

AGENDA

Monroe County Community Justice Response Committee

Monday, February 06, 2023, 4:30 p.m.

Nat U. Hill Meeting Room, 3rd Floor Courthouse

1. Call to Order (Chair or Co-Chair) (4:30pm)
2. Roll Call (Courtney Moser) (4:30pm)
3. Statement of Guiding Principles (4:35pm)
4. Public Comment (4:40pm)
5. Survey updates (Health Department) (5:00pm)
6. Adjournment

Community Justice Response Committee meets the first and third Monday of each month.

In-Person Attendance: Nat U Hill Meeting Room - Third floor of the Courthouse

Virtual Attendance:

<https://monroecounty-in.zoom.us/j/84490159346?pwd=SkIhN0NnRDNnckFPcid5a2xpeEtRZz09>

Meeting ID: 844 9015 9346

Password: 560796

Dial by your location

+1 312 626 6799 US (Chicago)

Meeting ID: 844 9015 9346

For meeting documents including past agendas and minutes, commissioned reports, list of committee members, and documents referenced in meetings please visit the Committee website:

<https://www.co.monroe.in.us/department/board.php?structureid=178>

NEXT MEETING: Monday, February 20, 2023, 4:30 p.m.

Monroe County Health Department

CJRC Survey Results
2.6.2023



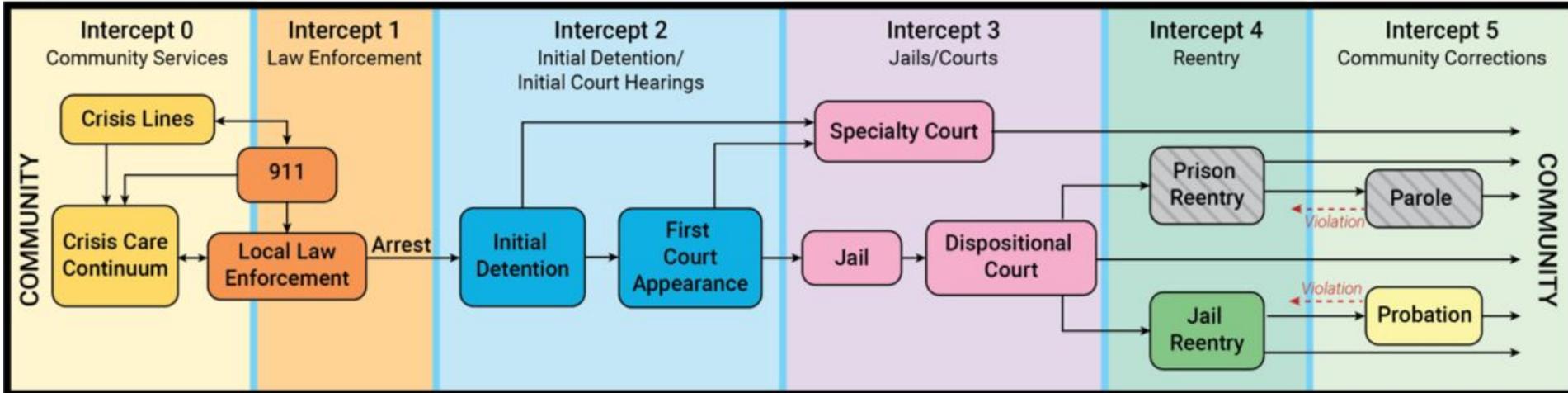
Sampling

- Convenience sample
- Responses collected between 1/13/23 - 1/31/23
- Survey link sent via low volume email (<20) and/or Sendblaster (>20)
- Google Form with permission to print and return to MCHD or call for assistance
- Email lists included participants in Community Health Improvement Plan, Community Voices for Health, colleagues in street outreach, individual colleagues from current/previous case management work, other public health partners, etc.
- Not name linked, and no questions required for submission
- Survey respondents asked to verify that they or their agency had worked with individuals who have been incarcerated in an attempt to verify the respondent as a person with relevant experience for this survey

Limitations

- Short time-frame for response
- No incentives offered/available
- Email application for emails >20 sent to some spam/junk boxes and required individual follow-up
- Limited staff time to individually reach out to follow-up with potential respondents
- Google is not an accessible format for all agency systems (IU Health for example)
 - Survey may have to be completed on personal time, or on mobile if during work hours
- MCHD staff do not have a personal or professional relationship with every person providing services to individuals who have been incarcerated or who provide community supports to reduce likelihood of incarceration or recidivism
 - Acknowledged these limitations in email ask and on survey and urged recipients to forward to appropriate colleagues in the community

Sequential Intercept Model



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*, 35(5-6), 380-395. <https://doi.org/10.1002/bsl.2300>
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Overview of Survey Topics

- Community Services
- Law Enforcement
- Services in Monroe County Jail
- Exit Planning/Re-entry Care
- Additional Comments

Key recommendations to support health and well-being and reduce recidivism in Monroe County

Incarceration disrupts and destabilizes

Use data to target appropriate interventions

- **More connection, collaboration & communication**
 - Enhance collaboration of service providers outside of the jail (Intercept 0)
 - Increase collaboration of service providers with jail staff upon entry, during stay, and as a part of exit planning (Intercept 2-4)
- **Increase/enhance diversion (Intercept 1)**
 - More awareness about 988
 - More awareness about STRIDE
- **Address policy/systems**
 - Insurance billable services in jail (Intercept 3)
 - Reduce arrests for low level/non-violent offenses(intercept 1-2)
 - Affordable/accessible housing and healthcare post-incarceration (Intercept 0/5)
- **More treatment options needed in jail (Intercept 2-3)**
 - Jail should not replace a treatment facility
 - Treatment should be non-coercive
 - Need detox and MAT options in jail

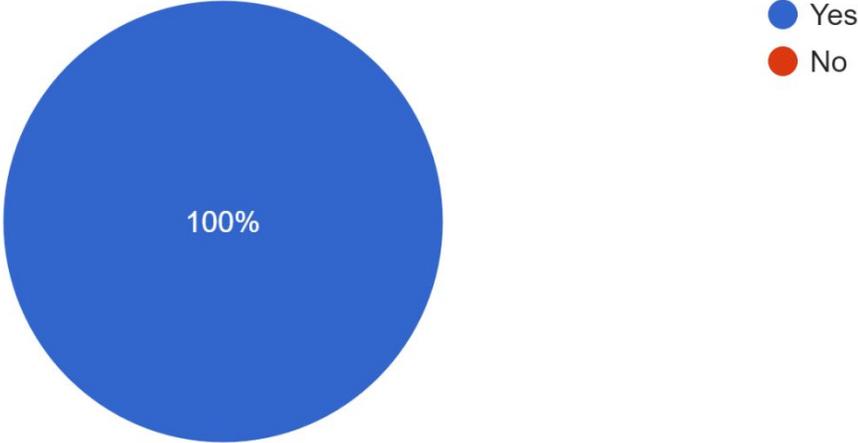
Community Partner Organizations Survey

- 35 total entries (33 responses with feedback)
- Programs:
 - Indiana Recovery Alliance (2)
 - HealthNet Bloomington Health Center (2) & Homeless Initiative Program (2)
 - City of Bloomington
 - Indiana Center for Recovery
 - New Leaf, New Life (2)
 - Beacon's Rapid Rehousing / Friend's Place Shelter / Crawford Homes Program (3)
 - MCHD - Disease Intervention
 - New Hope for Families
 - IU Health Bloomington (including Positive Link and OBGYN) (4)
 - Mother Hubbard's Cupboard
 - Women Writing For (a) Change *
 - NAACP
 - Family Solutions
 - Infinite Transitions Project
 - Centerstone (including Crisis Services and Kinser Flats) (3)
 - Youth Services Bureau
 - CleanSlate Centers
 - Therapist in private practice
 - No affiliation listed (4)

*this affiliation listed in addition to primary affiliation and is not counted as a separate response

I confirm that I/my agency has worked with at least one person who has been personally impacted by the criminal justice system in Monroe County.

33 responses

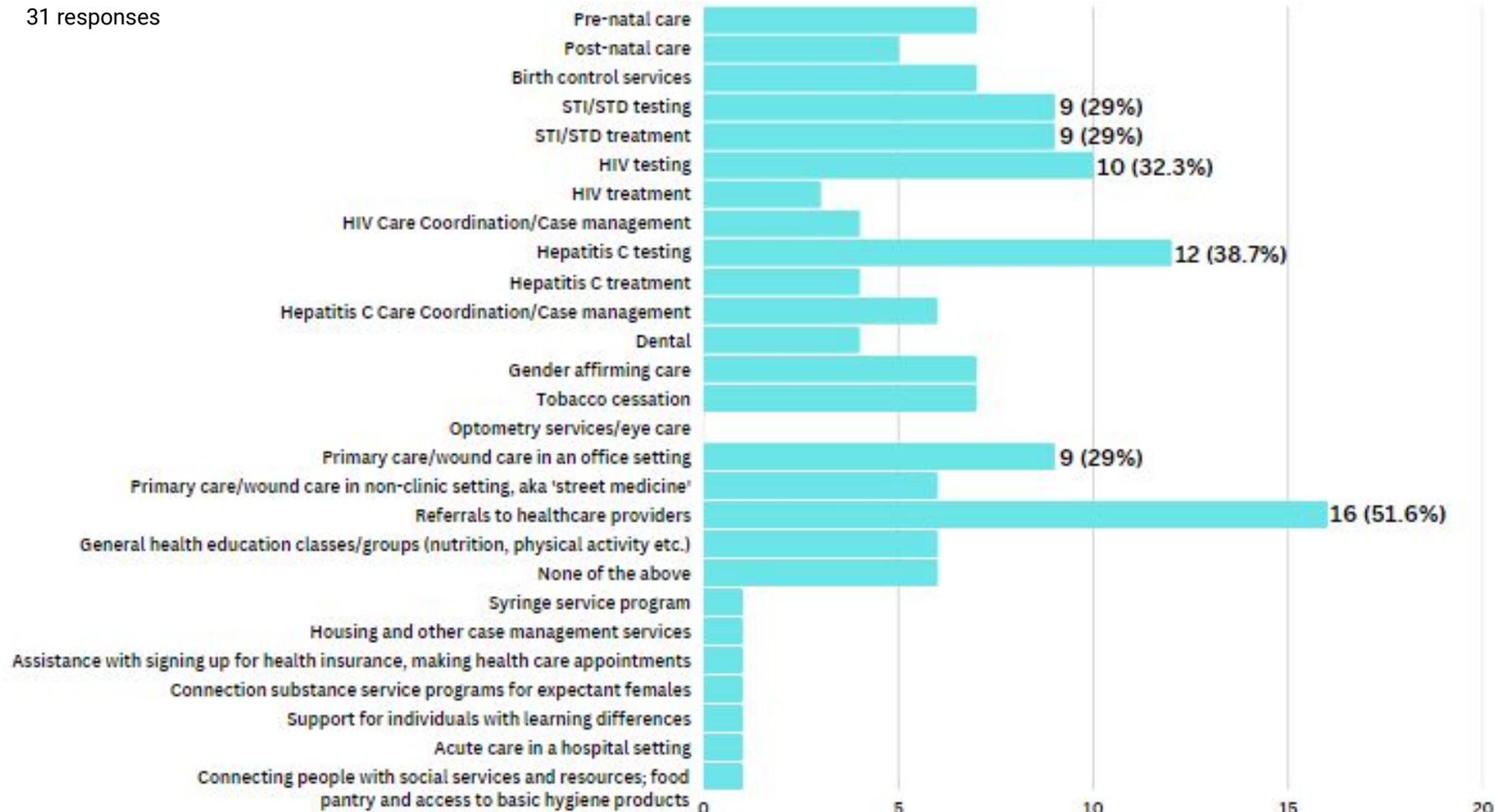


Community Services

(up to and including Intercept 0)

What services do you/your provide related to general healthcare in the community? Select all that apply:

31 responses

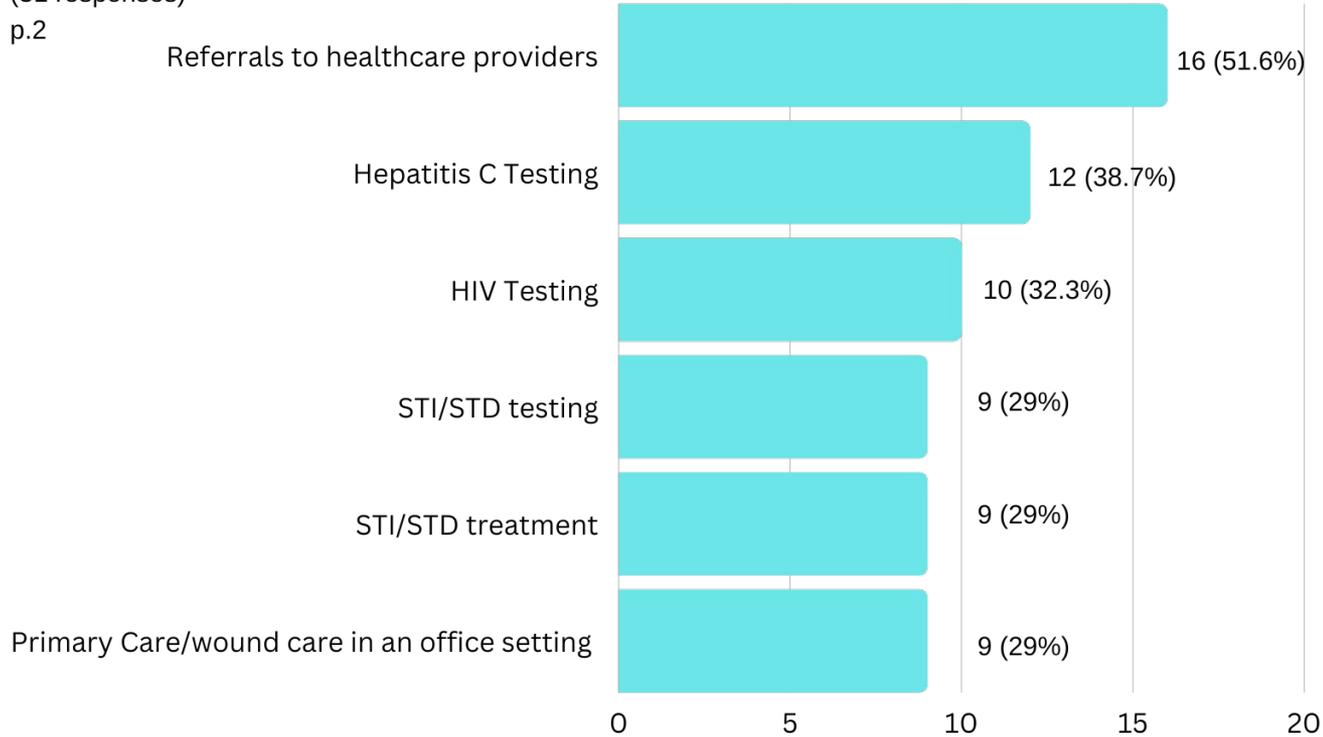


Top 6 Responses

What services do you/your agency provide related to general healthcare in the community? Select all that apply:

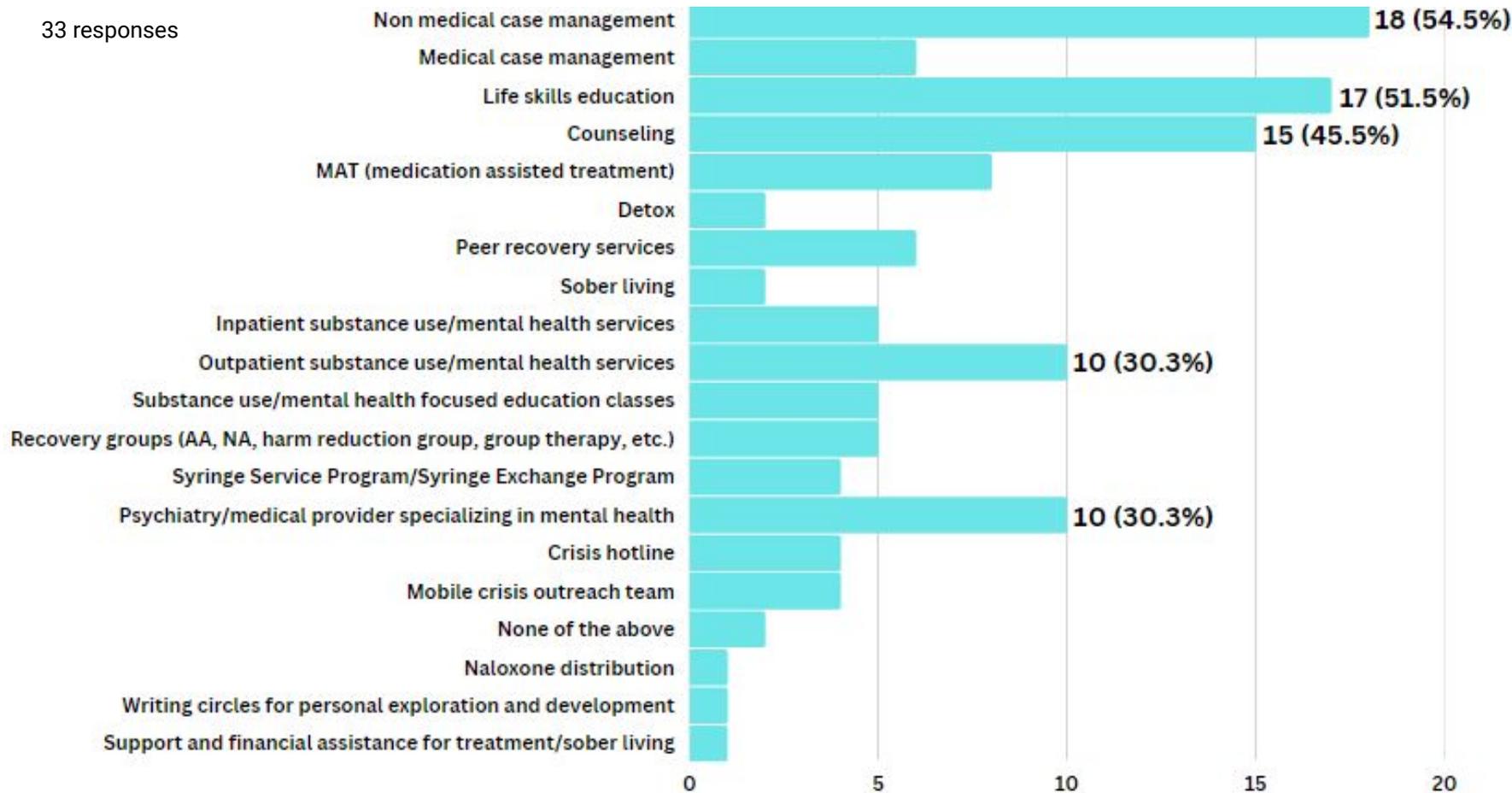
(31 responses)

p.2



What services do you/your agency provide related to substance use/mental health in the community? Please select all that apply:

33 responses

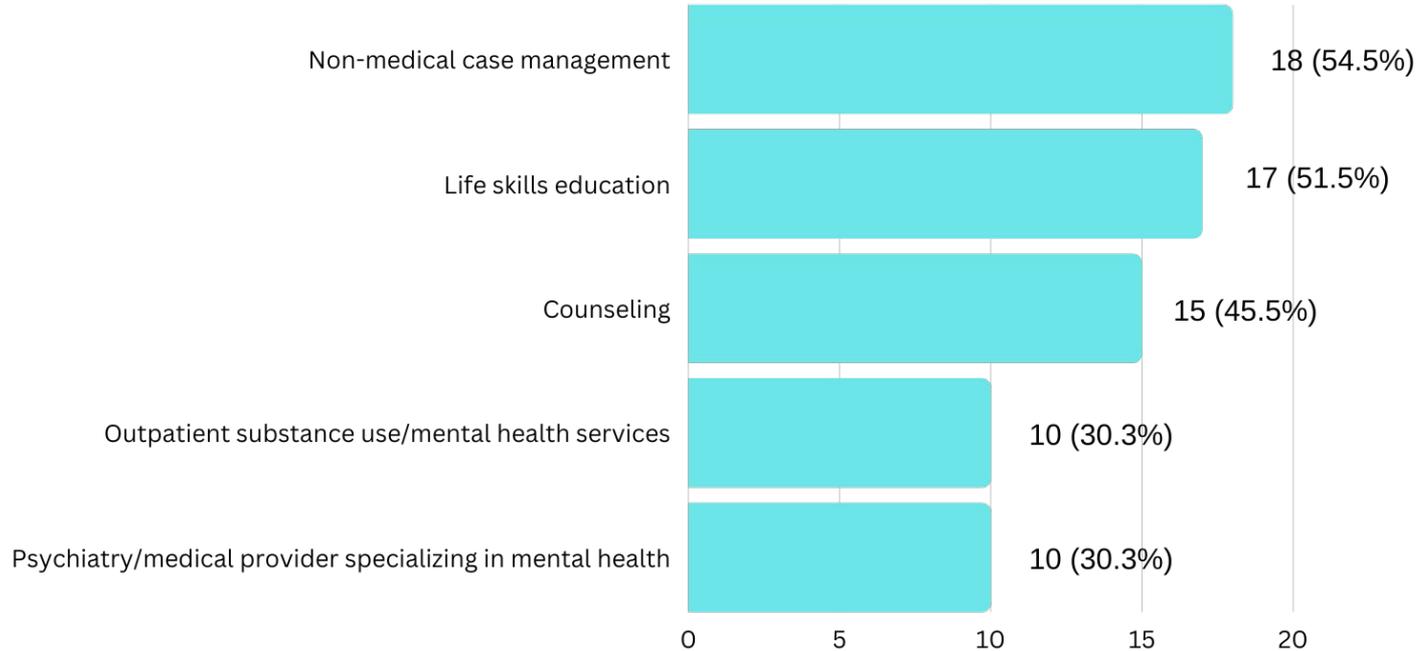


Top 5 Responses

What services do you/your agency provide related to substance use/mental healthcare in the community? Select all that apply:

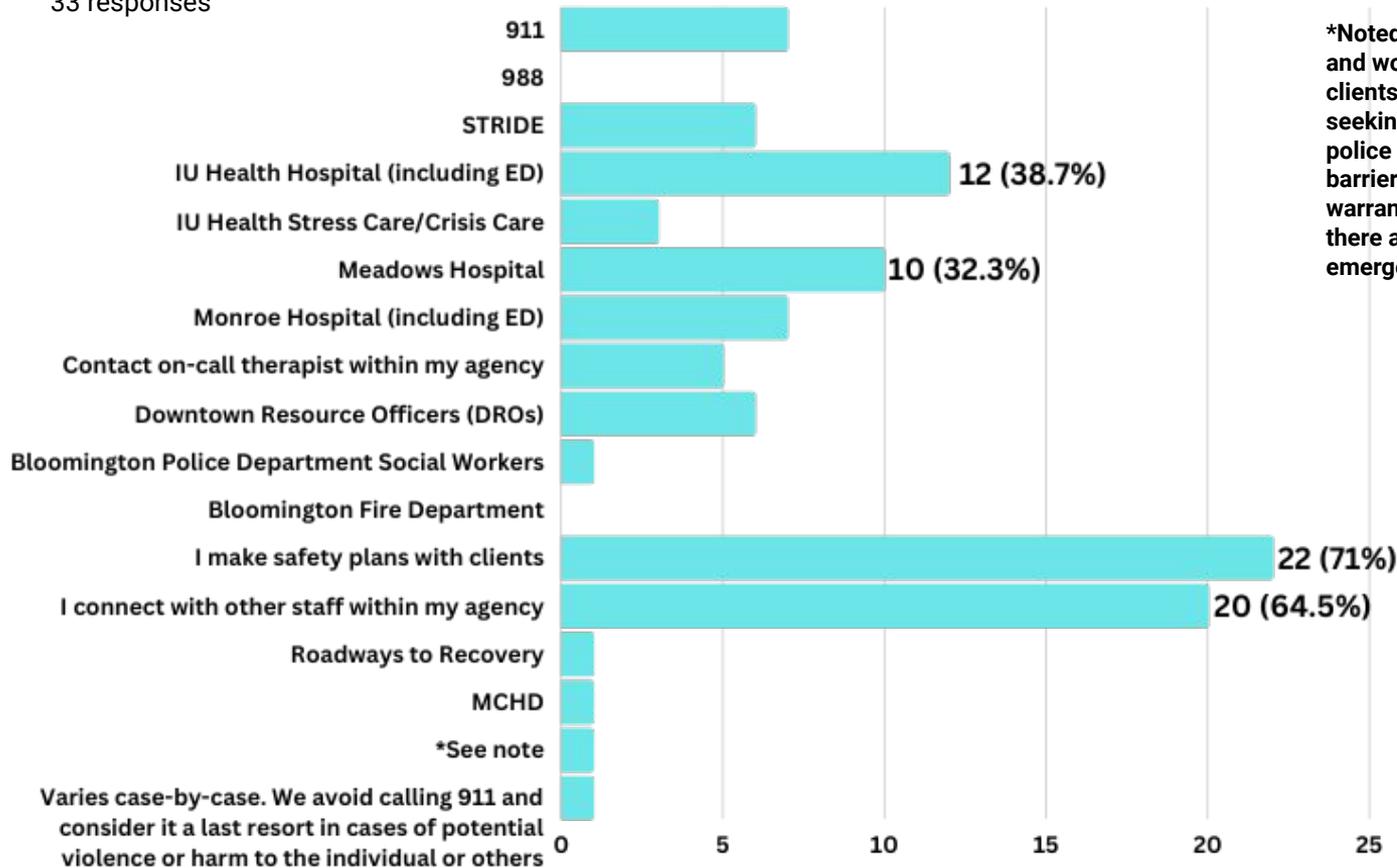
(33 responses)

p.2



When a client/patient comes to you with a mental health/substance use related crisis, who do you connect with first? Select any/all that apply:

33 responses



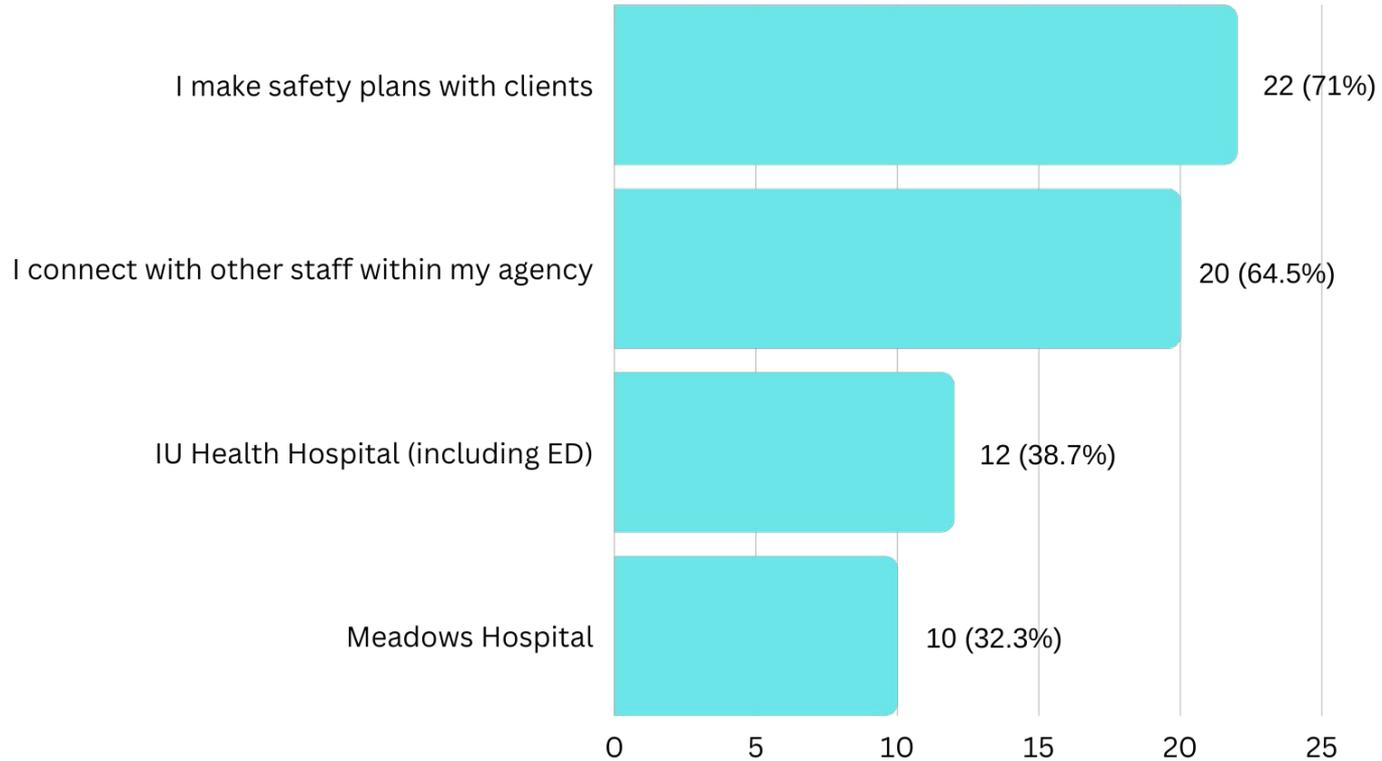
*Noted response: We try to de-escalate clients and work with treatment providers to get our clients into care ASAP (if that's what they're seeking). We try to avoid any contact with the police as much as possible. We believe it's a barrier for our clients that IU Health conducts warrant checks - many clients will avoid going there at all costs out of fear, even if it's a medical emergency.

