



Inaugural Behavioral Health Committee Report and Recommendations 2026



This report was developed under grant number SJI-25T011 from the State Justice Institute. The points of view expressed are those of the authors and do not necessarily represent the official position or policies of the State Justice Institute.

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INTRODUCTION

Prioritizing Behavioral Health in the Courts: Historical Overview and Indiana’s Response

State courts across the country have increasingly recognized that behavioral health challenges—mental illness, substance use disorders, and co-occurring conditions—are major drivers of court involvement. Over the past decade, national judicial leaders have launched coordinated efforts to better understand and respond to these challenges.

In 2017, the Conference of Chief Justices (CCJ) and the Conference of State Court Administrators (COSCA) established the National Judicial Opioid Task Force, which was chaired by Indiana’s Chief Justice Loretta Rush. Two years later, the Task Force developed [best practices and policy recommendations](#) to guide state and local courts in their development, operation, and assessment of judicial responses to the opioid epidemic.

Building on that foundation, in 2020, CCJ and COSCA established the National Judicial Task Force to Examine State Courts’ Response to Mental Illness. Its mission was to help courts more effectively meet the needs of individuals with mental illness who become involved with the justice system. In 2022, the Task Force issued its comprehensive [Report and Recommendations](#), which included an appendix with over [100 resources](#) for courts and justice-system partners.

National and state-level data underscore why these efforts are essential. According to the [National Institute of Mental Health](#), nearly one in five adults in the United States live with a mental illness, and more than 13 million adults experience serious mental illness.

According to the [Indiana State Epidemiological Outcomes Workgroup](#), the prevalence of mental illness among Indiana adults exceeds national estimates, with 23.7% experiencing any mental illness and 6.3% experiencing serious mental illness in the past year, compared to 21.1% and 5.8% nationally.

As the Task Force emphasized, for too many individuals with serious mental illness, substance use disorder, or both, the justice system has become the primary entry point for treatment. Today, the criminal justice system is the leading referral source for substance use disorder treatment, and correctional facilities are among the largest providers of mental health care. More than 70 percent of people in U.S. jails and prisons have at least one diagnosed mental illness or substance use disorder, or both. And the impact of this reality extends well beyond criminal dockets, as behavioral health issues continue to strain every aspect of the court system.

Recognizing the need for a coordinated, court-led approach, in July 2022, CCJ and COSCA adopted [RESOLUTION 1: In Support of the Recommendations of the National Judicial Task Force to Examine State Courts' Response to Mental Illness](#). One key recommendation in the resolution urged state courts to “[c]onsider the appointment of a behavioral health director/administrator and a team within the Administrative Office of the Courts to develop and implement improved court responses for court-involved individuals with serious mental illness.”

Indiana acted on this recommendation in May 2024, when Chief Justice Rush established the [Office of Behavioral Health](#) (OBH) and the Indiana Judicial Conference created the [Behavioral Health Committee](#) (BHC). With this step, Indiana became the tenth state to formalize a statewide infrastructure dedicated to improving court responses to behavioral health needs.

The OBH now serves as Indiana’s central hub for addressing behavioral health in courts. It prioritizes the needs of both judicial officers and the litigants they serve, connects courts and justice-system stakeholders with community-based behavioral health resources, and provides ongoing education on mental health and substance use issues. Working together, the OBH supports the BHC in identifying best practices and developing effective, appropriate responses to individuals with mental health, substance use, and co-occurring conditions in the courts.

Overarching Principles: Challenges at the Intersection of Behavioral Health and the Justice System

Indiana’s legal system was neither intended nor designed to serve as the primary provider of mental health or substance use disorder treatment. Yet judicial officers confront these issues every day. Across every type of case—from criminal matters to family law, guardianships to protective orders, and even civil disputes, such as evictions, mortgage foreclosures, small claims, and torts—individuals often find themselves in court, at least in part, because of an underlying behavioral health condition. One of the largest barriers to effective court intervention is the lack of consistent education and training on these issues.

Judicial officers are often not adequately equipped to recognize signs of mental illness or substance use disorders or to apply appropriate tools for managing their impact on cases and dockets. Even when needs are identified, referral pathways and treatment admission processes can be complex and difficult to navigate. Administrative and bureaucratic obstacles create challenges both for the courts and for the individuals who urgently need help.

Fortunately, Indiana has substantial behavioral health resources available to the judiciary, including local Justice Reinvestment Advisory Councils (JRACs) in every county; a strong three-pillar crisis response system consisting of 988, mobile crisis response, and crisis receiving and stabilization services; Certified Community Behavioral Health Clinics (CCBHCs); [nearly 160 treatment courts](#); and other valuable resources.

However, access to these resources is far from uniform. Behavioral health workforce shortages, limited treatment options, and lengthy waitlists for treatment continue to burden many communities. These issues are most prevalent in our rural counties, where provider scarcity is most acute. Moreover, awareness of available resources varies widely among the judiciary and justice-system partners. Expanding knowledge of existing supports will help judicial officers connect individuals to treatment and identify gaps that require additional investment. [As Chief Justice Rush](#) has often emphasized, “The courts are

the primary referral source to get people to treatment, and if we're ordering treatment and services, we better get that right."

Indiana courts also face significant challenges when concerns arise about a defendant's competency to stand trial. Under the U.S. Supreme Court's decision in *Dusky v. United States*, 362 U.S. 402 (1960), part of the constitutional right to a fair trial includes a defendant being able to understand the charges against them and participate in their own defense. While all defendants are presumed competent, courts may order an evaluation if sufficient grounds exist. When competency is questioned, an evaluation is often ordered before the criminal case can proceed.

Indiana, like many states, has seen a dramatic rise in competency-related orders. Over the past decade, orders for competency restoration have increased nearly 400%, with most individuals ordered to receive restoration services in state hospitals.



Data provided by the Indiana State Psychiatric Hospital Network of the Division of Mental Health and Addiction, Indiana Family and Social Services Administration

In *Jackson v. Indiana*, 406 U.S. 715 (1972), the U.S. Supreme Court held that the nature and duration of an incompetent defendant's commitment must be reasonably related to the purpose of restoration. However, the current waitlist for restoration services at state hospitals is substantial and time spent receiving restoration services is often longer than the length of time the person would have spent incarcerated had they been convicted of the crime with which they were charged. Courts are therefore encouraged to reserve competency processes for defendants charged with serious crimes. Despite this, data shows that the overwhelming majority of those undergoing competency restoration are charged with low-level crimes, slowing progress in cases involving more serious charges where a strong interest in taking the defendant to trial exists and limiting placement availability for non-forensic patients. Compounding the problem, defendants who are ultimately found competent may wait weeks or months without meaningful case preparation while attorneys and the court await the initial competency finding.

Importantly, competency restoration is not mental health treatment. The primary focus of competency restoration services is preparing an individual for trial. Many who complete restoration return to court only to accept a time-served plea, have their case dismissed, or deteriorate in the local jail while awaiting further proceedings. In each instance, the individual often leaves the system without being connected to sustained treatment, leading to poor outcomes for both the person and the community.

The resulting broader fiscal and societal impacts are significant. In 2022, the Indiana Behavioral Health Commission released a report estimating that untreated mental illness costs the state approximately [\\$4 billion each year](#). Indiana courts struggle to divert individuals with mental health disorders from justice-system involvement to community-based treatment and support and to manage rising numbers of unrepresented litigants with behavioral health challenges within the confines of current budgets.

Existing tools, such as the [Odyssey case management system](#), are often underutilized for collecting and tracking behavioral-health-related data, limiting the judiciary's ability to

make informed, data-driven decisions and communicate a need for resources. Improved data collection is essential. Robust, uniform data would allow courts to demonstrate program effectiveness and secure ongoing funding.

The challenges posed by behavioral health issues in Indiana's courts are complex and far-reaching. Addressing them requires a judiciary that is informed about the scope of the problem, aware of available resources, familiar with pathways to treatment, and equipped to evaluate outcomes and available funding supports. A comprehensive understanding of these elements is vital to ensuring Indiana's judiciary and justice-system partners can respond effectively, efficiently, and compassionately to individuals with behavioral health needs.

The Behavioral Health Committee's Inaugural Report

In its inaugural term, BHC members authored this report to provide Indiana's judiciary with practical, court-focused recommendations for addressing behavioral health challenges. Modeled after the National Task Force Report, the BHC's work reflects the unique features of Indiana's legal landscape and emphasizes strategies that can be effectively led by Indiana's judicial officers. It is a report written *by judges, for judges*.

The purpose of this inaugural report is to equip judges and court stakeholders with a comprehensive resource for navigating issues at the intersection of behavioral health and the justice system. Its recommendations are rooted in relationship-building, collaboration, and coordinated efforts, principles that are essential for substantial progress in this area.

"Coordination between the behavioral health and justice systems in states and communities is often lacking and ineffective in providing care that reduces recidivism and improves public safety and treatment outcomes. On state and local levels, behavioral health and justice system stakeholders and community leaders must come together to examine their systems and community resources

to determine the best path forward to provide the best care and responses to individuals with mental illness.”

