

2024



Tippecanoe County Sequential Intercept Model Strategic Planning Report

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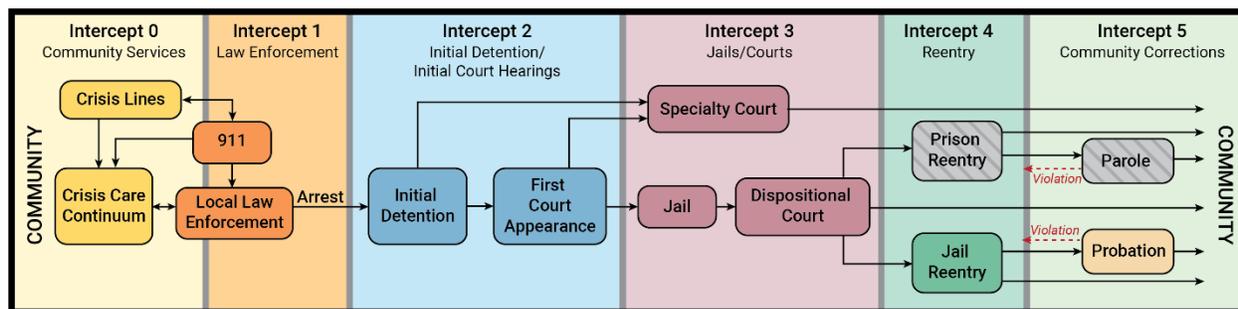
Background

The Sequential Intercept Model (SIM), developed by Mark R. Munetz, MD and Patricia A. Griffin, PhD,¹ provides a conceptual framework for jurisdictions interested in exploring the intersection of behavioral health and criminal justice, assessing available resources, identifying gaps in services, and conducting strategic planning. These activities are best accomplished by a diverse cross-system group of stakeholders from the behavioral health and criminal justice systems including mental health and substance use treatment providers, law enforcement and other first responders, courts, jails, community corrections, social service agencies, housing providers, people with lived experience, family members, and many others.

SIM Mapping Workshops cause the development of a map that illustrates how people living with mental illness and substance use disorders enter and move through the criminal justice system. Through the process, facilitators and participants identify opportunities for linkage to treatment and other support services, and for prevention of further penetration into the criminal justice system.

SIM Mapping Workshops have three primary objectives:

1. The development of a comprehensive picture of how people living with mental illness and substance use disorders enter and move through the criminal justice system along six distinct intercept points: (0) Community Services, (1) Law Enforcement (2) Initial Detention and Court Hearings, (3) Jails and Courts, (4) Re-entry, and (5) Community Corrections.
2. Identification of strengths, gaps in services, and opportunities at each intercept for individuals in the target population; and
3. Developing priorities for change and strategic action plans.



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¹ Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, 57, 544-549.

Introduction

On May 13-14, 2024, the Tippecanoe County Justice Reinvestment Advisory Council (JRAC) convened a cross-system group of criminal justice, court services, mental health care, substance use health care, public health, the recovery community, social services, county and city government, and community stakeholders for a Sequential Intercept Model (SIM) Mapping Workshop. This SIM Workshop was facilitated through [NAMI Indiana Technical Assistance Center for Mental Health and Justice Programs](#). Policy Research Associates, Inc., a national leader in mental health research and its application to social change since 1987, developed the training protocols and processes used in the workshop.

Chris Carroll and Kathleen Sobiech delivered a presentation on the SIM and facilitated discussions focused on identifying resources available to respond to the needs of adults living with mental illness and/or substance use disorders who are involved or at risk for involvement in the criminal justice system. The discussions also highlighted gaps in services. Discussions focused on all SIM intercepts. Following the initial meeting, the facilitators coordinated a voting process to identify which identified gaps in services within Tippecanoe County were priorities for the group.

On the second day of the SIM workshop, participants reviewed the voting results and discussed the group's priorities in more detail. Finally, a dialogue facilitated the development of strategic action plans that outline next steps for continuing to work on addressing the group's priorities following the meeting.

The strategic action plans were developed across the top five priority areas:

1. Build out diversion options before jail.
2. Communicate and coordinate re-entry services to address the social determinants of health/recovery across SIM intercepts.
3. Reduce fragmentation of peer services.
4. Streamline crisis response process for providers and consumers.
5. Coordination of discharge from the emergency department, jail, inpatient psych unit.

Agenda (DAY 1)

- 8:30** **Registration**
- 9:00** **Opening**
- Welcome and Introductions
 - Overview of the Workshop
 - Workshop Focus, Goals, and Tasks
 - Collaboration: What's Happening Locally
- What Works!**
- Keys to Success
- The Sequential Intercept Model**
- The Basis of Cross-Systems Mapping
 - Six Key Points for Interception
- Cross-Systems Mapping**
- Creating a Local Map
 - Examining the Gaps and Opportunities
- Establishing Priorities**
- Identify Potential, Promising Areas for Modification Within the Existing System
 - Top Five List
 - Collaborating for Progress
- Wrap Up**
- Review
- 4:00** **Adjourn**

There will be a 15 minute break mid-morning and mid-afternoon.

There will be break for lunch at approximately noon.

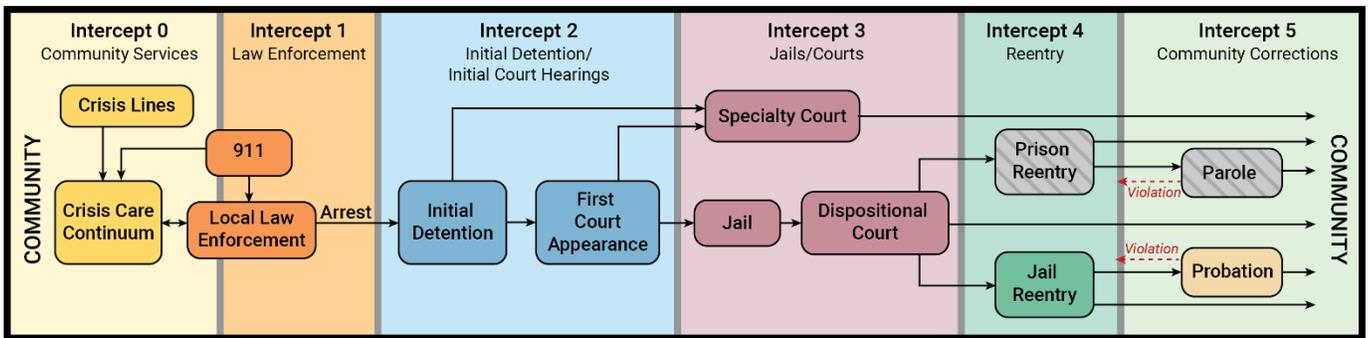
Agenda (DAY 2)

- 8:30** **Registration and Networking**
- 9:00** **Opening**
- Remarks
 - Preview of the Day
- Review**
- Day 1 Accomplishments
 - Local County Priorities
 - Keys to Success in Community
- Action Planning**
- Finalizing the Action Plan**
- Next Steps**
- Summary and Closing**
- 12:00** **Adjourn**

Sequential Intercept Model for Tippecanoe County Strengths and Gaps at Each Intercept

The centerpiece of the workshop is the development of a Sequential Intercept Model map. As part of the mapping activity, facilitators worked with workshop attendees to identify strengths and gaps at each intercept. This process is important since the criminal justice system and behavioral health services are ever changing, and the strengths and gaps provide contextual information for understanding the local map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people living with mental illness and/or substance use disorders by building on existing strengths and addressing gaps in services and systems.

Intercepts 0 and 1



COMMUNITY SERVICES AND LAW ENFORCEMENT

Strengths

CRISIS LINES, MOBILE CRISIS SERVICES, AND CRISIS STABILIZATION

Mental Health America-Wabash Valley Region (MHA) Local Crisis and 988 Lines

In Tippecanoe County, there are several local crisis lines and resources for individuals experiencing a crisis.

The local crisis line is run by Mental Health America (MHA) Wabash Valley Region (**765-742-0244**). MHA also runs the 988 crisis line response (also discussed below). This is a 24/7 crisis line. Training and protocol are the same on the local crisis line and 988. If a person is in an active crisis, there is a decision process in place by MHA. Initially there is an attempt to verbally de-escalate the situation over the phone. If there is an imminent risk to self or others, a supervisor is then contacted. The supervisor can make an emergency call while the crisis call responder (often a peer) stays on the line until emergency services arrive on-site at the location of the caller.

If someone calls the local crisis number, there is currently no mobile response available. The caller will talk with a peer, but there is not currently an MOU (memorandum of understanding) in place for mobile crisis responders to be dispatched. Instead, when necessary, the caller is transferred to 911. However, if the crisis call staff can verbally de-escalate, then they are able to make direct calls to **Phoenix Paramedics Quick Response Team (QRT)** and/or **Valley Oaks** for a mobile crisis team to be dispatched when necessary. They stay on the call until the QRT or the crisis mobile unit arrives. There are maps that outline who to call in which county that the supervisor at the Lafayette call center considers as part of the decision tree for Lafayette's Crisis Call Centers. MHA is currently working on MOUs with mobile crisis units and QRTs in Carroll County as the starting point.

Phoenix Recovery Solutions QRT (Quick Response Teams)

Phoenix Recovery Solutions has a Quick Response Team (QRT) that utilizes peer support workers (direct local crisis line number is **765-490-0381**). This team works with (**the Haven**) Valley Oaks Crisis Stabilization (which opened in March of 2024) and operates in Region 5, serving 9 counties (Benton, Carroll, Fountain, Warren, Jasper, Newton, Montgomery, Tippecanoe, and White). The Valley Oaks Crisis Intervention website instructs people in crisis to call 911. If someone is brought back to the crisis stabilization center, a telehealth consultation is available.

The Haven (Valley Oaks/Phoenix)

The Haven serves Region 5 and the crisis line is **765-270-4363**. Haven will respond to calls 24/7 with peer specialists, who triage the call and make decisions about sending a mobile crisis response unit within minutes. Peers are always present on the mobile crisis response unit and on the 24/7 Crisis Receiving Unit (Haven). They are currently responding to an estimated 25-30 calls per month.

The Haven also accepts 24/7 walk-in access and/or Law Enforcement Assisted (LEA) drop off at the 2323 Ferry Street location in Lafayette Indiana. If the person requires medical attention, they are taken to the hospital. If a person wants voluntary inpatient mental health or substance use treatment or sober living, then they can go to the Haven Crisis Unit for access/referrals. Mobile Crisis Response time averages 7-15 minutes based on the caller's location.

Sycamore Springs

Sycamore Springs has a 24/7 crisis line (**765-743-4400**). Sycamore Springs has behavioral health professionals on-site 24/7.

NAMI West Central Indiana (The Living Room)

[NAMI West Central Indiana](#) runs the Living Room (M - F, 8 AM - 8 PM). This is the first Living Room model in Indiana. The Living Room offers no-cost support to people experiencing mental health symptoms and/or sub-emergent crisis. Peer Recovery Support Specialists are available to support individuals who willingly seek assistance for their mental health concerns. People should call 988 or NAMI Helpline after hours.

988 Crisis Call Line Staff Training Requirements

The crisis calls specialists answering 988 calls receive 80 hours of training up front, with crisis training curriculum and 80 additional hours of direct supervision. Specialists also must earn monthly CEUs and are required to have a specific number of hours on the crisis line each week.