Top 4 Responses

When a client/patient comes to you with a mental health/substance use related crisis, who do you connect with first? Select any/all that apply:

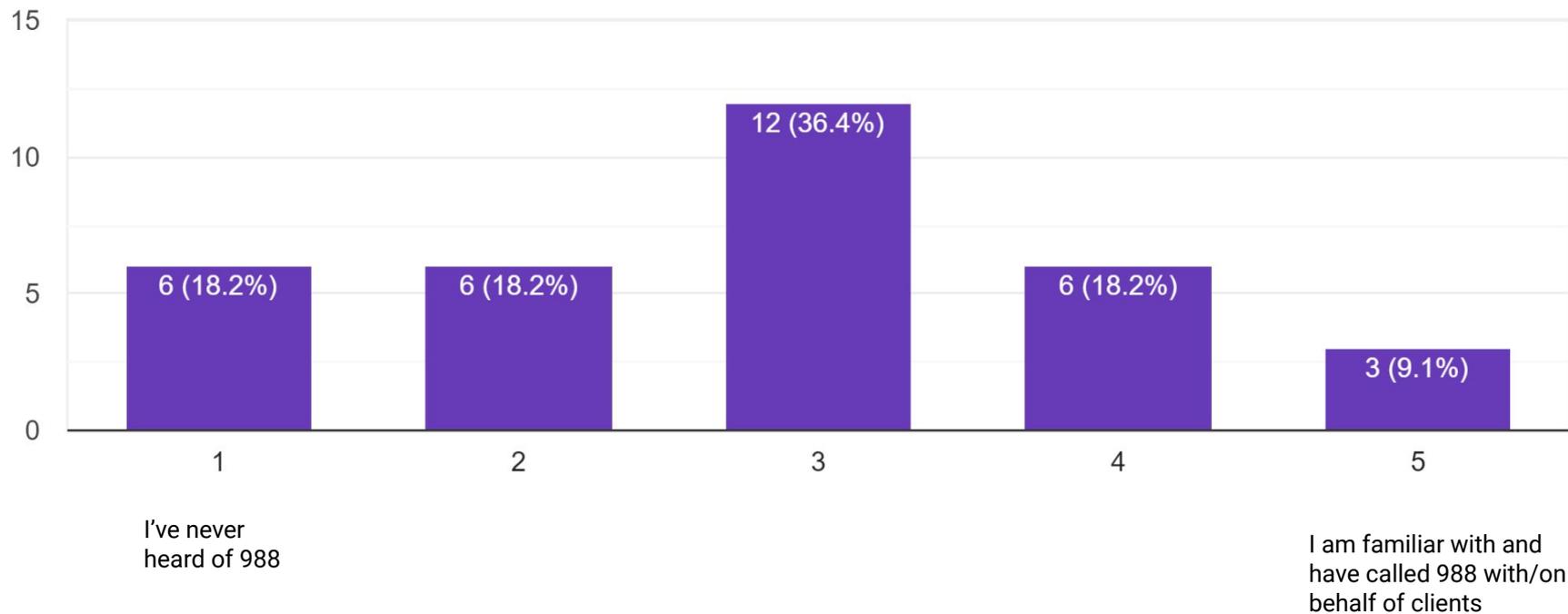
(31 responses)

p.3



Are you familiar with 988 Crisis Line?

33 responses

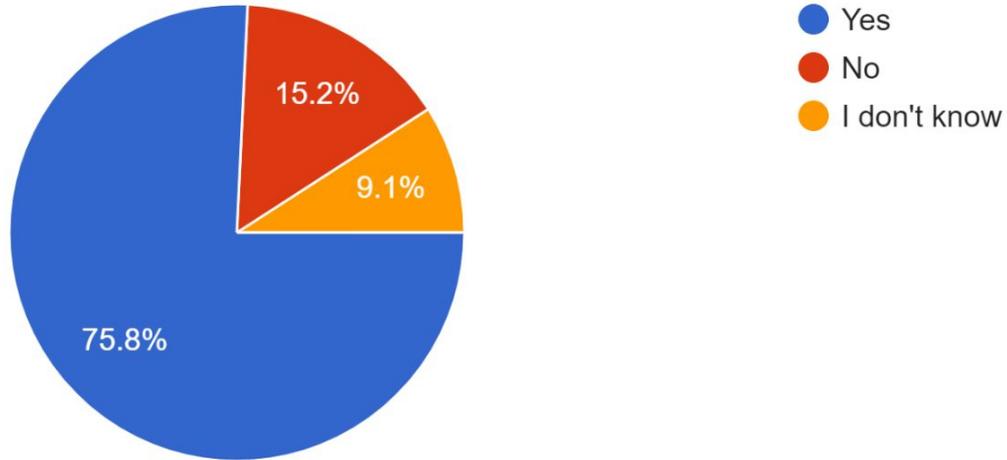


Law Enforcement

(Intercept 1)

Has there ever been a disruption in your ability to provide any health service due to your client/patient becoming incarcerated?

33 responses



If yes, please briefly describe the nature of the disruption and any health outcomes for the client/patient.

Major themes:

- **Medication for chronic conditions disrupted (general, mental health, substance use related)**
- **Case management support disrupted (including management of healthcare appointments, housing application/maintenance, life skills)**
- **Destabilization of incarcerated person across all facets of wellness**

If yes, please briefly describe the nature of the disruption and any health outcomes for the client/patient.

- Jail often does not provide HIV meds due to cost. Our staff deliver meds as able.
- Trying to house a client and they get incarcerated before they can sign their lease. Staying in jail, or on the streets, affects their health in many different ways. Disruptions in medication routines for one.
- Delayed treatment for HIV, HCV, STIs due to incarceration.
- A participant was arrested on a warrant for child support arrears, suffered injuries & unsafe alcohol detox in Monroe County jail for 6 days, in isolation. Court was delayed, little or no medical was provided & client was at risk of fatality.

If yes, please briefly describe the nature of the disruption and any health outcomes for the client/patient (continued).

- Hep C treatment; psych med disruption
- There have been numerous instances in which I am working on clients' housing, medical care, mental health care, etc and then they are incarcerated and cannot continue with their care. In some cases being incarcerated can be detrimental for housing if a person is incarcerated during the period in which they are supposed to sign a lease.
- There have been multiple times where a client is about to get housed and then gets incarcerated and it halts their progress. In addition, clients get taken off the housing list if they're incarcerated for 90 days or longer, so they lose their position for housing.

If yes, please briefly describe the nature of the disruption and any health outcomes for the client/patient (continued).

- Also- a specific example- one of my previous clients was pregnant in jail for awhile and she repeatedly asked for a doctors appointment, as she felt like something was wrong with her child/pregnancy. She never got a doctors appointment and she eventually had a miscarriage in jail. She was extremely depressed about this. Once she was released, she went back into housing and overdosed fairly soon after that. We can only assumed the overdose had a lot to do with her mental health and the loss of her child.
- Patient was in jail and missed needed medical appointments.
- There are often lapses in STD/HIV treatment when somebody becomes incarcerated. It's difficult to maintain continuity of treatment.

If yes, please briefly describe the nature of the disruption and any health outcomes for the client/patient (continued).

- When incarcerated my client was unable to participate in case management and life skills training with my agency.
- When participants are incarcerated, they cannot access safer use supplies and may turn to riskier means of substance use while incarcerated. They may not have the resources they need to prevent overdose following release, which is a very high-risk time since the person typically has a decreased tolerance for their substance of choice.
- We've worked with clients who are prescribed critical medications (SSRI's, antipsychotic meds, Suboxone, etc.) that are unable to access these stabilizing medications while incarcerated. Missing even one dose of a medication such as these is detrimental to one's health.

If yes, please briefly describe the nature of the disruption and any health outcomes for the client/patient (continued).

- Inability to attend group services; inability to have connection & supports to client.
- Missed appointments, an inability to communicate with incarcerated patients about their healthcare needs, a lack of transition services out of the jail to help patients re-establish in care.
- Client has been intercepted by police on the street for appearing "suspicious." They become hostile due to lack of trust with law enforcement and are arrested. Stride Center has never been offered. Very rarely are they brought back to our facility. We are prepared to help.
- Unable to follow through with treatment, medication, and SUD services.

If yes, please briefly describe the nature of the disruption and any health outcomes for the client/patient (continued).

- We are unable to continue with recovery coaching and therapy that are provided on site.
- A client of mine has diabetes and was placed in jail overnight due to not paying fees. She is disabled and at risk of having her feet amputated. She was released after 1 night.
- Arrest without eventual charges.
- Decrease in mental health stability.
- This has not happened to me personally, but to a staff member on my team. She was unable to continue mental health counseling due to client being incarcerated.

If yes, please briefly describe the nature of the disruption and any health outcomes for the client/patient (continued).

- Clients often return to therapy treatment re-traumatized by incarceration and unable to continue with the previous course of treatment. Treatment focus must switch to coping with the trauma of recent incarceration rather than on larger goals of therapy.
- Clients also go without antipsychotic and other psychiatric medications while briefly incarcerated which then destabilizes the client, and requires treatment focus to be restabilization. This involves focusing on helping the client cope with an increase in symptoms (hallucinations, delusions, anxiety, depression, flashbacks etc.)

If yes, please briefly describe the nature of the disruption and any health outcomes for the client/patient (continued).

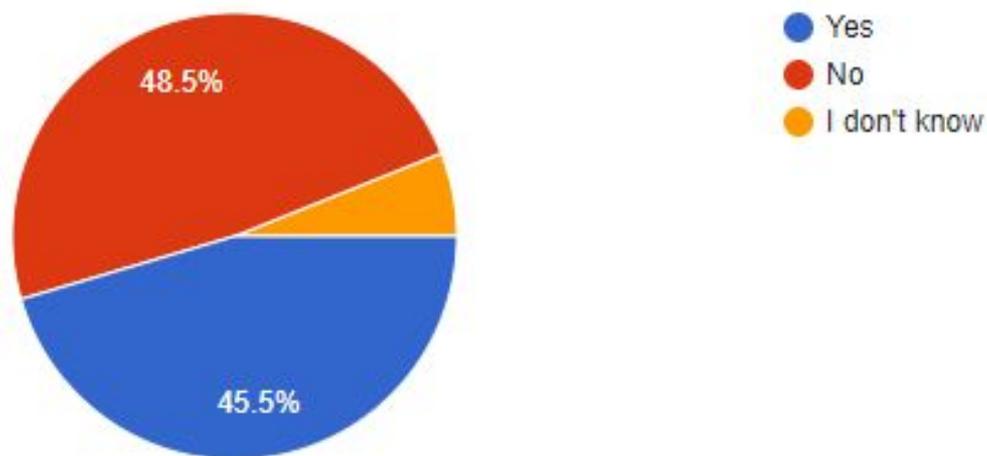
- Treatment also must refocus on any life problems for the client as a result of incarceration (job loss, housing loss, missed appointments), which are exacerbated by an increase in symptoms due to retraumatization and lack of medication.
- Incarceration, especially as a consequence for probation violations, is extremely disruptive to a client's therapeutic progress, and in many cases has lead to failure of treatment, as clients are unable to regain stability after repeated periods of incarceration.

If yes, please briefly describe the nature of the disruption and any health outcomes for the client/patient (continued).

- She (40F) was tackled in front of her teenage daughter and taken to the jail where she spent the weekend. It set us back in her mental health management and recovery, as well as created new trauma for her and her daughter to work through.
- Systemic racism caused incarceration, lost jobs, emotional stress and community stress.

Has there ever been a time when a client/patient was incarcerated and you/your agency WAS ABLE to continue services (either by your agency providing, or by staff in the jail providing, comparable services)?

33 responses



If yes, please briefly describe how you were able to maintain those services and how the continuity of care contributed to the well-being of your client/patient.

Major themes

- **Allowing community providers into the jail for paperwork and case management**
- **Ability to provide testing + medications in jail**

If yes, please briefly describe how you were able to maintain those services and how the continuity of care contributed to the well-being of your client/patient.

- Jail allows our medical case managers to visit incarcerated clients.
- The jail has allowed us to visit to get paperwork signed for the housing process.
- For case management services we have have had relatively good luck getting in to see clients. For testing and treatment, not as much. Lack of HIV/HCV testing and treatment while incarcerated leads to delayed diagnosis and treatment which greatly impacts public health.
- Patient released without support to get medications; Come to the clinic months later needing to be hospitalized or begin psych meds again.
- This has happened one time in which I coordinated with jail staff to go visit a client to complete paperwork for housing.

If yes, please briefly describe how you were able to maintain those services and how the continuity of care contributed to the well-being of your client/patient (continued).

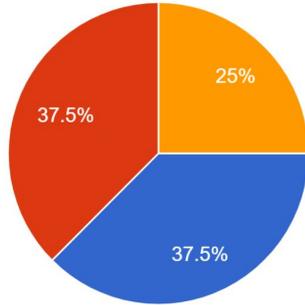
- There have been multiple instances where case managers can get housing steps done (signing paperwork), while the client is in jail but it's definitely hard.
- It depends on how long a client is incarcerated if we are able to continue providing them services and casework. For example, for the Coordinated entry list (housing programs waitlist) if a client is inactive for 90 days they are supposed to be exited.
- Before the pandemic started, we were able to do weekly testing for STD/HIV/HCV in the jails. This allowed us to get people tested and treated in a timely manner.
- We provide our services WITHIN the jail, to women already incarcerated.
- The jail allows us to provide individuals with reading glasses and prescription glasses.

If yes, please briefly describe how you were able to maintain those services and how the continuity of care contributed to the well-being of your client/patient (continued).

- Prior to COVID could schedule time to visit in jail to see client.
- When pregnant people are incarcerated the jail can make OB appointments for them and transport them for these appointments.
- We have worked with nursing staff to continue medication.
- I don't know specifics, but I have heard of a program in Centerstone where services can occur in the jail.
- Brief incarceration caused short term disruption.

Has a client/patient ever missed an appointment with you/your agency that was required by probation/terms of release for that client?

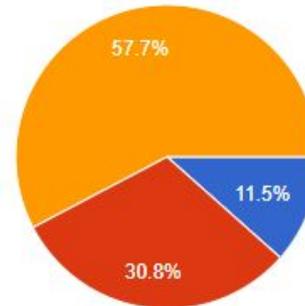
32 responses



- Yes
- No
- I don't know

If a client/patient has ever missed an appointment with you/your agency that was required by probation/terms of release for that client, did that violation result in incarceration for the client/patient?

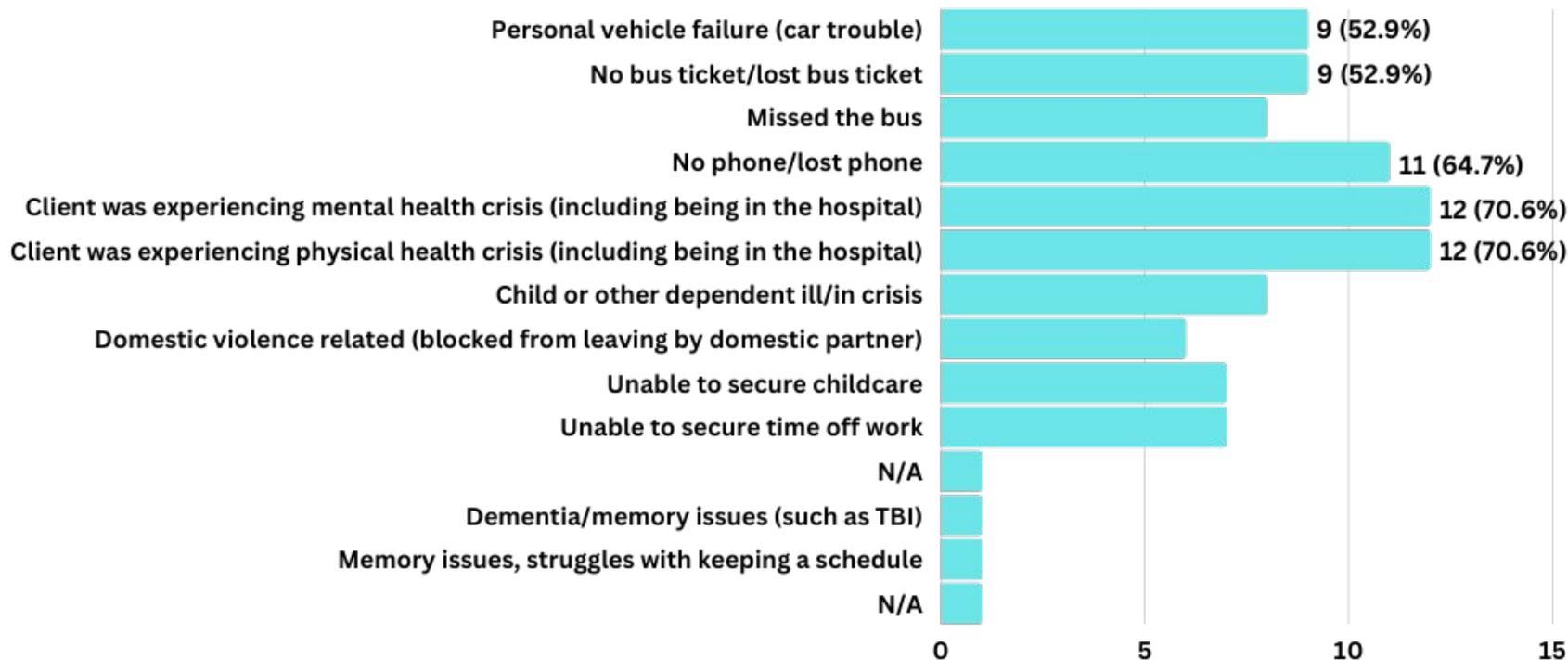
26 responses



- Yes
- No
- I don't know

If the client/patient was ever incarcerated following missing an appointment with you/your agency, what challenges did the client/patient report that contributed to their missed appointment?

17 responses

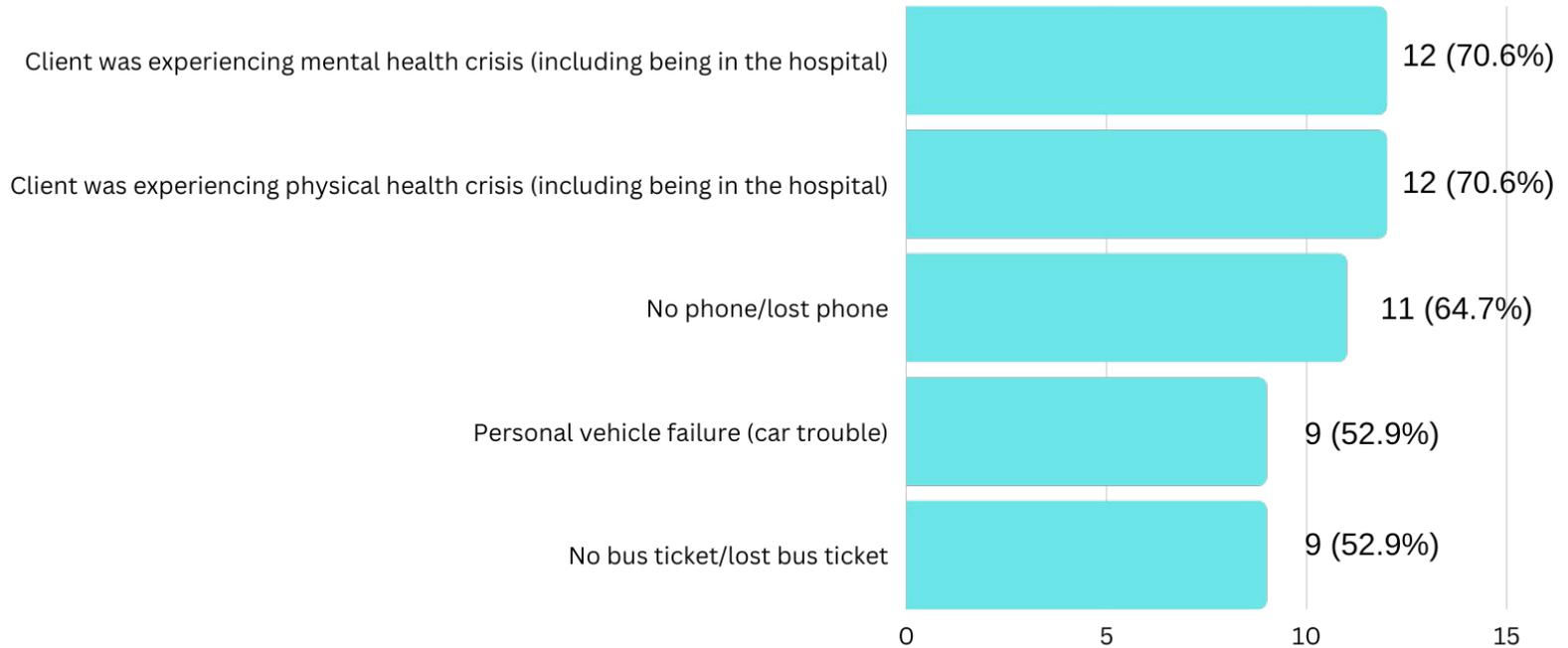


Top 5 Responses

If the client/patient was ever incarcerated following missing an appointment with you/your agency, what challenges did the client/patient report that contributed to their missed appointment?

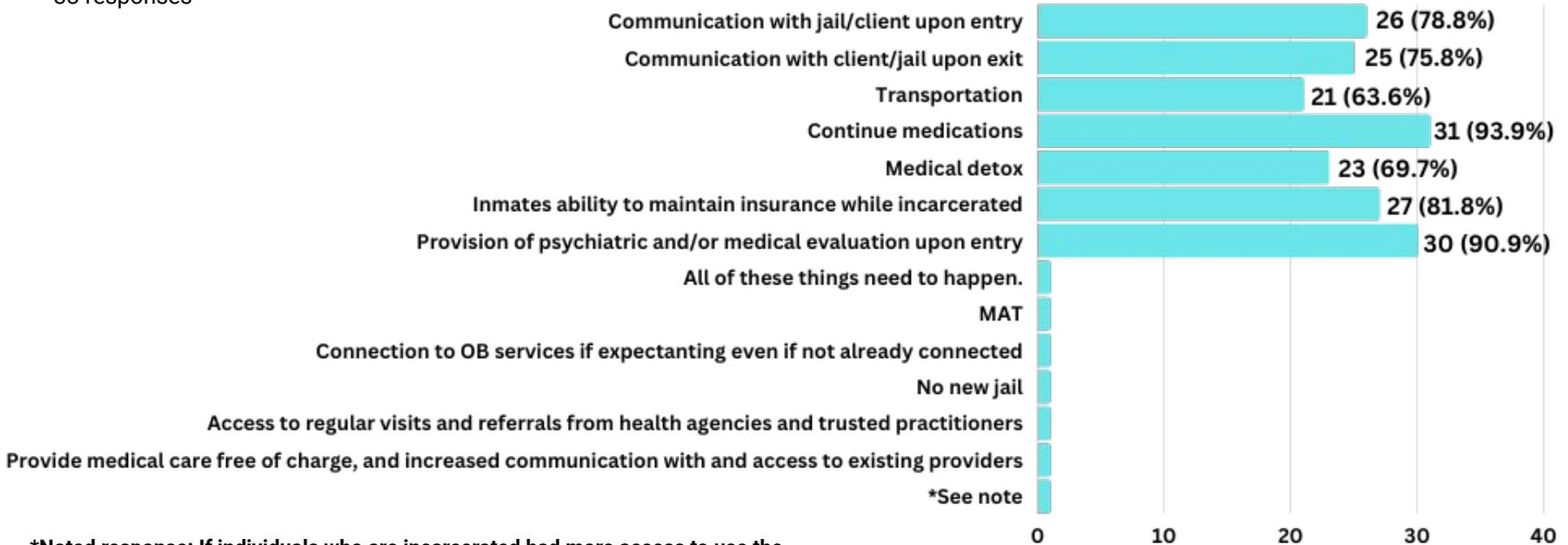
(17 responses)

p.7



What (if anything) could be done to improve continuity of healthcare for persons who become incarcerated in Monroe County Jail?

33 responses



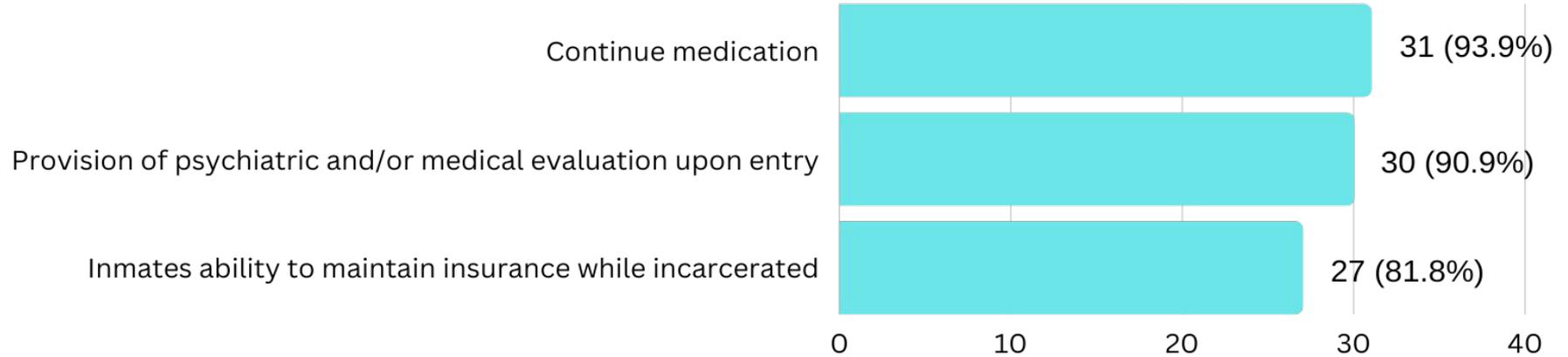
***Noted response:** If individuals who are incarcerated had more access to use the telephone (for free) to call treatment centers for interviews (during regular business hours), that would be incredibly helpful in their pursuit of treatment. Currently, individuals who do not have money on their books have to contact the Major to try and set up phone time. This is often a lengthy process. Additionally, I've heard from a lot of clients that they're frequently only able to use the phones at inconvenient times (e.g., 3-5am).

Top 3 Responses

What (if anything) could be done to improve continuity of healthcare for persons who become incarcerated in Monroe County Jail?

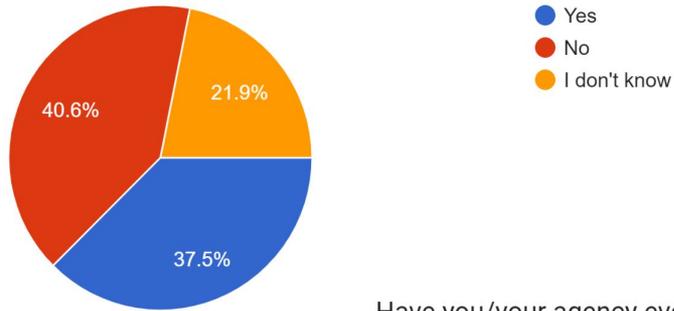
(33 responses)

p.7



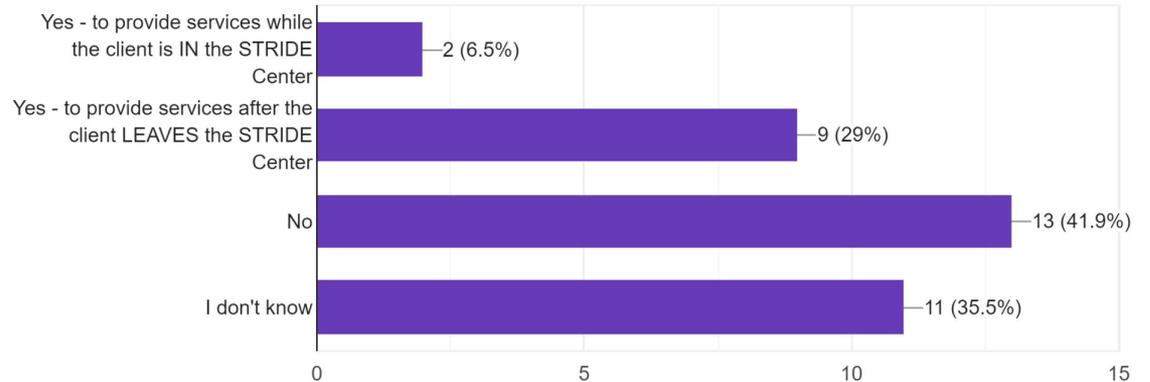
Do you/your agency make referrals for individuals to the STRIDE Center?

32 responses



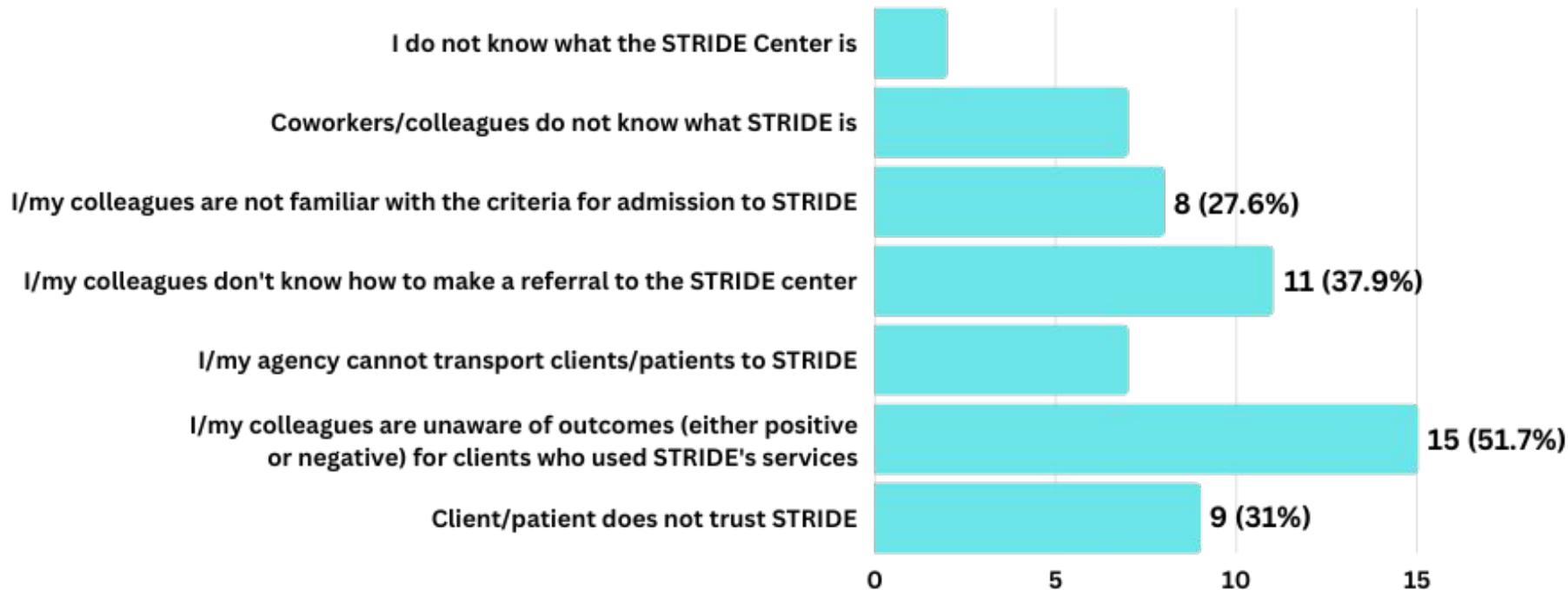
Have you/your agency ever received referrals to provide health services from an individual diverted at the STRIDE Center?