–National Judicial Taskforce Report to Examine State Courts' Response to Mental Illness

The BHC readily acknowledges that meaningful improvement cannot occur in isolation and that many other entities across Indiana are engaged in parallel efforts to address mental illness, substance use, and co-occurring conditions. The BHC affirms that partnership with these entities is indispensable to this work and extends its gratitude to the many statewide collaborators—across all three branches of government and within communities—who share in the mission of improving outcomes for individuals with behavioral health needs.

Behavioral Health Committee Workgroups: Purpose Statements and Members

The BHC, established by the Indiana Supreme Court, is chaired by Judge Stephanie Campbell and staffed by Brittany Kelly, State Court Behavioral Health Administrator. The OBH is led by Brittany Kelly and staffed by Senior Judge Kelly Scanlan. Guided by the challenges outlined in the preceding section, the BHC created four workgroups to focus on the most critical areas affecting Indiana’s courts: (1) Education, (2) Connection to Treatment, (3) Competency, and (4) Data and Funding.

Education Workgroup

The Education Workgroup is charged with providing behavioral-health-centered educational resources for Indiana’s judicial officers and justice-system partners. Its goal is to ensure that training is continuous, accessible, and comprehensive so that judicial officers are equipped to recognize behavioral health needs and respond effectively.

Education Workgroup Members:

- **Hon. Joel Schneider**, Marion Superior Court, *Workgroup Chair*
- **Hon. Jill Marcrum**, Vanderburgh Superior Court
- **Hon. Rhett Stuard**, Hendricks Superior Court

- **Hon. Andrew Williams**, Allen Superior Court

Connection to Treatment Workgroup

The Connection to Treatment Workgroup seeks to strengthen the court system’s ability to link individuals with community-based treatment and services. This work requires judicial officers to understand local resources, build and sustain partnerships with service providers, and identify gaps in their communities. By improving these connections, courts can enhance public safety, reduce recidivism, and support better long-term outcomes for individuals.

Connection to Treatment Workgroup Members:

- **Hon. Jonathan Cleary**, Dearborn Superior Court, *Workgroup Chair*
- **Hon. Elizabeth Bellin**, Elkhart Superior Court
- **Hon. Gina Jones**, Lake Superior Court
- **Hon. Sally McLaughlin**, Dearborn Superior Court
- **Hon. Lisa Reger**, Clark Circuit Court
- (Late) **Hon. Michael Kramer**, Noble Circuit Court

Competency Workgroup

The Competency Workgroup focuses on improving how Indiana courts approach competency-to-stand-trial (CST) processes. Its work includes developing and implementing evidence-based strategies, enhancing judicial education, and expanding data collection to ensure CST procedures are fair, efficient, and aligned with both individual wellness and community safety.

Competency Workgroup Members:

- **Hon. Amy Jones**, Marion Superior Court, *Workgroup Chair*
- **Hon. Stephanie Campbell**, Fountain Circuit Court
- **Hon. Douglas Mawhorr**, Delaware Circuit Court
- **Hon. Emily Salzmann**, Monroe Circuit Court

Data and Funding Workgroup

The Data and Funding Workgroup assists Indiana’s judiciary in identifying and accessing federal, state, and local funding opportunities to support behavioral health services. It also provides structured guidance on collecting, analyzing, and applying data to inform judicial decision-making, demonstrate program effectiveness, and substantiate requests for additional resources.

Data and Funding Workgroup Members:

- **Hon. Elizabeth Hardtke**, St. Joseph County, *Workgroup Chair*
- **Hon. Lisa Berdine**, Lake Circuit Court
- **Hon. Murielle Bright**, Jennings Circuit Court

This report was developed with support from a State Justice Institute (SJI) grant and consulting services provided by Michelle O’Brien of the National Center for State Courts (NCSC). This document was developed under grant number SJI-25T011 from the State Justice Institute. The points of view expressed are those of the authors and do not necessarily represent the official position or policies of the State Justice Institute.

Staff Support

- **Brittany Kelly**, State Court Behavioral Health Administrator
- **Hon. Kelly Scanlan**, Senior Judge
- **Alyson Bray**, Intern
- **Katrina Brown**, Intern

FINDINGS & RECOMMENDATIONS

Education Workgroup

In 2024, the CCJ and COSCA adopted [Resolution 1-2024](#), reaffirming their commitment to delivering behavioral health education through new and ongoing training for judicial officers, court personnel, and justice-system partners, as recommended by the National Judicial Task Force to Examine State Courts' Response to Mental Illness.

The Education Workgroup shares this commitment. Recognizing the increasingly frequent intersection between the justice system and behavioral health needs, the Workgroup seeks to equip judicial officers with the knowledge, skills, and support necessary to address these cases effectively and compassionately. Education is the most powerful weapon in this effort. To that end, the Workgroup proposes a four-pronged strategy: (1) empower Indiana's judiciary to be lifelong learners of behavioral health, (2) integrate behavioral health content into all judicial trainings with an emphasis on scenario-based learning, (3) establish peer learning and mentorship networks, and (4) promote behavioral-health-specific continuing legal education requirements.

1. Empower Indiana's Judiciary to be Lifelong Learners of Behavioral Health

A judiciary well-versed in behavioral health principles is essential to just and efficient case outcomes. The first step in achieving this goal is to empower Indiana's judiciary to become life-long learners of behavioral health matters. The Workgroup believes it is incumbent upon the judiciary to attend relevant training events and offer expertise when appropriate, read pertinent educational materials, and convene community partners to learn from one another.

Attend training events and offer expertise:

Breaking down silos between legal and behavioral health professionals is critical to meaningful progress. There are a number of statewide and national partners that hold events for which the judiciary can and should attend. In its inaugural year, members of the BHC and the judiciary attended a variety of such events, including the National Alliance on Mental Illness of Indiana (NAMI) Criminal Justice Summit, a site visit to the Leifman Model in Miami-Dade, Florida, and the Treatment Advocacy Center's Assisted Outpatient Treatment Conference. Further, the judiciary has valuable expertise to offer statewide and national partners regarding the intricacies of the legal system. For example, in 2025, Judge Andrew Williams of Allen County and Brittany Kelly led a session at the Indiana Council of Community Mental Health Centers' Spring Quarterly meeting, and Chief Justice Rush addressed attendees at the Indiana Rural Health Association Conference.

Read pertinent educational materials:

Just as judicial officers are expected to stay current on relevant statutes and appellate decisions, they should also engage with the growing library of behavioral-health related resources. A variety of judicial bench cards and resources exist to help judicial officers address the unique, challenging situations they experience every day. The Judges and Psychiatrist Leadership Initiative (JPLI) created [Judges' Guide to Mental Illness in the Courtroom](#), which helps judges recognize the signs of possible mental illness and respond productively. Also from JPLI, [Practical Considerations Related to Release and Sentencing for Defendants Who Have Behavioral Health Needs](#) provides four steps to glean insight into a litigant's treatment needs. The National Center for State Courts recommends [Key Questions at Appearances for Individuals with Serious Mental Illness](#) when considering the best way to proceed when mental illness appears to be a factor. Additional resources, including the [Judges' Guide to Adult Mental Health Jargon](#), the [Judges' Guide to Youth Mental Health Jargon](#), and [Substance Use Disorder Dictionary for State Courts](#), provide definitions and information to assist judges.

For youth-focused materials, judicial officers should be familiar with resources produced by Indiana’s [Youth Justice Oversight Committee](#). Its behavioral health workgroup has developed tools, such as [Diagnostic and Evaluation Benchcard for Judicial Officers](#), [Diagnostic and Evaluation Guidance for Probation Officers](#), [Juvenile Mental Health: Assessment and Evaluation Tools](#), and [Recommended Juvenile Diagnostic Assessment and Intake Report Contents](#). Its Diversion Workgroup has developed a [Juvenile Diversion Toolkit](#). Additionally, Indiana’s [Commission on Improving the Status of Children](#) is a valuable resource for addressing the needs of Indiana’s youth.

[See Appendix A](#) for a list of suggested subscriptions and email alerts in order to stay up-to-date on behavioral health related resources and initiatives.

Convene community partners to learn from one another:

Law school training does not prepare judicial officers to recognize behavioral health conditions, stages of change, or trauma-informed practices, just as mental health professionals often lack training in courtroom procedure. To begin to bridge this divide, the Indiana Supreme Court has organized two statewide summits regarding behavioral health: the Opioid Summit in 2018, which had nearly 1000 attendees; and the Mental Health Summit in 2022, which had nearly 800 attendees from all 92 counties. These summits included judicial officers, prosecutors, public defenders, sheriffs, chief probation officers, community correction directors, directors of CMHCs, county commissioners, and county council members.

