

2023 • Issue 3

from the desk of the **SJOL**

JUDGE JOHN W. GRINSTEINER (RETIRED)



Welcome to the JOL Newsletter for North Dakota 2023, Volume 3:

One of my frustrations when I was a sitting judge, was not knowing what services were available to the defendants I sentenced. Sure, I could go to the clerk's office and pull the same list of "providers," that defendants were handed, but what services were really available and what happened when those defendants walked through a provider's door? Of course, that begged the following questions: was the sentence I issued really helping the situation? Could my sentences be more informed and better targeted?

That is the backdrop that inspired this issue of the SJOL Newsletter. This third issue of 2023 contains information that I have been pulling together on the available treatment services in our communities. Included are links to programs licensed to provide addiction treatment services in the state and all the programs licensed to provide substance use disorder assessments to identify if early intervention or treatment is needed and what intensity of service is most appropriate for the individual to receive. You will find these in James Knopik's article.

These providers can change and often do, so I encourage you to bookmark the links and check them often as NDHHS maintains and keeps them current. I also have featured a few of the providers, some large, a few small, some public and some private. I have also included one of the newest and fastest growing! Finally, in an effort to pull back the curtain a bit, I have included treatment services at the Department of Corrections and Rehabilitation (DOCR), both when a person is behind the walls and when out on parole and probation.

While I've tried to paint an accurate picture, I can't promise the listings in this newsletter are all inclusive of every service in North Dakota. In that vein, if you know of a service provider that is doing great things, please share it with your fellow judges and/or myself. I am happy to spread the word for you or even check on a provider that you may have heard about. We all benefit when offenders do not become repeat offenders.

Although the Newsletter got a bit long this quarter, I thought it was important to give you the treatment resources in one issue for your ease in later reference. Because of this, the other usual resources, links, educational opportunities and case law section were omitted, but will return in the fourth quarter edition. I will continue striving to bring you relevant content. Now let's dive in!

As the State's JOL, John brings you access to current and evidence-based practices that will assist you in your work and help promote more effective outcomes in impaired driving and other traffic related cases. With the help of the ABA's Judicial Division and its partnerships with various organizations (NHTSA, National Judicial College, NCSC, NADCP), John works to provide education, training, and technical assistance to judges and court staff throughout ND.

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Screening, Assessing, Evaluating and Treating Our Impaired Drivers and Others

Judge John Grinsteiner, (retired) SJOL for North Dakota

Sometimes we use the terms screening, assessing and evaluating interchangeably, but we need to be careful of that. They don't mean the same thing. Screening is a preliminary process used to identify individuals who may be at risk for substance use disorders. Assessment/evaluation is a more comprehensive and in-depth process that provides a detailed understanding of an individual's substance use, and associated problems and determines the diagnosis, which then aids in placement and interventions. Screening is typically brief and can usually be done by anyone, while an assessment/evaluation is lengthier and requires a qualified professional to complete.

Why do we do them? First, there are several statutes that require judges to order them. Driving Under the Influence (DUIs) being chief among them. Second, judges order evaluations as part of presentence investigations (PSIs). Finally, a judge has the authority to order a screening or assessment/evaluation prior to sentencing in any case and as you see fit. I encourage you to do this. Having more information about a defendant can help you craft a more-informed and better-targeted sentence addressing the issues that may be driving the behavior and help reduce recidivism in offenders. While accountability is vital, isn't it also the goal to enhance public safety by way of effective intervention? I would submit that it should be.

Screening tools are the first step. Screening is a process for identifying the possible presence of a

particular problem. The goal is to identify general risk and need levels, and determine the need for further evaluation and assessment. What are the risks and needs of the offender? A screening tool is not used to diagnose substance abuse or mental health needs. It is typically short in length and quick to administer and score.

What is Risk? Risk is the likelihood that a person will get re-arrested and/or fail on probation. We can measure this using past behavior as the best predictor of future behavior. Some of the factors to consider are dangerousness, the type of crime, the individual's failure to appear, and the custody or security classification level. We want to match the intensity of individual's intervention to their risk of reoffending. **What is Need?** Criminogenic needs are needs related to criminal behavior and clinical needs are a diagnosed substance use disorder and/or diagnosed mental health disorder. Ideally, we want to target criminogenic needs, such as antisocial behavior, substance abuse, antisocial attitudes, and criminogenic peers. We also want to have services available to meet the clinical needs.

The Responsivity Principle states that once risk and needs are identified, you should match individuals to services and interventions based on the individual's unique characteristics (i.e., responsivity factors) such as gender, age, ethnicity, learning style, motivation to change, cognitive abilities, mental health, culture, and strengths (Bogue, 2004). The three (3) validated

screening tools for impaired drivers are the Impaired Driving Assessment (IDA), the Computerized Assessment and Referral System (CARS), and the DUI Risk and Needs Triage tool (DUI-RANT). These screening tools can help inform your decisions at all stages of your proceedings. If you are in an area of the state that has access to pre-trial services through the DOCR, ask them about these screening tools. If you are not, I can help brainstorm as to how we get these working for you in your area.

Once you have identified the criminogenic risks and needs of the individual, a clinical assessment (evaluation) will aid in the appropriate placement and treatment interventions. This is where our professionals in the treatment services discipline come in and why I have assembled the resources for you in this edition of the newsletter. An assessment

is a process for defining the nature of the problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis. The purpose of an assessment is to gather the detailed information needed for a treatment plan that meets the individual needs of that person.

