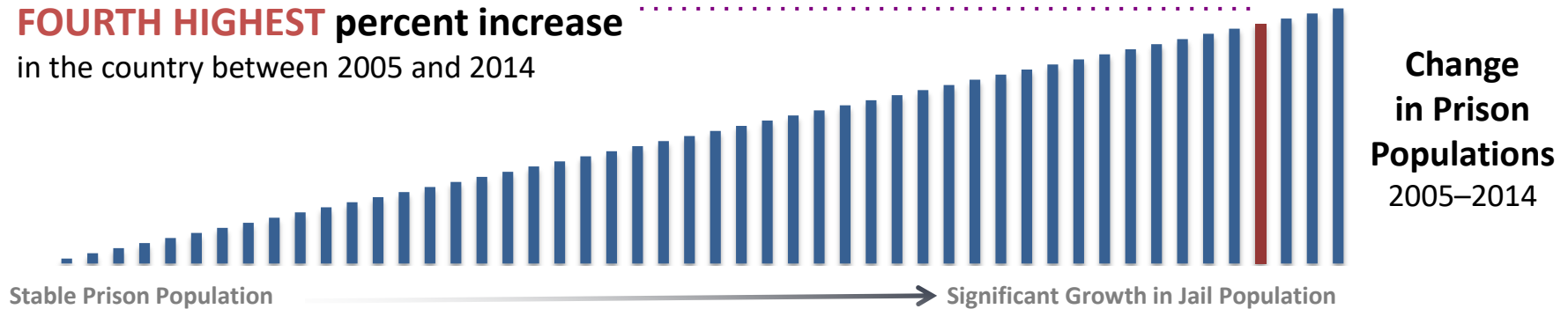


FREE THROUGH
Recovery

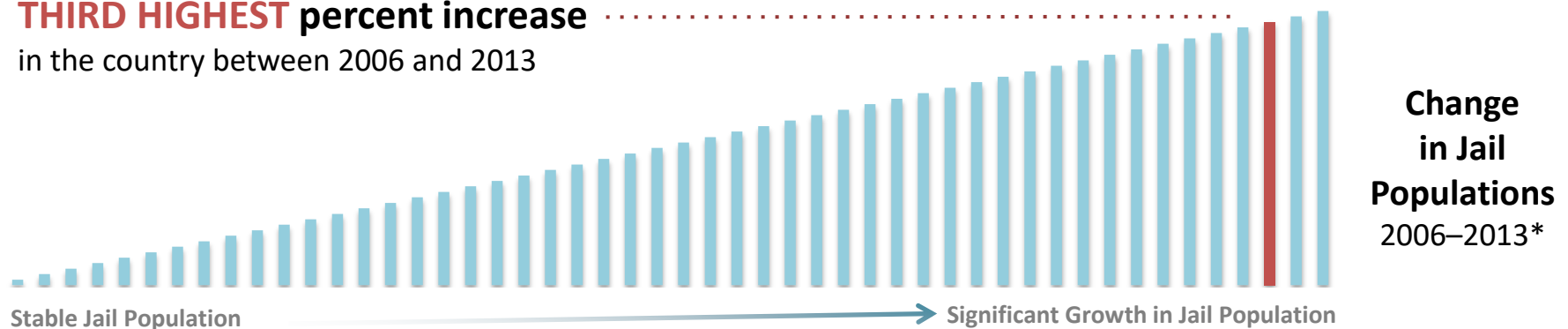
1

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



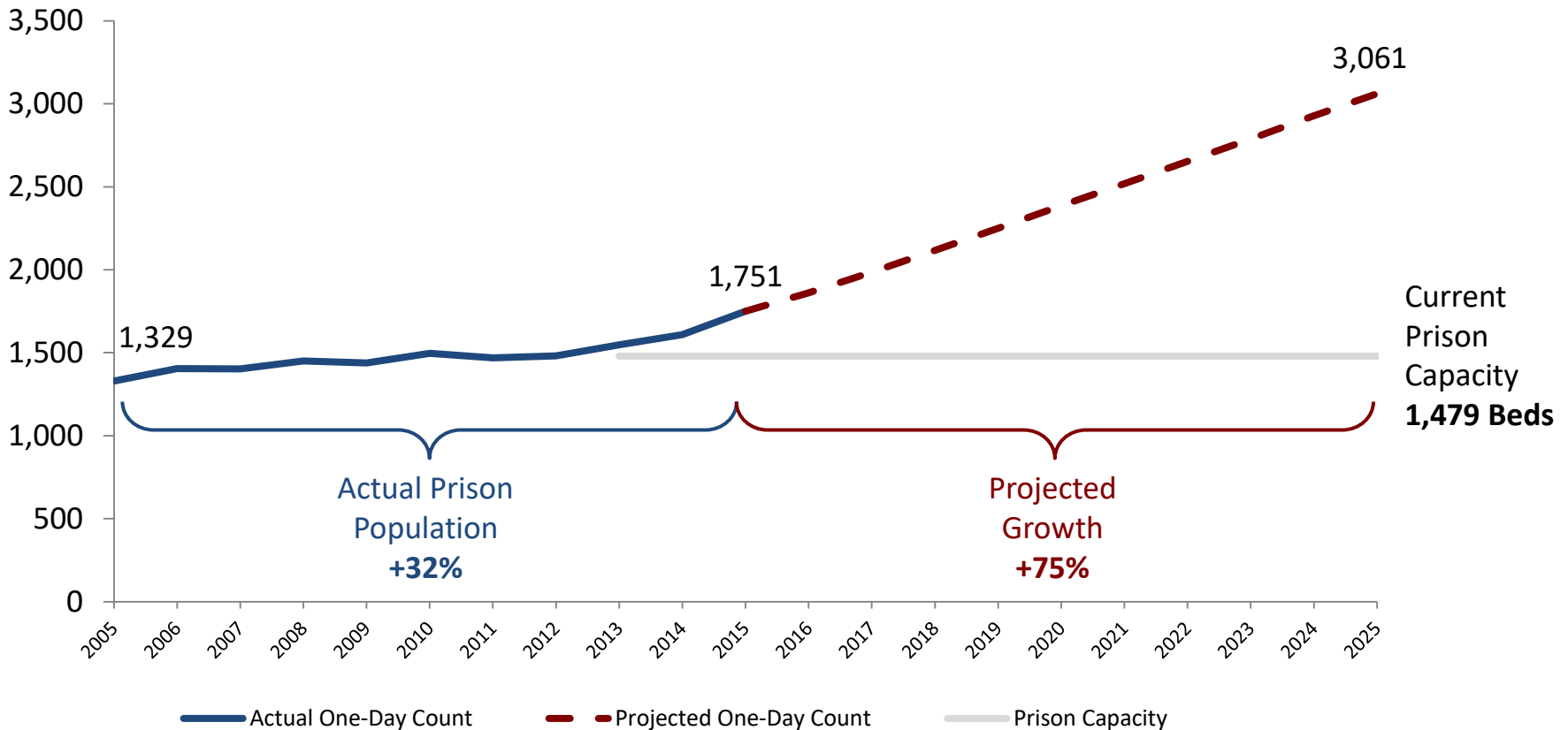
*The 2006–2013 timeframe is the most recent data available for national data comparisons on jail populations.

Source: U.S. Department of Justice, Bureau of Justice Statistics (BJS) *Census of Jails: Population Changes, 1999–2013* (Washington DC: BJA, 2015). Excludes the unified jail and prison systems in Alaska, Connecticut, Delaware, Rhode Island, Hawaii, and Vermont. BJS, "Correctional Statistical Analysis Tool (2005–2014)," retrieved on January 21, 2016, from <http://www.bjs.gov/index.cfm?ty=nps>.

