

Task Force on Community Justice and Mental Illness Early Intervention

May 26, 2016



Meeting Agenda

- Welcome and Review of Task Force Goals
- System Review Follow Up and Data
- Working Lunch: Stakeholder Input Presentation
- Public Input
- System Review Follow Up and Data continued....
- 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



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System Review Follow Up and Data

May 26, 2016



Crime and Justice Institute at CRJ | Boston, MA | www.crj.org/cji

Presentation Outline

- Law enforcement options
 - Crisis services
- Pre-adjudication and detention
 - Court data
 - Pennington and Minnehaha County data
 - Jail survey results
 - Forensic evaluations
- Probation



6

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Law Enforcement Options: Review and Follow-up



Law Enforcement Options

- Law enforcement has these options:
 - Arrest
 - Divert from the criminal justice system
 - Informal resolution
 - Referral to mobile crisis team or crisis intervention team certified law enforcement officer (§27A-10-21)
 - Emergency mental illness commitment (§27A-10)



8

Mobile Crisis Services

- Mobile Crisis Team (MCT) services known to be available in:
 - Sioux Falls since 2011
 - Just starting in Pierre (~6 weeks, 3 calls taken total)



9

MCT Services in Sioux Falls

- Assessment and stabilization of situations such as threats of suicide, self-harm, or harm to others
- Assistance with decision-making process for mental holds and connection to higher level of care when necessary
- Problem solving when hospitalization is not the best intervention
- Connection to outpatient resources
- Follow-up contacts within 1 to 3 days



10

MCT Service Goals in Sioux Falls

- Respond to referral page within 5 minutes and be on-scene with law enforcement within 20 minutes
- Decrease the impact of mental health emergencies through immediate response to deescalate crises that may lead to major incidents
 - Reduce unnecessary mental illness commitment holds
 - Reduce escalation of a crisis that leads to arrest
 - Reduce unnecessary inpatient admissions
- Keep hospital beds available for individuals with serious mental illness



11

MCT Service Goals in Sioux Falls

- Keep individuals with serious mental illness (SMI) out of jail due to hospital beds being unavailable or low level criminal acts due to a SMI
- Provide appropriate and economical care, in the community, using follow-up with existing community resources
- Provide a less restrictive, safe, effective alternative in an optimal setting



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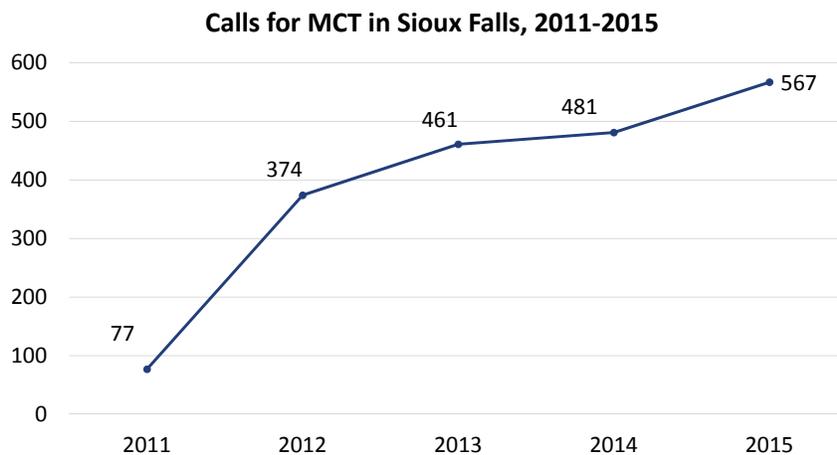
MCT Staff in Sioux Falls

- MCT staff:
 - Are full or part-time employees of Southeastern Behavioral Health Center
 - Have access to Southeastern’s client database and knowledge of available community services
 - Have phone app to summon law enforcement if needed



13

Calls for MCT in Sioux Falls Have Increased with Program Expansion



Source: Southeastern Behavioral Health MCT statistics

14

Diversion by MCT in Sioux Falls

- Southeastern Behavioral Health Center's MCT data indicates:
 - 75% of persons in crisis were able to remain at home after MCT intervention in 2015
 - 78% of persons in crisis did not present in crisis again in 2015
 - There have been no adverse diversion outcomes, such as suicides or homicides



15

Crisis Intervention Team (CIT) Training

- Teaches law enforcement to intervene during a mental health crisis
- 40-hour course that involves learning de-escalation skills and roleplaying scenarios
- Not limited to patrol officers: offered to corrections, dispatch centers, and others



16

Agencies with Staff Trained in CIT

- Sioux Falls Police Department
- Minnehaha County Sheriff's Office
- Lincoln County Sheriff's Office
- Metro Communications (Minnehaha County)
- Brandon Police Department
- South Dakota Highway Patrol
- Vermillion Police Department
- Codington County Sheriff's Office
- Brookings Police Department
- Aberdeen Police Department
- South Dakota State Penitentiary
- Viborg Police Department
- Freeman Police Department
- Pierre Communications Center
- Rapid City Police Department
- Pennington County Sheriff's Office
- Haakon County Sheriff's Office
- Butte County Sheriff's Office
- Yankton Police Department
- Mitchell Police Department
- Elk Point Police Department
- North Sioux City Police Department



17

Crisis Beds

- Crisis beds known to be available in:
 - Minnehaha County
 - Codington County
 - Pennington County



18

Crisis Care Center, Rapid City

- Provides immediate care for individuals in acute crisis
 - Care is intended to be for less than 24 hours
- Staffed by EMTs and QMHPs who perform evaluations, stabilize individuals, reach out to natural supports, and link to services and medications
- 140-150 admissions per month
- Collaborative effort in community
 - Managed by Behavioral Management Systems
 - Pennington County Health and Human Services provides case management in the community
 - Several agencies are “on call” for immediate follow-up



19

Goals of Crisis Care Center

- Improve access to after crisis follow-up and mental health and substance abuse treatment
- Improve service integration and coordination among agencies and providers to help individuals better navigate complex systems
- Improve awareness about and access to service to assist people in entering the health care system for mental health and substance abuse service prior to entering a crisis state
- Provide the community with crisis options other than inpatient psychiatric care, incarceration, and involuntary admission to detoxification services

Source: Crisis Care Center website



20

Law Enforcement Options: Key Takeaways

- Law enforcement has the discretion to divert
- Mobile crisis teams are statutorily authorized but are not widely available in the state
- Crisis Intervention Teams are also statutorily authorized, and at least 22 agencies have officers/staff trained
- Law enforcement may use the emergency commitment process to divert from the criminal justice system



21

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Pre-adjudication: Review and Follow-up



First Appearance and Detention Decision



23

First Appearance Options

- Options:
 - Detain
 - Release pending trial
 - Defendant must be ordered released pending trial on personal recognizance or bond unless:
 - Such a release will not reasonably assure appearance of defendant, or
 - Defendant may pose danger to any other person or community



24

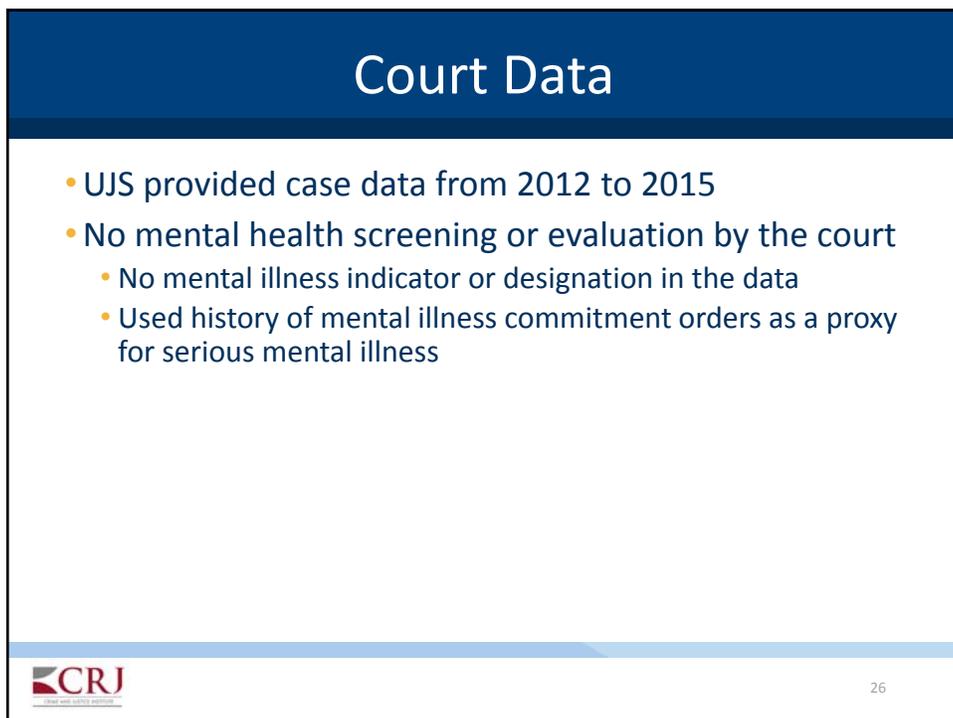


A presentation slide with a dark blue header bar at the top. The main content area is white and contains the text "Court Data" in a dark blue font, centered. At the bottom left is the CRJ logo, and at the bottom right is the number "25".

Court Data

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25



A presentation slide with a dark blue header bar at the top. The main content area is white and contains the text "Court Data" in a white font, centered. Below the header is a bulleted list of three items. At the bottom left is the CRJ logo, and at the bottom right is the number "26".

Court Data

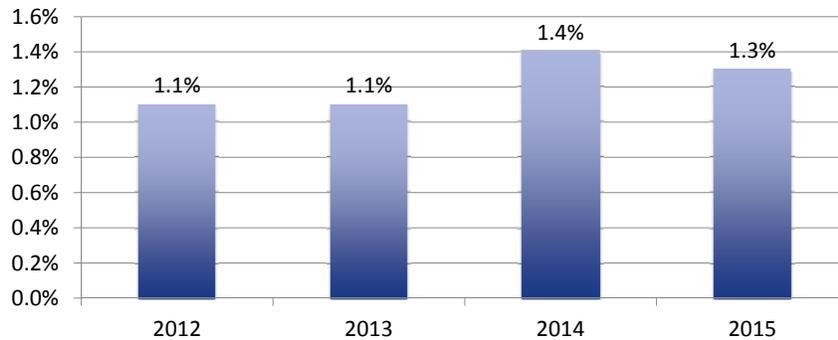
- UJS provided case data from 2012 to 2015
- No mental health screening or evaluation by the court
 - No mental illness indicator or designation in the data
 - Used history of mental illness commitment orders as a proxy for serious mental illness

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26

Defendants in just over 1% of criminal cases had commitment history

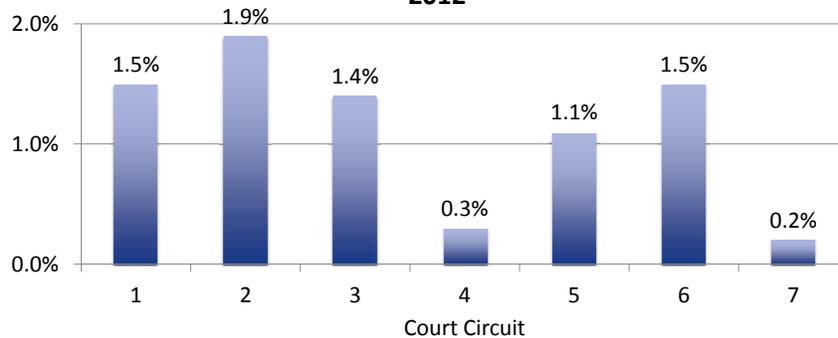
Percent of Misdemeanor 1 or Above Court Cases in Which Defendant Has One or More Commitment Orders, by Year



27

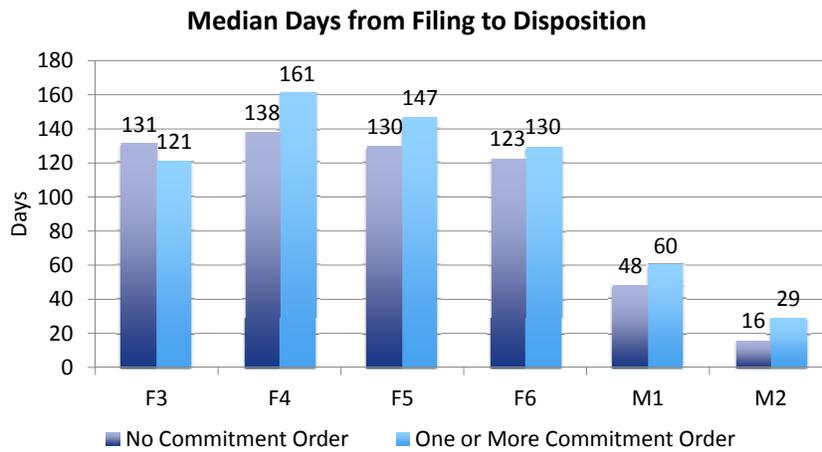
Percent of offenders with commitment history varied by court circuit

Percent of Misdemeanor 1 or Above Court Cases where Defendant Has One or More Commitment Orders Since 2012



28

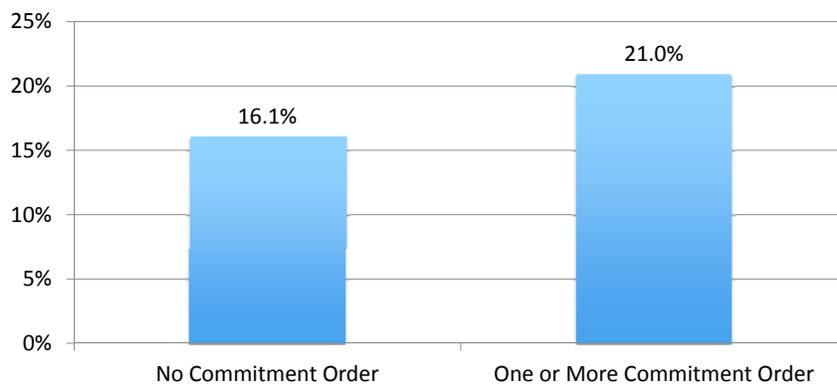
Cases where defendant has commitment history took longer to move through court



