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Moving Forward at the Intersection of Justice, Mental Health, and Substance Use

September 11th, 2025

Vermont Sequential Intercept Model Advisory Team

D. Scott Acus, *Advisory Team Lead* – Mental Health and the Courts Project Director

Karen Godnick Barber – General Counsel, Dept. of Mental Health

Daisy Berbeco – Vermont State Representative (Winooski), Ranking Member, House Committee on Health Care

Katie Bourque - Director of Innovative Mental Health Services, Pathways Vermont

Mary Dainty-Moulton – Consultant, Former CEO of Washington County Mental Health Services, Former Dept. of Mental Health Commissioner

Christopher Davis, Esq. – Supervising Attorney, Rutland Public Defender’s Office

Anthony “Tony” Folland – State Opioid Treatment Authority & Clinical Services Manager, Vermont Dept. of Health

Ward Goodenough, Esq. – Windsor County State’s Attorney

Daniel Grundhauser, *Administrative and Logistical Support* - Projects Coordinator, Vermont Judiciary

Michelle O’Brien – Principal Court Management Consultant, National Center for State Courts

Lisa Ryan – Community Inclusion Director, Vermont Criminal Justice Council

Melinda White - Recovery Coach Supervisor, Turning Point of Franklin County

Judge Thomas Zonay – Chief Superior Judge

Contents

Title Page, Contents, Acknowledgements (pp.1-2)

Preface (pp. 3-4)

Recommendations (Pages 5-6):

- A. Overview (p.5)
- B. Operational Framework (pp 5-6)
 - 1. Strengthened Education, Training, and Public Awareness
 - 2. Improved Cross-System Collaboration
 - 3. System Navigation, Resource Linkage, and Peer Support Services

Background Information (pp.7-56)

- Appendix A: Vermont Judiciary Commission on Mental Health and the Courts: Charge & Designation (pp 7-12)
- Appendix B: Findings and Recommendations of the National Judicial Task Force to Examine State Courts' Response to Mental Illness (pp 13-24)
- Appendix C: Vermont State Level Community Survey Results (pp 25-46)
- Appendix D: Regional Sequential Intercept Action Ideas (pp 47-56)

Acknowledgements

Contributors to the foundational work for this report are too many to name, and that is a reflection of the collective spirit behind it. This effort has been shaped by nearly three hundred **participants in Sequential Intercept Model Workshops** held throughout Vermont. Their willingness to share lived experiences, professional insights, creative planning efforts, and community wisdom has been the backbone of this work.

We also extend gratitude to the **National Center for State Courts**, whose partnership and expertise have supported Vermont in weaving together solutions across systems. The **Conference of State Court Administrators' National Judicial Task Force to Examine State Courts' Response to Mental Illness** provided critical groundwork that has guided the path forward.

The **Vermont Judiciary Commission on Mental Health and the Courts**, which established the Vermont Sequential Intercept Model Advisory Team, has guided a shared vision of collaboration and change since its creation by the Vermont Supreme Court in 2022. We are grateful to the **hundreds of community members and stakeholders statewide** who responded to the survey about the intersections of the judicial system, healthcare (including mental health and substance use), and human services.

This work is dedicated to those who courageously strive every day to make recovery real for individuals and communities—whether through personal resilience, professional commitment, or collective action for the common good.

Preface

The Vermont Judiciary recognizes that courts are a pivotal point of contact for individuals and families navigating the intertwined challenges of mental health, substance use, and justice involvement. Vermont has been at the forefront of state judiciaries in its recognition of the courts' capacity to support communities, individuals, and the administration of justice by addressing these challenges directly. The current report provides a view of what progress will look like, including recommendations for realization of that progress.

