

**ALCOHOL & DRUG POLICY COUNCIL (ADPC)**

**Criminal Justice Sub-Committee**

Meeting of April 22, 2019

Court Support Services Division, 455 Winding Brook Drive, Glastonbury

PRESENT: Barbara Lanza, Brian Austin, Jenifer Yarsawich, Robert Lawlor, Sharlene Croteau, Tim Shaw, Loel Meckel, Inés Eaton

<b>Topic</b>	<b>Discussion</b>	<b>Action</b>
<b>Introductions</b>		
<b>Review of Minutes</b>	Reviewed minutes from the 3/25/19 meeting.	Approved
<b>ADPC Recommendation – Early Screening Initiative</b>	Recommendation to maintain/expand ESI was discussed. Funding is needed to support the continuation of the ESI Program. Budget options have been requested to maintain and/or expand.	Recommendation approved
<b>Recommendation to Address Recidivism Risk in Behavior Health System</b>	An initial discussion was held on addressing recidivism in the behavioral health system. The Justice System uses a risk-need-responsivity model in order to identify the type of program that can address their criminogenic factors based on risk and need. Many justice related programs use this model. However, in the general service array, clinicians may need additional information/training/support on how their intervention can help reduce recidivism. The 8 criminogenic risk factors are: antisocial attitudes, antisocial personality, antisocial behavior, antisocial peers, dysfunctional family/marital, no/poor school/work, lack of pro-social activities, substance use. Some of these factors, if addressed in the general service array, can reduce recidivism.	To be continued in the May meeting
<b>Justice System Inventory of Services</b>	Programs and initiatives (adults only) were assigned to the different points in the Sequential Intercept Model (SIM). Intercept 0 and 1 were reviewed. Some programs and initiatives may be in multiple intercept points.	To be continued in the May meeting
<b>Connection to Care Initial Discussion</b>	The group continued to discuss potential improvements in the connecting to care during. The March meeting group identified the following ideas: <ul style="list-style-type: none"><li>• Information sharing and releases of information</li><li>• Referring only to programs that meet the needs</li><li>• Screen everyone at different points of contact</li></ul>	Participants should identify potential areas and specific ideas where connections to care can be improved.

	<ul style="list-style-type: none"> <li>• Differences between needs and public safety</li> <li>• Use of care coordination for behavioral health</li> <li>• Collaboration and planning with community providers</li> </ul> <p>This group identified some existing or to be reviewed examples of connecting to care such as:</p> <ul style="list-style-type: none"> <li>• Spreading the word on available services <ul style="list-style-type: none"> <li>○ New Haven is using signs/sidewalk decals</li> </ul> </li> <li>• DOC re-entry into methadone program</li> <li>• Harm reduction kits for those being released from New Haven detention</li> <li>• Police training</li> </ul>	
<p><b>Participant Update</b></p>	<p>Robert Lawlor from New England High Intensity Drug Trafficking Area joined the group. He provided an overview of HIDTA. HIDTA helps fund and share resources among law enforcement using a public safety and a public health approach to reduce drug trafficking.</p>	
<p><b>Plans for Next Meeting</b></p>	<ul style="list-style-type: none"> <li>• Addressing recidivism in behavioral health</li> <li>• Connection to care</li> <li>• Review Justice System Inventory of Services</li> </ul>	
<p><b>Possible Recommendations</b></p>	<p>The following list includes different ideas brought up the sub-committee members throughout different meetings.</p> <ul style="list-style-type: none"> <li>• Link data between systems to analyze outcomes</li> <li>• Implement pre-arrest diversion</li> <li>• Review service array to analyze duplication</li> <li>• Improve connection to care <ul style="list-style-type: none"> <li>○ Share discharge/treatment information from DOC to community providers for a seamless transition and avoid duplication</li> </ul> </li> <li>• Opioid Fatality Review Task Force to inform state policy regarding opioids</li> <li>• AIC and/or mobile crisis can be resources to assess and evaluate level of care</li> <li>• Use civil citations which require engagement in services</li> <li>• Require question on veteran status for access to veteran services</li> </ul>	

	<ul style="list-style-type: none"> <li>• Use of peer support at different points of justice system</li> <li>• Expand MAT into CT's correctional system</li> <li>• Explore transportation challenges to treatment services</li> <li>• Provide naloxone (Narcan) to discharging inmates and probationers at risk for overdose</li> <li>• Maintain/expand Early Intervention Screening</li> <li>• Address recidivism in the behavioral health system</li> </ul>	
<b>Next Sub-Committee Meeting</b>	Monday May 20, 2019 9am – 10:30am at CSSD, 455 Winding Brook Drive, Glastonbury	
<b>Next scheduled meeting of the ADPC</b>	Tuesday, June 18 <sup>th</sup> from 10:00am – 12:00pm Location TBD	