2024

Noble County Sequential Intercept Model Strategic Planning Report

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November 14 – 15, 2023

ACKNOWLEDGEMENTS

RECOMMENDED CITATION

NAMI Indiana Technical Assistance Center for Mental Health and Justice Programs. (2024). *Sequential intercept model mapping report for Noble County*. Indianapolis, IN: NAMI Indiana.

CONTENTS

BACKGROUND

The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[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 result in 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) Reentry, and (5) Community Corrections;

2. Identification of strengths, gaps in services, and opportunities at each intercept for individuals in the target population; and

3. The development of priorities for change and strategic action plans.
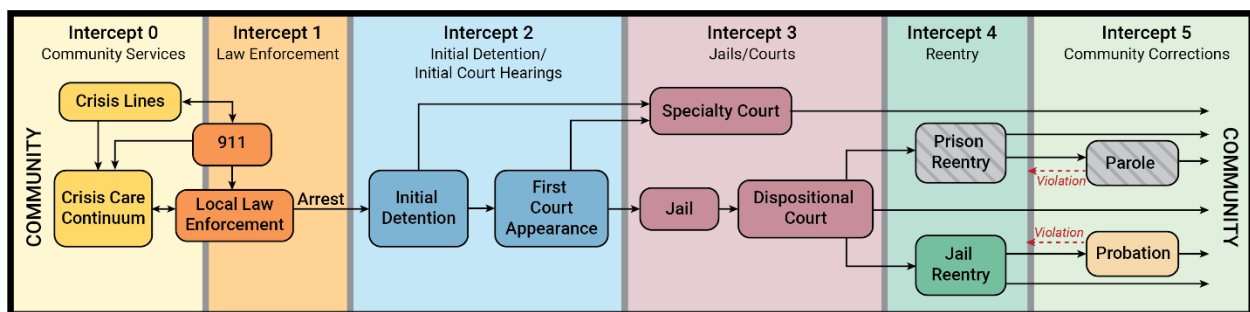
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[1] Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, *57*, 544-549.

INTRODUCTION

On November 14-15, 2023, the Noble County's Crisis Intervention Team (CIT) Steering Committee and Justice Reinvestment Advisory Council (JRAC) convened a cross-system group of criminal justice, court services, mental 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.

Dottie Davis, Christina Blaskie, and Tara Huisman 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 pointed out gaps in services. The discussions focused on all intercepts of the SIM. Following the initial meeting, the facilitators coordinated a voting process to identify which identified gaps in services 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. Transportation
2. Expand Shelter Services
3. Data Collection Across Systems
4. Jail Release Planning
5. Use of Certified Peers Across Systems

AGENDA (DAY 1)

8:30	Registration
9:00	**Opening**

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**

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 NOBLE 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, the facilitators work with the workshop participants 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 health issues and/or substance use disorders by building on existing strengths and addressing gaps in services and systems.

Intercepts 0 and 1
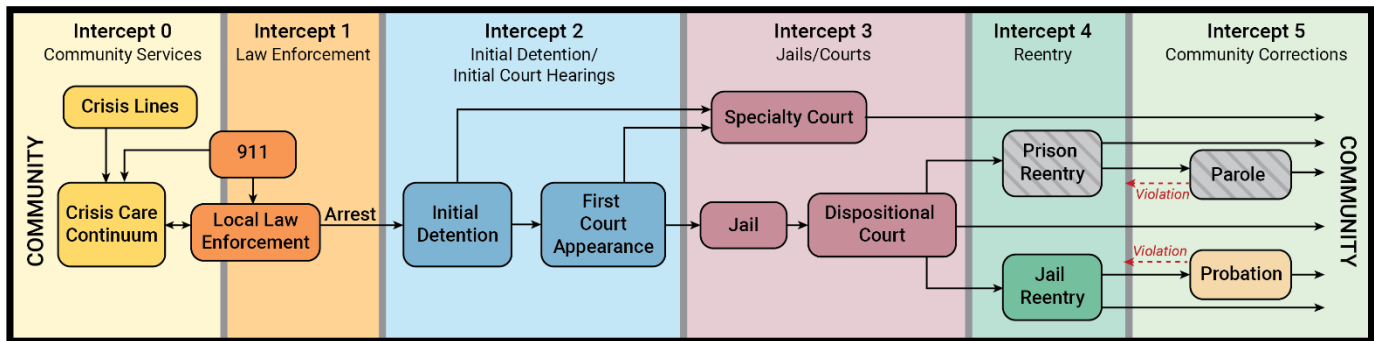
COMMUNITY SERVICES AND LAW ENFORCEMENT

Strengths

CRISIS LINES, MOBILE CRISIS SERVICES, AND CRISIS STABILIZATION
- **Northeastern Center** (NEC) has a 24/7 Emergency Solutions hotline (800) 790-0118.
  o **NEC Cares** is a 24/7 Crisis Stabilization Unit. Any community member can receive services at the stabilization unit. Services are aimed to eliminate and/or reduce the crisis the person is experiencing at that time.

- **Bowen Center** also has a 24/7 hotline. It is located outside the county (800) 662-4357.
- **Parkview** has a 24/7 hotline (800) 284-8439. It is called SOS. **SOS** operates Monday through Friday from 8 am – 8 pm. Parkview recently received funding to become a mobile crisis unit. This means SOS will begin to operate 24/7 with the ability to respond within 1 hour and have staff available to transport.
    - Most of Parkview entities conduct virtual psychiatric assessments. If the person needs inpatient medical treatment, then they will admit them.
    - Parkview does CSSIS screening training.

- **Benchmark** is also developing a mobile crisis team (260) 999-7870. They are expected to launch in the spring 2024. The target response time will be within 1 hour; however, depending on where the team is located it may take up to 1.5 hours.
    - **Benchmark** does trauma informed training for people answering calls

- The **VA Crisis Line** is 1-800-273-8255 and Press 1.
- Some Narcan locations throughout the county. Visit [Overdose Lifeline](#) for a list of resources and locations.