The training and protocol for responders are the same on the MHA local crisis line and 988. There is a decision tree on how to respond to someone in crisis. First, they try to verbally deescalate the situation over the phone. If there is imminent risk to self or others, the supervisor is contacted and then that supervisor makes the emergency outcalls while the crisis call responder stays online until law enforcement, QRT, or the mobile crisis unit arrives on-site with the caller. There are maps that outline who to call in which county that the supervisor in the Lafayette call center has access to.

There were approximately 16,000 calls that came into the call center. These calls can come from anywhere across the state and/or a person with a phone number with an Indiana area code. About a third of that volume came into the local line – those are people in Tippecanoe County needing to connect. There are monthly reports provided.

911/Dispatch Staff Training Requirements and Data

When a call comes into 911, it is dispatched to one of five dispatch centers:

1. Sheriff covers dispatch for Americus, Battleground, Buck Creek, Clarks Hill, Dayton, Romney, Shadeland, Stockwell, and West Point.
2. West Lafayette has their own dispatch.
3. Purdue Police has a dispatch.
4. Lafayette has their own dispatch and own their own separate system.
5. Indiana State Police have their own dispatch system.

All dispatch personnel go through emergency dispatch training. The training is not specialized for assessing mental health issues, although dispatch does have mental health codes that can be used. Codes may be different across systems. A call that is mental health or crisis related may not be coded as a mental health/crisis call and officers may not re-code the call even if it is clearly a mental health/crisis related incident (see Gaps).

- **2023 calls to West Lafayette PD**
 - 47 suicide/suicidal subject
 - 43 suicidal threat
 - 12 suicide attempt
 - 70 mental health
- **2023 Sheriff calls**
 - 160 suicide/suicidal subject
 - 123 mental health problem
- **Lafayette PD**
 - 650 mental health
 - 800 suicide calls

LAW ENFORCEMENT, FIRE, AND EMERGENCY MEDICAL SERVICES

There is Crisis Intervention Team (CIT) training in Tippecanoe County for law enforcement officers. In the West Lafayette Police Department, 25 of 46 law enforcement officers are trained in CIT, but there is not a coordinated way to dispatch a CIT officer. At the Sheriff's Department, all 63 deputies are CIT trained. At the Lafayette Police Department, no dispatch personnel are CIT trained, and it is not clear exactly how many law enforcement officers are CIT trained. For all locations, it is not clear if the firefighters and other first responders are trained.

When a police officer is dispatched on a mental health crisis call, upon arrival, they assess if the person is in grave danger, homicidal, or suicidal. Responding law enforcement officers may utilize Emergency Detention Orders (EDOs) if desired and observed as necessary by the responding officer. The demand on local law enforcement agencies dealing with EDOs and transportation of EDO subjects continues to dramatically impact staffing resources.

However, if there are no presenting circumstances (suicidal/homicidal thoughts) that give cause for a law enforcement officer to call for an EDO, then a law enforcement officer will try to get the individual to go to the hospital voluntarily. Ideally, the person in the behavioral health related crisis is able to drive themselves to the hospital. However, law enforcement officers will transport as a last resort. There are also mental health professionals embedded within the West Lafayette Police Department, the

Tippecanoe County Sheriff's Office, and the Lafayette Police Department which has two Community Outreach and Resource Navigators. These hired behavioral health staff workers embedded within law enforcement departments are working to increase law enforcement officer awareness of community treatment services available and connect people with treatment services in the community. Police do have the discretion to cite and release when appropriate. There is a high level of discretion; however, if a crime has been committed, then the person is taken to jail. This may still require a trip to the emergency department (discussed below).

LOCAL HOSPITALS AND HEALTH CLINICS

There are two emergency departments in Tippecanoe County: **Franciscan Health Emergency** and **IU Arnett Emergency**. *(Note: one of two hospitals in the county were present at the SIM Workshop so details/information regarding access and services may not fully tell the story of access and available services in Tippecanoe County.)* Neither facility has designated psychiatric space or beds.

Franciscan Health

Franciscan Health had a crisis stabilization unit called EmPATH that was recently closed. The staff was moved to the emergency department (ED) and is not committed to mental health related crisis/issues only.

IU Arnett

IU Arnett does not have psychiatric facilities either (total beds – the whole hospital is 190 beds). They do offer virtual psych visits and have a psychiatrist on-site 5 days a week, however the Emergency Department (ED) is typically covered virtually.

Law Enforcement/Emergency Departments

If law enforcement takes someone to the ED, they must keep the person in custody, i.e. sit with them. The ED wait times for law enforcement can be lengthy (5 to 12 hours). If there is an Emergency Detention Order (EDO), the wait can be closer to 12 hours. In fact, IU Arnett reports being inundated with EDOs to the point that people may need to wait for days at a time. There are times too where the hospital staff cancels the EDOs because they are simply unable to get people placed. Hospitals perform their own assessments in addition to law enforcement's observations. Again, the officers must wait while the ED disposition is determined. Neither hospital has law enforcement on-site. **Sycamore Springs** has established a direct admission process with the IU Arnett ED to shorten wait times. Sycamore Springs and **River Bend** (discussed below) may serve as a starting point to connect people to psychiatric care. However, denied admission may occur when there is not an open bed and/or because a person's behaviors are beyond the capacity of the facility.

COMMUNITY-BASED TREATMENT AND SUPPORT SERVICES (LIST)

[Valley Oaks Health](#) is a community mental health and addictions center in Tippecanoe County offering inpatient and outpatient treatment to persons with mental health and/or substance use issues.

[Sycamore Springs](#) is an inpatient treatment facility with 48 beds (24 mental health/24 substance use disorder). An appointment is necessary for assessment. Individuals can walk-in, but if there is no room for admission, staff will seek out of county placement (4-county service area). If admitted, people leaving Sycamore have a warm hand-off and community follow-up already established if they are a Valley Oaks client. Peers from one community agency go on-site at Sycamore Springs to help clients while there and when discharging. Sycamore Springs uses a step-down approach – partial hospitalization and then intensive outpatient treatment (IOP).

[River Bend Hospital](#) offers inpatient treatment. It is a 16-bed facility for adults only. They usually have vacancies and there are no insurance barriers. People can call directly or walk-in and will be seen within minutes. If admitted, people leaving River Bend have a warm hand-off and community follow-up is already established if they are a Valley Oaks client. Before leaving, River Bend staff help identify transportation needs and assess housing needs, e.g. shelter, family members, etc.

[Meridian Health Services](#) offers a variety of services and programs that include but are not limited to addiction services, suicide prevention, therapy and counseling services, psychiatric services, recovery housing options (**Home with Hope**), community response teams, the Connxxions Program, maternal mental health, as well as children and family programs.

[Home with Hope](#) is the only program of its kind in Lafayette, Indiana that provides a continuum of care often following primary treatment for addictions recovery. Home with Hope serves men and women aged 18 years or older. Home with Hope offers substance use recovery services in the form of individual and group counseling, case management, peer services and a structured living environment. Some grant funding provides scholarships for clients who cannot afford initial fees.

[Bauer Family Resources](#) is a youth and family-focused community center serving children and families in Lafayette, Indiana. Services provided include individual and family counseling, peer recovery coaching, as well as housing and case management services.

[Wellpoint Recovery LLC](#) is an opioid recovery clinic offering a monitored step-down program using Suboxone, Vivitrol, and other medication assisted treatments in the Lafayette, Indiana area. Wellpoint Recovery LLC serves any person 18 years of age or older who is addicted to or dependent upon opiates and is ready to make a change. Wellpoint also serves pregnant women.

[Willow Stone Family Services](#) provides outpatient counseling services, child development support services, teen drug prevention classes, and parent support for families of children of all ages. Willow Stone is also home to the Parent Café which serves to build connections and nonjudgemental conversations with peers for families. Willow Stone also has the 'Get S-M-A-R-T Youth' program which is a 5-session early intervention program for youth available which is a free program that educates and encourages teens to proactively think about decisions pertaining to alcohol, substance use, and peer pressure.

[Limestone Health Lafayette \(Med Mark Treatment Center\)](#) is an opioid specific treatment center located in Lafayette, Indiana providing services to persons with opioid use disorders. Services offered include medication assisted treatment, case management, referrals, and individual and family counseling.

Detox Options (list)

[Meridian Addictions & Recovery Center \(ARC\)](#) is an inpatient building that offers 28-day voluntary detox care. Individuals can call in advance (if in jail, need to wait until 7 days before release to call).

[Harbor Light](#) is located in Indianapolis and provides medically supervised detoxification, addiction treatment, and rehabilitation. Harbor Light will accept clients from outside of Marion County (Indianapolis).

[Sycamore Springs](#) has mental health and addiction services, including medical detox 24/7 with nursing care supervised by a doctor. People must be able to register.

Veterans

(VA contact is Lynette Biviano who can be reached via email at Lynette.Biviano@va.gov). There is a community-based outpatient clinic with basic medical services (dental and vision, e.g.), not emergency care. There are some trauma-based therapy and substance use services. The closest VA hospital is in Indianapolis.

PEER SUPPORT SERVICES ACROSS INTERCEPTS 0 AND 1

Tippecanoe County partners have a long-standing recognition of the value and importance of the peer role for people living with behavioral health challenges. In Tippecanoe County, peers play a vital role across Sequential Intercepts 0 and 1 by providing support at critical points in an individual's wellness and recovery journey.

At Intercept 0 (community services before the crisis), there are several community organizations who employ peer supporters, such as [Mental Health America \(MHA\)](#), [Phoenix Recovery Solutions](#), [Paul's Plan](#)

[Ministries \(PPM\)](#), [Gateway to Hope](#), [Recovery Café Lafayette](#), [NAMI-WCI](#), [Valley Oaks \(the Haven\)](#), and [Meridian Health Services/Home with Hope](#). **Phoenix** deploys Quick Response Team peers who regularly visit the Sycamore Springs inpatient unit to offer peer support during a person's stay and as they transition back into the community. Additionally, **Mental Health America-Wabash Valley Region** has peers answering local crisis calls and those received via the 988 crisis hotline. Through direct hiring, alongside a partnership with Phoenix, peers are also stationed at **Valley Oaks** and **The Haven** to provide on-site support to clients of Valley Oaks and the crisis stabilization unit (The Haven.) **Recovery Café Lafayette** serves as the Region 3 State funded [Regional Recovery Hub](#) serving 10 counties including Tippecanoe County and is a peer-run organization providing peer services to the region. **Gateway to Hope** employs peers as part of the services offered through the Syringe Service Program run by the County Health Department. Additionally, **Meridian Health Services** and **Home with Hope** hires peers and provides peer support services throughout their programming as well. Finally, **Paul's Plan Ministries** is a peer-run [Certified Recovery Community Organization](#) primarily focused on peer run re-entry planning support services for persons transitioning out of the criminal justice system in Tippecanoe County. **NAMI-WCI** offers free peer services via The Landing.

