

Testimony
Commission on Alternatives to Incarceration
Senator Joel, C. Heitkamp, Chairman
April 21, 2008

Chairman Heitkamp and members of the Commission on Alternatives to Incarceration, I am JoAnne Hoesel, Director of the Divisions of Mental Health & Substance Abuse and Developmental Disabilities with the Department of Human Services. I am here today to provide information on a pre-booking alternative to incarceration model; the Crisis Intervention Team model. In addition to my overview of the model and its potential outcomes, you will hear the law enforcement and hospital emergency room perspectives regarding this type of model.

The Department of Human Services through its regional human service centers provides crisis intervention, assessment, and treatment services. The after-hour calls come from various sources: people in crisis and other agency partners who come into contact with individuals who may or may not be clients of the regional centers but may need to be assessed for admission to the State Hospital, be assessed for community services, and assessed for possible civil commitment proceedings. Individuals can come into contact with law enforcement and the emergency room versus the use of alternative options. They are often used because of their accessibility, not necessarily their appropriateness for the situation.

Your committee has considered and heard about many alternatives to incarceration ideas. Today you heard about Fargo's post-booking model. The Crisis Intervention Team model (CIT), I am presenting, seeks to divert individuals from the criminal justice system, the emergency room, and high level intensive services when other options are more appropriate. Because the work is done before the court is involved, CIT is defined as a pre-booking model.

The CIT model involves a close partnership between law enforcement and mental health professionals. The model seeks not only to divert but also to improve treatment for people with mental illness.

This model relies on the availability of mental health resources in the community that law enforcement can readily access a 24/7 basis. Access to services with non-criminal justice system options for people who are in crisis but who do not meet the criteria for emergency evaluation is required. If a person does not meet the criteria for an emergency evaluation, there are various strategies considered. This can include crisis stabilization units, mobile-crisis teams, homeless shelters, and detoxification facilities.

There are several versions of the CIT model, those with mental health professionals on site and those that train law enforcement to assess the involvement of mental illness on the scene with mental health professionals from their team called in when appropriate.

A reason this model is considered is for its efficiency. The model focuses on the first responders and identifies that the first few moments of interactions determines if it's going to be a good or bad situation. It also provides a method to get people to the right level of service versus a high level of response when a lower level is appropriate.

Outcomes sought with this model are to help people with mental illness reduce unnecessary inpatient hospitalizations, reduce the need to bring people to psychiatric emergency rooms for emergency evaluation, divert individuals when appropriate from the criminal justice system, and provide improved treatment options. Early intervention through this model of law enforcement and mental health collaboration increases the likelihood that individuals in crisis will receive appropriate treatment before a situation gets out of hand.

I will now introduce Dave Bosh with the Ward County Sheriff Department and Cyndi Skorick from MeritCare. They will provide you with their perspective on the impact of a pre-booking model. Thank you.