



Jail Overcrowding Task Force

October 30, 2019

Web site:

<https://www.in.gov/judiciary/iocs/3874.htm>

Jail Chemical Addiction Program



Dearborn County Court Services

Indiana University through a collaborative research initiative published in 2015 found **JCAP** highly effective in addressing substance abuse and community safety.

JCAP..... Path of Progress

The Jail Chemical Addiction Program, like many of the participants, is a work in progress.

- In 2007, Superior Court II and probation staff began exploring new ways to address the devastation of drug and alcohol abuse on the lives of individuals, children and families in our community.
- Through resources from the Indiana Judicial Center and a site visit to the Superior Court Jail Program in Boone County, Indiana.
- With support of the Sheriff, Jail Commander, County Council and the Prosecutor, the first Program Director was hired.
- JCAP is funded from grants and probation user fees with little to no use of county tax dollars.

Opiate Addiction in Dearborn County Indiana

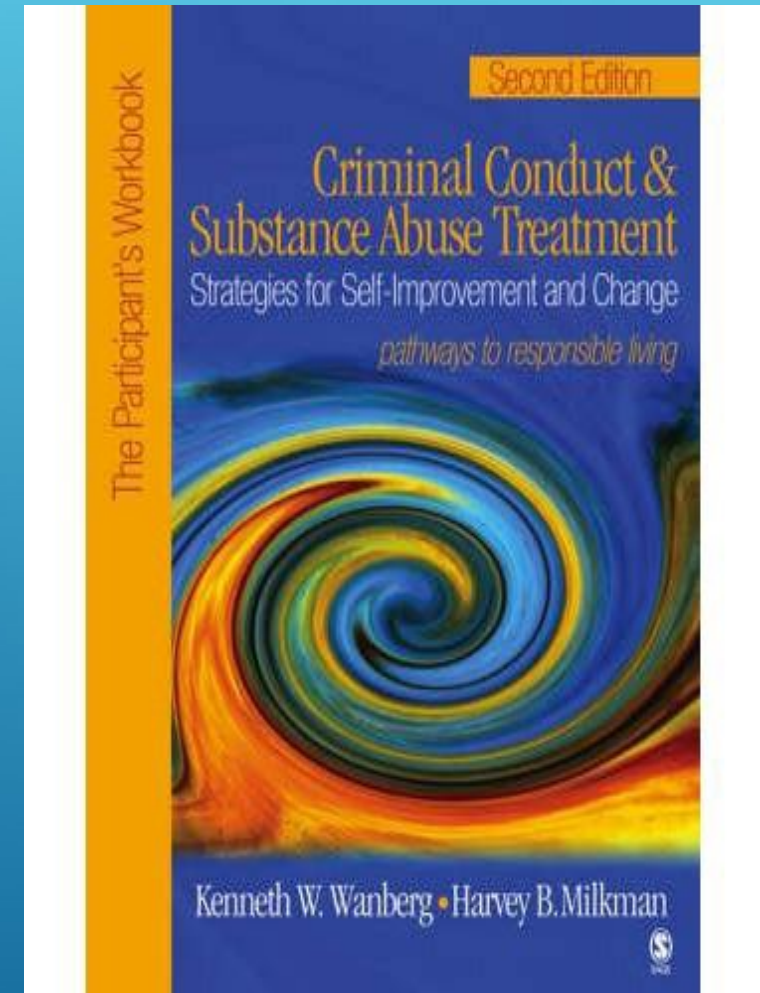
Where is Dearborn County?



What is Dearborn County Doing to Deal with the Local Substance Abuse Problem?

Dearborn County Jail Chemical Addiction Program (JCAP)

- JCAP is a minimum of 90 days (average stay is approximately 120 days).
- The Program is based on Cognitive Behavioral Therapy and Substance Abuse Counseling.
- JCAP utilizes the “Strategies for Self-Improvement and Change (SSC)” model as its core programming, to be delivered in an intensive inpatient format..



Why a Jail Treatment Program?

- The majority of crimes in Southeastern Indiana are fueled by illegal drugs and substance abuse. There is a lack of inpatient and outpatient programs, and timely referral to treatment is extremely rare.
- **JCAP provides a restrictive intervention which allows those in active addiction an opportunity to receive treatment in a secure, drug-free environment.**
- On release, with no appropriate or timely intervention, an individual in active addiction will likely commit further crimes to gain access to illegal drugs; put themselves, their family members, their children at risk; and/or drive impaired risking community safety.
- **JCAP provides an opportunity to begin positive life changes and protects community safety.**

Why a Jail Treatment Program?

*“When initially arrested and coming to jail addicted to drugs, if there is any way to make bond, I would go to any length to post it. In the grips of insanity of addiction, the only thing on my mind is how to get high at all cost- including my life, freedom and soul. **Now that I have gotten the privilege of JCAP, I have had the opportunity of talking and trying to figure out the epidemic of addiction. In JCAP, I am growing into a man with integrity, a accountability, hope, compassion, respect and finally finding value and purpose to my life.**”*

JCAP Participant 2017

“Coming to jail this time turned out to be the best thing that could have happened to me. I never would have said that I wanted to be arrested, but now I’m glad I was. By being in here, I could not drink so I had to get sober. Then with a clearer mind, I knew I needed help.”

JCAP Participant 2016

Is JCAP a Proven Program?

- **Evidence Based Program:** utilizes Cognitive Behavioral Therapy and is certified through the Indiana Department of Mental Health and Addictions.
- **A collaborative research initiative through Indiana University found the Dearborn County JCAP to be an effective program** that has successfully contributed to lower recidivism rates while keeping the community safer by helping reduce crime.
- **Cognitive Behavioral Therapy (CBT)** teaches effective coping skills to reduce dependence on drugs and alcohol.
- **Qualified staff** include Master's level social workers trained in Individual and Group Counseling.
- **"Therapeutic Community"** which fosters a safe environment to engage in treatment and focus on recovery.

Who is Eligible/How Do You Apply?

JCAP is a voluntary program within the Dearborn County Law Enforcement Center. Anyone can apply. Applications are at the Law Enforcement Center. Once an application is received, the JCAP staff will review for placement in JCAP. The Defendant's attorney and the prosecutor will be notified of the application. The successful completion of the program may be considered in sentencing but there is no guarantee. Applicant's primary goal should be recovery. The program is a minimum of 90 days.


Can you Re-Apply?

Yes. The nature of addiction is that relapse can occur. Some individuals have benefited from repeating JCAP. How they failed may provide insight which prevents other new JCAP participants from making the same mistakes.

