

AGENDA

Monroe County Justice Fiscal Advisory Committee (JFAC)

Thursday, June 29, 2023, 4:30 p.m.

Nat U Hill Meeting Room

1. Call to Order (Councilor Crossley)
2. Adoption of Agenda
3. Committee Structure and Processes
 - a. Non- voting members
 - b. Committee work during off- weeks
4. Introduction of Mission and Weekly Focus
 - a. Intercept Zero: Diversion
What investments can the County Council make for community services to reduce the number of community members entering the justice system?
5. Presentations
 - a. Marilyn Grimes, Courage to Change Sober Living
 - b. Jordan McIntire, New Leaf New Life
6. Feedback on Presentations from non- voting members
7. Public Comment
8. Adjournment (Councilor Crossley)

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

Virtual Attendance:

<https://monroecounty-in.zoom.us/j/87510222240?pwd=OC9Zd21mMG5heitUYndyQ25rOGxsQT09>

Passcode: 347595

Webinar ID: 875 1022 2240

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=226>.

NEXT MEETING: Monday, July 3, 2023, 4:30pm

[Employment-Report_Oct-2018.pdf](#) (describing successful initiatives in Delaware, Illinois, and New Jersey).

- g. SAMHSA, Supported Employment: Building Your Program, available at file:///C:/Users/Eve/AppData/Local/Temp/buildingyourprogram-se_0-1.pdf.

C. Intercept 0 – Community Crisis Services

Intercept 0 focuses on opportunities to divert people into local treatment services without arrest or charge, such as mobile crisis and co-responders, emergency room diversion, and police-behavioral health. **The goal of law enforcement, prosecutors, jails, and courts at Intercepts 1–5 should be to divert individuals with mental illness and SUD to Intercept 0.** Such diversion can reduce the need for, and cost of, every other intercept point. Because those intercept points are much more costly per offender for counties than community crisis services, the leveraging effect of such diversions can help “right-size” county criminal justice budgets.

1. Strengths

- a. Service providers in Monroe County understand and are capable of serving people in crisis. Many of the crisis response services needed in Monroe County exist in some respect, including Centerstone’s Telephone Crisis Line, Wheeler Mission’s (140 low-barrier beds), and Shalom Center’s (40 safe and sober beds) emergency shelters.
- b. Monroe County service providers have made efforts to develop and maintain coordinated service information through Findhelp.org (formerly Aunt Bertha).
- c. The new STRIDE Center is an excellent addition to Monroe County’s crisis service array and is already achieving success in diverting individuals with mental illness and SUD from jail to treatment. STRIDE is a 24/7, low-barrier, voluntary crisis diversion center providing individualized trauma-informed approaches, service referrals and coordination, and laundry and shower facilities. STRIDE offers professional therapist, peer recovery specialist, recovery coaching, and LPN services. Guests are allowed to stay up to 23 hours and may make return visits. In what could be a model for further activities to reduce incarceration of this population, STRIDE is supported by the City of Bloomington, Monroe County, the Cook Group, Bloomington Health, the Community Foundation of Bloomington and Monroe County, IU Health, and the Division of Mental Health and Addiction (“DMHA”), as well as providers Centerstone, Amethyst House, IU Bloomington Hospital, Meadows Hospital, Wheeler Mission, Friend’s Place, and Shalom Community Center, and both BPD and the Monroe County Sheriff.

Since opening on August 24, 2020, through December 11, 2020, STRIDE served 142 unique individuals (averaging just over 5 new visitors per week), many of whom returned for additional services, for 520 total visits (nearly 19 per week). By far the most referrals have been from BPD. STRIDE has largely met its goal of getting law enforcement officers in and out in less than 5 minutes. While many people arrive at STRIDE because law enforcement brings them, many return subsequently without law enforcement.

