

**Testimony**  
**Interim Human Services Committee**  
**Representative Hogan, Chairman**  
**August 2, 2017**

Chairman Hogan and members of the Interim Human Services Committee, I am Rosalie Etherington, Superintendent of the North Dakota State Hospital (NDSH) and Chief Clinics Officer for the Department of Human Services (Department). Thank you for this opportunity to provide an overview of operations, management, conditions, and caseload of the Department of Human Services Tompkins Rehabilitation Center (TRC).

The TRC is a Joint Commission accredited residential addiction treatment program providing comprehensive services to high-risk individuals with substance use disorders. DHS named the program in honor of Dave Tompkins, a long time addiction counselor at NDSH.

The program originated when DOCR sought help from DHS to address the treatment needs of inmates under DOCR's jurisdiction located at Stutsman County Jail. The program was expanded in 2000 to treat other offenders. These residents were treated at NDSH. Within a few years NDSH provided all TRC services on the NDSH campus and a women's unit was opened, totaling a capacity of 90 residential beds. In 2015 DHS opened an additional 16 bed treatment unit. The program is now solely reserved for inmates soon to be released to the community.

The full-time equivalent staffing totals forty-nine. Staff whose assignments encompass TRC include the program director, nursing staff supervisor, nurse, and rehabilitation staff. There are also hospital-wide posi-

tions that provide work for these services. These positions include the medical, security, records, admissions, and administrative support staff.

The number of admissions for 2016 was 401 individuals, with a 90 day average length of stay. Individuals served are identified as at high risk for recidivism based on an average Level of Service Inventory score of 37. A multidisciplinary team plans and delivers care.

The current addiction specific treatment model used by NDSH for TRC clients is Cognitive-Behavioral Interventions for Substance Abuse, a curriculum designed for individuals with moderate to high risk for substance abuse. The model is especially suited for a criminal justice population. The curriculum can be delivered alone or in combination with other interventions.

NDSH also provides vocational, occupational, and recreational therapies through TRC. These rehabilitative therapies build internal and external assets required to achieve hardiness and health to initiate and sustain long-term recovery and are proven effective for use in treatment of substance use disorders. Substance use disorders are persistent in nature and there is tendency for persons with addiction to relapse after remission. Therefore, focusing on eliminating or reducing the contributing psychosocial stressors mitigates such risks.

Recovery requires the chance to exercise newly learned skills in as normal an environment as possible. Our residential setting, although not as normalizing as an individual's own home, provides an environment for rehabilitation and readiness to successfully return to community living. Our attention to therapeutic environment, independent decision making, and

community integration, strikes a balance between treatment and the necessary precautions for safety. Our medical and dental clinics, recreational and vocational settings, and the park-like grounds contribute to the physical and emotional wellbeing of TRC residents.

The TRC is located on the NDSH campus, which is split between the hospital and the portion used by the James River Correctional Center. The three units used for TRC are interspersed and commingled with traditional hospital services. The map (Handout A) identifies how the women's unit and the 16-bed unit — two of the three units for TRC — are within a traditional hospital patient care building and are among inpatient and sex offender treatment facilities. An additional 60 bed unit is within the "Tompkins building" itself. Just beyond it are hospital transitional living facilities and houses used for students and residents in training.

This concludes my testimony. I would be happy to answer any questions. Thank you.