

RE-ENTRY POLICY STUDY COMMISSION

DATE: January 31, 2013

CALLED TO ORDER: 5:40 p.m.

ADJOURNED: 8:04 p.m.

ATTENDANCE

ATTENDING MEMBERS

Mary Moriarty Adams, Chair
John Alt, proxy for Jose Salinas
Melissa Benton
Joyce Dabner
Rhiannon Edwards
Andrew Fogle
Will Gooden
Shawn Hendricks
Willie Jenkins
Angela Smith Jones
Mike Lloyd
Robert Ohlemiller
Vop Osili
Valerie Washington

ABSENT MEMBERS

AGENDA

Health, Mental Health and Addiction Services

RE-ENTRY POLICY STUDY COMMISSION

The Re-entry Policy Study Commission met on Thursday, January 31, 2013. Chair Mary Moriarty Adams called the meeting to order at 5:40 p.m. with the following members present: John Alt, proxy for Jose Salinas; Joyce Dabner; Rhiannon Edwards; Andrew Fogle; Willie Jenkins; Mike Lloyd; Robert Ohlemiller; and Vop Osili. Arriving shortly thereafter were Melissa Benton; Will Gooden; and Angela Smith Jones and Valerie Washington.

Chair Moriarty Adams gave a brief recap of the fourth meeting. She asked for a motion to approve the meeting minutes from January 8, 2013 and January 17, 2013. Mr. Ohlemiller moved, seconded by Mr. Fogle, to approve the minutes. The motion carried by a vote of 10-0.

[Clerk's Note: Melissa Benton arrived at 5:42 p.m.]

Chair Moriarty Adams asked Lena Hackett, Marion County Re-entry Coalition (MCRC), to discuss how the MCRC can support this commission's efforts to reduce recidivism and the challenges that ex-offenders face.

Ms. Hackett stated that the MCRC is a panel that has existed for three and one half years. It started out as an initiative of the State, City of Indianapolis and the Annie E. Casey Foundation. Ms. Hackett said that the goal is to have all adults who re-enter into Marion County be successful. Ms. Hackett said that the panel is made up of law enforcement, community and faith-based individuals and is very data driven. She said that it is not a planning body; it is an action body. The MCRC meets every other month, and in those meetings, they are focused on which way the data is going and what they can do to impact re-entry. Ms. Hackett said that at MCRC's last meeting, they discussed how they can assist this study commission. She said that MCRC stated that one of their recommendations is that the City becomes a fund source. They have access to funds, such as Community Crime Prevention grant funds, Community Block Grants or Drug Free funds, and they can be really deliberate in looking at the recommendations from this commission and tying those funds in some way into the work of this commission.

Chair Moriarty Adams asked Judge John Alt to briefly talk about the radio interview that Judge Jose Salinas did with regard to re-entry.

Judge Alt stated that Judge Salinas appeared on radio station 1310 AM, where he talked about the Marion County Re-entry Court. Judge Alt stated that the Re-entry Court has about 110 participants. The court takes individuals upon their release from the Indiana Department of Corrections (DOC), where they spend at least one year in the program. Judge Alt stated that the re-entry court meets three times per week in the City-County Building. Judge Alt stated that the participants go through phases, depending on their progress. He said that in Phase One, they are required to come to court every

week so that they are out and off to a good start. In Phase Two, the participants are required to come to court twice a month, and in Phase Three, the participants come to court once a month. Judge Alt said that they assist their participants with a whole range of services from literacy to getting their General Education Diploma (GED), drug counseling, transitional jobs and employment, assist in obtaining valid licenses and housing. Judge Alt stated that the re-entry court has a team of case managers, parole agents, public defenders and prosecutors who meet every week to discuss the progress of the participants. He said they have found that they have been successful over the years. Judge Alt said that no one graduates the program without obtaining their GED.

Chair Moriarty Adams asked Councillor Osili and Angela Smith Jones, Director of Public Policy, Greater Indianapolis Chamber of Commerce, to discuss the outcome of House Bill 1482.

