SOUTH DAKOTA
COUNCIL OF COMMUNITY BEHAVIORAL HEALTH, Inc.
PO Box 532
Pierre, South Dakota 57501-0532

October 17, 2019

Senator Alan Solano
c/o South Dakota Legislative Research Council
500 East Capitol Avenue
Pierre, South Dakota 57501

Dear Senator Solano:

I regret that I am unable to attend the October 21, 2019 meeting of the "Reduce the Overall Use of Acute Mental Health Hospitalizations" Legislative Task Force. When the group last met on September 30, 2019, you asked me to canvass the Community Mental Health Centers (CMHCs) that I represent to identify barriers related to implementation of the outpatient commitment process. The purpose of this letter is to provide you and members of the task force with a summary of such input.

Recognized issues/barriers related to outpatient commitment include:

1. Outpatient commitment isn't supportable in cases situated outside of CMHC capacity to effectively manage care and provide proper supervision. This includes individuals who reside in communities or areas remote from appropriate staffing reach to assure medication management, clinical monitoring and regular case management. Owing to the level and intensity of services normally required to support a person under an outpatient commitment order, it is most practical to limit such placements to our larger communities and especially in communities that provide IMPACT services.

2. Release to OP Commitment must be limited to areas where appropriate law enforcement resources exist to help enforce the order.

3. There needs to be statutory provisions for managing individuals who fail to comply with the outpatient commitment order. Notifying the States Attorney when a person is out of compliance accomplishes nothing. It would make more sense to notify the respective Board of Mental Illness chairperson. The biggest perceived obstacle is that there is nothing in code that would allow and individual to be held for and transported to the hearing as presently outlined in SDCL Chapter 27A-10. In short, a clear process is required for expeditiously imposing inpatient-level involuntary commitment in situations where outpatient commitment is not effective. Otherwise there is no recourse for community-based providers to fall back on and no "teeth" in the law for enforcing compliance.

Phone & FAX: (605-) 224-0123

4. Managing involuntary commitments on an outpatient basis is frequently a high-risk undertaking. There needs to be statutory immunity from civil liability absent willful or negligent acts extended to providers and others involved in the execution of outpatient commitments.

I am hopeful that you will find this summary useful as the task force deliberates on recommendations.

Please contact me if I may provide further information or if additional detail is requested.

Respectfully yours,

Terrance L. Dosch
Executive Director