31 responses



What (if any) barriers exist regarding referrals from your agency to the STRIDE center?

29 responses



What (if any) barriers exist regarding referrals from your agency to the STRIDE center? (continued)

Other comments:

- **The communication re: what Stride can and cannot offer (which has changed since they opened) has not been great. I think the fact that only BPD and IUH ED could refer to them when they first opened really did a disservice. There was a lot of talk about it being such a great resource and then hardly anyone could refer to them.**
- **Client has been to STRIDE before and felt they didn't address their needed**
- **STRIDE consistently denies services to our clients in crisis for seemingly no reason**
- **This would be a duplication of services for my agency.**
- **I'm not sure if this has changed, but I know that individuals initially had to be transported to the STRIDE center via law enforcement. This was an immediate barrier to our organization referring our clients to this resource. Additionally, the STRIDE center is too close to the jail. Folks with a history of incarceration do not want to be near the jail, interact with law enforcement, etc. at all - even if they're off papers and have been for a prolonged period of time. The STRIDE center has incredible potential that I fear it will never reach if it continues to be (or appears to be) so closely aligned with law enforcement entities.**
- **My understanding was first contact had to come thru police/ER referral**
- **We do not engage with case workers services in a formal way and do not have the ability to refer individuals to STRIDE**

Please share any additional recommendations regarding ways to support diversion programming, particularly if the new jail location is outside of downtown. This may include ways that the new location might affect your services, what programming would need to be in close proximity to the new jail site, etc.:

Major themes:

- **Jail should remain in town; transportation is a major barrier**
- **Enhance utilization of existing diversion (STRIDE) or other diversion models (LEAD [Law Enforcement Assisted Diversion], CRCs [Community Based Resource Centers])**
- **Structural barriers**
 - **Inability for providers to bill insurance while in jail**
 - **Limit/eliminate arrests for non-violent offenses and/or nonpayment of punitive fees**

Please share any additional recommendations regarding ways to support diversion programming, ... new jail site, etc.:

- Building a new jail outside of town is insane.
- It is imperative that inmates be formally connected to services before they are released. While i understand the rationale for outsourcing the medical care to private companies, there needs to be requirements for preventative care and testing in addition to care for existing medical conditions. If the answer to the question is "our medical team can't do that" there needs to be a process for figuring out who can do it. I do appreciate the option in the survey to select that "people should be able to keep their insurance while incarcerated". There needs to be a great deal of lobbying around this subject. I feel relatively certain that keeping people insured and in medical care while incarcerated is far cheaper in the long run than letting them go months being untreated and then released with a number of barriers to their insurance being reinstated quickly.

Please share any additional recommendations regarding ways to support diversion programming, ... new jail site, etc.: (continued):

- Video calling with clients would be helpful
- Employ people with lived experience with drug use and incarceration as support persons for clients. Trust between client and staff is critical for ensuring the client feels safe to disclose their concerns and needs. If a client does not trust or feel comfortable with the staff person, it's unlikely they will return to that person or organization for ongoing services.
- Locating the jail outside of downtown proper will be a disaster for individuals impacted by the criminal legal system, those that work within the criminal legal system (attorneys, judges, etc.), and service providers working with these individuals. When choosing a location where individuals from our community will be incarcerated for the next 50+ years, I plead that the Commissioners consider the realities of our clients - a majority lack any transportation, familial support, cell phones or means of communication, money, etc. Our clients are dependent on walking to/from the court house, probation, and other social service agencies. Moving the jail (& eventually courts) outside of walkable parameters to/from downtown is insensitive, uncaring, and will increase recidivism rates due to a lack of transportation.

Please share any additional recommendations regarding ways to support diversion programming, ... new jail site, etc.: (continued):

- Recommendations:

- 3 of the top 7 reasons why the jail is overcrowded (which increases wear and tear on a building) can be attributed to "violation of terms of placement (2nd largest reason)," "failure to appear (3rd largest)," and "probation violation (4th largest)." It seems our local government should be focusing on reducing revocations & recidivism and decreasing the amount of people incarcerated for nonviolent offenses.
- Our community needs support with assisting individuals with signing up for (& obtaining) Social Security Disability Insurance (SSDI) & securing payees.
- We need Community-Based Crisis Resource Centers (CRC's) that are not affiliated with or near the jail. CRC's are psychiatric crisis-intervention programs that provide recovery-focused assessment, stabilization, psychosocial groups and peer support. These should be 24/7 community-based alternatives to an emergency room or incarceration that's openly accessible to the community and doesn't require police escort for admission.
- More access to affordable community-based transitional/sober living. Services such as these that are associated with the criminal legal system will not be successful.

Please share any additional recommendations regarding ways to support diversion programming, ... new jail site, etc.: (continued):

- Be consistent with policy enforcement and screenings. Make efforts to retain staff who manage these external provider relationships. Be more receptive to working with community based prevention programming.
- We are a collaborative partner with the Stride Center. We were initially supposed to be a partner to provide detox services to folks referred from Stride. We have never been contacted by Stride Center to assist. We have scholarships set aside for this purpose. We are very opposed to a new jail complex given it's stigmatizing and punitive view of those with substance use and mental health disorders. Jail is not treatment.

Please share any additional recommendations regarding ways to support diversion programming, ... new jail site, etc.: (continued):

- Transportation is vital
- The new location should not be outside of downtown, period.
- We could continue providing services while clients are in jail, as long as there is funding to cover it. It doesn't have to be insurance.
- We strongly recommend that the jail remains in town, and ideally that we prioritize fixing the current jail which is already in a logistically sound location for many community-based programs. If the jail was moved outside of downtown, there needs to be access to consistent public transport as well as close-by health clinics and emergency health services. However, the movement of established, trusted, knowledgeable health programming would likely not be logistically feasible.

Please share any additional recommendations regarding ways to support diversion programming, ... new jail site, etc.: (continued):

- My general recommendations are the following:
 - Re-evaluating current policies that allow probation officers to use re-incarceration as a consequence for minor probation violations such as missed meetings. Limiting the circumstances in which this consequence can be employed.
 - Centerstone upper management acknowledging publicly that they are over-burdened and not able to provide adequate individualized mental health care and are relying on treatment groups to serve those that require individualized treatment.
 - Centerstone upper management acknowledging their relationship with the criminal justice system, and the pressure put on clinicians to facilitate probation's goals for clients, especially those goals that contradict recommended evidence-based treatment.
 - The CJRC recognizing that there is a shortage of mental health treatment in our community and that building a new jail will not address this issue.
 - Local government financially investing in models of community mental health treatment where provider employment is not tied to productivity, which would reduce worker burnout, increase employee retention, and allow for the delivery of consistent, comprehensive, and ethical care.

Please share any additional recommendations regarding ways to support diversion programming, ... new jail site, etc.: (continued):

- My general recommendations are the following (cont'd):
 - Local government and the CJRC recognizing that there are other systemic issues that need addressed in our community that are not solved by building a new jail, including lack of affordable housing, need for increased sober living programs, lack of transportation, and increased cost of living.
 - Providing free transportation for all routine court appointments including daily reporting. Lack of transportation results in missed meetings which contributes to recidivism.
 - Abolishing drug screen fees which contribute to debt, distress, and the extension of probation length. Recognizing that some people have to choose between paying these fees and eating or paying rent.
 - The CJRC recognizing that policy and procedure changes can be made in the current jail that would improve conditions. And that building a new jail without first addressing these issues does nothing to prevent the same environment from being reproduced in the new jail.
 - Allocating funding to improve conditions in the current jail immediately, rather than dismissing wholesale the idea that any improvement is possible and using this as a justification for building a new jail.

Please share any additional recommendations regarding ways to support diversion programming, ... new jail site, etc.: (continued):

- My general recommendations are the following (cont'd):
 - Commissioning the recommended study of cost to repair the existing jail so that an accurate cost-comparison can be made to assess for the feasibility of extensive physical repairs.
 - Reinstating the health department and judges to the CJRC.
- I'm not able to see how a site outside of the city would have the social, medical, and legal infrastructure that is needed. Transportation would be a necessary component, and because people are on schedules and the weather is always a factor, a free personal shuttle/taxi between service locations would be needed. In my opinion, any site should be assessed for accessibility as a bare minimum. If we have to move the jail, I think it should follow the IU Health Hospital and move to the east side.

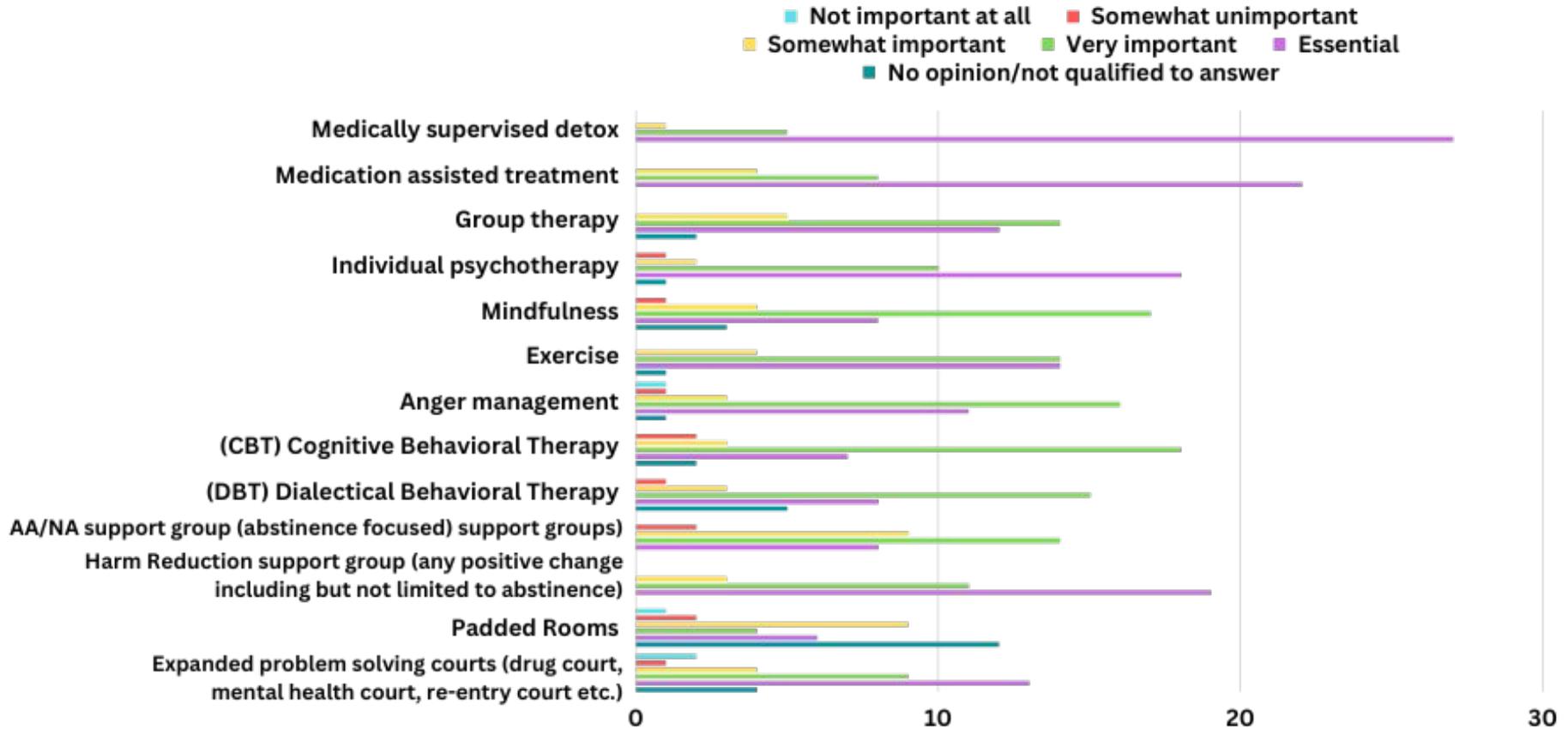
Please share any additional recommendations regarding ways to support diversion programming, ... new jail site, etc.:(continued):

- L.E.A.D programming; more transparency and outreach about how STRIDE works and who can refer; finding ways to ensure that the people providing supportive services in the community can connect with their clients on the way in to jail to maintain meds/therapeutic services as well as on the way out; more transparency in data on length of stay for different charges for focused diversion efforts; talk to people who are currently or recently incarcerated utilizing community gatekeepers

Services in Monroe County Jail

(Intercept 3)

Please rate how necessary any of the following accommodations/supports are to support those with substance use disorder/mental health diagnosis/mental health crisis while in jail:

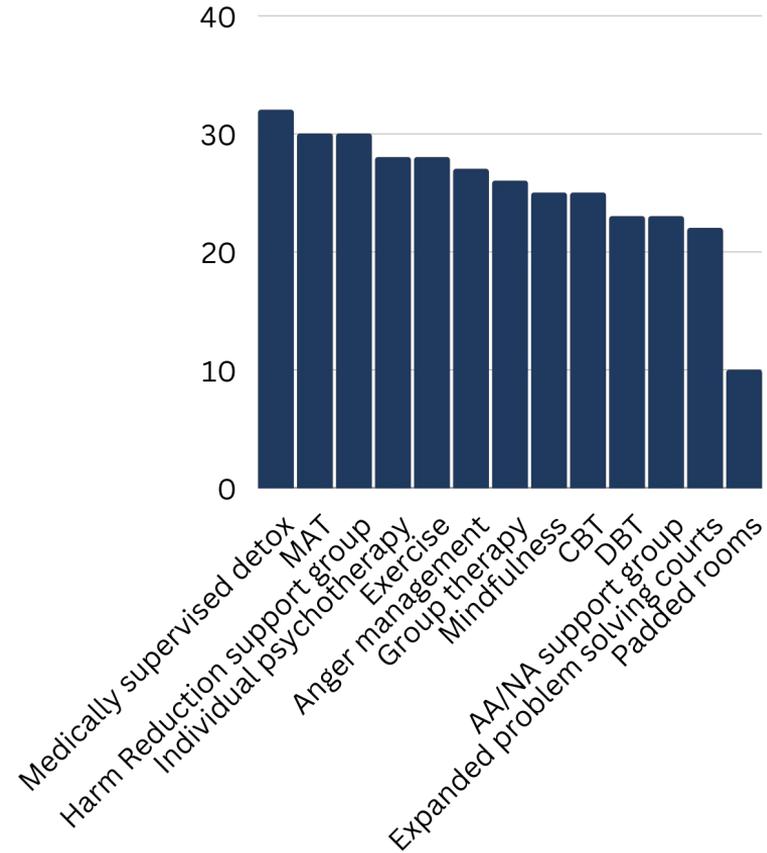


Responses (combined Essential + Very Important ONLY)

Please rate how necessary any of the following accommodations/supports are to support those with substance use disorder/mental health diagnosis/mental health crisis while in jail

(number of total respondents not indicated on google report)

p.11



Are there any additional supportive services that were not listed above that are important for inmate mental health/well being? Please describe the support and indicate if they are somewhat important, very important or essential.

Major Themes

- **Consistent access to medications/appointments/service providers**
- **Prenatal care**
- **Life skills programming**
 - **Insurance navigation**
 - **Housing**
 - **Benefits**
 - **Nutrition**
 - **Physical health activities**
 - **Creative/educational activities**

Are there any additional supportive services that were not listed above ... Please describe the support and indicate if they are somewhat important, very important or essential.

- Better access to psych meds and a prescription upon leaving.
- MAT - methadone or suboxone is ESSENTIAL CARE FOR THOSE IN CUSTODY AT ALL LEVELS OF THE PENAL SYSTEM
- Good nutrition, high-quality physical health care, specialized care for pregnant people and new parents are all essential
- It's important for the individual that is in jail to be released from jail as soon as possible to re-stabilize their life. Supportive/critical services such as treatment, physical/mental health care, etc. should be obtained by individuals in their communities - not inside incarceration.

Are there any additional supportive services that were not listed above ... Please describe the support and indicate if they are somewhat important, very important or essential. (continued).

- I fear that our local government is beginning to combine the criminal legal system with the health care system and the recovery system, etc. There are many local organizations that have found GREAT success in supporting individuals in their recovery, with finding stable housing, etc. - these tasks shouldn't become the responsibility of the criminal legal system. Additionally, individuals shouldn't be incarcerated (away from their families, employment, etc.) for a longer period of time because of an in-jail substance abuse program. Recovery and treatment programs should be kept separate from the criminal legal system.
- Connection to programs that assist with transitions post release; insurance navigator to help reconnect to benefits etc; housing programs for transitions

Are there any additional supportive services that were not listed above ... Please describe the support and indicate if they are somewhat important, very important or essential. (continued).

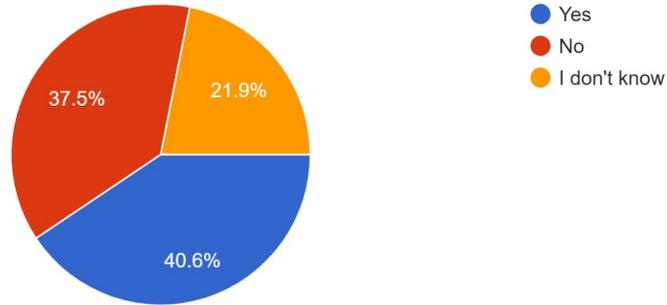
- Prioritize quality prenatal care and early identification of pregnant people
- MAT upon release from jail. Not using jail as punishment for minor offenses in problem solving courts.
- Continued therapy with their prior therapists while in jail, so they don't lose progress and rapport
- Behavioral support (applied behavior analysis) particularly for persons with learning differences, cognitive differences, or comorbid diagnoses including ADHD, Autism, PDD-NOS, verbal communication deficits, etc.
- Consistent access to medical appointments

Are there any additional supportive services that were not listed above ... Please describe the support and indicate if they are somewhat important, very important or essential.(continued).

- Steady access to in-person visits from relatives, friends, and mentors (Essential)
Access to educational materials, creative activities, and opportunities for self-guided growth (Very important)
Consistent access to healthy, culturally appropriate food (Essential)
Life-skills trainings to prepare inmates post-release (Very Important)
Opportunities and support for inmate-led workshops and programming (Very Important)
- Access to prescribed medications/essential Re-entry support services/essential

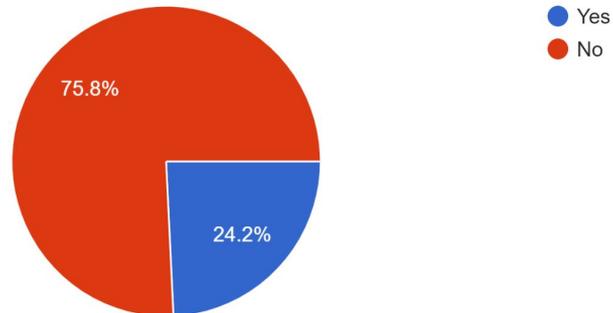
Have you/your agency ever been connected to a client as a part of a problem solving court (mental health court, drug court, re-entry court etc.)?

32 responses

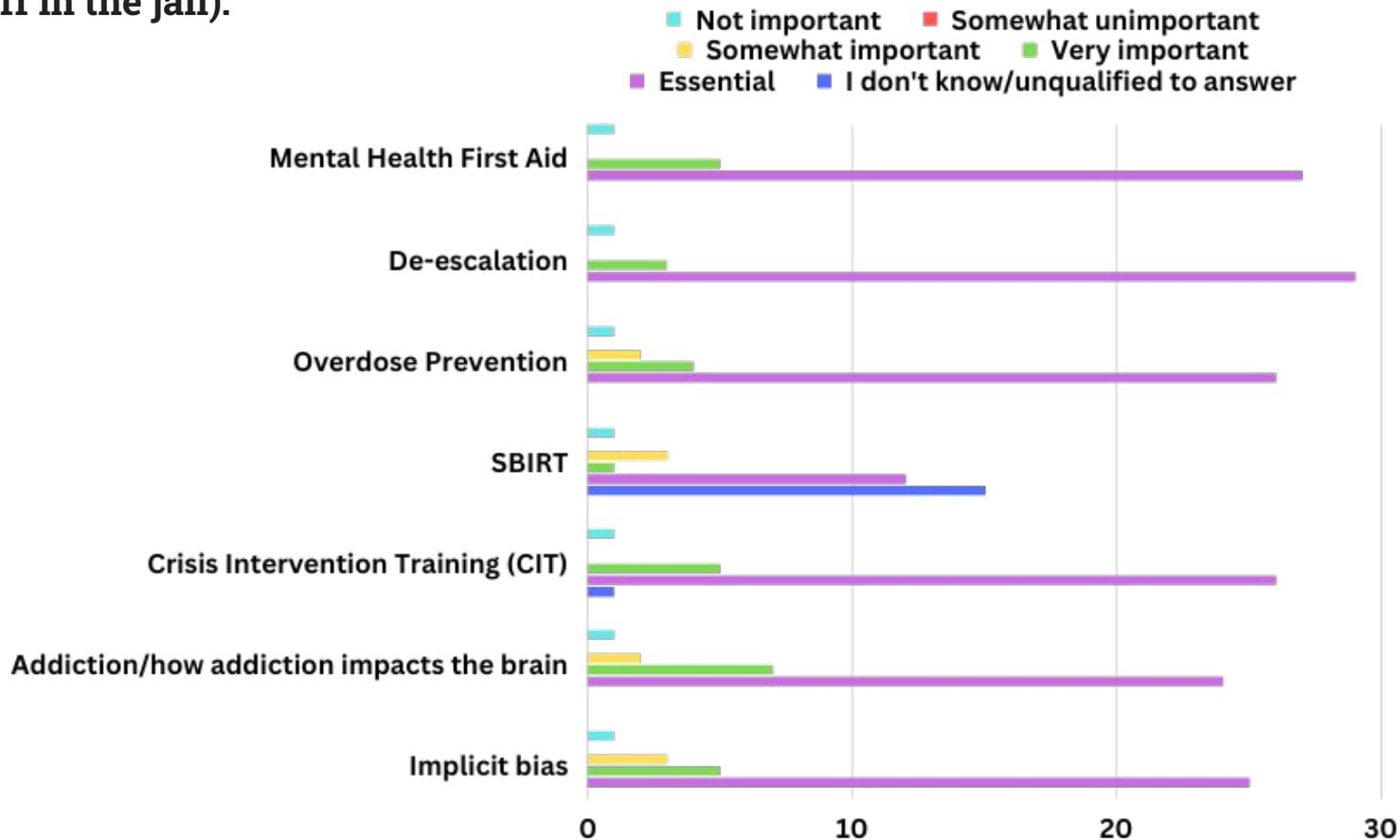


Have you ever provided any health services/education to inmates physically within the jail itself?

33 responses



Please rank the importance of the following trainings for Jail staff (including healthcare staff in the jail):

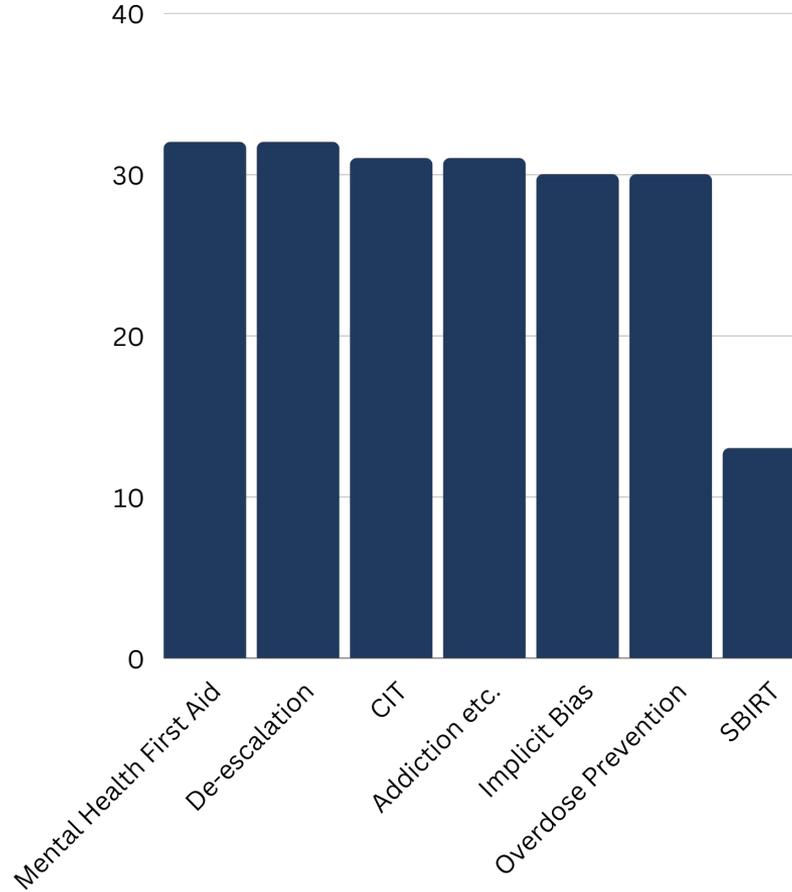


Responses (combined Essential + Very Important ONLY)

Please rank the importance of the following trainings for Jail staff (including healthcare staff in the jail).

(number of total respondents not indicated on google report)

p.13



In your opinion, are there any other trainings (not listed above) that would be important for jail staff (including healthcare staff)? Please list and indicate whether the training is somewhat important, very important, or essential.

Major Themes

- **Trauma Informed Care**
- **Cultural awareness/DEI**
- **Drugs**
 - **Overdose Prevention**
 - **Drug myths**
 - **Harm reduction**
- **Motivational Interviewing**
- **Suicide Prevention**
- **Traumatic brain injury**

***note to not expect jail staff to take the place of mental health providers**

In your opinion, are there any other trainings (not listed above) ... Please list and indicate whether the training is somewhat important, very important, or essential.

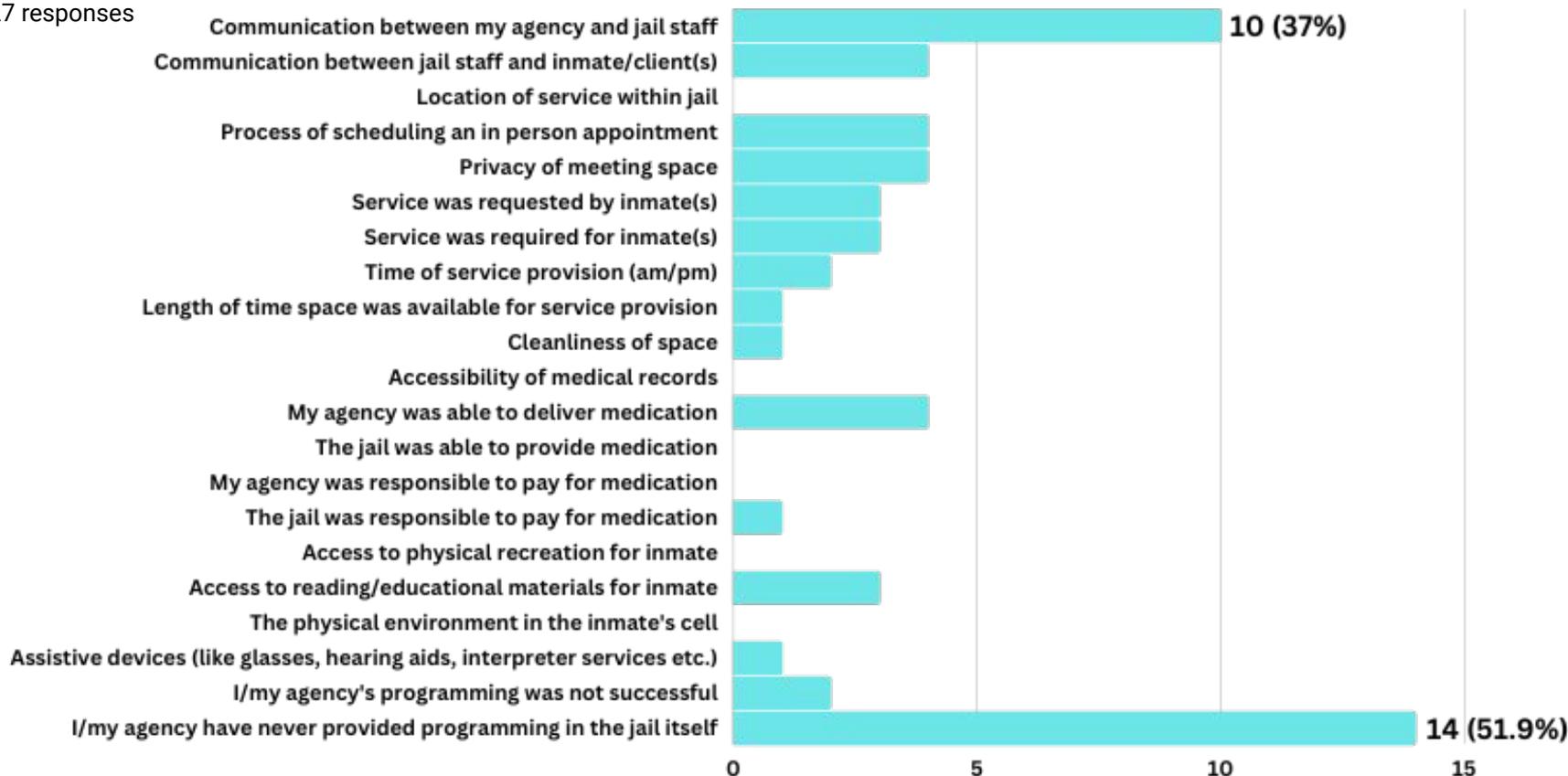
- DEI
- The effects of traumatic brain injuries.
- Naloxone/ risk of OD after release
- Cultural awareness of immigrants--more understanding of the cultures--beyond the biases they have.
- Understanding that jail is a traumatic space in general and short term programs might not necessarily fix anything
- OD/naloxone training (if not included in prevention training)- essential, available programming and where/how to access it within and upon exit- essential
- Motivational Interviewing: Essential
- Harm reduction education

In your opinion, are there any other trainings (not listed above) ... Please list and indicate whether the training is somewhat important, very important, or essential.

