

1006

 TENTH EDITION

# ANNUAL EVALUATION

*of the*

## Status of Indiana's Criminal Justice System

December 2024

PREPARED BY THE INDIANA CRIMINAL JUSTICE INSTITUTE & THE JUSTICE REINVESTMENT ADVISORY  
COUNCIL

## Indiana Criminal Justice Institute's Research Division

Christine Reynolds, Research Division Director  
Lisa Moore, Research Analyst  
Rylee Screeton, Research Analyst  
Adam Winkler, Research Analyst

## Justice Reinvestment Advisory Council

Jennifer Bauer, Staff Attorney, Indiana Office of Court Services

Guided by a Board of Trustees representing all components of Indiana's criminal and juvenile justice systems, the Indiana Criminal Justice Institute (ICJI) serves as the state's planning agency for criminal justice, juvenile justice, traffic safety, and victim services. The ICJI develops long-range strategies for the effective administration of Indiana's criminal and juvenile justice systems and administers federal and state funds to carry out these strategies. The ICJI also serves as Indiana's Statistical Analysis Center (SAC). The SAC's primary mission is compiling, analyzing, and disseminating data on a variety of criminal justice and public safety-related topics. The information produced by the SAC serves a vital role in effectively managing, planning, and creating policy for Indiana's many public service endeavors.

The purpose of the Justice Reinvestment Advisory Council ([JRAC](#)) is to review policies, promote state and local collaboration, assist local or regional advisory [councils](#), and provide assistance for use of evidence-based practices in community-based, and a variety of other, alternatives and recidivism reduction programs.

## Acknowledgments

This report would not have been possible without the contributions of the executive teams and boards of the Indiana Criminal Justice Institute and the Justice Reinvestment Advisory Council, in collaboration with Indiana Office of Court Technology, Indiana Office of Court Services, the Indiana Department of Correction, the Indiana Family and Social Services Administration, the Indiana Sheriffs' Association, the Indiana Supreme Court, and the Indiana Prosecuting Attorneys Council to obtain data and information for this report.



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# Letter from the ICJI Executive Director

The Indiana Criminal Justice Institute’s (ICJI) 2024 Criminal Code Evaluation Report marks the tenth report since the enactment of the reform. The report, like Indiana’s justice system, has undergone significant change since it was first introduced. Pursuant to changes made by the General Assembly in the 2024 legislative session, this year’s report reflects a shift from focusing on the 2014 reform to a broader review of the status of the criminal justice system.

Although some of the requirements have changed, this report, like others before it, provides an analysis of the following areas:

- ◇ County jail populations;
- ◇ Community Corrections agencies;
- ◇ Probation departments;
- ◇ Courts;
- ◇ Recidivism rates;
- ◇ Reentry court programs; and
- ◇ Data regarding mental health and addiction programs.

An analysis of the data from the courts and the Indiana Department of Correction (IDOC) highlights that recent changes to Indiana’s criminal code appear to be having the impact intended by the legislation. Data in this year’s report reflects a decrease in the number of level 6 felony diversions from county jails and an increase in the number of level 6 felons awaiting transfer to the IDOC. Data also suggests that jail overcrowding has eased across the state, however, that came at the expense of building several new jails.

Indiana has also made significant strides in addressing the needs of mental health and substance abuse treatment for those involved in the criminal justice system. Though challenges still exist and need to be addressed, continued improvement in this area will have a significant impact on the system in the near future.

There are several trends identified in the data presented in this report. Our hope is that you find the report informative and that it can be used to start conversations across the state regarding improving Indiana’s criminal justice system. If you have questions about this report, please don’t hesitate to contact ICJI at 317-232-1233.

Respectfully,



Devon McDonald  
Executive Director



# Letter from JRAC Chair—Justice Goff

As the Justice Reinvestment Advisory Council prepares for its tenth year at the forefront of Indiana’s criminal justice system, I am awed by how far JRAC has come in such a relatively short amount of time. JRAC is now a powerhouse for collaboration, local resources, legislative initiatives, and cross-branch/cross-disciplinary partnerships. These partnerships are at the heart of JRAC’s charge to assist communities in the use of evidence-based practices to reduce recidivism and increase community well-being.

In 2024, the JRAC Workgroups did heavy lifting in the areas of Local JRAC technical assistance, reports on electronic monitoring, disparate outcomes, and study of statewide indigency determinations. JRAC did its own heavy lifting by revisiting the 2019 Evidence-Based Decision-Making State Team Strategic Plan to bring EBDM back to the forefront at the state level. The Center for Effective Public Policy worked with JRAC members to review and discuss the EBDM framework and update the strategic plan.

The new Indiana JRAC Charter updates the original EBDM Vision, Mission, and Goal. The Vision is simple and direct: “A sustainable system of justice that promotes a safer, healthier Indiana.” The Mission drives this home: “The State JRAC will, using Evidence-Based Decision-Making principles, collaborate with state agencies and local JRACs to develop and implement policies and practices to promote justice, public health and safety, behavioral health, accountability, and rehabilitation.” And finally, the Goal puts all of this into practice: “Identify opportunities to improve justice system outcomes, improve access to behavioral health services, reduce statewide incarceration and recidivism rates, and reduce crime by promoting use of evidence-based practices for rehabilitation of justice involved person in a community-based setting in accordance with Ind. Code § 35-32-1-12 and Ind. Code § 33-38-9.53.”

I am honored and humbled to lead JRAC as its chair. JRAC’s members look forward to working with state and local partners to improve the safety and well-being of Hoosiers.

Christopher M. Goff

Indiana Supreme Court Justice



# EXECUTIVE SUMMARY

In 2013, the Indiana General Assembly introduced House Enrolled Act (HEA) 1006, an act to amend the Indiana Code concerning criminal law and procedure. The provisions were officially codified as Public Law 158 on July 1, 2014. The Indiana Criminal Justice Institute (ICJI) and the Justice Reinvestment Advisory Council (JRAC) were tasked to annually evaluate and report the effects of the criminal code reform on the criminal justice system. In 2024, the Indiana General Assembly introduced Senate Enrolled Act (SEA) 290, which was officially codified as Public Law 126 on July 1, 2024. SEA 290 updated the provisions of HEA 1006, tasking the ICJI with annually evaluating the status of Indiana’s criminal justice system, including the impact of current trends. In accordance with updated legislative requirements, this tenth annual report evaluates both the status of Indiana’s criminal justice system and impacts of current trends, while maintaining perspective on previous criminal code reforms.

Indiana Office of Court Technology (IOCT) and the Indiana Department of Correction (IDOC) provided the data necessary to determine the status of Indiana’s courts, prisons, jails, and other community-based alternatives to incarceration. Data gathered from IOCT demonstrates new filings, abstracts of judgment (summary of a court’s judgment for convicted felony offenders), and sentence placements (jail, probation, IDOC, community corrections, or some combination thereof), as well as information about probation and problem-solving courts. Data gathered from the IDOC outlines admissions and releases (including parole, probation, and the community transition program), facilities capacity, and recidivism, as well as information about jail populations and programs.

The Family and Social Services Administration Division of Mental Health and Addiction (DMHA) provided information about the availability and effectiveness of mental health and substance use programs for this report. In 2015, the Indiana General Assembly established the Forensic Treatment Grant Program through the DMHA, commonly referred to as Recovery Works. The Recovery Works program provides vouchers to DMHA-certified mental health and addiction treatment providers in the community to treat criminal justice-involved individuals without insurance or Medicaid to reduce recidivism and encourage recovery. DMHA has continued to provide various resources to the general and criminal justice-involved populations who need mental health and/or substance use programming.

This report has four main goals. First, the ICJI wants to continue to build on the body of knowledge created by the previous reports. This report provides information on preliminary trends over the recent state fiscal year and over a five-year period, where data is available. Second, the ICJI seeks to provide information gathered from criminal justice stakeholders and practitioners through focus groups conducted across the state. Focus group participants included sheriffs, jails commanders, community corrections officers, probation officers, prosecutors, public defenders, problem-solving court administrators, and mental health and addictions service providers. Third, this report includes and analyzes data on emerging trends and challenges within the criminal justice system. Finally, this report aims to make recommendations for change by identifying key strengths and ongoing challenges from HEA 1006 felt at all levels of the criminal justice system. Below outlines the major findings in this report.

# KEY FINDINGS

## Courts

### New Filings

- ◆ There were 69,474 new criminal felony filings for State Fiscal Year 2024 (SFY24), which is a decrease of 0.2% from SFY23 (69,597). Of the new filings, 49,077 (70.6%) were Level 6 felonies (also referred to as F6), which is a decrease from last year's 49,362 F6s.
- ◆ The most common felony filings over the past five years were possession of methamphetamine, domestic violence, and syringe possession, followed by theft and theft with a prior conviction.

### Abstracts of Judgment

- ◆ For the first time since COVID-19, there was a decrease in the number of abstracts of judgment by 0.9% from SFY23 (59,519) to SFY24 (58,987). Until this year, the number of total abstracts of judgment had steadily increased in the years following COVID-19, but still has not reached the pre-COVID number of total abstracts of judgment in SFY19 of 66,390.
- ◆ In SFY24, F6s were the majority of original (new) abstracts of judgment with 71.8%.

### Placements

- ◆ Jail and probation, and jail only, were the most common placements in SFY24, and have been the most common placements for the last five state fiscal years, followed by probation only and IDOC only placements.
- ◆ Across the past five state fiscal years, the percentage of jail only felony placements that are F6s or Class D felonies (FD) has decreased over time from 95.1% in SFY20 to 91.6% in SFY24.
- ◆ The percent of IDOC placements that are F6/FD increased from 10.8% last year to 16.0% this year. The increase in placements to the IDOC may be due to HEA 1004, which passed in the 2022 legislative session and allowed the court to commit a person convicted of a Level 6 felony to the IDOC.

### Probation

- ◆ The number of adult offenders on probation for substance use offenses accounted for 44.9% of total new felony supervisions in SFY24.
- ◆ The most common reason for release from probation, over both SFY24 and over the last five years, was for the completion of probation conditions. Over the past five years, between 45.4% (SFY24) and 49.9% (SFY21) of releases from probation were for completion of probation conditions.

### Problem-Solving Courts

- ◆ There are 138 active problem-solving courts and 21 problem-solving courts in planning stages. The most common type of problem-solving courts are adult drug courts (49), veterans courts (29), and family recovery courts (22).

# The Indiana Department of Correction and Community Corrections

## Overall IDOC Populations

- ◆ For SFY24, the monthly average for the total offender population was 25,332. The total increased by 11 offenders from the previous year.
- ◆ On average, 94% of offenders are housed in a state facility or with a third-party contractor.

## Adult Admissions and Releases

- ◆ New commitments to the IDOC made up 61% of all admissions for SFY24.
- ◆ Technical violations accounted for 23% and violations resulting in new commitments made up 16%.
- ◆ The total number of admissions for SFY24 was 15,378.
- ◆ The total number of releases for SFY24 was 11,951.

## Juvenile Admissions and Releases

- ◆ Overall, the monthly average for admissions is 30 juvenile offenders. The monthly average for the number of juvenile offenders released is 38 offenders.
- ◆ On average, the number of monthly admissions for male juvenile offenders is 25 and the number of releases is 34.
- ◆ On average, the number of monthly admissions for female juvenile offenders is 4.5 versus 4.75 that are released.

## IDOC Recidivism

- ◆ For offenders released in 2020, 35% were recommitted to the IDOC within three years for either a new conviction or a violation of post-release supervision.
- ◆ The average recidivism rate increased by 11% from 2022 to 2023.

## Adult Facility Capacity

### Male

- ◆ Male minimum-security facilities operated at an average capacity of 83% in SFY24.
- ◆ Male medium-security facilities operated at an average capacity of 94% in SFY24.
- ◆ Male maximum-security facilities operated at an average capacity of 95% in SFY24.

### Female

- ◆ The monthly average capacity rate for medium-security facilities is 86%.
- ◆ Minimum-security and reentry facilities' operational capacity averaged 86% capacity per month.

## Juvenile Facility Capacity

- ◆ On average, the operational capacity for males is 53%.
- ◆ For females, the average operational capacity per month is 78%. This is a 10% increase from last year. Female capacity rates are higher than males because there is only one facility, thus fewer beds and accommodations for females.

## Community Corrections

- ◆ The number of felony offenders in Community Corrections averaged 11,866 offenders for SFY24.
- ◆ The pretrial population decreased 6.3% during SFY24. Over the past five years, the pretrial population saw a significant 32.6% decrease from SFY20 to SFY24.
- ◆ Electronic monitoring is the most common form of supervision, at 59%, followed by community service (19%), day reporting (11%), and work release (10%).

## Jail

- ◆ In 2023, 37% of county jails were at or exceeded 80% capacity, a decline from 42% in 2022, but the same as 2020 and 2021. This is based on annual jail inspection reports conducted by the IDOC, representing a snapshot of one day only, when the inspection occurred.
- ◆ The total state jail population for 2023 was 19,182, or a 76% capacity rate. This is nearly identical to 2022's population of 19,173 (77% capacity), but an 18.8% increase from 2020 (16,153).
- ◆ Capacity rates for 2023 ranged from 30%–147% across facilities.
- ◆ Since 2019, jails have added more than 3,000 operational beds, representing a nearly 16% increase in capacity.
- ◆ In 2023, F6 offenders comprised 8% of the total statewide jail population; in the previous four years, the F6 population ranged from 10–12%. The decline in the F6 offender population could be the result of legislation passed in 2022 allowing convicted F6 offenders to be placed in prison instead of the county jail.
- ◆ During SFY24, Jail DOC<sup>1</sup> Contracts (offenders waiting to be transferred to the IDOC) increased by 15%, while Jail Felony Level 6 Diversions (convicted F6 offenders serving time in jail) decreased by 18%.

## Mental Health and Substance Use Programs

- ◆ The availability of substance use treatment programs in county jails can vary greatly, but some counties have Residential Substance Abuse Treatment (RSAT), medication-assisted treatment (MAT), or Integrated Reentry and Correctional Support (IRACS) programs. The IDOC has the Recovery While Incarcerated program.
- ◆ Recovery Works, which provides recovery-related services through treatment providers in the community to individuals with a current or prior felony conviction, reported serving 5,002 new participants in SFY24.
- ◆ Indiana's Crisis Hotline Services, 9-8-8, have continued to expand with six crisis centers, including call, text, and chat help. Indiana's 9-8-8 responded to approximately 6,000–7,000 calls per month in the past year, and the state is among the highest for in-state answer rates with a 90%–94% in-state answer rate.
- ◆ Along with prison and jail programming, Recovery Works, and 9-8-8, there are many other providers available to the general public, as well as criminal justice-involved individuals. More

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<sup>1</sup> DOC is the acronym for Department of Correction. Indiana Department of Correction will interchangeably be referred to as IDOC or DOC throughout this report.

resource guides are available to make it easier for people to find mental health and substance use care in their area through the Shatterproof Atlas, FSSA, and 2-1-1.

## Focus Groups

- ◆ The ICJI conducted focus groups with participants from six counties across the state with a total of 38 participants. The participants included professionals in the criminal justice system from prosecution, public defense, probation, community corrections, county jails, county sheriffs, problem-solving courts, and community-based mental health or substance use providers.
- ◆ From the responses of the participants, the following main themes were identified as current concerns and trends in the criminal justice system in Indiana: the prevalence of substance use and mental health issues; staffing shortages across many criminal justice job positions; challenges with housing and transportation; issues between the IDOC and county jails; barriers to community supervision; reductions in jail overcrowding; and youth and gun violence trends.
- ◆ The participants offered a variety of recommendations to address these challenges, including, but not limited to, placing an in-house mental health provider on a county jail's staff and improving salaries and benefits for attorneys, particularly for public defenders in rural counties.

Based on the findings in this report and prior reports, the ICJI and JRAC recommend the following:

- ◆ Improve the criminal justice data ecosystem;
- ◆ Address staffing shortages throughout the criminal justice system;
- ◆ Support mental health and substance use programs for incarcerated and formerly incarcerated individuals;
- ◆ Focus on reentry and community supervision services to help individuals to successfully reassimilate to their communities;
- ◆ Support local JRACs.



## Online Dashboards

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[CJI Website](#)

# INTRODUCTION

In 2013, the Indiana General Assembly introduced House Enrolled Act 1006<sup>2</sup>, an act to amend the Indiana Code concerning criminal law and procedure that had been in place since 1976. The provisions were officially codified on July 1, 2014, as Public Law 158. Legislative action has been taken in the years after the passing of HEA 1006 amending parts of these original attributes: Public Law 168 ([2014](#)), Public Law 179 ([2015](#)), Public Law 243 ([2017](#)), and Public Law 65 ([2018](#)). The ICJI was originally tasked with annually evaluating the effects of the criminal code reform on the criminal justice system per Ind. Code § 5-2-6-24. Annual reports were outsourced to the Sagamore Institute in the years 2015 and 2016. In 2017, the ICJI conducted its first evaluation. Since 2018, the ICJI has prepared the annual report in conjunction with the JRAC, as required by statute.

The 2024 Indiana legislature revised Ind. Code § 5-2-6-24, marking the biggest overhaul of the statute since its passage. The focus has shifted from evaluating criminal code reform to evaluating the status of Indiana’s criminal justice system and analyzing the impact of current criminal justice trends. Key changes include:

- ◆ Moving the annual report deadline from December 1 to January 1.
- ◆ Expanding analysis to include county jail populations, not just facilities.
- ◆ Updating terminology from “community corrections programs” to “community corrections agencies”.
- ◆ Limiting mental health and addiction programs data to include only persons in the criminal justice system, excluding persons at risk of and those who have left the criminal justice system.
- ◆ Streamlining sentence modification data to only track the number of requests that are set by court, including relief granted by court, if any.

In accordance with updated legislative requirements, this tenth annual report evaluates both the status of Indiana’s criminal justice system and impacts of current trends, while maintaining perspective on previous criminal code reforms. Data and information that support the demonstrated effects in this report derive from a variety of local and state entities and will cover the most recent year of data—the State Fiscal Year 2024 (SFY24, July 1, 2023–June 30, 2024). Prior reports, as well as dashboards displaying longitudinal analysis of data since the enactment of HEA 1006, are available on the ICJI’s [website](#).<sup>3</sup>

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<sup>2</sup> House Enrolled Act 1006 may be referred to as any of the following throughout this report: the criminal code reform, 1006, and HEA 1006.

<sup>3</sup> <https://www.in.gov/cji/grant-opportunities/reports/evaluation-of-indianas-criminal-code-reform/>

# NEW LEGISLATION

Several new laws were enacted that may impact the status of Indiana's criminal justice system. The new legislation listed below was passed during the 2024 session. Any impacts on Indiana's criminal justice system resulting from these new laws will be addressed in future reports.

**SEA 23 Damage to a Penal Facility:** Provides that a person who recklessly, knowingly, or intentionally damages a component of an automatic building fire suppression system that is located in a penal facility commits criminal mischief, a Level 6 felony.

**SEA 70 Bail and Release Review Commission:** Establishes the Bail and Release Review Commission to review data concerning bail, bail reform, pretrial release, and related matters. Provides that the commission expires June 30, 2026.

**SEA 170 Crimes and Election Workers:** Defines "election worker" and makes it a Level 6 felony under certain circumstances to: (1) threaten an election worker; or (2) to obstruct, interfere with, or injure an election worker.

**SEA 179 Commission on Court Appointed Attorneys:** Requires the justice reinvestment advisory council (council) to conduct a study on criminal indigency determinations by all Indiana trial courts. Requires the council to submit a report containing recommendations on specified topics to the legislative council before July 1, 2025. Changes the name of the Indiana Public Defender Commission to the Indiana Commission on Court Appointed Attorneys (commission). Provides that from July 1, 2025, through June 30, 2029, certain counties may be reimbursed for 40% of indigent defense services provided for misdemeanors in a superior or circuit court. (Current law excludes misdemeanors from reimbursement.) Requires the commission to submit a report to the legislative council and the budget committee not later than December 1, 2029, concerning the 40% reimbursement for indigent defense services provided for misdemeanors. Requires each clerk of the court to make an annual report to the commission concerning certain fees. Changes the distribution of fees for indigent defendant representation. Increases certain fees if a court finds a person is able to pay the cost of representation by counsel. Prohibits the commission from: (1) receiving additional appropriations from the general assembly for misdemeanor reimbursement; or (2) reimbursing certain counties for misdemeanor reimbursement; before July 1, 2029. Provides that each court in certain counties receiving reimbursement from the public defense fund shall require a person claiming indigency to submit a uniform form, prescribed by the office of judicial administration, to assist the court in determining whether the person is indigent. Specifies that such courts shall review or designate a staff member to review the form submitted to ensure accuracy of the information contained in the form. Allows such a court to request any additional information needed from the person to verify the accuracy of the information submitted in the form.

**SEA 182 Regulation of Drones Near Correctional Facilities:** Provides that the crime of trafficking with an inmate includes the use of an unmanned aerial vehicle (drone) to deliver contraband, and that the crime of public safety remote aerial interference includes operation of a drone to intentionally obstruct or interfere with the duties of a correctional officer, including a county jail officer.

**SEA 232 Statewide 911 System:** Removes references to "enhanced 911 service". Increases the penalty for false informing if the false report is that a person is dangerous and certain other circumstances exist. Changes references from the "enhanced prepaid wireless charge" to the "911 service prepaid wireless charge". Provides that information relating to security measures or precautions used to secure the statewide 911 system may be excepted from public disclosure at the discretion of the statewide 911 board. Makes changes to or repeals certain definitions relating to the state 911 system. Provides that all originating service providers that provide 911 service for their customers: (1) shall connect to the state 911 system using an industry standard or functional equivalent; and (2) must establish and maintain the connection in accordance with all applicable regulatory requirements requiring service continuity and ensure access to public safety assistance. Provides that an emergency communications center included in the definition of Public Safety Answering Point (PSAP) may not be construed to create an additional PSAP. Makes a technical correction. Makes conforming amendments.

**SEA 290 Criminal Justice Data:** Requires the Indiana Criminal Justice Institute and the Department of Correction to collect and distribute certain criminal justice data.

**HEA 1047 Sexual Offenses:** Provides that an action for injury to a person that results from the sexual abuse of a child, that has expired under the current statute of limitations, may be commenced before July 1, 2025, against specified entities seeking bankruptcy protection, if certain circumstances exist. Provides that certain images created by artificial intelligence or similar means constitute an "intimate image" for purposes of: (1) a civil action involving nonconsensual pornography; or (2) the crime of distributing an intimate image. Specifies that an intimate image, for purposes of the criminal offense, must appear to depict the alleged victim. Exempts certain news media and internet and cloud service providers from the criminal offense under certain circumstances. Provides that "peep", for purposes of the voyeurism statute, includes the use of a concealed camera with the intent of capturing an intimate image. Makes conforming amendments.

**HEA 1101 Courts for Children Three Years of Age and Younger in Need of Services:** Establishes a safe baby court as a type of problem-solving court. Provides that a child in need of services is an eligible individual for the purposes of a problem-solving court program.

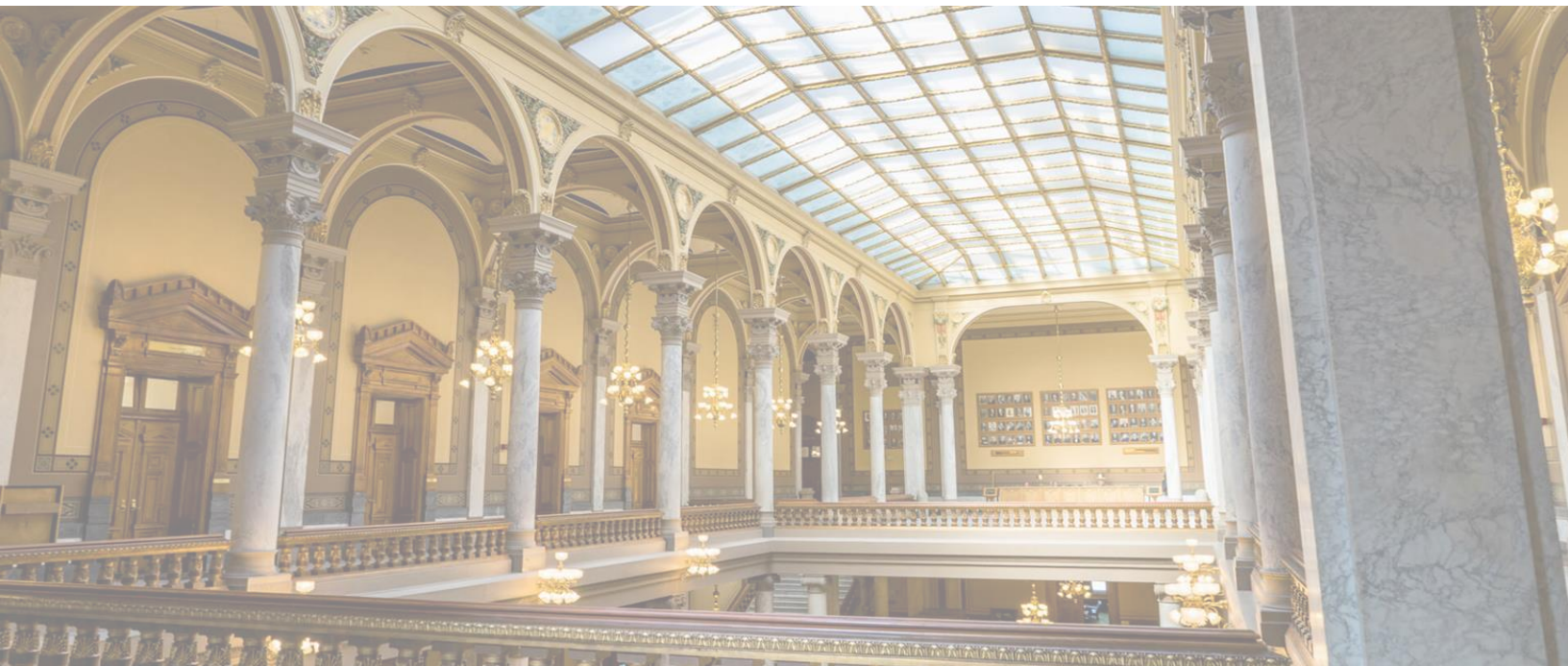
**HEA 1203 Xylazine:** Makes possession of xylazine a Class A misdemeanor and increases the penalty to a Level 6 felony if the person has a prior xylazine related conviction. Makes dealing in xylazine a Level 5 felony and increases the penalty to a Level 4 felony if the person has a prior xylazine related conviction. Exempts certain persons using, distributing, or manufacturing xylazine for veterinary purposes.

**HEA 1240 Criminal Law Issues:** Makes numerous changes to the criminal law, including: (1) changing references from "county prosecuting attorney" to "prosecuting attorney"; (2) specifying the membership of county school safety commissions; (3) removing and replacing the organized theft statute; (4) increasing the penalty for fraud and battery under certain circumstances; and (5) defining "abusive head trauma" and permitting it to be used as an aggravating circumstance. Makes unlawful carrying of a handgun by a child a waivable offense. Specifies that "telephone sales call" includes certain types of electronically transmitted information.

**HEA 1369 Family and Juvenile Law Matters:** Amends the definition for "act of rape", only for the purposes of Ind. Code § 31-35-3.5 (termination of parent-child relationship of an individual who committed an act of rape), to include child molestation and sexual misconduct with a minor. Provides that the department of child services or a court shall consider ensuring the child's safety to be the most important consideration in the determination of a child's best interests under family and juvenile law. Provides that there is a rebuttable presumption that a child is a child in need of services if the state establishes that the child lives in the same household as an adult who was a perpetrator of a child fatality or near fatality that may have been the result of abuse, abandonment, or neglect. Adds sexual misconduct with a minor as an offense that may be alleged in a petition to terminate the parent-child relationship when a child is conceived as a result of the offense. Amends the circumstances under which a court may terminate the parent-child relationship with regard to a child in need of services.

**HEA 1418 Forensic Diversion and Drug Courts:** Provides that a pregnant woman charged with a drug crime may be referred to a forensic diversion program or a drug court at an initial hearing.

**HEA 1422 Trafficking of Harmful Substances in Jails:** Defines "chemical intoxicant" and increases the penalty for trafficking with an inmate if the trafficked article is a chemical intoxicant.



# COURT DATA

This section outlines criminal felony filings, sentence modifications, shifts in where certain offenders are placed, and changes in the usage of programs like probation and problem-solving courts. It also outlines totals, subtotals, and observed patterns across these data, both within the fiscal year and across fiscal years. IOCT provided the data about new filings, abstracts of judgment, sentence placements, and information regarding probation and problem-solving courts. The JRAC also provided information for the current problem-solving courts operating in the state. The Indiana Prosecuting Attorneys Council (IPAC) provided information pertaining to the top ten felony filings for 2020 through June of 2024.

To provide some historical context for this report, the new felony code created in 2014 by HEA 1006 assigned offenses with levels of classification ranging from Level 1 through 6 felonies. Murder is its own classification and did not change because of HEA 1006. The pre-1006 code utilized fewer classifications (4 as opposed to 6) and designated them as Classes A–D. See the tables below for class level and sentencing range. Level 1 felony is the highest-level felony, whereas a Level 6 felony (also referred to as Level 6, F6, or low-level felony) is the least severe felony. The new felony code changes are contributing, in part, to an increase in the average number of prison days offenders are required to serve, as the advisory length of sentence has increased for some felony classifications. Offenders also must generally serve a longer percentage of their sentence than before code reform changes.

Table 1. Pre-1006 (enacted in 1976)

Felony Class	Sentencing	
	Range	Advisory <sup>4</sup>
<b>Murder</b>	45–65 yrs.	55 yrs.
<b>A</b>	20–50 yrs.	30 yrs.
<b>B</b>	6–20 yrs.	10 yrs.
<b>C</b>	2–8 yrs.	4 yrs.
<b>D</b>	6 mos.–3 yrs.	1.5 yrs.

Table 2. Post-1006

Felony Level	Sentencing	
	Range	Advisory
<b>Murder</b>	45–65 yrs.	55 yrs.
<b>1</b>	20–40 yrs.	30 yrs.
<b>2</b>	10–30 yrs.	17.5 yrs.
<b>3</b>	3–16 yrs.	9 yrs.
<b>4</b>	2–12 yrs.	6 yrs.
<b>5</b>	1–6 yrs.	3 yrs.
<b>6</b>	6 mos.–2.5 yrs.	1 yr.