Treatment interventions should be tailored to an individual offender's specific characteristics and distinct personal needs which will likely affect successful program outcomes, reducing reoffending behaviors and revocations from probation and treatment. Screening, assessing/evaluating and treating North Dakota impaired drivers and other defendants is vital in reducing recidivism and making our communities safer. ■

North Dakota Department of Health and Human Services

James Knopik, Manager, Addiction and Prevention Program and Policy

When an individual is ordered to complete a substance use disorder assessment they may contact any of the state's licensed [Evaluation Providers for this service](#). Most private providers will schedule the evaluation for a specific date and time, however some do provide walk-in availability for assessments. During the assessment, the individual will meet with a licensed addiction counselor who will assess the individual to determine if they meet the criteria to diagnose a substance use disorder or not. At a minimum, the assessment must evaluate individuals in the following areas: withdrawal potential; medical conditions and complications; psychiatric, including emotional, behavioral, and cognitive functioning and the presence of co-occurring mental health problems; employment; alcohol, tobacco, and other drug use; legal; family and social; readiness to change; relapse, continued use, and continued problem potential; and recovery environment.

Assessments also must include collateral information such as treatment records from previous providers, or additional information from the referral source. This collateral information must be integrated into the assessment results.

At the end of the assessment process if a diagnosis of a substance use disorder cannot be established, the provider may recommend early intervention

services. Early intervention classes are evidence-based classes that focus on educating individuals who are at risk of developing a substance use disorder in the future as indicated by their behavior such as the individual experiencing a legal offense due to alcohol or drug use. The intent of these classes is to prevent individuals from continuing their current behavior and prevent them from developing into a substance use disorder. North Dakota has two (2) certified early intervention classes. One is the Minor In Possession (MIP) class which is an 8-hour education class for youth younger than 21 who have had an alcohol-related offense. See the list of [Minor In Possession Instructors](#). The other certified class is the 16-hour DUI seminar intended for adults over the age of 21 with an alcohol-related driving offense or other alcohol-related offense, but do not have a diagnosed disorder. See the list of linked [DUI Seminars](#). Both the DUI seminar and the MIP classes are not treatment, but rather are early interventions to prevent the need for treatment in the future.

If an individual is diagnosed with a substance use disorder, a level of addiction treatment is recommended for the individual. In North Dakota the levels of care are based on the American Society of Addiction Medicine which identifies treatment for

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ND DHHS Human Service Center's Open Access Process

Lynden Ring, Assistant Regional Director West Central Human Service Center

Open Access is a walk-in assessment process implemented at all Human Service Centers to assure timely access to behavioral health services to citizens across North Dakota. Through Open Access, a person can initiate services without scheduling an appointment by presenting to any Human Service Center between 8 a.m. and 5 p.m. CT. Mental health professionals work one-on-one with people to assess their situations and help them connect to services, either at a Human Service Center or with referral to a community provider.

Individuals who present for Open Access participate in an initial brief screen that includes current risk, goals, and strengths. Mental health and substance use needs are reviewed to develop a plan with the individual. Plans may include referral to a community provider, referral for full assessment with the Human Service Center team, or engagement with the crisis services team. If the person is referred to a community

provider, they are assisted with formal linkage to supports and services.

Individuals with mild to moderate functional impairments whose needs can be met by community providers are referred to these partner agencies. Human Service Centers expect to serve individuals with severe, chronic, and complex needs by using team-based care and crisis response teams. For those who meet the need for team-based care, a full diagnostic assessment will be conducted by an independently licensed clinical staff, either a licensed clinical social worker or a licensed professional clinical counselor. This assessment is conducted via telehealth and provides a comprehensive evaluation of both substance use and mental health to determine psychological, emotional, and functional needs. This provides a preliminary diagnosis, level of care recommendation, and safety plan. ■

ADDICTION?

ADDICTION?



ADDICTION?

WE CAN HELP!

A Look at North Dakota's Youth, Behavioral Health, and Filling the Gaps

by Shauna Eberhardt, PhD, LPCC, LMAC

North Dakota is well known for its open skies, rich culture, and sense of community. North Dakotans value this sense of community in all aspects of life, whether it's cheering for youth sporting events, or helping one another during historic natural disasters such as blizzards and floods. As such, the behavioral health of North Dakotans is an important consideration that supports our strong sense of community well-being. Despite this consideration, many challenges exist to accessing the proper supports.

North Dakota has seen positive gains in reducing youth alcohol use in the past decade. However, according to the 2021 Youth Risk Behavior Survey, alcohol remains the most-used substance among North Dakota middle and high school students. Half of high school students report using alcohol at some point in their life and 24% report using alcohol in the past month (2021 ND YRBS).

Drinking and driving continues to be a leading cause of death for North Dakotans (DHHS, 2022). According to the 2022 North Dakota Behavioral Health Epidemiological Profile, an alcohol-related crash occurs approximately every 12 hours with a fatality approximately every 9 days. Of North Dakota high school students, 5% report driving after drinking alcohol and 13% report riding with a driver who had been drinking in the last month (2021 YRBS).

The continuum of services for behavioral health includes wellness and community education, prevention, early intervention, community-based services, substance use disorder services, crisis services and inpatient treatment. According to the 2018 North Dakota Behavioral Health System Study, North Dakota's behavioral health system has historically focused on inpatient and residential settings, while preventative, early intervention, and community-based outpatient services have been limited. In addition to system structure, there are multiple access barriers to consider. This includes the stigma of behavioral health, workforce shortages, rural environments with limited access to services, and disparities across race and culture. For youth specifically, this means increasing access to services

within schools, in the home with the family system, and within pediatric care. This also means expanding activities and community for youth to include culturally relevant activities and practices.

