

# North Dakota

JRI Reentry Study Work Group

Presentation #1: Introduction  
& Reentry Research

May 22, 2024



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## Meeting Overview

- **Review Goals & Work Group Process**
- **Defining Reentry**
- **Intersection of Behavioral Health and Criminal Legal System**
  - Review of Trends
  - Research & Best Practices
  - Group Discussion
- **Where are We Now?**
- **Next Steps & Wrap Up**

## Review Goals & Process



# Reentry Study Work Group

HCR 3026 & Justice Reinvestment Initiative

# Work Group Goal: Improve Reentry Outcomes



## *What & Why:*

- “Identify opportunities to implement research-based strategies proven to reduce recidivism, improve education and employment outcomes, and maximize resources for the greatest public safety and return on taxpayer dollars”

## *How:*

- “Examine re-entry services in the areas of correctional supervision, employment, job training, housing, transportation, support services, and behavioral health services; levels of collaboration across service systems; and current disparities in re-entry outcomes”

# Goals of JRI



# The Phases of JRI



## Phase I

- Data & System Analysis ★
- Policy Development
- Legislative Process

## Phase II

- Implement Policies
- Measure Outcomes
- Reinvest Savings

# Work Group Role



## Examine

Examine data findings presented by CJI at each Task Force meeting

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## Identify

Identify system pressure points, policies, and practices contributing to population growth

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## Develop

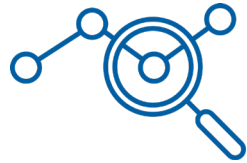
Collaboratively develop recommendations for policy and practice to improve reentry outcomes

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## Review & Approve

Review and approve final report drafted by CJI containing all Task Force recommendations

# Process Outline



**Data Analysis &  
System Assessment**



**Task Force Policy  
Discussions**



**Final Report**

**Identify Drivers of Prison  
Population & Recidivism**



**Recommendation  
Development**



## Defining Reentry



# Grounding the Conversation

What is Reentry?

# Conventional Definition of “Reentry”



Reentry is the process by which a person in correctional confinement prepares for release and transitions back into the community.

We can view reentry processes on a continuum ranging from risk and needs assessment at intake; program, treatment, and educational attainment during incarceration; case planning for release; and post-release supervision and reintegration.”

**National Institute of Justice**  
*(April 2023)*

# Conventional Definition of “Reentry”



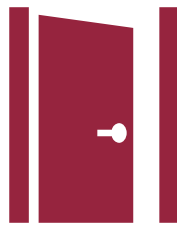
# “Reentry” isn’t Linear, and Takes Many Forms