- Jail staff are not mental health providers. This question does not solve the problem of putting community corrections in the position to "treat" inmates. There are many resources and persons that are already trained to provide this care in the community.
- ASIST
- Trauma informed care (x4)
- TBRI (more for youth, but also very helpful for adults with trauma)
- Drug education (if I touch fentanyl will I explode, etc.)

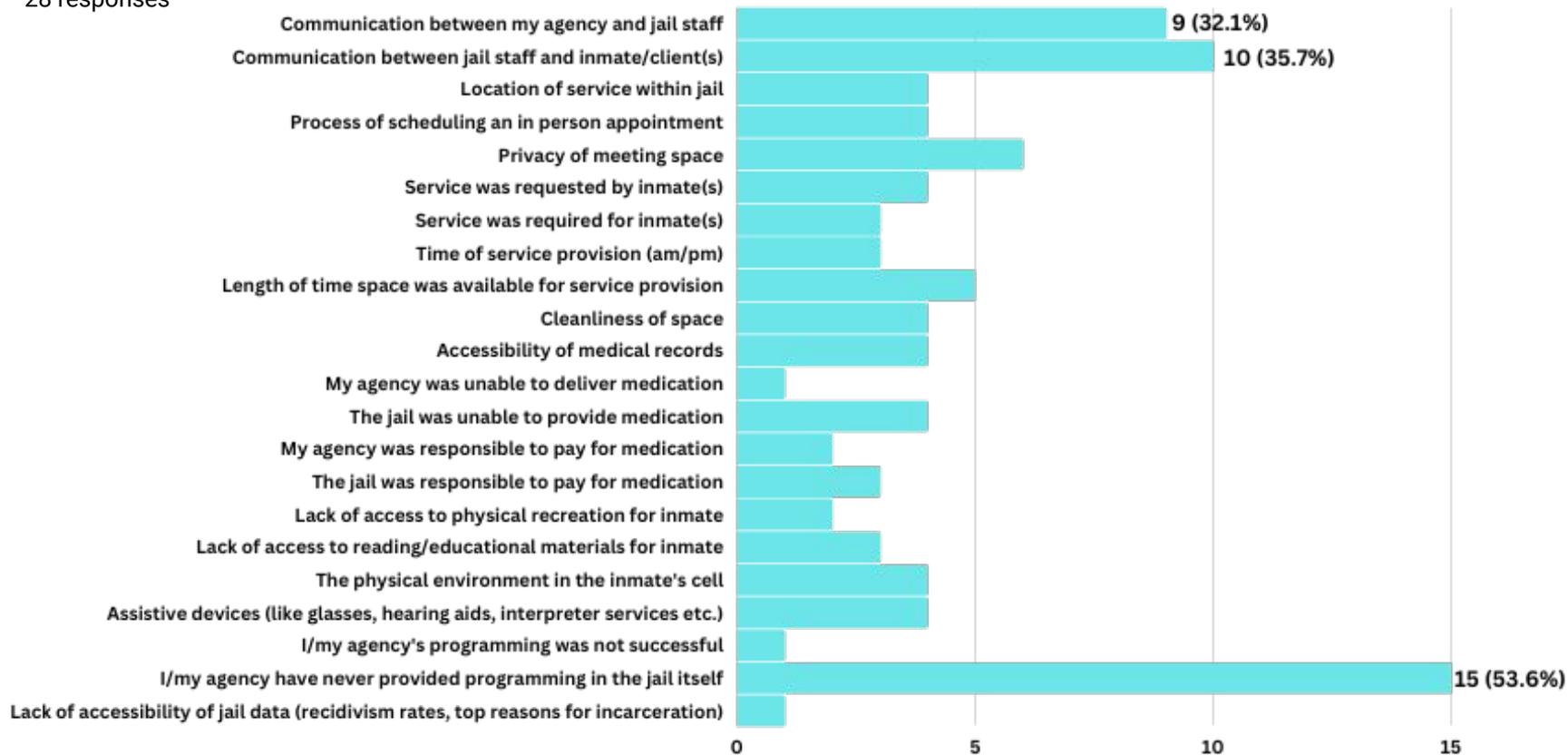
Please describe factors that contributed to the SUCCESS of programming (group or one on one) provided within the jail itself (if any).

27 responses



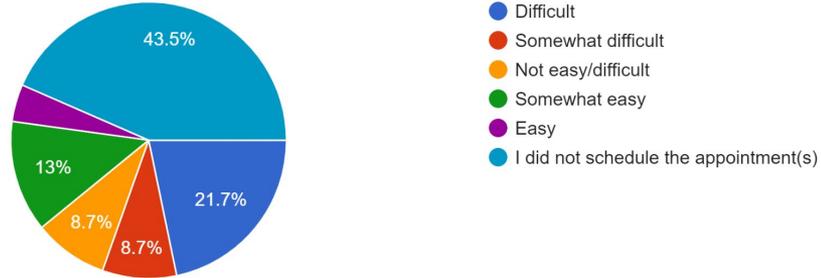
Please describe factors that were BARRIERS to implementation of successful programming (group or one on one) offered within the jail itself (if any).

28 responses



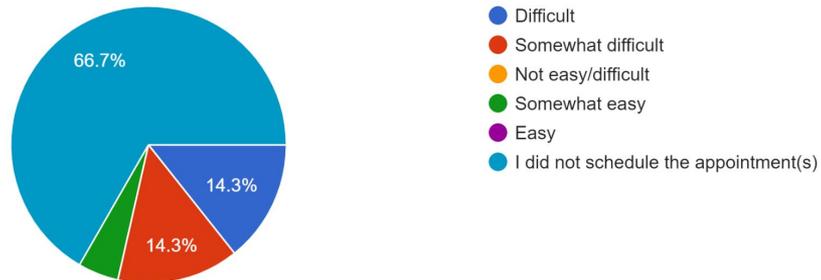
If you have ever met with a Monroe County Jail inmate in person one on one, how easy was it to schedule an appointment for a meeting room?

23 responses

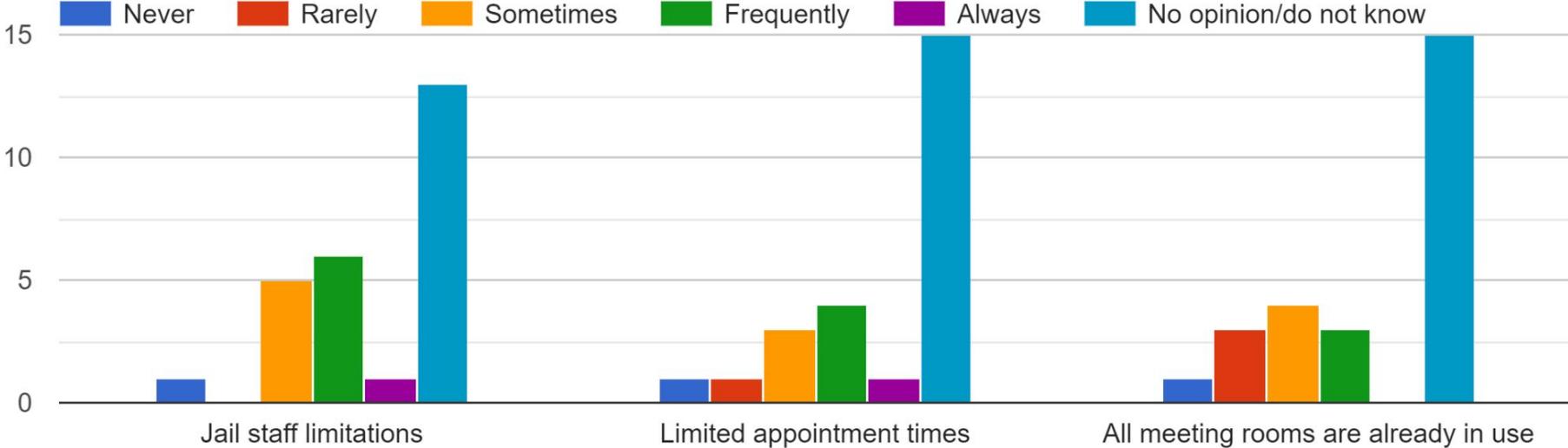


If you have ever met with Monroe County Jail inmates in a group setting in the jail, how easy was it to schedule an appointment for a meeting space?

21 responses

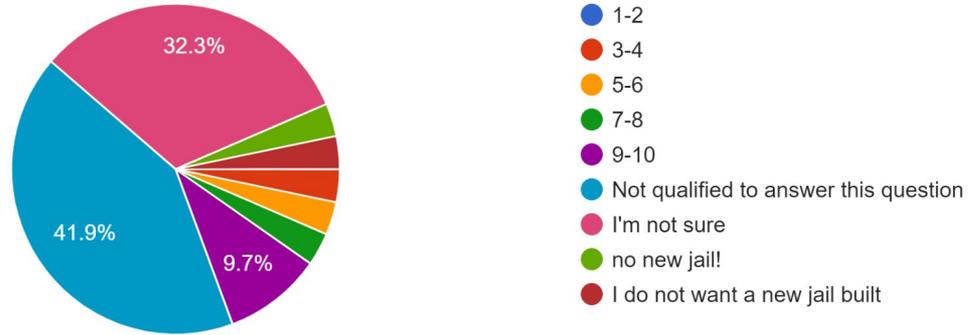


How often are you delayed in meeting with an inmate in-person because of:



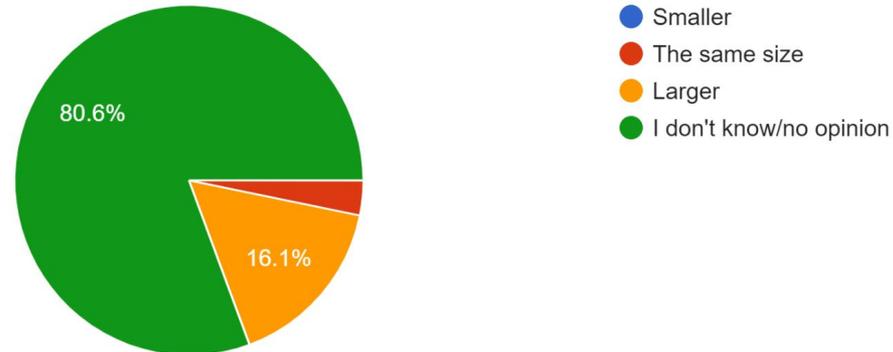
How many meeting rooms would you recommend for a new Monroe County jail?

31 responses



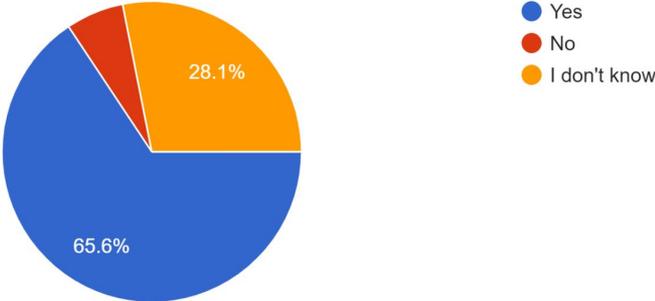
The in-person meeting rooms in a new Monroe County Jail should be

31 responses



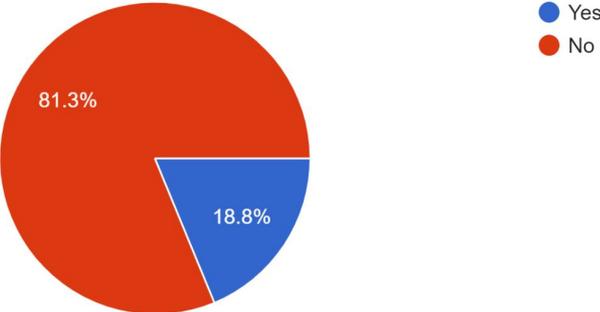
Would the ability to speak with a Monroe County Jail inmate via video assist in your job responsibilities/continuity of client care?

32 responses



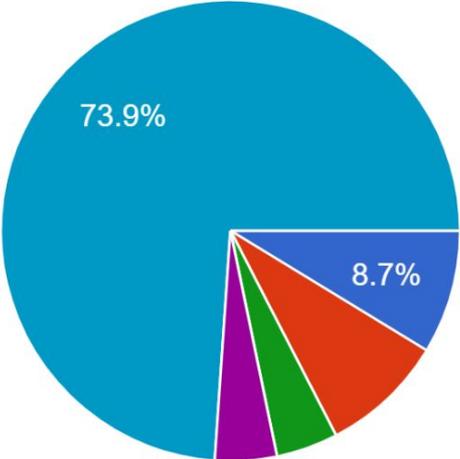
Have you ever spoken to a Monroe County Jail inmate via video for a meeting/to provide services?

32 responses



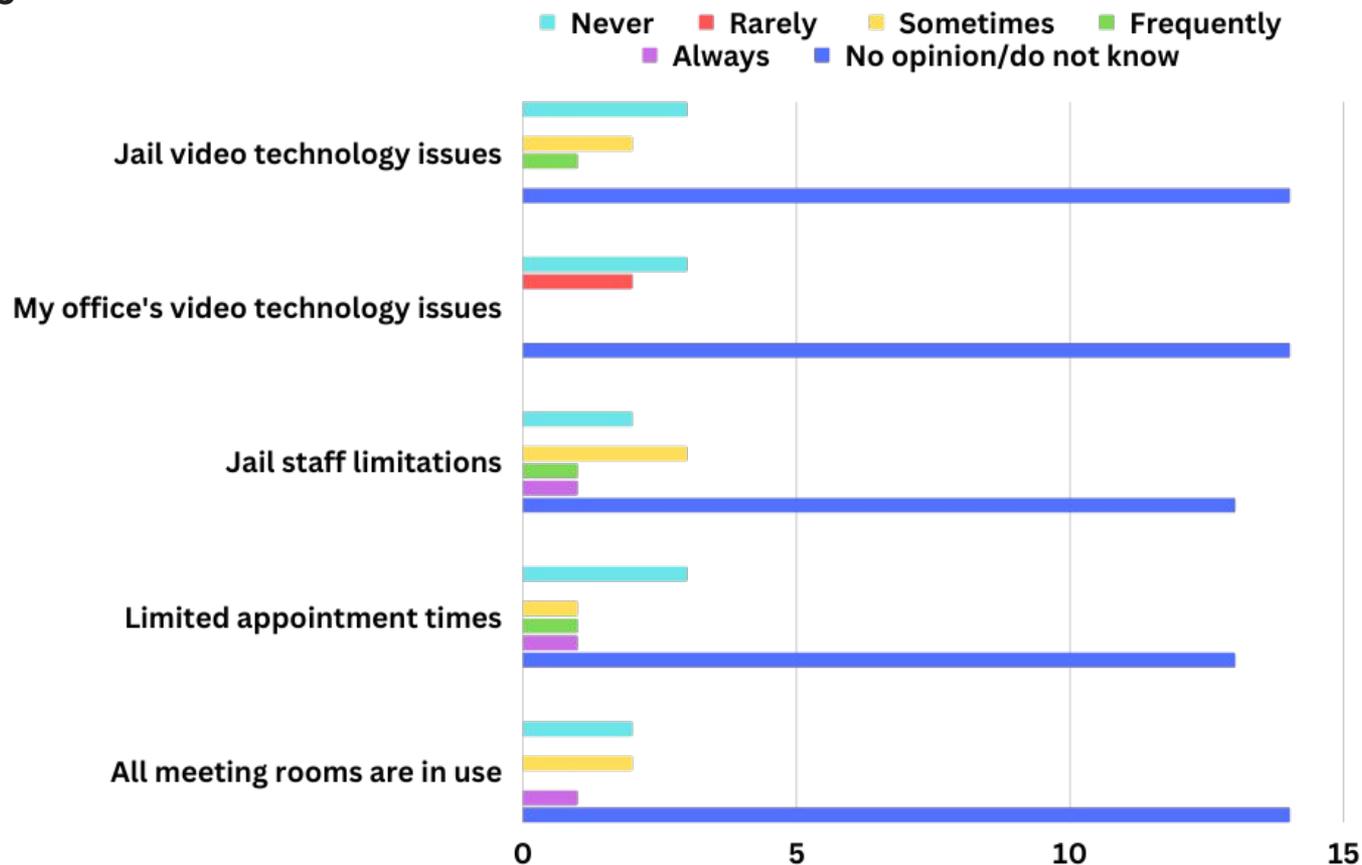
If you have ever spoken to a Monroe County Jail inmate via video, how easy was it to schedule an appointment?

23 responses



- Difficult
- Somewhat difficult
- Not easy/difficult
- Somewhat easy
- Easy
- I did not schedule the appointment(s)

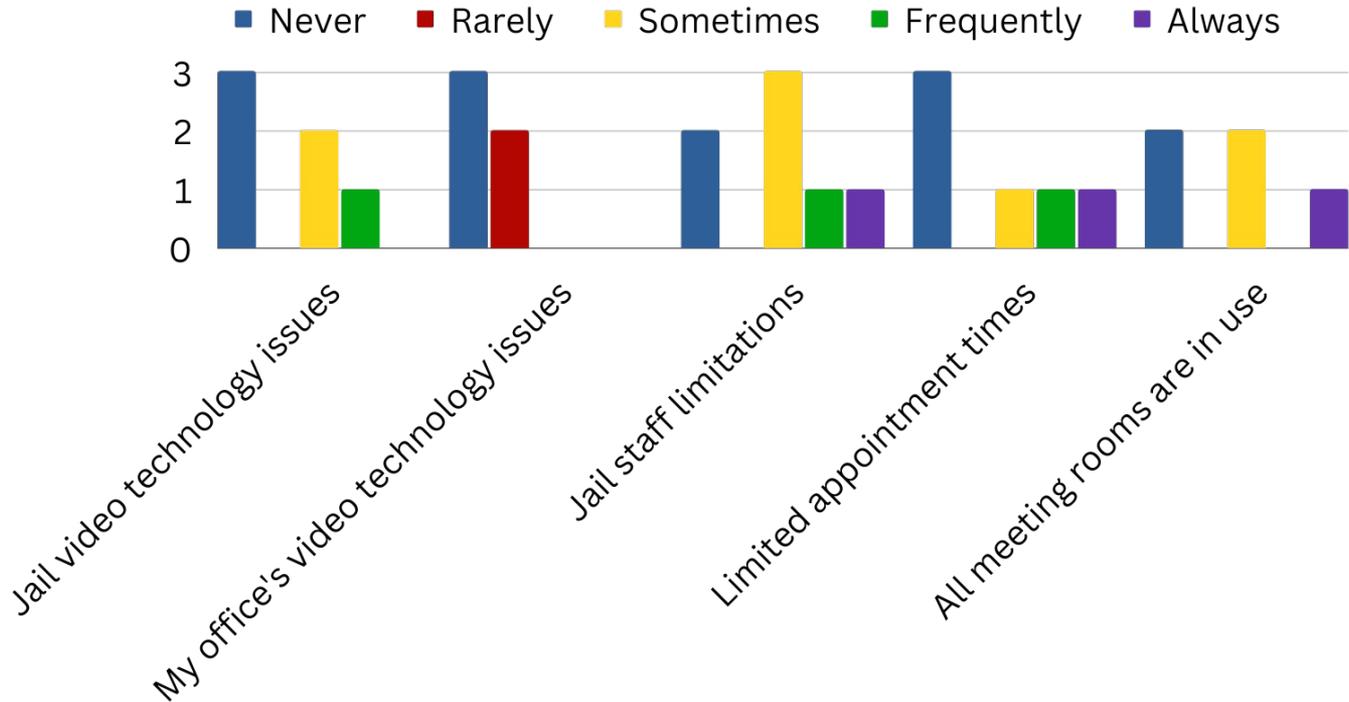
If you have ever spoken to a Monroe County Jail inmate via video, how often have you been delayed in speaking to them because of:



Responses (No opinion/ I don't know removed)

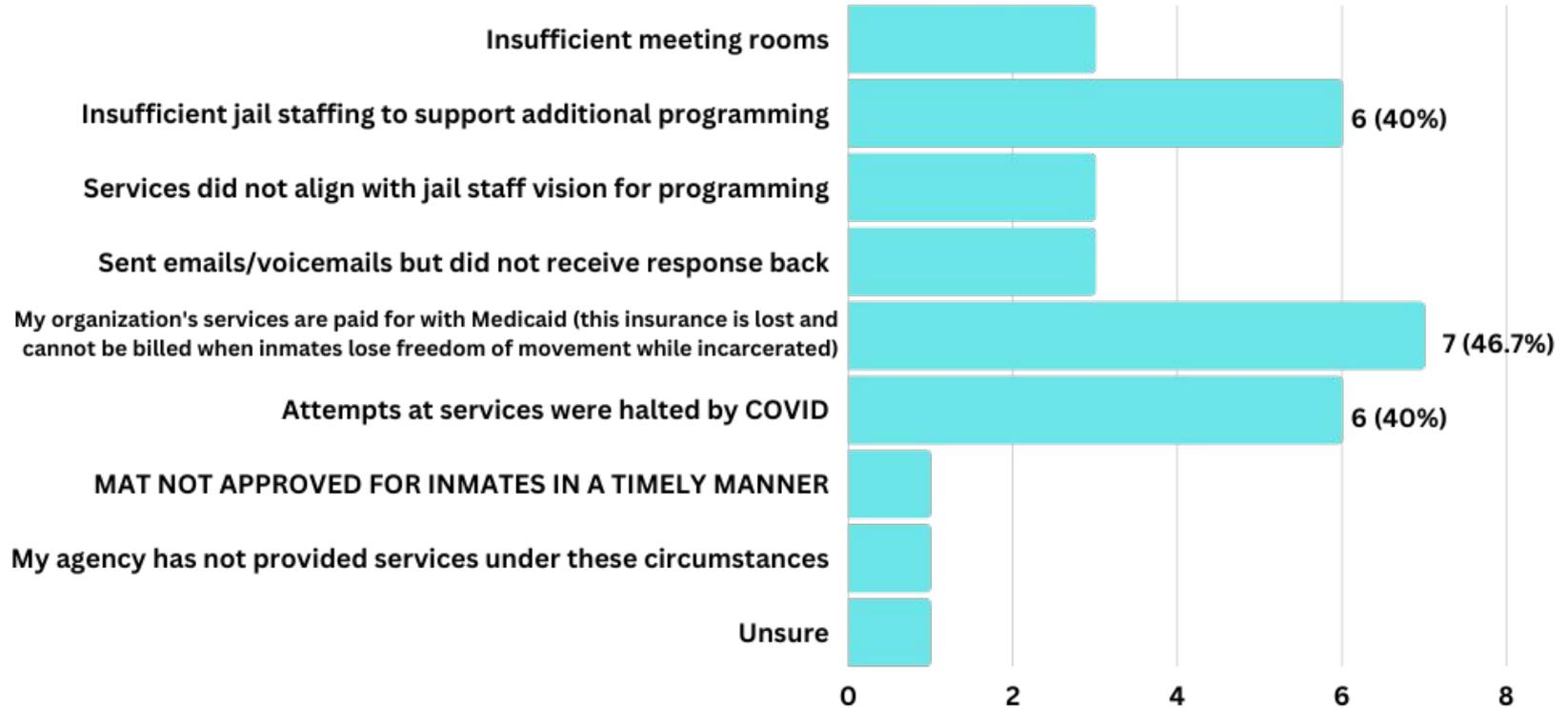
If you have ever spoken to a Monroe County Jail inmate via video, how often have you been delayed in speaking to them because of:

(number of total respondents not indicated on google report)
p.17



For services that have NEVER been offered in the jail, have there been attempts to provide those services in the jail that were unsuccessful? Please indicate the barriers.

15 responses

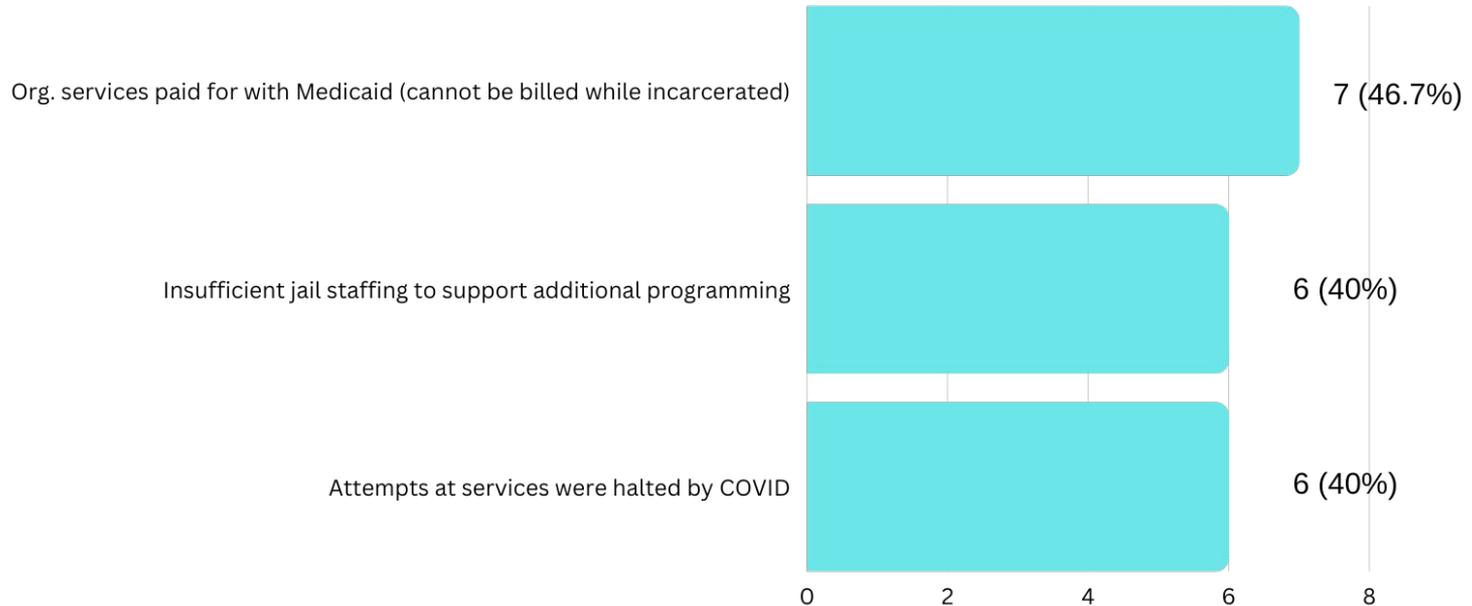


Top 3 Responses

For services that have NEVER been offered in the jail, have there been attempts to provide those services in the jail that were unsuccessful? Please indicate the barriers.

(15 responses)

p.17



Please describe any additional clarification or recommendations regarding ways to improve provision of services for inmates in a new Monroe County Jail. This may include how it would affect your ability to provide services in the jail if the new jail is built outside of the downtown area:

Major themes

- **Jail would be best in a central downtown location close to services**
- **Increase capacity to provide services (especially billable ones) in the jail using existing external service providers**

Please describe any additional clarification or recommendations ... ability to provide services in the jail if the new jail is built outside of the downtown area:

- Allowing providers to come in to do HIV/HCV/STI testing. This was in place for years but ended when the contracted medical company halted the service due to concerns about costs related to treating these conditions. This is absolutely absurd since there are providers outside of the jail who can treat these conditions regardless of the inmate's financial situation.
- Medical assessment & care for potentially fatal or uncomfortable detox, not penalizing those withdrawing from substance.
- A jail outside of the downtown area will make provision of services more difficult.
- No new jail. Turning the jail into a mental health center is not a positive thing for our community.
- Behavioral health is currently only mentioned in relation to CBT (cognitive behavioral therapy) and not Applied Behavioral Analysis, which is foolish. Learn about ABA and then use it.

