Alternatives to Incarceration Committee- Minot
2 June 2010
Testimony of Mike Reitan

Madam Chairperson and members of the Alternatives to Incarceration Committee, for the record my name is Mike Reitan, Assistant Chief of the West Fargo Police Department. I am testifying concerning identification of alternatives to incarceration.

I thank you and your committee for committing to the noble, but daunting task of addressing the treatment of mental health and chemical dependency within the State of North Dakota.

As a law enforcement officer since 1984 I have come into frequent contact with individuals and families negatively impacted by mental illness or chemical dependency. The physical, emotional and financial burden to the individual and their family as well as the community can be devastating. Without the appropriate levels of preventive and follow-on care, a person has a limited chance to recover and return to become a contributing member of their community.

In speaking with others involved in law enforcement across North Dakota a noticeable trend develops. Law Enforcement agencies frequently act as the backstop within the mental health system to catch the person as they spiral out of control.

Individuals with mental illness or chemical dependency come to the attention of Law Enforcement due to criminal or erratic behaviors. At times, out of frustration, families turn to law enforcement to solve their problems. Through early treatment and follow on care the frequency and the intensity of interaction between law enforcement and the individual can be greatly reduced.

I have asked law enforcement officials to participate in an informal survey relating to their involvement with mental health and chemical dependency. Some of the respondents were: Gary Sanders; Jeff Roerich; Ron Krivoruchka; Rory Teigen; Steve Watson; Doug Howard; and Lauren Wild. Fifteen agencies responded to the questions and here is what they had to say:

- Of fifteen, fourteen transport persons with mental illness.
- Eleven of the agencies use a department vehicle to transport those medically stable and an ambulance for all others.
- Eleven go to private medical facilities; seven to state owned facilities; three to human service centers. (human service centers do not provide after hour or weekend care)
- Six of the agencies travel more than 60 miles one way with one saying they travel 180 miles; four travel 30 to 60 miles.
- Ten of the fifteen indicate they average more than 3 hours in each contact.
- Seven indicate they handle less than 10 contacts a year; five said 10 to 30; and two indicated more than 50 contacts per year.
- Eleven agencies do not receive training in civil commitment.

- One agency appears to handle the matters informally within the community.

- Only twelve of fifteen of the agencies transport persons with chemical dependency issues:
- Seven of the agencies use a department vehicle for the medically stable and an ambulance for all others; four others indicated department vehicle only.
- Only one agency indicated there was a detoxification center available; seven used private medical facilities and six used state operated facilities.
- Eight agencies had to travel more than 60 miles one way.
-Eight were involved with the incident 3 hours or more and six were busy for 1 to 2 hours.
-Five agencies said they handle 10 to 30 cases a year; two said 30 to 50; and two said more than 50.
-One agency appears to handle the matters informally within the community.

Why are these figures important? They are important because they demonstrate how all of these interactions draw upon assets within your community (your medical facilities; your volunteer ambulance services; your law enforcement officers). The assets are applied to the resulting behaviors of mental illness or chemical dependency but do little for the problem itself. Are we being fiscally responsible using our assets in this manner?

Nationwide, and in North Dakota, the fair and proper treatment of the mentally ill and chemically dependant creates a huge liability issue for law enforcement. Some in law enforcement have chosen to do something to address that liability risk.

Law Enforcement in Minot, Fargo, Bismarck and Grand Forks are training their officers to reduce the agency's liability through the Crisis Intervention Training program. The training allows a law enforcement or correctional facility officer to recognize the signs of mental illness and chemical dependency. The officer is then able to determine the best course of action while interacting with the individual to deescalate the situation. Sadly, an officer who is has received no training or is poorly trained can worsen a situation, resulting in serious injury or criminal charges which otherwise could have been avoided.

Within the Jail Intervention Coordinating Committee (JICC) of Cass County we have held many discussions on how best to serve the community and North Dakota. The consensus has been that through a commitment to conduct preventive care and ongoing monitoring, North Dakota can reduce the costs associated with the incarceration of the mentally ill or chemically dependant. The long term economic impact upon society associated with a person who receives inadequate treatment or no treatment rises significantly as the person's physical and mental condition deteriorate. Without treatment the person is unlikely to be able to be self supporting again.