JCAP: Key Components of the Program

- All Participants of JCAP Volunteer to go into the program with the majority being Pre-Trial Cases and pending Probation Violations.
- Participants of JCAP are not promised anything for completing the program.
- JCAP focuses on Moderate-High Risk Offenders who are Chemically Dependent.
- JCAP participants must adhere to all jail rules but must also follow self-governed JCAP rules which are set by what is called the **Senior Committee**. Additionally, there are several zero tolerance rules which automatically remove participants from the program if they violate these rules. Examples: Fighting, Gambling, Sexual activity, Threatening behavior to other participants or staff.
- JCAP is housed within the Dearborn County Jail but both the male and the females have their own “Therapeutic Pods” which separate them from the jail inmates not in the program.

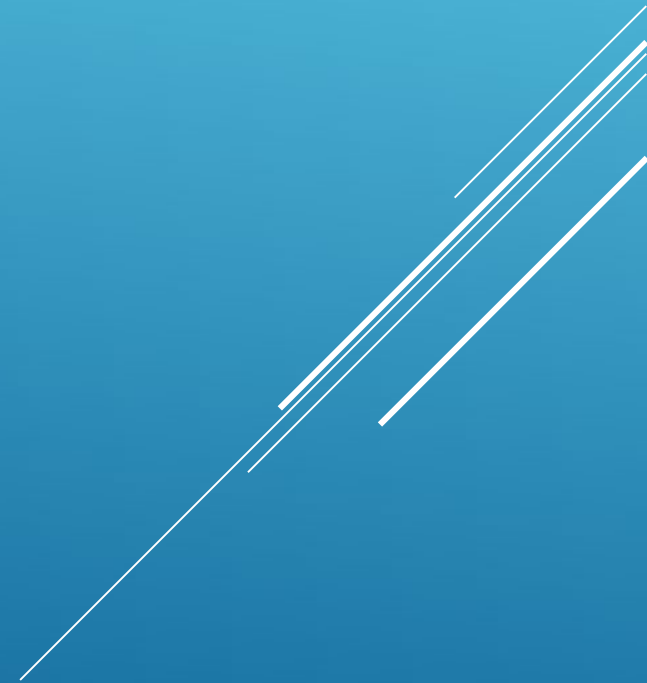
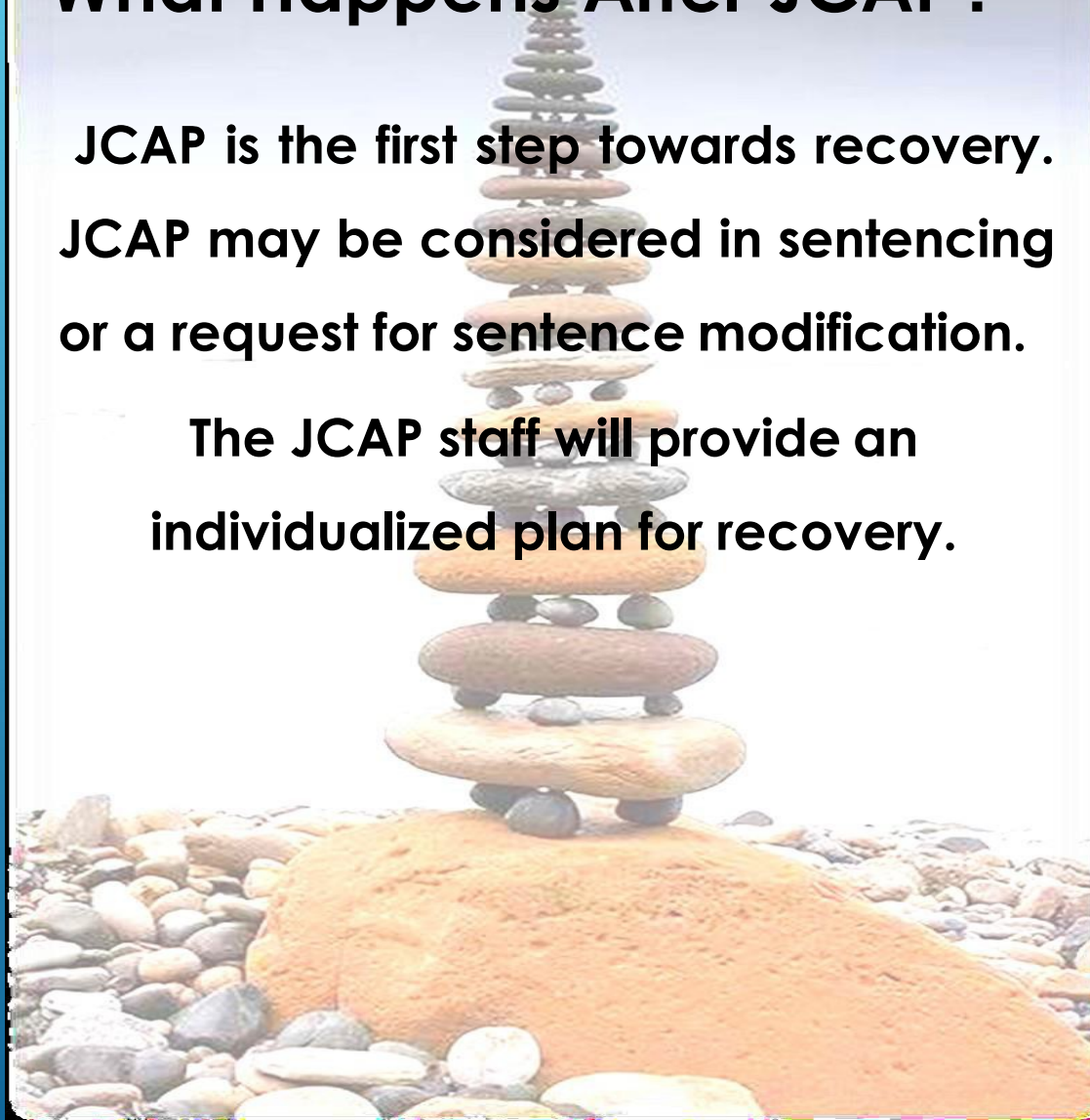
Services Received While in JCAP

- Cognitive Behavioral Therapy Based Treatment
 - ❖ Thinking Reports
 - Relapse Prevention Treatment
 - Individual Counseling at a minimum of every 2 weeks
 - Self Help Meetings
 - Peer to Peer Support
 - Parenting Classes
 - Life Skills Groups
- 
- A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

What Happens After JCAP?

**JCAP is the first step towards recovery.
JCAP may be considered in sentencing
or a request for sentence modification.**

**The JCAP staff will provide an
individualized plan for recovery.**



JCAP Aftercare

- **JCAP** completion is a prerequisite for the ACC Court, the Superior Court I Accountability, Change and Community certified drug court.
- **The combination of JCAP with ACC Court has been demonstrated to reduce recidivism, promote individual success, and positively impact the community.** Some individuals may not be eligible for ACC Court.
- In-home sentences and/or probation combined with continued treatment, structure, and case management services is another option.
- Potential placement in purposeful incarceration within the Department of Corrections may be an option if sentencing includes a sentence to the Indiana Department of Correction.

