

## EXECUTIVE SUMMARY

This is a report on the forum, “Community Mental Health Issues and the Intersection of Law Enforcement Practices: A Discourse,” hosted by CLEAR Partners (Community Law Enforcement Action Response) on May 17, 2021.

CLEAR Partners' mission: *Support community-focused policing through increasing communication between civilians and law enforcement.* The contributors were: Mary Beth Fishback, East Central Behavioral Health IVY Center; Karen Weber, Brookings Health System; Darla Biel/Nikki Eining, Resilient Communities, SD; Teree Nesvold, Brookings Empowerment Program; Robin Amiotte, Brookings County Drug Court; Joe Fishbaugher, Brookings City Police Department; Bart Sweede, Brookings County Sheriff's Department. These Key entities outlined the role of the Mental Health Entity and explained how their programs utilize Law Enforcement or are modulated by and overlap with Law Enforcement activities.

The following information was gleaned from the presentations and the Q&A session:

In the case of Law Enforcement: The law requires that police are present on mental health calls, which can occupy officers for up to 18 hours a day. The police are not qualified to diagnose mental health conditions. However, they can be trained to recognize some mental health conditions and distinguish them from criminal behavior.

In the case of Mental Health facilities: More beds need to be available. When beds are not available in care facilities, the patient is housed at the hospital. In addition, the new jail has two holding rooms and one padded room to house offenders temporarily. A missing piece is home aftercare.

Public Education: An important goal is to increase awareness of vulnerability in the public's mind to reduce fear of access to mental health resources. There is a public education component to advertise what services are available to discuss the prevalence of trauma. Adverse Childhood Experiences (ACEs) help to normalize prevention and thus reduce the number of welfare checks and burdens on police. The public education outreach should be for adults. The child component is being addressed.

### **IN SUMMARY**

- Brookings has excellent and robust mental health providers and services.
- Mental Health providers meet regularly with law enforcement.
- Law enforcement is doing its best but needs additional support.
- Financing is needed across the board, for training and staffing mental health facilities, and for offenders and indigents who need more extended care than the current three days.
- Increased funding is needed to support the various programs.
- CLEAR Partners can serve as a communications outreach to the public.

## INDIVIDUAL REPORTS

**Mary Beth Fishback**, Brookings Behavioral Health and Wellness, East Central Behavioral Health IVY Center - Brookings Behavioral Health and Wellness is one of our state's 11 community mental health centers and is the designated center for Brookings County. The centers provide comprehensive mental health and substance use services to the residents of Brookings County. There are 12 clinical counseling staff members. Of that, four are Licensed Professional Counselors, three are Licensed Addictions Counselors, four are Qualified Mental Health Professionals, and all the remaining clinicians are actively pursuing licensure. In addition to the clinical counseling staff, Brookings Behavioral Health and Wellness has a Psychiatrist, Physician's Assistant, and Registered Nurse focused on medication management. Brookings Behavioral Health and Wellness provides 24/7/365 crisis services to Brookings County. The centers work closely with law enforcement and the health system to provide these crisis services and support mental health and substance abuse services in Brookings County.

**Nikki Eining**, Resilient Communities, SD/ **Darla Biel**, Brookings County Youth Mentoring (BCYMP) - The Resilient Communities program is to know, prevent and respond to childhood maltreatment. South Dakota Resilient Communities ([resilientsd.com](http://resilientsd.com)) is a framework from the South Dakota Center for Prevention of Child Maltreatment (CPCM) designed to increase South Dakota communities' capacity to know, prevent and respond to adverse childhood experiences. The data shows that abuse trauma carries into adulthood and affects perceptions and behavior. Resilient Communities uses the CDC model for specific public health strategies. They are working to shift the societal norm of asking, "What's wrong with you?" to asking, "What happened to you?" The intersection between Resilient Communities and Law Enforcement is the area of response and intervention to lessen future harm. The Brookings Police Department and officers at the Brookings County Sheriff's Office have been active and engaged in community conversations over the past 18 months, which resulted in the Brookings community being recognized as the first South Dakota Resilient Community CPCM.

