

**Testimony**  
**Senate Bill 2264 - Department of Human Services**  
**Senate Judiciary Committee**  
**Senator Diane Larson, Chairman**

January 26, 2021

Chairman Larson and members of the Senate Judiciary Committee, I am James Knopik, behavioral health administrator, with the Department of Human Services' Behavioral Health Division. I appear today to provide testimony in support of Senate Bill 2264.

The Department of Human Services' Behavioral Health Division is responsible to oversee the regulation of Alcohol and Drug Early Intervention Providers in the state. These providers offer education classes for individuals who have an alcohol or drug related offense. The goal of these programs is to provide education for the individual to modify their behavior and avoid recurrent substance related consequences or a future addiction. In North Dakota 452 participants completed an alcohol early intervention education course from January 1, 2020 through November 30, 2020. During that same timeframe only eight individuals had taken the class more than once.

The Behavioral Health Division continues to recommend these classes be provided to as many at risk youth as possible to attend these effective classes at the time of the first offense. Creating the opportunity for all individuals who experience a first offense to attend these classes from a certified instructor could eliminate that individual from experiencing a second alcohol or drug related offense. Nationwide participants who completed evidence based early intervention education classes saw a reduction in binge drinking from 69% to 30% and recidivism decreased from 17% to 6% (Beadnell et al., 2016).

For the past 4 years the state has been working to ensure behavioral health is treated on an equal footing as health. In the healthcare system, if an individual is experiencing symptoms of a heart condition, their provider doesn't make the individual wait until they have a heart attack to offer the care that individual needs. Healthcare providers offer the appropriate care when warning signs are evident to prevent the heart attack from occurring. Rather than waiting for individuals to develop an addiction or experience more consequences from alcohol or drugs we can provide an opportunity for youth to avoid unnecessary harm.

The Behavioral Health Division supports this bill but would ask the committee to consider not amending the language on page 2 line 5 from "shall" to "may" and amending the language on page 2, line 28 from "may" to "shall". We also recommend adding language that would remove the requirement to complete the education class if the individual is in need of clinical treatment services for a substance use disorder.

There are currently 37 Minor in Possession early intervention certified providers and these classes are able to be offered virtually to participants, even out of state. Lutheran Social Services was not a provider of this service.

This concludes my testimony, and I am happy to answer any questions.