The Department of Health and Human Services (DHHS) Behavioral Health Division, in coordination with the Human Services Research Institute, has outlined a number of targeted interventions to address behavioral health needs and fill in gaps across the state. ND DHHS currently identifies the areas of prevention and early intervention, substance use disorder services, mental health and crisis services, children and family services, and community-based services to coordinate cross-cutting measures to address risk factors, gaps in service, and obtain funding sources. Parents Lead, one initiative administered by the Behavioral Health Division, focuses on supporting parents in promoting the behavioral health of their children. North Dakota also has private providers who provide education related to Minor in Possession as well as the DUI seminar, both of which are focused on early intervention. Across the state of North Dakota, there also exist eight regional Human Service Centers, or community behavioral health clinics, whose focus it is to serve North Dakota citizens in crisis and provide intensive behavioral health supports in a team-based format to youth, their families, and adults with behavioral health disorders.

While North Dakota's youth remain at risk due to on-going cultural attitudes regarding drinking and driving as well as other biopsychosocial factors, North Dakota continues to respond with new initiatives, changes to service delivery systems, and creative methods of listening to the needs of our youth. It is hoped that with strategic planning geared towards prevention and early intervention, the passion from our citizens and their willingness to share their unique experiences, and an on-going focus of efforts to fill in the gaps of service delivery, North Dakota can move one step closer to increasing the safety and wellbeing of our residents.

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For more information or to seek help for your or someone you know for a behavioral health concern, please see our website for resources: [Behavioral Health | Health and Human Services North Dakota](#). Additional resources with links to related juvenile programs and services in our State are listed below.

And remember, dial 988 if you are a loved one are experiencing a behavioral health crisis: Available 24 hours per day, 7 days per week, free and confidential.

*Note that there are some regional variations in the programs and services offered. Contact your local juvenile court office for more specific information. ■

Youthworks: <https://youthworksnd.org/programs/>

The Village Family Service Center: <https://www.thevillagefamily.org/content/family-engagement-services>

North Dakota Attendant Care Program: https://www.ndaco.org/programs_and_services/jj/statewide-detention-support-services-sdss/

North Dakota Division of Juvenile Services: <https://docr.nd.gov/division-juvenile-services>

North Dakota Human Services Center Regions: <https://www.hhs.nd.gov/HSC>

Substance Abuse Treatment Program Providers: <https://www.hhs.nd.gov/behavioral-health/mental-health>

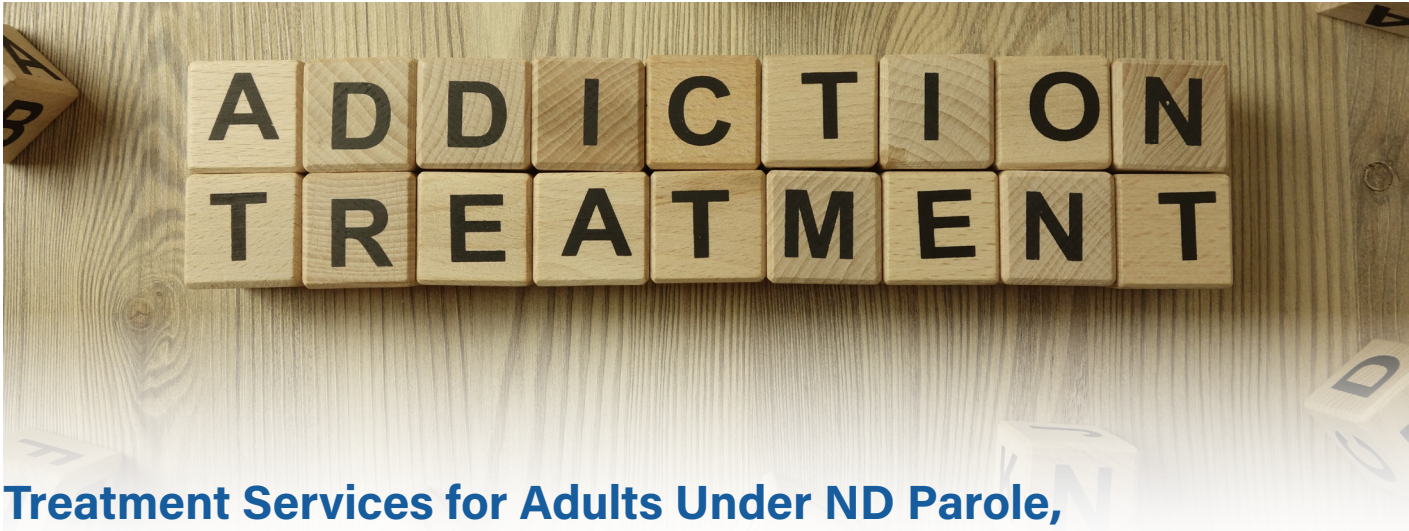
ND Dept of Health – cont. from page 3)

individuals at the intensity of service needed to meet their individual needs. These levels of care vary from outpatient services to high-intensity residential services, or even inpatient withdrawal management services. See the linked list of [Addiction Treatment Programs](#).

Finally, if an individual also struggles with a co-occurring mental health condition providers may refer the individual to receive additional support from a mental health provider listed in this [Mental Health Directory](#).

At any of the eight regional Human Service Centers across the state, any North Dakota citizen may walk in from 8 a.m. to 5 p.m., Monday through Friday, to be screened for services. During this screening process, if an individual's needs can be met by a private provider, the screener will assist the individual in connecting with those services. If they meet the center's criteria, they will receive a full diagnostic assessment to begin services at the human service center. Human Service Centers prioritize individuals for their services based on several factors including: their level of functioning, severity of condition, and ability to be served by community services due to lack of insurance. If the individual is experiencing a behavioral health crisis during the screening, they will receive a crisis intervention. The Human Service Centers also provide 24-hour crisis services which are accessible by calling 988. ■

*The North Dakota Department of Health and Human Services Behavioral Health Section maintains provider listings across the State found under the links in the article. If you have further questions please contact James Knopik at jknopik@nd.gov



Treatment Services for Adults Under ND Parole, Probation, and Pretrial Supervision

Tom Erhardt, Director of ND Parole, Probation, and Pretrial Services Division

The North Dakota Parole, Probation, and Pretrial Services Division (NDPPPS) of the ND Department of Corrections and Rehabilitation (DOCR) operates 17 district offices throughout North Dakota and employs 159 team members, including approximately 107 sworn peace officers. The division also offers pretrial services in the South Central Judicial District (Burleigh and Morton Counties), East Central Judicial District (Cass County), North Central Judicial District (Ward County, Mountrail, and Burke Counties), and Northeast Judicial District (Ramsey and Benson Counties). Pretrial services will be expanding into the Northeast Central Judicial District (Nelson and Grand Forks Counties) in the fall of 2023. As of July 1, 2023, NDPPPS supervised 6,841 adults in the community.