Deflection



Front-end  
Diversion



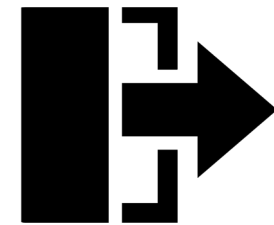
Intake &  
Assessment



Treatment in  
Custody



Jail & Prison  
Programming



Release  
Planning



Community  
Supervision



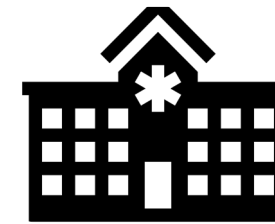
Family  
Support



Housing

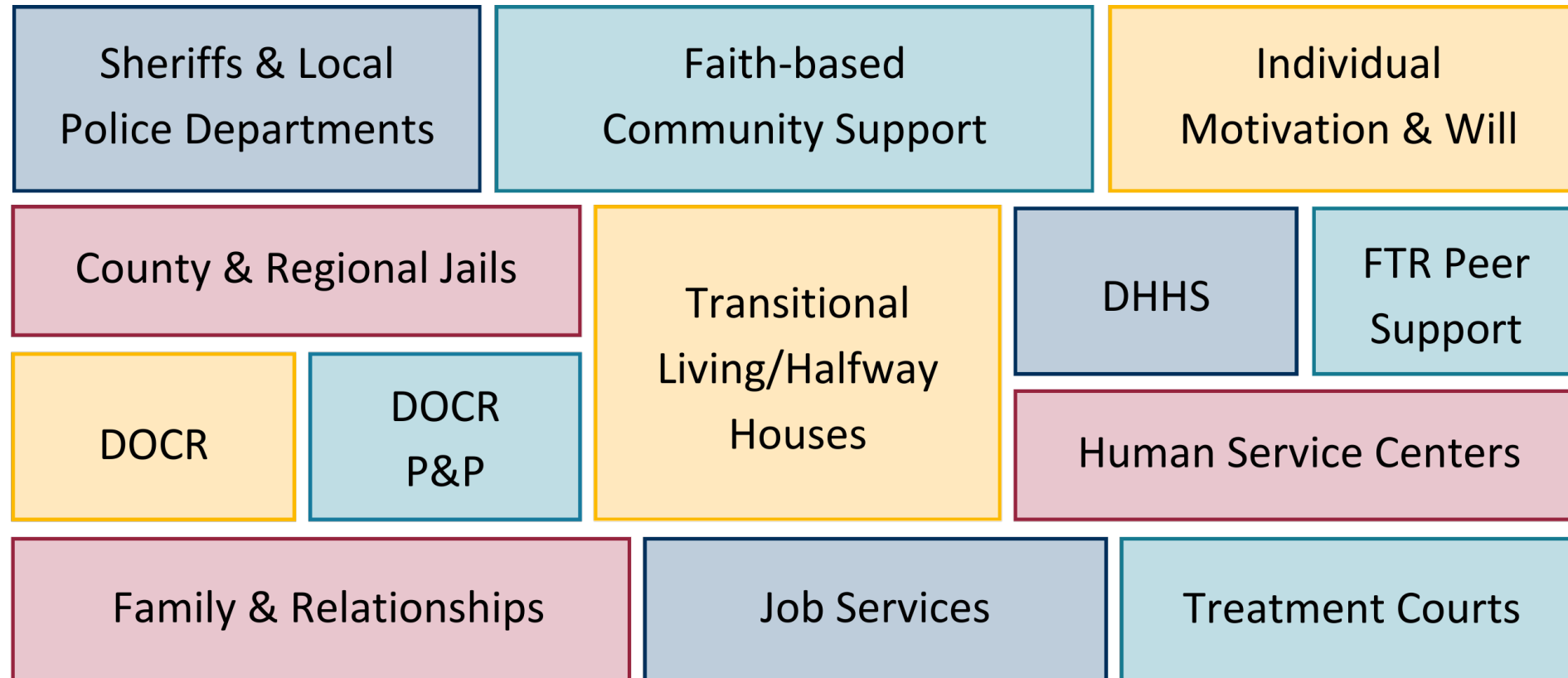


Employment



Treatment in  
Community

# In ND, Reentry is a Shared Responsibility



## *Unaddressed Behavioral Health Conditions Complicate Reentry:*



Severe Mental  
Illness



Persistent  
Substance Use



Unaddressed  
Trauma

## Review of Trends



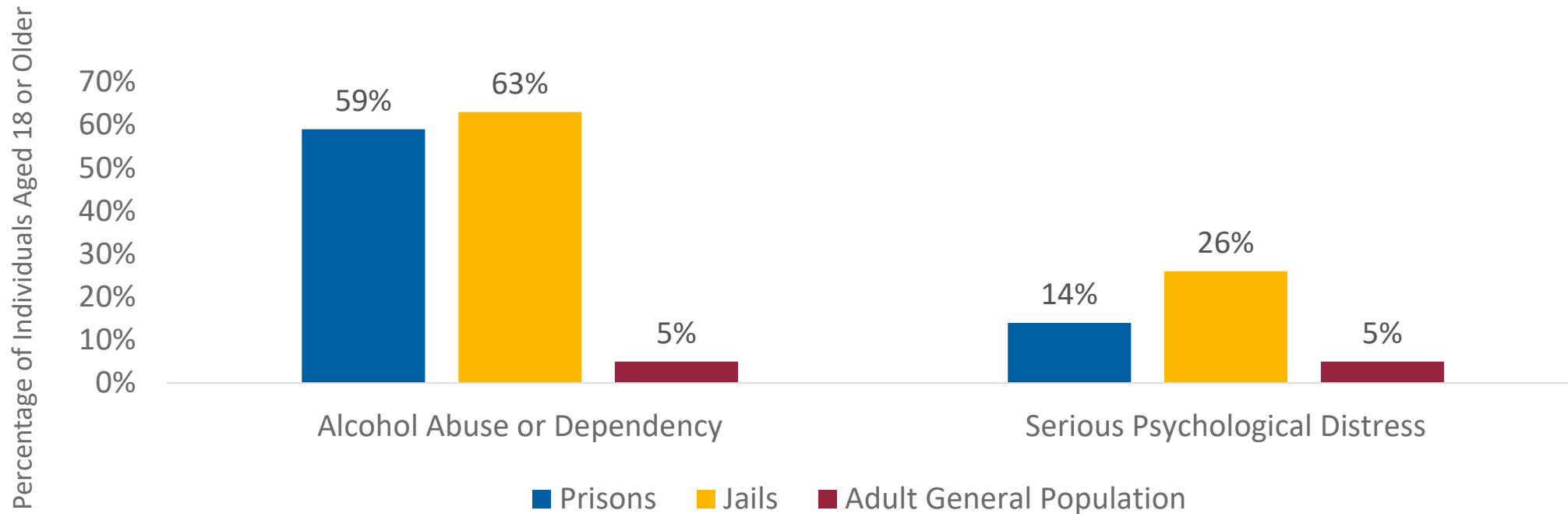
# Intersection of Behavioral Health & Criminal Legal Systems

National & State Trends

# Nationally, Individuals with Behavioral Health Needs are Overrepresented in the Legal System



Behavioral Health Indicators in Prisons and Jails and Adult General Population, 2007-2009 & 2011-2012