Jail Chemical Addiction Program Video

<https://youtu.be/gqXhjYXCAPE>



2015 Indiana University JCAP Brief

DEARBORN COUNTY JCAP 2015 Brief

JCAP

Dearborn County Jail Chemical Addictions Program

2015 Brief

"I feel that JCAP is another chance at life for me. Those who really want the change can find it here.

Today I have tools that I can use to help me succeed and be the person that I want to be for myself, my family, and my kids."

~ JCAP Participant

OVERVIEW

The Dearborn County **Jail Chemical Addiction Program (JCAP)** serves men and women who struggle from addiction issues, with rates of heroin and other opiates being particularly troublesome in the Southeastern Indiana region. The unique context of JCAP is that it serves a population residing in a jail setting, prior to sentencing for felony crimes or probation violations.

JCAP participants **voluntarily** apply for the program and are submitted to a **rigorous** assessment procedure that utilizes a variety of data sources in order to identify and admit participants who are ready and willing to change.

JCAP men and women participate in **evidence-based programming**. *Thinking for a Change*, which is based on the well-researched therapeutic intervention, Cognitive Behavioral Therapy (CBT), and is geared specifically for offender populations. Participants learn effective coping skills to help reduce their dependence on drugs and alcohol.

JCAP participants also adhere to additional rules and self-governing principals that create a **therapeutic community**. The positive effects of therapeutic communities have been researched for over 20 years, and show that therapeutic communities, particularly in jail

and prison settings help foster a safe environment to engage in treatment and focus on recovery.

Components of JCAP

- ✓ 90 day program
- ✓ (CBT)-based program: *Thinking for a Change*
- ✓ Group & Individual Counseling
- ✓ AA/NA meetings
- ✓ Daily exercise

Qualified Staff

- ✓ Masters-level social workers
- ✓ Trained and certified in *Thinking for a Change*

Research shows that CBT can reduce **12-month** recidivism rates by **25%**.

Landenberger & Lipsey, 2005

DEARBORN COUNTY JCAP | 2015 Brief 2

JCAP BY THE NUMBERS

392

of offenders JCAP served since 2007.

\$13.84

Cost per day of serving a JCAP offender.

47%

JCAP offenders used heroin or other opioids

History

- ❖ 2007 opening with 16 male bed pod
- ❖ 2011 expansion to include 8 female bed pod
- ❖ 392 offenders served since 2007

Cost of JCAP

- ❖ Total operating costs of JCAP are \$161,681.00 per year, *including salary and operating expenses*
- ❖ Court fees fund program, using no taxpayer money.

Expansion

JCAP plans to increase the number of beds to 24 for both men and women. This would increase the daily capacity to 48 offenders.

JCAP SUCCESS

Reduced Recidivism Rates

JCAP has successfully contributed to lower recidivism rates for those who have participated in the program. Compared to significantly higher county and state rates of recidivism, JCAP stands as an effective program that ultimately helps reduce crime as well as social and economic burdens.

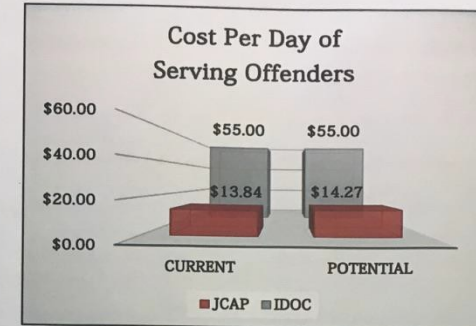
Comparison of 2014 Recidivism Rates

Entity	Overall	Female	Male
JCAP	17.40%	18.50%	16.90%
Dearborn	33.00%	42.80%	44.80%
Indiana	29.90%	37.60%	38.90%

*Sources: †Indiana Department of Correction (2014). 2014 Adult recidivism rates. Retrieved from http://www.in.gov/ldoc/files/2014_Adult_Recidivism_Summary.pdf
‡Indiana Department of Correction (2014). 2014 Adult recidivism, by county of commitment. Retrieved from http://www.in.gov/ldoc/files/2014_Adult_Recidivism_CountyofCommit.pdf

COLLABORATIVE RESEARCH
INITIATIVE

INDIANA UNIVERSITY
School of Education
Bloomington



This graph shows the cost of serving an offender in the JCAP program compared to at IDOC. The potential column represents the cost of expanding JCAP by increasing the # of beds and adding a therapist.

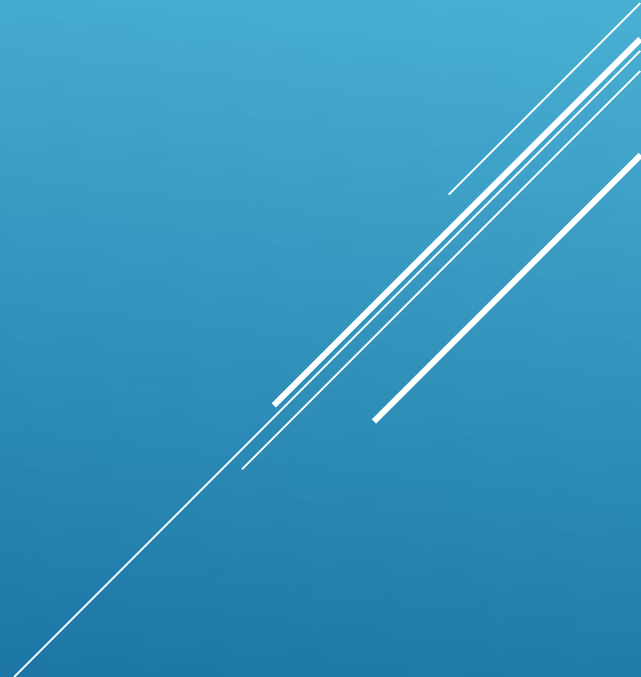
- ***Accountability, self-management, and giving back to the community are keys to the individual and overall success of JCAP.***
- “Open houses” have been an integral part of the program. State legislators, city and county officials, concerned citizens, educators, law enforcement, and many others have participated.
- JCAP participants volunteer to speak to high schools and do so now on an annual basis.
- JCAP is part of the Court's annual Leadership In Law program, a summer internship for high school students.
- JCAP graduates serve as mentors for those battling addiction and have taken leadership roles in community projects.

