

**Commission on Alternatives to Incarceration**  
**Senator Heitkamp, Chairman**  
**Wednesday, November 21, 2007**

Chairman Heitkamp and members of the Commission on Alternatives to Incarceration, I am Nancy McKenzie, from the Department of Human Services (DHS). I am here to provide testimony regarding the status of juvenile and adult drug court efforts in North Dakota, as well as other areas of collaboration between DHS and the Department of Corrections and Rehabilitation (DOCR).

Drug courts began in North Dakota with the juvenile drug courts in Grand Forks and Fargo starting in May 2000. Since that time, additional juvenile and adult drug courts have been established, and expansion continues today.

Studies of drug courts nationally have shown positive outcomes. The 2007 Legislature approved funding for expansion of drug court projects in several regions. Attached is a chart of current and expanded drug court activities; I would like to review this with you at this time. Please note that the yellow highlighted areas are those expansions funded by the 2007 Legislature.

To summarize this part of my testimony, drug court participants, their families, the courts, probation officers and treatment providers have all noted many strengths of these programs; those on the chart are just some examples. We have learned much from the experiences of the last seven years, and use those lessons as the program continues to expand.

Drug courts are just one of the areas in which close collaboration between DHS and DOCR has been critical. Both agencies noted in 2007 budget testimony that we continue to work to develop a system of supervision and treatment services in the community that avoids duplication, and facilitates access to appropriate services as resources allow.

Some of the ways in which community collaboration occurs are: review of common clients and their treatment needs; DHS membership on the DOCR Transitioning Prisoners to the Community Initiative (TPCI) leadership and steering committees; statewide and regional groups planning and implementing the drug court programs; joint work on the Rule-CPC community sex offender steering committee; a DHS/DOCR committee focused on prioritizing of mental health and substance abuse treatment resources; prison and HSC staff working on specific procedures for pre-release planning; and estimating unmet treatment needs for future planning.

It is critical that our agencies work closely in these efforts if we are to successfully provide the services needed to maintain individuals in the community. As DOCR works to manage the size of the prison population, DHS is directly impacted by increased community treatment requests. We will continue our joint efforts in order to best identify needs and resources. Our system is not perfect, but these joint efforts are paying off in terms of better service planning for individuals in the community. If you would like more specific information about any of these efforts, we can provide that.

That concludes my testimony; I would be happy to answer any questions you may have.

## STATUS OF REGIONAL DRUG COURTS

REGION	TYPE	START DATE	CLIENT #	TREATMENT AT HSC	STRENGTHS	CHALLENGES
<b>*I Williston</b>	Juvenile	January 2008	2-3 initial	Contract with Mercy Recovery	N/A	N/A
	Juvenile	January 2007	7	Jason Andersen LAC	Improved attitude and behaviors, particularly at 6 months and beyond	Goal to have youth referred earlier, when first involved with juvenile system
	Adult	2008	20-25	25 Brietta Kidney LAC	Most staff positions identified; organizational meetings underway	Need to finalize assignment of judge
<b>IV Grand Forks</b>	Juvenile	May 2000	10-12	10-12 Deb Davis LAC	Program tenure of 7 years; participants and families report gains	Funding for incentives and other client expenses (i.e. land line phone for Robocuff curfew check system)
	Adult	2008	20-25	25 Dawn Gollard LAC	Organizational meetings held; staff positions identified	Need to finalize judge assignment
<b>V Fargo</b>	Juvenile	May 2000	10-14	6 Melody Peterson LAC	Program tenure of 7 years; improved behaviors and reduced recidivism	Limited funding for incentives; multiple treatment providers can be difficult for court
	Adult	May 2003/ expand 2008	20-25/ Expand to 50	25/expand to 50 Treatment provided by ShareHouse via contracts with DOCR & DHS	Participants and providers positive about results; alumni group started to increase peer support	Incentives funding needed; Expansion challenges included varying billing processes; resulting in DHS contracting with ShareHouse to provide expanded services

<b>VII Bismarck</b>	Adult	2001	20-25	Michelle Gayette LAC	20-25 Many successes; 1 <sup>st</sup> graduate regained custody of 4 children, completed college, working as business supervisor	Funding needed for officer for evening/weekend checks
	Juvenile	2002	8-10	Sandy Thompson LAC	6-8 Improvement in accountability of youth; parental empowerment	Need to keep all team involved in community activities; limited or no funds for needs (transportation, incentives, etc.)

\*Region I has a smaller caseload; no additional treatment resources required.

Department of Human Services

November 2007