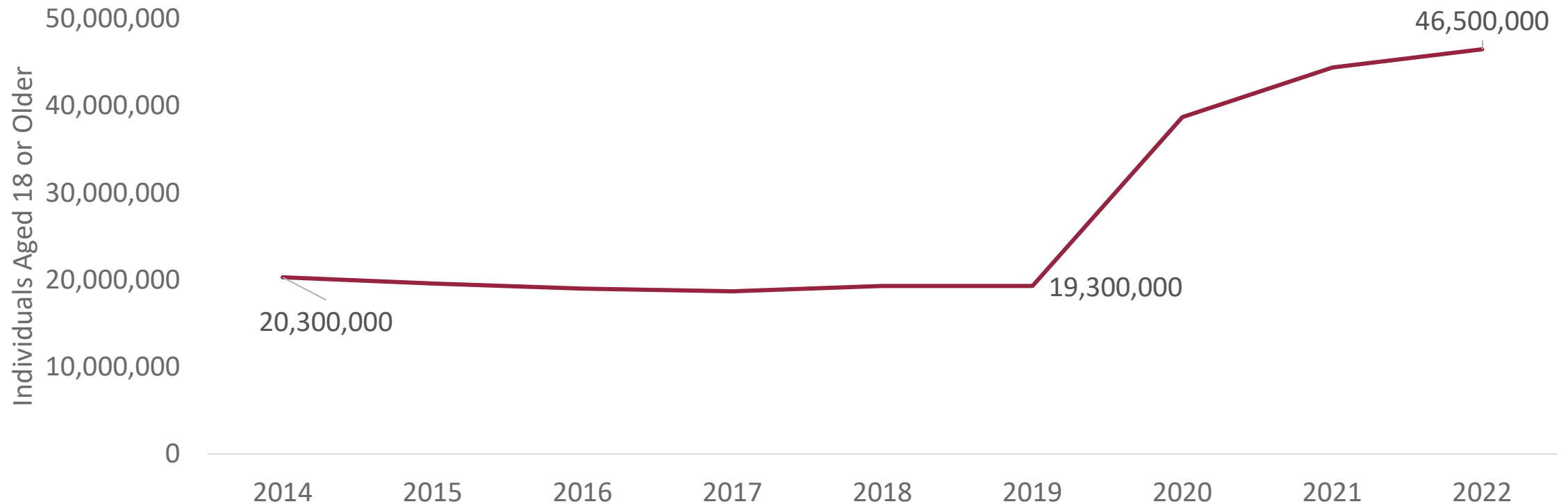


Source: Bureau of Justice Statistics, Special Reports 2011-2012 & 2007-2009

# Individuals with a SUD in Past Year Increased 129% Since 2014; Significant Growth Post Pandemic



Substance Use Disorder in Past Year in U.S., 2014-2022

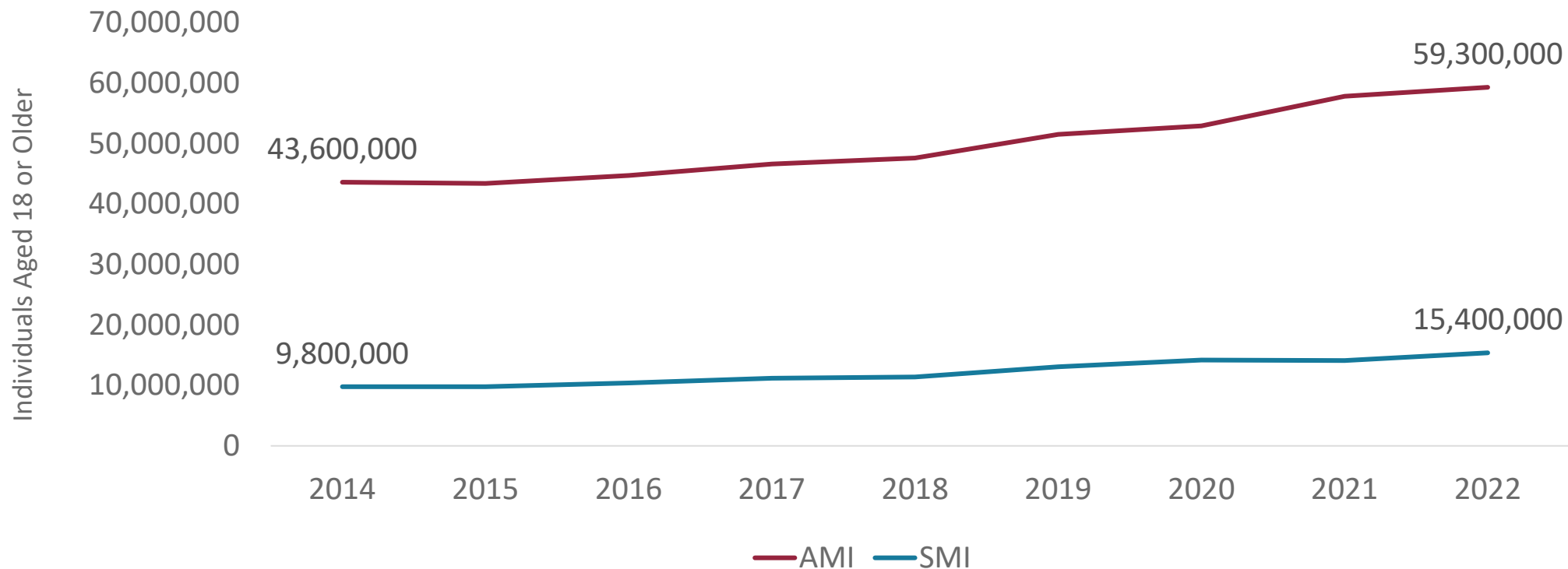


Source: SAMHSA, National Survey on Drug Use and Health

# Individuals with AMI and SMI Consistently Increased Since 2014, Up 57% for SMI and 36% for AMI



Any Mental Illness and Serious Mental Illness in U.S., 2014-2022



Source: SAMHSA, National Survey on Drug Use and Health

# ND Substance Use Disorder Prevalence

- ~**9%** of adults surveyed had drug use disorder (2021 & 2022)
- ~**14.5%** of adults surveyed had alcohol use disorder (2021 & 2022)
- From July 2020 – June 2022 ND State Hospital served 956 individuals. **3%** of that population had SUD only, **21%** had SMI or Serious Emotional Disorder (SED), but **70% had co-occurring SUD with Mental Health Illness**



*Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021 and 2022 (Table 25); SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021 and 2022 (Table 23); North Dakota Health & Human Services, Behavioral Health in North Dakota: Data Book 2023, 27.*

# Mental Illness Prevalent Across General ND Population

- **26%** of adults in ND met the criteria for having any mental illness (2021 & 2022)
- **6%** met criteria for having a SMI (2021 & 2022)
- **25%** of adults received treatment at a facility within the previous year (2021 & 2022)



Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2021 and 2022 (Table 31, page 63); (Table 32, page 65); (Table 33, Page 67).

# Legal System Implications

- **70%** of surveyed judges in ND have sentenced someone to prison to access behavioral health services (2016)
- **40%** of people in ND's most populous jail were on psychotropic medications (2021)
- Behavioral Health Referrals at DOCR
  - Referrals for psychiatric medication monitoring at intake increased from **14%** (2019-2021 biennium) to **22%** (2021-2023 biennium)
  - **93%** of individuals assessed for substance use were referred to treatment (2021-2023 biennium)



*Sources: Council of State Governments, "Justice Reinvestment in North Dakota: Policy Framework" (2016); The Dickinson Press, "Cycles of incarceration persist as North Dakota jails lack resources for mentally ill inmates, officials say" (2021); North Dakota Department of Corrections and Rehabilitation, 21-23 Biennial Report.*

# The Crossroads

Unique systems require **unique strategies** to manage a continuum of care.

