

2015 SENATE JUDICIARY

SB 2073

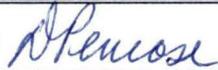
2015 SENATE STANDING COMMITTEE MINUTES

Judiciary Committee
Fort Lincoln Room, State Capitol

SB 2073
1/13/2015
21895

- Subcommittee
 Conference Committee

Committee Clerk Signature



Minutes:

1,2,3

Ch. Hogue: We will open the hearing on SB 2073.

Dr. Alex Schweitzer, Superintendent of the ND State Hospital, Dept. of Human Services: Support (see attached #1A and 1B).

Ch. Hogue: Does the DOCR include this in their budget, or a fiscal note for this expanded service, or is this something they can do without additional resources.

Dr. Alex Schweitzer: I believe someone from DOCR is here to answer that.

Sen. Armstrong: If this is an interagency agreement, why was it put in NDCC in 2007?

Dr. Alex Schweitzer: That is before my time, I'm not sure. It was passed as a bill. We didn't do it prior to that. We were advised that that is what we had to do.

Sen. Armstrong: How many security guards do you employ now?

Dr. Alex Schweitzer: We have staffing around the clock and we have approx. 11 total for the entire hospital.

Sen. Armstrong: So would those go away and go into DOCR.

Dr. Alex Schweitzer: No, they would continue to be our staff.

Sen. Grabinger: This bill is to expand your security services. Is it utilizing DOCR for your security services?

Dr. Alex Schweitzer: We have security services; we would expand and utilize their expertise in how they deal with more volatile situations. They have security experts that can help us in training. They would also continue to provide annual refresher courses, so that our staff is kept up to speed on how to deal with volatile situations so that we can keep our staff safe. Essentially the biggest part of this is to have access to their technical

assistance and their ability to do consultation so that we can work on a very safe environment. They do perimeter surveillance now for us, for the entire campus. That's part of our security procedures. They would not have staff in our buildings at any time unless we asked them to come over because we were in a volatile situation and we were unable to manage. As I indicated, that would be very rare, but this has happened once in the last year, and it was a very volatile situation and their assistance was necessary at that point in time.

Sen. Grabinger: It used to be that they had staff development that taught us the training courses, such as self-defense and how to handle situations; you're saying that you want to utilize the DOCR for those services, basically.

Dr. Alex Schweitzer: That's correct. We will continue to teach our staff in terms of therapeutic intervention, de-escalation techniques; all the things we do in terms of therapeutic response to things. They have experience in dealing with these other situations. The intent is also for them to assist us and deal with the situation in a safe way - for the patient and the staff who are helping. The intent is to always make sure that that individual is not harmed. We want to expand our ability to assist that individual who is in that volatile situation. To also make sure that the staff and other patients are kept safe.

Sen. Grabinger: This isn't covered in the previous agreement - it seems to me that you work hand-in-hand on a lot of areas at the State Hospital complex. It just seems that something so minor as this, why are we sitting here discussing this.

Dr. Alex Schweitzer: The AG's office represents the DOCR and says that we need this type of agreement in order to expand the services. This is viewed as a requirement, very much how we did it back in 2007 for the sex offender unit. We have to have the interagency agreement in order for them to provide these services for the entire hospital.

Sen. Armstrong: How many DOCR are on-site.

Dr. Alex Schweitzer: I can't answer that. I know Don Redmann is here from the DOCR and he can answer those questions.

Ch. Hogue: The people who provide security now are your employees.

Dr. Alex Schweitzer: Correct.

Ch. Hogue: DOCR has people, from time to time, on your campus; are they not directly providing security. They are there for consultation, training and back-up.

Dr. Alex Schweitzer: They aren't on the campus except if they come over to a class or if there a situation that got completely out-of-hand. In the past, it has always on the sex offender unit and we've had some instances where they had to come over. They are not on the campus except for training, consultation or a situation where they are needed. We are totally separate entities.

Sen. C. Nelson: We had a technical correction bill the other day that said you don't put dates into bills, you put them in as effective dates, but yet the first sentence states that "the executive director of Human Services and of DOCR shall enter into an agreement effective on a certain date". It seems to me that whole sentence could be rewritten to just say that "they shall enter into an agreement and the agreement will do this". I think this should be cleaned up.

Ch. Hogue: Thank you. Further testimony in support.

Don Redmann, Director of Facility Operations for ND DOCR: Support (see attached 2). Because this is an open campus, it's difficult for our staff to really understand where JRCC property begins and ends. If someone walks on the property, where does our authority lie as far as asking them to leave the area or question while they are in the area. Of course, it being a medium security prison, people walking up to our fence is a concern. This bill helps clarify that issue for the JCRR.

Sen. Armstrong: Will this require you to have any more staff.

Don Redmann: No. We're able to shut down areas of the facility and staff can respond to an emergency. That's another key point, prior to us responding they had to rely on the Highway Patrol to come up as the law enforcement officer. A lot of times they are out on the interstate, response times aren't always what we would like it to be. We're able to respond quicker, we are familiar with the campus, familiar with the staff, familiar with working with patients. We handle this with existing resources.

Ch. Hogue: Thank you. Further testimony in support. Testimony in opposition.

Carlotta McCleary, Exec. Dir. ND Federation of Families for Children's Mental Health: Opposed (see attached #3).

Sen. Luick: What is the difference between local law enforcement and the enforcement agency that's already there on site? Can you explain the difference between what is there now and what would work out better or worse?

Carlotta McCleary: Our issue is not necessarily with the DOCR and how they would respond. We understand that they have a lot of training. It's more in the fact of the accreditation with the hospitals. They have to be able to provide that themselves. Law enforcement is to be used for law enforcement. Again, it has to do with accreditation. We also feel that it would be open and available to the public when those kinds of instances are responded to. We feel that the utilization of the DOCR may end up increasing the amount of responses that the department would be asked to do because they are quite close and right there. We're worried about the number of times that they would be called upon. The sex offender's program is not considered part of the hospital because it is a joint facility; there is a difference there. We've also been told that with that particular population, it does not necessarily need a lot of response. When you are dealing with individuals that have mental health issues in the hospital, that in fact, there may be more incidences that occur. We're concerned with the number of times that that level of intervention would be called upon for individuals that are there for treatment for mental health issues.