In Intercept 1 (law enforcement and emergency services), the QRT team is expanding peer involvement to the IU Health Emergency Department. **Lafayette Transitional Housing** is exploring opportunities for their residents to connect with peers, further extending support to transitional living environments as well. **NAMI-WCI** offers peer support post-inpatient treatment, visiting River Bend to inform individuals about community resources and recovery programs upon their release. **The Living Room** (operated by NAMI-WCI) provides information about where people can connect and land when they are released. The Living Room offers transportation from the hospitals, a drop-in center to reduce isolation, and peer support groups for continued wellness and recovery. Some additional programs to note that are being offered in the community include **ARC** (for individuals with intellectual disabilities), Wellness Recovery Action Planning (WRAP), and **In Our Own Voice**.

RELEVANT NOTATIONS

- Sycamore Springs noted that for suicidal/homicidal referrals – they may need to deny a hospital request due to lack of capacity or staffing, due to safety demands of the case.
- If EDO is a direct admit there is a solid relationship (clear protocol, MOU).

Gaps

Law Enforcement and Dispatch were not fully represented at the SIM workshop

- Aside from Social Service/Community Outreach representatives from local law enforcement agencies, the Jail Commander was the only law enforcement representative present at the workshop.
- It was reported that not every law enforcement entity in Tippecanoe County uses the same CAD (Computer-Aided Dispatch) system - officers are unable to see other jurisdictions.
- Data collection and searchability at this intercept is unclear.

Fire and Emergency Services were not fully represented at the SIM workshop

- It was noted that there needs to be more consistent involvement/invitations to CIT training.

Communication and Coordination in response to Crisis Gaps

- There are several local crisis lines along with 988. It is unclear which line would be the most accessible for someone experiencing a crisis in Tippecanoe County or surrounding areas.
- One of the most noticeable and pressing gaps in Tippecanoe County across intercepts 0 and 1, is the lack of clarity and communication, both among responders and the general public, about crisis response.
 - No clear priorities/communication.
 - No shared decision tree for crisis response in the county.
 - Unclear messaging for the community.
 - More data collection is needed:
 - How many people are walking into the ED? Or transported to ED for psychological evaluation or overdose? Number of EDOs in the hospital?
 - From dispatch, a call may not be coded for mental health initially, but officers are not re-coding/changing the code in the system even if it is clearly mental health related.
- Need to work on the relationship between hospital and law enforcement and mental health care crisis response teams.
 - There does seem to be options for transportation, access to care for individuals in crisis/needing to detox seems to be more limited by procedures:
 - LEOs (law enforcement officers) are not using crisis center options due to lack of trust, awareness - they are unsure of the policies, whether the centers follow the drop-off stipulations, unaware of new centers and the changing landscape of services and policy.

- Serious mental illness is currently assessed via telehealth – this may be a barrier for people that are experiencing a psychotic episode/not having someone to talk to on-site while in crisis.
- Hospitals are cancelling or denying EDOs.
 - Length of stay required.
 - There is an issue in communication/readiness to address mental health/substance use concerns from the ED.
 - Both hospitals – doctors in the ED may not take recommendations from mental health/addiction professionals (i.e. “when law enforcement needs medical clearance first (i.e. ED) then we hit a snag with the EDOs”).
 - “We cancel the EDOs because we cannot get them placed somewhere.”
 - Police discretion – cite and release is available and there is a lot of discretion. When a person is going to jail, if they must go to the ED first, law enforcement must stay with them, and this is a “big bottleneck.”
 - Neither hospital employs sworn police officers but rather security guards.

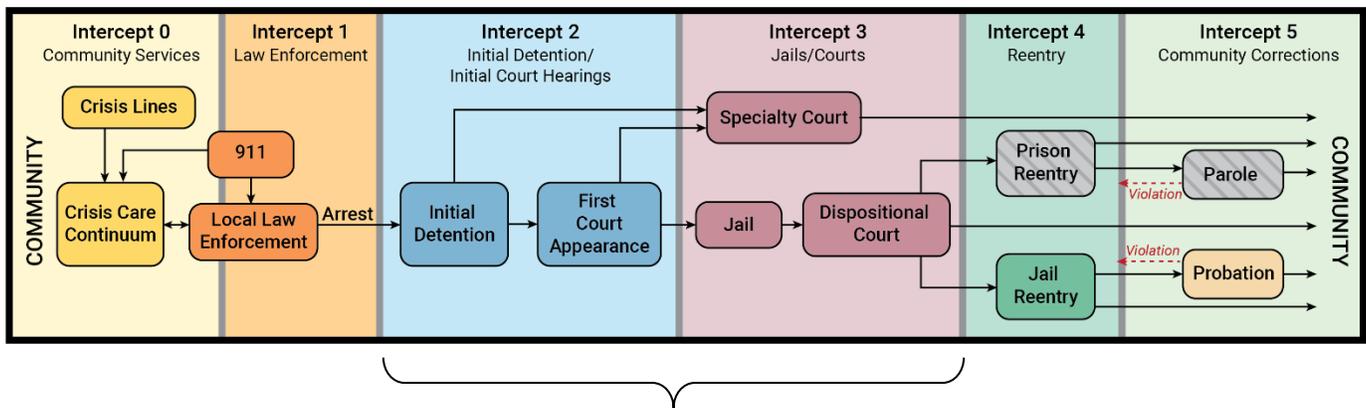
Post Crisis/Re-entry Planning Gaps

- Lack of peer support services and/or disconnection of peer services across organizations, especially at vulnerable moments like post-crisis discharge.
 - “Peers are often tied to their organization vs being in the community and able to move within and across the community.”
- Connecting people with outpatient providers at discharge phase from inpatient or detox settings
 - Setting up appointments/knowing availability/avoiding lag in services.
- Identified the need (potential) to use SAMHSA framework for data collection – health, home, community, purpose – all the different ways one can experience crisis. Sometimes crisis occurs because of lack of access to housing, food, transportation, employment, etc.
 - Perhaps a preventative re-entry into the community framework – what does that look like here?
 - May also have training opportunities for agencies, staff, peers across the continuum.
- The Haven (Valley Oaks and Phoenix) does attempt to conduct peer-based follow-up with clients 14 days after crisis contact. Valley Oaks has also had increased success in rapid scheduling follow-up (often same/next day) for people in crisis services/unit for psychiatric evaluation, behavioral health assessment, and follow-up (crisis after care) support.
- Limited peer representation within Intercept 1 (law enforcement and emergency services) across the community.

Other Gaps

- Improve services/options for Veterans: Transportation is often a barrier to clients obtaining services in Indianapolis.
- Adult Protective Services/Bureau of Developmental Disability Services
 - Services are not available to consumers while they are in a treatment facility.
- Lack of opportunities for law enforcement to visit and learn about local crisis centers.

Intercepts 2 and 3



INITIAL DETENTION/COURT HEARING, JAILS, AND COURTS

Strengths

JAIL BOOKING PROCESS/CONTINUUM

When a person is arrested and transported to jail, they are processed through booking. The arrestee is searched, photographed, and jail staff completes an inventory of all personal belongings. The jail staff completes a medical questionnaire during intake or within 24 hours of arrival. The questionnaire has 26 questions including one about current medication. Since the staff does not have access to medical records, it is up to the person to be cooperative (the medical intake can be refused). The Tippecanoe County Jail has 2 mental health professionals contracted within the facility, through **Quality Correctional Care (QCC)**. They can ask for a client to be evaluated. The Court will not typically get involved in such a request unless it is a competency issue.

Valley Oaks frequently checks for incarcerated clients. The number of clients determined to be in the local jail is typically low. The Valley Oaks nurse practitioner or doctor sees incarcerated clients at the jail in all counties they are assigned. A registered nurse helps QCC with case management and can receive electronic prescriptions from two Department of Corrections (DOC) facilities.

If the person is under the influence of drugs or alcohol, there is 24-hour medical staff to treat most needs via consultation with the doctor on call. QCC uses their own pharmacy and can typically get medication to clients within 24-48 hours.

Quality Correctional Care (QCC) typically meets with 35-40 people per day, which is often difficult due to low staffing numbers. People can be referred by jail staff or medical providers and are assessed within 24-48 hours of booking. QCC meets with individuals during the pre-trial period to identify social determinants of health needs and connect them with peers/local community agencies.

PRE-TRIAL SERVICES

The Pre-Trial Program consists of completing mental health and substance abuse assessments within 72 hours of an individual being incarcerated on misdemeanor and/or lower-level felonies. Under local rules, pre-trial services are only available for low-risk offenders. Based on results from different assessment tools, individuals may qualify for pre-trial release (in lieu of bond) or withheld prosecution. Assessments are utilized to determine treatment needs, connect clients to services upon release and to determine if there is a substantial risk of flight or danger to themselves, to others, or to the public. The courts utilize the Indiana Risk Assessment System: Pretrial Assessment Tool (IRAS-PAT), Correctional Mental Health Screen for Men (CMHS-M), Correctional Mental Health Screen for Women (CMHS-W), and the TCU Drug Screen 5 Plus Opioid Supplement.

MENTAL HEALTH COURT

A person accepted into the **Mental Health Court** typically has been referred by way of a plea agreement. Mental Health Court clients meet a judge once a month. The **Valley Oaks** team also provides support and services. In some cases, the person may be placed on suicide watch. For this, there is a follow-up period for up to a month. Mental health services are provided to participants for free. Incarcerated individuals can apply for the Q360 substance use program which offers intensive case management, aftercare planning, etc. During this program incarcerated individuals are also connected via telephone with outside community agencies like **Paul's Plan Ministries** for interviews focused on re-entry planning that includes transportation, recovery planning, and access planning to clothes, shelter, or recovery services etc.

ARRAIGNMENT/INITIAL HEARING

The **Tippecanoe County Magistrate** holds initial hearings Monday through Friday at 2 PM with individuals having an initial hearing within 48 hours of arrest. Currently, all initial hearings are conducted via video, a holdover from COVID (see Gaps). In an average week, there are approximately 30 arrestees that need to be seen.

Possible options at first appearance include:

- Detention/remain held on specific offense.
- Release:
 - There is a bond schedule already set.
 - Some people are released on their own recognizance.
 - Cash bond.
 - A cash and surety bond.
 - Ordered to community corrections as a function of pretrial release.
 - Trial Rule 26 – low level offense and want to go on pre-trial.

Typically, there is no prosecutor or public defender at initial hearings. There is some limited information gathered by the judge as to a defendant's medical, financial, and employment status. The judge may ask if the defendant has a case manager at Valley Oaks or have a payee for benefits. In 2023, 986 people were represented by a gatekeeper.

The court will typically not get involved in a request for mental health evaluation – unless it is related to competency. The public defender does have two mental health professionals contracted with the office and may ask for a client to be evaluated.

TREATMENT/SPECIALTY COURTS

The **Tippecanoe County Veterans Treatment Court** (Circuit Court) is an IOCS (Indiana Office of Court Services) certified program. The **Tippecanoe County Mental Health Court** (Superior Court V) is not currently certified. The screening/assessment process for participation in one of the specialty courts is established by the Judge. The court meets in person on the 2nd Monday of the month at 10 AM. Enrollment and graduation are based on the offense and the entirety of charges. All services (ARC program, sober living, inpatient treatment, etc.) are ordered/mandatory and include benchmarks for compliance including urine screenings, therapy, etc. Monitoring relies on a team of people assigned to each client, including a mental health team led by Valley Oaks. Possible consequences for non-compliance include ARC program, inpatient treatment (Sycamore Springs), or jail time.

