

# Mental Health & Criminal Justice Summit

## COURSE CORRECTIONS



MARCH 10, 2017 INDIANAPOLIS MARRIOTT NORTH

*On March 10, 2017, over two hundred experts and leaders in behavioral health and criminal justice from all over the state gathered for the NAMI Indiana 14<sup>th</sup> Annual Mental Health & Criminal Justice Summit: Course Corrections. The purpose of this gathering was 1) to address Indiana's urgent need for an alternative to incarceration and criminal justice system involvement for people living with mental illness and/or those who may be experiencing a behavioral health crisis, 2) to share work being done across the state to advance this work, and 3) to build consensus regarding what course corrections are most urgently required for overcoming barriers to improving behavioral health outcomes and maintaining public safety.*

In conclusion, *Course Corrections* participants agree:

**Successful management of mental health and substance use in Indiana depends on the coordination of efforts and resources along a multi-sector continuum of civic engagement including early childhood interventions, education and employment support, access to coverage and care, data integration, supportive housing, public safety officer training, access to justice, corrective detention, behavioral health management, community corrections, and reintegration.**

**While access to adequate behavioral health care must be a priority from early childhood onward, the effectiveness of any given health treatment is undermined when such crucial additional supports of individual wellbeing as education, employment, and housing are missing or inadequate.**

**Indiana should improve our response to behavioral health crises and urgently prioritize the continued development and expansion of a *community health system* that can successfully ensure access to quality mental health and substance use disorder care for the sake of greater wellbeing and resilience, reduced justice-involvement, and more efficient use of community resources.**

**To this end, we recommend and urge that the Governor's administration, health care and community leadership, and the State Legislature, take steps to accomplish the following:**

- 1) Universalize Crisis Intervention Training (CIT) in police and sheriffs' departments, and among judges, prosecutors, and other attorneys state-wide, making Mental Health First Aid training immediately available and when staffing resources limit CIT participation. Aptitude for success in mental health crisis de-escalation must be assessed in pre-employment screening for all roles in law enforcement for a department to be eligible for state funding. Continuing education in mental health response must be required as well.

- 2) Implement statewide behavioral health provider, law enforcement, and other first responder partnerships, such as co-responder teams, hospital receiving center, law enforcement assisted diversion (LEAD), and drop-off center models. Such models effectively reduce arrests and result in cost-savings and avoidance for law enforcement and the justice system. Facilitate said partnerships as needed through the use of oversight committees, personnel, or memoranda of understanding.
- 3) Advance efforts to provide case management, supportive housing and supportive employment for vulnerable individuals to reduce justice-system involvement. The Ft. Wayne Clubhouse is an example of a supportive housing facility.
- 4) Create and deploy a public health messaging campaign to reduce stigma and discrimination associated with mental illness, substance use disorders, and other behavioral health conditions and to promote upstream interventions and civic engagement along a life-cycle continuum. Said campaign should also aim to increase awareness of the options for the public, detention staff, and first responders when encountering a behavioral health crisis.
- 5) Require mental and behavioral health assessment tools in annual pediatric wellness exams, and encourage parents to share this information with their child care provider and other education systems.
- 6) Ensure that training in Mental Health First Aid and stigma reduction is universalized in secondary, university, and professional school programs and for individuals working with all students, including elementary and pre-school age children. Increase training requirements for all judicial system staff.
- 7) Eliminate damaging and discriminatory disciplinary practices in schools statewide, including pre-kindergarten and kindergarten suspensions and expulsions, in order to shut down the school-to-prison pipeline. Instead, behavioral health and early childhood developmental support must be made widely available.
- 8) Fully implement and enforce the Mental Health Parity and Addiction Equity Act with effective sanctions to inhibit non-compliance.
- 9) Promote highest standards of integrated mental health and addiction care via accreditation and diversity of treatment modalities.
- 10) Design and adopt a state formulary for psychiatric medications to ensure the availability and affordability of medicines for mental health management across systems.
- 11) Support and accelerate efforts to integrate data for the purposes of managing behavioral health crises within community health systems, as opposed to within the justice system.

- 12) Ensure that crisis stabilization, treatment, and hospital receiving centers have the capacity and resources to manage “no wrong door” law enforcement diversion, to perform comprehensive multi-disciplinary assessment, and to provide wraparound services that can guide individuals in crisis into treatment and toward needed resources. The state must also take strides to carry out assisted outpatient treatment efforts as codified by Indiana law and supported by evidence-based best practices.
- 13) Ensure that behavioral health crisis response capacity is truly statewide by evaluating resources, including assessment of need for inpatient bed expansion, and where necessary, supporting additional crisis stabilization and/or walk-in centers, mobile response, respite care, and ensuring that all communities have access to telehealth and other e-health solutions as needed.
- 14) Immediately divert into to treatment assessment by an accredited facility those individuals with behavioral health issues who would otherwise be at risk for arrest. Restrict competency restoration settings to outpatient providers in the community (excluding jails or other correctional facilities) for all misdemeanor charges, except in cases in which the court mandates inpatient hospitalization.
- 15) Double public psychiatric bed numbers and disperse new facilities across the state to reduce travel time in especially rural areas.
- 16) Address behavioral health provider shortages by incorporating telehealth options and incentivizing the growth of the provider workforce.
- 17) Ensure that integrated mental health and substance abuse treatment and continuity of care are available for those who are incarcerated or detained within the criminal justice system.
- 18) Provide quality services and support for the humanity, wellbeing, and professionalism of officers, providers, administrators, and advocates who strive to serve individuals and the common good in challenging circumstances. Destigmatizing and providing necessary mental and other health support, as well as professional development opportunities, for the public service workforce is essential for our community health, safety, and prosperity.

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