9-1-1/DISPATCH
- There are 2 public-safety answering points (PSAP): County and Kendallville.
    - Dispatch will transfer calls to the responding officer.
    - Responding officers carry a department issued cell phone.
- Dispatch works a 12-hour rotation, so they have full staff coverage.
- For calls to 911 that involve a mental health concern, dispatch logs the call, create a call card in CAD, and dispatch law enforcement to that location. Kendallville has the 911 calls within Kendallville come to their dispatch. takes their own calls.
    - Whether it is a two officer response depends on availability and the nature of the call (e.g. firearms, knives, dogs, children, etc.). Towns are good at coming to assist.
- Kendallville uses codes and the Sheriff uses 10 signals. This is known to both so there is no confusion.
- Sheriff's Department has live 911 and can hear call as it is taking place.

LAW ENFORCEMENT, FIRE, AND EMERGENCY MEDICAL SERVICES
- Parkview provides EMS in Noble County
- Ameri-med Ambulatory Service
- Fire works with EMS and law enforcement
    - Less than 5% of runs for mental health service – generally not called on scene
- Narcan locations throughout the county. See Overdose Lifeline link above.
- Law enforcement agencies in Noble County:
    - Avilla

- o Rome City
  - o Kendallville
  - o Ligonier
  - o Cromwell
  - o Albion
  - o Wolcottville
  - o Sheriff's Office
- Parkview has their own police department
- Central Noble School does Tier 1 and has their own law enforcement.
- 20 officers from different agencies have gone through CIT training recently. Approximately 6 out of 23 road deputies have had some CIT training.
  - o 1st CIT training held in September 2023.
  - o Per the Sheriff the goal is to have all deputies trained through the CIT Program.
- Disposition:
  - o There is a lot of officer discretion in handling mental health calls.
    - A property crime / injury / uncooperative witness may affect outcome
  - o Officers can use citations instead of arrest. However, getting the person to then appear in court re: citation is often an issue.
  - o Take to Emergency Department for any mental health evaluations.
  - o Try to avoid jail – especially the CIT officers
  - o Law enforcement has the ability to call the prosecutor 24/7.
    - Prosecutor is overwhelmingly deferential to the officer. Prosecutor's Office would also look into the mental health referral for information.
- Law enforcement brings a person to the Emergency Department. The form and narrative on Emergency Detention has law enforcement talk with RN or doctor to provide the backstory on a patient. This is a beneficial conversation. Then the person is handed over to Parkview PD. This only takes about 10-15 minutes. Law enforcement will come back to transport wherever a bed is identified; however, they will stay if the person is combative.
  - o Kendallville town police are the most likely to be called into the hospital because it is located in town limits.
- Law enforcement also has access to Odyssey to pull up court records 24/7. This is very useful throughout the legal process.

HOSPITALS AND HEALTH CLINICS

- **Parkview** Hospital offers medical, psychiatric, and detox services.
- **NEC** has an inpatient mental health facility in DeKalb County. **NEC Cares** is the 24/7 Crisis Stabilization Unit. NEC Cares is located in DeKalb County, and is open to Noble County residents. NEC Cares is housed at the Community Health & Outreach Center in DeKalb County.
- **PLH** (LaGrange) and **PWB** (Wabash) have medical detox programs.

- **Maple Heights** is a psychiatric facility on Hwy 33 in Fort Wayne. They do have an ambulatory contract. It can take several hours to facilitate services.

COMMUNITY-BASED TREATMENT AND SUPPORT SERVICES

- **Hickory Recovery Center** serves men only now, but they will expand beds eventually. Hickory provides detox services with a 24 hour admission line. Someone in active use that refuses to go to the hospital can call (800) 604-2117. They will also attempt to provide transportation services and assess over the phone. There is an option for a 28 day inpatient stay and detox.
    - They have 2 sister facilities outside the county that take women – 1 of those takes pregnant women also.
    - Hickory is pursuing licensure to do a 4.0 which will allow for expanded services (currently a 3.7).

RELEVANT POLICIES

- **Parkview** and **NEC** do not withhold services based on ability to pay. People are treated regardless of insurance status or ability to pay at the time of service. They will assist with getting people signed up for insurance.
- There is a cut-off for blood alcohol where agency will not engage:
    - For law enforcement it is > .25
    - For Hickory it is > .3 (this will change when they become a 4.0 facility)

Gaps

- There is a gap in Noble County for this intercept regarding options for places to take a person in crisis.
- Noble County does not have a lot of treatment services inside the county – almost always it is a transport outside the county.
- Transportation is an issue once a person is assessed and identified to have inpatient treatment. Law enforcement are more than likely doing the transportation currently. Law enforcement policy states they will handcuff to transport.
- Hickory is currently only for men.
- PSAP is not involved with DMHA 911/988 interoperability committee or a county representative working with 988 generally.
- Gravely disabled is not well understood.
- There is stigma – a belief that persons living with mental illness are armed and dangerous.??
- Dispatch asks general questions – there is no script they follow. They used medically trained dispatch. Dispatch has no formal training for serious mental illness or substance use disorder.
    - 911 does not ask for a CIT officer. (This is brand new and being worked on.)

- Data collection is challenging because different agencies are not always using the same language. Comprehensive data collection has not been done to this point, but looking to shift that because of CIT (data collection is a core element).
- There are no harm reduction teams out in the community.

Intercepts 2 and 3
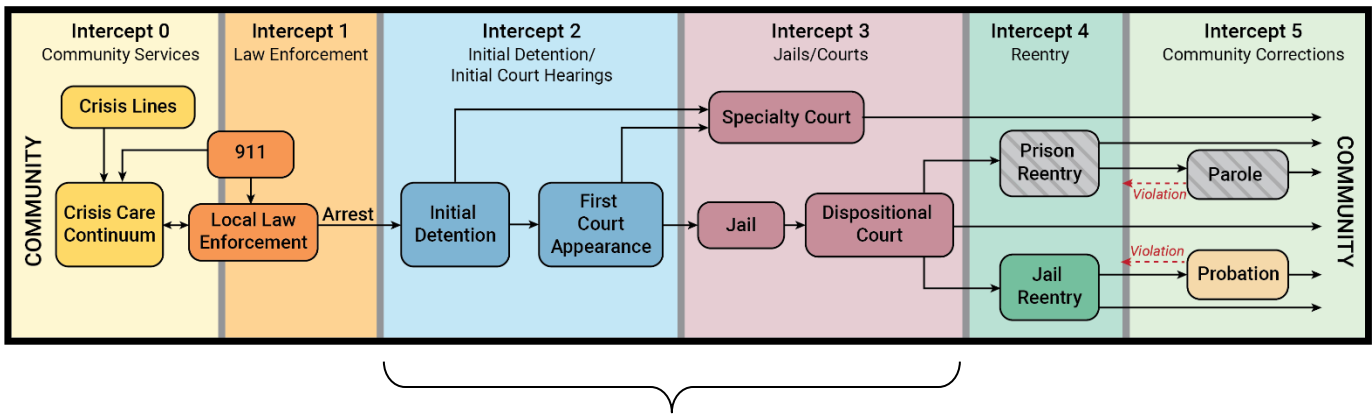
INITIAL DETENTION / COURT HEARING, JAILS, AND COURTS