Ms. Smith Jones stated that it was very important to have former offenders to come and testify about their struggles in obtaining gainful employment, and the employment they obtained was not commiserate with the average scale. She said that some of them shared their personal stories with the Legislators. Ms. Smith Jones said that the outcome of the hearing was that the bill passed the Senate 11-1, and it now goes before the House for consideration. Ms. Smith Jones stated that the two main authors of the bill were Representatives Jud McMillian and Greg Porter.

[Clerk's Note: Valerie Washington arrived at 6:00 p.m.]

Councillor Osili stated that another component of the bill is the expunging of any arrests that do not result in a conviction that has been vacated on appeal so that those things do not linger on a person's record long after they have been cleared.

Ms. Hackett; Kay Wiles, Supervisor, HealthNet's Homeless Initiative Program; and Dr. Cara Misetic, Regional Behavioral Health Director, Corizon; reviewed a PowerPoint presentation, in detail, which is attached as Exhibit A. Some key points are:

- Overview
 - Nearly a quarter of both State prisoners and jail inmates who had a mental health problem served three or more prior incarcerations.
 - Females inmates had a higher rate of mental health problems than male inmates.
 - The US Department of Justice reported that in 1999, about 16% of the population in prison or jail has serious mental illness.
 - Co-occurring substance abuse disorders affect over 70% of prisoners with mental illness.
 - Of state prisoners, 80% report a history of drug and alcohol use.
 - Two-thirds of convicted jail inmates were "actively involved in drugs" prior to their admission.
 - At the time of their offense, 36% were using drugs or alcohol.

Dr. Miseti continued with the presentation, discussing the Behavioral Health Services within the Indiana Department of Correction (DOC).

- Mental health services are delivered to individuals with mental illness throughout their period of incarceration.
- Individuals are assessed for and classified according to their mental health needs at intake.
- Treatment goal is to achieve highest level of functional capability.
- Mental health services are delivered by qualified professionals.
- Points of Care
 - Reception into DOC
 - Transfer from one facility to another
 - Annual health screening
 - Individual request for care
 - Admittance to segregated housing
 - Crisis
 - Re-entry
- Qualified professionals deliver mental health services.
- Mental health services are provided to individuals in need throughout their period of incarceration.
- Individuals are classified according to their needs and placed in appropriate housing and treatment setting.
- Services Offered
 - Outpatient Treatment
 - Phase 1: Education
 - Phase 2: Primary Treatment
 - Phase 3: Relapse prevention
 - Therapeutic Communities
 - Clean Lifestyle is Freedom Forever (CLIFF)
 - Urine Drug Screen

[Clerk's Note: Councillor Will Gooden arrived at 6:32 p.m.]

Ms. Wiles continued with the presentation on the Community Outreach Task Force (COT).

- COT Force began in 2009, with Judge Barbara Collins and Sergeant Bob Hipple of the Indianapolis Metropolitan Police Department (IMPD).
- COT Force had to find a different way to address those getting multiple arrests in the downtown area due to addiction, mental illness and/or homelessness.
- Monthly meetings began with IMPD supplying 22 names of people in this situation.
- There are 36 agencies involved, with 14 having regular representation at the monthly meetings.
- First Year in 2010

- Twenty-two homeless individuals were identified by IMPD, accounting for 99 arrests in one year.
- Nine of these individuals engaged in treatment and entered housing in the first year.
- Over a 12-month period, 48% reduction of arrests for these nine individuals.
- In one year, there was a savings of \$147,652 in negative arrests.
- Second year - 2011
 - Forty-five clients were enrolled
 - Twenty-nine clients entered program housing
 - Nineteen experienced fewer arrests
 - Twenty-five experienced fewer emergency room (ER) visits.
- Current year
 - There are 48 individuals identified.
 - Of the 48 individuals, 32 are currently in housing and engaged in treatment.
- One arrest costs \$798.12
- One day in jail costs \$45.27 to \$62.00 and up.
- One day in housing and treatment costs \$15.00.
- COT Force has removed barriers to access treatment and housing.
- Funding identified for long-term housing and treatment support.
- All agencies interfacing with the client share the same message and are working from the same page.

