

Human Services Committee
Representative Kathy Hogan, Chairman

Lisa Peterson, PhD
Clinical Director
North Dakota Department of Corrections and Rehabilitation
November 3, 2015

Good afternoon Chairman Hogan 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 substance abuse services needs and possible solutions.

Locking Up North Dakota: First, I would like to provide a bit of context. As you can see, the incarceration rate in North Dakota has increased steadily since the early 1990s. Many people are quick to blame these staggering numbers on the oil industry and the influx of workers from other states. In fact, while the number of individuals incarcerated and on parole and probation in our state has risen more than 200 percent since 1992, the state's population has only increased 16 percent. Clearly, there are other factors at play. Considering the financial aspects of these increases is staggering. The general fund appropriations to the DOCR have increased 163% since 2003. If we continue on as we have been, these costs are only expected to rise.

You may be wondering what this has to do with substance abuse treatment. The problems and solutions I will discuss are all largely based on the same principles: We often respond to individuals with substance use disorders by incarcerating them and doing so is ineffective and costly, both in terms of finances and human costs that cannot easily be measured or articulated. Currently, a lack of access to community-based services, particularly residential treatment, is contributing to the use of prison as a de facto treatment center.

Incarceration and Substance Abuse: Given that 75% of people incarcerated in North Dakota meet criteria for an active substance use disorder diagnosis, the DOCR has been and continues to be a key service provider. The vast majority of people referred to treatment by DOCR are offered that treatment in prison or transitional facilities and 647 people completed substance abuse treatment in our facilities in 2014. Most, if not all, of these individuals are referred to aftercare services upon release. These numbers are not representative of people receiving a jail or probation sentence who are also likely to require substance abuse evaluation and treatment.

North Dakota State Penitentiary staff completes about 90 substance abuse evaluations per month. Since 2010, the DOCR has nearly tripled the number of individuals participating in substance abuse treatment each year. This has been accomplished without adding additional staff members.

Current Difficulties: The data I've shared so far demonstrates the extent to which expensive prison beds have really become expensive treatment beds. Of course, in order to consider other options, timely assessment and alternative treatment programs must be readily accessible. Both the stakeholders group and the Schulte Report identified numerous gaps in terms of access to substance abuse services, particularly in the areas of detox and residential programs. Previous work also showed ways in which the Licensed Addiction Counselor (LAC) licensing process has influenced the shortage of LACs and ultimately assessment and treatment services. Recently, a Licensed Addiction Counselor II position was posted for the James River Correctional Center and received no applicants. We were told that no students would be qualified to accept an LAC I or Addiction Counselor Technician position in Jamestown for about five months.

The Department of Human Services has taken steps to address some of these issues, including walk-in substance abuse evaluations and plans to examine the administrative code to ensure that qualified providers are matched appropriately to specific types of services. The DOCR certainly supports the direction the Department of Human Services is headed, is eager to continue with truly collaborative relationships to address these issues, and recognizes there is much more work to be done.

Possible Solutions: Some additional proposed solutions include reducing the criminalization of individuals with substance use disorders, further improving access to services, and ensuring we invest in effective programs that produce desired outcomes. Ideas related to decriminalization include various methods of allowing first-time, low level, and non-violent drug offenders or those with non-violent offenses influenced by drug use to avoid lengthy incarceration or the lifetime consequences of a felony offense by completing treatment and displaying prosocial behaviors.

Of course, for these measures to be feasible, treatment programs must be available. In speaking with jail administrators as part of the Correctional Behavioral Health Workgroup the DOCR has convened, significant gaps seem to exist in detoxification and intoxication management, which leads to placements in jail for detox. Pretrial services would provide timely evaluations that consider criminogenic risk factors and behavioral health needs to assist the judicial system in determining alternatives to felony convictions and incarceration. The jail administrators I have spoken with also agree that we could improve outcomes by offering evaluation and treatment more consistently to people serving jail sentences. Currently, offenders can be in jail for up to one year and receive no addiction services in most areas of our state.

Even if North Dakota is able to add programs, the fact remains that we are unable to staff them. DOCR supports improvements to the reciprocity process for LACs, funding for LAC internship hours, and engaging other master's and doctoral level practitioners with specific experience in the diagnosis and treatment of substance use disorders in service provision.

Finally, we must determine whether or not programs are effective in achieving the outcomes we are looking for and prioritize funding for the programs that are working. The DOCR will be able to examine the effects of our 2013 programming changes in 2016, as we measure criminal recidivism at three years post-release. Our program is designed to be effective particularly for those who present a high risk for future crime, with varying motivation levels and likely multiple past treatment failures. It focuses on identifying risk and teaching skills to manage difficult situations without using while encouraging the development of manageable goals. Making aftercare programs that implement this model available on an outpatient basis as part of a comprehensive treatment plan is likely to improve outcomes and reduce the “revolving door” of prison and addiction treatment.

Thank you and I will gladly answer any questions you may have.