JAIL STRUCTURE AND PERSONNEL

The **Tippecanoe County Jail** is located in Lafayette, Indiana. The jail has an inmate capacity of 603. Due to staff shortages, special needs for isolating inmates, and safety concerns, the jail is considered at capacity when 80% of the beds are occupied. The Jail Commander reported that they are constantly at capacity. Ideally, the jail would operate with 63 jail deputies, but in 2023, they were working with under 40 jail deputies. The inmate's overall length of stay averages 14 days. For those convicted and sentenced, the average is 72 days.

Jail staff have mental health training at initial hiring and receive annual updates, but turnover is very high. A quarter of jail staff are CIT trained. Overall, the jail commander is concerned about safety/security issues due to the increase of inmate on staff attacks. It is also believed that bringing in more people from the community to provide services to inmates is too difficult for the jail staff to manage. The jail is holding more inmates charged with higher level offenses who often have greater mental health and/or substance use treatment needs. Defendants with the following issues are particularly challenging to transition out of the jail:

- Sex offenders – cannot access services.
- People with limited or no support system outside.
- Mental illness/substance use disorder going untreated in the community.
- Repeat offenders.

JAIL-BASED MEDICAL AND BEHAVIORAL HEALTH TREATMENT

At intake, a person is asked about their mental health history, which includes substance use, and if they are withdrawing from any substances. If a person indicates they are withdrawing from a substance, a medical team will evaluate. There is a process in place for treatment within the jail.

Quality Correctional Care (QCC) is contracted for services at the Tippecanoe County Jail (since June 2015). QCC is the only contracted company for the jail. QCC provides bi-weekly mental health care. The QCC Registered Nurse completes an intake. Clients are asked about their history of abuse and mental health counseling but are not assessed for trauma.

The number of incarcerated people struggling with mental illness and/or a substance use disorder in the jail is not currently being tracked. QCC estimates that they conducted 2300 hours of visits in the last six months based on patients with a referral, personal request, or on suicide watch.

While in jail, a person can also apply for the **Q360**, a substance use program, which provides intensive case management, aftercare planning, etc. There are 24 beds for men and 16 beds for women. The Q360

program has developed a program which includes comprehensive mental health and substance use assessments, group and individual counseling, group and individual life skills, and case management services to assist those on the journey to recovery and sober living. Q360 provides evidence-based therapeutic treatment focused on recovery and relapse prevention in the form of group and individual counseling utilizing programs like Moral Reconciliation Therapy (MRT) and the Matrix Model. Cognitive behavioral therapy, motivational interviewing, and dialectical behavior therapy approaches are utilized in counseling sessions.

Life skills including, but not limited to, money management, parenting, anger management, healthy relationships, and occupational readiness are provided to assist patients in gaining necessary skills to be successful. Q360 also provides case management services to help patients prepare for release from jail. These services include services such as signing up for necessary benefits, making housing arrangements, scheduling follow-up appointments, and assuring the patient can be successful upon release while limiting barriers whenever possible. Facilitators provide patients with information regarding inpatient, outpatient, and residential programming if they are interested. The patients are provided with applications, phone interviews are scheduled, and transportation to the facility is coordinated when possible.

When clinically indicated, Q360 will administer medication assisted treatment in conjunction with the above-described therapeutic interventions to further encourage sobriety and relapse prevention. Interested patients are evaluated by a mental health provider and medical provider on an individual basis to determine participation in medication assisted treatment.

Medication. Managing access to medications at the jail is difficult. In general, there are no hard 'no's' for medication, but some medications are difficult to access. Therefore, Valley Oaks has their own pharmacy, so they have a contract with the jail to bring in their own medications. They are currently working to coordinate with QCC, and the jail-based nurse is working with Valley Oaks. The Sheriff utilizes JailTracker to share information about who is in jail and the current inmate list can be accessed on the Sheriff Department's website. Valley Oaks will check social media most mornings to see if there are any clients being held.

Psychiatric Services. Individuals see a mental health provider to assess needs and risks. There are no psychiatric units in the jail. There are two padded cells for people where self-harm is an issue. A person may be segregated if it is necessary for safety.

Referrals to QCC can come from the person incarcerated, custody staff, or by medical staff. A person referred is seen within 24 hours. If a person is placed on suicide watch, there is a follow-up period of up to one month. Mental health services via QCC are provided at no cost to the person.

Active Valley Oaks Health clients who are jailed are commonly assessed for psychiatric meds as needed and/or followed for psych med management while in the jail to reduce med change risk and decompensation.

COMPETENCY PROCESS

Valley Oaks Health does operate a Competency Restoration program.

- Incompetent to Stand Trial
 - In the last 2 years:
 - 56 consumers and 45 consumers began treatment in jail and continued in treatment without Court order.
 - Group homes
 - Re-entry
 - Successfully completed court orders
 - 11 consumers have no orders for service.

PEER SUPPORT SERVICES ACROSS INTERCEPTS 2 AND 3

Tippecanoe County partners have a long-standing recognition of the value and importance of the peer role for people living with behavioral health challenges. In Tippecanoe County, peers can play a vital role across Sequential Intercepts 2 and 3 by providing support at critical points in an individual's wellness and recovery journey.

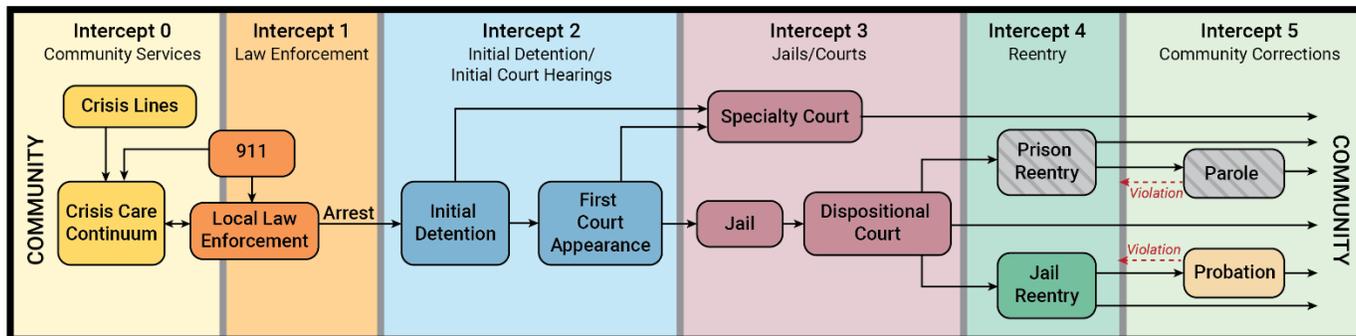
At Intercept 2 (initial detention and court hearings), peers can play a significant role. When peers from **Valley Oaks, Phoenix, NAMI-WCI, and Paul's Plan Ministries** have clients who are facing new charges or initial court hearings, whenever possible the peer will attend court to be of support. Peers across this intercept need to be a prioritized focus for Tippecanoe County to consider strengthening. Ideally this is one place where peers that are part of an Integrated Re-entry and Correctional Support (IRACS) team would stand in the gap. Currently there are discussions and plans for an IRACS team to be launched so there is hope this will change soon.

At Intercept 3 (jails and courts) peers can also play an important role. Peers across this Intercept are somewhat limited for Tippecanoe County at this time; however upon implementation of an IRACS team, which is being discussed for Tippecanoe County in the jail, peer services will be offered on-site (within the jail) which will allow for re-entry planning to start immediately. The IRACS team will also allow for recovery planning and continuity of services for people leaving the jail.

Gaps

- A representative from the Prosecutor's Office was not present at SIM Workshop.
- Not tracking people with mental illness in (and out) of the jail.
- No psychiatric units in the jail.
- Mental Health Court – Workshop participants offered that it is better for the participant if the first Court appearance was in-person.
- Overall, the Jail Commander is concerned about safety/security issues due to the increase in inmate to staff attacks. Bringing in more people, like peer support, is difficult for the jail staff to manage.
- There is a need for further development and coordination of diversion sites and services for people navigating a mental health crisis and/or substance use disorder. Where are the places to take someone in lieu of arrest? Do we need to develop these options and use them consistently?
 - Further develop crisis stabilization unit(s)
- Need clinical people at the ready.
 - Need this for law enforcement officer drop off.
 - Therapists
 - Security
 - Psychiatrist on call
 - Peers
 - The Haven needs clinical capacity to be able to be a resource for law enforcement.
- No social determinants of health data upon entry to the jail.
- Need to develop more peer support at intercept 2 and 3.
 - [IRACS](#) as an example // peers in the jail – how can this be offered here?
 - Peers in the jail also help work past or around the distrust that people incarcerated have towards law enforcement officers.
- Pre-trial services: The people seen (a narrow population) – social determinants of health are identified, and efforts made to connect them to peers.
 - The TCCC program is not yet certified with the State.
 - Local rule says this work is limited to low level offenses.

Intercepts 4 and 5



RE-ENTRY/COMMUNITY CORRECTIONS

Strengths

RELEASE PLANNING

Primary care physician appointments are available via **Valley Oaks Health** which operates primary care services (and has capacity for new patients) in the same building as The Haven, and adult re-entry services at 2323 Ferry Street, Lafayette.

- A person can apply for programs; however, it must be self-initiated.
- **QRT** and **Paul’s Plan** have both been helpful with transportation.
- No extensive release planning is happening at the jail.
- Valley Oaks has an entitlements team.
 - Jail has a document to provide a person released from jail which includes their picture, name, date of birth, and social security number and can be used as a form of identification when trying to get driver’s license or state ID from the BMV.
 - The jail also has a discharge form however it is not accepted as a valid form of ID.

PROBATION

Tippecanoe County Probation is responsible for the supervision/monitoring of justice-involved individuals sentenced to a term of probation. Probation clients may be sentenced directly to Probation or receive a split sentence which may include incarceration or a Community Correction sentence prior to beginning Probation. Tippecanoe County Probation’s goal is to facilitate community value, safety, and client rehabilitation utilizing evidence-based principles.

Probation utilizes the IRAS (Indiana Risk Assessment System) to assess client risks and needs. Supervision and treatment for high-risk clients is prioritized. Interventions target criminogenic needs with moderate and high-risk clients receiving greater levels of intervention.

Substance use (alcohol and drug) is assessed via the IRAS CST (Community Supervision Tool). The occurrence of substance use and associated client troubles caused by use are examined. If substance use is identified as a high risk/need domain for the client, a referral for follow-up assessment and treatment can be made. Clients in need of assessment and/or treatment for mental illness or a substance use disorder are referred to local providers such as Valley Oaks, Meridian Health, Sycamore Springs, or other agencies.

Probation Officers are assigned caseloads based on client IRAS risk assessment scores. Typical caseloads are defined as Low, Medium, or High risk. Currently, two (2) Adult Probation Officers are assigned supervision of all sex offender clients. There is one (1) Adult Probation Officer assigned to the Veterans Treatment Court. There are two (2) Adult Probation Officers assigned to the high-volume courts managing “unsupervised” caseloads on an administrative basis.

As of October 1, 2024, there were 2361 adult clients (1322 felony and 1039 misdemeanor) in Tippecanoe County on some form of Probation sentence. Caseload averages are approximately: Low-risk (1 PO): 167 clients; Moderate-risk (3 POs): 135 clients; High-risk (3 POs): 100 clients; Unsupervised/Administrative clients (2 POs): 738 clients.

