

Tri-Branch Task Force on Justice and Co-Occurring Disorders

June 27, 2013

Attendees: Tri-Chairs Chief Justice Paul Reiber, Doug Racine and Alice Emmons, Justice Beth Robinson, Kim Bushey (for Andy Pallito), Kristin Chandler & Trish Singer (for DMH), Keith Clark, Tony Folland (for Barbara Cimaglio), Karen Gennette, Ed Haak, George Karabakakis, Bram Kranichfeld, John Perry, Ed Riddell, Cindy Taylor and Suzi Wizowaty (replacing Bill Lippert), Anna Saxman

Guests: Lisa Chalidze and representatives from the College of St. Joseph; Donna Reback, Flint Springs Associates

Discussion Notes

I: Announcement

The new state Commissioner of Mental Health is Paul Dupre, formerly the Executive Director of Washington County Mental Health Services will be joining the Task Force as soon as he begins in this new position. Suzi Wizowaty was welcomed, she is taking Bill Lippert's seat. Bram Kranichfeld is a new Task Force member as the Executive Director of the Department of State's Attorneys and Sheriffs.

II: Updates – Legislative and Other

Department of Corrections:

* There continues to be legislative concern regarding what is perceived to be high detention numbers. The Corrections Oversight Committee will continue to work with representatives from DOC, the criminal justice system and the judiciary to examine the situation and develop plans to bring those numbers down.

* DOC is in the beginning stages of structuring re-entry/transition services.

- 30 – 90 days in length
- Working with community partners
- Re-entry coordinators at the facilities
- Some risk-reduction services
- To be put into the continuum so that re-entry programs match the person (length of incarceration, etc)

DOC has applied for a re-entry planning grant which will provide the opportunity to set up uniform procedures state-wide. Regardless of if the grant is received or not, Commissioner Pallito is committed to the development of this program.

Re-entry and reducing recidivism is not a problem for DOC alone to solve, many other State and community agencies also have a stake in this issue. DOC is primarily responsible for public safety; they are not a treatment organization. They are, however, looking at how a person moves through all points of the system and working toward becoming part of the process and not a separate entity. Plans include staff training and efforts to change the perception/behavior/culture of DOC employees.

This new re-entry grant, if received, will allow coordination between DOC, MH, ADAP, Housing and Job resources with a goal of continuity of care throughout incarceration –

beginning the re-entry process when the individual arrives and not as they are leaving. Several comments reiterated the need for appropriate housing for those being released from incarceration – as well as jobs and integration skills.

Discussion followed re: a large piece of the re-entry program that needs to be addressed is culture change and public perception.

* COCHS (coaches) - Community Oriented Correctional Health Services - the national leader in promoting health care connectivity between jails and communities. <http://www.cochs.org>

The Coaches team has conducted about 175 interviews throughout the state within and outside DOC looking at ways to restructure mental health and substance abuse services for those entangled in the criminal justice system and in particular for those incarcerated. They are reviewing:

- Where we are now, the vision for the future and then determining how to get there
- What's in place and working now?
- What is hindering progress?

They will provide recommendations by the end of 2013.

* DOC has been looking at available risk assessment tools with an eye toward tools that apply to different populations at different points in the system. For instance pre-trial, those with short or long prison terms and those with short or long re-entry.

They are transitioning to the ORAS system and have trained 50 staff so far. They have plans to train 12 staff members to become trainers and look to have the new assessment tools fully implemented by October, 2014.

* DOC is looking at a web-based system to allow the sharing of risk assessment data with partners (such as the judiciary)

Division of Drug and Alcohol Programs:

* Please see the attached document *Legislative Summary re: Substance Abuse*

Hub & Spoke update

A statewide model designed to ensure coordinated patient care and medication maintenance.

- A center in Chittenden is already up and running and will be moving to a larger facility (enabling a larger patient load, and an increase to staffing)
- Central Vermont and Brattleboro /West Lebanon are on track to open July 1 with enhanced services
- There are efforts to put a learning collaborative in place, in partnership with the Dartmouth Hitchcock Psychiatry department, to provide consistency of care across the hubs

Other Updates:

* Rapid intervention expansion

Bram has been working with TJ Donovan for several months laying the groundwork for the expansion of rapid interception to Franklin and Addison counties. He has also been working on a software system to support the expansion.