Strengths

BOOKING

When someone is arrested they are brought to jail. The officer pulls into the sally port – a bay in the jail. Jail officers meet law enforcement officers in sally port, which is equipped with cameras. There is a door between the sally port and booking. As soon as they walk in from the sally port they are in booking. There are questions asked before they even get out of the car, e.g. medical questions.

- There is a list of things on why they would not go into booking, e.g. high EBAC, unconscious.
- They have to pass this list before they get through the locked door. If they have to get medical clearance, then they get a form from the hospital to release to booking. This streamlines the process.
- Booking will also run their own portable breath test (PBT) even if law enforcement did it. If booking officers observe behavior, smell, etc., then a PBT is necessary.

Screening for mental illness and/or substance use also happens at booking. They have a screening questionnaire specific to mental health and substance use disorder. There is also a medical questionnaire

that includes medication they are on and where those prescriptions are filled. They are also asked if they have been hospitalized for mental health issues, are currently suicidal, or have a family history of suicidality.

- The screening tool was built in Spillman by the Indiana Sheriff's Association. It is not clear if it is a national tool.

The following details the processes in place to determine if someone has any substances on their person when they come into jail. First, staff do a body search with their hands and ask them to remove outer clothing. The person then goes into the body scanner (x-ray machine). If there is anything suspicious, a strip search follows. The person goes into a shower – clothing is exchanged through a window, so they can see a visual if someone is trying to hide something. The person does not keep their undergarments because there have been too many incidents of things getting in the jail. Overdoses in jail continue to be a concern also.

PRETRIAL SERVICES

Generally, pretrial services are available Monday – Friday from 8 am – 4 pm. They are part of community corrections and probation. There are 2 full time pre-trial case managers to do morning assessments. If the person is in jail, they have Polycom to do interviews. Otherwise, the person has to call by 9 am to get interviews done. Jail staff informs the person, if they are not held, that they need to contact probation. The person must sign a commitment that they will do it. Paperwork is then filed with the court.

- Pretrial assessment Indiana Risk Assessment System (IRAS) is completed
- Bail bond is not frequently involved
- There are bondspersons in the county, but 10% cash bonds can be paid without a bondsman.
  - Often people use the kiosk to pay fines

ARRAIGNMENT / INITIAL HEARING

Hearings with the judge are, generally, at 1 pm the next day after being jailed. Most cases are via Zoom from jail. There is occasion where the hearing is in the morning at 10 am or 10:30 am. The docket is split between 3 judges. On average, there are 5 to 6, mostly misdemeanor, arraignments on a given day. When a person comes to court, the judge will rarely issue 'no bond.' With the exceptions of probation violations, the court must set a bond unless the charge is murder and the evidence establishing probable cause is strong. A judge can order a person to pre-trial supervision, but does not do so often. For people living with mental health issues, the judge does get an assessment from probation, but mental health issues are self-reported unless they are on supervision. Anxiety and depression are frequently noted. A judge does not order a mental health evaluation often due to expense. If it were more accessible, the judge may use it more often. Judges do not usually order mental health evaluations because the person has not been convicted of anything and retains the right to decide for themselves.

If pretrial supervision is ordered, the person then has to go to probation to set this up. The prosecutor or probation may request Drug Court, for example; however, the program is often at capacity. Generally, a person does receive alerts to their phone about upcoming court dates and appointments. This capacity has been available since Odyssey was implemented.

TREATMENT/SPECIALTY COURTS

There is a certified Drug Court in Noble County. Referrals can be made by the court, prosecutor, defense attorney, or community supervision agency. People are engaged with Drug Court anywhere from 12-36 months. The average length is 27 months. Progress through the phases is up to the individual. There are sanctions if progress is not being made.

There is a Veterans Court. They would be referred back to court and, often, placed on community corrections. Those that are in Veterans Court are involved from 12 – 36 months.

For both Drug Court and Veterans Court, there are 2 full time officers that handle cases. Criteria exist for referral. Reasons people may not be accepted include statutorily ineligible, sex offenses, people who indicate they will not attempt to follow through with program requirements, where no contact orders are in place and they do not want to step away from the spouse or child. These are a post-plea, pre-conviction courts. The courts can serve 42 participants at a given time, and have served a maximum of 52 participants in the past.

There is a Family Recovery Court ran through Superior Court II. People are in this court between 12 – 18 months. In 2023, planning began for a mental health tract in the problem solving courts.

JAIL STRUCTURE AND PERSONNEL

The Noble County Jail is in Albion, Indiana.

- The jail has 100 cells and a total inmate capacity of 270.
- On the day of the SIM Workshop, the current population was 206.
- There are not currently diversion options.
- The average length of stay for inmates is not known at this time.
- There are 26 correctional officers working in the jail. One correctional officer has completed Crisis Intervention Team (CIT) training.

Jail-based Medical and Behavioral Health Treatment

Upon entry, jail staff do complete an assessment. They ask if the person is currently using and when they last used, but do not complete drug screens at that point of contact. Jail staff also asks if they have been involved in a sexual assault or have a head injury in the last 48 hours. There is an inspection for visible wounds. However, they are not collecting a history on the person that has come in to the jail. Jail staff will do an assessment to determine if a person is a victim or an aggressor. If it is found they are likely to perpetrate, then they are placed in protective custody.

Quality Correctional Care (QCC) is contracted for services in the Noble County Jail. QCC is the only contracted company for the jail. QCC provides bi-weekly mental health care. The QCC Registered Nurse completes an intake. They ask for history of abuse and mental health counseling. They are also able to offer coping skills at that time. Within 14 days, a physician is asking the same questions.