Probation Officers assigned sex offender clients regularly attending treatment provider (Families United) staffing of Probation clients; and are in contact with the Tippecanoe County Sheriff's Department regarding compliance with the Sex Offender Registry.

COMMUNITY CORRECTIONS

Tippecanoe County Community Corrections (TCCC) is responsible for the supervision and monitoring of justice-involved individuals sentenced to a term of executed time at Community Corrections. Community Corrections participants may be sentenced directly to Community Corrections or may serve as a step down from Jail or Department of Corrections time. Community Corrections also supervises participants who are sentenced to time as a Condition of Probation.

TCCC provides supervision of participants in a Work Release Facility and on House Arrest. TCCC also monitors participants on Day Reporting. GPS monitoring is used for participant supervision.

Tippecanoe County Community Corrections' mission is to be progressive in providing cost effective, community-based alternative to incarceration by providing intensive supervision in combination with cognitive behavioral programs and evidence-based practices to more efficiently encourage positive change in our participants.

Just like Probation, TCCC also utilizes the IRAS (Indiana Risk Assessment System) to assess client risks and needs. Supervision and treatment for high-risk clients is prioritized. Interventions target criminogenic needs with moderate and high-risk clients receiving greater levels of intervention.

NewLeaf Wellness Center is a part of TCCC and provides counseling services, educational services, and life skills training to help participants succeed in moving towards the positive change they want to accomplish. Clients in need of assessment and/or treatment for mental illness or a substance use disorder can meet with a counselor individually, participate in group treatment, or can be referred to local providers such as Valley Oaks, Meridian Health, Sycamore Springs, or other agencies. Classes are also offered to cover a variety of needs, these include Relapse Prevention, SMARTER, WRAP, Bible Studies and Church Services, Cooking, High School Equivalency Education, Nutrition Education, Budgeting, Meditation, Job Readiness, and others.

As of January 2, 2025, there were 356 adult participants on TCCC. There are currently 8 Case Managers on staff at Community Corrections. Caseload averages are approximately 50 per case manager. Each Case Manager handles multiple risk levels and provides case management to address risk and needs for each participant based on the IRAS scores in each domain. 1 Case Manager is assigned to oversee Veterans Court participants. 1 of the Case Managers is a part of the Pre-Trial Program, which oversees justice-involved individuals who are awaiting due process and/or sentencing for crimes for which they have been charged.

Community Corrections provides supervision for sex offenders who are actively serving a sentence for a sex crime. Community Corrections has 1 Case Manager assigned to monitor sex offenders under their supervision. Community Corrections works with Probation Officers and the Tippecanoe County Sheriff's Office to monitor sex offenders and ensure their compliance.

Community Corrections is launching a medication assisted treatment program (MAT).

COMMUNITY RE-ENTRY

- Housing
- LTHC Homeless Services
 - Engagement center

- Crisis overflow bunks
- Offers limited transitional housing.
- Permanent supportive housing is an option; however, there is limited staff and long waiting lists. There are three voucher properties – each with strict, specific criteria. One property follows the federal definition of homelessness.
- The housing person is placing 30 people per quarter.
- There is peer support case management.
- LUM (Lafayette Urban Ministry)
 - 44 beds at the crisis shelter
 - Criteria can be a barrier
- Family Promise
 - 18 beds
 - 3-5 spaces for families
- YWCA (Domestic Violence Shelter)
 - Female or male survivors
 - Emergency shelter – 30 beds
 - Singles with singles
 - Families are by themselves
 - Don't have an exit date but need to be working towards something.
- Township trustee offered that they have a shelter house.
- A landlord engagement committee has been started in Tippecanoe County to support landlords taking riskier clients.
 - ALSO connect people with housing needs to **Paul's Plan**.
 - They have housing monies
 - Basic funds available
 - Funeral costs for overdose
- 5 Oxford Houses
- **Home with Hope** (Meridian)
 - Men and women
- **Lighthouse Recovery**
 - Independent sober living
- Lafayette Police Department Community Outreach Team
 - New
 - Working on permanent supportive housing with people experiencing homelessness.
 - Following up with police contacts.
 - Connect to resources

PEER SUPPORT SERVICES ACROSS INTERCEPTS 4 AND 5

Across **Intercepts 4 (Re-entry) and 5 (Community Corrections and Support)**, several peer-led services are available to support individuals transitioning from incarceration and reentering the community.

At the **Tippecanoe County Community Corrections work release center**, clients have multiple opportunities to connect with peers. **Paul's Plan Ministries** provides weekly on-site support, while **Recovery Café Lafayette** hosts weekly **Recovery Circles**, offering a peer-led space for connection and ongoing recovery support. Additionally, **NAMI-WCI** provides on-site services through **Wellness Recovery Action Planning (WRAP)** and **In Our Own Voice** presentations. These structured programs provide individuals with valuable tools for managing their mental health and recovery, empowering them to build resilience and self-awareness as they reintegrate into society.

For residents of the **Tippecanoe County Jail**, the **Quality Correctional Care team** facilitates virtual peer support through phone visits with **Phoenix** and **Paul's Plan Ministries**. These virtual interactions help individuals with re-entry planning and service navigation, in hopes that they are equipped with the resources and peer support necessary for a successful transition back into the community post-incarceration. This will be greatly increased upon implementation of an IRACS team which would allow for peers to provide peer support and re-entry planning in person within the jail and through transition back into the community.

These peer-led initiatives at Intercepts 4 and 5 create a continuum of support, addressing the critical needs of individuals during re-entry and providing them with the tools to thrive in their recovery and reintegration journey.

Gaps

- Not tracking how many people with mental illness are released from jail annually.
- Not tracking how many people were released to a shelter or were experiencing homelessness.
- A limitation for LUM's overnight shelter is that you must be on the list by 11 AM, but if a person is not released from jail, the hospital, or an inpatient facility by 9 AM there is no time to get there.
 - If a person cannot get into LUM, they go to LTHC to see if their beds are available.
- Barriers to permanent supportive housing include (1) resistant landlords across the county and (2) there are very few properties that meet the 'rent reasonableness' standards.
- Need a clear decision tree/priority decision making across systems.
 - Need a community-wide communication protocol.
- Navigation of the systems is a challenge.

- Cannot be expected for people coming out of jail and navigating mental health care, substance use treatment, re-entry requirements, etc. with varying degrees of symptomology and/or issues to be self-directed. A 'warm hand-off' is possible.
- Need to see hospital engagement and communication increase.
- Develop formal policies and practices across the intercepts.

Peers Across the Intercepts

Intercept 0 - Community Services Before Crisis:

- **Phoenix Quick Response Team (QRT):**
 - Deploys peers with lived recovery experience to Sycamore Springs inpatient unit to provide peer support during a patient's stay and transition back to the community.
 - Serves the community upon referrals through the hotline (765-490-0381).
 - Additional resources:
 - **MAT Clinic:** 3554 Promenade Pkwy, Ste B, Lafayette, IN 47909 (765-637-7161).
 - **Crisis Receiving Center (CRC):** 2323 Ferry Street, Lafayette, IN 47909 (765-270-4363).
- **Mental Health America, Wabash Valley Region:**
 - Peers handle crisis calls, including the 988 hotline.
 - Provides peer support through scheduled appointments for recovery journeys.
 - Partners with Phoenix to station peers at:
 - **Valley Oaks** (on-site client support)
 - **The Haven** (crisis stabilization unit)
- **Recovery Café Lafayette:**
 - Provides peer support to organizations like:
 - **Home with Hope**
 - **Tippecanoe County Corrections**
 - **Gateway to Hope**
 - **Outreach Advocacy Center**
 - Offers walk-in services and peer-to-peer sessions.
- **NAMI-WCI (National Alliance on Mental Illness - West Central Indiana):**
 - Operates **The Living Room**, a crisis stabilization center offering:
 - Peer support to de-escalate crises.
 - Referrals to resources like **The Landing** for peer-led support groups and activities.
 - Plans to launch mobile crisis response teams to assist individuals in crisis at their locations, based on calls from individuals, law enforcement, or the 988 hotline.
 - Provides peer-led classes, such as:

- **Wellness Recovery Action Plan (WRAP)**
- **In Our Own Voice**
- Collaborates with **Tippecanoe County Community Corrections, Meridian ARC, and Recovery Café.**
- Introduces patients at River Bend Hospital to NAMI programs.
- **Paul's Plan Ministries:**
 - Provides direct peer support to persons in the community impacted by the criminal justice system through self-referrals, and/or community/criminal justice partner referrals.
 - Provides re-entry planning to participants within the Tippecanoe County Jail.
 - Provides recovery planning to participants within the Tippecanoe County Jail and in the community who are impacted by the criminal justice system.
 - Provides transition support for people transitioning back into the community from a carceral setting.

Intercept 1 - Law Enforcement and Emergency Services:

- **Phoenix QRT** expanding peer involvement at IU Health Emergency Department.
- **Lafayette Transitional Housing** exploring opportunities for residents to connect with peers.
- **NAMI-WCI:**
 - Offers post-inpatient peer support by visiting River Bend Hospital to share resources and recovery programs.
 - Operates **The Living Room** as a hub for:
 - Transportation from hospitals.
 - Drop-in services to reduce isolation.
 - Peer support groups for ongoing wellness and recovery.

Intercept 2 - Initial Detention and Court Hearings:

- **Peer Support Services:**
 - Provided by **Valley Oaks, Phoenix, NAMI-WCI, and Paul's Plan Ministries.**
 - Peers attend court hearings to support clients facing charges, though it is not currently a standardized practice for peers across Tippecanoe County.
- **Future Plans:**
 - Discussions for an **Integrated Re-entry and Correctional Support (IRACS)** team to strengthen peer presence at this stage.

Intercept 3 - Jails and Courts:

- **Peer Support Services:**

- Provided by **Paul's Plan Ministries** and **Phoenix** through virtual interviews scheduled through QCC with people while incarcerated and scheduled pick ups post release from the Tippecanoe County Jail when possible. Not consistent or standard practice.
- **Future Plans:**
 - Current peer support is limited but expected to improve with the implementation of an **IRACS** team.

Intercept 4 - Re-entry:

- **Tippecanoe County Jail:**
 - **Quality Correctional Care** coordinates virtual peer support via phone calls with **Phoenix** and **Paul's Plan Ministries** for re-entry transition support re-entry planning.
 - Plans for an **IRACS team** to enable in-person peer support and re-entry planning within the jail and during transitions back to the community.

Intercept 5 - Community Corrections and Support:

- **Tippecanoe County Community Corrections Work Release Center:**
 - **Paul's Plan Ministries** provides weekly on-site peer support, transportation to meetings, church, and/or work when possible. PPM also provides transition support to community independent living and access to community services as requested/desired/available.
 - **Recovery Café Lafayette** hosts weekly recovery circles for ongoing support.
 - **Phoenix** hosts weekly hours for people to connect with a peer on-site at Tippecanoe County Community Corrections.
 - **NAMI-WCI** conducts **WRAP** and **In Our Own Voice** presentations to empower individuals in managing mental health and recovery.

Tippecanoe County demonstrates a robust commitment to integrating peer support across all sequential intercepts. While services are strong in Intercepts 0, 1, 4, and 5, there are opportunities to expand peer engagement in Intercepts 2 and 3, particularly through the anticipated launch of an **IRACS team**. The continuum of peer-led services offers critical support, fostering recovery and successful reintegration into the community.