The recommendations constitute the next steps in an ongoing process based on national best practices, community feedback, and local expertise. In July 2022, the Conference of Chief Justices and State Court Administrators' National Judicial Task Force to Examine State Courts' Response to Mental Illness recommended that each state establish a commission or task force to enhance and implement mental health and substance use initiatives. Not only did Vermont Chief Justice Reiber co-chair the Task Force but Vermont was among the first to establish such a commission. The "Charge and Designation of the Vermont Judiciary Commission on Mental Health and the Courts" is provided here as Appendix A. Its vision and identification of needs remains a valuable resource and a cornerstone of this report.

The National Judicial Task Force's "Findings and Recommendations" provides another key building block for the current document. Its broad perspective and numerous specific recommendations are touchpoints that will support, enrich, and extend ideas from the current report as time goes on. It is included here as Appendix B.

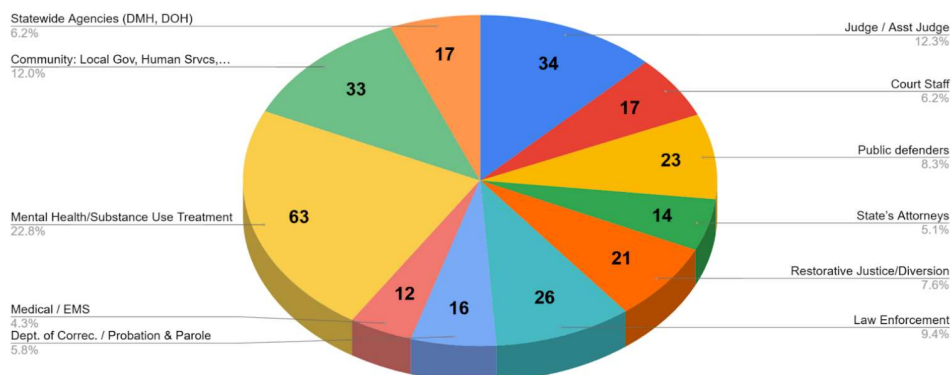
Over the past year, 293 stakeholders statewide— representing the judicial, mental health, substance use treatment, medical, and broader human services systems— completed surveys on issues at the intersection of mental health, substance use, and the courts. The results (Appendix C) were shared with SIM participants and SIM Action Advisory Team.

Finally, this report's look toward the future and its state-level recommendations emerge from five regional Sequential Intercept Model (SIM) workshops reflecting community and stakeholder input. Between September, 2024 and June, 2025, the Judiciary planned and held regional Sequential Intercept Model workshops in each of Vermont's five judicial regions. Nearly 300 participants took part in these day-long sessions, bringing together judges, attorneys, court staff, law enforcement, treatment providers, community leaders, and individuals with lived experience.

Participants were provided community survey results (Appendix C) and a wide range of data related to mental health, substance use, community issues, the justice system, and social determinants of health. Training was provided in applying the Sequential Intercept Model to organize action at this intersection.

Workshop participants were assigned to breakout groups of approximately 14 stakeholders, constructed to ensure a balance of perspectives from across the human services, medical, mental health, substance use treatment, and judicial systems. The graph below reflects the diverse perspectives represented at SIM workshop tables:

Statewide SIM Workshop Attendance By Role/Background



Each of these breakout groups worked across system boundaries, penetrating silo walls while bringing information and wisdom from all corners of the various systems, to recommend projects to improve the intersection of mental health / substance use and the courts. Appendix D provides a sketch of each of the projects recommended by these breakout groups. Thanks to the hard work of breakout group contributors, some projects have already come to fruition and others are well on their way.

Appendix D illustrates shared priorities identified by stakeholders with firsthand knowledge of Vermont's justice, mental health, substance use, and related systems. It highlights the statewide breadth of support for certain specific ways forward. These shared priorities, identified across breakout groups, form the basis for the Vermont SIM Model Advisory Team's recommendations.

