JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS

Justice Reinvestment in North Dakota

Treatment and Programming Presentation

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Key Challenges in North Dakota

PRISON AND JAIL POPULATION GROWTH DRIVING COST. The statewide jail population increased 83 percent between 2006 and 2013. The prison population, up 32 percent between 2005 and 2015, is projected to increase 75 percent by 2025. Accommodating the increase will require hundreds of millions of dollars in new spending unless action is taken to avert the growth.

GROWING IMPACT OF SUBSTANCE USE. Drug use presents a growing challenge for North Dakota's criminal justice system. Between 2011 and 2014, there was a 148 percent increase in drug-related felony sentence events.

HIGH RATES OF FAILURE ON COMMUNITY SUPERVISION. Probation and parole officers reported that three quarters of their caseloads needed some form of drug or alcohol treatment. Most stakeholders see substance use as the primary causes of violations and revocations. Probation revocations alone cost the state an estimated $12.5 million each year.

BEHAVIORAL HEALTH SYSTEM OVERWHELMED. Rural and urban communities alike lack the trained workforce and services necessary to meet the needs of their residents.

Justice reinvestment goals explored in today's presentations

Avoid hundreds of millions in corrections spending

Improve services and resources for victims of crime

Reduce recidivism with stronger supervision

Expand access to high quality programs and treatment

This presentation contains four behavioral health policy options

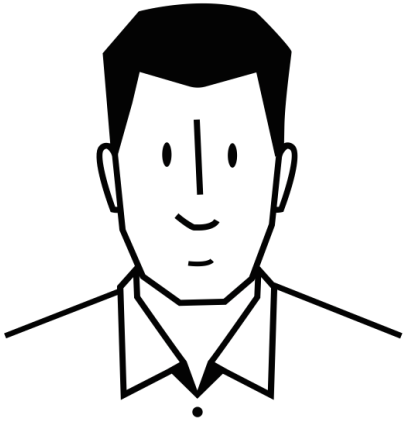
1. Increase healthcare enrollment for criminal justice system involved individuals.

2. Develop and fund an enhanced array of community interventions for higher risk and needs individuals.

3. Establish and fund policies to ensure an adequate network of community behavioral health practitioners throughout the state.

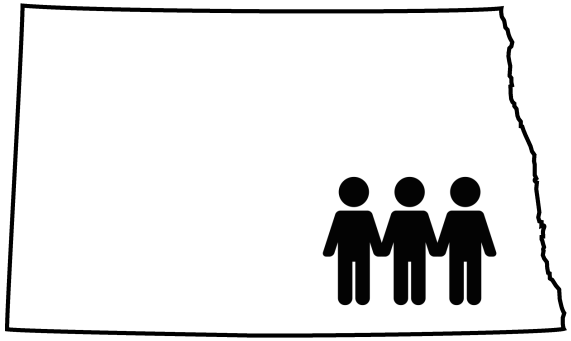
4. Create an alternative sentencing option delivering treatment and supervision.

Access to behavioral health treatment not only impacts individual lives but also every community around the state



Meet John Smith. John was sentenced to state prison and was recently released. He received treatment behind the walls but lacks health insurance and cannot afford to continue his medication back in his community. Without medications and counseling supports, John begins to decompensate and his behavior comes to the attention of police.

Across North Dakota the availability of behavioral health treatment is not keeping pace with the level of need. Incarceration, despite its negative effects on individuals, is sometimes viewed as the only way to connect people to services.



- **6th highest rates of alcohol and drugs abuse in the US**
- **43rd in behavioral health workforce availability**
- **Enrollment in substance abuse treatment decreased 15% (2009-13)**

Source: http://www.mentalhealthamerica.net/sites/default/files/Parity%20or%20Disparity%202015%20Report.pdf, http://store.samhsa.gov/shin/content//SMA16-BARO-2015/SMA16-BARO-2015-ND.pdf

POLICY OPTION #1

Increase healthcare enrollment for criminal justice system involved individuals

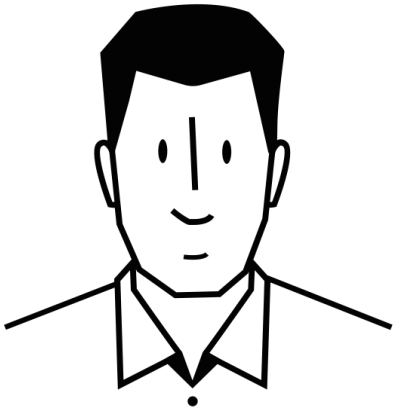
1A. Ensure use of a **comprehensive process** to screen and enroll prison and supervised populations in healthcare.

1B. Require Medicaid to **suspend benefits** rather than terminate during incarceration.

1C. Require Medicaid to work with DOCR to **facilitate Medicaid Administrative Claiming** to reimburse DOCR for all eligible activities.