2

The state's correctional system is at capacity and is forecasted to grow significantly over the next decade

DOCR Historical and Projected One-Day Inmate Counts, 2005–2025

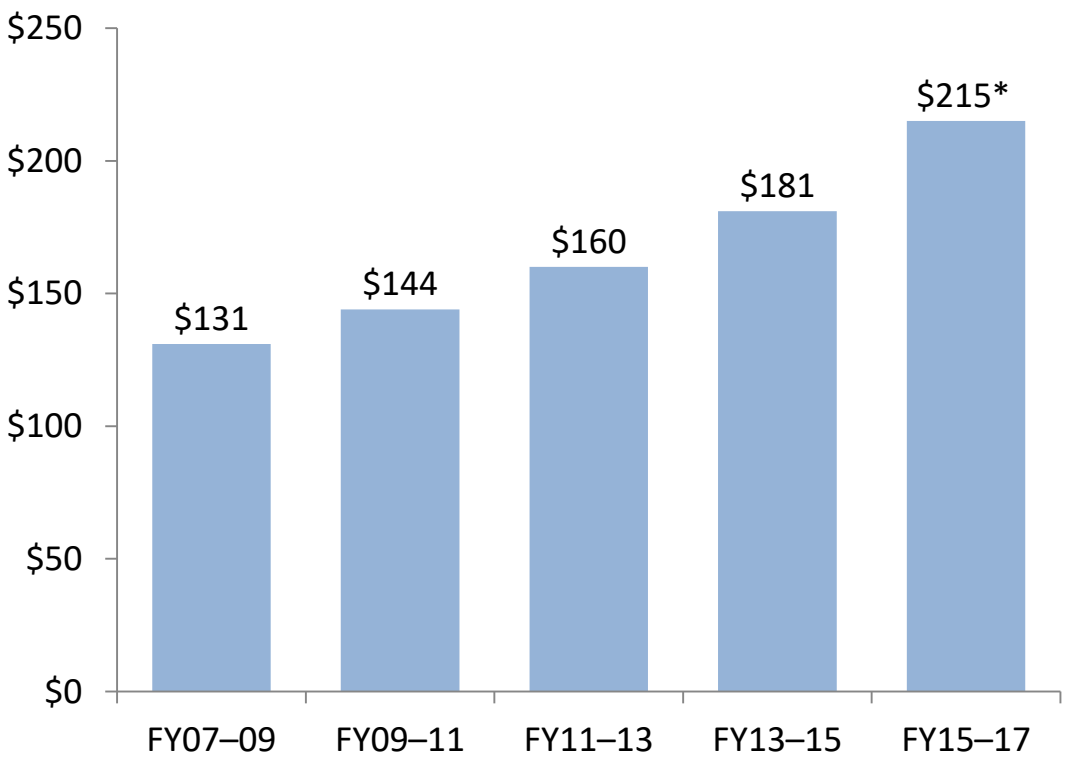


DOCR one-day inmate population snapshots for 2005–2007 are as of January 1 of each fiscal year. DOCR one-day inmate population snapshots for 2008–2015 and one-day inmate population projections for 2016–2025 are as of the last day of each fiscal year (June 30). Source: Email correspondence between CSG Justice Center and DOCR, 2015 and 2016.

