

# Task Force on Community Justice and Mental Illness Early Intervention

June 14, 2016



## Meeting Agenda

- Welcome and Review of Task Force Goals
- Forensic Evaluation Q&A and Discussion of Policy Options
- Working Lunch: Guest Speaker and Discussion of Telemedicine
- Public Input
- Guiding Principles for Policy Development Phase
- Next Steps

## Task Force Goals

- To improve public safety and the treatment of people with mental illness in contact with the criminal justice system through appropriate evaluation, intervention, diversion, and supervision.
- To more effectively identify mental illness in people coming into contact with the criminal justice system, through improved training in local criminal justice systems, better use of screening tools and skills, and expanded response and diversion options in communities for law enforcement and the courts, all while holding offenders and government more accountable.
- To better allocate limited local resources in order to improve early intervention services and preserve limited jail and prison resources for violent, chronic, and career criminals.

## Task Force Process



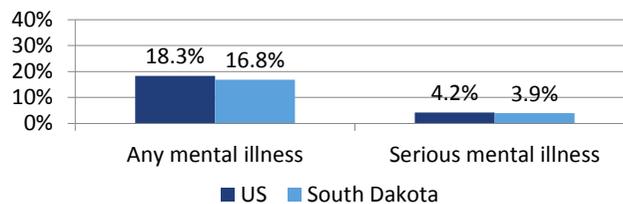
# Problems Identified through System Review



## Overview

- 1 in 5 US adults had some type of mental illness in the past year
- South Dakota's rates of mental illness are slightly lower than the national estimates and lower than most bordering states

**Mental Illness in the Past Year among Adults: US and South Dakota (2013 and 2014)**



## Co-occurring Mental Health and Substance Use Disorders

- 3 in 100 US adults in a given year have co-occurring disorders
- 18% with any mental illness and 23% with serious mental illness had had a co-occurring disorder in 2014
- Unable to find SD statewide data on co-occurring disorders

## Challenges Associated with Mental Health Care

- A SD study funded by the Helmsley Charitable Trust found that 35.5% of respondents perceived a need for mental health care but did not receive all the care needed
- Nationally, 4.6% had a perceived need for care and did not receive all the care needed

## Challenges Associated with Mental Health Care

- The Helmsley-funded study indicated that in SD:
  - Cost is an issue for nearly 20% of people statewide
    - More of an issue in rural, isolated, and reservation areas of the state
  - The availability of mental health care is an issue for around 10% of people in most areas of the state, but is close to 30% on reservations
  - Stigma is a barrier for about 8% statewide
    - Greater issue in rural and reservations areas
  - Personal choice is reported as a reason for not accessing services for more than 10% statewide

## Challenges Associated with Mental Health Care

- SD data reported to the US Department of Health and Human Services indicates the state's psychiatrist staffing challenges are significant compared to US and border states

## Law Enforcement

- Studies in other jurisdictions estimate that 7% of law enforcement encounters involve people with mental illness
- In SD, there is no statewide law enforcement data on encounters with people with mental illness

## Law Enforcement

- Law enforcement has the discretion to divert from the criminal justice system through:
  - Informal resolution to issues
  - The emergency commitment process
  - Referral to mobile crisis team or crisis intervention team certified law enforcement officer

## Law Enforcement

- Mobile crisis teams are statutorily authorized but are not widely available in the state
  - A “team” may consist of one individual
- Crisis Intervention Teams are also statutorily authorized, and at least 22 agencies have officers/staff trained

## Court Processing

- Court data on those with mental illness is a challenge as there is no process in place to identify mental illness
  - Upon entry to the court system, or
  - During the court process, unless a significant issue arises (e.g., order for forensic examination)

## Court Processing

- Criminal cases with a commitment history:
  - Take longer to move through court than those without this history
  - Are more likely to be held in jail pretrial, and stay longer in pretrial detention
  - Are more likely to have a future criminal case

## Detention in Jail

- 60% of the jail populations nationwide had symptoms of a mental health disorder, far greater than the 18% of the US population with any mental illness

## Detention in Jail

- In SD:
  - There is currently no way to accurately determine the prevalence of mental illness in jail populations
    - Only 3 facilities report the use mental health screening tools
  - 621 individuals in the past year were on emergency mental illness holds in jails despite no arrest
  - 60% of jails report no access to a contracted or staff psychiatrist
  - Most jails have either no access or 'as needed' access to other QMHPs
  - There is limited mental health training provided for jail staff

## Detention in Jail

- In Minnehaha and Pennington Counties:
  - Defendants detained in jail who access mental health services stayed longer than those who don't access these services, are more likely to have disciplinary issues and more of them, and are less likely to be released pretrial
  - Sentenced inmates accessing mental health services stayed longer in jail and had more disciplinary issues

