Commission on Alternatives to Incarceration
Chairman Joel C. Heitkamp

Testimony by
Cass County's Justice & Mental Health Collaboration Project
April 21, 2008

Chairman Heitkamp and Commission members, for the record my name is Sheree Spear. My position is grant manager, and I report to the Cass County Sheriff's Office which has the lead for implementing the federal grant our county received from the Department of Justice.

You've been kind enough to give us time in the past, so you are well aware of our project. Today, just briefly, I'd like to mention two points that all the research and actual practice point to as critical for effective diversion of our target population: a community initiative of the right people, and implementing evidence-based practices.

First, I should clarify our target population and how we identify them. They will meet criteria in two categories. They will be those: a) whose non-violent offense is a product of an untreated, or under-treated serious mental illness, and b) who have the type of AXIS I mental illness that is treatable (generally speaking). As is recommended, we are beginning with well-defined diagnostic criteria. If you'll take a moment to look at the hand-out, "2005 Diagnostic Breakout of Detainees", you'll see that our Advisory Board has selected the highlighted diagnoses as being our diagnostic criteria. In 2005, Cass County Jail staff flagged 171 people as those they felt needed further assessment, and the list you have are the diagnosis of the 90 people that actually received an assessment. As you know, without an assessment we don't know if a person has a mental illness, substance abuse, or both. Without a diagnosis, we cannot know what services or treatment is needed. Ensuring this fundamental first step – an assessment- happens, in

the community, is paramount, and the reason we're allocating a large portion of our grant dollars toward hiring a FT Mental Health Coordinator at the Jail to complete all assessments. As an aside, in your own jurisdiction, I'd encourage you to talk with your jail and, if they aren't already, to suggest they consider starting to capturing data regarding who is coming through their doors. How many receive assessments and so on.

We're focused on post-booking diversion at this time, but when we begin work on pre-booking diversion – as Minot is now – I believe that getting assessments done will be a challenge. Because right now even if a judge orders it, assessments don't necessarily happen. But we are working to close that gap in our community, at a post-booking level now.

The other criteria category will be from a criminal justice standpoint: type of offense and history. So, that's our target population and how we will identify them from a diagnostic standpoint.

There are currently hundreds of diversion programs operating across the country, in response to President Bush's call back in 2002 for jurisdictions to find a way to bridge the gap between the new, effective treatments that are available – and those with serious mental illness who need them. In all cases in the nation, the diversion programs that are working for our target population are designed at either a city or county level. They do the hard work of bringing the right people and taking an honest look at where gaps in services and processes lye. We're proud to be a community that has done that. It's one of the things that makes our project unique in this State, and is a key reason we were selected from among hundreds in the nation to be awarded a Department of Justice grant.

We look to the State for support in two ways. First, we're deeply grateful to the people and agencies at a state level, who have brought their knowledge and expertise to the table to assist our efforts. Both the Department of Human Services and Department of

Corrections and Rehabilitation have representatives on our Advisory Board, per our request. They bring expertise regarding treatment, and how to shape and move forward a successful initiative. We received this type of support from them since we began five years ago. You've seen the Memorandum of Understanding signed by a long list of people, others of whom are connected to state departments. We've received letters of support from Attorney General Stenehjem and Supreme Court Chief Justice VandeWalle. We value and seek out expertise beyond the boundaries of our county. And have received that kind of state-level support.

Secondly, we look to the State for some of the funding needed to do what works. Evidence-based practices work. For our target population they include:

- **Integrated treatment for co-occurring mental illness and substance abuse.** This is treatment that occurs simultaneously. It doesn't work to treat one at a time. People with serious mental illness will fail at a traditional treatment program. A special program designed with their limitations in mind is needed. We applaud the Department of Human Services and the legislature for funding the first pilot of this kind in North Dakota: the Integrated Dual Diagnosis Treatment program now operating in Cass County. We ask for additional funding so this is made available to more people.
- **Intensive Case Management.** This means a ratio of 10 clients per case manager. Intensive case management works, but it not available in our region. Our case managers carry loads of 30-40 clients. The publication I handed-out to you entitled "Practical Advise on Jail Diversion: Ten Years of Learnings …" emphasizes Intensive Case Management for those participating in a Jail Diversion program (see pages 43-45). In this document they refer to ACT : Assertive Community Treatment, which involves a team approach and staff-to-consumer

ratios of 10:1.

Because of the high case loads, we knew we could not ask our Human Service Center to do more with less. So, another significant portion of our grant dollars will go toward paying for a .75 time case manager. Even with that, we don't have the resources to do the Intensive Case Management recommended for effective jail diversion programs. But, at a minimum, we know it's necessary to fund this additional position when our grant ends. So, we respectfully ask that your Commission consider recommending that a full-time case manager be added to the budget for our Human Service Center for 6 months of 2010, and for a full year in 2011. That would enable us to continue our program when the grant funds end in 2010, in between sessions. We have already substantiated the need for this. Again, what we really need are the resources to do Intensive Case Management. But, we're not even asking for that at this time. ($42,000.00 + $21,000.00 = $63,000.)

The **assessments** we discussed earlier, must happen. We respectfully request funding that would continue the full-time person whose job entails: reviewing screenings, conducting in-depth assessments, acting as a liaison with the Court, and monitoring divertees. We know diversion cannot happen without this first step, and ask for the ability to continue that position for 6 months in 2010 and one year in 2011. ($44,348.00 + 22,174.00 = $66,522.00) Our total request is $129,522.00 for half (1/2) of 2010 and all of 2011.

The County will add to their budget funds to pay for counseling for detainees, and psychiatric treatment on an emergency/crisis basis. Right now, if a person with serious mental illness is in jail for 30 days, they may be released before being seen by a psychiatrist for treatment, as it can take up to 6 weeks before a

psychiatrist is available. The County will budget to close that gap in emergency/crisis situations. And the County will fund a classifications officer who assists in identifying those in need of an assessment.

Additionally, the County will work to secure housing for divertees. The Fargo Housing Authority is a part of our group and has committed 25 vouchers for people in our program. But, we know more is needed and will work to building capacity in that area.

On behalf of all our community partners a sincere thanks to all of you who have supported our efforts. And thank you, Mr. Chairman, for allowing me to make remarks today. This concludes my testimony.

Cass County Justice & Mental Health Collaboration Project

2005 Diagnosis Breakout of Detainees Assessed

Total Number of Assessments Conducted = 90

Some individuals present with more than one diagnosis.
171 people were flagged for assessment.

AXIS	Diagnosis	Number of people with diagnosis
I	Schizoaffective Disorder	8
I	Psychotic Disorder	2
I	Paranoid Schizophrenia	1
I	Bipolar Disorder Type I	11
I	Bipolar Disorder Type II	2
I	Mood Disorder	21
I	Post Traumatic Stress Disorder (PTSD)	5
I	Major Depressive Disorder	21
I	Dysthymia	4
I	Anxiety Disorder	13
I	Learning Disorder	4
I	ADD	10
	Social Phobia	1
	Cognitive Disorder	1
	Fetal Alcohol Syndrome	1
	Intermittent Explosive Disorder	1
	Impulse Control Disorder	3
	Polysubstance Dependence (&/or abuse)	25
	Alcohol Dependence	14
	Methamphetamine Dependence	8
	Organic Personality Disorder D/O	1
	Personality Disorder	20
	Antisocial Personality Disorder	14

Cass County Sheriff's Department, March 2008