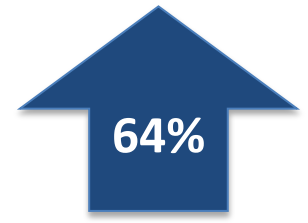
3

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



Corrections Spending Increase, FY07–09 to FY15–17



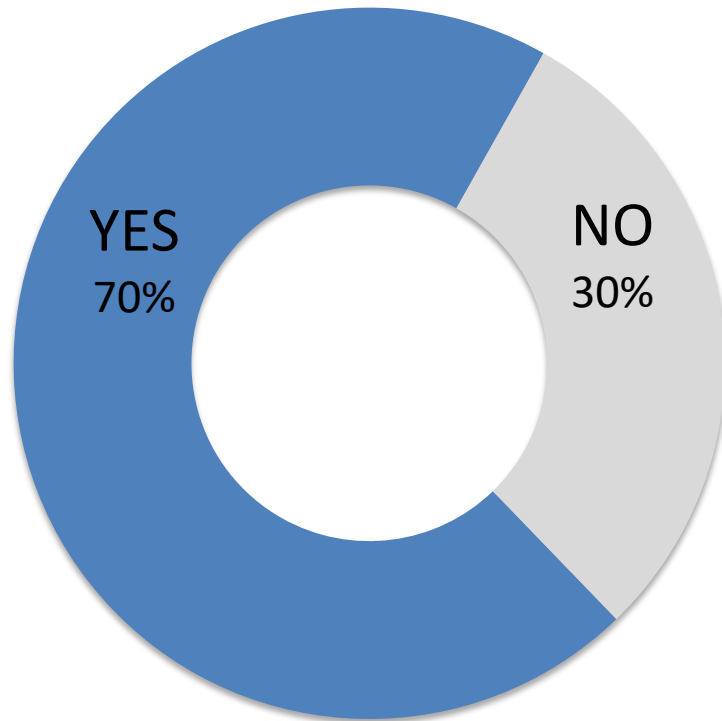
The FY2009–11 state budget provided **\$64 million** (\$22.5 million from the General Fund) for construction and renovation at the North Dakota State Penitentiary.

DOCR also receives special funding allocations.

**Budgeted, not spent for 2016 and 2017. Biennial budgets run on a two-year cycle. Budget information cited here is from July 1, 2003 to June 30, 2005 and the most recent running from July 1, 2013 to June 30, 2015. Source: DOCR, Biennial Report 2003–2005. (Bismarck: DOCR, 2005); DOCR, Biennial Report 2013–2015. Actual General Fund appropriations were \$83,458,031 for 2005 and \$178,475,785 for 2015.*

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?



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

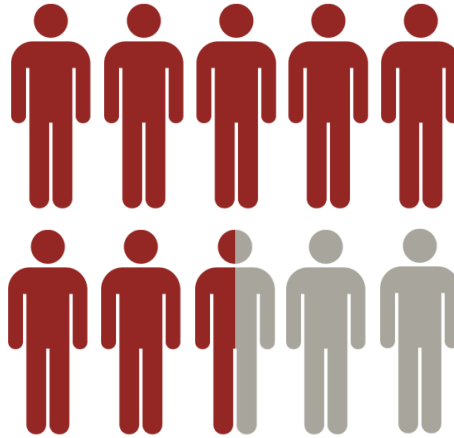
- Inadequate services in the local area
- Community-based drug or alcohol treatment programs have failed or been exhausted
- Defendant has no ability to pay for treatment

Probation and parole officers reported an acute need for substance use services in the community