Medication. Generally, the staff do not diagnose, instead they treat symptoms. Providing medication for mental health issues is largely handled on a case-by-case basis. The jail may obtain a release of information (ROI). Attempting to collaborate with behavioral health agencies (with the ROI in hand) can take weeks or months. As a result, the nursing staff (QCC) often prefers to call and verify with a local pharmacy. However, this is not always possible. There is a formulary and their providers are able to prescribe medication when necessary. Only certain medications are allowed to be taken while in the jail.

There are kiosks in the day room where inmates can provide information that helps to identify when a 'sick call' is needed. A determination is made with the provider as to whether the person needs to be seen for something more in depth. If a person is not able to use the kiosks, then they can talk to a correctional officer. It was reported in the workshop that most people state they do not need to be seen for anything.

Medical staff go in twice a day to do a 'med pass.' So, for example, if someone comes into the jail at 11 pm, then their first point of contact would be at 7 am the next day. Medical leaves the jail at 10 pm. It can take up to 3 hours to pass medicines to inmates. Medical technicians have been brought in to do this. They follow medical protocols from the QCC team that the jail staff can complete. The jail staff do have access to a doctor they can call if advice is needed. In addition, law enforcement can go into jail and offer CIT services.

Medications have to be court-ordered. If the community mental health center does a civil commitment, they would have to comply with that order, but it does not necessarily translate to the jail – only if the judge orders.

There is a cost to medication; however, if a person does not have money on their commissary, they are not turned down. Billing happens once a week and the amount is put on their account. If it was not paid within 60 days and the person is on medical, then the balance is zeroed out. A person leaving jail is provided a limited amount of medication to sustain their dosage until they can make an outside appointment.

There are different levels for suicide watch:

- Level 1 – attempt suicide and expressing suicidal ideations
- Level 2 – not expressing suicidal ideations
- Level 3 – able to return to normal population

Psychiatric Services. There is not a psychiatric unit in the Noble County Jail. There are 8 cells in the protective custody area. In addition, booking cells are monitored by camera, so if extra space is needed people can be left there or used for those with a contagious medical condition. When intake is done by QCC, referrals are made as appropriate. The inmate is informed that there is no charge for mental health services when they are referred by QCC. QCC use HCS to put narratives or refusals into the system. The jail does not have a critical incident team on-site. At this time, they are able to monitor this and address as needed for EAP with staff, etc. People are brought in to complete after action evaluation and reports.

The following mental health (and other) programming is provided by outside agencies:

- For Men: QCC facilitates Q360 for substance use disorder or mental health issues.
- For Women: Before 5 from Dekko Foundation (parenting course); the Jail Chemical Addiction Program for substance use
- Chaplain service (and other church services)
- High School Equivalency classes
- AA comes in when someone is available

The Veterans Administration (VA) can provide psychiatric treatment also. They are not allowed to do so in the jail. A person would need to be released to the VA.

Substance Use Services. Withdrawal protocol in the jail is as follows: (1) some is medication assisted, (2) take vitals every four hours, and (3) in contact with the patient every hour. QCC is discussing the possibility of Medication Assisted Treatment (MAT). It is not currently available. There is a detox program for pregnant women.

COMPETECNCY PROCESS

As previously noted, mental health evaluations are not regularly ordered by a judge. Historically, expense and accessibility have been issues. Some evaluations are not ordered as the person is pretrial at this point and not convicted. State law directs the evaluations, which is almost always when an attorney files a motion to have the competency evaluation to stand trial. That said, the frequency of judge or attorney ordered mental health evaluations has increased. Currently, it takes about 1 month to get the report back. The purpose of the evaluation in most cases is to assess competency. If found not competent, then the person must go to a state hospital, achieve competency, and then come back to the jail. However, this can take quite a bit of time. Further deterioration while they wait can happen. In addition, it also happens that a person can return after being deemed competent and once again deteriorate in the jail as some of their meds cannot be continued or they can refuse to take the medication that helped them regain competency. However, more recently the wait time is decreasing to get to a state facility and an expedited hearing may be requested when returning from competency restoration (ICST). Another issue is that the medication a person is put on at the state facility cannot always be sustained at the Noble

County jail. Noble County is on a list with DMHA to do competency restoration locally, which would be faster.

Gaps

- Tracking the number of people with serious mental illness coming in and out of the jail is necessary to better understand the scope, impact, cost, etc. of processing and caring for people living with mental illness in the Noble County Jail.
- With a release of information in hand, too often it still takes weeks to months to get the relevant mental health information. Tracking data to better understand how long this process is taking would be useful.
- The cost for medicines continues to be high, and the data that may help better budget for these costs is not being collected in the jail.
- QCC is there bi-weekly to provide MH services. QCC staffing so they can be in the jail a couple of times a week would be helpful.
- Pretrial services are not utilized fully.
- No current trauma screening – Jail representatives are open and interested in providing trauma services – asked anyone equipped to do so to please reach out.
- No MAT available unless pregnant.
- Noble County Jail does not utilize certified addiction peer recovery coaches. The use of certified peers is found to be a best practice. Peers can provide hope in a time when people incarcerated can feel overwhelmed.
- Only 1 out of 26 correctional officers are CIT trained.
- 3 month ICST waitlist. Another issue is that the medication a person is put on at the state facility cannot always be sustained at the Noble County jail.
- There are language barriers at booking and intake.
- Problem solving courts (Drug Court and Vet Court) are understaffed – the demand far exceeds current staffing levels. For example between March 2023 and May 2023 –approximately 15 people were denied due to capacity, but people were otherwise eligible. It is reasonable to anticipate a similar issue for potential mental health court unless intentionally plan otherwise.
- Expungement process is not happening through problem solving courts – it has to be filed by the defense attorney. Some expungement is happening through the VA who works with South Bend-based Indiana Legal Services. Noble County does not do expungements for participants.
- Noble County Jail has not been working with the VA as much as they could. They do not complete vet verification. The VA can come visit in the jail.
- Inmates are released in the middle of the night at 4:00 a.m. from the jail.