<sup>4</sup> The Advisory sentence is a guideline that the court may voluntarily consider when imposing a sentence.

## New Filings

A criminal charge brought by the prosecutor’s office is commonly referred to as a new filing. Table 3 shows the number of new felony-level filings for SFY24. A total of 69,474 new criminal felony cases were filed. F6 filings made up the most felony filings at 70.6%, and F5s were the second highest at 17.3%.

Table 3. New Criminal Filings, SFY24

Felony-Level	New Filings	Percent
Murder	300	0.4%
F1	646	0.9%
F2	1,883	2.7%
F3	1,988	2.9%
F4	3,260	4.7%
F5	12,018	17.3%
F6	49,077	70.6%
FA–FD	302	0.4%
Total	69,474	100.0%

Note. Due to rounding, table percentages may not equal 100%.

Over the past five state fiscal years, the number of new criminal filings for Level 6 felonies has decreased from 54,613 in SFY20 to 49,077 in SFY24 (10.1% decrease). Meanwhile, the number of new filings for Level 5 felonies has increased from 10,608 in SFY20 to 12,018 in SFY24 (13.3% increase). Overall, the total number of new criminal filings has decreased from SFY20 to SFY24 from 73,614 to 69,474, which is a decrease of 5.6%. Figure 1 displays the totals by each felony level over the last five state fiscal years.

Figure 1. New Criminal Filings by Felony Level, SFY20–SFY24

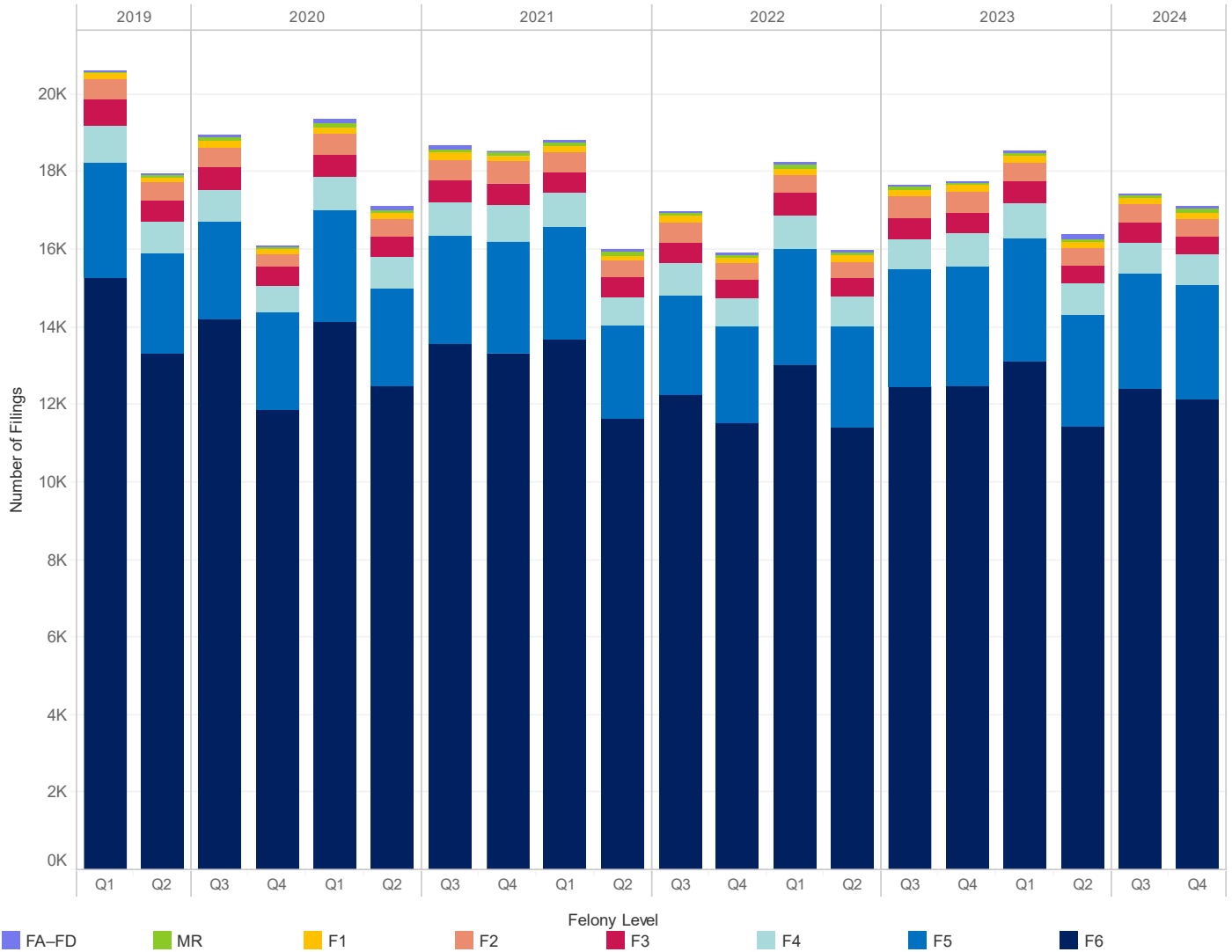


Table 4 shows the top ten most common felony filings for the past five years. Most of the top ten filings are Level 6 felonies, but some felonies can range in level classification depending on aggravating circumstances. For example, domestic battery starts as a class A misdemeanor but can be elevated to more severe felony levels depending on the harm caused, among other factors.

Across the past five years, the most common felony has been possession of methamphetamine, followed by syringe possession or domestic battery. For the past few years, the number of possession of methamphetamine filings has been more than twice as high as the next highest number of felony filings. At least four or five (depending on the year) of the top ten filings across all years have been related to substance use (possession of methamphetamine, possession of a syringe, possession of a narcotic drug, operating while intoxicated, and possession of cocaine in 2024). These statistics, and the consistency in the types of most common felonies across the past five years, stress the importance of having substance use programs and resources available for felony offenders.

Table 4. Top 10 Felony Filings, 2020 through June of 2024

	2020 Annual	2021 Annual	2022 Annual	2023 Annual	2024 (Jan - June)
<b>1</b>	Possession of Methamphetamine 11,681	Possession of Methamphetamine 13,115	Possession of Methamphetamine 11,674	Possession of Methamphetamine 11,101	Possession of Methamphetamine 5,316
<b>2</b>	Possession of a Syringe 8,296	Possession of a Syringe 7,349	Possession of a Syringe 5,086	Domestic Battery 4,980	Domestic Battery 2,498
<b>3</b>	Domestic Battery 4,538	Domestic Battery 4,516	Domestic Battery 4,729	Possession of a Syringe 3,958	Theft 1,961
<b>4</b>	Theft with a Prior Conviction 4,397	Possession of a Narcotic Drug 4,259	Theft with a Prior Conviction 3,517	Theft 3,634	Theft with a Prior Conviction 1,783
<b>5</b>	Possession of a Narcotic Drug 4,328	Theft with a Prior Conviction 3,385	Theft 3,600	Theft with a Prior Conviction 3,586	Possession of a Syringe 1,748
<b>6</b>	Theft 3,282	Strangulation 2,936	Strangulation 2,905	Possession of a Narcotic Drug 3,413	Possession of a Narcotic Drug 1,699
<b>7</b>	Strangulation 3,005	Operating While Intoxicated 2,785	Possession of a Narcotic Drug* 2,543	Strangulation 2,993	Strangulation 1,576
<b>8</b>	Auto Theft 2,663	Theft with a Prior Conviction 2,752	Resisting Law Enforcement 2,408	Operating While Intoxicated 2,778	Operating While Intoxicated 1,519
<b>9</b>	Operating While Intoxicated 2,567	Auto Theft 2,700	Auto Theft 2,134	Resisting Law Enforcement 2,404	Resisting Law Enforcement 1,292
<b>10</b>	Residential Entry 2,290	Resisting Law Enforcement 2,657	Operating While Intoxicated* 1,743	Auto Theft 2,373	Possession of Cocaine 1,138

Source: Indiana Prosecutor Case Management System, information provided by IPAC. July update, provided October 25, 2024. \*The number of felony filings for OWI and Possession of a Narcotic Drug for 2022 only represent half of the year.

## Abstract Of Judgment Counts

An abstract of judgment is a living document completed for offenders convicted of a felony that involves a sentence to the IDOC<sup>5</sup>; this also includes F6s sentenced to jail. Figure 2 shows the total number of abstracts in SFY24. As in previous years, the total number of abstracts fluctuates from month to month, but the lowest number of abstracts was in December 2023. The month with the highest number of abstracts was August 2023. The largest single-month decline occurred from November to December 2023 with a 23% decrease. The largest single-month increase occurred from December to January with a 32% increase. Original abstracts account for most of all abstracts with 73.5%. Revocations account for 24.3% of abstracts, sentence modifications account for 2.2% of abstracts, and appeals account for 0.02% (14 cases).

Figure 2. Monthly Abstracts of Judgment, SFY24

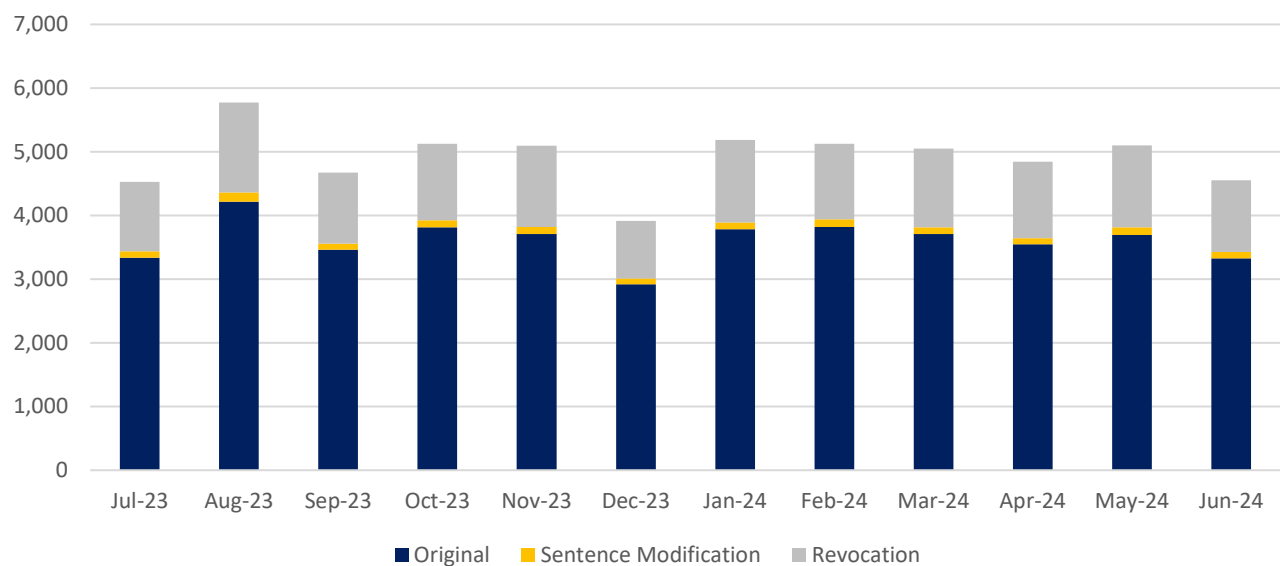


Figure 3 shows the total number of abstracts of judgment over the past five years from SFY20 to SFY24. The large decrease in the number of abstracts in April and May of SFY 2020 was due to the onset of lockdowns at the start of the COVID-19 pandemic. Over a calendar year, August typically has the highest number of abstracts of judgment, while December typically has the lowest number of abstracts of judgment.

<sup>5</sup> Indiana Department of Correction will interchangeably be referred to as IDOC or DOC throughout this report.

Figure 3. Total Abstracts of Judgment SFY20–SFY24

	January	February	March	April	May	June	July	August	September	October	November	December
2019							5,709	5,890	5,261	6,375	5,008	4,875
2020	5,820	5,365	4,516	2,137	2,341	3,805	4,275	4,275	4,315	4,531	3,755	3,656
2021	3,819	3,733	4,818	4,593	4,486	4,935	4,679	5,430	4,734	4,929	4,959	4,401
2022	4,533	4,535	5,722	4,773	5,040	5,096	4,326	5,763	4,718	4,969	5,092	4,171
2023	4,929	4,979	5,672	4,726	5,220	4,939	4,531	5,773	4,678	5,125	5,093	3,917
2024	5,188	5,127	5,048	4,846	5,103	4,552						

Table 5 shows the number and percentage of total abstracts by abstract type for the past five state fiscal years. The total number of abstracts was lower in SFY2020 and SFY2021, due to impacts on the criminal justice system from COVID-19. The total number of abstracts was higher in SFY2022 through SFY2024, but the total number of abstracts in each abstract type remained relatively consistent across these three state fiscal years.

Table 5. Breakdown by Abstract Type, SFY2020–SFY2024

State Fiscal Year	Original		Sentence Modification		Revocation		Appeal	
	Count	%	Count	%	Count	%	Count	%
2020	40,291	70.6%	1,967	3.4%	14,812	25.9%	32	0.1%
2021	37,152	72.6%	1,594	3.1%	12,425	24.3%	20	0.0%
2022	43,456	73.9%	1,625	2.8%	13,727	23.3%	23	0.0%
2023	43,869	73.7%	1,566	2.6%	14,053	23.6%	16	0.0%
2024	43,338	73.5%	1,298	2.2%	14,331	24.3%	14	0.0%

Note: Due to rounding, table percentages may not equal 100% for percentages across each row.

Table 6 shows the total number of original abstracts for SFY24. F6s constitute 71.8% of all abstracts, and F5s are the second most common felony level at 16.2%.

Table 6. Original Abstracts by Felony-Level, SFY24

Felony-Level	Count	Percent
MR	142	0.3%
F1	240	0.6%
F2	688	1.6%
F3	1,389	3.2%
F4	2,596	6.0%
F5	7,035	16.2%
F6	31,097	71.8%
FA	19	0.0%
FB	14	0.0%
FC	48	0.1%
FD	62	0.1%
NC*	8	0.0%
Total	43,338	100.0%

Note: No Charge\* refers to sentence enhancements, such as Habitual Offender.  
Due to rounding, table percentages may not equal 100%.

A sentence modification motion is a request to the court to suspend or reduce the sentence of a felony conviction, or a request to change the placement or terms imposed by the court during the issuance of the sentence. Offenders may request a sentence modification at any time after a person begins serving their sentence and the court has obtained a report from the DOC concerning the convicted person’s conduct while imprisoned; Ind. Code § 35-38-1-17 specifies the eligibility and requirements to request a sentence modification.

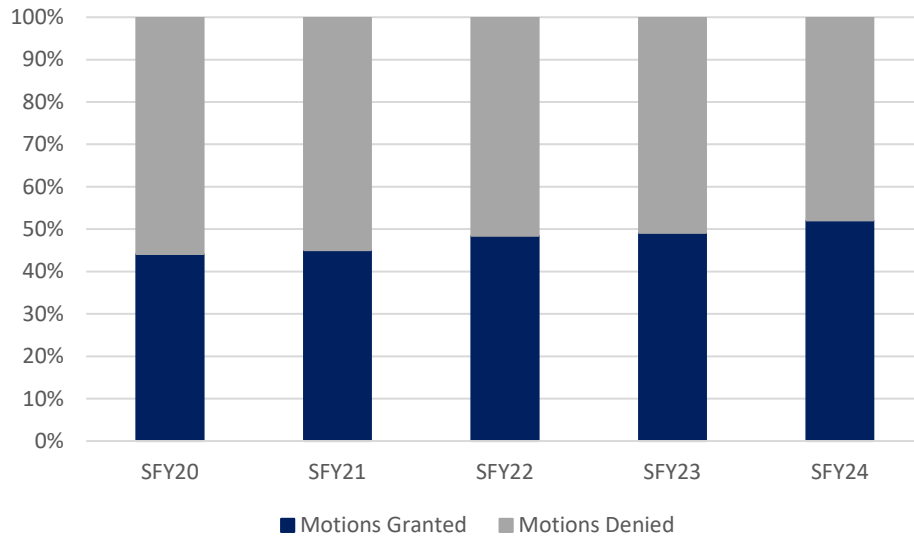
During SFY24, there were 3,052 sentence modification motions filed. Of those, 26.4% were denied, 28.7% were granted, and the remaining 44.9% are pending. Requests for sentence modifications decreased (15.5%) in SFY24 compared to the previous year. The percentage of requests for sentence modifications being granted and requests being denied both decreased from last year by 5.8% and 16.2%, respectively.

Table 7. Number of Sentence Modification Motions Filed, Granted, and Denied, SFY20–SFY24

SFY	Motions Filed	Motions Granted	Motions Denied
SFY20	4,452	1,045	1,321
SFY21	3,786	968	1,181
SFY22	3,593	987	1,051
SFY23	3,613	930	963
SFY24	3,053	876	807

Figure 4 shows the percentage of motions denied compared to the percentage of motions granted per state fiscal year for the last five years, excluding the cases that are still pending. The percentage of motions granted compared to the percentage of motions denied has increased over the past five years from only 44.2% in SFY20, to 52.0% granted in SFY24.

Figure 4. Percent of Motions Granted and Denied, SFY20–SFY24



## Placement

Placement refers to the type of sentence (jail, probation, IDOC, or community corrections) an offender received following conviction. Table 8 shows that a combination of jail and probation is the most frequently ordered sentence at 20%, followed by IDOC only at 18.5%, and jail only at 17.5%. Overall, 28% of sentences included a placement in the IDOC, while 72% of placements did not include a placement in the IDOC. This is an increase in sentences that includes a IDOC placement from 25% in SFY23 to 28% in SFY24, continuing the trend in recent years of more IDOC placements.

Table 8. Placement Type Monthly, SFY24

Month	Jail and Prob	Jail	Prob	IDOC	IDOC and Prob	CC only	CC and Prob	Jail, CC, and Prob	Jail and CC	IDOC, CC, and Prob	IDOC and CC	No Placement	Total
Jul-23	938	840	706	785	322	419	287	66	55	57	37	19	4,531
Aug-23	1,256	1,016	873	990	358	524	419	84	94	73	59	29	5,775
Sep-23	1,003	852	728	797	301	403	283	94	70	69	55	24	4,679
Oct-23	1,114	905	802	931	298	429	314	89	100	71	55	17	5,125
Nov-23	993	976	846	939	343	389	304	65	93	77	54	15	5,094
Dec-23	761	677	633	708	274	346	286	62	66	41	51	12	3,917
Jan-24	1,009	886	864	981	401	389	338	97	98	75	38	12	5,188
Feb-24	989	883	862	926	360	441	324	87	99	97	41	19	5,128
Mar-24	975	842	809	975	356	451	345	72	77	87	51	8	5,048
Apr-24	888	853	748	911	384	429	321	71	87	94	49	11	4,846
May-24	980	847	754	1,078	370	404	351	63	93	91	55	17	5,103
Jun-24	906	727	668	899	350	411	305	69	83	80	44	11	4,553
<b>Total</b>	<b>11,812</b>	<b>10,304</b>	<b>9,293</b>	<b>10,920</b>	<b>4,117</b>	<b>5,035</b>	<b>3,877</b>	<b>919</b>	<b>1,015</b>	<b>912</b>	<b>589</b>	<b>194</b>	<b>58,987</b>

FDs and F6s make up 70.2% of the placements and are most often sentenced to jail, jail and probation, or just probation. Out of all the placements for SFY24, FDs and F6s constitute 91.6% of the jail only placements. Table 9 shows where FDs and F6s were placed during SFY24. These data demonstrate that 22.8% of FDs and F6s were placed in jail, 24.8 % in jail and probation, 19.0% in probation only, and 9.0% in community corrections. About 16.0% of these offenders received a placement that included an IDOC facility, which is higher than the 10.8% that received a placement that included an IDOC facility in SFY23, and it is over double the SFY22 percent (7.6%).

Before the enactment of HEA 1006, FDs were commonly sentenced to the IDOC. After 1006, F6s (the equivalent of FD under the new code) were only sentenced to the IDOC in limited circumstances. The increase in placements in IDOC in recent years may be due to HEA 1004, which passed in the 2022 legislative session. HEA 1004 provides that a court may commit a person convicted of a Level 6 felony for an offense committed after June 30, 2022, to the IDOC.<sup>6</sup>

Table 9. Placement Type for F6s and FDs, SFY24

Placement Type	Count
Jail and Probation	10,273
Jail	9,441
Probation	7,892
IDOC	5,299
Community Corrections	3,715
Community Corrections and Probation	1,795
IDOC and Probation	1,104
Jail and Community Corrections	858
Jail, Community Corrections, and Probation	664
No Placement	156
IDOC and Community Corrections	121
IDOC, Community Corrections, and Probation	111
<b>Total</b>	<b>41,429</b>

Figure 5 shows the number of placements per state fiscal year for each facility type and includes all felony levels combined. Across all five years, jail only, and jail and probation were the most common placements overall, as well as for Level 6 and Class D felonies. The next three most common placements overall, in descending order, were probation only, IDOC only, and community corrections only.

<sup>6</sup> HEA 1004 is codified in Ind. Code § 35-38-3-3.

Figure 5. Highlighted Table of Placements for All Felony Levels, SFY20–SFY24

Placement Type	SFY20	SFY21	SFY22	SFY23	SFY24
Jail and Probation	11,606	11,228	12,600	13,813	11,812
Jail only	13,379	10,961	12,729	12,082	10,304
Probation only	7,541	8,064	9,813	10,692	9,293
IDOC only	7,658	6,539	7,842	9,412	10,920
Community Corrections only	5,633	5,215	5,473	4,183	5,035
Community Corrections and Probation	3,735	3,775	4,096	2,628	3,877
IDOC and Probation	2,896	2,598	3,040	4,269	4,117
Jail, Community Corrections, and Prob.	819	989	1,042	678	919
Jail and Community Corrections	780	795	878	635	1,015
IDOC, Community Corrections, and Prob.	572	558	703	575	912
IDOC and Community Corrections	345	332	435	367	589
No Placement	139	145	194	185	194

Level 6 felonies are the level with the greatest number of placements each year. Table 10 shows the percentage of total placements that were Level 6 felony or a Class D felony, the percentage of jail only placements that were F6 or FD, and the percent of placements that included IDOC placements that were F6 or FD<sup>7</sup>. Between 70.2% and 75.1% of all placements each year are for Level 6 or Class D felonies, most of which are placed in jail, jail and probation, or probation only. Of the jail only placements, between 91.6% and 95.1% were Level 6 or Class D felonies each year from SFY20 to SFY24.

Between SFY20 and SFY22 the percent of placements that include an IDOC facility for F6/FD stayed between 7%–8%. Since SFY22, there has been an increase each year to 10.8% in SFY23 and 16.0% in SFY24. The increase in this percentage of placements in the IDOC for SFY23 and SFY24 may be due to HEA 1004, which passed in 2022. This was intended, in part, to both ease the overcrowding in jails and to provide individuals with better access to resources at an IDOC facility rather than a county jail.

<sup>7</sup> The number of class D felonies decreases every year as the class A–D system is phased out. Class D felonies are included with Level 6 felonies in these comparisons because both are the least severe felony levels.

Table 10. Placements of Level 6 Felonies from SFY20 to SFY24

	SFY20	SFY21	SFY22	SFY23	SFY24
Percent of Total Placements that are F6/FD	75.1%	74.0%	73.0%	71.5%	70.2%
Percent of <b>Jail only</b> placements that are F6/FD	95.1%	93.3%	93.4%	92.7%	91.6%
Percent of <b>IDOC*</b> placements that are F6/FD	7.8%	7.3%	7.6%	10.8%	16.0%

Note: IDOC\* includes all placements with IDOC only *and* IDOC in combination with other placements.

## Probation

Probation is a court-imposed sentence that releases a convicted person into the community, subject to certain conditions. As shown in Table 11, the total number of current adult offenders on probation stayed stable for the first three quarters and decreased in the last quarter of SFY24, with the highest number of offenders on probation in quarter four of 2023. There was a 12.5% decrease in the total number of new felony supervisions received in SFY24 (33,123 supervisions received) compared to SFY23 (37,875 supervisions received). For new felony supervisions, substance use offenses made up 43.0% of offenders on probation.

Table 11. Adult Felony Supervisions, Quarterly SFY24

	Quarter Supervision Received			
	2023 Q3	2023 Q4	2024 Q1	2024 Q2
Total Current Supervisions	53,434	53,489	53,482	47,487
Total Felony Supervisions Received	8,680	8,270	8,629	7,544
Felony Supervisions Received, Substance Use	3,839	3,397	3,604	3,388

There are different methods of release from probation, including discharged (completed probation), revoked for a new offense, revoked for a technical violation (e.g., repeated failure to report to probation officials), absconded (whereabouts are currently unknown), and other. The ‘other’ category is used when an individual’s release from probation does not fit in the other categories. For example, it is most frequently used for “probation departments acting as courtesy departments for Intra-state or Inter-state transferees” (p.9)<sup>8</sup>. ‘Other’ can also be used when continued supervision is no longer necessary, such as when “a supervised person absconded at the end of his or her probation sentence and a determination is made to terminate his probation rather than revoke” (p.9)<sup>9</sup>.

<sup>8</sup> Indiana Supreme Court. (Revised January 2023). *Probation quarterly reports guide*. Retrieved November 21, 2024 from <https://www.in.gov/courts/iocs/files/courtmgmt-frn-prob-manual.pdf>

<sup>9</sup> Ibid.

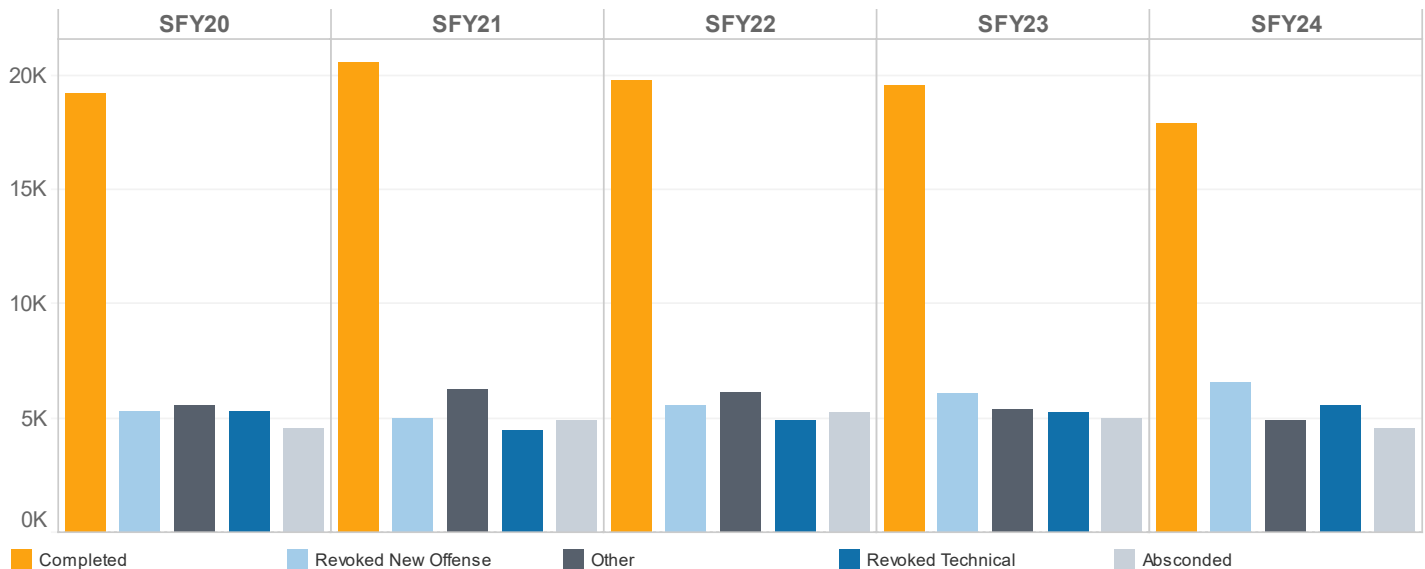
As shown in Table 12, 45.4% of offenders released from probation during SFY24 completed their probation sentence. 16.6% of probationers had their sentence revoked due to committing a new offense prior to completing their probation sentence, and 14.0% had their probation revoked due to a technical violation. Of the remaining probationers, 11.5% absconded prior to probation completion, and 12.5% of offenders were discharged for other reasons.

Table 12. Adult Felony Offenders Released from Probation by Type, Quarterly SFY24

Quarter Released from Probation					
	2023 Q3	2023 Q4	2024 Q1	2024 Q2	Total
Completed	4,698	4,284	4,937	3,963	17,882
Revoked New Offense	1,669	1,580	1,678	1,619	6,546
Revoked Technical	1,492	1,323	1,456	1,262	5,533
Absconded	1,207	1,131	1,064	1,118	4,520
Other	1,210	1,226	1,258	1,235	4,929
<b>Total</b>	<b>10,276</b>	<b>9,544</b>	<b>10,393</b>	<b>9,197</b>	<b>39,410</b>

Over the years, the most common reason for release from probation supervision is completion of probation conditions (Figure 6). Revocations for a new offense are typically the second most common reason for release from probation; however, releases from probation for “Other” reasons were more common in SFY20 through SFY22, which may be due in part to COVID-19. Revocations for technical violations were the fourth most common reason for releases from probation in SFY24, followed by absconding.

Figure 6. Released from Probation, SFY20–SFY24



## Problem-Solving Courts

Many counties have implemented problem-solving courts to help with increased caseloads and resolution of cases but also to provide alternative sentencing options to offenders. Problem-solving courts address specific offenses or needs, and often, upon successful completion, the offender’s conviction may be reduced to a lesser charge or dismissed. Research conducted by the National Institute of Justice (NIJ) has shown that offenders who complete a problem-solving court program often have a lower rate of recidivism, a reduction in drug relapses, and report less criminal activity. Additionally, NIJ’s research found that drug courts are most effective when serving offenders who are assessed as high-risk to re-offend and in high need of services<sup>10</sup>.

In Indiana, 35.5% of all certified problem-solving courts are adult drug courts. However, many problem-solving courts also address substance use concerns because problem-solving courts address the needs of the individual, including needs involving drug abuse and mental illness.<sup>11</sup> Of the problem-solving courts in the planning stages, 43% are adult or juvenile mental health courts. As of October 2024, there are 138 active problem-solving courts and 21 problem-solving courts in planning stages in 61 counties. The problem-solving courts reported serving 4,466 participants in 2023, and 52% of these participants had Level 6 cases. Table 13 shows the total number of each type of problem-solving court in the state.

