

Health Services Committee

10 January 2012

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

Good afternoon,

Chairman Lee, Vice Chairman Pietsch and honorable members of the Health Service Committee, for the record my name is Mike Reitan, Assistant Chief of the West Fargo Police Department.

I thank you and your committee for accepting the daunting task of addressing the treatment of mental health and chemical dependency within the State of North Dakota. I believe we must look to all sources available to expand the capability and capacity of our communities and our state.

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 provide limited 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.

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- 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 dependent 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 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. Even with law enforcement's proactive approach to train officers, law enforcement agencies can do nothing to address the lack of available mental health professionals or the availability of facilities.

It has been demonstrated that there is a lack of resources in North Dakota. During testimony on Senate Bill 2421 during the 2009 session Senator Mathern testified to the decline in the number of available professionals to conduct assessments as required by current law. He further testified additional medical facilities had chosen to discontinue or reduce the level of mental health service they would provide. These reductions further erode the ability of an individual and their family to reach essential services.

Dr. Emmet Kenney of Prairie St Johns Medical Facility provided testimony in support of Bill 2421 during 2009. He pointed to the availability of only 100 psychiatrists and psychiatric residents in North Dakota. Seventy-four were practicing in Fargo or Grand Forks making them geographically unavailable to two thirds of the state. At the time of his testimony there were 163 psychologists in the state. Ninety-eight practiced in Fargo and Grand Forks. He pointed to the difficulty of being able to provide service within the rigid constraints of the existing language of section 25-03.1.

After visiting with law enforcement from across the state I feel fortunate to have access to the services provided in the Fargo area. Certainly some of those same services are available

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Testimony of Mike Reitan, Assistant Chief of Police, West Fargo Police Department throughout the state. But it is not just about facilities or programs. One of the biggest differences is the willingness of the Fargo area stakeholders to come together to make a broken system work.

At regular intervals members of law enforcement, health care providers, emergency responders, advocates, social service providers and members of the criminal justice system come together to discuss current trends, identify barriers to effective service and to develop strategies on matters relating to mental health and chemical dependency. From those meetings have come increased efficiencies and some specific programs.

West Fargo sought private funding and partnered with Fargo and Cass County to commit personnel to train law enforcement and emergency medical personnel in crisis intervention allowing for the de-escalation of a person's mental health agitation.

Cass County applied for and received federal funding to establish a program to identify prisoners with mental health and chemical dependency issues. The prisoners are screened at the time they are brought in to the jail and monitored throughout their stay. If the prisoner displays signs or symptoms of mental health or chemical dependency issues staff coordinates for the proper level of treatment. Cass County thought the program to be so valuable they chose to continue the program after the federal funding ended.

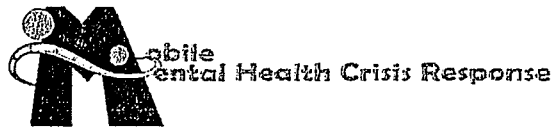
Sanford (MeritCare) and Prairie St. Johns provide community care and have routinely written off uncollectable debt relating to the treatment of persons with mental health or chemical dependency diagnosis. They are the only care provider able to offer twenty-four hour, seven day a week access for law enforcement and emergency care givers.

Fargo has partnered with the area non-profit organizations to fund and operate sheltering programs to house persons with chemical dependency and mental health problems. Fargo also funds transportation between shelters and medical facilities.

For what we have done as a community we also realize we will be unable to continue with what we are now doing. Medical providers cannot be expected to continue to write off debts indefinitely. The communities of Cass County cannot continue to fund programs as people seek services not being provided in other parts of North Dakota. Emergency responders cannot continue to respond to a crisis brought on by the lack of the appropriate level of after care.

Community treatment can only work if it is properly planned and properly funded. Proper planning can only be accomplished by bringing the stakeholders from the community and the state together to develop obtainable goals and objectives. Only after the plan for the future is developed will we know how to best fund the programs necessary to provide proper care and after treatment. We cannot afford, as a community or as a state, to continue with the inefficiencies and ineffectiveness under which we now operate.