Ch. Hogue: Part of your testimony talks about the proposed blending of the two staffs. I heard from Mr. Schweitzer that there isn't a blending but are there to provide training, a back-up for emergencies and that's the only time they are on the campus. Does that comport with your experience on the campus. Are you seeing something different?

Carlotta McCleary: We have for a long time, a concern with the co-location of the State Hospital with the DOCR and the blurring of the two. I think we have gone on the record in having a difficult time with that. I think you heard in testimony today that they really don't know what the difference is between the two sometimes. For individuals that are there for treatment of mental health, there is a lot of stigma and we should not be criminalizing mental health and having people feel like they are criminals when we have a mental health need.

Sen. Grabinger: I used to work at the State Hospital and we had a crisis team back then that we had to respond to circumstances. Many of us carried a beeper and we would run all the way across the hospital. There are times when that happens and I know that; people can't control themselves and we have to protect the other patients as well as the staff. Why is this different, if we have trained people from DOCR responding to this than the crisis unit that we always had? I'm not seeing where there is a difference between the two and we're providing the same service.

Carlotta McCleary: I believe that these folks that respond are dressed like a "SWAT" unit. I don't know if that was what your folks were dressed like when they responded to an incident or not. We do believe that, in fact, individuals at the State Hospital, be responded to by that team at the State Hospital. It's just a matter of how things are dealt with and the differences between individuals that are in a criminal setting vs. people that are in an in-patient setting. There is a difference.

Sen. Grabinger: I don't have information as to what they wear. When I worked there, we did respond in situations where we probably weren't properly dressed for what we were up against and sometimes some of the staff members were hurt because of that. If we're trying to determine the level here of the response, when really that needs to be determined at the event. Do you agree with that?

Carlotta McCleary: I believe that level should be addressed as a state hospital staff. The staff should be able to address those needs and when they cannot and it is above that, they should be calling local law enforcement when that is needed, rather than DOCR. I believe that there are some things that were pointed out that there were some issues around accreditation in utilizing the DOCR staff. That CMS accreditation would probably have problems with that.

Sen. Luick: First, would you go into more detail about the accreditation and also how frequent are we talking of an incident where other assistance is needed.

Carlotta McCleary: I believe that the accreditation issue was talked about at a meeting yesterday and we heard that there were concerns about that. I'm just relaying that to you. I'm not an expert in accreditation by any means. I have heard that there were some

concerns in that area in regards to CMS and it has to do with the rules of who can be in the hospital to respond to the patients.

Sen. Luick: The frequency of the necessary help to contain an individual or an event.

Carlotta McCleary: I believe that in the past it hasn't really been needed for the general hospital staff. The sex offender is a co-joint unit, that they have had issues because of the way that is agreed to; they called the Highway Patrol and the DOCR because of that joint agreement. Now with the regular population at the state hospital, they have not had to call law enforcement in to deal with those situations. They've been able to deal with them themselves until just recently, when there was an event that DOCR came over and assisted. We're just suggesting that instead of DOCR for the general hospital staff that a call is made to local law enforcement.

Sen. Luick: When the local law enforcement comes, do they dress any differently than the department that is already there.

Carlotta McCleary: I believe that, at that point, they would. Again we're concerned with the possibility of the over-reliance on the DOCR staff to deal with behavioral issues and see an increase in that. That's what we're concerned with.

Ch. Hogue: (directed to Mr. Schweitzer) Are you accredited by the Joint Commission.

Alex Schweitzer: Yes we are accredited by Joint Commission for the entire hospital.

Ch. Hogue: The second question is a request. Can you provide our committee with a copy of the existing interagency agreement?

Alex Schweitzer: Yes we can. Also so that we are clear. The entire hospital is accredited including the sex offender unit. We're also accredited by the Joint Commission and by CMS through Medicare. If we weren't accredited, we would not be able to receive financing for the hospital. Both units are accredited. They are both reviewed on an on-going basis. They were recently reviewed; the only difference between the two units is that the in-patient unit is accredited under the hospital standards and the sex offender unit and the Tompkins Rehabilitation is under the Behavioral Health standards. But they meld, they look at them. They've looked at the behavioral standards in terms of our security arrangement with the DOCR on the sex offender side. We've never had an issue. We've been accredited and reviewed since 2007 twice and there has never been an issue. If there was an issue and they came in, we would have to stop using this agreement because it would affect our accreditation and payment. In addition, we have police officers on the campus all the time. They wear uniforms. When the highway patrol responds to both sides, the sex offender unit and the in-patient side. They are required to do that if we need that. If there is a crime being committed on the campus, they are coming on campus. We've talked about this issue with the Joint Commission. There's no issue with the accreditation here, with this agreement.

Ch. Hogue: Testimony in opposition.

Christopher Dodson, ND Catholic Conference: The Bishops, especially this session, are concerned about the entire package of bills and all the bills that affect behavioral issues and especially those affected with mental illness. The primary premise, of course, is that people with mental illness are created in the image of God and they deserve our respect and are one of the most vulnerable populations out there. When you start looking through that lens at the existing law that would be amended, a number of red flags come up. Some have already been mentioned. The most important principle is that these are patients in a hospital and must always be treated first as patients with their best interest in mind as patients. That requires flexibility. It's not a static matter. Sometimes accreditation changes. Sometimes, as has happened with the state hospital, the population has changes in their needs. It's not the same type of population it was 10-15-30 years ago. So the staff and the hospital need to be able to respond. The primary problem with this bill is that it repeats the problem that is in the original statute. It says the department "shall" enter into an agreement. It's not permissive. The DOCR may need permission to expand their scope. The appropriate word is "may". This requires the DOCR to enter into another contract and set in stone the way they should handle security issues. Instead of leaving it to the state hospital to decide what is best. It could be that they decide, we do want local law enforcement. We don't want DOCR in there. They should have the flexibility, just like any administrator, any CEO of any hospital, such as Prairie St Johns, St. Alexius or Sanford to make those decisions as needed. If the only issue here is that DOCR needs permission, the whole section should be rewritten to give DOCR permission. I'm not even sure if they need permission because they are both agencies under the Governor and if that's the issue that can be handled a different way. The primary problem is that it sets things in stone. As Mr. Schweitzer stated, they do it like this or like that. That's not in the statute. So you are requiring that they enter into an agreement without knowing the details of the agreement based on representations and then whatever that agreement is, they are stuck with that until they come back and you give them permission to do another agreement. It simply doesn't make sense from the management perspective, as to what is in the best interest of the patients at all times. That is the primary difference, that Sen. Grabinger asked, who decides. If you enter it to the memorandum, you're forcing the Dept of Human Services to make their decisions regarding one way, with the security issues as opposed to letting them make decisions as to what is in the best interest of the patient at a particular time, especially if accreditation changes. Another thing to keep in mind from a legal perspective is the constitutionality of the sex offender treatment program; high risk offender program is a very fine line between being punitive and treatment. Every little thing counts. Some states are in a lot of trouble with the constitutionality of their programs because that line has been crossed. We need to leave it to the Dept of Human Services to make sure that the line is never crossed. They can enter into an agreement with DOCR but if they don't like what DOCR does, they need the flexibility to say that we need to do security a different way, or that they can't have it this way because it looks too much, in the eyes of a judge, like a punitive situation. Then you have the whole program in jeopardy. My suggestion would be to repeal the whole statute and find a way if DOCR insists that they need permission to enter into an agreement with the Dept of Human Services, to find a way to give them that permission. There's nothing in this bill, and I don't know if it is in the agreement regarding the geographical boundaries between the hospital and JRCC. I'm there all the time; I feel that I have an idea of where the boundaries are. I don't know whether there is confusion or not, but this bill doesn't clarify that.

