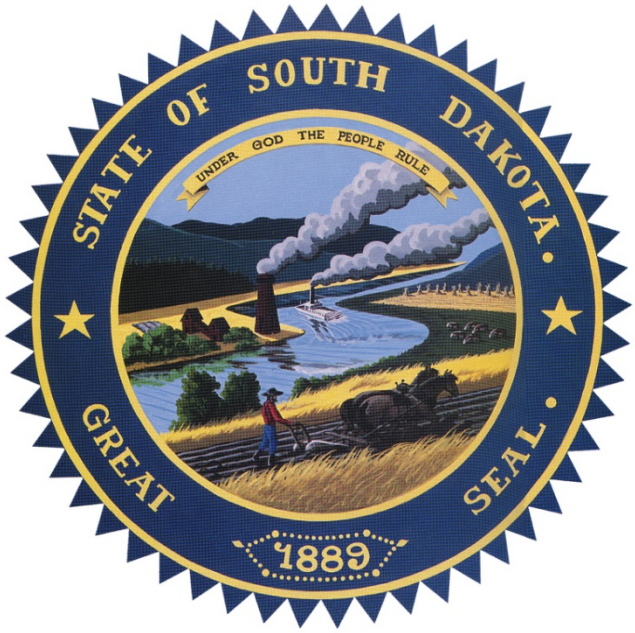


TASK FORCE ON COMMUNITY JUSTICE AND MENTAL ILLNESS EARLY INTERVENTION

Final Report

November 2016

THE TASK FORCE WAS SUPPORTED THROUGH A GRANT FROM
THE HELMSLEY CHARITABLE TRUST

Supreme Court
STATE OF SOUTH DAKOTA

David Gilbertson
CHIEF JUSTICE

October 28, 2016

Dear Fellow Citizens of South Dakota:

The State of South Dakota has a history of tackling problems rather than ignoring them or sweeping them under the rug. We all know that problems that are ignored do not go away. They continue to grow until they become so large that they can no longer be ignored.

In late 2015 it came to my attention that people were incarcerated who could not timely move forward in the criminal justice process because there was a question of whether they were mentally competent to understand the criminal justice process and assist their attorney in defending against their criminal charges. The number of these unfortunate people tripled between 2013 and 2015. Given South Dakota's limited mental health resources, this increase resulted in people sitting in jail for months before they could be evaluated by those authorized to do mental competency evaluations. Our existing system became unmanageable and enlarged taxpayer expense since people were housed in jail for longer periods of time at public expense. Nobody benefitted from this situation.

When this problem came to my attention, I called for the creation of a task force to study this situation and other challenges facing people with mental illness in the criminal justice system and to recommend solutions. I was quickly and strongly supported by Governor Daugaard. We created a task force comprised of people possessing expertise in law enforcement, criminal justice, and mental health. The task force was charged with identifying the nature of the problem, studying it, and coming up with proposed solutions. We were fortunate to receive financial assistance for the project from the Helmsley Charitable Trust.

The 22-member task force met monthly from March 2016 through October 2016. The task force received input from experts in the field, various governmental entities, and the public.

This report is the culmination of the task force's work. It has specific recommendations to improve how South Dakota's criminal justice system deals with individuals who may be mentally ill and face criminal charges. We hope this report results in legislation addressing these problems.

In sum, it is South Dakotans addressing South Dakota problems and coming up with South Dakota solutions.

Sincerely yours,

David Gilbertson
Chief Justice
Supreme Court of South Dakota

State Capitol Building Pierre, South Dakota 57501-5070 (605) 773-6254

Task Force on Community Justice and Mental Illness
Early Intervention
Final Report

SUMMARY

Concerned with delays in completing court-ordered evaluations for competency to stand trial and with the processing and treatment of people with mental illness in the criminal justice system, Supreme Court Chief Justice David Gilbertson, with support from Governor Dennis Daugaard, appointed 22 members to the Task Force on Community Justice and Mental Illness Early Intervention in early 2016.

On March 30, 2016, the Chief Justice, as Chair of the task force, convened the members to begin their study of how individuals with mental illness encounter law enforcement and move through the court system, jails, and probation. The Chief Justice charged the group with three goals:

1. 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.

2. 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.

3. 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.