Intercepts 4 and 5
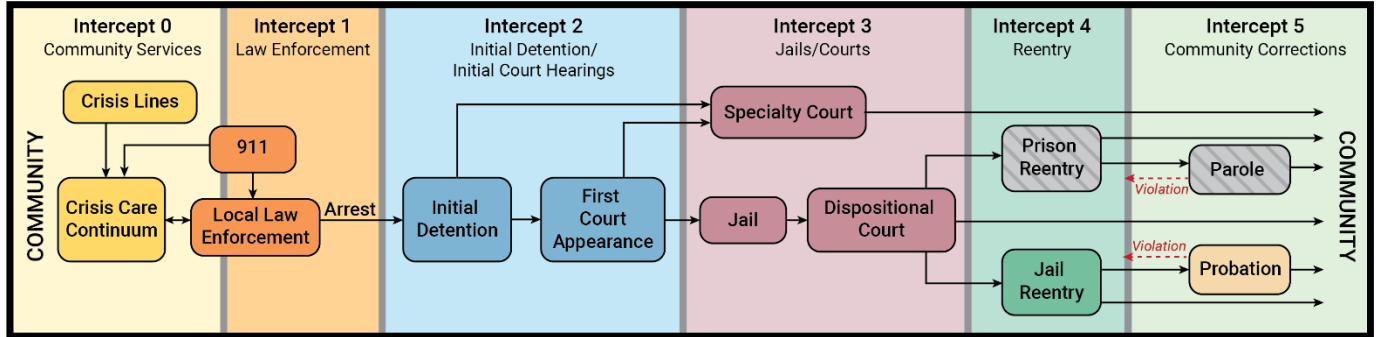
REENTRY / COMMUNITY CORRECTIONS

Strengths

JAIL SERVICES

- Most people are being held in the jail are temporary pre-trial. This ranges from approximately 10 to 200 days.
    - If they have a Department of Correction (DOC) sentence, staff is working to get them to RDC in Plainfield.
        - At the time of this workshop, there were 5 people awaiting transfer.
- Jail will provide a certificate of disposition when released. The staff do not mail it – it must be picked up.
- Quality Correctional Care may set up services for the person being released.
- Jail provides halfway house applications if requested by the person being released.

PROBATION / COMMUNITY CORRECTIONS

There are 14 adult probation officers and 2 juvenile probation officers – this includes community corrections. Noble County Community Corrections staff are probation officers. Probation does not have a specialized case load. There are specialized officers for Sex Offenders.

A pretrial assessment is completed prior to sentencing. A screening is completed at intake at probation or community corrections. It is a risk assessment provided by the State of Indiana aimed at 'predicting the likelihood of successful completion of community supervision. The assessment does not address trauma; however, there are other assessments and interview guides do address trauma. Some people

with a felony conviction will have a pre-sentence investigation (PSI). This is a tool that relies on self-disclosure, so there can be limits to its efficacy. Anyone placed on community supervision has a Risk Assessment Screener completed and if they are moderate or high, they have the complete IRAS Community Supervision Tool completed. There is a substance use evaluation if court ordered, or if the offender tests positive or admits to use. If services are needed, referrals to a treatment provider of the offender's choice are made. In addition, probation officers have screening tools for anxiety, PTSD, and depression. They use static 99 for sex offenders.

Communication with the treatment providers is done electronically and the timing varies. Reports are sent monthly to probation and community corrections from the providers. Telephone contact and email communication happens as needed by the case. Officers work to assist with housing, budgeting, employment, etc. Probation and community corrections collaborate with Work One.

Community Corrections and probation have created a toolbox that lists services and exercises that address each area of risk identified as moderate or high from the risk assessment they complete. This toolbox has information on halfway houses and other resources. Community Corrections shares this with probation.

COMMUNITY REENTRY

- **Common Grace Ministries** assists individuals released from jail to acquire housing at the Economy Inn; the individual is asked to make partial payment for the hotel expenses. By providing housing resources based upon their income source and with consideration for any restrictions that may be placed upon them by the courts. This may include Economy Inn.

    o Common Grace Ministries will assist persons in obtaining identification and connect them with other available resources. They provide law enforcement with a Noble County 'quick reference' wallet sized card.
    o Common Grace has a binder of community resources available to people living in Noble County.
- **Kendallville Police Department** has the ability to disseminate food to persons released from jail. This program is maintained at Parkview Noble Hospital and was acquired through a grant, but this only applies to those who are in the city limits of Kendallville.
- **Noble House**, located in Albion, is a shelter that serves women and children that are experiencing homelessness, survivors of domestic violence, and struggling with substance use. This includes boys up to 13 years old. They also function as a recovery home. Some highlights of this program are as follows:
    o intake process
    o 8 beds for single women
    o 4 family rooms
    o Assist mothers with reunification with their children

- o Help women secure their driver's license and other key documents, e.g. birth certificate, social security card
- o Support job search
- o Provide one-on-one case management
- o Offer aftercare services
- o Connected to the problem-solving courts
- **Serenity House**, located in Albion, will accept men when released from jail or prison and will speak with them about recovery. This is a 9 month program.
- **Northeastern Center** does open access intake every weekday, but at different offices. In Noble County, there are two offices – Albion and Kendallville. Intakes are open as follows: Monday – Kendallville, Tuesday and Wednesday – Albion, and Friday – Kendallville. If someone were to walk in on a Thursday or presented with immediate need, the front desk would coordinate with another office (LaGrange or DeKalb) or Emergency Solutions to complete the intake. Emergency Solutions intakes are offered when there is an immediate need and no other office staff available at that time.
- Veterans Administration has programming for substance abuse, mental health, and homelessness for veterans who were incarcerated
- **Inspiration Ministries** is a 9 month program with 20 beds for men at a recovery access camp. Some highlights of this program:
  - o They have an intake process.
  - o They can house someone with a sex offense.
  - o 20 certified peers on staff.
  - o There are another 20 beds in the community for post graduate housing.
  - o Adding 18 beds for men – called Hickory Village.
  - o There are multi-family units on the way.
  - o They are able to help navigate custody.
  - o There is a pending grant to develop additional post graduate housing – 13 beds for men in downtown Kendallville.
  - o These facilities are staffed by senior residents (level 2).
  - o The supply for housing is a challenge. The need is high and the ability to get it with a felony or sex offender status on their record is made that much more difficult.

Some Noble County programs will accept people from outside their county. There is a warming shelter that the Red Cross organizes through churches. There are several food pantries that operate in the county. They have a group text that helps them collaborate across communities to provide support to each other. Mental Health Collaborative was founded to bring people to the table to discuss issues and share resources and information.