A comprehensive understanding of health-related needs is critical to addressing the challenges a person faces both inside and outside facility walls.



Justice-involved individuals collide with other service systems, including behavioral health, housing, medical, and the workforce.



## Research & Practice

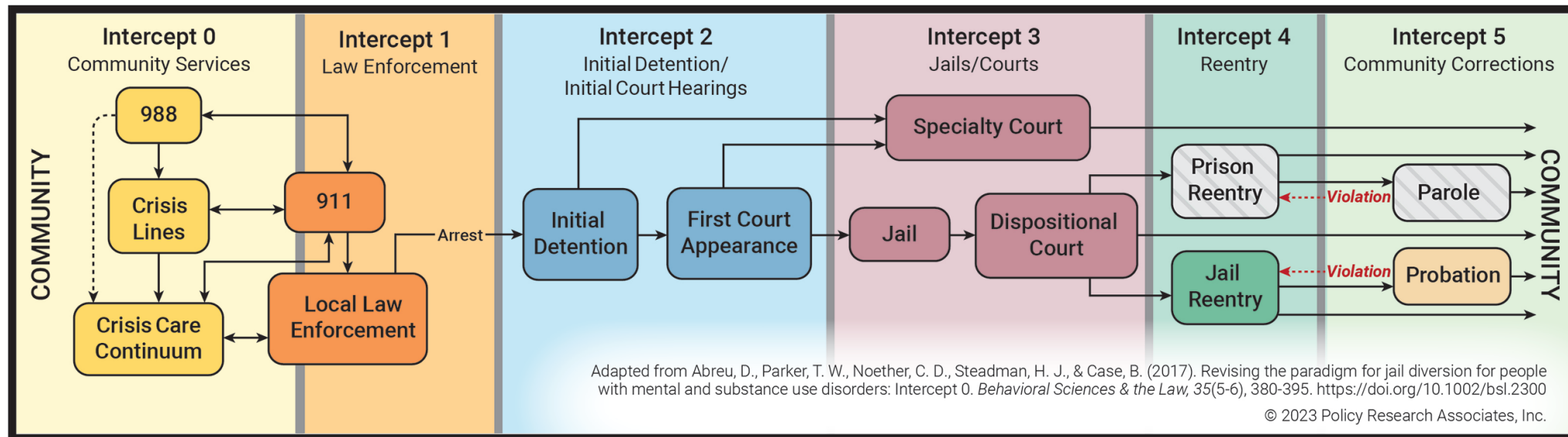


# Intersection of Behavioral Health & Criminal Justice

Research and Practice

# Sequential Intercept Model (SIM)

## Connecting Individuals to Service Providers at Each Stage of the System



Source: Policy Research Associates, *The Sequential Intercept Model*

# SIM Background



## History

- Introduced in early 2000s
- Designed to help communities improve interactions between the legal system and people with behavioral health conditions

## Use

- Identify resources and plan support for individuals with mental and substance use disorders at each stage of the legal system

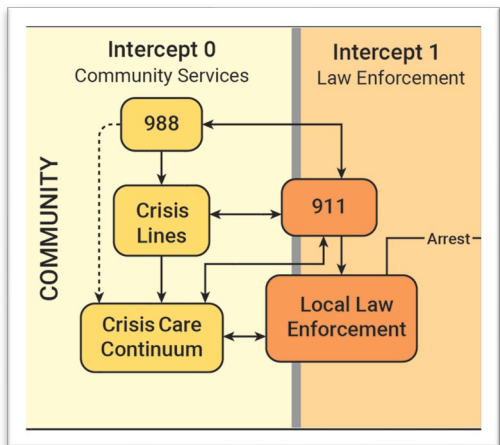
## Possible Outcomes

- Enhanced collaboration across legal and health system partners
- More effective diversion to treatment in the community
- Stronger continuum of care around behavioral health services

Source: SAMHSA, *Data Collection Across the Sequential Intercept Model: Essential Measures*.



## Intercepts 0-1



# Intersection of Behavioral Health & Criminal Justice

Front-end: Community Services & Law Enforcement

# SIM Intercept 0: Community Services



Interventions for people with mental health and substance use disorders **prior to** formal involvement with the legal system:



Crisis Lines



Emergency Departments & Hospitals



Crisis Response Centers



Mobile Crisis Teams



Detox Services

Source: SAMHSA, *The Sequential Intercept Model (SIM)*.



# Deflection:

A pre-arrest practice connecting individuals to services outside of the criminal legal system



