<td>18</td>
<td>IMD, Bed Capacity, and Medicaid waiver (1115) Study</td>
<td>Field Services Division</td>
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<tr>
<td>21</td>
<td>School Behavioral Health Grants <em>(previously 2300)</em></td>
<td>Behavioral Health Division</td>
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<tr>
<td>22</td>
<td>School Behavioral Health Program</td>
<td>Behavioral Health Division</td>
</tr>
<tr>
<td>38</td>
<td>Expansion of Targeted Case Management – youth with SED <em>(previously 2031)</em></td>
<td>Medical Services</td>
</tr>
<tr>
<td>39</td>
<td>Expansion of Targeted Case Management – adults with SMI <em>(previously 2031)</em></td>
<td>Medical Services</td>
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<td>40</td>
<td>Withdrawal management coverage in Medicaid</td>
<td>Medical Services</td>
</tr>
<tr>
<td>41</td>
<td>1915i Medicaid State Plan Amendment <em>(adults and youth [previously 2298])</em></td>
<td>Medical Services</td>
</tr>
<tr>
<td>45</td>
<td>Sustain HSRI Behavioral Health Study Implementation support <em>(previously SB 2030)</em></td>
<td>Behavioral Health Division</td>
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</table>
Expand access to community-based behavioral health supports through 1915i Medicaid State Plan Amendment

For persons who qualify, services proposed under this 1915i Medicaid State Plan amendment include supports for housing, employment, education, transitions out of homelessness or institutional living, and peer support.

- **Housing supports** include tenancy support services to help individuals access and maintain stable housing in the community; employment supports include individualized services to assist individuals to obtain and keep competitive employment at or above the minimum wage.
- **Educational supports** assist persons who want to continue their education or formal training with a goal of achieving skills necessary to obtain employment.
- **Transition supports** include coverage for goods and services specified in an individual's person-centered plan to address barriers to recovery and to support community integration and may include: security deposits, furniture and transportation.
- **Peer supports** include services delivered by trained and certified individuals who have experience as recipients of behavioral health services and share personal, practical experience, knowledge and first-hand insight to benefit service users.

https://www.behavioralhealth.nd.gov/1915i

Funding these community-based services and supports through Medicaid has the advantage of leveraging existing payor infrastructure while securing over 50% federal match for services.
Other Behavioral Health-Related Bills
The behavioral health division may establish nonrefundable application fees not to exceed three hundred dollars for administration and enforcement of licensing and certification activities. The department shall adopt rules as necessary to implement this section. All fees collected under this section must be paid to the behavioral health division and must be used to defray the cost of administering and enforcing licensing and certification activities.
House Bill 1103
Opioid Treatment Medication Units

**PASSED**

- Passed House (13-0-1) (87-3)
- Passed Senate (6-0-0) (44-0)

**50-31-01**

"Medication unit" means a facility established as part of, but geographically separate from, an opioid treatment program, from which a licensed practitioner dispenses or administers an opioid treatment medication or collects samples for drug testing or analysis.
...The department may establish a program to prevent out-of-home placement for a Medicaid eligible child with a behavior health condition as defined in the "Diagnostic and Statistical Manual of Mental Disorders", American psychiatric association, fifth edition, text revision (2013).

...assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs, excluding regional human service centers, and hospital-or medical clinic-based programs for medical management of withdrawal.
Senate Bill 2114
Minor In Possession Education

PASSED

- Passed Senate (6-0) (47-0)
- Passed House (9-4-1) (77-12)
  - Amended “shall” to “may”
- Conference Committee 4-16-2019
  - Passed 5-1 with “shall”
- Passed House (78-12)

A violation of this section is a class B misdemeanor. For a violation of subsection 1 or 2, the court also shall sentence a violator to an evidence-based alcohol and drug education program operated under rules adopted by the department of human services under section 50-06-44.
Senate Bill 2240
References to Substance Use Disorders

**PASSED**
- Passed Senate (6-0) (47-0)
- Passed House (12-2-0) (72-18)

Removes “habitual drunkard”
As used in this section "intoxicated" means a state in which an individual is under the influence of alcoholic beverages, drugs, or controlled substances, or a combination of alcoholic beverages, drugs, and controlled substances.
Youth behavioral health training to teachers, administrators, and ancillary staff.

...Each school within a district shall designate an individual as a behavioral health resource coordinator.

...The superintendent of public instruction shall maintain the contact information of the behavioral health resource coordinator in each school.
To develop a system of services and supports to provide behavioral health services and supports in the community for children at risk of or identified as having a behavioral health condition and for the families of these children.

