INDIANAPOLIS - A sheriff says county jails have become the "insane asylums" for Indiana as state inpatient care for the mentally ill has disintegrated.
The numbers

• Nationally 650,000 released annually
• Indiana releases 18,000 from DOC
• CJS is largest referral source to SA tx
• Estimated 6,500 level 5’s & 6’s to be diverted
Serious Mentally Ill

- 14.5% men, 31% women in jails
- 16% of prisons
- 9% probation, 7% parole

**General Public is 5.4%**

- Adults with a serious mental illness (SMI) are defined by SAMHSA as “persons age 18 and over, who currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the [DSM-IV], resulting in functional impairment which substantially interferes with or limits one or more major life activities” (CSAT, 1998, p. 265).
Addictions

• 53% of State and 45% of Federal prisoners
• 75% of prisoners returning to prison
• 68% of jail inmates
• General Public is 8.8%
  – According to SAMHSA, “substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.”
Initial Points of Contact

• Emergency Services
• Law Enforcement
• Crisis Intervention Teams (CIT)
  – local initiatives designed to improve the way law enforcement and the community respond to people experiencing mental health crises. They are built on strong partnerships between law enforcement, mental health provider agencies and individuals and families affected by mental health...
Crisis Intervention Team

Program Contact

Sgt. Robert Hipple
Indianapolis Metropolitan Police Department
Office: (317) 327-6553

The Metropolitan Police Department’s Crisis Intervention Team (CIT) program helps officers handle the needs of people who are out of control due to mental illness and who, as a result, act in some manner that is disruptive to the community. The program is the result of a partnership among IMPD, the Midtown Community Health Center, and the National Alliance for the Mentally Ill (NAMI). Working with local judges, physicians, mental health practitioners, family members, and consumers, the partnership seeks to:

1. Reduce the number of people in the criminal justice system who are suffering from mental illness
2. Decrease the potential for injury or death to people with mental illness as well as to law enforcement officers and other members of the community
3. Increase the number of people with mental illness who receive mental health treatment

One goal of the program is to provide 40 hours of training to at least 20% of all street officers, thus providing a core group of officers who are readily available to respond to incidents involving possible mental illness. The training seeks to improve awareness of:
Access Points to Services for Criminal Justice

- Probation
- Jail
- DOC
- State Hospital
- Re-entry
Treatment Needs

• Criminogenic and treatment needs
• Balance public safety with access to care
  – Implications for CJS
  – Implications for Treatment Providers
  – Treatment advances public safety, health and personal recovery
Effective Interventions

• Individualized approach
• Risk and needs assessment to inform plan
• Intensive and targets behavioral change
• Targets multiple criminogenic needs
• Higher risk offenders have increased benefit
Reducing Recidivism

• Educational and Vocational Program
• Substance Abuse Treatment
• Drug Courts
• Sex Offender Treatment
• Cognitive Behavioral Therapy
Cognitive Behavioral Therapies

- Motivational Interviewing
- Moral Reconversion Therapy
- Aggression Replacement Training
- Reasoning and Rehabilitation
- Relapse Prevention Therapy
Recidivism with Treatment

• Average Recidivism 20% reduction overall
  – 8.2% reduction in felony reconvictions for general offenders
  – 6.3% reduction for returns to prison
  – 4.7% reduction of reconvictions
Treatment Works

Figure 5.3. Changes in Criminal Activity Before vs. After Treatment

Mental Health and Violence

• Vast majority of persons with SMI are not violent

• Factors leading to violent behavior
  • Untreated SMI
    – Distorted perceptions
    – Lack of self control
    – Poor decision making
  • Alcohol and Drug influence
    – Decreased inhibitions
    – Increased risk of violence
Current Initiatives

- Logansport State Hospital – ICST work
- MOU with DOC
- Forensic Treatment Fund
- CIT Bill
- New Central Indiana Hospital
- Psychiatric Crisis Services Study
Capstone of criminal code reform put in place during 2015 session

Marilyn Odendahl May 6, 2015

The bill establishing the funding and the mechanism to distribute the dollars needed for Indiana’s new criminal code reform had a bumpy ride through the Statehouse. But in the final hours of the 2015 legislative session, lawmakers approved language that ensured the money would be funneled through local programs and projects designed to reduce recidivism and ease overcrowding in Indiana’s prisons.