Please describe any additional clarification or recommendations ... ability to provide services in the jail if the new jail is built outside of the downtown area: (continued):

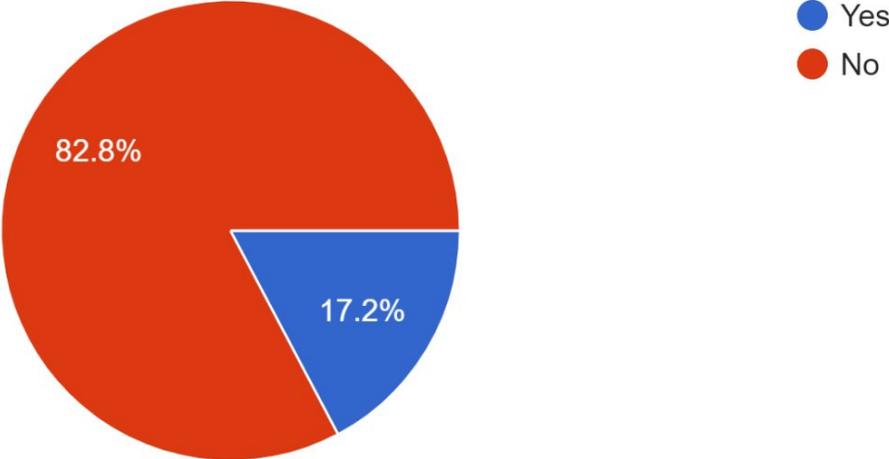
- 1) Keeping the jail in a central, easily accessible location should be a priority 2) Jail staff should be well trained and supported in order to avoid staff shortages or high-turnover which can lead to services being suspended 3) We should not expect the jail to function as a mental health or social service facility. That responsibility requires specialized skills, resources, and ongoing, non-compulsory access to treatment.
- I do want a new jail built.
- I think it is essential to utilize existing community partners to provide services and not expect jail staff to do the job of a mental health or social work professional. If it is built outside of downtown, there needs to be easy access for the service providers. If there is a way to get billable services in the jail I think there would be more continuity of care. Maybe look into finding other funding sources to pay for meds so that the cost burden is not on the inmate or on the jail itself

Exit Planning/Re-entry Care

(Intercept 4)

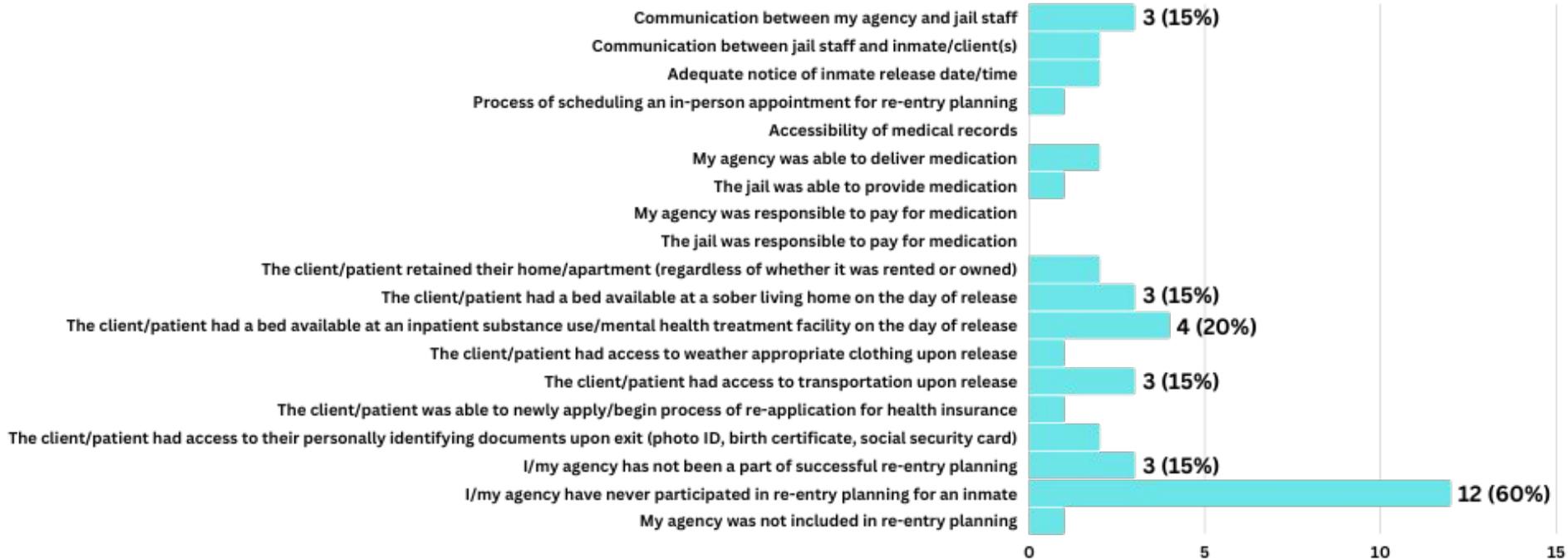
Have you ever collaborated with jail staff in the process of re-entry planning or post-incarceration care as a part of an inmate's exit from the jail?

29 responses



If you/your agency has ever collaborated with jail staff in the process of re-entry planning, please select factors that CONTRIBUTED TO THE SUCCESS of exit planning (if any).

20 responses

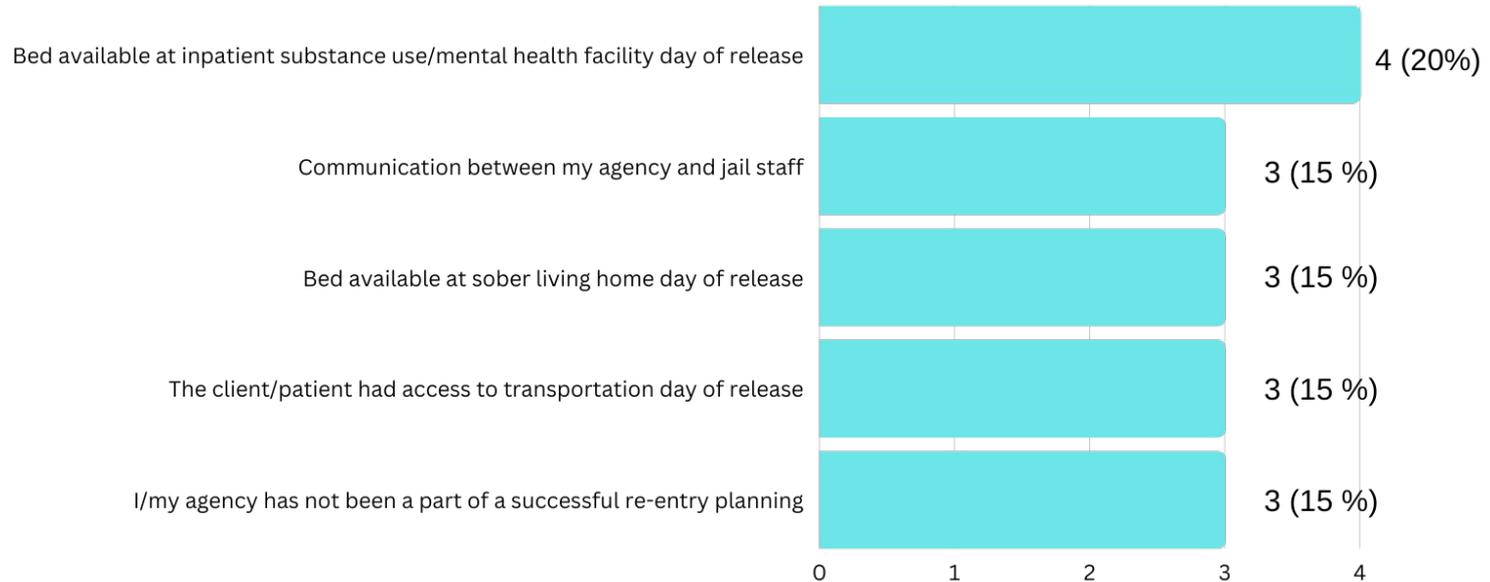


Top 5 Responses (excluding those never having participated in re-entry planning)

If you/your agency has ever collaborated with jail staff in the process of re-entry planning, please select factors that CONTRIBUTED TO THE SUCCESS of exit planning (if any)

(20 responses)

p.19



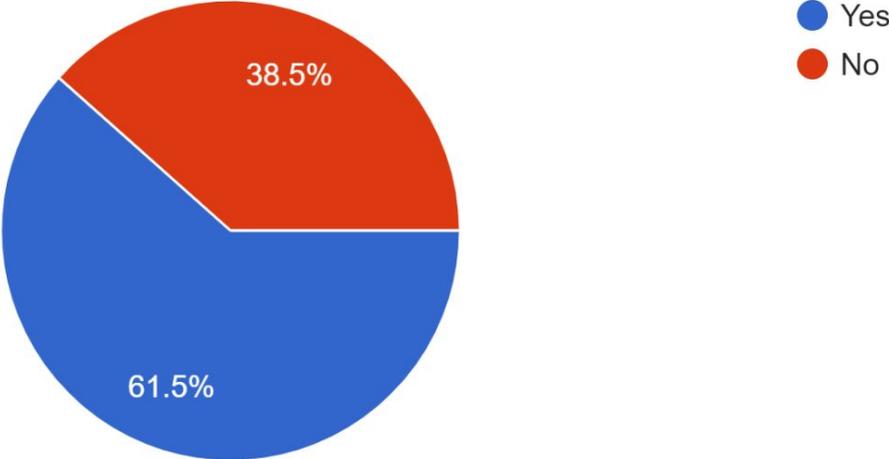
If you/your agency has ever collaborated with jail staff in the process of re-entry planning, please select factors that were BARRIERS to successful exit planning (if any).

19 responses



Have you ever provided health services to a person recently incarcerated that you did NOT have a part in the re-entry planning?

26 responses



For instances where your staff/services were NOT included as a part of exit planning for the incarcerated individual, please describe in 1-2 sentences how the absence of collaboration affected the health and well-being of the individual who was incarcerated.

Major theme

- **Lack of collaboration leads to confusion about next steps and delay in supportive services for client in the community**

For instances where your staff/services were NOT included as a part of exit planning ... affected the health and well-being of the individual who was incarcerated.

-
- It interrupted access to medication, health care and the extra support a client could have received from case managers. It would have made the process easier for the inmate AND jail staff if collaboration occurred.
 - Delay in receiving medical care and housing assistance that contributed to their recidivism.
 - Person was released after 6 days with injuries & severe alcohol withdrawals after having seizures at a grocery store, police were called instead of EMS, resulting in worst outcome for person
 - Patient did not have appropriate meds; no appointment was scheduled; patient's insurance expired so patient could not afford necessary medications, procedures and appointments.
 - My program consistently provides health services to folks recently incarcerated. It is difficult to follow up with care that was administered in the jail if we do not know the details of it and therefore, the most common issues arise regarding medications and knowing what prescriptions need to be continued/adjusted, etc.

For instances where your staff/services were NOT included as a part of exit planning ... affected the health and well-being of the individual who was incarcerated. (continued).

- Individuals get released with no plan for their day to day and are left figuring it out/getting there themselves. Most of the time, they don't have any clothing and are left to find it at resources that don't always have appropriate sizes.
- Upon exit from jail, my client no longer had housing or employment.
- The individuals to whom we provide services following their incarceration are almost always individuals who used our services prior to their incarceration. Absence of collaboration prevents individuals who are unaware of our services from accessing safer use supplies, Hep C and HIV testing, naloxone, connection with other people with lived experience of drug use, and referrals to other trusted social service agencies we partner with.
- It's hard to promptly assist people when the first time we talk to them is at our office as soon as they've been released and there's nothing lined up for them yet. We find much more success when we can work with individuals while they're incarcerated and set up treatment/housing before they're released so they don't have to spend any time on the streets.

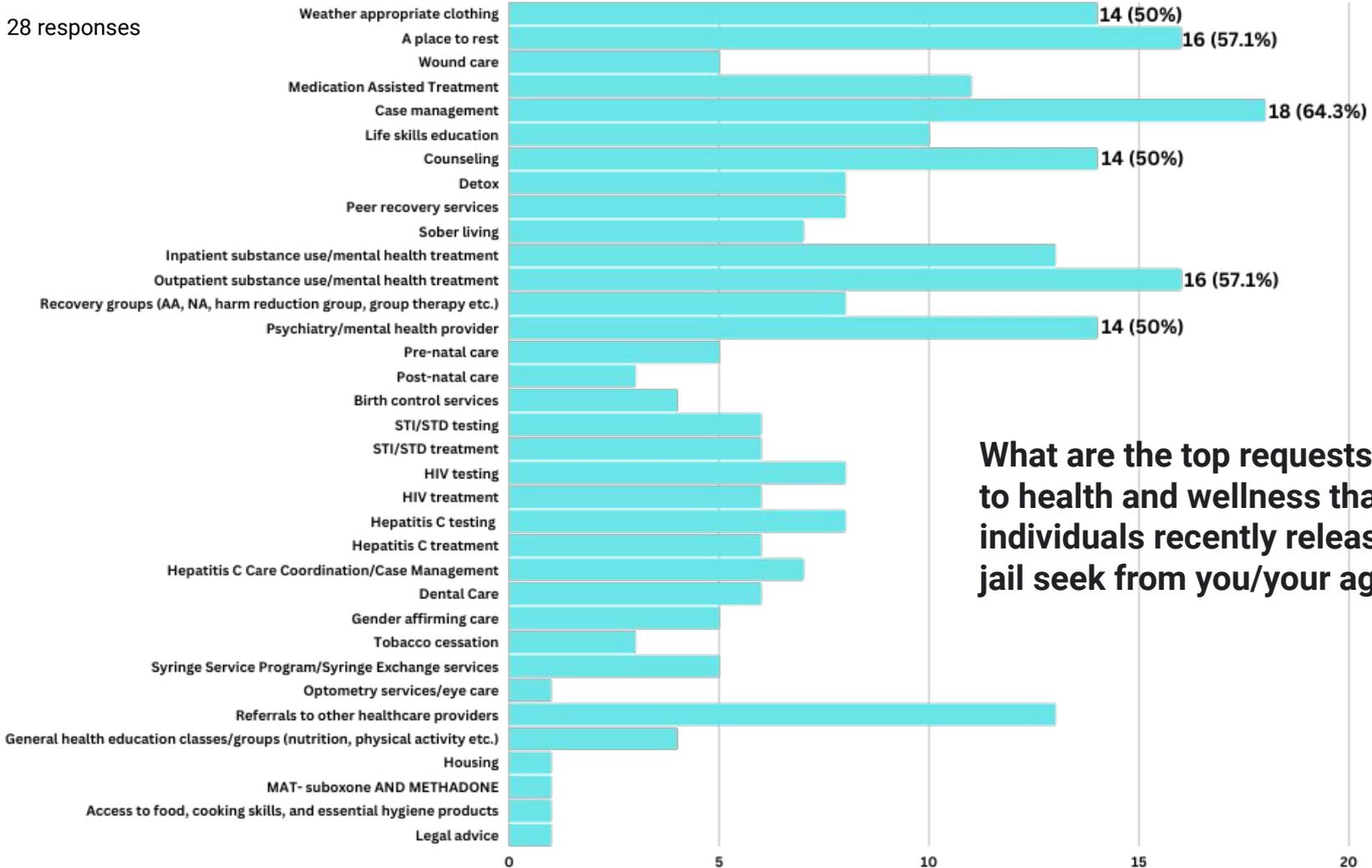
For instances where your staff/services were NOT included as a part of exit planning ... affected the health and well-being of the individual who was incarcerated. (continued).

-
- We are usually unaware when pregnant patients are discharged, and they do not know the dates of future scheduled appointments
 - Client was scheduled to be released and we provided transport. We were told by jail to present at a certain time for release to facilitate transport. Upon arrival, jail staff didn't know who we were and we were told the inmate could not be released to us. This resulted in inmate staying another 24 hours. We returned the next day to be told by a guard that they messed up.
 - Lack of collaboration/full story can lead to mistrust and confusion, along with interrupting streamlined access to services that can lower success once released.
 - We have patrons who were recently incarcerated come in for basic hygiene products, food, and resources for housing and jobs. They have expressed that they feel like they don't have a safe place to stay and are struggling to get access to financial assistance or programming.

For instances where your staff/services were NOT included as a part of exit planning ... affected the health and well-being of the individual who was incarcerated. (continued).

- Clients would routinely be the first to inform me that they had been incarcerated since their previous session. This resulted in conducting unexpected crisis sessions to address lost housing, employment and lack of income due to incarceration. This also often meant they could no longer afford needed medication, or were unable to pay their phone bill so loss of communication. This also resulted in increase in traumatic reaction to jail itself, suicidal ideation, self harm, and fear of being incarcerated for another probation violation if they couldn't find new work/housing/obtain a phone etc. This experience was the norm, not the exception.
- Folks have expressed feeling like they're starting at ground zero, losing housing, job, insurance etc. has negative effects on physical and mental well-being both short and long term

28 responses



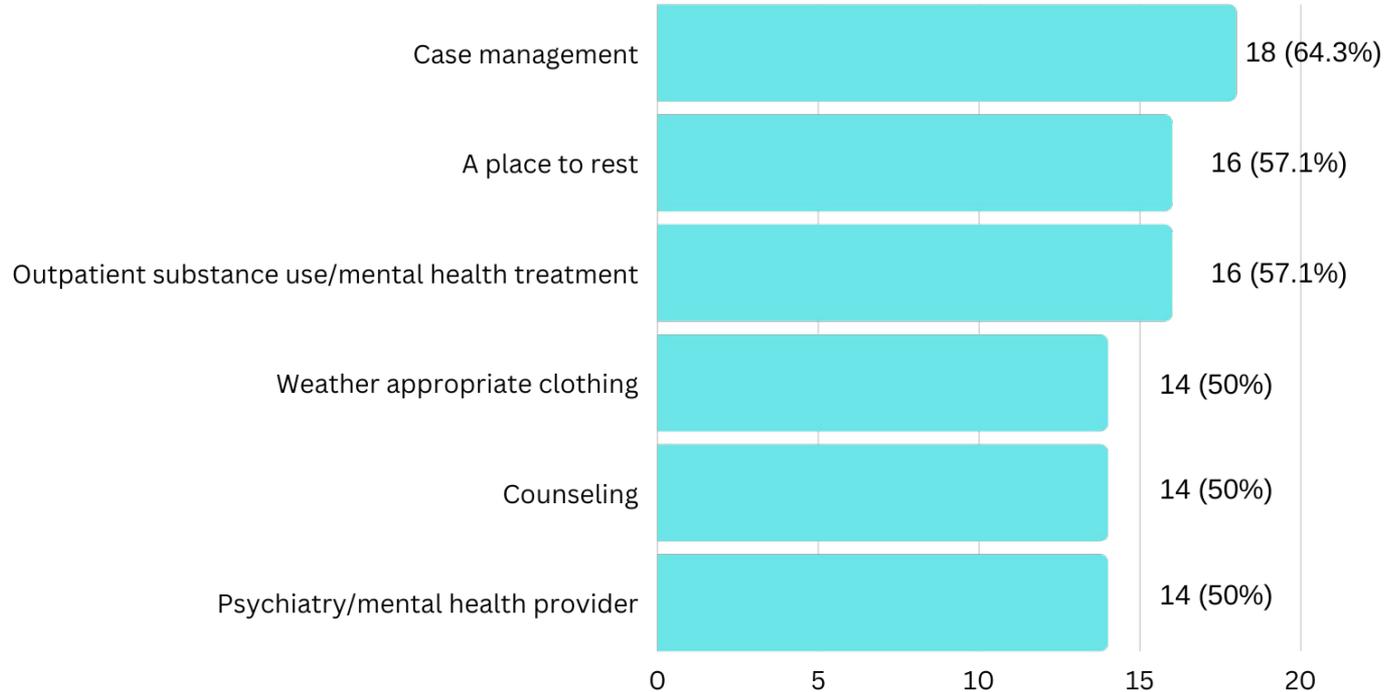
What are the top requests relating to health and wellness that individuals recently released from jail seek from you/your agency?

Top 6 Responses

What are the top requests relating to health and wellness that individuals recently released from jail seek from you/your agency?

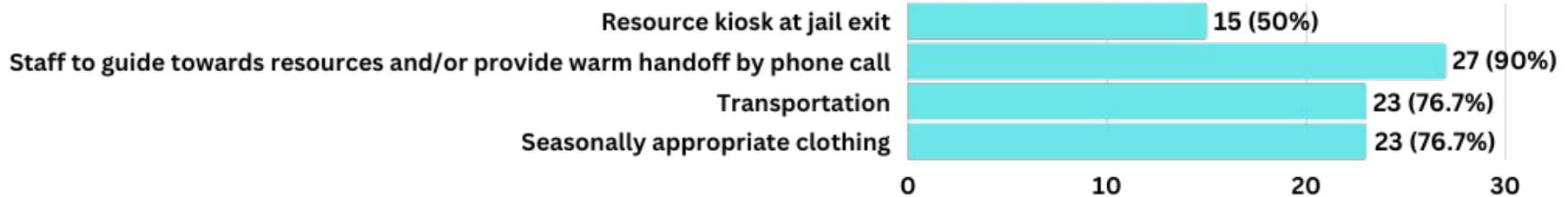
(28 responses)

p.21



From your observation, what would be helpful in helping persons in Monroe County jail get access to the resources they need upon release?

30 responses



Other responses:

- "Warm hand off by phone call" is vague. Needed appointments should at least be scheduled before relief if not started (when possible) before released.
- MEDICATION/money available for people
- Better communication/coordination between jail staff and service providers
- Direct connection to stable housing, medication management, ****well-staffed**** case management services, health providers
- Ability to obtain ID & SSC while incarcerated, if we could prevent their SNAP/HIP benefits from lapsing while incarcerated
- Not expecting the jail staff to treat problems they aren't qualified to treat.

Is there anything else that should be considered to make re-entry planning successful in a new Monroe County Jail? This may include but is not limited to any additional considerations regarding proximity to services, caseload management, grant/billing limitations etc.

Major themes

- **Need immediate connection to existing service providers to support re-entry**
 - Case management
 - Medications
 - Transportation
 - Insurance
- **Sustain existing/help create support systems to reduce recidivism**
 - Housing
 - Employment
 - Childcare
 - Insurance

Is there anything else that should be considered to make re-entry planning successful ... proximity to services, caseload management, grant/billing limitations etc.

- Location needs to be able to release inmates & give them immediate access to care/transportation/money/planning/medications
- Coming up a plan with a case manager, making sure they have a primary care doctor (and if they don't working on a plan to find them one), making sure they are aware of all their resources and setting up transportation (case managers or giving out multiple bus tickets). Most of the clients in the justice system who are experiencing homelessness TYPICALLY have a case manager, so better communication as a community with the justice system will change a lot.
- Incarceration negatively impacts several life domains (housing, employment, child custody). When these domains aren't sustained during incarceration the likelihood of recidivism increases. This should be a major consideration in determining if incarceration is appropriate.

Is there anything else that should be considered to make re-entry planning successful ... proximity to services, caseload management, grant/billing limitations etc.

- Services should be low-barrier, provide transportation to people without reliable transportation, offer flexible/drop-in appointment times, employ people with lived experience who are trusted by the people they're serving
- When people are released from jail, they MUST be able to walk to social service providers for resources.
- Do not expand the jail.
- Be able to bill for services while incarcerated would be most helpful.
- Life skills training; affordable housing options upon release; job opportunities and job/interview/application training programs; life management skills; aid getting access to immediate medication & insurance

Is there anything else that should be considered to make re-entry planning successful ... proximity to services, caseload management, grant/billing limitations etc.

- I do not want a new jail. Increased access to re-entry services prior to exit. Increased access to housing/sober living upon exit.
- Clients need to be able to communicate with their community support service providers and have adequate communication to prepare them for re-entry. Invest in transitional housing for folks who are waiting on a bed in a detox center or another housing facility. Make sure the person has sufficient transportation

Additional Comments

In a couple of sentences, what can our community do to reduce recidivism?

Major themes:

- **Strengthen connections to and availability of basic needs**
 - **Housing (affordable, sober living, supportive, transitional)**
 - **Support case managers**
- **Divert first and reduce arrest for non-violent offenses**

In a couple of sentences, what can our community do to reduce recidivism?

- Affordable housing
- Address mental health and substance use issues more thoroughly; reduce stigma and isolation
- Get people the mental health care that they need. Really sick people are getting arrested and released over and over again and nobody makes them get help. Hospitalization is a better option than letting them get incarcerated repeatedly and wreak havoc on the community when they are not.
- Get inmates ENGAGED in the services they need before being released. Making an introduction via phone and/or sending the inmate with a list of places to call is not very helpful.
- Stop arresting those who have substance use disorder for nonviolent offenses

In a couple of sentences, what can our community do to reduce recidivism? (continued)

- Hold agencies, service providers, public officials, etc. accountable to doing what they say is their mission. Advocate and lobby at local and state levels of government to bolster efforts to decrease homelessness and housing insecurity, and increase funding for mental health/substance use treatment, i.e. push to make homelessness on elected officials priority list. Community town halls in convention center or similar location where EVERYONE involved in criminal justice, homelessness, and health care sit and talk together.
- Having better communication with organizations that work consistently with individuals who are in and out of the system will help reduce recidivism. Actually using places like stride and having the DRO's approach the situation first if they are familiar with the individual would help a lot. Giving individuals more options to grow and working on getting more people on mental health court and programs like that. I am not even sure how to help get people into programs like that.

In a couple of sentences, what can our community do to reduce recidivism? (continued)

- More easily accessible mental healthcare, continuity of care and holistic care services that remain in (constant) contact with clients/patients after release and are consistently available. Reentry/post release programming required for ALL, that they don't have to seek out themselves, and reduced barriers to access such. Additional training to parole/probation officers to also be social service case managers that can make referrals. Open lines of communication between services. LOW INCOME HOUSING, including increase in sober living facilities and transitional supportive housing.
- Collaborate with services to provide wrap-around care for folks exiting incarceration to set them up for success
- Provide more affordable housing so people have a safe place to be. Cut down on drug/alcohol related arrests. Reduce police force.
- Focus on L.E.A.D. rather than adopting some aspects of the L.E.A.D. model.

In a couple of sentences, what can our community do to reduce recidivism? (continued)

- Lower barriers to accessing stable housing; offer better jobs for people with criminal histories; flexible/drop-in hours at service providers, help with medication management, having multiple resources located in one place (a "one-stop shop"); better MAT programs that do not punish the smallest of infractions by withholding doses, more opportunity for take-homes, overall fewer hoops to jump through
- Eliminate punitive bail for minimal offenses. Invest in housing for the persistently homeless. Provide copious amounts of life-skills education in jail.
- Stop incarcerating people for non-violent violations. Invest funding in transitional housing/sober living, Community-Based Crisis Resource Centers (CRC's), and organizations that are equipped to support individuals with mental health struggles.

In a couple of sentences, what can our community do to reduce recidivism? (continued)

- Connect to services vs. being solely punitive based. Substance use and mental health often increases recidivism but we don't have supportive connective and active programs running to support while incarcerated and care coordination to continue supports that may involve insurance gaps/costs when released. Often they don't have phone numbers that are active/working and not supportive healthy housing to release to.
- Invest less in these types of facilities and invest more in prevention
- Without titles or organizational/community politics-bring all players to the table to talk about barriers created by the agencies- not the inmates. Do not build a new jail.
- Increase access to housing and fewer high-rent apartments being built. More collaboration with service providers.

In a couple of sentences, what can our community do to reduce recidivism? (continued)

- More programming that require accountability with drug screening, incentive programs that include gift cards, bus tickets, gas cards, phone minutes, etc.. for complying with requirements.
- More and cheaper access to GOOD mental health resources in the community.
- Eliminate any and all financial incentives for recidivism. Tie funding in jail programs to successful outcomes rather than occupied beds. Provide standards of habitation and care that meet or exceed the standards in western Europe or Canada.
- Low barrier housing for the unhoused.
- Better communication/more wraparound approach

In a couple of sentences, what can our community do to reduce recidivism? (continued)

- The city and county need to prioritize investing in community members by ensuring they have access to the fundamental resources and services— safe housing, medical insurance and access to health services incl. harm-reduction, food, fair wages, financial assistance/federal aid (SNAP, WIC) – that allow individuals to meet their basic needs. We also need to stop incarcerating people for technical probation violations, low-level and non-violent crimes, or substance abuse violations and instead ensure the community groups (ex. NLNL, STRIDE, Centerstone etc.) have the institutional support to continue their services.
- Request concrete data about primary reasons for incarceration in Monroe County and re-evaluate the number of people being incarcerated for non-violent offenses, including probation violations such as missing meetings, violating curfews, or spending time with people that probation has forbidden. Recognize that this is an approach that worsens outcomes and fuels recidivism.

In a couple of sentences, what can our community do to reduce recidivism? (continued)

- Provide funding for more affordable permanent housing as well as sober living facilities.
- Pay case managers, therapists, social workers etc. more, and allow them to maintain feasibly-sized caseloads without fear of termination.
- Resources need to be directed towards community owned programs that serve with dignity and take care of people that need help.
- Housing. Jobs. Case management.
- There's a series of studies called Rat Park looking at the environment and addiction - use those findings to create a stronger community, build resilience, focus on integrated housing first, support the community caseworkers who are supporting the 'frequent flyers'

As planning for the new jail continues, is there anything else that we should be aware of relating to healthcare services and the carceral system (including but not limited to barriers, successful partnerships, requested classes/services, physical space, general observations)?

Major themes

- **Need more communication, collaboration to build successful partnerships**
- **Ensure availability of non-coercive treatment options not connected to jail**
- **Allow for opportunities to hear from people who are/have been incarcerated**

As planning for the new jail continues, is there anything else that we should be aware of ... (including but not limited to barriers, successful partnerships, requested classes/services, physical space, general observations)?

- More people should be getting on psych and recovery meds in jail and have continuity of care after incarceration. Maybe a follow up appointment with a jail psychiatrist after release.
- Must partner with people who use drugs/HARM REDUCTION PROGRAMS, MAT THERAPY
- Better and consistent communication among agencies within the community.
- There is a huge need for more successful partnerships!!!
- Individuals should be able to go outside for some outside time, they get very depressed and anxious when stuck in a dark building. They deserve to be listened to if they're asking for doctors appointment, especially pregnant women.

As planning for the new jail continues, is there anything else that we should be aware of ... (including but not limited to barriers, successful partnerships, requested classes/services, physical space, general observations)? (continued)

- The jail should remain in an accessible location. Putting more money and initiative toward care services would decrease the need for a new expensive jail. Building low income and supportive housing options would drastically decrease need for this new expensive jail!
- Invest in social and structural supports for the low income community instead of a shiny new jail to further criminalize our community members
- People with substance abuse disorder who have been incarcerated and therefore have not had access to substances are likely to experience higher rates of overdose when released from incarceration. MAT is one way to mitigate this. Making Naloxone available to people being released from incarceration is another way to reduce the likelihood of fatal overdose.
- Hire more people of color, more social workers, more healthcare providers; Hire fewer staff with backgrounds solely in corrections; offer more resources to people with children/people who are pregnant

As planning for the new jail continues, is there anything else that we should be aware of ... (including but not limited to barriers, successful partnerships, requested classes/services, physical space, general observations)? (continued)

- We need to be able to provide mental health care to individuals outside of the carceral system.
- Working relationships with community partners for items such as STI testing/treatment; programs that can transition them from incarceration to outpatient to avoid gaps in care particularly for mental health and substance where barriers to care are harder and with longer delays to access.
- Will STRIDE Center be part of the new complex? Bus line? Concerns about distance from downtown and encampments/housed individuals and presenting for appointments.
- Treating people with dignity and respect rather than like dangerous animals is better in the long term. If guards are terrified of inmates, they should seek other employment.

