

Energy Development and Transmission Committee
Senator Rich Wardner, Chairman

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Good afternoon Chairman Wardner and members of the Committee. My name is Dr. Lisa Peterson. I am a licensed psychologist and Clinical Director of the Department of Corrections and Rehabilitation (DOCR). I am here on behalf of the DOCR to discuss behavioral health needs in western North Dakota and particularly those that impact the criminal justice system. My comments are informed by interviews with a wide variety of individuals living and working in our western regions including consumers, local practitioners, anti-human trafficking advocates, and parole and probation officers. The DOCR has also convened a Correctional Behavioral Health Workgroup with membership from county jail administrators and various DOCR staff to discuss these issues and propose solutions.

My hope is to bring a snapshot of the wealth of knowledge and diverse experiences of these individuals here today. I will discuss the programming offered by DOCR or contracted agencies and two main shortage areas that impact the corrections system: Substance abuse treatment and mental health services, both in terms of availability and the effectiveness of services already being provided for individuals at high risk for future crime. I will conclude with some preliminary possible solutions.

Services Offered by DOCR: Seventy-five percent of people admitted to prison in North Dakota have an active substance abuse disorder diagnosis and treatment need. As our prison population increases, the number of people requiring such services increases, as well. The vast majority of these individuals receive treatment in prison or transitional facilities located in Bismarck, Mandan, New England, Jamestown, Fargo, Grand Forks, and Devils Lake. Six hundred and forty-seven (647) people completed substance abuse treatment in DOCR prison and transitional facilities in 2014. This number does not include individuals served in transitional facilities who were referred by parole and probation in absence of a prison sentence. Realistically, though, most of these sites are located in the eastern portion of our state. Additionally, individuals completing primary treatment in prison or halfway house settings often require aftercare upon release. Individuals sentenced to prison are also able to receive Thinking for a Change, conflict resolution, domestic violence, and sex offender treatment in DOCR facilities.

The DOCR oversees a contract for community treatment for individuals convicted of sexual offenses. Sex Offender Treatment and Assessment of North Dakota (STAND) has offices in Fargo, Grand Forks, Jamestown, Bismarck, Minot, and Dickinson. STAND currently serves 91

offenders, serving 43 of whom in its Bismarck, Minot, and Dickinson offices. The DOCR holds a sex offender release and integration meeting monthly to facilitate transitional planning and communicate with community partners regarding sex offender releases.

The DOCR houses about 450 individuals with varying levels of psychiatric treatment needs at any given moment. Thirty-two percent of the male inmate population and 40 percent of the female inmate population receive psychotropic medications while incarcerated. The DOCR provides a 30 day medication supply of up to 60 individual capsules, along with a prescription for a 30 day supply, upon release. The department also manages a mental health release and integration staffing to assist offenders in accessing necessary services upon release. We staff cases at least 90, sometimes 120 to 180 days, pre-release in hopes of getting ahead of lengthy waitlists for psychiatry and case management appointments.

Some Remarks:

“It’s difficult to be effective with the lack of resources. Our hospital has no addiction or inpatient services for clients with behavioral health needs.”-ND Probation Officer

“For years, there have been positions that go unfilled due to lack of applicants, so we are forced to drive for our services. We have a huge shortage of behavioral health services in the Minot/Williston area.”-ND Probation Officer

“We have difficulty finding placements for individuals who need long-term psychiatric care or have issues with violence and dual diagnosis. We also have staffing problems.”-Hospital Employee

“We have a lot of individuals who don’t belong in jail.”-Jail Administrator

“We would try to get a successful resolution for a person in crisis so the individual doesn’t have to go to jail or the hospital.”-DHS Employee

Substance Abuse Treatment: The message I have heard over and over again is that there simply are not enough services, or in some cases no services, to assist individuals with substance use disorders. The gaps seem to impact detoxification management services, residential treatment, and outpatient treatment to include aftercare. The shortages seem to be, in part, due to workforce issues. The Licensed Addiction Counselor certification process is lengthy, costly, and highly specific. In addition, the individuals who need services the most are often the most difficult to treat and are thus removed from programming due to using or other disruptive behaviors. There is a need for substance abuse treatment that specifically addresses low motivation and criminal thinking for those individuals who present a high risk for future criminal behaviors and also struggle with substance use. Providing effective, readily available substance abuse treatment at all levels of care could both improve the success of individuals transitioning

from prison to community and prevent some people from entering the costly doors of prison to begin with.

Supportive Mental Health Services: Many people I've spoken to also cite a lack of residential or inpatient options for individuals with serious mental health concerns as a high priority need area. An anti-human trafficking advocate spoke of women with assaultive behaviors related to mental illness and trauma being removed from shelters and literally sitting on the sidewalk across the street with no other place to go. Often, the only place to go is jail.

In working with the DOCR's mental health release and integration committee, we see a need for supportive living arrangements for individuals with mental health needs that may not rise to the level of state hospital admission. Practitioners often cite a lack of local services, such as mental health commitment evaluations and placement, as raising transportation costs and keeping people in jail whose mental health needs are too great to effectively be addressed there. There seems to be a notion that jail is an adequate alternative to hospitalization for someone with acute suicide risk or psychosis that is charged with a crime or awaiting state hospital placement, but that is not the case. Most of the time, there are no qualified mental health professionals working in jails.

The shortage of psychiatrists impacts prisons and community care settings alike. Even when there are psychiatry and extended care services such as SMI case management available, it does not seem to be enough to reduce the likelihood of future crime. Recent research completed in Minnesota indicates that, for those at high risk for recidivism, simply linking them with traditional mental health services does nothing to mitigate this risk (Duwe, 2015). There is a need for community programming that addresses criminal thinking in addition to mental health concerns. Providing comprehensive pre-trial and transitional mental health services to those at a high risk for criminality could stop jails and prisons from continuing to be the de facto treatment facility for many citizens with serious mental health needs.

Proposed Solutions:

1. Expand the types of behavioral health practitioners that may provide substance abuse assessment and treatment services to include individuals with appropriate masters and doctoral level degrees and specialized training or experience.
2. Even without adding services, changing the way we deliver them for individuals at high risk for future crime has the potential to reduce recidivism, thereby reducing incarcerations and improving quality of life. The DOCR has done this in institutional settings, but there is a need for such services before people enter DOCR facilities and also to extend the effects of prison and halfway house treatment programs through aftercare.
3. Expand the availability of mental health evaluation and residential or inpatient services to various communities.

4. Individuals awaiting trial or convicted of crimes can reside in jails for as long as one year and, currently, they cannot access necessary treatment programs. Provide access to substance abuse treatment and programs that target criminal thinking, as well as more robust mental health services in jail.

5. Begin linking offenders to community service providers prior to release from jail or prison to establish relationships, increase the likelihood of compliance with follow-up care, and ease the transition.

Thank you very much for inviting comments from the DOCR today and I will gladly address any questions you may have.