

Good Afternoon Committee Chairperson and Members of the Committee

My name is Mike Reitan and I am the Assistant Chief of Police for the City of West Fargo. I have twenty-five years of experience in law enforcement in North Dakota. The subject of which you are holding discussion today, persons with mental health and chemical dependency issues, has been of interest to me for some time. As I entered law enforcement I knew little of mental illness and chemical dependency or how frequently I would be dealing with the matters. I was not aware of the strain on resources the current community based program would be responsible for. Under staffed, under funded, and without facilities, the community based program is dependant upon local emergency responders and private medical providers to fill the gap in care. The responders and providers are overwhelmed with the demand for services and will be unable to continue on the present path without an eventual collapse of the system. In order to illustrate the need for change I would like to relate the story of John.

John moved to West Fargo in 2006. The Police Department had contact with him on several occasions and I have attached a summary of that contact (Attachment 1). John was placed in West Fargo after leaving rehab. He had mental health and chemical dependency issues. John refused to take his prescribed medication and continued to abuse alcohol and illicit drugs. Between December 2006 and November 2008 the police department responded to his home eighteen times resulting in eight ambulance transports and eight hospital admissions. At least two of the admissions included care at a nursing home. In his mid fifties, John now lives in a nursing home due to his medical condition. Apparently placing John in a private residence on his own, with periodic home visits, was the best option the community based program had to offer.

Law enforcement officers come into contact with mentally ill or chemically dependant persons through a variety of ways. Routine patrol may generate a contact due to a person exhibiting an odd behavior. An investigation into an observed or reported crime may disclose an underlying mental health or chemical dependency issue with the victim or the suspect. A family member or friend's call for assistance may bring the person to the attention of law enforcement. In each case the officer must recognize the role mental illness or drug dependency play in the person's conduct and physical condition. The officer must determine the level of threat the person poses to themselves or others and, if warranted, be willing to take the person into custody for the purpose of an evaluation. At times the person does not meet the threshold for emergency commitment and the family must look to other treatment options.

The West Fargo Police Department has developed a package of information that can be given to a family member to assist in seeking treatment (Attachment 2). The package provides instruction and the forms necessary to request a court ordered evaluation under NDCC 25-03.1-08. Frequently the question is asked who is responsible for paying for the court-ordered examination. Relying on NDCC 25-03.1-10 our response has been, "The costs of the court-ordered examination must be borne by the county that is the respondent's place of residence." (NDCC 25-03.1-10) Unfortunately, I recently learned

this is not the case. Cass County officials informed me funding for court-ordered examinations is not provided by the State resulting in the individual or family being responsible to pay the costs.

Three cases that have occurred within the last two months illustrate the amount of time an officer can spend on a mental health case. Multiple officers responded to the initial call for service and in the three cases at least one officer spent 1 hr 14 min.; 1 hr 54 min.; or 5 hr 29 min. on the call. Each case involved a subject being transported to a local emergency room. While most mental health or chemical dependency cases are not themselves a medical condition requiring an emergency room visit, the emergency room is the only resource available to provide care twenty four hours a day. At the emergency room the subject is typically bumped to the head of the patient waiting list and moved to a treatment bed ahead of others who have been waiting for medical treatment. Hospital staff has developed this practice at the request of law enforcement to allow officers to return to the street as soon as possible. Depending on patient load an officer may still wait more than an hour at the emergency room.

Recently a local private medical provider reduced bed space for emergency treatment of individuals with mental health or chemical dependency issues. The provider explained it was due to the inability to staff the positions necessary to provide the service. They indicated it was based on a financial business decision as well. They can no longer afford to give away treatment. This is not just a Fargo problem. As I speak with law enforcement officers from across North Dakota I hear the similar stories of their own experiences.

