

## Human Services Committee

### Chairman Chuck Damschen

October 29, 2013

#### Testimony presented by Dr. Lisa Peterson, Clinical Director, ND DOCR

The mission of the North Dakota Department of Corrections and Rehabilitation (ND DOCR) is to enhance public safety, to reduce the risk of future criminal behavior by holding adult and juvenile offenders accountable, and to provide opportunities for change.

The North Dakota Department of Corrections and Rehabilitation provides evidence based programming to offer opportunities for change to the offenders in its care. The following report was developed to analyze the demand and capacity of these programs for the North Dakota State Penitentiary (NDSP), the James River Correctional Center (JRCC), and the Missouri River Correctional Center (MRCC). Data from July 01, 2013 – September 30, 2013 was utilized to estimate the demand for services. Staffing and group schedules from the same period were used to forecast capacity.

#### Thinking for a Change

Thinking for a Change (T4C) is an integrated, cognitive behavioral change program for offenders that include cognitive restructuring, social skills development, and development of problem solving skills.

MRCC has the capacity to offer 2 T4C groups per quarter. With 10 offenders per group the MRCC can provide T4C to 20 offenders per quarter.

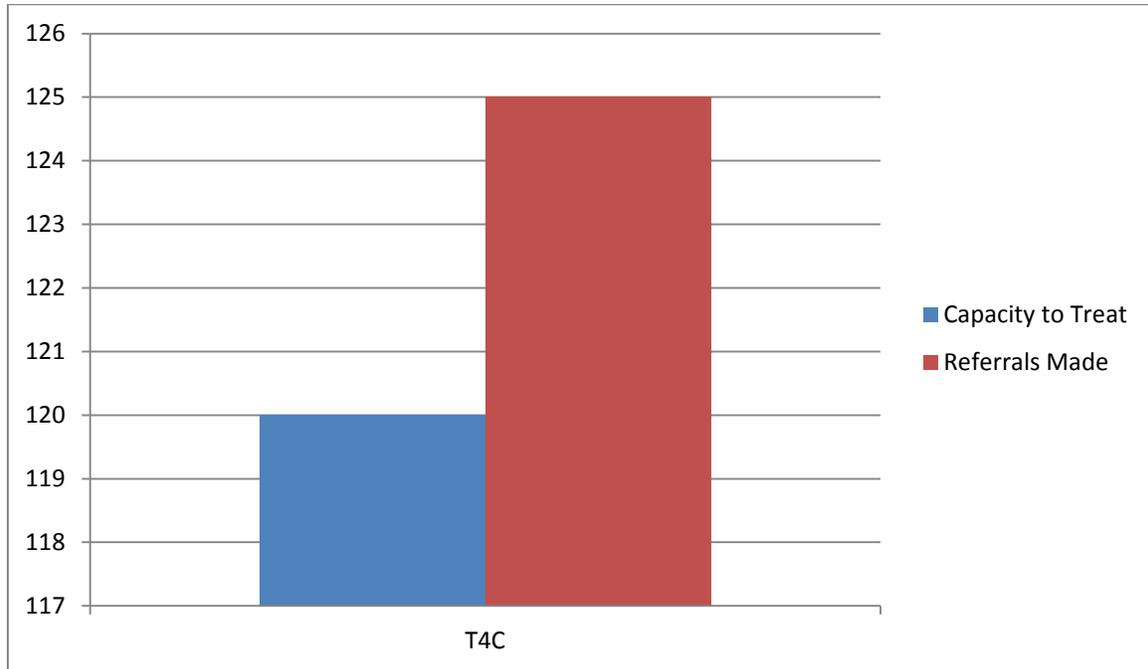
JRCC has the capacity to offer 5 T4C groups per quarter plus 1 special needs group. With 10 offenders per group, and 5 in the special needs group the JRCC can provide T4C to 55 offenders per quarter.

NDSP has the capacity to offer 4 T4C groups per quarter, plus 1 administrative segregation (AS) group. With 10 offenders per group, and 5 in the AS group the NDSP can provide T4C to 45 offenders per quarter.

The DOCR male prison facilities have a capacity to treat 120 T4C referrals if functioning with full staff.