# Non-Law Enforcement Deflection

## Research

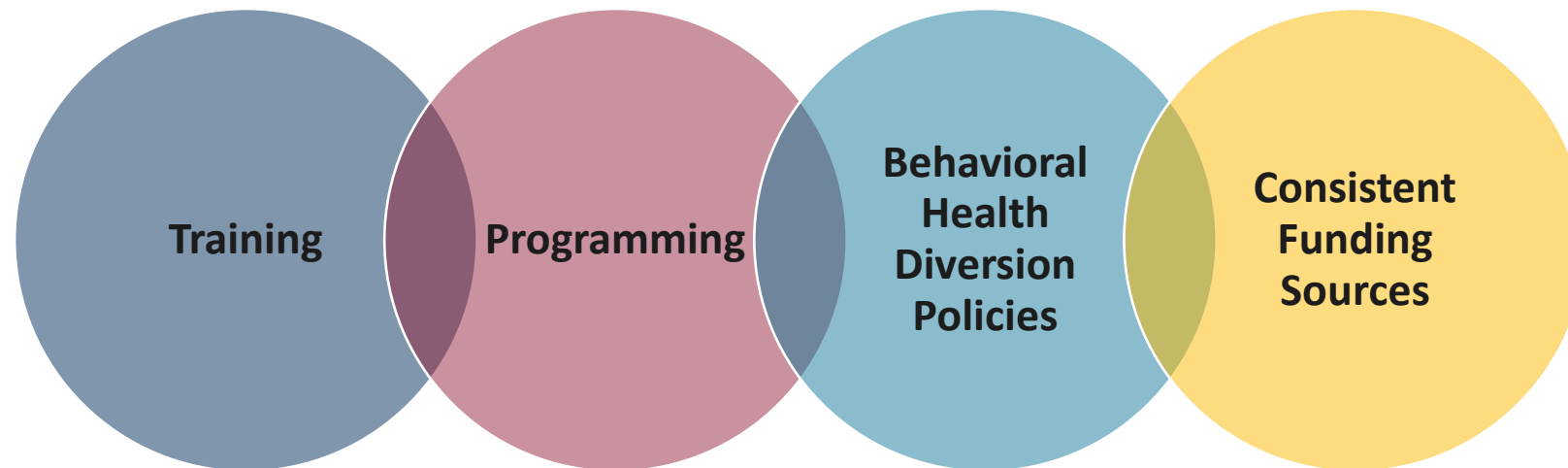
1. Studies show individuals with SMI prefer family, friends, and mental health professionals to intervene in mental health crises.<sup>1</sup>
2. Deflection can reduce the strain of opioid response on law enforcement and help effectively address/reduce harm associated with SUD and opioid crisis.<sup>2</sup>
3. Deflection efforts show promise in reducing stigma associated with SUD.<sup>2</sup>



# SIM Intercept 1: Law Enforcement

Law enforcement responds to people with behavioral health conditions and diverts them from the legal system to treatment.

- Effective diversion at Intercept 1 is supported by the following:



Source: SAMHSA, *The Sequential Intercept Model (SIM)*.

# Law Enforcement Deflection

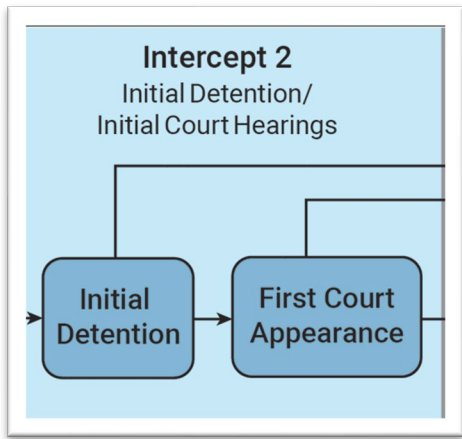
## Research

1. Police-led deflection is effective in preventing reoffending and reducing participants' drug use.<sup>3</sup>
2. Law enforcement officers rated an individual's wish to initiate treatment as the most important factor in deflection decision-making.<sup>4</sup>





## Intercept 2



# Intersection of Behavioral Health & Criminal Justice

Front-end: Post-arrest Diversion

# SIM Intercept 2: Initial Court Hearing & Initial Detention

Diversion to community-based treatment by jail clinicians, social workers, or court officials during jail intake, booking, or initial hearing may include:



Jail Screening for  
MH and SUD



Prosecutor-led  
Diversion



Pretrial  
Supervision



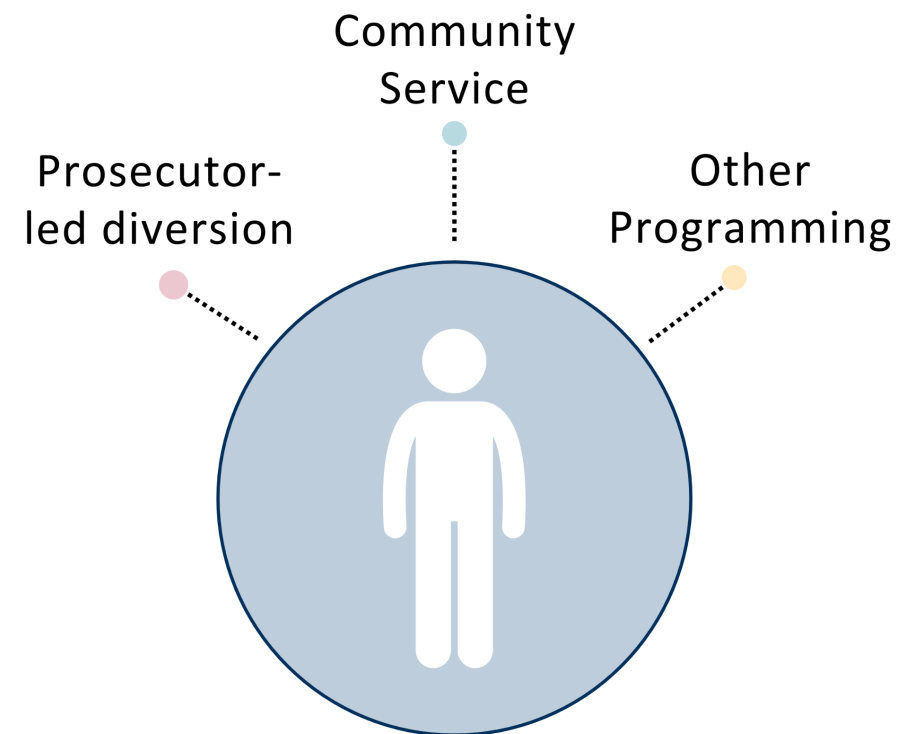
Community-based  
Treatment

Source: SAMHSA, *The Sequential Intercept Model (SIM)*.



