

Improving Criminal Justice Responses for Persons with Mental Illness

FY 2022

Council Sunset

This is the final report for the Oversight Council for Improving Criminal Justice Responses for Persons with Mental Illness as established by §23A-50-14.

Continued Training for Law Enforcement Officers

Goal: Prevent jail admissions of people in crisis when appropriate.

In FY 2018, Law Enforcement Training increased the number of hours of crisis response training provided in its Basic Certification Course.

In FY 22:

- 56 law enforcement officers received Crisis Intervention Team Training.
- 137 individuals were trained in the Basic Certification Course.

In FY 22, 81 individuals have completed the SAMHSA Safe Scenes training online.

Crisis Response Services

The Link

The Sioux Empire Triage Center, known as The Link, opened on June 1, 2021, in Sioux Falls. It provides sobering, withdrawal management, and behavioral health triage and treatment services. The intent is to serve individuals in a respectful way that will ultimately reduce jail bookings for intoxicated persons in protective custody, reduce unnecessary emergency department visits, reduce unnecessary behavioral health inpatient admissions, and reduce the amount of time law enforcement spends interacting with these individuals. During the first year of operation (June 1, 2021-May 31, 2022), 4,001 triages were performed while serving 1,426 unique individuals. Almost half of the people helped at The Link were brought in by law enforcement, and the vast majority of all visits were for sobering observation.



The program is developed and funded through a partnership between the City of Sioux Falls, Minnehaha County, Avera Health, and Sanford Health. Multiple other community stakeholders have provided financial, in-kind, and referral support.

Approved Competency Restoration Facilities

In 2020, the legislature passed SB 46, which revises provisions related to the restoration to competency of criminal defendants. Previously, a defendant could only be restored to competency in the custody of an approved facility that had residential capabilities. SB 46 expanded the types of locations where a defendant can be restored to include inpatient, outpatient, or jail-based settings under the direction of an approved facility. Not all defendants require acute psychiatric care to be restored to competency and allowing defendants to receive restoration services in an alternate setting that meets their needs allows defendants to receive services in a timelier manner. This reduces the amount of time defendants must wait to receive competency restoration services and allows defendants who require inpatient psychiatric care timelier access to the appropriate level of care at the Human Services Center (HSC). In FY 2022, 14 defendants received restoration to competency on an outpatient basis with community providers and 18 defendants received restoration to competency in a jail-based setting. This legislative change was supported by the Oversight Council.

Mental Health Courts

Goal: Establish mechanisms to appropriately divert people from the criminal justice system to mental health treatment.

Mental Health Courts are an intense and specialized docket for individuals with severe mental illnesses. The goal is to divert qualifying individuals with severe and persistent mental illness from prison to a judicially supervised community-based program. Much like drug courts, participants are held accountable with frequent appearances before the judge. An interdisciplinary team headed by the judge and consisting of a prosecutor, defense attorney, case manager, and clinician follow the individual's progress and provide recommendations to the judge.

Both the Pennington and Minnehaha Mental Health Court can provide supervision for 15-20 participants. In FY 21, the Pennington Mental Health Court had 20 participants in the program, and Minnehaha had 20 participants.

Competency Evaluation Fund

Goal: Reduce wait times for competency to stand trial evaluations to decrease jail stays for people with mental illness.

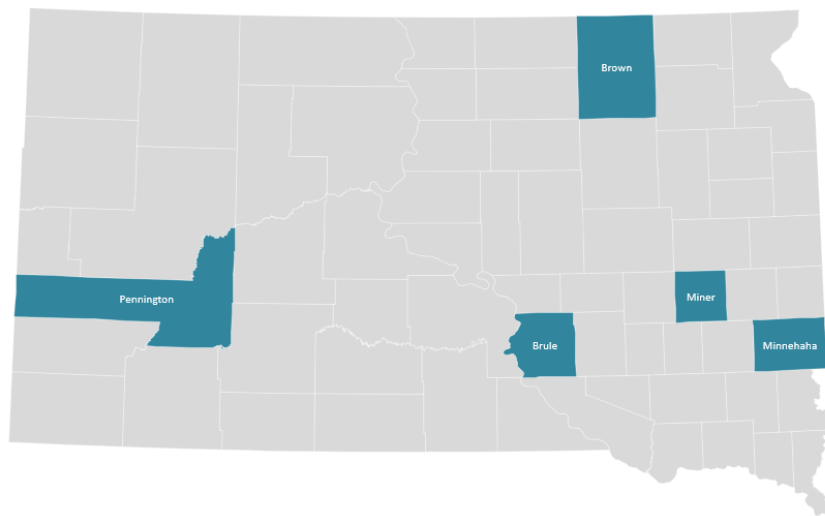
In 2017, South Dakota adopted a 3-pronged approach to expedite the completion of competency to stand trial evaluations.

1. Establish a fund to reimburse counties for competency evaluations conducted locally;
2. Authorized additional professionals to conduct evaluations; and,
3. Set a 21-day timeframe for completion of competency evaluations.