29

Offenders with commitment history more likely to be detained pretrial

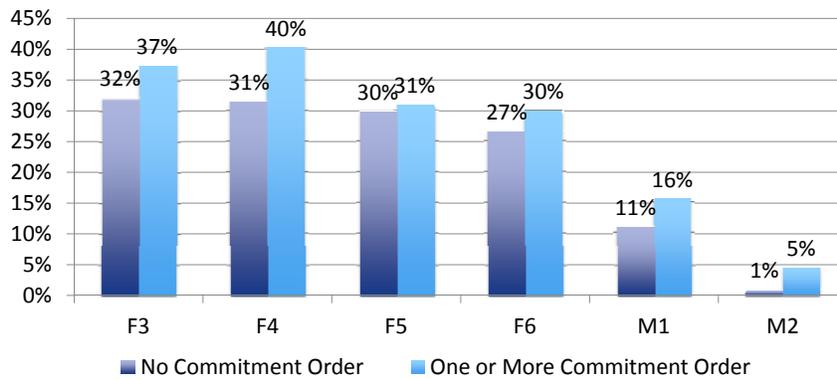
Percent of UJS Cases with Severity of Misdemeanor 1 or Above Receiving Credit for Time Served Presentence



30

Pretrial detention disparity persists across crime class

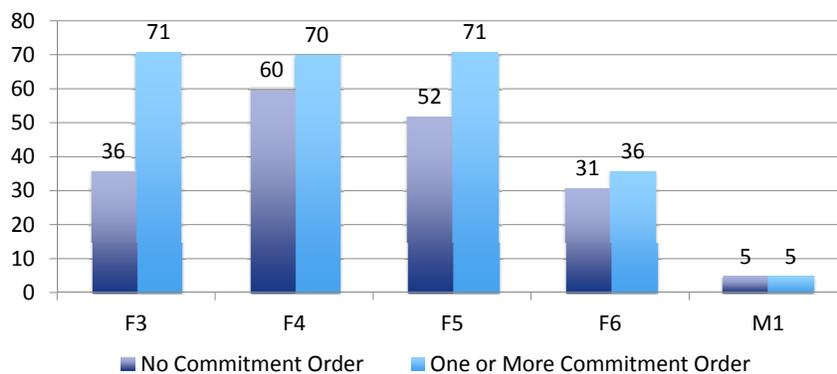
Percent of UJS Cases with Severity of Misdemeanor 1 or Above Receiving Credit for Time Served Presentence



31

Offenders with commitment history also stayed longer in pretrial detention

Median Days Given Credit for Pretrial Detention, by Crime Class



32

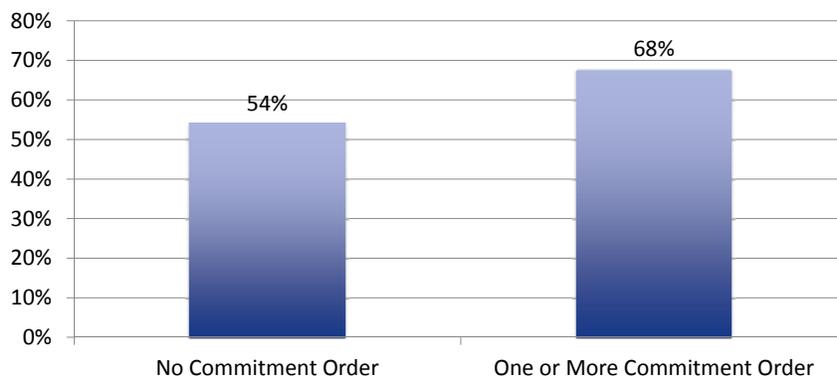
Offenders with commitment history more likely to be charged with assault, entering or refusing to leave, or failure to appear

Highest Charge on Case	% of No Commitment Order Cases	% of One or More Commitment Order Cases
POSSESSION TWO OUNCES OF MARIJUANA OR LESS	11.4%	12.2%
DRIVING UNDER INFLUENCE-1ST OFFENSE	26.3%	11.3%
DOM ABUSE - SIMPLE ASSAULT	7.5%	10.7%
ENTERING OR REFUSING TO LEAVE	2.0%	8.7%
SIMPLE ASSAULT	4.3%	8.7%
FAILURE TO APPEAR - MISDEMEANOR	3.3%	7.1%
POSSESSION CONTROLLED SUBSTANCE IN SCHEDULES I OR II	4.4%	5.3%
DRIVING UNDER INFLUENCE-2ND OFFENSE	7.9%	4.8%
INGEST INTOXICANT OTHER THAN ALCOHOLIC BEVERAGE	3.5%	4.7%
POSSESSION CONTROLLED SUBSTANCE	3.6%	3.7%



Offenders with a commitment history more likely to have a future criminal case

Percent of UJS Cases where Individual Has a Future Case in the Data



Court Data: Key Takeaways

- Just over 1% of cases have a commitment history
- These cases:
 - Took longer to move through court
 - Were more likely to be held in jail pretrial than those without this history
 - Stayed longer in pretrial detention
 - Were more likely to be charged with assault, entering or refusing to leave, or failure to appear
 - Were more likely to have a future criminal case

Pennington County Data

Pennington County Jail Data

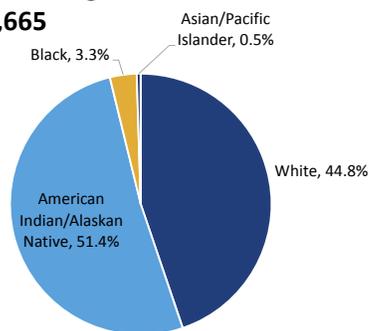
- Pennington County Jail dataset
 - Includes bookings from calendar years 2014 and 2015
 - More than 23,000 bookings



37

Pennington County Jail population is largely male and half Native American

**Race of Jail Bookings,
N=23,665**

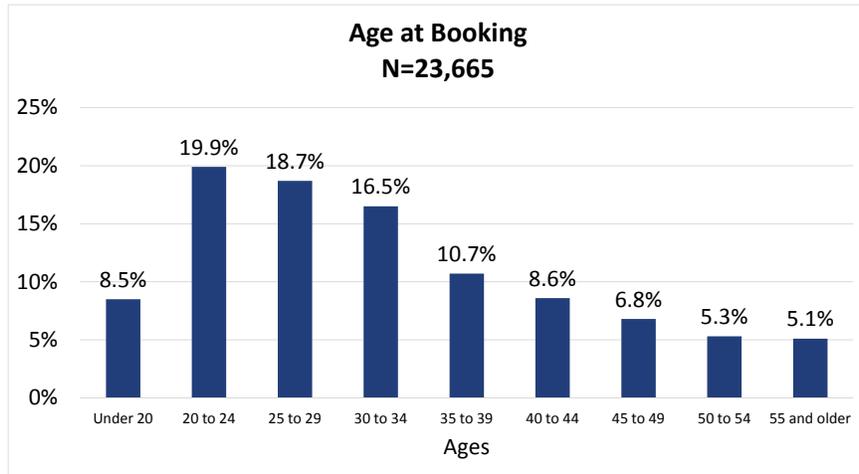


- Sex of Jail bookings:
 - 71% male
 - 29% female



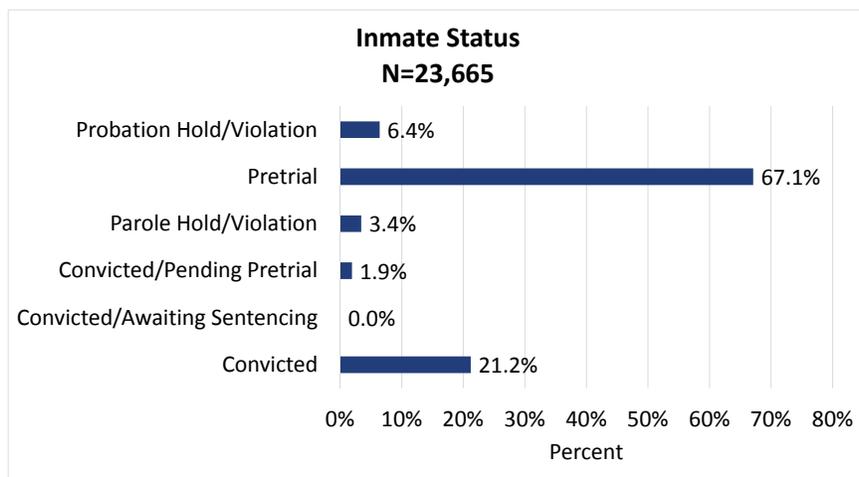
38

55% were between 20 and 34 years of age



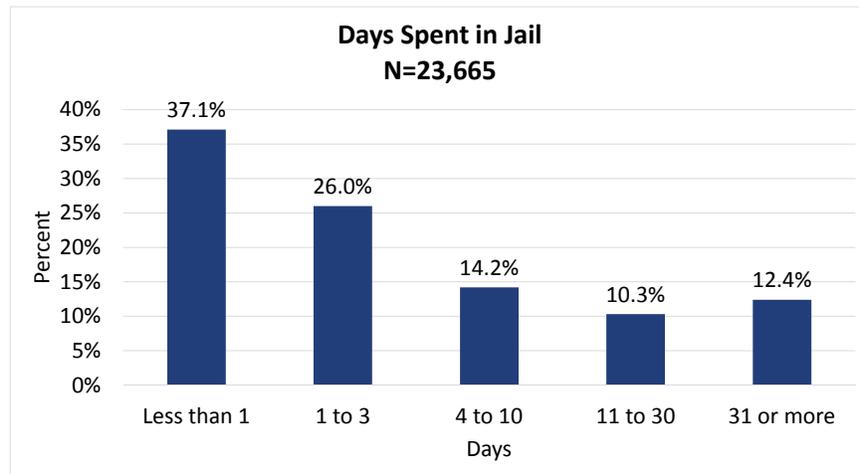
39

Two-thirds were detained pretrial



40

More than 60% stayed 3 days or less



41

Pennington County Jail Data: Pretrial and Convicted Populations

- Looked at two subpopulations
 - Pretrial status in jail 4 or more days – 4013 bookings
 - Convicted status in jail 4 or more days – 3228 bookings
- Proxy for mental illness: accessed jail mental health services
 - Did not see a mental health provider
 - Saw a mental health provider



42

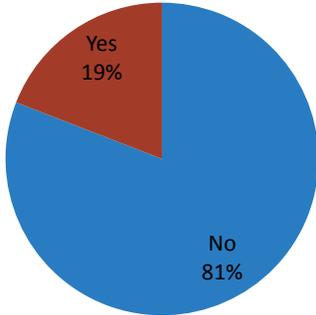
Pennington County Pretrial Population in Jail 4 or More Days



43

Nearly 20% of the pretrial population accessed MH services

**Pretrial Inmates Who Saw Jail Mental Health Provider
N=4013**



Response	Percentage
Yes	19%
No	81%

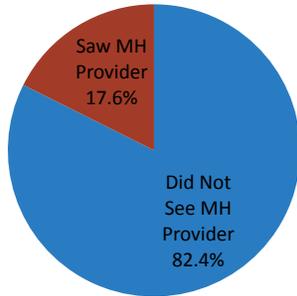


Note: Includes only those in jail 4 or more days

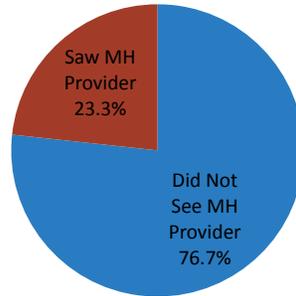
44

Female pretrial inmates more likely to access MH services than males

Pretrial Males Accessing Mental Health Services
N=2952



Pretrial Females Accessing Mental Health Services
N=1061

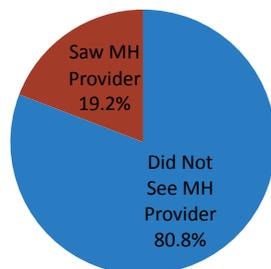


Note: Includes only those in jail 4 or more days

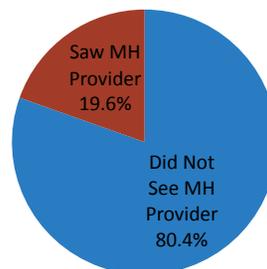
45

Virtually no difference by race in percent accessing MH services

White Pretrial Inmates Accessing Mental Health Services
N=1581



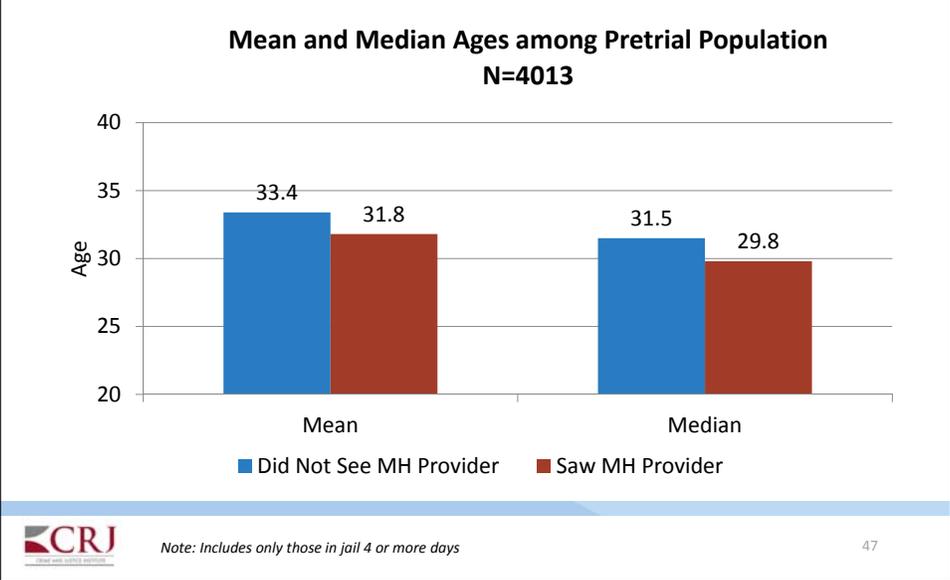
Native American Pretrial Inmates Accessing Mental Health Services
N=2250



