

Improving Access to Care for Justice-Involved Persons with Behavioral Health Needs

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Presented on behalf of the Correctional Behavioral Health Workgroup

Correctional Behavioral Health Workgroup


Mission: Provide recommendations regarding improved access to behavioral healthcare for individuals involved with the criminal justice system

Membership

- ▶ Leann Bertsch, DOCR
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- ▶ Andrew Frobig, Cass County Jail
- ▶ Lynette Tastad, Cass County Jail
- ▶ Doris Songer, SWMCCC
- ▶ Chad Jackson, Stutsman County Jail
- ▶ Bret Burkholder, Grand Forks County Jail
- ▶ Steve Hall, Burleigh County Jail
- ▶ Thomas Erhardt, DOCR
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Keys to Remember

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- ▶ Chronic Disease
 - ▶ Continuum of Care
 - ▶ Best Practice
 - ▶ Diversion & Re-Entry
 - ▶ Incarceration Services
for behavioral health
(Prison & Jail)



Council of State Governments Justice Center reports **70%** of judges in North Dakota have **sentenced an individual to prison in order to access behavioral health services.**

Chronic Disease Management

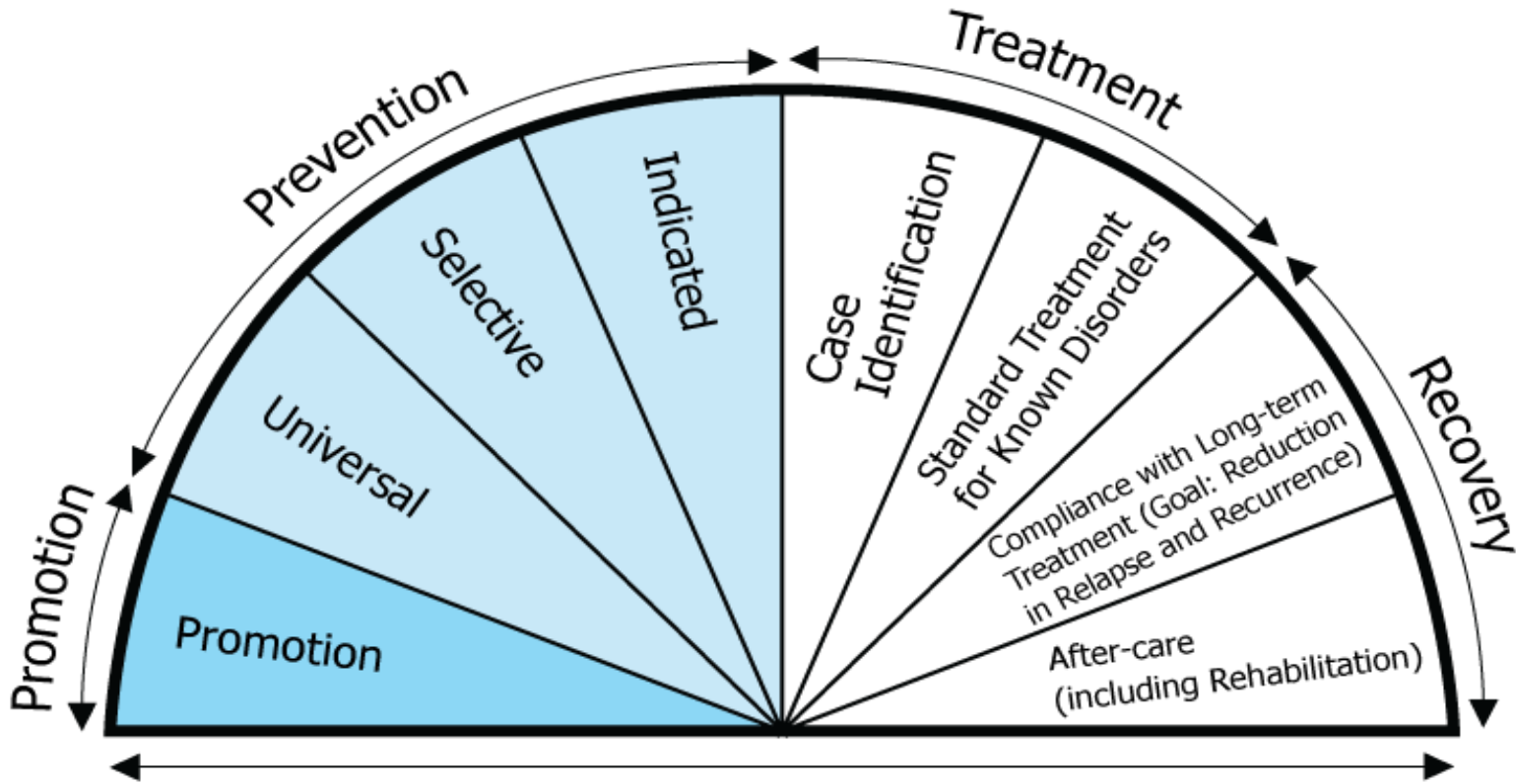
Chronic disease management is a broad term that encompasses **many different models for improving care for people with chronic disease.**