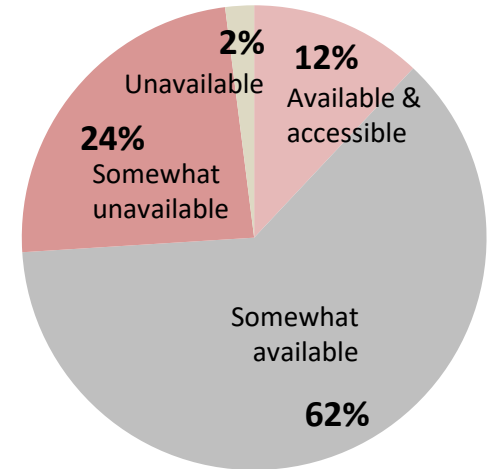
SUBSTANCE USE

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

NEED FOR TREATMENT



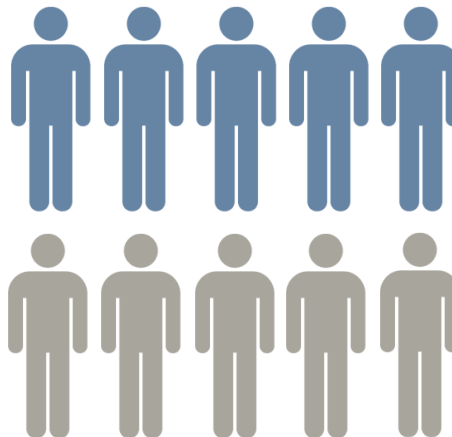
AVAILABILITY OF TREATMENT



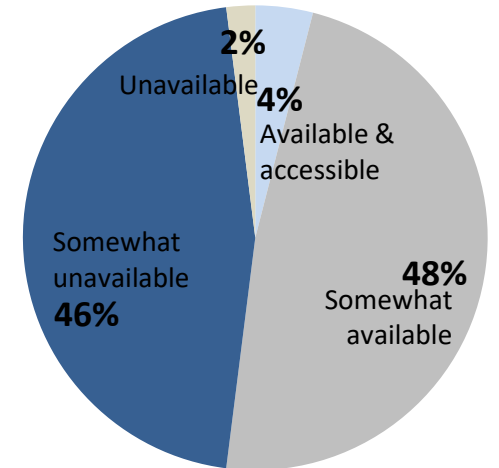
MENTAL HEALTH

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

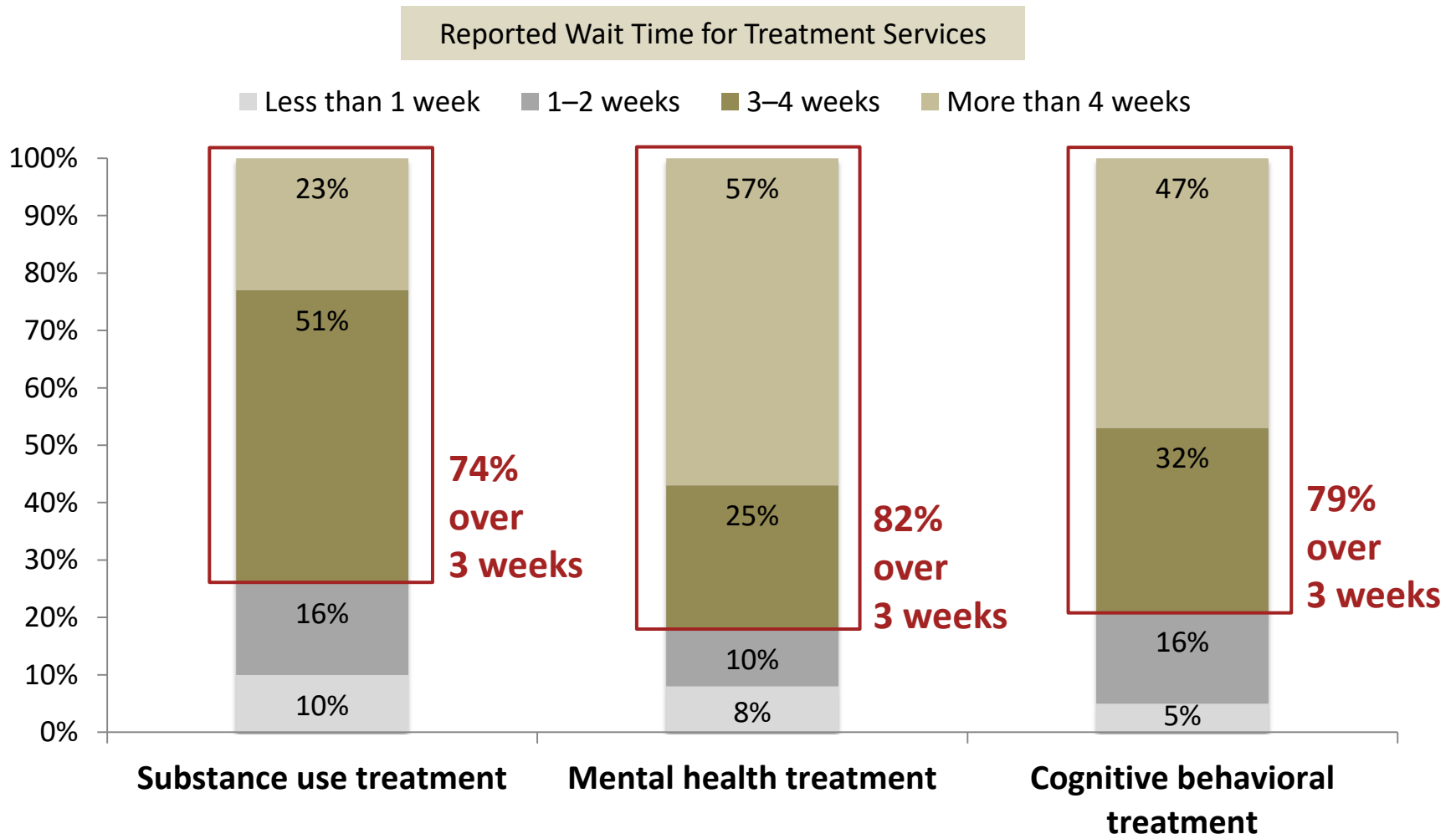
NEED FOR TREATMENT



AVAILABILITY OF TREATMENT



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.

FREE THROUGH
Recovery

Sixty-fifth Legislative Assembly of North Dakota
In Regular Session Commencing Tuesday, January 3, 2017

SENATE BILL NO. 2015
(Appropriations Committee)

AN ACT to provide an appropriation for defraying the expenses of the department of corrections and rehabilitation; to provide appropriations to the department of human services for behavioral health services; to create and enact a new section to chapter 12-44.1 and two new sections to chapter 54-23.3 of the North Dakota Century Code, relating to management of inmate population, a community behavioral health plan as a term of parole or an alternative to incarceration, and prioritization of admission of inmates; to provide for legislative management studies, to provide for a legislative management justice reinvestment oversight committee; and to provide for reports.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. APPROPRIATION. The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, and from special funds derived from federal funds and other income, to the department of corrections and rehabilitation for the purpose of defraying the expenses of the department of corrections and rehabilitation, for the biennium beginning July 1, 2017, and ending June 30, 2019, as follows:

	Base Level	Adjustments or Enhancements	Appropriation
Adult services	\$205,626,019	\$16,734,336	\$222,360,355
Youth services	30,654,707	85,802	30,740,509
Total all funds	\$236,280,726	\$16,820,138	\$253,100,864
Less estimated income	33,236,706	5,527,454	38,764,160
Total general fund	\$203,044,020	\$11,292,684	\$214,336,704
Full-time equivalent positions	836.29	9.00	845.29

SECTION 2. HEALTH INSURANCE INCREASE. The appropriation in section 1 of this Act includes the sum of \$2,155,572, of which \$2,016,105 is from the general fund, for increases in employee health insurance premiums from \$1,130 to \$1,241 per month.

SECTION 3. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO THE SIXTY-SIXTH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items approved by the sixty-fourth legislative assembly for the 2015-17 biennium and the 2017-19 biennium one-time funding items included in the appropriation in section 1 of this Act:

One-Time Funding Description	2015-17	2017-19
Security camera upgrade	\$202,500	\$0
Equipment	470,400	167,000
Extraordinary repairs	719,267	0
Information technology upgrades	150,000	0
DOCSTARS maintenance	150,000	0
License plate issue	4,900,000	0
Electronic medical records system	0	0
Justice reinvestment initiative	0	935,907
Total all funds	0	500,000
Less estimated income	\$6,592,167	\$1,602,907
Total general fund	\$5,126,000	1,602,907
	\$1,466,167	\$0

F R E E T H R O U G H

Recovery

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.

FREE THROUGH Recovery

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:

Fargo	262-292
Bismarck	175-180
Minot	40
Dickinson	10
Jamestown	15
Williston	15
Devil's Lake	15
Grand Forks	28
Cando	20

Thank you!

Questions?