2. Gaps

- a. Some crisis services are unavailable or too limited, such as crisis phone lines, mobile crisis services, detox, Overdose Rapid Response teams, residential addiction treatment, intensive case management, and non-religious, low-barrier emergency shelter.
 - o **Non-law-enforcement options to seek help** in a crisis are essential to avoiding law enforcement involvement in non-criminal incidents. A non-law-enforcement crisis phone line is theoretically available through Centerstone, but it is not well known (most community members were not aware of its existence). More work clearly is necessary to ensure non-law-enforcement options are really available and known, both without calling 911 and when 911 makes decisions about dispatch.
 - o **Mobile crisis services**, which meet a person in crisis where they are, are also essential for helping people avoid law enforcement as the default response to crisis.¹⁴⁹ Particularly in an area such as Monroe County, where public transportation resources are limited, requiring individuals in crisis to go to a particular location for services is likely to be unsuccessful. Although Centerstone offered mobile crisis service for a limited time under a DMHA grant, there is currently no mobile crisis service in Monroe County. Because dispatch generally sent law enforcement to respond to calls, law enforcement was reportedly resistant to calling mobile crisis services because officers had to wait for crisis services to arrive. This could be addressed by dispatching mobile crisis instead of, or at the same time as, law enforcement.
 - o **The lack of residential SUD treatment and detox** has been well documented by the Monroe County CARES Board in the County's Comprehensive Community Plan for the Governor's Commission for a Drug Free Indiana since at least 2015¹⁵⁰ and is confirmed by the high, and rising, number of people detoxing in

¹⁴⁹ *In the first six months of health care professionals replacing police officers, no one they encountered was arrested*, <https://denverite.com/2021/02/02/in-the-first-six-months-of-health-care-professionals-replacing-police-officers-no-one-they-encountered-was-arrested/>.

¹⁵⁰ Monroe County Comprehensive Community Plan, 2019 Update.

jail. **Jail-based detox with current medical staffing, particularly on weekends when the need is greatest, is dangerous and a potential liability risk for MCCC.** Bloomington Meadows offers some detox beds for complex detox, but many sources report these are difficult to access. Indiana Center for Recovery is planning to offer detox and residential treatment.

- **Overdose Rapid Response Teams** are being rolled out across the country to respond to overdoses in a way that helps overdose victims get into immediate treatment. Rapid (or “Quick”) Response Teams are teams of law enforcement, emergency services, and treatment professionals that follow up with overdose victims within 24–72 hours of overdose to connect people with treatment options.¹⁵¹ Emergency Response (“CERT”) is available in Southeastern Indiana through Choices,¹⁵² but it is not currently in place in Monroe County.
- **Limited availability of urgent walk-in services and peer supports.** Walk-in clinics able to serve individuals in mental health crises without involving an emergency room or psychiatric hospital are essential to encourage people to seek treatment without the stigma often associated with mental illness. In addition, ensuring trained (and paid) Peer Specialists with lived experience with mental illness/SUD are available at walk-in clinics further reduces stigma and encourages engagement in treatment. Centerstone offers one walk-in clinic at its main office, but its hours are Monday to Friday 8:00 AM to 5:00 PM. The STRIDE Center is currently not open to self-referrals who have not previously been referred by law enforcement. The only 24/7 option is the emergency department.

- b. **Gaps Exist in the Continuum of Housing Options.** One result of SUD and mental illness is often homelessness, especially in areas such as Monroe County, where affordable housing is limited. Homelessness, particularly when combined with illegal drug use or mental illness, is also a substantial contributor to interactions with law enforcement, as homeless people often have no acceptable place to be during the day (leading to trespassing), have no access to toilet and bathing facilities (leading to indecent exposure), and have no resources for food or other necessities (leading to panhandling and petty theft).¹⁵³ The United Way of Monroe County and Monroe

¹⁵¹ See, e.g., Maine, <https://www.ems1.com/opioids/articles/maine-to-launch-rapid-response-team-to-combat-opioid-crisis-GCKL21q7qrLPTHu7/>; Huntington, WV, https://www.opioidlibrary.org/wp-content/uploads/2019/08/QRT_Brochure.pdf; Kentucky and Ohio, <https://www.interactforhealth.org/qrt-directory/>.

¹⁵² https://www.choicesccs.org/uploads/articles/Choices_CERT_Brochure_PRINT.pdf.

¹⁵³ Bailey, et al., *No Access to Justice, Breaking the Cycle of Homelessness and Jail*, Vera Institute Evidence Brief, at 4 (August 2020); Greenberg, et al., *Jail Incarceration, Homelessness, and Mental Health: A National Study*, 59 *Psychiatric Services* 2, at 175-76, available at <https://homelesshub.ca/sites/default/files/Greenberg.pdf> (Feb. 2008). Metraux, et al., *Incarceration and Homelessness, 2007 National Symposium on Homelessness Research*, Chapter 9 at 6-8 and 11, available at <https://aspe.hhs.gov/system/files/pdf/174201/report.pdf#page=337> (2007).

