

DRAFT Testimony
House Bill 1015 – Department Of Corrections & Rehabilitation
House Appropriations Subcommittee
Representative Pollert, Chairman
January 11, 2007

Chairman Pollert, members of the House Appropriations Subcommittee, I am Nancy McKenzie, Director of the Regional Human Service Centers (HSCs) for the Department of Human Services (DHS). I am here today to testify in support of HB1015, and in particular to emphasize the critical interface of treatment services between the Department of Corrections & Rehabilitation (DOCR) and the DHS.

History of Service Collaboration

Each of the 8 Regional Human Service Centers (HSCs) in North Dakota provides identified core services in the community for individuals whose illness, addiction, disability or conditions place them at risk of harm or institutional placement. They provide a safety net function for our vulnerable citizens.

As a part of this role, DHS provides assessment and treatment services to those individuals living in the community who are under the supervision of DOCR Field Services on probation or parole status. Mental health and/or substance abuse services have been provided upon referral and are based on client need.

Growth in Service Demand

Changes in sentencing guidelines, particularly for drug-related offenses, have impacted the DOCR caseload. As you are aware, the percentage of incarcerated individuals with substance abuse and/or mental health problems has increased. In conjunction with this, the need for treatment services during and after incarceration has increased. The request for a Treatment Director position in the DOCR budget request will help to strengthen the treatment continuum and the joint planning of both agencies.

In addition, overcrowding of correctional facilities has led to an increased focus on best practices and strategies for community intervention, including exploration of alternatives to incarceration and an increase in the number of individuals being paroled. For those individuals, it has become increasingly important that the appropriate level of aftercare services be available to improve success rates. Historically, these services have been sought at the Human Service Centers.

These factors contribute to an increasing number of referrals to the HSCs for treatment services. In SFY2006, 10% of referrals to the HSCs came from Probation & Parole; when courts are added, that percentage increases to 24%. These increases have come at the same time that HSC budgets have remained relatively flat. As a result, capacity to add a large number of new referrals has been limited, and DOCR experiences difficulty in accessing the levels of community treatment they may be seeking for optimal client success.

Current Areas of Collaboration

In addition to the 90-bed residential substance abuse treatment program at the State Hospital (Tompkins program) and traditional services through the HSCs as capacity allows, DHS partners with DOCR staff in the drug court efforts in ND, the community sex offender treatment program, and in assessment/transition activities. Attempt is made to match services with individual needs at the appropriate time. Staff of both agencies have ongoing communication in this effort.

Electronic data systems allow us to better identify our shared clients and estimate unmet need. A "snapshot" look at HSC clients in March of 2006 identified that Probation & Parole referred 51% of substance abuse clients being served by the centers; this was true of 8% of mental health clients. In total, DHS served 1,241 clients under community supervision in SFY2006, yet we recognize that gaps in the service continuum and capacity level continue to exist. DOCR staff have identified the need for significant increases in community treatment services.

Future Direction

Most recently, we have convened a joint work group to focus on long-range needs assessment and prioritization. North Dakota is a small state, and both agencies recognize the need for joint planning, problem solving, and reduction of duplication in providing services.

Key areas needing attention at this time include: mental health needs of women transitioning from prison; complex treatment and community support needs of individuals dually diagnosed with both mental illness and substance abuse; expansion of drug court efforts; and ongoing capacity challenges.

We are committed to working together to establish a continuum of treatment services that are both effective and efficient. The Department of Human Services supports the request of the DOCR for resources needed to further those efforts.

Thank you for hearing my testimony; I will be glad to answer any questions.