The mission of the DOCR is to transform lives, influence change, and strengthen the community. One way this is accomplished is by providing opportunities and referrals to effective and appropriate treatment services to the adults under supervision.

The first step in a client’s supervision with NDPPPS is to assess the crime-causing factors in the person’s life and develop a plan to reduce the dynamic risk factors. These factors include drug and alcohol use, association with antisocial friends, family problems, poor education and/or employment history, emotional/personal problems, and antisocial attitudes. Team members are trained in Effective Practices

in Community Supervision (EPICS), which is an intervention that team members utilize in their offices to enhance motivation, restructure client antisocial thinking, and teach skills that the client can use to avoid risky situations and additional trouble. Team members are required to conduct EPICS contacts with the high- to moderate-risk clients they supervise.

Under most circumstances, adults released from prison on parole will have completed recommended treatment in prison. Parole Officers will make referrals to community-based providers for substance use aftercare, as recommended by the DOCR Treatment Department. If the parolee has not completed treatment, those referrals will also be made as directed by the Parole Board.

One opportunity for supervised adults to access treatment is through drug court. NDPPPS provides a probation officer (PO) to assist with six drug courts throughout North Dakota: Fargo (two courts), Grand Forks, Minot, Bismarck, and Jamestown. While not assigned full time, a PO also works closely with clients sentenced to the treatment court in Wahpeton. While in drug court, the participant has regular court reviews, attends treatment through a local provider, and participates in supervision meetings with the PO. Participants are also able to participate in the cognitive behavioral change program, Thinking for a Change. This program incorporates cognitive

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restructuring theory, social skill development, and the learning and use of problem-solving skills. At first, the supervision and drug testing are intense. As the participant works through the 13-month program, supervision is decreased if the participant is compliant with the conditions of the program. In CY 2022, 117 participants were discharged from drug courts in North Dakota, and 80 of those participants were discharged successfully (68%).

The NDPPPS also contracts for services with two providers in the state. The Southwest Multi-County Correctional Center provides substance use disorder treatment and the cognitive-behavioral group Thinking for a Change to supervised adults in the Dickinson area. Management and Training Corporation provides substance use disorder treatment and the cognitive-behavioral group in the Free Your Mind program to supervised adults in the Minot, Williston, Rolla, and Bottineau areas. Funding for these contracts was made available by the 2021 and 2023 legislative assemblies.

Free Through Recovery (FTR) is a program in conjunction with North Dakota Health and Human Services (DHHS) to provide care coordination and

peer support to high-risk adults under NDPPPS supervision. DHHS contracts with private agencies throughout North Dakota to provide these services to reduce barriers and connect participants with providers in a seamless process. As of July 1, 2023, there were more than 1,400 clients served by the FTR program, and more than 5,600 clients served since the program's inception in 2018.

Team members in other areas of North Dakota are skilled at researching and finding providers. PO team members regularly refer clients to the regional human service center for assessment and treatment recommendations. Team members also keep up with private treatment providers who can provide treatment and interventions for the clients under parole, probation and pretrial supervision.

Parole, probation, and pretrial services team members are dedicated to ensuring the safety of the citizens of North Dakota. "Public safety" is not only enforcement of the laws, but also teaching people skills to handle situations in a manner that is prosocial. Whether those skills are delivered by NDPPPS team members or a referral agency, having access to and finding those services is key to the mission of the DOCR. ■



Treatment Services at the ND Department of Corrections and Rehabilitation

Dr. Amy Veith, ND DOCR Clinical Director and Tom Erhardt, Director, ND Parole and Probation

Admission to Prison and Case Planning


The North Dakota Department of Corrections and Rehabilitation (ND DOCR) receives all male residents sentenced to its care, custody, and control at the North Dakota State Penitentiary (NDSP) in Bismarck. All female residents are received at the Dakota Women's Correctional and Rehabilitation Center (DWCRC) in New England. All residents go through a four-week reception and orientation process. During this process, residents receive classes on prison life, corrections processes, and Parole Board processes. In addition, each resident is assessed for criminogenic risk and needs, mental health, education, medical/dental, and other areas. After the orientation period, each resident's case is reviewed by the Case Planning Committee, as well as the Classification Committee. The Case Planning Committee reviews all the information contained in the sentencing report as well as the diagnostic information compiled through the assessment process to develop the case plan and recommend a date for Parole Board review. The case plan is the resident's resource allocation roadmap that provides the resident, as well as corrections staff, a plan for where and when treatment services will be offered. The case plan also provides a plan for the resident's eventual transition out of prison and back to the community. The Case Planning Committee, in most cases, plans the resident's treatment services as close to the end of incarceration as possible in order to transfer the skills learned in treatment to a community setting. The Classification Committee reviews all of the information and uses an actuarial scoring tool to assign each resident a security risk level: maximum, medium, or minimum. Maximum custody residents are normally housed at the North Dakota State Penitentiary in Bismarck; medium custody residents at the James River Correctional Center (JRCC) in Jamestown; and

minimum custody residents at the Missouri River Correctional Center (MRCC) in Bismarck or the James River Minimum Unit (JRMU) in Jamestown. Minimum custody residents may also be housed at a transitional facility under contract with the ND DOCR, such as Centre, Inc., or Bismarck Transition Center. Residents' classification scores may be overridden to a higher or lower custody level after consultation with the director of classification and institutional staff.

