

**Testimony**  
**Commission on Alternatives to Incarceration**  
**Chairwoman Lisa Wolf**  
Cass County Justice & Mental Health Collaboration Project  
June 2, 2010

Thank you Madam Chair and Committee members for an opportunity to update you on Cass County's Justice and Mental Health Collaboration Project. For the record, my name is Sheree Spear, grant manager for the program which operates under leadership from the Cass County Sheriff's Office. Many of you are aware of our Project as you've graciously given us time in the past; so I'll give only a brief overview for the benefit of newer members. My primary objective today is to simply update you on the data we've collected and what we've learned over the past year or so. Then I'd like to introduce Assistant Police Chief Michael Reitan, West Fargo, who is heading up CIT Training in our region to discuss mental health and chemical dependency issues from a law enforcement perspective.

Sometimes people with serious, yet treatable mental illness cross paths with the criminal justice system. They may have gone off their medications or never been diagnosed. When they land in our jails, often due to a non-violent offense, we have an opportunity to a) identify the under-laying problem and, b) re-direct them toward treatment and services. When we successfully link them to a treatment provider and case manager, along with medication monitoring services, we help put them on the road to recovery. This reduces/eliminates both: a) symptoms that led to offending behavior and b) future incarceration. Doing so also improves quality of life for the individual and enhances public safety. And that is what our Project does.

In 2004 the Cass County Sheriff's Office, following recommendations put forth by the national Council of State Governments, formed the Cass County Jail Intervention Coordinating Committee (JICC). Comprised of 26 community partners from diverse agencies including: mental health providers, hospitals, law enforcement, advocacy groups and, family members, the group did: broad research, cross-discipline sharing of perspectives, and community needs assessment. ( A list of JICC members is attached.) Eventually the group submitted, with support of this Commission, a grant application to try to capture federal dollars appropriated for the "MENTALLY ILL OFFENDER TREATMENT AND CRIME REDUCTION ACT". Successfully competing with hundreds of

jurisdictions nationally, in 2007 Cass County was awarded a \$250,000 grant to plan and implement a Post-Booking, jail-based program targeting offenders with specific diagnosis, whose non-violent offense is a product of a treatable mental illness. An Advisory Board was formed to guide the Project and create the process. (list of members attached)

*So, how have we used those funds and what have been the results so far?* First, you may know that our Human Service Center, SE, is the only one in the State doing outreach to Jails. They initiated partnership with Cass County Jail many years ago and began doing on-site assessments and psychiatric doctor visits. However, with only 1 staff person to cover 5 jails in the region, resources were too limited to meet the need. Without an assessment a person's diagnosis may be unknown and appropriate treatment and services cannot be provided. Additionally, there were waiting lists for case management services – the critical link between people with serious mental illness and the services they need to become and remain stable and productive.

Thanks to grant funds, there is now a full-time Clinical Mental Health Coordinator at the jail who: conducts assessments, refers to treatment providers, and makes referrals to the prosecutor for consideration of: dismissal of charges, or a deferred or suspended sentence. The latter, legal aspect, is the carrot offered to detainees who agree to conditions such as: working with a case manager, taking prescribed medications, and attending Review Panel appearances to monitor their progress.

Funds also have been dedicated to pay for a case manager who works to help Participants secure housing, make it to their psychiatric appointments, obtain assistance with paying for medications, and who monitors progress. In-kind contributions from SE Human Service Center include: medication monitoring, psychiatric doctor visits, and staff who come to the jail regularly to do intakes and pre-screen for the State Hospital.

The Project is a success. In addition to data, we have stories. Some of the numbers you see on the attached Numerical Data summary are large, some are small. But they don't provide the whole picture. There is greater collaboration between the jail and the State's Attorney's Office and Parole & Probation. In some cases, when it is realized that a person jailed for a minor offense is actually psychotic, charges have been dismissed or the

decision to revoke probation reversed – and the person sent for inpatient hospitalization rather than moving them deeper into the criminal justice system. In one case, a psychotic individual was brought in on charges and, due to this Project, was in the State Hospital within ½ a day receiving the treatment he needed. His family reported they had taken him to the local hospital 3 times in the month prior but they would not keep him.

In looking at the data we've captured you'll see there clearly are people with mental health issues showing up in the jail. Since we know that the majority of people in our prison are not first time offenders, it makes sense to try to identify those in our local jails who might possibly be re-directed. Under the Numerical Data section, second column from left titled "Program-to-Date", 3,124 people have been flagged by Corrections Officers as needing a mental health assessment. They were flagged either due to Officer observation of behavior, or due to answers to the 8 question Brief Jail Screen used at booking. Of those, 1,981 received a one-on-one assessment and of those – if you look down the same column to the row titled "Meets Diagnostic Criteria for Program", 153 met diagnostic criteria for our Program. This means the individual has one or more of the following: schizophrenia, schizoaffective or other psychotic disorder, bipolar, or mood disorder. Not all of these people were offered the Program- the second page shows the reasons why individuals in the first quarter of this year were deemed "ineligible". It also shows that 3 people during that time entered the Program and 6 were offered the Program but refused.

Back on the first page, under the Participant Status at the top, note that we currently have 5 Participants. We had 6 but one young person died recently. 2 people were terminated last summer because they were released from jail unstable and quickly committed felony offenses that made them ineligible. Unlike Nebraska, we don't have a supported residential place for diversion Participants to go where they will be supervised until they are stable. It can be difficult to get them in-patient, and while we do have Crisis Beds that provide that type of residential support – it is not available to program Participants.

Those in the Program are doing well. Participants meet monthly with a 3 member Review Panel made up of: Assistant States Attorney, and representatives from: SE Human Service and the Sheriff's Office. These meetings are similar to appearances before a Judge in the drug court model, but don't require robe time. The

appearances provide positive support along with a higher level of accountability. Non-compliance can be addressed via a sanction, up to and including jail time, or some other intervention or remedy. Participants seem to be pleased with this process so far.

The Project has been operating for a full year and we will have our first graduate next month. Due to the infancy of the Program, we don't yet have long-term outcome data to share with you. But we are confident that when we do, our Participants will have lower recidivism rates due to the tremendous efforts of the community partners in Cass County. We recommend that other jurisdictions consider forming the same type of working collaboration, and hope you will give some consideration to how the State might fund contract Clinical Mental Health Coordinator positions, part-time or otherwise at all jails that are Class 1 or meet a certain population.

Thank you again for the support we've received from this Commission. With your permission, Madam Chair, I'd like to introduce Assistant Chief Reitan, if there are no questions at this time.