Giving Back to the Community

“I was once again arrested for a violation and possession. I was miserable, lost, hopeless...at the end of my rope, JCAP found me. I was a shell of a man entering this program. How could people in jail know how to help? JCAP gave me more than I ever imagined possible. I was given tools to use in the problem areas of my life...it was like getting a new pair of spectacles to view the world in a positive way. Although JCAP was just the start of my recovery, it truly saved my life in many ways. I have been clean and sober for over 7 years now. My children and wife are back in my life. I still use the tools I've learned in JCAP. I found a passion in me to help others and use these tools to help them. I hope to keep working hard in my recovery and continue to give to others what was graciously given to me.”

**JCAP and ACC (Drug) Court Graduate, Mentor,
Community Mental Health Case Manager, Community Leader**

Questions?



JRAC & EBDM Pretrial Pilot Presentation

Office of Judicial
Administration

October 30, 2019

Justice Reinvestment Advisory Council (JRAC)

The purpose of the advisory council is to conduct a state level review and evaluation of:

1. local corrections programs, including community corrections, county jails, and probation services; and
2. the processes used by the department of correction and the division of mental health and addiction in awarding grants.

The advisory council may make a recommendation to the department of correction, community corrections advisory boards, and the division of mental health and addiction concerning the award of grant funds.

JRAC Members

Justin Forkner, *Chair*

Chief Administrative Officer
Indiana Supreme Court, Office of Judicial
Administration

Adam McQueen

President
Probation Officers Professional Association
of Indiana

Ralph Watson

President
Indiana Association of Community
Corrections Act Counties

Dave Wedding

President
Indiana Sheriffs Association

Bernice Corley

Executive Director
Indiana Public Defender Council

Robert E. Carter, Jr.

Commissioner
Indiana Department of Correction

Jay Chaudhary

Director
Division of Mental Health and Addiction

Devon McDonald

Executive Director
Indiana Criminal Justice Institute

Chris Naylor

Executive Director
Indiana Prosecuting Attorneys Council

Zachary Jackson

Budget Director
Indiana State Budget Agency

A green square graphic with a white border, containing the text 'Annual Reports & Information' in white. The text is arranged in three lines: 'Annual' on the first line, 'Reports &' on the second line, and 'Information' on the third line.

Annual Reports & Information

JRAC has provided annual reports since 2015

Last year was the first joint report with Criminal Justice Institute's HEA 1006 report

Committee minutes and grant summaries area also available on-line

JRAC Web page:
<https://www.in.gov/justice/>

Partnership

JRAC has partnered with the Evidence Based Decision Making Initiative to work collaboratively on issues related to the criminal justice system (i.e. pretrial, data workgroups)

JRAC will be working with the General Assembly to amend statutes to formalize this partnership and the opportunities to work collectively at the state and local level



Dec. 20, 2013 – Supreme Court established committee regarding pretrial

Committee proposed Criminal Rule 26, which was adopted in Sept. 2016



2015 Evidence Based Decision Making Initiative (EBDM) expanded to the state level and 6 additional counties

Teams identified pretrial release as a key area of focus
Established a pretrial workgroup



The Supreme Court Pretrial Committee and the EBDM state Pretrial Workgroup merged leveraging additional technical assistance provided by the National Institute of Corrections



More information on Pretrial Release can be found at:
<https://www.in.gov/judiciary/iocs/3721.htm>

Pre-trial Project Overview

Pilots, Collaboration and Assistance



11 pilot counties

Allen, Bartholomew, Grant, Hamilton, Hendricks, Jefferson, Porter, Monroe, St. Joseph, Starke and Tipton



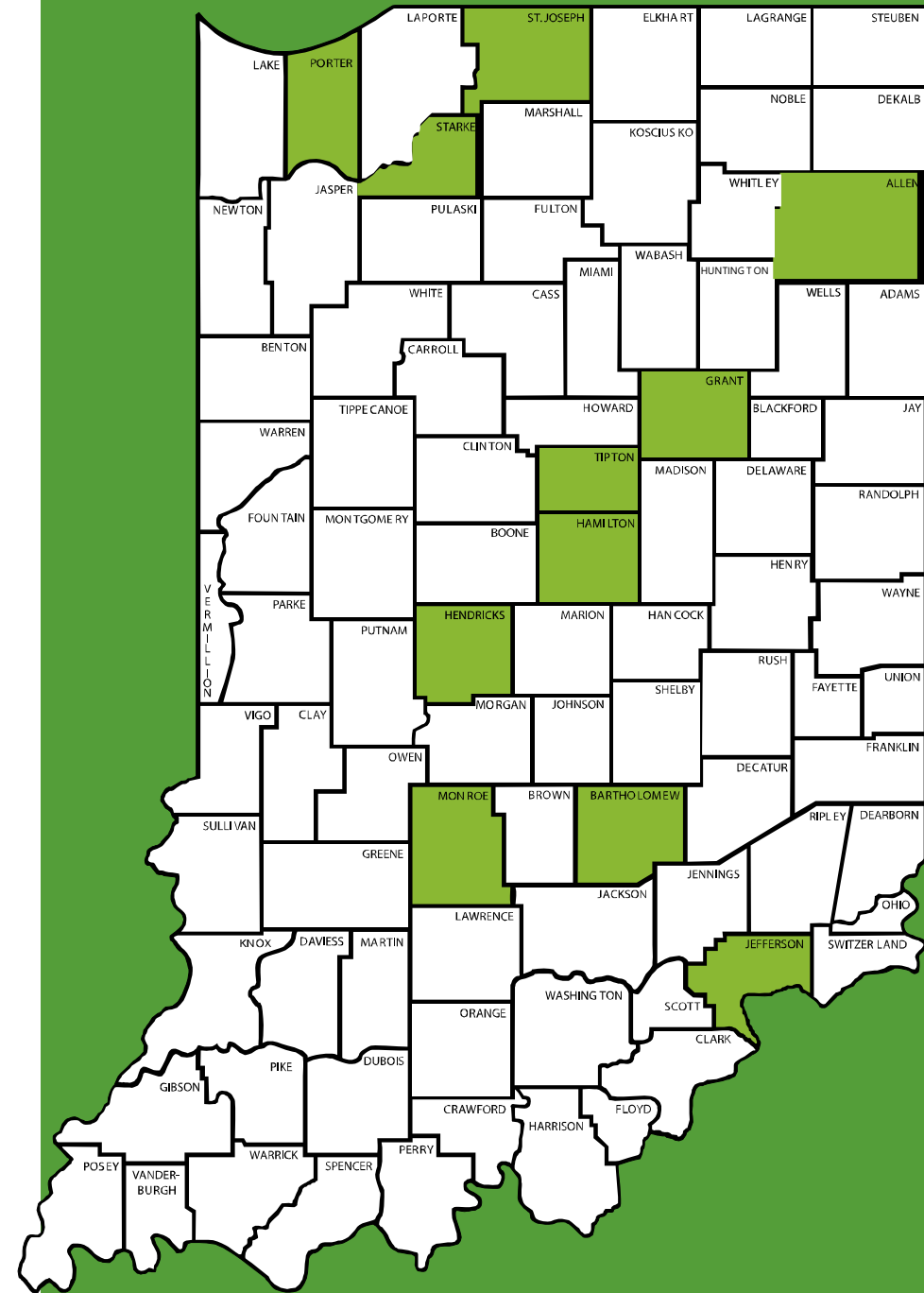
Focus on local collaborative teams to discuss procedures and processes



