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Members of the Public Safety Finance and Policy Committee:

On behalf of NAMI Minnesota, we are writing in support of HF 1319, the Minnesota Rehabilitation and Reinvestment Act (MRRA). People with mental illnesses are overrepresented in our criminal legal and corrections systems. It is also broadly recognized that incarceration itself negatively impacts people's mental health. The National Institute of Justice is the research arm of the U.S. Department of Justice and in a 2021 paper on the impacts of incarceration Dr. Christopher Wildeman writes, "In the most complete assessment to date... (researchers) showed that a history of incarceration is associated — possibly causally so — with a range of mood disorders, including dysthymia, bipolar disorder, and major depressive disorder. Other research has shown that even if there are short-term benefits of incarceration for some mental health problems, the preponderance of evidence suggests that a history of incarceration harms mental health."

Minnesota researchers have also looked at the impact of incarceration on children and families. In 2020 Laurel Davis, a research associate at the University of Minnesota's Department of Pediatrics, testified to some of the same members on this committee saying that children of incarcerated people "fare worse than their peers on every single measure of health and development." Research from Davis' department showed that children of incarcerated parents are more likely to be anxious, depressed, attempt suicide, skip school, and use alcohol, tobacco, and cannabis. Further research has dispelled common myths about incarcerated parents showing that over half of all incarcerated parents were living with and caring for their children before incarceration. Results from a 2017 study about parents in Minnesota jails showed that about two of every three adults in county correctional facilities are parents of at least one child under the age of eighteen.

Incarceration is also an expensive and typically under-resourced method to rehabilitate people. While there are different reasons why we incarcerate people, we know that over 90% of people in Minnesota prisons will return to their community. Incapacitation and punishment are definite factors of incarceration, but rehabilitation is arguably the element that has the most lasting impact on the safety of our communities. We know that for many years the Department of Corrections has not been able to fully meet the treatment needs of all incarcerated people both for substance use and mental health

¹ The Impact of Incarceration on the Desistance Process Among Individuals Who Chronically Engage in Criminal Activity, October 2021. https://www.ojp.gov/pdffiles1/nij/301500.pdf

² Joint meeting of the House Corrections Division & House Early Childhood Finance and Policy Division, February 3, 2020.

³ Shlafer, R., Duwe, G., & Hindt, L. (2019). Parents in Prison and Their Minor Children: Comparisons Between State and National Estimates. The Prison Journal, 99(3), 310–328. https://doi.org/10.1177/0032885519836996

issues. We know that we have an issue of "churn" where people on supervision are returned to prison on technical violations for short periods where they receive little or no programming. The reasons to prioritize rehabilitation and smart investments in our corrections system are clear.

We believe the MRRA is a great step forward to that end. By creating individualized plans for people, we make clear expectations and incentives for people to engage with programming, treatment, education, and employment. We have heard from incarcerated people the difference it would make for the morale in prisons. We also know that incentives work. Engagement in prosocial activities is essential for people to return to their communities safely and to avoid future involvement in the criminal legal system. Prosocial activities like employment, education, group therapy, and the simple satisfaction of setting and accomplishing a goal is paramount for people recovering from a mental illness.

We also believe the reinvestments in the bill are wise to prioritize victims services and building up our community supervision system. Investing in keeping people in the community produces better outcomes for families, health, and in turn, safety. The MRRA would be a transformative law if enacted, and we urge you to support HF 1319.

Sincerely,

Sue Abderholden, MPH Executive Director Elliot Butay Senior Policy Coordinator