In summary, this work is not undertaken by the Judiciary alone. It is shaped by the voices of stakeholders, informed by data, and guided by best practices and innovative approaches emerging both in Vermont and nationally. We are grateful to all those whose contributions have shaped the report and recommendations that follow-- community survey responders, local and national experts, statewide advisory committee members, Commission members, and SIM workshop participants.

D. Scott Acus, MA, MSW, LICSW (He/Him)
 Mental Health and the Courts Project Director
 VT Judiciary Commission on Mental Health and the Courts
 September 11th, 2025

Recommendations

Overview

The Vermont Judiciary will lead and support initiatives that strengthen community well-being where the justice system intersects with mental health and substance use. Through training, education, early intervention, navigation of services, and cross-system collaboration, such initiatives will result in:

- Improved responses to individuals with mental health and substance use challenges
- A reduction of unnecessary involvement with the justice system
- Better outcomes for individuals and communities

This work will be guided by stakeholder feedback, data-driven evaluation, and expertise built from both national best practices (including National Judicial Task Force recommendations¹), and promising innovative approaches.

Operational Framework²

- 1. Strengthened Education, Training, and Public Awareness:** The justice system, systems of care, and community stakeholders will receive consistent, high-quality training grounded in current science, law, and lived experience of individuals with mental health and substance use challenges. Curriculum development will include the voices of various professional and lived experience backgrounds, identities, and affinities.
 - Judges and court staff will receive ongoing training on the impact of trauma and will apply trauma-informed approaches within the court system.³
 - Courts will integrate ongoing, evidence-based training on mental health and substance use peer support services, developed in collaboration with Vermont organizations demonstrating expertise and ethics in the area of peer support.
 - Training platforms will be flexible and accessible via delivery online, in person, and through experiential opportunities (e.g. tours or in-service presentations related to community resources).

¹ Appendix B

² The specific recommendations in this document are not intended to foreclose other areas of inquiry or action, but rather to focus the recommendations of this Committee primarily on priorities identified in recent regional SIM workshops. Over time, new priorities and associated action plans will arise and should be reviewed by the Commission on Mental Health and the Courts annually (or more frequently if needed) for possible implementation.

³ [State Courts Leading Change](#) [p.41], by the National Judicial Task Force (2022), for recommendations related to secondary trauma.

- Public education efforts will reduce stigma and improve access by increasing understanding of the court system, mental health, and substance use recovery pathways, and available services.
- Resource lists and web search tools will be edited to allow searches targeted by county or region, and targeted by sequential intercept, with a goal of improving accessibility of resources for the public and within the system of human services, including medical, mental health, substance use treatment providers.
- Training data, including attendance, satisfaction surveys, participation by county/region/role, etc. will be tracked when feasible.

2. Improved Cross-System Collaboration: The Judiciary and stakeholders will regularly and actively engage in strategic discussions on mental health and substance use challenges, education and training opportunities, and innovative pilot programs.

- Counties or regions should support regular community-based meetings to strengthen cross-system collaboration and implementation of identified priorities.
- The Commission on Mental Health and the Courts will also ensure judiciary participation in statewide meetings that impact mental health and substance use services, policies, and practices.
- Policies and tools used at the intersection of mental health, substance use, and justice systems will be collaboratively and regularly reviewed for effectiveness and fairness, with recommendations developed collaboratively with providers and informed by training and data. Leaders from any of the three branches may initiate these reviews as needed.

3. System Navigation, Resource Linkage, and Peer Support Services: The Judiciary will support and engage in system navigation/linkage and peer support services for justice-involved individuals.

- System navigation and resource linkage will assist the judiciary in providing opportunities, including at arraignments when possible to expeditiously connect individuals to support with onsite navigators to bridge the gap between court and community-based services. Where appropriate, similar navigation and linkage opportunities will be sought for all intercepts, including the possibility of utilizing existing resources and on-site clinical assessment.
- Peer support services will be voluntary and person-centered. Courts will build capacity for peer service providers to collaborate with court personnel, creating stronger pathways to community-based services and supports, and ensuring timely, effective connections for individuals engaged with the justice system.

