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, October 27, 2021 2:00-3:00 (EDT)

Meeting Recording: https://youtu.be/rLDE2b1BiY4

Attendees: Dr. Christine Negendank (Subgroup Chair), Katrina Norris (Subgroup Co-Chair), Steve McCaffrey, Mike Nielsen, Anthony Maze, Ray Lay

Absent: Rachel Halleck, Jay Chaudhary, Chase Lyday, Dr. James Nossett

Minutes

Items Discussed:

1. Review of Minutes from August 31, 2021
    a. Dr. Negendank moved to approve the minutes, seconded by A. Maze, none opposed, there were no abstentions, the minutes were approved.
2. Review of Recommendations, Discussion of "What's Missing"
    a. R. Lay reported a concern of an individual obtaining a training for Veterans who is not a Veteran, advocated the Sequential Intercept Model is not the only approach and reiterated recommending the Stepping Up Initiative with CIT across the State
    b. Dr. Negendank advocated for reviewing Intercept 2, inquired if others identified gap areas?
        i. Intercept 0 – deferred to other subgroup – agreed by Commission Members
        ii. Intercept 1 – Dr. Negendank solicited feedback from Commission Members on this Intercept
            1. R. Lay advocated police agencies are moving away from responding to mental health crises
                a. Dr. Negendank confirmed, social work response instead
        iii. Intercept 2
            1. Dr. Negendank advocated for the Brief Jail Screen Assessment, EBP approach

a. K. Norris advocated for a need for collective collaboration, Regional Treatment Centers, especially when thinking of rural areas, a screening tool may support.
    i. R. Lay advocated collaboration with family when individuals are in crisis
    ii. S. McCaffrey advocated there is a lot of interest in Regional Treatment Centers, concerned about no treatment or inadequate treatment in jails
    iii. R. Lay spoke of history of a mental health hospital being converted to a correctional facility, advocated for a review of current correctional facilities being converted to treatment centers.
    iv. Dr. Negendank referenced a facility in Michigan that is a secured treatment facility with a court in facility. How do we want to use this knowledge to form a recommendation?
    v. S. McCaffrey – is there someone from Michigan that can come speak to the Commission to understand options?
    vi. K. Norris has attempted to visit Michigan to information gather, but hasn't gotten a response, requested feedback from A. Maze on what is needed to consider in this area?
    vii. A. Maze reported in his experience when someone is brought in with mental health needs, individual put on suicide watch, cross-collaborate with Park Center to have clinician assess individual; reported on changes in Allen County in court approaches, collaborating with mental health providers – assessing for needs, current providers for the individual, HIPAA needs, planning ongoing needs for the individual; approach has worked for looking at misdemeanors/mental health needs from a mental health priority
    viii. M. Nielsen advocated not all Sherriff offices are alike, most are trying to assess for mental health needs, reiterated need to use this Commission to make recommendations for all; working on pilot to do evaluations prior to booking so insurances can still be invoked, acknowledges larger need for helping individuals in jails are those with chronic needs, even with cross-collaboration with mental health providers; have worked with Michigan for best practice
        1. K. Norris agreed with the need area
        2. Dr. Negendank agreed with need area

b. Dr. Negendank presented on Brief Jail Mental Screening Tool in response to feedback by R. Lay related to missed diagnoses when incarcerated, advocated for ease of use

2. K. Norris recommended a need for language to work towards a recommendation for Regional Treatment Centers
    a. S. McCaffrey – can explore via Michigan expert presentation, add language for now "the Committee would like to investigate from expertise in other states, utilization and possible implementation of regional treatment centers in Indiana"
3. K. Norris solicited feedback for any other recommendations to add to this intercept, no further additions.

iv. Intercept 3 – K. Norris solicited feedback from Commission Members on this Intercept
1. K. Norris suggested adding something regarding misalignment of formularies
    a. Dr. Negendank discussed the affordability for jails to provide medications, this presents another need for Medicaid funding while incarcerated
    b. S. McCaffrey advocated this as an opportunity to recommend the formulary for Medicaid in community to match Medicaid while incarcerated, link to Intercept 4 recommendation of the 1115 Waiver.
2. K. Norris solicited feedback for any other recommendations to add to this intercept, no further additions.

v. Intercept 4
1. K. Norris explored if the recommendation related to collaborate with CMHCs needs to be more specific?
    a. Dr. Negendank reflected the intention was to identify CMHCs as the main treatment providers in incarceration system, become more specific in this manner
        i. K. Norris – use counties that have been successful in doing this as rationale for this recommendation
    b. S. McCaffrey explored if CCBHCs could be considered as well?
        i. Dr. Negendank agreed to add CCBHCs to recommendation
            1. S. McCaffrey – since CCBHCs have more options available, this makes sense
            2. Dr. Negendank agreed, shared impact of CCBHC status for Adult & Child, Inc.
        ii. S. McCaffrey – also have an opportunity to link Intercept 4 recommendations to Intercept 0 recommendations - +988 & CCBHCs for responding to needs
2. K. Norris advocated for considering wait times at this Intercept

a. Dr. Negendank noted CMHCs are required to follow up with individuals discharged from hospital within 7 days, advocated this would be a logical mechanism for individuals being released from incarceration
    i. M. Nielsen reported on improvements in recidivism rates when implementing strategies that require individuals to follow up with a provider within 5 days of release
    ii. K. Norris advocated this becomes more possible when linked to adding Medicaid while incarcerated
        1. M. Nielsen advocated this is the mechanism for sustainability, right now operating off grant funding
3. K. Norris solicited feedback for any other recommendations to add to this intercept, no further additions.

vi. Intercept 5
1. C. Negendank recommended changing "no data" to "limited data" and make a standardized recommendation for data collection on recidivism
2. S. McCaffrey advocated for consideration of peer support for re-entry, advocated to also consider peer support in Intercept 1 or 2 as well
    a. C. Negendank – we could probably make a case for peer support at all Intercepts
    b. K. Norris requested information on criteria for Forensic Peer Training
        i. S. McCaffrey – yes, there is a specific endorsement for Forensic Training
            1. Amy Brinkley noted in the chat DMHA has the Forensic peer training
        ii. S. McCaffrey advocated whether for providers or peers, when working on Forensic realm, there should be a reimbursement add-on

3. K. Norris explored timeline for drafting recommendations for next full member Commission Meeting
    a. C. Negendank agreed

Next Meeting: The Commission Member Subgroup agreed to complete formalizing recommendations via email correspondence.