Ch. Hogue: You don't feel that there is a clear demarcation between the two facilities.

C. Dodd: I think there is. Maybe I've seen a map somewhere. There is nothing here to clarify that. If I get too close to the fence, I expect them to ask me to leave. You can park really close to the fence. The White Cloud trail goes very close and people hike into certain areas, but DOCR is really good at finding you if you get too close. They have people going around the perimeter and ask what you are doing there. That's certainly appropriate and they need to do that. There is nothing in this bill to answer that question, "there's the line you can't cross".

Ch. Hogue: Thank you. Further testimony in opposition.

Carl Young, Chair of the ND Mental Health and Substance Abuse Planning Council: which is a Governor's committee, in opposition to SB 2073 regarding the use of DOCR response teams in a hospital setting? To reiterate what has been talked about today. These patients are not prisoners, to treat them or respond to their situation with prison staff is further stigmatizing their situation in the view of the Planning Council. It is our position that the hospital would be better served through a call to local law enforcement. Since it is a state facility, it would be the highway patrol that would respond. The highway patrol, at that point, would be able to make recommendations as to who else would need to be involved in that situation. We've heard this morning, that it is about training as well. I don't believe that this bill says training. It says to use the staff to respond to those situations. The other issue that we heard yesterday in our meeting related to the accreditation and we've heard today that accreditation will not be at risk. I would like to hear that from the accrediting body, more than hear that from the hospital staff. I think it would behoove the committee to have further study about this subject.

Sen. Grabinger: You mentioned that you think the crisis situation would be better handled by law enforcement than personnel from the DOCR. Are you looking at the time frame is a crisis situation to get law enforcement there? I don't know the exact time, I can see state patrolmen who are the ones responsible up there being 20 miles out of town and then receiving a call about a crisis situation that they need to respond to. There is a time factor involved, have you taken that into consideration.

Carl Young: Yes. We do understand that there are time constraints due to limitations of distance. If the highway patrol determines that some other agency is needed, that would be a call for the highway patrol, not for others. Once they are called, that would be their call to say who else should be involved. That shouldn't be the hospital administrator saying we need a corrections unit to come and fix this problem for us.

Sen. Grabinger: If a highway patrolman is notified of the crisis situation, and he's 20 miles out, how is he to know whether to call in assistance, he's not there to make that determination? What is your suggestion at that point? Somebody has to take the handle right away. Am I correct?

Carl Young: I can't speak to how they would make that decision or how quickly they would be able to make that decision. The hospital staff is trained in de-escalation techniques and I would believe that they would do everything in their power to de-escalate the situation

prior to HP being called. I can't speak to how quickly the highway patrol would be able to respond over a distance, given weather conditions, it could be minutes, it could be an hour. We don't know that.

Sen. Luick: How do you foresee the highway patrol handling this differently than the staff that is already close by?

Carl Young: In my view, it would be a response to authority vs. a response to a prison staff. The stigma that goes with the mental health issue is already there. If you treat them like prisoners instead of patients, they are more apt respond negatively.

Sen. Luick: Are the highway patrolman trained any differently in handling these cases than what the staff or the DOCR staff would be on-site.

Carl Young: I can't speak to their level of training and how they are trained. I don't know.

Ch. Hogue: Thank you. Further testimony in opposition. Neutral testimony.

Don Redmann: I feel pressed to maybe clarify some things. The DOCR, historically, has an inaccurate reputation in the public view. Our corrections officers are highly trained. Most receive more training than most local law enforcement does in a year. We spend numerous hours in training our staff in dealing with the mentally ill. We have a seriously mental illness housing unit in our facility. It is a 24 bed, special assistance unit for the mentally ill. Our staff receives extensive training on how to manage that population; they are mentally ill but they were found competent to stand trial and are in our system. Our staff is not hired to punish, use force. We manage people. We use the skills, training and most of our training is de-escalation techniques. We only use force as an absolute last resort, even in our prison system. We don't punish the prisoners and we definitely don't look at punishing patients. I don't want people to feel that that is what corrections officers are. Too much TV skews people's image of what we do. About a year ago, I went over to the state hospital dressed as I am. The image of black suits and helmets, yes we have those if the situation calls for it. Someone with a weapon, we need to protect the staff, so we give them protective clothing, if they have to go in and put their lives at risk. We also have a very well trained nationally certified hostage negotiation team. We have hostage negotiators, crisis negotiators, psychologists, nurses, it's just not about corrections officers responding, it's about applying the resources of the JRCC to make it available to the state hospital upon request when the emergency calls for it. It could be a nurse, it could be an officer, or it could be me.

Sen. Armstrong: I think there are two separate concerns that were issued. One is the overutilization of your agency. I don't want to talk about that. We can discuss that later. How fast is your response time vs. the highway patrol's response time? Let's say you were called and you absolutely have to be called, because there is a hostage situation, and you are called appropriately. What would be the difference in response time between your agency, where you are located and the highway patrol?

Don Redmann: With the highway patrol you never know. I think the last time the highway patrol was called and we assisted, we were there in less than 2 minutes and the highway patrol showed up later. I can't remember how long it took.