Priorities for Change

The priorities for change are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a vote where each participant has three votes. The vote was held May 14, 2024. The top five priority areas are below.

1. Build out diversion options before jail.
2. Communicate and coordinate re-entry services to address the social determinants of health/recovery across SIM intercepts.
3. Reduce fragmentation of peer services.
4. Streamline crisis response process for providers and consumers.
5. Coordination of discharge from the emergency department, jail, inpatient psych unit.

Strategic Action Plans

With the priorities for change set, workshop participants spent most of Day 2, May 14, 2024, building out a community-level action plan. Each priority is addressed in turn and objectives, actions steps, and those responsible for making progress are determined. The tables outlining the strategic action plan for each of the five priorities are outlined below.

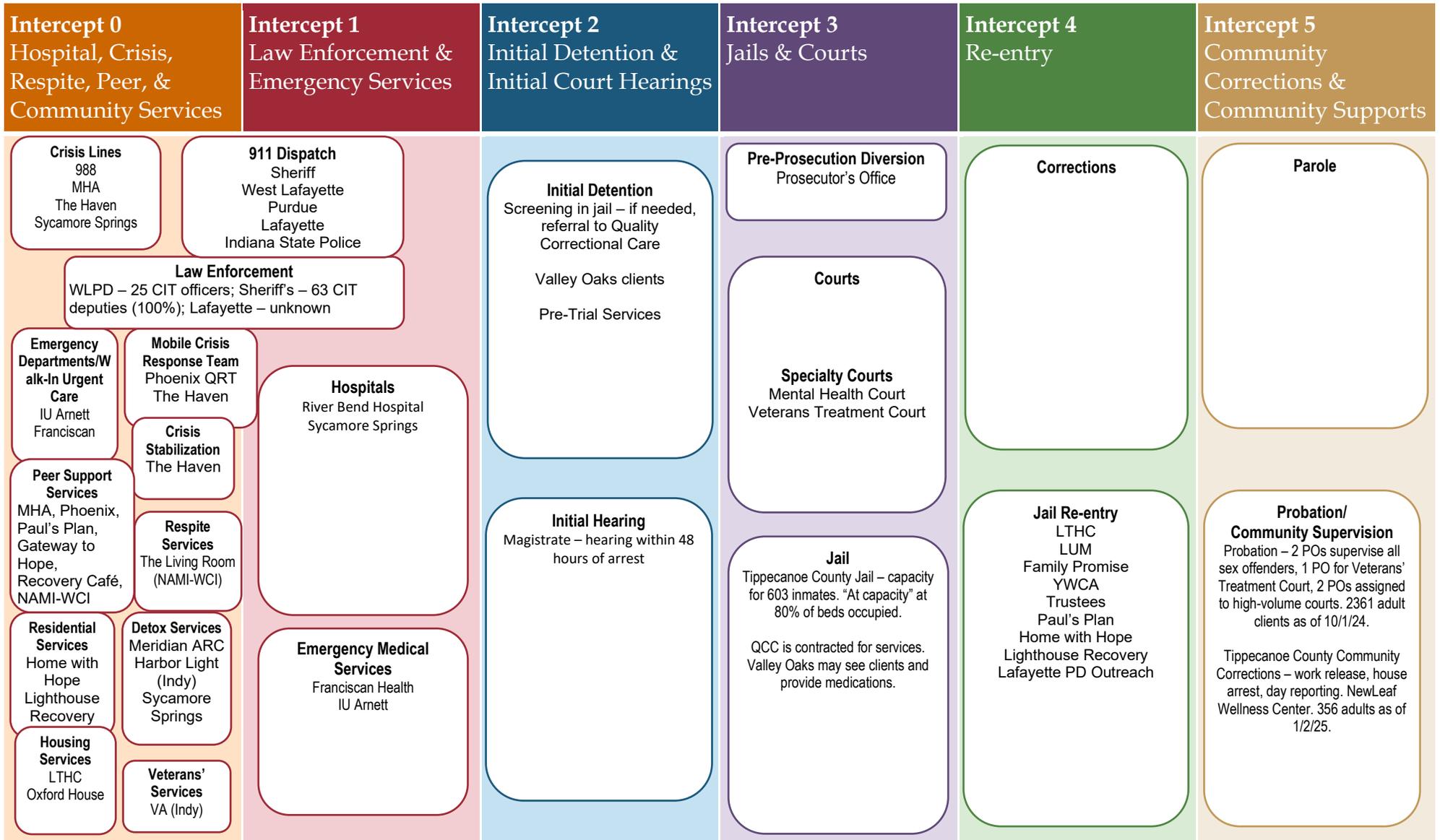
Priority Area 1: Build out diversion options before jail				
Objective		Action Step	Who	When
1.1	Raise awareness about need for coordination of diversion options for law enforcement	-Add to JRAC agenda	-Dave/Kelley	-Next JRAC Meeting
1.2	Build a more robust JRAC committee with essential stakeholders and plan of action guided by SIM findings	-Switch times of Community Corrections and JRAC meetings	-Kelley	-Next JRAC Meeting
1.3	Create JRAC sub-committee for diversion services that will research best-practices, propose coordination strategies, and report back to JRAC	-Gather evidence about diversion programs and outcomes to present to prosecutor's office and other stakeholders (e.g. judicial, public defender) to get buy-in -Develop a decision tree/discretion in the field to connect to places other than jail -Research evidence-informed programs that may be options//get clear on diversion with no arrest	-Devon	-July 15th
1.4	Improve data collection and data sharing	-Understand where people are being taken -How many people are in jail on low level misdemeanors -Example to pull information re: Nashville program		

Priority Area 2: Communicate and coordinate re-entry services to address the social determinants of health/recovery across SIM intercepts				
Objective		Action Step	Who	When
2.1	Form Re-entry Coalition (possibly a sub-committee as part of JRAC)	<ul style="list-style-type: none"> -Add to JRAC agenda -Create list of stakeholders, including peers/ask peers who should be included -Engage ERA (Embracing Recovery alumni) get involved in this coalition 	<ul style="list-style-type: none"> -Kelley -Amy, Adam, Amanda, Michelle -Amy, Monica, Adam, Sherry W., Michelle -Jason 	<ul style="list-style-type: none"> -July 15 -Initial meeting within 30-days
2.2	Create “Roadmap of Re-entry/Recovery Services”	<ul style="list-style-type: none"> -Define re-entry for the purposes of the mapping -Create list of SDOH/R services with peer input (housing, employment training, employment placement, transportation, meds, health insurance navigation, etc.) -Make the Roadmap accessible via multiple media (JRAC website, United Way, print, etc.) -MHA has peers to support re-entry and SOC navigators 	<ul style="list-style-type: none"> -Amy B., Monica, Sheri, Adam, Michelle -Candice(?) -Paul’s Plan -TRRN – Nicole Adams w/Purdue (Bridges) 	<ul style="list-style-type: none"> -Not identified (long-term)
2.3	Create a Service Provider Hub	<ul style="list-style-type: none"> -Investigate other models (is there one in Decatur that was mentioned) 	<ul style="list-style-type: none"> -Jason(?) 	
2.4	Develop practice of “warm hand-offs”	<ul style="list-style-type: none"> -Start by updating workflow for providers that includes a phone call to clients before they leave the jail -Decide on a working community definition of “warm hand-off” 		

Priority Area 3: Reduce fragmentation of peer services				
Objective	Action Step	Who	When	
3.1	Develop a Peer Network	-Hold initial meeting -Identify purpose of network -Ask Peers for priority action -Create communicate channels/forums for Peer Network -Professional development opportunities -Meet/coordinate with the group that meets after state certification?	-Amy O'Shea, Steve, Sherry (NAMI), Jason	
3.2	Work towards an open access, person-centered approach to peer services across the SIM intercepts	-Ensure that peers are identified in each intercept (See Objective 3.3 also) and have access to their clients across systems/organizations/services -Identify financial/administrative barriers to peer collaboration across the SIM intercepts	-Devon(?)	
3.3	Develop Scope of Practice (SOP) for each group of peers in Tippecanoe County	-Create a template for each organization to populate with the roles and responsibilities of peer services.	-Jason	-Within 30-days
3.4	Develop best practice plan	-Research national models	-Amy B.	

Priority Area 4: Streamline crisis response process for providers and consumers				
Objective	Action Step	Who	When	
4.1	Create Community Roadmap for navigating services/response for someone in crisis	-Incorporate peer voice/feedback -Include all key stakeholders	-Steve	-Start June 15th
4.2	More involvement with 988 working group that already exists	-Dispatch involved in Interoperability Committee -Contact Amy O'Shea -Make sure your services are listed on 211 and FindHelp.org -Check your organization's outgoing message when line is not answered/after hours to see if there is clear information about who to call for a medical and/or mental health crisis	-ALL organizations in Tippecanoe	
4.3	Develop a community meeting	-988 workgroup – Sheri is on the 988 workgroup (TRNN) – MHA/Valley/several other groups that meet monthly to talk about 988 developments, issues, etc. MHA local line – there is peer follow-up to calls		

Priority Area 5: Coordination of discharge from ED, jail, in-patient psych unit.				
Objective		Action Step	Who	When
5.1	Build-out/expand justice and mental health system participation in Health Call to improve coordination of care — sub-objective: Health Call could address the reason why the person is being discharged and allow for better planning of services in the community and making out-patient appointments for mental health and substance use services before release from jail	-Communicate with Sheriff, local law enforcement and other stakeholders about the benefits of participation (i.e. HIPAA compliant sharing of patient information, county-wide data collection on use of services, etc.) -Explore option for sharing Health Call account for law enforcement and the jail	-Amanda/Catie as connectors to Dan Hanes -Devon	-3 months -30 days
5.2	Include peers in discharge planning process for ED, jail, and psychiatric units	-Develop MOU/agreement with entities that would allow for peers to be utilized at discharge	-Devon/Candice	-30 days



Recommendations

Tippecanoe County has several exemplary programs that address criminal justice/behavioral health collaboration. Still, the mapping exercise identified areas where programs may need expansion or where new resources and programming must be developed. The following are several immediate and longer-term recommendations that Tippecanoe County may consider as you continue to work through the SIM Strategic Action Plan.

Immediate Recommendations

- **Jail Release.** Evaluate cost of holding release of inmates until 7 AM vs. releasing during 3rd shift.
- **988.** Increase knowledge of 988 & interoperability with 911 throughout the county.
 - PSAPs can use a national best practices resource: [Convening Playbook](#).
 - The contact for the Indiana 988 committee for counties is Meghann Hill-Smith (meghann.hill@fssa.in.gov).
 - The National Council for Mental Wellbeing has integrated 988 planning into its [Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response](#) (March 2021).
- **Community Education.** Provide educational opportunities for the community that will encourage buy-in and supportive resources for your SIM initiatives.
- **Collaboration.** Establish frequent communication between the county's Mental Health Collaborative & JRAC to keep all parties informed and connected as they are working across intercepts.
 - Justice Management Institute's [National Network of Criminal Justice Coordinating Councils](#) provides additional resources including [Tips for CJCC Stakeholders](#) (e.g., judges, magistrates, trial court administrators, prosecutors, public defenders, sheriffs, police chiefs, probation and parole, county commissioners).
 - Also, the following national initiatives can inform planning efforts and provide technical assistance to enhance community collaboration:
 - The National Institute of Corrections [CJCC](#) tools and resources.
 - The International Association of Chiefs of Police's [One Mind Campaign](#).
 - [The Stepping Up Initiative](#) shares evaluation and data collection tools and ideas.
 - It is also important to identify one or more individuals who may serve as "champions" to gain stakeholder buy-in and help move this work forward. Ideally, the champion should be mission-driven/goal-oriented; qualified to manage people and processes; skilled at communication; experienced at building relationships; respected by others; and

committed to the diversion efforts in the community. Designate an individual on the task force to serve as a State Liaison or invite state office personnel to local meetings so the local concerns on key issues can be addressed at the highest levels.