## Diversion:

A **post-arrest** practice that connects individuals to services outside of the criminal legal system



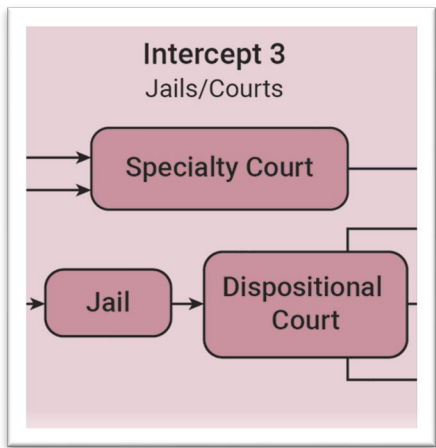
## *Research*

1. Pretrial detention is associated with disruption in community stability factors such as financial situation, residential stability, and ability to support dependent children.<sup>5</sup>
2. Studies show promise for reducing recidivism for individuals with a SUD by treating outside of prisons and jails.<sup>6</sup>





## Intercept 3



# Intersection of Behavioral Health & Criminal Justice

## Connecting Individuals to Service Providers While in Custody

# SIM Intercept 3: Courts and Incarceration

Intercept 3 involves diversion to community-based services including:

- Treatment court programs that allow **charges to be resolved** while also addressing behavioral health needs.
- Jail- and prison-based programming that supports defendants in a **trauma-informed, evidence-based manner**.



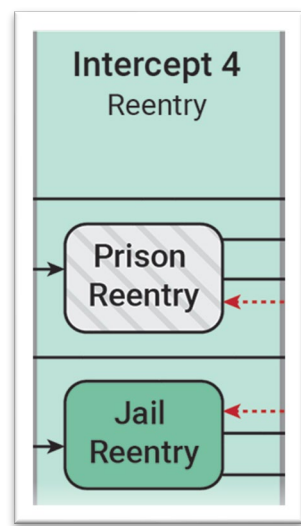
## Research

1. Drug courts can reduce recidivism and are most effective when they target people who are at a higher risk to reoffend.<sup>7</sup>
2. Detention-based chemical dependency treatment is successful in reducing recidivism, especially when it provides a continuum of care, uses a therapeutic community model, and is delivered within a cognitive-behavioral framework.<sup>8</sup>
3. Evidence indicates mental health interventions in custody can reduce recidivism if they also target criminogenic needs.<sup>9</sup>





## Intercept 4

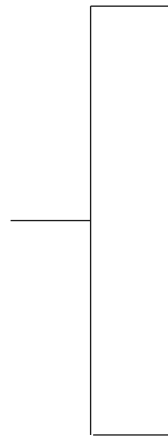


# Intersection of Behavioral Health & Criminal Legal System

Connecting Individuals to Service Providers at Later Stages

# SIM Intercept 4: Reentry

Intercept 4 focuses on ensuring people with mental health and substance use disorders can access:



Medication



Psychosocial treatment



Housing



Healthcare coverage



Community-based reentry services

Source: SAMHSA, *The Sequential Intercept Model (SIM)*.

## Reentry Strategies

### Start Transition Planning Early

- It's important that the reentry process begins **prior to release from incarceration**.<sup>10</sup>

### Holistic Approach

- Practitioners should tailor their approaches **to the individual's risk and needs, accounting for the various factors that influence their success**.<sup>11</sup>

## Reentry Strategies

### Stability & Support

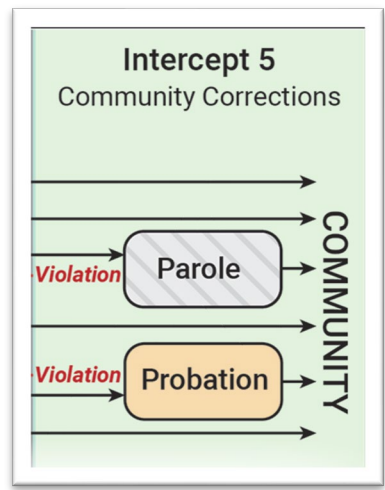
- Individuals should have the opportunity to maintain family relationships, as **these can bolster successful reentry.**<sup>12</sup>

### Continuity of Care

- Practitioners should **prioritize continuity of care throughout the reentry process.**<sup>13</sup>



## Intercept 5



# Intersection of Behavioral Health & Criminal Legal System

Connecting Individuals to Service Providers in the Community

# Intercept 5: Community Corrections

This intercept focuses on what happens when someone is in the community under some form of supervision.

Promising practices at this stage include:



Use of validated  
assessment tools



Staff training  
on MH & SUD



Specialized  
caseloads



Peer support  
specialists

Source: SAMHSA, *The Sequential Intercept Model (SIM)*.

## *Research*

Relying on evidence-based practices has proven effective at changing behavior and reducing recidivism.



- 1. Risk, Needs, Responsivity**
- 2. Frontloading Resources**
- 3. Incorporating Treatment**
- 4. Swift, Certain & Proportional Sanctions**
- 5. Reinforcing Positive Behavior**
- 6. Monitoring Quality, Fidelity, and Outcomes**

# Risk, Needs, Responsivity (RNR) Model



Proactively addressing an individual's criminogenic needs during the earliest phases of reentry **increases their likelihood for success.**<sup>15</sup>



Focus resources  
early upon release  
when folks are most  
likely to recidivate



Identify those most in  
need of enhanced  
supervision & support

# Incorporate Treatment Into Supervision

Research has also demonstrated that **recidivism is lowered** when treatment is incorporated into supervision.<sup>16</sup>



Utilize case plans to ensure community supervision practices align with RNR findings.



Incorporate Cognitive Behavioral Therapy (CBT) and community-based treatment into case plans.



Use communication strategies such as Core Correctional Practices that reflect a rehabilitative model.