Sen. Grabinger: Are local law enforcement also called out to the state hospital anymore, the local police dept. or sheriff's department to help with incidents there.

Don Redmann: I don't recall a time where anyone was called except highway patrol.

Ch. Hogue: Thank you. Further neutral testimony. We will close the hearing.

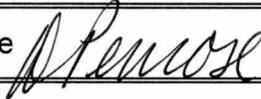
2015 SENATE STANDING COMMITTEE MINUTES

Judiciary Committee
Fort Lincoln Room, State Capitol

SB 2073
2/3/2015
23103

- Subcommittee
 Conference Committee

Committee Clerk Signature



Minutes:

1

Ch. Hogue: We will take a look at SB 2073.

Julie Leer, attorney with Dept. of Human Services: After hearing the testimony, we wondered if changing the language to make it permissive might make it more palatable. We are giving ourselves an option and an out if things don't work out the way we are expecting them to. The amendment is to change "shall" to "may" in the beginning of the bill, page 1, line 10 (see attached 1).

Sen. C. Nelson: Does that do something to the "must" on line 12.

Julie Leer: I don't think so. It just means that if we do choose to amend the agreement that it has to include those types of ideas.

Sen. Casper: If we move this to a "may" is there any point in having this in the statute at all.

Julie Leer: The conversations on why it was in statute, it predates me. The point in having it in statute is because if we choose to go this route, that the DOCR's has received an opinion from the Attorney General's office or whoever is representing them from the AG's office. They need to have something statutory; that's my understanding of why it is in the statute. I would say yes, just because otherwise, even with permissive language, that they would enter it with us, without some statutory authority to do so.

Sen. C. Nelson: I move the amendment, 15.8039.01001.

Sen. Armstrong: Second the motion.

Ch. Hogue: We will take a voice vote on the amendment. Motion carried. We now have the bill before us as amended.

Sen. Grabinger: I move a Do Pass as amended.

Sen. Armstrong: Second the motion.

6 YES 0 NO 0 ABSENT DO PASS AS AMENDED

CARRIER: Sen. C. Nelson

15.8039.01001
Title.02000

Adopted by the Judiciary Committee

February 3, 2015

TD
2/3/15

PROPOSED AMENDMENTS TO SENATE BILL NO. 2073

Page 1, line 10, overstrike "shall"

Page 1, line 10, after "an" insert "may"

Renumber accordingly

Date: 2/3/15
Voice Vote # 1

2015 SENATE STANDING COMMITTEE
VOICE VOTE
BILL/RESOLUTION NO. 2073

Senate Judiciary Committee

Subcommittee

Amendment LC# or Description: 15. 8039.01001 02000

- Recommendation: Adopt Amendment
- Do Pass Do Not Pass Without Committee Recommendation
- As Amended Rerefer to Appropriations
- Place on Consent Calendar
- Other Actions: Reconsider _____

Motion Made By Sen. Nelson Seconded By Sen. Armstrong

Senators	Yes	No	Senators	Yes	No
Ch. Hogue			Sen. Grabinger		
Sen. Armstrong			Sen. C. Nelson		
Sen. Casper					
Sen. Luick					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Motion Carried

Date: 2/3/15
 Roll Call Vote #: 2

**2015 SENATE STANDING COMMITTEE
 ROLL CALL VOTE
 BILL/RESOLUTION NO. 2073**

Senate _____ **JUDICIARY** _____ Committee

Subcommittee

Amendment LC# or Description: 15-8039.01001 02000

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar

Other Actions: Reconsider _____

Motion Made By Sen. Grabinger Seconded By Sen. Armstrong

Senators	Yes	No	Senators	Yes	No
Chairman Hogue	✓		Sen. Grabinger	✓	
Sen. Armstrong	✓		Sen. C. Nelson	✓	
Sen. Casper	✓				
Sen. Luick	✓				

Total (Yes) 6 No 0

Absent _____

Floor Assignment Sen. Nelson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2073: Judiciary Committee (Sen. Hogue, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2073 was placed on the Sixth order on the calendar.

Page 1, line 10, overstrike "shall"

Page 1, line 10, after "an" insert "may"

Renumber accordingly

2015 HOUSE HUMAN SERVICES

SB 2073

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2073
3/16/2015
24917

- Subcommittee
 Conference Committee

Ammonda Muscha

Explanation or reason for introduction of bill/resolution:

Relating to security training, consultation and assistance provided by the Dept. of Corrections and Rehabilitation to the DHS

Minutes:

Testimony 1-3

Chairman Weisz opened the hearing on SB 2073.

Alex Schweitzer: Superintendent of the ND State Hospital of the DHS testified in support of the bill. (See Testimony #1)

Rep. Fehr: Is there a fiscal on this?

Schweitzer: No there isn't.

Don Redman: Director of Facility Operations for the ND Dept. of Corrections and Rehabilitation testified in support of the bill. (See Testimony #2)

OPPOSITION

Carlotta McCleary: Executive Director of the ND Federation of Families for Children's Mental Health testified in opposition of the bill. (See Testimony #3)

Rep. Rich Becker: Is there not a positive side of this with resources being essentially right on campus provided by the correctional facility for serious cases? Help would be there immediately compared to calling in someone? I don't view this as an everyday common occurrence but when there is a need it should be used. You have a resource there to use but you don't seem to want to use it. Do I understand your concerns?

McCleary: The hospital population does have behavioral concerns and they are there for treatment. The hospital staff can deal with that. Our belief is that when you have someone so close to come in that you might have over reliance on that type and level of response rather than staying with the treatment response.

Rep. Mooney: I don't see where this is encouraging additional enforcement. I think it is just saying that the availability would be there on campus as apposed of having to pull in state troopers or the local sheriff's department. Do you think it is better to have the sheriff involved as opposed to the local DOCR?

McCleary: Yes we are. We think local law enforcement would be a better response. We are concerned that there would be an over reliance on this level of intervention and that if local law enforcement were to respond it would be something public and people would be aware of how many responses were made. With this type of a situation we don't know if the visibility would be as clear.

Rep. Mooney: Is it a matter of a reporting system then? Is the transparency an issue?

McCleary: There is a transparency issue. It is also the who it is with the criminalization and the blurring of the lines between department correction and state hospitals. Individuals and families have a huge issue with correctional response over health issues.