There were 145 offenders referred for T4C from the July 1 – September 30<sup>th</sup> (3<sup>rd</sup> Quarter) time frame. An estimated 20 of these referrals would be transferred to TRCC per quarter resulting in an approximate 125 offenders requiring T4C in the DOCR male prison facilities.

This only includes referrals made during the orientation process. Occasionally referrals are made as a result of institutional misbehavior or new legal charges during the course of their incarceration. These referrals are not included in this report and are an estimated <5 per quarter.



### Cognitive Behavioral Interventions for Substance Abuse

Cognitive Behavioral Interventions for Substance Abuse (CBI-SA) is a curriculum designed for individuals who are moderate to high need in the area of substance abuse. It relies on a cognitive behavioral approach to teach participants strategies for avoiding substance abuse, social, emotional, and coping skills development.

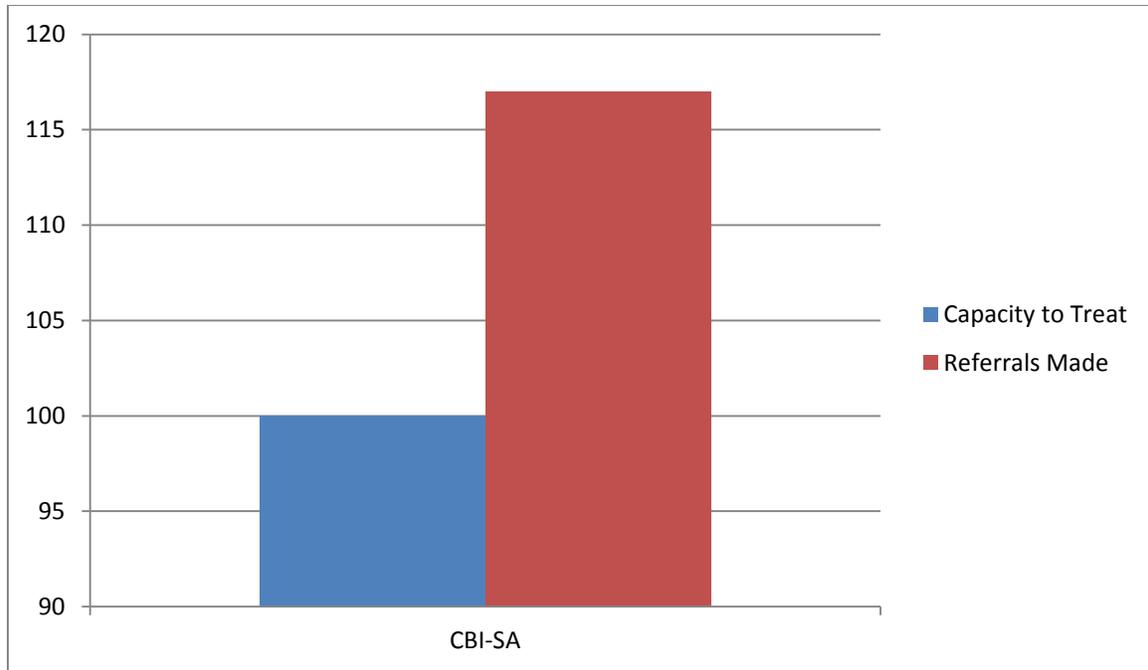
MRCC has the capacity to offer 1 CBI-SA groups per quarter. With 10 offenders per group the MRCC can provide CBI-SA to 10 offenders per quarter.

JRCC has the capacity to offer 4 CBI-SA groups per quarter. With 10 offenders per group the JRCC can provide T4C to 40 offenders per quarter.

NDSP has the capacity to offer 5 CBI-SA groups per quarter. With 10 offenders per group, and 5 in the AS group the NDSP can provide CBI-SA to 50 offenders per quarter.

The DOCR male prison facilities have a capacity to treat 100 CBI-SA referrals if functioning with full staff.

There were 147 offenders referred for T4C from the July1 – September 30<sup>th</sup> (3<sup>rd</sup> Quarter) time frame. An estimated 30 of these referrals would be transferred to TRCC per quarter resulting in an approximate 117 offenders requiring CBI-SA in the DOCR male prison facilities.



Conflict Resolution Program

Conflict Resolution Program (CRP) is a curriculum designed for individuals who are moderate to high need in the area of violence and aggression. It relies on a cognitive behavioral approach to teach participants strategies for avoiding conflicts, resolving conflict, and developing and maintaining healthy interpersonal relationships.