As planning for the new jail continues, is there anything else that we should be aware of ... (including but not limited to barriers, successful partnerships, requested classes/services, physical space, general observations)? (continued)

- We have consistently heard that New Leaf New Life is a trusted resource in town. There is little evidence that shows that medical/healthcare services provided while being incarcerated actually leads to healing or long-term improvements in health/substance use/mental health. Rather, being incarcerated is a traumatic experience. We need to stop turning to the carceral system to fill the gaps in community, social and public health services in Monroe County.
- I've already said a lot! Thank you for creating this survey!
- They shouldn't lose their Medicaid benefits in jail.
- Needs assessment prior to release and availability of services after.

As planning for the new jail continues, is there anything else that we should be aware of ... (including but not limited to barriers, successful partnerships, requested classes/services, physical space, general observations)? (continued)

- Talk to the people who've been incarcerated - they know best what their needs are. I worry about making treatment coercive as a part of building a new jail - I think it's important to have mental/physical health treatment options for folks not connected to the system already in the jail itself, but that should not replace community supports or an actual medical detox/treatment facility with highly trained professionals.

Key recommendations to support health and well-being and reduce recidivism in Monroe County

Incarceration disrupts and destabilizes

Use data to target appropriate interventions

- **More connection, collaboration and communication**
 - Enhance collaboration of service providers outside of the jail (Intercept 0)
 - Increase collaboration of service providers with jail staff upon entry, during stay, and as a part of exit planning (Intercept 2-4)
- **Increase/enhance diversion (Intercept 1)**
 - More awareness about 988
 - More awareness about STRIDE
- **Address policy/systems**
 - Insurance billable services in jail (Intercept 3)
 - Reduce arrests for low level/non-violent offenses(intercept 1-2)
 - Affordable/accessible housing and healthcare post-incarceration (Intercept 0/5)
- **More treatment options needed in jail (Intercept 2-3)**
 - Jail should not replace a treatment facility
 - Treatment should be non-coercive
 - Need detox and MAT options in jail

Individual Survey

- Received <5 responses for survey intended for individuals who have been incarcerated
- Limitations
 - Limited staff time to dedicate to in-person interviews during survey period
 - Motivated case-workers have more pressing needs to address with clients than a non-incentivized survey
- Future options
 - Centers for Collaborative Systems Change
 - Extend MCHD survey - allocate more staff time over longer period
 - Incentives
 - \$ for incentives

Connecting. Collaborating. Communicating.



Questions?

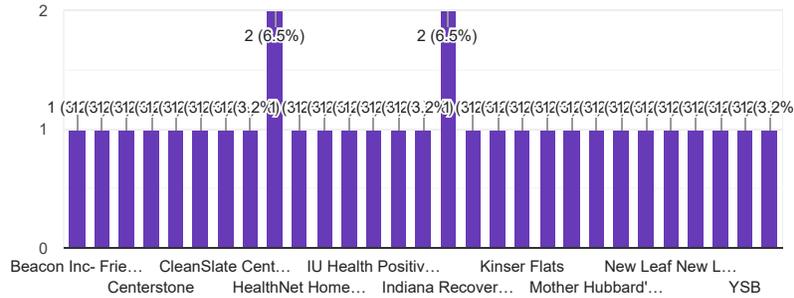
Survey for community partners providing health services to those impacted by the criminal justice system.

[Publish analytics](#)

Organization/Program

[Copy](#)

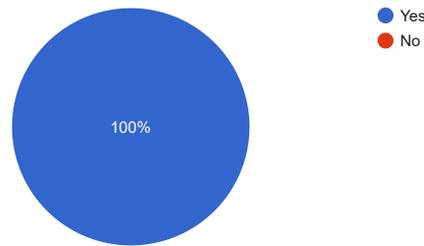
31 responses



I confirm that I/my agency has worked with at least one person who has been personally impacted by the criminal justice system in Monroe County.

[Copy](#)

33 responses



Community Services (up to and including Intercept 0)

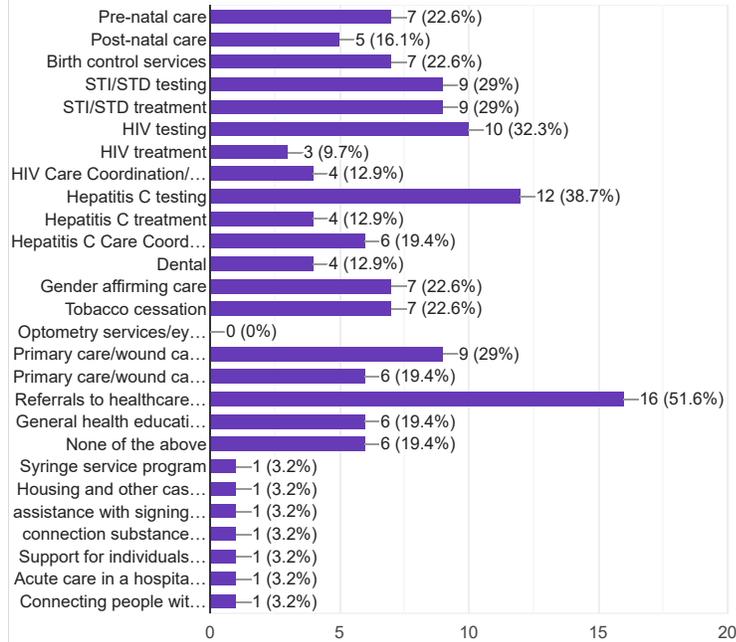
- Indiana Recovery Alliance (2)
- HealthNet Bloomington Health Center (2)
- HealthNet Bloomington Homeless Initiative Program (2)
- City of Bloomington
- Indiana Center for Recovery
- New Leaf, New Life (2)
- Beacon (rapid Rehousing/Friends Place Shelter, Crawford Homes Program) (3)
- MCHD Disease Intervention
- New Hope for Families
- IU Health Bloomington (including Positive Linkd and OBGYN) (4)
- Mother Hubbard's Cupboard
- Women Writing for (a) Change * this affiliation was listed in addition to primary affiliation and is not counted as a separate response
- NAACP
- Family Solutions
- Infinite Transitions Project
- Centerstone (including Crisis Services and Kinser Flats) (3)
- Youth Services Bureau
- CleanSlate Centers
- Therapist in private practice
- No affiliation listed (4)
- Kroon (no questions answered)
- plantsoen (no questions answered)



What services do you/your agency provide related to general healthcare in the community? Select all that apply:



31 responses



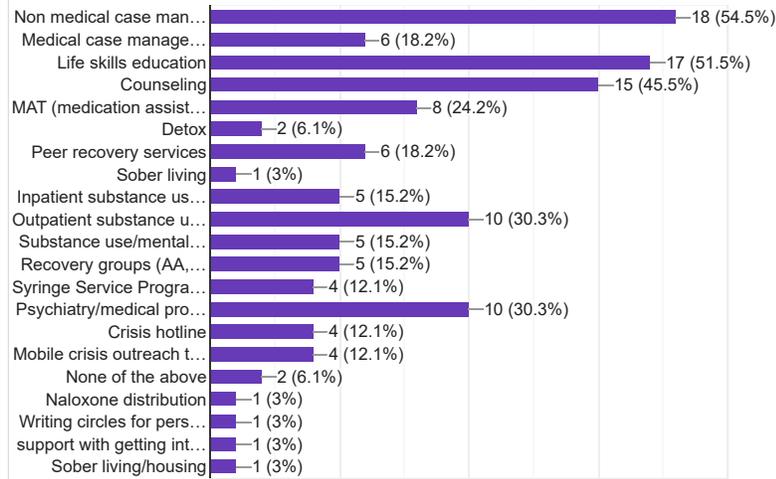
Other:

- Syringe service program
- housing and other case management services
- assistance with signing up for health insurance, making healthcare appointments
- connection substance service program for expectant females
- support for individuals with learning differences
- acute care in a hospital setting
- connecting people with social services and resources; food pantry and access to basic hygiene products

What services do you/your agency provide related to substance use/mental health in the community? Please select all that apply:



33 responses



Other:

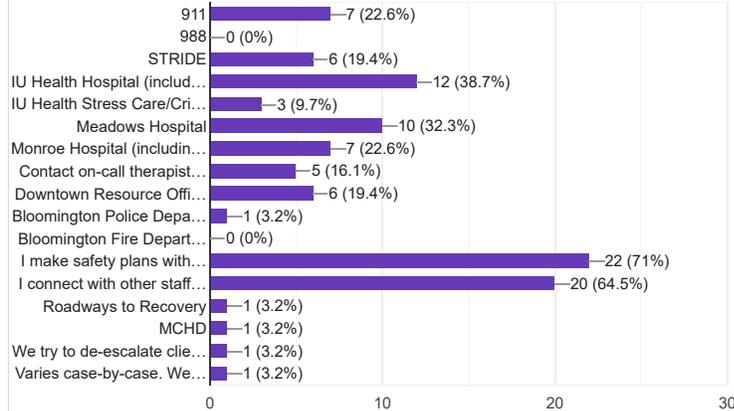
- naloxone distribution
- writing circles for personal exploration and development
- support and financial assistance for treatment/sober living



When a client/patient comes to you with a mental health/substance use related crisis, who do you connect with first? Select any/all that apply:

[Copy](#)

31 responses



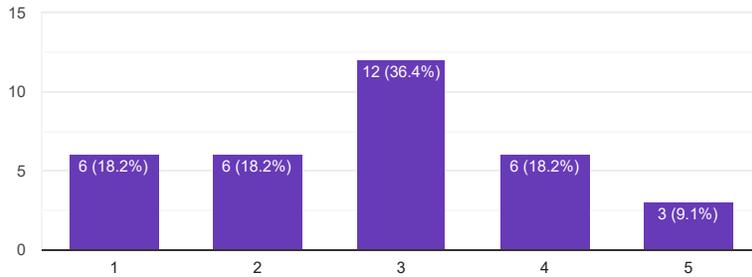
Other:

- Roadways to Recovery
- MCHD
- We try to de-escalate clients and work with treatment providers to get our clients into care ASAP (if that's what they're seeking). We try to avoid any contact with the police as much as possible. We believe it's a barrier for our clients that IU Health conducts warrant checks - many clients will avoid going there at all costs out of fear, even if it's a medical emergency.
- Varies case-by-case. We avoid calling 911 and consider it a last resort in cases of potential violence or harm to the individual or others

Are you familiar with 988 Crisis Line?

[Copy](#)

33 responses

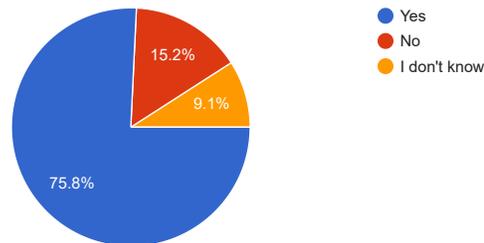


Law Enforcement (intercept 1)

Has there ever been a disruption in your ability to provide any health service due to your client/patient becoming incarcerated?

[Copy](#)

33 responses



If yes, please briefly describe the nature of the disruption and any health outcomes for the client/patient.

24 responses

Jail often does not provide HIV meds due to cost. Our staff deliver meds as able.

Trying to house a client and they get incarcerated before they can sign their lease. Staying in jail, or on the streets, affects their health in many different ways. Disruptions in medication routines for one.

Delayed treatment for HIV, HCV, STIs due to incarceration

A participant was arrested on a warrant for child support arrears, suffered injuries & unsafe alcohol detox in Monroe county jail for 6 days, in isolation. Court was delayed, little or no medical was provided & client was at risk of fatality

Hep C treatment; psych med disruption;

There have been numerous instances in which I am working on clients' housing, medical care, mental health care, etc and then they are incarcerated and cannot continue with their care. In some cases being incarcerated can be detrimental for housing if a person is incarcerated during the period in which they are supposed to sign a lease.

There have been multiple times where a client is about to get housed and then gets incarcerated and it halts their progress. In addition, clients get taken off the housing list if they're incarcerated for 90 days or longer, so they lose their position for housing.

Also- a specific example- one of my previous clients was pregnant in jail for awhile and she repeatedly asked for a doctors appointment, as she felt like something was wrong with her child/pregnancy. She never got a doctors appointment and she eventually had a miscarriage in jail. She was extremely depressed about this. Once she was released, she went back into housing and overdosed fairly soon after that. We can only assumed the overdose had a lot to do with her mental health and the loss of her child.

Patient was in jail and missed needed medical appointments

There are often lapses in STD/HIV treatment when somebody becomes incarcerated. It's difficult to maintain continuity of treatment.

When incarcerated my client was unable to participate in case management and life skills training with my agency.

When participants are incarcerated, they cannot access safer use supplies and may turn to riskier means of substance use while incarcerated. They may not have the resources they need to prevent overdose following release, which is a very high-risk time since the person typically has a decreased tolerance for their substance of choice.

We've worked with clients who are prescribed critical medications (SSRI's, antipsychotic meds, Suboxon, etc.) that are unable to access these stabilizing medications while incarcerated. Missing even one dose of a medication such as these is detrimental to ones health.

inability to attend group services; inability to have connection & supports to client

Missed appointments, an inability to communicate with incarcerated patients about their healthcare needs, a lack of transition services out of the jail to help patients re-establish in care

Client has been intercepted by police on the street for appearing "suspicious." They become hostile due to lack of trust with law enforcement and are arrested. Stride center has never been offered. Very rarely are the brought back to our facility. We are prepared to help.

unable to follow through with treatment, medication, and SUD services

We are unable to continue with recovery coaching and therapy that are provided on site.

A client of mine has diabetes and was placed in jail overnight due to not paying fees. She is disabled and at risk of having her feet amputated. She was released after 1 night.



Arrest without eventual charges

Decrease in mental health stability.

This has not happened to me personally, but to a staff member on my team. She was unable to continue mental health counseling due to client being incarcerated.

Clients often return to therapy treatment re-traumatized by incarceration and unable to continue with the previous course of treatment. Treatment focus must switch to coping with the trauma of recent incarceration rather than on larger goals of therapy.

Clients also go without anti-psychotic and other psychiatric medications while briefly incarcerated which then destabilizes the client, and requires treatment focus to be restabilization. This involves focusing on helping the client cope with an increase in symptoms (hallucinations, delusions, anxiety, depression, flashbacks etc.)

Treatment also must refocus on any life problems for the client as a result of incarceration (job loss, housing loss, missed appointments), which are exacerbated by an increase in symptoms due to retraumatization and lack of medication.

Incarceration, especially as a consequence for probation violations, is extremely disruptive to a client's therapeutic progress, and in many cases has led to failure of treatment, as clients are unable to regain stability after repeated periods of incarceration.

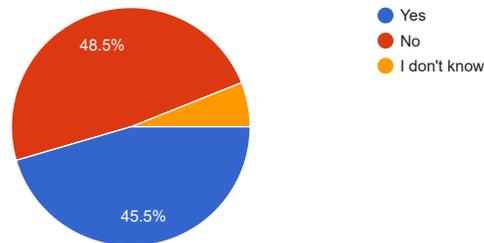
She (40F) was tackled in front of her teenage daughter and taken to the jail where she spent the weekend. It set us back in her mental health management and recovery, as well as created new trauma for her and her daughter to work through.

Systemic racism caused incarceration, lost jobs, emotional stress and community stress.

Has there ever been a time when a client/patient was incarcerated and you/your agency WAS ABLE to continue services (either by your agency providing, or by staff in the jail providing, comparable services)?

 Copy

33 responses



If yes, please briefly describe how you were able to maintain those services and how the continuity of care contributed to the well-being of your client/patient.

17 responses

Jail allows our medical case managers to visit incarcerated clients.

The jail has allowed us to visit to get paperwork signed for the housing process.

For case management services we have had relatively good luck getting in to see clients. For testing and treatment, not as much. Lack of HIV/HCV testing and treatment while incarcerated leads to delayed diagnosis and treatment which greatly impacts public health.

Patient released without support to get medications; Come to the clinic months later needing to be hospitalized or begin psych meds again.

This has happened one time in which I coordinated with jail staff to go visit a client to complete paperwork for housing.

There have been multiple instances where case managers can get housing steps done (signing paperwork), while the client is in jail but it's definitely hard.

It depends on how long a client is incarcerated if we are able to continue providing them services and casework. For example, for the Coordinated entry list (housing programs waitlist) if a client is inactive for 90 days they are supposed to be exited.

Before the pandemic started, we were able to do weekly testing for STD/HIV/HCV in the jails. This allowed us to get people tested and treated in a timely manner.

We provide our services WITHIN the jail, to women already incarcerated.

The jail allows us to provide individuals with reading glasses and prescription glasses.

prior to COVID could schedule time to visit in jail to see client

When pregnant people are incarcerated the jail can make OB appointments for them and transport them for these appointments

We have worked with nursing staff to continue medication.

I don't know specifics, but I have heard of a program in Centerstone where services can occur in the jail.

N/a

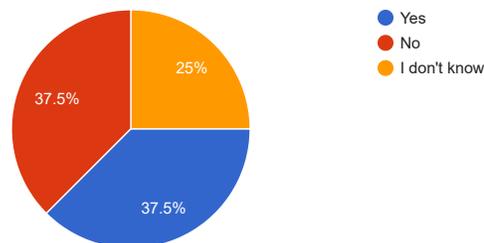
Brief incarceration caused short term disruption.

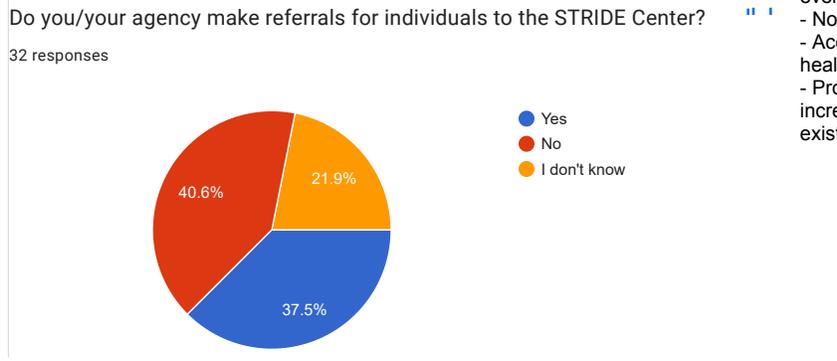
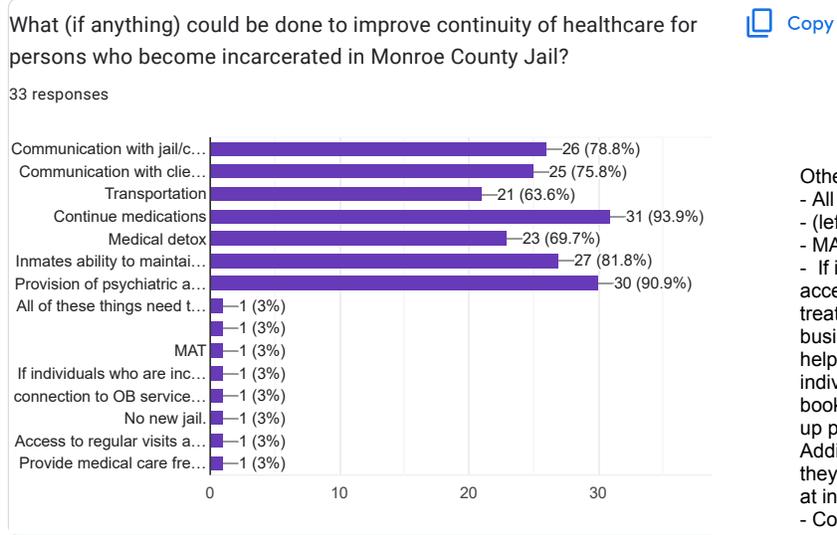
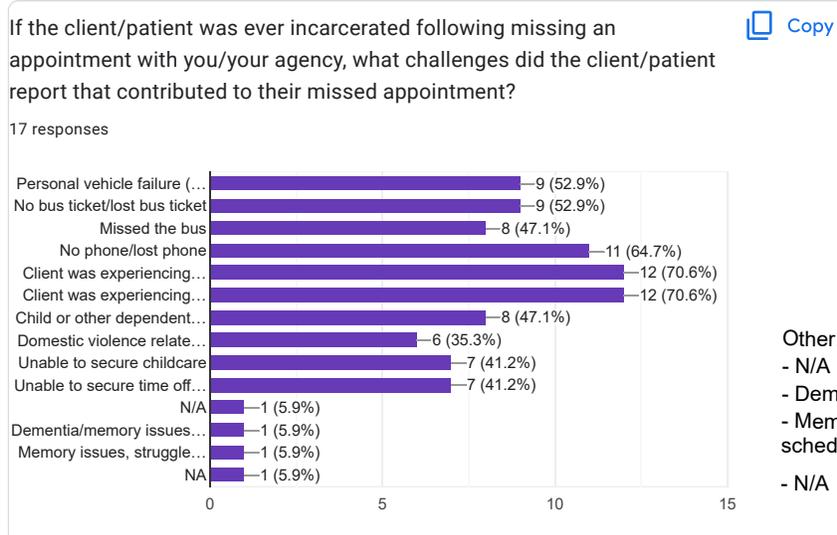
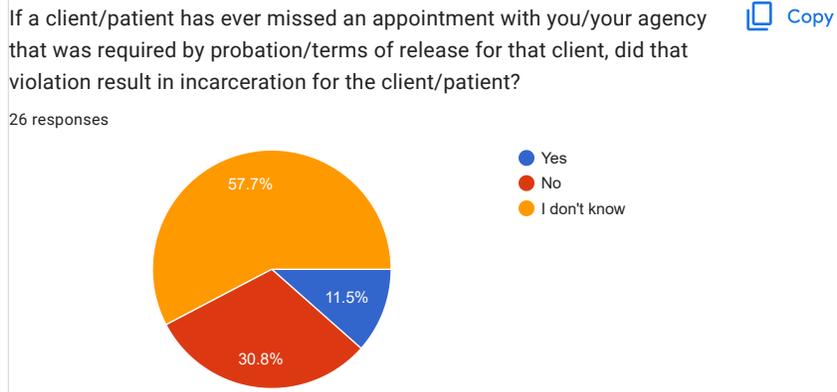
N/A

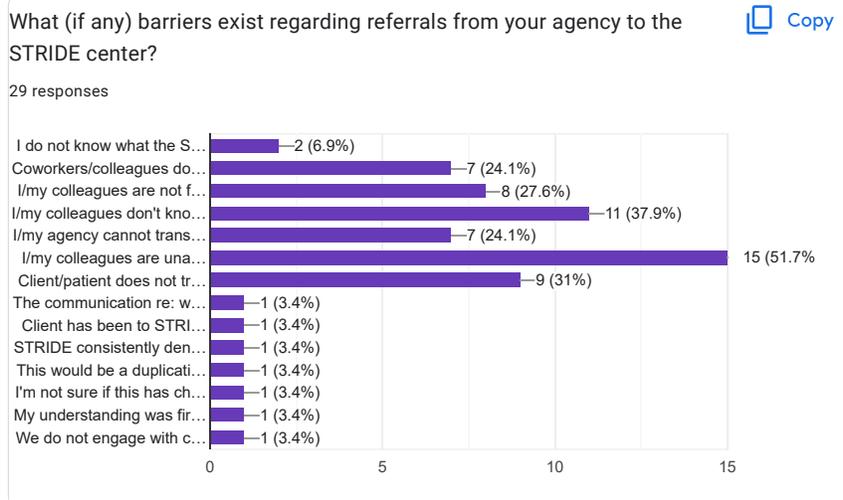
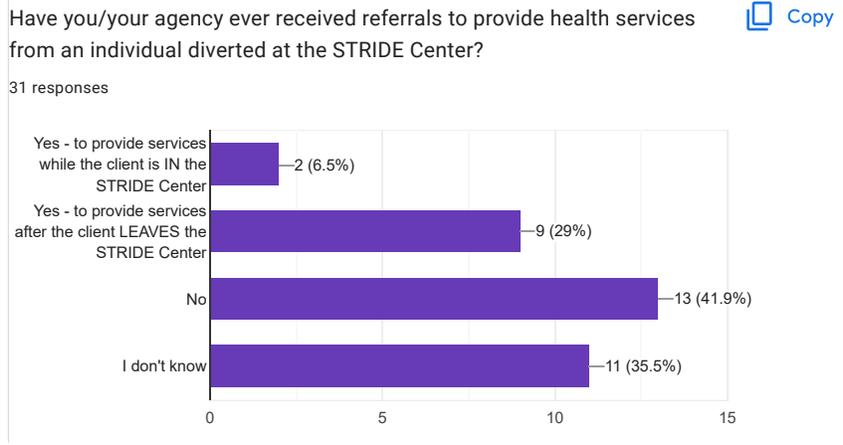
Has a client/patient ever missed an appointment with you/your agency that was required by probation/terms of release for that client?



32 responses







- Other:
- The communication re: what Stride can and cannot offer (which has changed since they opened) has not been great. I think the fact that only BPD and IUH ED could refer them when they first opened really did a disservice. There was a lot of talk about it being such a great resource and then hardly anyone could refer to them.
 - Client has been to STRIDE before and felt they didn't address their needed STRIDE consistently denies services to our clients in crisis for seemingly no reason
 - This would be a duplication of services for my agency.
 - I'm not sure if this has changed, but I know that individuals initially had to be transported to the STRIDE center via law enforcement. This was an immediate barrier to our organization referring our clients to this resource. Additionally, the STRIDE center is too close to the jail. Folks with a history of incarceration do not want to be near the jail, interact with law enforcement, etc. at all- even if they're off papers and have been for a prolonged period of time. The STRIDE center has incredible potential that I fear it will never reach if it continues to be (or appears to be) so closely aligned with law enforcement entities.
 - My understanding was first contact had to come thru police/ER referral
 - We do not engage with case workers in a formal way and do not have the ability to refer individuals to STRIDE



Please share any additional recommendations regarding ways to support diversion programming, particularly if the new jail location is outside of downtown. This may include ways that the new location might affect your services, what programming would need to be in close proximity to the new jail site, etc.:

14 responses

Building a new jail outside of town is insane.

It is imperative that inmates be formally connected to services before they are released. While I understand the rationale for outsourcing the medical care to private companies, there needs to be requirements for preventative care and testing in addition to care for existing medical conditions. If the answer to the question is "our medical team can't do that" there needs to be a process for figuring out who can do it. I do appreciate the option in the survey to select that "people should be able to keep their insurance while incarcerated". There needs to be a great deal of lobbying around this subject. I feel relatively certain that keeping people insured and in medical care while incarcerated is far cheaper in the long run than letting them go months being untreated and then released with a number of barriers to their insurance being reinstated quickly.

video calling with clients would be helpful

Employ people with lived experience with drug use and incarceration as support persons for clients. Trust between client and staff is critical for ensuring the client feels safe to disclose their concerns and needs. If a client does not trust or feel comfortable with the staff person, it's unlikely they will return to that person or organization for ongoing services.

Locating the jail outside of downtown proper will be a disaster for individuals impacted by the criminal legal system, those that work within the criminal legal system (attorneys, judges, etc.), and service providers working with these individuals.

When choosing a location where individuals from our community will be incarcerated for the next 50+ years, I plead that the Commissioners consider the realities of our clients - a majority lack any transportation, familial support, cell phones or means of communication, money, etc. Our clients are dependent on walking to/from the court house, probation, and other social service agencies. Moving the jail (& eventually courts) outside of walkable parameters to/from downtown is insensitive, uncaring, and will increase recidivism rates due to a lack of transportation.

Recommendations:

- 3 of the top 7 reasons why the jail is overcrowded (which increases wear and tear on a building) can be attributed to "violation of terms of placement (2nd largest reason)," "failure to appear (3rd largest)," and "probation violation (4th largest)." It seems our local government should be focusing on reducing revocations & recidivism and decreasing the amount of people incarcerated for nonviolent offenses.

- Our community needs support with assisting individuals with signing up for (& obtaining) Social Security Disability Insurance (SSDI) & securing payees.

- We need Community-Based Crisis Resource Centers (CRC's) that are not affiliated with or near the jail. CRC's are psychiatric crisis-intervention programs that provide recovery-focused assessment, stabilization, psychosocial groups and peer support. These should be 24/7 community-based alternatives to an emergency room or incarceration that's openly accessible to the community and doesn't require police escort for admission.

- More access to affordable community-based transitional/sober living. Services such as these that are associated with the criminal legal system will not be successful.

Be consistent with policy enforcement and screenings. Make efforts to retain staff who manage these external provider relationships. Be more receptive to working with community based prevention programming.

We are a collaborative partner with the Stride Center. We were initially supposed to be a partner to provide detox services to folks referred from Stride. We have never been contacted by Stride center to assist. We have scholarships set aside for this purpose.

We are very opposed to a new jail complex given it's stigmatizing and punitive view of those with substance use and mental health disorders. Jail is not treatment.

transportation is vital

The new location should not be outside of downtown, period.



We could continue providing services while clients are in jail, as long as there is funding to cover it. It doesn't have to be insurance.

We strongly recommend that the jail remains in town, and ideally that we prioritize fixing the current jail which is already in a logistically sound location for many community-based programs. If the jail was moved outside of downtown, there needs to be access to consistent public transport as well as close-by health clinics and emergency health services. However, the movement of established, trusted, knowledgeable health programming would likely not be logistically feasible.

My general recommendations are the following:

Re-evaluating current policies that allow probation officers to use re-incarceration as a consequence for minor probation violations such as missed meetings. Limiting the circumstances in which this consequence can be employed.

Centerstone upper management acknowledging publicly that they are over-burdened and not able to provide adequate individualized mental health care and are relying on treatment groups to serve those that require individualized treatment.

Centerstone upper management acknowledging their relationship with the criminal justice system, and the pressure put on clinicians to facilitate probation's goals for clients, especially those goals that contradict recommended evidence-based treatment.

The CJRC recognizing that there is a shortage of mental health treatment in our community and that building a new jail will not address this issue.

Local government financially investing in models of community mental health treatment where provider employment is not tied to productivity, which would reduce worker burnout, increase employee retention, and allow for the delivery of consistent, comprehensive, and ethical care.

Local government and the CJRC recognizing that there are other systemic issues that need addressed in our community that are not solved by building a new jail, including lack of affordable housing, need for increased sober living programs, lack of transportation, and increased cost of living.