Rep. Muscha: This went into effect 2007. Have there been a lot of complaints?

McCleary: I believe that is for the sex offenders unit. This would be for the general hospital patient. That would be new.

Rep. Muscha: Has your organization kept track on the cases where it has been called in, even for the sex offender?

McCleary: I am not aware of how many times.

David Boeck: Attorney for Protective Services testified in opposition of the bill. The protection advocacy project exists to protect the disability rights of individuals and to protect their lives from neglect. In large part I agree with the testimony given by McCleary. This is a big change from just focusing on the sex offender unit- which is quite different compared to the general admission state hospital. These are people who are voluntarily or involuntarily committed for treatment. The concern is if this becomes readily available throughout the society it is going to be used more often. Beyond that I haven't examined the department of corrections budget but I doubt they have people standing around, waiting to go over to the state hospital. They will have to implement some additional control over the prisoners who are at James River Correctional Center in order to implement this. Mr. Schweitzer referred to drank commission or accreditation standards and that could easily be written into the law if that is going to be a condition to amending the agreement. The agreement itself is a statute that is regulating an agreement, and the agreement is not printed in the century code. It is not in the administrative code. I am not sure where it is. It seems like we ought to know what is in the agreement before we enact the statute that endorses it. The individuals at the state hospital include individuals who are there for evaluation pending criminal charges. They aren't covered by this and it is going to be interesting how this would be implemented for other people in the general population but not individuals who are there for evaluation for capacity to face charges. I think this bill would be greatly improved where it says assist the department of human services in line 13 with the provision of enforcement of safety procedures through mental health personnel at the department of corrections. We

had reference here from Mr.Redland about the social workers and nurses that are there, case managers. Let's rely on that part of department of corrections. An alternative is in line 1 on the second page where it requires the state hospital to be responsible for necessary staffing including maintenance staff and simply add there and security and safety staff. Assuming they are trained and I don't have an objection to training, that would equip the state hospital to perform first with a treatment oriented approach and if that fails the state hospital employs would then have the skills to proceed to whatever appropriate escalation that may be.

Rep. Damschen: What circumstance would the DOCR be called upon?

Boeck: It would be implemented and relied upon the sex offenders unit. We don't have the agreement so we don't know when it would be implemented. My understanding is that it would be implemented when there is some kind of criminal act or extreme behavior that hospital personnel are not equipped to handle.

Rep. Damschen: The problem with bringing someone in when they are violent is that you might need to subdue them before you can treat them. Am I wrong in assuming that?

Boeck: The personnel at the state hospital are trained to provide treatment and the approach problems from a treatment perspective. If they need additional skills this bill could be changed to allow them to acquire only the additional skills they need instead of bringing in the department of corrections. The department of corrections staff would come in dressed as a law enforcement personnel and it creates a much different impact on the individual as well as the other patients on the floor. It would have an impact on treatment progress and multiplication of issues for people on the floor. Mr. Schweitzer mentioned they would only do this if needed and it's not needed yet.

Rep. Damschen: I don't know if it is wise to wait until after the fact. The presence of someone in a uniform can affect people sometimes positively.

Boeck: I recognize that as a possibility, but unlikely. The risk is too high on having a negative impact.

Rep. Mooney: This alternative you are suggesting is to take the personnel who are trained for mental health issues and we would dual train them in security? Would that not provide more issues of an even less transparency in security and mental health professionals?

Boeck: That is a possibility, but the bill already allows use of corrections personnel. That is a different perspective from which an incident of violence or crime is presented.

Rep. Mooney: If I am reading this correctly there would be two different. You would have the mental health professionals and the security professionals so you have distinction between the two. I would be more concerned with one person be all.

Boeck: The state hospital already employees many security personnel and I don't know that they have ever proven inadequate for the tasks presented to them. In terms of having training, it is not my impression that they would become credentialed. It isn't like requiring

two full training tracks. Personnel at the state hospital would begin with approaches that arise from treatment perspective and from a treatment perspective they would be able to rely on these skills or call upon a security that is already in play by the state hospital to address any incident.

Rep. Rich Becker: Does the Dept. of Corrections have a say in this?

Boeck: Mr. Redmann is an employee of the Dept. of Corrections.

Christopher Dobson: From Catholic Association testified in opposition to this bill. We approach this with the principle that patients at the state hospital are our children and created in an image of God and must always be respected and treated as our patients. The concern we had with the original bill was with the language. We thought it took away the discretion once they entered into that contract of the department of human services and the state hospital to always keep the best interest of the patients paramount. Our perspective is now neutral because this is entirely permissive at this point. The state hospital and the department can get into an agreement with DOCR and decide not to. The decision now stays with the state hospital to determine the best interest of the patients as patients. If that is you're understanding we are neutral, but if there is a change to have an expectation so that they must enter into an agreement then we raise opposition.

Chairman Weisz: Let's look at 2073.

Rep. Oversen: What role does the DOCR play for the state hospital and what expansion might mean?

Alex Schweitzer: The sex offender is a patient treatment unit and it is a joint commission. This was started back in 2007 when we asked for the service of training consultation and if we needed any hands on stuff if there was a problem. The reason was because we had an employ that was attacked and almost strangled in the sex offender unit. Employees out there have asked about what we do to deal with those situations. They don't want to be trained as security people but they what to make sure they are protected if there is an incident. It is rare. We have called highway patrol who has responsibility in the area and they asked us to being DOCR over because they said they don't know how to deal with it. We still control the situation. We do the same thing in the sex offender unit. What happened that day was when the two problem guys saw the team they backed down. We utilize more the security training and consultation. They train our security officers and provide bits for our staff to recognize potential problems. They are experts in consultation too. The important part of the agreement has been the consultation and the training piece but they are also useful when a situation is out of control.

Rep. D. Anderson: Your response time must be a lot quicker.

Schweitzer: Yes. Highway patrol can be anywhere and DOCR can be there within minutes.

Rep. Hofstad: Since accreditation has been brought up, if we go ahead with this do we have to revisit that issue?

Schweitzer: We have never had an issue with accreditation with the agreements since 2007. We would not do anything that would jeopardize our accreditation. We would have to meet the standards of a joint commission and we would.

Rep. Mooney: Is there a record keeping dissemination of reporting of what those incidents might look like?

Schweitzer: Yes there is.

