

Commission on Alternatives to Incarceration
Chairman Joel C. Heitkamp

Testimony by the
Jail Intervention Coordinating Committee, Cass County
November 21, 2007

My name is Glenn Ellingsberg; I am the Jail Administrator for the Cass County Jail and Chairman of the Jail Intervention Coordinating Committee. Welcome to Fargo and I wish to extend my appreciation to the Commission for allowing our committee to provide testimony today.

In March and June of 2006, our committee provided testimony to this commission on mental health issues in local correctional facilities. I would like to provide you with an update on our progress in meeting the needs of those individuals with mental illness or mental illness with co-occurring substance abuse problems that come in contact with our criminal justice system. Our jail, like most correctional institutions in North Dakota and across the country have seen an increase in jail populations in the last few years. One of the increases that we have observed is in the housing of those with Mental Illness. We have had up to 34% of our population on some sort of psychotropic medication due to mental health issues. Nationwide, about 16 percent of the populations of prisons and jails involve those individuals according to the Bureau of Justice Statistics.

Our committee has been meeting since the fall of 2004 in an effort to identify what our community can do to reduce the number of those with Mental Illnesses from incarceration. We have formed a broad base of Mental Health Professionals, Criminal Justice Officials, Legislative and other interested parties to research this issue. Cass County continues to seek means to more effectively and appropriately respond to those needs.

In December of 2006, we applied for a grant from the Department of Justice as part of their Mental Health Collaborative Program. I am happy to report to this Commission that Cass County was notified this fall that our project was one of a few applications that was awarded a planning and implementation grant in the amount of \$249,973. The grant provides six months of funding for completing the planning phase

of our project and a two year implementation grant. Even with this grant, we will not be able to implement all components of our project which was projected to cost \$592, 408 over a two year period. But the grant will provide the foundation which we hope we can build upon in the following years.

The Goals and Objectives will be achieved by increasing opportunities for early intervention by implementing enhanced screening tools and expanded training for all jail and law enforcement personnel; implementing evidence-based practices and attaining fidelity to models such as Integrated Dual Diagnosis Treatment (IDDT); establishing diversion opportunities by adding a new position to the jail to identify potential participants through assessments and coordinate with the court and participating attorneys for alternatives to incarceration; building capacity for accessing services by contracting with South East Mental Health for a case manager; increasing affordable housing options for participants by offering additional Shelter Plus Care housing vouchers; and expanding and formalizing interagency communication.

We are pleased that this Commission and the North Dakota Legislature has also recognized the need for alternatives to incarceration by providing additional funds for Mental Health Agencies and other treatment programs. Legislation was also recommended that would have provided additional assistance to our project, but unfortunately it was not successful. We are hopeful that your committee and the legislature will look favorably upon providing continuation funding during the next legislation session. I am confident that we can show that our project will have an impact on jail populations as well as reducing the number sentenced to the Department of Corrections.

A copy of our grant narrative is available for your committee should you so request. It provides much more detail than can be given during my testimony today.

Justice and Mental Health Collaboration Program
Grant Application
Government announcement number: BJA-2007-1448

CASS COUNTY, NORTH DAKOTA

Program Narrative

Section 1: Statement of the Problem

Cass County's diversion project is focused on Post-Booking, Intercepts 2 and 3 of the GAINS Sequential Intercepts for Change Model. In the fall of 2004, state and local agencies, along with advocacy organizations, were brought together to form a committee to affect changes that would improve outcomes for people with severe mental illness. Ensuring early access to mental health assessments and treatment, and offering alternatives to incarceration would enhance participants' chances of moving forward in recovery by linking them to necessary services and supports. A clear county priority became addressing the growth in the numbers of 'revolving door' offenders in the county jail whose offense was partly correlated with, if not caused by, a mental disorder. The group formed is the Cass County Jail Intervention Coordinating Committee (JICC).

Members agreed to leverage current resources with what others had learned, and to adapt and/or modify processes to bring about effective practices which would be workable for our own jurisdiction of 128,615 residents which accounts for 20% of the total population in the State.