Building on this foundation, judicial officers have led similar regional events throughout the state, including the following:

10/13/23: Rural Justice Public Health Summit in Wabash, Indiana

10/11/24: Second Annual Northeast Indiana Regional Mental Health Summit

5/8/25: Second Annual Southern Indiana Summit, “Beyond the Bench- A Holistic Approach to Justice”

11/14/25: Floyd County, Indiana Second Regional Summit, “Systems in Sync: JRAC Mental Health and Addiction Summit”

Reflecting on the Northeast Indiana summit, Judge Williams noted the increased cooperation among providers, strengthened relationships with law enforcement, and improved community understanding that followed:

“I have had the privilege of organizing and participating in two mental health summits for our region. The first summit occurred in September 2023. The goal was to bring together mental health treatment providers, law enforcement, clergy, patients, families and friends of patients, and the courts to begin a conversation about what is working and what is not working in our mental health system. The first summit drew nearly 350 participants for the day-long interactive panel discussions, break-out sessions, and impassioned address from Lieutenant Governor Suzanne Crouch. The first summit began a community-wide conversation to break down barriers and create more effective treatment for those suffering from mental illness in Northeast Indiana. Following the first summit, I observed increased cooperation between providers who had previously viewed themselves as competitors. Law enforcement agencies and treatment providers initiated meetings to coordinate services. It appeared everyone had a better understanding of their individual roles and how they fit into the overall goal of helping our friends and neighbors who are suffering from mental illness.”

2. Incorporate Behavioral Health Elements into all Judicial Trainings and Communications with an Emphasis on Scenario-Based Learning

Over the last four years, the Indiana Office of Court Services offered on average 39 sessions related to the broad topic of addiction, behavioral health, and wellness to judicial

officers, community supervision officers, court and clerk staff, and guardian ad litem/court appointed special advocate groups.

Continuing education should address foundational topics such as diagnoses, symptoms, treatments, competency, civil commitment, criminal responsibility, and the role of trauma. Trainings should emphasize stigma reduction and reinforce that mental illness and substance use disorder are medical conditions, not moral failings. Curricula should also highlight the value of community-based treatment and diversion programs.

Training developments must be collaborative, drawing on mental health professionals, individuals with lived experience, families, and community partners. And to enhance real-world preparedness, traditional lecture formats should be paired with scenario-based learning and courtroom simulations. Incorporating these interactive approaches will allow judicial officers to engage with complex, realistic case examples, practice trauma-informed decision-making, and explore the broader consequences of their rulings on individuals and communities.

In addition to its in-person offerings, the Office of Court Services has 40 on-demand modules or courses related to the topic of substance use disorder, mental health, and wellness housed in our online Judicial Branch Education Network platform, available to those with login credentials. The Network has a [Trauma Resource Library](#), developed as a result of the Family Law Taskforce's recommendation to implement trauma-informed training for judicial officers and court staff. The library contains resources for judicial officers, clerks, court staff, GAL/CASA, and other stakeholders working with families and children impacted by trauma.

The Behavioral Health Committee is pleased to announce that five new learning modules have been added to the Indiana Courts Education Network. Learn how to access them on the [Behavioral Health website](#).

These educational resources provide information that is helpful regardless of the type of case before the court. Efforts should continue and expand to ensure the judiciary remains informed about emerging best practices.

3. Establish Judicial Peer Learning and Mentorship Networks

Peer learning supports professional growth and promotes consistent statewide practices. The Education Workgroup recommends establishing judicial peer learning communities and mentorship networks where judges can share experiences, exchange insights, discuss emerging issues, and learn from experienced colleagues about evolving legal standards and mental health treatments. Judicial officers with expertise in behavioral health should be identified and trained to serve as mentors. Other judges should then be paired with mentors based on geographic proximity, which will strengthen local networks and encourage ongoing collaboration.

4. Promote Continued Legal Education Requirements

Sustainable reform requires the full legal community to invest in behavioral health education. This Workgroup therefore recommends that a portion of the required continuing legal education for both judicial officers and attorneys be dedicated to behavioral health, similar to existing ethics credit requirements. A mandatory requirement will ensure that all judicial officers and attorneys in Indiana have a minimum level of proficiency in behavioral health and reinforce the importance of behavioral health knowledge in the legal system.

Through these initiatives, the Education Workgroup seeks to cultivate a judiciary that is informed, empathetic, and equipped to respond to behavioral health needs, advancing fair and effective outcomes for individuals and communities across Indiana.

Connection to Treatment Workgroup

To facilitate linkage to treatment and resources, judicial officers across all case types must have the knowledge to recognize signs of mental illness and substance use disorders,

understand the screening and assessment process, become familiar with treatment modalities that address a range of needs, and collaborate with local care providers to identify available community resources.

A framework for connecting individuals to necessary treatment is outlined in [Practical Considerations Related to Release and Sentencing for Defendants who have Behavioral Health Needs](#) and illustrated in the image below.

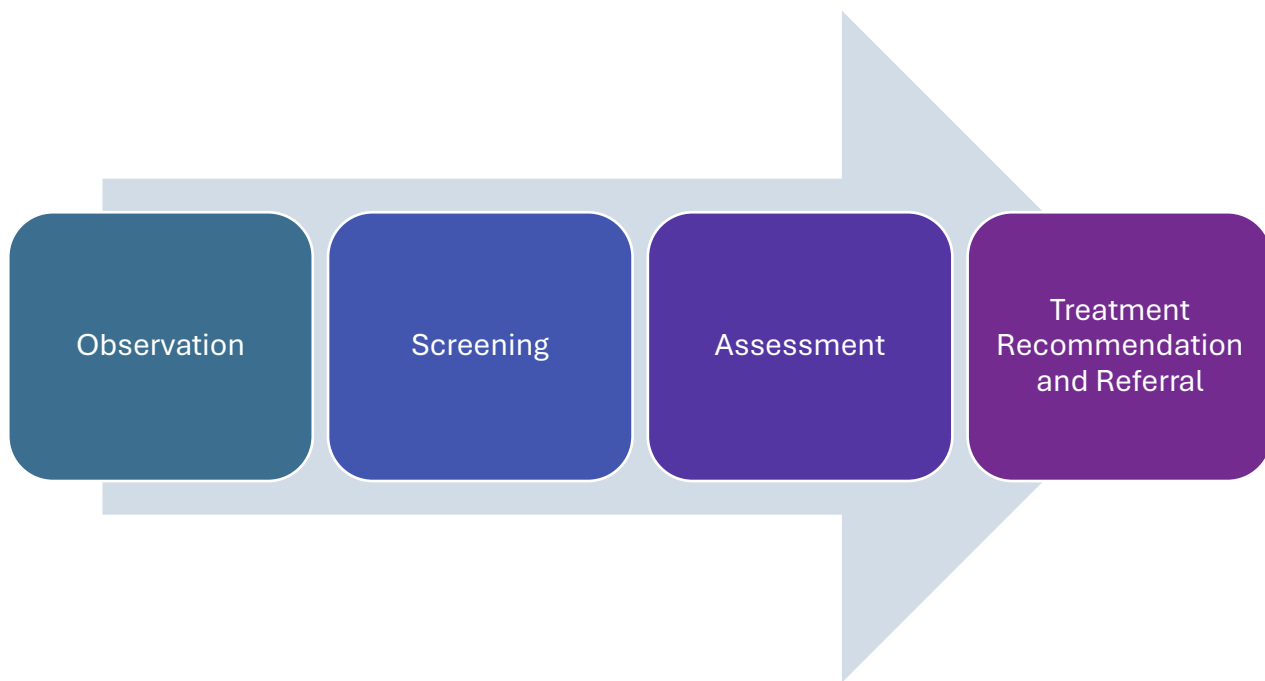


Figure 1: Determining Behavioral Health Treatment Needs

The Behavioral Health Committee created a benchcard for judges that outlines four steps to evaluate a litigant’s treatment needs, applying relevant state-specific resources. Access the benchcard on the [Behavioral Health website](#).

“All judges should exercise leadership to expand and improve responses to individuals with mental illness across the continuum of behavioral health diversion. . . This continuum of care in communities must include a robust set of services and deflection and diversion opportunities that meet the needs of individuals with behavioral health disorders whether through the behavioral

health system, the behavioral health crisis system, pre-arrest deflection and diversion, pre-adjudication diversion, or post-adjudication diversion.”

–National Judicial Taskforce Report to Examine State Courts' Response to Mental Illness

The Connection to Treatment Workgroup recommends a three-pronged approach that includes: (1) know the resources in the community, (2) look for opportunities for connection to treatment at every stage of justice system involvement, and (3) build relationships, identify gaps, and seek opportunities.

1. Know the Resources in the State and Community

While this Workgroup cannot provide an exhaustive list of statewide resources, judicial officers need a baseline understanding of key resources to ensure individuals are connected to appropriate services.