County Community Foundation are leading a multi-stakeholder effort to coordinate effective anti-homelessness strategies and may provide key partnerships or models for efforts in this area. A range of long-term affordable and supportive housing options (Intercept 6) is, of course, the answer to avoiding criminal implications of such “survival behaviors.” However, short-term housing options can reduce incarceration of people with SUD and mental illness who are homeless at Intercept 0. In Monroe County, there are short-term housing options, but they are primarily either faith-based (Wheeler Mission) and, therefore, of limited use to those who are unwilling or unable to participate in the religious faith, or require sobriety (Shalom Center’s Friend’s Place) before eligibility, which poses a barrier to those unable or unwilling to get sober immediately. In addition, the limited hours (nights only) of emergency shelters in Monroe County leave homeless individuals nowhere to legitimately be during the day and make employment difficult, particularly for people who do shift work and need to sleep during the day.

- c. **Shared up-to-date real-time data** about available services, slots, beds, and providers, as well as up-to-date eligibility, contact, and payment information, is important for crisis avoidance and response, case management, service coordination, diversion, and reentry. Government, community, and service provider stakeholders need just-in-time, up-to-date access to available human services information, particularly when seeking services for someone in crisis. Such shared data can break down silos, avoid over-stressing some providers when others have available capacity, increase the efficiency of service referrals for law enforcement, crisis responders, social workers, and case managers, among others, identify gaps in service availability, and track progress. The community’s providers are currently using the national online tool, Findhelp.org (formerly Aunt Bertha), as a means of publishing information about available services, locations, and hours. However, this relies on individual providers to regularly update information, does not provide precise information about service slots currently available (*e.g.*, providers report all the services that they provide and then indicate whether services are “available” without indicating which services have slots available and which have waitlists), and does not allow other providers to know whether a client they are serving is also receiving services from another provider.
- d. Use of the **STRIDE Center** has been lower than expected, resulting in only approximately 5 new entries per week. STRIDE Center only has three years of funding.

3. [Recommendations](#)

- a. Expand non-law-enforcement crisis options.
- Work with Centerstone to **enhance the crisis telephone line** and increase community knowledge of the line and the services it can access.
 - Work with Centerstone and the IU School of Social Work to **offer mobile crisis services** and increase community knowledge of the availability of, and eligibility for, the services. Social work students at IU are in need of practical experience and could support and learn from licensed providers in this practice. Particularly since the COVID-19 pandemic, video-based mental health services are more and more an option, which could supplement and improve the reach of non-law-enforcement mobile crisis services.
 - **Train 911 dispatchers** about the crisis telephone line and mobile crisis services for response to non-criminal and non-dangerous service calls and train them to ask about mental illness and SUD history before making dispatch decisions. Train and require 911 dispatchers and law enforcement to call mobile crisis services in appropriate cases. **Facilitate direct connection** from 911 to crisis line so callers do not have to re-dial and law-enforcement dispatch as back-up when 911 refers to mobile crisis services.
 - Work with SUD service providers, medical detox providers, and Indiana Medicaid, DMHA, and insurance providers to **establish Medicaid, insurance, and other funding for a detox service** to manage and minimize the physical harm of detoxification, acute intoxication, and withdrawal symptoms, and that includes evaluation, stabilization, and facilitating readiness for, and entry into, treatment.¹⁵⁴ Detox should include SUD counseling and other non-medical services, should be evaluated, in part, by how successfully it prepares people for, and encourages them to enter, treatment, and should be bundled, for payment purposes, with SUD treatment when appropriate.¹⁵⁵ The detox service should offer warm, direct hand-offs to a range of SUD and mental health treatment and wrap-around services, but not require the patient to commit to becoming an ongoing client of the detox provider.¹⁵⁶ While some facility- or hospital-based detox may be necessary for individuals with complex medical needs or those who are homeless, services need to be provided in the settings that least interfere with

¹⁵⁴ According to SAMHSA, only about 1/5 of people discharged from acute care hospitals for detoxification receive SUD treatment during the hospitalization, and only 15% of those admitted through an emergency room for detox receive SUD treatment after discharge. Detoxification and Substance Abuse Treatment, A Treatment Improvement Protocol (TIP 45), at 8, available at <https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4131.pdf>.