Rep. Mooney: Who sits on the joint commission and how do they get elected?

Schweitzer: It is an organization out of Chicago and it is a service that we pay for so that we review or hospital. They accredit us.

Rep. D. Anderson: I move a Do Pass on engrossed SB 2073.

Rep. Fehr: Second.

ROLL CALL VOTE: 12 y 0 n 1 absent

MOTION CARRIED

Bill Carrier: Rep. D. Anderson

Date: 3-16-15
 Roll Call Vote #: 1

**2015 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 2073**

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By D. Anderson Seconded By Fehr

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓	✓	Rep. Mooney	✓	✓
Vice-Chair Hofstad	✓	✓	Rep. Muscha	✓	✓
Rep. Bert Anderson	✓	✓	Rep. Oversen	✓	✓
Rep. Dick Anderson	✓	✓			
Rep. Rich S. Becker	✓	✓			
Rep. Damschen	✓	✓			
Rep. Fehr	✓	✓			
Rep. Kiefert	✓	✓			
Rep. Porter	✓	✓			
Rep. Seibel	✓	✓			

Total (Yes) 12 No 0

Absent 1

Floor Assignment D. Anderson

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2073, as engrossed: Human Services Committee (Rep. Weisz, Chairman)
recommends **DO PASS** (12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING).
Engrossed SB 2073 was placed on the Fourteenth order on the calendar.

2015 TESTIMONY

SB 2073

Testimony
Senate Bill 2073 - Department of Human Services
Senate Judiciary Committee
Senator David Hogue, Chairman
January 13, 2015

Chairman Hogue, and members of the Senate Judiciary Committee, I am Alex C. Schweitzer, the Superintendent of the North Dakota State Hospital (NDSH) of the Department of Human Services (DHS). I am here today to provide testimony in support of Senate Bill 2073. This bill was introduced at the request of the Department.

In 2007, the Legislative Assembly directed the Department of Corrections and Rehabilitation (DOCR) and the DHS, to enter into an agreement for the DOCR to provide security services for the sex offender unit located at the NDSH. The James River Correctional Center (JRCC) of DOCR provides security consultation, training, and services to the NDSH under this agreement.

The JRCC currently provides the following security services for the NDSH sex offender unit:

1. Security training consisting of over 32 hours of initial training in the first year of employment.
2. Annual half-day refresher course for all employees.
3. Consultation regarding security measures and procedures.
4. Security backup and emergency personnel in crisis situations.
5. Perimeter surveillance 24 hours a day, 7 days a week.

As a result of this collaborative effort between JRCC and the NDSH, security measures in the sex offender unit are greatly enhanced because of the training, consultation, and services of the JRCC.

Senate Bill 2073 proposes to expand the interagency agreement between the DHS and DOCR, to allow the DOCR to provide security services for all the service units at the NDSH. The DOCR supports this bill and is willing to amend the interagency agreement to include the expanded scope.

The NDSH continues to experience an increase in the acuity of patients in the inpatient psychiatric service. In addition, the NDSH is experiencing a dramatic increase in jail transfers and forensic admissions. These patients can present an imminent risk to other patients and staff.

The NDSH has addressed the increased acuity in a variety of ways:

- Added security staff in the adult psychiatric service.
- Expanded the number of intensive care beds in the adult psychiatric service.
- Implemented changes in procedures to minimize risk in the care environment and to increase safety for staff and patients.
- Addressed proper staffing levels.

DHS now asks for your support of Senate Bill 2073, to further enhance the NDSH safety and security efforts, by allowing JRCC to provide security services throughout the NDSH.

I would be glad to answer any questions.

SB 2073 1B-1
1/13/2005

DOCR CONTRACT #53030-07-002

**CONTRACT FOR SERVICE AGREEMENT
EVALUATION OR CIVIL COMMITMENT AND TREATMENT**

This Agreement is entered into by and between the **North Dakota Department of Corrections and Rehabilitation** (referred to herein as the DOCR), and the North Dakota Department of Human Services through the **North Dakota State Hospital** (referred to herein as the State Hospital or NDSH).

WHEREAS, the 60th Legislative Assembly of the State of North Dakota enacted legislation directing the North Dakota Department of Human Services and the North Dakota Department of Corrections and Rehabilitation to enter into an inter-agency agreement relating to safety and security policies and procedures for individuals placed for evaluation or commitment and treatment under N.D.C.C. ch. 25-03.3. See 2007 ND Laws, ch. 416, § 1; and

WHEREAS, the 60th Legislative Assembly directed that the Agreement must provide that the DOCR train, consult, and assist DHS with the provision and enforcement of safety and security procedures at state-owned facilities for all individuals placed in such facilities for evaluation or civil commitment and treatment under chapter 25-03.3 and for all staff, visitors, and volunteers at each such facility (referred to as "sex offender unit"); and

WHEREAS, the Agreement must provide that the executive director of DHS continues to be responsible for the custody and care of the individuals placed in a facility for evaluation or civil commitment and treatment of sexually dangerous individuals in accordance with N.D.C.C. ch. 25-03.3, including responsibility for all assessments, evaluations, and treatment required under N.D.C.C. ch. 25-03.3, the provision of all necessary staffing, including maintenance staff, and the provision of all daily care and health care.

NOW, THEREFORE, IT IS AGREED by the Department of Human Services, through the State Hospital, and the Department of Corrections and Rehabilitation as follows:

1. TERM OF AGREEMENT

This agreement shall be effective **August 1, 2007** and shall continue in force and effect until N.D.C.C. § 50-06-30 is repealed.

2. DOCR OBLIGATIONS

- a. **Training.** The DOCR shall provide training for all NDSH staff assigned to or employed in a facility for the evaluation and civil commitment of sexually dangerous individuals in accordance with N.D.C.C. ch. 25-03.3 (referred to as a "sex offender unit").
- b. **Safety and Security.** All new staff shall complete a safety and security orientation program developed by the DOCR before being allowed to work on the sex offender unit. All current staff in a sex offender unit must also be provided the same orientation training. Upon completion of orientation training, the DOCR shall provide additional training to all staff assigned to the sex offender unit. Sex offender unit staff shall complete the additional training within one calendar year.
- c. **Safety and Security.** The DOCR shall train, consult, and assist NDSH by making recommendations to improve the provision and enforcement of safety and security procedures within the sex offender unit. The DOCR will assist NDSH in developing safety and security policies and procedures for the sex offender unit.