Table 13. Total Problem-Solving Courts

Type of Problem-Solving Court	Certified	Planning Stages
Adult Drug Court	49	3
Veterans Court	29	1
Family Recovery Court	22	2
Mental Health Court	15	6
Reentry Court	11	1
Juvenile Problem-Solving Court	3	1
Juvenile Drug Court	2	1
Operating While Intoxicated Court	2	0
Domestic Violence Court	2	1
Adult Problem-Solving Court	1	0
Truancy Court	1	2
Juvenile Mental Health Court	1	3
<b>Total</b>	<b>138</b>	<b>21</b>

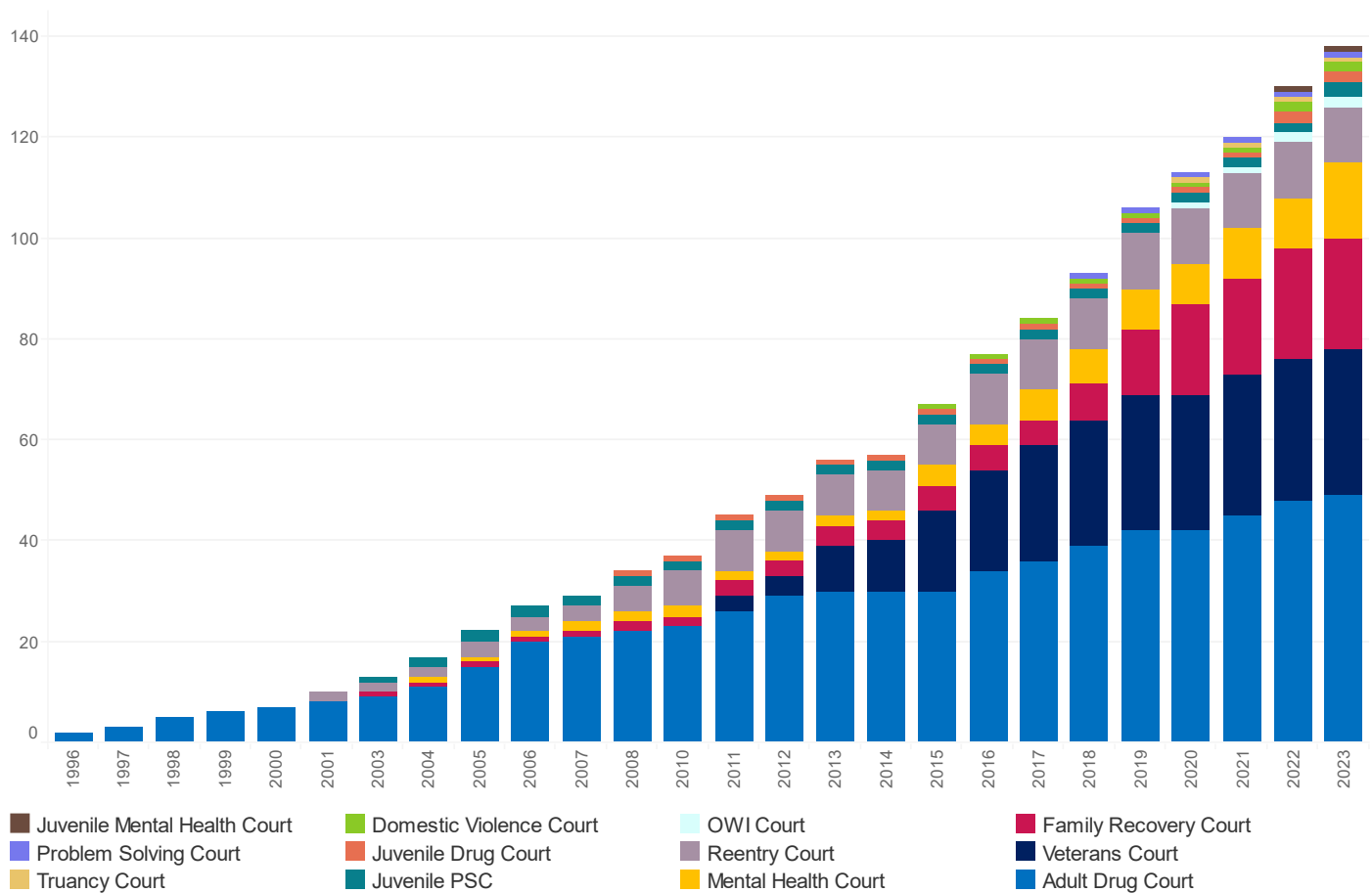
Source: Total number of certified courts provided by JRAC. Number of courts in planning stages determined from the Problem-Solving Court Directory, October 2024 (Office of Court Services).

<sup>10</sup> Haskins, Paul A. (2019, September). Problem-Solving Court: Fighting Crime by Treating the Offender. *National Institute of Justice*. Retrieved from <https://nij.ojp.gov/topics/articles/problem-solving-courts-fighting-crime-treating-offender>

<sup>11</sup> Office of Court Services. (August 2024). *Problem-solving courts*. Retrieved from <https://www.in.gov/courts/iocs/pscourts/>

The scope and number of problem-solving courts have increased over the past two decades. Over that time, the most common type of problem-solving court has been and continues to be adult drug courts. Family recovery courts have also been one of the most common types of problem-solving courts and have increased in number steadily over the years. Family recovery courts are courts that target cases of abuse or neglect in which the parent or caregiver suffers from substance use disorder. Veterans problem-solving courts have increased in prevalence and surpassed family recovery courts in number over the past decade. Mental health courts and reentry courts have also increased in number across the state over the past 10 years, though not as much as the previous three types of problem-solving courts. Finally, there are a few problem-solving courts throughout the state for juveniles (problem-solving, drug, and mental health), Operating a Vehicle While Intoxicated (OVWI), domestic violence, and truancy. To see more about the types of problem-solving courts available in different counties throughout Indiana, see the interactive dashboard on the [ICJI website](#).

Figure 7. Total Problem-Solving Courts per Year



# INDIANA DEPARTMENT OF CORRECTION & COMMUNITY CORRECTIONS DATA

The status of the Indiana Department of Correction (IDOC) has been impacted by various pieces of legislation over recent years. HEA 1006 impacted the IDOC offender population by changing the law to state that a person convicted of an F6 may not be committed to the IDOC unless:

- ◆ the offender has been committed due to violating a condition of probation, parole, or community corrections by committing a new offense;
- ◆ the offender is convicted of a F6 and that sentence is ordered to be served consecutively to the sentence for another felony;
- ◆ the offender is convicted of a F6 that is enhanced by an additional fixed term or has received an enhanced sentence;
- ◆ the offender's earliest release date is greater than 365 days; or
- ◆ the commitment is due to an agreement made between the sheriff and the IDOC.

While HEA 1006 succeeded in reducing the state's prison population and allowing offenders to serve time closer to home, it had unintended consequences such as county jail overcrowding, increased sheriffs' budgets, and limited access to state-level services and programs.<sup>12</sup>

In 2020, HEA 1120 expanded the types of programs that are available to offenders in the IDOC to earn good time credit.<sup>13</sup> Programs are completed for educational credit time and good behavior is awarded by good time credit. This expansion helps reduce recidivism and decrease the prison population.

In 2022, HEA 1004 modified these rules by making all Level 6 felony offenders eligible for placement into an IDOC facility. This change aims to address overcrowding in jails and to provide individuals with more access to resources at an IDOC facility. The previous restrictions still apply for offenses committed before July 1, 2022.

Currently, F6 offenders typically serve 50% of their sentence (accounting for the possibility of education/program credits) and may serve time in either jail or prison. F1–F5 offenders will serve at

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<sup>12</sup> n.a. (2019, August 1). *Jail Overcrowding Task Force*. 2019 Minutes.  
<https://www.in.gov/courts/iocs/committees/jail-overcrowding/>

<sup>13</sup> Good time credit is a reduction in a person's term of imprisonment or confinement awarded for the person's good behavior while imprisoned or confined.

least 75% of their sentence, typically in prison. Early data shows a slight increase in IDOC placements since the 2022 changes have been implemented.

## Total Adult Offender Population

The total adult offender population is the average number of adult offenders under any commitment to the IDOC, which includes IDOC facilities, Jail DOC Contracts (offenders committed to the IDOC that are awaiting transfer), and F6 jail diversions. F6 jail diversions are offenders convicted of a Level 6 felony serving time in a county jail. The monthly average IDOC population for SFY24 was 25,343 offenders. Prior HEA 1006 reports published by the ICJI show that after HEA 1006 was enacted in 2014, the facility offender population continually decreased until the first half of 2017. From 2017 to 2020, offender population increased by 1,526 offenders. Since SFY20, the offender population has decreased. In SFY24, the offender population decreased by 3,933.

The monthly average for total population increased by 11 offenders from last year’s monthly average total of 25,332. Since SFY20, the average monthly population has decreased; however, this is the first year since then that the average monthly population slightly increased. On average, 94% (23,882) of offenders are housed in a state facility or with a third-party contract that falls under state discretion. The remaining 1,461 offenders includes F6 jail diversions.

Figure 8 below shows a month-by-month total for IDOC offender populations. In SFY24, there was an overall increase of total offenders in the IDOC population.

Figure 8. Total IDOC Offender Population, SFY24

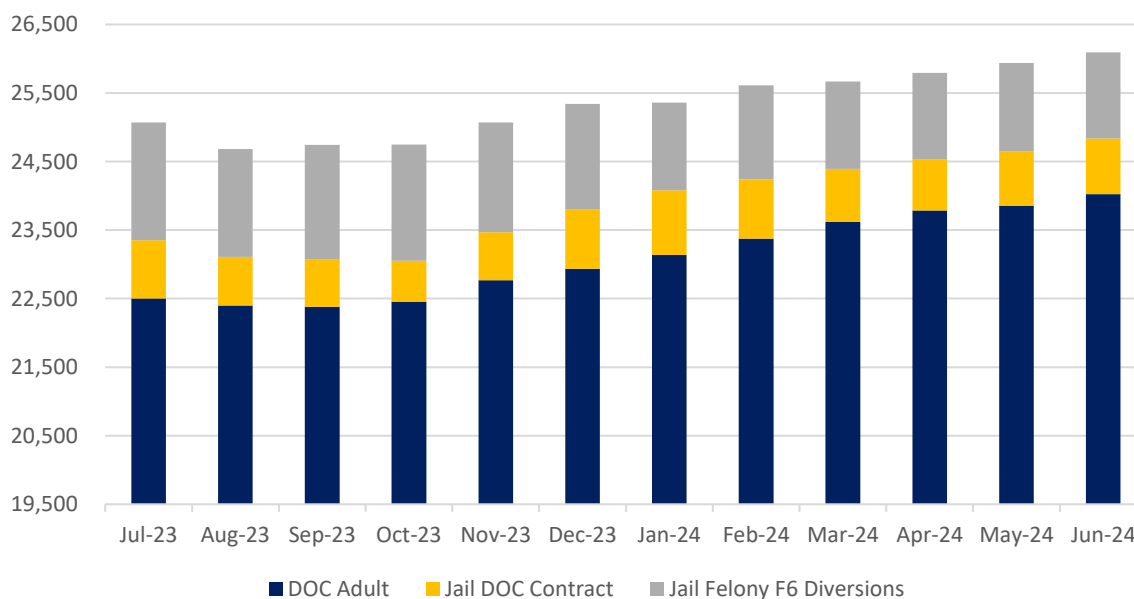


Figure 9 illustrates the average number of F6 jail diversions offenders. Since SFY22, the numbers appear to fluctuate. In SFY22, the average offender population was 1,840, and the population recorded in SFY23 was 2,021, reflecting a 9.8% increase. In SFY24, there was a dramatic decrease of F6 diversions compared to the previous year (27.7%).

Figure 9. Average F6 Jail Diversions, SFY22–SFY24

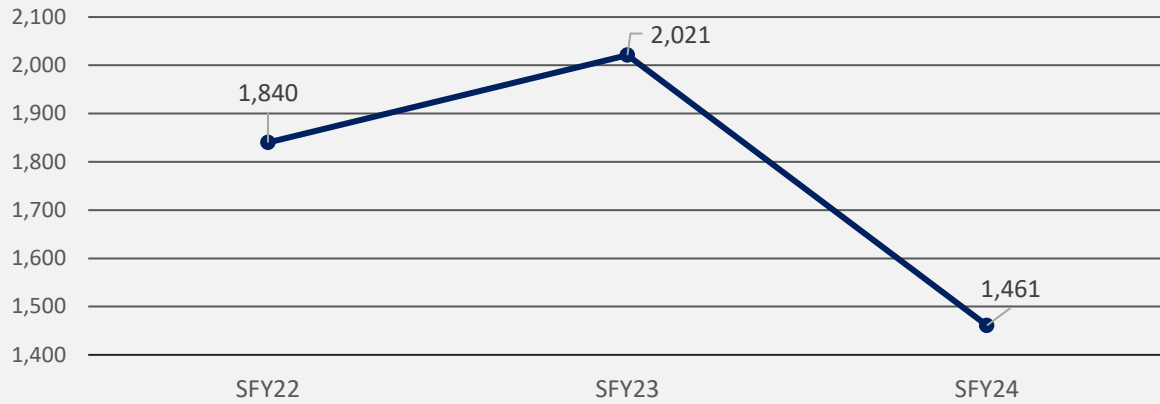
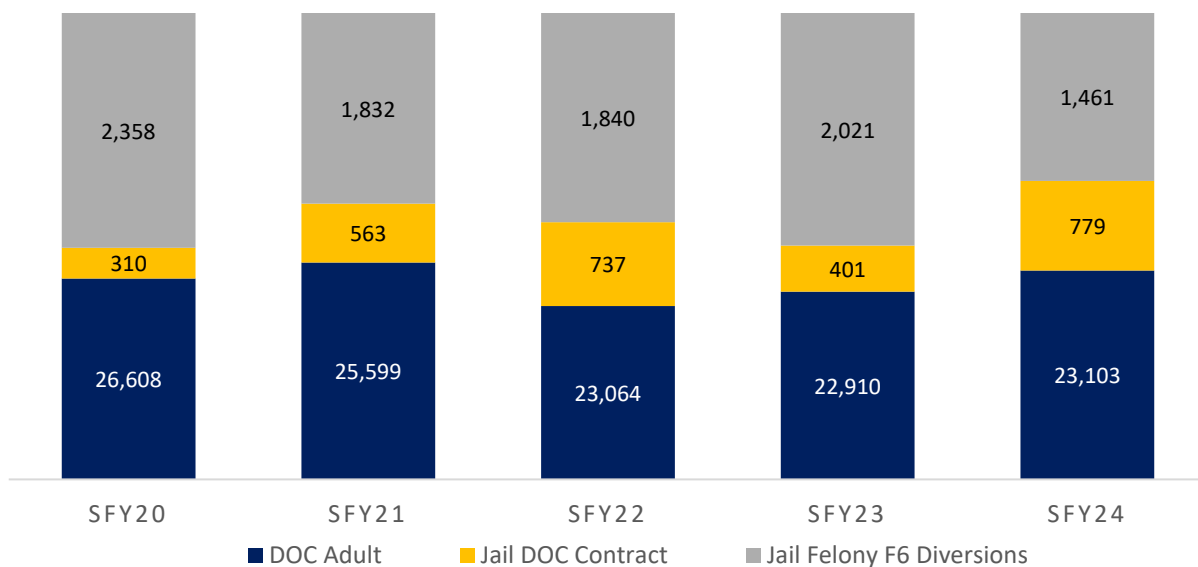


Figure 10 shows an average, yearly total for IDOC offender populations. Overall, from SFY20 to SFY24, there was a general decrease in the IDOC offender population. From SFY20 to SFY23, there was a consistent decline of IDOC adult offenders. However, in SFY24, the average population increased by 193 offenders. Significantly, the number of Jail DOC Contract offenders has increased from SFY20. In SFY23, there was a significant decrease of 336 Jail DOC Contract offenders compared to the previous year. For SFY24, that same category nearly doubled to 779 compared to 401 in SFY23. Lastly, Jail Felony Level 6 Diversions have remained relatively stable across the years, with only minor variations.

Figure 10. Total IDOC Offender Population, 5-Year Analysis



## Adult Admissions and Releases

Figure 11 illustrates monthly admission and release rates for adult offenders in prisons and IDOC contracted facilities. An admission is when an offender enters the custody or jurisdiction of the IDOC. A release is when an offender leaves the custody or jurisdiction of the IDOC. The monthly average rate in SFY24 for admissions was 1,282 offenders, reflecting a 74% increase in monthly admissions compared to last year's rate of 735. The monthly average rate for releases was 996 offenders, an increase of 18% in monthly releases compared to last year's rates.

Figure 11. Monthly Admissions & Releases, SFY24

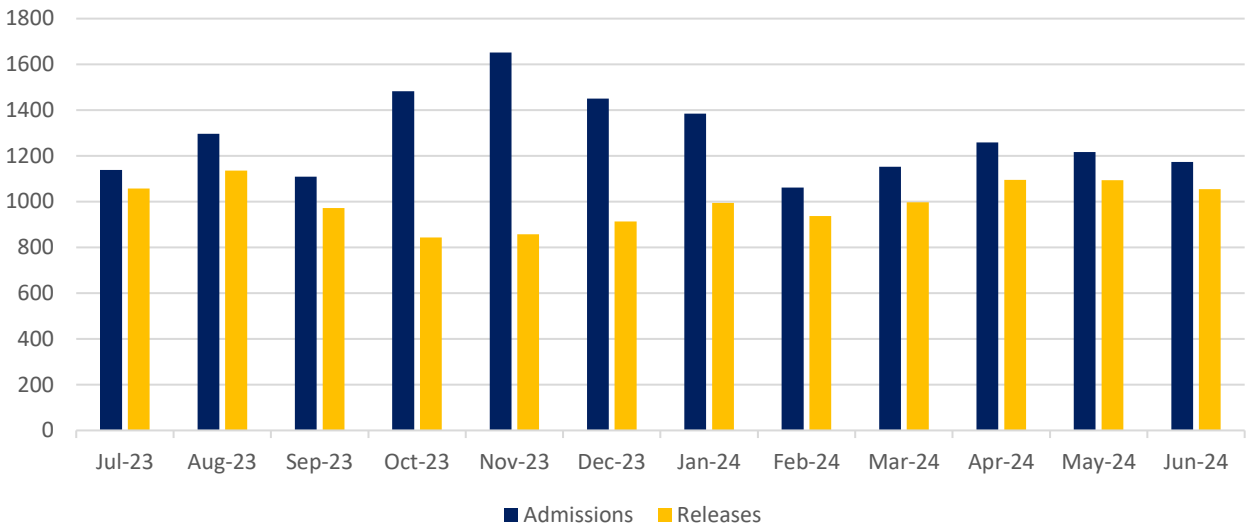


Figure 12 is a five-year analysis of average monthly admissions and releases from SFY20 to SFY24. SFY24 shows the largest number of admissions and releases compared to previous years. In SFY24, the number of admissions increased 96%. Comparatively, SFY24 is the only year that has more admissions than releases.

Figure 12. Monthly Admissions & Releases, 5-year analysis

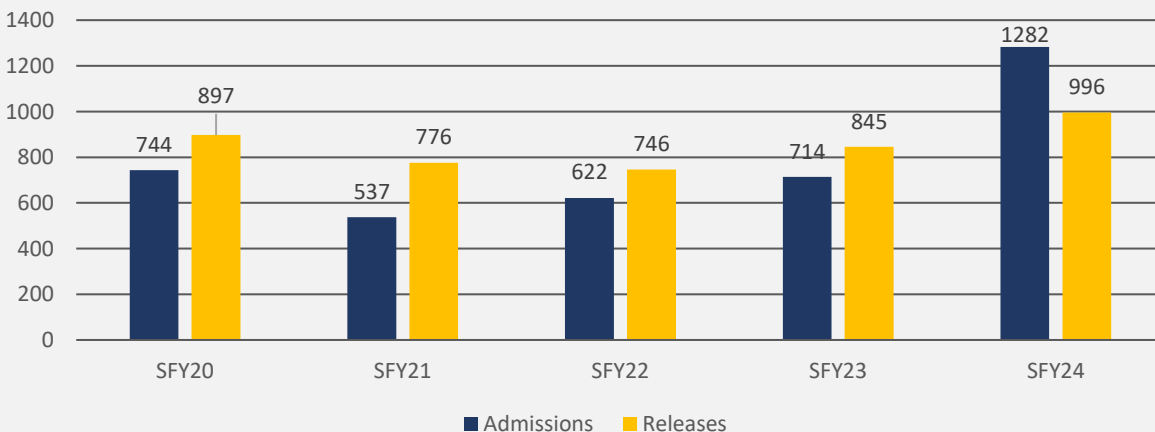
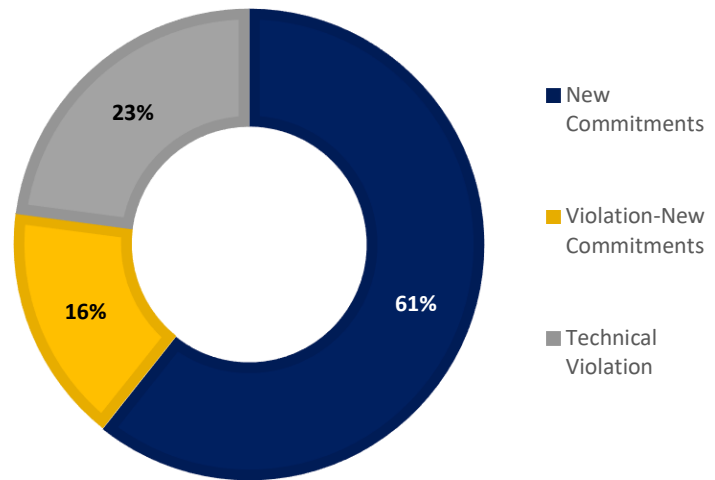


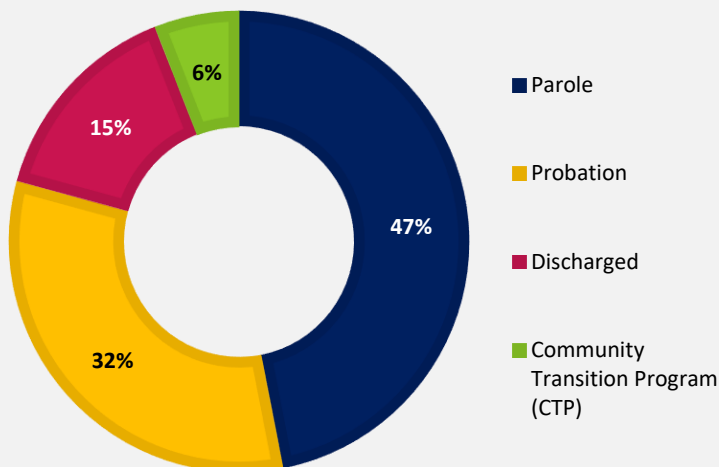
Figure 13 shows admissions by type of commitment. New commitments are offenders who are being committed to the IDOC on a new sentence. Violation-new commitments are those offenders who were under community supervision including probation, parole, and the Community Transition Program (CTP) and violated the terms of their community supervision by committing a new offense. These individuals are returning to the IDOC to serve a new sentence and may also have concurrent and/or consecutive sentences to serve.

Figure 13. Average Admission by Commitment Type, SFY24



Technical violations show offenders who were returned to the IDOC for violating the terms of community supervision, including probation, parole, or CTP. New commitments were the most common type of admission and made up 61% of all admissions for a total of 9,334 offenders, an increase of 131% compared to last year. Technical violations made up 23%, or 3,523 offenders, which was a 37% increase from the previous year. Violation-new commitments made up 16% (2,521) of all admissions, which is a 6% increase from last year. Each of the commitment types combined for a total of 15,378, which is more than double the number of individual admissions from last year.

Figure 14. Release by Type, SFY24



Releases by type are shown in the figure to the left. The discharged category represents offenders released from the IDOC without any further commitment or supervision on any sentence. The parole, probation, and CTP categories represent offenders released from an IDOC facility to community supervision as part of their release agreement. The total number of released offenders increased by 3,503 (41%) offenders compared to last year. The number of offenders released in 2023 was 8,448; in 2024 the releases totaled 11,951.

The number of offenders released on parole increased by 1,389 offenders; however, the overall percentage of individuals released on parole decreased by 3% compared to SFY23. Although the number of individuals increased over all categories, the percentage released to probation, discharged or released to CTP remained the same compared to SFY23. The number of offenders released to probation increased by 1,028 offenders compared to last year. The number of offenders discharged in SFY24 nearly doubled from last year, increasing from 875 in SFY23 to 1,767 in SFY24. The number of offenders released to CTP increased from 503 in SFY23 to 714 in SFY24.

Figure 15 shows average admission by type (new commits, violation-new commits, and technical violation) from SFY20 to SFY24. The data appears relatively consistent over the years. Overall, the largest increase in admission type, new commits, comes from SFY23 to SFY24 where there was a 6% increase. The percentage of new commits has increased over the years, while technical violations have decreased markedly since SFY23. Compared to previous years, SFY24 appears to have the highest proportion of violation-new commits, and the smallest percentage of admissions come from technical violations.

Figure 15. Admissions by Type, 5-year analysis

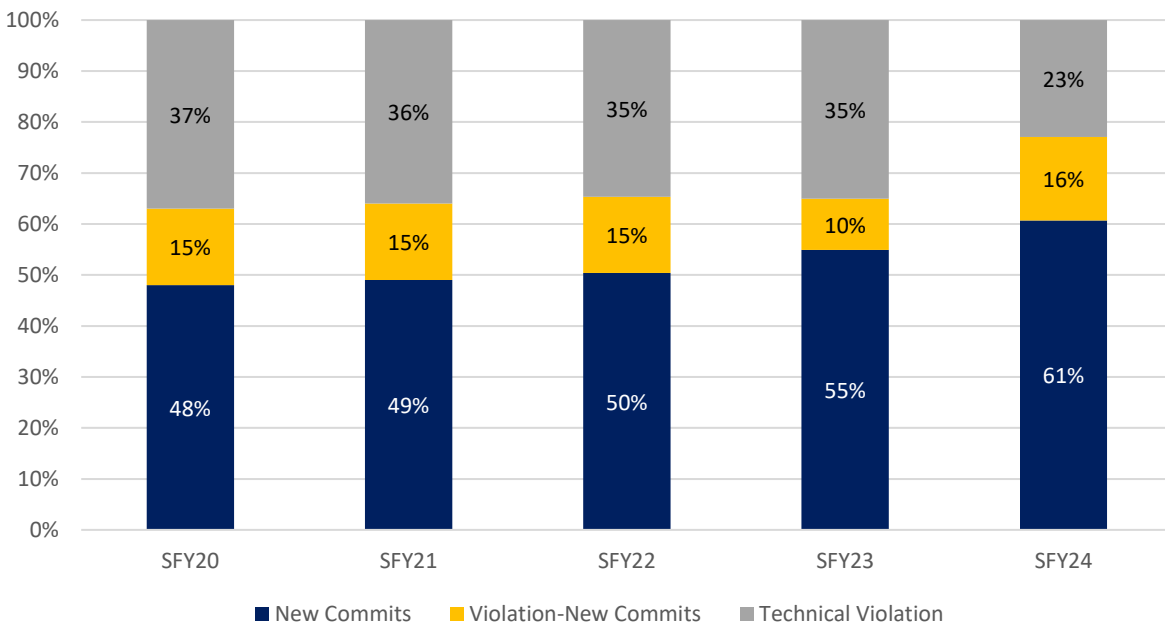
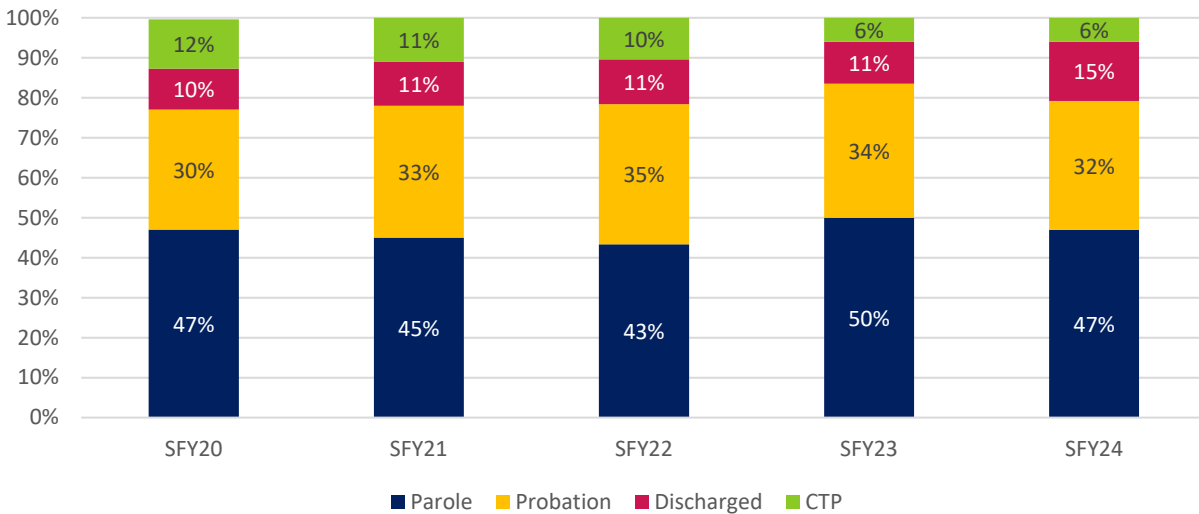


Figure 16 shows average release by type (parole, probation, discharged, and CTP) from SFY20 to SFY24. The data appears to fluctuate within a relatively consistent range over the last five state fiscal years, except releases to CTP. SFY23 and SFY24 had the least number of individuals released to CTP (503 and 714), whereas SFY20 had the most individuals released to CTP (1,095). This represents an overall trend of decreasing releases to CTP since SFY20. SFY24 had the largest number of individuals discharged, increasing to 15% after remaining steady at 11% since SFY21. Individuals released to parole and probation seem to be stable throughout the 5 years analyzed.

Figure 16. Releases by Type, 5-year analysis



## Juvenile Admissions and Releases

Figures 17-20 illustrate monthly admission and release rates for juvenile offenders in detention facilities. The monthly average for admissions is 30 juvenile offenders. The monthly average for releases is 38 offenders. Admissions for SFY23 and SFY24 were 35 and 30 individuals, respectively. Releases for SFY23 and SFY24 were 32 and 38. As in previous years, the data shows males comprise the majority of the monthly average.

