

Important Additional Information:

- These graphs represent inmates willing to seek psychiatric services and whose mental health concerns were significant enough to warrant referrals for psychiatry services.
- Many other inmates have Axis I mental health concerns that are treated through therapeutic services and not necessarily formally diagnosed or go untreated due to their unwillingness to seek services.
- Approximately 3% of inmates have been identified as particularly vulnerable adults due to cognitive impairment.

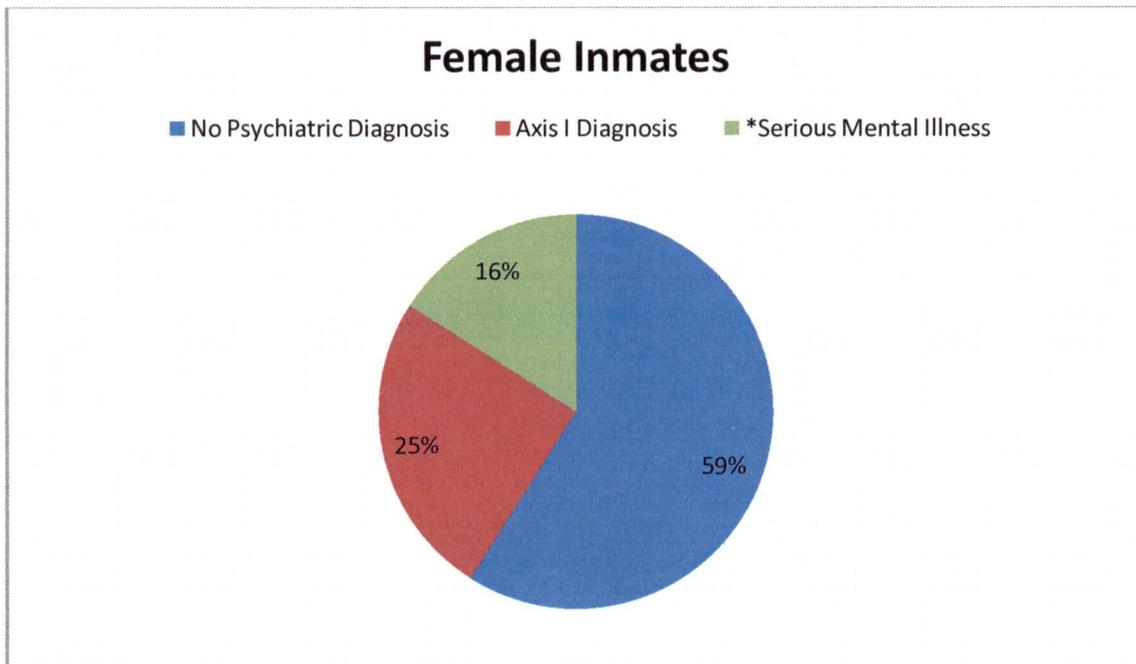
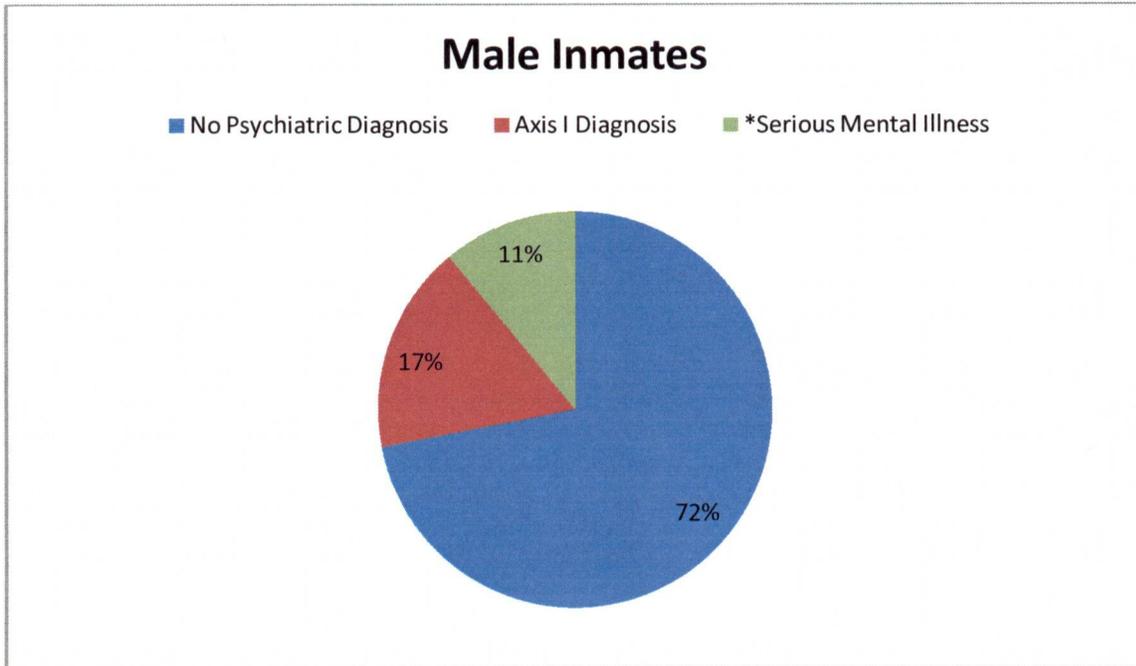
DOCR Initiatives:

- JRCC has a 28 bed mental health unit that allocates additional staff resources to managing the behavior and treatment of offenders with serious mental illness, chronic suicidality, or vulnerability concerns who cannot reside in general housing.
- NDSP has recently allocated 8 beds to serving inmates with special mental health and vulnerability concerns who cannot reside in general housing.
- Implementation of evidence-based coping skills groups designed for those with ongoing mental health concerns.
- Implementation of modified group treatment curricula and delivery to effectively treat individuals identified as low cognitive functioning.
- Increased access to psychiatric and psychological services, including individual therapeutic interventions, and reentry planning to address mental illness.

Suggested Community Strategies:

- Increased availability of supportive housing for those who cannot live on their own due to mental health or cognitive concerns, with increased willingness to accept individuals with criminal justice involvement.
- Increased availability of supportive services and housing for individuals whose current functioning isn't sufficiently impaired to warrant placement at the NDSH or the Developmental Center, but requires structured intervention.
- Interventions designed to treat criminal thinking patterns that, at times, accompany mental illness in addition to the mental illness itself (Ex. Thinking for Change).
- Consideration of a forensic mental health unit at the NDSH to house individuals who have perpetrated crimes, but could be better served in a hospital setting due to their psychiatric or cognitive impairment.
- Consistent referrals for competency and criminal responsibility assessments, along with referrals for competency restoration services as needed.

Inmates with Mental Health Concerns Treated by DOCR Psychiatry Staff as of June 2013



*Serious Mental Illness Denotes Psychotic or Bipolar Disorder only

Based on a total male inmate population of 1138 and a total female inmate population of 126

Profile of Juvenile Corrections Youth

As youth prepare to exit the corrections system, they face significant challenges. Their mental health and substance abuse problems will follow them well into adulthood and perhaps all of their lives. Furthermore, they frequently are not able to return to a stable home, and many still need to complete their education.

In addition to these practical issues, typical corrections-involved youth have distorted thinking patterns and lack social skills. A large portion of this population has experienced a significant level of childhood trauma that requires specific ongoing intervention. In other words, these youth require specialized therapeutic approaches coupled with significant programmatic structure in order to gain the trust and cooperation necessary to make progress in treatment.

The DJS aftercare case management system provides a critical link to services and supervision for these very troubled youth as they move towards young adulthood. Sometimes the DJS case manager is the only resource available to these youth and their families.

The current service delivery system in North Dakota lacks:

1. Affordable, accessible housing with sufficient structure and support for young people ages 18-21.
2. Community based mental health, substance abuse, and case management resources that are based on effective methods of intervention for this population, readily accessible with sufficient capacity.

It is important to emphasize that interventions must be geared towards this population if they are to be effective. In fact, there is evidence that putting these youth into traditional talk-therapy, insight oriented interventions worsens their behavior. This population requires highly structured programming that includes cognitive-behavioral approaches and has an operational philosophy that is able to withstand the level of behavior this population brings to the table. Those who work with this population should be required to have specialized training in trauma intervention.

3. Opportunities for youth to engage in relationships with appropriate adult role models. Relationships help connect youth to communities. Youth need to have a sense of place and belonging, and need to be valued for the contributions they can make to communities.

All young people need a place to belong, adults to belong with, and lives filled with activities that allow them to build on their successes and learn from their failures and mistakes. All youth need opportunities to practice, make mistakes, and then clean up their messes and try it again. Corrections involved youth are no exception.

Profile of Juvenile Corrections Youth

63% have mental health concerns

- 70% have a mental health issue that requires a medication which must be managed by a physical .
- These issues will be ongoing following discharge.

74% have a substance abuse diagnosis

- 77% used alcohol before the age of 15, and 52% used marijuana weekly before their admission.
- Even with treatment, these youth require support following discharge.

69% have unstable families

- 59 % have families that struggle economically, 50% have witnessed family violence and 50% have lived with multiple caretakers.
- Many youth will not have a functional or economically capable home following discharge.

64% have academic problems

- 62% have failed 3 or more classes , and 43% have special education needs.
- Unless youth graduate before discharge, these youth require academic support following discharge.

89 % have issues with cognitive reasoning

- Cognitive reasoning refers to the level of manipulative and dominant behavior, willingness to lie, inability to take responsibility for self, and lack of remorse or guilt.
- Any services provided in the community must be proven interventions for this population, or they will be ineffective.

81% lack adequate social skills

- These youth are characterized by a lack of engagement in positive activities in their communities, negative self perceptions of self and others, and lack of positive role models and social support.
- These youth require significant outreach in order to positively engage. They are not generally able to seek out and participate in services without support.

99% have criminogenic risk factors

- Services recieved while under supervision results in significant reductions in criminogenic risk and delinquent behavior. However without sufficient support post-discharge, their significant ongoing social needs drive recidivism.