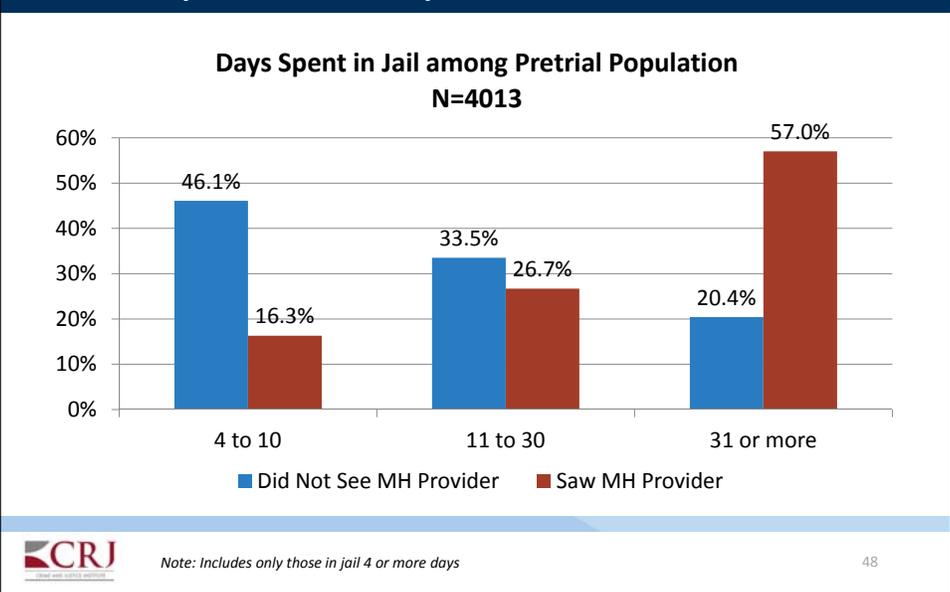
Note: Includes only those in jail 4 or more days

46

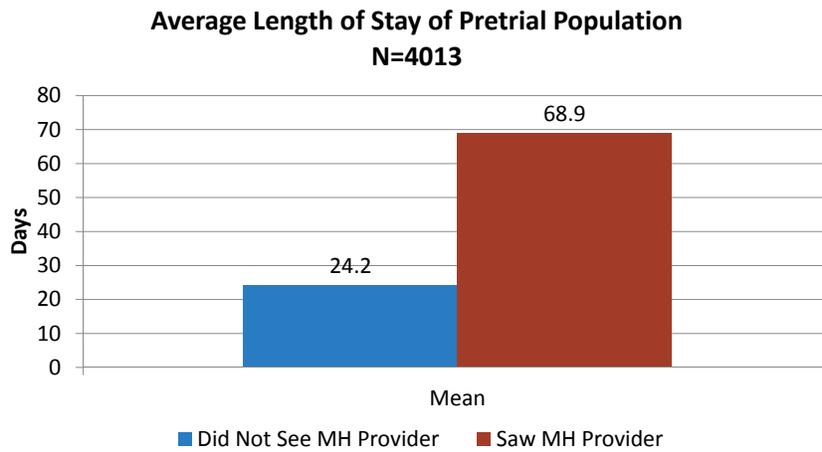
Pretrial inmates accessing MH services were slightly younger



Pretrial inmates accessing MH services far more likely to have stays of a month or more



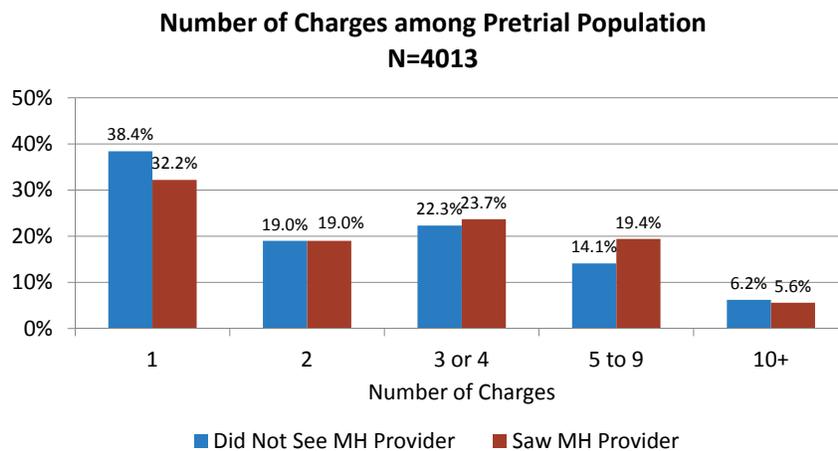
Pretrial inmates accessing MH services stayed nearly three times longer on average



Note: Includes only those in jail 4 or more days

49

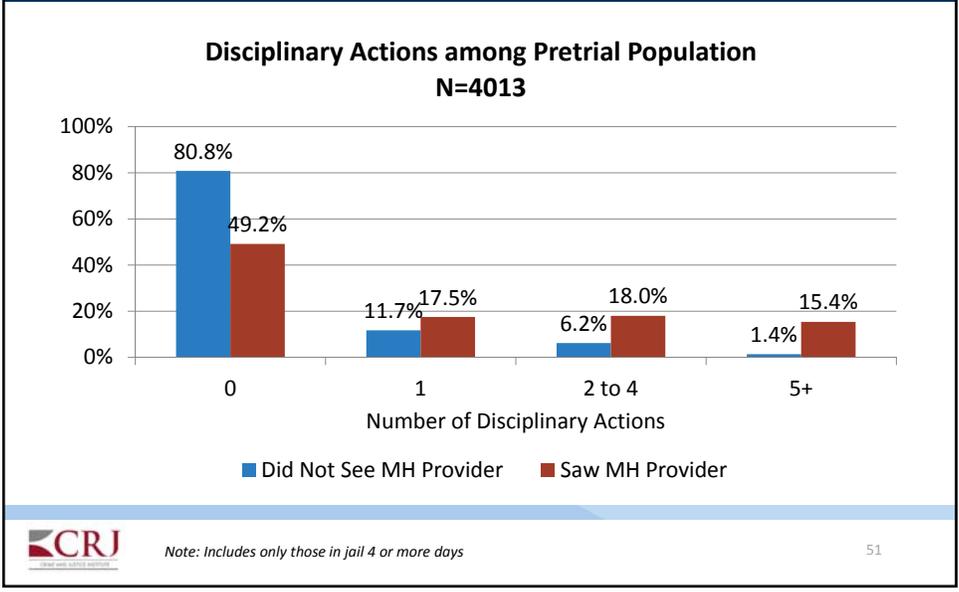
Pretrial inmates were slightly less likely to have just one charge



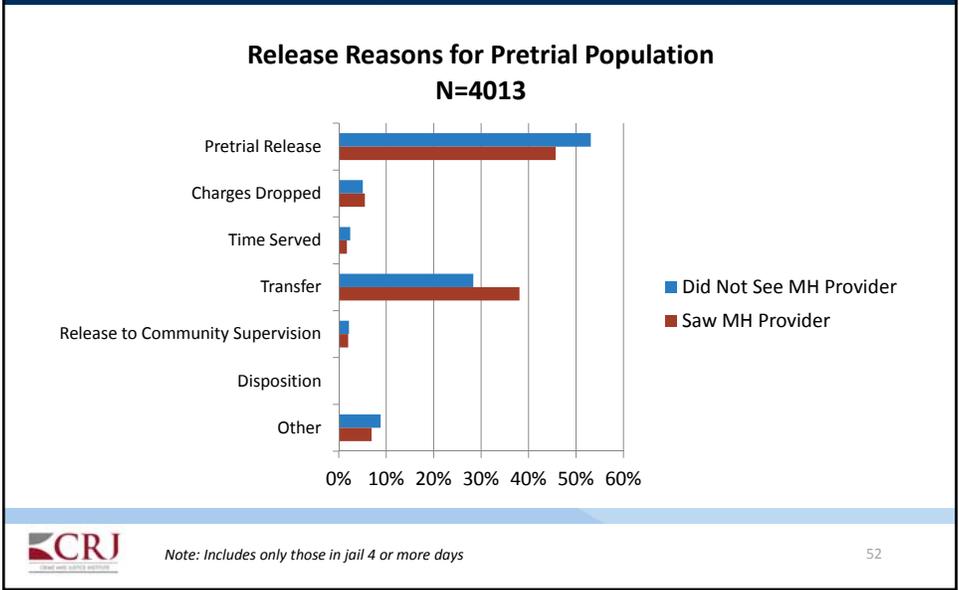
Note: Includes only those in jail 4 or more days

50

Those accessing MH services were more likely to have disciplinary issues



Pretrial inmates accessing MH services were less likely to be released pretrial



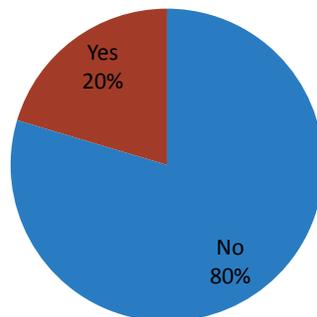
Pennington County Sentenced Population in Jail 4 or More Days



53

20% of the convicted population accessed MH services

Convicted Inmates Who Saw Jail Mental Health Provider
N=3228

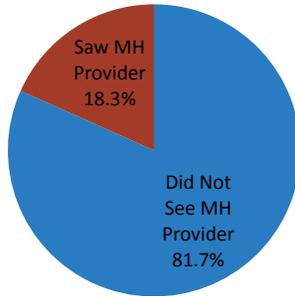


Note: Includes only those in jail 4 or more days

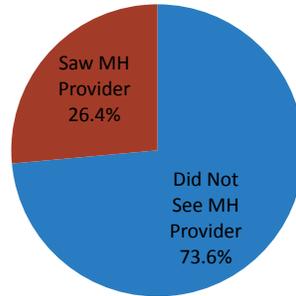
54

Female convicted inmates are more likely to access MH services than males

Convicted Males Accessing Mental Health Services
N=2403



Convicted Females Accessing Mental Health Services
N=825

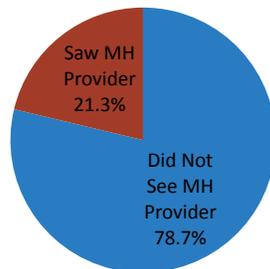


Note: Includes only those in jail 4 or more days

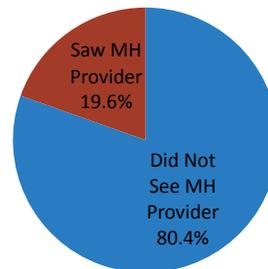
55

Convicted white inmates were slightly more likely to access MH services

White Convicted Inmates Accessing Mental Health Services
N=1359



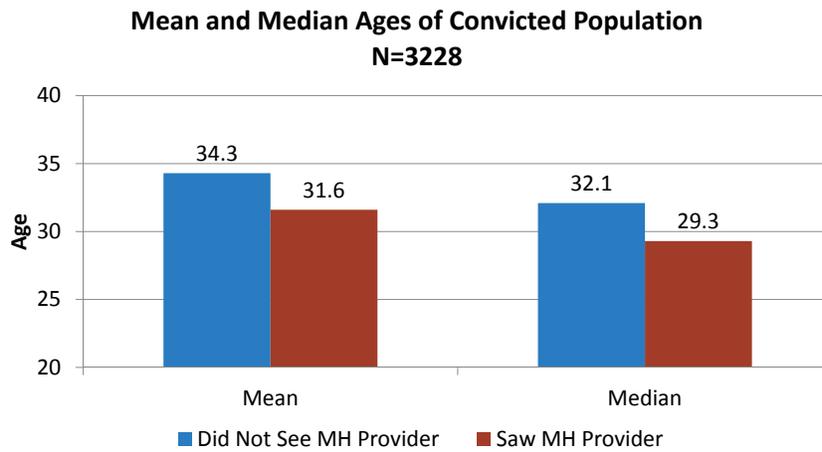
Native American Convicted Inmates Accessing Mental Health Services
N=1789



Note: Includes only those in jail 4 or more days

56

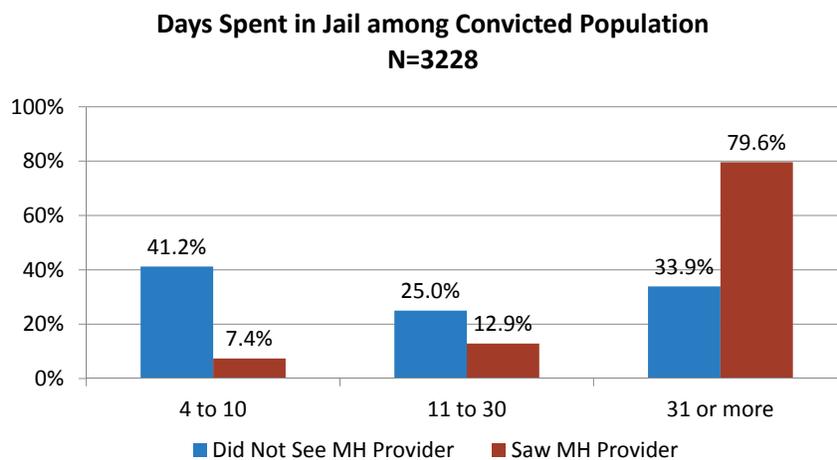
Convicted inmates accessing MH services were slightly younger