In FY 2018, a fund was established through the transfer of competency evaluation funds from the Human Services Center to the Association of County Commissioners. The fund is intended to assist counties with the cost of competency evaluations conducted locally and reduce the length of jail stays while awaiting completion of these evaluations. Counties may request reimbursement from the Competency Evaluation Fund twice per year.



Brown, Brule, Miner, Minnehaha, and Pennington sought reimbursement in FY 2022.



Evaluators

In FY 2018, South Dakota increased the number of evaluators approved to conduct competency evaluations to provide statewide coverage. Pre-reforms, there were 6 evaluators. In FY 2022, there 33 available providers.

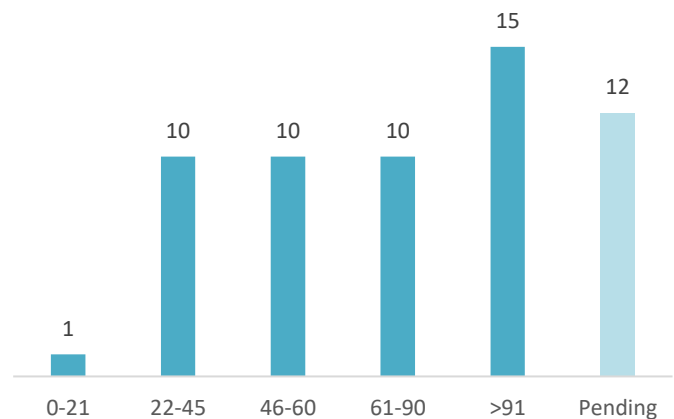


Seven providers were used at least once in FY 2022. 86% of all evaluations ordered were completed by three providers. 44% of all evaluations ordered were completed by one provider.

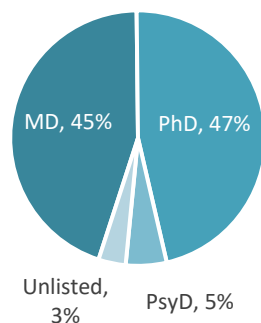
Evaluations

- Total cases with evaluation ordered: **139**
- Total number of unique evaluations ordered: **58**
- Total evaluations completed: **46**
- Number of cases requesting just a competency evaluation: **42**
- Number of evaluations requesting a combination of competency, not guilty by reason of insanity, and/or guilty but mentally ill: **17**

Average Number of Days to Complete Competency Evaluation



Professional Qualifications of Evaluator by Exams Order
N=58



Evaluators with PhDs completed slightly more evaluations than evaluators with MDs in FY 22.

Statewide Mental Health Training

Goal: Training efforts continue for all stakeholders. South Dakota continues to prioritize mental health training for all criminal justice stakeholders.

Criminal Justice Stakeholder	Training Course	Number Trained in FY 22	Frequency of Training
Law Enforcement	Crisis Intervention Team Training	56	16 hours required for all new law enforcement officers
	Basic Certification Course	137	
State Prison Correctional Officers	Mental Health First Aid Crisis Intervention Team Training	628	Mental illness training required every 4 years.

In addition to training officers in Mental Health First Aid and Dialectical Behavior Therapy (DBT), the Department of Social Services also provides DBT skills training and DBT coaching to officers who work in the mental health housing units, as well as mindfulness training for Officers in Charge.

Criminal Justice Stakeholder	Training Course	Number Trained in FY 22	Frequency of Training
Public Defenders	UJS Video Training Series: Attorneys Representing a Client with a Mental Illness	21	Required for all court-appointed attorneys
Judges	Maintaining Balance and Wellness in Trying Times	65	Determined by the Chief Justice

Work Remaining

Top Priorities

- After initial growth, the number of available providers who can perform competency evaluations has remained stagnant. Most evaluations are still being completed by a small number of providers.
- Restoration wait-times continue to be a concern.
- Very few competency evaluations are completed in the recommended timeframe

Areas for Continual Development

- Only a handful of counties take advantage of the Competency Reimbursement opportunity.
- There are not enough mental health providers across the state to meet the need.
- Rural areas are still struggling to locate crisis beds in a timely manner.
- As best practices continue to emerge, relevant agencies need to continue learning and implementing ways to best serve this population.
- The Jail Mental Health Screening Pilot did not overcome liability concerns.
- Data collection and analysis related to this subject needs to remain a priority for impacted agencies.
- While Crisis Response Teams and similar programs like Virtual Crisis Care has helped some smaller communities discern whether someone experiencing a mental health crisis needs to be committed, there are still rural areas that would benefit from additional assistance. Work through the Department of Social Services continues to support Appropriate Regional Facilities, which are designed to provide 24/7 overnight residential services to stabilize acute psychiatric or behavioral health symptoms, evaluate treatment needs and develop a crisis stabilization plan affording the ability for individuals to be stabilized closer to home. For more information, visit the Appropriate Regional Facilities tab at <https://dss.sd.gov/behavioralhealth/services.aspx>.

Oversight Council Membership

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