Elements of a structured chronic disease management program may include:

- a treatment plan with regular monitoring
 - coordination of care between multiple providers and/or settings
 - medication management
 - evidence-based care
 - measuring care quality and outcomes
 - support for patient self-management through education or tools
-



Behavioral Health Continuum of Care



Institute of Medicine Continuum of Care



Best Practice

A best practice is a method or technique that has **consistently shown results** in an effort to **maintain quality** and **produce outcomes**.



Two key points:

- ▶ In order for criminal justice diversion or re-entry strategies to be effective, they must be **supported by a full continuum** of accessible behavioral healthcare.
- ▶ We must **improve the capacity to effectively treat** those who do have to go to jail or prison in order to reduce recidivism and contain the cost of the corrections system.



Phases to consider:

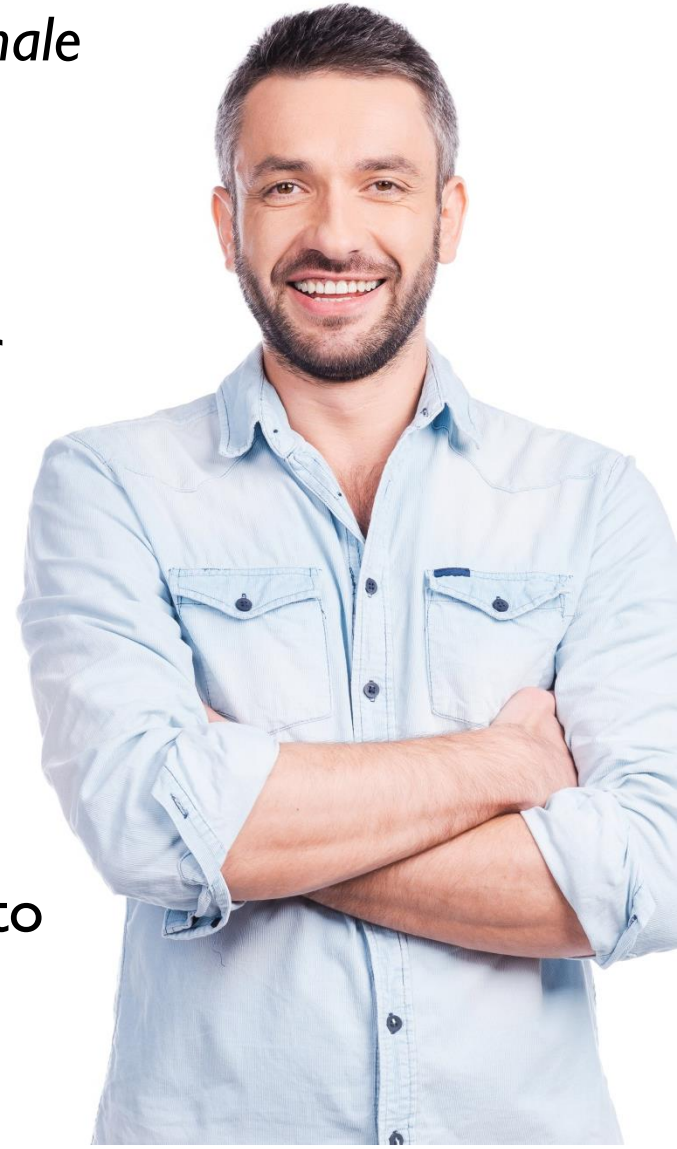
- ▶ **Diversion or alternatives to incarceration**
 - ▶ Not talking about perpetrators of violent or serious crimes
- ▶ **Incarceration**
- ▶ **Re-entry**
 - ▶ Often violent and serious offenders have the most difficulty transitioning from jail or prison and very few people receive life sentences without the possibility of parole.



We serve people.

35-year-old male

- ▶ Non-violent criminal history
- ▶ Sentenced to probation for Possession of Marijuana Paraphernalia and Theft of Property
- ▶ Diagnosed with Bipolar I Disorder
- ▶ Revoked with new charges of Disorderly Conduct and Preventing Arrest and sent to prison



We serve people.