Figure 17 shows the monthly average for admissions and releases for juvenile male offenders. May and June of 2024 had the greatest number of admissions (31 and 29), whereas October and February 2023 had the greatest number of releases (48 and 53). May and June of 2024 were the only months that had more admissions than releases. On average, the monthly admission rate for male juvenile offenders was 25 and the average number of juveniles released was 34.

Figure 17. Male, Monthly Admissions and Releases, SFY24

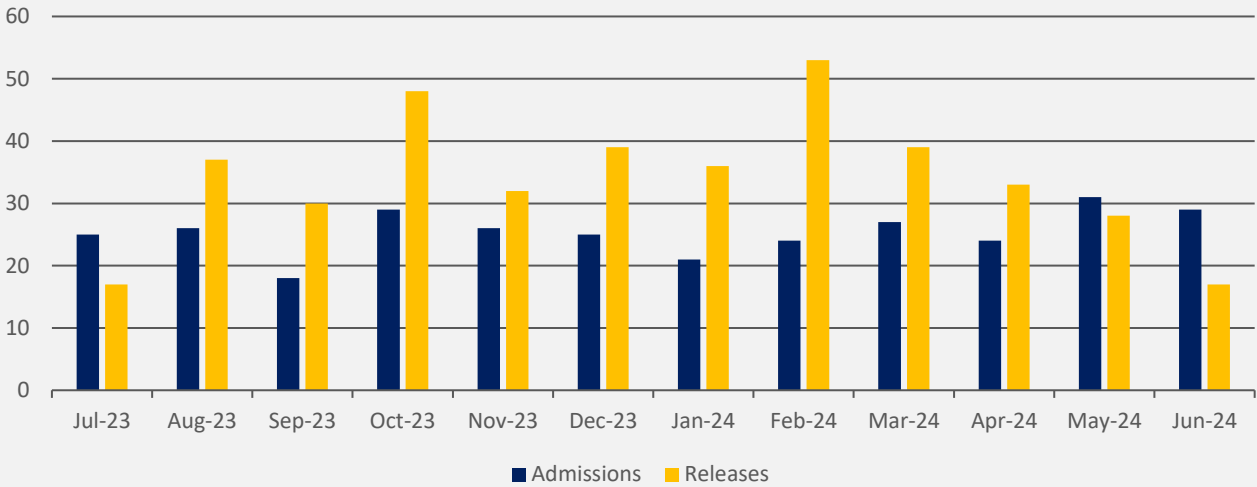
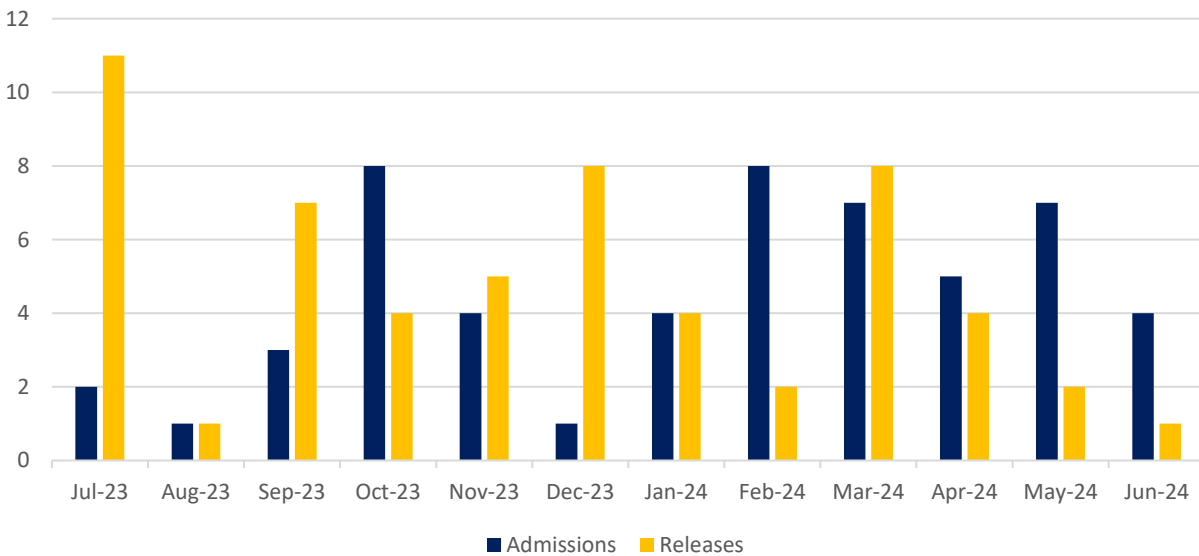


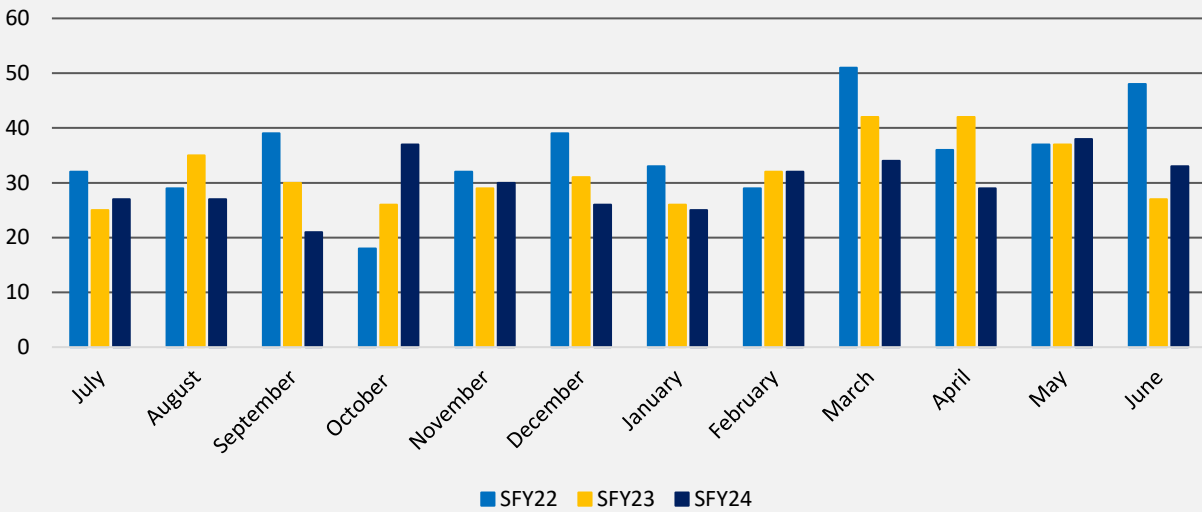
Figure 18 illustrates the monthly admission and release of female juvenile offenders. July of 2023 has the most releases in general and the most releases compared to the number of admissions. In July of 2023, there were 2 juveniles admitted to a facility and 11 juveniles released. Another month that shows a similar pattern is December of 2023, where 1 juvenile was admitted, and 8 juveniles were released. On average, the female monthly admission rate was 4.5, while the average number of releases was 4.75.

Figure 18. Female, Monthly Admissions and Releases, SFY24



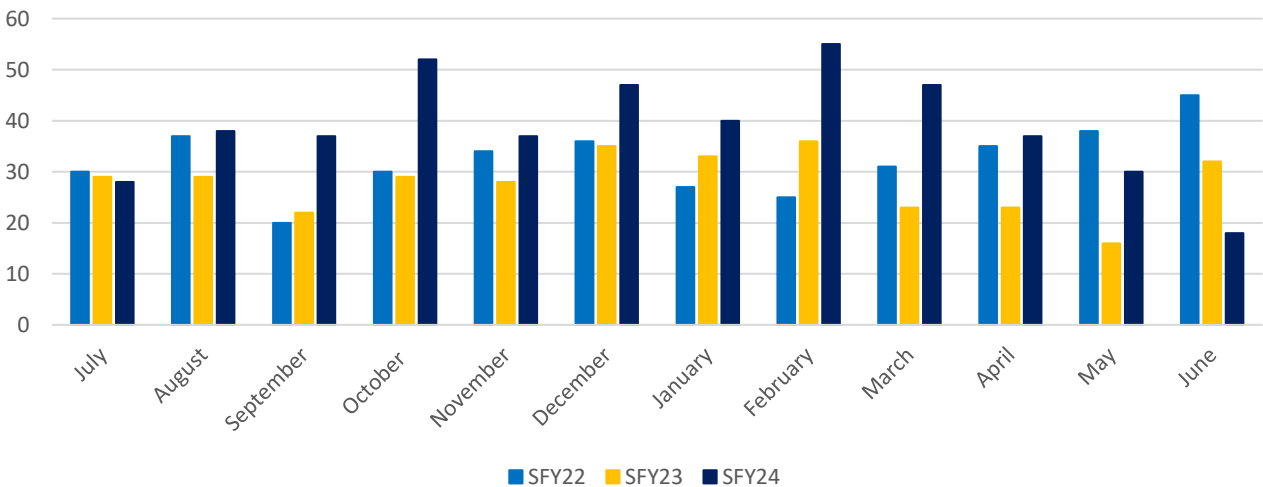
Figures 19 and 20 are the total of male and female juveniles' monthly admissions and releases from SFY22 to SFY24. In figure 19, admissions are highest in March, with the exception of SFY24. In SFY24 the highest number of admissions appear in October and May. In SFY22, March had the highest number of total admissions at 51. October of SFY22 shows the least number of admissions at 18. Overall, admissions for juveniles have consistently decreased from a high of 423 in SFY22, down to 359 admissions in SFY24.

Figure 19. Juvenile Monthly Admissions, 3-year analysis



In figure 20, the month that stands out the most is February of SFY24. Fifty-five juveniles were released, which is the highest number of juveniles released in a single month over the three-year period analyzed. The month of May is notable as well. In May of SFY22, 38 juveniles were released, whereas only 16 juveniles were released in SFY23, representing an almost 60% decrease. Overall, releases have increased from 388 in SFY22 to 429 releases in SFY24. Figures 19 and 20 show that SFY24 was the only year in the three-year analysis where there were more releases of juveniles than admissions.

Figure 20. Juvenile Monthly Releases, 3-year analysis



## Recidivism

The IDOC defines recidivism as any offender who returns to IDOC custody within three years of release. Table 14 shows recidivism for offenders released in 2020 that were reincarcerated by 2023. According to IDOC adult recidivism rates for 2023 (offenders released in 2020), nearly 35% were recommitted to the IDOC for either a new conviction or a violation of post-release supervision. Approximately 39% returned to the IDOC for a new offense, and 41% returned due to a technical rule violation. Last year, it was reported that 65% of individuals returned to the IDOC for a technical rule violation. The IDOC reports the younger the offender is at the time of release, the more likely they are to return to the IDOC. Lastly, IDOC reported that the highest risk groups of offenders are those with a mental health classification indicating substance use needs that cause functional impairment; this group recidivated at a rate of 92%, compared to a rate of 33% for other mental health classifications.<sup>14</sup>

The average recidivism rate increased by 11% from 2022 to 2023. The most notable change falls under the Felony 1 offense category. In the previous year, only 1 individual was released, and that individual did not recidivate within three years of release. In 2020, 8 individuals were released, with 2 individuals reincarcerated by 2023, increasing the recidivism rate from 0% the previous year to 25% this year. Felony B had the highest rate of recidivism at 41.6%, whereas Murder had the lowest rate of recidivism at 15.7%. Felony 5 had the most released offenders; of those 3,486 offenders, 1,183 (33.9%) re-offended. *Disclaimer: Recidivism rate for misdemeanors was included in the 2023 data but was unavailable for 2024.*

Table 14. Recidivism by Offense Level, CY23<sup>15</sup>

Offense level	Number Released	Number of Recidivists	Recidivism Rate
Murder	108	17	15.7%
Felony A	510	141	27.6%
Felony B	2,047	852	41.6%
Felony C	586	225	38.4%
Felony D	140	35	25.0%
Felony 1	8	2	25.0%
Felony 2	193	48	24.9%
Felony 3	706	234	33.1%
Felony 4	1,323	414	31.3%
Felony 5	3,486	1,183	33.9%
Felony 6	1,287	464	36.1%
<b>Total</b>	<b>10,394</b>	<b>3,615</b>	<b>34.8%<sup>16</sup></b>

Note. Recidivism is based on offenders' Most Serious Offense

<sup>14</sup> Indiana Department of Correction. (2024). *2023 Adult Recidivism Rates*. Retrieved October 21, 2024, from <https://www.in.gov/idoc/files/policy-and-procedure/statistical-data/recidivism-reports/adult-recidivism-rates/2023-Adult-Recidivism-Summary.pdf>

<sup>15</sup> Years listed are a collection of data based on the calendar year (January 1–December 31)

<sup>16</sup> This number reflects the average rate of recidivism for all offense levels

Table 15 shows data for recidivism by offense level from CY20 to CY23. Felony B offenses had the highest average recidivism rate at 40.7%. With the exception<sup>17</sup> of a few offense levels, CY20 displayed the highest rate of recidivism among all offense levels compared to the other years. Additionally, CY20 also had the highest average rate of recidivism, compared to other years at 38.2%. Following CY20, CY23 had an average recidivism rate of 34.8%. Overall, the recidivism rates at each offense level were relatively consistent over the years analyzed. *Disclaimer: The recidivism rate for misdemeanor offenses was included for CY22, but not for CY23 as it was unavailable. Data for “habitual” offenses was unavailable for CY22 and CY23.*

Table 15. Recidivism Rate by Offense Level, 5-Year Analysis<sup>18</sup>

	CY2019	CY2020	CY2021	CY2022	CY2023
Murder	25.0%	11.9%	25.0%	21.0%	15.7%
Felony B	40.5%	43.7%	40.5%	37.3%	41.6%
Felony C	36.6%	42.0%	36.6%	31.9%	38.4%
Felony D	25.3%	27.7%	25.3%	17.2%	25.0%
Felony 1	0.0%	50.0%	0.0%	0.0%	25.0%
Felony 2	21.6%	22.4%	22.0%	20.9%	24.9%
Felony 3	37.3%	36.1%	37.0%	31.2%	33.1%
Felony 4	32.9%	36.6%	33.0%	27.1%	31.3%
Felony 5	31.0%	36.8%	31.0%	28.1%	33.9%
Felony 6	27.4%	31.9%	27.4%	25.7%	36.1%
Habitual	0.0%	0.0%	0.0%	n/a	n/a
Misdemeanor	25.0%	100.0%	25.0%	16.7%	n/a
<b>Total<sup>19</sup></b>	<b>33.8%</b>	<b>38.2%</b>	<b>25.3%</b>	<b>23.6%</b>	<b>34.8%</b>

## Facility Capacity

Male medium-security facilities operated at an average capacity of 94% in SFY24, a 1% increase from last year. Male maximum-security facilities operated just below full capacity at an average of 95%, and male minimum-security facilities saw an average increase in capacity from 70% in SFY23 to an average capacity of 83% in SFY24. Reentry/work release displayed significant fluctuations month-to-month in SFY24. Although month-to-month operational capacity fluctuated erratically, the average capacity was identical to SFY23 at 74%.

<sup>17</sup> Exception categories: Murder, Felony 2, Felony 3, and Felony 6

<sup>18</sup> Years listed are a collection of data based on the calendar year (January 1–December 31)

<sup>19</sup> Total numbers reflect the average rate of recidivism for all offense levels

Figure 21. IDOC Adult Male Facility Operational Capacity by Month and Security Level, SFY24

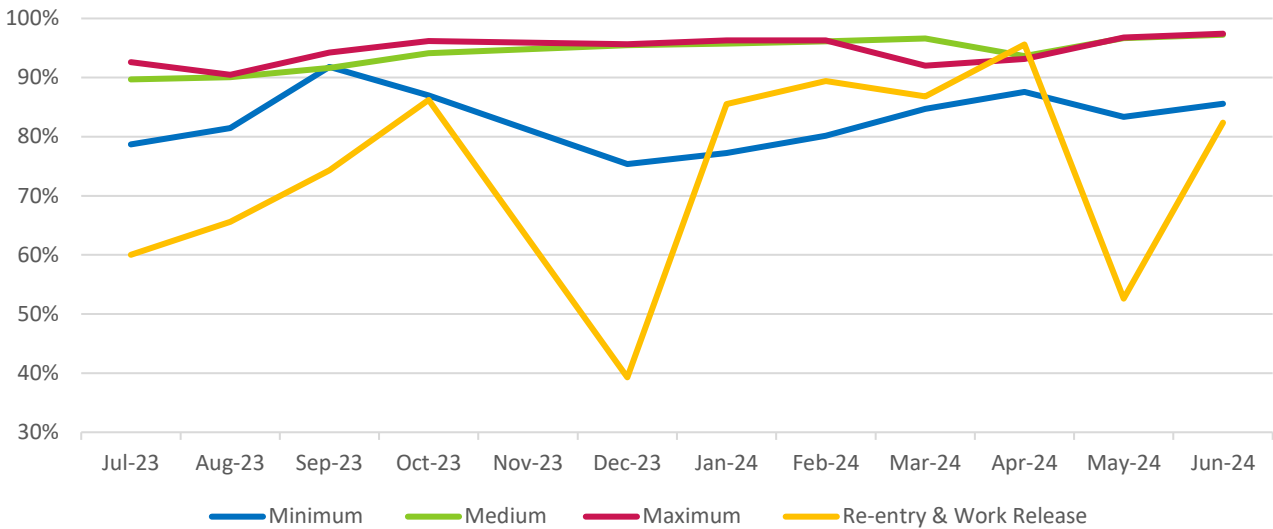


Figure 22 shows the operational capacity for adult female IDOC facilities by month in SFY24. The monthly average capacity rate for medium-security facilities was 86%, which is a 5% increase from the previous year. Minimum-security and reentry facilities’ operational capacity averaged 86% capacity per month, representing a 17% increase from the previous year. Minimum and medium-security capacity began trending upward in January 2024, whereas maximum-security began trending downward in February 2024. Maximum-security facility capacity reached its peak in February 2024 at 97%.

Figure 22. IDOC Adult Female Facility Operational Capacity by Month and Security Level, SFY24

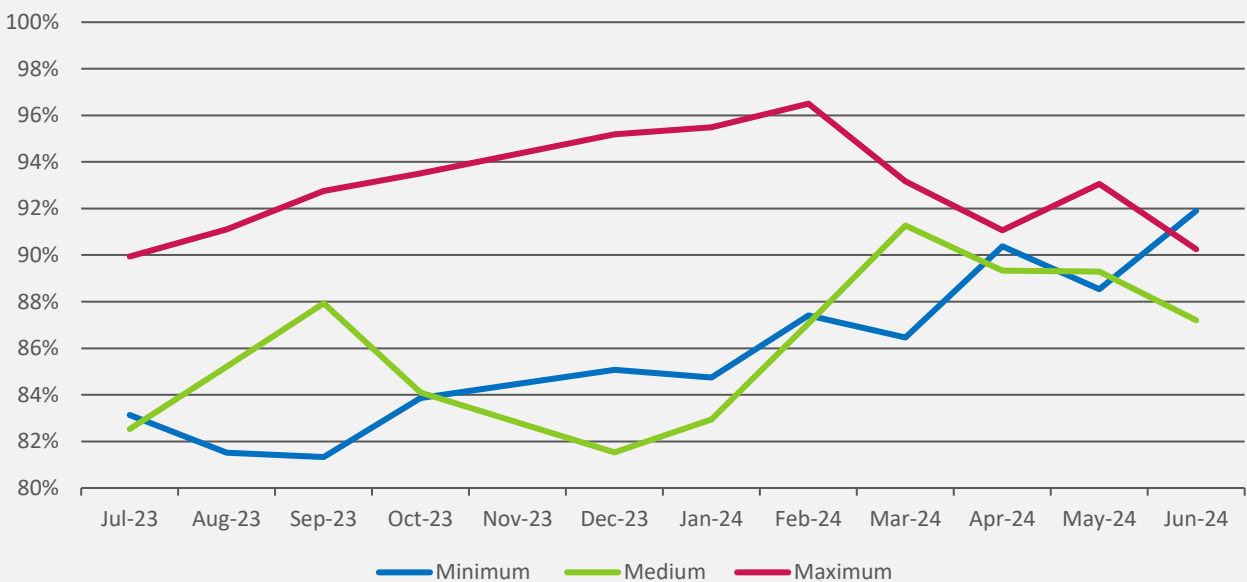


Figure 23 is a five-year analysis of the operational capacity in adult, male facilities. Data for each year was collected using the monthly average operational capacity. Maximum-security, on average, maintained the highest operational capacity rate, whereas reentry and work release maintained the lowest rate of capacity. Maximum and medium-security remained relatively steady over the years, with minor fluctuations. For both categories, the percentage change was between 1–5%. The most notable change was the increase in capacity for minimum-security from SFY23 to SFY24. In SFY23 operational capacity was at 69% and jumped to 83% in SFY24.

Figure 23. IDOC Adult Male Facility Operational Capacity, 5-year analysis

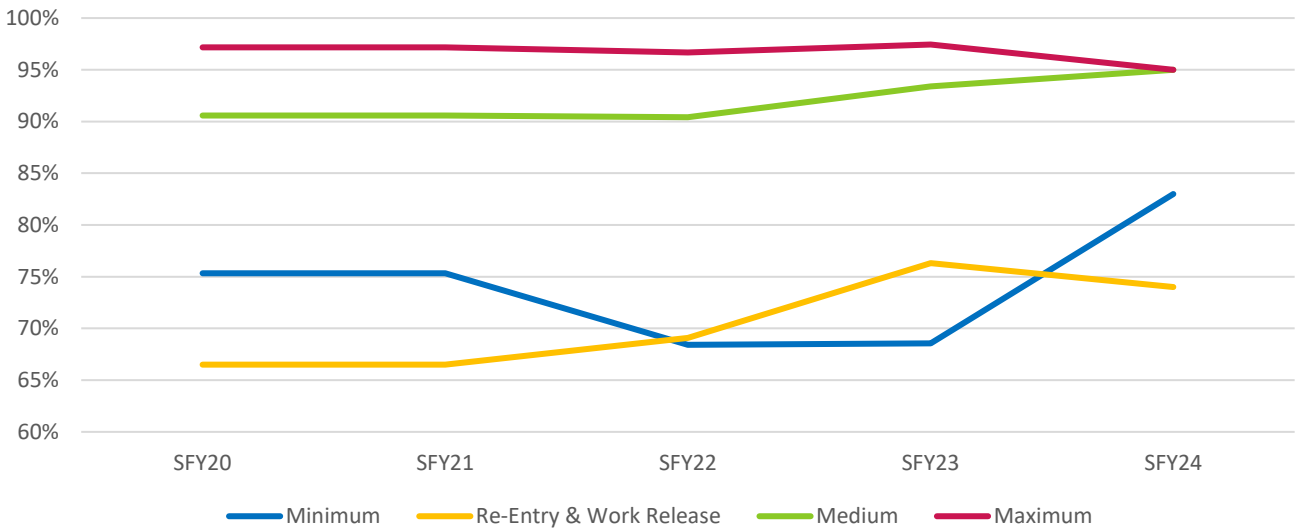
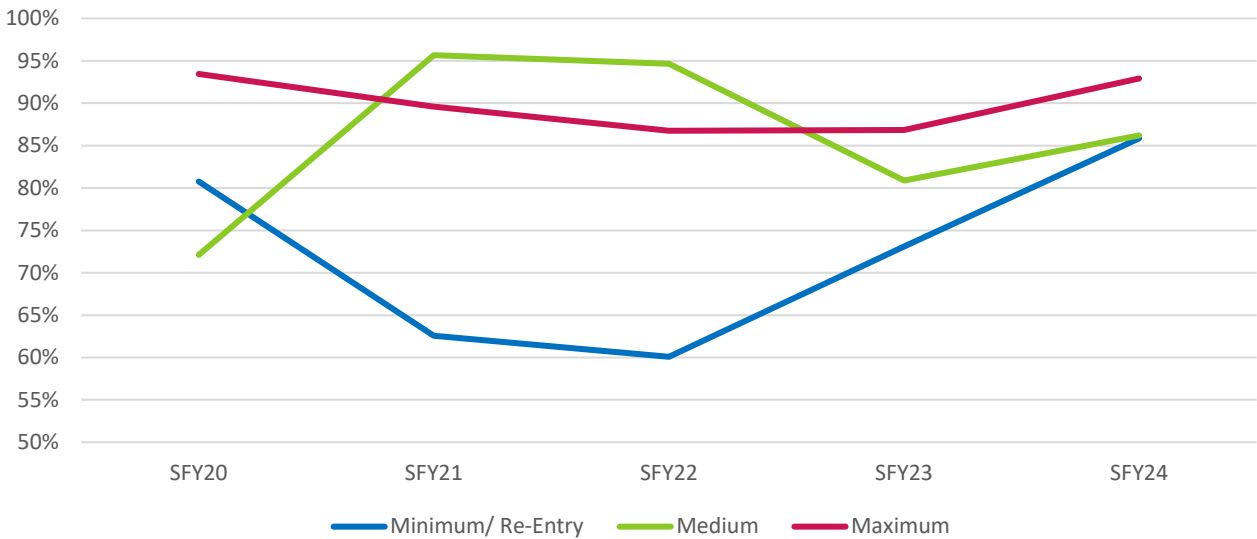


Figure 24 is a five-year analysis of the operational capacity in adult female facilities. Data for each year was collected using the monthly average operational capacity. Maximum-security showed the most stable fluctuations, operating between 87%–93%. Beginning in SFY21, minimum/reentry and medium-security facility capacity trend opposite of each other. Minimum-security reached its lowest facility capacity in SFY22 at 60% before trending upward and peaking in SFY24 at 86%. Medium-security facilities stabilized at 95–96% capacity from SFY21 to SFY22, before decreasing to 81% capacity in SFY23 and increasing again in SFY24 to 86%.

Figure 24. IDOC Adult Female Facility Operational Capacity, 5-year analysis



### Juvenile Facility Capacity

Operational capacity considers the following factors: the number of inmates that can safely be held at one time, the design of the institution, the number of staff, and programs offered.<sup>20</sup> Figure 25 shows the operational capacity for male and female juvenile detention facilities in SFY24.

There are two juvenile detention facilities in the state of Indiana that house males: North Central Juvenile Correctional Facility and Pendleton Juvenile Correctional Facility. These facilities have between 535–547<sup>21</sup> beds, accommodating many more male juveniles than female juvenile detention facilities because males are housed at a much higher rate than females. On average, the operational capacity for males was 53% in SFY24, a 6% decrease compared the previous year. In October of 2023, operational capacity for males peaked at 57%. Overall, operational capacity for juvenile males ranged between 50–57% in SFY24.

There is one female juvenile detention facility in the state of Indiana: LaPorte Juvenile Correctional Facility. This facility can house 62<sup>22</sup> offenders before reaching facility capacity. Figure 25 shows the capacity rate for females was much higher than for males. However, compared to male facilities, there are fewer beds, number of facilities, and accommodations because females are detained at significantly lower rates than males. The average operational capacity per month was 78% in SFY24, a 7% increase from the previous year. Operational capacity peaked in October of 2023 at 89% before trending downward and hitting a low of 71% in April of 2024.

<sup>20</sup> IDOC. (2023, July 5). *Indiana Department of Correction*. IDOC. <https://www.in.gov/idoc/>

<sup>21</sup> Division of Youth Services. (2023, July 12). *Juvenile detention centers*. <https://www.in.gov/idoc/dys/juvenile-detention-centers/>

<sup>22</sup> Division of Youth Services. (2023, July 12). *Juvenile detention centers*. <https://www.in.gov/idoc/dys/juvenile-detention-centers/>

Figure 25. Juvenile Detention Facility Operational Capacity by Month, SFY24<sup>23</sup>

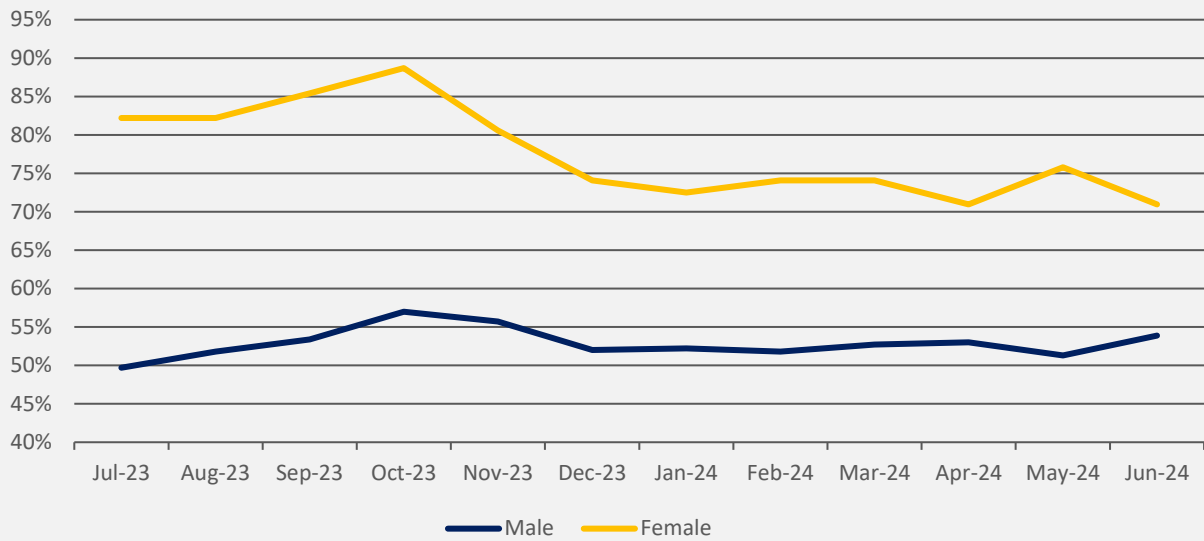
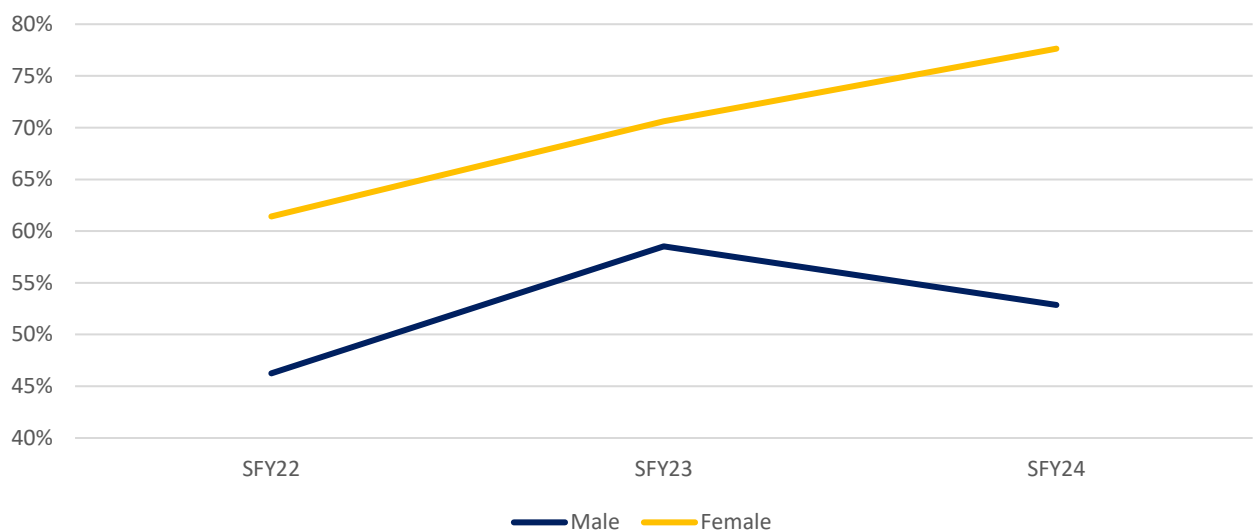


Figure 26 shows a three-year analysis of facility capacity for juveniles. The three-year analysis records data from SFY22 to SFY24. The highest percentage of capacity is noteworthy for females, and operational capacity at female juvenile detention facilities has steadily increased over the years. In SFY22, capacity was at its lowest at 61%, before reaching its peak in SFY24 at 78%. The largest percentage increase took place from SFY22 to SFY23, increasing 10%. For male facilities, operational capacity appears to trend upward from SFY22 to SFY23 before declining by the end of SFY24. The lowest operational capacity rate for males was in SFY22 at 46%. Operational capacity for males peaked in SFY23 at 59%.

