

LEGISLATIVE TESTIMONY
HUMAN RESOURCES SUBCOMMITTEE
Chairman – Representative Pollert

January 11, 2007

Mr. Chairman, members of the committee, my name is Kerry Wicks and I am the clinical director of residential services at the North Dakota State Hospital. I have been asked to comment on the partnership of the Department of Human Services (DHS) with the Department of Corrections and Rehabilitation (DOCR) in developing and operating the Tompkins Rehabilitation and Corrections Center. I'll also be available to answer questions you may have.

The Tompkins program has now been in operation since 1999. From the start, the leadership from both state departments have kept a vision of creating a program that does the best job possible to keep offenders from returning to prison. When Alex Schweitzer and I first met with Warren Emmer, Rick Hoekstra and Tracy Stein, it didn't take long to realize the unmet needs of the corrections populations and how the two organizations could combine resources and expertise. Alex gave immediate support and elicited the support from the Department of Human Services.

It was this same willingness, flexibility and support from the Directors of both Departments, Carol Olson and Elaine Little, that allowed the Tompkins Center to go forward. That same commitment and support continues now with DOCR Director Leann Bertsch.

The strength of the program has been in the linking of resources from two of the largest departments in North Dakota to provide efficient and very effective treatment.

The process is the key. From the initial evaluation of all inmates to the referral to appropriate interventions to the follow through in the community, both agencies have extensive expertise. The Tompkins program also has staff from the DOCR on sight as part of the every day operation of the program.

The Tompkins program has been developed and is operated on the best practice research available. It is a structured therapeutic community with cognitive behavioral treatment approaches. The program is a residential facility with 24-hour a day, seven days a week service. Cognitive restructuring is used to reduce risks to re-offend and to support the management of the milieu. The program ties all components of treatment together in a unified approach. The Joint Commission on Accreditation of Hospital Organizations (JCAHO) accredits the program and the Department of Human Services, Division of Mental Health and Substance Abuse, licenses the program through deemed status.

This concludes my testimony, I would be happy to answer any questions you may have.