Providing free transportation for all routine court appointments including daily reporting. Lack of transportation results in missed meetings which contributes to recidivism.

Abolishing drug screen fees which contribute to debt, distress, and the extension of probation length. Recognizing that some people have to choose between paying these fees and eating or paying rent.

The CJRC recognizing that policy and procedure changes can be made in the current jail that would improve conditions. And that building a new jail without first addressing these issues does nothing to prevent the same environment from being reproduced in the new jail.

Allocating funding to improve conditions in the current jail immediately, rather than dismissing wholesale the idea that any improvement is possible and using this as a justification for building a new jail.

Commissioning the recommended study of cost to repair the existing jail so that an accurate cost-comparison can be made to assess for the feasibility of extensive physical repairs.

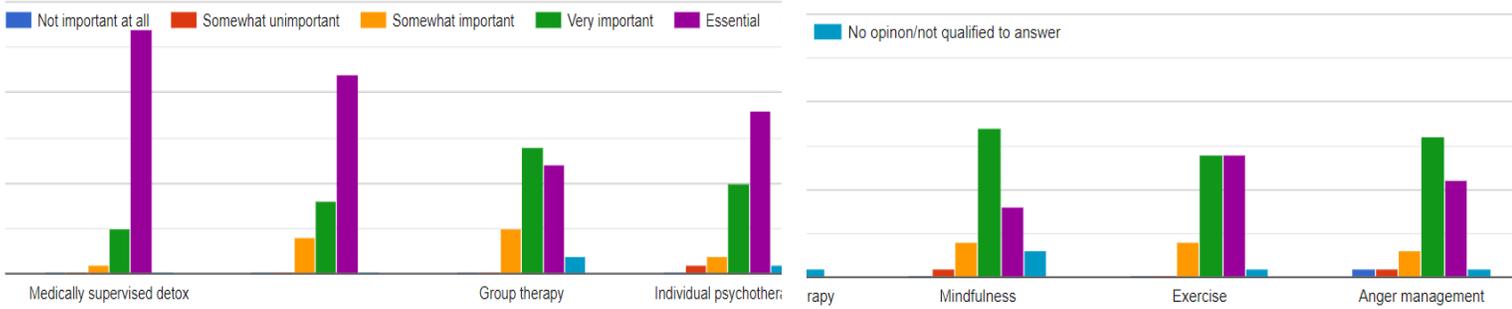
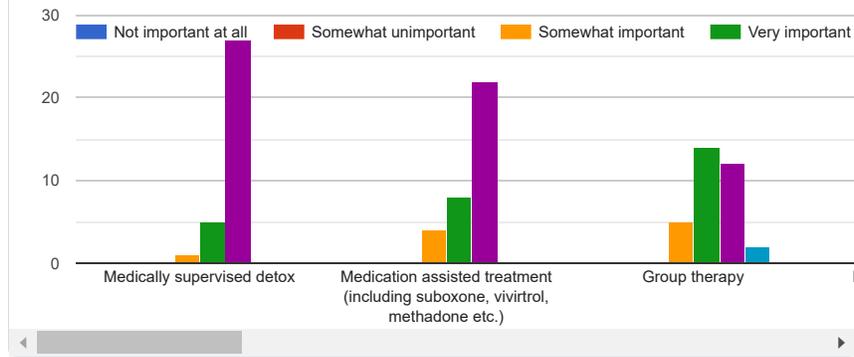
Reinstating the health department and judges to the CJRC.

I'm not able to see how a site outside of the city would have the social, medical, and legal infrastructure that is needed. Transportation would be a necessary component, and because people are on schedules and the weather is always a factor, a free personal shuttle/taxi between service locations would be needed. In my opinion, any site should be assessed for accessibility as a bare minimum. If we have to move the jail, I think it should follow the IU Health Hospital and move to the east side.

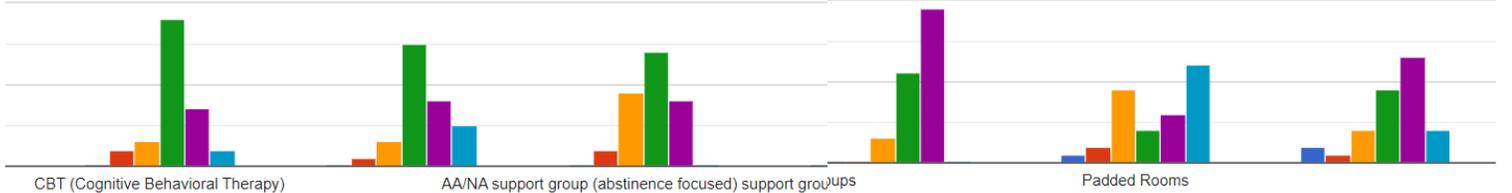
L.E.A.D programming; more transparency and outreach about how STRIDE works and who can refer; finding ways to ensure that the people providing supportive services in the community can connect with their clients on the way in to jail to maintain meds/therapeutic services as well as on the way out; more transparency in data on length of stay for different charges for focused diversion efforts; talk to people who are currently or recently incarcerated utilizing community gatekeepers



Please rate how necessary any of the following accommodations/supports are to support those with substance use disorder/mental health diagnosis/mental health crisis while in jail:



Medication Assisted Treatment (including suboxone, vivitrol, methadone, etc.)



DBT (Dialectical Behavioral Therapy)

Harm Reduction support group (any positive change including but not limited to abstinence)

Expanded problem solving courts (drug court, mental health court, re-entry court etc.)



Are there any additional supportive services that were not listed above that are important for inmate mental health/well being? Please describe the support and indicate if they are somewhat important, very important or essential.

12 responses

Better access to psych meds and a prescription upon leaving.

MAT - methadone or suboxone is ESSENTIAL CARE FOR THOSE IN CUSTODY AT ALL LEVELS OF THE PENAL SYSTEM

Good nutrition, high-quality physical health care, specialized care for pregnant people and new parents are all essential

It's important for the individual that is in jail to be released from jail as soon as possible to re-stabilize their life. Supportive/critical services such as treatment, physical/mental health care, etc. should be obtained by individuals in their communities - not inside incarceration.

I fear that our local government is beginning to combine the criminal legal system with the health care system and the recovery system, etc. There are many local organizations that have found GREAT success in supporting individuals in their recovery, with finding stable housing, etc. - these tasks shouldn't become the responsibility of the criminal legal system. Additionally, individuals shouldn't be incarcerated (away from their families, employment, etc.) for a longer period of time because of an in-jail substance abuse program. Recovery and treatment programs should be kept separate from the criminal legal system.

connection to programs that assist with transitions post release; insurance navigator to help reconnect to benefits etc; housing programs for transitions;

Prioritize quality prenatal care and early identification of pregnant people

MAT upon release from jail. Not using jail as punishment for minor offenses in problem solving courts.

Continued therapy with their prior therapists while in jail, so they don't lose progress and rapport

Behavioral support (applied behavior analysis) particularly for persons with learning differences, cognitive differences, or co-morbid diagnoses including ADHD, Autism, PDD-NOS, verbal communication deficits, etc.

Consistent access to medical appointments

Steady access to in-person visits from relatives, friends, and mentors (Essential)
Access to educational materials, creative activities, and opportunities for self-guided growth (Very important)

Consistent access to healthy, culturally appropriate food (Essential)

Life-skills trainings to prepare inmates post-release (Very Important)

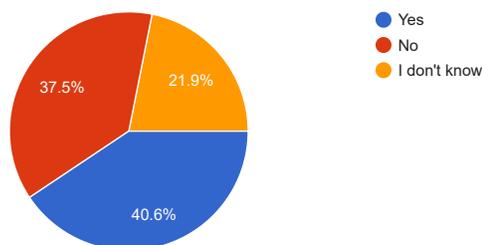
Opportunities and support for inmate-led workshops and programming (Very Important)

Access to prescribed medications/essential Re-entry support services/essential

Have you/your agency ever been connected to a client as a part of a problem solving court (mental health court, drug court, re-entry court etc.)?



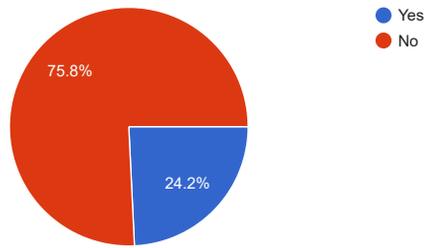
32 responses



Have you ever provided any health services/education to inmates physically within the jail itself?

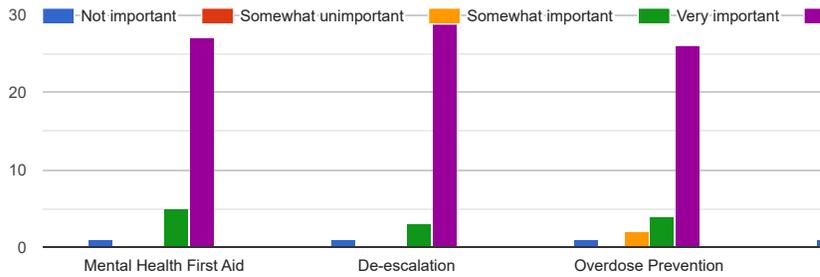
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33 responses

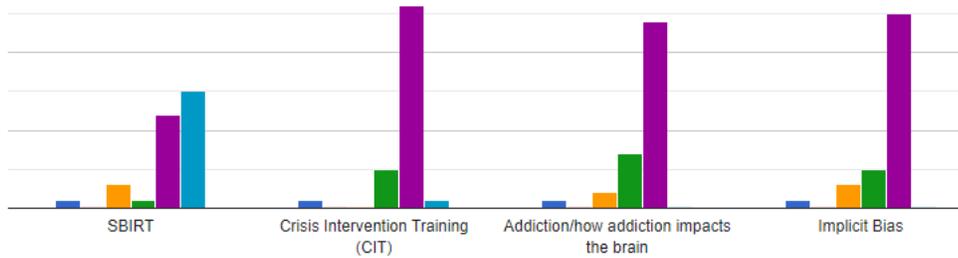


Please rank the importance of the following trainings for Jail staff (including healthcare staff in the jail):

[Copy](#)



Legend: Essential (purple), I don't know/unqualified to answer (cyan)



In your opinion, are there any other trainings (not listed above) that would be important for jail staff (including healthcare staff)? Please list and indicate whether the training is somewhat important, very important, or essential.

16 responses

DEI

The effects of traumatic brain injuries.

Naloxone/ risk of OD after release

cultural awareness of immigrants--more understanding of the cultures--beyond the biases they have.

Understanding that jail is a traumatic space in general and short term programs might not necessarily fix anything

OD/naloxone training (if not included in prevention training)- essential, available programming and where/how to access it within and upon exit- essential

Motivational Interviewing: Essential

Harm reduction education

Jail staff are not mental health providers. This question does not solve the problem of putting community corrections in the position to "treat" inmates. There are many resources and persons that are already trained to provide this care in the community.

ASIST

Trauma informed care

TBRI (more for youth, but also very helpful for adults with trauma)

Drug education (if I touch fentanyl will I explode, etc.)

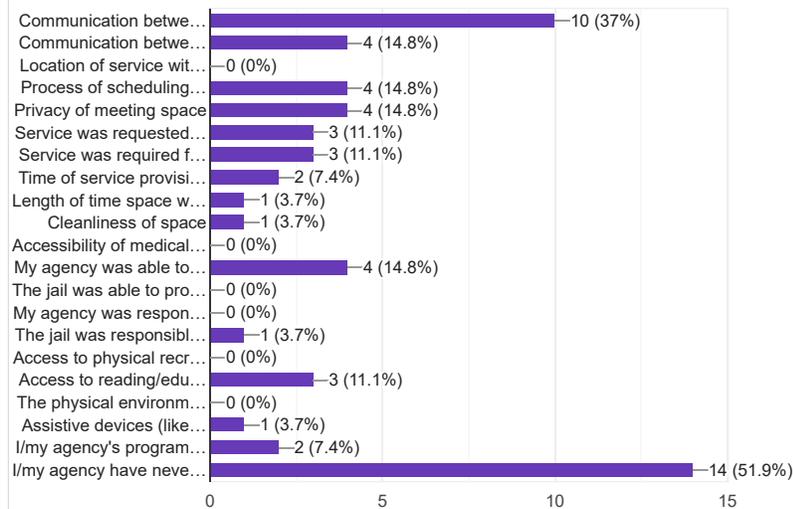
Trauma-informed care (Essential)

Trauma informed care training

Trauma Informed Care

Please describe factors that contributed to the SUCCESS of programming (group or one on one) provided within the jail itself (if any). [Copy](#)

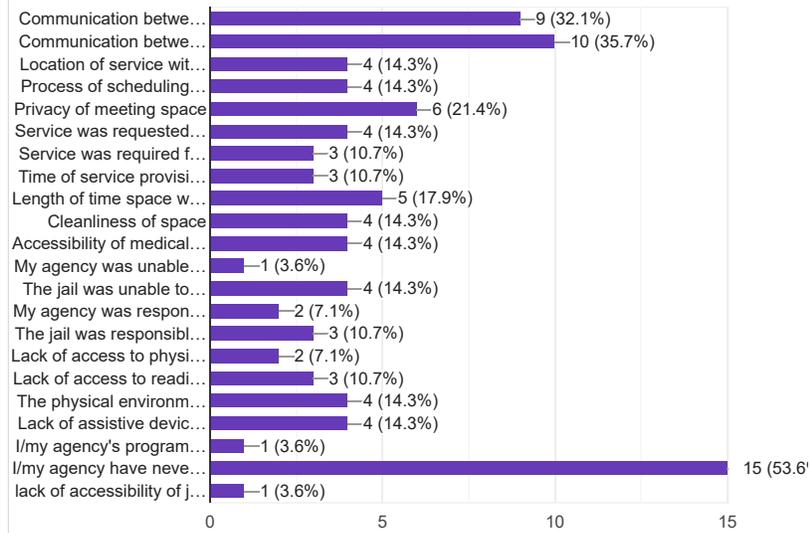
27 responses



Please describe factors that were BARRIERS to implementation of successful programming (group or one on one) offered within the jail itself (if any).

[Copy](#)

28 responses

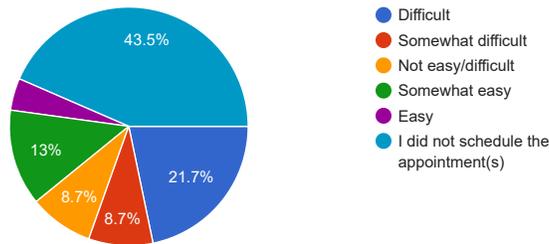


Other:
- Lack of accessibility of jail data (recidivism rates, top reasons for incarceration)

If you have ever met with a Monroe County Jail inmate in person one on one, how easy was it to schedule an appointment for a meeting room?

[Copy](#)

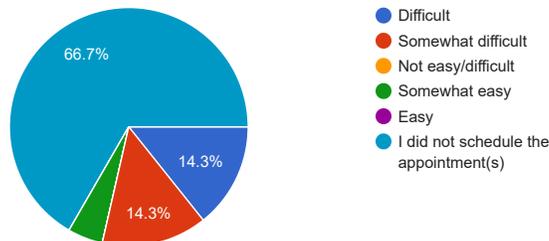
23 responses



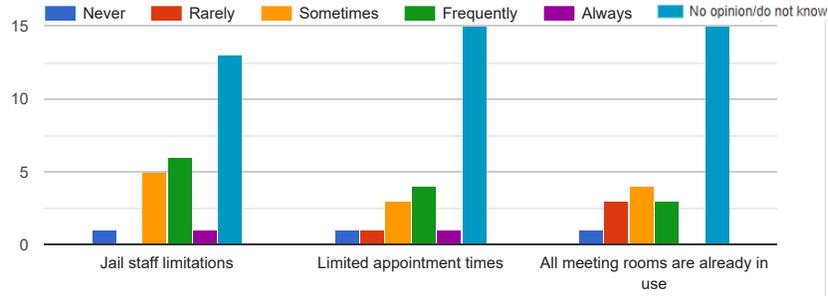
If you have ever met with Monroe County Jail inmates in a group setting in the jail, how easy was it to schedule an appointment for a meeting space?

[Copy](#)

21 responses

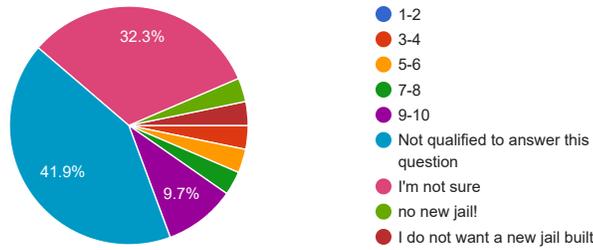


How often are you delayed in meeting with an inmate in-person because of: [Copy](#)



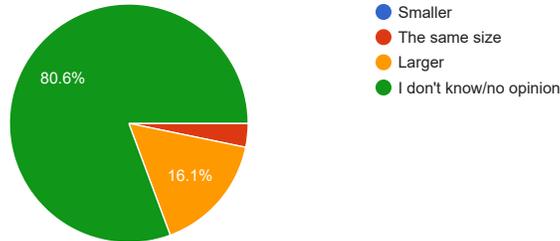
How many meeting rooms would you recommend for a new Monroe County jail? [Copy](#)

31 responses



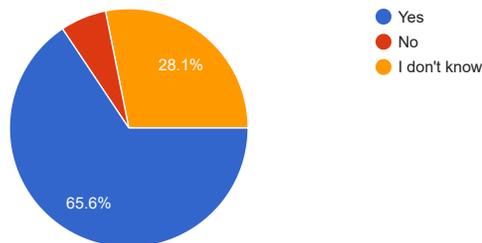
The in-person meeting rooms in a new Monroe County Jail should be [Copy](#)

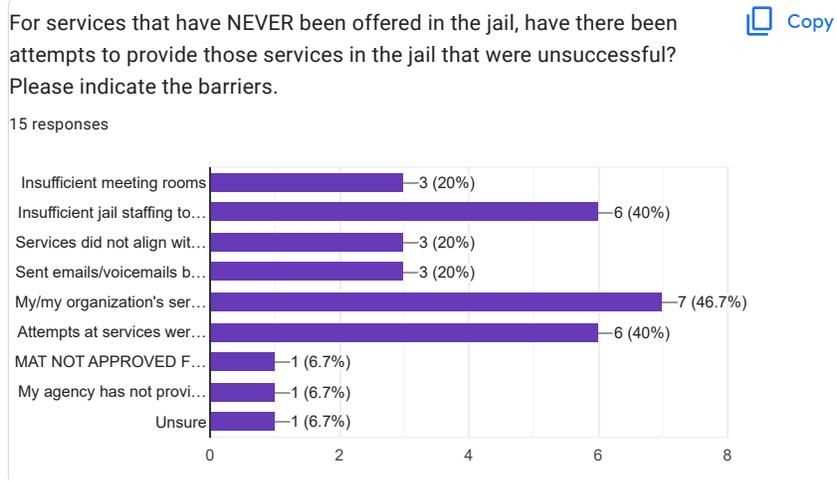
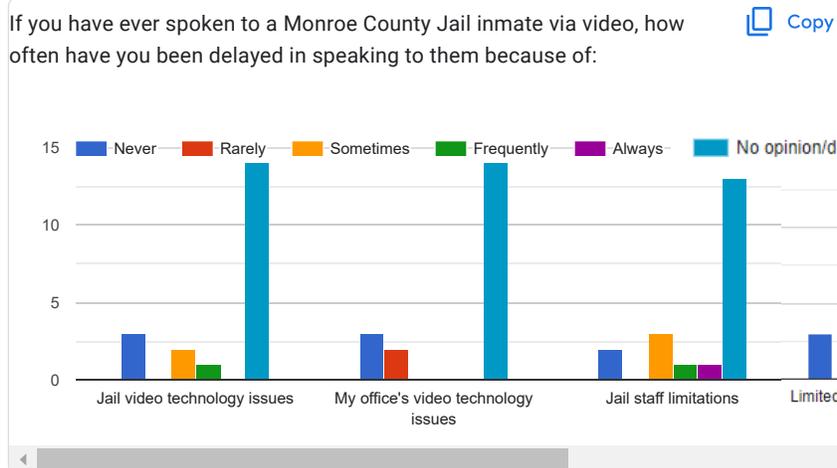
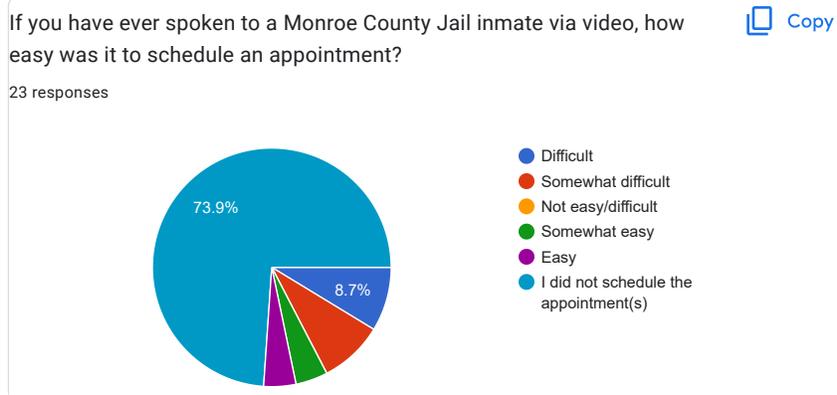
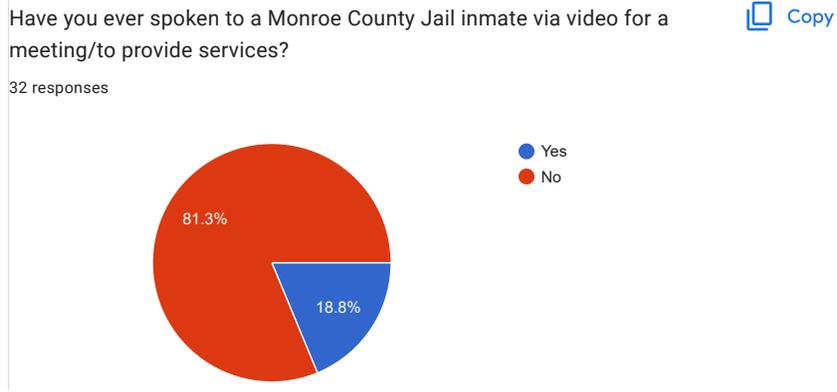
31 responses



Would the ability to speak with a Monroe County Jail inmate via video assist in your job responsibilities/continuity of client care? [Copy](#)

32 responses





Please describe any additional clarification or recommendations regarding ways to improve provision of services for inmates in a new Monroe County Jail. This may include how it would affect your ability to provide services in the jail if the new jail is built outside of the downtown area:

8 responses

Allowing providers to come in to do HIV/HCV/STI testing. This was in place for years but ended when the contracted medical company halted the service due to concerns about costs related to treating these conditions. This is absolutely absurd since there are providers outside of the jail who can treat these conditions regardless of the inmate's financial situation.

Medical assessment & care for potentially fatal or uncomfortable detox, not penalizing those withdrawing from substance.

A jail outside of the downtown area will make provision of services more difficult.

No new jail. Turning the jail into a mental health center is not a positive thing for our community.

Behavioral health is currently only mentioned in relation to CBT (cognitive behavioral therapy) and not Applied Behavioral Analysis, which is foolish. Learn about ABA and then use it.

- 1) Keeping the jail in a central, easily accessible location should be a priority
- 2) Jail staff should be well trained and supported in order to avoid staff shortages or high-turnover which can lead to services being suspended
- 3) We should not expect the jail to function as a mental health or social service facility. That responsibility requires specialized skills, resources, and ongoing, non-compulsory access to treatment.

I do want a new jail built.

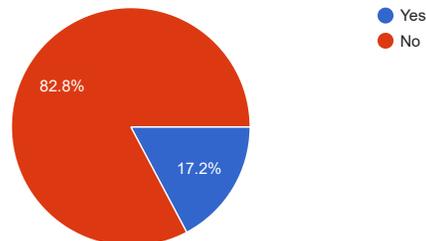
I think it is essential to utilize existing community partners to provide services and not expect jail staff to do the job of a mental health or social work professional. If it is built outside of downtown, there needs to be easy access for the service providers. If there is a way to get billable services in the jail I think there would be more continuity of care. Maybe look into finding other funding sources to pay for meds so that the cost burden is not on the inmate or on the jail itself

Exit Planning/Re-entry care (Intercept 4)

Have you ever collaborated with jail staff in the process of re-entry planning or post-incarceration care as a part of an inmate's exit from the jail?

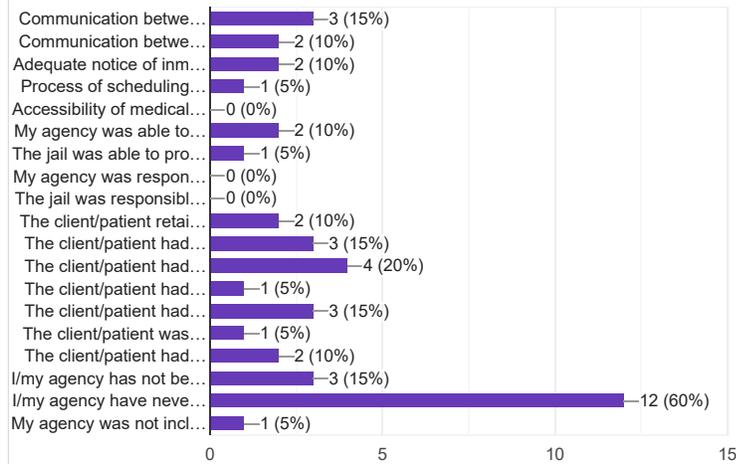
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29 responses



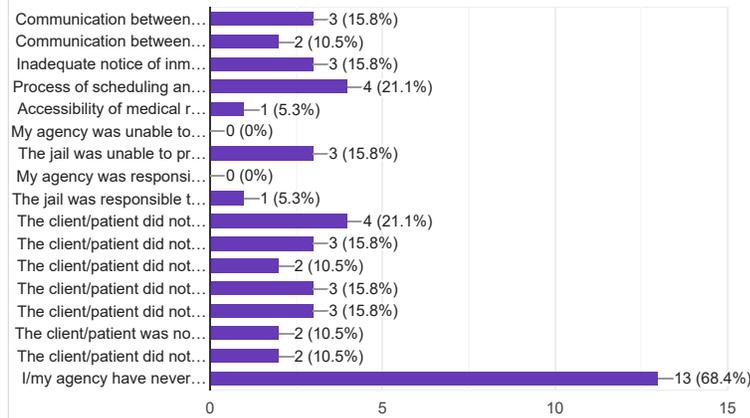
If you/your agency has ever collaborated with jail staff in the process of re-entry planning, please select factors that CONTRIBUTED TO THE SUCCESS of exit planning (if any). [Copy](#)

20 responses



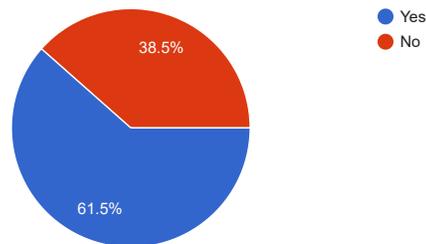
If you/your agency has ever collaborated with jail staff in the process of re-entry planning, please select factors that were BARRIERS to successful exit planning (if any). [Copy](#)

19 responses



Have you ever provided health services to a person recently incarcerated that you did NOT have a part in the re-entry planning? [Copy](#)

26 responses



For instances where your staff/services were NOT included as a part of exit planning for the incarcerated individual, please describe in 1-2 sentences how the absence of collaboration affected the health and well-being of the individual who was incarcerated.

15 responses

It interrupted access to medication, health care and the extra support a client could have received from case managers. It would have made the process easier for the inmate AND jail staff if collaboration occurred.

Delay in receiving medical care and housing assistance that contributed to their recidivism.

Person was released after 6 days with injuries & severe alcohol withdrawals after having seizures at a grocery store, police were called instead of EMS, resulting in worst outcome for person

Patient did not have appropriate meds; no appointment was scheduled; patient's insurance expired so patient could not afford necessary medications, procedures and appointments.

My program consistently provides health services to folks recently incarcerated. It is difficult to follow up with care that was administered in the jail if we do not know the details of it and therefore, the most common issues arise regarding medications and knowing what prescriptions need to be continued/adjusted, etc.

Individuals get released with no plan for their day to day and are left figuring it out/getting there themselves. Most of the time, they don't have any clothing and are left to find it at resources that don't always have appropriate sizes.

Upon exit from jail, my client no longer had housing or employment.

The individuals to whom we provide services following their incarceration are almost always individuals who used our services prior to their incarceration. Absence of collaboration prevents individuals who are unaware of our services from accessing safer use supplies, Hep C and HIV testing, naloxone, connection with other people with lived experience of drug use, and referrals to other trusted social service agencies we partner with.

It's hard to promptly assist people when the first time we talk to them is at our office as soon as they've been released and there's nothing lined up for them yet. We find much more success when we can work with individuals while they're incarcerated and set up treatment/housing before they're released so they don't have to spend any time on the streets.

We are usually unaware when pregnant patients are discharged, and they do not know the dates of future scheduled appointments

Client was schedule to be released and we provided transport. We were told by jail to present at a certain time for release to facilitate transport. Upon arrival, jail staff didn't know who we were and we were told the inmate could not be released to us. This resulted in inmate staying another 24 hours. We returned the next day to be told by a guard that they messed up.

Lack of collaboration/full story can lead to mistrust and confusion, along with interrupting streamlined access to services that can lower success once released.

We have patrons who were recently incarcerated come in for basic hygiene products, food, and resources for housing and jobs. They have expressed that they feel like they don't have a safe place to stay and are struggling to get access to financial assistance or programming.

Clients would routinely be the first to inform me that they had been incarcerated since their previous session. This resulted in conducting unexpected crisis sessions to address lost housing, employment and lack of income due to incarceration. This also often meant they could no longer afford needed medication, or were unable to pay their phone bill so loss of communication. This also resulted in increase in traumatic reaction to jail itself, suicidal ideation, self harm, and fear of being incarcerated for another probation violation if they couldn't find new work/housing/obtain a phone etc. This experience was the norm, not the exception.