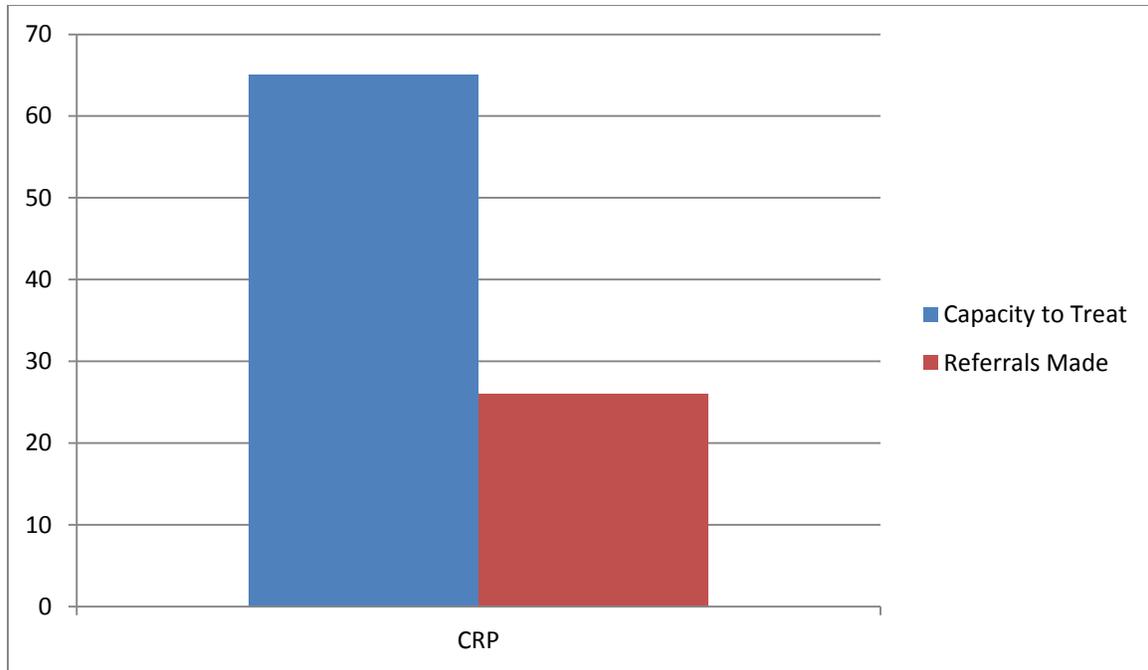
MRCC has the capacity to offer 1 CRP group per quarter. With 10 offenders per group the MRCC can provide CRP to 10 offenders per quarter.

JRCC has the capacity to offer 2 CRP groups per quarter, as well as 1 special needs group. With 10 offenders per group, and 5 in the special needs group the JRCC can provide CRP to 25 offenders per quarter.

NDSP has the capacity to offer 3 CRP groups per quarter. With 10 offenders per group the NDSP can provide CRP to 30 offenders per quarter.

The DOCR male prison facilities have a capacity to treat 65 CRP referrals if functioning with full staff.

There were 26 offenders referred for CRP from the July 1 – September 30<sup>th</sup> (3<sup>rd</sup> Quarter) time frame. This only includes referrals made during the orientation process. *Occasionally referrals are made as a result of institutional misbehavior or new legal charges during the course of their incarceration. These referrals are not included in this report and are an estimated 10-15 per quarter.*



### Alternatives to Violence in Relationships Program

Alternatives to Violence in Relationships Program (AVRP) is a curriculum designed for individuals who are moderate to high need in the area of domestic violence and power and control beliefs. It relies on a cognitive behavioral approach to teach participants strategies for avoiding and resolving conflict in relationships, as well as developing and maintaining healthy interpersonal relationships.

MRCC does not offer this program.

JRCC has the capacity to offer 1 AVRP group per quarter. With 10 offenders per group, the JRCC can provide AVRP to 10 offenders per quarter.

NDSP has the capacity to offer 1 AVRP group per quarter. With 10 offenders per group the NDSP can provide AVRP to 10 offenders per quarter.