# Use Swift, Certain, and Proportional Sanctions



- Studies find that swift, certain, and proportional sanctions are more effective than delayed, random, and severe sanctions.<sup>17</sup>



- Communicated clearly in advance
- Applied swiftly
- Proportionate response to behavior



- Applied inconsistently
- Delayed
- Disproportionate response to behavior

# Reinforce Positive Behavior

## *Research*

**Positive reinforcement** is more impactful at behavior change than negative reinforcement.<sup>18</sup>

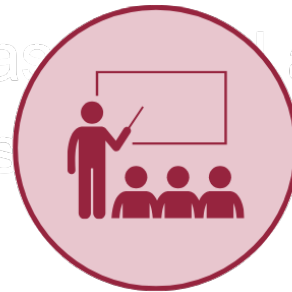


- **Time credit incentives**
- **Financial incentives**
- **Verbal recognition**
- **Reduced supervision conditions**
- **Reduced supervision time**

# Monitor Quality, Fidelity, and Outcomes



Ongoing  
Support

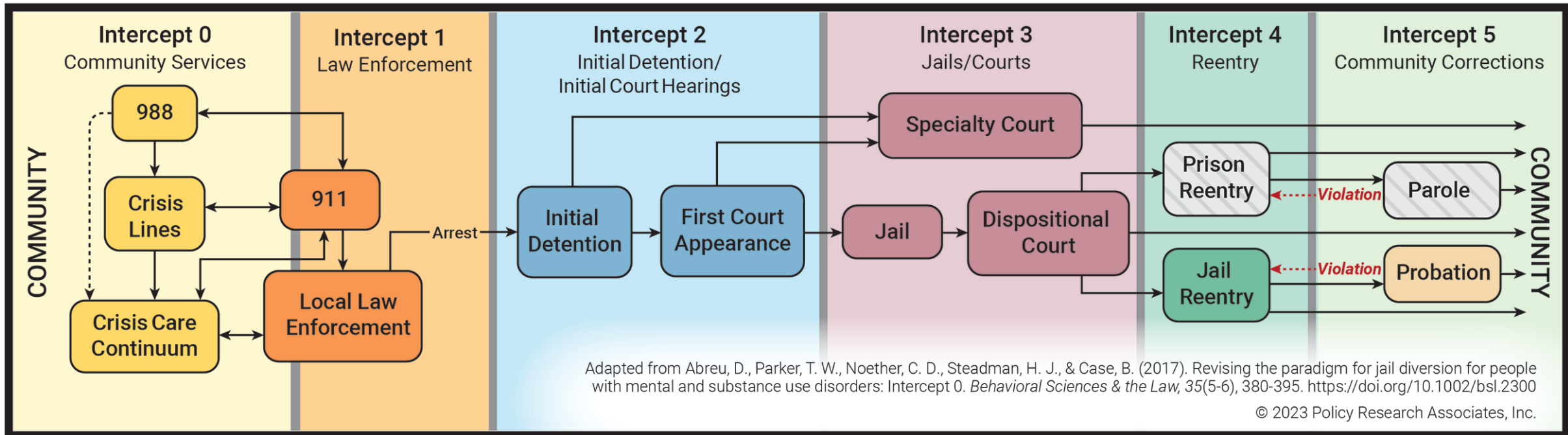


Officer training  
and continued  
education



Data collection  
and outcome  
measurement.<sup>19</sup>

# Sequential Intercept Model (SIM)



Source: Policy Research Associates, *The Sequential Intercept Model*

# Group Activity

Small Group & Teams Discussion : SIM in ND

# Discussion Takeaways

Group Report-out



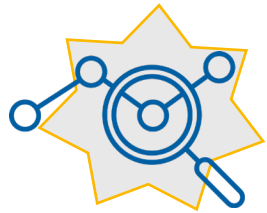
## Information Collection & Analysis



# Where are we now?

JRI Process Update

# Work Group Process



**Data Analysis &  
System Assessment**



**Task Force Subgroup  
Discussions**



**Final Report**



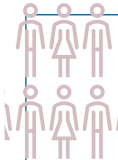











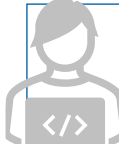
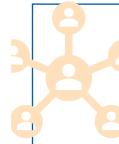
**Identify Drivers of Prison  
Population & Recidivism**



**Policy  
Development**



# Qualitative System Assessment

 <b>County Jails</b>	 <b>Probation and Parole Services</b>	 <b>Community Groups</b>	 <b>Court Administrators</b>
 <b>Law Enforcement</b>	 <b>Department of Corrections</b>	 <b>District Court Judges</b>	 <b>Workforce Development</b>
 <b>Prosecutors</b>	 <b>Defense Attorneys</b>	 <b>Behavioral Health Coordinators</b>	 <b>Medicaid Services Experts</b>
 <b>Victims' and Survivors' Representatives</b>	 <b>People with Lived Experience</b>	 <b>Reentry Program Providers</b>	 <b>Tribal Partners</b>

## Planning For Summer



# Next Steps & Wrap Up

Planning for Future Meetings

# Work Group Meeting Schedule

- ✓ **JUNE:** 6/20 – Data Presentation 1 **[Bismarck]**

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- ✓ **JULY:** 7/30 – Data Presentation 2

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- ✓ **AUGUST:** 8/27 – Policy Development Meeting 1

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- ✓ **SEPTEMBER:** 9/16 – Policy Development Meeting 2

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# Contact Information

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# Research Citations



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## North Dakota JRI – Project Background & Roundtable Process

### NORTH DAKOTA REENTRY STUDY

In November 2023, leaders from all three branches of North Dakota’s state government requested technical assistance from the U.S. Department of Justice’s Bureau of Justice Assistance (BJA) through Justice Reinvestment Initiative (JRI) funding to engage in a state-wide effort studying ways to improve reentry outcomes for incarcerated adults. The study is in fulfillment of the state legislature’s [HCR 3026](#), which suggests several areas of focus, including:

- Assessment of current public and private reentry services, policies, practices, statutes, data, and resource allocation, including in the areas of correctional supervision, employment, job training, housing, transportation, behavioral health, and other support services;
- Identification of opportunities to implement research-based strategies proven to reduce recidivism, improve education and employment outcomes, and maximize resources for the greatest public safety and return on taxpayer dollars;
- Assessment of the levels of collaboration across service systems; and
- Assessment of current disparities in reentry outcomes.