Thank you and I will take any questions you may have.



Program Overview

A. Where does funding come from?

Funding comes from a grant from the state of MN. The grant money is given to the host county (Clay County for the Children's Crisis Services, and Otter Tail County for Adult Crisis Services). The host county's then choose an agency to run the crisis services. This is an ongoing grant, but each year we apply for recertification.

B. Program Hours:

Mon-Fri: 4pm-10pm

Sat/Sun/Holidays: 1pm-11pm

Holidays include: Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Day after Thanksgiving, Christmas Eve, Christmas Day, and New Year's Day.

C. Population being served:

- Any ADULT or CHILD residing in Clay, Otter Tail and Wilkin Counties.
- Individual being served MUST physically be located in the counties listed at the time of crisis.
- Foster care homes (private, corporate, or kinship)
- Homeless Shelters
- Most community settings (Hospitals have specific credentialing)

D. Crisis Teams

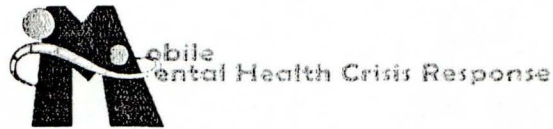
- There are 2 mental health practitioners on-call in Clay & Otter Tail counties every day.
- On-call shifts rotate weekly.
- One-MH Professional supervises all 3 counties via phone.
- Wilkin County: Mental health practitioners from Clay & Otter Tail County will cover Wilkin County based on who lives closest to the dispatch.
- When needing to change on-call shift, each worker is responsible for finding a replacement. After you find someone to work for you, you MUST contact Program Coordinator to notify about the change. If you have a personal or work emergency, contact Program Coordinator, and she will find a replacement for you.

E. Staff reimbursements

- Hourly stipend to carry phone
- Dispatch rate
- Cell phone reimbursement
- Mileage: Current IRS rate

F. Quarterly Trainings

- All crisis staff members are required to attend quarterly trainings. Dates for 2012 will be announced. Quarterly trainings take place during the months of: March, June, September, and December



Example of crisis services

The on-call crisis worker will work with another mental health practitioner. All crisis workers are under the supervision of a licensed mental health professional available by phone. When a worker receives a crisis call it will have already been screened for appropriateness (safety concerns) and some basic information (name, age, location, and presenting issues) will have been collected. Two crisis staff will be dispatched to the community location designated by the client (typically in their home).

Upon arrival at the meeting sight, crisis staff will ensure immediate safety for both workers and the consumer. The crisis staff will then apply Life Skills Processing techniques to help de-escalate the crisis and will also further assess the crisis. Upon completion of the crisis assessment, the workers will call the on-call professional and report the findings from the assessment. The professional will ask for any additional follow-up information needed about the consumer and outline a treatment plan and course of action with the worker and consumer. Actions may include sending the consumer home or to a family member or friend, arranging transportation to a crisis receiving bed within the community, arranging admission to a secure mental health facility or any other goal that will secure the safety of the consumer in the least invasive manner.

Based on the professional's treatment plan directives and the consumer, crisis staff will write out a specific plan with the consumer that will include safety measures, referrals, and community supports, and a copy will be left with the consumer.

Worker(s) are responsible to enter all information gathered on crisis assessment and treatment plan on the electronic medical record (EMR). This may be done during the face-to-face intervention, or after without client present. The EMR can be accessed through a home computer, but Lakeland Mental Health Center does have computers for crisis staff if needed. (*Practitioners will enter the information onto the EMR*).

Crisis staff do not serve as a case manager, therapist, or social worker. Follow up services are required and include worker contacting 1 or more of the consumer's service providers (with consumer's written consent) to provide an update of the crisis intervention.