The DOCR male prison facilities have a capacity to treat 20 AVRP referrals if functioning with full staff.

There were 34 offenders referred for AVRP from the July 1 – September 30<sup>th</sup> (3<sup>rd</sup> Quarter) time frame.



### Cognitive Behavioral Interventions for Sexual Offending

Cognitive Behavioral Interventions for Sexual Offending (CBI-SO) is a curriculum designed for individuals who are moderate to high need in the area of sexual offending. It relies on a cognitive behavioral approach to teach participants strategies for avoiding sexual offending and related behaviors. The program places heavy emphasis on skill-building activities to assist with cognitive, social, emotional, and coping skills development.

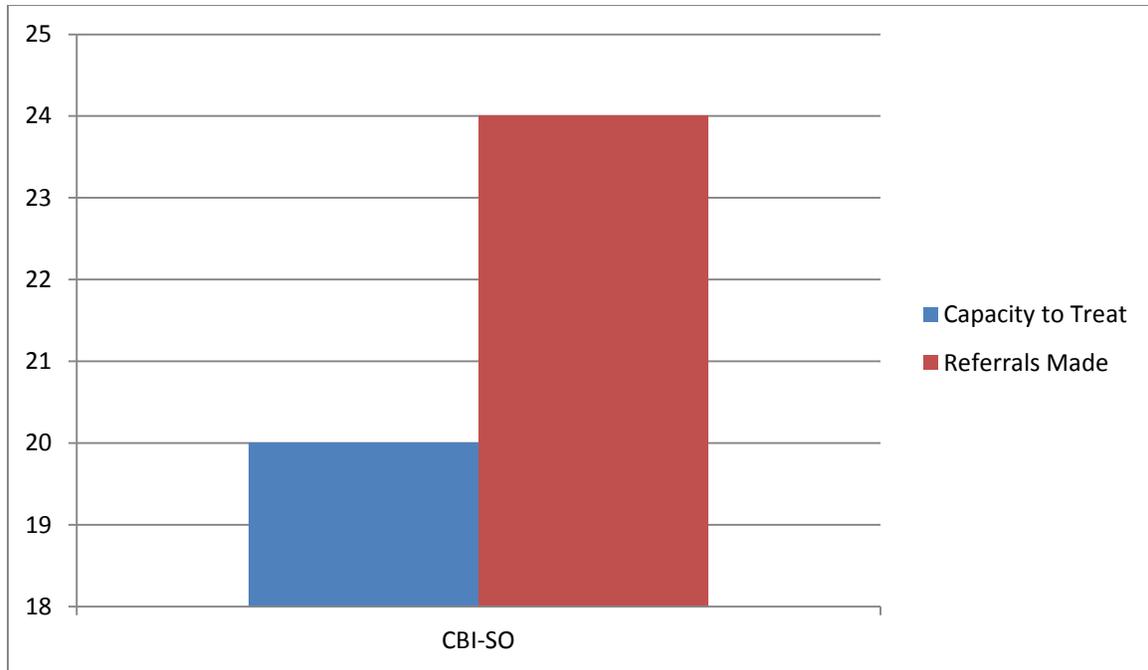
MRCC does not offer this program.

JRCC has the capacity to offer 1 CBI-SO group per quarter. With 10 offenders per group, the JRCC can provide CBI-SO to 10 offenders per quarter.

NDSP has the capacity to offer 1 CBI-SO group per quarter. With 10 offenders per group the NDSP can provide CBI-SO to 10 offenders per quarter.

The DOCR male prison facilities have a capacity to treat 20 CBI-SO referrals if functioning with full staff.

There were 24 offenders referred for CBI-SO from the July 1 – September 30<sup>th</sup> (3<sup>rd</sup> Quarter) time frame.



Sex Offender Maintenance Program

Sex Offender Maintenance Program (SOMP) is a curriculum focused on maintaining the gains made in CBI-SO group through repeated practice and graduated practice to facilitate competence and self-efficacy in pro-social behaviors.