Data and Trends

All parties obtained and shared information relating to the populations they serve and current trends, including:

- In 2005, the jail prioritized 171 requests but only 90 assessments were completed of the potential referrals for mental health illnesses. The group recognized that a clear gap exists,

with a potential of nearly 1000 inmates who may benefit, not being afforded an assessment due to lack of qualified staff. Individuals cannot access mental health services in the community unless they have a diagnosis, which can only be obtain from an expanded assessment. A barrier to accessing mental health and substance abuse services exists when assessments are not completed for those referred.

Adding a qualified mental health professional at the jail would ensure that all those with severe mental illness will be identified, provided appropriate care, and considered for an alternative to incarceration.

- 34 percent of detainees in the Cass County Jail are receiving medications for mental health issues or for co-occurring substance abuse problems.
 - 23 percent are women
 - 16 percent from Minnesota (Out of State).
 - 12 percent are below the poverty level
 - 2 percent are homeless
 - 1 percent are foreign nationals, but it is unknown how many came from refugee resettlement camps.
- Capacity has not kept-pace with the need. Consequently, many case managers are handling case loads that exceed the size recommended by best practices. And, some individuals with serious mental illness or co-occurring substance abuse disorders are unable to obtain case management services that would aid them in accessing: medical care, integrated mental health and substance abuse treatment, housing and financial supports, and educational or social skills training.

Adding a full-time case manager is critical to ensuring successful linkage between participants and the community-based services and supports they so desperately need.

- The unduplicated number of adult clients with a Serious Mental Illness, who are served by Department of Human Services' Southeast Human Service Center, grew from 1,436 in 2003, to 2,034 in 2005.
- Admissions from Cass County to the North Dakota State Hospital in 2005 included: 68 for Mental Illness, 32 for Chemical Dependency, 107 with a Dual Diagnosis.
- Admissions to the North Dakota Department of Corrections in 2005 included 252 originating from Cass County, North Dakota or 23%.
 - 36% of those coming from Cass County were assessed upon admission with some level of mental illness (Axis 1&2).

Geographic and Socioeconomic Data

North Dakota is a sparsely settled State with resources scattered across the rural terrain. While the Eastern part of the State accounts for two-thirds of the total state population, the geographical deployment of limited resources has not been decided on a need based service model. Cass County Median Age is 32, Average People per Household is 2.23 with a Median Household Income of \$42,155.00 (OnBoard LLC, 2005) and yet 12 percent of the population is below the poverty level (U.S. Census Data). Cass County is also a border community, and as such, its systems are also impacted by its neighboring State of Minnesota including the City of Moorhead.

Target Population

Formalized guidelines for eligibility criteria will be established during the planning phase, but male or female offenders booked into the jail that will most likely be targeted are:

- 1) Those adult offenders who have an Axis I diagnosis, with or without a co-occurring substance abuse disorders.
 - a) Axis I diagnosis such as: schizophrenia, schizoaffective disorder, bipolar I, bipolar II, or major depression.
 - b) Type of offense, criminal background, existence and prevalence of specific Axis II disorders, and others as determined by an Advisory Board to be named during the planning phase.
- 2) Adults who appear to have a severe mental illness, but do not have a diagnosis, or the diagnosis are unknown to law enforcement or jail personnel.

An estimated 912 individuals would be served annually by this project. These individuals will be served by receiving adequate screening and assessment, individualized discharge plans, psychiatric treatment, and being linked to appropriate community-based services.

Section 2: Project Design and Implementation

<i>Proposed Planning Activities</i>	<i>Expected Outcome</i>
<i>Advisory Group</i>	Formally establish an advisory group to determine eligibility criteria; planning process and roles; finalizing legal documents and formalizing processes for the Judicial Systems
<i>Needs and Resource Assessment</i>	Determine the needs and conduct a thorough resource assessment to respond to the target population in evaluating and treating their Mental Illness and providing ancillary support.

