Eric Holcomb, Governor
State of Indiana

Division of Mental Health and Addiction
402 W. WASHINGTON STREET, ROOM W353
INDIANAPOLIS, IN 46204-2739

Indiana Behavioral Health Commission

Criminal Justice Interface Subgroup

Wednesday July 21, 2021 12-1:30pm (EDT)

Join Virtual Meeting:
https://us02web.zoom.us/j/82205508819?pwd=MjBGZ3phZzFlaS84TmsvY3B6RXYwdz09

Attendees: Dr. Christine Negendank (Subgroup Chair), Katrina Norris (Subgroup Co-Chair), Jay Chaudhary, Rachel Halleck, Steve McCaffrey, Mike Nielsen, Dr. James Nossett, Anthony Maze, Ray Lay

Absent: Chase Lyday

Minutes

Items Discussed:

1. Welcome, Introductions, Overview of Discussion
    a. Seek opportunities for short term goals, long term goals, and leadership for the charges.
    b. Overarching Principles: culture of collaboration, culture change, mutual respect
2. Review of Minutes from April 30, 2021
    a. M. Nielsen moved to approve the minutes, seconded by K. Norris, none opposed, there were no abstentions, the minutes were approved.
3. Pre-incarceration/pre-sentencing:
    a. R. Lay recommended mandating a screening for mental health needs at pre-sentencing to seek to divert to treatment (SUD or mental health focused).
        i. Stepping Up Initiative
    b. A. Maze advised when using CIT approach, charges can be set aside to redirect individuals to treatment, resulting in lower incarceration rate (<1%).
        i. Dr. Negendank asked for available data on CIT intervention outcomes
            1. A. Maze denied knowledge of availability of data, reported diversion appears to reduce time/expense, helps with man hours being spent in the community.
        ii. J. Chaudhary asked about budget availability for CIT.
            1. R. Lay advised NAMI provides grants to attend.

iii. J. Chaudhary asked about training components and if there is a picklist of options
    1. M. Nielsen advised work is localized, vendor availability driven
iv. K. Norris invited DMHA Bureau Chief, Office of Consumer and Family Affairs, Amy Brinkley to provide information on CIT structure in Indiana
    1. A. Brinkley – www.cit-indiana.org, provides map with counties/providers for CIT training; currently DMHA is contracted with NAMI to provide training, seeking to move towards a formal Technical Assistance (TA) Center.
v. J. Chaudhary explored a formal recommendation to adopt a standard model of mental health training for officers, potential to require CIT in all counties.
    1. R. Lay referenced a possible mandate already in place
        a. Current mandate is mental health training; J. Chaudhary advocated possibility of adopting minimum standards for what that training entails.
    2. K. Norris advocated for collaboration with Community Mental Health Centers (CMHCs), & minimum standards of training.
        a. S. McCaffrey requested information regarding the history of CIT and CMHC collaboration, referenced a legislative bill by Senator Crider, advocated Indiana has the structure, but needs funding.
vi. J. Chaudhary advocated for a formal recommendation to fund a CIT training center with a line item in the next state budget.
    1. Dr. Negendank requested information on who to connect with to progress recommendation?
    2. M. Nielsen noted jail staff are not CIT certified, identified this as a gap, advocated jail staff also be CIT trained.
        a. A. Maze agreed with jail staff being CIT trained, as well as dispatch staff; advocated different groups of staff could have abbreviated versions of training, but would benefit from the training.
            i. R. Lay reported having worked with the developer of CIT, advocated polling the audience at beginning to coach/teach towards audience.

4. Competency Restoration Models
    a. Dr. Negendank advised Indiana knows what works, just needs to make changes.
        i. K. Norris agreed, emphasized moving towards approach that is more humane, has the benefit of being cost effective.
    b. S. McCaffrey explored whether the group is seeking more change legislatively?
        i. K. Norris advocated addressing forced medications
        ii. J. Chaudhary advocated for judges discretion to dismiss charges when individuals cannot achieve competency.

1. Dr. Negendank agreed with the recommendations, explored various components of the system to include in collaboration to make a comprehensive model.
2. R. Lay agreed with recommendations, advocated for an incorporation of peer support.
    a. S. McCaffrey advocated for clear commission recommendations that avoid subsection disagreement in legislation.
        i. J. Chaudhary agreed, advocated for potential use of pilot outcomes from Vanderburgh county.
        ii. S. McCaffrey recommended a summary of all relevant pilots.
            1. K. Norris agreed and noted a summary is possible.
    b. K. Norris advocated peer support critical throughout, explore options for expungement.
        i. M. Nielsen requested information on the status of funding peers
            1. S. McCaffrey noted DMHA's commitment to funding, reported Mental Health of American receives support from SAMHSA and DMHA grants.
            2. K. Norris invited A. Brinkley to share on peer support funding
                a. A. Brinkley - $8.55/unit @ 15 min. unit (Medicaid rate); salary ~$10-$15/hr; with grants, recovery cafes ~$15-$25. Feedback is rate is too low, peers are trained, but work elsewhere.
                b. S. McCaffrey noted this area has potential to be easily addressed.
                c. K. Norris noted a plan to survey Commission Members for prioritizing goals, identifying who can help with action items.

5. Recidivism
    a. M. Nielsen – data is not kept; noted program related to MAT in facility, need 3 or more years of data, when kept outcomes show.
    b. Dr. Negendank advocated for Medicaid expansion in the jails to support a reduction in recidivism.
        i. S. McCaffrey advocated for a request for a 1115 Medicaid waiver.

1. M. Nielsen referenced the Journey Home program in Boone County, seeking Medicaid waiver in jails.
2. S. McCaffrey advocated formally recommending doing recidivism studies, use outcomes to persuade legislature in the future.

6. Next Meeting: **Tuesday, August 31, 2021 3:30-5:00pm (EST)**