

Tri-Branch Task Force

December 15, 2011

Attendees: Chief Justice Paul Reiber, AHS Secretary Doug Racine, Susan Bartlett, Barbara Cimaglio, Keith Clark, Keith Flynn, Karen Gennette, Rep. Bill Lippert, Bernard Norman, Andy Pallito, Ed Paquin, Ed Riddell, Chief Schirling, Connie Schutz, Tina Wood, Patty Breneman

DISCUSSION ITEMS

Discussion Notes

Welcomed DPS Commissioner Keith Flynn and Windham Sheriff Keith Clark to the group.

Legislative Updates

- Corrections Oversight: Andy Pallito indicated that the facility switch took much time and DOC is holding the line around the detainee numbers (~350 as of 12/15/2011), but the tide is turning.
- Recidivism Conference: Andy also reported that Judge Davenport, Susan Bartlett, Senator Sears and himself attended a recidivism conference in Washington D.C. and heard Ed Latessa present on the ORAS. The Ohio Risk Assessment System (ORAS) provides multiple screenings at multiple points in the criminal justice system and was agreed to be the most appropriate as it would travel with the person throughout the system. Would support replacing the LSI with ORAS. Need to share information across systems and have a more cohesive data collection system.
- Qualified Misdemeanor Committee: DLS is a significant issue. There is interest in assisting courts with DLS cases by referring to diversion or to come up with a plan to pay the fines. There was general agreement that this would be a more appropriate use of the criminal justice system and a legislative bill is being drafted. There is a focus on language so that it is understandable. In regards to motor vehicle fines—what is the behavior we’re trying to elicit?
- Missouri Automated Sentencing Commission (MOSAC): works to provide equal justice. The publicly accessible web-based system takes into account risk and criminal history to provide possible suggestions to judges regarding sentences. The system collects static information and automatically generates a report. MOSAC can be accessed at: <https://www.courts.mo.gov/rs/> (Charge codes can be found at: <http://www.courts.mo.gov/file.jsp?id=2005>)
- ADAP: Trying to create a multidimensional system through the use of the ‘hub and spoke’ model. Deliberate places for care where clinicians can assess, link, and coordinate—medication management aspect being implemented in Rutland. Need to figure out how these hubs would interact with criminal justice system partners. Funding coordination is anticipated to be a challenge.
- VSH: Much work being done around the replacement for the Vermont State Hospital. There is a plan being formulated that involves creating replacement beds at locations across the state: 6 beds at Rutland Regional, 14 at Brattleboro Retreat, 15 at a facility in Central Vermont. In addition, two more step-down programs are being developed in Springfield and Northwest Vermont. The Agency is looking at providing more resources for support services for people who may be in a crisis—an RFP should be completed by the end of January, with the draft to be reviewed by ED directors and police. The biggest concern is time—needs legislative approval. Meanwhile, it is causing a backup in the system.

Discussion around where the Task Force’s focus should lie: truancy, multigenerational issues, etc. Need to start earlier—70% of people involved with DOC were in special education as youth. What about children involved in DCF and foster care?

Early Intercept Intervention Framework

- Intervention to happen at the earliest point possible. Language needs to be more support-oriented and less crisis or emergency-oriented.
- Need for flexibility in the programs that can develop organically Outreach interventionist program in Burlington is a model where a HowardCenter staff would take non-emergent calls from people who were deemed “high utilizers” based on the number of calls to the police.
- The Northeast Kingdom Community Response Group initially focused on the development of a police social worker program, but there were concerns about the demographics and location of the NEK that might not lend the social worker program to be successful. In the NEK, many emergency services are based on town appropriations which lead to concerns about cost. The State police, Caledonia Sheriff’s Department, St. Johnsbury Police, Northeast Kingdom Human Services, ambulance services, and hospital. Lack of case management for people who don’t necessarily fit

	<p>within other programs. Public inebriate and mental health crises is an ongoing challenge due to different rules and restrictions. The NEK model could be in the DPS toolbox to use in other areas with state police.</p> <p>Discussion State needs to be clearer about what they want to buy. Need a continuum of services instead of siloes (use the self-sufficiency matrix) and access to immediate SA and/or MH treatment when they're ready. Timelines to access the justice system. Need to have the ability to take snapshots of data. VJISS system to address some data concerns. People aren't interested in the funding source in emergent situations. Local flexibility is imperative in addition to the need of replication of good programs. The key to success in Vermont is the availability to other players in the state. Providers are more comfortable integrating MH, SA services and many clinicians are dually licensed. Need more medical expertise, identifying and addressing needs around what constitutes a medical versus MH/SA emergency.</p>
Decisions Made	<ul style="list-style-type: none"> • Move next TBTF meeting to a Monday • Set up a demonstration for MOSAC • Invite Melissa Bailey to give update around AHS Integrated Family Services

ACTION ITEMS

Action Item	Who's responsible	Due Date
Demonstration of MOSAC	Karen, Patty	January
Invite Melissa Bailey to next meeting	Karen, Patty	January

NEXT MEETING

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