

Victim Notification System

Update on VNS and Data Repository Project

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Registration in Indiana

Indiana DOC is the responsible party for the registry in Indiana

Two entities to register

- VINE Link
 - Not supported by DOC
- Indiana SAVIN
 - Supported by DOC

The screenshot shows the Indiana Sex and Violent Offender Registry website. The header includes the title "Indiana Sex and Violent Offender Registry" and a sheriff's star logo. Below the header is a navigation bar with links for "Search for Offenders in your area", "Register for Email Alerts", "Safety Tips", "Links", and "Contact". The main content area is titled "Offender Search" and includes a map of Indiana with county boundaries, labeled "County". At the bottom of the page, there is a VINE logo and a navigation menu with links for "INDIANA", "IN", "SEARCH", "ALERTS", and "MY INFO". A "WELCOME TO INDIANA VINE" message is displayed, followed by the question "How can we help you today?" and four service icons: "SEARCH FOR SOMEONE", "LOOK UP REGISTRATIONS", "FIND SERVICE PROVIDERS", and "I NEED GUIDANCE". "SIGN IN" and "CREATE ACCOUNT" buttons are also visible.



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History of Project

Goals:

1. Single place for victims to register and receive notifications (VNS).
2. Central location to place jail census information for data queries with standardized data (Data Transformation Solution – DTS).

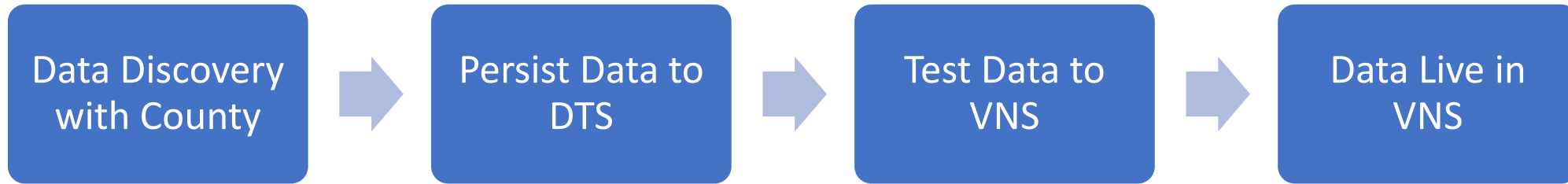
Partnership between CJI, ISA, and DOC

- CJI – owns data
- DOC – owns registry



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Development Lifecycle



Overview of Development

47

Counties
Currently Live


32


Counties Currently
'Ready for Go-Live'


12

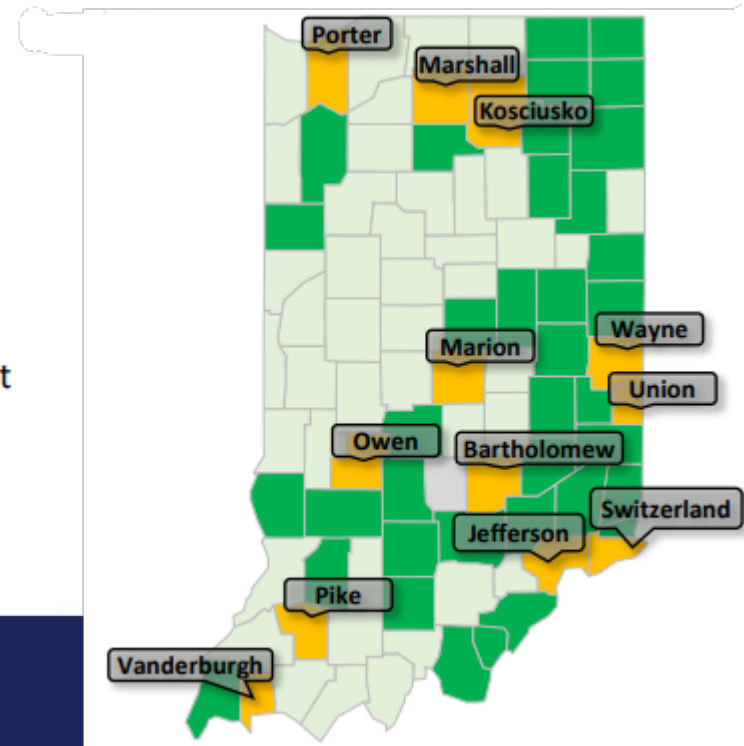
Counties Currently
in Development

Key:

 Currently Live
47 Counties

 Ready for Go Live
32 Counties

 Remain in Development
12 Counties



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Coming in the Project

September Go Lives:

- Blackford
- Hendricks
- Johnson
- St. Joseph
- Brown
- Perry
- Clinton
- Pulaski
- Lake

All Counties that have committed will be online by end of 2024.