SUPPORT FOR
POLICY
OPTION #1

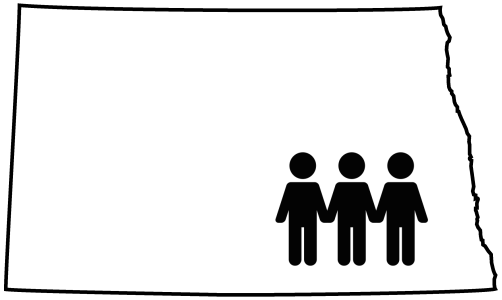
Key reasons to increase healthcare enrollment for criminal justice system involved individuals



Improve John's health and stability and **reduce recidivism** by ensuring funding for needed healthcare services

Improve public safety by addressing the behavioral health needs of individuals in the criminal justice system

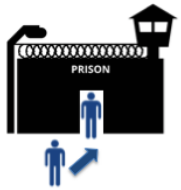
Maximize state investments by fully leveraging federal share of healthcare costs

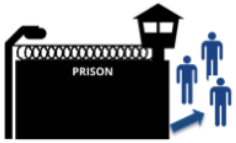


SUPPORT FOR
POLICY
OPTION #1

Suspending rather than terminating Medicaid benefits during incarceration can expedite reinstatement of benefits after release

Current Practice: TERMINATION



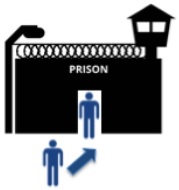


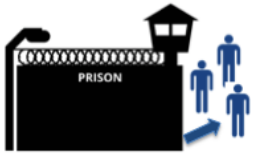
John enters prison. If he receives Medicaid, his benefits are terminated.

John leaves prison. He must begin the process of reinstating Medicaid on his own.

Months pass before John's Medicaid benefits are reinstated.

Proposed Practice: SUSPENSION





John enters prison and is screened for Medicaid.

If John has Medicaid, his benefits are **suspended.**

If he does not have Medicaid, he is **enrolled.**

John leaves prison with healthcare benefits already initiated.

It is only **days** before John's benefits are reinstated.

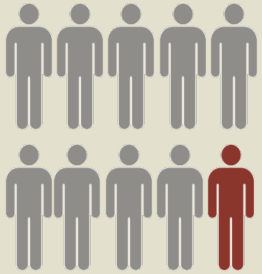
SUPPORT FOR

POLICY OPTION #1

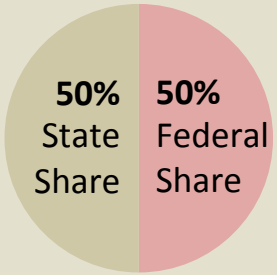
Medicaid Expansion enhances coverage for more people and leverages 90 federal dollars for every 1 dollar spent

Traditional Medicaid

Only **1 in 10** people exiting prison are eligible for traditional Medicaid

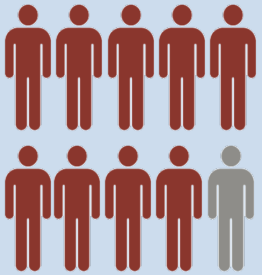


Under traditional Medicaid, the state covers **50% of costs**

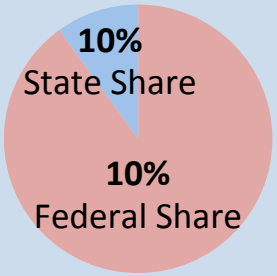


Medicaid Expansion

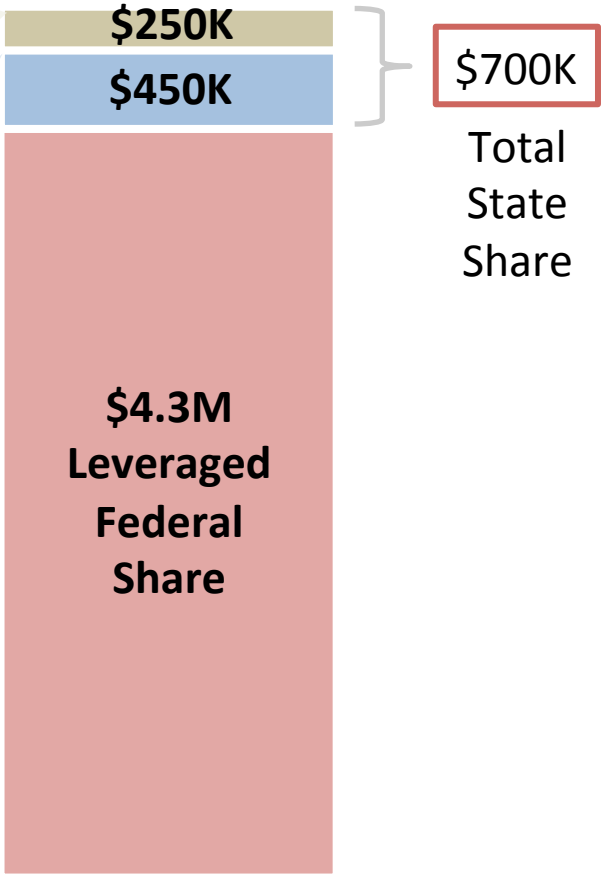
9 in 10 people leaving prison are eligible under Medicaid expansion