Over the course of seven months, task force members learned about mental illness nationally and in South Dakota, studied state laws on options for people with mental illness and requirements for mental illness evaluations, analyzed court and jail data, considered promising practices, and solicited input from over one hundred stakeholders statewide. The task force found that:

- Options to divert people from the criminal justice system are limited to certain geographic areas;
- The criminal justice system lacks procedures for early identification of mental illness;
- People with indicators of mental illness are more likely to be detained pretrial and to stay longer in detention, yet jails are not equipped to address their needs; and,

- Court orders regarding competency evaluations tripled in a 3-year period, while the common practice of multi-purpose evaluations and wait times for evaluations drove higher costs.

The task force is putting forth a set of 15 recommendations to be implemented over several years. These recommendations will move South Dakota towards earlier identification of mental illness through expanded training for law enforcement and mental health screening in jails. With earlier identification comes opportunities to divert people with mental illness from jail into treatment in the community when it is safe and appropriate. This would be made possible through increased training for criminal justice system stakeholders and strengthened linkages to the state's mental health system. These opportunities to divert these individuals into services, as well as expedited court-ordered evaluations, are expected to result in fewer jail bed days utilized for individuals with mental illness and better outcomes when people are linked to mental health services.

THE PROBLEM

National estimates by the Substance Abuse and Mental Health Services Administration (SAMHSA) indicate that nearly one in five US adults has a mental illness and about four percent of the population has a serious mental illness. These rates have generally held steady over the past seven years.[1] South Dakota's estimates are slightly lower than the national average in all but one bordering state;[2] however, despite these lower rates, data from the US Department of Health and Human Services indicates South Dakota has significant mental health care staffing shortages.[3]

One of the challenges facing policy makers who are confronted with issues associated with the intersection of mental health and the criminal justice system is lack of data. There is no national level data on the number and percentage of law enforcement encounters with individuals with mental illness. There is also no national data collected on the prevalence of individuals with mental illness in our nation's court systems, their pretrial experiences, court processing times, or sentencing.

What data does exist on the mentally ill in our country's jails is somewhat outdated. A 2006 examination by the Bureau of Justice Statistics (BJS) indicates that 60 percent of people in jail had symptoms of a mental disorder in the past year based on criteria specified in the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV).[4] This is three times greater than the US adult population. While the BJS and SAMHSA figures do not provide an exact comparison, it is clear that those in jail are more likely to experience mental illness.

THE TASK FORCE ON COMMUNITY JUSTICE AND MENTAL ILLNESS EARLY INTERVENTION

Each year, significant numbers of persons with mental illness come into contact with the criminal justice system nationally and in South Dakota. Following concerns about court processing delays for defendants awaiting competency evaluations and a recognition that there has not been a coordinated effort in the state to improve the evaluation, diversion, and treatment of persons with mental illness coming into the criminal justice system, Chief Justice Gilbertson, with support from Governor Daugaard, established the Task Force on Community Justice and Mental Illness Early Intervention in early 2016.

Under the chairmanship of Chief Justice Gilbertson and with Governor Daugaard's General Counsel Jim Seward serving as vice chair, the task force included legislators, judges, a court administrator, law enforcement, a state's attorney and defense attorney, cabinet secretaries from Corrections, Social Services and Tribal Relations, mental health providers and advocates, as well as county representatives. The group had three goals:

1. 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.

2. 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.

3. 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.

To move the state toward these goals, the 22-member task force was charged with examining how individuals with mental illness come into contact with law enforcement and move through the court system, county jails, and probation; considering promising practices and successful reforms from other states; and developing tailored policy options for South Dakota.

To better understand how mental illness and the criminal justice system intersect, the task force conducted a review of state laws, analyzed data from two jails as well as the court system, administered a survey of jails, and consulted with system stakeholders. The members also reviewed policies and practices from other areas of the country during task force meetings and in policy subgroups. Armed with this information, three subgroups suggested policy options and the task force as a whole debated and came up with the set of recommendations presented in this report.

KEY FINDINGS

The examination of how people with mental illness come into contact with and move through the criminal justice system resulted in four key findings that informed the task force recommendations. The task force found that:

- Options to divert individuals from the criminal justice system are statutorily authorized, but are not available in all areas of the state;
- The criminal justice system lacks adequate procedures to identify mental illness early once an arrest has been made;
- People with indicators of mental illness are more likely to be detained pretrial and to stay longer in detention, yet jails are not equipped to address their needs; and,
- Court orders regarding competency evaluations tripled in a 3-year period, while the common practice of multi-purpose evaluations and wait times for evaluations drove higher costs.