<i>Database Development, including</i> <ul style="list-style-type: none"> • <i>Legal Documents</i> • <i>Case Studies</i> • <i>Measuring Outcomes</i> 	Create or Enhance Paper and Computer Files that will capture information on target population. Develop criteria to select individuals for case studies that can be developed using baseline information and captured data to measure the results.
<i>Staff</i>	Identify and add or augment staff that is identified through the Needs and Resource Assessment as critical to providing increased capacity for Mental Health Assessments and access to services.
<i>Training</i>	Professional Development for judges, prosecuting and defense attorneys, police, jail staff, social workers, probation officers, hospital staff and mental health workers.
<i>Public Awareness/Education</i>	Produce appropriate and effective messages that can be conveyed to the public concerning mental health illnesses, recovery and this project.

<i>Consumer and Family Support</i>	Determine available programs that can be utilized or enhanced linking Consumers and Families to programs
<i>Sustainability</i>	Develop plan to sustain the program using the completed needs and resource assessment to formulate a long term, dynamic strategy. This plan would include funding requests to our state legislators, local government officials and non-public groups.
<ul style="list-style-type: none"> • <i>Legislative Appropriation</i> <ul style="list-style-type: none"> ○ <i>\$582,000 in next biennial</i> ○ <i>See Attached</i> <p style="text-align: center;"><i>Recommendations</i></p> <ul style="list-style-type: none"> • <i>Local Funds</i> 	

Implementation of a jail-based model working with the courts is most appropriate for Cass County, North Dakota. The purpose of the project is to promote public safety and reduce recidivism for people with mental illness by maximizing diversion strategies and increasing access to community-based mental health and substance abuse treatment. This project seeks to improve the quality of life for all participants through increased utilization of mental health and substance abuse treatment services, thereby decreasing the disproportionate number of people with mental illness in our correctional facilities.

Goals and objectives outlined will be achieved by: implementing evidence-based practices and attaining fidelity to models such as Integrated Dual Diagnosis Treatment (IDDT), increasing opportunities for early intervention by implementing enhanced screening tools and expanding training for jail and law enforcement personnel, establishing diversion opportunities by adding a

new position to the jail who will identify potential participants through assessments and coordinate with the Court and participating attorneys for alternatives to incarceration, build capacity for accessing services by adding a full-time case manager, increasing affordable housing options for participants by offering additional Shelter Plus Care housing vouchers, and expanding and formalizing interagency communication. The proposed budget items are directly aligned with the identified needs, and support achieving the goals which will address those.

OBJECTIVE	PERFORMANCE MEASURES
<i>Reduce Recidivism</i>	The use of the Sequential Intercept Model will reduce recidivism of those participating in the program or within one year of completing the program. This will reduce the number of 'revolving door' offenders in the county jail whose offense was partly correlated with, if not caused by, a mental disorder.
<i>Expand Training</i>	The Cass County Jail will train staff to utilize an enhanced screening instrument to facilitate the identification of people with a mental illness who are in need of an in-depth assessment and/or treatment.
<i>Establish New Alternative Jail and Court Based Diversion Programs and Expand on Existing Ones</i>	If agreement is reached that the candidate meets eligibility criteria, and the Treatment Plan offered in lieu of incarceration is accepted, the Court would order adherence to the Treatment Plan as a condition of a deferred imposition of sentence. The Court would be kept apprised of the case, and the participant would receive treatment and services. The

	<p>case manager and probation officer would be involved in a recommendation to the Court regarding whether or not to revoke, should the individual not adhere to conditions of the sentence.</p> <p>However, every effort will be made by all parties to assist the participant in complying with conditions of the alternative sentence. Upon successful completion of the program, charges will be dismissed and plans made to keep the client engaged with a service provider.</p>
<i>Juvenile Justice Collaborations</i>	This grant focuses on the Adult Offender as Cass County has already developed and implemented a plan to divert Juvenile Offenders from Detention Facilities and into treatment.
<i>Correction based transition programs for Mentally Ill</i>	<p>A person booked into jail is screened by trained jail staff.</p> <p>Individuals identified as having, or who may have a severe mental illness, are referred for an expanded assessment, which would be conducted by a Clinical Mental Health Coordinator. If results of an expanded assessment indicate the individual may be a candidate for an alternative sentence, a fit with the eligibility criteria would be established, and an alternative treatment program in lieu of incarceration would be offered those deemed appropriate.</p>