Figure 26. Juvenile Detention Facility Operational Capacity, 3-year analysis<sup>24</sup>



<sup>23</sup> Notes for Figures 25 & 26. Data source: <https://www.in.gov/idoc/dys/files/0511OffenderPopulation.pdf>. The number of beds is calculated with the Adjusted Operational Capacity Rate.

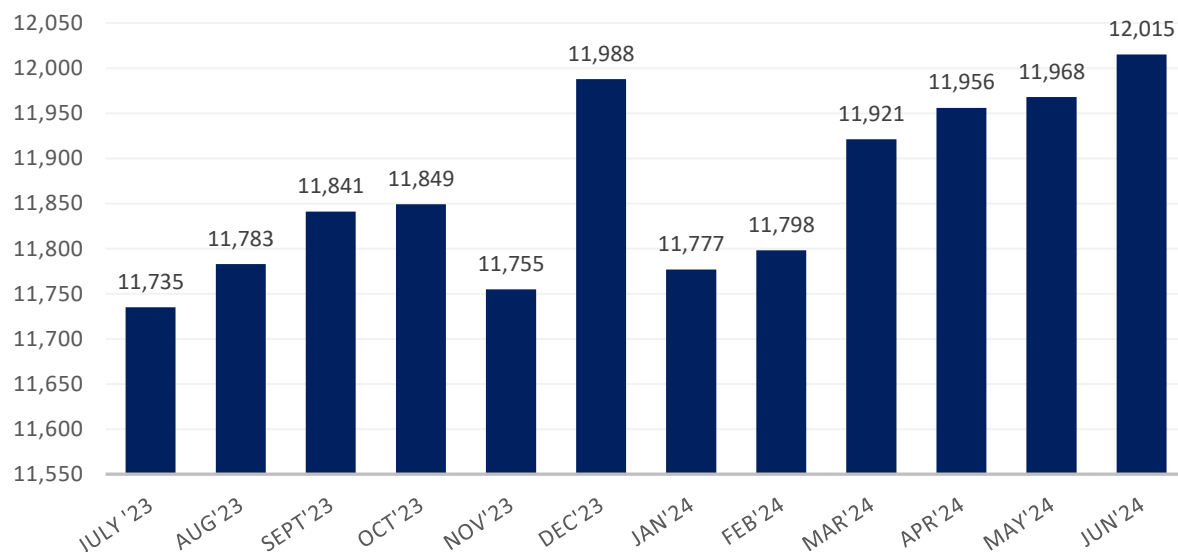
<sup>24</sup> Ibid.

## Community Corrections

The Community Corrections Division is a unit under the IDOC that was established in 1979. The Community Corrections Division provides state aid through the Community Corrections and Justice Reinvestment Funding and administers the Community Transition Program (CTP). The division assists the IDOC by establishing and operating community corrections programs by partnering with state and local criminal justice agencies and Community Corrections Advisory Boards. Community corrections programs are community-based programs that provide preventive services to divert offenders from the IDOC and provide services to sentenced offenders and/or persons ordered to participate in community corrections as a condition of probation or as a direct placement per Ind. Code § 35-38-2.6. There are 77 community corrections agencies at the local level, serving all counties except for Benton, Franklin, and Newton. Each agency is governed by a local or regional Community Corrections Advisory Board which establishes and approves a Community Corrections Plan to prioritize the needs and services applicable to their communities.

The community corrections population is composed of offenders with felony and misdemeanor convictions, in addition to individuals who are under pretrial supervision. Pretrial supervision is a level of supervision that a person accused of a crime is subjected to as a condition for being released from jail. Individuals are placed into a community corrections program as an alternative to incarceration, as a condition of a probation sentence, as a condition of parole, through CTP, or through the IDOC's work release program. Levels of supervision provided by community corrections programs vary by county and may include community service, day reporting, electronic monitoring, forensic diversion, problem-solving courts, and work release. Figure 27 illustrates the monthly number of felony offenders in community corrections for all levels of supervision. Overall, there has been a modest upward trend in the number of felony offenders on probation throughout SFY24. The population increased 2.4% from July 2023 (11,735) to June 2024 (12,015). There was a slight increase from November 2023 to December 2023. From January 2024 onward, there was consistent month-to-month growth.

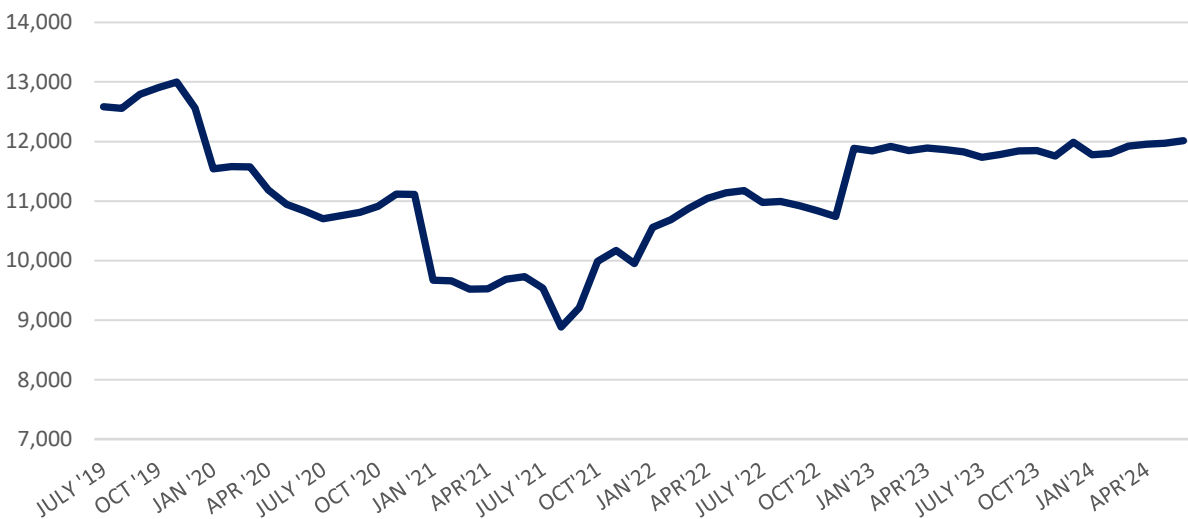
Figure 27. Community Corrections Monthly Felony Offender Population, SFY24



The community corrections felony offender population has fluctuated over the past five years but started SFY20 with 12,584 offenders and ended SFY24 with 12,015 offenders, a 4.5% decrease. SFY20 saw the highest overall number of felony offenders and averaged 12,004 for the year, compared to 11,866 for SFY24. The highest number of offenders (12,998) was recorded in November 2019. Many of the noticeable changes in the population can be attributed to COVID-19 and Marion County.

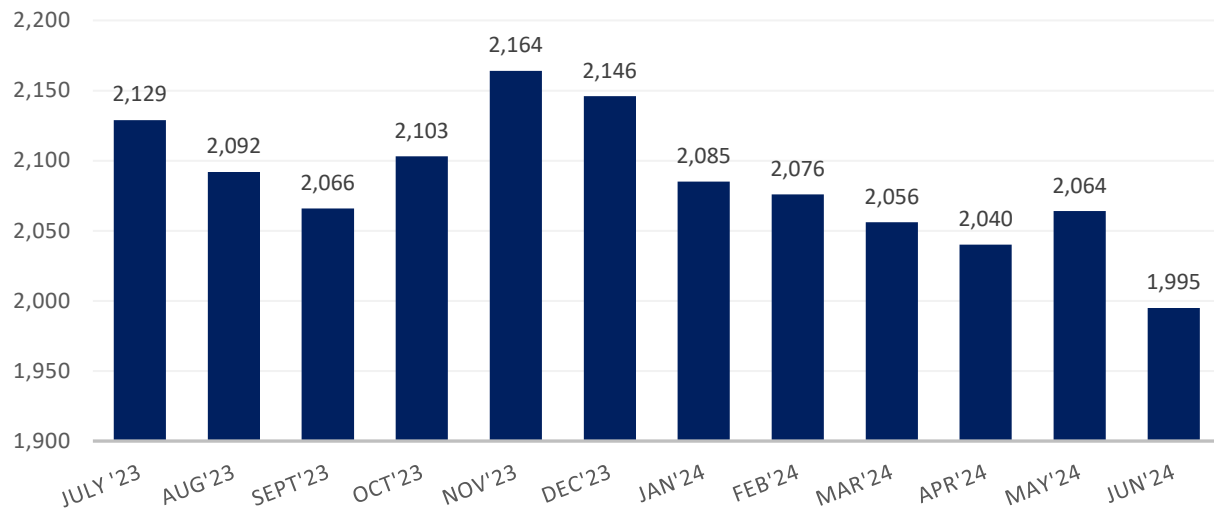
During March 2020, as COVID-19 began affecting the criminal justice system, the community corrections felony population began to decrease throughout the year. Then, in January 2021, Marion County Community Corrections transferred approximately 2,000 pretrial individuals to Marion County Probation, which resulted in the most dramatic decrease of the five-year period. The lowest number of offenders was recorded in August 2021 with 8,883 individuals. As of January 2023, Marion County pretrial participants were transferred back to Marion County Community Corrections, accounting for a large increase in the total population. The number of offenders held relatively steady for SFY24 and saw the fewest fluctuations compared to the other four years.

Figure 28. Community Corrections Monthly Felony Offender Population, SFY20–SFY24



The monthly pretrial population varied slightly through SFY24, with an overall decrease of 6.3% or 134 individuals. The pretrial population peaked in November 2023 with 2,164 offenders and was at its lowest point in June 2024 with 1,995 offenders. After November 2023, there was a consistent decline in population except for May 2024.

Figure 29. Community Corrections Monthly Pretrial Population, SFY24



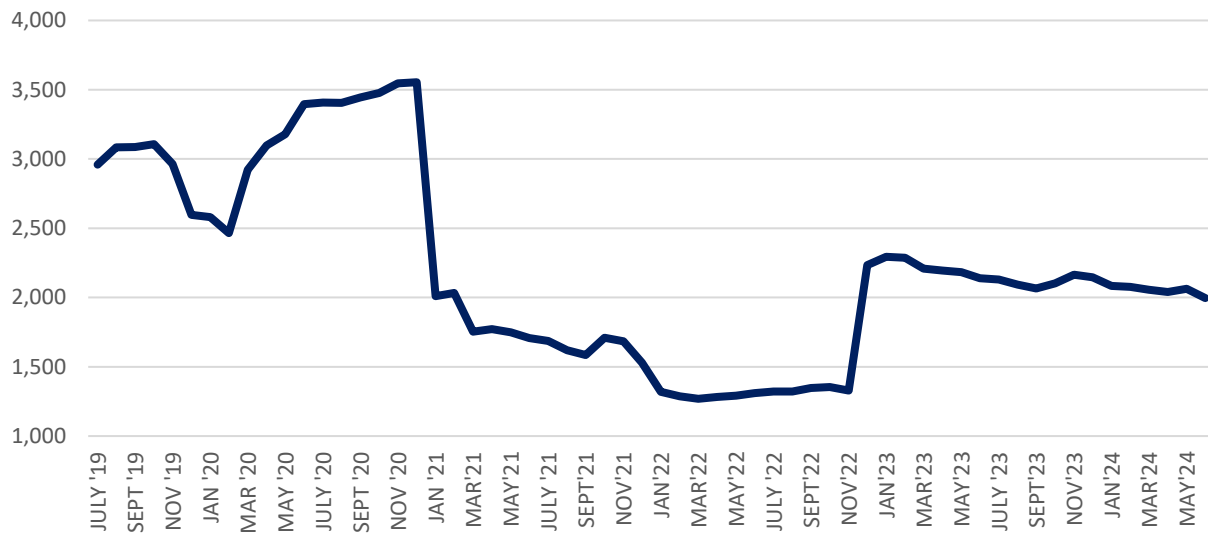
The pretrial population under community corrections supervision varied throughout the past five years and saw an overall 32.6% decrease in participants from SFY20 to SFY24. The pretrial population began to steadily decrease in the months leading up to COVID-19. From November 2019 to February 2020, there was a 17% decrease in the number of participants. Throughout COVID-19, the number of individuals on pretrial supervision gradually increased from March 2020 through December 2020, peaking at 3,554 participants.

This could be due in part to the passage of Indiana Criminal Rule 26<sup>25</sup>, which went into effect on January 1, 2020. The rule was intended to improve pretrial practices in the state by encouraging trial court judges to use the results of an evidence-based risk assessment, or other relevant information, to determine if an individual presented as a flight risk, a danger to themselves, or a danger to the public. If individuals met the established criteria, they could be granted pretrial release, which in some cases included supervision by community corrections programs.

The increase in participants could also be due to COVID-19 and the desire to keep the jail populations low to avoid spreading the virus. By January 2021, Marion County Community Corrections transferred their pretrial clients to Marion County Probation, which accounts for the noticeable decrease in the population. In the following months, the pretrial population in community corrections mostly decreased, seeing a 34% decrease from January 2021 to November 2022. By January 2023, Marion County Probation transferred the pretrial population back to Marion County Community Corrections, as noted in the December 2022 numbers. Since January 2023, with the exception of a couple months, the pretrial population has been declining. When excluding the timeframe that the pretrial population from Marion County was supervised by probation, June 2024 saw the lowest number of pretrial population at 1,995 over the five-year period.

<sup>25</sup> <https://www.in.gov/ipdc/files/Rule-26.pdf>

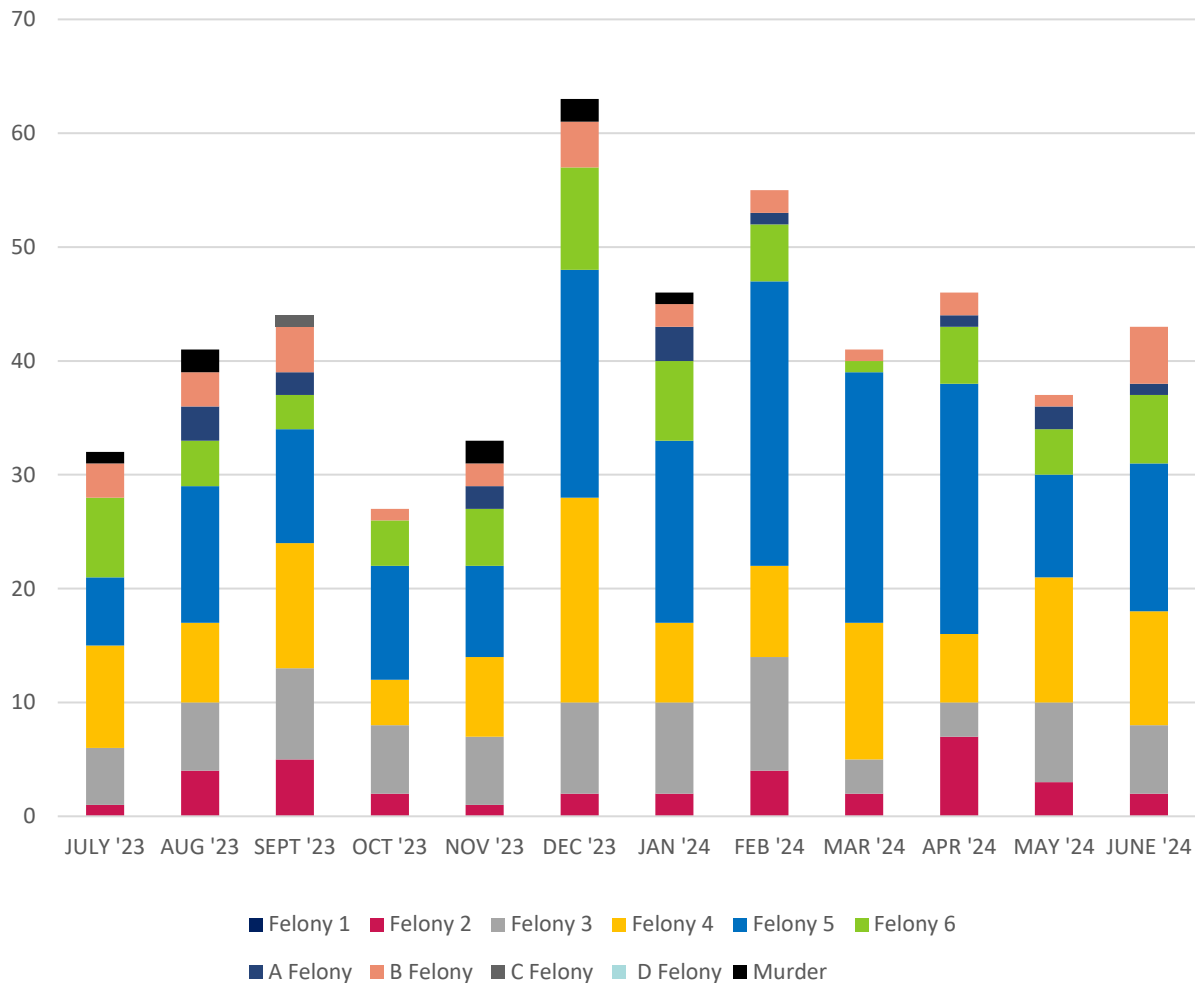
Figure 30. Community Corrections Monthly Pretrial Population, SFY20–SFY24



The IDOC Community Corrections Division administers the CTP. CTP allows offenders committed to the IDOC, and nearing the end of their prison sentence, to serve their remaining time through their county’s community corrections program, probation, or a court program. This allows offenders to transition back into the community while receiving case management services and links to available resources to assist with their return. Levels of supervision are determined by the county programs but also include work release or home detention/electronic monitoring. Eligibility for CTP is determined by statute, and whether an offender is released to CTP is determined by the sentencing court. The length of supervision ranges from 60 to 180 days and is based on the most serious offense the individual was convicted of. Once the offender completes CTP, they will be released to parole, or probation, or be discharged based on the terms of the original sentence.

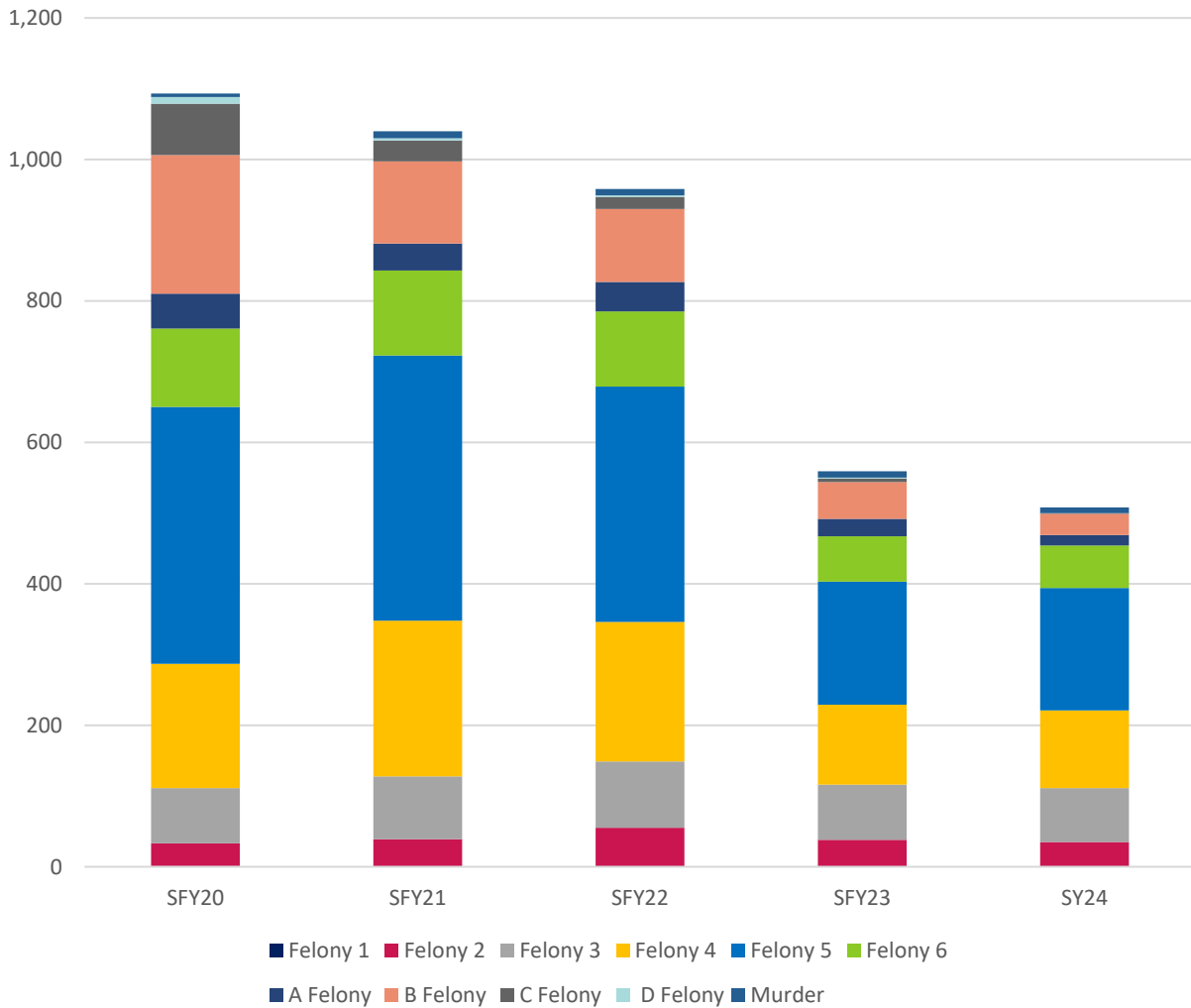
Figure 31 shows CTP utilization by offense level in SFY24. The top three offense levels that utilized CTP were Level 5, 4, and 3 felonies. From highest to lowest, Felony 5 offenders made up 34% of the total CTP utilizations, Felony 4 offenders comprised 22%, and Felony 3 offenders made up 15% of the total. The two offense levels with the lowest CTP utilization were Felony C offenders (1 out of 508), and those convicted of murder (8 out of 508). No one with a Felony 1 or D Felony utilized CTP during the timeframe of this report. December 2023 saw the highest usage of CTP with 63 individuals and October 2023 had the fewest at 27 individuals.

Figure 31. CTP Utilization by Offense Level, SFY24



CTP utilization has been decreasing over the past five years. The yearly average number of CTP participants decreased by 53.5% from SFY20 to SFY24. From SFY22 to SFY23, CTP utilization was down 42%, the largest year-to-year decline. Over the five-year period, Felony 5 offenders accounted for the highest percentage of utilization at 34%. Felony 4 made up the second highest number of offenders at 20%. Only one Felony 1 offender utilized CTP during the five-year period. Given that the Level 1 felony classification has only been in effect since 2014, and the sentencing is usually a range from 20 to 40 years, a low number for this group is expected. The D Felony classification had the lowest utilization numbers over the five-year period. As that classification is only used for crimes committed prior to July 1, 2014, there should continue to be a low usage rate as there are fewer offenders charged with Class D felonies.

Figure 32. CTP Utilization by Offense Level, SFY20–SFY24



Community corrections programs use many methods to supervise offenders. Figure 33 shows the average percentage of participants enrolled in each supervision type for SFY24. Electronic monitoring is the most common form of supervision (59%). 19% of all participants are involved in community service supervision, 11% are supervised through day reporting, and 10% are in work release.<sup>26</sup>

Figure 33. Level of Supervision Type, SFY24

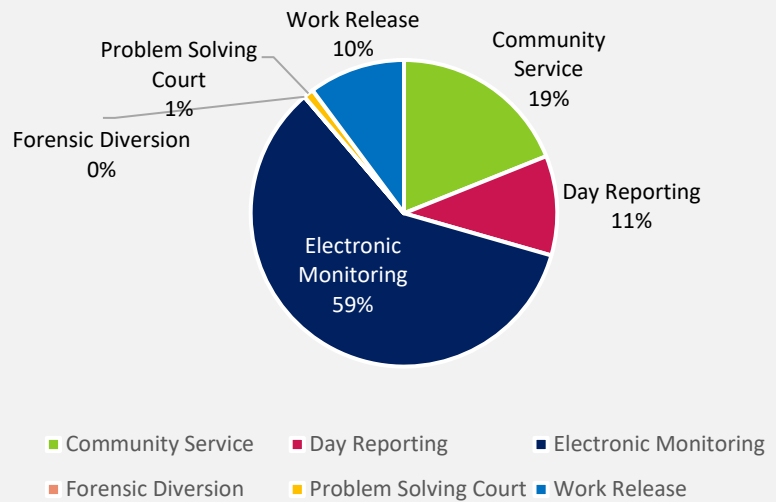
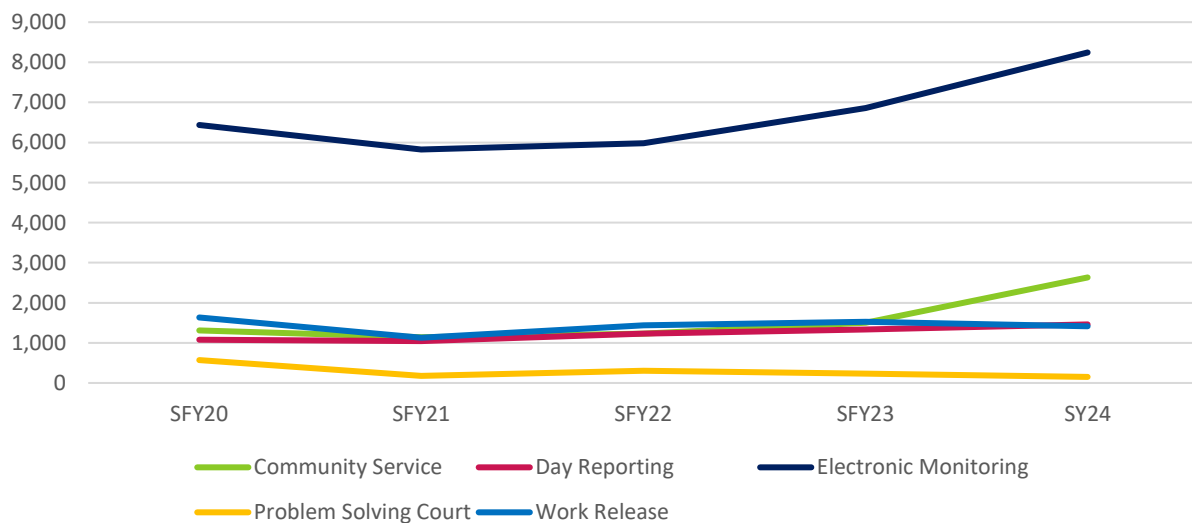


Figure 34 shows that the makeup of the types of supervisions has remained consistent over the previous five years, with increases in SFY24 for some supervision types. The use of community service saw the highest growth, increasing by 101% from SFY20 to SFY24 and 75% from SFY23 to SFY24. Electronic monitoring also saw growth, increasing 20% from SFY23 to SFY24. SFY21 saw decreases in levels of supervision due to COVID-19 and the shifting of clients between Marion County Community Corrections and Marion County Probation. Problem-solving courts also saw a decline in numbers due to the way data is collected. Beginning in January 2020, most problem-solving courts previously funded under community corrections were funded separately and are no longer included in the community corrections monthly snapshot. Excluding problem-solving courts, work release participants saw the largest decrease at 13.5% during the five years.

Figure 34. Community Corrections Supervision Type yearly average, SFY20–SFY24



<sup>26</sup> Includes both residential and jail-based work release facilities.

# JAIL DATA

Jails across Indiana use several different jail management systems. To analyze jail capacity and inmate populations, it is necessary to use various means of data collection. To gauge the capacity of county jails, the ICJI received a summary of data from jail inspection reports conducted during 2023. There are 91 jails; Ohio County does not have a jail and sends inmates to other counties for housing. The IDOC County Jail Operations Division conducts annual jail inspections for each jail. The inspection includes the number of operational beds, the inmate population count on the day of the inspection, the number of inmates being held for and/or transferred to the IDOC, the number of inmates being held for the federal government, demographic information, and services provided such as GED and substance use counseling.

From the summary data, the ICJI was able to determine the rate of capacity for each jail. It should be noted that jail inspection reports capture the number of incarcerated individuals on the day of the inspection only; it does not give an average daily population or a range. The number of people admitted to jail and the length of stay may cause the jail population to fluctuate from being over capacity to under capacity multiple times throughout the year.