Ms. Hackett finished the presentation, discussing the policy and system issues and recommendations.

- There is a need to redesign the role of the Prosecutor and the Public Defender in determining treatment plans.
- The waiting list for community health center appointments can be up to 60 to 90 days. Inmates are released with a 30-day supply of medication.
- Beginning in 2014, the Affordable Care Act explicitly allows incarcerated individuals pending disposition to be classified as qualified to enroll in and receive services from health plans participating in State health insurance if they qualify for such coverage.
- Engage the community-based mental health care system in providing pre and post-release services to inmates with mental health needs.
- Engage community-based organizations to provide health care services for inmate populations prior to discharge.
- Engage community-based substance abuse system to provide effective, culturally competent services to people in correctional facilities.

Rhiannon Edwards, Executive Director, Public Advocates in Community Re-entry (PACE), stated that she has found that their clients run out of their 30 days worth of medication without a new source. She asked if it was a possibility to develop some sort

of release for Marion County residents to be handed off to Midtown before their release so that they already have an appointment and will not run out of medication. Dr. Miseti stated that for the offenders who have a higher level of patient needs, they do coordinate that prior to leaving. She said that problems with follow-up appointments are more relative to what the community mental health services have available. Dr. Miseti said that they have so many coming in, that they do not have bodies to see people. Dr. Miseti said that they are working through InterCare to see how they can get those ex-offenders to follow-up appointments more rapidly.

Sean Hendricks, Ex-offender Liaison, stated that a lot of guys had mental illness problems when he was incarcerated, and a couple of them were released being diagnosed with mental issues and they ended up committing some serious crimes against people. Mr. Hendricks asked if there have been any changes. Dr. Miseti said that there have been significant changes. She said that if there is a person placed in segregation, and the mental health professional sees that they are not doing well, they have the ability to remove them and put them in different housing. When people have significant issues, one thing being looked at is their needs and how they are met. Dr. Miseti said that if they pose a danger to themselves or others because of their illness, they have the ability to access the state hospital system for civil commitments.

Melissa Benton, Ex-offender Liaison, asked if Dr. Miseti could estimate how many are in specific facilities that receive mental health services. Dr. Miseti said that they had about 6,000 individuals that are on the mental health roster. She stated that she will provide specifics to the commission.

Councillor Osili asked if, upon release of those that are seriously challenged or have the risk of re-offending, information on that individual ceases or if there is any continued monitoring of that individual. Dr. Miseti stated that from a mental health perspective, they do not because their relationship with that person ends when they are released. She said that this becomes the role of probation or parole. Councillor Osili asked if the information on that person ceases. Dr. Miseti stated that information is included in release reports. She said that they have been using electronic records since 2006.

Dr. Willie Jenkins, Re-entry Administrator, Mayor's Office, asked how the individuals that Dr. Miseti works with are referred to Behavioral Health Services. Dr. Miseti said that every individual that comes through any facility is assessed by a mental health professional. She said if individuals are returning to DOC, they are seen within 14 days of arrival. Dr. Miseti said that other means of referrals come from the individuals themselves, staff or family members.

Robert Ohlemiller, Marion County Sheriff's Office, Program Director, Jail Division, stated that he has had interaction with COT Force and wanted to compliment them. He asked if there is more money available and their model can be adapted to serve more populations. Ms. Wiles stated that COT Force does not have dedicated case management personnel to focus on the population specifically. She said that if there

were additional people, they could serve more individuals. Ms. Wiles said that COT Force receives referrals and has to turn them away because they do not have the capacity. She said that they also allow IMPD to tell them who is eligible for the program, and they can expand that. Mr. Ohlemiller asked Ms. Wiles to describe the criteria, since this program is resource and need driven. Ms. Wiles stated that Sgt. Hipple looks at the arrest records to make sure it is someone who has been living within the downtown area and costing the taxpayers a lot. She said that they look for people with multiple arrests who are listed as homeless.