Appendix A

Vermont Judiciary Commission on Mental Health and the Courts: Charge & Designation



Vermont Judiciary Commission on Mental Health and the Courts

CHARGE AND DESIGNATION

July 2022

INTRODUCTION

The Vermont Supreme Court hereby establishes a Commission on Mental Health and its impact on Vermont's courts and to propose measures to respond to the needs of court-involved individuals with mental health issues for the following reasons, and for the purpose set forth below:

1. When individuals with serious mental illness need help, it can be hard to find. Everyone involved, with the justice system, including law enforcement officers, is frustrated by the frequent inability to connect people with serious mental illness with the treatment they need. The challenge is at least as acute for children arriving in juvenile court as for adults. Most Vermonters are faced with long wait lists for outpatient treatment, and when in acute mental health distress, they may wait days in our hospitals' emergency departments for an inpatient bed.
2. When individuals with serious mental illness arrive in Vermont criminal court, some are given basic screening and advised by pretrial services to seek assessment and follow treatment recommendations. But even for people with obvious treatment needs who are charged with crimes, there may be long waits for such assessments and follow up treatment may not be available even when strongly recommended.
3. The inpatient mental health treatment system is a combination of emergency room beds, a limited number of crisis-focused community beds and more extended treatment beds in designated hospitals around the State and at the State Hospital in Berlin. About a third of the extended treatment beds are currently unavailable due to staff shortages.
4. Individuals with serious mental illness frequently have co-occurring challenges with substance abuse, physical illness, cognitive deficits and lack of housing. These issues can exacerbate their symptoms, put them at risk of serious physical illness, and make them vulnerable to others. People with serious mental illness are vulnerable to crimes by others and are often unable to seek help due to their illness.
5. The agencies and entities that are expected to assist people with serious mental illness are many. They include the Vermont Judiciary, the Department of Mental Health; the Department for Children and Families; the Department of Aging and Independent Living; the Department of Corrections; the Department of Public Safety; the Division of Substance Use Programs; the Vermont Attorney General; the Department of Education; law enforcement agencies in every community, public schools in every

community, State's Attorneys, Public Defenders, Vermont Legal Aid and other entities that provide legal services, and the Vermont Housing and Conservation Board.

6. There are eleven private non-profit agencies (ten community mental health agencies and Pathways) that provide the vast bulk of non-school based mental health outpatient services, and there are many private mental health care providers throughout the state
7. When individuals with serious mental illness arrive in Vermont criminal court, the issue of competency is usually raised, and an evaluation ordered. If an outpatient evaluation is ordered, it is usually not completed for months, and then more time goes by before the report is filed and a hearing held. In the meantime, the person may be incarcerated and/or may engage in conduct that brings about multiple new charges.
8. When individuals with serious mental illness are incarcerated prior to trial because there is strong evidence that they have committed violent offenses against others, and they pose an active risk to others, and/or there is a question about the likelihood they will appear in court as needed, they are not often provided treatment while incarcerated. They may be held in solitary confinement or otherwise in conditions that exacerbate their illness.
9. When individuals with serious mental illness are found incompetent to stand trial in Vermont, most are placed on orders of non-hospitalization that do not include actual treatment plans and therefore cannot be effectively enforced in court. Often, progress on these non-hospitalization orders is not monitored by the court.
10. The vast majority of crimes committed by individuals with serious mental illness are non-violent misdemeanors. However, these offenses are nonetheless serious concerns for the people who are affected, for the victims and community.
11. The victims of crimes committed by those with mental illness, whether the rare cases of serious physical violence or the myriad variations of property and public disturbance offenses, are understandably frustrated with the lack of treatment and effective response by the justice system.
12. We understand there are models of better ways to address some of these issues. Other states are ahead of us in both preliminary and years-long efforts. The judiciary has taken a leadership role in many of these states by convening the necessary actors to launch a better response. Judicial branches in other states have, in many instances, also taken the initiative themselves by educating judges, changing court processes and finding funding for staff and programs that help people with mental illness to get necessary treatment.
13. Every interaction that a person with a mental illness has with a public entity, whether school, law enforcement, healthcare provider, Department for Children and Families, Department of Corrections, Department of Mental Health, or court, is an opportunity to intervene and provide help. The sooner a person with serious mental illness is offered and engages with treatment, the more likely it is that they will benefit, with fewer long-term negative consequences for themselves and others. Many opportunities for intervention exist and include the contacts that people have with the criminal justice system, including 911 (and now 988) calls; arrest; diversion; arraignment; open DCF cases, CHINS petitions; competency evaluation requests; competency determination; incarceration; post-incarceration release, and others. Each stage is viewed as an opportunity to initiate earlier treatment through employing a process known as the Sequential Intercept Model. The sooner there is intervention and more opportunities for offering treatment and/or de-escalation the better. Every interaction should be considered as such an opportunity.

