

**Testimony**  
**Department of Human Services**  
**Interim Judiciary Committee**  
**Senator Klemin, Chairman**  
**July 22, 2020**

Chairman Klemin, and members of the Interim Judiciary Committee, I am Rosalie Etherington, Superintendent of the North Dakota State Hospital for the Department of Human Services (DHS). In accordance with N.D.C.C. 50-06-30, I appear before you to provide a biennial report on the interagency agreement between the DHS and the Department of Corrections and Rehabilitation (DOCR) for training, consulting, and assisting with safety and security procedures for the state hospital.

The state hospital sex offender treatment program serves as the state's experts for assessment and treatment of sexually dangerous individuals. We have assessed more than 192 individuals, recommending commitment for 108. Committed sex offenders remain, on average, for an approximate 5 years of treatment before either meeting criteria for outpatient commitment or falling below threshold of sexual dangerousness and being released from commitment all together.

Experts regarding assessment and treatment aren't necessarily experts in security procedures. For this reason The DOCR, since 2007, has provided a variety of security services, including security training, perimeter surveillance, emergency response, and security consultations.

Twenty-four hour perimeter surveillance through camera and roving officer continues. Security consultation for structural changes or

purchase of new security equipment also continues. The Special Operations Response Team (SORT) is also available for riotous or violent incidents but has not been deployed for more than four years.

A treatment adaptation, made in response to the newest sex offender treatment research, has resulted in a decrease to the rate and severity of violence. The new approach concentrates treatment on building skills for successful community living. These vocational, social, and daily living skills better prepare individuals for the demands of every day life and target antisocial attitude and behavior differently.

Positive response to treatment has shortened the length of commitment. Referrals for new commitments has shrunk to 1 per month. These two factors result in a lower overall census and allowed closure of patient care units. There are currently 25 individuals committed for sex offender treatment and 8 individuals under evaluation for sexual dangerousness. There are also 8 individuals on post-commitment community release receiving outpatient treatment in their home community. The state hospital is responsible for the annual re-assessment of those under commitment and post-commitment community release.

This concludes my testimony. Thank you and I'd be happy to answer any questions.