To provide resources on mental health awareness and suicide prevention to the behavioral health resource coordinator at each school. The resources must include information on identifying warning signs, risk factors, and the availability of resources in the community.
Senate Bill 2313
Children’s System of Services and Cabinet

**Passed**

- Passed Senate (5-0-1) (44-0)
- Passed House (14-0) (81-9)

Children's cabinet - The children's cabinet is created to assess, guide, and coordinate the care for children across the state's branches of government and the tribal nations.

Commission on Juvenile Justice – will review chapter 27-20; gather information concerning issues of child welfare, including education, abuse and neglect; Receive reports and testimony in furtherance of the commission's duties; Advise effective intervention, resources, and services for children; Report to and be subject to the oversight of the children's cabinet; and Annually submit to the governor and the legislative management a report with the commission's findings and recommendations which may include a legislative strategy to implement the recommendations.
ND BEHAVIORAL HEALTH
KEYS FOR TRANSFORMATION
• Children & Families
Ensure availability and access to a broad, flexible array of effective, community-based services and supports for children and their families that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports.
TWO DIFFERENT SYSTEMS
BEHAVIORAL HEALTH & EDUCATION
LANGUAGE MATTERS
EDUCATION
Multi-tiered System of Support (MTSS)

BEHAVIORAL HEALTH
Continuum of Care
WHO DECIDES THE WHY?
Behavioral Health Professionals

Special Education Professionals
NORTH DAKOTA
BEHAVIORAL HEALTH
conference

SAVE THE DATE
November 13-15, 2019
Bismarck Event Center

More information coming soon!
Thank You

Questions?
OVERVIEW
Behavioral Health Division
The Behavioral Health Division is a policy division, with responsibilities outlined in NDCC 50-06-01.4

1. Reviewing and identifying service needs and activities in the state’s behavioral health system in an effort to:
   - ensure health and safety,
   - access to services, and
   - quality services.

2. Establishing quality assurance standards for the licensure of substance use disorder program services and facilities.

3. Providing policy leadership in partnership with public and private entities.
COMMUNITY BEHAVIORAL HEALTH PROMOTION

Community and Tribal Efforts

Training and Technical Assistance
(Substance Abuse Prevention and Treatment Block Grant)

Youth Tobacco Enforcement (Synar)

Early Intervention (MIP/DUI)

Parents Lead

Statewide Campaigns
(Stop Overdose, Lock. Monitor. Take Back, Speak Volumes)
CHILDREN’S BEHAVIORAL HEALTH

1. Increase capacity for community-based services

2. Improve family-driven services and supports

3. Develop early intervention capacity

4. Improve access to quality services

5. Partner with schools to support children’s behavioral health across the continuum

6. Develop diversion capacity and support individuals in juvenile justice

Adolescent Residential Treatment
(Substance Abuse Prevention and Treatment Block Grant)

Regulation of Youth Residential Psychiatric Facilities (PRTF)

Prevention of Out-of-Home Placement for Children
(Voluntary Treatment Program [VTP])

Behavioral Health and Education
(Children’s Prevention and Early Intervention School Behavioral Health Pilot)

Children with Serious Emotional Disturbance Programs
(Mental Health Block Grant)

Systems for Individuals with a First Episode of Psychosis
(Mental Health Block Grant)
1. Improve access to quality services
2. Develop and enhance recovery support services
3. Develop early intervention capacity
4. Stop shame and stigma surrounding addiction
5. Develop diversion capacity and support individuals with substance use disorder in the justice system

Peer Support
Free Through Recovery
Military and Behavioral Health
Pregnant and Parenting Women Treatment Programming
(Tribal Treatment and Recovery Supports
(Substance Abuse Prevention and Treatment Block Grant)
Medication Assisted Treatment (Opioid Treatment Programs)
Withdrawal Management
Recovery Supports
Substance Use Disorder (SUD) Voucher Payment System
Regulation of Substance Use Disorder Treatment Facilities
1. Increase capacity for community-based services 3/4/8/10/12

2. Develop and enhance recovery support services

3. Develop early intervention capacity

4. Stop shame and stigma surrounding mental illness and promote mental health

5. Develop diversion capacity and support individuals with mental illness in the justice system

Adult Mental Health Programs (Mental Health Block Grant)

Peer Support

Free Through Recovery

Military and Behavioral Health

Mental Illness and Homelessness (PATH Grant)

Brain Injury Programs

Problem Gambling Programs

Disaster Crisis Counseling
KEY INITIATIVES
Behavioral Health
RECOVERY SUPPORT
Available 24•7
1.844.44.TALK2
You can be the difference.

Ask
Ask the question "Are you thinking about suicide?"

Keep Them Safe
Find out a few things to establish immediate safety.

Be There
Be physically present for someone or speak with them on the phone.

Help Them Connect
Connect them with community resources.

Follow Up
Follow-up with them to see how they're doing.