House Enrolled Act 1006, authored by Rep. Greg Steuerwald, R-Avon, was the capstone of the state’s effort to rewrite its criminal penalties and sentencing schemes. The overarching goal of the reform is to stop the cycle of repeat convictions by keeping low-level offenders in the county jails where they will have access to treatment and rehabilitation programs.

Some law enforcement personnel and county officials expressed concern the state would dump the offenders in the local communities without giving the counties any additional funds.

With the passage of HEA 1006 and the state budget, $60 million has been set aside for the next two years.

“I’m very satisfied,” Steuerwald said after the session ended. “We have accountability, and I think we’re in good shape.”
HEA 1304 - Services

- Court Ordered Assessments for Addictions
- Three year Felony Diversion Program
  - Covers the initial assessment and report with recommendations
  - Includes 30-day progress reports
  - Does not include payment for services beyond assessment
## HEA 1304 - Eligibility

### Pre-Conviction

<table>
<thead>
<tr>
<th>Eligibility Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the individual have an intellectual disability, a developmental disability, an</td>
<td>Eligible</td>
<td>Ineligible</td>
</tr>
<tr>
<td>autism spectrum disorder, a mental illness, an addictive disorder OR a combination of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>those conditions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the individual been charged with a crime that is NOT a violent offense?</td>
<td>Eligible</td>
<td>Ineligible</td>
</tr>
<tr>
<td>Has the individual been charged with an offense that is a Class A, B, or C misdemeanor,</td>
<td>Eligible</td>
<td>Ineligible</td>
</tr>
<tr>
<td>or a Level 6 felony that may be reduced to a Class A misdemeanor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the person have a conviction for a violent offense in the previous ten (10) years?</td>
<td>Ineligible</td>
<td>Eligible</td>
</tr>
<tr>
<td>Has the court determined the person is an appropriate candidate to participate in a</td>
<td>Eligible</td>
<td>Ineligible</td>
</tr>
<tr>
<td>pre-conviction forensic diversion program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has the person been accepted into a pre-conviction forensic diversion program?</td>
<td>Eligible</td>
<td>Ineligible</td>
</tr>
</tbody>
</table>
# HEA 1304 - Eligibility
## Post-Conviction

<table>
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<tr>
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<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Does the individual have an intellectual disability, a developmental disability, an autism spectrum disorder, a mental illness, an addictive disorder OR a combination of those conditions?</td>
<td>Eligible</td>
<td>Ineligible</td>
</tr>
<tr>
<td>Has the individual been convicted of an offense that is NOT a violent offense and NOT a drug dealing offense?</td>
<td>Eligible</td>
<td>Ineligible</td>
</tr>
<tr>
<td>Does the person have a conviction for a violent offense in the previous ten (10) years?</td>
<td>Ineligible</td>
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<td>Has the court determined the person is an appropriate candidate to participate in a post-conviction forensic diversion program?</td>
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Mental Health and Addiction Forensic Treatment Fund

HEA 1006

Funds specifically to support services for those without insurance coverage who are involved in the criminal justice system (see eligibility checklist)

Establishes the Justice Reinvestment Council
# Forensic Treatment Funds Eligibility Criteria

<table>
<thead>
<tr>
<th>Eligibility Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the individual a resident of Indiana?</td>
<td>Eligible</td>
<td>Ineligible</td>
</tr>
<tr>
<td>Is the individual at least 18 years old?</td>
<td>Eligible</td>
<td>Ineligible</td>
</tr>
<tr>
<td>Is the individual a member of a household with an annual income not exceeding 200% of the federal income poverty level?</td>
<td>Eligible</td>
<td>Ineligible</td>
</tr>
<tr>
<td>Has the individual entered the criminal justice system as a felon or with a prior felony conviction?</td>
<td>Eligible</td>
<td>Ineligible</td>
</tr>
</tbody>
</table>
Forensic Treatment Funds Reimbursement

