

**HOUSE HUMAN SERVICES COMMITTEE**  
**Representative Robin Weisz, Chair**  
**January 26, 2021**

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**North Dakota Department of Corrections and Rehabilitation**

**Lisa Peterson, PhD, Clinical Director**  
**Presented Testimony in Favor of House Bill 1470**

For the record, I am Dr. Lisa Peterson, Clinical Director of the North Dakota Department of Corrections and Rehabilitation. I present this testimony in favor of House Bill 1470.

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There are two main items within this bill and the North Dakota Department of Corrections and Rehabilitation (ND DOCR) is in support of both. The first would require a public behavioral health provider to continue treating a person who was on their caseload and actively receiving treatment from the provider should that person become incarcerated in a local jail. This would allow for continuity of care, as well as allow for the client to continue engaging with and building rapport with their behavioral health provider. This increases the likelihood that they will stay engaged with services upon release from incarceration. Currently, there are few resources available within county jail settings aimed at providing needed mental health and substance use related interventions to people in jail. Rather than attempting to create parallel behavioral health systems within jails, this bill seeks to clarify that it is the responsibility of the public behavioral health system to continue to serve their clients who become incarcerated at the local level. We know that approximately 85% of people entering the criminal justice system in North Dakota meet criteria for a substance use disorder or another behavioral health condition. This bill allows a subset of that population to maintain previously established care while they are resolving their legal concerns. In some cases, continued care may make that

client a better candidate for alternatives to incarceration, which would assist us in reserving high cost incarceration for those who cannot safely remain at liberty.

The second important thing this bill does is authorize a study of the behavioral health needs of incarcerated adults. The intention of this study is to specifically examine access, availability, and delivery of services to people incarcerated at the local level in county jails. As you know, the ND DOCR was studied during the previous interim. The North Dakota Behavioral Health Division also partnered with Human Services Research Institute to study the behavioral health system overall and the final report was released in 2018. That work continues now through North Dakota Behavioral Health Vision 20/20, which identifies 140 strategic goals to enhance all aspects of the behavioral health system in the years to come. Several of those goals relate to criminal justice system strategy and one recommends reviewing behavioral health screening, assessment, and treatment capacity in jails and creating a plan to fill gaps. Studying jail resources in this way is key because at this point, we do not have enough information to know the extent of new services that must be developed or where we have opportunities to improve coordination of existing services. Jail-based resources and county-level alternatives to incarceration have not been specifically examined in either of the two previous studies I mentioned.

In 2017, the ND DOCR was given authority to enact an inmate prioritization plan to acknowledge that correctional resources are finite and must be reserved for those who pose a true risk to public safety. As part of the work leading up to this reform, the Council of State Governments Justice Center surveyed ND judges and found that 70 percent stated they had sentenced someone to prison whom they did not view as a public safety risk in order for that person to access necessary behavioral healthcare.

This study will help inform the creation and coordination of recovery supports at the local level. North Dakota's county governments were given the same authority ND DOCR was given in 2017 to enact inmate prioritization plans and divert funds to alternatives to incarceration. Cass County has made some progress in this area by creating a community-based case management and supervision service to support people who would otherwise have been incarcerated to live independently, go back to work, and care for their families. Outside of Cass County, I am not aware of any other counties who have taken significant steps to increase community supports and reduce their jail populations. This study will provide the necessary data, recommendations, training, and technical assistance local governments need to create plans to enact justice reinvestment strategies in their communities.

As of January 25, 2021, there were 1,407 people in North Dakota's county jails who could benefit from improved access to behavioral healthcare designed to help them address the factors leading to their commission of crimes. Identifying the opportunities we have to further invest in recidivism reducing interventions not only has potential to help those involved with the criminal justice system but sets us on a path to continue to improve the health of our communities and the safety of our state. That concludes my testimony and I am happy to stand for any questions.