Assessments

ND DOCR staff administer a battery of assessments, depending on the specific issues presented. The primary criminogenic risk/needs assessment the department uses is the Level of Services Inventory-Revised (LSI-R). The LSI-R is a quantitative survey of adult criminal offender attributes and their situations relevant to the level of supervision and treatment decisions. The LSI-R helps predict community supervision outcomes, success in transitional facilities, and recidivism. The LSI-R assesses criminogenic risk and needs based on lifetime, past year, and current characteristics that have been shown to be statistically associated with future criminal behavior. The tool is broken down into 10 domains: criminal history, education/employment, financial, family/marital, accommodation, leisure/recreation, companions, alcohol/drug, emotional/personal, and attitudes/orientation. The assessment is administered upon entry into prison, and then every six months while the adult is supervised by the DOCR in the community.

The Addiction Severity Index (ASI) is administered by staff to determine which individuals will be referred for a comprehensive substance abuse evaluation. The substance use evaluation is an interview by a licensed addiction counselor to provide diagnosis and substance use treatment recommendations. Finally, DOCR staff administer

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the Static-99R and STABLE-2007 assessments to incarcerated individuals who are in prison for or have a history of sexual offending behaviors. The Static-99R will help the staff determine sexual offending treatment recommendations. The STABLE-2007 assists in guiding the treatment plans for residents while in Sex Offender Treatment Program (SOTP).

Group Programming

Thinking for a Change (T4C) is an integrated cognitive-behavioral change program that includes cognitive self-change (i.e., changing thinking patterns that lead to risky behaviors), social skill development, and problem-solving skill development. Designed to be delivered to 10-12 participants, T4C is 25 lessons and usually takes 13 weeks to complete.

Cognitive Behavioral Interventions for Substance Abuse (CBISA) is a curriculum designed for those who are moderate to high need in the area of substance abuse and was developed by the University of Cincinnati Corrections Institute. It refers frequently to the legal effects of substance abuse and is well-suited for the criminal justice population. Participants are referred based on the substance use evaluation and LSI-R score. The program places heavy emphasis on skill building activities to assist with cognitive, social, emotional, and coping skills development. The program is 39 sessions and normally lasts 14 weeks.

The Conflict Resolution Program (CRP) is a curriculum designed for moderate to high-risk people who have a need in the area of emotional regulation. Participants must have been charged or convicted of at least two violent person-on-person offenses. The 16-week program focuses on motivational enhancement, cognitive restructuring, social skills and conflict resolution skills, and advanced skill practice.

New Pathways to Healthy Relationships (NPHR) is a curriculum designed for people who are moderate to high risk in the need of emotional regulation, specifically related to intimate partner

relationships. Individuals do not have to be charged or convicted of a domestic violence offense toward their partners to qualify for this program. The 16-week program is organized into two modules: motivational enhancement along with cognitive restructuring in module one and skill building along with evaluation in module two. The two modules will run concurrently throughout the 16 weeks. The groups are held two days per week. Group participants will learn a variety of cognitive restructuring techniques and skills to help them have healthy intimate partner relationships.

The Sex Offender Treatment Program (SOTP) is a curriculum designed for male sex offenders who score moderate to high risk on an actuarial measure of sexual recidivism. It was developed by the University of Cincinnati Corrections Institute (Cognitive-Behavioral Interventions for Sexual Offending) and uses a cognitive behavioral approach to teach offenders strategies to avoid further sexual offending and/or sexual misbehavior. The program is held twice per week for two hours for up to seven months.

Programs offered to the female population are designed to be gender-responsive and trauma-informed. The pathways to criminal behavior can be different for females and may include

- Frequency and seriousness of offending
- Drug influence
- Relationships influencing offending behavior
- Response to supervision, incarceration, and treatment
- Primary childcare responsibilities
- Prevalence of victimization
- Prevalence of mental illness, substance use, and certain experiences of trauma

Responsive Risk Reduction for Women (RRRW): RRRW was developed to help women reduce their risk for disruptive and rule-breaking behaviors in prison, while also learning to better cope with trauma symptoms and manage risk for criminal

behavior upon release from prison. RRRW is held daily for 40-60 minutes. Sessions include values clarification and goal setting, cognitive restructuring, emotion regulation and coping skill development, social skills practice, and planning for future application of learning. RRRW is offered on a voluntary basis, and women are reinforced for attending.

Trauma-responsive services are offered on an as-needed basis through the following group programs:

Beyond Trauma: This group is a manualized program that runs for approximately 12 weeks. Group sessions include defining trauma, the cause and effects of trauma and ways to promote both physical and emotional well-being.

Seeking Safety: This program presents an integrative treatment approach specifically for those who suffer PTSD and substance abuse. Topics focus on discontinuing substance use, letting go of dangerous relationships and gaining control over extreme symptoms such as dissociation and self-harm. The program teaches safe coping skills and helps restore ideals that have been lost including respect, care, protection, and healing.

Moving On: This program provides women with alternatives to criminal activity by helping them identify and mobilize personal and community resources. This gender-specific program addresses many risk factors that can lead to a woman's criminal behavior and focuses on four main themes: encouraging personal responsibility and enhancing motivation for change; expanding connections and building healthy relationships; skill enhancement, development, and maintenance; and relaxation and stress management skills.

Finally, the ND DOCR offers Advanced Practice (also referred to as aftercare). Advanced Practices guides participants to practice linking the risk to the appropriate skill set, how to generalize the application of skills, and to practice these social and problem-solving skills in more intense and realistic situations than previously practiced in primary treatment programs.