4. DHS OBLIGATIONS

- a. DHS, through the NDSH shall be responsible for the custody and care of individuals placed in a sex offender unit pursuant to 25-03.3.
- b. The NDSH shall allow DOCR staff, including Special Operations Response Team (S.O.R.T.) members, and state and local law enforcement officers, to assist in controlling any serious disturbance within the sex offender unit.

1B-2

11. **NONDISCRIMINATION AND COMPLIANCE WITH LAWS**

NDSH and DOCR agree to comply with all applicable laws, rules, regulations and policies, including those relating to nondiscrimination, accessibility and civil rights. NDSH and DOCR agree to timely file all required reports, make required payroll deductions, and timely pay all taxes and premiums owed, including sales and use taxes and unemployment compensation and workers' compensation premiums. NDSH and DOCR shall have and keep current at all times during the term of this contract all licenses and permits required by law.

CONTRACTOR
North Dakota Human Services (DHS)
North Dakota State Hospital

STATE OF NORTH DAKOTA
Department of Corrections & Rehabilitation (DOCR)
Division of Adult Services (DAS)

Its: Carol Olson
By: Carol Olson
Title: Director, DHS
Date: 10/14/08

Its: Leann K. Bertsch
By: Leann K. Bertsch
Title: Director, DOCR
Date: 10-08-08

Its: Alex Schweitzer
By: Alex Schweitzer
Title: Superintendent, NDSH
Date: 10/13/08

Its: Warren Emmer
By: Warren Emmer
Title: Director, DAS
Date: 10-07-08

Senate Bill 2073 - Department of Human Services
Senate Judiciary Committee
Senator David Hogue, Chairman
January 13, 2015

Chairman Hogue, and members of the Senate Judiciary Committee, I am Don Redmann, the Director of Facility Operations for the North Dakota Department of Corrections and Rehabilitation (DOC&R). Prior to assuming this position in March of this year, I served as the Warden of the James River Correctional Center (JRCC) since it opened in 1998 on the campus of the North Dakota State Hospital (NDSH). I am here today to provide testimony in support of Senate Bill 2073.

The JRCC and NDSH have had a positive and cooperative working relationship since the JRCC opened in June of 1998. This relationship has enhanced our ability to meet our mission and create efficiencies within our operations.

In 2007, the Legislative Assembly directed the Department of Corrections and Rehabilitation and the Department of Human Services, to enter into an agreement for the DOC&R to train, consult, and assist the department of human services with the provision and enforcement of safety and security procedures at state-owned facilities for all individuals placed at those facilities for evaluation or civil commitment and treatment under chapter 25-03.3. An agreement was created and the JRCC has provided training and support to the NDSH as Mr. Schweitzer testified.

One of the most important goals of our mission is to protect the public. Senate Bill 2073 would allow the DOCR to provide security services for all the service units at the NDSH and improve public safety.

The JRCC has been called upon several times in the past years to assist with resolving emergencies at the NDSH. The JRCC has professionally trained staff including certified

crisis negotiators, specialized emergency response teams, an armed perimeter officer and certified correctional staff willing and able to respond in short notice. Our resources and proximity to the NDSP is of significant value to the public safety and this bill would provide the needed authority to apply these resources to the entire campus.

Our proximity to the NDSH can create questions as to exactly where the authority and responsibility for security on the campus between the two facilities begins and ends. This bill would eliminate that concern.

The DOC&R asks for your support of Senate Bill 2073, authorizing the resources of the JRCC to be utilized to respond to safety and security threats to the patients, staff and public that may occur throughout the NDSH campus.

This concludes my testimony and I would be glad to answer any questions.

SB 2073
1/13/2015

#3-1

Testimony
Senate Judiciary Committee
Senator Hogue, Chairman
January 13, 2015

Chairman Hogue, members of the Senate Judiciary Committee, I am Carlotta McCleary, Executive Director of the ND Federation of Families for Children's Mental Health (NDFFCMH), which is a parent run organization that focuses on the needs of children and youth with emotional, behavioral, or mental health needs and their families. As the result of an affiliation agreement between NDFFCMH and Mental Health America of North Dakota (MHAND), I am also the Executive Director for MHAND, whose mission is to promote mental health through education, advocacy, understanding, and access to quality care for all individuals.

We are here to share some of our concerns regarding SB 2073. We feel utilizing staff from the Department of Corrections to enforce safety and security is a mistake. This will only serve to continue to blur the lines between the Department of Corrections and the ND State Hospital. This will add to the stigma that patients at the ND State Hospital face and further perpetuate the criminalization of individuals with mental health needs. Such matters need to be dealt with by the existing hospital staff to ensure that all interventions are therapeutic in nature. We also have concerns with what this may mean for accreditations with CMS. While I am not an expert in this area, I would suggest that an expert in accreditation be consulted with in regard to any potential impact.

We are also concerned that such an arrangement will cause an increase in the utilization of DOCR "SWAT" teams. The patients at the state hospital are there for treatment. All of the efforts should be on providing treatment that is therapeutic. Local law enforcement should be called only when a criminal act requires. This is a step backward in the treatment of individuals with mental health needs. In the not-so-distant past, persons with mental health needs were treated like criminals, forced to live in conditions which would have otherwise been reserved for the criminals in our population. Not only do we feel that the proposed blending of prison and hospital staff is inappropriate, but this also ties deeply into the historical memory and trauma that weighs heavily on the hearts and minds of consumers and families. Let us ensure that the state

hospital is able to meet the treatment needs of the patients in a therapeutic manner that calls on local law enforcement only when a crime has been committed and not called upon to deal with behavior that is as a result of the symptoms of their disorder.

Thank you for your time.

Carlotta McCleary, Executive Director
ND Federation of Families for Children's Mental Health
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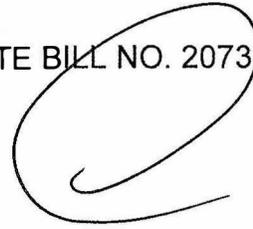
#1-1
2-3-15

PROPOSED AMENDMENTS TO SENATE BILL NO. 2073

Page 1, line 10, overstrike "shall"

Page 1, line 10, after "an", insert "may"

Renumber accordingly



SB 2073
3.16.2015
1.1

#1

**Testimony
Engrossed Senate Bill 2073
Department of Human Services
House Human Services Committee
Representative Weisz, Chairman
March 16, 2015**

Representative Weisz, and members of the House Human Services Committee, I am Alex C. Schweitzer, the Superintendent of the North Dakota State Hospital (NDSH) of the Department of Human Services (DHS). I am here today to provide testimony in support of Engrossed Senate Bill 2073. This bill was introduced at the request of the Department.