<p><i>Increase Access to Mental Health Services</i></p>	<p>Key predictors of whether or not a person with severe mental illness will cycle in and out of the criminal justice system include: stable housing, staying engaged with a service provider, adhering to prescribed medications, treatment for any chemical dependency, and employment and skills training, and building personal/social supports.</p> <p>Increasing capacity within the mental health services system by adding an additional case manager will ensure that all participants have assistance in securing these services and supports in these areas.</p>
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Initial screening will be done at the time of admission to the Cass County Jail using the **“Brief Jail Mental Health Screen” (BJMHS)** developed by Policy Research Associates, Inc., with a grant from the National Institute of Justice. The BJMHS is an efficient mental health screen that will aid in the early identification of severe mental illnesses and other acute psychiatric problems during the intake process. Referrals will be based on this screening tool and upon observations of correctional or medical staff are referred for an expanded assessment, which would be conducted by the Clinical Mental Health Coordinator working in collaboration with Southeast Mental Health Center. This would be a new position, a full-time employee housed at the Cass County Jail, with the experience and credentials required to complete expanded assessments, develop draft Treatment Plans for review and effectively interact with the detainee and that individual’s defense attorney, prosecuting attorney, and the Judge. Referrals can come from jail staff, defense or prosecuting attorneys, or the Court.

If results of an expanded assessment indicate the individual may be a candidate for an alternative sentence, a fit with the eligibility criteria would be established, and an alternative treatment program in lieu of incarceration would be offered those deemed appropriate. If offered an alternative, an individual who voluntarily chooses this option will be involved in the development of a proposed Treatment Plan, drafted by the Clinical Mental Health Coordinator

A review team consisting of experts in psychiatric treatment, chemical dependency, and case management services must review and give approval to the proposed Plan before it is moved forward. While plans will be customized, adhering to prescribed medications and staying engaged with a mental health professionals are key components of such a plan.

Approximately 8000 intakes will be screened in a given year with an anticipated referral of 900 to 1000 individuals. In addition, a list of new admissions to the jail are currently provided to Southeast Human Service Center to ensure that case managers are aware that a detainee already connected with the service provider is in the facility. This immediate and direct communication enables the case manager to initiate contact with the detainee.