I believe private medical facilities and emergency responders are being over utilized as the gateway and a treatment option for the community based treatment program. State wide Human Service Centers operate on a Monday through Friday schedule with holidays off. People in crisis occur 24 hours a day and seven days a week. When someone is in crisis and needs assistance the call goes to the emergency responders. By reviewing records I determined in 2008 the West Fargo Police Department prepared and submitted twenty-four reports relating to taking custody of or referring someone into the system for mental health issues. The twenty-four should be considered low as a person may have also been charged with a criminal act and therefore not reported as a mental health case file. Of the submitted reports in 2008 the suspect was believed to be using alcohol or drugs in 217 cases. In the time period 1 January 2009 to 8 December 2009 the in custody or referrals numbered forty-two. In criminal cases the suspect was believed to be using alcohol or drugs in 157 cases.

I believe there is inadequate staffing and facilities available to place people in need of treatment. In 1974 there were 600 beds available at the State Hospital. Today there are 307 beds. Of the 307 beds only forty-three beds are considered short term treatment for mental health and chemical dependency. The remaining beds are used for long term care and treatment. The private medical facilities from across the state are continually in competition to secure one of the forty-three beds for placement of patients committed by

Judicial Process Committee
14 December 2009

Testimony of Mike Reitan
Assistant Chief of Police
West Fargo Police Department

the State. The State has partially funded specific community based programs with private providers as pilot programs, but not to the full level of need across North Dakota.

I believe community based treatment is failing in its present state. Like John, without proper treatment and care, the mentally ill and chemically dependant will continue to return to the emergency room with an ever increasing need for higher levels of medical care. All across North Dakota law enforcement and medical responders are wasting resources and denying adequate care to other members of the community as they respond to the repeated calls for service. The private medical providers are finding it more financially difficult to provide service and hold patients until space becomes available at the State Hospital. Successful community based treatment will only exist if it provides the three tiers of in-patient treatment, transitional treatment and out patient treatment. We can not continue to do what we have been doing and expect the outcome to be different. If we fail to make available adequate treatment at the front of the problem, and the necessary follow on care, the compounded expense of repeated entry into the system and deteriorating medical condition of the mentally ill and chemically dependant will bankrupt us all.

Members of the Committee I thank you and I will entertain any questions.

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Attachment 1

Subject #1

Starting age 55 moved to long term care facility age 57 male alcoholic – complications with diabetes. History of depression and rug abuse.

12/06/06 out of rehab three weeks can't get out of bed. Transported Meritcare by FM Ambulance. Two officers on scene 34 minutes

9/14/07 fell out of bed can't get up. Many weapons in house. Does not like officers snooping around. Three officers on scene 20 – 24 minutes

1/20/08 fell from chair can't get up. One officer on scene 7 minutes.

1/28/08 was taken to Meritcare on Saturday thought to be suicidal. Two officers on scene 22 minutes.

3/8/08 fallen can't get up. Two officers on scene 12 minutes.

3/8/08 fallen can't get up. Two officers on scene 6 minutes.

3/28/08 overdose MJ and methadone. Three officers on scene 30 minutes. Two FM Ambulance units taken to MeritCare.

5/14/08 fallen can't get up. Three officers on scene 10 minutes.

5/17/08 injured his leg. Two officers on scene 37/ 48 minutes. FM Ambulance transported to MeritCare.

5/23/08 fallen can't get up. Two officers on scene 16 minutes. Receiving home health care. Vulnerable adult report made.

7/05/08 fallen can't get up. Two officers on scene 9/20 minutes.

7/06/08 fallen can't get up. Two officers on scene 40/ 45 minutes. FM Ambulance transported to MeritCare. Vulnerable adult report made.

7/07/08 fallen can't get up. Three officers on scene. 3/ 17/ 14 minutes. Vulnerable adult report made.

7/08/08 fallen can't get up. Three officers on scene. 17 minutes.

7/08/08 fallen can't get up. Three officers on scene 58 minutes. FM Ambulance transported to MeritCare. Open sores are heavily infected.