Quality Assurance

Monitoring program fidelity is the key to realizing a program's full recidivism-reducing potential. The ND DOCR has developed quality assurance processes for each program to ensure it meets the standards intended by the creators of the curriculum. While there is room for clinical discretion regarding specific risk situations, activities, and progress of the group, each session must deliver the elements included in the curriculum to ensure participants receive the learning that has demonstrated effectiveness. Program supervisors regularly observe groups to monitor performance and provide feedback to the facilitators. Not only does this maintain program fidelity, but also helps the facilitators build and improve their counseling and group facilitation skills.

The ND DOCR also performs program evaluations regularly using the Corrections Program Checklist (CPC) developed by the University of Cincinnati Center for Criminal Justice Research. The CPC tool is designed to assess correctional intervention programs, and used to ascertain how closely correctional programs meet the known principles of effective intervention.

Individual Treatment Services

Each unit or floor within the DOCR is assigned one or more primary counselors responsible for working with individuals residing within that housing location. These counselors can provide individualized skills work, crisis intervention, individual therapy, behavioral interventions, and assist with general mental and behavioral health questions daily. Primary counselors are responsible for completing Mental Health Care Level evaluations during designated intervals for every resident residing at the DOCR. These evaluations provide each resident a time to connect with their primary counselor, even if they do not regularly seek out mental or behavioral health services or are not currently attending group programming.

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Crisis Intervention Services

Behavioral health team members provide crisis intervention and support services to residents 24/7. Team members are trained in evidence-based intervention services and conduct assessments for residents reporting ideation or intent of harm to self or others. The DOCR Behavioral Health Team provides on-call services on evenings, weekends, and holidays on a rotating schedule.

Psychological Services

DOCR psychologists offer psychological evaluations, individual therapy, behavior management planning, program review and development, and regular clinical supervision and consultation. DOCR psychologists provide clinical oversight of the Special Assistance Unit (SAU) in Jamestown and the Behavioral Intervention Unit (BIU) in Bismarck.

Special Housing Programs

The Special Assistance Unit (SAU) is located at JRCC in Jamestown. This treatment unit provide intensive mental and behavioral health services for residents with serious mental illness diagnoses and behavioral disorders. The unit is based on active and individualized programming, provides full day scheduling and activities, intensive skill building, individual therapy, and transitional services for the residents who reside there. The goal of SAU is to assist residents with mental stability and achieve insight and improved functioning.

The Behavioral Intervention Unit (BIU) is located at NDSP in Bismarck. This unit provides structured behavioral and skill building interventions to assist residents with aggressive, impulsive, and maladaptive behaviors that lead to problematic interactions with others. The goal of BIU is to enhance prosocial behavior and skills in order to better manage distressing or difficult interpersonal situations and reduce criminogenic behaviors.

Resident Involved Services

A Peer Support Specialist is another resident who is specifically trained to use their own experiences with incarceration and recovery from substance use or other mental health concerns to assist others in their unique recovery process. The DOCR provides training and continuing education opportunities for residents who are trained as Peer Support Specialists in order to provide career opportunities upon release.

DOCR uses a resident-led Crisis Intervention Team (CIT Team) to provide support to residents residing in observation units. CIT Team members are responsible for providing a listening ear and empathy for those going through difficult times. Residents report a sense of purpose and satisfaction being able to support one another during times of significant distress. ■



HEARTVIEW

A NEW LIFE

Kurt Snyder, Executive Director

Heartview has locations in Bismarck, Cando, and Dickinson, and has served 30,000 patients since opening in 1964. Heartview provides the full spectrum of services: residential treatment, outpatient services, and medication-assisted treatment. Heartview treats addiction to alcohol, opioids, heroin, methamphetamine, prescription drugs, and other illicit substances. A team of addiction counselors, nurses, social workers, psychologists, nurse practitioners, physicians, and chaplains work together to help individuals maintain abstinence from alcohol and drugs.

Last year, Heartview served 755 individuals needing substance abuse treatment. Heartview held 1,395 mental health appointments last year and dispensed 69,017 doses of methadone to opioid use disorder patients. Of those who identified their race, 25% identified themselves as Native American and 67% identified themselves as white. About 70% of Heartview's patients qualify for Medicaid and 322 used the N.D. Substance Use Disorder Voucher last year. Since 2019, Heartview has completed 2880 intakes and evaluations on new patients. Of those patients, 35% listed alcohol as their primary drug of choice and 28% listed opioids.

Locations

Heartview is headquartered in downtown Bismarck and the main facility includes the entire block of 1st Street and Broadway. In Bismarck, residential treatment is provided at either its 16-bed facility on 23rd Street or a 13-bed facility downtown. While at treatment, patients stay in the facility 24/7 and are accompanied by staff to take part in sober activities such as AA groups, church, and community outings. Additional passes to leave the facility may be approved by the individual's addiction counselor.

Individuals participate in group treatment from 8 a.m. to 4 p.m., are monitored by nursing staff, and attend mental health therapy as needed. Individuals are released from residential treatment on a case-by-case basis, but stays average approximately one month. After residential treatment, patients are assigned to day treatment (half-day group therapy which meets five days per week), evening groups, or individual addiction services.

In Cando, a 16-bed residential center in a sprawling, rural location provides a serene treatment experience. Treatment at the Cando facility is similar in format to treatment in Bismarck, except residents also have the opportunity to experience Equine Assisted Growth and Learning Association (EAGALA) Horse Therapy. This evidence-based treatment incorporates a Licensed Addiction Counselor and a horse handler to help clients work through trauma and emotions. Limited outpatient services are available in Cando.

Heartview's Dickinson facility opened in July 2023 and is primarily a 16-bed residential facility. This is a much-needed service in Western North Dakota and Heartview intends to expand to additional outpatient options as soon as workforce is available.