Note: Includes only those in jail 4 or more days

57

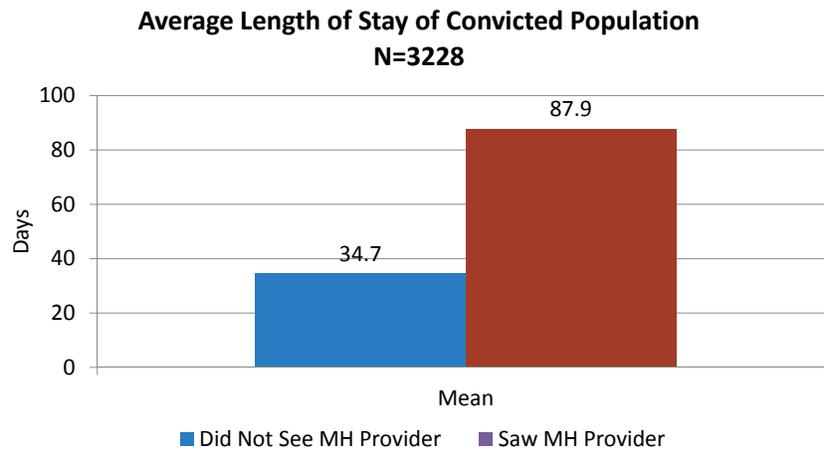
Convicted inmates accessing MH services were more than twice as likely to have stays of a month or more



Note: Includes only those in jail 4 or more days

58

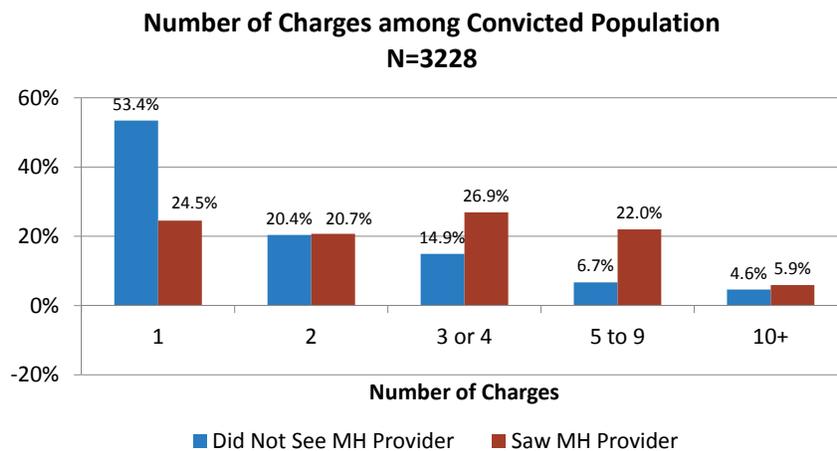
Convicted inmates accessing MH services stayed 2.5 times longer on average



Note: Includes only those in jail 4 or more days

59

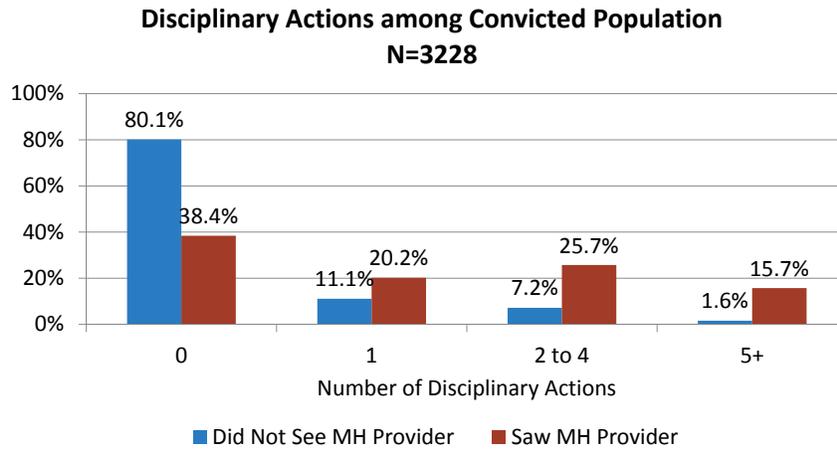
Those accessing MH services were less likely to have just one charge



Note: Includes only those in jail 4 or more days

60

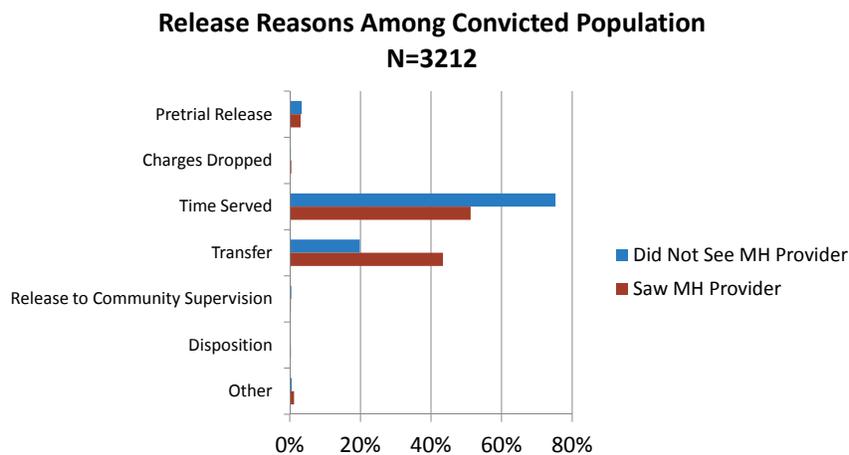
Convicted inmates accessing MH services were more likely to have disciplinary issues



Note: Includes only those in jail 4 or more days

61

Those accessing MH services are less likely to be released with time served



Note: Includes only those in jail 4 or more days

62

Pennington County Jail Data: Key Takeaways

- Pretrial population:
 - Those accessing mental health services:
 - Were slightly younger than those who don't access them
 - Stayed nearly three times longer than those who don't access these services
 - Were slightly less likely to have just one charge
 - Were more likely to have any disciplinary issues and to have more of them
 - Were less likely to be released pretrial



63

Pennington County Jail Data: Key Takeaways

- Convicted population:
 - Those accessing mental health services:
 - Were slightly younger than those who don't access them
 - Stayed 2.5 times longer than those who don't access these services
 - Were more likely to have any disciplinary issues and to have more of them



64

Inmates with orders for forensic evaluation stayed far longer than the pretrial and convicted populations analyzed

- In FY15, Pennington County identified 10 inmates* with who had competency evaluations ordered
- They stayed in jail an average of 223 days



**Ordered evaluations identified through Pennington County Sheriff's Office transportation data*

65

Minnehaha County Data



66

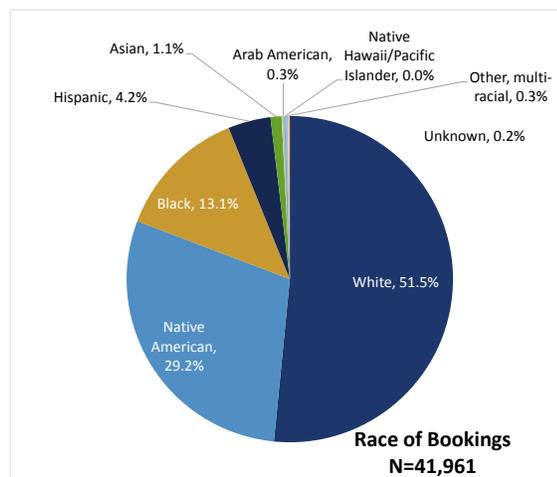
Minnehaha County Jail Data

- Minnehaha County Jail dataset
 - Includes bookings from March 2014 to April 2016
 - More than 42,000 bookings



67

Minnehaha County Jail population was largely male and half white

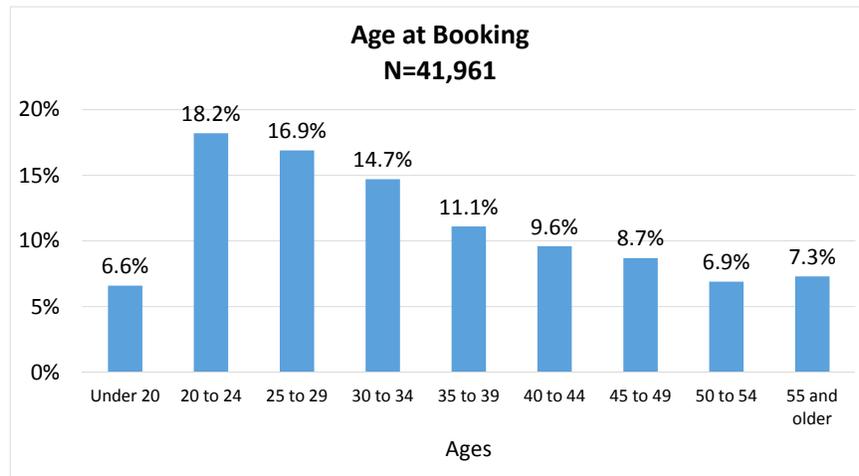


- Sex of Jail bookings:
 - 74% Male
 - 26% Female



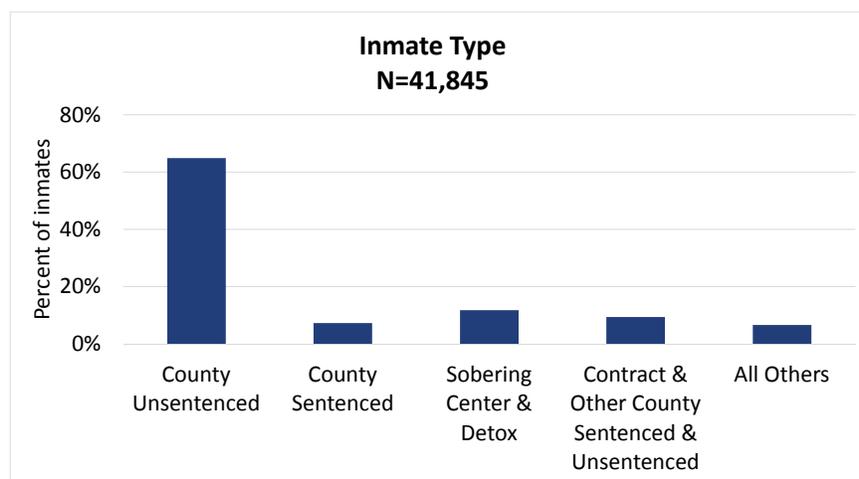
68

Half were between 20 and 34 years of age



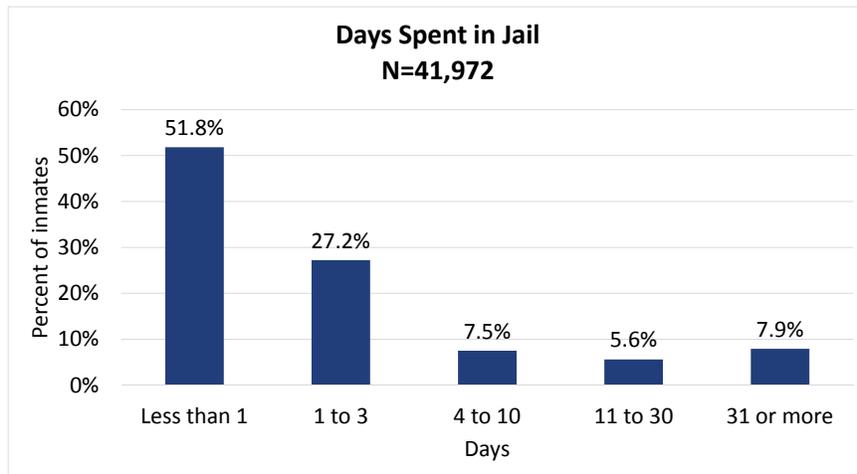
69

More than two-thirds were Minnehaha County pretrial inmates



70

79% stayed 3 days or less



71

Minnehaha County Jail Data: Pretrial and Convicted Populations

- Look at two subpopulations
 - Pretrial status in jail 4 or more days – 4,555 bookings
 - Convicted status in jail 4 or more days – 1,573 bookings
- Proxy for mental illness: accessed jail mental health services
 - Did not see a mental health provider
 - Saw a mental health provider



72

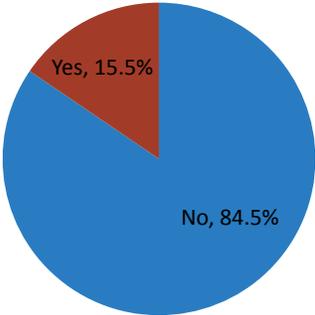
Minnehaha County Pretrial Population in Jail 4 or More Days