Pilot counties have evolved over time to better implement evidence based pretrial practices



Additional counties have worked with representatives from the EBDM Pretrial Workgroup to also start implementing evidence based pretrial practices



- ❖ Pretrial Orientation and Capacity Builder Trainings by National Institute of Corrections (NIC)

National training attended by several state & local team members

- ❖ EBDM Pretrial Release training and work session - February 10, 2017

Provided by Indiana Office of Court Services and NIC

- ❖ Pretrial Orientation – August 2017

Four-day training modeled after the NIC Pretrial Orientation with Indiana focused information

- ❖ Pretrial Release Summit – Oct. 4, 2019

Sponsored by the Indiana Supreme Court in partnership with the Indiana Criminal Justice Institute, Indiana Department of Correction, Indiana Prosecuting Attorneys Council, Indiana Public Defender Council, Indiana Sheriffs' Association, and the Association of Indiana Counties.

Examples of
Trainings
Provided

Pretrial Release program – proposed rules for program certification posted for public comment until November 1 at noon -

<https://www.in.gov/judiciary/5536.htm>

Rules and process are modeled after certified Problem-Solving Courts

Process is voluntary and meets the local county at where they are and assists with moving to further implementation of evidence based practices

Pretrial Release
Next Steps

Questions

Jail Medical Service Providers



Quality Correctional Care

“To become a leader in advocacy for and rehabilitation of individual’s medical, mental, and addiction needs within the county government correctional system, all while assuring responsible and efficient utilization of government resources.”

Jail Overcrowding Task Force
10/30/2019



Introductions

Lisa Scroggins, Founder/CEO

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- 765.808.0821

Dr. Person, M.D. CCHP, Chief Medical Officer

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- 317.499.3947

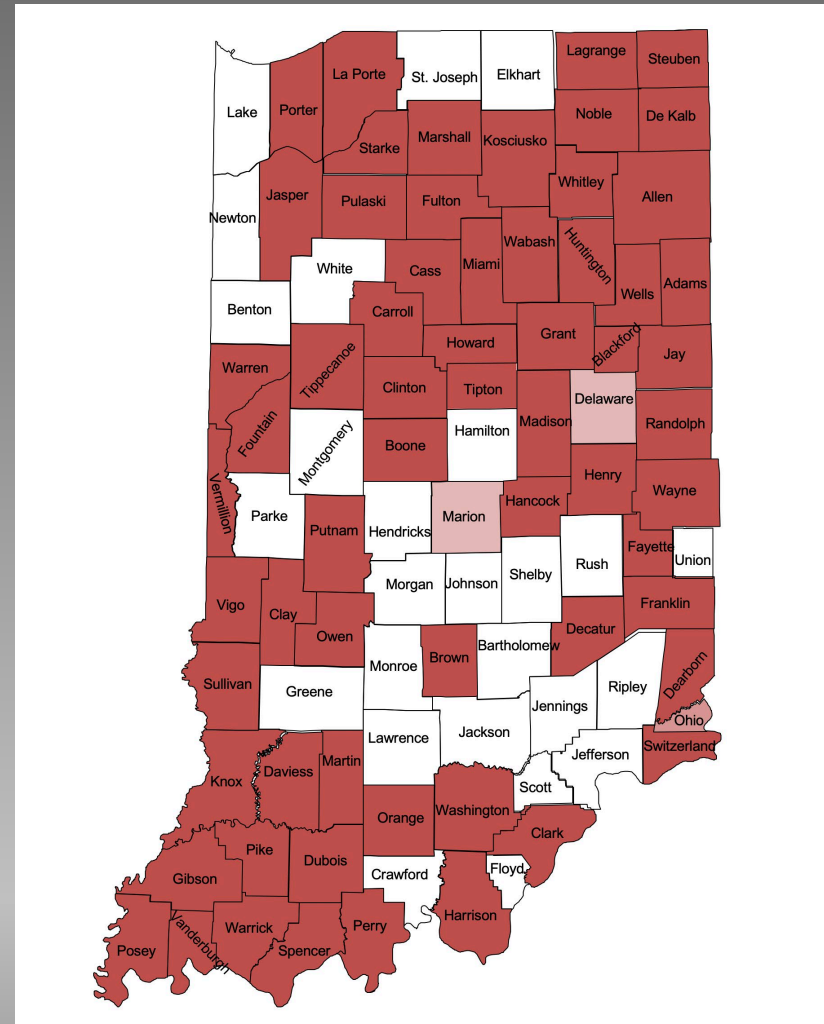
Core Values

- **Advocacy**
- **Courtesy**
- **Efficiency**
- **Safety**

The jail population has no effect on our Advocacy and Courtesy, but can directly affect Efficiency and Safety.

QCC in Indiana

- Partnered with 72% of Indiana Counties and Sheriffs.
- Since 2011 ADPs have increased by 24%.
- On any given day QCC provides care for over 12,000 patients in Indiana jails.
- In addition we provide services to:
 - 5 Juvenile Detention Facilities
 - 10 Work Release Facilities
 - 3 * Partial Services