Medication Assisted Treatment

All of Heartview's facilities provide some medication assisted treatment options to patients as part of comprehensive, holistic treatment. Buprenorphine and naltrexone are medications used for opioid detoxification, withdrawal, and to prevent relapse. Bismarck also offers methadone at its Opioid Treatment Program clinic to block withdrawal symptoms and cravings. Naltrexone and Antabuse are also utilized, as needed, to deter alcohol use and

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prevent relapse. Individuals using Medication Assisted Treatment for recovery function completely normally and can reclaim their lives. These medications are used as one part of a comprehensive treatment plan and can be utilized as long as the patient needs, under correct supervision. Medication Assisted Treatment is evidence-based and some of these medications have been used successfully for about 60 years to treat addiction.

The success of Medication Assisted Treatment and wrap-around services is evidenced by a 2021-2022 survey of 305 Heartview OTP patients in Bismarck. At baseline, 32% of patients were employed, 90% had been arrested in their lifetime (an average of 10 times), 47% reported fair or poor mental health, and 61% had overdosed during their lifetime. In a follow-up survey one year later, 70% of patients were employed, only 4% had been arrested in the last month, only 24% reported fair or poor mental health, and less than 1% had overdosed in the last month. In addition, patients' mean income increased from \$452 to \$863. By addressing the underlying issue of addiction, Heartview is also able to address poverty and mental health.

Accessing Treatment

Nonjudgmental, supportive Heartview staff walk each client through the process of accessing treatment and navigating insurance. To access residential services at Heartview, individuals can call Heartview's intake office at (701) 751-6129. Staff will do an initial

interview and schedule admission. Heartview takes all major insurances and if the individual does not have insurance, Heartview staff will begin the process of applying for Medicaid or the ND Substance Use Disorder Voucher. Lack of insurance is not a barrier to care at Heartview. Individuals who need an evaluation or who are interested in outpatient services can go to Heartview's walk-in clinic at 101 E Broadway Ave, Bismarck, Monday through Thursday, 8:30 a.m. to 11 a.m.

Heartview is licensed to provide residential treatment for patients 18 and older and outpatient treatment to ages 14 and older. Heartview does not provide services to sex offenders. Individuals must be released from jail or prison prior to seeking treatment. Heartview does not have the ability for individuals to be released directly into our care. Heartview residential facilities are not "locked" facilities and individuals are not barred from exiting. Clients have to be willing to physically stay in the facility, although counselors and other staff will work to encourage patients to remain in treatment.

If individual judges have questions, would like to learn more about Heartview, or would like to tour Heartview's facilities, they can contact Jennifer at info@heartview.org ■



FAA

Addiction Services

Nathan Faa BS LCAC

Faa Addiction Services started serving the Minot, ND, area in 2019. We offer a full range of outpatient alcohol/drug treatment services and just recently we opened a house for men to stay at while involved in our day treatment program. Currently there are two licensed addiction counselors that are providing these services, myself and Bridget Sherwood, LAC. We also have a third person that is helping to manage the practice. We are hoping to add another 1 to 2 addiction counselors by the first of the year. Listed below are the services we provide:

Adult Alcohol/Drug Evaluations: Currently Bridget Sherwood, licensed addictions counselor (LAC), and Nathan Faa, licensed clinical addictions counselor (LCAC), are completing evaluations.

Adult ASAM Level 2.5 Partial Hospitalization/Day Alcohol Drug Treatment: Nathan Faa will be facilitating this level of care. Hours and days of services are currently Monday through Friday from 9 a.m. to 3 p.m., 5 hours per day and 25 hours per week. The group is currently set for five weeks to achieve successful completion. Also, we have housing available for male clients to provide a safe environment to stay in while involved in our day treatment program.

Adult ASAM Level 2.1 Intensive Outpatient Alcohol/Drug Treatment: This treatment is currently facilitated by Bridget Sherwood. The group is held Mondays, Tuesdays, and Thursdays for three hours each group session for a total of nine hours per week.



Adult ASAM Level 1 Outpatient Alcohol/Drug Treatment Services: Currently we have two Level 1 groups that are facilitated by Bridget Sherwood. The groups are held on Wednesday from 6 p.m. to 7 p.m., one hour per week and a group held on Thursday morning from 10 a.m. to 11 a.m., one hour per week. Also, both Bridget Sherwood and Nathan Faa currently provide individual addiction counseling services. The number of client sessions per week varies. Sessions are usually held for one hour unless circumstances dictate otherwise.

Adolescent Alcohol/Drug Evaluations: Currently Bridget Sherwood and Nathan Faa are providing these services.

Adolescent ASAM Level 1 Outpatient Alcohol/Drug Treatment Services: Currently we do not offer any adolescent group services. Both Bridget Sherwood LAC and Nathan Faa LCAC currently provide individual addiction counseling services. The number of client sessions per week varies. Sessions are usually held for one hour unless circumstances dictate otherwise.

If you have additional questions contact Nathan Faa at nfaa@faaaddictionservices.com ■



Maggie Pfeffer and Darby Njos

After his fifth felony, Adam Martin thought, "There must be more to life than this." That was the beginning of pursuing change in his own life. Because of his shared experiences, he became a resource for others coming out of jail by providing personalized support to incarcerated individuals to deter repeat offenses.

As his efforts grew, so did the need for a meaningful name. Working in the tech industry, Adam was familiar with the function keys on a computer keyboard. The keys F1 through F12 provide a variety of shortcuts to make life easier. However, F5 resonated with Adam for two reasons: it reminded him of his past of having five felonies, but it also is the key to refreshing. No matter what data you have on your computer screen when you hit F5 - it refreshes or reloads the page. F5 stands to give every individual with a background a fresh start.