“We do not have any local options.”

“He was terminated from the crisis residential facility.”

“...there is no space available at present.”

“He agreed to have S picked up and jailed.”



We serve people.

“She was pretty sure he wouldn’t take his medications.”

“Hopefully he won’t get out of jail until stable.”

“Within five minutes of release from jail, PD had been called, S had made a scene...”



We serve people.



32-year-old male

- ▶ Felonies on record are for possession of drug paraphernalia and criminal trespass
 - ▶ On probation for possession of methamphetamine and possession of drug paraphernalia
-

We serve people.



“It was obvious he was under the influence...”

“...was arrested for possession of methamphetamine and drug paraphernalia.”

“...to get medically cleared before transport to the jail.”

We serve people.



“He is on a waiting list.”

“He has been evaluated and undergone treatment two times.”

“Reports the treatment was outpatient and lasted 90 days, which he completed.”

We serve people.

23-year-old female

- ▶ Felonies are for Theft of Property and possession of various controlled substances and paraphernalia
- ▶ Revoked due to new drug and theft offenses and termination from treatment



We serve people.

Arrested for Possession of Drug Paraphernalia

“S was under the influence when at the office. Took S to see if S could get into a crisis bed. S did not meet the standards for crisis bed. Brought S back to office.”



We serve people.

She was given the opportunity to go to Centre, Inc. for treatment and did not show up.

Petition to Revoke two months after sentencing to probation on Possession of Drug Paraphernalia and Child Endangerment



These cases are not anomalies.

- ▶ On a given day, **27%** of ND prison beds are occupied by people who were revoked from supervised release.
- ▶ **76%** of revocations to prison were for technical violations.
- ▶ **62%** of new admissions to prison are from lowest felony class, mostly property and drug offenses.
- ▶ **70%** of judges surveyed stated they have sentenced individuals to prison in order to connect them with mental health or drug programming.
 - ▶ “Judges seemed more confident that substance use treatment is available than mental health treatment and that treatment was available in state prison.”-CSG Presentation



Its not *just* about beds.

Engagement

Prompt access

Housing-first
models

Employment
support

Long-term
outpatient and
maintenance
treatment

Recovery-
oriented care with
peer support

***We cannot effectively address chronic conditions
with acute care systems.***



Diversion

- ▶ Determine the felony level offenses that lead to incarceration for high numbers of people with behavioral health needs.
- ▶ Determine which could be reduced without significant impact on public safety.

“Provide greater structure in statute regarding populations that should be sentenced to probation rather than incarceration.”

– CSG recommendation



Diversion

- ▶ Support training for law enforcement in recognizing individuals in behavioral health crisis.
- ▶ Increase capacity for detoxification and intoxication management services.
- ▶ Provide supportive housing for people participating in substance abuse treatment to improve access to existing crisis mental health beds.
- ▶ Support the development of pre-trial services.
 - ▶ Fund the recommendations that result from the assessment conducted by DHS in order to increase services along the full continuum of care



Diversion

- ▶ Increase local capacity for mental health commitment evaluations.
- ▶ Invest in local, community-based, effective substance abuse treatment services.
 - ▶ There are specific gaps in residential treatment that are presently filled by prison treatment.
 - ▶ Limited medication-assisted treatment options

“There is no timely access to assessment and then they don’t meet commitment criteria because they are ‘safe’ in jail”. –Jail staff member

My day is 50% problem-solving with POs on what to do for addicts. Then the person picks up new charges and our hands get tied.” -P&P Program Manager



Incarceration

- ▶ Support behavioral health needs assessment in jails.
- ▶ Incarcerated persons lose access benefits.
- ▶ Incarceration disrupts established supports.
- ▶ Make better use of incarcerated time in jails and provide more effectively for transitions to the community.

“I often times hear community treatment providers say ‘the best form of treatment is jail’ when there is no assessment or treatment being provided in jail.” -Jail staff member



Re-entry

- ▶ Offering a full continuum of behavioral health services is key
- ▶ Chronic disease management
- ▶ Sober living, supported employment, peer support
- ▶ Improve access to effective, long-term aftercare programs that advance learning and application
 - ▶ With a philosophy that supports recovery



Ongoing Initiatives

- ▶ Housing first model in Grand Forks
- ▶ Intoxication/detoxification facility opening in Grand Forks
- ▶ Burleigh/Morton Justice and Mental Health Collaboration



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