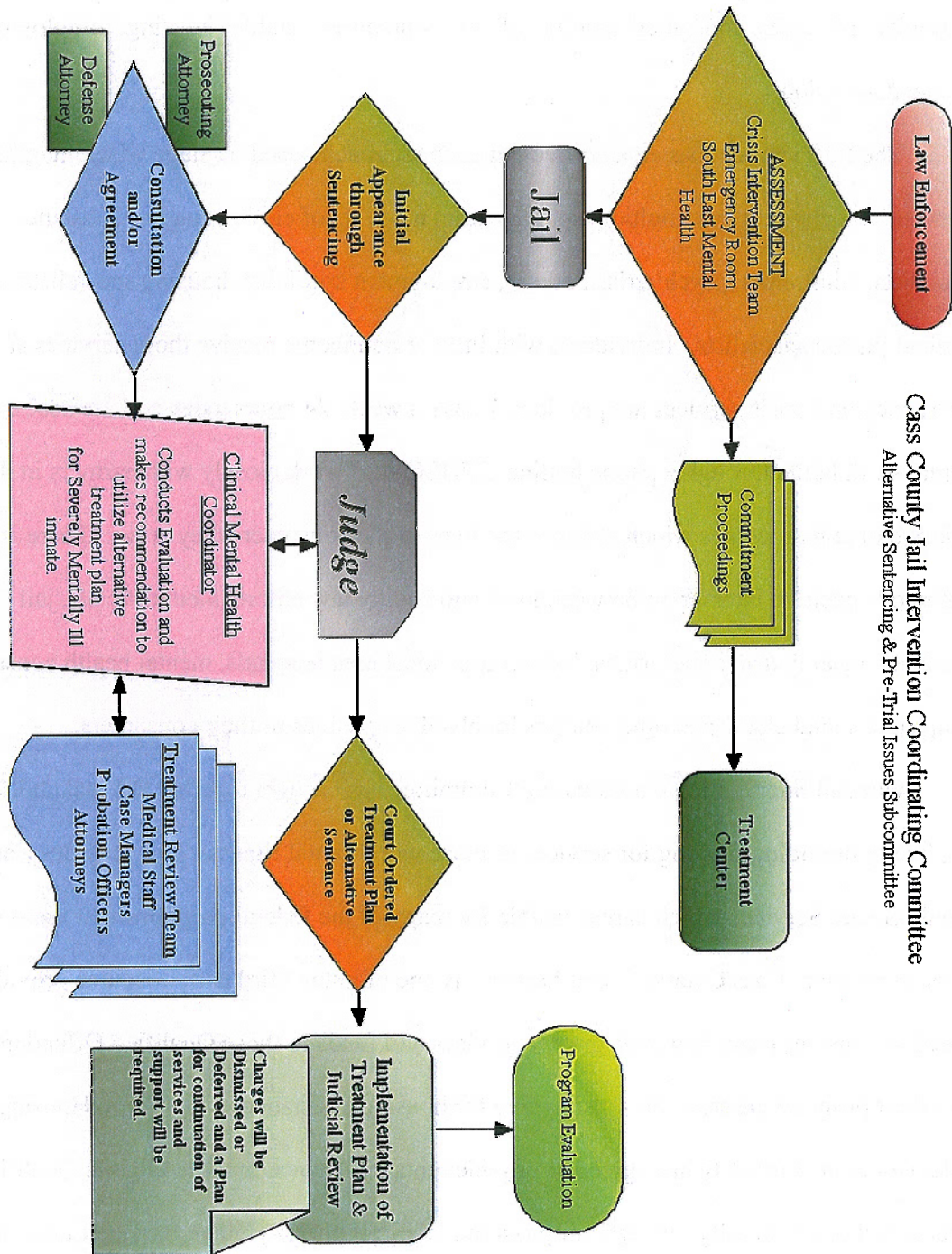
Southeast Human Service Center (SEHSC), a State agency which delivers behavioral health services in this region of the State, is currently implementing the SAMSA approved Integrated Dual Disorder Treatment (IDDT) evidence based practice. Case Western Reserve University, the Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence is under contract to provide technical assistance and fidelity to model oversight. The IDDT model utilizes biopsychosocial treatment (which combines pharmacological, psychological, educational and social intervention) to address the needs of consumers and their caregivers (family and friends). It also promotes consumer and family involvement in service delivery, stable housing as a necessary condition for recovery and employment as an expectation for many. All services at

SEHSC are provided on a sliding fee scale based on income. IDDT has been proven to reduce relapses of substance abuse and mental illness, hospitalization, arrest, incarceration, duplication of services, service costs, and utilization of high-cost services. IDDT has been proven to increase continuity of care, consumer quality of life outcomes, stable housing, employment, and independent living.

The IDDT model has an assertive outreach approach based on stage wise, integrated intervention delivered by a multidisciplinary team made up of case managers, substance abuse specialists, counselors, psychiatrists, nurses, employment specialist, housing specialists, and criminal justice specialists. Individuals with little or no income receive those services at zero fee. Emergency and crisis services are provided 7 days a week, 24 hours a day and are accessed after normal work hours through a phone hotline. SEHSC staff work closely with partners in this region to obtain outcomes which enhance the lives of the consumers they serve. There is continuous positive interaction between local and county law enforcement officials, jail personnel, local housing authorities, local courts, local area hospitals, mental health consumer groups and social clubs, and other entities involved in the lives of their consumers.