Jails are labeled as overcrowded or near capacity if they exceed 80% of their available bed capacity. In the Sheriff's Guide to Effective Jail Operations, The National Institute of Corrections defines crowding as follows:

Crowding is when the jail population consistently exceeds design, or *rated*, capacity. However, symptoms of crowding may be apparent much earlier once the jail reaches approximately 80% of rated capacity. At that level, properly housing and managing the diverse jail population begins to become much more difficult, because compromises in the jail's classification system occur. Compromising the jail's classification capabilities is likely to lead to increases in violence, tension, and the availability of contraband... these conditions increase the jail's liability exposure and jeopardize the safety and well-being of both inmates and staff.<sup>27</sup>

The IDOC County Jail Operations Division recommends that a jail should not exceed 80% of its available bed capacity to effectively allow for changes in inmate demographics and characteristics. Jails that exceed 80% of rated capacity could face liability issues and may be classified as non-compliant with Indiana jail standards. Jails that exceed 100% of their available bed capacity are considered over operational capacity.

Table 16 provides a summary profile of county jails for 2019 to 2023 based on data from the jail inspection reports. The total state jail population for 2023 was 19,182 for an equivalent of a 76% capacity rate. This is nearly the same population as 2022 with 19,173 inmates, which comprised a 77% capacity rate.

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<sup>27</sup> Martin, M., & Katsampes, P. (2007, January). *Sheriff's guide to effective jail operations* (NIC Accession Number 021925), p.23. Washington, DC: U.S. Department of Justice, National Institute of Corrections. Retrieved from <http://www.nationaljailacademy.org/documents/resources/jail-leaders/sheriff-guide.pdf>

Looking at the last 5 years, the jail population peaked at 20,098 in 2019, then decreased, beginning to rise closer to 2019 numbers in 2022. The 2023 jail inspection reports show that several jails were either near capacity or over capacity. A total of 34 jails exceeded 80% of capacity on the day of the jail inspection, with 22 being over 100% capacity. The capacity rate ranged from a low of 30% to a high of 147%. The number of jails at or nearing capacity peaked in 2019 and has since declined and held fairly consistent over the following years. This is likely due to many counties renovating jails to add more bed space. Since 2019, the number of operational beds throughout the state has increased by more than 3,000, or nearly 16%.

The jail inspection report also identifies the number of F6 offenders. In 2023, statewide, F6 offenders made up 8% of the total jail population. This is less than in previous years, ranging from 10% to 12%. This decrease in the number of F6 offenders housed in the jails could be due to the effects of HEA 1004, the 2022 legislation that allows Level 6 felony offenders to serve time in prison instead of the local jail.

Table 16. Summary Profile of County Jails based on Jail Inspection Reports

	2019		2020		2021		2022		2023	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Near capacity (80%–99.9%)	27	29%	20	22%	21	22%	24	26%	22	24%
Over 100% capacity	37	40%	14	16%	13	14%	14	15%	12	13%
<b>Total over 80% capacity</b>	<b>64</b>	<b>70%</b>	<b>34</b>	<b>37%</b>	<b>34</b>	<b>37%</b>	<b>38</b>	<b>42%</b>	<b>34</b>	<b>37%</b>
Total Inmate Population and Capacity Rate	20,098	92%	16,153	71%	16,294	71%	19,173	77%	19,182	76%
	2019		2020		2021		2022		2023	
	Low	High	Low	High	Low	High	Low	High	Low	High
<b>Capacity Rate Lowest to Highest</b>	30%	160%	17%	125%	17%	125%	14%	147%	30%	147%
	2019		2020		2021		2022		2023	
	N/A	N/A	1,677	10%	1,998	12%	2,091	11%	1,517	8%
Total F6 Population and Percent of Total Jail Population										

While the jail inspection report provides useful data to help identify the number of inmates and jail capacity, it shows only a snapshot of one day. Other available data regarding the jail population should be analyzed as well to get a more complete picture of the jail population. The IDOC tracks the number of individuals held in county jails that are sentenced offenders waiting to transfer to the IDOC. These individuals are identified as Jail DOC Contract in the table below. The IDOC also tracks the number of Level 6 offenders who are serving their time in the county jail. These are referred to as Jail Felony Level 6 Diversions.

Data from the IDOC shows that Jail DOC Contract numbers have increased 15% over SFY24, while Jail Felony Level 6 Diversions have decreased 18% over the same period. Overall, the total number of Jail DOC Contract and Felony Level 6 Diversion inmates has decreased by nearly 8%. However, when looked at monthly, Jail DOC Contract and Level 6 Diversions’ populations fluctuated throughout the year. Jail DOC Contract numbers show more volatility, with larger month-to-month changes compared to Jail Felony Level 6 Diversions. The highest month-over-month increase for Jail DOC Contracts was 24% occurring from November 2023 to December 2023. The highest month-over-month decrease was 14% occurring from October 2023 to November 2023. Whereas Jail Felony Level 6 Diversions peaked with the highest monthly increase at 7.5% from January 2024 to February 2024, and the highest monthly decrease was 17% from December 2023 to January 2024.

The highest total number of Jail DOC Contract and Jail Felony Level 6 Diversions were at their lowest in April 2024 with 2,005 offenders and peaked in December 2023 with 2,407 offenders. From March to July 2024, the numbers stabilized with smaller fluctuations.

Table 17. Jail DOC Contract and Level 6 Felony Diversions Population, SFY24<sup>28</sup>

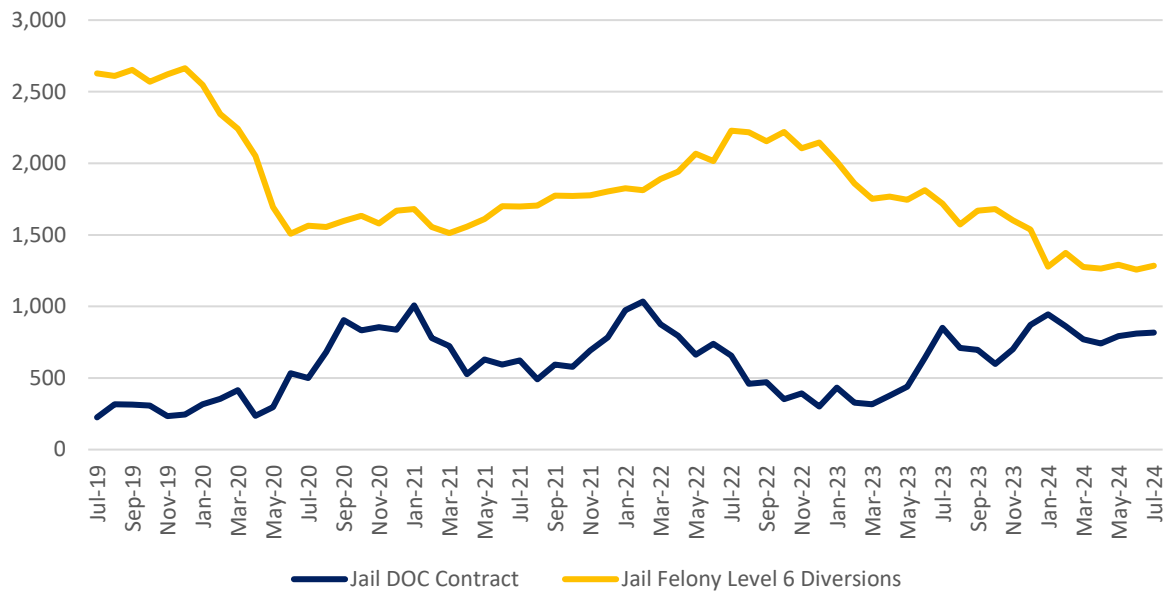
Snapshot Date	Jail DOC Contract	Jail Felony Level 6 Diversions	Totals
8/1/2023	710	1,573	2,283
9/1/2023	696	1,668	2,364
10/1/2023	598	1,679	2,277
11/1/2023	702	1,602	2,304
12/1/2023	871	1,536	2,407
1/1/2024	944	1,278	2,222
2/1/2024	863	1,374	2,237
3/1/2024	771	1,276	2,047
4/1/2024	741	1,264	2,005
5/1/2024	793	1,292	2,085
6/1/2024	810	1,257	2,067
7/1/2024	818	1,284	2,102

When looking at the Jail DOC Contract and Jail Felony Level 6 Diversion population over a five-year period, some trends begin to emerge. Jail Felony Level 6 Diversions were at the highest levels in 2019 and 2020, with the highest number reported in December 2019. Then, likely due to COVID-19, the Felony Level 6 Diversions decreased and remained fairly stable throughout 2020. The Jail Felony Level 6 Diversions gradually increased in 2021, peaking in July 2022 and have fluctuated since. Jail Felony Level 6 Diversions are currently at their lowest levels over the five-year period, staying below 1,300 since March 2024. The decline in Level 6 diversions could possibly be because of legislative changes allowing F6s to serve time in prison instead of jail.

<sup>28</sup> Data reported on the 1<sup>st</sup> of the month is for the previous month. For instance, 8/1/2023 data reflects numbers from the month of July.

The Jail DOC Contract inmate population stayed below 414 from July 2019 through May 2020. With the onset of COVID-19, the number of inmates waiting for transfer to the IDOC grew. From May 2020 to June 2020, the number of inmates waiting transfer to the IDOC increased 80%. This is likely due to prisons being more restrictive with admissions at that time. February 2022 saw the highest number of Jail DOC Contract (1,034) individuals being held in the jails. Since then, the population has gone up and down, dipping to a low of 302 offenders in December 2022.

Figure 35. Jail Population, SFY20–SFY24



# JUSTICE REINVESTMENT ADVISORY COUNCIL (JRAC)

## 2024 Justice Reinvestment Advisory Council Update

The Justice Reinvestment Advisory Council met six times in 2024. Meeting highlights included a presentation on the Office of Court Technology's INjail project, the new Indiana Jail Management System developed in partnership with the Indiana Sheriffs' Association; updates to Indiana's Evidence-Based Decision-Making Initiative team charter, system map, decision-point narrative, and sustainability plan; review of IDOC community supervision grant awards; a presentation from the Supreme Court's new State Court Behavioral Health Administrator; a presentation on the criminal justice outcomes study; and a presentation on grant awards (problem-solving courts and pretrial services) from the Office of Court Services. Learn more about JRAC at <https://www.in.gov/justice/>.

### JRAC Workgroups

The Local JRAC Workgroup, chaired by Justice Christopher Goff, administered the 2023 Local JRAC annual report survey to gather information about local needs. Based on Local JRAC report responses, the number one request is for technical assistance. As a result, the Center for Effective Public Policy (CEPP) provided technical assistance to 18 counties in 2024. Highlights from the 2023 Annual Report include: 45% of Local JRACs operate as a community corrections advisory board and 28% created a new policy team; 93% meet quarterly or more frequently; 86% have completed or are working on system mapping; 60% have completed or are working on sequential intercept model mapping; 69% have created or are working on mission and vision statements; 69% reviewed and evaluated local jail crowding; 91% have begun implementing local education strategies; and 43% have developed strategies to improve data collection and analysis.

Local JRAC priorities for 2024 include developing robust performance measures, expanding mental health and substance use programming, and addressing jail overcrowding through evidence-based practices. Additionally, Justice Christopher Goff, IOCS deputy director Chris Biehn, and CEPP senior manager Denise Symdon served as faculty at the America Probation and Parole Association 49<sup>th</sup> Annual Training Institute in Indianapolis in June. The session, titled "Sustaining Justice System Reform: Lessons Learned from Indiana's EBDM Experience," shared insights and lessons learned from Indiana's decade-plus long journey in implementing the Evidence-Based Decision-Making model across state and local criminal justice systems, and highlighted the keys to Indiana's success in sustaining and expanding EBDM.

The Racial Equity Workgroup, chaired by Indiana Public Defender Council Executive Director Bernice Corley and Indiana Sheriffs' Association Executive Director Steve Luce, continued work on a research project with Dr. Evan Lowder of George Mason University to study disparate outcomes in criminal justice decision-making. Dr. Lowder presented the 2023 to 2024 findings to JRAC at the July 12, 2024, meeting. She highlighted that Porter County was the focus of the project because of data limitations in

the other pilot counties (Dearborn, Marion, and Vigo). Using data from county criminal justice agencies and statewide data holders, the project measured 26 metrics over a 7-year period (2016–2022). The study findings suggest that racial disparities are present in several stages of the criminal justice system; however, the degree to which these disparities exist depends on the specific event being measured. According to Dr. Lowder, documenting where disparities exist—and where they are less likely to exist—is a precursor to understanding why disparities exist and how they might be ameliorated. The proposed scope of work for 2024 to 2025 expands efforts to document and explore drivers of racial disparities in criminal justice decision-making and outcomes.

The Reports Workgroup, also chaired by Justice Goff, published the 2023 annual report on electronic monitoring in March and continues to collect electronic monitoring data for quarterly reports to the General Assembly. The annual report replicated narrative from the quarterly reports and included conclusions and next steps. SEA 179-2024 directs JRAC to conduct a comprehensive survey of all Indiana trial courts that make indigency determinations for purposes of appointing counsel in criminal cases. A workgroup subcommittee drafted the survey for the indigency determination study that was distributed to all judicial officers in the trial courts in late 2024. The enrolled act directs JRAC to submit a report to the Legislative Council by July 1, 2025. The report must include the results of the survey, statewide policy to use in making indigency determinations, review of the law related to indigency determinations, and any recommended statutory changes. In addition, the workgroup is partnering with the Association of Indiana Counties and the State Board of Accounts on the annual judicial local income tax report required by Ind. Code § 6-3.6-6-2.9(g). JRAC is required to submit the Judicial LIT report to the Legislative Council by July 1 annually.

#### Department of Correction Community Corrections Grants and Recovery Works

The Council continued its oversight of the IDOC community supervision grant awards and the DMHA Recovery Works program. The IDOC awarded \$72.5M in community supervision grants for CY25. Funding was awarded to 78 community corrections agencies (\$58.7M), 50 problem-solving courts/court recidivism reduction programs (\$6M), 33 probation departments (\$3.6M), 14 pretrial services programs (\$1.7M), 21 jail treatment programs (\$1.7M), and 6 prosecutor’s diversion programs (\$496K). The grant awards cover 202 programs. Table 18 shows the division of funding awarded in CY24 and recommended for CY25.

Table 18. Community Corrections & Justice Reinvestment Grants

Group	Entity	CY 2024 Award	CY 2025 Request	CY 2025 Recommendations
Community Corrections	Residential/Work Release	\$ 23,264,651.00	\$ 27,628,148.39	\$ 23,059,876.00
	Community Supervision	\$ 35,247,418.00	\$ 40,249,330.54	\$ 35,698,852.82
Justice Reinvestment Entities	Probation	\$ 3,624,953.00	\$ 4,644,713.42	\$ 3,660,003.00
	Pretrial Services	\$ 2,073,373.00	\$ 2,377,969.92	\$ 1,765,640.00
	Jail Treatment	\$ 1,670,401.00	\$ 2,324,484.05	\$ 1,720,676.00
	Prosecutors Diversion	\$ 495,193.00	\$ 528,227.65	\$ 496,152.00
Court Programs	Court Recidivism Reduction Programs	\$ 6,062,132.00	\$ 6,870,797.77	\$ 6,098,753.87
<b>Total</b>		<b>\$ 72,438,121.00</b>	<b>\$ 84,623,671.74</b>	<b>\$ 72,499,953.69</b>

Source. JRAC. (2024). *CY 2025 grant summary* [PDF]. Retrieved October 23, 2024, from <https://www.in.gov/justice/files/jrac-2025-grant-summary.pdf>

### INjail Jail Management System

For the first time, Indiana will have a central database connecting jails with courts and law enforcement information. Deployed to production in 2023 and 2024, the new “INjail Jail Management System” was developed to be a statewide system and is currently used in Grant, Elkhart, Martin, and Warren Counties. With grant funding from the Indiana Criminal Justice Institute, the Indiana Supreme Court’s Office of Court Technology partnered with the Indiana Sheriffs’ Association and eight advisory counties to create this statewide jail management system.

The INjail system addresses critical needs identified in the 2019 Jail Overcrowding Task Force (JOTF) Report: lack of real time jail data, use of multiple jail management systems and varied data entry practices, and lack of connectivity that could enhance communication and knowledge of inmates’ status within the system. According to the JOTF report, the statewide jail data system “will increase communication among stakeholders regarding a person’s jail status, improve the ability to aggregate information on the jail population to identify trends and problems that contribute to jail overcrowding, allow for more accurately measuring recidivism, and conducting ongoing research and evaluation of key performance measures and program outcomes.”<sup>29</sup>

<sup>29</sup> Indiana Jail Overcrowding Taskforce Report, December 2019, <https://www.in.gov/courts/iocs/files/jail-overcrowding-report.pdf>

The INjail system features a booking and release checklist, interfaces, alerts and messages, and a public portal. INjail interfaces with the following:

- ◆ Fingerprinting machines for improved criminal history processing
- ◆ Odyssey case management system for updated court data including bonds, hearings, and dispositions
- ◆ Protection Order Registry and data sharing with Supervised Release System
- ◆ Statewide Victim Notification
- ◆ Veterans Administration

The Supreme Court Office of Technology is working with Putnam, Fountain, and Hendricks Counties to deploy INjail in Q1/Q2 2025. It is also conducting demonstrations and engaging ongoing discussions with other interested counties.

In Chief Justice Loretta Rush’s 2023 State of the Judiciary address to the Indiana General Assembly, she highlighted the importance of the INjail project:

This new system will improve public safety by ensuring accurate criminal records, allowing judges to view real-time incarceration status, and alerting community agencies when a supervised individual is arrested. This new ability to share offender information between jails, law enforcement, community corrections, probation, and all justice partners will be vital to public safety. And it will give you information you’ve never had before to help guide your policymaking. INjail is our most complicated court technology project to date. And it reflects our resolve to do everything we can to support the men and women in law enforcement—those who dedicate their lives to the crucial work of keeping our communities safe.

Implementation of the INjail system is a significant milestone and demonstrates the value of collaboration between criminal justice partners.



# MENTAL HEALTH & SUBSTANCE USE PROGRAMS

This section of the report contains information on mental health and substance use programs for persons who are in the criminal justice system. Much of the data for this section was acquired through collaboration with the Family Social Services Administration's (FSSA) Division of Mental Health and Addiction (DMHA). The DMHA sets standards of care for mental health and addiction programs in the State and provides funding for target populations, including those involved in the criminal justice system.<sup>30</sup>

This section first highlights the prevalence of mental illness and substance use in the general population for Indiana, as well as estimates for those who are incarcerated. The Recovery Works subsection highlights mental health and substance use programs and contracts funded through the Division of Mental Health and Addiction for incarcerated individuals. The subsection on jails provides information on Residential Substance Abuse Treatment (RSAT) and medication-assisted treatment (MAT) programs, and an update on the status of the Integrated Reentry and Correctional Support (IRACS) program. The prison subsection discusses substance use demographics in the IDOC population, as well as programs offered in Indiana prisons. Finally, the remainder of this section provides an overview of various mental health and substance use services offered throughout the state for those who are currently, or at risk of becoming involved in the justice system due to mental health or substance use crises.

## Mental Illness and Substance Use Prevalence

Statistics on the prevalence of mental illness and substance use in Indiana can vary depending on what is being measured and when the data is collected. However, recent surveys estimate that for the general population in Indiana, between 21.8%<sup>31</sup> and 24.4%<sup>32</sup> of adults have any mental illness (AMI), and between 3.9% (264,000 estimated out of the estimated 6.833 million Indiana population)<sup>33</sup> and 6.8%<sup>34</sup> have a serious mental illness.

Substance use is often measured in terms of which substance(s) are used and by drug overdose deaths. Drug overdose deaths in Indiana in 2021 were approximately 43 deaths per 100,000, which was higher than the national average of 32.4 per 100,000.<sup>35</sup> There were 2,089 deaths due to any drug and 1,574

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<sup>30</sup>The Division of Mental Health and Addiction (DMHA). (2024). *About DMHA*. Family and Social Services Administration (FSSA). Retrieved September 23, 2024, from <https://www.in.gov/fssa/dmha/about-dmha/>

<sup>31</sup> Indiana State Epidemiological Outcomes Workgroup (SEOW). (2021-2022). *The prevalence, consumption, and consequences of alcohol, tobacco, marijuana, opioids, stimulants, and mental health in Indiana: A state epidemiological profile* [Report]. Syra Health. <https://www.in.gov/fssa/dmha/files/Indiana-2022-SEOW-Report.pdf>

<sup>32</sup> Mental Health America. (2024). *Prevalence of mental illness 2024*. <https://mhanational.org/issues/2024/mental-health-america-prevalence-data#two>

<sup>33</sup> National Alliance on Mental Illness. (2023, July). *Mental health in Indiana: Fact sheet* [PDF]. <https://www.nami.org/wp-content/uploads/2023/07/IndianaStateFactSheet.pdf>

<sup>34</sup> Ibid. IN-SEOW, 2021-2022.

<sup>35</sup> Drake, P., & Panchal, N. (2023). *Mental health and substance use state fact sheets*. KFF. Retrieved October 9, 2024 from <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/indiana/>

due to any opioid<sup>36</sup> in 2023. So far in 2024, there were 725 deaths from any drug, 520 of which were due to any opioid.<sup>37</sup> Opioids drive a large percentage of overdose deaths (78% of all drug overdose deaths in Indiana in 2021)<sup>38</sup>, so additional education and prevention efforts should be focused on opioid use. By substance, Hoosiers reported the following usage within the past year in the 2021 National Survey on Drug Use and Health, summarized by the Indiana State Epidemiological Outcomes Workgroup<sup>39</sup>:

**Alcohol:** 44.1% of respondents aged 12 and older reported alcohol use; 21.1% reported binge drinking; and 10.6% of respondents reported having Alcohol Use Disorder.

**Marijuana:** 11.7% of respondents used marijuana; and 48.6% of those in treatment used marijuana as a primary, secondary, or tertiary substance.

**Opioid:** 1.5% of respondents reported misusing prescriptions; 16.8% of those in treatment used opioids as a primary, secondary, or tertiary substance; 0.3% used heroin in the past year; and 21.8% of those in treatment used heroin as a primary, secondary, or tertiary substance.

**Stimulants:** 1.5% of respondents reported using cocaine and 1.0% reported using methamphetamine; and 11% and 42.9% of those in treatment used cocaine and methamphetamine, respectively, as a primary, secondary, or tertiary substance.

Mental illness and substance use are estimated to be even higher among people who are incarcerated. Nationally, for mental health in the prison population, an estimated 43% of those in state prison have a diagnosed mental disorder<sup>40</sup>, and 16%<sup>41</sup> have a serious mental illness. Over half (53%) in State prisons, 45% in federal prison, and 75% of those who return to prison have a substance use disorder diagnosis. In the focus groups conducted this year by the ICJI, the participants expressed that these percentages could be even higher in some areas of the justice system. Specifically, participants of the focus group that work in county jails described frequent difficulties with handling individuals with severe mental illness or substance use disorders.

Due to the prevalence of mental illnesses and substance use disorders, resources to address the mental health and substance use treatment needs for all Hoosiers are greatly needed, particularly for those currently involved in the criminal justice system.

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<sup>36</sup> “any opioid” is used by the Indiana Department of Health to encapsulate any type of opioid (oxycodone, tramadol, buprenorphine, etc.)

<sup>37</sup> Indiana Department of Health. (2024). *Indiana drug overdose dashboard*. Retrieved October 9, 2024, from <https://www.in.gov/health/overdose-prevention/overdose-surveillance/indiana/>

<sup>38</sup> Ibid. Drake & Panchal, 2023.

<sup>39</sup> Indiana State Epidemiological Outcomes Workgroup. (2023). *Drug fact sheet: Substance use in Indiana* [PDF]. Syra Health. [https://www.in.gov/fssa/dmha/files/Drug-Fact-Sheet\\_2023\\_ADA\\_final.pdf](https://www.in.gov/fssa/dmha/files/Drug-Fact-Sheet_2023_ADA_final.pdf)

<sup>40</sup> Prison Policy Initiative. (2024). *Mental health: Policies and practices surrounding mental health*. [https://www.prisonpolicy.org/research/mental\\_health/](https://www.prisonpolicy.org/research/mental_health/)

<sup>41</sup> Division of Mental Health and Addiction (DMHA). (2024). *About recovery works*. Family and Social Service Administration. <https://www.in.gov/fssa/dmha/recovery-works/about-recovery-works/#:~:text=Of%20the%20current%20prison%20population,a%20substance%20use%20disorder%20diagnosis>

## Recovery Works

The Recovery Works program provides vouchers to DMHA-certified mental health and addiction treatment providers in the community to treat criminal justice-involved individuals to reduce recidivism and encourage recovery. To qualify for the program, participants must be active in the criminal justice system with a current open criminal case with a felony conviction or charge, be at least 18 years old, be a resident of Indiana, and have a total household income that does not exceed 200% of the federal income poverty line.<sup>42</sup>

In SFY24, approximately 5,002 new participants were enrolled in Recovery Works. The top five services billed for Recovery Works dollars spent were: 1) recovery residence, 2) intensive outpatient treatment (IOT), 3) skills training, 4) reentry services, and 5) mental health counseling. The three counties with the most referrals for Recovery Works were Marion, Allen, and Vanderburgh County, respectively.

Recovery Works also provides funding for initiatives to reduce the forensic backlog of state psychiatric hospitals, including alternative competency restoration settings. These initiatives use specific mental health providers to promote fidelity in services, continuity of care, and a reduction in the waitlist for a forensic state hospital bed.<sup>43</sup> Information on the number of people served in the Jail-Based Competency Restoration (JBR) and Project CREATE (COVID-Related Emergency Access to Therapeutic Environments) is listed in Table 19.

Table 19. Jail-Based Competency Restoration and Project CREATE

	SFY24	Total to Date	Avg. Length of Stay
<b>Jail-Based Competency Restoration</b>			
Vanderburgh County Jail	22	43	79 days
Tiptecanoe County Jail	8	11	
<b>Project CREATE</b>			
Wellstone	24	67	84.8 days
Valle Vista	49	108	
Hendricks Behavioral Health	73	114	

Note. Southwestern Behavioral Health works with Vanderburgh County Jail and Valley Oaks works with Tiptecanoe County Jail.

<sup>42</sup>Division of Mental Health and Addiction (DMHA). (2024). *Recovery works: Participants*. Family and Social Service Administration. <https://www.in.gov/fssa/dmha/recovery-works/participants/>

<sup>43</sup> Duke, A. DMHA Deputy Communications Director (personal communications, September 16, 2024) provided DMHA update and memo listing program organizations, contract amounts and program descriptions.

## Jail

Along with the jail-based competency restoration discussed above, some county jails have other mental health and substance use programs available, but the types of programs available can differ by county. The most commonly discussed programs are the substance use treatment programs for medication-assisted treatment (MAT), and/or Residential Substance Abuse Treatment (RSAT).

- ◆ “MAT uses pharmaceuticals, methadone, buprenorphine, and naltrexone, to help people recover from opioid use disorder.”<sup>44</sup>
- ◆ “The RSAT for State Prisoners Program’s objectives are to enhance the capabilities of state, local, and Indian tribal governments to provide residential substance use disorder (SUD) treatment to people during detention or incarceration; prepare them for their reintegration into a community by incorporating reentry planning activities into their treatment programs; and assist them and their communities throughout the reentry process by delivering community-based treatment and other broad-based aftercare services.”<sup>45</sup>

To highlight some examples, in Bartholomew County, the county jail and community corrections work collaboratively on two RSAT programs (one program for women, and one program for men), which starts in the jail and continues as they reenter the community.<sup>46,47</sup> The RSAT program participants in Bartholomew County can also access MAT resources. In the Kosciusko County jail, they currently have an RSAT program, but do not have a MAT program yet. They are working on plans to incorporate it in the future. The RSAT programs in IDOC facilities are called “Recovery While Incarcerated” programs, which are discussed in the prison subsection below.

A newer program that is being implemented in some county jails is the Integrated Reentry and Correctional Support (IRACS) program. The IRACS program aims to support incarcerated individuals with substance use disorders and mental health challenges by identifying the resources and services most needed for each individual at each point that they intercept with the criminal justice system.

As of September 2024, IRACS reported that the program has been provided to 6,636 participants, provided 43,014 one-on-one engagements, and participants have a 62.5% success rate for successful IRACS program completion.<sup>48</sup> Since last year’s report, two additional counties have become IRACS sites, bringing the total number of county jails using the IRACS program to seven: Blackford, Delaware, Dearborn, Daviess, Clark, Fayette, and Scott.

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<sup>44</sup> Bureau of Justice Assistance. (n.d.). *Medication-assisted treatment (MAT) resource & assistance*. BJA’s RSAT Program. Retrieved October 10, 2024, from <https://www.rsat-tta.com/Training-Curricula/MAT-Resources---Assistance>

<sup>45</sup> Bureau of Justice Assistance. (2024, April). *FAQs: Residential substance abuse treatment for state prisoners program*. <https://bia.ojp.gov/doc/rsat-faq.pdf>

<sup>46</sup> Bureau of Justice Statistics. (2024, March 26). *Indiana*. [https://www.rsat-tta.com/Files/pdfs/IN\\_RSATCompendium#:~:text=Program%20participants%20have%20access%20to,naloxone%20\(Narcan\)%20upon%20release](https://www.rsat-tta.com/Files/pdfs/IN_RSATCompendium#:~:text=Program%20participants%20have%20access%20to,naloxone%20(Narcan)%20upon%20release).

<sup>47</sup> Bureau of Justice Assistance. (n.d.). *Bartholomew County RSAT program*. BJA’s RSAT Program. Retrieved October 10, 2024, from <https://www.rsat-tta.com/Special-Pages/Indiana.aspx>

<sup>48</sup> Indiana Forensic Services. (2024). *Rethink reentry: Hope begins at day one*. Retrieved on September 25, 2024, from <https://www.rethinkreentry.org/>

## Prison (IDOC)

The Indiana Department of Correction records fact cards each year containing a snapshot of demographic and offense information for those incarcerated in an IDOC facility on January 1<sup>st</sup> and July 1<sup>st</sup>.<sup>49</sup> In January 2024, 28.1% of the adult population had one or more drug offenses, and in July 2024, 27.5% of the adult population had one or more drug offenses. This is similar to the percentages reported in 2023 of 28.9% and 27.1% in January 2023 and July 2023, respectively.