The VA does travel to Noble County and attends Veterans Court. The VA has outreach staff for housing; although, Allen County is the closest place for veteran-specific housing and medical facilities. Mike Clouse is the Veterans Service Officer for Noble County.

Gaps

- No data collected on the number of people released from jail with mental illness during 2022 or 2023.
- Unknown how many people with mental illness are sentenced to prison annually.
- People experiencing homelessness do not have that information entered into Spillman.
- No shelter exists for men that is not recovery based.
- Very limited housing options for sex offenders released from jail.
- The jail staff does not have much, if any, notice that an inmate is being released, so little advanced planning occurs. This pre-planning would be "ideal for people going to Community Corrections."
- People will say they have someplace to go when they do not because they do not want to delay release from jail.
- Approximately 10% of the population released from jail does not have transportation.
- People released from jail are not ordered to go to a behavioral health center, and they often do not seek this help. If they do, it can be 4-6 weeks to get the help that is needed.
- Would be ideal to have a Living Room model for people to go to during that 'in between' time until they can get living arrangements made.
- Community Correction staff members have a very high case load which means people released may have to wait up to six weeks before they are seen.
  - Even then, transportation continues to be a significant issue.
  - No peer specialists currently who could possibly assist during this waiting period to connect people with resources.
- Recovery Works – complicates things when you have to refer to sources outside of the community.
- Unknown if persons who are serving an IDOC sentence in a county jail are offered the same programs and services as people who are serving a local sentence.
- People are released from jail with only 7 days of medication and no prescription for a refill.

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 voting took on November 14, 2023. The top five priority areas are below.

1. Transportation
2. Expand Shelter Services
3. Data Collection Across Systems
4. Jail Release Planning
5. Use of Certified Peers Across Systems

STRATEGIC ACTION PLANS

With the priorities for change set, workshop participants spent most of Day 2, November 15, 2023, 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: TRANSPORTATION			
Objective	**Action Step**	**Who**	**When**
1.1 Identify Transportation Resources Make citizens more aware of existing transportation services.	Verifying info. Send info. to committee (eligibility requirements, capacity needs to be able to provide) -Amish transport? Can we utilize these resources (VFW, Legion) - Identifying what exists. - Raising awareness - Angie with Common Grace will provide resources she has.	Jeremy Lewis (NEC) Brian Walker (LE) Amy Johnson (Bowen) Emily Plant (Parkview Noble) Logan Ison or EMS representative Angie Kidd	30 days from 11/15/23
1.2 Investigate Car Repair Program (being developed by Common Grace)	Will include organizations people can seek repair. -Will include lending organizations willing to work with individuals with lower credit scores -Will have an income requirement -Must be a Noble County resident. -Referrals should be made to Common Grace	Angie Kidd	Will pilot in next 90 days from 11/15/23.

1.3 Develop Transportation Resource Guide	-Track need for transportation	Jeremy Lewis (NEC)	12/15/23
	-Verify accuracy of availability	Brian Walker (LE)	12/5/23 (EMS to complete their initial follow-up)
	-Communicate this information out to law enforcement, social service agencies, hospital, etc.	Amy Johnson (Bowen)	
		Emily Plant (Parkview Noble)	
	-Can certified peer professionals be drivers?	Logan Ison or EMS Representative	
		Angie Kidd	
	-Need to identify a platform to share information – not everyone can access Google Drive.		
	-Identify any transportation limitations – distance, hours, etc.		

Additional Information:
- Northeastern Center has NEC Connect that provides transportation for any justice involved clients to their appointments.
  - There is no time limit to their sentencing and being able to utilize this service.
  - Must be arranged ahead of time, BUT can be scheduled same day. (260) 925-8657
  - Currently there is 1 driver for this // based out of DeKalb County. One full and one part time
  - They had over 800 rides scheduled last year.
  - Need to communicate this need back to leadership in Northeastern Center (NEC)
- Need to identify a financial target to build capacity.
- Noble County Transit – have to call in advance to schedule rides, which is not always possible // Lyft and Uber not accessible
- Need for on-demand crisis transportation
  - People who need to go to grocery store.
  - Can we work with individuals who would be interested in being drivers for our area?
- How do we identify what the need is for a driver? If this data could be tracked, then we could identify the demand. Beginning in 2024, can all the social service agencies, law enforcement, hospital, other – track how many times a ride is requested / needed?
  - Can a contracted driver be established with hours to provide transportation? (Becky Drug Free)
- Challenge: those who voluntarily want to be an inpatient end up having to call 911 // sometimes people wait several hours to get EMS transportation to an inpatient facility. // Domestic violence situations – need to get to Fort Wayne

Priority Area 2: EXPAND SHELTER SERVICES			
Objective	**Action Step**	**Who**	**When**
2.1 Identify what is already in place / What resources are available with requirements	-Identify existing / eligibility	Andrew Foster (Inspiration Ministries) Brittany Collins (Hickory Recovery Center) Felicia Patrick (Noble House) Becky Calhoun (Drug Free)	Will communicate via e-mail by 12/15/23
2.2 Assess need / Identify what is needed	-Reach out to Rescue Mission and other Fort Wayne shelters, Salvation Army to identify data (# of people seeking this service) -How much emergency need they have	Andrew Foster (Inspiration Ministries) Brittany Collins (Hickory Recovery Center) Felicia Patrick (Noble House) Becky Calhoun (Drug Free)	
2.3 Establish new resources to meet identified needs.	-Brightpoint (is involved in housing – may want to include them if we work on establishing a new shelter.) -Fortify Life	Andrew Foster (Inspiration Ministries) Brittany Collins (Hickory Recovery Center) Felicia Patrick (Noble House) Becky Calhoun (Drug Free)	3-5 years from 11/15/23