Our Jail Intervention Coordinating Committee has brought together key stakeholders that are already providing funding for services to those with Mental Illness. This includes Cass County Social Services which is responsible for many of the federal programs that assist our target population. Cass County Social Services is one of many third party resource providers that agreed to consider providing even greater services and funds to those Qualified Offenders that meet their program criteria. This also is true for housing assistance as our Fargo Housing and Redevelopment Authority has agreed to provide rental assistance to those eligible Qualified Offenders that we identify through our program. DHS/Southeast Human Service Center is

committed to this program and is quite familiar with receiving funding through federal programs and third party resources. Vocational training will be coordinated through the North Dakota Job Service.



Section 3: Capabilities/Competencies:

The local collaborative group, the Cass County Jail Intervention Coordinating Committee, represents a cross-discipline collaboration of both those that work on the front-lines locally every day, as well as those who have state-wide responsibilities. Those with the authority to make key decisions, as well as those with practical experience, are all bringing their expertise together to affect real changes that will improve outcomes for people with serious mental illness, while promoting public safety. Additionally, consumer advocates and family members have played a lead role in establishing and designing this project. Consumer support for this project is strong, as demonstrated by the unanimous vote of support by NAMI ND's state board of directors; over half of which are consumers. Key Stakeholders and respective roles are:

East Central Judicial District agrees to consider utilizing alternative sentencing, deferment of sentence, or diversion programs for Qualified Offenders.

North Dakota Department of Human Services-Southeast Human Service Center agrees to consider for treatment qualified offenders with severe and persistent mental illness. Services will be individualized based on need and may include: evaluation, crisis and emergency services, proactive case management services, psychiatric services, an indigent medication program, psychological testing, psychotherapy, nursing services including medication management services, an array of addiction treatment which includes a high intensity day program, evening low intensity program, individual counseling, and relapse prevention and recovery groups. We also have limited opportunity for supported transitional residential services and housing support for scattered site housing. When appropriate, can also provide vocational rehabilitation services or developmental disability case management.

Cass County Social Services agrees to consider qualified offenders for the following programs if they meet other program conditions: Public Economic Assistance programs including food stamps, Medicaid, child care assistance, TANF and energy assistance. Adult service programs including home and community based services if they were elderly or disabled and in need of community based support services or adult protective services if they were vulnerable because of a disability. Juveniles under the age of 18 may be eligible for some types of child welfare services if they were deprived as determined by the court or at risk of deprivation.

North Dakota Department of Corrections and Rehabilitation Division of Adult Field Services ("DOCR") supports the project to the extent that the jail diversion targets an agreed to adult offender population in Cass County with mental illness or with co-occurring addictions and who are appropriate for supervised probation ("qualified offender"). The DOCR is committed to evidence-based practices and will provide staff support and assistance within its existing resources to advance systems improvements to support 20% (5 of 25) of qualified offenders in jail diversion, including probation supervision. The DOCR will assign qualified offenders who are appropriate for supervised probation to knowledgeable and qualified Officers. The supervising Officer will collaborate with all appropriate agencies identified in the jail diversion project to support the successful diversion of qualified offenders.

Cass County States Attorney agrees to consider recommending alternative sentencing or deferment of sentence for Qualified Offenders.

Fargo Cass Public Health is currently contracted to provide medical services to the Cass County Jail and agrees to provide information as requested by jail staff, DHS/Southeast Human Service Center or court personnel to assist them in identifying Qualified Offenders most in need of, and most likely to, benefit from community based alternatives to incarceration.

Fargo Housing & Redevelopment Authority administers the HUD Shelter Plus Care program which provides rental assistance vouchers to eligible individuals/households. The program serves applicants who are income eligible and homeless.

Cass County Jail agrees to provides initial medical and mental health screening of individuals entering the jail facility with referrals to our medical staff for those meeting certain criteria; provide work space and other resources necessary for the joint identification of inmates needs for mental health services; provide updated list of inmates so that mental health agency staff is able to identify current mental health clients and arrange linkage on a timely basis to case management services; and be responsible for security and supervision of inmates at all times and may share responsibility for the following services: diversion programs; suicide prevention; special housing area; and discharge planning.

North Dakota Mental Health Association advocates for funding for the needed community-based services, and provide educational/support programs for those with mental illness and their families

National Alliance for the Mentally Ill – North Dakota advocates for funding for the needed community-based services, and provide educational/support programs for those with mental illness and their families.

