

TESTIMONY  
INCARCERATION ISSUES COMMITTEE

April 20, 2016

By Representative Kathy Hogan

Thank you Chairman Carlisle and members of the committee for the invitation to present on the work of the Interim Human Service Committee regarding behavioral health issues in North Dakota. As both committees have heard, there is a direct connection between the challenges facing both the behavioral health and the correction systems. This is simply because some individuals with serious behavioral health issues commit crimes or is it that some people that commit crimes have behavioral health issues. Either way it is very clear that there is a strong connection between these systems.

Schulte Report During the last interim, Renee Schulte studied behavioral health in North Dakota and identified 6 major challenges. Those challenges were:

1. **Service Shortage:** There are service shortages throughout the state, from high intensity inpatient services, to short term crisis, basic counseling to recovery support.
2. **Workforce shortage:** The lack of specialized behavioral health staff has created a near crisis situation. Shortages include psychiatrists, mid-level specialty trained individuals such as nurse practitioners or physician assistance, nurses, addiction counselors, counselors, psychologists, social workers.

3. **Insurance coverage changes:** This includes the challenges for providers through the certificate of need process, assuring compliance with federal mental health parity and assuring that an individual is accessing the appropriate type of care for their individual situation rather than fitting a person into an available service.
4. **DHS Structure and Responsibilities:** The Schulte report identified confusion over the roles and responsibilities of the ND DHS, the ND State Hospital and the Human Service Centers. Specifically there were concerns with the lack of transparency, choice in service and licensing. The Department has been working to clarify those roles and it is anticipated that the interim committee will have a major piece of legislation to implement and clarify roles/responsibilities.
5. **Improved Communication:** It became apparent early in the Schulte study that consumers, the public and providers did not know what each other were doing. There was not a central clearing house of information and that providers were isolated.
6. **Data Collection and Research:** Very little public or private sector data on behavioral health was available, so it is challenging to develop a clear road map to expand services.

### What has happened since the Schulte Report?

1. Expansion of services - Substance abuse voucher systems, some residential expansion and crisis response system was funded but not implemented.
2. Workforce shortages - Small gains in loan forgiveness, teacher training and behavioral health “inclusion specialists” for child care centers.

3. Insurance issues are being reviewed by the Interim Human Service Committee
4. DHS has restructured the Behavioral Health Division and is reviewing/redefining their core services and function.
5. Communication continues to be a challenge but DHS is studying options including expansion of Behavioral health care conferences for providers.
6. Data: Starting January 1, 2016, DHS has added data regarding services they provide to the quarterly budget summary so that trends may be identified.

What has the Interim Human Service Committee learned this interim? Over forty providers, policy makers, insurers, consumers and advocates have provided testimony in three major areas: substance abuse; children/adolescent behavioral health; and adult mental health. We currently have over 18 pages of specific recommendations. We are currently attempting to organize and prioritize those recommendations. Attached is the current summary with those issues that directly relate to corrections highlighted in blue. (Attachment A) It was our privilege to visit the James River Correctional facility in March and observe the strong treatment model being used in that facility to help inmates/residents prepare for release.

We have learned that we have some very good pieces of a system of care but we do not have a comprehensive vision for all citizens of the state and that we have huge gaps in services in both the public and private systems of care. There are significant numbers of individuals requesting services through emergency rooms and 911 that are simply being “diverted” into nothing because resources are not available.

One of my most difficult conversations was with an adult man with a significant mental health problem who told me that on at least two occasions, he had committed a crime because he was “losing it” and needed a safe place to go. The jail was his safety net.

So what should we do?

1. Corrections and DHS should work more closely on the provision of services for individuals with behavioral health issues. This could be formal agreements, shared services and identification of unmet need using a common process.
2. Maintain and expand treatment services within the corrections system.
3. Court diversion systems should be expanded so that individuals primarily in need of treatment have access to services without corrections involvement.
4. Services need to be expanded for a full continuum of behavioral health services.
5. A strong vision and system of children/adolescent services needs to be implemented to slow or stop the *birth to prison pipeline* that is very evident in North Dakota

Thank you for your time and I would be more than willing to answer any questions.