¹⁵⁵ Id. at 8-9.

¹⁵⁶ Id. at 41-45.

their civil rights and community integration. Therefore, detox services should be offered in a variety of settings, including all five levels of Adult Detoxification levels of care (outpatient without extended onsite monitoring, outpatient with extended onsite monitoring, clinically managed residential, medically managed inpatient, and medically managed intensive inpatient).¹⁵⁷

- o **Implement an Overdose Rapid Response Team**, through a partnership among law enforcement, emergency responders, and treatment providers to follow up with individuals experiencing overdose quickly and facilitate entry into treatment, rather than criminal justice engagement. While law enforcement will be involved, to maintain the option of criminal involvement and allow investigation of crimes related to the overdose, the goal of the Team should be to help the individual access treatment quickly at a crucial time when they may be particularly ready to seek it. This will require agreements among the agencies to share information as appropriate and permitted by law, to train personnel, and to make team members available in a timely manner.

- b. **Expand emergency housing options.** Support the availability (through providing space and/or funding) of increased emergency shelter options for those who need low-barrier shelter but cannot access the Wheeler Mission because of its religious principles (e.g., non-Christian individuals and LGBTQ+ individuals).

- c. **Improve sharing of up-to-date information among providers** about what's available, where, and to whom, and facilitate rapid direct warm referrals to reduce bureaucratic hurdles. In addition, improve data-sharing regarding clients served by multiple agencies to allow providers to identify overlap, inconsistency, and gaps without relying on repeated self-reporting by clients. Other more customizable tools are available, such as
 - Benetech's Service Net system, <https://benetech.org/about/resources/benetech-service-net/>; <https://openreferral.org/release-announcement-benetech-service-net-upgrade/>, as well as tools that allow providers to know when clients are getting services from other providers, in order to facilitate collaboration.
 - My Resource Connection, which is hosted by counties and can collaborate with their local 211, United Way, and community providers. See https://www.naco.org/sites/default/files/documents/SAMHSA%20Case%20Study%20-%20Johnson%20County%20Kan_FINAL.pdf.

- d. In addition to increasing law enforcement's use of the STRIDE Center (see below), it is important to **expand availability of STRIDE Center services** to individuals

¹⁵⁷ Id. at 13.

referred by local hospital emergency departments and psychiatric units, detox providers, homeless shelters, and other providers who encounter crises. Such expansion was not planned to take place until after the first year after opening, but the STRIDE Center is a key resource for responding to crises and should be used to its fullest. The STRIDE Center is already reaching out to hospitals to educate them about the services the Center offers. **Secure the STRIDE Center’s long-term stability** beyond the initial three-year funding period. Working with Medicaid managed care organizations, insurance providers, and DMHA to make STRIDE services a billable service may be an option for sustainable funding. In addition, cost savings to the County from getting people to treatment services (paid for by insurance and the state and federal governments) instead of incarceration (paid for by the County General Fund) may justify increased County funding of the STRIDE Center.

- e. **Support opening of 24/7 walk-in crisis centers in locations beyond Centerstone’s main office** that do not require law enforcement or hospital referral. Monroe needs crisis walk-in centers where individuals or their families can seek crisis services without the fear of incarceration or hospitalization outside of normal business hours.

4. Resources

- a. Police Mental Health Collaboration Toolkit, Delivering Behavioral Health (discussing mental health guidance for 911 dispatchers, co-location of mental health professionals in 911 dispatch centers, and behavioral health hotlines), available at <https://bja.ojp.gov/program/pmhc/behavioral-health#gcov4e> ; <https://bja.ojp.gov/program/pmhc/learning/essential-elements-pmhc-programs/4-call-taker-and-dispatcher-protocols>.

D. Intercept 1 – Law Enforcement

Intercept 1 focuses on diversion by law enforcement or other emergency service providers to treatment services without arrest or charge, including through dispatch, specialized police response, affirmative interventions with frequent utilizers, and post-crisis follow up.

1. Strengths

- a. The new STRIDE Center is an excellent addition to Monroe County’s crisis service array and is a tremendous resource for law enforcement to divert individuals with mental illness and SUD from jail to treatment.
- b. Bloomington Police Department has shown a strong commitment to addressing community concerns about the need for diversion, but other law enforcement officers have not been as receptive so far. BPD provides six specially trained Downtown Resource Officers (“DROs”) engaging in diversion efforts among homeless