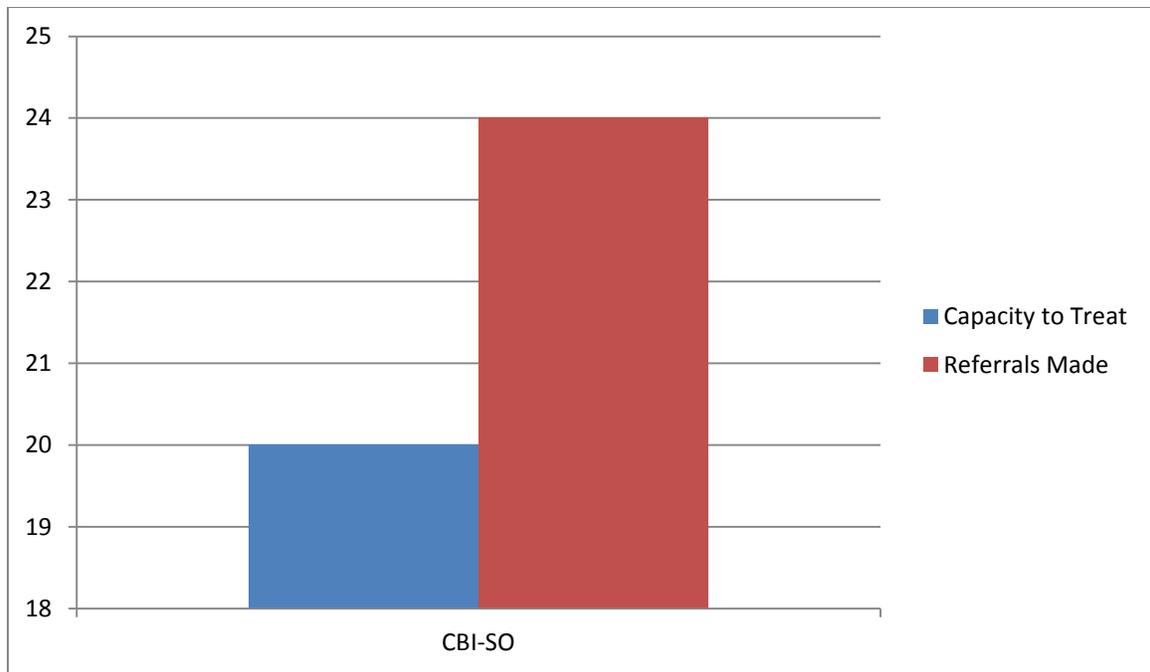
MRCC does not offer this program.

JRCC has the capacity to offer 1 SOMP group per quarter. With 10 offenders per group, the JRCC can provide SOMP to 10 offenders per quarter.

NDSP has the capacity to offer 1 SOMP group per quarter. With 10 offenders per group the NDSP can provide SOMP to 10 offenders per quarter.

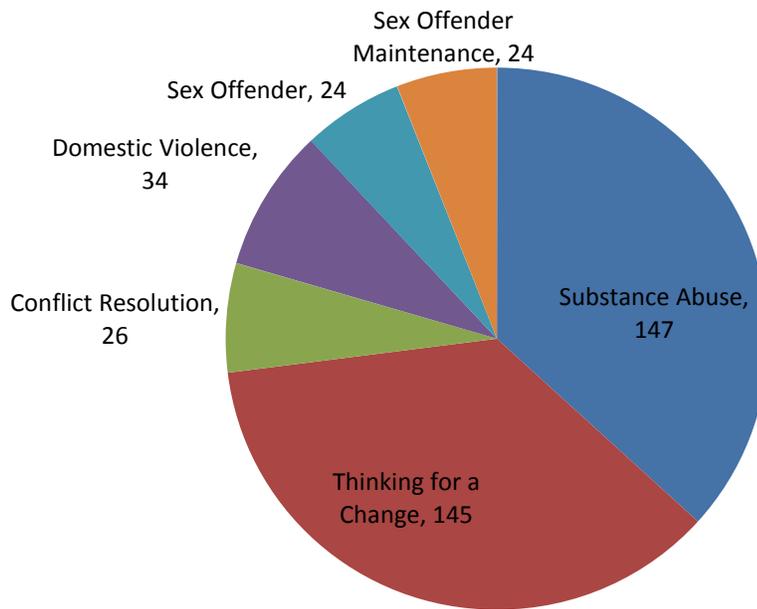
The DOCR male prison facilities have a capacity to treat 20 SOMP referrals if functioning with full staff.

There were 24 offenders referred for SOMP from the July 1 – September 30<sup>th</sup> (3<sup>rd</sup> Quarter) time frame.