Options to divert individuals from the criminal justice system are statutorily authorized, but are not available in all areas of the state

While there is no state-level data on law enforcement contacts involving people with mental illness, studies from other jurisdictions estimate that seven to ten percent of law enforcement encounters involve people with mental illness.[5,6] As is true across the US, law enforcement in South Dakota is a primary response to mental health crises in our communities.

Emergency mental illness holds are one of the options available to law enforcement when dealing with a person in crisis. This process involves a law enforcement officer taking a person in crisis into protective custody for a mental health evaluation without a warrant (§27A-10-3) if the person is alleged to be severely mentally ill and immediate intervention is necessary for the protection from physical harm to self or others (§27A-10-1).

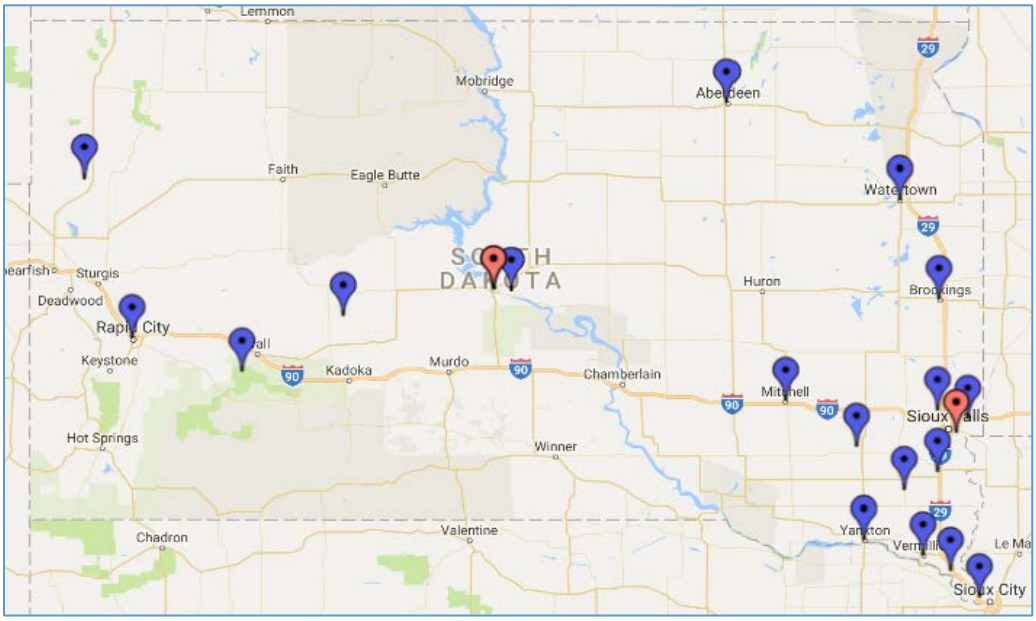
In addition to initiating an emergency mental illness hold, South Dakota statute authorizes two other options for law enforcement who encounter a person who appears to be experiencing a mental health crisis, or is exhibiting signs of mental illness. Law enforcement may make a referral to a mobile crisis team or crisis intervention team certified law enforcement officer (§27A-10-21). These options are intended to de-escalate crises, connect people to mental health services, and divert people from the criminal justice system when appropriate. Crisis Intervention Team trained officers understand mental illness and the services available in their communities. When they encounter or are called to assist a person in crisis, they use de-escalation skills to safely resolve the situation and may also connect people to mental health services. Mobile crisis team members are mental health professionals who can be called by law enforcement to meet with a person in crisis face-to-face wherever the crisis is occurring or where the person is comfortable. Team members may assess and de-escalate the situation and may offer to link the person to services as needed.

Stakeholders overwhelmingly view the use of existing mobile crisis teams and crisis intervention team certified law enforcement officers as effective approaches to handling mental health

related incidents and crises in the community, yet they are not in place statewide. The task force learned about the two mobile crisis teams in operation. Minnehaha County's team has been operating since 2011 and, according to data collected by Southeastern Behavioral Health in Sioux Falls, calls for that team's services grew more than six-fold since it began. In 2016, Hughes County established a mobile crisis team as well.

Crisis intervention is more prevalent. Twenty-two police and sheriffs' departments are known to have Crisis Intervention Team (CIT) certified law enforcement officers; however, these departments are concentrated in a few areas of the state. The map below shows the locations of known mobile crisis teams and agencies identified as having officers trained in CIT.