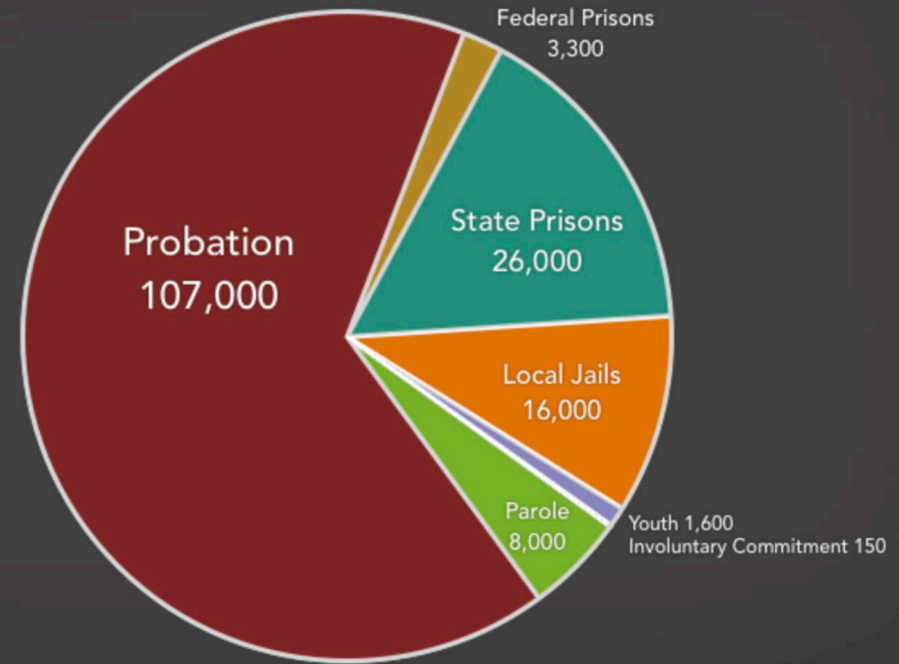


Patient Census

- By the end of 2018, Indiana jails were housing 16,000 people.
- QCC partners with our counties in caring for over half of all Hoosiers incarcerated in county jails.

How many people are in Indiana's criminal justice system?

162,000 Indiana residents are behind bars or under criminal justice supervision.

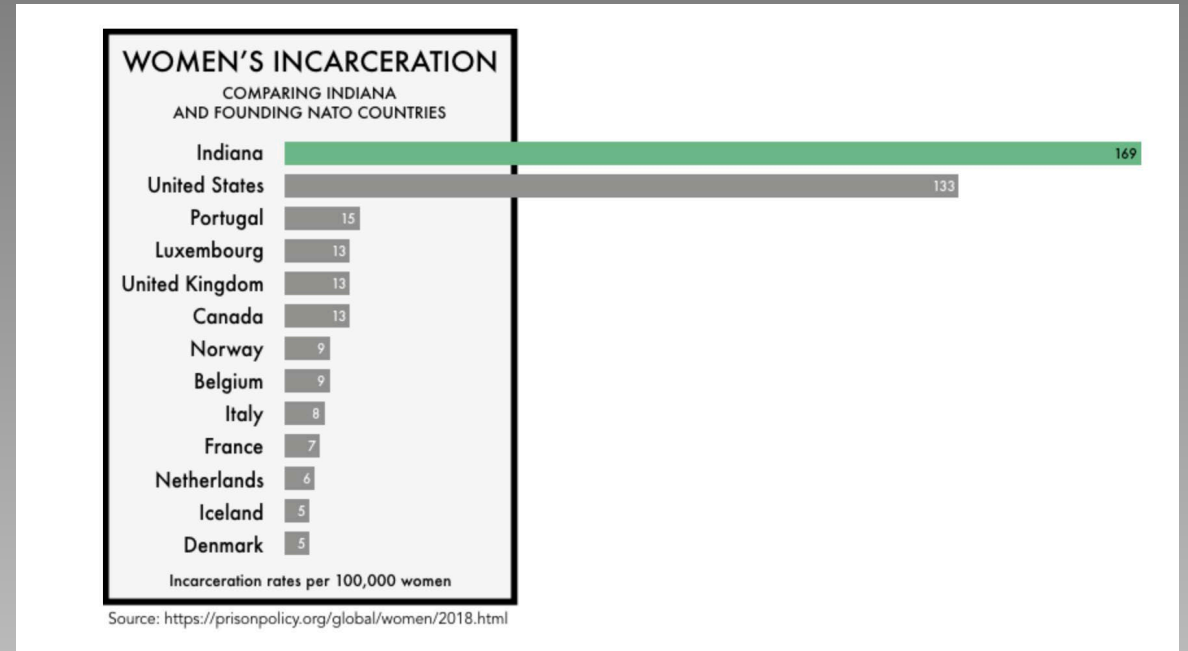


PRISON
POLICY INITIATIVE

Sources and data notes: See <https://www.prisonpolicy.org/reports/correctionalcontrol2018.html>

Why the rise in ADP?

1. HEA 1006- Level 6 felons sentenced to a year or less stay in the county jail.
2. Mental Illness - coupled with substance use disorders.
3. Increased numbers of women being incarcerated.



How overcrowding impacts medical care?

Factors contributing to overcrowding also contribute to acuity:

- Aging Population- more chronic illness to manage
- Major Mental Illness- often co-occurring with substance use disorders
- Patients sometimes fail to seek healthcare in the community
 - Incomplete HIP applications and difficulty continuity of care
- Increased Recidivism
 - Barriers to care, particularly addiction treatment, in the community results in rearrests and restarting the cycle.

Impacts on Efficiency

Overcrowding hinders efficiency of medical staff and jail officers. Jails are forced to house & care for additional residents with little to no increase in resources.

- Increased staff turnover with few candidates to fill open positions.
- Hiring and training new staff greatly impacts budgets.
- Crowding results in overflow transfers to other counties.

Overflow Transfer Problems

- Transport staff are forced to make multiple transfers to court, off-site medical visits, etc.
- Medical staff spends time preparing records and medication to be sent to other facilities for continuity of care.
- Patient's access to family and supports systems are limited.

More Patients =

- More Medications
- More Transports
- More Emergency Responses

Medications

With more patients
come more
medications.

More medications
mean:

- Increased time for medication pass.
- Increased cost.



Inmate Movements

- Increased bookings with no additional custody staff can result in a need for more offsite medical clearance.
- “Fitness for Incarceration” visits create staffing hardships for road officers.
- Limited availability of transport officers can result in missed or rescheduled appointments. This can lead to claims of ‘delayed medical care’.

Challenges with Sick Call

- Jail staff is often too busy with security tasks to be able to bring patients to the medical office for sick call.
- Medical staff has to be creative in seeing patients in an area more conducive to easy patient movements
 - Patient Privacy Issues (can limit physical assessments)
 - Limited Therapeutic Relationships
 - Distractions
 - Potential HIPAA Concerns

Therapeutic Relationships

Incarcerated people may be more willing to discuss sensitive issues with medical professionals.

- These conversations can protect the counties from liability issues.
- The more information we gather through therapeutic interviews, the better we can care for the patient.
 - Suicidal Ideation
 - Chronic Illness
 - Behavioral and Mental Health Issues

Communicable Illness

Housing individuals in close proximity drastically increases the risk of spreading certain illnesses.

Major concerns:

- Influenza
- Tuberculosis
- Hepatitis A

Hepatitis A

- Spread via fecal to oral transmission.
- Typically 20 reported cases per year in Indiana.
- As of 10/25/19 there have been **2,190 cases**.

