

**Heidi Jensen**

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**Re: Support for HB1337 – Funding Mental Health and Substance Use Disorder Treatment in County Jails**

Chairperson Ruby and Members of the Human Services Committee,

My name is Heidi Jensen, and I am a resident of Grand Forks, North Dakota. I am here because I work with agencies in rural North Dakota to bring mental health and substance use disorder (SUD) services to their communities. I have been serving rural North Dakota for over 26 years in my role as a psychologist. I have personally witnessed the difficulties that underserved populations encounter when trying to access behavioral health services and I believe that all persons in need should be afforded behavioral health treatment, and thus I have been advocating for treatment to be available to incarcerated individuals since the organization I work at and am co-owner of, Agassiz Associates, PLLC, (Agassiz) was approached to take up this endeavor with the support of Grand Forks Public Health in 2018. Agassiz is a multi-disciplinary behavioral health private practice that provides mental health treatment and assessments, substance abuse assessments, treatment, and opportunities for engagement with those contemplating treatment, and medication management of psychiatric conditions. We also have prepared presentations on topics such as suicide prevention in correctional centers and strategies for first responders to maintain and/or increase their resiliency. In 2021, Agassiz also began working with Walsh County Health District and the Walsh County Sheriff's Office to provide services in the Walsh County Correctional Center (WCCC). Karen Anderson was a Walsh County Commissioner at that time and championed our cause. Agassiz has been providing mental health services and SUD treatment in WCCC for the past three years and SUD treatment in the Grand Forks County Correctional Center from 2018 to March 2020 and then again when we were allowed back in the facility following the pandemic.

I am testifying in favor of HB1337.

Incarcerated individuals lose access to essential health benefits like Medicaid, Medicare, and private insurance provided through employers, leaving county jails to bear the cost of treatment. These services are often unaffordable for those who are incarcerated given lack of alternative funding; thus, many incarcerated individuals go without behavioral health care which increases the risk of repeat offenses. The SUD voucher is available to be used with incarcerated individuals who qualify, although it does not cover telehealth group sessions and there is no equivalent voucher for mental health therapy.

HB1337 would fill this funding gap, allowing county jails to offer life-changing treatment programs. In-jail treatment programs can be effective in: Reduced recidivism - treated inmates are less likely to be rearrested than untreated inmates; reduced relapse - inmates who receive treatment are less

likely to relapse; reduced depression – inmates who receive treatment have lower levels of depression; fewer disciplinary infractions – inmates who receive treatment have fewer disciplinary infractions keeping our correctional officers safer in their jobs; cost savings – in-jail treatment programs can save money; and improved public health – treating drug-involved offenders can improve public health and reduce criminal behavior.

Several studies demonstrate reduced rearrest and reconviction rates, longer time to rearrest, and fewer arrests during follow-up for those participating in in-jail behavioral health treatment. Successful treatment outcomes have been reported for jail programs that are as limited as 1.5–5 months in duration. Involvement in aftercare treatment services following release from jail has also been found to reduce criminal recidivism. Offenders released from jail are more likely to participate in aftercare treatment if they have previously been involved in a jail treatment program.

It is important to note that about 60% of people in prisons and jails have a substance use disorder. About 44% of people held in local jails have a history of mental illness (this rate is higher among woman than men in jail) and suicide is the leading cause of death for people held in local jails.

In my work as a psychologist, I've seen how untreated behavioral health issues can perpetuate the cycle of incarceration, family dysfunction and domestic violence. Untreated behavioral health diagnosis can pull families apart, negatively impact school systems, and stunts people from becoming productive citizens. Providing medically necessary therapy is critical to changing this pattern, as medication treatment alone has been shown to not have long-term efficacy.

I have personally witnessed several life transformations occur due to behavioral health interventions. We have worked hard to establish and maintain a therapeutic environment in the correctional centers we are providing treatment in. We connect not only with the inmates, but also with the correctional officers to work together to provide a collaborative and safe space for all those involved in the programs we have established. I'd like to share several select examples of the successes we have witnessed:

- With mental health treatment, one inmate's health improved so much that they no longer needed as much insulin, could work again because they were no longer having seizure like activity, started a regular exercise routine, made amends with their adult children and had support waiting for them upon their release.
- Several inmates have expressed no longer wanting to, "End it all."
- Another prior inmate was working in the community years after completion of treatment and when they happened to see our provider at their place of work, they took the time to thank the provider and announced to all who would listen in the vicinity that treatment saved their life.
- An inmate stayed in jail longer to complete treatment and commit to healthy and sober living.
- Finally, an inmate disclosed that he was extremely grateful for the WCCC program. He had been incarcerated before at the jail when this program was not available, and he expressed being very thankful that there were now resources available. He said that the therapists who treated him were genuine, and he could tell they, "Actually cared." He reported that this gave him hope.

Part of the Substance Abuse and Mental Health Services Administration's (SAMHSA) working definition of recovery is **recovery emerges from hope**. SAMHSA states, "The belief that recovery is real provides the essential and motivating message of a better future—that people can and do

overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.” Many incarcerated men and women have been through horrific life events and yet with treatment they express having hope. We have collected pre and post data at WCCC. **294** inmates have been in behavioral health treatment in the past 3 years and **100%** of the inmates who have participated in the services provided at WCCC and completed the post-treatment questionnaire have reported that their treatment has been beneficial for them. Several inmates who were not able to complete treatment in WCCC contacted Agassiz and completed their treatment upon release. Inmates have also participated in aftercare upon their release. Others who participated in treatment at GFCCC have done the same and some have entered drug court to complete a year of treatment through the drug court program. Outpatient treatment for this program is being provided at Agassiz. All inmates who participate in programming with Agassiz are given information to use upon their release and re-entry to communities. This information includes such things as service providers, community support groups and pertinent vocational information.

Additionally, I have personally supervised the majority of therapists who have provided these services through Agassiz. Working with the incarcerated population has allowed these new therapists to develop skills necessary for working with the underserved. All the therapists I have supervised report having more empathy for, and a better understanding of, the needs of these populations, and all have stated that they would consider working with the underserved in the future. In fact, one of the individuals I have recently supervised is returning to Grand Forks after completion of their pre-doctoral internship to continue their work with this population at Agassiz, even though they are not from the area.

I strongly urge the committee to support HB1337 and recommend its passage. This bill is a meaningful step toward improving outcomes for individuals and our communities and is in-line with Governor Armstrong’s agenda to best support incarcerated individuals as well as those experiencing substance use and mental health issues.

Additionally, Agassiz Associates, PLLC has a proven track record in providing these services. We have spent 100’s of hours creating guides and templates for the implementation of these services in both large and small county jails. Agassiz is willing to share the program and process we have developed with other agencies to make implementation in other facilities go smoothly. It would be possible for other agencies to have a model to begin with and fit it to their organization, thus providing services quickly and efficiently thus decreasing start-up costs.

Thank you for your time and consideration.

Please feel free to email me at [hjensen@agassizassociates.com](mailto:hjensen@agassizassociates.com) or call (701) 746-6336 (Work) (701) 610-1191(cell) if you have any questions.

Sincerely,  
Heidi K. Jensen