73

16% of the pretrial population accessed MH services

Pretrial Inmates Who Saw Jail Mental Health Provider
N=4555



Response	Percentage
Yes	15.5%
No	84.5%

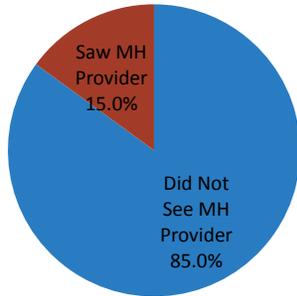


Note: Includes only those in jail 4 or more days

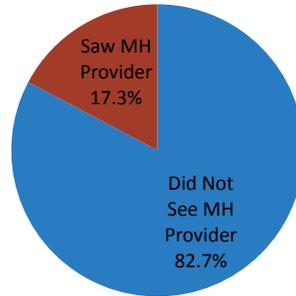
74

Female pretrial inmates were more likely to access MH services than males

Pretrial Males Accessing Mental Health Services
N=3483



Pretrial Females Accessing Mental Health Services
N=1072

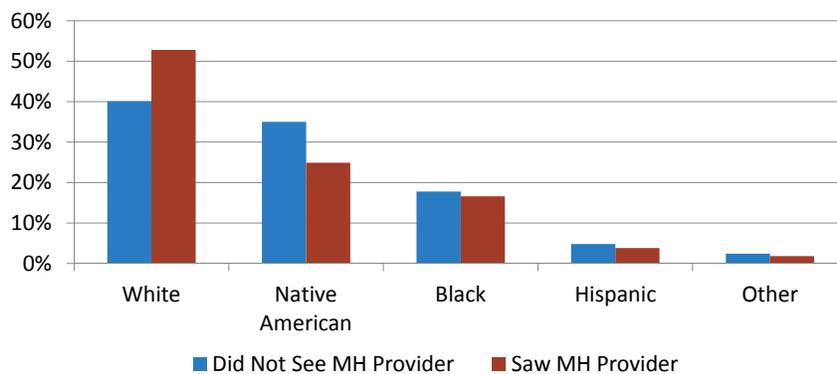


Note: Includes only those in jail 4 or more days

75

White pretrial inmates were more likely to access MH services

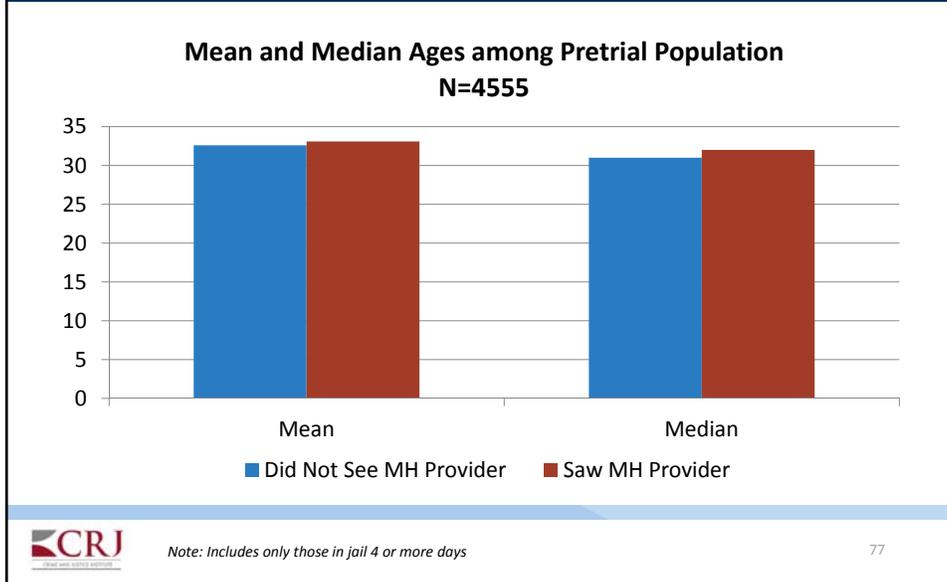
Race of Pretrial Population
N=4555



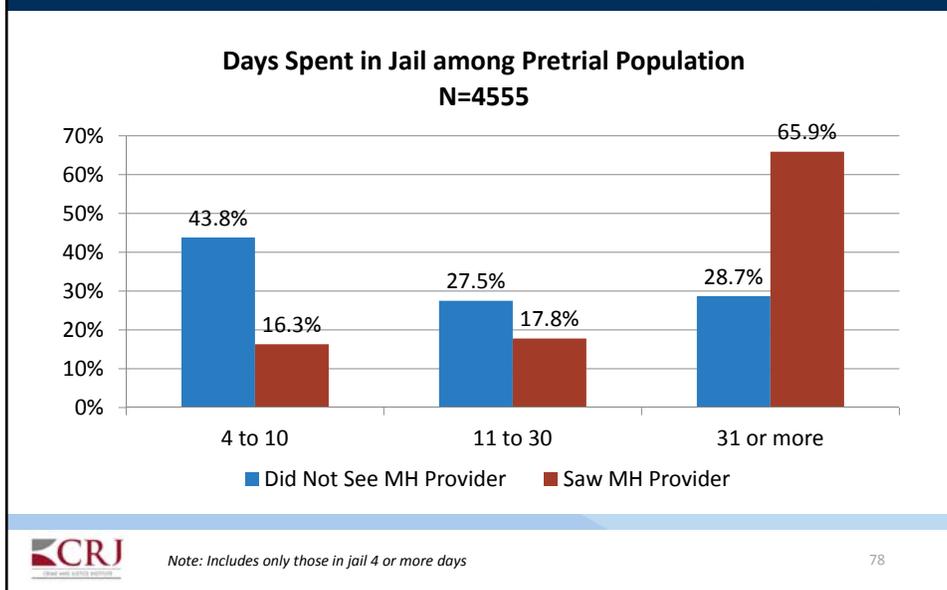
Note: Includes only those in jail 4 or more days

76

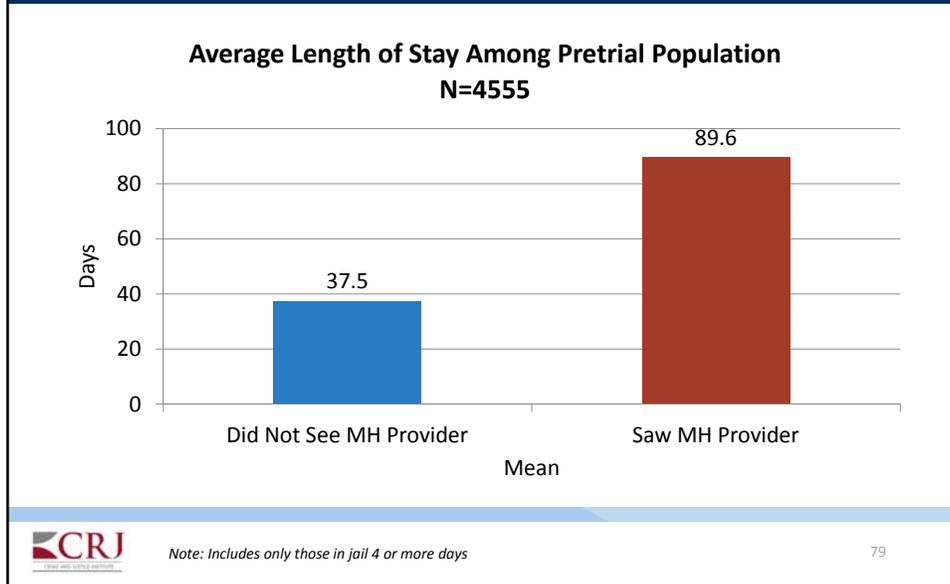
Those accessing MH services were very similar in age to those not accessing them



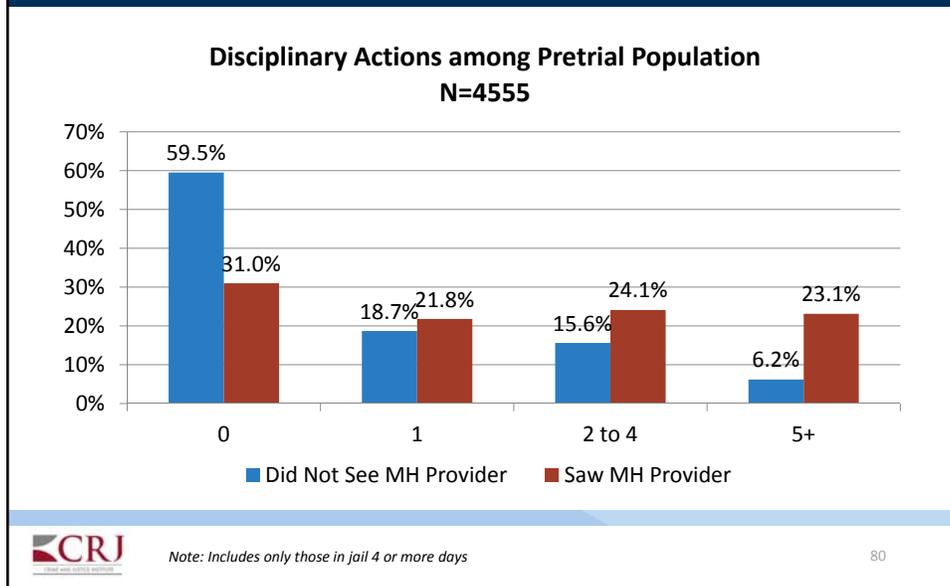
Pretrial inmates accessing MH services were more likely to have stays one month or longer



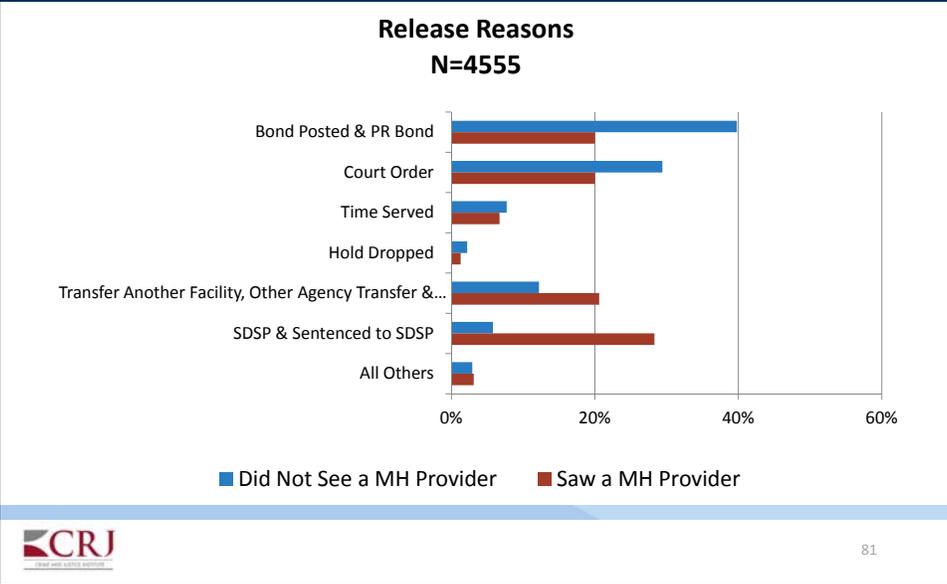
Pretrial inmates accessing MH services stayed more than 2 times longer on average



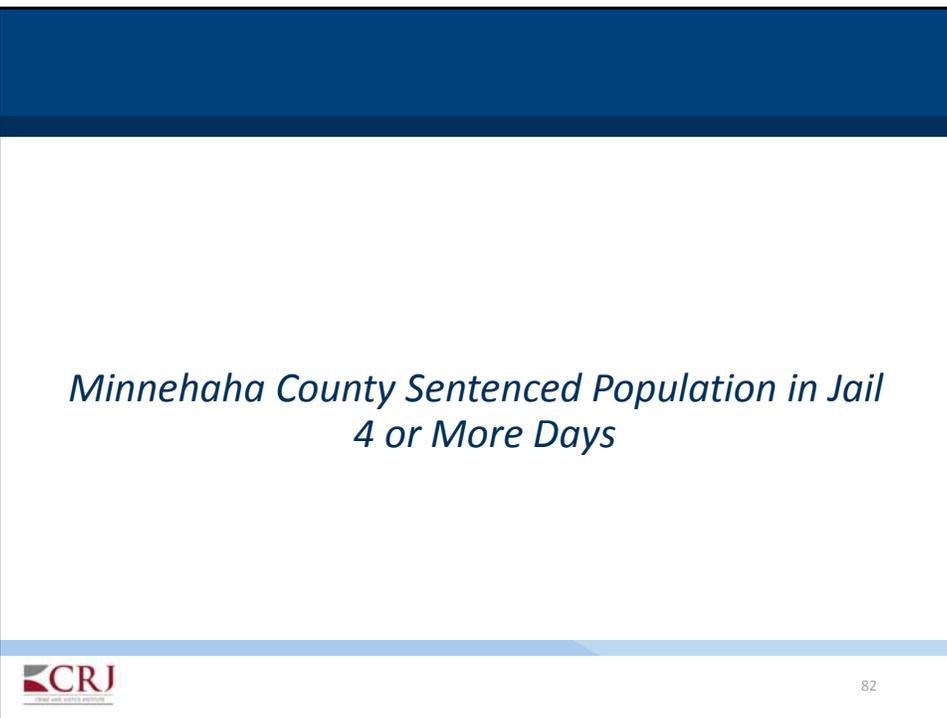
Pretrial inmates accessing MH services were twice as likely to have disciplinary issues