Priority Area 3: DATA COLLECTION ACROSS SYSTEMS			
Objective	**Action Step**	**Who**	**When**
3.1 Connect both PSAP with DMHA, 988 -Identify what is currently being collected and how to have access to this to share across agencies	-Taylor Yoder has a spreadsheet of data collection items that need captured -Connect with interoperability team -Connect with Allen County to learn what they are doing that could be adopted for Noble County	Tanya Evard (Kendallville PD) John Dixon (Kendallville PD) Shellie Coney (911/Dispatch) Dave Spence (Sheriff's Dept.)	5/15/24
3.2 Collect law enforcement data -Identify what needs to be collected that is not currently and how to share across agencies	-Set up a new system to collect, track, share data -Connect with Fort Wayne -Update Spillman -Connect Emergency Detention Forms	Tanya Evard (Kendallville PD) Dave Spence (Sheriff's Dept.) Brian Walker (NC Sheriff's Dept)	3-6 months from 11/15/23
3.3 Identify how many in the jail have a mental health or substance use disorder	-How many assessments (EBP) -Review existing protocol -Form a subcommittee to evaluate screening tools to standardize utilization.	Danyel Wagner (community corrections) Katie Byrom (public defender) Sheriff Weber John Dixon (Kendallville PD)	1st quarter 2024

3.4 Identify data trends from probation and community corrections	-SRS / MH -Use a simple evidenced based screening tool for mental health and substance use to collect and track data. -A preset tool to collect data can be added into Spillman.	Danyel Wagner (community corrections) Jared Owen (Probation) Stacey Beam (Probation)	1st quarter 2024

Additional Information:

- Search Spillman to collect data.
    - There are Spillman meetings that take place – need to revitalize these to discuss data needs.
- Can someone search codes in CAD to be able to more easily extract data?
- NIHERST reports – Sheriff mentioned something about accessing data through this.
- Can we set it up to have someone contact dispatch to re-code the call so data is captured?
    - Have this become part of standard operating procedure.
    - May not be able to change original call code, but could add a field to add additional coding information?
- Dispatch is invited to be interoperability agency meeting to discuss the ins and outs of 988 and how it works with local counties.
    - Contact Kara Biro // All meeting notes are recorded
    - 988 has been in place since July 2022
        - You should never get a busy signal // 95% of our calls are answered in state – may not be local but the different call centers are connected // They took Columbia Suicide rating scale and turned it into a workable document for dispatch
- Use a simple evidenced based screening tool for mental health and substance use to collect and track data.
    - A preset tool to collect data can be added into Spillman.

Priority Area 4: JAIL RELEASE PLANNING			
Objective	**Action Step**	**Who**	**When**
4.1 Complete a jail staff analysis	-Engage a 3rd party organization to conduct study	Jenny Cummins (Jail Commander)	12/31/24
4.2 Grant information & availability (DMHA)	-Determine grant timeframes	Andrew Foster (Inspiration Ministries) Taylor Yoder (Parkview) Becky Calhoun (DFNC)	March / April 2024
4.3 JRAC identify need for navigator	-Review opioid funding -Work with JRAC to manage Opioid funding disbursed to City / County on possible utilization for these goals.	JRAC Committee	December 2023
4.4 Identify ways to communicate resources to incarcerated persons.	-Set subcommittee meeting	Angie Kidd (Common Grace) Jenny Cummins (Jail Commander) Sheriff Weber Brian Walker (Sheriff's Dept.)	April 2024

Additional Information:
- Put together a one-page QR code. People being released likely won't look at it until later – they just want to get out of the facility.
  - Could put the resources on the kiosk in the back so they could look before release.
- Does Noble County Jail have space to conduct release planning?
- Is there a document that the inmate can indicate the level of release planning they would like to help jail staff determine is it 1 day? A few hours? Multiple touch-points?
- Have a certified peer to act as a navigator.
  - Huntington County employs a peer support staff member we may be able to glean information from.
- Fund a case management position to address releases.
  - JRAC in Noble County has been identified to help to determine use of funds that the city/county received from the Opioid Funding.
    - They were waiting on the results from this SIM mapping to proceed with that

Priority Area 5: USE OF CERTIFIED PEERS ACROSS SYSTEMS			
Objective	**Action Step**	**Who**	**When**
5.1 Grant information & availability	-Monitor DMHA grant opportunities and timeframes	Andrew Foster (Inspiration Ministries) Taylor Yoder (Parkview) Becky Calhoun (DFNC)	March / April 2024
5.2 Host a local training	-Develop implementation strategy -Identify state requirements. -Identify who will be trained. -Identify how peers will be utilized. -Identify what their pay rate / scale will be.	Andrew Foster (Inspiration Ministries) Judge Steve Hagen Taylor Yoder (Parkview) Becky Calhoun (DFNC)	1st Quarter 2024
5.3 Identify mentors that are working in CM, Peer, Mentor	-Identify capacity of use	Judge Steve Hagen Danyel Wagner (Community Corrections) Jared Owen (Probation) Stacey Beam (Probation)	March 2024

Additional Information:
- Probation can intersect with the individuals.
- How do you identify representatives? // How do you utilize peer representatives?
  - Could schedule a training and invite people in, see who shows up.
  - Shepherd's House in Fort Wayne could be a good resource.

- Trying to funnel trainings through Ivy Tech and there is already a waiting list of 300.
- Andrew of Inspiration Ministries just completed the train the trainer certification so is equipped to train people as a certified peer.
  - He is waiting on guidance from DMHA to move forward with this.
    - How can we plan now to be ready so that when this does launch we are ready to go?
    - What is the incentive for people to go through this?
  - There are 16 trainers in the state certified to be a trainer.
- Can you establish a contract with the jail for utilization of peer recovery specialists?
- Is there anything that Noble County can do to apply pressure on the state to release the trainers to train?
- There is a supervision component of peer supports. // Supporting them in their role needs to be a part of this planning.
- The training is 6 full days // May not have to be consecutive // Could do M-W over 2 weeks // Hold later to accommodate work schedules // Cap at 24 participants per training