14. There are alternative models for interventions at many stages. When they are effective, they provide help to the person with mental illness, and significantly reduce the financial costs of the most expensive care models that we now rely on most, i.e. hospitals and jails. These interventions also reduce many other risks and costs, related to re-offense, domestic violence, homelessness, inadequate physical healthcare, and negative impacts on families and communities.
15. The many successful models around the country have been built on local community engagement from the beginning and ongoing, including with local prosecutors, public defenders, legal aid organizations, community mental and physical health agencies, hospitals, schools, law enforcement, housing and local state agency offices, peers and families, faith-based and other community organizations and local elected officials. When connections are made and communication and cooperation are at the forefront, real improvements are obtainable. Courts in other jurisdictions have convened these meetings and then helped to coordinate the follow-up with assistance from national state judicial resources and federal support from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The Vermont Judiciary hopes to follow these examples.

Therefore, the Commission on Mental Health and the Courts (the Commission) is hereby established. The Commission's overarching purpose shall be to advance the pursuit of equal justice under the law. The goal is to identify advances in our justice system that will positively impact the administration of justice where it intersects with mental health, evaluate solutions, and recommend changes. The Commission's work will address practices relating to mental- health-involved individuals prior to the initiation of court proceedings and once they have begun. The Commission shall have discretion to define the scope of its work within the framework established below. To begin the work, an Organizational Meeting of the Members of the Commission identified below will take place within the next sixty days or as soon thereafter as possible.

COMMISSION FRAMEWORK

1. Train and assist communities to identify those people who are part of the criminal and civil justice systems (justice system) who routinely come into contact with those with mental illness and investigate or create alternative ways to resolve the issue prior to taking legal action, employing the Sequential Intercept Model;
2. Identify other ways to deal with those with mental illness who commit crimes rather than immediately arresting or citing into court;
3. Recommend measures to ensure that all those who work in or are involved with the justice system are properly trained on how to detect and respond to mental illness;
4. Design a robust Pretrial Services Program for those with mental illness who are charged with crimes so that proper assessment, referral to treatment, or placement can be obtained;
5. Recommend measures to ensure that court-ordered competency hearings are completed within a specified number of days and that a hearing also follows within a specified period of time so that delay does not result in a defendant with mental illness being held unnecessarily;
6. Seek agreement with Department of Corrections so that defendants who have mental illness and are ordered held by the court are housed in appropriate spaces within the correctional facility and are receiving treatment;

7. Recommend measures to ensure that non-hospitalization orders include treatment plans and judges make orders including these treatment plans and court-ordered reviews before the orders lapse;
8. Convene a Vermont summit on mental health and the justice system.
9. Make such other recommendation to the Vermont Supreme Court as the Commission deems appropriate.

