IMPROVING CRIMINAL JUSTICE RESPONSES FOR PERSONS WITH MENTAL ILLNESS

HB 1183 OVERSIGHT COUNCIL MEETING

Date: April 23, 2019
Time: 10am-3pm
Location: Arrowwood Cedar Shore Conference Center
1500 Shoreline Drive
Oacama, SD, 57365

Goals

Improve public safety and the treatment of people with mental illness in contact with the criminal justice system

More effectively identify mental illness in people coming into contact with the criminal justice system

Better allocate limited local resources to improve early intervention.

. ,

Member Attendance

Greg Sattizahn, Amy Iversen-Pollreisz, Mike Miller, Terry Dosch, Dr. Thomas Stanage, Representative Tim Reed, Representative Linda Duba, Tom Hart, Commissioner Cindy Heiberger, The Honorable Carmen Means By Telephone: Senator Alan Solano, Senator Reynold Nesiba

Members Absent: Chris White, Sheriff Mike Milstead

Other Participants: Chad Mosteller (DCI), Becky Jibben (Avera eCare Behavioral Health Services), Chris Mattern (Avera eCare Behavioral Health Services), Sadie Stevens (UJS), Barbara Pierce (CJI), and Geneva Gann (CJI)

Call the Meeting to Order

Chairman Greg Sattizahn called the meeting to order at approximately 10:00 a.m. Roll was taken and a quorum established. The agenda included an introduction of the new members of the oversight council; review of past accomplishments and where the oversight council is headed; updates on the online law enforcement crisis intervention training, CIT coordinator position, competency evaluation timeline, competency restoration, mental health courts, the Helmsley grant to Avera; review of a new Rule related to jail screen admissibility; review of local initiatives; and legislative updates.

Welcome (Greg Sattizahn and Barbara Pierce)

Chairman Greg Sattizahn shared the importance of this oversight council and how it differs from other South Dakota oversight councils. The group is comprised of stakeholders from several different agencies tasked to come together and discuss issues and solutions related to how South Dakota's criminal justice system responds to individuals with mental illness.

Barbara Pierce from the Crime and Justice Institute (CJI) provided an overview of the origins and work of the original Task Force on Community Justice and Mental Illness Early Intervention, its recommendations, the provisions enacted as part of HB1183, and the role and responsibilities of the oversight council.

The oversight council is charged with addressing and/or monitoring the 15 recommendations of the task force articulated in HB 1183. So far, the accomplishments include shortening the average wait time for competency evaluations, identifying a statewide CIT coordinator, piloting a mental health screen at 7 jails, and training completed by more than 2500 criminal justice stakeholders in the state.

In the coming year, the oversight council is tasked with finding ways toenhance crisis response; encourage early identification of serious mental illness; improve collaboration between jails and providers; continue to examine and improve the efficiency and effectiveness of the competency to stand trial process; and address other priorities identified by the members.

Updates

Chairman Sattizahn requested updates related to progress since the October 2018 oversight council meeting.

a. Online Law Enforcement Training (Chad Mosteller)

Chad Mosteller from the Division of Criminal Investigation reported that curriculum development for the online CIT training is currently underway. The total cost for the curriculum is \$65,000; \$42,500 was paid upfront and the remaining amount will be paid upon completion of the curriculum. Once the curriculum is finalized, all South Dakota law enforcement will be able to access the training. Mr. Mosteller reported that filming and production are slated to begin midsummer.

b. CIT Coordinator (Chad Mosteller and Greg Sattizahn)

Mr. Mosteller highlighted the importance of the CIT Coordinator position and the coordinator's outreach, training, and curriculum development activity to date. He reported on the benefits of having a full-time coordinator; specifically, he noted the time-intensiveness associated with coordinating and conducting trainings, compiling data from the trainings, and developing the online curriculum. He currently does not have other staff or trainers who would have time to do the coordinating role.

Chairman Sattizahn provided detail on the CIT Coordinator budget for the remainder of this fiscal year up until the end of next fiscal year. HB 1183 requires a recommendation be made to continue funding the coordinator position. Senator Solano suggested that the oversight council

get ahead of the FY 2021 budget request and made a motion that the oversight council support a recommendation to include a coordinator FTE and associated funding for the 2021 budget. Commissioner Heiberger seconded the motion and a vote was held. All 12 of the 14 members in attendance voted in favor of the recommendation. Chairman Sattizahn indicated he would bring the oversight council's recommendation to the Attorney General.

Several oversight council members provided feedback related to the need for continued CIT training. Representative Reed inquired about tracking data on CIT-related diversion and also highlighted how this is directly related to the five summer studies that came as a result of SCR2 during the 2019 legislative session. Mr. Mosteller shared that CIT training is not a fad and law enforcement officers take pride in their ability to utilize de-escalation skills and other CIT-related techniques well. The stigma surrounding officers who are able to interact effectively with persons with mental illness has significantly decreased and it is apparent that law enforcement officers benefit from the CIT training.

c. Competency Evaluation Timeline (Greg Sattizahn)

Chairman Sattizahn reported that he continues to monitor timeliness of competency evaluations. Since the passage of HB 1183 and the provision that requires evaluations be completed within 21 days of the order, the average wait time has significantly decreased. The latest numbers from March reflect that the evaluation process is taking roughly 40 days as opposed to four to six months before passage of the legislation. Mr. Sattizahn shared that it is difficult to identify exactly where the delays occur because of the nuances in each county's process and the various attorneys and evaluators involved.