Locations of Known CIT-trained Agencies and Mobile Crisis Teams



The criminal justice system lacks adequate procedures to identify mental illness early once an arrest has been made

One of the task force goals was to more effectively identify mental illness in people coming into contact with the criminal justice system. Law enforcement receives some mental health training to help them do this and to divert people from the system, but once an arrest is made there is little in the way of early identification of mental illness.

Some jails have mental health questions as part of their intake processes, but only one county uses a standardized mental health screen to identify who may need further mental health evaluation. There is no mental health screening conducted by the court system or probation.

Lack of identification and information about mental illness in the early stages of the criminal justice process limits the ability of prosecutors and judges to identify opportunities to divert people from jail, when safe and appropriate, into community-based treatment. It also hampers the ability of policy makers to plan and make informed policy decisions when there is insufficient data on the numbers of people affected and the types of mental illness.

People with indicators of mental illness are more likely to be jailed pretrial and to stay longer in jail, yet jails are not equipped to address their needs

Despite the challenges associated with identifying people with mental illness in the jails, the task force was able to analyze data from the Pennington and Minnehaha County Jails. Mental health and corrections staff from both jails agreed that being in jail more than four days and accessing jail mental health services is one indicator of possible mental health problems. This proxy measure was used in the jail data analysis.

The findings from the analyses from both jails were consistent. People accessing jail mental health services:

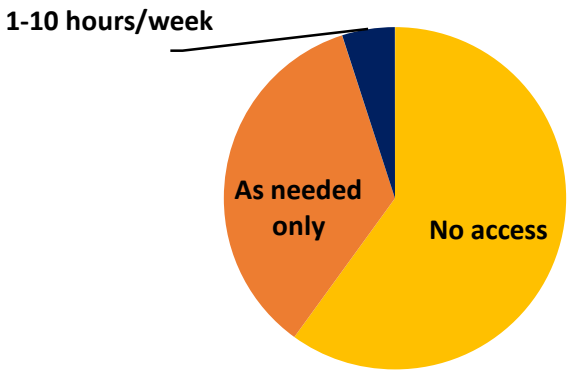
- Were less likely to be released pretrial;
- Stayed 2 to 3 times longer than those who did not access these services; and,
- Were more likely to have disciplinary issues and to have more of them.

The 2006 BJS study revealed similar findings—jail inmates with a mental health problem are more likely than those without a problem to be charged with rule violations and involved in assaults.[7]

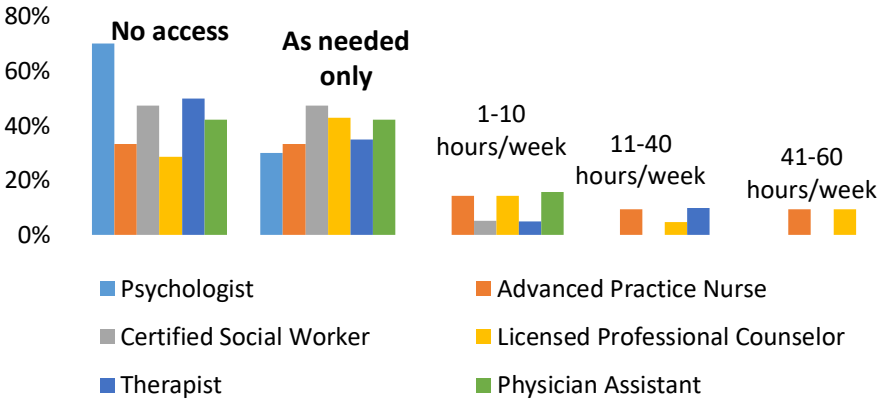
The Pennington and Minnehaha County Jail data findings were also consistent with an analysis of court data. Because there is no screening and assessment process aside from court-ordered evaluations at the beginning of the criminal justice process, there is no indicator of mental illness in the Unified Judicial System data system. As a proxy measure for mental health issues, criminal cases with a civil commitment history were examined. These data showed that persons with a prior commitment history moved more slowly through court than those without that history, were more likely to be held in jail pretrial and stay longer in pretrial detention, and were more likely to have a future criminal case.

The longer jail stays are concerning because a survey conducted by the task force of South Dakota jails, with 24 of 28 jails responding, revealed that limited mental health training is provided to corrections staff. In some counties with jails, there is no mental health training. Also, many jails do not have regular access to qualified mental health professionals. The two charts below show that 60 percent, or 12 of 20 jails responding to the question about access, reported no access to a staff or contracted psychiatrist. And, most jails have either no access or "as needed" access to other mental health staff.