MEMBERSHIP

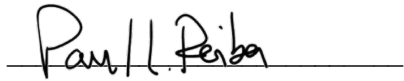
The Vermont Supreme Court hereby appoints Chief Justice Paul L. Reiber and Justice Karen R. Carroll as Co-Chairs and the following persons to the Commission:

1. Judge Thomas Carlson, Vice-Chair
2. Judge Katherine Hayes, Vice-Chair
3. Vermont Court Administrator or Designee
4. Chief Superior Judge or Designee
5. Interim Chief of Trial Court Operations or Designee
6. The Vermont Bar Association President or Designee
7. Vermont Attorney General or Designee
8. Vermont Defender General or Designee
9. Senator Virginia Lyons
10. Agency of Human Services Secretary or Designee
11. Executive Director of the States Attorneys Association John Campbell or Designee
12. Representative of the state's Designated Agencies
13. Representative of the state's Designated Hospitals
14. Commissioner of Department of Corrections or Designee

At its Organizational Meeting the Commission shall: (1) Identify and review specific goals and desired outcomes of the Commission's efforts; (2) Convene committees and appoint members which may include non-Commission members, as needed to be chaired by a Justice, Judge or Commission member; and (3) Consider funding and staffing to propose to the Court Administrator, who will have discretion to approve the proposal. The commencement of work and Reports to the Vermont Supreme Court will be made in six-month intervals with a deadline for completion of the Commission's work by December 31, 2023. The commencement of work and the deadlines outlined above will be amended depending on the adequacy of funding and staffing that are approved and secured.

This Charge becomes effective on 18th of July 2022.

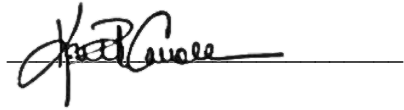
Signed on 18th of July 2022.



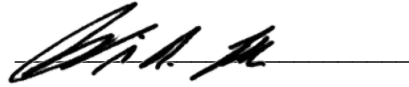
HON. PAUL L. REIBER
Chief Justice, Vermont Supreme Court



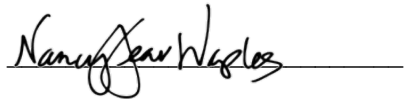
HON. HAROLD E. EATON, JR.
Associate Justice, Vermont Supreme Court



HON. KAREN R. CARROLL
Associate Justice, Vermont Supreme Court



HON. WILLIAM D. COHEN
Associate Justice, Vermont Supreme Court



HON. NANCY J. WAPLES
Associate Justice, Vermont Supreme Court

Appendix B

Findings and Recommendations of the
National Judicial Task Force to Examine
State Courts' Response to Mental Illness

Findings and Recommendations of the National Judicial Task Force to Examine State Courts' Response to Mental Illness

FINDINGS

1. An estimated 70% of individuals involved in the criminal justice system have a behavioral health disorder, making state courts a significant referral source to community behavioral health treatment, and often making jails the largest behavioral health facilities in the jurisdiction.
2. The coordination between the behavioral health and justice systems in states and communities is often lacking and ineffective in providing care that reduces recidivism and improves public safety and treatment outcomes.
3. The funding and availability of effective behavioral health treatment accessible to individuals with behavioral health disorders is inadequate in many communities, including insufficient programs, services, and alternatives other than the criminal justice system. All too often the criminal system is a path of first instead of last resort to access care.
4. Large numbers of defendants, including many who are charged with misdemeanors or non-violent felonies, spend excessive time in jail awaiting mental health evaluations and competency restoration, often staying longer in custody than they would have if they had been convicted of the crime, creating unnecessary cost that could be reinvested in community treatment.
5. Caseflow management practices often are not designed to address the behavioral health needs of individuals, and therefore increase recidivism and system costs.
6. Information sharing within and across systems utilized by courts and behavioral health agencies is inadequate, undermining opportunities to identify issues, target resources, and improve system responses.
7. There is a lack of education and training for state court judges and court professionals necessary to equip them with the knowledge, data, research, and resources they need to improve the state courts' response to court-involved individuals with mental illness.
8. Individuals with mental illness and substance use disorders are more likely to have histories of trauma than those without the disorders. Judges are not sufficiently trained and prepared to effectively engage and respond to individuals with trauma, and, in fact, the court process alone can be traumatizing.
9. Mental health and substance use disorders that co-occur worsen if both are not treated timely and in the appropriate sequence by addressing responsiveness needs first. Co-occurrence also negatively impacts justice outcomes.
10. People who are leaving institutional treatment settings and incarceration face a significantly higher risk of relapse, overdose, and exacerbation of their mental health condition.
11. Sixty-three percent of judges have at least one symptom of secondary or vicarious trauma and 50% of court child protection staff experience high or very high levels of compassion fatigue. Daily interactions with individuals, children, and families who are reliving trauma takes an emotional toll on justice system practitioners and places them at high risk for experiencing secondary trauma.