Under traditional Medicaid, the state covers **10% of costs**



EXAMPLE $5 MILLION EXPENDITURE



SUPPORT FOR
POLICY
OPTION #1

North Dakota can also leverage federal funds to offset the cost of enrollment activities through Medicaid Administrative Claiming (MAC)

MAC can pay up to **50%** for these activities

Examples of Reimbursable Activities

- Outreach
- Application assistance
- Staff development and training

POLICY OPTION #2

Create an array of community interventions for higher risk and needs individuals

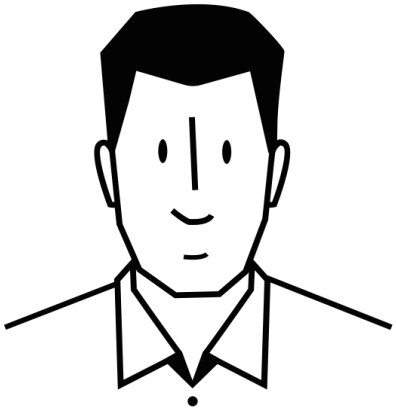
2A. Require DHS and DOCR to develop and promulgate standards for the provision of an array of community behavioral health services tailored for moderate and high risk offenders with serious behavioral health disorders.

2B. Require Medicaid to create enhanced rates with performance-based incentives to adequately support enhanced service provision.

2C. Increase access to risk reducing cognitive-behavioral interventions for offenders on probation and parole.

POLICY OPTION #2

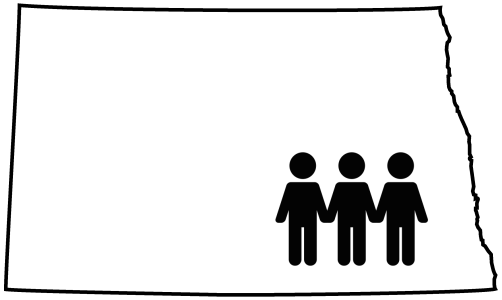
Key reasons to expand access to community based treatment for criminal justice system involved populations



Improve the public health outcomes for John by ensuring availability of an adequate array of treatment services in the community

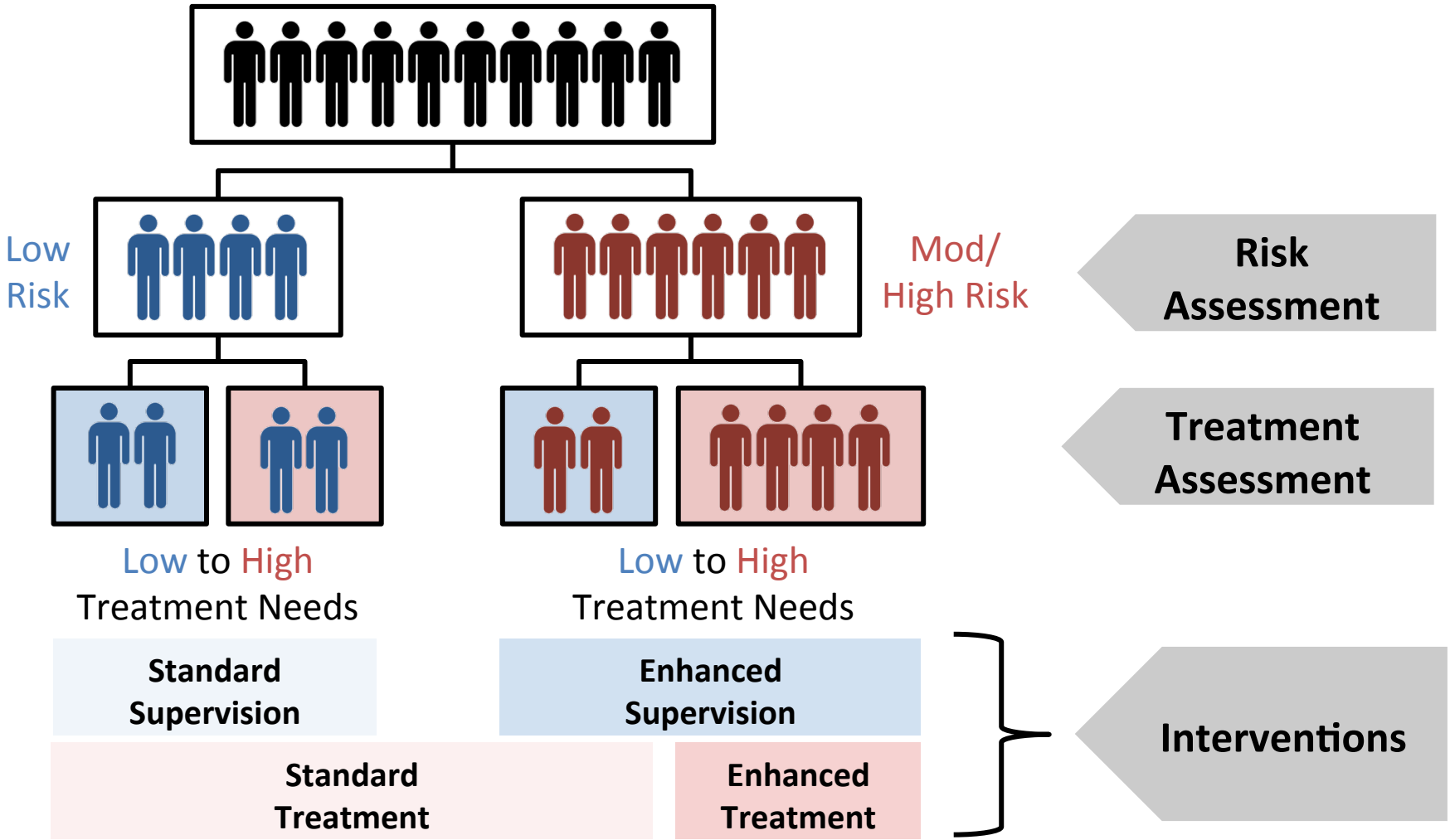
Improve public safety by addressing the behavioral health needs of individuals in the criminal justice system