## Forensic Evaluations

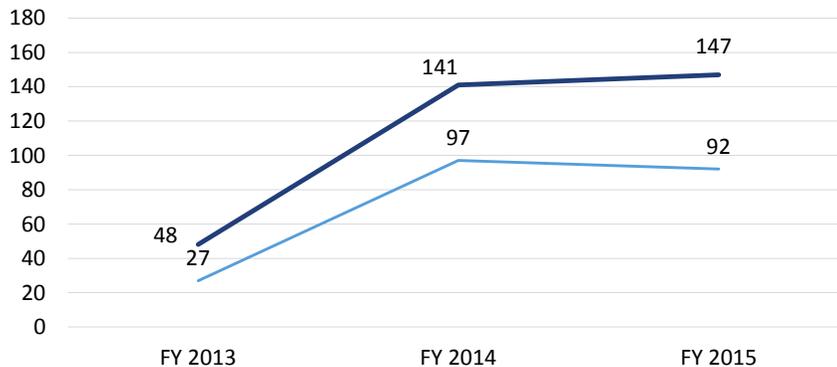
- Nationally, there has been little change in the prevalence of mental illness in the past 7 years
- In SD, competency evaluations ordered and required tripled from FY 2013 to 2015
  - The growth in competency evaluations was driven by the two largest counties
- Note: Between July 1, 2015 and May 25, 2016, 57 forensic exams have been required (a decrease from FY 2014 and 2015)*



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## Forensic Evaluations: Number of exams ordered and required tripled from FY 2013 to 2015

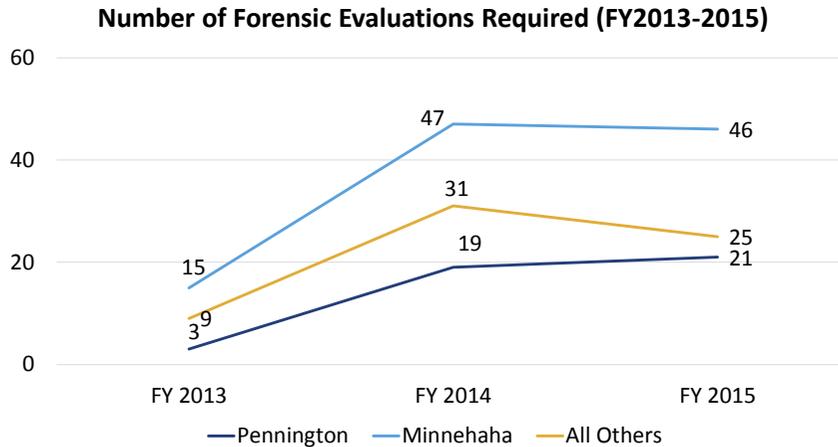
**Statewide Number of Forensic Exams Ordered and Required (FY2013-2015)**



Source: Unified Judicial System

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## Forensic Evaluations: Minnehaha and Pennington Counties drove the increase in the required exams



Source: Unified Judicial System

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## Forensic Evaluations

- Competency evaluations can be performed by a psychiatrist or psychologist, but
  - Competency, guilty but mentally ill, and insanity evaluations are often ordered together so can only be done by a psychiatrist



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## Special Verdicts

- Pleas and dispositions of not guilty by reason of insanity are rare
  - Number of cases between 2006-2015 ranged from:
    - 21 to 60 pleas
    - 0 to 3 dispositions
- Pleas and dispositions of guilty but mentally ill are rare
  - Number of cases between 2006-2015 ranged from:
    - 11 to 25 pleas
    - 1 to 6 dispositions

## Probation

- Risk/needs assessment results may guide referrals for mental health evaluations and case planning
- Probationers with mental health issues, as indicated by the risk assessment, are slightly more likely to be revoked
- Some conditions of probation may be challenging for some with mental illness, but
  - Court services officers have discretion to respond to violations of conditions

# Guiding Principles for the Policy Development Phase



## Guiding Principles

- Identify and intervene early
- Conduct comprehensive assessments of behavioral health and criminogenic needs
- Match treatment to individual needs
- Enhance readiness/motivation for change
- Address mental health issues so individuals can benefit from criminal justice program interventions
- Provide other services in addition to medication, as medication alone is not sufficient
- Maintain a continuum of services
- Ensure services are coordinated

## Next Steps

- Review promising and best practices available at each criminal justice decision point
- Breakout into policy development subgroups

## Upcoming Meetings

<u>Date:</u>	<u>Time:</u>	<u>Location</u>
July 11 <sup>th</sup>	10am-3pm MT	Rapid City- Ramkota Conference Ctr
August 18 <sup>th</sup>	10am-3pm CT	Ft. Pierre- AmericInn Conference Center
September 22 <sup>nd</sup>	10am-3pm CT	Pierre- Red Rossa Conference Room
October 14 <sup>th</sup>	10am-3pm CT	Pierre- Red Rossa Conference Room