As with any new program, financial barriers are always present but our Jail Intervention Coordinating Committee has been aggressively seeking both start up and continued funding sources through grants, legislative action and local government and private funding. The North Dakota Commission on Alternatives to Corrections and the North Dakota Legislative Council's Budget Committee for Government Services have both recommended that our Governor include matching funding for this program in 2007 and 2008. The Cass County Commission has

expressed its support by agreeing to apply for these grant funds as well as agreeing to look at including funds for this program in future budget sessions.

Section 5: Impact/Outcomes, Evaluation and Sustainment

Focusing the analysis on specific offender movement through the criminal justice and mental health systems will be based on the “Sequential Intercept Model” proposed by Munetz and Griffin (Psychiatry Services, 57:544-549, 2006). This conceptual framework specifies five intercept points which track the movement of people through the criminal justice system and the interconnections between criminal justice and mental health system stages. These five are: 1) law enforcement and emergency services, 2) initial detention and court hearings, 3) jail, courts, and forensic evaluation and commitments, 4) reentry from jail, and 5) community services and corrections.

North Dakota State University has prepared a comprehensive proposal for evaluation and continuation. Summary of this proposal states that data will be obtained by archival records, interviews with key stakeholders, and questionnaires to participating agencies.

The evaluation plan for this project is based on a quasi-experimental “Triangulated Research Design.” Data will be obtained via: a) organizational records, b) interviews with key stakeholders and anonymous questionnaires distributed to functionaries in the participating agencies and, c) interviews with offenders who are eligible for this program. As a result, the qualitative and quantitative data will permit an assessment of issues connected to: conceptual considerations; resource access and utilization; and program operations and management. It is expected that the evaluation plan will lead to recommendations which provide for program permanency.

1) This component of the evaluation will review and analyze:

- * Communication files on program development advanced by the Cass County Jail Intervention Coordination Committee (JICC) and its selection of objectives.
 - * The results of interviews with all members of the JICC group.
 - * The results of interviews with local criminal justice system and mental health system administrators about their understandings and perceptions of the JICC program objectives.
 - * Data on the efficiency of JICC project management and operations.
 - * Pre- post case file data regarding the JICC project, i.e., offender case files six months prior to and twelve months after the commencement of the JICC project, e.g., re-arrest data, relapse, probation revocation.
- 2) Stakeholder support is not uniformly defined in the research inventory. For purposes of this project, guidance will be taken from King County, WA and a definition will emerge from the use of a Liker scale. This will measure factors such as conceptual clarity and consensus, perception of the project's potential cost effective contribution to community safety, offender service, and commitment to working with the project.
- * The above will be measured via interviews and anonymous questionnaires given to key administrators and functionaries in the criminal justice and mental health systems.
 - * The interviews and questionnaires will obtain feedback about the value laden objectives of the project.
 - * Interviews and questionnaires will measure perceptions of and experiences with inter and intra system agency and staff communication about this segment of the offender population, agency program resources, and the coordinated use of the resources.

- 3) Federal support will be used to supplement, not supplant, funding that would otherwise be available including third party resources for services covered under programs such as Medicaid and Medicare. Our grant request has been carefully developed to fund services that are not currently available and key to any successful diversion programs for those with Mental Illness or Co-occurring Mental Illness and Substance Abuse Disorders.

Our JICC Coordinating Committee has brought together key stakeholders that are already providing funding for services to those with Mental Illness. This includes Cass County Social Services which is responsible for many of the federal programs that assist our target population. Cass County Social Services is one of many third party resource providers that agreed to consider providing even greater services and funds to those Qualified Offenders that meet their program criteria. This also is true for housing assistance as our Fargo Housing and Redevelopment Authority has agreed to provide rental assistance to those eligible Qualified Offenders that we identify through our program. DHS/Southeast Human Service Center is committed to this program and is quite familiar with receiving funding through federal programs and third party resources.

- 4) The process will begin with a review of jail records and then follow selected clientele into and through the criminal justice and mental health systems.