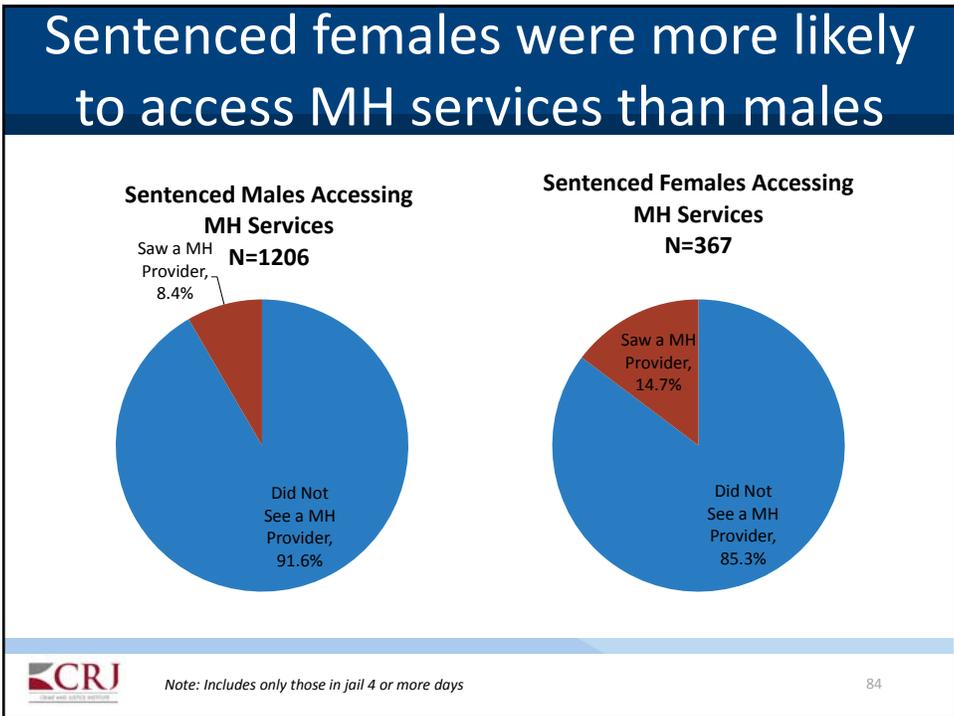
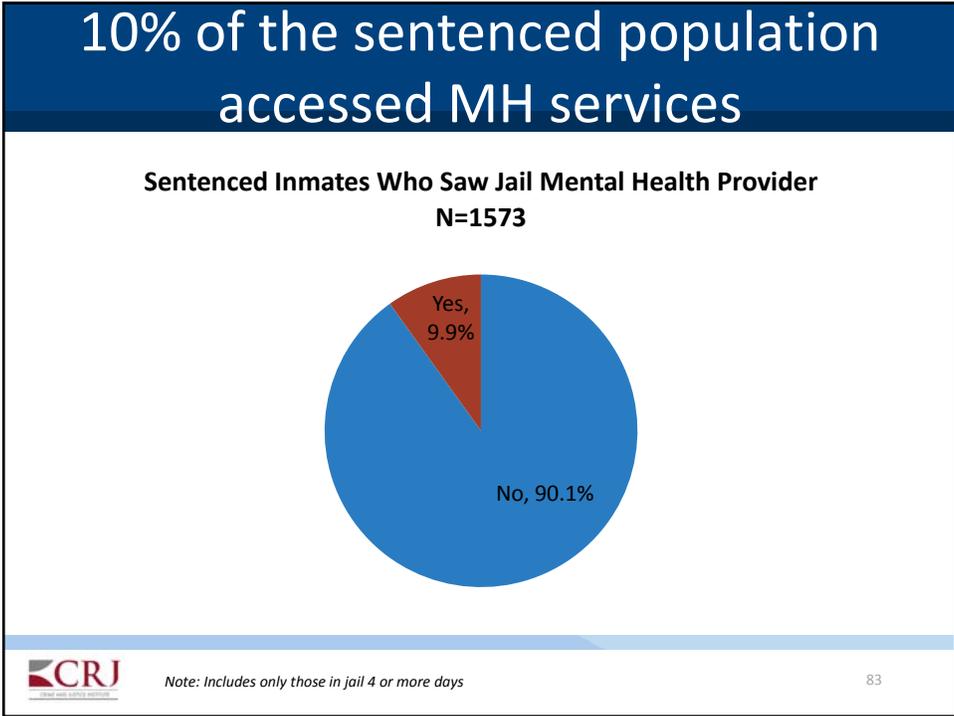


Pretrial inmates accessing MH services half as likely to post bond or be released on personal recognizance

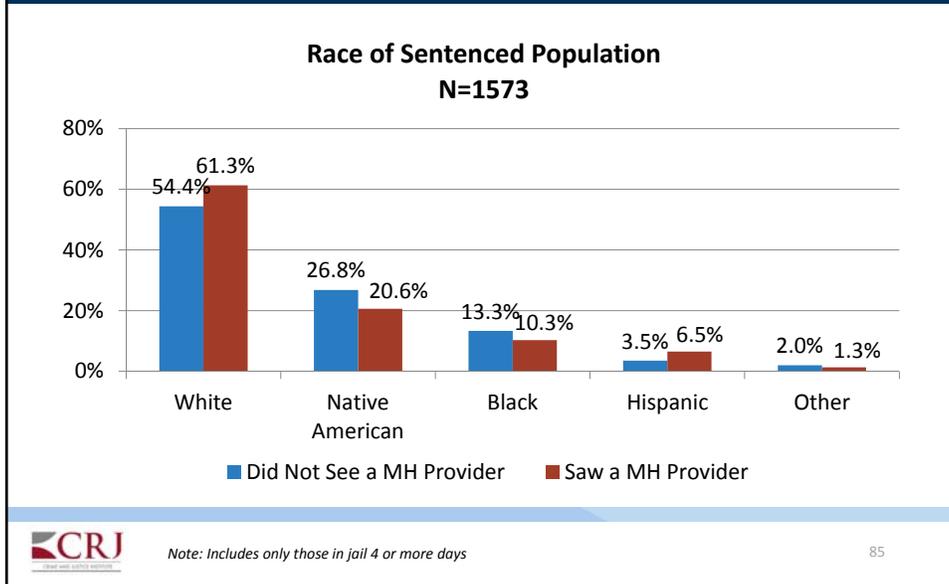


*Minnehaha County Sentenced Population in Jail
4 or More Days*

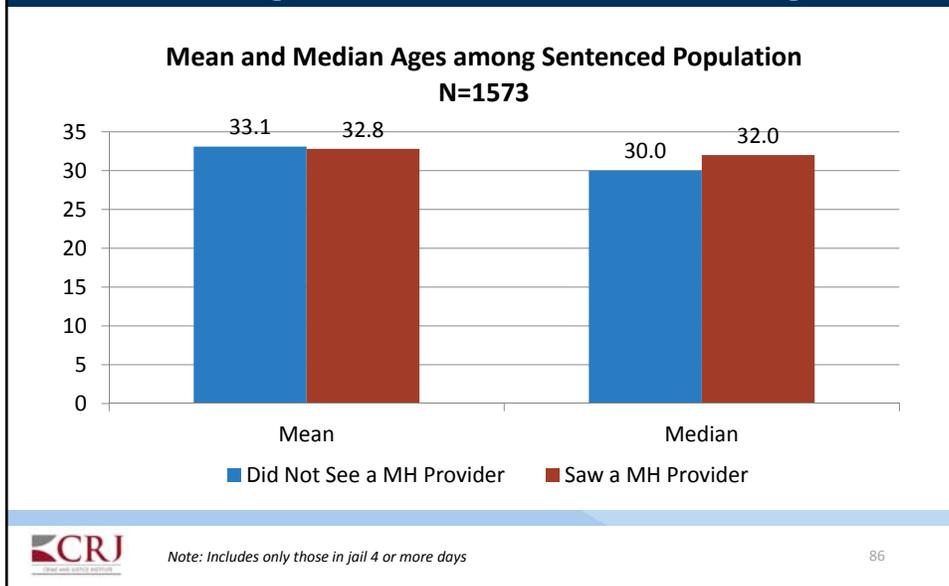




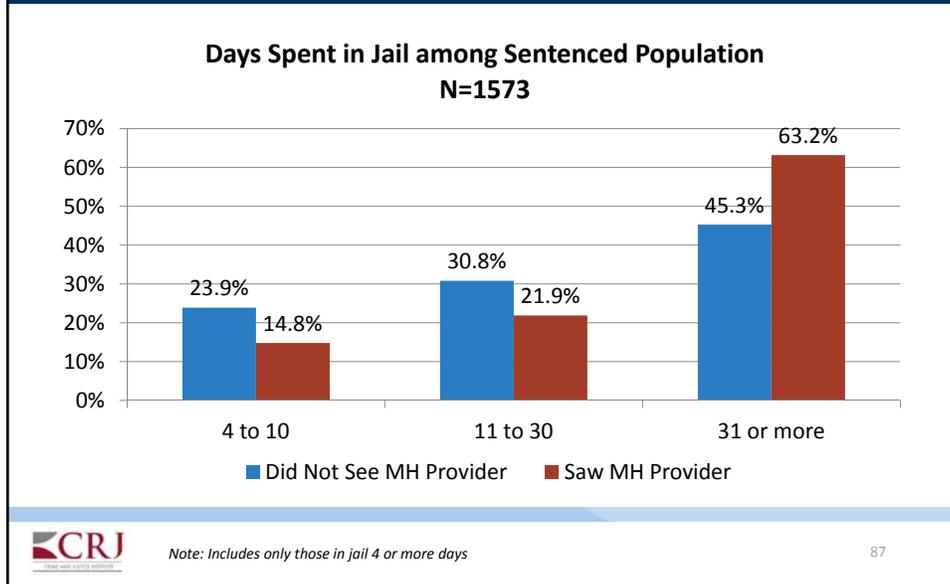
White sentenced inmates were slightly more likely to access MH services



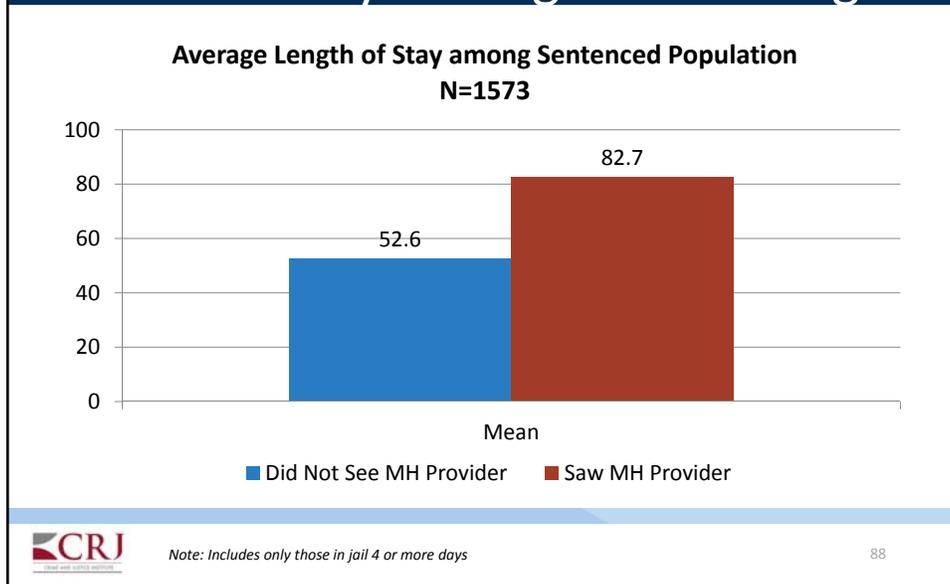
Those accessing MH services were very similar in age to those not accessing them



Sentenced inmates accessing MH services were more likely to have stays of a month or more

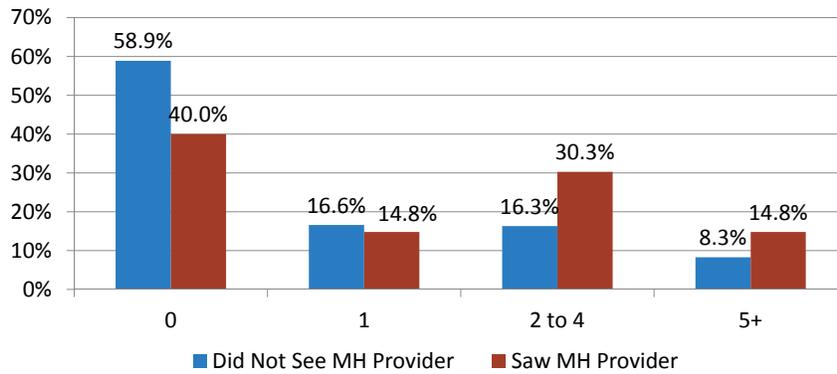


Sentenced inmates accessing MH services stayed longer on average



Sentenced inmates accessing MH services were more likely to have disciplinary issues

Disciplinary Actions among Sentenced Population
N=1573

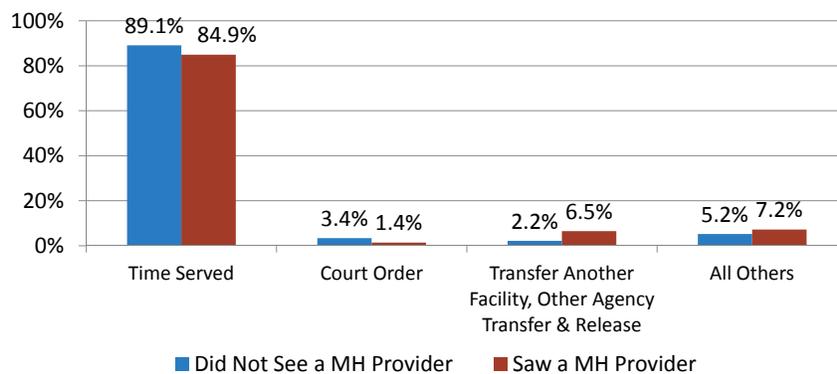


Note: Includes only those in jail 4 or more days

89

Very little difference in release reasons for those accessing MH services

Release Reasons
N=1519



Note: Includes only those in jail 4 or more days

90

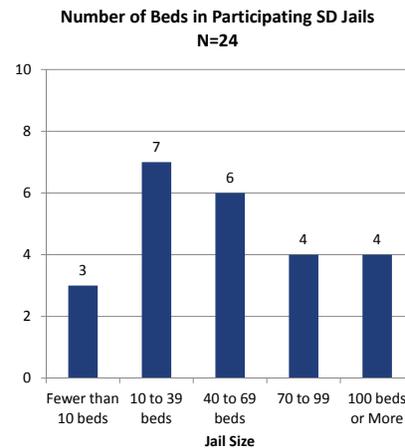
Minnehaha County Jail Data: Key Takeaways

- Pretrial population:
 - Those accessing mental health services:
 - Stayed more than 2 times longer than those who don't access these services
 - Twice as likely to have any disciplinary issues and had more of them
 - Half as likely to post bond or be released on personal recognizance
- Convicted population:
 - Those accessing mental health services stayed longer in jail and had more disciplinary issues

Jail Survey Data

SD Jail Survey

- 24 of 28 jails in South Dakota participated in online survey
 - 86% response rate
 - Range in size: 6 to 624 beds



93

Most mental health screenings at booking are part of intake interview questionnaires