**Darla Biel** also noted that youth mentoring is one violence-prevention strategy identified by the CDC. Currently, BCYMP serves 120 K-12 grade youth in Brookings County. Of those youth, 15% identify as African-American/Black, 15% identify as Hispanic/Latinx, and 30% identify as American Indian. All BCYMP mentors are trained to provide developmental relationships and to be trauma-informed as they take pre-service Adverse Childhood Experiences (ACES) training. The ACES study identified that the effects of childhood adversity can have lifelong social and health outcomes, but research shows that communities can provide many connections and support that help prevent the most negative outcomes of childhood adversity. Resilient Communities emphasize the role that all sectors can play in protecting the potential of each community member.

**Teree Nesvold**, Brookings Empowerment Program - The Brookings Empowerment Organization identifies needs within the community and has migrated from training agencies about Mental Health to a focus on the caregiving aspect. They facilitate classes on crisis intervention for front-line caregivers such as nurses, law enforcement, etc. They are big proponents of using 'Call 211' and advertising with the Big Green Bus, a mental health hotline number painted on the side. The organization advocates expanding the social norm of "normal" to include Bi-Polar and other mental health conditions to make talking about these conditions as normal as talking about heart disease.

**Robin Amiotte**, Mental Health component of Brookings County Drug Court – The programs include CBISA (Cognitive Behavioral Interventions for Substance Abuse), MRT (Moral Recognition Therapy), and a new exciting program called EMDR (Eye Movement Desensitization and Reprocessing).

**Assistant Police Chief Joe Fishbauger**, Brookings Police Department – Fishbauger was one of the founders of the Youth Mentoring Program, which grew out of a school grant. Between May 7-15, 2021, there were 15 wellness counselors, three life counselors, and eight mental health counselors participating in the Youth Mentoring Program. All had mental health components. City law Enforcement works closely with the Mental Health experts and the hospital. Law enforcement has training on recognizing mental health behavior vs. drug-induced behavior. Fishbauger stated that because there are more calls involving a combination of mental health behaviors and drug-induced behaviors, this translates to more violent situations than in the past. Officers take training in crisis intervention, stress management, mental health training, and a peer support program to help strengthen all officers. Fishbauger indicated that Law Enforcement is expected to wear too many hats and that ideally, social norms should be changed so that a crisis line is not the first effort to deal with mental health issues.

**Bart Sweede**, Brookings County Jail supervisor, indicated that he informally tested national statistics that held that about 60% of those jailed have mental health issues. He found it to be true for Bookings County and called it an epidemic. County Law Enforcement takes 40 hours of training on mental health. Mental health and substance abuse go hand in hand. Telehealth is a new and effective tool: each county officer has an iPad with "Avera E-Care" connecting the ER and various counselors. Last year 16 cases (100%) were solved at home, which he stated, is a large number for our small county.

**Report of Karen Weber**, Brookings Health System (Weber was unable to attend the in-person forum but submitted this report later, and it is included because of its importance).

Karen has worked with the Brookings Health System for 35 years, first as an ER nurse and now as the director who oversees the Brookings Hospital ER. Her passion is to help individuals with mental health issues. She has developed a positive working relationship with Sheriff Marty Stanwick and the BPD Chief David Erickson.