Andrew Fogle, Deputy Prosecutor, stated that it is too simplistic, and they to need redesign the role of the Prosecutor and the Public Defender in determining treatment plans. He said that he is not arguing with some of the plans, but this is not a prosecutor/public defender responsibility; it is a criminal justice responsibility. Mr. Fogle said that the courts, attorneys, mental health and substance abuse professionals have to do this as a team, instead of putting the blame on one particular entity.

Joyce Dabner, Re-entry Coordinator, Starting Over, stated that getting appointments ahead of time for those that have other health related issues like heart problems or blood pressure will certainly help. Ms. Dabner asked if there is a treatment in the prison that uses literature. Mike Lloyd, Director of Transitional Facilities, Indiana Department of Corrections (DOC), answered in the affirmative. Ms. Dabner asked if an offender that does not have outside help and uses State pay, is that literature offered or if they are denied that class. Dr. Misetic stated that for individuals that do not have funds, there are facility funds that are available to provide them with materials. Ms. Dabner asked if the book is on tape for persons that cannot read. Dr. Misetic stated that she is not aware of that.

Councillor Osili asked what comes under the category of mental illness. Dr. Misetic said that mental illness is anything covered under the diagnostic and statistical manual of mental diseases and disorders. She said that it would encompass anything from personality disorders, depression, anxiety, psychotic disorders and Post Traumatic Stress Disorder (PTSD). Councillor Osili asked with regards to the 30-day post release window, what a possible solution is to that. He asked if that 30-day window can be compressed by having arraignments meet earlier for those individuals being released. Dr. Misetic said that there are several challenges that contribute to that being a high risk window. She said that until they know if a person has an approved place to live, there is no ability to schedule an appointment. Councillor Osili asked if that can be identified at an earlier time. Dr. Misetic said that very often for mentally ill individuals, there is no housing available. She said that a problem they often run into is that they can get them in, but they have less success with them keeping appointments.

Ms. Smith Jones asked where it is written that there cannot be refills on medications. Dr. Misetic said that they are given 30-days' worth of medication in hand and a prescription refill that should take them out to 60-days. Ms. Smith Jones asked if it takes 90-days to get in for an appointment. Dr. Misetic said that was the information Ms.

Hackett provided, and added that if they have individuals that fall into a high risk category, they have someone who does specialty appointments to get those in for appointments within a week.

Ms. Edwards stated that all involved need to come to the table to not do open appointments. She said that she feels that they can do something. Dr. Miseti stated that Corizon is working with InterCare to try and figure that out.

Public Testimony

Bob Cole, Executive Director, Faith in Community Ministries, asked Dr. Miseti how long Corizon has been involved with DOC. Dr. Miseti said that it is their eighth year. Mr. Cole asked if Dr. Miseti said that she would suggest to judges to lengthen an individual's sentence to receive treatment. Dr. Miseti answered in the negative.

Reverend Byron Bond, Founder, Prisons Reformed United, stated that when people come out of prison, they have no plan. He asked how it is going to work with references to mental health and other health needs. Dr. Miseti said that the follow up appointments scheduled are completed for everyone regardless if they are on probation or parole. Mr. Bond said that with the parole system as it stands, if a person is committed to DOC, and that person does half of their time under certain criteria; when that time is up, that person is out. He said that it needs to be understood how to deal with the persons that have been released and are just out in the community. Mr. Lloyd stated that there is a disconnect and the goal of this commission is to break some of those barriers.