Current statewide resources include:

- [Indiana 211](#), a free service that connects Hoosiers with help and answers from thousands of health and human service agencies and resources in their local communities, including housing, legal assistance, disaster relief, and mental health or substance use services. Users can search by location and category to find specific providers in their area.
- [Three-pillar crisis response system](#) that includes
 - Someone to call: [988 suicide and crisis lifeline](#)
 - Someone to respond: All of Indiana's 92 counties are served by mobile crisis teams
 - Somewhere to go for help: 24 crisis receiving and stabilization service providers statewide
- [24 Community Mental Health Centers \(CMHC\)](#) that serve all 92 Indiana counties which includes [8 Pilot Certified Community Behavioral Health Clinics \(CCBHC\)](#) that were rolled out in January 2025.

- [Shatterproof Treatment Atlas](#), a free and confidential resource to find and compare addiction treatment programs.
- 26 Certified [Indiana opioid treatment centers](#), a network of outpatient providers that offer an array of medically supervised medication assisted treatment options for those who wish to overcome an addiction to or dependence on opioids.
- [Indiana Addiction Treatment website](#), which provides information on how to locate addiction treatment in Indiana, find recovery housing in Indiana, and facts about substance use disorder.
- [Regional Recovery Hubs](#), community-based organizations that connect individuals to mental health and substance use treatment providers, as well as Certified Peer Support Professionals. There are 10 hubs that cover all 92 counties.
- [Indiana Youth Services](#), FSSA resources such as School Based Initiatives, Children’s Mental Health Wraparound, and Trauma Informed Practices and Resources.
- [Indiana Legal Help](#), a program of the Indiana Bar Foundation and a way for litigants to connect with free and low-cost legal aid for non-criminal issues including family law, housing, and healthcare. Indiana Legal Help has [150 kiosks](#) across the state, with at least one kiosk in every county, providing free legal resources in a range of topics, such as rent and eviction, family and safety, and driving and criminal expungements.

Judicial officers are encouraged to complete the JPLI’s [My Community Resources](#) worksheet to ensure a solid grasp on resources available locally. Although rural communities often face resource shortages, this Workgroup emphasizes that local leaders are frequently the catalyst for solutions. If a service is missing, consider who needs to be convened to fill the gap. Lack of resources should be a starting point for planning, not a barrier to action.

In Floyd County, Indiana, courts and relevant partners are working to develop a Resource Inventory that provides a centralized view of all programs available county-wide. With guidance and support from The Center for Effective Public Policy (CEPP), they’re mapping what they have—and identifying what they don’t—to spot service gaps, reduce duplication,

and ensure resources are used efficiently to strengthen collaboration across agencies and support the local JRAC Board in strategic planning by offering a clear picture of current services and needs. In developing similar tools, communities are encouraged to utilize technology where appropriate and renew resource lists frequently to ensure they remain up-to-date and relevant.

2. Look for Opportunities for Connection to Treatment at Every Stage of Justice-System Involvement

Evaluate Your Community's Needs Using the Continuum of Care Framework

A community's range of resources, services, and treatment practices for individuals with behavioral health needs is known as the "continuum of care." Vital to this continuum is an interdisciplinary approach supported by active partnerships in programs and services.



Figure from [Collaborative Court and Community for Individuals with Behavioral Health Needs](#)

Services along the continuum are organized into the five categories illustrated above. Each community's needs and resources will differ, but judicial officers should review the five categories below with an eye toward identifying local gaps. Ensuring that communities have adequate resources allows an opportunity for those with behavioral health challenges

to be deflected from justice system involvement in the first place, thereby enhancing public safety.

1. **The ideal behavioral health system** includes screening and assessment, case management teams, medication-assisted treatment, CCBHCs, community services, and civil interventions.
2. **The ideal behavioral health crisis system** includes 24-hour crisis lines, mobile crisis teams, crisis stabilization units, psychiatric urgent care, crisis residential services, emergency rooms with or without dedicated behavioral health sections, and in-home supports and respite services.
3. **Pre-arrest diversion/deflection** includes dispatcher and first responder training, mobile crisis teams, identification of high utilizers, and providing follow up care after the crisis.
4. **Pre-adjudication Diversion** includes screening and assessment at jail or pretrial, data matching initiatives between jail and community-based behavioral health providers, pretrial supervision and diversion services to reduce episodes of incarceration, treatment courts, and transition planning by jail or in-reach providers.
5. **Post-adjudication diversion** includes specialized behavioral health community supervision caseloads, linkage to housing and benefits, treatment courts, transition plans, and peer support.

For a more detailed review of the full continuum, refer to the National Task Force publication [Collaborative Court and Community for Individuals with Behavioral Health Needs](#).

Utilize Valid Screening and Assessment Tools

Screening and assessment tools are essential for identifying needs and determining effective interventions.

Screening tools provide an initial indication that further evaluation may be warranted.

Screening should occur at the earliest point possible. The [Brief Jail Mental Health Screen](#),

developed by Policy Research Associates, is a booking tool used during jail intake to flag the need for further mental health assessment in individuals where applicable.

Assessment tools, on the other hand, offer a comprehensive evaluation to guide treatment and supervision decisions. Indiana uses the [Indiana Youth Assessment System \(IYAS\) for juveniles and the Indiana Risk Assessment System \(IRAS\) for adults](#). These systems include 12 instruments used at key decision points to assess risk and identify criminogenic needs. Information from these assessments supports the development of individualized case plans designed to reduce recidivism.

[Judges' Guide to Mental Health Diversion](#) focuses on opportunities for connection to treatment at the time of jail booking, post-arrest and pre-plea. It highlights that for litigants who screen low risk and low need, research is clear that outcomes will be worse if courts engage in over-supervision or require unnecessary behavioral health treatment, emphasizing the importance of valid screening and assessment tools.

Facilitate Linkage to Treatment

Judicial officers can, and should, actively connect individuals to treatment and resources when appropriate. Behavioral health conditions are often part of the reason someone comes into contact with the justice system, and once involved in the justice system, behavioral health conditions are often exacerbated. Without linkage to treatment and services where appropriate, vicious cycles of worsening behavioral health conditions and repeated justice system involvement often emerge. With linkage to treatment and services where appropriate, underlying causes of justice system involvement can be appropriately addressed, public safety enhanced, and accountability encouraged.

Several initiatives exist statewide that facilitate these connections. [A study by Temple University](#) of Indiana's treatment courts found that participants were 93% less likely to be rearrested than before entering a treatment court program. Additionally, Indiana's [Pre-Trial Release Initiative](#) supports risk-informed pretrial practices that maximize release, court

appearance, and public safety. In Cass County, pre-trial services routinely incorporate connection to treatment:

“Since opening its doors in 2018, Cass County Court and Pretrial Services has served more than 500 people, with 100 to 115 on pretrial supervision at any given time. People who remain home during the pretrial phase are offered resources, including services related to healthcare, in-house counseling, and treatment for substance use disorder at no cost [to] participants.”

–Small County, Big Results

While linking individuals to care, courts should encourage the integration of trained peers at all appropriate points in the treatment, case management, and justice processes. Indiana’s [Regional Recovery Hubs](#) connect Hoosiers with mental health and substance use disorders to treatment and recovery supports through [Certified Peer Support Professionals](#). In jail settings, Regional Recovery Hubs and Certified Recovery Community Organizations (CRCOs) utilize a team of certified and trained peer-support professionals working alongside the correctional and criminal justice staff every day, providing re-entry services and warm hand-offs to care. Currently, 11 counties through 10 CRCOs around the state have Certified Peer Support Professionals working in county jails.

Similarly, Court Navigation is an emerging practice in which voices of people with lived experience with substance use disorder are embedded in the courthouse ready and able to offer resources to those that come through its doors. OBH, in partnership with Research Triangle Institute and Indiana Family and Social Services Administration’s (FSSA) Division of Mental Health and Addiction (DMHA), will research the effectiveness of peer-led Court Navigation in St. Joseph and Lake counties supported by the National Institute on Drug Abuse of the National Institutes of Health, under a grant titled, [Preventing Overdose and Promoting Recovery through Court Navigation](#). [See Appendix A](#) for additional models of court navigation in Indiana.

“Too often the voices of families and individuals with lived experience are left out of implementation and improvement efforts, and our responses suffer as a result.”

–National Judicial Taskforce Report to Examine State Courts' Response to Mental Illness

The importance of brokering resources extends beyond litigants in a case. Judicial officers are encouraged to handout an [informational sheet](#) for released jurors, aimed at reducing juror stress, recognizing the toll jury service can potentially take on a person’s wellbeing. Judges, lawyers, and law students are encouraged to prioritize their own wellbeing and connect to the [Judges and Lawyers Assistance Program](#) (JLAP) for support as they balance the rigors, demands, and rewards of the legal profession. A 2020 [nationwide survey](#) conducted by the American Bar Association found that among the top five stressors judicial officers face is “dealing repeatedly with same parties without addressing underlying issues,” and [research indicates](#) that attorneys that invest in their own wellbeing have enhanced empathy towards litigants experiencing substance use disorder.