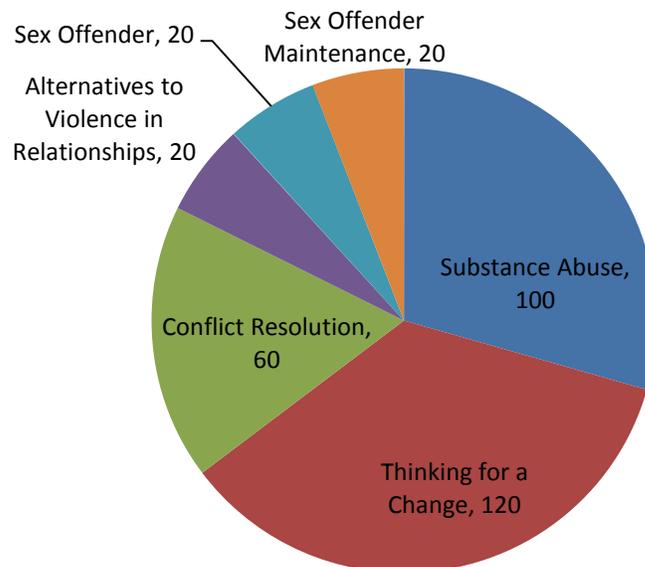


**Summary**

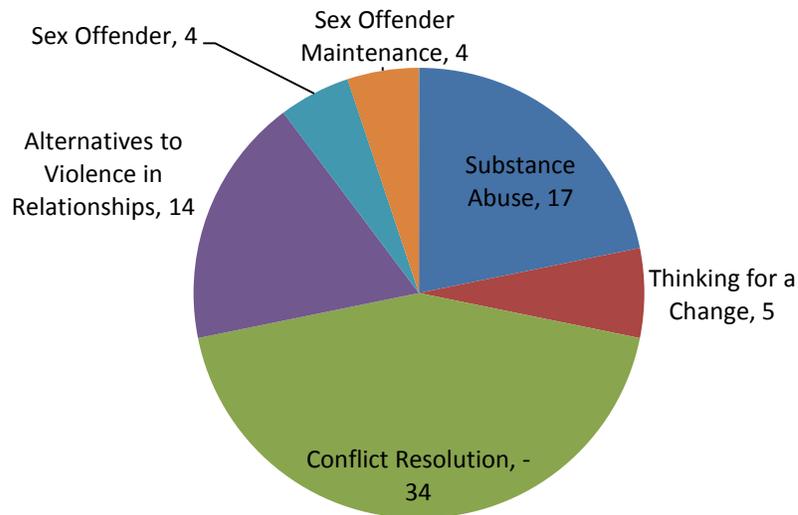
## Total Inmates in a Quarter that were Referred to Programming at Initial Classification by Program Type



## Total Inmates able to Treat with Current Staff per Quarter



## Inmates Unable to Serve with Current Staff per Quarter



### **COST:**

ND DOCR - Behavioral Health Services

Adult Services - Behavioral health services are provided in both institutional and community settings. Services provided in an institutional setting are delivered directly by DOCR employees. The 2013-15 behavioral health budget for all DOCR adult institutions is \$5.3 million (100% general funds). The approximate cost per day per inmate is \$5.07. Services provided in the community are delivered via contracts with various vendors. The cost to deliver behavioral health services at the community level is not specifically identified as the contracted cost includes all other services provided (meals, housing, case management, etc.). Below is a listing of vendors the DOCR has contracted with for the 2013-15 biennium that has a behavioral health component to the contract (budgeted average daily rate, estimated total cost).

- CCCS - (Bismarck Transition Center) – \$60.32 - \$4,799,662
- Centre – (Female Transition) - \$71.74 - \$2,618,510
- Centre – (Male Transition) - \$71.74 - \$1,256,885
- Centre – (Half-way House) - \$58.29 - \$2,765,861
- Lake Region Correctional Center – (Transition) - \$57.50 - \$335,800
- ND State Hospital (TRCC) - \$86.02 - \$5,651,247
- Heart of America Correctional Center - \$92.06 - \$1,680,022



## Programs and Treatment Services

### Overview

The Programs and Treatment Services department for the DOCR provides interventions to affect change and reduce the risk of recidivism in the criminal offender population. This requires high fidelity implementation of evidence-based correctional practices targeting each offender's identified criminogenic risk and need areas.