Reduce system capacity **pressures and costs** associated with incarceration



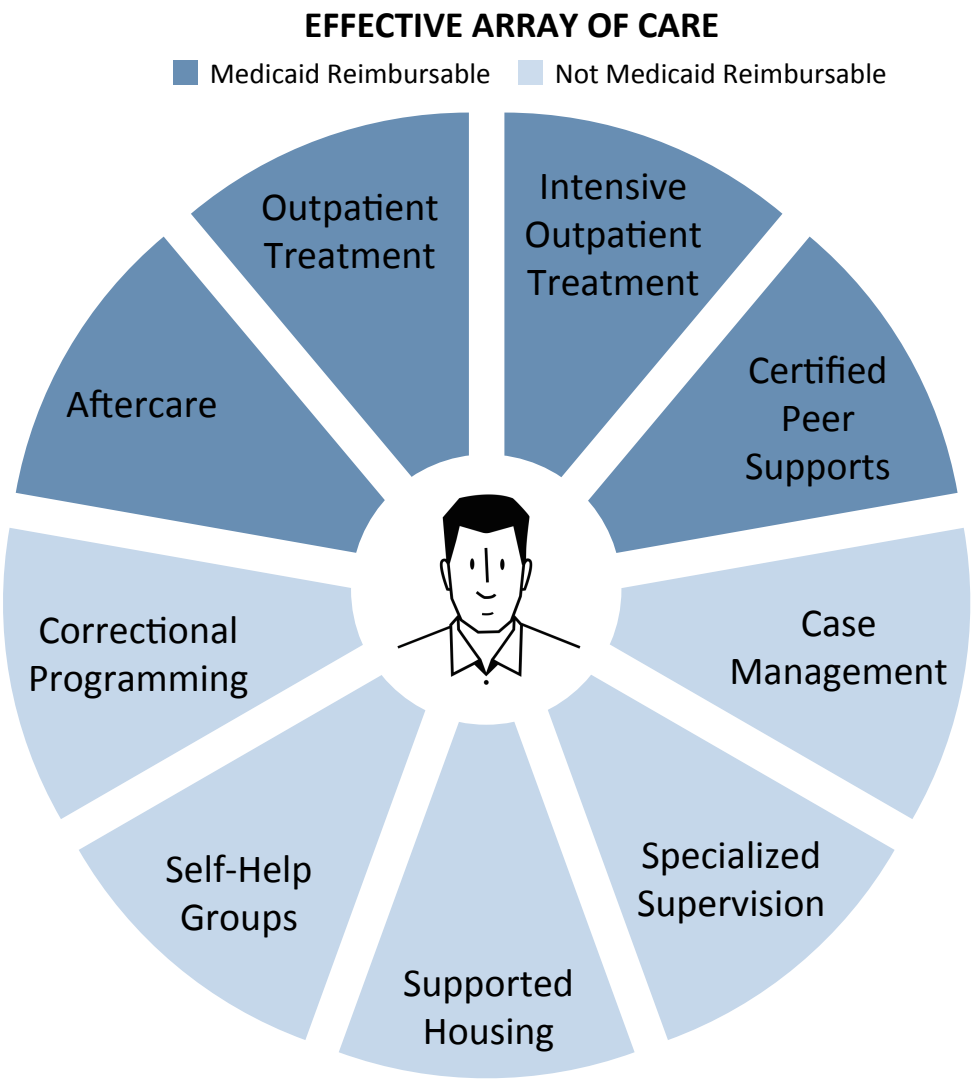
POLICY OPTION #2

Expand access to community based treatment for criminal justice system involved populations



POLICY OPTION #2

Create an array of integrated community interventions for higher risk and needs individuals



KEY FEATURES

Team-based case planning
Close collaboration
Coordinated services
Efficient information sharing
Proactive engagement
Continuing care strategies
Data driven shared outcomes
Manage level of care

VALUE BASED INCENTIVES

Enhanced services linked to enhanced rates
Enhanced rates linked to provider performance

POLICY OPTION #3

Establish and fund specialized positions to provide needed community supports and services

3A. Require DHS and DOCR to collaborate in establishing **training and certification processes** for both mental health and substance abuse peer support specialist positions to work in criminal justice settings.