3. Build Relationships, Identify Gaps, and Seek Opportunities

Court leaders often intentionally or unwittingly seek to address court related matters from within the walls of the legal profession and institution. Of course, it’s easiest to draw upon existing relationships and those individuals who are most familiar, but when it comes to leading meaningful change intended to improve the court response to mental health and co-occurring disorders, a cross-sector and community-based approach is necessary. Once stakeholders are identified, the next priority is to turn the most promising contacts into collaborative relationships.

The Power of Local JRACs

Dearborn County Judge Jonathan Cleary describes the impact of Local JRACs:

“JRAC created an opportunity for the courts, county council, county commissioners, defense attorneys, prosecuting attorneys, therapists, and other

key community leaders, to consistently talk about what is working and what is not working. People don't fail because they want to fail. People fail because they don't know how to succeed. JRAC has allowed our community to prioritize how we use our precious resources. Recently we began looking at individuals who have spent more than six months incarcerated. Who they are. How they are doing. How we can improve community safety and improve their individual outcomes."

In Indiana, the [JRAC](#), established by the legislature in Indiana Code § 33-38-9.5, stands out as a powerful tool for meaningful collaboration. The 20-member Advisory Council consists of leadership from the executive, legislative, and judicial branches of government. It is charged with conducting state-level reviews of local corrections programs, county jails and probation services, and the processes used by the Department of Correction (IDOC) and the DMHA in awarding grants.

In 2021, the [legislature required every county to establish a Local JRAC](#) by enacting Indiana Code § 33-38-9.5-4. These multidisciplinary groups review local criminal justice-system policies and promote evidence-based practices in several key areas, including probation, problem-solving courts, behavioral health services, community corrections, and jail overcrowding. Find your Local JRAC representatives using the [Local JRAC Directory](#).

Many Local JRACs have participated in System Mapping to evaluate the needs of their local communities. Similar tools include the [Sequential Intercept Model](#) (SIM), which details how individuals with mental and substance use disorders encounter and move through the criminal justice system, and [Upstream](#), a tool for juvenile justice and child welfare systems. These models help identify gaps and develop action plans.

Convene Regular Meetings in the Community

In addition to active participation with their local JRACs, judicial officers are encouraged to convene recurring meetings with local stakeholders to identify challenges, coordinate

efforts, identify gaps, and generate solutions. Accomplishing these goals does not happen with one meeting or phone call; meaningful progress requires ongoing engagement.

The Behavioral Health Committee created a tool for engaging with community stakeholders that includes a list of questions courts can ask providers to better understand services offered, referral process, and eligibility criteria. This tool is intended to foster trust and collaboration between courts and providers who, together, work to ensure access to treatment and community safety. Access the tool on the [Behavioral Health website](#).

In Clark County, Indiana, on any given Monday morning at a local coffee shop, Clark County CARES, a coalition of community members, treatment providers, health officials, law enforcement, educators, emergency shelter providers, attorneys, and judges meet to address local needs. As a result, Clark County has expanded treatment options, increased warm handoffs to care, strengthened partnerships, reduced stigma around behavioral health issues, created new problem-solving courts and additional recovery pathways, and experienced a decline in overdose deaths.

“Clark County CARES was started in 2015 by a group of people concerned about overdose deaths. Some were family members, like me, who had lost someone dear to them. Others were therapists, civic leaders, ministers, judges, doctors, public health officers, law enforcement and others who identified this community crisis and wanted to address it. We started with telling each other our stories.”

–Carolyn King, Community Member

Clark County is also one of more than 20 Indiana counties with an active [Suicide and Overdose Fatality Review \(SOFR\) Team](#). Established by Indiana Code § 16-49.5 in 2020, SOFR teams are made up of members from various sectors including healthcare, public safety, mental and behavioral health, social services, education, and other agencies that come together to share and evaluate information. SOFR allows community leaders to

determine where there were missed opportunities for prevention/intervention, and ultimately, how to enact policies and procedures aimed at preventing future deaths by suicide or overdose.

“The Clark County SOFR team has fostered relationships that have impacted advocacy at the local and state level, and markedly decreased the implementation time for impactful initiatives at the local level.”

*–Dr. Eric Yazel, LifeSpring’s Chief Medical Officer,
Clark County Health Officer, and the Indiana Department of Homeland Security Medical Director*

“Having the opportunity to share data and work across systems ensures that we, as a community, are doing all that we can to prevent unnecessary deaths. The goal is not to place blame, but to try to make sure that someone else's loved one doesn't experience this pain. Additionally, our meeting fosters collaboration amongst people who may not traditionally work side by side.”

–Beth Keeney, President and CEO Lifespring Health Systems

Competency Workgroup

Judges play a critical role in the initial triage that determines whether a competency evaluation is needed. An individual is competent to stand trial when they understand the proceedings and can assist in their defense. If mental illness prevents a person from meeting these standards, they are not competent to stand trial. Trial competency is distinct from the ability to consent to medication or the criteria for civil commitment. JPLI has developed a [bench card](#) with indicators of serious mental illness to support judicial officers in making these determinations. Importantly, a person may exhibit symptoms of mental illness yet still be competent to proceed to trial.

This Workgroup reviewed the National Judicial Task Force’s report, [Leading Reform: Competence to Stand Trial Systems, A Resource for State Courts](#), which provides a range of options available to judges that decrease operational inefficiencies and promote

alternatives to competency when appropriate. The Workgroup honed in on six recommendations most relevant to Indiana’s courts: (1) evaluate alternatives to competency or “off-ramps,” (2) restrict which cases are referred for competency, (3) stay informed on available alternative evaluation and restoration sites, (4) decrease operational inefficiencies, (5) create a directory of available competency evaluators, and (6) create a dashboard for the collection of data.

1. Evaluate Alternatives to Competency or “Off-Ramps”

Courts can consider several alternatives, or “off-ramps,” before initiating formal competency proceedings, including voluntary treatment, psychiatric advance directives, guardianship, and civil commitment with assisted outpatient treatment (AOT) programs.

The Behavioral Health Committee created a benchcard that lays out considerations for judicial officers before ordering a competency evaluation. Access the benchcard on [INcite](#) in the Benchbooks app under “Behavioral Health.”

Voluntary Treatment:

When appropriate, voluntary engagement in treatment can address competency concerns without initiating a full competency evaluation or requiring placement in a state institution. Although not all cases that begin with voluntary treatment will avoid competency proceedings, this option may resolve a significant number of matters while reducing strain on the competency system.

Psychiatric Advanced Directives:

Under Indiana law, a psychiatric advance directive is, “a written instrument that expresses the individual’s preference and consent to the administration of treatment measures for a specific diagnosis for the care and treatment of the individual's mental illness during subsequent periods of incapacity.” Indiana Code § 16-36-1.7-1. Creating such a directive when an individual is competent can not only expand future treatment pathways but also

permit another person to make mental health decisions if the individual later becomes unable to do so.

Guardianship:

Guardianship may provide an effective mechanism to address cases where competency is at issue, especially for lower-level offenses in which the anticipated restoration period exceeds typical sentencing exposure.

AOT Programs:

Many Indiana counties already utilize outpatient commitment orders, which are authorized under Indiana law. See Indiana Code §§ 12-26-14-1, -14-7, -6-8 (a), -7-5(a); *J.W. v Cmty. Fairbanks Behav. Health*, 260 N.E.3d 946 (Ind. Ct App. 2025). AOT programs combine an outpatient civil commitment order with intensive engagement between providers and the court to support sustained treatment. When approved by the prosecutor, a criminal case may be dismissed upon civil commitment to an AOT program. This option is particularly appropriate for individuals who frequently return to the criminal justice system for relatively minor crimes that stem from their mental illness and treatment nonadherence. Using AOT programs as an alternative to competency is an important avenue to explore. In Fall 2025, the [Hon. Michael J. Kramer AOT Program Initiative](#) was created to further AOT programs statewide. Seven counties joined three existing counties to make up Indiana's inaugural "[AOT Program Pilot Cohort](#)."

2. Restrict which Cases are Referred for Competency

HEA 1238, passed in 2024, amended Indiana Code § 35-36-3-3 to allow courts to dismiss certain criminal cases without prejudice when a defendant has been diagnosed with dementia, Alzheimer's disease, or a traumatic brain injury. Dismissal is appropriate when the defendant has been charged with a misdemeanor or Level 6 felony and when the diagnoses substantially impact the defendant's ability to understand the proceedings and assist in the preparation of their defense for the foreseeable future. Other states, including Ohio and Florida, also limit competency referrals for certain misdemeanor or intellectual

and developmental disability cases. The National Association of Criminal Defense Lawyers provides [resources](#) that include state-by-state summaries of competency statutes, rules, and processes. It is recommended that an interdisciplinary workgroup be formed to further evaluate Indiana's competency laws.

3. Stay Informed on Available Alternative Evaluation and Restoration Sites

Outpatient Restoration:

If a person is found incompetent to stand trial, outpatient restoration is available in some states, but is not currently an option in Indiana. Outpatient restoration connects individuals not only to competency restoration services but also to mental health treatment, housing, and other supports. As a result, when the person becomes competent to stand trial, they are already linked to community-based services and are more likely to continue with treatment, promoting continuity of care and reducing recidivism.