Upon entry into the IDOC, an offender is given an accountability plan that lays out which programs would aid in that individual's successful reentry into the community. There are a variety of substance use, mental health, cognitive, and social programs (among others) that may be encouraged.<sup>50</sup> The RSAT "Recovery While Incarcerated" (RWI) treatment programs continue to help offenders develop a continuum of care throughout their incarceration and provide a recovery-based environment and individualized treatment curriculums for those committed to the IDOC with a history of substance use.<sup>51</sup> Additionally, mental health treatment is made available to all offenders as part of the IDOC's medical contract and can be requested by the offender or a staff member if they notice aberrant behavior.<sup>52</sup>

## Other Mental Health and/or Substance Use Treatment Options

In addition to the programs available in jails and prisons, Indiana also has several mental health and substance use options available to the general public that can also be utilized by criminal justice-involved individuals. Ideally, individuals dealing with mental health or substance use crises will be able to utilize these resources and may be diverted away from the criminal justice system and into more appropriate care.

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<sup>49</sup> Indiana Department of Correction. (2024). *FACT cards*. Retrieved September 24, 2024, from <https://www.in.gov/idoc/policies-and-statistics/statistical-data/fact-cards/>

<sup>50</sup> Indiana Department of Correction. (n.d.). Appendix 3: Programs component [PDF]. Retrieved September 24, 2024. [https://www.in.gov/idoc/files/IJM\\_Appendix\\_3\\_Programs.pdf?utm\\_source=agency-website&utm\\_medium=&utm\\_campaign=&utm\\_term=&utm\\_content=](https://www.in.gov/idoc/files/IJM_Appendix_3_Programs.pdf?utm_source=agency-website&utm_medium=&utm_campaign=&utm_term=&utm_content=)

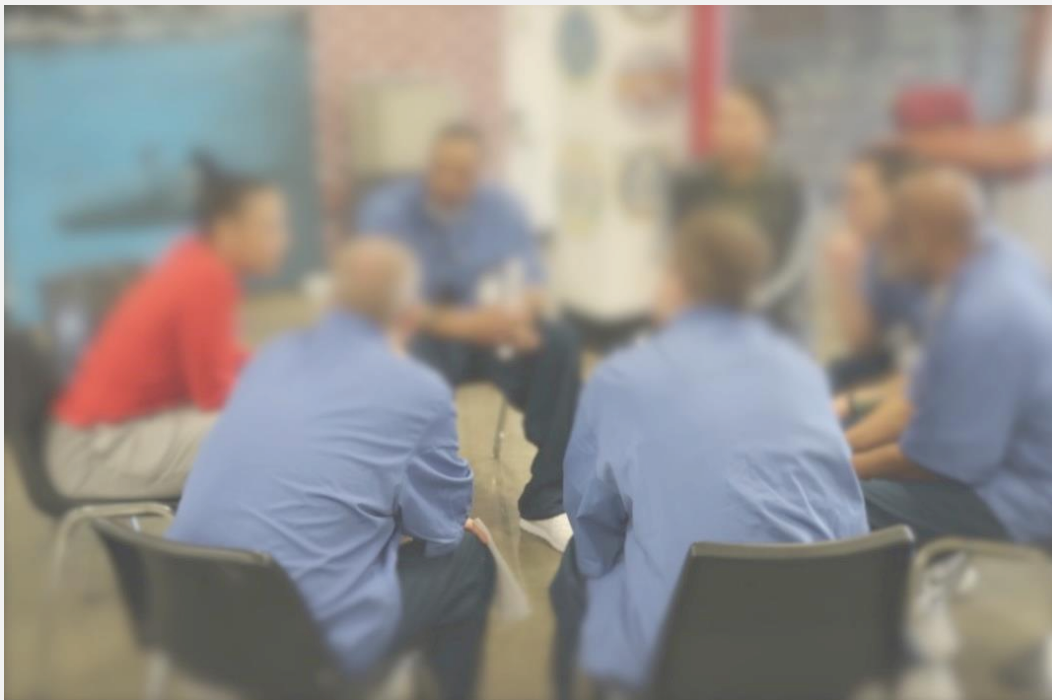
<sup>51</sup> Reid, J.D., Harvey, J.C., & Hubert, L. (2021, October). Recovery While Incarcerated: Transforming the delivery of addiction recovery services in IDOC facilities [PowerPoint slides]. [https://www.indianacouncil.org/wp-content/uploads/2021/10/Understanding-Mental-Health-Addiction-within-the-Indiana-Department-of-Corrections.pdf?utm\\_source=agency-website&utm\\_medium=&utm\\_campaign=&utm\\_term=&utm\\_content=](https://www.indianacouncil.org/wp-content/uploads/2021/10/Understanding-Mental-Health-Addiction-within-the-Indiana-Department-of-Corrections.pdf?utm_source=agency-website&utm_medium=&utm_campaign=&utm_term=&utm_content=)

<sup>52</sup> Indiana Department of Correction. (n.d.) Mental health. [https://www.in.gov/idoc/commissioners-office/medical/mental-health/?utm\\_source=agency-website&utm\\_medium=&utm\\_campaign=&utm\\_term=&utm\\_content=#:~:text=Our%20mission%20is%20to%20provide,needs%20and%20plan%20for%20treatment](https://www.in.gov/idoc/commissioners-office/medical/mental-health/?utm_source=agency-website&utm_medium=&utm_campaign=&utm_term=&utm_content=#:~:text=Our%20mission%20is%20to%20provide,needs%20and%20plan%20for%20treatment)

**Certified Community Behavioral Health Clinics:** <sup>53</sup> A Certified Community Behavioral Health Clinic (CCBHC) is a specially designated clinic that provides a comprehensive range of mental health and addiction services and must be in compliance with the state’s criteria, developed by the Division of Mental Health and Addiction. CCBHCs serve all that walk through their door, regardless of their diagnosis, insurance status, place of residence or age. The CCBHC model is a proven outpatient model that:

- ◆ Ensures access to high quality behavioral health care, including 24/7 crisis response.
- ◆ Meets strict criteria regarding access, quality reporting, staffing, and coordination with social services, justice, and education systems.
- ◆ Receives funding to support the real costs of expanding services to fully meet the need for care in communities.

In June 2024, the U.S. Department of Health and Human Services named Indiana as one of 10 states selected to participate in the Certified Community Behavioral Health Clinic Medicaid Demonstration Program. DMHA is working with Demonstration Pilot Sites to ensure they meet all CCBHC criteria and are ready to begin offering services in early 2025.



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<sup>53</sup> Information on CCBHCs in this subsection provided by: Duke, A. DMHA Deputy Communications Director (personal communications, September 16, 2024) provided DMHA update and memo listing program organizations, contract amounts and program descriptions.

If you or someone you know is currently experiencing thoughts of suicide, or a mental health or substance use crisis, please call or text 9-8-8 to reach the Suicide & Crisis Lifeline to speak with a trained crisis specialist 24/7/365.



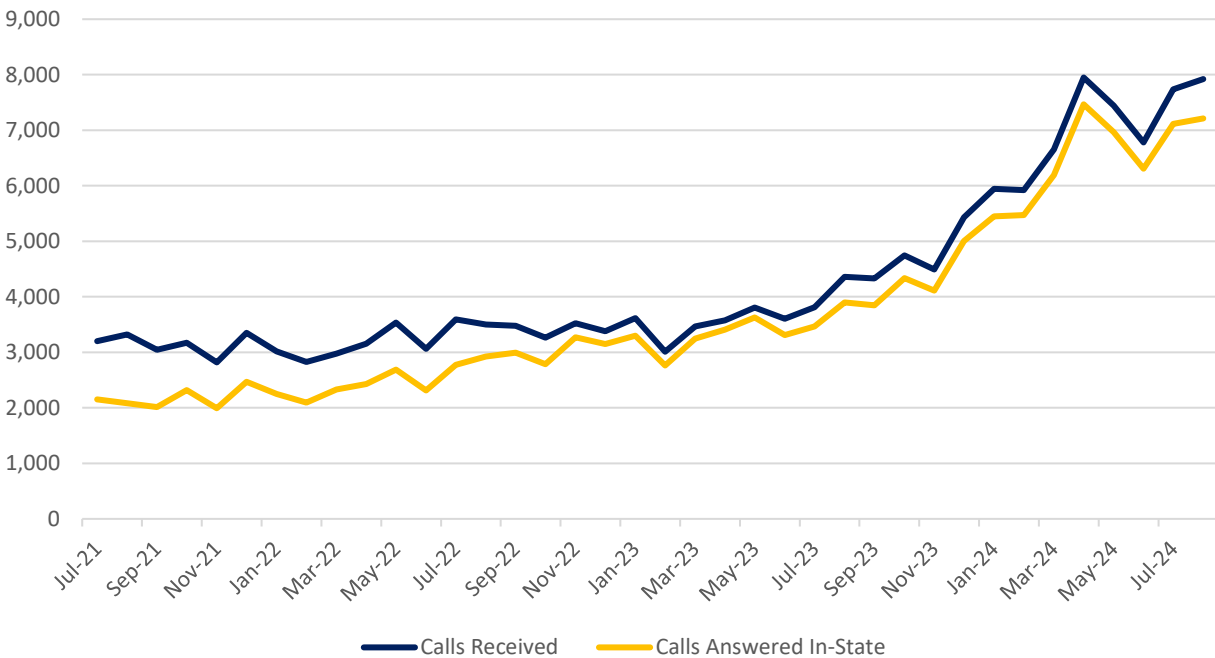
988indiana.org

**9-8-8 in Indiana:** Indiana joined the nationwide transition to the 9-8-8 Crisis Response hotline in 2021 and has made great progress expanding its 9-8-8 response services.

9-8-8 is a free, confidential resource available 24 hours a day, seven days a week, providing callers a direct connection to compassionate, accessible care and support for anyone experiencing mental health related distress—whether that is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. People can also dial 9-8-8 if they are worried about a loved one who may need crisis support.<sup>54</sup>

Indiana’s crisis response system has improved since 9-8-8 coverage began, with increased call volume and an increased in-state answer rate from a 63% answer rate in 2021 to answer rates in the 90%–94% range in 2024. “The Indiana Family and Social Services Administration continues progress in building a comprehensive statewide crisis response system that encompasses all three pillars of the crisis continuum—Someone to Contact, Someone to Respond and A Safe Place for Help”.<sup>55</sup>

Figure 36. Monthly 9-8-8 Calls Received and Answered In-State



Source: 988 Lifeline. (2024). *State-based monthly reports*. <https://988lifeline.org/professionals/our-network/state-based-monthly-reports/>

<sup>54</sup> Indiana Family and Social Services Administration. (2023, September 12). *FSSA announces progress in making Indiana 988 go-to resource for Hoosiers in crisis* [Press release]. [https://www.in.gov/fssa/files/988\\_Indiana\\_Press\\_Release.pdf](https://www.in.gov/fssa/files/988_Indiana_Press_Release.pdf)

<sup>55</sup> A. Duke, personal communications, September 16, 2024

**Someone to Contact:** 9-8-8 currently has six crisis centers in Indiana, including call centers and text or chat providers: RemedyLIVE, Crisis Contact, Mental Health America of Indiana, The Indiana Department of Mental Health and Addiction, Mental Health America Wabash Valley Region, and A Better Way Services.<sup>56</sup> 9-8-8 in Indiana responds to approximately 6,000–7,000 or more calls per month. Figure 36 shows the number of calls received and answered in-state over the past three years.

**Someone to Respond:** Mobile crisis teams are now able to be dispatched to more than two-thirds of the state’s 92 counties with 14 designated teams. In addition to the mobile crisis teams, Indiana also has Mobile Integrated Health (MIH)<sup>57</sup> programs available in some counties, some of which can also offer help for substance use or mental health care.

**A Safe Place for Help:** The DMHA funds 19 crisis receiving and stabilization services providers, which provide a place where Indiana residents can receive services if their crisis cannot be resolved by a call center or a mobile crisis team.<sup>58</sup>

In addition to 9-8-8, there are other options available in Indiana to locate and receive services for mental health and substance use treatment, which are listed below.

**2-1-1:** The 2-1-1 hotline and website<sup>59</sup> is useful for Hoosiers to find and locate resources in their area on a variety of services, such as assistance with housing, legal services, disaster relief, and mental health and substance use disorder providers. The 2-1-1 website lists the categories of needs, which are searchable by location to find specific service providers. From January to September 2024, there were 6,376 calls made to 2-1-1 for mental health or substance use related services, resulting in 13,861 referrals made to services.<sup>60</sup>

**Shatterproof Treatment Atlas and Next Level Recovery:** Shatterproof<sup>61</sup> is a nonprofit organization that provides resources to connect people with addiction treatment providers. Indiana’s partnership with Shatterproof was announced last year as a locator tool for Next Level Recovery Indiana. This tool allows users to search for providers in their area, the services available, who the providers serve, and the insurance providers accepted at their location.<sup>62</sup>

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<sup>56</sup> 988 Lifeline. (n.d.). *Crisis centers by state and U.S. territory*. Retrieved October 15, 2024 from <https://988lifeline.org/learn/our-crisis-centers/crisis-centers-by-state-and-u-s-territory/>

<sup>57</sup> *Mobile Integrated Health*. (n.d.). Indiana Department of Homeland Security. Retrieved October 7, 2024 from [https://www.in.gov/dhs/ems/mobile-integrated-health/#What\\_is\\_Mobile\\_Integrated\\_Health\\_MIH](https://www.in.gov/dhs/ems/mobile-integrated-health/#What_is_Mobile_Integrated_Health_MIH)

<sup>58</sup> A. Duke, personal communications, September 16, 2024

<sup>59</sup> 2-1-1 Indiana. (n.d.). *Home*. Retrieved October 7, 2024, from <https://in211.communityos.org/>

<sup>60</sup> *Indiana 211 interaction dashboard*. (2024, September 30). FSSA: Indiana 211. Retrieved October 7, 2024, from <https://www.in.gov/fssa/indiana-211/indiana-211-interaction-dashboard/>

<sup>61</sup> Shatterproof Treatment Atlas. (2024). <https://treatmentatlas.org/>

<sup>62</sup> *Gov. Holcomb unveils new addiction treatment locator*. (2023, September 29). Retrieved October 7, 2024 from [https://events.in.gov/event/gov\\_holcomb\\_unveils\\_new\\_addiction\\_treatment\\_locator#:~:text=INDIANAPOLIS%20%E2%80%93%20Governor%20Eric%20J.%20Holcomb](https://events.in.gov/event/gov_holcomb_unveils_new_addiction_treatment_locator#:~:text=INDIANAPOLIS%20%E2%80%93%20Governor%20Eric%20J.%20Holcomb)

**FSSA Addiction website:** This website<sup>63</sup> provides information on finding addiction treatment in Indiana, finding recovery housing in Indiana, and facts about addiction and addiction treatment.

**Regional Recovery Hubs:** The Indiana Recovery Network created Regional Recovery Hubs<sup>64</sup> to help Hoosiers connect with substance use treatment service providers in their region. The 19 service treatment providers cover all 92 counties with at least one provider, and some counties have multiple provider options.

In summary, there are a variety of substance use treatment programs and mental health resources available throughout the state. Additionally, the number of locator tools and resource lists like **Shatterproof** and the **FSSA Addiction website** seems to be increasing and more readily accessible over time, which makes it easier for people to find mental health and substance use providers within their community. However, as the focus groups uncovered, there is still a dearth of providers, specifically for mental health services and dual mental health and substance use providers, particularly in rural areas. See the Focus Groups section for more information on the impacts of these shortages of mental health providers on the criminal justice system.



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<sup>63</sup> *Indiana Addiction Treatment*. (n.d.). FSSA. Retrieved October 7, 2024, from <https://www.in.gov/fssa/addiction/>

<sup>64</sup> Indiana Recovery Network. (2024). *Regional Recovery Hubs*. <https://www.indianarecoverynetwork.org/regional-recovery-hubs/#:~:text=regional%20recovery%20hubs%20connect%20Hoosiers%20with>

# FOCUS GROUPS

This year, the ICJI conducted focus groups to gain a better understanding of the current challenges and trends in the criminal justice system throughout the state. To get a variety of experiences and a more representative sample of counties in the state, six counties were selected in each of six regions in the state. Counties were also selected to balance rural and urban counties. After selecting these counties, the ICJI identified and reached out to a variety of criminal justice stakeholders in the county, such as: jail commanders or deputies, probation offices, community corrections offices, problem-solving court directors, prosecutors, chief public defenders, behavioral health providers, and sheriffs' departments.

Six focus groups, three in-person and three virtual, were conducted for the following counties: Marion, Wabash, Jefferson, Fountain, St. Joseph, and Posey. Participants that were not able to attend the focus group were offered an opportunity to meet virtually for an individual meeting or to respond to questions through a written response. The table below shows the participants from each county that either attended a focus group or responded individually.

Table 20. Participants by County and Role

	Marion	Wabash	Jefferson	Fountain	St. Joseph	Posey	Total
Jail Commander/ Jail Staff	1	0	2	0	0	0	3
Sheriff	2	0	0	0	0	1	3
Probation*	1	0	1	1	1	1	5
Community Corrections*	1	0	2	1	0	1	5
Prosecutor	2	1	1	0	1	1	6
Public Defender	1	1	1	1	0	0	4
Substance Abuse/ Mental Health/ Community-based provider	2	2	1	1	2	1	9
Problem-solving court director	1	0	0	1	1	0	3
<b>Total</b>	<b>11</b>	<b>4</b>	<b>8</b>	<b>5</b>	<b>5</b>	<b>5</b>	<b>38</b>

\*Note: Some counties combine Probation and Community Corrections. The counts listed in this Table include both focus group participants and written response participants.

Prior to participating in the focus group, participants were given a consent form informing them of the purpose of the focus group, that the conversation would be recorded, and that individual responses are kept confidential. Each focus group was conducted by two or three research staff members from the ICJI. All focus groups were audio recorded, and notes were taken to analyze responses for this report. These materials were reviewed to identify the reoccurring themes discussed by the criminal justice stakeholders in each of the counties. The list of questions asked to participants is included in the Appendix, and questions were asked in a semi-structured format to allow for probing questions and to aid the flow of conversation.

## Main Themes

It has been several years since the last focus groups were held concerning HEA 1006, and the themes discussed have changed over time. For each theme discussed by the participants, additional research was conducted to ascertain larger trends and statistics in the state and county currently for added context. Direct quotes were included in **blue text** with quotation marks but are not identified to the participant who said it to maintain confidentiality. *Disclaimer: The views and quotes expressed by the focus group participants in this section do not necessarily represent the views of the ICJI.* The main themes repeated across the counties were the following:

- ◆ Mental health and substance use disorder prevalence is one of the largest concerns for all the counties;
- ◆ Staffing shortages, non-competitive salaries, and turnover are common, particularly the attorney shortage;
- ◆ Transportation is a major difficulty for criminal justice-involved individuals;
- ◆ Housing is an issue contributing to recidivism and increasing barriers to supervision;
- ◆ IDOC vs county jails: Level 6 felony offender placement in IDOC or jail, delays in transfers to IDOC, and per diem discrepancies;
- ◆ Barriers to supervision: probation, community corrections, and problem-solving courts;
- ◆ Reduced jail overcrowding in recent years; and
- ◆ Youth gun violence.

## Mental Health and Substance Use

Mental health and substance use disorders of those involved in the criminal justice system were one of the most pervasive concerns discussed across the focus groups. Depending on the role of the focus group participant in the justice system, participants estimated that between 70% to 85% (or higher) of those involved in the justice system were experiencing some kind of mental health or substance use issues. The DMHA<sup>65</sup> currently estimates that about 16% of state prison inmates have diagnosed mental illness(es), and between 45% to 75% of prison inmates have diagnosed substance use disorder(s). The participants of the focus groups feel that the number of individuals with severe substance use disorders or mental health issues is increasing over time.

Care for these individuals within incarceration, in community supervision, and transitioning out of the system, is further complicated when individuals have dual diagnoses of both mental illness and substance use disorder. Often, jail staff is not trained to handle the number and depth of mental illness and substance use disorders of jail inmates, and many jails do not offer in-house mental health providers like counselors.

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<sup>65</sup> Division of Mental Health and Addiction (DMHA). (2024). *About recovery works*. Family and Social Service Administration. <https://www.in.gov/fssa/dmha/recovery-works/about-recovery-works/#:~:text=Of%20the%20current%20prison%20population,a%20substance%20use%20disorder%20diagnosis.>

For those in community supervision or transitioning back into the community, there are limited options and long wait times for appointments for providers and programs, particularly for mental health and dual diagnosis providers and programs.

“Substance abuse treatment beds, we’re generally able to find here in [our] County. I mean, there are times where that gets to be a struggle. By and large, that’s okay. But for serious mentally ill, for serious medical conditions, and just elderly care, we have virtually no options.”

In county jails, appropriate treatment and facilities for those who have serious mental health conditions are extremely important for the health and safety of the individual themselves, for other inmates, and for the jail staff. One county recounted that while their jail was not experiencing overcrowding since they built a new jail, their single-occupancy cells, padded mental health cells, and medical beds are all at capacity. This is a major safety concern, because some individuals are both mentally ill and violent which endangers themselves, staff, and other inmates. The Chief Deputy Sheriff for this jail said they simply do not have the resources or jail staff training to help these individuals with their mental health needs, and “we try to get these folks seen, and nobody will take them.”

Several counties commented that help from the State to allocate an in-house mental health professional for each jail, such as a counselor or psychiatrist, would be a major improvement for the inmates’ wellbeing and the safety within the jail. Currently, jails must refer out for services, wait for visits from mental health professionals that may only visit once or twice a month, or attempt to get the individual transferred to another facility like the IDOC or a mental health treatment center. Other counties mentioned that better access to a community detox facility or medication-assisted treatment (MAT) options in their jail would be beneficial, because they currently lack those resources.

On a more positive note, participants from more than one county remarked that substance use treatment programs were generally quicker to receive treatment than in previous years, and treatment programs like MAT seemed to show success when participants were dedicated to the program. Looking to the future, a participant also mentioned that the Certified Community Behavioral Health Clinic (CCBHC) should open up care to more people for mental health help. Also, the expansion of 9-8-8 and mobile crisis care teams should help increase mental health access as well.

## Staff Shortages

Staffing shortages were a persistent and pervasive concern among counties that participated in the focus groups. These shortages are particularly prevalent among public defenders, prosecutors, jails, and community mental health and substance use providers. Moreover, these shortages are more acute in rural areas because these jobs and their location are often viewed as unattractive for many qualified applicants. Focus group participants attributed staffing shortages to a variety of issues, including lack of adequate pay and benefits, burnout, and high turnover.

Attorneys participating in the focus group stated that staffing shortages were a serious issue for public defender and prosecutor offices. Indeed, the Indiana Public Defender Commission stated that the number of attorneys per capita in Indiana’s workforce was only 34% of the national average in 2023, and that number has steadily declined from 46% in 2018.<sup>66</sup> Public defender and prosecutor offices are especially impacted by staffing shortages. Inadequate compensation was a common issue, with public defender salaries lower than other public sector attorneys in Indiana.<sup>67</sup> Prosecutors fare little better, with job postings often remaining unfilled for months.<sup>68</sup> Such shortages can lead to an “access to justice” problem, resulting in defendants sitting in jail for weeks without representation.

Jails face similar challenges, with correctional staff overworked and underpaid. One respondent stated, “I am aware of a shortage in jail staff that makes it difficult—if not impossible—for our jail to operate at maximum capacity.” This highlights that even jails below maximum inmate capacity struggle due to understaffing. Additionally, staff in jails are often required to deal with mentally unwell inmates that neither their facilities nor their staff are equipped to handle. They do not have the mental health training to deal with patients with severe mental illnesses, compounding difficulties of the work. Inadequate compensation is a widespread issue, with corrections agencies’ pay uncompetitive compared to other industries and criminal justice jobs.<sup>69</sup>

Community mental health and substance use providers also grapple with staffing shortages. One provider remarked, “Some of our entry-level positions pay the same as Walmart, but with much more responsibility.” Focus group participants described the work as exhausting, noting that many workers neglect their own mental health, perpetuating a cycle of burnout and turnover. Respondents expressed that there was a significant need to provide more services, but it was difficult to hire and retain the necessary staff.

## Transportation Issues

One issue that was discussed repeatedly, particularly for probation and community corrections, was transportation challenges. Transportation is more of a barrier in rural counties like Fountain, Jefferson, Wabash, and Posey, but it is still a challenge in more urban counties, such as Marion and St. Joseph. People on probation, in community corrections, and those involved in mental health or substance use programs need to attend many in-person requirements as part of their release conditions, such as court and office visits, program meetings, and appointments. Those in areas like Indianapolis or South Bend may have access to some public transportation, rideshares, or walking and cycling routes, however, those in rural areas may have significantly fewer options for transportation and may have significantly farther to travel for all their supervision requirements.

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<sup>66</sup> Indiana Public Defender Commission. (2024). *Worsening Indiana Lawyer Shortage Leading to Delayed Justice, Unrepresented Clients Languishing in County Jails, Constitutional Rights of Hoosiers Being Violated*. (DOCX). Retrieved September 25, 2024, from <https://www.in.gov/ccaa/files/ASHORT.pdf>

<sup>67</sup> Ibid.

<sup>68</sup> Ibid.

<sup>69</sup> Russo, J. (2019, December 1). *Workforce Issues in Corrections*. National Institute of Justice. Retrieved September 25, 2024 from <https://nij.ojp.gov/topics/articles/workforce-issues-corrections#:~:text=In%20institutions%2C%20mandatory%20overtime%20is%20common.%20In%20many,consider%20correcti ons%20to%20be%20a%20high-status%20occupation.%20>

For example, several rural counties share criminal justice resources across county lines or do not have certain resources or referrals available locally, which means an individual may need to travel to another county for a veterans problem-solving court or mental health services. “The [mental health and substance use] providers we have are overwhelmed with the numbers and just keeping people in our area. And sending people out of our area is possible, except transportation becomes an issue.”

Some potential solutions recommended by participants to help with transportation issues were looking for grant opportunities that would fund a transportation service for courts; utilizing hybrid and virtual options for meetings when appropriate; and increasing the number of mental health and substance use providers within the county so clients do not have to travel as far for services.

## Housing Issues

Housing was a significant issue raised by counties, and lack of access to adequate and affordable housing presented a variety of challenges. Counties stated that lack of housing contributed to recidivism and struggles with reentry. Homelessness and housing instability acts as a revolving door and leads inmates to cycle in and out of the system at higher rates. Research supports the responses provided by focus groups and shows that housing instability increases the chances of recidivism by 35%, and homelessness increases the chances of recidivism by 44%.<sup>70</sup>

When asked what challenges their county was facing, one focus group emphasized the significance of this issue by responding, “Housing, housing, housing, housing, housing.” When inmates are released from incarceration, “there is no place for them to go when it’s time for them to leave.” Halfway housing and other forms of transitional and supportive housing are in high demand, but there simply isn’t enough space to accommodate the needs of communities. In one county, a local community service provider maintains transitional recovery housing for women. The provider also stated the significant need and demand for housing, but resource restraints and lack of capacity constrain them. They have 12 beds in their recovery housing which are all full, and they have another 12 people on the waitlist to get into the housing. The need for housing was highlighted succinctly when a county stated, “It’s hard for participants to focus on their mental health and recovery if they don’t have a stable place to live.”

The focus group went on to say that not only is there a lack of housing, but they also struggle to get some individuals to engage with low barrier housing. Impacts of housing instability and homelessness go beyond increasing the likelihood of recidivism. Research indicates that such impacts are even more pronounced on inmates who were incarcerated for low-level offenses like property crimes and revocations of probation due to technical violations.<sup>71</sup>

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<sup>70</sup> Jacobs, L. A., & Gottlieb, A. (2020). The effect of housing circumstances on recidivism: Evidence from a sample of people on probation in San Francisco. *Criminal Justice and Behavior*, 47(9), 1097–1115. <https://doi.org/10.1177/0093854820942285>

<sup>71</sup> Ibid.

## IDOC vs County Jails

### *Sentencing to Jail or IDOC*

Currently, those convicted of Level 6 felonies can be sentenced to serve their time in either the county jail or in a state prison. The participants of the focus group explained that there are a variety of factors that go into the decision of where Level 6 felony offenders are placed, but the most important factors for this decision are the defendants' criminal history, the amount of time they are sentenced for, judicial preferences, and the county jails' capacity and resources to hold the individual.

First, participants of the focus groups said the defendant's criminal history, including the number, level, and type of current and previous offenses. For example, a defendant with a first-time offense, for a single, non-violent Level 6 felony conviction, would be much more likely to serve their sentence in a county jail, than someone who has a history of felony convictions, someone who is being convicted of several offenses, and/or someone who has committed a violent offense.

"I think the people with criminal histories a mile long that have had violent past, and they may be on a level 6 for a theft, but they've had rapes or violent offenses in the past. I don't think we can, I don't think we can pigeonhole them into, 'well, it's just a theft this time', because that doesn't change their violence or their violent nature this time. So, I think we need to dive into some criminal histories and dive into some mental health."

Second, participants of the focus group said the amount of time the person will be serving often determines whether they will stay in the county jail or will be sent to an IDOC facility. Several counties mentioned that time was often a factor for where an individual would serve their sentence, both for practical reasons due to delays with transfer to IDOC facilities, as well as to keep individuals who are serving shorter sentences closer to their community. "If they only have 90 days to go to prison, those people aren't going to go to the DOC. If they're going to serve the full max, 2 and a half years, they're going to the DOC."

Third, the decisions about offender placements are determined by the match between the jail's available resources and the needs of the individual being placed. The jail's resources can include the available capacity, as well as their ability to provide resources for medical needs, mental health needs, and substance use programs.

"I think it's gonna depend upon the needs [of] that individual and the resources available in the community, the county jails are all a little different and have different things available to them. So, depending upon if they have mental health or substance abuse needs, if that facility or county has that option available, you know they could be served very well in the community ... But some of those folks need services that are outside of our jail's ability to provide."

Finally, all of these concerns, as well as variation in standards and sentencing practices by county, likely contribute to judicial preferences in the placement of Level 6 felony offenders in jails or prisons.

### ***IDOC Transfers and Per Diems***

Outside of these factors for determining the sentencing of offenders to jail or the IDOC, participants of the focus group also brought forth some concerns about issues with getting inmates transferred to the IDOC facilities from county jails.

Several counties mentioned frequent delays and challenges with contacting the IDOC for transfers and with IDOC being able to receive transfers. One county remarked that these delays with the transfer process could take several weeks or months. Another county's Chief Deputy Sheriff for the jail felt that, "if it's a level 6, they're not concerned about the fact that it's a DOC sentence, and so they are, they're just being housed in the county jails, even though the sentence says otherwise."