- Besides suicide risk, screen or assess for mental health at intake?
 - 7 of 24 (29%) report no screening or assessment for mental health issues beyond suicide risk questions
 - 3 (12.5%) report having specific screening forms
 - The remainder have questions about mental health on their intake/booking forms or medical screening forms



94

Screening or assessment after intake varies across the state

- Besides suicide risk, screen or assess for mental health after intake?
 - 8 of 24 report no screening or assessment for mental health issues after intake besides suicide risk questions
 - 5 report referring to mental health professional if in need of assessment or assistance
 - 2 report referring to jail medical staff if need arises
 - 1 jail uses the Correctional Mental Health Screen for Males and Females and Global Assessment of Functioning
 - 1 jail has a screening form used as part of 14-day medical evaluation – focuses on depression/anxiety



95

621 individuals in jail on emergency mental illness holds across 16 jails

- Individuals in jail for emergency mental illness holds in the past year
 - 1 jail had none
 - 6 were unsure or unable to calculate this
 - 16 jails reported mental illness holds
 - 621 individuals in the 16 jails
 - Range from 1 individual to 155



96

Number of mental illness holds in jail not driven by jail size

- Counties with the highest number of holds
 - Codington
 - Minnehaha
 - Brown
 - Hughes
 - Beadle
- Counties with the lowest number of holds
 - Meade
 - Dewey
 - Perkins
 - Edmunds
 - Pennington



97

Use of forced or court ordered medication is very rare

- Number on forced or court ordered medication
 - 14 jails had none
 - 7 were unsure or unable to calculate the number
 - 3 counties reported having 1 individual each on forced or court ordered medication



98

On Psychotropic Medications

- Number on psychotropic medications
 - 12 jails were unable to calculate the number
 - 4 had no inmates on psychotropics
 - 8 jails reported having inmates on these medications

Number of Beds	Range in the Number of Inmates on Psychotropic Medications in Past Year
Fewer than 50 beds	6 to 9 inmates
50 to 100 beds	40 to 412 inmates
More than 100 beds	35 to 3963 inmates



99

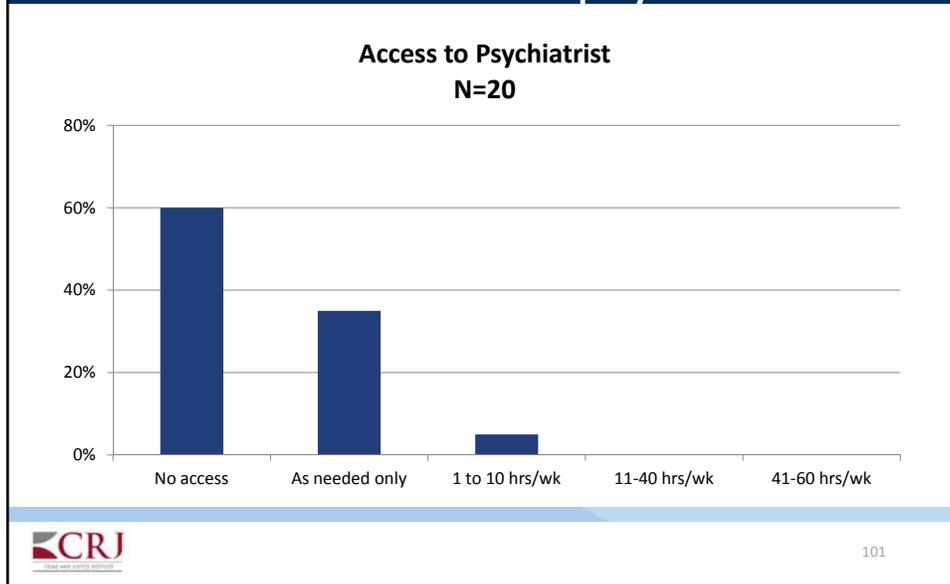
Limited mental health training provided for jail staff

Mental Health Training Specified on Survey	Number of Jails
Suicide prevention	6
Mental Health First Aid	3
Unspecified training by QMHP or community mental health center	3
Basic MH training (e.g., on recognition of mental illness, psychological disorders, jail MH services available)	3
CIT	1
<i>No MH training</i>	7

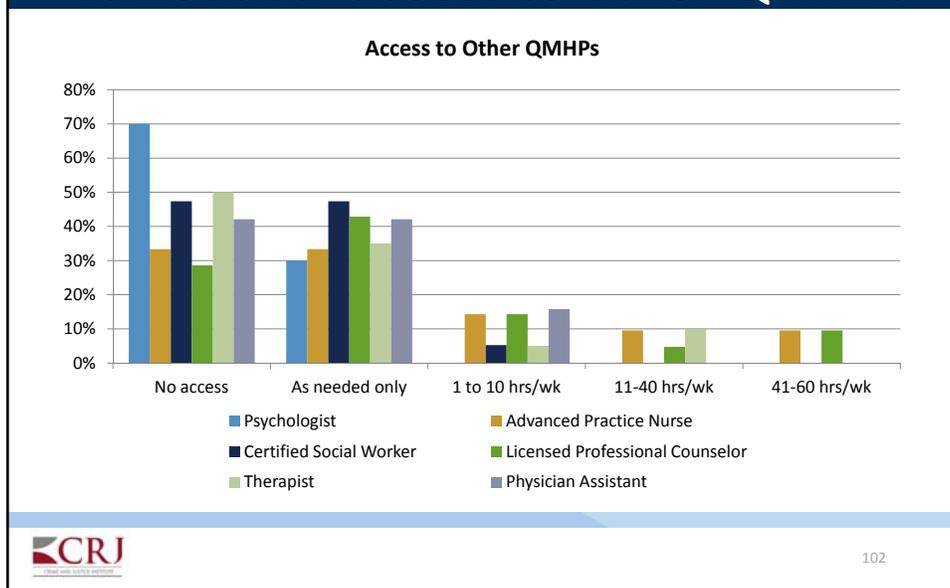


100

60% of jails report no access to contracted or staff psychiatrist



Most jails have either no access or 'as needed' access to other QMHPs



Handling of suicidal inmates differs across jails

- Restraint chair, physical
- Removal of harmful objects
- Close monitoring—e.g., 15-minute checks, suicide checklist hourly, video surveillance, one-on-one supervision
- Isolation/segregation
- Evaluation and determination of whether to file for commitment/involuntary emergency committal process
- Transport to HSC (or private facility, but may need to be bonded out to be able to be admitted)
- Forced medication in extreme cases



103

Reentry services for those with mental health issues

- 9 of 24 jails report providing reentry services for those with mental illness
- Services consist of varying degrees of connection to community based services



104

Reentry Services for those with Mental Health Issues

- Connection to community based services:
 - Advise inmates on community resources to prepare them for release, such as chemical dependency and mental health outpatient services
 - Directed to local mental health care provider
 - Provide introduction to the local mental health center
 - Appointment cards for them to continue with the mental health services currently provided in our facility
 - Services as suggested by local mental health services if they have visited with an individual during his/her stay at the jail.
 - Also have began weekly counseling sessions with a local service provider.



105

Reentry Services for those with Mental Health Issues

- Reentry programs in 2 largest counties:
 - “The Alliance Program works with inmates prior to release to connect them with community services. The Alliance program is funded through the County Human Services Office and [that office is] granted access to the Jail to work with their clients.”
 - “Rebound Program works with MH inmates while in the jail and upon release. QMHP works with BMS to make additional referrals. On case by case basis CNP will issue 7-30 days of meds upon release and in some cases a prescription for follow up. The meds issued upon release are at county expense.”



106

Biggest Challenges in Housing those with Mental Illness

• Space

- “Lack of space to house them”; “Only 2 holding cells”; “Jail holding cells are usually full”
- “The jail facility is too old and is not adequate to house people with mental issues.”
- “We don't have the housing to take care of them.”
- “The size of my jail does not allow for me to have people with mental illness away from the general [population].”
- “Inmates, depending on their mental illness, can be very difficult to house with other inmates. Smaller/mid-sized jail facilities do not have the room for special segregation. In our setting in a mid-sized jail, segregation is very difficult as we already have an increasing jail population filling our bed spaces. Our options for segregation means shutting down a 4-person cell block to segregate one person with mental health.”



107

Biggest Challenges in Housing those with Mental Illness

• Safety

- “Providing separate but equal access to jail resources while keeping them safe from others and themselves”
- “Inmates with mental illnesses are more vulnerable to be preyed upon by other inmates.”
- “Assaultive behavior by MH inmates”
- “Medication management, getting the right drugs to who needs them and keeping it out of the hands of those who don't. Also, safety issues with psychosis.”
- “It is difficult to place these individuals with other inmates as they do not get along at times. In a small jail it is difficult to keep the individual with other inmates that will tolerate the behaviors for any length of time and one runs out of areas to move them.”
- “Inmate's mental health can be very unstable to deal with and can become quite violent at times – this also causes more manpower issues. Very often when a person with mental health issues who has pending charges is brought into custody and cannot post bond, they are not on their medications as prescribed. Even though we make immediate arrangements to get the person back on their medications, some of the mental health related medications can take several days or weeks to become effective for the person to regain balance.”



108

Biggest Challenges in Housing those with Mental Illness

- Staff Time
 - “Time to complete assessment, medical clearance and placement at HSC”
 - “We spend a lot of man hours transporting these folks, sometimes hours away to a mental health facility.”
 - “Depending on the degree of mental illness, an inmate can be very needy and their care can be very time consuming.”
 - “Take up a disproportionate amount of our staff time”
 - Mentally ill inmates are incredibly labor intensive
 - “Staff shortage.”
 - “TOO TIME CONSUMING!!!”



109

Biggest Challenges in Housing those with Mental Illness

- Mental Health Staffing
 - “No qualified staff in the facility”
 - “No medical or psychiatric staff. Counselor must be called in to assess inmate, can take up to 24 hours before seen.”
 - “Need for additional MH services/staff.”
- Cost
 - “Costs of medications”
 - “Budgets are hard to develop when dealing with mental health related medications and care.”
- Training
 - “We don’t have proper training or staff to take care of them.”



110

Biggest Challenges in Housing those with Mental Illness

- Services
 - “Access and distance to all types of mental health facilities”
 - “Being able to provide the services needed”
 - “Mental Health professionals seldom come to the jail to counsel with clients (I have only witnessed this one time). They will only visit if the person is involved in a committal process.”
 - “We are not a mental facility and do not have mental medical staff on hand to deal with these individuals. We have to transport to a medical facility for care. When an involuntary committal is done they are in and out of HSC in a matter of a few days.”
 - “Long distance to travel to Yankton for the eval”



111

Biggest Challenges in Housing those with Mental Illness

- Services
 - “County and community have no mental health professionals readily available to assist with the problem”
 - “Medical screen to get the OK on committal transports to HSC”
 - “Figuring out what the issue is and what medication is truly needed. Some come in claiming to be on all kinds of things.”
 - “Getting proper diagnosis and proper treatment from mental health services is a very big challenge. We have had numerous incidents where an inmate is dealing with mental health issues and would most likely benefit from inpatient treatment but local mental health services do not see the need unless the inmate is actively harming himself or others.”
 - “Currently hold an individual with developmental disabilities in jail for over 2 months due to the State saying there is no bed available, even with a court order. Yet, due to the seriousness of the crime cannot release him to the public.”



112

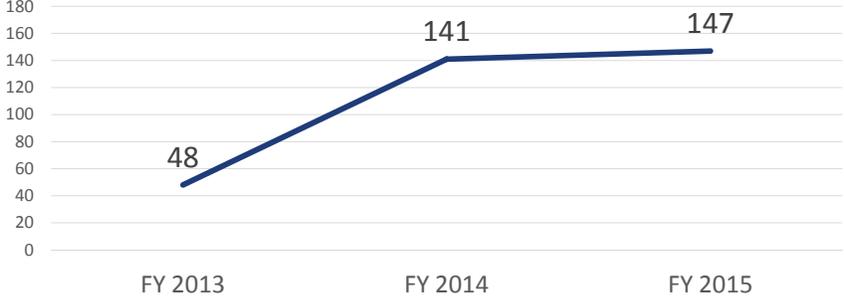
Forensic Evaluations



113

Forensic evaluations ordered tripled from FY 2013 to 2015

Statewide Mental Forensic Evaluations Ordered (FY2013-2015)



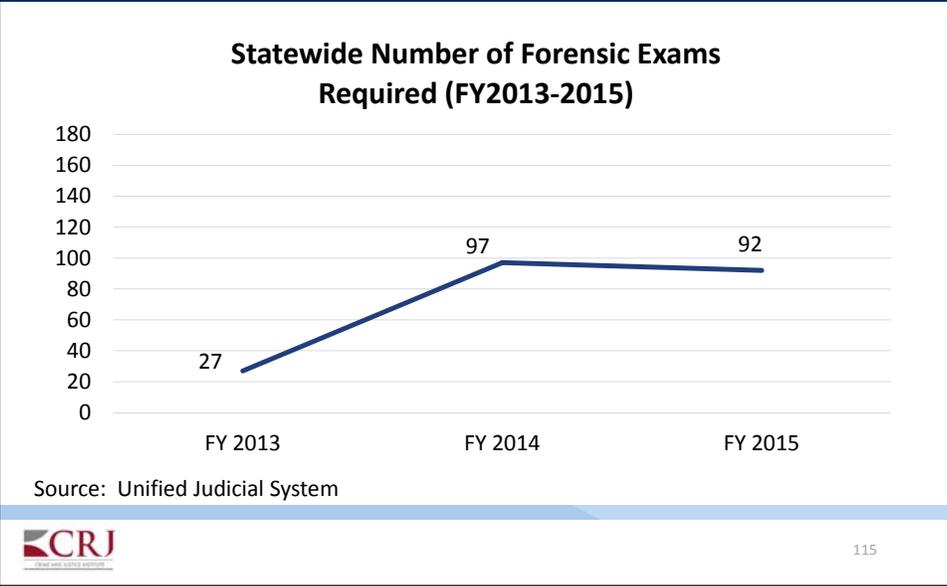
Fiscal Year	Number of Evaluations
FY 2013	48
FY 2014	141
FY 2015	147