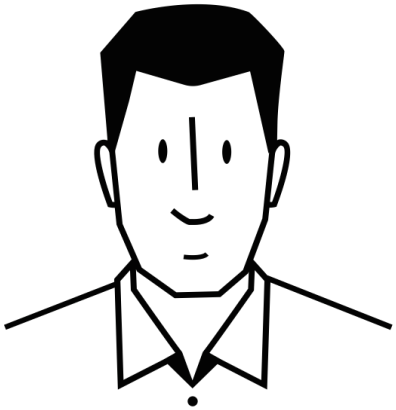
3B. Require Medicaid to recognize peer support specialists as a **Medicaid billable service**.

3C. Require DHS and DOCR to establish the parameters of a **Community Engagement Specialist position** and determine how many positions are needed to meet current and future system needs. Legislature to adequately fund.

3D. Require and fund DOCR in expanding its use of **specialized community supervision agents** to manage and improve outcomes for higher risk individuals with serious behavioral health disorders.

POLICY OPTION #3

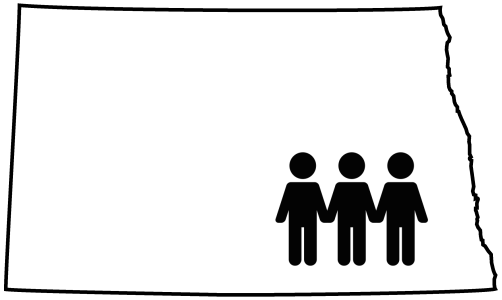
Key reasons to establish and fund specialized positions to provide needed community supports and services



Assure John's **access to recovery supports** that are integrated with criminal justice systems

Provides **entry level** paid **positions** for people who are interested in making a career in behavioral health

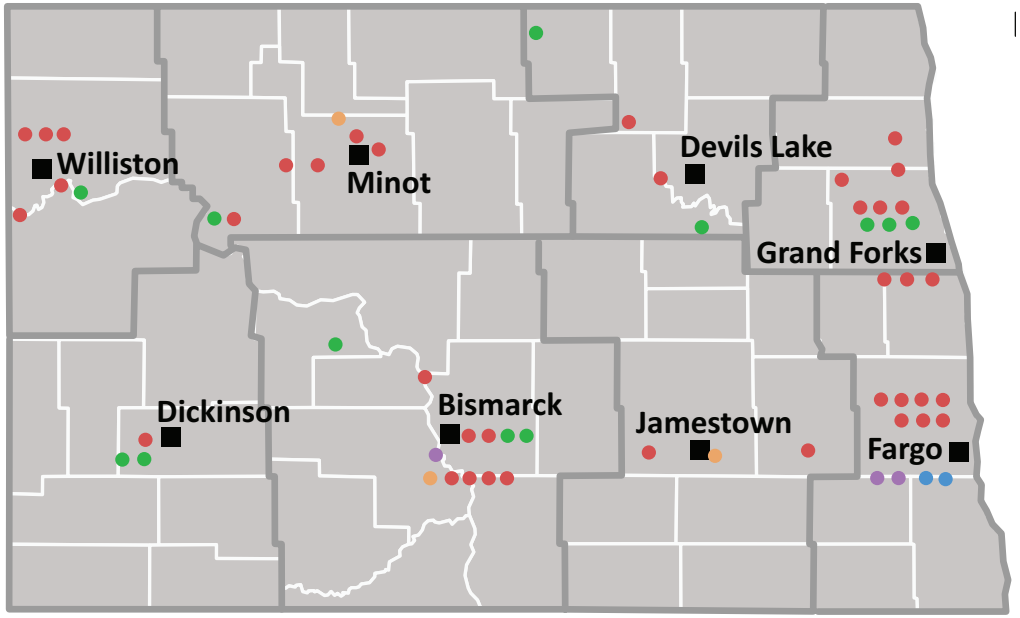
Help address the extreme behavioral health **workforce shortage**



POLICY OPTION #3

North Dakota faces significant workforce shortages at all levels of the behavioral health profession

LOCATION AND NUMBER OF SUBSTANCE ABUSE CLINICIANS*



- 1 Clinician
- 2-3 Clinicians
- 4-5 Clinician
- 6-9 Clinicians
- 10+ Clinicians

Key Recruitment and Retention Barriers**

- Compensation
- Work schedule
- Housing availability and quality
- Cultural activities
- Spousal employment
- Continuing education