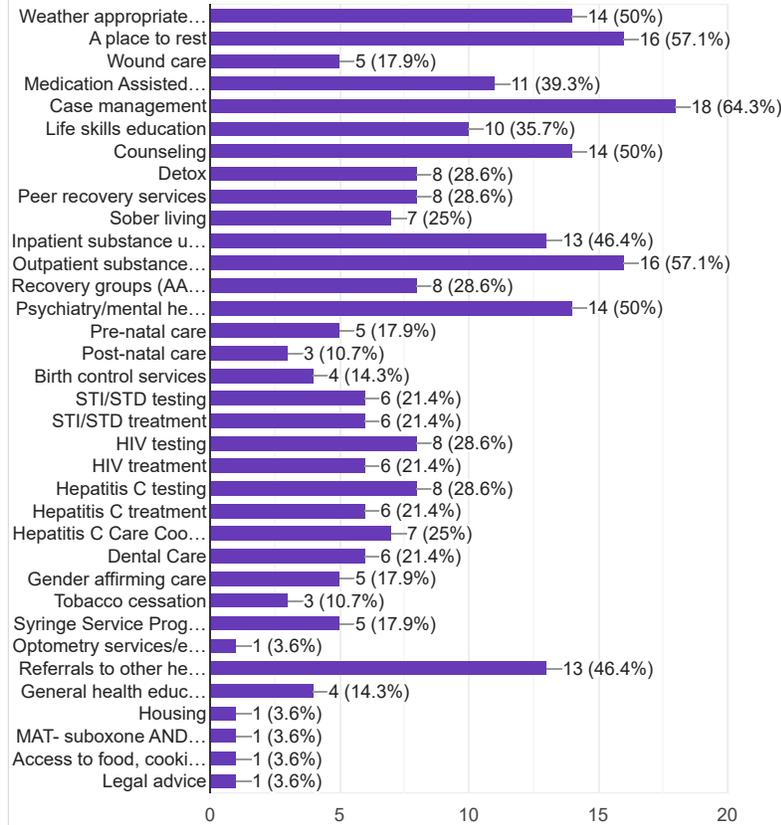
Folks have expressed feeling like they're starting at ground zero, losing housing, job, insurance etc. has negative effects on physical and mental well-being both short and long term



What are the top requests relating to health and wellness that individuals recently released from jail seek from you/your agency?



28 responses

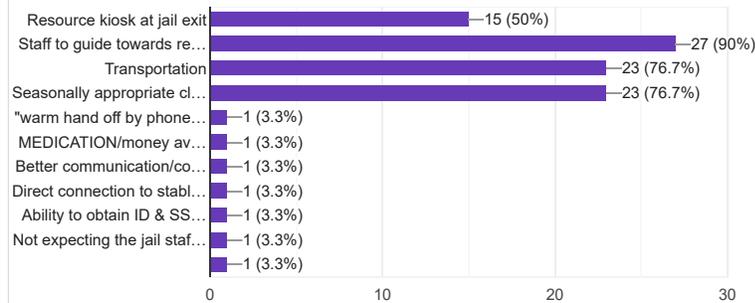


- Other:
- Housing
 - MAT- suboxone AND METHADONE
 - Access to food, cooking skills, and essential hygiene products
 - Legal advice

From your observation, what would be helpful in helping persons in Monroe County jail get access to the resources they need upon release?



30 responses



- Other:
- "warm hand off by phone call" is vague. Needed appointments should at least be scheduled before relief if not started (when possible) before released.
 - MEDICATION/money available for people
 - Better communication/coordination between jail staff and service providers
 - Direct connection to stable housing, medication management, **well-staffed** case management services, health providers
 - Ability to obtain ID & SSC while incarcerated, if we could prevent their SNAP/HIP benefits from lapsing while incarcerated
 - Not expecting the jail staff to treat problems they aren't qualified to treat.
 - (left blank)



Is there anything else that should be considered to make re-entry planning successful in a new Monroe County Jail? This may include but is not limited to any additional considerations regarding proximity to services, caseload management, grant/billing limitations etc.

10 responses

Location needs to be able to release inmates & give them immediate access to care/transportation/money/planning/medications

Coming up a plan with a case manager, making sure they have a primary care doctor (and if they don't working on a plan to find them one), making sure they are aware of all their resources and setting up transportation (case managers or giving out multiple bus tickets). Most of the clients in the justice system who are experiencing homelessness TYPICALLY have a case manager, so better communication as a community with the justice system will change a lot.

Incarceration negatively impacts several life domains (housing, employment, child custody). When these domains aren't sustained during incarceration the likelihood of recidivism increases. This should be a major consideration in determining if incarceration is appropriate.

Services should be low-barrier, provide transportation to people without reliable transportation, offer flexible/drop-in appointment times, employ people with lived experience who are trusted by the people they're serving

When people are released from jail, they MUST be able to walk to social service providers for resources.

Do not expand the jail.

Be able to bill for services while incarcerated would be most helpful.

Life skills training; affordable housing options upon release; job opportunities and job/interview/application training programs; life management skills; aid getting access to immediate medication & insurance

I do not want a new jail. Increased access to re-entry services prior to exit. Increased access to housing/sober living upon exit.

Clients need to be able to communicate with their community support service providers and have adequate communication to prepare them for re-entry. Invest in transitional housing for folks who are waiting on a bed in a detox center or another housing facility. Make sure the person has sufficient transportation

Additional Comments



In a couple of sentences, what can our community do to reduce recidivism?

28 responses

Affordable housing

Address mental health and substance use issues more thoroughly; reduce stigma and isolation

Get people the mental health care that they need. Really sick people are getting arrested and released over and over again and nobody makes them get help. Hospitalization is a better option than letting them get incarcerated repeatedly and wreak havoc on the community when they are not.

Get inmates ENGAGED in the services they need before being released. Making an introduction via phone and/or sending the inmate with a list of places to call is not very helpful.

Stop arresting those who have substance use disorder for non violent offenses

Hold agencies, service providers, public officials, etc. accountable to doing what they say is their mission. Advocate and lobby at local and state levels of government to bolster efforts to decrease homelessness and housing insecurity, and increase funding for mental health/substance use treatment, i.e. push to make homelessness on elected officials priority list. Community town halls in convention center or similar location where EVERYONE involved in criminal justice, homelessness, and health care sit and talk together.

Having better communication with organizations that work consistently with individuals who are in and out of the system will help reduce recidivism. Actually using places like stride and having the DRO's approach the situation first if they are familiar with the individual would help a lot. Giving individuals more options to grow and working on getting more people on mental health court and programs like that. I am not even sure how to help get people into programs like that.

More easily accessible mental healthcare, continuity of care and wholistic care services that remain in (constant) contact with clients/patients after release and are consistently available. Reentry/post release programming required for ALL, that they don't have to seek out themselves, and reduced barriers to access such. Additional training to parole/probation officers to also be social service case managers that can make referrals. Open lines of communication between services. LOW INCOME HOUSING, including increase in sober living facilities and transitional supportive housing.

collaborate with services to provide wrap-around care for folks exiting incarceration to set them up for success

Provide more affordable housing so people have a safe place to be. Cut down on drug/alcohol related arrests. Reduce police force.

Focus on L.E.A.D. rather than adopting some aspects of the L.E.A.D. model.

Lower barriers to accessing stable housing; offer better jobs for people with criminal histories; flexible/drop-in hours at service providers, help with medication management, having multiple resources located in one place (a "one-stop shop"); better MAT programs that do not punish the smallest of infractions by withholding doses, more opportunity for take-homes, overall fewer hoops to jump through

Eliminate punitive bail for minimal offenses. Invest in housing for the persistently homeless. Provide copious amounts of life-skills education in jail.

Stop incarcerating people for non-violent violations. Invest funding in transitional housing/sober living, Community-Based Crisis Resource Centers (CRC's), and organizations that are equipped to support individuals with mental health struggles.

connect to services vs. being solely punitive based. Substance use and mental health often increases recidivism but we don't have supportive connective and active programs running to support while incarcerated and care coordination to continue supports that may involve insurance gaps/costs when released. Often they don't have phone numbers that are active/working and not supportive healthy housing to release to.

Invest less in these types of facilities and invest more in prevention



Without titles or organizational/community politics-bring all players to the table to talk about barriers created by the agencies- not the inmates. Do not build a new jail.

Increase access to housing and fewer high-rent apartments being built. More collaboration with service providers.

More programming that require accountability with drug screening, incentive programs that include gift cards, bus tickets, gas cards, phone minutes, etc.. for complying with requirements.

More and cheaper access to GOOD mental health resources in the community.

Eliminate any and all financial incentives for recidivism. Tie funding in jail programs to successful outcomes rather than occupied beds. Provide standards of habitation and care that meet or exceed the standards in western Europe or Canada.

low barrier housing for the unhoused.

Better communication/more wraparound approach

The city and county need to prioritize investing in community members by ensuring they have access to the fundamental resources and services- safe housing, medical insurance and access to health services incl. harm-reduction, food, fair wages, financial assistance/federal aid (SNAP, WIC) - that allow individuals to meet their basic needs. We also need to stop incarcerating people for technical probation violations, low-level and non-violent crimes, or substance abuse violations and instead ensure the community groups (ex. NLNL, STRIDE, Centerstone etc.) have the institutional support to continue their services.

Request concrete data about primary reasons for incarceration in Monroe County and re-evaluate the number of people being incarcerated for non-violent offenses, including probation violations such as missing meetings, violating curfews, or spending time with people that probation has forbidden. Recognize that this is an approach that worsens outcomes and fuels recidivism.

Provide funding for more affordable permanent housing as well as sober living facilities.

Pay case managers, therapists, social workers etc. more, and allow them to maintain feasibly-sized caseloads without fear of termination.

Resources need to be directed towards community owned programs that serve with dignity and take care of people that need help.

Housing. Jobs. Case management.

There's a series of studies called Rat Park looking at the environment and addiction - use those findings to create a stronger community, build resilience, focus on integrated housing first, support the community caseworkers who are supporting the 'frequent flyers'



As planning for the new jail continues, is there anything else that we should be aware of relating to healthcare services and the carceral system (including but not limited to barriers, successful partnerships, requested classes/services, physical space, general observations)?

18 responses

More people should be getting on psych and recovery meds in jail and have continuity of care after incarceration. Maybe a follow up appointment with a jail psychiatrist after release.

Must partner with people who use drugs/HARM REDUCTION PROGRAMS, MAT THERAPY

Better and consistent communication among agencies within the community.

there is a huge need for more successful partnerships!!!

Individuals should be able to go outside for some outside time, they get very depressed and anxious when stuck in a dark building. They deserve to be listened to if they're asking for doctors appointment, especially pregnant women.

The jail should remain in an accessible location. Putting more money and initiative toward care services would decrease the need for a new expensive jail. Building low income and supportive housing options would drastically decrease need for this new expensive jail!

invest in social and structural supports for the low income community instead of a shiny new jail to further criminalize our community members

People with substance abuse disorder who have been incarcerated and therefore have not had access to substances are likely to experience higher rates of overdose when released from incarceration. MAT is one way to mitigate this. Making Naloxone available to people being released from incarceration is another way to reduce the likelihood of fatal overdose.

Hire more people of color, more social workers, more healthcare providers; Hire fewer staff with backgrounds solely in corrections; offer more resources to people with children/people who are pregnant

We need to be able to provide mental health care to individuals outside of the carceral system.

working relationships with community partners for items such as STI testing/treatment; programs that can transition them from incarceration to outpatient to avoid gaps in care particularly for mental health and substance where barriers to care are harder and with longer delays to access.

Will STRIDE Center be part of the new complex? Bus line? Concerns about distance from downtown and encampments/housed individuals and presenting for appointments.

Treating people with dignity and respect rather than like dangerous animals is better in the long term. If guards are terrified of inmates, they should seek other employment.

We have consistently heard that New Leaf New Life is a trusted resource in town. There is little evidence that shows that medical/healthcare services provided while being incarcerated actually leads to healing or long-term improvements in health/substance use/mental health. Rather, being incarcerated is a traumatic experience. We need to stop turning to the carceral system to fill the gaps in community, social and public health services in Monroe County.

I've already said a lot! Thank you for creating this survey!

They shouldn't lose their Medicaid benefits in jail.

Needs assessment prior to release and availability of services after.

Talk to the people who've been incarcerated - they know best what their needs are. I worry about making treatment coercive as a part of building a new jail - I think it's important to have mental/physical health treatment options for folks not connected to the system already in the jail itself, but that should not replace community supports or an actual medical detox/treatment facility with highly trained professionals.





Survey for community partners providing health services to those impacted by the criminal justice system.

None of the answers in this survey are required nor are they name linked.

This survey is a part of the Monroe County Health Department's (MCHD) contribution to the Community Justice Response Committee (CJRC). We are reaching out to our community partners that provide healthcare/mental healthcare and social services to those who intersect with the criminal justice system at any intercept (community support, in jail, exit planning and preventing recidivism), to better understand ways to improve health outcomes for those incarcerated as a part of the planning process for the new jail.

By completing this form you are giving permission to share any responses on this form with the CJRC members. Again, none of the answers are required nor are they name linked.

We appreciate your taking the time to complete this survey with your honest and thoughtful feedback. This survey will take approximately 15-30 minutes to fill out depending on the level of detail for the open ended questions.

We are asking that you complete this survey by Monday, January 30th so that we can present any findings at the February 6th CJRC meeting.

You

may also print the survey and drop it off at the main Health Department office at 119 W. 7th Street attn.: Melanie Vehslage or Kathy Hewett during business hours (8a-4p M-F).

If you are not already familiar with CJRC, please visit their Committee page including links to relevant studies , findings, previous meeting recordings, and to stay updated on any upcoming meetings: <https://www.co.monroe.in.us/department/board.php?structureid=178>

We have attempted to frame the questions in this survey in reference to the Sequential Intercept Model. For more information on the intercepts: <https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>

If you have any questions about this survey, please contact Population Health and Outreach staff at MCHD: Melanie Vehslage mvehslage@co.monroe.in.us or Kathy Hewett khewett@co.monroe.in.us

1. Organization/Program
-

2. I confirm that I/my agency has worked with at least one person who has been personally impacted by the criminal justice system in Monroe County.

Mark only one oval.

Yes

No

Community
Services
(up to and
including
Intercept
0)

"Involves opportunities to divert people into local crisis care services. Resources are available without requiring people in crisis to call 911, but sometimes 911 and law enforcement are the only resources available. Connects people with treatment or services instead of arresting or charging them with a crime. "

3. What services do you/your agency provide related to general healthcare in the community? Select all that apply:

Check all that apply.

- Pre-natal care
- Post-natal care
- Birth control services
- STI/STD testing
- STI/STD treatment
- HIV testing
- HIV treatment
- HIV Care Coordination/Case Management
- Hepatitis C testing
- Hepatitis C treatment
- Hepatitis C Care Coordination/case management
- Dental
- Gender affirming care
- Tobacco cessation
- Optometry services/eye care
- Primary care/wound care in an office setting
- Primary care/wound care in non-clinic setting, aka 'street medicine'
- Referrals to healthcare providers
- General health education classes/groups (nutrition, physical activity etc.)
- None of the above
- Other: _____

4. What services do you/your agency provide related to substance use/mental health in the community? Please select all that apply:

Check all that apply.

- Non medical case management
- Medical case management
- Life skills education
- Counseling
- MAT (medication assisted treatment)
- Detox
- Peer recovery services
- Sober living
- Inpatient substance use/mental health services
- Outpatient substance use/mental health services
- Substance use/mental health focused education classes
- Recovery groups (AA, NA, harm reduction group, group therapy, etc.)
- Syringe Service Program/Syringe Exchange Program
- Psychiatry/medical provider specializing in mental health
- Crisis hotline
- Mobile crisis outreach team
- None of the above
- Other: _____

5. When a client/patient comes to you with a mental health/substance use related crisis, who do you connect with first? Select any/all that apply:

Check all that apply.

- 911
- 988
- STRIDE
- IU Health Hospital (including ED)
- IU Health Stress Care/Crisis Care
- Meadows Hospital
- Monroe Hospital (including ED)
- Contact on-call therapist within my agency
- Downtown Resource Officers (DROs)
- Bloomington Police Department Social Workers
- Bloomington Fire Department Mobile Integrated Healthcare Coordinators
- I make safety plans with clients
- I connect with other staff within my agency
- Other: _____

6. Are you familiar with 988 Crisis Line?

Mark only one oval.

I've never heard of 988

1

2

3

4

5

I am familiar with and have called 988 with/on behalf of clients

Law
Enforcement
(intercept 1)

"Involves diversion performed by law enforcement and other emergency service providers who respond to people with mental and substance use disorders. Allows people to be diverted to treatment instead of being arrested or booked into jail."

7. Has there ever been a disruption in your ability to provide any health service due to your client/patient becoming incarcerated?

Mark only one oval.

Yes

No

I don't know

8. If yes, please briefly describe the nature of the disruption and any health outcomes for the client/patient.

9. Has there ever been a time when a client/patient was incarcerated and you/your agency WAS ABLE to continue services (either by your agency providing, or by staff in the jail providing, comparable services)?

Mark only one oval.

- Yes
 No
 I don't know

10. If yes, please briefly describe how you were able to maintain those services and how the continuity of care contributed to the well-being of your client/patient.

11. Has a client/patient ever missed an appointment with you/your agency that was required by probation/terms of release for that client?

Mark only one oval.

- Yes
 No
 I don't know

12. If a client/patient has ever missed an appointment with you/your agency that was required by probation/terms of release for that client, did that violation result in incarceration for the client/patient?

Mark only one oval.

- Yes
 No
 I don't know

13. If the client/patient was ever incarcerated following missing an appointment with you/your agency, what challenges did the client/patient report that contributed to their missed appointment?

Check all that apply.

- Personal vehicle failure (car trouble)
- No bus ticket/lost bus ticket
- Missed the bus
- No phone/lost phone
- Client was experiencing mental health crisis (including being in the hospital)
- Client was experiencing physical health crisis (including being in the hospital)
- Child or other dependent ill/in crisis
- Domestic violence related (blocked from leaving by domestic partner)
- Unable to secure childcare
- Unable to secure time off work
- Other: _____

14. What (if anything) could be done to improve continuity of healthcare for persons who become incarcerated in Monroe County Jail?

Check all that apply.

- Communication with jail/client upon entry
- Communication with client/jail upon exit
- Transportation
- Continue medications
- Medical detox
- Inmates ability to maintain insurance while incarcerated
- Provision of psychiatric and/or medical evaluation upon entry
- Other: _____

15. Do you/your agency make referrals for individuals to the STRIDE Center?

Mark only one oval.

- Yes
- No
- I don't know

16. Have you/your agency ever received referrals to provide health services from an individual diverted at the STRIDE Center?

Check all that apply.

- Yes - to provide services while the client is IN the STRIDE Center
- Yes - to provide services after the client LEAVES the STRIDE Center
- No
- I don't know

17. What (if any) barriers exist regarding referrals from your agency to the STRIDE center?

Check all that apply.

- I do not know what the STRIDE Center is
- Coworkers/colleagues do not know what STRIDE is
- I/my colleagues are not familiar with the criteria for admission to STRIDE
- I/my colleagues don't know how to make a referral to the STRIDE center
- I/my agency cannot transport clients/patients to STRIDE
- I/my colleagues are unaware of outcomes (either positive or negative) for clients who used STRIDE's services
- Client/patient does not trust STRIDE
- Other: _____

18. Please share any additional recommendations regarding ways to support diversion programming, particularly if the new jail location is outside of downtown. This may include ways that the new location might affect your services, what programming would need to be in close proximity to the new jail site, etc.:

Services in Monroe County Jail (Intercept 3)

including but not limited to abstinence)

Padded Rooms

Expanded problem solving courts (drug court, mental health court, re-entry court etc.)

20. Are there any additional supportive services that were not listed above that are important for inmate mental health/well being? Please describe the support and indicate if they are somewhat important, very important or essential.

21. Have you/your agency ever been connected to a client as a part of a problem solving court (mental health court, drug court, re-entry court etc.)?

Mark only one oval.

- Yes
 No
 I don't know

22. Have you ever provided any health services/education to inmates physically within the jail itself?

Mark only one oval.

- Yes
 No

23. Please rank the importance of the following trainings for Jail staff (including healthcare staff in the jail):

Check all that apply.

	Not important	Somewhat unimportant	Somewhat important	Very important	Essential	I don't know/unqualified to answer
Mental Health First Aid	<input type="checkbox"/>					
De-escalation	<input type="checkbox"/>					
Overdose Prevention	<input type="checkbox"/>					
SBIRT	<input type="checkbox"/>					
Crisis Intervention Training (CIT)	<input type="checkbox"/>					
Addiction/how addiction impacts the brain	<input type="checkbox"/>					
Implicit Bias	<input type="checkbox"/>					

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24. In your opinion, are there any other trainings (not listed above) that would be important for jail staff (including healthcare staff)? Please list and indicate whether the training is somewhat important, very important, or essential.

25. Please describe factors that contributed to the SUCCESS of programming (group or one on one) provided within the jail itself (if any).

Check all that apply.

- Communication between my agency and jail staff
- Communication between jail staff and inmate/client(s)
- Location of service within jail
- Process of scheduling an in person appointment
- Privacy of meeting space
- Service was requested by inmate(s)
- Service was required for inmate(s)
- Time of service provision (am/pm)
- Length of time space was available for service provision
- Cleanliness of space
- Accessibility of medical records
- My agency was able to deliver medication
- The jail was able to provide medication
- My agency was responsible to pay for medication
- The jail was responsible to pay for medication
- Access to physical recreation for inmate
- Access to reading/educational materials for inmate
- The physical environment in the inmate's cell
- Assistive devices (like glasses, hearing aids, interpreter services etc.)
- I/my agency's programming was not successful
- I/my agency have never provided programming in the jail itself
- Other: _____

26. Please describe factors that were BARRIERS to implementation of successful programming (group or one on one) offered within the jail itself (if any).

Check all that apply.

- Communication between my agency and jail staff
- Communication between jail staff and inmate/client(s)
- Location of service within jail
- Process of scheduling an in person appointment
- Privacy of meeting space
- Service was requested by inmate(s)
- Service was required for inmate(s)
- Time of service provision (am/pm)
- Length of time space was available for service provision
- Cleanliness of space
- Accessibility of medical records
- My agency was unable to deliver medication
- The jail was unable to provide medication
- My agency was responsible to pay for medication
- The jail was responsible to pay for medication
- Lack of access to physical recreation for inmate
- Lack of access to reading/educational materials for inmate
- The physical environment in the inmate's cell
- Lack of assistive devices (like glasses, hearing aids, interpreter services etc.)
- I/my agency's programming was not successful
- I/my agency have never provided programming in the jail itself
- Other: _____

27. If you have ever met with a Monroe County Jail inmate in person one on one, how easy was it to schedule an appointment for a meeting room?

Mark only one oval.

- Difficult
- Somewhat difficult
- Not easy/difficult
- Somewhat easy
- Easy
- I did not schedule the appointment(s)

28. If you have ever met with Monroe County Jail inmates in a group setting in the jail, how easy was it to schedule an appointment for a meeting space?

Mark only one oval.

- Difficult
- Somewhat difficult
- Not easy/difficult
- Somewhat easy
- Easy
- I did not schedule the appointment(s)

29. How often are you delayed in meeting with an inmate in-person because of:

Check all that apply.

	Never	Rarely	Sometimes	Frequently	Always	No opinion/do not know
Jail staff limitations	<input type="checkbox"/>					
Limited appointment times	<input type="checkbox"/>					
All meeting rooms are already in use	<input type="checkbox"/>					

30. How many meeting rooms would you recommend for a new Monroe County jail?

Mark only one oval.

- 1-2
- 3-4
- 5-6
- 7-8
- 9-10
- Not qualified to answer this question
- I'm not sure
- Other: _____

31. The in-person meeting rooms in a new Monroe County Jail should be

Mark only one oval.

- Smaller
- The same size
- Larger
- I don't know/no opinion

32. Would the ability to speak with a Monroe County Jail inmate via video assist in your job responsibilities/continuity of client care?

Mark only one oval.

- Yes
- No
- I don't know

33. Have you ever spoken to a Monroe County Jail inmate via video for a meeting/to provide services?

Mark only one oval.

- Yes
- No

34. If you have ever spoken to a Monroe County Jail inmate via video, how easy was it to schedule an appointment?

Mark only one oval.

- Difficult
- Somewhat difficult
- Not easy/difficult
- Somewhat easy
- Easy
- I did not schedule the appointment(s)

35. If you have ever spoken to a Monroe County Jail inmate via video, how often have you been delayed in speaking to them because of:

Check all that apply.

	Never	Rarely	Sometimes	Frequently	Always	No opinion/do not know
Jail video technology issues	<input type="checkbox"/>					
My office's video technology issues	<input type="checkbox"/>					
Jail staff limitations	<input type="checkbox"/>					
Limited appointment times	<input type="checkbox"/>					
All meeting rooms are in use	<input type="checkbox"/>					

36. For services that have NEVER been offered in the jail, have there been attempts to provide those services in the jail that were unsuccessful? Please indicate the barriers.

Check all that apply.

- Insufficient meeting rooms
- Insufficient jail staffing to support additional programming
- Services did not align with jail staff vision for programming
- Sent emails/voicemails but did not receive response back
- My/my organization's services are paid for with Medicaid (this insurance is lost and cannot be billed when inmates lose freedom of movement while incarcerated)
- Attempts at services were halted by COVID
- Other: _____

37. Please describe any additional clarification or recommendations regarding ways to improve provision of services for inmates in a new Monroe County Jail. This may include how it would affect your ability to provide services in the jail if the new jail is built outside of the downtown area:

Exit
Planning/Re-
entry care
(Intercept 4)

Page 6 Recommendation 3 of the Key Findings and Recommendations https://www.co.monroe.in.us/egov/documents/1628182211_14418.pdf shows a recommendation to better accommodate implementation of post booking diversion and release.

38. Have you ever collaborated with jail staff in the process of re-entry planning or post-incarceration care as a part of an inmate's exit from the jail?

Mark only one oval.

Yes

No

39. If you/your agency has ever collaborated with jail staff in the process of re-entry planning, please select factors that CONTRIBUTED TO THE SUCCESS of exit planning (if any).

Check all that apply.

- Communication between my agency and jail staff
- Communication between jail staff and inmate/client(s)
- Adequate notice of inmate release date/time
- Process of scheduling an in-person appointment for re-entry planning
- Accessibility of medical records
- My agency was able to deliver medication
- The jail was able to provide medication
- My agency was responsible to pay for medication
- The jail was responsible to pay for medication
- The client/patient retained their home/apartment (regardless of whether it was rented or owned)
- The client/patient had a bed available at a sober living home on the day of release
- The client/patient had a bed available at an inpatient substance use/mental health treatment facility on the day of release
- The client/patient had access to weather appropriate clothing upon release
- The client/patient had access to transportation upon release
- The client/patient was able to newly apply/begin process of re-application for health insurance
- The client/patient had access to their personally identifying documents upon exit (photo ID, birth certificate, social security card)
- I/my agency has not been a part of successful re-entry planning
- I/my agency have never participated in re-entry planning for an inmate
- Other: _____

40. If you/your agency has ever collaborated with jail staff in the process of re-entry planning, please select factors that were BARRIERS to successful exit planning (if any).

Check all that apply.

- Communication between my agency and jail staff
- Communication between jail staff and inmate/client(s)
- Inadequate notice of inmate release date/time
- Process of scheduling an in-person appointment for re-entry planning
- Accessibility of medical records
- My agency was unable to deliver medication
- The jail was unable to provide medication
- My agency was responsible to pay for medication
- The jail was responsible to pay for medication
- The client/patient did not retain their home/apartment (regardless of whether it was rented or owned)
- The client/patient did not have a bed available at a sober living home on the day of release
- The client/patient did not have a bed available at an inpatient substance use/mental health treatment facility on the day of release
- The client/patient did not have access to weather appropriate clothing upon release
- The client/patient did not have access to transportation upon release
- The client/patient was not able to newly apply/begin process of re-application for health insurance
- The client/patient did not have access to their personally identifying documents upon exit (photo ID, birth certificate, social security card)
- I/my agency have never participated in re-entry planning for an inmate
- Other: _____

41. Have you ever provided health services to a person recently incarcerated that you did NOT have a part in the re-entry planning?

Mark only one oval.

Yes

No

42. For instances where your staff/services were NOT included as a part of exit planning for the incarcerated individual, please describe in 1-2 sentences how the absence of collaboration affected the health and well-being of the individual who was incarcerated.

43. What are the top requests relating to health and wellness that individuals recently released from jail seek from you/your agency?

Check all that apply.

- Weather appropriate clothing
- A place to rest
- Wound care
- Medication Assisted Treatment
- Case management
- Life skills education
- Counseling
- Detox
- Peer recovery services
- Sober living
- Inpatient substance use/mental health treatment
- Outpatient substance use/mental health treatment
- Recovery groups (AA, NA, harm reduction group, group therapy etc.)
- Psychiatry/mental health provider
- Pre-natal care
- Post-natal care
- Birth control services
- STI/STD testing
- STI/STD treatment
- HIV testing
- HIV treatment
- Hepatitis C testing
- Hepatitis C treatment
- Hepatitis C Care Coordination/Case Management
- Dental Care
- Gender affirming care
- Tobacco cessation
- Syringe Service Program/Syringe Exchange services
- Optometry services/eye care
- Referrals to other healthcare providers
- General health education classes/groups (nutrition, physical activity etc.)
- Other: _____

44. From your observation, what would be helpful in helping persons in Monroe County jail get access to the resources they need upon release?

Check all that apply.

- Resource kiosk at jail exit
- Staff to guide towards resources and/or provide warm handoff by phone call
- Transportation
- Seasonally appropriate clothing
- Other: _____

45. Is there anything else that should be considered to make re-entry planning successful in a new Monroe County Jail? This may include but is not limited to any additional considerations regarding proximity to services, caseload management, grant/billing limitations etc.

Additional Comments

46. In a couple of sentences, what can our community do to reduce recidivism?

47. As planning for the new jail continues, is there anything else that we should be aware of relating to healthcare services and the carceral system (including but not limited to barriers, successful partnerships, requested classes/services, physical space, general observations)?

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