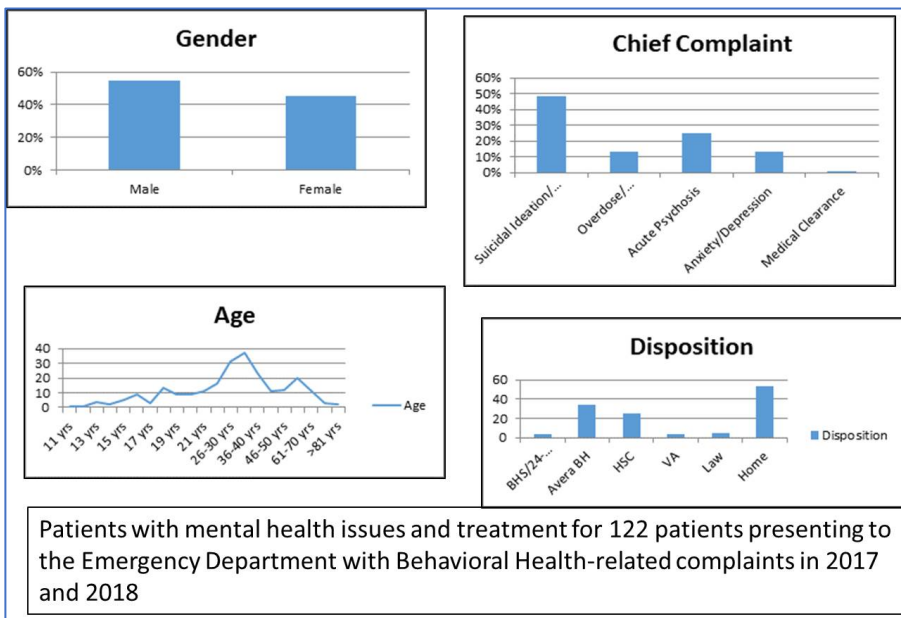
Karen's intersection with police usually comes through the ER's involvement in the involuntary commitment process, as law enforcement provides transportation and security when an Emergency Warrant for Detention is served.

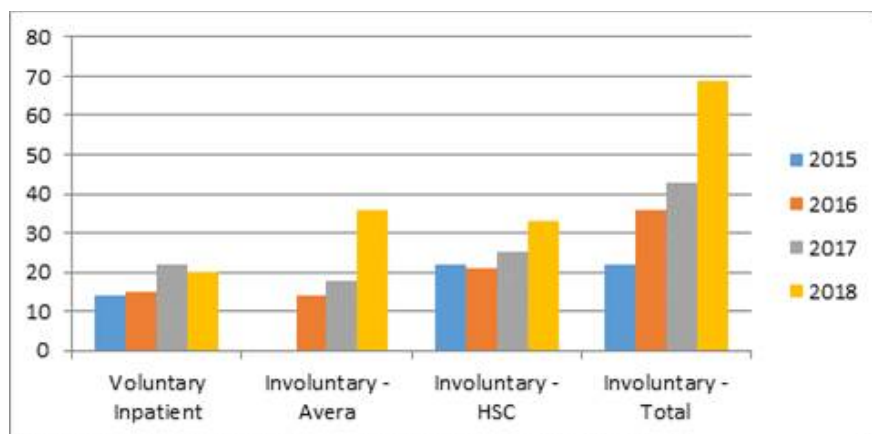
Most of the interaction starts after a warrant is issued but before the ER use, where law enforcement helps with security. The hospital does not have a security force. In other cases, an ambulance or family member may bring a person to the hospital. Someone with firsthand knowledge of the situation (typically a family member or medical staff) initiates the petition for involuntary commitment. At this point, law enforcement gets involved.

Whether it is the city, or county, law enforcement is first engaged. The Sheriff's Department is responsible for providing transportation to the inpatient facility, either the Human Services Center in Yankton or the Avera Behavioral Health in Sioux Falls. The Brookings Health System is not involved in the patient's discharge from an inpatient facility. The Brookings Health System partners with city and county law enforcement agencies to conduct an annual mass casualty drill.

An understanding of the situation in Brookings can be achieved by a review of data gathered at the emergency department. This covers patients with mental health issues and their treatment.

The figure below illustrates the increase in behavioral health-related hospitalizations between 2015 and 2018.





Karen reported on a “Sequential Intercept Model” for advancing community solutions for mental health or substance abuse, and potential grant opportunities to sponsor a workshop for key stakeholders. She has received a “go-ahead” from the hospital to explore further. There are five levels of interception, with the emphasis on level 0 for our purposes: (Level 0: 911 or law enforcement; Level 1: Court; Level 2: Specific court/jail; Level 3: Prison or jail; Level 4: Parole/probation).

Karen answered questions on process, such as: “How does one get committed?” and “What safeguards are in place?”

The involuntary commitment process can be lengthy. Once the paperwork is completed and reviewed by the Mental Health Board Chairperson, securing a bed at an inpatient facility can take up to 12-14 hours. The current chair of the Mental Health Board is Jennifer Goldhammer.

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