60% of South Dakota Jails Have No Access to a Staff or Contracted Psychiatrist



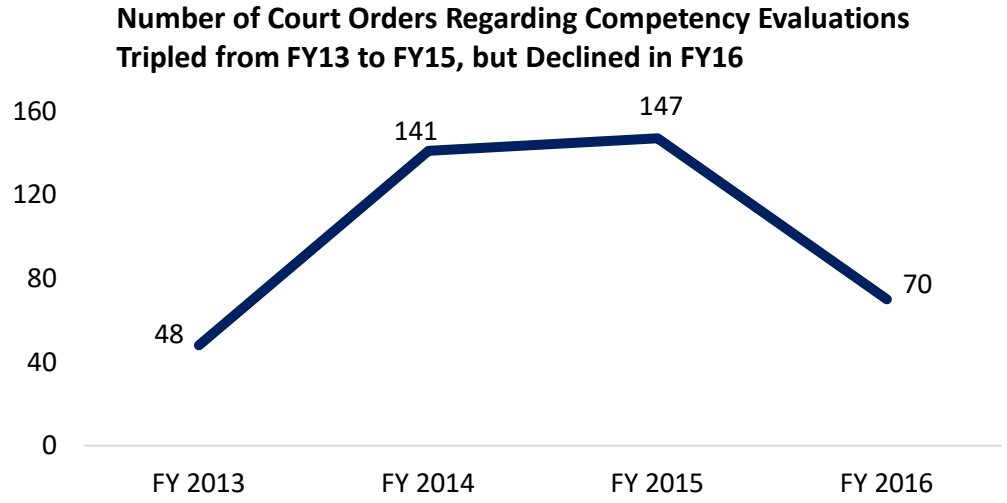
Most Jails Have Limited to No Access to Other Mental Health Professionals



In addition to limited access to jail mental health services, 15 of 24 jails reported that they do not have a process in place to connect people being released from jail with mental health services they may need. The jails that do have a process in place to link people to services do so to varying degrees, from informing released individuals of available services in the community, to setting up appointments with a community mental health center, to formalized programs to help people transition back to the community and to connect them with services.

Court orders regarding competency evaluations tripled in a 3-year period, while the common practice of multi-purpose evaluations and wait times for evaluations drove higher costs

The number of competency evaluation-related orders tripled between FY 2013 to FY 2015. As shown in the following graph, there were 48 orders for evaluations in FY2013; two years later that number grew to 147 orders. In the most recent fiscal year, the number dropped by 52 percent to 70 orders.[8]



Since 1985, SDCL 23A-46-1 authorized both psychiatrists and psychologists to conduct evaluations of defendants' competence to stand trial; however, there is a practice in South Dakota that leads to these evaluations being conducted primarily by psychiatrists. Requests for competency evaluations have been coupled with requests and orders for two other forensic evaluations—those associated with the guilty but mentally ill (GBMI) and insanity defenses. Prior to a new state law effective July 1, 2016 that authorized psychologists to conduct the GBMI evaluations, only psychiatrists could do these examinations. Now, only insanity evaluations must be done by a psychiatrist. When all three examinations are ordered together, it means they will be done by a psychiatrist which is typically more expensive.

The cost of the evaluations has led to long waits for defendants in the jails. There is currently a fiscal incentive for counties to have competency evaluations done at the Human Services Center (HSC), which only has the capacity to conduct three per month. Counties pay the HSC admission fee of $600, and the state pays the cost of the evaluation by a psychiatrist in these cases. This option is preferable to counties because contracting for a psychiatrist on their own costs approximately $3500.

POLICY RECOMMENDATIONS

The task force's policy recommendations are grounded in the key findings and focus on these important questions:

- What can be done to more effectively identify mental illness early in the criminal justice system with the intention of getting people into services earlier?
- What options can be expanded to divert people into community-based mental health services to safely reduce jail stays?
- How can the timeliness of court processing be improved for people with mental illness?
- What can be done to better ensure access to services for those with mental illness in the criminal justice system so as to reduce the likelihood of future involvement?
- Are there opportunities to shift investments into less costly community-based alternatives?
- Are there ways to hold government more accountable for the efficiency and effectiveness of the criminal justice system response to mental illness?

The proposed recommendations represent a multi-year implementation effort to begin to move South Dakota toward more effective practices within the criminal justice system for those with mental illness.