What began in 2016 to improve the lives of formerly incarcerated individuals in Fargo, ND, the non-profit has evolved into a statewide initiative to bridge resources and provide full-spectrum services to people struggling with incarceration, mental health, and addiction. We are passionate about the human struggle and the endeavor to recreate stories and we know the power of empathy and grace to refresh lives.

F5 Project offers several services, including Free Through Recovery, Community Connect, employment, housing, and recovery.

Free Through Recovery is a community-based behavioral health program led by the ND Behavioral

Health and Human Services. This program is designed to increase recovery support services for individuals involved with behavioral health concerns in the criminal justice system. This includes care coordination, recovery services, and peer support. Free Through Recovery aims to improve healthcare outcomes and reduce recidivism by delivering high-quality community behavioral health services linked with community supervision. Community Connect is a North Dakota state-sponsored, community-based behavioral health program designed to assist individuals living with a mental health or substance use disorder to find their recovery. Participants must meet specific state-required eligibility criteria for both Free Through Recovery and Community Connect programs.

Employment is a cornerstone of stability and recovery. It is directly tied to reducing recidivism and supporting positive self-image and growth. Employment helps people exiting the jail and prison system become economically stable and dramatically reduces their likelihood of returning to the system. Fair Chance Employers work alongside the F5 Project because they believe in second chances for all. This is where hiring managers, business leaders, and organizations make an impact and help break the cycle of recidivism. Our Care Coordinators work with our participants to find jobs, schedule interviews, and lock in job offers.

At F5 Project, we provide sober and supportive housing solutions for individuals who are at transitional points in their lives. The houses at F5 Project are meant to be your home, like any other

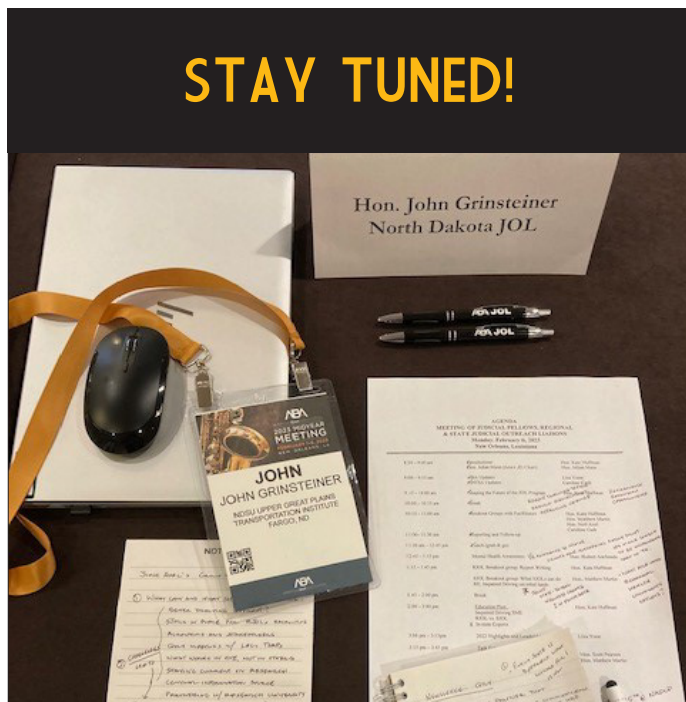
house but come complete with supportive roommates and involvement in the F5 Program. F5 Project is a Recovery Housing Assistance Program (RHAP) provider. RHAP is a North Dakota state-funded option for individuals wanting to initiate and sustain recovery efforts in a safe, stable living environment. This program pays up to 12 weeks of recovery housing expenses for eligible, enrolled individuals.

Alongside Midwest Mental Health, F5 Project partners with the Ridge: Treatment and Reentry Center. Our team has a deep understanding of the chronic disease of addiction and the debilitating effects it has on both individuals and their families. Our facilities provide a down-to-earth environment, removing the barrier of institutionalized treatment, with an approachable clinical team. The Ridge is a premier alcohol and drug treatment center that offers a specialized extended care program customized to each individual's needs and circumstances.

Individuals begin to interact with F5 Project's programs and services in various ways. When someone is getting ready to be released from jail or prison, they often meet with their parole/probation officer and will be referred to F5. They fill out a referral form together and are assigned a care

coordinator. They then come to F5 to build rapport with their care coordinator, begin services, and establish outcomes from how they want to get from point A (freshly out of jail, possibly not yet in recovery, homeless, unemployed, etc.) to point B (in reliable housing, employed, clean/sober, a positive member of the community.) Participants meet regularly with their care coordinator to discuss their outcomes and take the following steps to achieve them. Some options are getting signed up for our housing program, finding a job through F5's employment connections, and recovery services through F5 partners and groups like AA or NA. Sometimes folks will walk in to begin services, and our staff is prepared to welcome them, gather necessary information, and get them lined up with a care coordinator to assess their needs. No person's interaction with F5 is the same. Our services are person-oriented – there is programming that is followed, but the service is tailored to each participant's unique needs.

F5 Project has a presence across North Dakota, including Fargo/Moorhead, Bismarck, Devils Lake, Dickinson, Grand Forks, Jamestown, Minot, Valley City, and Williston. If you have additional questions please contact Adam Martin at adam@f5project.org ■



I stand as a resource for each of you, so don't hesitate to reach out. If you have an issue that is somehow connected to impaired driving, I'll do my best to help. Even if it's not, I'm still happy to listen and help if I can. I know how isolating your positions can be at times, so you have a friend in me. For your edification, an anthology of past newsletters can be found here: [RTSSC – State Judicial Outreach Liaison Newsletter](http://RTSSC-StateJudicialOutreachLiaisonNewsletter.ugpti.org) (ugpti.org). Upcoming issues to feature cannabis, (as Minnesota recently passed recreational use) and DRE Testimony to include North Dakota's Oral Fluids Pilot Program.

Until next time, peace on your heart!

UNSUBSCRIBE

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