

Bismarck *Police Department*

October 22, 2013

Chairman Chuck Damschen, Members of the Human Services Committee

Mr. Chairman and Human Services Committee Members:

I was recently made aware of the work you are doing regarding many issues to include mental health and chemical dependency issues. After reviewing the "Study of Behavioral Health Needs-Background Memorandum" I believe the Bismarck Police Department (BPD) has information that may be of interest to the committee. In an effort to explain what BPD officers face daily, I am going to explain step by step issues they encounter and the procedures they must follow when working with an intoxicated individual and an individual needing mental health assistance.

Issues when helping Chemically Dependent Individuals

The BPD has problems securing sufficient jail space with our primary provider, the Burleigh County Detention Center (BCDC). This has affected our operations for quite some time. The BPD is constantly facing the issue of no space in the jail for intoxicated individuals and/or individuals under the influence of other substances. This includes individuals who have been arrested for a crime. Often times we are forced to find alternate jail space for these individuals. Sometimes this problem is remedied by transporting the individual(s) to the Morton County Detention Center (MCDC), located in Mandan, and even though it requires extra time, the problem is manageable in that instance. However, we also at times have to have officers come in on overtime to transport the individual(s) an hour away, or further at times, to have the individuals held for the crime they committed.

We are also facing the issue of finding sufficient space in the detention centers for individuals that have committed no crime but need to be held for their own safety due to intoxication or being under the influence of other substances and having no suitable caretaker for them. The BPD officers try every means possible in an effort to find a suitable caretaker for the individual in need. More often than not one can be contacted or if contact is made with someone, they usually refuse to help because they do not want to deal with the individual in their intoxicated/substance induced state. If the officer is not able to locate a suitable caretaker the only option the officer has is to try to take the individual to BCDC if they have space or MCDC if BCDC does not have space. Recently this has been problematic in a few ways. Taking an intoxicated individual to the detention center to be held for detoxification purposes only, takes valuable space away in the event an intoxicated individual is arrested for a crime and needs to be held in the detention center. Also, more often than not the officer is required by the detention center to have the individual medically cleared at one of the emergency rooms before they will accept custody of the individual. This requirement is time consuming and has strained relations between the BPD and the local hospitals emergency room personnel. The requirement is also causing the emergency room

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personnel extra work and depending how busy they are, takes time away from patients. If an officer brings an individual to the ER for an examination, the officer is required to stay with the individual for safety reasons. Many times two officers are required to stay at the hospital due to the behavior of the individual being examined. The individuals are often times argumentative and aggressive due to their intoxicated/substance induced state. Lastly, although this does not happen often it is occurring more often, if an officer is not able to find space for the individual in need of detoxification, we have to call in personnel to transport the individual to another facility just for detoxification purposes and then return to the facility a few hours later to bring them back to Bismarck. This is expensive and time consuming.

The BPD also faces the issue of the City of Bismarck being the only city in the area which has emergency medical services. Both hospitals in Bismarck regularly receive patients that are intoxicated or under the influence of other substances. This usually happens in a couple of different ways: the patient walks in on their own or is brought in by a friend or relative and then left at the hospital; or the patient is brought to the hospital by ambulance, from a community other than Bismarck, and left at the hospital to be treated. Once the patient(s) are examined/treated by hospital personnel and if the patient has no one to care for them, the hospitals call for the BPD to take the patient to the detention center for detoxification purposes. As stated above, if there is room in the detention center, space is lost for someone arrested for a crime that is under the influence and the issues listed above have the potential to happen. If there is no room at the detention centers, BCDC and MCDC, the BPD has been telling the hospital that we cannot take custody of the patient due to space being unavailable. Even though the hospitals understand the problem, our relationship has become strained with hospital personnel especially with emergency room personnel due to our inability to take the patient from their facility.

The types of detox individuals law enforcement mostly deal with are those that have some type of addiction and/or mental illness. So, a more efficient method for these individuals would be to go through a detox center associated with mental health and chemical dependency, so they can 1) be detoxed, and 2) receive the treatment necessary to reduce this behavior and to avoid going to jail. This is probably the biggest and most urgent gap!

I'm sure many members of the committee are aware of the new jail issue currently faced by the residents of Burleigh and Morton Counties. In 2014 a vote will be held to determine whether the residents want to build a new jail facility. If the vote is successful and a jail is to be built, it will take three to four years before the new jail will be ready for use. Even though the new jail may help with some of the space issues we are currently facing, it will not take the place of the above mentioned mental health and chemical dependency approach mentioned above.

Issues when helping individuals requiring Mental Health Treatment

When attempting to help individuals experiencing issues related to their mental health we often experience issues of no space available at one or both hospital psychiatric units in Bismarck. On a regular basis we are notified by the psychiatric units that they are on "diversion" which means they have no space for new patients. Sometimes the diversion is gender specific or age specific but most of the time the diversion is for everyone. The biggest issue for us is there is no other system in place for us to utilize when this circumstance occurs. Although I am unable to say with certainty, I believe this issue is mostly due to the rise in population in the area and due to the communities west of Bismarck not having comparable services which forces people to seek help and treatment in Bismarck.

We would like to see Human Services (Mental Health/Chemical Dependency) take a lead role in establishing a Crisis Intervention Team (CIT) "Memphis Model" program in the Bismarck area (all the large ND city areas for that matter). Bismarck PD law enforcement has taken the steps to train several officers in the CIT Program/philosophy, presented this to Human Services, but Human Services remains in the background. We have been advised to call them when we need help but they don't respond. CIT is a Mental Health driven program, not a law enforcement program, therefore, Mental Health needs to take the lead on this. Please research/Google "CIT Memphis Model" for more detailed information. We hear from Human Services that law enforcement needs to be trained on how to deal with mentally ill individuals, and although very true, Mental Health needs to up the ante and be available to these people in crisis, at the time, for emergencies where a mentally ill person CAN be arrested and jailed, but probably would receive GREATER benefit from receiving acute treatment at the time of their crisis, rather than being jailed or placed in the psychiatric ward. Not that an arrest or psychiatric placement wouldn't happen, but with the CIT "team" approach, this is a decision made in TRUE collaboration between Mental Health and law enforcement.

I appreciate and value the time the committee has devoted to this very important issue. All entities that have responsibilities in this area, working together, can obtain positive results for the people in need of these services.

Respectfully Submitted,

A handwritten signature in cursive script that reads "Dave Draovitch". The signature is written in black ink and is positioned above the typed name.

Deputy Chief Dave Draovitch
Support Services Commander
Bismarck Police Department