The JICC has evaluated what can be done in North Dakota to improve upon the current level of service. The group would like to make the following recommendations:

1. Add funding to counties to provide a Clinical Mental Health Coordinator contract position at the eleven class 1 Correctional Facilities within North Dakota.

The Clinical Mental Health Coordinator would be responsible for interviewing subjects brought into the correctional facility who are referred by staff to determine a need for mental health or chemical dependency services and/ or diagnostic assessment. The CHMC would be responsible to make referrals to the appropriate level of services relating to their assessment of the subject. The CHMC would provide guidance to staff on officer safety and proper de-escalation techniques to be used with the subject.

(problem: without individuals trained to the clinical level current staff is required to depend on past experience to determine appropriate level of care. Staff is also dependant upon an outside agency to provide service within the facility or transfer the subject to an unsecure setting. Subjects held within the facility do not receive on going monitoring by a clinical level staff member if none is available.)

2. Permanent funding for Cooper House staff case workers.

A trained professional staff is paramount to ensure the success of the program and the individuals who participate. The intent of the program is to provide the bridge to assist persons as they transition back into society. Permanent funding is needed to attract and maintain highly qualified permanent staff to the program.

(problem: funding for staff was appropriated on a temporary basis. The source of continued funding has not been identified.)

3. Development of case management system that is tiered to required level of care for clients.

Establish a tiered case load criterion when assigning clients to a case manager, acknowledging the level of care required for proper supervision of subjects. The system should allow for assignment based not solely on number of clients but on the level of need for supervision, monitoring and additional services the client may require. Clients with a high demand for service at times overshadow clients with lesser need.

(problem: case managers are assigned to clients without regard to level of service required resulting in attention being focused on crisis response versus stabilization.)

4. A stand alone or contract service for medical detoxification.

There is a need to provide a point of entry into the system without having to expend emergency room or in-patient medical resources. Detoxification is a medical issue not meant for a correctional facility but not one that requires the acute care of an emergency room.

(problem: The current law enforcement practice is to transport the subject to the

emergency room for detoxification or to have them medically approved to be taken to a correctional facility. The level of care given in the ER is above what is necessary and takes resources better used for medical treatment of others. Most correctional facilities do not provide the level of medical care required for detoxification.)

5. Develop additional residential treatment capacity within the community through the contracting of services.

There is a need to provide a short term controlled environment for subjects requiring direct supervision of care. Many subjects do well when they have been adequately stabilized. At times the stabilization can best be served in a closed facility with 24 hours monitoring. It is also more cost effective to place additional services within the community as opposed to expansion of the State Hospital and the associated transportation costs.

(problem: the current practice is one of three options:

1. hold a subject in medical treatment center until stabilized;
2. hold subject in medical facility until transported to the State Hospital;
3. release subject into community for out patient care.

There is a limited medical resource available and the subject may not need the level of care provided by the medical facility. The committee has heard medical facilities may not be paid for service. The committee has also heard those communities where a medical facility is located are not afforded the same level of access to the State Hospital as communities without a medical facility. The subject may also require closer supervision than out-patient will provide.)

How does what I have talked about to day relate to the focus of the Alternatives to Incarceration Committee? I believe North Dakota can become more fiscally responsible by targeting spending on preventive and follow-on care of persons with mental illness or chemical dependency. By waiting to treat the person until they have entered the criminal justice system is a disservice to them and the community. No person should be allowed to descend into their state of mental illness or chemical dependency to the point where their treatment starts at the time of their arrest.

North Dakota as a community must be proactive in treatment. The question is would you prefer to fund returning a person to be a productive part of the community through early intervention or would you prefer to fund the person's stay in a long term care facility following years of being untreated. We are committing many of our assets to the resulting conditions of the problem. Would we not be better served committing assets to the problem where it begins? Let's work together to provide that alternative to incarceration.

Thanks you for your time today.

I would be open to any questions you may have.