Substance Abuse Treatment Needs and Policy Recommendations

Lisa Peterson, PhD

Presented to the Human Services Interim Committee

Representative Kathy Hogan, Chairman

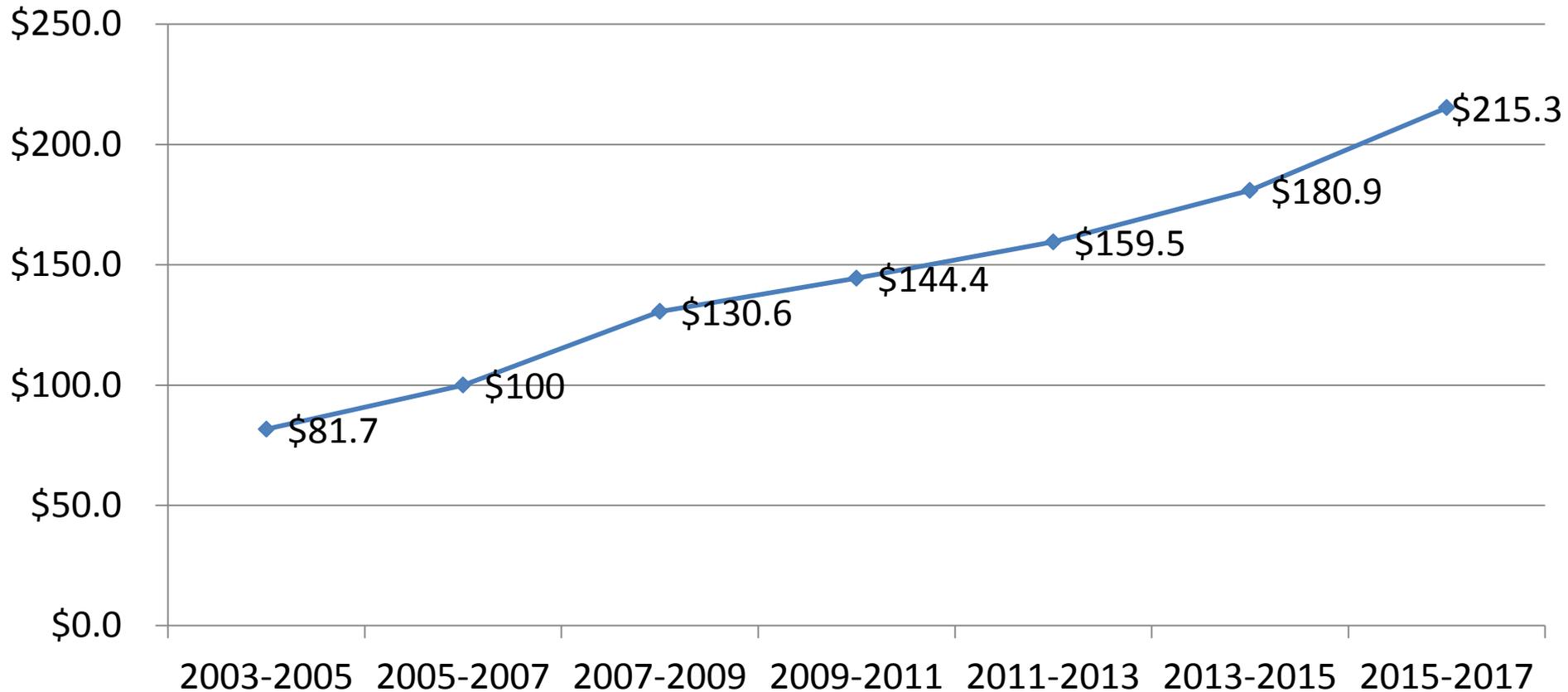
November 3, 2015

Locking up North Dakota

- Overall inmate one-day counts increased **234%** from 1992-2014.
- Parole/probation one-day counts increased **217%** from 1992-2014.
- Inmate admissions increased **243%** from 1992-2014.
- Female inmate counts increased **524%** from 1990-2014.
- **The North Dakota state population increased only 16% from 1992 to 2014.**

What is the cost?

General Fund Appropriation In Millions (163% Increase)



Incarceration and Substance Abuse

- **75%** of people who are incarcerated in ND meet criteria for an active Substance Use Disorder diagnosis and are recommended for some level of substance abuse treatment.
- While this *percentage* has remained consistent, the *number* of people it represents has increased steadily and will continue to increase in the absence of intervention.
- The vast majority of these individuals are offered recommended primary treatment in a DOCR or DOCR contracted facility (it is a 14 week program).
- 647 people completed substance abuse treatment in DOCR prison or transitional facilities in 2014.

Incarceration and Substance Abuse

- NDSP staff complete about 90 substance abuse evaluations per month.
- DOCR has steadily increased capacity for substance abuse treatment, without increasing staff.

	2010	2011	2012	2013	2014	2015
Participants in SA Tx	253	264	307	707	805	720

- The above data shows the number of people who started treatment each year, up to September of 2015.

Current Difficulties

- Prison as a de facto treatment center
- Lack of access to alternative community-based services
 - Timely access to assessment services
 - Access to residential services, particularly in the West
 - Detoxification management services
 - Lack of consistently effective programs with clear outcomes to stop the “revolving door”
- Workforce
 - Licensure issues
 - Failing to allow clinicians to practice within the full scope of their qualifications

Possible Solutions

- Measures to reduce the criminalization of individuals with substance use disorders
- Improved access to services
- Change the way we deliver services to those who present a high risk for future crime and track recidivism among outcomes

Reducing Criminalization

- Allow first time drug offenders to have prosecution deferred upon condition of successful completion of treatment and a period of crime-free conduct.
- Allow offenders with low level drug crimes or non-violent crimes due to substance abuse to have convictions reduced to a misdemeanor or removed from their record upon successful completion of treatment and a period of successful probation.
- Allow the DOCR flexibility to release certain offenders convicted of drug crimes to probation upon successful completion of DOCR treatment, similar to the authority DOCR has with felony DUI offenders.

Improving Access

- Detoxification/intoxication management
- Pretrial services
- Timely assessment
- Access to services in jail
- Increased availability of residential treatment
- Workforce:
 - Improve reciprocity process
 - Examine LAC licensure requirements
 - Consider allowing other well-qualified practitioners to provide assessment and treatment services

Program Content and Outcomes

- Attend to motivation
- Anticipate lapse/relapse and prepare emergency strategies
 - Harm reduction
- Teach new skills
- Be responsive to individual requests and needs
- Track and report consistent outcomes, to include criminal recidivism