7/24/08 male depressed indicated he can not take care of himself any longer. Refusing readi-wheels ride to Dr appointment. Two officers on scene 45 minutes/ 1 hour 6 minutes. FM Ambulance transported to Innovis (he refuse treatment at MeritCare)

7/30/08 threatening suicide. Two officers on scene 25 minutes. FM Ambulance transported to Innovis.

Male was placed in a nursing home to recover. Arrived back home mid November.

11/22/08 fallen can't get up. Two officers on scene 9 minutes. FM Ambulance transported to Innovis. Placed in a nursing home.

The PD made the reports starting in May for vulnerable adult to Cass County Social Services due to MH/ CD condition and the affects on male's health. Male has unable to obtain food, use the toilet or care for his open sores. He began receiving home health care in May 2008 because of his condition. A permanent care facility opening was not found until late November 2008. He had extended stays at both MeritCare and Innovis to stabilize him and return him to his home. Male was disabled and on public assistance.

Total man-hours of officers on scene: 18 hours 23 minutes Additional hours were spent preparing reports.

8 ambulance rides and 8 admissions to hospital. Some were extended stays with one including transfer to nursing home. Breaks in contact were periods of extended stay for treatment.

What To Do When Someone You Know Needs Treatment

1. Someone I know needs help where can I turn?

Answer #1. If the person is in need of immediate medical attention or pose a threat to themselves or others contact medical and law enforcement services by calling 911. A person's medical condition takes priority over mental health or chemical dependency treatment. Law enforcement is allowed to take a person into custody for treatment and is trained in emergency commitment procedures.

Answer #2 If the person does not need immediate medical attention and does not pose a threat to themselves or others there are a number of options available:

- a. Employee assistance programs through their or your employer,
- b. Local treatment facilities:
 - Southeast Human Service Center, 2624 9th Ave S Fargo, 298-4500
 - Department of Veteran's Affairs, VA Medical Center, 2101 Elm St N, Fargo, 232-3241
 - Innovis Health Emergency Department, 3000 32nd Ave S Fargo, 364-8400
 - Meritcare Hospital Emergency Room, 720 4th St N, Fargo, 234-5121
 - Prairie St Johns, 510 4th St S Fargo, 701-476-7216
 - Centre Inc., 123 15th St N, Fargo, 237-3341

2. Someone I know needs help but refuses to seek treatment what can I do?

Answer #1 If you believe someone is in need of treatment but they refuse to seek help you may request the person to be evaluated. The request is made by completing ND Supreme Court SFN 17260 and SFN 17261 and submitting the completed form to the States Attorney's Office for their action. The Cass County States Attorney's Office is located at 211 9th St S in Fargo. They can be reached at 701-241-5850. The form is available at the West Fargo Police web site: <http://www.westfargopolice.com>. or [http://www.ndcourts.gov/mhforms/adobe_mhforms/sfn%2017260%20\(gn-1\)%20-%20petition%20for%20involuntary%20commitment.pdf](http://www.ndcourts.gov/mhforms/adobe_mhforms/sfn%2017260%20(gn-1)%20-%20petition%20for%20involuntary%20commitment.pdf) and [http://www.ndcourts.gov/mhforms/rtf_mhforms/sfn%2017261%20\(gn-2\)%20-%20affidavit%20in%20support%20of%20petition.rtf](http://www.ndcourts.gov/mhforms/rtf_mhforms/sfn%2017261%20(gn-2)%20-%20affidavit%20in%20support%20of%20petition.rtf)

3. Can I get in trouble for requesting treatment for someone when they do not want help?

Answer #1 No, not if you are completing the request for treatment for the purpose of helping someone in need. The following is from the ND Century Code:

A. NDCC 25-03.1-42 Limitation of liability – Penalty for false petition

1. A person acting in good faith upon either actual knowledge or reliable information who makes the petition for involuntary treatment of another person under this chapter is not subject to civil or criminal liability.