Identify Mental Health Issues Early

1. ***Strengthen the ability of law enforcement to identify mental illness, safely address crisis situations, and understand diversion options***
    a. Expand Crisis Intervention Team (CIT) Training by piloting a CIT Coordinator contracted by Department of Social Services (DSS), and establish the Coordinator permanently if it is shown to be effective. DSS will work with the Law Enforcement Training Academy to determine the most appropriate entity in which to place the Coordinator. The Coordinator will provide training and technical assistance to counties and/or regions across the state to build local capacity and expand the number of CIT trained law enforcement officers. The Coordinator will also assist the Law Enforcement Training Academy with training, as needed. A statewide advisory team will advise the Coordinator, analyze the ongoing need for a CIT Coordinator, and recommend that the position be continued or discontinued. The CIT Training provided will adhere to the goals and core elements of the Memphis CIT model or other evidence-based models.
    b. Request via the Attorney General that the Law Enforcement Officers Standards and Training Commission increase the number of hours of mental health training at the Law Enforcement Training Academy.

c. Create a mechanism for mental health professionals, advocacy groups, and other informed individuals to have input into the content of mental health training at the Law Enforcement Training Academy.
d. Require the Law Enforcement Training Academy to develop and implement, with stakeholder input, standard protocols and uniform mental health training for all dispatchers. Make the protocols and basic mental health education available to dispatchers via the Division of Criminal Investigation's South Dakota Law Enforcement On-line Academy.
e. Require Department of Public Safety to develop and distribute to all law enforcement officers a checklist that includes: statutory definitions of "danger to self and others;" statutory requirements for initiating an emergency mental health hold; and, tips for how to speak with a person in a mental health crisis. Include these topics on the Division of Criminal Investigation's On-line Academy for law enforcement statewide.
f. Provide tribal police access to any mental health training available through the On-line Academy.

2. Require the use of a standardized mental health screen at jail intake

a. Involve jail administrators and mental health professionals in the selection of an evidence-based screening tool.
b. Rollout a standardized jail mental health screen in four counties (Pennington, Minnehaha, and two smaller jails) and then implement a standardized screening tool statewide.
c. It is recommended after the screening tool is implemented statewide, jails will collect data on screening results to evaluate future budgetary needs for assessments on individuals who screen positive.

3. Establish a process for mental health assessment following positive jail mental health screens

a. Currently, mental health assessments conducted in jails are county obligations. It is the recommendation that the cost of assessment following a positive mental health screen be shared by the state and counties beginning in FY 2019.[9] The Oversight Council shall examine the financial impact of evaluations completed and make recommendations as to any cost-sharing that may be appropriate.
b. Develop an information sharing mechanism for jails to determine if a person screening positive is an active client of a behavioral health provider. If the person is an active client of a behavioral health provider, an assessment may not be needed while in jail, but pertinent information must be provided to the court as needed by the behavioral health provider. Jails may still need to ensure assessments are conducted at the jail for people who will remain for a longer

period of time, and may need to do assessments regardless of anticipated length of stay when the situation warrants it. For those individuals who are not active clients of a behavioral health provider, the Sheriff will ensure an assessment is conducted if the person remains in jail.

c. Unless Medicaid expansion occurs in South Dakota or taxes are raised at the county level, it is unlikely available funding will support full implementation of this recommendation.

Expand Opportunities to Divert People with Mental Illness from the Criminal Justice System

4. Expand the availability of crisis services statewide

a. Encourage expansion of mobile crisis teams or crisis locations statewide by establishing state dollars for a one-time grant program for counties or regions to set up appropriate crisis response.
b. Consider the establishment of a statewide crisis call center or regional centers for people in crisis as an alternative to 911.

5. Provide training for prosecutors to utilize deferred prosecution

a. The Department of Social Services will ensure there are entities in the counties to provide treatment services and a process in place for getting people into the services as part of a deferred prosecution option.
b. After initial training, State's attorneys will be trained at least once every four years on available services and how to access them for individuals with known and/or documented mental illness who have a history of jail bookings.
c. If the state's attorney determines that the individual qualifies for diversion and the individual has complied with treatment services recommended by a behavioral health provider and ordered by the court, the charge may be dismissed. If the individual does not comply with treatment services, the state's attorney may proceed with prosecution.