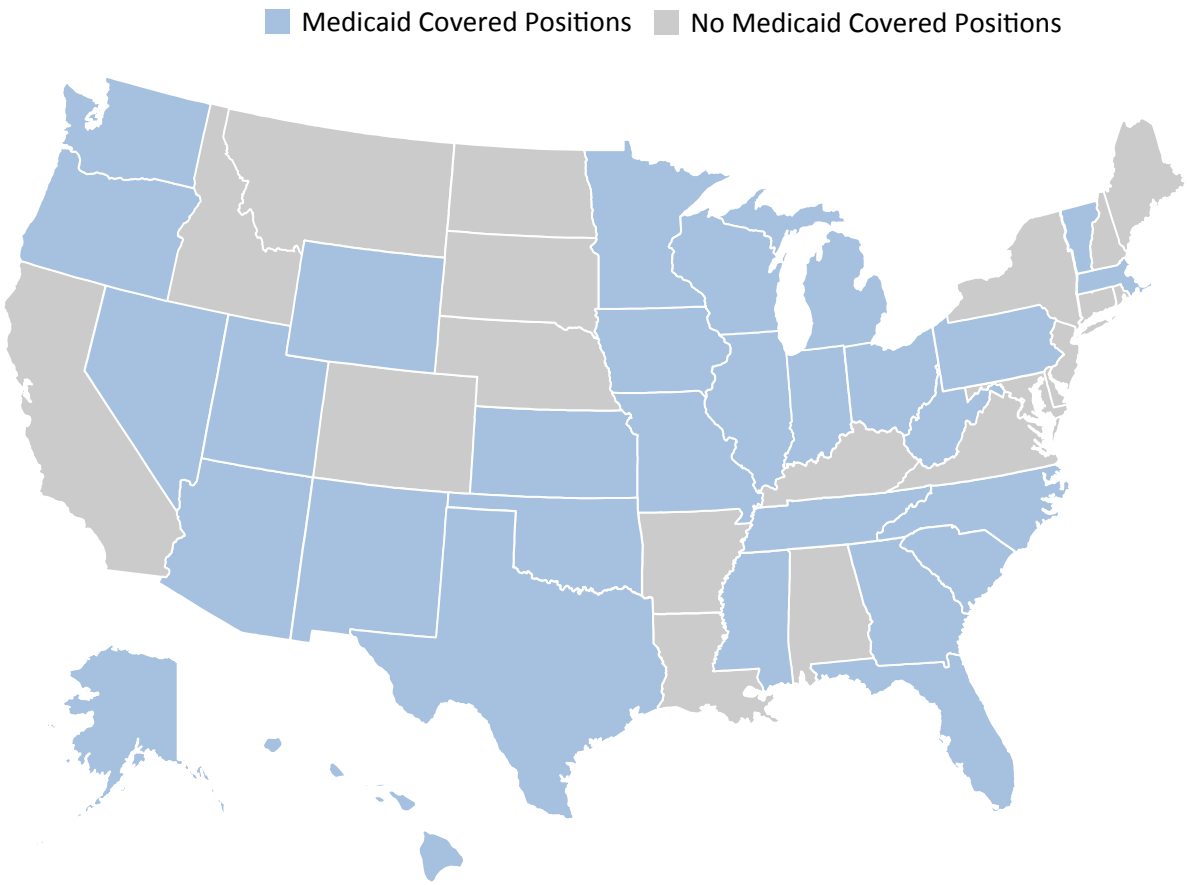
*Substance Use Disorder System in North Dakota, DHS
https://www.nd.gov/dhs/info/testimony/2015-2016-interim/human-services/2015-11-3-behavioral-health-services-in-nd--new-initiatives--and-needs-assessment.pdf

**http://www.med.und.edu/about-us/_files/docs/third-biennial-report.pdf

POLICY OPTION #3

Many states have already taken advantage of Medicaid to pay for can be peer specialist positions

In 31 states, Medicaid pays for licensed peer specialist, counselors recovering from severe mental illness or substance abuse addition who are trained to help others with similar conditions



http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2013/09/11/peers-seen-easing-mental-health-worker-shortage

POLICY OPTION #4

Create an alternative sentencing option delivering treatment and supervision

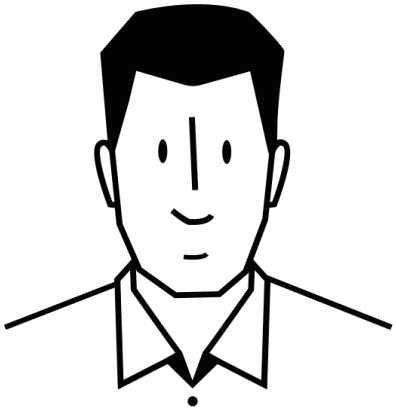
4A. Establish a **new sentencing option** for higher risk offenders who have serious behavioral health disorders.

4B. Establish **eligibility criteria** with exceptions for violent and dangerous individuals.

4C. Require participation in **community behavioral health services**.