Call the Suicide Prevention LIFELINE
everytime 1.800.273.TALK (8255)

https://www.behavioralhealth.nd.gov/prevention/suicide
North Dakota Behavioral Health awards over $3 million to local public health units and tribes across the state to support community-level efforts addressing underage drinking, adult binge drinking prevention and efforts addressing opioid misuse and opioid use disorder prevention, treatment and recovery (through August 2020).
North Dakota Department of Human Services’ Behavioral Health Division awarded $4,000,000 for year 1 and $4,000,000 for year 2. (an additional $2,000,000 was awarded May 2019)

YEAR 1: October 1, 2018 – September 30, 2019
YEAR 2: October 1, 2019 – September 30, 2020

Goals:

- Prevent opioid overdose-related deaths
- Increase access to medication-assisted treatment (MAT)
- Increase capacity of recovery support services to support individuals with an OUD
State Opioid Response (SOR) Grant Efforts
Substance Use Disorder (SUD) Voucher

- Individuals Served as of October 31, 2019:
  - Of the 3,892 - 336 people serviced more than 1 time
- This biennium, 660 new individuals received the voucher
- $7,997,294 allocated for biennium
- Total expended through October 31, 2019: $1,696,790

22 providers (all regions of the state included)
Parents Lead is an evidence-based prevention program that provides parents and caregivers with the support, tools, and resources needed to best promote the behavioral health of their children.

Research continually shows healthy bonding and attachment between parent and child is a key factor in preventing behavioral health issues like substance abuse, depression, anxiety, and suicidal thoughts.

Positive outcomes have resulted from exposure to Parents Lead in the four primary goals of the program of parents and caregivers exposed to Parents Lead:

**ONGOING CONVERSATIONS**

OUTCOME: Nearly 60% (54%) are having increased ongoing conversations about behavioral health.

**EFFECTIVE MONITORING**

OUTCOME: About 45% (42%) are being more careful about monitoring their children.

**POSITIVE ROLE-MODELING**

OUTCOME: Almost half (48%) are being more conscious of role-modeling around their children.

**SUPPORT AND ENGAGEMENT**

OUTCOME: Over 45% (43%) are spending more quality time with their children.

These outcomes have been achieved through community implementation, professional support, and comprehensive statewide communication.

The North Dakota Behavioral Health System Study 2020 recommends expansion of existing suicide prevention efforts, including restoration of funding for the Parents Lead program recommendation 320.
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.

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.
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
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**

- 24% Available & accessible
- 12% Somewhat available
- 2% Unavailable

**Mental Health**

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

**Need for Treatment**

**Availability of Treatment**

- 48% Somewhat available
- 46% Unavailable
- 4% Available & accessible

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.

Reported Wait Time for Treatment Services

- Substance use treatment: 23% less than 1 week, 51% 1–2 weeks, 16% 3–4 weeks, 10% more than 4 weeks
- Mental health treatment: 57% less than 1 week, 25% 1–2 weeks, 8% 3–4 weeks, 10% more than 4 weeks
- Cognitive behavioral treatment: 47% less than 1 week, 32% 1–2 weeks, 16% 3–4 weeks, 5% more than 4 weeks

Source: CSG Justice Center Probation and Parole Officer Survey
State Criminal Justice System Growth

*2019 count is as of August 19th*
JUSTICE-INVOLVED POPULATIONS:

- Data sources indicated a very high prevalence of behavioral health issues in the state’s criminal justice systems for both adults and youth in North Dakota, which is consistent with national trends.
Behavioral Health System Analysis - Common Themes:

• **Judges** are sentencing individuals with behavioral health conditions for low-level crimes to provide them access to treatment they would be unable to access in their communities.

• **Individuals** with justice involvement experience multiple barriers to accessing services.

• **Community-based** treatment providers are resistant to serving individuals with criminal justice histories.

• **The need** for community-based services is high among the re-entry population.
In 2017, Senate Bill 2015 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.
Shared Values: (Criminal Justice & Behavioral Health)

**Best Practice**
Assess Offender Risk and Need Levels using Actuarial Tools
Target Interventions
Provide Skills Training for Staff and Monitor their Delivery of Services

