
Task Force on Community Justice and Mental Illness Early Intervention April 15, 2016 Meeting Summary

On April 15, 2016, the Task Force on Community Justice and Mental Illness Early Intervention met in Sioux Falls for its second meeting. The group reviewed how people with mental illness may experience the criminal justice system through a review of state statutes; heard from the Department of Social Services (DSS) about community based options and the Human Services Center; received a report on a stakeholder meeting held at National Alliance for the Mentally Ill (NAMI) South Dakota; and listened to public input.

Review of the Criminal Justice System for Persons with Mental Illness in South Dakota

Task force members reviewed the criminal justice system for persons with mental illness in South Dakota primarily through the lens of state statutes, along with preliminary data from the Unified Judicial System and Department of Social Services on the various types of evaluations done as part of the court process. The task force explored key decision points in the criminal justice process and statutorily authorized diversion options at these points. Several task force members supplemented the statutory review with practice examples from their area of expertise such as: crisis intervention team training and mobile crisis as authorized law enforcement diversion options; the emergency commitment process; jail intake procedures and jail mental health services available; and the presentence investigation process.

Law enforcement contact: Task force members reviewed the various ways people with mental illness initially encounter law enforcement, law enforcement's discretion, and the current options available in South Dakota. These options include: informal resolution, arrest, referral to a mobile crisis team or crisis intervention team, or utilization of the emergency commitment process.

Pre-adjudication: For the pre-adjudication phase, or the time between arrest and a finding of guilt or innocence, task force members examined the detention decision, the jail intake process and services available in jails for those who are detained, and the various mental health evaluations that may be part of the court process. These evaluations include examinations for:

1. Competency: ability of the defendant to understand the nature and consequences of the proceedings and aid in his or her own defense;
2. Guilty but mentally ill: the defendant committed the offense but was mentally ill at the time;
3. Not guilty by reason of insanity: at the time of committing the act, the person was incapable of knowing its wrongfulness.

The group reviewed data showing that pleas of not guilty by reason of insanity and guilty but mentally ill are rare. The members found that the number of competency examinations tripled from FY 2013 to FY 2015, with the

growth driven by the two largest counties. They also saw that an increasingly larger proportion of the competency evaluations are ordered for those charged with lower-level offenses.

Adjudication and post-adjudication: The task force examined possible outcomes at trial, including the 'special verdicts' of not guilty by reason of insanity and guilty but mentally ill and the court processes associated with each. Members also reviewed tools the court may use to gather more information prior to sentencing; these tools include the presentence investigation and the presentence hearing on mental conditions of the individual.

Community Options

Amy Iversen-Pollreisz, Deputy Secretary of DSS, presented the behavioral health services funded by the department, including community-based mental health and substance abuse programs as well as the Human Services Center in Yankton. Task force members heard about the community mental health center model and the services offered by the 11 centers statewide. The group discussed two programs, CARE and IMPACT, and reviewed related outcome data showing reductions in nights spent in the hospital for mental health care, visits to an emergency room for a psychiatric or emotional problems, and nights homeless, as well as an increased in employment among those served.

Stakeholder and Public Feedback

A.J. Franken, Deputy General Counsel to Governor Dugaard, reported to the Task Force about a stakeholder meeting held the previous day at the Sioux Falls office of NAMI South Dakota. The meeting was attended by a dozen individuals affected by mental health issues, including people living with mental illness,

family members, and advocates and behavioral health staff. The task force reviewed issues raised by the stakeholders and the possible solutions they proposed. Stakeholders were concerned with limited resources in the community, lack of alternatives to police intervention and incarceration, and assessment and treatment in jail county jails. They were particularly complimentary about their dealings with law enforcement. Some of the possible strategies for improvement they raised included wraparound services, dual diagnosis programming, and case management. Task force members and staff will continue to conduct stakeholder meetings across the state in the coming months.

Finally, the task force heard from six individuals during the time reserved for public input. The topics included a suggestion to have a website or other electronic means to gather public input on problems and potential solutions, shortages of qualified mental health professionals in South Dakota, mental health issues among refugee populations, and how family doctors may be a resource for screening for mental health.

Next Steps

The next task force meeting is scheduled for May 26, 2016 in Ft. Pierre. The members will continue their review of how individuals with mental illness experience South Dakota's criminal justice system, with a focus on data from the courts and jails.