Programs and Treatment Services include clinical and administrative staff that manages the services at the three male prison facilities. At each facility, a Deputy Warden and a Clinical Supervisor collaborate in supervising the clinical staff, with the DOCR Clinical Director (a licensed clinical psychologist) overseeing clinical supervision and program development across all three male prison facilities.

The DOCR has been working diligently over the past two years to implement an evidence-based correctional practices redesign of inmate management strategies and treatment services. Initiatives associated with the redesign have included training all staff in motivational interviewing and cognitive-behavioral approaches to behavior modification, as well as implementing manualized treatment curricula and improved fidelity monitoring and quality assurance of treatment programs.

Assessment of new arrivals to prison over the past three years indicates that approximately 72% are recommended to complete substance abuse treatment, which continues to be the most prevalent need area. Approximately 44% of the inmate population is diagnosed with a mental illness and 30% are prescribed psychiatric medications. The severely mentally ill, to include psychotic and bipolar disorders, continue to represent 8% of the prison population.

As the number of offenders with mental illness in prison increases, as does associated behavior management challenges. Programs and Treatment Services staff along with medical, unit management, and security staff, form a response team to intervene in crisis situations and create treatment plans to manage suicidal behavior, violence, and symptoms of mental illness while incarcerated. The Special Assistance Unit (SAU) at the James River Correctional Center (JRCC) currently houses 22 mentally ill or vulnerable offenders in need of individualized housing plans and provides supportive services to six inmates who reside in general population. A mental health transitional unit housing eight to 12 offenders has been developed at the North Dakota State Penitentiary (NDSP), as well. We are working to improve our ability to provide a successful transition for all inmates, but mentally ill offenders in particular, back to their home communities.

Sex offenders continue to represent approximately 30% of the male prison population. In addition to providing assessment and treatment for sex offenders, DOCR staff also make recommendations

#### **DOCR Mission:**

*Our Mission is to enhance public safety, to reduce the risk of future criminal behavior by holding adult and juvenile offenders accountable, and to provide opportunities for change.*

#### **DOCR Vision:**

*A safer North Dakota through effective correctional services.*

#### **Programs and Treatment Services Mission:**

*Provide quality treatment in an environment that fosters respect, growth, and opportunity for change while assisting with community integration and reducing recidivism.*

to State's Attorneys regarding offenders who meet criteria for civil commitment review and participate on the Attorney General's Office Sex Offender Risk Assessment Committee to assign community risk levels. The DOCR has also worked to improve its transitional planning process for sex offenders through the Release and Integration Program.

Overall, the DOCR has increased the number of treatment program completions per year from 516 in 2008-2009 to 1,023 in 2012-2013. The DOCR is on track to engage 685 offenders in treatment programming this year, up from 343 in 2009. This is not the result of an increase in resources, but rather improvements in the efficiency of service delivery.