Intercept 0 Hospital, Crisis, Respite, Peer, & Community Services	Intercept 1 Law Enforcement & Emergency Services	Intercept 2 Initial Detention & Initial Court Hearings	Intercept 3 Jails & Courts	Intercept 4 Reentry	Intercept 5 Community Corrections & Community Supports
Crisis Lines Northeastern Center Bowen Center Parkview SOS **Law Enforcement** NCSD Police Departments: Kendallville, Avilla, Albion, Central Noble Schools, Cromwell, Ligonier, Parkview, Rome City, Wolcottville Approx. 20 CIT-trained officers **Emergency Departments/Walk-In Urgent Care** Parkview **Peer Support Services** Inspiration Ministries **Residential Services** Hickory, Serenity, Noble House **Housing Services** Inspiration, Common Grace, Noble House **Mobile Crisis Response Team** Parkview SOS Benchmark **Crisis Stabilization** Bowen NEC Cares **Respite Services** **Detox Services** Hickory Serenity Parkview **Veterans' Services** County Office	**911 Dispatch** Kendallville PD & Noble County Sherriff Department (NCSD) **Hospitals** Parkview Noble Hospital (med/psych/detox) NEC (inpatient mental health facility) Goshen Hospital (ED) IU Health **Emergency Medical Services** Parkview EMS Kendallville Fire Department Albion Fire Department	**Initial Detention** Screening tool in Spillman If veteran self discloses – call to VA for meds info, VA can come speak to them **Initial Hearing** Pre-trial assessment IRAS Assessment forwarded to Prosecutor & Judge for initial hearing Bond is set with the exception of probation violation or if charge is murder	**Pre-Prosecution Diversion** Prosecutor's Office **Courts** Noble County Circuit Court Noble Superior Court 1 Noble Superior Court 2 **Specialty Courts** Drug Family Recovery Veterans Mental Health Court (in planning) **Jail** -Noble County Jail *Capacity = 270 -Inmates housed for IDOC QCC -Intake screening (med, mental health, suicide risk) -Q360 (substance use) -Bi-weekly mental health care	**Corrections** -Released at 4am if serving time **Jail Reentry** -CMHC (walk-in hours) -Released with 7 days of meds -VA Referrals	**Parole** Specialized Case Loads Parole is in Allen County and releases to Noble County frequently. **Probation/ Community Supervision** -Community Corrections -Probation (no specialized caseloads except for sex offenses) -Recovery Works

Behavioral Health
Northeastern Center (open intake), Bowen, Parkview, Benchmark

Recovery Supports
Noble House, Serenity House, Inspiration Ministries

Housing/Shelter
Common Grace Ministries, Noble House, Serenity House

RECOMMENDATIONS

Noble 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 Noble County may consider as you continue to work through your 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 take advantage of national a 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 9-8-8 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 your community. Designate an individual on your

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 Noble County. This portion of 'recommendations' is simply to provide some additional information that may be helpful as Noble County continues to integrate people with lived experience into ongoing and future diversionary programming efforts.
    - o Diversion programming should consider best practices that are needed to support people living with mental illness and/or substance use disorder 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 reentry 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 Noble 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.
    - o 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.
    - o 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. Noble County has a Housing Coalition that is working on increasing housing within many of these areas. Consider getting them to CIT table as housing is being discussed since they already have a lot of housing data for Noble County.
    - o 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.

- o 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.* In particular, 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 (F)ACT	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)	
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 **Target Population**: Eligibility criteria, exclusions, and "family unit"- individual, couples, children, pets, and "friends," cultural responsiveness **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)			

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

- o 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
- o 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 Noble County's continued growth.

RESOURCES

The Stepping Up Initiative https://stepuptogether.org/#/ (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://www.in.gov/fssa/dmha/update-on-988-in-indiana/

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 Reentry: Protected Health Information Privacy Framework for Information Sharing.](#)
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- Substance Abuse and Mental Health Services Administration. (2019). [Data Collection Across the Sequential Intercept Model: Essential Measures](#).
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    - Mental Health Association of Nebraska. [Honu Home](#) is a peer-operated respite for individuals coming out of prison or on parole or state probation.
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APPENDICES

APPENDIX 1. SEQUENTIAL INTERCEPT MODEL MAPPING WORKSHOP PARTICIPANT LIST

Name	Agency / Role
Kaity Taulbee	PNH EMS, Supervisor
Katie Byrom	Noble County Public Defender Agency, Chief Deputy Public Defender
Kristen Monnier	QCC MHP
Lance Waters	Kendallville Police Department, Chief of Police
Lydia Gard	Central Noble, Dean of Students
Mary Pappas-Finch	Parkview Behavioral Health Supervisor Community Outreach and Partnership
Max Weber	Noble County Sheriff's Department, Sheriff
Paul Hoffman	Rome City Marshals Office, Marshal
Rebecca Calhoun	Drug Free Noble County, Executive Director
Robert Amber	Albion Fire Department, Fire Chief
Ryan Ferguson	Cole Center Family YMCA, Health and Wellness Director
Samantha Hammond	Juvenile Probation Officer
Shawn Payton	Serenity House, Manager
Shellie Coney	Noble County 911 Dispatch
Stacey Beam	Noble County Probation
Steve Hagen	Noble Superior Court 2, Judge
Steve Smith	Serenity House Inc.
Tabitha Frentz	Parkview Behavioral Health Institute, Therapist
Tanya Evard	Kendallville Police Department
Priscilla Balfazard	AWRC / Benchmark Human Services
Brian Walker	Noble County Sheriff's Department
Nathan Rodenbeck	Noble County Sheriff's Department
Robert Amber	Albion Fire
Mindy Theard	New Mercies
Amy Johnson	Noble County Bowen Center, County Director
Andrew Foster	Inspiration, President
Angie Kidd	Common Grace Ministries
Ann Carpenter	Noble County Emergency Management, Deputy Director
Brandon Chordas	WNSC Transportation and Safety Director
Brittney Collins	Hickory Recovery Center
Chad Wilson	West Noble Middle School, Principal
Danyel Wagner	Community Correction Director
Emily Plant	PLH &PNH, Inpatient Manager
Felicia Patrick	Noble House Ministries, Executive Director
Gary Leatherman	Noble County Commissioner
Grant Moser	Ligonier Police Department, Patrolman & SRO
Haley Criswell	Northeastern Center, Associate Director
Heather Henry	Parkview Health
James Mowery	Noble County Prosecuting Attorney's Office, Prosecuting Attorney
Jared Owen	Noble County Probation and Community Corrections, Assistant Chief Probation Officer &Problem-Solving Coordinator

Jenny Cummins	Noble County Jail Commander
Jeremy Lewis	Northeastern Center Area Director
Jeremy Mckinley	Kendallville Fire Department
John Dixon	Kendallville Police Department, Lieutenant
Judge Clouse	Noble County Judge
Glen Hurst	Parkview Police