Source: Unified Judicial System

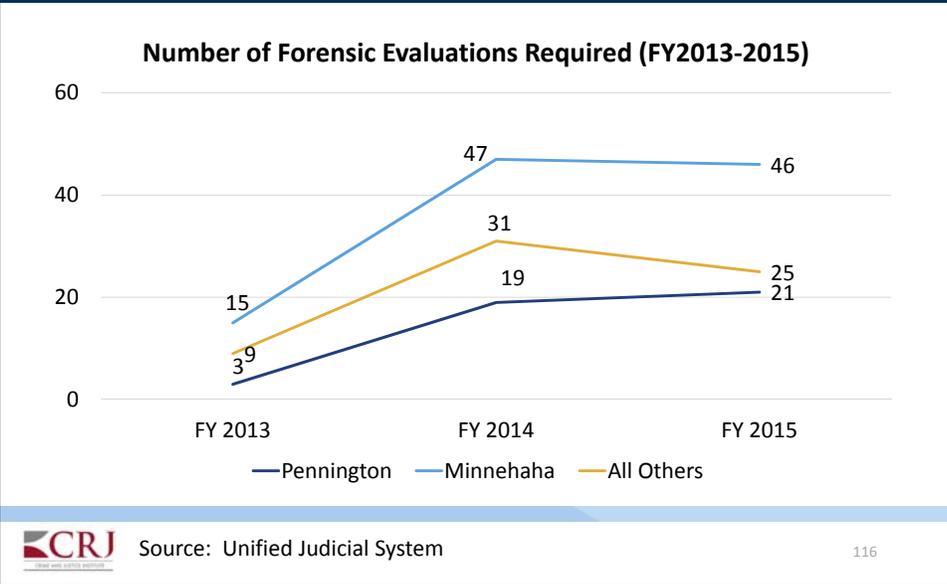


114

The numbers of exams required on those orders was lower, but the trend is the same



Minnehaha and Pennington Counties drove the increase in the required exams



Minnehaha Public Defender Office File Review Findings

- Reviewed 30 files
- Requests for forensic exams not driven by specific attorneys
- Mental illness (or psychosis induced by drugs/alcohol) evident at time of arrest per police report in 13 of 30 files
- 16 of 30 files involved an assault charge
 - 10 of the 16 assaults involved a charge of assault/threat on law enforcement or EMT



117

CRIME AND JUSTICE INSTITUTE

Probation



Probation Supervision

- Probation is under the Unified Judicial System (UJS)
 - 7 circuits, each with Court Service Officers (CSOs) responsible for probation supervision
- Supervision levels
 - Intensive
 - High
 - Medium
 - Low
 - Administrative
 - Case Service Monitoring
- No specialized caseloads for probationers with mental illness



119

Probation Supervision: Assessments

- No mental health screens or assessments conducted by CSOs
- Supervision levels and service referrals are driven by a risk and needs assessment
 - UJS uses the Level of Service Inventory-Revised (LSI-R)
 - CSOs may use certain items on the assessment to:
 - Help determine need for referral for a mental health evaluation
 - Assist in case planning



120

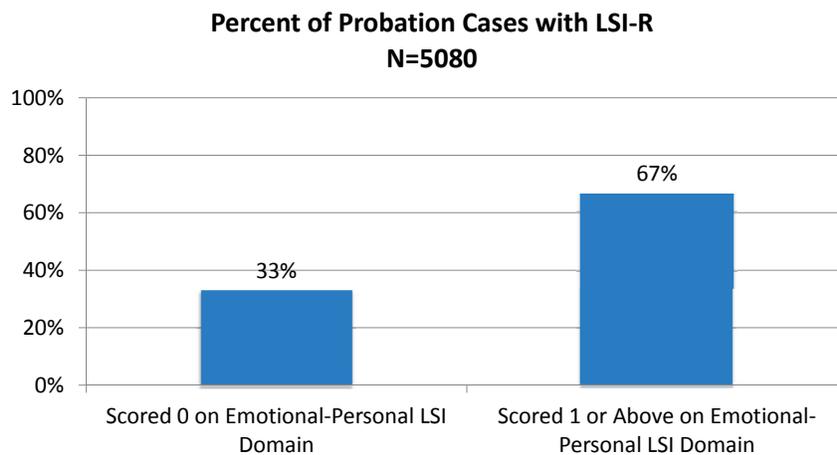
Probation Supervision: Assessments

- LSI-R Emotional/Personal Domain
 - Moderate interference
 - Definition of Interference – Inability to handle life’s stressors, and to function in every day life
 - Severe interference, including active psychosis
 - Indications of a possible serious mental health problem
 - Past and present mental health treatment
 - Structured mental health treatment with a psychiatrist, psychologist, or mental health worker
 - Medication monitoring by medical or mental health professional
 - Psychological assessment indicated
 - Assessed and diagnosed or exhibiting certain behaviors



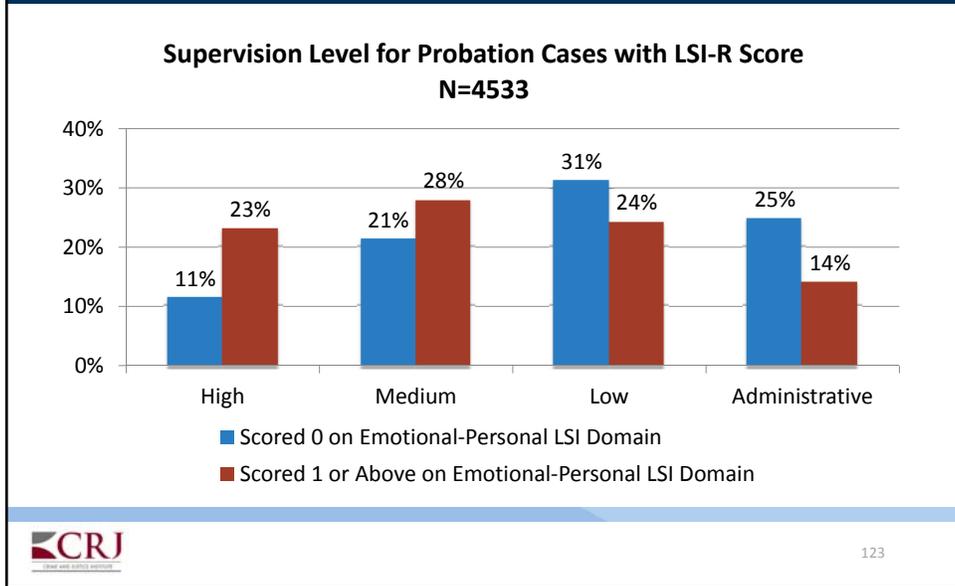
121

Two-thirds of the probation population had some indicator of past or present MH issue

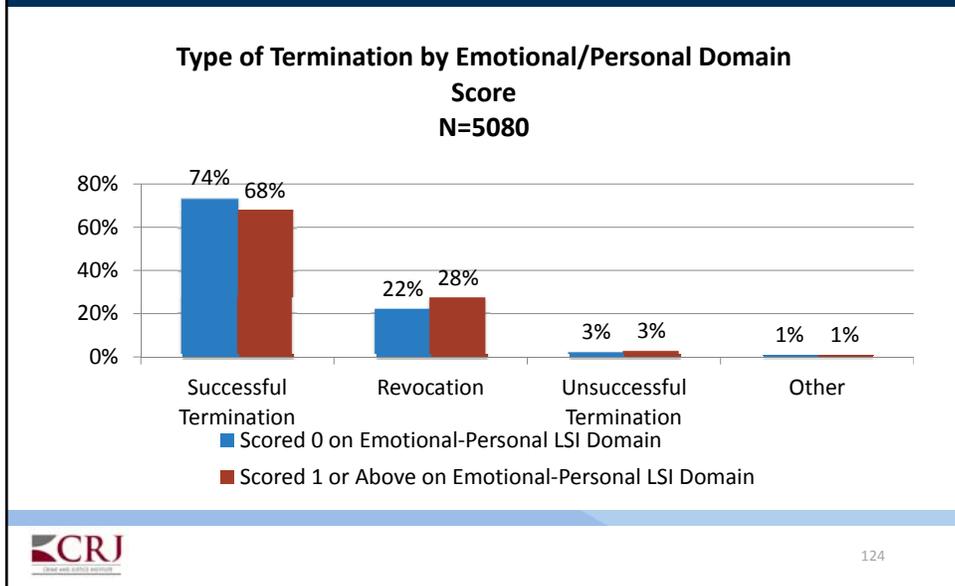


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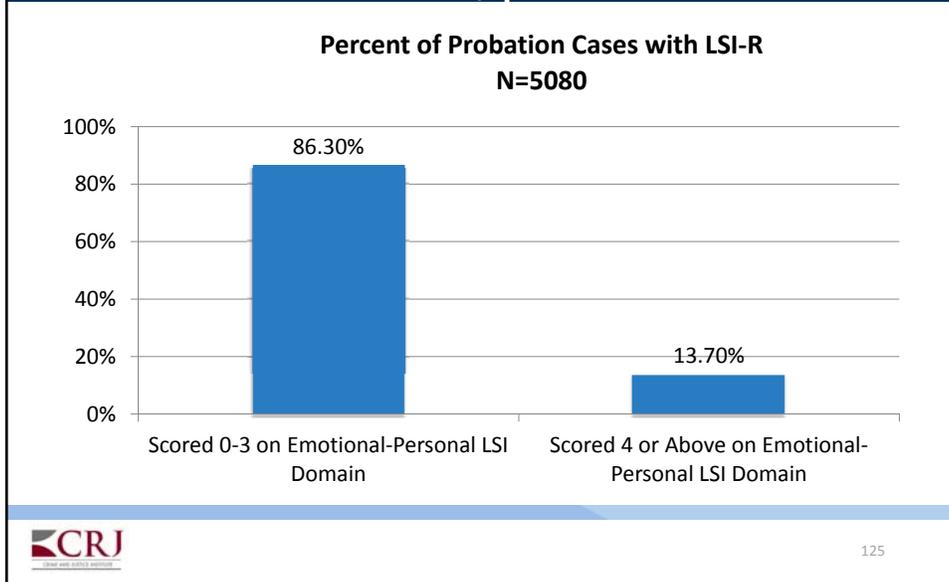
Probationers with some indicator of a MH issue tended to be on more intensive probation levels



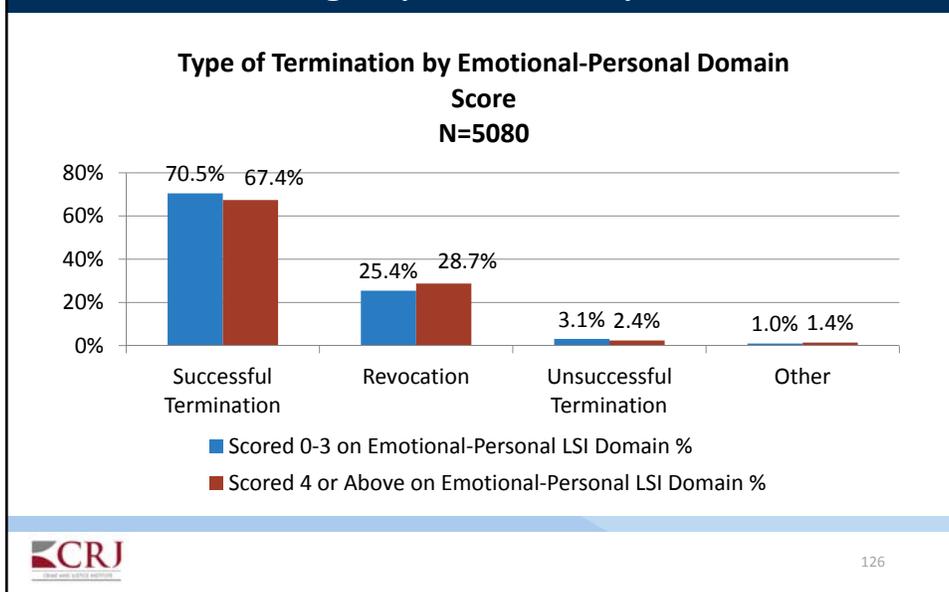
Probationers with some indicator of a MH issue are slightly more likely to be revoked



14% of probationers scored 4 or above on the emotional/personal domain



Probationers with indicator of more serious MH issues were slightly more likely to be revoked



Probation Supervision: Case Planning

- Court Services uses an Adult Change Plan
 - Guided by the LSI-R results and input from treatment providers
 - When referrals are made for mental health evaluations, the provider generally provides sufficient information to the CSO to assist in the change plan



127

Probation Supervision: Conditions

- Obey the law
- Subject to sanctions grid
- May or may not need to maintain employment
- Permission prior to change of phone #, job, schooling, or residence
- Remain in SD
- No firearms
- No missed appointments with CSO
- Advise employer of probation status
- Allow CSO to have picture for ID & recordkeeping
- No gang affiliation
- Successfully complete evaluations, counseling, treatment directed by CSO



128

Probation Supervision: Violations

- Guided by Supervisory Response Grid
 - Suggests appropriate responses to violations based on severity of the violation and the probationer's risk level
 - Applies to all probationers
- CSOs have discretion on how violations are handled



129

Probation Supervision: CSO Training

- No special mental health trainings required for CSOs
- Yearly training often includes a presentation related to mental health issues



130

Probation Key Takeaways

- No mental health screeners or mental health assessments are done by Court Services
- LSI-R results may guide referrals for mental health evaluations and case planning
- Those with mental health issues are slightly more likely to be revoked
- CSOs have discretion to respond to violations



131

Upcoming Meetings

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

Next Steps

- Data follow up, as needed
- Forensic evaluation Q&A
- Review of understanding of the problems we face
- Guiding research principles