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Behavioral Health Updates

Current Status of DOC

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September 10, 2024



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Setting the stage

- Definitions / Abbreviations
 - Addiction Recovery Services (ARS)
 - Mental Health (MH)
 - Co- Ocurring
 - Behavioral Health (BH)
- National Prisons Averages
 - 37% of population has MH needs.
 - 65% with ARS needs.
- Indiana Jails
 - 22% in MH treatment
 - 27% in ARS
- Indiana
 - 26% in BH treatment (co- occurring included)
 - 19% in ARS



| Mental Health Code | Total Count | Percent of Pop. | Substance Abuse Count | Proportion |
|---------------------------|--------------------|------------------------|------------------------------|-------------------|
| A | 13415 | 55.28% | 4902 | 0.37 |
| B | 1223 | 5.04% | 1144 | 0.94 |
| C | 4150 | 17.10% | 3459 | 0.83 |
| D | 720 | 2.97% | 648 | 0.9 |
| E | 382 | 1.57% | 348 | 0.91 |
| F | 3831 | 15.79% | 2306 | 0.60 |
| None* | 542 | 2.23% | 210 | .39 |

*None indicates a Mental Health Code has not been assigned at the time of the data pull.

Data Challenges

- ARS change from “program” to treatment.
- Need does not equal diagnosis.
- Completed and/or refused treatment.
- Use of tablet-based or informal services.
- Threshold limitations.
- Individual barriers.



Mental Health Treatment

| General population | Special Needs Acclimation Programs (SNAP) | Mental Health Units (MHU) |
|---|---|--|
| <ul style="list-style-type: none"> • Outpatient psychotherapy • Psychiatric medication management • Mental status monitoring | <ul style="list-style-type: none"> • Supportive living environment. • Peer mentoring programs. • Assistance in maintaining daily routines, provide social feedback, and offer support and encouragement. | <ul style="list-style-type: none"> • More intensive or specialized mental health care. • Unable to function in a standard prison environment. • Someone with Serious Mental Illness has been placed in Restrictive Housing. |



Addiction Recovery

Recovery While Incarcerated (RWI)

| Foundations | Residential | Intensive | Outpatient | Aftercare |
|--|---|--|---|---|
| <ul style="list-style-type: none"> Independent Study Education, resources, information. Prior to group treatment, those with limited needs, refuse group treatment or in housing the restricts them from group treatment. | <ul style="list-style-type: none"> 10- 15% begin here. 30 days +/- Recovery Oriented Community 20+ hours group treatment 5+ days a week | <ul style="list-style-type: none"> 20- 25% begin here. 90 days +/- 6+ hours group treatment, over 2 or more days. | <ul style="list-style-type: none"> 60- 70% begin here. 90 days +/- 1 hour of group treatment per week. Encouraged to participate in other activities/jobs | <ul style="list-style-type: none"> Those desiring ongoing relapse prevention support |



Challenges for treating people in IDOC

- Programs ~~≠~~ Treatment ~~≠~~ Easy Fix
- Effectiveness of treatment depends on incarcerated individual's willingness to change
- Vacancies (Medical and IDOC)
 - Public Service Loan Forgiveness Ineligibility
 - Lack of diversity in staffing
- Increased BH needs/medications upon entry into IDOC
- Incarcerated Individuals with a functional impairment
- Aging Population
- Aging Facilities
- Juvenile Justice

Plans to Improve Treatment Delivery

- Group Treatment/Peer Movement
- Grants
 - Indiana Criminal Justice Institute
 - Department of Mental Health and Addiction
 - Opioid Settlement Money
- Outpatient Commitments
- Physical Plant changes/upgrades
- New Facility Build



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Best Practices and Barriers

- Community Care when possible.
- Evidence Based Treatment (EBT).
- Using data to inform our decisions.
- Effective training for all staff.
- Continuity of Care.
 - Transitional Health Services
 - Outpatient Commitments
- Continuum of Services.
- Addressing Social Determinants of Health.



Questions?



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