Facility Constraints

- Limited special housing (padded cells, negative airflow rooms, segregation cells)
 - Behavioral
 - Medical
 - Suicide watches
- Limited access to facilities for sanitation.

Indiana Jail Standard 210 IAC 3-1-7 Sec. 7 (a) (5)-

“There shall be at least one toilet and one shower per twelve inmates”.

- Overcrowding can result in inmate housing in recreation yards and other common areas without these facilities.

Impacts on Safety

- Limited privacy may lead to increased agitation and aggression.
- Increased hostility may lead to physical altercations resulting in:
 - Emergency Response Calls
 - Emergency Department Visits
 - Housing Constraints
- High inmate to staff ratios may create safety hazards (e.g. delayed response times, violence against officers and staff).
- Jail staff are so inundated with attending to daily requirements, it is difficult to find the time for required medical and mental health training.

What is being done to fight overcrowding?

Jail Overcrowding Task Force

- Bringing together State and Local stakeholders to look for creative ways to solve problems.

Medicaid Exclusion Law

- Strips inmates, even pre-trial detainees, of federal health benefits.
- The National Association of Counties and National Sheriffs' Association's collaborative task force focuses on awareness and remedying these policies.

Goal

“Legislative Advocacy: Obtain bipartisan support for laws currently in Congress that correct this issue” (NACO, 2019).

Proposed Legislation

Last week, U.S. Senators introduced two bills to protect access to care for pretrial detainees.

- Equity in Pre-Trial Medicaid Coverage Act (S.2628)
- Restoring Health Benefits for Justice-Involved Individuals Act (S.2626)

Bond/Bail Initiatives

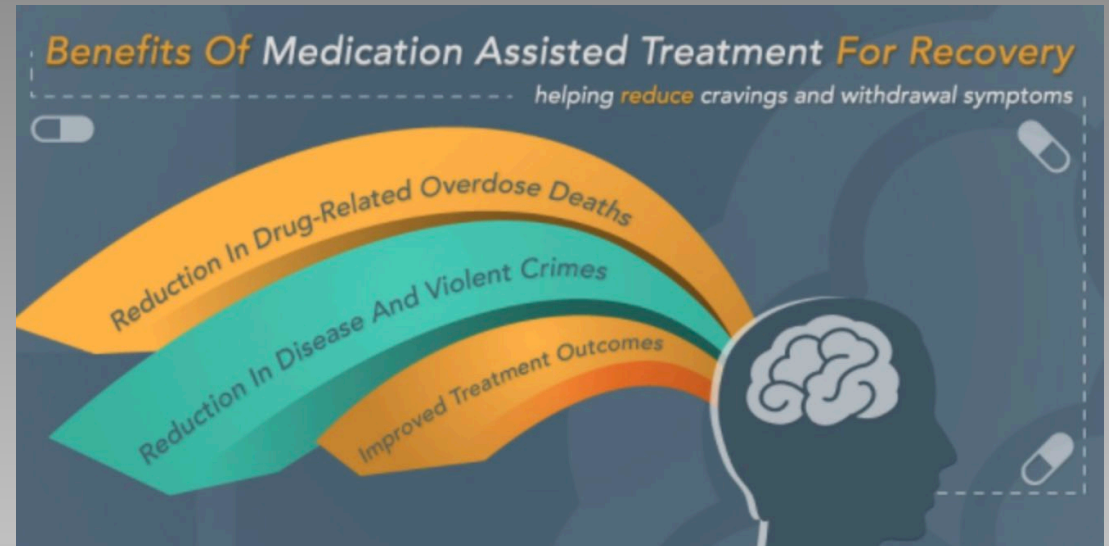
Criminal Rule 26

- Pilot program for Indiana Counties to identify detainees awaiting trial that qualify to be released from jail without the financial burden of posting bond/bail.
- In 2017, Governor Holcomb signed a bill that asks Indiana Courts to adopt evidence-based risk assessment rules to identify defendants for participation in the pretrial release program set to begin in 2020.

How can QCC Help?

Medication Assisted Treatment (MAT) Programs

Approximately 15 of our counties currently have some level of an established MAT program, and several more are in development.



How can QCC Help?

Moral Reconciliation Therapy (MRT)

- Evidence-based behavioral therapy.
- Aimed at decreasing recidivism.
- Standardized program that can travel with the patient across the criminal justice system
 - Jail
 - DOC
 - Community Corrections
 - Probation

How can QCC Help?

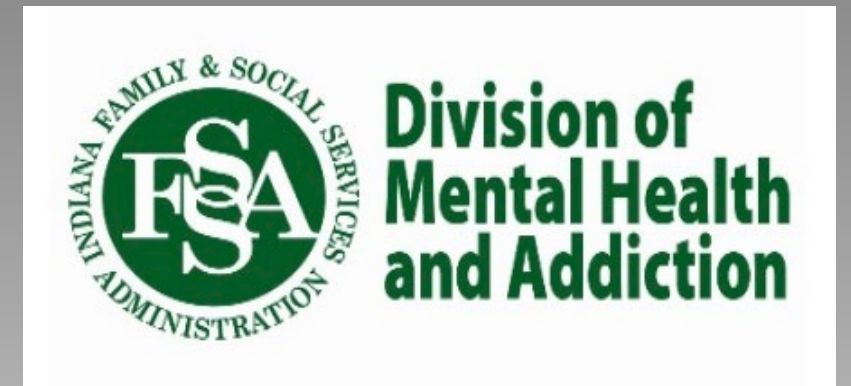
- Establishing relationships with community mental health providers
- Our goal is a “warm handoff” of patients as part of the reentry process.

This is one of the most important services that we can provide for our patients' continuation of care.

How can QCC Help?

QCC is DMHA Certified

- Access to additional resources for patients as they transition back into the community.
- We are exploring other opportunities to provide follow-up care to improve health and recovery post release.



How can QCC Help?

Computer Adaptive Testing-Mental Health (CAT-MH)

QCC attended a training last week provided by IDMHA in hopes of using this tool to ID patients for MAT in Program Grant recipient counties.