6. ***Revise the bond statutes to allow judges to make mental health assessment and treatment a condition or modification of bond***
    a. Require jail mental health screening results be delivered, if collected, to the judge for the bond hearing.
    b. Bond conditions may include: attend court; acquire no further offenses; schedule an assessment by the next court date; and, follow treatment recommendations. The court may consider available funding for assessments and a defendant's ability to pay for the assessment.
    c. The Department of Social Services will ensure the court has received training in and documentation of the referral process for assessment and treatment.
    d. Require the provider to report non-compliance. The Unified Judicial System will work with the Department of Social Services and representatives of the community mental health centers to define "non-compliance" and mechanisms to report it.

7. ***Pilot a post-adjudication mental health court in Pennington County and evaluate its effectiveness***
    a. The court in Pennington County will establish a specialized docket for certain offenders with mental illness that substitutes a problem-solving model for the traditional criminal court procedures.
    b. Participants will be identified through mental health screening and assessments and voluntarily participate in a judicially supervised treatment plan developed jointly by a team of court staff and mental health professionals.
    c. The mental health court will include incentives to reward adherence to the treatment plan or other court conditions. Nonadherence may be sanctioned.

8. ***Evaluate the need for and feasibility of Forensic Assertive Community Treatment (FACT) Teams***
    a. FACT is "an adaptation of the traditional assertive community treatment (ACT) model for people with serious mental illness who are involved with the criminal justice system. ACT is a psychosocial intervention that was developed for people with severe mental illness (a subset of serious mental illness, marked by a higher degree of functional disability) who have significant difficulty living independently, high service needs, and repeated psychiatric hospitalizations."[10]

Increase Timeliness of Court Processing

9. Expedite the completion of court-ordered competency evaluations

a. The Department of Social Services will make the funds used by the Human Services Center (HSC) to contract for the completion of competency evaluations available to counties for competency evaluations on an ongoing basis. Counties are responsible for competency evaluations and any amount needed beyond what HSC contributes to the fund would be the responsibility of the counties. The intent is that the Human Services Center will no longer conduct competency evaluations.

b. Create a standardized, statutorily required release of information form for requesting behavioral health records for competency evaluations.

c. Require standardized evaluation instrument(s) to be used for competency, separate from evaluations for insanity or guilty but mentally ill defenses.

d. Require that the competency evaluation results be completed and available to the court the within 21 days of the court order, unless there is good cause to exceed this timeframe. Quarterly, the Unified Judicial System will compile and make available to county auditors a list of evaluators completing competency evaluations and the days from court order to completion of the competency evaluation reports.

e. Clarify which mental health professionals may conduct competency evaluations currently and expand the list of professionals authorized to perform competency evaluations. Authorize the following, with training on how to conduct and score the evaluations, to perform competency evaluations in addition to psychiatrists and psychologists:

    - Certified social worker licensed for private independent practice with two years of supervised clinical experience in a mental health setting;
    - Advanced practice nurse with at least a master's degree and a psychiatric certification; and,
    - Licensed professional counselor--mental health.

    DSS will maintain a list of evaluators who have received training on how to conduct and score the evaluations.

10. ***Develop standard protocols for the processing of individuals with mental illness through the court system***
    a. Recognizing that while mental health courts are not viable alternatives in most areas of South Dakota because of population size, some core elements of mental health courts may be incorporated into court processing for a specific target population—those individuals with severe mental illness, where the offense is connected to the mental illness, and the individual is unable to make bond.
    b. The protocols for this population will include: a process for identifying the target population through assessment; a documented process for referral to treatment; a team approach to the development and modification of individualized treatment plans and ongoing coordination to ensure the plans are effective; a process for information sharing amongst the team members; and, planning and coordination that includes referrals for non-mental health services and resources. Ongoing evaluation of the protocols will be conducted to ensure the protocols are improving coordination, accountability, timeliness, and effective treatment; determine if the target population is able to access mental health services; monitor the impact of the protocols on community mental health centers; and, identify services and other needs of the population that are not available through the community mental health centers.

Ensure Access to Services

11. ***Expand the telehealth infrastructure to increase access to services for people with mental illness who have contact with the criminal justice system***
    a. Provide a telehealth option for competency evaluations.
    b. Evaluate the feasibility of the use of telehealth for mental health assessments in jails; crisis consultations for law enforcement; crisis response for people who have encounters with law enforcement; probation mental health services; and, jail mental health services. Pilot telehealth for those services found to be feasible through the evaluation.