Carlette Duffy, Employment Consultant, Southeast Community Service, asked with regard to the 30-days medication, if the medication is at full cost and if the prescriptions honored at local drugstores. Dr. Miseti stated that the prescriptions are the standard ones that a person would get from his or her doctor. She said that their physicians look at the cost when prescribing medication to individuals. Dr. Miseti said that they look at what is going to work for that person and what is cost effective for them. Ms. Duffy asked if there is a possibility to allow those individuals that are attempting to go to treatment to show the court documentation to let them know they tried and instead of being sent back to prison on a technical violation. Judge Alt stated that with respect to the re-entry program, they do not have a single person that pays for their own treatment. He said that everyone is referred to Alternative to Revocation (ATR). Judge Alt stated that no one gets a violation in the re-entry program because they do not have the funds to pay for treatment. They work very hard getting those persons into treatment. Ms. Edwards stated that a person can get into trouble with the Judge if it is found out that an ex-offender has not followed through with that they are supposed to do.

Nate Rush, Executive Director, Bethlehem House, stated that he has heard of many efforts with regard to mental health, but not for substance abuse. He asked if the same

effort can be done for substance abuse like mental health. Dr. Missetic stated that Corizon has started doing quite a bit of work on that issue within the last year. She said that they are working with the community services providers to find a better way to facilitate those referrals.

Amy Shaner, Care Coordinator, Marion County Jail's Addiction Re-entry Program, stated that she goes into the jails when she receives referrals from the social workers, COT Force and public defenders for individuals that are being released who have addiction issues to make sure they have a re-entry plan and to help them identify and address their needs once they are released. Ms. Shaner said that she follows them for about six months to see how they are doing.

Lisa Brickman, Marion County Probation, stated that some of the set pleas that are created with certain conditions for ex-offenders make it more difficult for the Probation Department to work with the clients as to what their actual needs are when they are released.

Davinci Richardson, Re-entry Coordinator, Starting Over, asked why the process is difficult to give an ex-offender 60-days' worth of medication and a prescription to hold them to the 90-days until they can get into see a health professional. Mr. Lloyd stated that what has been discovered is that a person is walking out of the door with too many prescriptions, and they are selling them and not taking anything. He said that it was decided to give only a certain amount of medication and a prescription, which would require that individual to take that medication and then take the initiative to go and get a refill. Mr. Richardson asked if there are any plans to start support groups inside facilities. Dr. Missetic stated that a majority of the facilities have offender life groups.

Chair Moriarty Adams asked each Commission member to discuss any policy changes or recommendations that they believe will respond to the challenges and recommendations that they have received so far.

Councillor Gooden stated that a partial product from this commission would be a resource in the form of a publication of collected services and contacts that serve individuals that has to do with re-entry. He said that it is a manual that has a flow chart with contact information on the different services for re-entry. Mr. Fogle stated that Dr. Jenkins has already begun that process. He said that he likes the idea of expanding that process. Dr. Jenkins said that he has put together a booklet that lists 85 service providers within Marion County, which lists their services, address, contact information and if there are restrictions. He said that it is not too detailed, but it does give specific things about the service provider.

Mr. Hendricks stated that technical violations should be looked at as a part of re-entry, as long as the ex-offender is not picking up new felonies. He said that it is a given that they will pick up technical violations.

Ms. Benton asked if there is a place in the Commission's policy to try and create some type of standards for service providers for re-entry. Dr. Jenkins stated that every resource listed in the book he put together has been physically contacted to make sure they are doing what they say they are doing.

Councillor Osili stated that one of the powers and duties of this Commission is to review the service providers that have helped lower the recidivism rate and recommend means of streamlining and removing those that have not.

Mr. Hendricks asked Councillor Gooden if the publication he would like to see would only focus on mental health. Councillor Gooden answered in the negative.

Mr. Lloyd asked Dr. Misetic to speak about an initiative that DOC is doing with Corizon. Dr. Misetic stated that Corizon has talked with DOC regarding the availability to place addiction recovery specialists and mental health professionals within the parole districts to provide services between the time an individual is released and whether they get into a community-based service.

Councillor Osili stated that he does not hear enough about targeting dollars toward education. He said that he finds that there is a great disconnect of what they are trying to get done in the prisons and what happens afterwards.

There being no further business, and upon motion duly made, the meeting was adjourned at 8:04 p.m.

Respectfully Submitted,

Mary Moriarty Adams, Chair

MMA/lw