Jail Based Restoration:

Jail-based competency restoration, which is currently not available in Indiana, is a court-ordered placement process where a defendant found not competent to stand trial receives mental health services and legal education within a jail rather than a state hospital. Early connection to community mental health services and a coordinated transition at release are essential for better long-term outcomes. The goal of this model is to increase the likelihood that the individual will continue with treatment and thus reduce recidivism.

Project CREATE:

Developed in 2021 by DMHA, Project CREATE accelerates placement for individuals found incompetent to stand trial who are awaiting state-hospital placement. This program contracts with private psychiatric hospitals to provide stabilization with medication management, legal education, and court reporting. Pilots in Indiana were originally with Valle Vista Health System, Wellstone Regional Health System, and Hendricks

Behavioral Hospital. Today, Project CREATE has active contracts with Hendricks Behavioral Hospital and Indiana Center for Recovery-South Bend.

4. Decrease Operational Inefficiencies

Utilize a Consistent, Statewide Approach:

Competency proceedings remain appropriate for many individuals, and significant opportunities exist to streamline the process. Needs vary across counties; some courts rarely encounter a need to order a psychological examination and referral to a state hospital, while others address them frequently. Either way, a consistent and efficient approach will expedite the process.

The Behavioral Health Committee created a benchcard that outlines the important steps and relevant codes in order to streamline the competency process as much as possible. Access the benchcard on [INcite](#) in the Benchbooks app under “Behavioral Health.”

Possible additional improvements include developing evaluation templates, incorporating case managers and court liaisons, and utilizing centralized calendars with frequent review hearings.

Explore the Creation of Competency Dockets:

Competency dockets can further decrease operational inefficiencies. Models include:

- A docket that supervises all cases in which an individual is found incompetent, ensuring timely orders, hearings, and coordination with jails; or
- A docket used for diversion to services such as residential treatment, intensive outpatient care, or community-based programs, with cases dismissed upon successful completion.

“Courts should consider the creation of competency dockets that facilitate access to appropriate diversion and outpatient restoration resources for cases involving competency. Courts should actively manage the progress of a

competency case to avoid an individual languishing in jail and decompensating. Hearings should be scheduled and held without delay at every juncture.”

–National Judicial Taskforce Report to Examine State Courts' Response to Mental Illness

This Workgroup proposes creating a pilot competency docket in Marion County, with the goal of statewide replication. Marion County had the highest volume of inpatient restoration orders in the last five years, making up 29% of the state’s total. A 2024 case review found that Marion County courts ordered 317 psychological examinations, resulting in 179 incompetency findings (56%). The remaining 44% were found competent but still experienced prolonged case delays and increased jail time. Examinations for misdemeanor and Level 6 felony cases accounted for 169 orders, with 125 resulting in incompetency findings (73%). The county spent more than \$800,000 on examinations, including over \$400,000 for misdemeanor and Level 6 felony cases.

The proposed competency docket pilot will focus on individuals charged with misdemeanors and Level 6 felonies, who accounted for 70% of Marion County’s inpatient restoration referrals in 2024. The pilot’s goals include:

- Establishing consistent and efficient competency procedures,
- Reducing unnecessary competency evaluations,
- Accelerating appropriate diversion to treatment,
- Improving outcomes for individuals with mental illness, and
- Preserving scarce state hospital resources for serious cases.

5. Create a Directory of Available Competency Evaluators

Courts across Indiana, particularly in rural communities, face challenges locating qualified evaluators.

Centralized Directory:

The Workgroup has created and will maintain a directory of qualified competency evaluators for judges and court staff to access to reduce delays. Regular automated requests for updates would help ensure accuracy. Opportunity for partnership exists as DMHA certifies new evaluators and providers' licensures are regularly renewed.

The Competency Evaluator Directory is available on [INcite](#) in the Benchbooks app under "Behavioral Health."

Expansion of Evaluators:

HEA 1238 (2024) amended Indiana Code § 12-21-5-1.5 and expanded eligibility for conducting evaluations to include psychiatric mental health nurse practitioners and physician assistants specializing in psychiatry. A certification program was statutorily created within DMHA that must consist of at least 40 hours to certify nurse practitioners and physician assistants as competency evaluators, and this training program is currently being created. The legislation also amended Indiana Code § 35-36-3-1 to authorize courts to appoint a single evaluator for misdemeanor and Level 6 felony cases, reducing the burden of obtaining multiple evaluations.

6. Create a Dashboard for the Collection of Data

A statewide dashboard would allow Indiana to evaluate current needs, assess system pressures, and plan for long-term solutions. Data should initially be drawn from the Odyssey case management system regarding defendants, case status, court orders, release agreements, hearings, charges, and disposition, to evaluate the need for statutory changes and the types of resources that should be added and maintained. Eventually, data could be incorporated from county jails through the [INjail](#) system and restorative placement programs.

The Workgroup recommends forming a team to identify specific events to track, determine the most pertinent data to collect, and create necessary data-sharing agreements. Existing

Odyssey event codes will be identified, and additional codes may be developed where needed.

Nationwide, states are responding to the rise in ICST orders. To take a look at how other states have responded to this national phenomenon, read, [Competence to Stand Trial, a Roadmap for State Courts](#). The Competency Workgroup looks forward to continuing to address these issues in Indiana with evidence-based, best practice solutions and collaboration from many statewide partners.

Data and Funding Workgroup

Rigorous data collection allows courts to better understand and evaluate court programs, case outcomes, and the experiences of individuals with behavioral health needs as they move through the justice system.

The impact of effective data collection is emphasized in [Behavioral Health Data Elements Guide for the State Courts](#) and reiterated here. Robust data systems help courts establish performance baselines and monitor change over time. Knowing how often mental health court participants are arrested, or how many days they spend in jail before entering a deferral program, can guide decision-making and shape targeted interventions. Similarly, in domestic relations cases, tracking how behavioral health challenges affect parenting-time compliance, family stability, or case resolution can inform resource allocation and program design.

Finally, strong data collection enables courts to evaluate the effectiveness of new policies or programs. Comparing outcomes, such as recidivism rates, before and after the launch of a new initiative, or between individuals who opt into a program and those who do not, can show whether the program is meeting its goals. In family court, this may include examining whether specialized services for parents with behavioral health needs improve co-parenting outcomes and reduce litigation.

The Indiana Criminal Justice Institute (ICJI) and JRAC's annual report, [Status of Indiana's Criminal Justice System](#) is an example of robust data collection to drive outcomes. The 2025 report states that "substance-related offenses, such as possession of methamphetamine, syringes, narcotics, cocaine, and operating while intoxicated, consistently make up at least four to five of the top 10 felony filings each year, highlighting the critical need for accessible substance use programs and resources for individuals facing felony charges."

In short, improved data collection and data use are critical to advancing behavioral health initiatives within Indiana's courts. By leveraging existing tools, improving data-sharing practices, and strengthening collaboration among stakeholders, courts can better serve individuals with mental health and substance use disorders, ensure more just outcomes, and secure sustainable funding for long-term success.

This Workgroup proposes a three-pronged strategy: (1) strengthen data collection procedures among the judiciary; (2) strengthen judicial knowledge and utilization of available funding resources; and (3) align data collection with funding opportunities.

1. Strengthen Data Collection Procedures Among the Judiciary

Identify Data Currently Being Collected:

Behavioral health-related data should be captured across all case types. Although the Odyssey system includes more than 1,400 codes, the value of these codes depends on consistent and accurate data entry. Judicial officers are encouraged to engage with stakeholders—including law enforcement, jail staff, probation departments, pretrial services, clerks, prosecutors, and other initial data collectors—to understand what information is gathered at each point of contact. A comprehensive data framework should include education on existing data, identify optimal collection methods, and clarify where data is stored (electronically, in writing, or otherwise). Collaboration with IT personnel and the

Odyssey case management team is also essential to assess how data is recorded, identify who is responsible for entry, and ensure appropriate judicial access.

Develop Standardized Data Tools:

To promote consistency and meet existing needs, standardized tools should be created to capture data across all case types, including domestic relations, eviction, and competency matters. Similarly, a standardized data collection tool should be created for law enforcement agencies, jails, courts, and behavioral health providers, recognizing the importance of collaboration with local agencies.

Establish Data Sharing Protocols:

Secure and confidential data-sharing protocols are critical and should be developed. The [INjail](#) pilot program may serve as a model for maintaining up-to-date court and jail data statewide. Courts are encouraged to collaborate with jail staff, wardens, and sheriffs to establish memoranda of understanding (MOUs) for data sharing, supported by release-of-information (ROIs) and confidentiality agreements, to improve data-sharing efficiency.

Identify Mental Health and Substance Use Programs, Collect Data, and Evaluate Data:

Mental health and substance use programs, especially those for diverting individuals from the justice system, should be identified and evaluated. This requires documenting program processes, milestones, participant experiences, and outcome data, and then assessing whether the program is meeting its goals. Reliable information strengthens program sustainability and supports opportunities for innovation.