12. ***Develop a process to connect people with possible mental health issues who are released from jail to mental health services***
    a. A group including sheriffs, jail administrators, jail mental health staff, Department of Social Services, and mental health providers will develop the process. The group will consider how long a person is in jail, perceived or assessed level of need, engagement strategies, information sharing and communication between mental health providers and jails, and issues related to access to services in rural areas.

Hold Government More Accountable

13. Require mental health training and information for system stakeholders

a. Train judges, state's attorneys, and court-appointed defense attorneys on signs and symptoms of mental illness, as well as eligibility criteria for and availability of mental health services.
b. Train probation officers to recognize the signs and symptoms of mental health problems and to defuse mental health crises.
c. Train county and city jail corrections officers and Department of Corrections' adult facility staff at least once every four years to recognize the signs and symptoms of mental health problems and defuse mental health crises. Provide an online option for this training via the Division of Criminal Investigation's South Dakota Law Enforcement On-line Academy.
d. The Department of Social Services will annually compile a list of services available statewide through the community mental health system and the eligibility criteria for each service to distribute to judges, court services officers, and jails. The Department of Social Services will work with the Unified Judicial System and sheriffs to distribute the information.

14. Require mental health related data collection and reporting at multiple points in the criminal justice process

a. Require jails and Court Services to gather and report key mental health data.
b. Gather data and report on each major policy recommendation from the task force.

15. Establish an oversight council to track implementation and outcomes and look for ongoing opportunities to support improved policies and practices for people with mental illness in the criminal justice system

a. In addition to reviewing data reports from criminal justice and mental health stakeholders and tracking implementation of the recommended policies, the oversight council will consider policies and practices that enhance communication and information sharing between criminal justice entities and the mental health system, improve the recruitment and retention of mental health professionals, and expand access to mental health services for criminal justice populations. The council will work to identify savings or averted costs that result from the recommended policy changes, assess the need for Forensic Assertive Community Treatment teams, consider the establishment of a statewide crisis call center or regional centers as an alternative to 911, and appoint a subgroup to enhance the ability of jails to connect people to mental health services prior to

and upon release to the community. The oversight council will also be responsible for evaluating the feasibility of telehealth options, and if feasible, for recommending pilot programs for jail mental health assessments, law enforcement crisis consultations and crisis response, and probation and jail mental health services.

CONCLUSION

Over the last several decades, the criminal justice system has become a primary response to mental illness across the US. Studies have shown that up to one in ten law enforcement calls is related to mental illness, and six in every ten inmates in our country's jails have symptoms of a mental health disorder. And, it is well known that the criminal justice system is not always well suited to effectively address the challenges and needs of people with mental illness under its care and supervision.

The Task Force on Community Justice and Mental Illness Early Intervention recommends to Governor Daugaard and legislative leaders the policy changes within this report, which are the result of months of study and input from stakeholders across the state. The recommendations represent an opportunity for South Dakota to expand tools for law enforcement to better identify mental illness and divert people from arrest, develop stronger linkages between the criminal justice and mental health systems so people can be connected earlier to mental health services and diverted from jails when appropriate, improve access to services, and educate system stakeholders and hold government more accountable for outcomes.

The task force believes South Dakota can do better to address the needs of people with mental illness who come into contact with the criminal justice system and that this set of recommendations moves the state in that direction.

MEMBERS OF THE TASK FORCE

Chief Justice David Gilbertson (Chair), South Dakota Supreme Court
Jim D. Seward (Vice Chair), General Counsel for Governor Daugaard
Steve Emery, Secretary, Department of Tribal Relations
Wendy Giebink, Executive Director, NAMI South Dakota
Michael Gibbs, Rapid City
Cindy Heiberger, County Commissioner, Minnehaha County
Rep. Timothy Johns, District 31
Denny Kaemingk, Secretary, Department of Corrections
Hon. Larry Long, Presiding Judge, Second Judicial Circuit
Aaron McGowan, State's Attorney, Minnehaha County
Mike Miller, Attorney, Minnehaha Public Defender's Office
Mike Milstead, Sheriff, Minnehaha County
Belinda Nelson, Director, Community Counseling Services
Tim Neyhart, Executive Director, South Dakota Advocacy Services
Dr. Clay Pavlis, Psychiatrist
Scott Peters, Attorney, Co-Chair Minnehaha-Lincoln County Board of Mental Illness
Sarah Petersen, Welfare Director, Codington County
Hon. Craig Pfeifle, Presiding Judge, Seventh Judicial Circuit
Greg Sattizahn, State Court Administrator, Unified Judicial System
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