*Agency records will be reviewed and analyzed for process data on:

- Booking charge(s).
- Time from booking until first mental health evaluation.
- Time from booking until court processing is completed.
- Time from booking until first treatment referral and program entry.
- Time spent in incarceration.

- Number of participating mental health and criminal justice agencies.

- The type, amount, duration, and intensity of treatment programs.

*Agency records will be analyzed for outcome data on:

- Whether data exist for program participants on (re-) arrest.

- The frequency of arrests, the time duration between arrests, and the intensity/severity of the legal charge(s).

- The outcomes of prosecutorial and judicial decisions and whether any patterns seem to exist for recidivists.

- Case processing efficiency before and after project implementation.

- The overall size of the Cass County Jail population.

* Mental health agency records will be analyzed for outcome data on:

- Change(s) in mental health status.

- Change(s) in a co-occurring disorder.

- The length and intensity of treatment program participation.

- Program completion and program attrition (e.g., relapse).

- Other behavioral changes by client (e.g., work record).

* Also, data analysis will address offender referral in to and results concerning:

- Employment,

- Housing,

- Public health,

- Community involvement.

- Family issues,

Criminal justice and mental health system agency data will be collected for six months before and for twelve months after program introduction. An attempt will be made to select 25 cases via jail records involving offenders who did not participate in the program because of its

non-availability. The next component will involve 25 cases who chose not to participate in spite of program availability. The third segment will involve 25 cases who voluntarily chose participation in the JICC project. Standard control factors will be given exploratory analyses. These involve demographic and behavioral (e.g., prior history) variables. For the second and third group of cases, these offenders will be asked to participate in an interview in order to ascertain their knowledge of and perceptions about the JICC project, its program services, opportunities, and benefits. We will solicit recommendations from program participants. In addition, interviews will be conducted with administrators of the stakeholder agencies. These interviews will yield data on their perceptions of the JICC program's concept/value laden objectives, use of existing resources, views on needed additional resources, and the operational management of the JICC project.

Interview data will be supplemented with data obtained from anonymous questionnaires distributed to system functionaries (e.g., police officers, case workers in mental health, and probation officers). Questionnaire themes will parallel those of the interviews.

It is predicted that this project, along with its triangulated evaluation research data will provide widespread and intense support for this project being continued as a permanent program. The evaluation report will be submitted to the Cass County Commission and the North Dakota Legislature for future funding requests. Our Jail Intervention Coordinating Committee has been aggressively seeking both start-up and continued funding sources through grants, legislative action and local government and private funding. The ND Commission on Alternatives to Corrections and the ND Legislative Council's Budget Committee for Government Services have both recommended matching funding for this program in 2007 and 2008. The Cass County Commission has expressed its support to include funding in future budget sessions.

Commission on Alternatives to Incarceration
Chairman Joel C. Heitkamp

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In March and June of 2006, our committee provided testimony to this commission on mental health issues in local correctional facilities. I would like to provide you with an update on our progress in meeting the needs of those individuals with mental illness or mental illness with co-occurring substance abuse problems that come in contact with our criminal justice system. Our jail, like most correctional institutions in North Dakota and across the country have seen an increase in jail populations in the last few years. One of the increases that we have observed is in the housing of those with Mental Illness. We have had up to 34% of our population on some sort of psychotropic medication due to mental health issues. Nationwide, about 16 percent of the populations of prisons and jails involve those individuals according to the Bureau of Justice Statistics.

Our committee has been meeting since the fall of 2004 in an effort to identify what our community can do to reduce the number of those with Mental Illnesses from incarceration. We have formed a broad base of Mental Health Professionals, Criminal Justice Officials, Legislative and other interested parties to research this issue. Cass County continues to seek means to more effectively and appropriately respond to those needs.

In December of 2006, we applied for a grant from the Department of Justice as part of their Mental Health Collaborative Program. I am happy to report to this Commission that Cass County was notified this fall that our project was one of a few applications that was awarded a planning and implementation grant in the amount of \$249,973. The grant provides six months of funding for completing the planning phase

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