Training before starting rotation on-call

1. Life Skills Processing Model
2. Crisis documentation & required paperwork
3. Electronic Medical Record

****Depending on scheduling, these trainings may be scheduled in 1 or 2 day training sessions.**

Our crisis program was
able to save 56 hospitalizations
in 2011.

I know when politicians
here about how to save
money they listen a
little closer.

":)



Serving adults, children & families in
Clay, Otter Tail & Wilkin Counties

HELP FOR YOU
on the phone or in your home.

1-800-223-4512

DISPATCH HOURS:

Monday through Friday: 4pm-10pm

Saturday, Sunday, and holidays: 1pm-11pm

**Phone support available
24 hours a day, 7 days a week.**

**Clay County Social Services:
218-299-5200**

**Otter Tail County Human Services:
218-998-8150**

**Wilkin County Family Services:
218-643-7161**

**THE MOBILE MENTAL HEALTH
CRISIS RESPONSE PROGRAM
IS A SERVICE PROVIDED BY:**

*Lakeland Mental Health Center,
Inc. in collaboration with:*

Clay County Social Services

Otter Tail County Human Services

Wilkin County Family Services

Productive Alternatives/Crisis Stabilization Unit

Otter Tail Family Services Collaborative/
Children's Local Advisory Committee

Clay County Collaborative/
Children's Local Advisory Committee

Otter Tail County Adult Local Advisory Council

Clay County Adult Local Advisory Council

The Village Family Service Center

Blue Sky, Inc.

BCOW Adult Mental Health Initiative

Prairie Community Services

Solutions Behavioral Healthcare Professionals, Inc.

MN Department of Human Services

Lake Region Hospital (in Fergus Falls, MN)

Becker County
(Comprehensive Crisis Response Program)

1-800-223-4512



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What are mobile mental health crisis services?

Mobile mental health services are short-term, face-to-face services designed to restore a person's functioning level to pre-crisis levels. Mobile mental health crisis response services offer opportunities to de-escalate a situation or problem and to help people develop individualized strategies for their future concerns. Services are available almost anywhere in the community.

WHAT HAPPENS WHEN A MOBILE CRISIS TEAM IS DISPATCHED?

A team of 2 mental health crisis response responders will meet the individual where they are at when they call or at another agreed upon location. Once they arrive they can provide one or more of the following:

- Stabilization services to help the adult return to stable living.
- Crisis assessment
- Skills training and strategy development to minimize future crises.
- Development of a Crisis Treatment Plan
- Connection to mental health services and/or other community resources.
- Coordination with current mental health service providers.

GOALS OF MOBILE MENTAL HEALTH CRISIS RESPONSE SERVICES:

- Reduce unnecessary hospitalizations
- Reduce incidents of individuals being removed from his/her home
- Help individuals stay connected with ongoing services.
- Connect individuals who have very little or no support system to resources

WHEN IS SOMETHING A CRISIS?

When a person's emotional resources are less than what is required to manage a stressful situation or when a person's behavior becomes threatening to themselves and/or others.

AREA SERVED

Mobile dispatch teams serve any individual, child/adolescent, or family that resides in Clay, Otter Tail or Wilkin Counties.

FEE: FREE! (Thanks to a grant from the Minnesota Department of Human Services)

WHEN SHOULD THE MOBILE CRISIS TEAM BE CALLED?

- Whenever a person is unable to resolve a situation and the risk of not resolving that situation may be harmful to someone's long term mental health.
- When a person is experiencing thoughts of self harm.
- When a person is experiencing a significant decline in daily and/or family functioning and current supports are not sufficient to help.

WHEN SHOULD THE MOBILE CRISIS TEAM NOT BE CALLED?

- When a person has attempted or is in immediate risk of committing suicide (**CALL 911**).
- When a person is in immediate risk for aggression or violence (**CALL 911**).
- When a person and/or family member is intoxicated or under the influences of drugs.
- When a person and/or family member is in need of medical attention (**CALL 911**).
- When a person has committed a crime.
- When a person is in need of help with food, housing or finances (see contact information below).