Longer-Term Recommendations

- **Peers.** The involvement of people with lived experience (peers) who have been directly impacted by the local criminal justice and behavioral health systems in planning, implementation, and evaluation of policies, programs, and services. Increasing the involvement of peers is a priority for Tippecanoe County. This portion of ‘recommendations’ is simply to provide some additional information that may be helpful as Tippecanoe County continues to integrate people with lived experience into ongoing and future diversionary programming efforts.
 - Diversion programming should consider best practices that are needed to support people living with mental illness and/or substance use disorder to be successful in diversion programming. Peer support has been found to be particularly helpful in easing the traumatization of the corrections process and encouraging individuals to engage in treatment services. Settings that have successfully involved peers include crisis evaluation centers, emergency departments, jails, treatment courts, and re-entry services. Please see the below Resources on *Peers* for more information, e.g. on diversion homes, crisis management, transportation.
- **Housing.** Housing is a top priority for Tippecanoe County. The following is additional information that may support the housing strategic action plan to maximize and leverage housing options across a continuum of resources, including options for people with a history of criminal justice system involvement.
 - Communities around the country have begun to develop more formal approaches to housing development, including use of the Housing First model. The [Housing First Model](#) is an approach that is effective with individuals with histories of criminal justice involvement and behavioral health disorders. The [100,000 Home Initiative](#) identifies key steps for communities to take to expand housing options for persons with mental illness.
 - A strong housing continuum includes emergency shelters, landlord support and intervention, rapid rehousing, Permanent Supportive Housing (with or without Housing First but including supportive services such as case management, treatment, employment, etc.), Supportive Housing (partial rent subsidies), transitional housing, affordable rental housing, and home ownership. In addition, consider how dependent care, institutional care, home-based services such as FACT, FUSE and ACT, halfway houses, and respite care can support specific populations' needs.
 - Many cities and counties have moved to a "coordinated entry" housing approach where housing resources are prioritized for families, and those who meet HUD requirements,

score high on coordinated entry “vulnerability” screens, or meet Veteran housing requirements. While coordinated entry is an important process to manage scarce resources, coordinated entry can leave the greatest percentage of the unhoused, or under-housed population with limited or no housing resources.

- While housing can be a challenging gap, a good place to start is maximizing and leveraging existing housing resources and policy.
 - Learn about your county HUD Continuum of Care (CoC). Larger, more populated counties often have their own designated CoC while rural and less populated areas may be part of a regional CoC or part of a Balance of State Continuum of Care (BOSCOC).
 - Locally, partner with a Local Coalition to End Homelessness (LCEH) which could be under a local housing authority, human service department or other department; many more rural communities may not have a LCEH.
 - Explore housing challenges, options for housing and barriers to housing for justice involved individuals, and coordination, access, and availability of cross-discipline needs (such as primary care, employment, behavioral health) for justice-involved individuals. Perhaps hold a Criminal Justice Housing Summit, series of meetings or establish a cross-system committee.
 - Explore how justice-involved individuals’ housing needs can be addressed in specific strategies and across systems.
 - Collaborate with local businesses to invest in rehabbing abandoned buildings, build housing, and inventory existing *criminal justice-friendly housing resources*. Inquire about and ensure access and consideration for the unique needs of justice-involved individuals living with mental health and substance use disorders. Are there large employers in your area who could partner with you in developing housing and workforce opportunities? Likewise explore foundation grants or business grants to support housing or services.
 - Address shelter and landlord housing criteria that limit or exclude individuals with criminal justice, or mental health or substance use issues. Work collaboratively to improve access and physical state of the accommodations to promote safety and stabilization.
 - Blend and braid public and private funds, including Medicaid-funded waivers as appropriate, and crisis and case management services to support the mental, physical and substance use disorder treatment needs of individuals in “room and board” situations, shelters, and other non-supported housing options.
 - Explore and be creative with how Landlord Incentive Programs are being utilized to support housing for justice involved individuals. Develop or utilize landlord

liaison and navigation programs to increase the likelihood that landlords will accept individuals with justice system involvement and who have higher needs.

Prevention	Short-Term	Specialized	Long-Term
Rapid Rehousing resources	Hotels/lodging that accept justice-involved individuals	Board-and-Care Group Homes Congregant Care State Medicaid Home and Community-Based Waivers	Permanent Supportive Housing, Housing First
Landlord liaisons, support, and intervention services	Emergency shelters	Nursing care facilities Skilled nursing services	Affordable rentals
Home-based services	Supported housing (partial rent subsidies)	Operated by Treatment/Service Providers: Developmental Disability, Mental Health, Substance Use Treatment, probation, “halfway houses” Young adults and Teen Parents	Long-term institutional care
Emergency Hotel Vouchers	Bridge/transitional housing	(Forensic) Assertive Community Treatment (FACT)	Veterans-Specific Housing
Temporary Alternatives: Tiny Homes, Safe Parking Lots, Organized Camping	Respite Care (Medical)	Housing Opportunities for Persons with AIDS (HOPWA)*	Housing Authority Units
	Hostels	Recovery and Sobriety	Affordable Homeownership
Rent Controlled Housing		Shared Living Arrangements (e.g., Sex Offenders)	
<p>Document: Type/program, who manages units, on-site services, funding sources, location, # of units/capacity, access (referral sources), application process, availability, turn-over rate, safety, and suitability for occupation</p> <p>Target Population: Eligibility criteria, exclusions, and “family unit” - individual, couples, children, pets, and “friends,” cultural responsiveness</p> <p>Laws, Policies, Practices: Review and address laws, policies, and practices such as applications with criminal justice inquiries. Impact and process of Coordinated Entry including assessment tool (usually the VI-SPDAT)</p>			

Also see Resources section below for additional resources on *Housing*.

- **Non-law enforcement crisis response.** Develop a Crisis Continuum of Care to provide effective, timely alternatives to law enforcement responses to calls for service. Responding effectively to calls for service related to crisis or behavioral health issues will require a variety of services because a one-size-fits-all plan (such as opening one crisis care facility) usually does not truly or adequately meet the needs of the community. Data and guidance from peers should be brought together to explore innovative additions to the crisis care continuum of services, which could include a variation of the following models:
 - Atlanta’s [Policing Alternatives & Diversion Initiatives](#) 311 Community Referrals program is one outcome of their 911 analysis, which should be explored as a potential solution to

addressing a shift in the way calls for service are handled by non-law enforcement entities.

- Community paramedic programs.
- Crisis response programs utilizing clinicians without law enforcement presence – [CAHOOTS](#) (Eugene, OR), [STAR](#) (Denver, CO), and [Community Response Team](#) (Colorado Springs, CO). The [Crisis Response Unit](#) (Olympia, WA) incorporates peer navigators into the response team.
- [Peer respite programs](#), such as the [Promise Resource Network’s Retreat @ The Plaza](#), among others listed in [this directory](#).

Remember to celebrate accomplishments; you have a very caring community. Changes that come with effort are worth recognizing. The NAMI Indiana Technical Assistance Center for Mental Health and Justice Programs remains available and invested in supporting Tippecanoe County’s continued growth.

Resources

The Stepping Up Initiative / (A data-driven approach to reduce the prevalence of individuals with mental illness in local jails)

Probation and Parole <https://bjs.ojp.gov/media/68676/download>

Indicators of Mental Health Problems <https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf>

Indiana Office of Court Services Initiatives / <https://www.in.gov/courts/iocs/initiatives/>

Indiana 988 / <https://988indiana.org/>

Resources from Policy Research Associates

Competence Evaluation and Restoration

- Policy Research Associates. [Competence to Stand Trial Microsite](#).
- Policy Research Associates. (2007, re-released 2020). [Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial](#).
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) [Competency Courts: A Creative Solution for Restoring Competency to the Competency Process](#). *Behavioral Science and the Law*, 27, 767-786.

Crisis Care, Crisis Response, and Law Enforcement

- National Association of State Mental Health Program Directors. [Crisis Now: Transforming Services is Within Our Reach](#).
- National Association of Counties. (2010). [Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems](#).
- Abt Associates. (2020). [A Guidebook to Reimagining America's Crisis Response Systems](#).
- Urban Institute. (2020). [Alternatives to Arrests and Police Responses to Homelessness: Evidence-Based Models and Promising Practices](#).
- Open Society Foundations. (2018). [Police and Harm Reduction](#).
- Center for American Progress. (2020). [The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call](#).
- Vera Institute of Justice. (2020). [Behavioral Health Crisis Alternatives: Shifting from Policy to Community Responses](#).
- National Association of State Mental Health Program Directors. (2020). [Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies](#).
- National Association of State Mental Health Program Directors and Treatment Advocacy Center. (2017). [Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care](#).
- R Street. (2019). [Statewide Policies Relating to Pre-Arrest Diversion and Crisis Response](#).

- Substance Abuse and Mental Health Services Administration. (2014). [Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies](#).
- Substance Abuse and Mental Health Services Administration. (2019). [Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities](#).
- Substance Abuse and Mental Health Services Administration. (2020). [Crisis Services: Meeting Needs, Saving Lives](#).
- Substance Abuse and Mental Health Services Administration. (2020). [National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#).
- Crisis Intervention Team International. (2019). [Crisis Intervention Team \(CIT\) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises](#).
- Suicide Prevention Resource Center. (2013). [The Role of Law Enforcement Officers in Preventing Suicide](#).
- Bureau of Justice Assistance. (2014). [Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions](#).
- International Association of Chiefs of Police. [One Mind Campaign: Enhancing Law Enforcement Engagement with People in Crisis, with Mental Health Disorders and/or Developmental Disabilities](#).
- Bureau of Justice Assistance. [Police-Mental Health Collaboration Toolkit](#).
- Policy Research Associates and the National League of Cities. (2020). [Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers](#).
- International Association of Chiefs of Police. [Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium](#).
- Optum. (2015). [In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs](#).
- The [Case Assessment Management Program](#) (CAMP) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves.

Brain Injury

- National Association of State Head Injury Administrators. (2020). [Criminal and Juvenile Justice Best Practice Guide: Information and Tools for State Brain Injury Programs](#).
- National Association of State Head Injury Administrators. [Supporting Materials including Screening Tools and Sample Consent Forms](#).

Housing

- Alliance for Health Reform. (2015). [The Connection Between Health and Housing: The Evidence and Policy Landscape](#).