* Legislative committees

S1 – Act 61: *An Act Relating to the Consideration of Financial Cost of Criminal Sentencing Options* - A workgroup will develop a criminal justice program cost benefit grid. They will submit a report 1-1-14.

A workgroup will work to develop criminal offense classification guidelines to increase uniformity in sentencing. They will submit a report 11-1-13.

An Administrative Hearing Officer Study Committee has been formed to look at all responsibilities of these positions in the State. They will submit a report 12-15-13.

Department of Mental Health summer study group

The real-world practice of issuing mental health warrants is not consistent with the statutory requirements. This group will study the issue and present recommendations.

III: Updates on Intercept point I

Kristin Chandler reported on Team Two Training initiatives

Training law enforcement and mental health crisis response teams to work together.

- Over 65 law enforcement and qualified mental health specialists have been trained
- All 1st responders will be trained over the next 2 years
- Also reaching out to train emergency department staff

A SAMHSA grant application has been submitted to help carry the program forward, but it will continue with or without the grant.

Windsor/Windham completed a 6-hour training re: transporting people with mental health issues. Skills taught/practiced include: take the time to build rapport to de-escalate, and transporting with no restraints/shackles.

Windsor/Windham have not had a hard restraint transport in over 1 year.

Attached: Graph to illustrate the instances of secure and non-secure transport for Adult Involuntary Transports 1/1/12 – 5/30/13

Discussion: The crisis continues regarding the number of available beds to house patients with mental health issues and the current practice of holding them in emergency departments until a bed is available.

- Adds stress and anxiety to those being held
- Heightens fear and anxiety in treatment providers
- Requires around the clock police supervision
- Need a plan of action to move them under the legal guidelines set forth for the medical practitioners

25 new beds are scheduled to open in Berlin which many hope will reduce this crisis, but other facilities may be closed down and beds lost, so the Berlin facility may not relieve the problem.

The Emergency Room Directors and DMH are having ongoing conversations about this issue.

IV: Presentation

Lisa Chalidze and colleagues from the College of St. Joseph presented a proposal for a pilot court program to ensure that youth being tried in adult court receive needed evaluations, as they would in the juvenile court. The presentation was well received and sparked conversations about confidentiality, voluntary vs ordered participation, attorney/client privilege, similar programs that are already in place, resources and goals. Lisa will connect with George to learn more about Sparrow and with Anna for possible collaboration with the Defender Generals Office. The complete proposal is attached.

V: Updates on Intercept Point II and the Chittenden Systems Development Initiative

Donna from Flint Springs Associates presented her initial findings.

Interviews were conducted with front end agencies for intercept points 1 & 2:

- What services/activities did they provide?
- Are services/activities evidence based practices?
- Who is eligible to participate?
- Are there clear eligibility requirements?
- What are the outcomes both long and short term?
- How are they tracking/measuring outcomes?

Collaboration with other agencies was discussed as well as building a collaborative, integrated system.

- Most are receptive, provided they don't have to change what they do.
- There is a high interest across the board in helping people to succeed.

What's needed:

- Collaboration is a means to an end, it is not the end goal.
- There is not a lot of tracking/evaluation of what happens to people when they leave – no way to measure the success of the programs.
- There is not a standard assessment tool or procedure, though most use ORAS or SAMHSA GPRA.
- Everyone interviewed stated that they need more resources, yet there is not a clear picture of what resources are actually needed.
- Integration of resources is key as is sharing resources and information
- Need to look at regional needs, not the needs of the individual agencies
- Need integrated/unified tracking databases with mental health and medical information for continuum of care.
- Need to build on existing success.

Donna will be writing up and providing her report with recommendations by the end of July 2013.

VI: Next steps for the Tri-Branch Task Force

During the September and December meetings we will review vision, mission statement and strategic plan which were adopted in 2008.

- Is it still viable?
- Are there changes we would like to make?
- How do we address budget challenges moving forward?
- Expectations of the Mental Health and Criminal Justice systems are rising, how do we

| | |
|--|--|
| | meet expectations and bring programs to a systemic level? <ul style="list-style-type: none">• Prioritizing our efforts• Reducing costs to sustain the population we need to serve |
| | |

| |
|--|
| NEXT MEETING: September and December During the next two meetings the task force will review the vision, mission statement and strategic plan to see if it is still viable, we are still on track, or revisions should be made and plan for systemic responses and interventions. |
| |