

**TESTIMONY BEFORE THE LEGISLATIVE MANAGEMENT'S INTERIM HUMAN SERVICES COMMITTEE PREPARED AND DELIVERED BY GARY E. EUREN, CASS COUNTY ASSISTANT STATE'S ATTORNEY, MARCH 8, 2016, AT JAMESTOWN.**

Madam Chairman and Members of the Human Services Committee:

Thank you for the opportunity to present testimony regarding involuntary commitment proceedings and the role of the Department of Human Services and the Regional Human Service Centers as seen from Cass County. My name is Gary Euren, a Hillsboro native, who has spent the first eight years of my legal career as a private attorney in civil (including representing Respondents in involuntary commitment proceedings) and criminal defense as well as fourteen years as Grand Forks Municipal Attorney and the last ten years as a Cass County Assistant State's Attorney involved in involuntary commitment proceedings and Adult Drug Court. As such, I have had extensive contact with both DHS and more than one Regional Human Services Center.

Cass County presently has fifteen attorneys, four of whom are primarily involved in involuntary commitment proceedings. We set up 171 involuntary commitment files in 2015. This does not include cases that were set up by the clerk's office, but later waived. Some of these cases were people who brought themselves to Cass County, then needed services. Some were Cass County residents that ended up in another county, usually Grand Forks, and needed services. This leads to the first of the problems I see. Procedures, especially regarding accepting cases, vary from county to county. Under N.D.C.C. § 25-03.1-08, the place of hearing is determined by "shall present the information necessary for the commitment of an individual for involuntary treatment to the state's attorney of the county where the respondent is presently located, or which is the respondent's place of residence ...". Some counties will only allow petitions to be filed for residents of the county.

Another discrepancy involves obtaining what are called pre-screens to the State Hospital and evaluations in support of the petition. N.D.C.C. § 25-03.1-08 provides that “the state’s attorney may direct a qualified mental health professional designated by the regional human service center to investigate and evaluate the specific facts alleged ...”. Again, some regional offices are performing these functions, some are not – particularly the Northeast Human Service Center.

In Cass County we have a unique program. Through federal funding, a position has been created at the Cass County Jail to do mental health screenings, among other things. One of the duties of this position is to inform the Southeast Human Service Center when an inmate is determined to likely need services. It has been common for SEHSC to countermand this evaluation, even when it is rendered by an independently contracted psychiatrist. Prior explanations included that the person is in jail and therefore “safe.”

Another problem with SEHSC, and to some extent SHS, is lack of communication. Questions are asked, individually or in meetings, and answers are promised. It often takes several weeks, if not months, to get an answer after much prodding. Sometimes the answers do not seem to comport with existing law. An example – Recently our office asked an in-house DHA lawyer-“Again, the issue has to do with what DHS understands its role/responsibilities to be, via statute and internal policy, relating to the mental health of inmates at county jails.” The answer, after ten days, was – “I am currently not aware of any laws that would require DHS to provide services to inmates besides aftercare services pursuant to N.D.Admin.Code § 70-05-03-03(3)(c).” However, a cursory review of the Century Code reveals:

Chapter 25-10 – The department of human services shall perform the following functions in the field of mental health:

Cooperate in providing services to state and local departments and agencies and other groups for programs of prevention of mental illness, and other psychiatric disabilities.

...

Assist in providing outpatient diagnosis and treatment services.

Assist in providing rehabilitation services for patients suffering from mental or emotional disorders and other psychiatric conditions, particularly those who have received prior treatment in an inpatient facility.

#### Chapter 50-06-05.3 Regional Human Service Centers – Powers – Duties – Human Service Council

(2) Regional human service centers shall provide human services to all eligible individuals and families to help them achieve or maintain social, emotional, and economic self-sufficiency; prevent, reduce or eliminate dependency; prevent or remedy the neglect, abuse, or exploitation of children and of adults unable to protect their own interests; aid in the preservation,, rehabilitation, and reuniting of families while institutionalized or providing for community based or other forms of less restrictive care; secure referral or admission for institutional care; provide outpatient diagnostic and treatment services, ...

These are just two examples of duties that seem to show DHS and the regional centers should be assisting our county jails.

Finally, there is the issue of availability of services. This is/was addressed by my colleague, Jake Rodenbiker. My additional comments are that North Dakota needs several more institutions such as Robinson Recovery in various parts of the state – at least Grand Forks,

Minot, Bismarck, Dickenson, and Williston. More drug court should be funded and established – both juvenile and adult. Additional money needs to be appropriated for the existing drug courts so that the needs of high risk, high needs participants can be met. High risk, high needs usually translates into dual diagnosis participants. The North Dakota State Hospital needs more beds designated for purposes of involuntary commitment patients.