Examples of Ways to Share Information with Stakeholders through Odyssey:

1. **Track mental health cases from filing through disposition:** create an event code or case flag specifically for mental health cases, entered at the time of filing, to support identification and reporting.

2. **Download court sessions to a third-party calendaring system:** enable mental health dockets to be exported to third-party calendaring systems for jails, behavioral health centers, prosecutors, and public defenders, with MOUs in place to protect confidentiality.
3. **Track litigant status:** monitor warrants, new case alerts, or failure-to-appear status for individuals with behavioral health needs.
4. **MyOdyssey Workspace:** This customizable workspace allows users to view key information such as work queues, upcoming hearings, and process checklists in a streamlined format.

Effective data sharing should not only increase efficiency but also enhance judicial responses that improve the lives of individuals with mental health and substance use disorders.

2. Strengthen Judicial Knowledge and Utilization of Available Funding Resources

Stay Informed:

Courts must be aware of available funding opportunities to sustain existing programs and develop new ones. Reviewing current funding cycles helps stakeholders plan proactively, which includes defining program needs, building stakeholder buy-in, and preparing budgets to submit timely proposals.

Judicial officers should monitor the evolving funding landscape at the federal, state, and local levels by subscribing to judicial updates and relevant listservs, utilizing local JRACs, and tracking opportunities through ICJI, DMHA, FSSA, IDOC, IOCS, and other state-level partners. Lessons from other states can also guide funding strategies. [See Appendix B](#) for an expansive list of federal, state, and local funding opportunities.

Build Relationships:

Strong relationships with funders and community partners help courts remain aware of new opportunities. Courts should engage with local community foundations, nonprofit organizations, and other stakeholders who often manage grant funds with set timelines for distribution. Understanding their priorities and identifying shared goals can lead to partnerships, mini-grants, or collaborative programs that address community needs. Courts should also cultivate partnerships beyond the legal field (e.g., hospitals, health departments, social service providers) to discuss needs and programs that could be developed.

3. Align Data Collection with Funding Opportunities

High-quality data helps courts identify community gaps, measure program effectiveness, and build evidence-based funding applications. Reviewing past and current grant requirements can guide courts in determining which data to collect now to strengthen future proposals. Because funding announcements often come with little notice, judicial officers are encouraged to utilize tools like the [DOJ Grant Application Submission Checklist](#) and maintain a court-specific grant application worksheet.

Surveys of prosecutors, defense attorneys, judges, and other justice-system partners can also capture perceptions of program value. Surveys are highly persuasive when submitted with funding proposals and can influence policymakers, even before formal evaluation data is available. Once a funding need is identified, stakeholders should meet early to develop a program outline, identify necessary partners, and prepare a preliminary budget. Courts should also recruit or partner with experienced grant writers—many nonprofit organizations offer support at no cost. [Abatement Opioid Settlement Funds](#) may also be used as matching funds or to build grant-writing capacity.

The Behavioral Health Committee developed a grant application worksheet for courts to use when considering applying for funding. Access the worksheet on the [Behavioral Health website](#).

Pulaski County offers a notable example: Judge Crystal Kocher recognized a need in her community and created the county's first Court Navigator position. This position was originally funded by the Community Foundation of Pulaski County. Its Executive Director, Leeann Wright, shared,

"When the Superior Court approached the foundation about establishing the Community Navigator, we jumped at the chance to pilot this program. It has been one of the most rewarding grants we've ever made."

Judge Kocher added,

"I think it is very important for small rural counties like ours to know that it is possible, with some creativity and collaboration between state and county agencies, to create comprehensive programming within the courts."

NEXT STEPS / MOVING FORWARD

Indiana has a longstanding commitment to meeting challenges with innovation. Recognizing and addressing the impact of mental health and substance use on court operations is an essential first step toward meaningful, system-wide change that strengthens public safety, promotes cost-effective practices, and improves the wellbeing of all Hoosiers.

The goal of the BHC in authoring this report is to empower Indiana's judiciary and equip it with practical tools and guidance for advancing better outcomes. Whether the work involves ongoing education, responding to competency concerns effectively, fostering connections to treatment and resources, or improving data and funding practices, we hope readers have found clear, actionable steps in the above findings and recommendations.

The Committee's inaugural report and recommendations will be launched statewide. Courts and partners are encouraged to prioritize recommendations, align resources, and position your community to implement these goals effectively. Training opportunities will be provided for those seeking deeper understanding, and progress will be tracked to ensure continued learning and adaptation.

This report is not intended to sit on a shelf. It is meant to spark informed and collaborative conversations among judges, justice-system professionals, behavioral health providers, and community partners. By working together, we can continue to move Indiana forward and build a justice system that responds effectively and compassionately to behavioral health needs.

APPENDIX A - RESOURCES

Prioritizing Behavioral Health in the Courts: Historical Overview and Indiana's Response

- The National Judicial Opioid Taskforce developed [best practices and policy recommendations](#) to guide state and local courts in their development, operation, and assessment of judicial responses to the opioid epidemic.
- The Task Force to Examine State Courts' Response to Mental Illness released its [Report and Recommendations](#) and over [100 resources](#) for courts and justice system partners.
- According to the [National Institute of Mental Health](#), nearly one in five U.S. adults live with a mental illness and over 13 million adults live with serious mental illness.
- According to the [Indiana State Epidemiological Outcomes Workgroup](#), the prevalence of mental illness among Indiana adults exceeds national estimates, with 23.7% experiencing any mental illness and 6.3% experiencing serious mental illness in the past year, compared to 21.1% and 5.8% nationally.
- In July 2022, CCJ/COSCA adopted [RESOLUTION 1: In Support of the Recommendations of the National Judicial Task Force to Examine State Courts' Response to Mental Illness](#).
- In accordance with Resolution 1, in May of 2024, Chief Justice Rush established the [Office of Behavioral Health](#) (OBH) and the [Behavioral Health Committee](#) (BHC), making Indiana the tenth state to fulfill this recommendation.

The Behavioral Health Committee's Inaugural Report: Overarching Principles

- [Nearly 160 treatment courts](#)
- [Indiana Supreme Court Justice Loretta Rush Reflects on Latest Annual Report](#)

- [2022 Indiana Behavioral Health Commission Report](#)
- [Odyssey Case Management System](#)

Findings and Recommendations of the Behavioral Health Committee

Education Workgroup

- In 2024, the CCJ and COSCA adopted [Resolution 1-2024](#) to renew their commitment to ensuring that behavioral health education be provided through new and ongoing training curricula for judicial officers, court personnel, and justice system partners as set forth in the Findings and Recommendations of the National Task Force to Examine the State Courts' Response to Mental Illness.
- The Judges and Psychiatrist Leadership Initiative (JPLI) created [Judges' Guide to Mental Illness in the Courtroom](#), which helps judges recognize the signs of possible mental illness and respond productively.
- Also from JPLI, [Practical Considerations Related to Release and Sentencing for Defendants Who Have Behavioral Health Needs](#) provides a four step benchcard to glean insight into a litigant's treatment needs.
- The National Center for State Courts recommends [Key Questions at Appearances for Individuals with Serious Mental Illness](#) when considering the best way to proceed when mental illness appears to be a factor.
- [Judges' Guide to Adult Mental Health Jargon](#), [Judges' Guide to Youth Mental Health Jargon](#), and [Substance Use Disorder Dictionary for State Courts](#), products of the NCSC, JPLI, Council of State Government Justice Center, Policy Research Associates, and the Substance Abuse and Mental Health Services Administration, provide definitions and information to assist judges.
- [Youth Justice Oversight Committee](#)
- [Diagnostic and Evaluation Benchcard for Judicial Officers](#)
- [Diagnostic and Evaluation Guide for Probation Officers](#)

- [Juvenile Mental Health: Assessment and Evaluation Tools](#)
- [Recommended Juvenile Diagnostic Assessment and Intake Report Contents](#)
- [Juvenile Diversion Toolkit](#)
- [Indiana's Commission on Improving the Status of Children](#)
- [Judicial Branch Education Network: Trauma Resource Library](#) (login credentials required)

Suggested Subscriptions/Email Alerts:

- [Family and Social Services Administration \(FSSA\)](#)
- [Indiana Council of Community Mental Health Centers](#)
- [Indiana Mental Health Roundtable](#) (bottom of page)
- [Indiana Youth Institute](#)
- [Rural Justice Solutions](#) (bottom of page)
- [Indiana Rural Health Association](#)
- [Rural Health Information Hub](#)
- [NCSC Behavioral Health Alerts](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) (bottom of page)
- [The Council of State Governments \(CSG\)](#)
- [Mental Health America \(MHA\)](#) (bottom of page) and [Mental Health America of Indiana](#)
- [Addiction Policy Forum](#) (should pop up immediately upon visiting page)
- [AllRise](#) (bottom of page)
- [Treatment Advocacy Center](#)
- [Justice and Mental Health Collaboration Program](#) (bottom of page)