## Evidence-Based Practices

- **Assessment**-DOCR has adopted assessment practices consistent with the Risk, Needs, Responsivity model that incorporate empirically-supported assessment tools such as the Levels of Service Inventory, the Addiction Severity Index, the Static-99R, and the Stable 2007. Assessments are used to determine offender treatment needs and prioritize higher risk groups for incarcerated treatment. Staff also uses empirically-driven criteria to assess for risk of suicide and violence in order to guide crisis intervention and housing decisions.
- **Thinking for a Change Program (T4C)**-A program developed by the National Institute of Corrections and implemented in 2011 and 2012 that targets criminal thinking and social and problem solving skill development to reduce criminal recidivism in moderate to high risk offenders with antisocial personality features, multiple incarcerations, and/or elevated criminal thinking patterns. Approximately 60% of incarcerated inmates are referred for this program. All three DOCR male prison facilities recently received a Highly Effective audit score using the Correctional Program Checklist Audit. This places the DOCR prison facilities' T4C program in the top 18% of correctional programs nationwide. T4C runs for three and a half months and is offered at all three male prison facilities, Dakota Women's Correctional Rehabilitation Center (DWCRC), and other contract facilities.
- **Conflict Resolution Program (CRP)**-This program focuses on reducing violent behavior among moderate to high risk offenders who have demonstrated such behavior in the past. It has been revised in order to be consistent with recent research on program effectiveness, was piloted and modified using information from the pilot, and is now in place at NDSP and JRCC. Currently, around 25% of offenders are referred for this program. This program runs for four and a half months and is offered at NDSP and JRCC.
- **Cognitive-Behavioral Interventions for Substance Abuse (CBI-SA)**-A new curriculum implemented in 2012 to provide effective treatment for offenders with a substance abuse treatment need. 72% of offenders are recommended for this program. This program runs for four months and is offered at all three male prison facilities, DWCRC, and other contract facilities.
- **Alternatives to Violence in Relationships Program (AVRP)**-A revised domestic violence group intervention incorporating elements of the Duluth Model and evidence-based correctional practices. This program and assessment process is currently in the pilot phase at NDSP and JRCC. The program runs for four and a half months and is offered at NDSP and JRCC.
- **Sex Offender Treatment Program (SOTP)**-A group intervention for sex offenders using Cognitive-Behavioral Interventions for Sexual Offenders, developed at the University of Cincinnati Corrections Institute. NDSP and JRCC staff will begin one group each in December 2013. This program will run approximately nine months during the pilot phase, with twice weekly sessions, and could be shortened to six months if sessions are offered three times per week, in the future.
- **Seeking Safety**-An evidence-based group intervention to improve management of symptoms of posttraumatic stress disorder for female inmates. This group runs ten to twelve weeks and is offered at DWCRC.
- **Effective Communication and Motivational Strategies (ECMS)**-A training program in motivational interviewing techniques that was delivered to all staff beginning in 2011 in order to

utilize offender contacts to increase motivation for change. Motivational interviewing strategies are now integral to group and individual intervention delivery.

- **Core Correctional Practices (CCP)**-Skills training for staff in using effective disapproval, effective use of authority, and effective reinforcement strategies. The DOCR has also developed a prosocial behavior reinforcement program consistent with this model. All group programs incorporate verbal and tangible reinforcement for prosocial behaviors in group.
- **Individual Interventions**-DOCR clinical staff has improved their use of structured, time-limited, and research-driven individual counseling methods based in Cognitive-Behavioral Therapy and Dialectical Behavior Therapy, consistent with effective correctional practices such as role clarification and social and problem solving skill development.

## Staffing

NDSP is generally considered a maximum security facility and employs nine Human Relations Counselors, who are typically licensed social workers, and five Licensed Addiction Counselors. NDSP's clinical supervisor is a master's level licensed social worker. NDSP also employs a psychology resident, who will assume a position as a Licensed Psychologist upon completion of licensing requirements, and a pre-doctoral practicum student from the University of North Dakota's clinical psychology doctoral program. The Clinical Director's office is located at NDSP, as well. These staff members provide psychology services at multiple facilities across the department. As of October 23, 2013, the census at NDSP was 691 inmates.

JRCC is a medium security facility housing 406 offenders, as of October 23, 2013. It employs seven Human Relations Counselors, two of whom provide services in the Special Assistance Unit, and three Licensed Addiction Counselors. The clinical supervisor at JRCC holds a master's degree in forensic psychology and is also a Licensed Addiction Counselor.

The Missouri River Correctional Center is a minimum security facility housing 141 offenders, as of October 23, 2013. Clinical staff includes two Human Relations Counselors and one clinical supervisor, who is a Licensed Addiction Counselor.

## Challenges

Although we have greatly improved efficiency of service delivery, the DOCR continues to be challenged to assess and treat a sufficient number of inmates using existing staff resources, particularly related to the NDSP expansion project and the potential increase in census. It is also increasingly difficult to provide effective, individualized treatment planning and services for the number of offenders with more severe functional impairments due to mental illness, particularly with regard to Posttraumatic Stress Disorder, depressive disorders, bipolar disorders, and personality disorders that result in disruptive behavior. Another challenge is developing community aftercare programs consistent with the DOCR's intervention model that will allow offenders to continue honing the skills learned in the primary treatment programs they receive while in DOCR custody.

Please see the attached additional information regarding our current estimated unmet need as far as offender participation in recommended group programming. If you have any questions or concerns, or would like additional information, please do not hesitate to contact us.