Mr. Mike Miller suggested conducting a focus group with the current evaluators to determine if they have suggestions on where the delays may be and how to further expedite the process. Judge Carmen Means suggested implementing a notification system for judges so they are more aware of and able to track the status of the evaluation orders. Mr. Sattizahn will determine if notifications can be done through Odyssey.

d. Competency Restoration (Amy Iversen-Pollreisz)

Vice Chair Iversen-Pollreisz provided a brief overview of past practice and process for competency restoration. More recently, some competency restoration has been completed in the community, rather than bringing the individual to the Human Services Center (HSC). She reports that this process is much quicker and has helped to reduce the waitlist at HSC. Ms. Iversen-Pollreisz reported that the restoration curriculum could be completed in a jail setting if the individual does not meet criteria for inpatient hospital care. Competency restoration should take between 30 and 40 days. If competency is not restored in a jail setting within that time frame then Ms. Iversen-Pollreisz indicated the individual would be sent to HSC for further assessment and restoration efforts. Regardless of where restoration occurs, an HSC psychiatrist or psychologist will make the final determination. In addition to expediting the process and reducing the waitlist for restoration, jail based competency restoration could save tax payer dollars. Minnehaha County and Pennington County are working with DSS to determine if it is possible to pilot competency restoration in their jails.

e. Mental Health Court (Sadie Stevens)

Ms. Sadie Stevens provided a review of mental health courts in the U.S. The overall goal of these courts is to identify individuals with a serious mental illness in the criminal justice system and divert them to a judicially supervised program. Mental health courts emphasize finding an alternative to incarceration and breaking the cycle of court involvement. Individuals placed in the program enter a plea of guilty and voluntarily participate in the programming provided. There is currently a mental health court in Pennington County that can serve up to 20 individuals; there are plans for a mental health court in Minnehaha County as well. Judges who run mental health courts attend specific mental health court training. There is a training available in fall for all other multidisciplinary staff involved in the mental health court. The training is funded through UJS and treatment for the participants is funded through DSS.

DSS currently uses the ACT treatment model in some communities and is adopting Forensic Assertive Community Treatment (FACT) for the mental health court. This evidenced-based approach uses intensive case management to engage justice-involved individuals in treatment, ensure they stay involved with mental health services and maintain medication compliance, and help them comply with the conditions of community supervision. Senator Solano also emphasized the importance of finding appropriate and stable housing for individuals involved in the mental health courts.

f. Helmsley Charitable Trust Grant to Avera Behavioral Health (Becky Jibben and Chris Mattern)

Ms. Becky Jibben, Director of Avera's eCARE Behavioral Services, presented on the telehealth services offered via eHelm, Avera's telehealth center. Avera received a \$7.8 million grant from Helmsley Charitable Trust in October 2018. The grant has three phases and Avera is currently on phase one and moving towards phase two. Phase one implemented support services to emergency rooms, particularly during night shifts, weekends and holidays. This helps to support and preserve the current providers by providing them the opportunity to work regular days and hours and take time off when desired. Phase two is scheduled to roll out in June and is targeted to support law enforcement, particularly in more rural areas of the state. The focus of phase two is crisis response support. Avera is working with law enforcement now to determine what support would be useful, especially via technology in law enforcement vehicles. Telehealth support for law enforcement is expected to save officer time by having ready access to mental health professionals for assessment and avert time-consuming transports.

Jail Screening (Greg Sattizahn)

Chairman Sattizahn shared Court Rule 19.13, which protects defendants' responses to items or questions on jail mental health screen. Mr. Sattizahn also reported that UJS is working with the South Dakota Public Assurance Alliance to clarify that jail mental health screening is a best practice. Some of the pilot sites have strayed from using the screen but Faulk County will be reinstating the screening process as a result of a collaboration between the jail and local medical and mental health providers. Mr. Sattizahn plans to hold a meeting with the seven initial jail screening pilot counties to review their screening processes.

Local Initiatives (Greg Sattizahn)

Chairman Sattizahn and County Commissioner Cindy Heiberger attended a MacArthur Foundation Safety and Justice Challenge. Attendees were tasked to work in state-specific groups to discuss concerns related to jail detention.

Legislative Updates (Terry Dosch)

Terry Dosch reported that the Access to Mental Health Services Study met five times during the summer session. The members recommended the implementation of a statewide resource information system. Senate Bill 8 was passed during the legislative session and authorizes DSS to work with counties to implement a resource information call system. Funding through DSS for this came with the passage of the bill and DSS is currently developing a process for application and funding.

Senate Concurrent Resolution 2 (SCR2) recognized the need for a more in-depth look at mental health services. SCR2 resulted in the creation of five legislative task forces. Representative Duba reported that the appointments for all five task forces were determined today (4/23/19) and will be comprised of legislatures, professionals in the field and private citizens.

SB 136 and SB 137 address use of telehealth and set standards for use and billing through insurance.

Public Input

No comments.

Next Steps

Chairman Sattizahn proposed the idea of hosting a criminal justice and mental health summit to encourage local discussion and collaboration. The summit would build knowledge about available resources, identify gaps in local resources and care, and begin to develop innovative strategies to strengthen criminal justice responses to individuals with mental illness through law enforcement, jail, court and provider partnerships. The format of the summit would support county teams to work in small groups and develop an action plan for how to address a county-specific challenges and concerns and build off of local resources. The summit is tentatively scheduled for August.

Next Meeting

The Council meets approximately every three months. The next oversight council meeting will likely be scheduled around the same time as the summit.

Motion to Adjourn

After no further comments or discussion, the meeting adjourned at approximately 3:30 pm with no opposition.