Additional Resources:

- [The National Child Traumatic Stress Network Bench Card for the Trauma Informed Judge](#)

- [Cultivating Law and Medicine Partnerships to Support Justice-Involved Individuals with Substance Use Disorders](#)
- [Trauma-Informed Judicial Practice from the Judge’s Perspective](#)
- [Trauma-Informed Practices for Criminal Courts](#)
- [NCSC’s Leading Change Guide for State Court Leaders: Improving the Court and Community’s Response to Mental Health and Co-Occurring Disorders](#)

Connection to Treatment Workgroup

- [Practical Considerations Related to Release and Sentencing for Defendants who have Behavioral Health Needs](#)
- [National Judicial Taskforce Report to Examine State Courts’ Response to Mental Illness](#)
- [Indiana 211](#), a free service that connects Hoosiers with help and answers from thousands of health and human service agencies and resources in their local communities, including housing, legal assistance, disaster relief, and mental health or substance use services. Users can search by location and category to find specific providers in their area.
- [3 pillar crisis response system](#) that includes
 - Someone to call: [988 suicide and crisis lifeline](#)
 - Someone to respond: 91 of Indiana’s 92 counties are served by mobile crisis teams
 - Somewhere to go for help: 23 open crisis receiving and stabilization service providers.
- [24 Community Mental Health Centers \(CMHC\)](#) that serve all 92 Indiana counties which includes [8 Pilot Certified Community Behavioral Health Clinics \(CCBHC\)](#) that were rolled out in January 2025.
- [Shatterproof Treatment Atlas](#), a free and confidential resource to find and compare addiction treatment programs.

- 26 Certified [Indiana opioid treatment centers](#), a network of outpatient providers that offer an array of medically supervised medication assisted treatment options for those who wish to overcome an addiction to or dependence on opioids.
- [Indiana Addiction Treatment website](#), which provides information on how to locate addiction treatment in Indiana, find recovery housing in Indiana, and facts about substance use disorder.
- [Regional Recovery Hubs](#), community-based organizations that connect individuals to mental health and substance use treatment providers, as well as Certified Peer Support Professionals. There are 10 hubs that cover all 92 counties.
- [Indiana Youth Services](#), FSSA resources such as School Based Initiatives, Children's Mental Health Wraparound, and Trauma Informed Practices and Resources.
- [Indiana Legal Help](#), a program of the Indiana Bar Foundation and a way for litigants to connect with free and low-cost legal aid for non-criminal issues including family law, housing, and healthcare. Indiana Legal Help has [150 kiosks](#) across the state, with at least one kiosk in every county, providing free legal resources in a range of topics, such as rent and eviction, family and safety, and driving and criminal expungements.
- Judicial officers are encouraged to complete the [My Community Resources](#) worksheet developed by the JPLI to ensure a solid grasp on resources available locally.
- [Collaborative Court and Community for Individuals with Behavioral Health Needs](#)
- The [Brief Jail Mental Health Screen](#), developed by Policy Research Associates, is a booking tool to screen incoming detainees in jails and detention centers for the need for further mental health assessment.
- [The Indiana Youth Assessment System \(IYAS\) for juveniles and the Indiana Risk Assessment System \(IRAS\) for adults](#) are each comprised of six risk assessment instruments, for a total of 12 tools in all.
- [Judges' Guide to Mental Health Diversion](#)

- [A study by Temple University](#) of Indiana's treatment courts found that participants were 93% less likely to be rearrested than before entering a treatment court program.
- Indiana's [Pre-Trial Release Initiative](#)
- [Small County, Big Results](#)
- FSSA: [Indiana's Regional Recovery Hubs](#)
- [Peer support professionals](#)
- [Preventing Overdose and Promoting Recovery through Court Navigation](#)
- [National Judicial Taskforce Report to Examine State Courts' Response to Mental Illness](#)
- [Informational sheet for released jurors to mitigate juror stress](#)
- [Judges and Lawyers Assistance Program \(JLAP\)](#)
- A 2020 [nationwide survey](#) conducted by the American Bar Association
- [Research: Occupational Stress and substance use-related stigma among criminal attorneys](#)
- [Justice Reinvestment Advisory Council](#)
- [Local JRAC](#)
- Find your Local JRAC representatives using the [Local JRAC Directory](#)
- [The SIM](#) details how individuals with mental and substance use disorders come into contact with and move through the criminal justice system.
- [Upstream](#) is a community mapping tool focused on child welfare and juvenile justice systems.
- [Suicide and Overdose Fatality Review \(SOFR\) Team](#)

Additional Resources:

- Court Navigation Models in Indiana
 - [Floyd County Families Matter Triage Program](#)
 - [Lawrence Township Small Claims Court Eviction Diversion Program](#)
 - [Marion County Legal Resource Center](#)

- [Pulaski County Court Navigation](#)
- [Leading Change for State Court Leaders: Building Relationships to Lead Change](#)
- [Know Your Rights: Adults Receiving Inpatient Mental Health Treatment in Indiana](#) and [Know Your Rights coloring book for kids](#)
- [AllRise Judicial Bench Card & questions to ask treatment court participants](#)
- More than 35 [Community Health Centers](#) statewide, a community-oriented primary care initiative of the Indiana Primary Health Care Association.
- [Rural Health Clinic facility directory](#), maintained by the Indiana Department of Health.
- [Crisis Intervention Teams](#), a community-led program that fosters collaboration among law enforcement, mental health providers, individuals with mental illnesses, families, and communities to improve interactions.

Competency Workgroup

- [The JPLI has developed a bench card with helpful tips regarding observations that indicate a sign of serious mental illness.](#)
- [Leading Reform: Competence to Stand Trial Systems, A Resource for State Courts](#)
- [Hon. Michael J. Kramer AOT Program Initiative](#)
- [AOT Program Pilot Cohort](#)
- [National Association of Criminal Defense Lawyers Resources](#)
- [National Judicial Taskforce Report to Examine State Courts' Response to Mental Illness](#)
- [INJail](#) case management system
- [Competence to Stand Trial: A Roadmap for State Courts](#)

Additional Resources:

- [Competency to Stand Trial Assessment Tool](#)
- [Leading Reform: Competence to Stand Trial System - What State Court Leaders Should Ask First](#)

- [Just and Well: Rethinking How States Approach Competency to Stand Trial](#)

Data and Funding Workgroup

- The impact of effective data collection is emphasized in [Behavioral Health Data Elements Guide for the State Courts](#)
- [Status of Indiana's Criminal Justice System](#)
- The [INjail](#) pilot program may serve as a foundation for maintaining up-to-date court and jail data statewide.
- [Examples of Ways to Share Information with Stakeholders through Odyssey](#)
- [DOJ Grant Application Submission Checklist](#)
- [Abatement Opioid Settlement Funds](#)

Additional Resources:

- [Six Key Questions about Behavioral Health Data and the Courts](#)
- [SAMHSA Grants Dashboard](#)

APPENDIX B – FUNDING OPPORTUNITIES

Note: Funding is an ever-changing landscape. This list is subject to change and is only meant as a starting point to explore opportunities.

Federal Funding Opportunities

- [Bureau of Justice Assistance \(BJA\)](#)
- Administration for Healthy America (AHA) - Umbrella agency under U.S. Department of Health Human Services (includes SAMSHA, OASH, HRSA, ATSDR, NIOSH)
- AllRise - [Comprehensive list](#) of BJA, AHA, and other funding opportunities

State Funding Opportunities (Indiana)

[Indiana Judicial Branch: Office of Judicial Administration \(OJA\)](#)

Indiana Office of Court Services

- Judicial Scholarship Opportunities for Behavioral Health

Children and Families Division:

- GAL/CASA Grants
- VASIA (Volunteer Advocates for Seniors & Incapacitated)
- Family Court Grants - Develop models to better serve children
- Court Improvement Program - Federal Program Managed by Children and Families

Justice Services Division:

- Problem Solving Court Grants (Family Recovery, Veterans Treatment, Mental Health, General Problem Solving Courts)
- Pre-Trial Services

- Drug and Alcohol Court Grants and Scholarships
- Justice Partners Addiction Response (JPAR) - Federal Program Managed by Justice Services & Fiscal

General Counsel

- Court Interpreter Grants

CJI Grants - Open Grant Opportunities

- Behavioral Health Competitive Grant
- Diversion Grant
- Community Alternatives Grant
- Justice-involved Youth Funding Opportunities

FSSA: Division of Mental Health & Addiction (DMHA) - Funding Information

Local Funding Opportunities

- Community Foundations
- Local Health Departments
- Hospital Systems
- Centerstone (select counties): Rural Communities Opioid Response Program (RCORP)

[Opioid Settlement Funds](#) and [resources](#) to assist Indiana's local subdivisions in strategically allocating their 35% restricted distribution of opioid settlement funds received under Ind. Code §4-6-15.