### JUSTICE REINVESTMENT INITIATIVE (JRI)

The JRI process has five main stages:

1. **Evaluation** – this involves a comprehensive system assessment, as well as an analysis of the individuals who are involved in each stage of the system and the overall population trends
2. **Policy Development** – During this stage, the working group evaluates potential policy options while reviewing examples of policies from other states, as well as criminological research.
3. **Final Recommendations** –A report will be issued detailing data and system findings as well as the working group’s recommendations for improving the system.
4. **Legislative Process** – At this stage, the working group’s recommendations may become the basis of legislative proposals. Work at this stage involves supporting resulting bill(s) through the legislative session through legislative outreach and education.
5. **Implementation** –Once legislation passes, work must be done to implement new policies and update practices across all impacted departments and agencies.

### THE WORKING GROUP AND CJI’S ROLE

As the technical assistance provider for this JRI grant, CJI is providing direct support with the facilitation of a reentry study working group. The working group will meet several times over the coming months to receive information on the analysis of prison population data, as well as qualitative system assessment findings, including interviews of system players held throughout the state. The working group will then develop policy recommendations which will be compiled into a report set to be released in the fall of 2024. These recommendations will also be the basis for draft legislation for the 2025 session.

*\*Note: It is not CJI’s role to make recommendations, but rather to provide data analysis and serve as a resource for research and best practices in other states and jurisdictions for the working group as they deliberate recommendations.*

## **ROUNDTABLE DISCUSSIONS**

While the working group includes representatives spanning a broad cross-section of North Dakota's criminal justice system, additional stakeholder groups must also be consulted in any process that aims to alter criminal justice policies and practices. Roundtable discussions are a critical part of the approach that CJI takes with the JRI process as they create an opportunity to fill the gaps that may exist in working group membership with important perspectives from system actors and stakeholder groups that experience the system in varied ways. Findings from roundtable discussions are brought to the working group to help inform the group's policy development process.

### ***Purpose of Roundtables***

Roundtable discussions are a tool for information-gathering and ensuring that all stakeholder groups are engaged in the JRI process. The purpose of the roundtable is not to develop policy recommendations; that is ultimately up to the working group. Rather, roundtable participants play a critical role in informing the working group (and the JRI process as a whole) of the critical needs of the community and the criminal justice system that can be addressed through policy change/development, or the reinvestment of state funds.

### ***Goals of Discussion***

- Create a safe environment for stakeholder/community groups to share their experiences;
- Collect information from a diverse group of individuals within the stakeholder/community group, and;
- Allow for participants to carry the conversation and share perspectives in the most natural way possible – the goal of the discussion is to collect information and gain insight from participants.

### ***Role of CJI***

- Facilitate roundtable or support local facilitator(s) in developing materials for roundtable discussions (e.g. invitation, meeting agenda, sample questions for roundtable discussion, etc.);
- Work collaboratively with facilitator(s) and in-state partners to secure venue and meeting time for roundtable;
- Support facilitator(s) in managing participant outreach and RSVPs as needed;
- Provide basic information about the JRI process and relevant data findings to participants during roundtable discussions to maximize engagement and clarify their role in the process;
- Document findings from roundtable discussions to share with the working group as part of the policy development process.

### ***Continued Engagement with Stakeholder Group***

While the central purpose of the roundtable is to collect information to inform the working group's policy development process, it is important to make sure that the voices of the roundtable participants are included in every stage of the process. To support continued engagement with this group, CJI and the working group intend to:

- Create opportunities for participants to engage in the legislative process (testifying on legislation, authoring op-eds or other communications materials, etc.); and
- Update roundtable participants on the status of the recommendations/bills throughout the legislative session.

The HRC 3026 Reentry Study and Work Group continues to collaborate with Crime and Justice Institute (CJI) on the study.

Crime and Justice Institute (CJI) representatives came to North Dakota March 18-21<sup>st</sup> and met with staff from the Department of Corrections and Rehabilitation (DOCR), Bismarck Transition Center, Centre Inc. Mandan, and Ministry on the Margins kicking off the “system assessment” portion of the study. During April and May CJI continued with outreach to groups including but not limited to: law enforcement, jail staff, behavioral health staff, reentry service providers, court system professionals, tribal community members, people with lived experience in the justice system, sober living providers, and other agencies associated with reentry. CJI’s system assessment work included subsequent trips to Fargo in April to continue stakeholder meetings and a meeting with the Work Group in May.

The May Work Group meeting focused on reviewing the goals & processes of this study, defining reentry, and exploring the intersection of behavioral health and criminal legal systems through a review of trends, research, and best practices. CJI provided an update on the progress thus far and the next steps for the study. The CJI PowerPoint presentation in its entirety is linked via the online meeting agenda for any committee members who is interested in it.

On June 3, 2024, members of CJI team met with DOCR business analysts and subject matter experts to conduct a preliminary review of the DOCR data and to answer questions before presenting the data findings back to the full Work Group later in the month. CJI representatives were impressed with the amount of data provided thus far and will continue to pursue additional data requests with other stakeholders.

We have established a schedule of meetings which includes 6/20 Data Presentation 1, 7/30 Data Presentation 2, 8/27 Policy Development Meeting 1, 9/16 Policy Development Meeting 2.

The goal of the Reentry Work Group is to have a comprehensive understanding of reentry services in North Dakota and provide evidence-based recommendations to Legislative Management in the fall 2024.