Furthermore, there were several comments directed toward issues with per diem rates and payment of per diem for inmates housed in county jails for IDOC or awaiting transfers to the IDOC. County jails argue that the per diem rates are not adequate coverage for housing inmates, particularly those with complex medical or mental health needs. Some of the county jails view the additional costs that are not covered by per diems as eating into the county jail's budgets that could be used toward things like mental health and substance use programs or professionals.

One county reported that while the per diem rate from IDOC has increased in recent years, the IDOC is still paying an old, lower rate. They indicated they were receiving about \$37.50 per diem, but a 2023 Indiana Noncode Statute<sup>72</sup> stated, "The department [IDOC] shall reimburse sheriffs up to \$40 per day for the costs of persons incarcerated in county jails that are convicted of felonies."<sup>73</sup> Historically, the per diem rate for approximately 30 years was \$35 per diem for felony level offenders housed in county jails, which sheriffs requested to be raised to \$55 per diem back in 2018.<sup>74</sup> However, since the Noncode Statute states "up to \$40 per day", a \$37.50 per diem is within the required parameters.

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<sup>72</sup> Noncode statutes are provisions that have substantive impact on their own but are not in the Indiana Code. For the most part, this language is found in budget bills and in certain so-called temporary acts. For more information, see: Oddi, M.,J. (May, 2008). Can you rely on the Indiana Code?. [PDF]. *Res Gestae*. <https://www.aallnet.org/wp-content/uploads/2018/02/NationalSummitResGestae-noncodelaws.pdf>

<sup>73</sup> Indiana Noncode Statutes. (2023). *County jail maintenance contingency* (p.28). Retrieved September 25, 2024, from <https://iga.in.gov/ic/2023/2023%20Non-code.pdf>

<sup>74</sup> Smith, B. (2018, August 28). *Sheriffs ask for county jail per diem increase*. WFYI Indianapolis. Retrieved September 25, 2024, from <https://www.wfyi.org/news/articles/sheriffs-ask-for-county-jail-per-diem-increase>

## Barriers to Supervision: Probation, Community Corrections, and Problem-Solving Courts

In addition to the housing and transportation issues that have already been highlighted, there are other challenges that prevent some individuals from successfully completing supervision through probation, community corrections, and problem-solving courts. Specifically, burdensome supervision requirements, over-supervising some offenders, and long program durations along with the restrictions from their sentence or supervision can create barriers that keep people from leaving supervision or return them to incarceration.

Those under supervision for probation, community corrections, or in problem-solving courts, must meet the requirements of that supervision. Violations of supervision requirements can result in longer supervision or incarceration.<sup>75</sup> At times, the requirements of supervision can be described as burdensome,

“I've often had the conversation with people that a misdemeanor OWI will have more impact on your day-to-day life than a Level 6 possession of methamphetamine charge because of that license restriction, right? So then you may lose your job because you can't get to and from to work. You may violate your probation because you're not able to get to and from your classes, you know X, Y, and Z factors into that misdemeanor OVWI case versus somebody who does have a level 6 possession charge or even, you know, a burglary charge that could be a Level 3 felony.”

Another person from this county summarized similar sentiments about supervision requirements, “they may be trying to do things the best they can, but when you build barriers, you build violations.” While supervision and requirements are often necessary for pretrial or post-sentencing releases, focus group participants in one county remarked that not all those with lower-level offenses even require supervision.

Some forms of supervision like drug courts—a type of problem-solving court—have many requirements of supervision and may last a long time. These reasons could disincentivize participation in the programs if given the option. For example, Jefferson County’s drug court lasts a minimum of 510 days across five phases, with requirements including: drug screenings, curfews, budgeting and housing plans, treatment, home and office visits, and “changing people, places, and things”.<sup>76</sup>

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<sup>75</sup> Pew Research Center. (2020, April 23). *Policy reforms can strengthen community supervision: A framework to improve probation and parole.* <https://www.pewtrusts.org/en/research-and-analysis/reports/2020/04/policy-reforms-can-strengthen-community-supervision>

<sup>76</sup> Jefferson County Indiana. (n.d.). *Drug court.* <https://jeffersoncounty.in.gov/207/Drug-Court>

A chief probation officer from another county described the pros and cons of drug court programs like these,

“I've heard pros and cons from our participants on that. You know, some people have said, you know, what's really the point? If I if I'm getting, you know, six years' probation, why don't I just do six years' probation? Why am I going through, you know, 2 1/2, three years of drug court and then six more years of probation? So they're getting, you know, in their eyes, they feel like they're getting a longer suspended sentence. But then I heard the other people say, hey, I didn't go to prison. I should have went to prison and I didn't. This program you know, basically helped me change my life and I didn't go to prison. So, I think it's, you know, it's a 50/50, it really depends [if] those people that want the lifestyle change.”

The participants offered some options for ways to help with some of these barriers. For example, probation, community corrections, and problem-solving courts could utilize resources that make supervision more manageable where appropriate, such as hybrid or remote (Zoom, Teams, etc.) options for supervision meetings. For in-person requirements, transportation options are needed for those without transportation or those limited due to their supervision requirements. Also, focusing supervision requirements on the higher-risk individuals or those that would benefit most from supervision, and matching requirements with the abilities and needs of the individuals is necessary. For more examples of potential policy recommendations for community supervision, the [Pew Research Center \(2020\) has released an extensive overview](#) of issues and policy options on the topic.<sup>77</sup>

## Reduced Jail Overcrowding

In the last HEA 1006 report in which ICJI conducted focus groups (2019), jail overcrowding was a major concern for many counties. During this year's focus groups, jail overcrowding has been resolved for most of the counties that participated. However, these changes come at a cost, namely the large financial cost for many counties to build new jails to accommodate the increase in jail populations following the initial HEA 1006 changes in 2014 that allowed Level 6 felony offenders to serve their sentences in county jails.

“So, our county jail was already overpopulated, with this shift down, now it kept a lot more people local. And so what's that have to do? Now we've had to build a bunch of county jails.... And so what's happened is, in 92 counties, a lot of these counties are having to build new county jails. You start totaling all those number up, it would have been a lot cheaper, in my opinion, just to build a new DOC facility.”

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<sup>77</sup> Pew Research Center. (2020, April 23). *Policy reforms can strengthen community supervision: A framework to improve probation and parole*. <https://www.pewtrusts.org/en/research-and-analysis/reports/2020/04/policy-reforms-can-strengthen-community-supervision>

In addition to the costs of new or expanded facilities, other challenges remain. For example, the overcrowding of mental health or medical designated cells, as previously mentioned in the mental health and substance use section. Another unforeseen challenge from building new facilities was changes to existing sentencing options, such as work release programs. “Some people need to go to prison, some need to stay in a local jail, some need work release, house arrest. I mean, I want to have those options available, and I just feel like some of those options have been taken away, so now we’re stuck with housing these folks.”

The burdens of overpopulated jails and building new jails as a result of HEA 1006 in 2014 were mostly voiced by more rural counties. However, these more rural counties also expressed the benefit of the new jails in their own county being used by neighboring rural counties with smaller and older jails. The counties with smaller, older jails that were reaching capacity benefitted by reducing their jail populations by sending inmates to the newer jails in neighboring counties, and the counties receiving these additional inmates benefitted by receiving money from the counties sending inmates to help recoup the costs of building the new facility. While not an ideal situation to send individuals to another county’s jail, it is a good example of inter-county collaboration by sharing resources. This sharing of jail resources, as well as treatment providers and even problem-solving courts, was mentioned throughout the focus groups.

## Youth Gun Violence

The final questions of the focus group centered on any current trends, issues, or recommendations for the criminal justice system in Indiana that the participants are seeing that were not already discussed in the focus group. Many participants reiterated the need for resources for mental health and substance use, housing and transportation support for individuals in supervision and reentry, and challenges with staffing. However, a trend that had not been discussed yet was the concerns about youth gun violence. Specifically, one participant that works in probation said,

“Youth gun violence. ... I’m gonna bring it up, we just did, this weekend we found eight houses, we found eight guns. Fentanyl pills. And mom is in the other room. Um so I think for the probation-world, it’s youth violence, it’s young adult violence, it’s the 15-year-old that’s getting waived that now has to go and be with [the jail commander], because he can’t stay at the juvenile center. So, I think that’s a huge, a huge issue for us. Of course we’ve already talked about mental health/substance abuse. But it’s early intervention from—I’ll even go as far down as 6-year-olds. Early intervention and promotion of programs and diversion opportunities. And I think they’re, you know, the juvenile justice system, we often see those youth transition onto adult.”

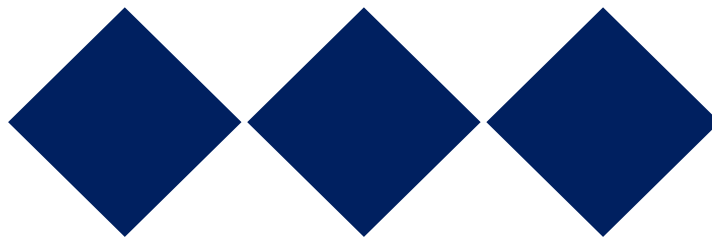
Overall, gun violence increased during the pandemic and has yet to return to pre-COVID levels.<sup>78</sup> On average in Indiana, over 1,000 people die by guns and over 1,500 people are injured by guns each year, which is particularly concerning for children and teens for whom guns are the leading cause of death.<sup>79</sup> Gun violence seems to be trending down in recent years, including in Indiana. In 2024, the summertime surge in gun violence was lower than in 2023, and Indianapolis specifically has had a 12.4% decrease in

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<sup>78</sup> Gun Violence Archives. (2024). *Home*. Retrieved October 7, 2024, from <https://www.gunviolencearchive.org/>

<sup>79</sup> Everytown for Gun Safety. (2024). *Gun violence in Indiana*. [PDF]. EveryStat. <https://everystat.org/wp-content/uploads/2024/05/Gun-Violence-in-Indiana-2024-05.pdf>

total gun violence between January 1 to August 31 of 2024 compared to the same time frame in 2023.<sup>80</sup> However, gun deaths among youth (aged 1-17) remain high, and increased 2% in 2023 compared to 2022 for children and teens.<sup>81</sup> Additionally, gun-related crimes among juveniles have been increasing, with firearm-related offenses making up 40% of direct file cases into adult court in SFY24 compared to 35% in SFY23. For both years, armed robbery offenses and murder were the second and third most common offense for direct file cases. Those offenses, more often than not, involve firearms.<sup>82</sup>



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<sup>80</sup> Hall, C. (2024, September 23). *2024 sees smallest summer surge in gun violence rates in 6 years*. The Center for American Progress. <https://www.americanprogress.org/article/2024-sees-smallest-summer-surge-in-gun-violence-rates-in-6-years/>

<sup>81</sup> Center for Gun Violence Solutions. (2024, September 12). *Continuing trends: Five key takeaways from 2023 CDC provisional gun violence data*. John Hopkins Bloomberg School of Public Health. <https://publichealth.jhu.edu/center-for-gun-violence-solutions/2024/continuing-trends-five-key-takeaways-from-2023-cdc-provisional-gun-violence-data#:~:text=3.,doubled%20over%20the%20past%20decade>.

<sup>82</sup> Indiana Criminal Justice Institute (2024). *Juveniles under adult court jurisdiction*. <https://www.in.gov/cji/research/files/Juvenile-Waiver-Report-FINAL-2024.pdf>

# CONCLUSION

The status of Indiana’s criminal justice system in SFY24 reflects both ongoing challenges and notable progress since the implementation of HEA 1006 and subsequent reforms. Several key trends emerged from this year’s analysis. Court case filings remained relatively stable, with a slight decrease in overall case filings compared to last year. The percentage of F6 offenders placed in an IDOC facility has increased significantly from year to year since HEA 1004. Facility operational capacities showed nuanced changes, with notable increases in female adult and juvenile IDOC facilities, while county jail overcrowding has been slightly reduced. Community corrections experienced a slight decrease in overall offender population, but with considerable increases in electronic monitoring and community service since SFY22.

Counties have made progress in addressing jail overcrowding, with the percentage of jails at or exceeding 80% capacity decreasing to 37% (down from 42%). Focus group participants from some counties reported fewer issues with overcrowding and attributed this improvement to new county jail construction and increased transfers to the IDOC. However, continued exploration and implementation of overcrowding reduction strategies remain crucial. Of particular importance is monitoring the recent policy change allowing F6 offenders to be placed in IDOC facilities, as data shows an increasing percentage of F6 placements in IDOC facilities over this past state fiscal year.

Despite significant improvements in Indiana’s mental health and substance use response and treatment infrastructure, for both the greater public and those involved in the criminal justice system, several challenges persist. These include chronic program staffing shortages, limited program capacities, a lack of follow-up resources after program completion, and the dearth of local providers in rural counties and jails.

Perhaps most concerning are the widespread staffing shortages throughout the criminal justice system, particularly for public defenders and prosecutors in rural counties. These staffing deficits require immediate attention and solutions to prevent further significant negative effects. Without adequate staffing, the criminal justice system faces multiple risks: compromised legal representation, burdensome caseloads, and staff burnout, all of which could significantly impact the quality and efficiency of justice administration.

# RECOMMENDATIONS

1

## Improve the Criminal Justice Data Ecosystem

As in previous years, an ongoing challenge for this report has been navigating the complex data ecosystem of criminal justice information throughout the state. The ICJI has continuously worked with multiple organizations to obtain the available data needed to draft this and other reports. Both in requesting and receiving the data needed to complete this report, it was apparent that the methods by which Indiana tracks criminal justice-related information are fragmented and often duplicative. A primary focus needs to be on enhancing, gathering, and defining jail data; developing a cohesive criminal justice data repository; scaling back the number of data systems utilized such as jail management systems; enhancing the sharing of data across agencies; and improving the evaluation of the available data produced by each system stakeholder.

2

## Address Staffing Shortages

Currently in Indiana, many sectors of the criminal justice system are experiencing significant staffing shortages and high turnover, notably for attorneys, mental health professionals, and jail staff. While these shortages are occurring throughout the state, rural counties are particularly affected. These staff shortages prevent justice-involved individuals from receiving timely legal assistance and mental health resources and reduce jails' abilities to operate safely at their population levels. The Indiana Supreme Court has established a commission to address the attorney shortage, which aims to incentivize rural legal practices, improve law firm business models, utilize emerging technologies, develop pathways for students into legal practice, and promote public service in criminal justice careers.<sup>83</sup> The attorney shortage is currently the most prevalent of the staff shortages, however, similar strategies should be considered for other criminal justice careers facing similar shortages, like county jail deputies and community mental health and substance use providers that serve justice-involved individuals.

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<sup>83</sup> Muñiz, L. B. (2024, April 5). *Indiana Supreme Court establishes attorney shortage commission*. Indiana Capital Chronicle. Retrieved October 25, 2024 from <https://indianacapitalchronicle.com/briefs/indiana-supreme-court-establishes-attorney-shortage-commission/#:~:text=The%20Indiana%20Supreme%20Court%20hears,to%20further%20study%20and%20recommendations>.

# 3

## **Continue to Support Mental Health and Substance Use Programs During and Post-Incarceration**

Many criminal justice-involved individuals have mental health, substance use, or dual diagnosis disorders. Therefore, it is necessary to continue efforts to enhance the accessibility of community-based mental health and substance use treatment programs that support the full range of needs for the criminal justice population, including recovery residences, medication-assisted treatment, and psychiatric services. It is recommended that these services be offered during and after incarceration, as both impact recidivism.

In last year's survey of criminal justice stakeholders, prioritizing program capacity, staffing, and follow-up services would be most beneficial for substance use and mental health programs to increase program accessibility and success. In this year's focus groups, participants provided additional recommendations that counties need greater access to a mental health professional in county jails and more local mental health and dual diagnosis providers, especially in rural areas. Recent budgetary and legislative actions, as well as the long-term plans to improve mental health and substance use infrastructure in the state are all steps in the right direction. However, continued attention, funding, and evaluation of existing mental health and substance use programs are needed to provide these services to individuals currently and formerly involved in the justice system.

## **Increase Focus on Reentry and Community Supervision Services**

Reentry and community supervision services continue to be areas in need of enhancement in Indiana. Additional and/or improved reentry programs and community supervision programs are needed in areas such as employment, housing, transportation, life skills training after incarceration, and improving staffing issues and participant capacity limitations for existing programs. The Integrated Reentry and Correctional Support program provides adaptive support for individuals in the criminal justice system for reentry, and the IDOC has implemented job and life skills training for some offenders, but more work is needed, especially at the local level. Steady and gainful employment combined with secure housing and transportation are key factors that will impact Indiana's recidivism rates for those reentering the community, as well as those under community supervision.

## **Support Local JRAC**

The Local JRAC Statute (Ind. Code § 33-38-9.5-4) provides the framework for local stakeholders to convene regular meetings and review systemic practices to implement needed improvements within the local criminal justice system. Therefore, it is necessary to support efforts to enhance technical assistance and funding opportunities for Local JRACs. The Local JRAC review process is critical to comprehensively address issues facing the criminal justice system, including jail data and jail overcrowding, mental health crisis responses, community supervision, and reentry. This process allows Local JRACs to work with JRAC and the General Assembly to inform state policy.

# 4

# 5

# APPENDIX

## Focus Group Informed Consent Form

### Informed Consent

**Project Title** Assessment of Local Impact of Indiana HEA 1006

#### **Project Purpose and Rationale**

The purpose of this study is for the Research Division at the Indiana Criminal Justice Institute (ICJI) to collect data regarding the local effects of House Enrolled Act (HEA) 1006, a criminal sentencing code reform that became effective July 1, 2014.

#### **Participation Procedures and Duration**

For this project, participants will be asked to partake in a focus group designed to inquire about various effects of HEA 1006 in the county. The focus group is expected to last from one to two hours.

#### **Data Confidentiality or Anonymity**

All analyzed data will be maintained as confidential with no names associated with responses, and no identifying information will appear in any publication or presentation of the data. Our report may identify the types of organizations and counties, and will summarize findings across those counties, however will not disclose the names of the staff.

#### **Storage of Data**

Notes will be collected on password-protected laptops by researchers of the Research Division throughout the duration of the focus group. Additionally, the focus group will be audio recorded for analysis purposes only. Audio recordings will later be stored on password-protected computers. Those outside the division will not have access to recordings. Audio recordings will be processed by a transcription software, and then transcriptions will be kept on a password-protected computer. There is not a strictly determined time the data will be deleted, as a longitudinal study may present itself.

#### **Risks or Discomforts**

There are no anticipated risks or discomforts associated with this focus group. Participants may choose not to answer any items and may quit the study at any time.

#### **Benefits**

Participants may benefit from reflecting on the items concerning the effects of HEA 1006 on their county. Bringing together key stakeholders at the local level may serve your county, and state, to discuss these changes and possible recommendations.

## Voluntary Participation

Participation in this study is completely voluntary, and you are free to withdraw at anytime for any reason without penalty or prejudice. Please feel free to ask any questions of the researchers at any time during the study.

## Consent

If you consent to participate, please select yes and initial. If you do not consent then choose no and we will no longer continue. Thank you for your time.

Yes:

No:

Initial \_\_\_\_\_

## Focus Group Questions

- 1) In 2022, legislation passed a revised statute (IC § 35-38-3-3) to allow Level 6 felony offenders to be committed to DOC instead of being placed in jail. Are you aware of this change in law? If so, what effect did this have on your agency? (*increase or decrease workload, no change in workload, change in jail pop*)
- 2) From your experience, what factors or criteria should be considered when determining whether a Level 6 felony offender should be housed in a local jail or prison?
- 3) What role do you think alternative sentencing options or community-based programs could play in addressing jail overcrowding and the placement of Level 6 felony offenders?
- 4) Is your jail currently or recently overcrowded? If so, what strategies has your county used to address overcrowding?
- 5) Are there any other insights, concerns, or recommendations you would like to share regarding the placement of Level 6 felony offenders?
- 6) Have you seen a change (increase or decrease) in the number of criminal justice involved people that have mental health or substance use issues?
- 7) What mental health and/or substance use programs does your agency currently offer or make referrals to? Do programs seem to be effective in reducing recidivism and/or reentry into the community?
- 8) In your experience, are the mental health and/or substance use needs of criminal justice involved individuals being adequately met in your county? *What gaps or unmet needs exist? Are programs available and accessible in your community?*
  - ◆ What barriers or challenges do individuals face in accessing programs?
- 9) What kind of collaboration or coordination exists between criminal justice agencies, mental health providers, and addiction treatment services? Can or does this need to be improved?

- 10) Are there any other insights, experiences, or recommendations you would like to share regarding mental health and substance use needs of criminal justice involved individuals?
- 11) Does your county have a problem-solving court?
- 12) In your experience, do problem-solving courts seem to be effective at reducing recidivism, or addressing substance use issues? (*rehabilitation*)
- 13) Has the attorney shortage in our state had an impact on your agency? How so?
- 14) What do you perceive to be the most significant current trends or challenges facing the criminal justice system in Indiana that we have not yet discussed?
- 15) What do you see as potential opportunities or areas for improvement in addressing current trends or challenges within the criminal justice system in Indiana?
- 16) Is there anything else you would like to share that you haven't gotten to yet? Or, if you could say or suggest anything to the State Legislature regarding criminal code reform, what would you say/suggest?

# GLOSSARY

## Abstract of Judgment

Also referred to as abstract in this report; a living electronic document, completed by the court, associated with an offender sentenced with a felony who has received a commitment to the Indiana Department of Correction (IDOC).

The document must include, but is not limited to:

- (1) each offense the person is convicted of;
- (2) the sentence, including whether the sentence includes a suspended sentence, probation, or direct commitment to community corrections;
- (3) whether the person is a credit restricted felon; and,
- (4) specific reasons for revocation resulting commitment to the IDOC if probation, parole, or a community corrections placement has been revoked, if applicable (IC § 35-38-1-31).

## Community Corrections Program

A community-based program that provides preventive services, services to offenders, services to persons charged with a crime or an act of delinquency, services to persons diverted from the criminal or delinquency process, services to persons sentenced to imprisonment, or services to victims of crime or delinquency, and is operated under a community corrections plan of a county and funded at least in part by the state subsidy (IC § 11-12-1). Community corrections operate in every Indiana County in some capacity, except Benton, Franklin, and Newton counties.

## Community Transition Program (CTP)

This program is intended to give an incarcerated offender a head start to reentry. Offenders committed to the IDOC may be assigned to their county community corrections program, probation, or court program for a period of time prior to their release date; the period is determined by the offender's offense level (IC § 11-8-1-5.6).

## Credit Time

The sum of a person's accrued time, good time credit, and educational credit (IC § 35-50-6-0.5).

## Day Reporting

A form of supervision in which a person is required to report to a supervising agency at a designated time. Other conditions may apply, including a curfew and home confinement.

## Discharge

Termination of commitment to the IDOC (IC § 11-8-1-8).

## Disposition

When a case comes to a close through one of many possible methods.

### Education Credit

Reduction in the term of imprisonment or confinement awarded for participation in an educational, vocational, rehabilitative, or other program. The term includes an individualized case management plan (IC § 35-50-6-0.5).

### Electronic Monitoring

Community supervision using an electronic monitoring device (IC § 35-38-2.5-3).

### Family and Social Services Administration (FSSA), Department of Mental Health and Addictions (DMHA)

The division of FSSA that is responsible for setting the standards of care for mental health and addictions services in Indiana. DMHA is responsible for certifying all community mental health centers and addictions treatment providers in the state. The division also operates the state's six long-term psychiatric hospitals and provides funding support for mental health and addictions programs throughout Indiana.<sup>84</sup>

### Forensic Diversion

A program designed to provide an adult an opportunity to receive community treatment addressing mental health and addiction and other services instead of or in addition to incarceration (IC § 11-12-3.7-4).

### Guilty Plea/Admission

Cases in which the defendant pleads guilty to an offense.

### Habitual Offender (HO)

A person who has previously been convicted of the required number (usually 2 or more) of unrelated felonies in accordance with Ind. Code § 35-50-2-8 and results in an enhanced sentence.

### Indiana Department of Correction (IDOC)

State agency created, organized, and operationalized by Indiana Code Title 11; responsible for serving the best interests of its committed offenders and society (IC § 11-8-4-1). Per statute, the IDOC is responsible for managing a substantial amount of programs and services, including the Indiana sex and violent offender registry. The IDOC is also responsible for inspecting county jails annually to ensure jails are in compliance with jail operations standards.

### Jail Inspection Report

The report produced following an on-site visit to a jail by an inspector serving as an agent of the commissioner of Sheriff and Jail Operations under the Operations division of the IDOC. The report contents are based on the statewide jail standards for county jails (210 IAC 3).

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<sup>84</sup> For more information about FSSA DMHA, please go to <https://www.in.gov/fssa/dmha/about-dmha/>

## Jail

A place for confinement of people arrested or convicted of a crime. In Indiana, there are 91 county jails; Ohio County does not have a jail. Indiana jails are used primarily to:

- detain arrestees;
- hold individuals who have not yet been sentenced;
- house misdemeanants and felony level 6 diversion offenders who, per statute, may not go to the IDOC except under limited circumstances.

## Judiciary

Also known as the judicial system or the court system.

## Medication-Assisted Treatment (MAT)

MAT, also known as an opioid treatment program, uses medically supervised medication assisted treatment, typically in combination with other rehabilitative services, to help people recover from opioid use disorder.

## Misdemeanor

A violation of a statute for which a person may be imprisoned for no more than one year and is classified by levels A through D (IC § 33-23-1-9).

## New Commitment

A new criminal conviction resulting in a new sentence to be carried out at least in part with the IDOC.

## New Filing

A new criminal case filed with the court.

## Noncode Statutes

Noncode statutes are provisions that have substantive impact on their own but are not in the Indiana Code.<sup>85</sup>

## Operational Capacity

The total bed capacity of an IDOC facility. The capacity of a facility is the number of beds authorized for the safe and efficient operation of the facility.

## Parole

The conditional release of a person convicted of a crime prior to the expiration of that person's term of imprisonment, subject to both the supervision of the correctional authorities during the remainder of the term and a resumption of the imprisonment upon violation of the conditions imposed.

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<sup>85</sup> For the most part, this language is found in budget bills and in certain so-called temporary acts. For more information, see: Oddi, M.,J. (May, 2008). Can you rely on the Indiana Code?. [PDF]. *Res Gestae*. <https://www.aallnet.org/wp-content/uploads/2018/02/NationalSummitResGestae-noncodelaws.pdf>

## Pretrial Release

An arrestee who has been released from jail prior to trial or sentencing. Release generally includes some type of pretrial supervision requirement.

## Probation

The process by which a criminal sentence is suspended, and the defendant is released into the community subject to conditions ordered by the court.

## Problem-Solving Court

Started in 1990, these courts work with offenders that have specific needs and problems, which are not adequately addressed in traditional courts. They seek to benefit the offender, as well as the victim and society. Each court is developed to meet the needs of the locality it serves, and these courts can focus on—but are not limited to—drug use, mental illness, domestic violence, and veterans.<sup>86</sup>

## Prosecutor

An elected official or deputy of one who is vested with the authority to institute legal proceedings against a person who has allegedly violated Indiana law within their respective jurisdictions. Prosecutors are elected by county. Dearborn and Ohio counties share a Prosecutor.<sup>87</sup>

## Public Defender

An attorney engaged in the legal defense of an indigent defendant.

## Recidivism

In this report, recidivism data was only discussed in the section about the IDOC. The IDOC defines recidivism as an offender's return to IDOC incarceration within three years of release from a state correctional institution.<sup>88</sup>

## Recovery Works

Provides vouchers to the DMHA program that certifies mental health and substance abuse providers in the community to treat individuals involved in the criminal justice system. The voucher program was designed to cover mental health and/or substance abuse treatment costs for participants without insurance or Medicaid. Participants must be over the age of 18, be a resident of Indiana, have a total household income equal to or less than 200% of the federal income poverty line, and have entered the criminal justice system with a current or prior felony conviction.<sup>89</sup>

## Release

For the purposes of this report, this is when an offender leaves a correctional facility, not including a temporary absence.

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<sup>86</sup> For more information about Indiana's problem-solving courts, please go to <http://www.in.gov/judiciary/pscourts/2337.htm>

<sup>87</sup> For more information about Indiana Prosecutors, please go to <https://www.in.gov/ipac/index.htm>

<sup>88</sup> For more information about the IDOC's recidivism rates, visit <https://www.in.gov/idoc/policies-and-statistics/data/statistical-data/recidivism-reports/>

<sup>89</sup> For more information about Recovery Works, please visit <https://www.in.gov/fssa/dmha/2940.htm>

### Residential Substance Abuse Treatment (RSAT)

“The Residential Substance Abuse Treatment (RSAT) Program is a formula grant program that enhances the capabilities of state, local, and tribal governments to provide residential substance use disorder (SUD) treatment to adult and juvenile populations during detention or incarceration, initiate or continue evidence-based SUD treatment in jails, prepare individuals for reintegration into the community, and assist them and their communities throughout the reentry process by delivering community-based treatment and other recovery aftercare services.”<sup>90</sup>

### Revocation

Termination of probation supervision, community corrections supervision, or parole supervision as a result of a violation of the supervision conditions.

### Sentence Modification

A process by which the court may change the sentencing placement; reduce or suspend a defendant’s sentence and impose any sentence that the court could have given the defendant at the time of the original sentencing. Plea agreements cannot be modified without the consent of the prosecuting attorney. A defendant may only make one modification request per year and a total of two modification requests during the entire sentence (IC § 35-38-1-17).

### Service Provider

A non-criminal justice agency that provides mental health and/or addiction services to justice-involved individuals.

### Technical Violation

A violation of a condition of probation. (IC § 35-38-2-3)

### Violation-New Commitment

Violating the terms of community supervision by obtaining a new criminal conviction resulting in a new sentence to be carried out at least in part with the IDOC.

### Work Release

An offender placement where the individual lives in a facility and is permitted to leave the facility to work, seek employment, attend school, and receive medical attention. The offender may also earn passes to visit with family or may be granted other passes for special circumstances. These facilities typically offer a number of programs in-house to aid in offender rehabilitation and reentry.

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<sup>90</sup> For more information on RSAT programs, visit the Bureau of Justice Assistance <https://bj.a.ojp.gov/program/rsat/overview>



# CONTACT

**Indiana Criminal Justice Institute**

402 W. Washington Street,

Room W469 & W160

Indianapolis, IN 46204

(317)-232-1233

<https://www.in.gov/cji/>