– Voucher Reimbursement for the service is not available to an individual if the services being provided are covered under:
  • A policy of accident and sickness insurance
  • A health maintenance organization contract
  • The Medicaid program*
  • The federal Medicare program or any other federal assistance program
Forensic Treatment Funds Reimbursement*

- If the service is covered by Medicaid, the billing agency may qualify for:
  - A reduced rate voucher equivalent to the agency’s Medicaid Match amount.
Forensic Treatment Providers

- Licensed and Certified DMHA Provider
- Access Treatment Funds via Voucher System
- Provider assessment of Capacity
- Provider assessment of Training Needs
  - Individuals providing service must meet training and competency requirements established by DMHA
Forensic Treatment Fund

Two Funding Priorities:

Pre-Incarceration Diversion Services

&

Post-Incarceration Re-Entry Services
Process Flow

Eligibility Screening

Pre-conviction Diversion
Post-conviction Diversion

Assessment for Mental Health and Addictions Forensic Treatment Services

Service recommendations communicated by Treatment Service Provider to Referral Source

Treatment Plan with corresponding Treatment Service Vouchers entered into WITS

Treatment Provider and Referring Agency collaborate on program progress and participation in MHAFTS

Post Incarceration Re-entry
Treatment Best Practices

• Individualized assessment, treatment planning, and linkage to services
  – Length of Time
  – Types of Programming
  – Funding Resources

• Critical collaboration with Community Supervision
Forensic Treatment Services

- Individual, Family and Group Therapy
- Individual, Family and Group Skills Training and Development
- Case Management
- Detoxification
- Medication Evaluation, Training and Support
- Medication Assisted Treatment
- Supportive Employment
- Transitional Housing Assistance
- Community Support Services
- Recovery Supports
- Transportation
Forensic Treatment Fund

It is...
• A funding source for treatment for those involved with the criminal justice system
• A supplement to community supervision strategies that will decrease recidivism
• Access to individualized treatment and recovery services

It is not...
• A Diversion or Re-entry Program
• A stand-alone solution to community placement for forensic populations
• A punitive measure as discipline for criminal acts
Justice Reinvestment Council

Purpose Statement

• Conduct a state level review and evaluation of:
  – Local corrections programs (community corrections, county jails, and probation services)
  – Processes used by the DOC and the DMHA in awarding grants
Justice Reinvestment Council
Goal Statement

Develop incarceration alternative and recidivism reduction programs at the county and community level by promoting the development of:

– Probation services
– Problem solving courts
– Mental health treatment
– Substance abuse treatment
– Programs providing for court supervision, probation, or pretrial diversion
– Community corrections
– Evidence based recidivism reduction programs for currently incarcerated persons
– Other alternative to incarceration
Justice Reinvestment Council
Members

Chairperson: Executive Director of the IN Judicial Center

- Executive director of the IN public defender council or designee
- Executive director of the IN prosecuting attorneys council or designee
- Director of DMHA or designee
- President of the Indiana Sheriff’s Association or designee
- Commissioner of the IN DOC or designee
- Executive director of the IN judicial center or designee
- Executive director of the IN criminal justice institute or designee
- President of the IN Association of Community Corrections Act Counties or designee
- President of Probation Officers Professional Association of IN or designee
Justice Reinvestment Council Tasks

• Work with the DOC and the DMHA to establish the grant criteria and grant reporting requirements
• Review grant applications
• Make recommendations and provide feedback to the DOC and the DMHA concerning grants to be awarded
• Review grants awarded by DOC/DMHA
• Suggest areas and programs of benefit for future grants
• Issue Annual Report to the Legislative Council, Chief Justice and Governor
Los Angeles officials announced Wednesday the launch of an alternative sentencing program aimed at diverting mentally ill, low-level offenders from jail into treatment, a project they hope will signal a dramatic shift for the county's criminal justice system.

The $756,000 initiative marks one of the county's most significant attempts to find a better way to treat people who have mental illness and wind up in the criminal justice system by offering them transitional housing, medical treatment and job-hunting help. Officials say the pilot program will start in Van Nuys and initially help 50 people at a time, but it is expected to spread throughout the county and could accommodate up to 1,000 people at once.