In 2007, the Legislative Assembly directed the Department of Corrections and Rehabilitation (DOCR) and the DHS, to enter into an agreement for the DOCR to provide security services for the sex offender unit located at the NDSH. The James River Correctional Center (JRCC) of DOCR provides security consultation, training, and services to the NDSH under this agreement.

The JRCC currently provides the following security services for the NDSH sex offender unit:

1. Security training consisting of over 32 hours of initial training in the first year of employment.
2. Annual half-day refresher course for all employees.
3. Consultation regarding security measures and procedures.
4. Security backup and emergency personnel in crisis situations.
5. Perimeter surveillance 24 hours a day, 7 days a week.

As a result of this collaborative effort between JRCC and the NDSH, security measures in the sex offender unit are greatly enhanced because of the training, consultation, and services of the JRCC.

Senate Bill 2073, as introduced, proposed to expand the interagency agreement between the DHS and DOCR to allow the DOCR to provide security services for all the service units at the NDSH. The DOCR supports this bill and is willing to amend the interagency agreement to include the expanded scope.

The Senate amended the bill to change the "shall" on line 10 to "may." This change is in recognition of the need to ensure the agreement between the DHS and DOCR assures the care and treatment, and safety and security standards of the Joint Commission, the Hospital's accrediting body, are anticipated in any changes to the agreement.

The NDSH continues to experience an increase in the acuity of patients in the inpatient psychiatric service. In addition, the NDSH is experiencing a dramatic increase in jail transfers and forensic admissions. These patients can present an imminent risk to other patients and staff.

The NDSH has addressed the increased acuity in a variety of ways:

- Added security staff in the adult psychiatric service.
- Expanded the number of intensive care beds in the adult psychiatric service.
- Implemented changes in procedures to minimize risk in the care environment and to increase safety for staff and patients.
- Addressed proper staffing levels.

1.3

DHS now asks for your support of Engrossed Senate Bill 2073, to further enhance the NDSH safety and security efforts, by allowing the DHS and DOCR to amend their agreement, if needed, for the JRCC to provide security services, consultation and training throughout the NDSH.

I would be glad to answer any questions.

SB 2073

3-16-2017

2.1

#2

Senate Bill 2073 - Department of Human Services
House ~~Judiciary~~ Committee *HUMAN SERVICES*
Representative ~~Kim Koppelman~~ *WEISZ* - Chairman
March 16, 2015

WEISZ
Chairman ~~Koppelman~~, and members of the House ~~Judiciary~~ Committee, I am Don *HUMAN SRVS.* Redmann, the Director of Facility Operations for the North Dakota Department of Corrections and Rehabilitation (DOCR). Prior to assuming this position in March of this year, I served as the Warden of the James River Correctional Center (JRCC) since it opened in 1998 on the campus of the North Dakota State Hospital (NDSH). I am here today to provide testimony in support of Senate Bill 2073.

The JRCC and NDSH have had a positive and cooperative working relationship since the JRCC opened in June of 1998. This relationship has enhanced our ability to meet our mission and create efficiencies within our operations.

In 2007, the Legislative Assembly directed the Department of Corrections and Rehabilitation and the Department of Human Services, to enter into an agreement for the DOCR to train, consult, and assist the department of human services with the provision and enforcement of safety and security procedures at state-owned facilities for all individuals placed at those facilities for evaluation or civil commitment and treatment under chapter 25-03.3. An agreement was created and the JRCC has provided training and support as outlined in the current agreement.

One of the most important goals of our mission is to protect the public. Senate Bill 2073 would allow the DOCR to provide security services for all the service units at the NDSH and improve public safety.

The JRCC has been called upon several times in the past years to assist with resolving emergencies at the NDSH. The JRCC has professionally trained staff including certified

2.2

crisis negotiators, specialized emergency response teams, and certified correctional staff willing and able to respond in short notice. Our resources and proximity to the NDSH is of significant value to the public safety and this bill would provide the needed authority to apply these resources to the entire campus. Our officers receive extensive training in managing people with special needs and mental illness and the laws for protecting persons and property are clearly established. JRCC staff would respond to assist NDSH only upon request of the NDSH.

Our proximity to the NDSH can create questions as to exactly where the authority and responsibility for security on the campus between the two facilities begins and ends. This bill would eliminate that concern.

The DOCR asks for your support of Senate Bill 2073, authorizing the resources of the JRCC to be available to respond to safety and security threats to the patients, staff and public that may occur throughout the NDSH campus.

This concludes my testimony and I would be glad to answer any questions.

SB 2073
3-16-2015

#3

Testimony
House Human Services Committee
Representative Wiesz, Chairman
March 16, 2015

Chairman Weisz, members of the House Human Services Committee, I am Carlotta McCleary, Executive Director of the ND Federation of Families for Children's Mental Health (NDFFCMH), which is a parent run organization that focuses on the needs of children and youth with emotional, behavioral, or mental health needs and their families. As the result of an affiliation agreement between NDFFCMH and Mental Health America of North Dakota (MHAND), I am also the Executive Director for MHAND, whose mission is to promote mental health through education, advocacy, understanding, and access to quality care for all individuals.

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We are also concerned that such an arrangement will cause an increase in the utilization of DOCR "SWAT" teams. The patients at the state hospital are there for treatment. All of the efforts should be on providing treatment that is therapeutic. Local law enforcement should be called only when a criminal act requires. This is a step backward in the treatment of individuals with mental health needs. In the not-so-distant past, persons with mental health needs were treated like criminals, forced to live in conditions which would have otherwise been reserved for the criminals in our population. Not only do we feel that the proposed blending of prison and hospital staff is inappropriate, but this also ties deeply into the historical memory and trauma that weighs heavily on the hearts and minds of consumers and families. Let us ensure that the state

hospital is able to meet the treatment needs of the patients in a therapeutic manner that calls on local law enforcement only when a crime has been committed and not called upon to deal with behavior that is as a result of the symptoms of their disorder.

Thank you for your time.

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