**Criminal Justice Capable (CJC)**

**Meeting Minutes**

**04/18/15**

Attending: Karen Gennette, Jane Helmstetter, Debra Hopkins, Jennifer Jones, Erin O’Keefe, Kim Owens, Trish Singer, A.J. Ruben, Michael Mcadoo, Michael Murphy, Kim Bushey, Mark Young, Laurina Fullam, Aiden Davis, Mark Ames, Annie Ramniceanu

General and Legislative Updates:

* A new recovery center for Newport was not in the Governor’s budget as anticipated. There has been discussion about taking $4000 from each of the existing recovery center budgets for use in developing a Newport center.

* The Sparrow Project and the Collaborative Systems Integration Project (CSIP) will continue in spite of budget cuts. Money will be re-directed from other community funds to support the continuation of both projects. It was noted that Sparrow was one of the first pre-trial programs in the state.
* There are varying stages of pre-trial services hiring and training occurring throughout the state. Eleven jurisdictions are in the process of hiring pre-trial monitors. Caledonia and Essex hired monitors and have begun training. Chittenden will be the next county to begin training on April 27th with Bennington following on May 4th.  Brattleboro and Windsor are in the process of second interviews. Toward the end of June the majority of monitors will have completed training while others will just be beginning. Annie Ramniceanu is meeting with each monitor individually and will maintain a close relationship with the trainees and the process using a NIATx learning collaborative model.

SIM Chart Review and Update:

* Final additions and changes to the chart may be sent to Karen Gennette. There remain some questions about whether crash should be included in each county.

Discussion:

* The CJC group identified the need for pre-trial services at intercept 1. Bobby Sand became the face of that work. Sparrow and CSIP also came out of the work of this group.
* Case managers and programs that support connecting with challenging populations, like CSIP, are critical. They can make a significant difference in reducing the rate of re-institutionalization through relationship development. Rutland’s Project Vision is a good example of helping people with high needs and high service use take responsibility for helping themselves. The benefit of these programs is that they understand the need for engagement and the need to help this population take responsibility for one’s self. Part of this is skill building. Many services depend on a lead person to help link clients to the available services they need. There is however, no systemic structure for case management. Additionally, once you have developed relationships confidentiality may become a barrier to service coordination. Field service directors have service coordinators and flexible funds that could be used as a model.
* **The existing Vermont Chronic Care Initiative (VCCI)** care coordination and intensive case management services may be a good model for a systemic multi structure for; case management, service coordination; lead case managers; non-categorical generalists and flexible funding.
* The evidence shows the use of incentives can help to maintain service engagement. For example using reinforcement we might increase housing dollars for staying engaged in services. Part of the struggle is individualization. How do we help all the other lives impacted by the people we serve? It requires leadership within the community.
* Project Vision is an example of leadership that mobilized a community after the tragic death of Carly Ferro, a young woman killed by a young man driving while huffing in Rutland County. Leaders in the community, most notably Rutland Police Department Chief James Baker, University of Miami Researcher and Rutland resident Korrine Rodrigue, Mayor Christopher Louras, Commander Scott Tucker and Joe Krauss activated the community and began what is now known as Project Vision; a community collaboration to improve the quality of life in Rutland. They work to empower the community to effect change, strengthen neighborhoods and help support people suffering from addition and poverty. They hold monthly meetings which include members of the faith community, law enforcement, the legal community, service providers, professionals, neighbors, and those who suffer and their families. Through these volunteers they sponsor numerous community events and improve the life of the community.

Work Group - Identify baseline services desired in each county:

See attachment. Prepare to discuss intercept 2 baseline service in May.

Respectfully Submitted,

Kim Owens

Programs Manager, CAO

**Work Group Attachment**

**Pre-intercept 1**

Target high users of system before they enter the CRJ system

ACT one mental health 101 training team

Team two training

**Intercept 1 Baseline Services - available**

Access to mental health treatment: level of care

Access to substance abuse treatment: levels of care

Developmental services

Crisis services (MH & DD)

Employment services/supports/voc-rehab

Peer services/recovery centers

Housing and housing supports (shelter plus care, homeless services)

Medical care

Local police

Community service centers

Transportation

Economic Services

Supported structured community placement

Field Services Directors (w/service coordinators & flexible funds)

Vermont Chronic Care Initiative (for high end Medicaid users)

Page 2

**Intercept 1 Baseline Services - unavailable**

Public inebriate programs

Mobile crisis

Withdrawal management

Intensive outpatient (SA & MH)

Mental health outpatient (non-CRT)

Positive reinforcement

Evidence based policing

Circle of support and accountability (COSA) for the criminal justice involved

Systemic multi system structure including; case managers, service coordinators, lead managers, non-categorical generalists and flexible funding.