2. A physician, psychiatrist, psychologist, mental health professional, employee of a treatment facility, state's attorney, or peace officer who in good faith exercises professional judgment in fulfilling an obligation or discretionary responsibility under this chapter is not subject to civil or criminal liability for acting unless it can be shown that it was done in a negligent manner.

3. A person who makes a petition for involuntary treatment of another person without having good cause to believe that the person is suffering from mental illness or chemical dependency and as a result is likely to cause serious harm to self or others is guilty of a class A Misdemeanor.

4. If the person does not have insurance or an employee assistance program who pays for the evaluation and treatment?

Answer #1 The County in which the person resides will be responsible for the costs for court ordered evaluation and treatment as indicated in the following:

NDCC 25-03.1-10 Involuntary treatment – Court-ordered examination (*incomplete cite.*)

1. If the petition is not accompanied by a written supportive statement of a psychiatrist, physician, or psychologist who has examined the respondent within the last forty-five days, the court shall order the respondent to be examined by an expert examiner of the respondent's own choice or one appointed by the court.

2. The costs of the court-ordered examination must be borne by the county that is the respondent's place of residence.



PETITION FOR INVOLUNTARY COMMITMENT
NORTH DAKOTA SUPREME COURT
SFN 17260 (GN-1) (Rev. 03-2006)

STATE OF NORTH DAKOTA

County of _____

IN THE INTEREST OF

Name of Respondent: _____

Information about the respondent is as follow:

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____

The respondent's present whereabouts are as follow:

Age: _____ Date of birth: _____ Sex: ☐ Male ☐ Female Marital Status: _____

Occupation: _____

Name of employer: _____ Approximate monthly earnings: _____

List the name, address, and relationship of respondent's relative or guardian, or, if none, a friend of the respondent:

Name: _____ Relationship: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name of attorney who most recently represented the respondent: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Petitioner's relationship to respondent: _____

Date of most recent filing of petition for involuntary commitment of respondent: _____

County in which petition was filed: _____ Petition was ☐ granted. ☐ dismissed.

PETITION

The petitioner comes before the court and respectfully alleges:

1. That the petitioner is 18 years of age or older.
2. That the respondent presently resides in the below named county in the State of North Dakota.

County where respondent resides: _____

3. That the petitioner believes that the respondent is
☐ mentally ill and as a result of such condition there is a reasonable expectation of a serious risk of harm if respondent is not treated.
☐ chemically dependent and as a result of such condition there is a reasonable expectation of a serious risk of harm if respondent is not treated.
4. That because of the foregoing condition, the respondent requires treatment.
5. That the assertions contained in paragraph 3 are based upon the following specific facts (attach additional sheets, if necessary):

6. That the names, addresses, and telephone numbers of witnesses who will verify these facts are as follows:

Name:		Telephone:	
Address:	City:	State:	Zip Code:
Name:		Telephone:	
Address:	City:	State:	Zip Code:

7. That petitioner believes that ☐ is ☐ is not necessary to take the respondent into immediate custody and emergency treatment. [Immediate custody should be requested only if the respondent is seriously mentally impaired or chemically dependent and is imminently likely to injure the respondent or other persons if allowed to remain at liberty.]
8. [Complete only if immediate custody and emergency treatment requested.] Overt act(s) of the respondent which indicate the respondent is likely to injure himself or other persons if allowed to remain at liberty are described as follows:

9. That to the petitioner's best knowledge
☐ The respondent is indigent.
☐ The respondent is not indigent.

The petitioner believes that an evaluation of the respondent's condition should be made and involuntary commitment and treatment is required.

Signature of petitioner:		Date:	Telephone:
Address:	City:	State:	Zip Code:

County of _____

1) SS.

X _____
Petitioner

X _____
Notary Public

My commission expires _____

This petition was reviewed for probable cause and I approve the filing of the petition.

X _____
Attorney

County