**Data-Driven**
Measure Relevant Practices and Processes

**Person-Centered**
Enhance Offender Motivation

**Recovery-Oriented**
Engage Ongoing Support in the Community

**Transparent**
Provide Measurement Feedback

**Trauma-Informed**
Trauma-Informed Care
THE MISSION OF FREE THROUGH RECOVERY IS 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.
<table>
<thead>
<tr>
<th>Individual</th>
<th>Business</th>
<th>Community</th>
</tr>
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<tbody>
<tr>
<td>Provides care coordination – individualized care plan</td>
<td>Support private providers by providing another revenue source</td>
<td>Flexibility to address community specific needs</td>
</tr>
<tr>
<td>Provides recovery support services</td>
<td>Performance-based pay</td>
<td>Community organizations working together to collaborate (fill services gaps) and avoid duplication</td>
</tr>
<tr>
<td>Connections to clinical support services like addiction or mental health counseling or treatment</td>
<td>Non-traditional behavioral health providers</td>
<td>Rural areas can participate through existing non-traditional providers</td>
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<td></td>
<td>Once providers exist, there will be infrastructure to expand services to individuals not in the criminal justice system</td>
<td>State-local partnerships to address regional-specific needs</td>
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<td>Providers can meet cultural and spiritual needs</td>
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Care Coordination
Includes an ongoing source of prosocial connection, helping participants access treatment and recovery support services, and creatively addressing barriers to individual success. It also includes the provision of assessment, care planning, referrals, and monitoring collaboration with clinical services and probation and parole.

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 resources the person needs to help participants lead a healthy and fulfilling life.

Peer Support
A supportive relationship with peers who have similar lived experience and who serves as an advocate and mentor, offering sound advice and resources.
WHAT IS PEER SUPPORT?

Peer specialist has existed in the behavioral health field for decades; however, its rapid growth in recent years is due to the increasing evidence supporting its effectiveness. A Peer Support Specialist is a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency.

The growing evidence base for the effectiveness of peer support services—both in terms of quality of life, outcomes for individuals and in terms of cost savings to counties and states due to reductions in rates of hospitalization—these efforts have the potential to make significant improvements to the system.

Peer support certification has potential to address Human Services Research Institute Behavioral Health System Study recommendations #3, 4, 9, 10, 11, 12 and 13.

• Specialists with similar first-hand, lived experience as the individuals they are serving. Peer Specialists use their experience to support others in their recovery.
WHAT ARE PEER SUPPORT SPECIALISTS?

Peer support specialists use their experience to:

+ Establish positive rapport.
+ Serve as a pro-social model.
+ Offer insight to the individual’s care team.
+ Provide support focused on advocacy, coaching, and mentoring.
81% of trained peer support specialists are located in a rural community.
Pay for Performance Model

• Providers are paid a monthly base rate for each participant with the opportunity to receive performance pay if the participant meets at least 3 out of 4 monthly outcomes.
Outcome Monitoring

Stable Housing

Is the person living in a residence that is supportive of their recovery?

- Examples: Independent housing, living with supportive family/friend, halfway house, etc.

Stable Employment

Is the person actively seeking or participating in employment?

- Examples: Retired, homemaker, receives SSDI, involved in education, attending behavioral health treatment
Outcome Monitoring

Recovery

Is the participant demonstrating effort to reduce their substance use or the harm associated with their use and/or improve their mental health functioning.

Criminal Justice Involvement

Did the participant avoid law enforcement involvement resulting in arrest, criminal charge, or probation violation resulting in initiation of revocation?
FREE THROUGH RECOVERY

18 Months of Implementation

What does the data tell us?
FREE THROUGH RECOVERY launched on February 1, 2018. In the first 19 months, 1845 individuals have participated.

FREE THROUGH RECOVERY PROVIDERS
There are currently 48 Free Through Recovery Providers located throughout the state with the capacity to serve over 1,500 participants.

Monthly Census (active participants), Discharges and Denials

There has been a total of 934 discharges from Free Through Recovery. The majority of individuals declined or stopped participating (35%), followed by those who had no contact with their care coordinator or absconded (24%). 33 individuals were identified as not eligible.
Behavioral Health Needs

- Co-Ocurring - 46%
- Substance Use - 43%
- Mental Health - 11%
Of the 1,039 current participants:

- 46% of participants have a co-occurring (mental health and substance use) behavioral health need.
- 59% of participants are male.
- Half of the participants (53%) are between the ages of 31-50 and a third (35%) of the individuals are between the ages of 18-30.
- The majority (66%) of participants are white. 24% of participants are Native American.
- 74% of participants have a moderate-high or high risk of committing new crimes (LSI-R score of 30 or above).
- The majority of current participants in the program come from the Fargo area (37%), followed by Bismarck (29%).
Risk Level of Referrals

- Low: 3%
- Low-Moderate: 5%
- Moderate: 18%
- Moderate-High: 44%
- High: 30%
OUTCOMES

Free Through Recovery Providers are reimbursed with a pay for performance model. In addition to monthly base pay, providers can receive performance pay if participants meet at least 3 of 4 outcome metrics (Housing, Employment, Recovery, and Involvement with Law Enforcement).

March 2019 - August 2019
Outcomes

- Met 3 or 4 outcomes - 67%
- Met < 3 outcomes - 33%
Positive outcomes were achieved by:

+ 64% of the participants in the law enforcement domain
+ 66% of the participants in the housing domain
+ 61% of the participants in the employment domain
+ 61% of the participants in the recovery domain
NEXT STEPS
Thank You

Questions?