- Economic Roundtable. (2013). [Getting Home: Outcomes from Housing High-Cost Homeless Hospital Patients.](#)
- 100,000 Homes. [Housing First Self-Assessment.](#)
- Community Solutions. [Built for Zero.](#)
- Urban Institute. (2012). [Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.](#)
- Corporation for Supportive Housing. [Guide to the Frequent Users Systems Engagement \(FUSE\) Model.](#)
 - Corporation for Supportive Housing. [NYC Frequent User Services Enhancement – Evaluation Findings.](#)
- Corporation for Supportive Housing. [Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health.](#)
- Substance Abuse and Mental Health Services Administration. (2015). [TIP 55: Behavioral Health Services for People Who Are Homeless.](#)
- National Homelessness Law Center. (2019). [Housing Not Handcuffs 2019: Ending the Criminalization of Homelessness in U.S. Cities.](#)

Information Sharing/Data Analysis and Matching

- [Legal Action Center. \(2020\). Sample Consent Forms for Release of Substance Use Disorder Patient Records.](#)
- [Council of State Governments Justice Center. \(2010\). Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws.](#)
- American Probation and Parole Association. (2014). [Corrections and Re-entry: Protected Health Information Privacy Framework for Information Sharing.](#)
- The Council of State Governments Justice Center. (2011). [Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.](#)
- Substance Abuse and Mental Health Services Administration. (2019). [Data Collection Across the Sequential Intercept Model: Essential Measures.](#)
- Substance Abuse and Mental Health Services Administration. (2018). [Crisis Intervention Team \(CIT\) Methods for Using Data to Inform Practice: A Step-by-Step Guide.](#)
- Data-Driven Justice Initiative. (2016). [Data-Driven Justice Playbook: How to Develop a System of Diversion.](#)
- Urban Institute. (2013). [Justice Reinvestment at the Local Level: Planning and Implementation Guide.](#)
- Vera Institute of Justice. (2012). [Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.](#)
- New Orleans Health Department. (2016). [New Orleans Mental Health Dashboard.](#)

- The Cook County, Illinois [Jail Data Linkage Project: A Data Matching Initiative in Illinois](#) became operational in 2002 and connected the behavioral health providers working in the Cook County Jail with the community mental health centers serving the Greater Chicago area. It quickly led to a change in state policy in support of improved communication among service providers. The system has grown in the ensuing years to cover significantly more of the state.

Jail Inmate Information/Services

- NAMI California. [Arrested Guides and Medication Forms](#).
- NAMI California. [Inmate Mental Health Information Forms](#).
- Urban Institute. (2018). [Strategies for Connecting Justice-Involved Populations to Health Coverage and Care](#).
- R Street. (2020). [How Technology Can Strengthen Family Connections During Incarceration](#).

Medication-Assisted Treatment (MAT)/Opioids/Substance Use

- American Society of Addiction Medicine. [Advancing Access to Addiction Medications](#).
- American Society of Addiction Medicine. (2015). [The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use](#).
 - ASAM [2020 Focused Update](#).
 - Journal of Addiction Medicine. (2020). [Executive Summary of the Focused Update of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder](#).
- National Commission on Correctional Health Care and the National Sheriffs' Association. (2018). [Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field](#).
- National Council for Behavioral Health. (2020). [Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit](#).
- Substance Abuse and Mental Health Services Administration. (2019). [Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings](#).
- Substance Abuse and Mental Health Services Administration. (2019). [Medication-Assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion](#).
- Substance Abuse and Mental Health Services Administration. (2015). [Federal Guidelines for Opioid Treatment Programs](#).
- Substance Abuse and Mental Health Services Administration. (2020). [Treatment Improvement Protocol \(TIP\) 63: Medications for Opioid Use Disorder](#).
- Substance Abuse and Mental Health Services Administration. (2014). [Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide](#).
- Substance Abuse and Mental Health Services Administration. (2015). [Medication for the Treatment of Alcohol Use Disorder: A Brief Guide](#).

- U.S. Department of Health and Human Services. (2018). [Facing Addiction in America: The Surgeon General's Spotlight on Opioids](#).

Mental Health First Aid

- [Mental Health First Aid](#). Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues.
- Illinois General Assembly. (2013). Public Act 098-0195: [Illinois Mental Health First Aid Training Act](#).
- Pennsylvania Mental Health and Justice Center of Excellence. [City of Philadelphia Mental Health First Aid Initiative](#).

Peer Support/Peer Specialists

- Policy Research Associates. (2020). [Peer Support Roles Across the Sequential Intercept Model](#).
- Department of Behavioral Health and Intellectual disability Services. [Peer Support Toolkit](#).
- Local Program Examples:
 - People USA. [Rose Houses](#) are short-term crisis respites that are home-like alternatives to hospital psychiatric ERs and inpatient units. They are 100% operated by peers.
 - Mental Health Association of Nebraska. [Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists](#).
 - Mental Health Association of Nebraska. [Honu Home](#) is a peer-operated respite for individuals coming out of prison or on parole or state probation.
 - MHA NE/Lincoln Police Department [REAL Referral Program](#). [The REAL referral program works closely with law enforcement officials, community corrections officers and other local human service providers to offer diversion from higher levels of care and to provide a recovery model form of community support with the help of trained Peer Specialists](#).

Pretrial/Arrest Diversion

- Substance Abuse and Mental Health Services Administration. (2015). [Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System](#).
- CSG Justice Center. (2015). [Improving Responses to People with Mental Illness at the Pretrial Stage: Essential Elements](#).
- National Resource Center on Justice Involved Women. (2016). [Building Gender Informed Practices at the Pretrial Stage](#).
- Laura and John Arnold Foundation. (2013). [The Hidden Costs of Pretrial Diversion](#).

Procedural Justice

- Center for Court Innovation. (2019). [Procedural Justice at the Manhattan Criminal Court](#).

- Chintakrindi, S., Upton, A., Louison A.M., Case, B., & Steadman, H. (2013). [Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors](#).
- American Bar Association. (2016). [Criminal Justice Standards on Mental Health](#).
- Hawaii Opportunity Probation with Enforcement (HOPE) [Program Profile](#). (2011). HOPE is a community supervision strategy for probationers with substance use disorders, particularly those who have long histories of drug use and involvement with the criminal justice system and are considered at high risk of failing probation or returning to prison.

Racial Equity and Disparities

- Actionable Intelligence for Social Policy. (2020). [A Toolkit for Centering Racial Equity Throughout Data Integration](#).
- The W. Haywood Burns Institute. [Reducing Racial and Ethnic Disparities: A NON-COMPREHENSIVE Checklist](#).
- National Institute of Corrections. (2014). [Incorporating Racial Equality Into Criminal Justice Reform](#).
- Vera Institute of Justice. (2015). [A Prosecutor's Guide for Advancing Racial Equity](#).

Re-entry

- Substance Abuse and Mental Health Services Administration. (2017). [Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison](#).
- Substance Abuse and Mental Health Services Administration. (2016). [Re-entry Resources for Individuals, Providers, Communities, and States](#).
- Substance Abuse and Mental Health Services Administration. (2020). [After Incarceration: A Guide to Helping Women Reenter the Community](#).
- National Institute of Corrections and Center for Effective Public Policy. (2015). [Behavior Management of Justice-Involved Individuals: Contemporary Research and State-of-the-Art Policy and Practice](#).
- The Council of State Governments Justice Center. (2009). [National Re-entry Resource Center](#)
- Community Oriented Correctional Health Services. [Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies](#).
- Washington State Institute of Public Policy. (2014). [Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State](#).

Screening and Assessment

- Substance Abuse and Mental Health Services Administration. (2019). [Screening and Assessment of Co-occurring Disorders in the Justice System](#).
- The Stepping Up Initiative. (2017). [Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask](#).

- Center for Court Innovation. [Digest of Evidence-Based Assessment Tools](#).
- Urban Institute. (2012). [The Role of Screening and Assessment in Jail Re-entry](#).
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Sequential Intercept Model

- Policy Research Associates. [The Sequential Intercept Model Microsite](#).
- Munetz, M.R., and Griffin, P.A. (2006). [Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness](#). *Psychiatric Services*, 57, 544-549.
- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). [The Sequential Intercept Model and Criminal Justice](#). New York: Oxford University Press.
- Urban Institute. (2018). [Using the Sequential Intercept Model to Guide Local Reform](#).

SSI/SSDI Outreach, Access, and Recovery (SOAR)

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplemental Security Income and the Social Security Disability Insurance programs can be accomplished through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.

- The online [SOAR training portal](#).
- Information regarding [FAQs for SOAR for justice-involved persons](#).
- Dennis, D., Ware, D., and Steadman, H.J. (2014). [Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings](#). *Psychiatric Services*, 65, 1081-1083.

Telehealth

- Remington, A.A. (2016). [24/7 Connecting with Counselors Anytime, Anywhere](#). National Council Magazine. Issue 1, page 51.

Transition-Aged Youth

- National Institute of Justice. (2016). [Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults](#).
- Harvard Kennedy School Malcolm Weiner Center for Social Policy. (2016). [Public Safety and Emerging Adults in Connecticut: Providing Effective and Developmentally Appropriate Responses for Youth Under Age 21](#).
- Roca, Inc. [Intervention Program for Young Adults](#).
- University of Massachusetts Medical School. [Transitions to Adulthood Center for Research](#).

Trauma and Trauma-Informed Care

- SAMHSA. (2014). [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#).
- SAMHSA. (2014). [TIP 57: Trauma-Informed Care in Behavioral Health Services](#).
- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. (2011). [Essential Components of Trauma Informed Judicial Practice](#).
- SAMHSA's GAINS Center. (2011). [Trauma-Specific Interventions for Justice-Involved Individuals](#).
- National Resource Center on Justice-Involved Women. (2015). [Jail Tip Sheets on Justice-Involved Women](#).
- Bureau of Justice Assistance. [VALOR Officer Safety and Wellness Program](#).

Veterans

- SAMHSA's GAINS Center. (2008). [Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions](#).
- Justice for Vets. (2017). [Ten Key Components of Veterans Treatment Courts](#).

Appendices

Appendix 1. Sequential Intercept Model Mapping Workshop

Participant List

Name	Agency/Role
Belinda Bernard	NAMI-WCI
Amy Brinkley	Paul's Plan Ministries
Devon Moore	WLPD
Valerie Pettiner	IU Arnett
Steve Horrocks	Mental Health America
Lawrence Stroup	River Bend Hospital/Mental Health Services
Madison Hurd	RBH/Meridian HS
Ericka Lee	YWCA Greater Lafayette
Phil Mize	Tippecanoe Co. Court Services
Catie Berkshire	TCCC
Candice Tetclott	Valley Oaks
Tom Lehman	Tippecanoe County Sheriff
Karlie Capps	QCC
Tracey Wojciechowski	QCC
Jason Padgett	Phoenix Paramedic Solutions
Kian White	IDOC
Amy Hutchinson	Public Defender
Sheri Moore	NAMI West Central Indiana
Carol Ott	TCHD, NAMI, BOH
Brock Turner	Purdue Extension
Dan Arens	Valley Oaks
Carol Santos	Sycamore Springs
Michelle Dearing	LTHC Homeless Services
Lisa Werth	Calla Health
Chris Brophy	Probation
Norm Henry	TCCC
Keyna Everett	TCCC
Christina Sholty	Paul's Plan
Sarah Wyatt	Magistrate Court
Monica Casanova	Fairfield Township
Adam Murphy	Lafayette Police Dept.
Amanda Ferguson	LPD
Amy O'Shea	UWGL
Dave Hullinger	Probation