POLICY OPTION #4

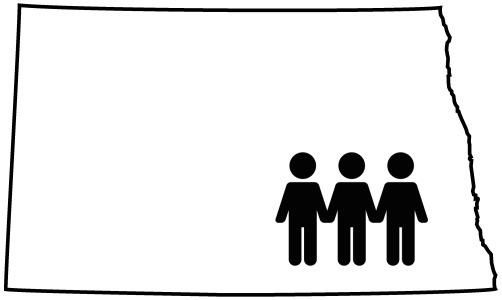
Key reasons to create alternative sentencing option to treatment and supervision for target population



Help John avoid incarceration by **providing tailored behavioral health services** along with structured and supportive accountability

Reserve incarceration for the most serious offenders

Improve effectiveness and ensures accountability by **pairing treatment with community supervision**



POLICY OPTION #4

Interventions offered in the community are more effective at changing behavior than those offered in prison

PROGRAMMING DURING INCARCERATION

-5 to -10% Recidivism

PROGRAMMING IN THE COMMUNITY

-20 to -30% Recidivism

Required:

- Assessment
- High quality programs and treatment
- Transition planning

- Assessment
- High quality programs and treatment
- Effective supervision

Washington State Institute for Public Policy, Evidence-Based Adult Corrections Programs: What Works and What Does Not, January 2006 ; D. A. Andrews and James Bonta, The Psychology of Criminal Conduct, 5th ed. (New Providence, NJ: Mathew and Bender & Company, Inc., 2010).

POLICY OPTION #4

Potential cost savings with a treatment + supervision sentencing option

AVERAGE TREATMENT AND SUPERVISION COSTS

PROBATION

X

6 MONTHS

=

$763.20
($4.24 daily cost for 180 days)

TREATMENT

X

6 MONTHS

=

$810 cost to the state
$4,590 paid through Medicaid
(based on average costs of blended levels of treatment)

COMMUNITY ENGAGEMENT SPECIALIST

X

6 MONTHS

=

$1,000
(based on $50K/year salary and 25 person caseload)

State costs for 6 months of incarceration in prison
=
$20,446

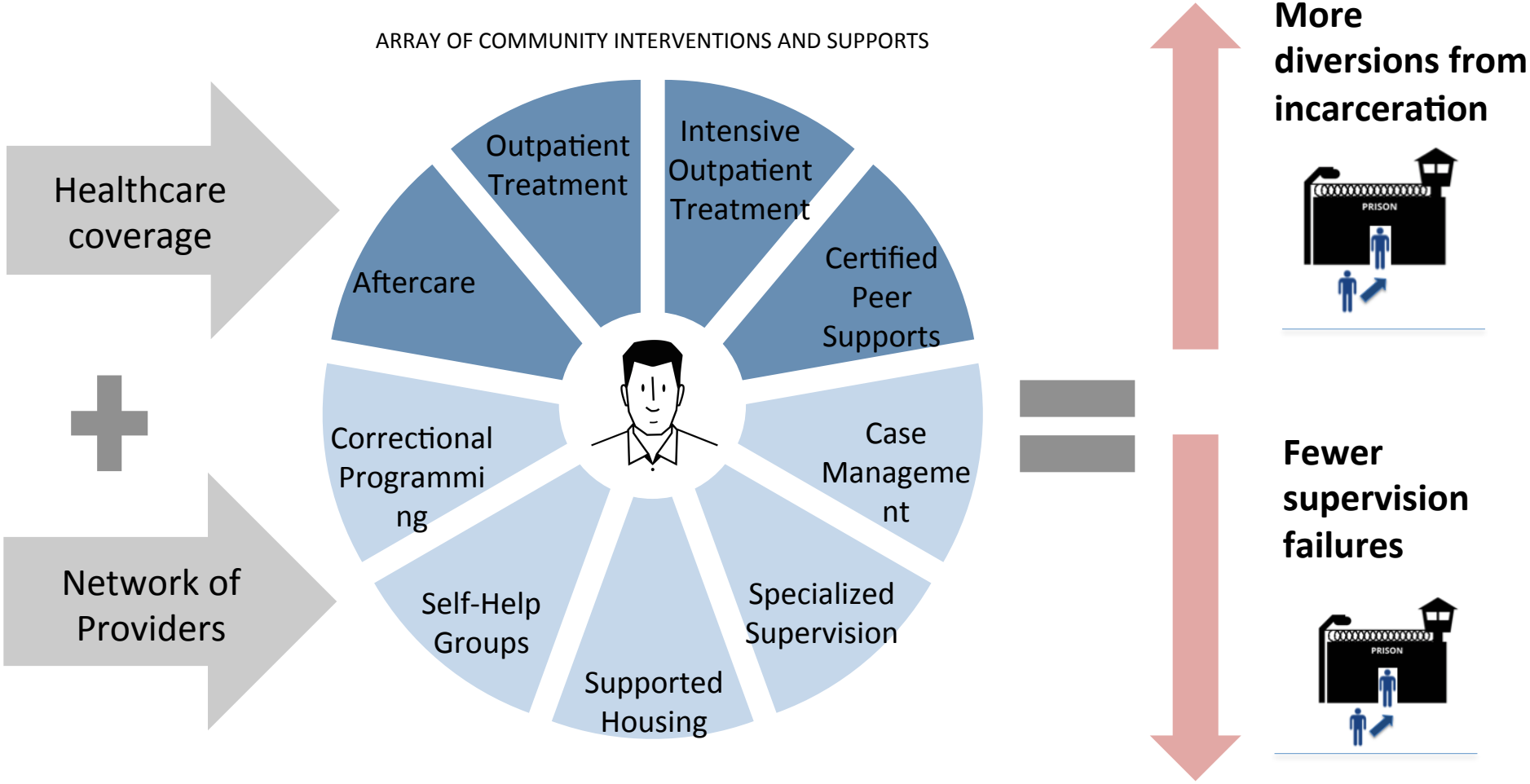
State costs for 6 months supervision + treatment
=
$2,573.20