We expect this tool to:

- Assess detainees for mental health disorders
- Identify detainees with increased risk for suicide
- Be used state-wide to identify patients in need of mental health and/or MAT addictions treatment,
- Be implemented in our sites as soon as possible

CAT-MH Efficacy

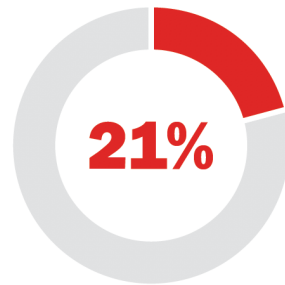
Recent study involved Cook Co. (IL) Bond Court findings:

- 14.5% of men and 31% of women have severe mental illness.
- Less severe mental health disorders (e.g. anxiety disorders) present in 35% of men and 27% of women.
- PTSD and Suicide is at least 3 times higher in jails and prisons compared to the general population.
- Substance Abuse Disorders are 7 times higher

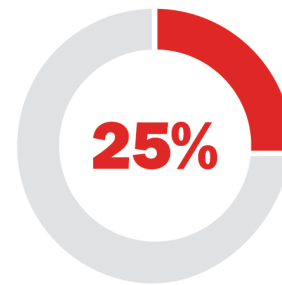
Medicaid Funding

MEDICAID IS THE LARGEST SOURCE OF FUNDING FOR BEHAVIORAL HEALTH SERVICES IN THE UNITED STATES

Counties deliver behavioral health services, including mental health and substance use services, through **750 behavioral health authorities** across the country. Medicaid coverage and financing facilitate access to a variety of behavioral health services, including psychiatric care, counseling, prescription medication, inpatient treatment, case management and supportive housing.



Medicaid accounts for 21 percent of all **health spending on substance use disorders**



Medicaid accounts for 25 percent of all **spending on mental health services**

How can QCC Help?

HIP Applications

- Required by I.C. 11-12-5-9
- QCC Serves as the county's Medicaid Authorized Representative/Medicaid Navigator
- Aimed at reducing recidivism by helping patients continue health care services post release.
- We would like to offer our support/assistance towards any statewide efforts in tracking the impact of this program on recidivism rates.

Apps Processed to Date

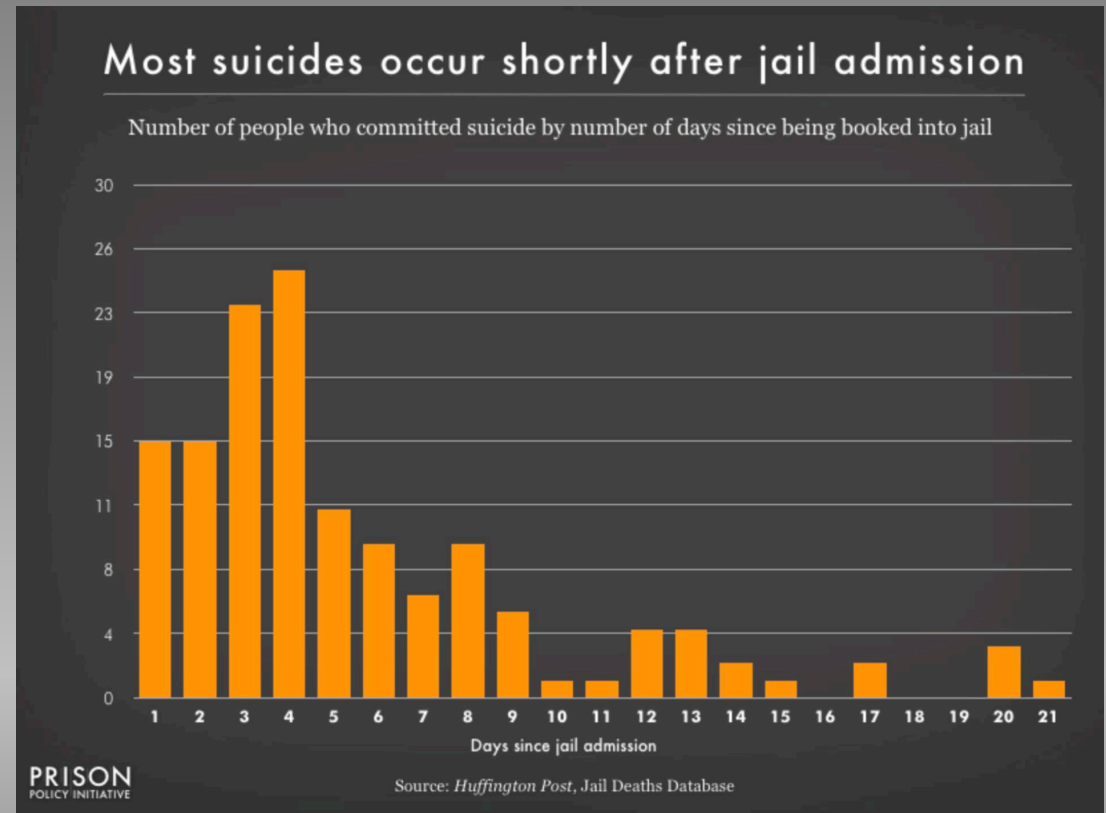
- 2016- 5,667
- 2017- 7,012
- 2018- 6,089
- 2019- 6,229 To Date

** **24,997** and counting

Medicaid Exclusion Law Revision

Why it's important?

- Medicaid Funding for Mental Health Treatment
- Potential 6th Amendment Violation based on the assumption of 'innocent until proven guilty'.



How can QCC Help?

- The Task Force has requested the following data to support these efforts:
 - Total amount spent on healthcare in jail.
 - Amount spent on healthcare for Medicaid/Medicare-eligible individuals
 - Number of patients treated for mental health and substance abuse disorders
 - Number of patients in pre-trial/conviction status
 - Number of women, elderly, juveniles, and veterans.
 - Any other data points that support the revision of MIEP for pre-trial inmates

QCC recently met with NaCo representatives offering assistance on behalf of the counties we represent across the state.

Our Viewpoint

- This will improve continuity of care for our patients throughout the criminal justice system.
- This will save significant county tax dollars for off-site medical treatment, medications, and supplies.

Significant Financial Impact

Vanderburgh County

- Year-to-date, 53% of all patients receiving off-site care have had active Medicaid/HIP/VA coverage upon book-in.

Allen County

- Year-to-date, 28% of all patients receiving off-site care have had active Medicaid/HIP/VA coverage upon book-in.

Thank You!

Thank you for inviting us to join you in your important work. We consider ourselves privileged to be part of the conversation.

www.QualityCorrectional.com

Lisa Scroggins, Founder, CEO

Lisa@qualitycorrectional.com

Michael Person, MD, CCHP

mperson@qualitycorrectional.com

**REMEMBER THAT NO ONE IS
BORN A CHANGE-MAKER.
IT'S SOMETHING YOU BECOME
WHEN YOU SEE A PROBLEM,
THEN DARE TO BECOME
PART OF THE SOLUTION.**

MELINDA GATES

www.informedinspiration.com

Advanced Correctional Health Care, Inc

The background features three overlapping circles in shades of blue, set against a dark grey background. A horizontal yellow band is positioned across the middle of the circles. The text is centered within this band.

Porter County – Local Programs and Initiatives



Jail Overcrowding Task Force

October 30, 2019

Web site:

<https://www.in.gov/judiciary/iocs/3874.htm>