+ $4,590 leveraged through Medicaid

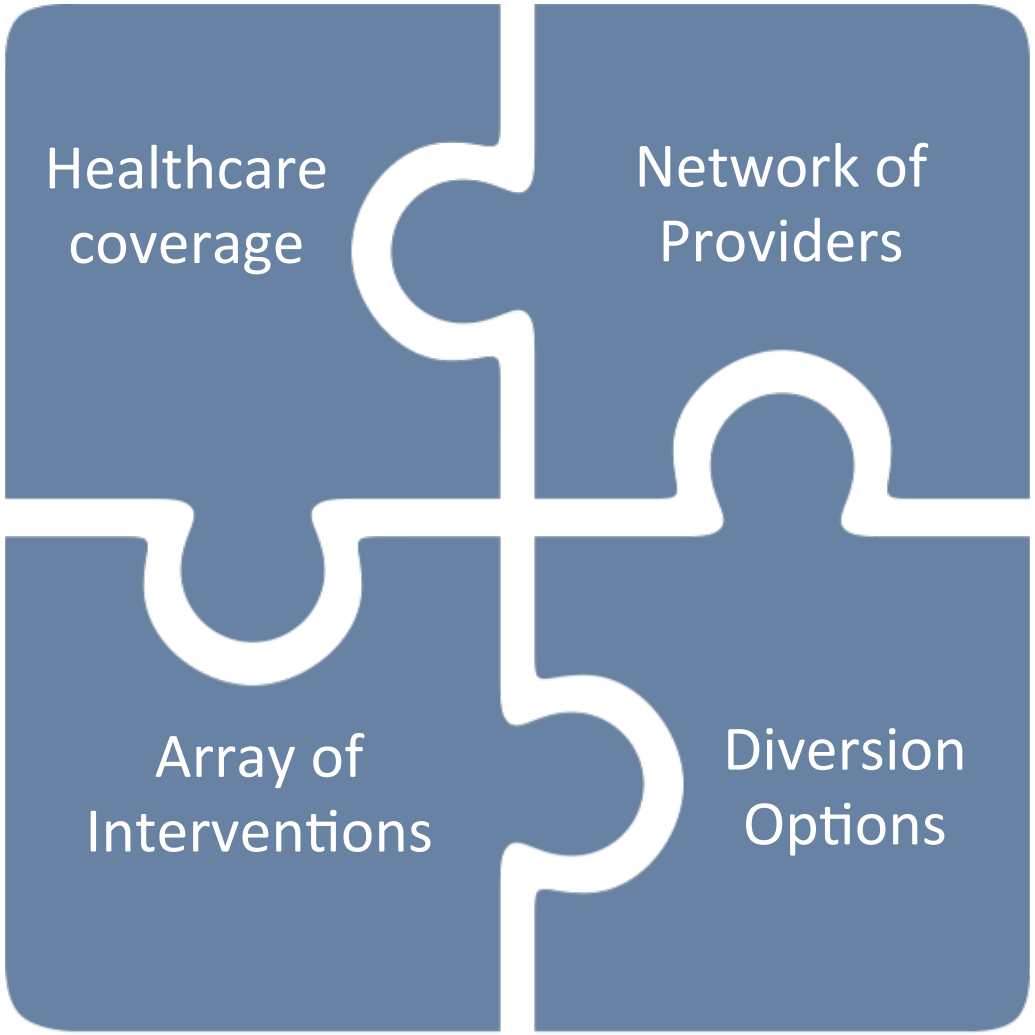
Total Savings: $17,872.80

Washington State Institute for Public Policy, Evidence-Based Adult Corrections Programs: What Works and What Does Not, January 2006 ; D. A. Andrews and James Bonta, The Psychology of Criminal Conduct, 5th ed. (New Providence, NJ: Mathew and Bender & Company, Inc., 2010).

The proposed policies create a "package" of changes that work together to decrease incarceration and improve behavioral health outcomes for individuals



The core tenants of justice reinvestment are interconnected and build upon one another to create an impact



Additional Considerations

- Adopt consistent approaches to services and supports across all of the Human Services Centers.
- Support committee work to assess behavioral health board credentialing processes and standards.
- Create paid career ladders, and eliminate requirements that lead to unpaid post-degree internships where feasible .
- Streamline interstate transfers.
- Expand existing rural healthcare workforce initiatives to include behavioral health workers.
- Review emergency room refusals to serve justice-involved populations.
- Encourage utilization of behavioral health assessments across agencies (uniform standards of content and quality).

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Thank You

Steve Allen, Senior Policy Advisor, sallen@csg.org

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