RECOMMENDATIONS

LEAD

Create and support a state-level, interbranch mental health task force and encourage and support local judges and courts in the creation of local or regional mental health task forces. Appoint a behavioral health director/administrator and a team within the Administrative Office of the Courts to develop and implement improved court responses for court-involved individuals with mental illness.

1. State-Level Commissions, Task Forces, and Work Groups provide a solid foundation for systemic change and improving responses to individuals with behavioral health needs. CCJ and COSCA should lead the establishment of state-level, three branch, multidisciplinary task forces to promote systemic changes necessary to improve the court and community responses to mental illness. All state-level task forces created by executive or legislative branch officials should include representatives of the judicial branch, selected, or recommended by the state's chief justice.
2. CCJ and COSCA members should appoint a statewide behavioral health administrator and a team within the Administrative Office of the Courts to develop and lead improved responses to children, youth, and adults with behavioral health disorders.
3. CCJ and COSCA members should utilize the [Leading Change Guide for State Court Leaders](#) that outlines the steps that each state court should take, community by community, to develop the systemic changes necessary to improve justice system responses to children, youth, and adults with behavioral health disorders.
4. CCJ and COSCA should encourage and provide leadership in the creation of local or regional mental health task forces. Local courts should be provided the [Leading Change Guide for Trial Court Leaders](#) that outlines the steps that each local community should take to develop a task force and create systemic changes to improve responses to children, youth, and adults with behavioral health disorders.

EXAMINE

Utilizing the recommended models and best practice and policy recommendations of the Task Force, undertake an assessment of the court system including state laws, court rules, policies, practices, and procedures across all case types involving individuals with mental illness. Recommend and encourage judges to exercise their “power to convene” and support courts and communities in the use of the Leading Change Guides and Sequential Intercept Model to map resources, opportunities and gaps, and develop plans to improve court and community responses to mental illness.

1. System Evaluation and Leading Change

Courts should use the [Leading Change Guides](#), [Sequential Intercept Model](#) framework, and other Task Force resources to examine and evaluate the court system to identify opportunities to improve the court and community response to children, youth, and adults with behavioral health needs, including diversion opportunities at the earliest possible point.

- **Judges as Convenors** – Judges should maximize their roles as conveners and leaders to bring together justice, behavioral health, community stakeholders, and persons with lived experience to collaborate and ensure that persons with mental health conditions receive the services they need.
- **Cross- Sector Approaches** – Courts should ensure a cross-sector and community-based approach when it comes to leading meaningful change to improve the court and community response to behavioral health conditions.
- **Collaborative Relationships** – Building collaborative relationships with local, state, and national organizations and workgroups is essential to leading change. Courts should proactively seek participation within existing initiatives or assume the role as conveners.
- **Memoranda of Understanding** – Courts should develop memoranda of understanding to institutionalize effective processes and establish consistent protocols and expectations among stakeholders.

2. Data, Information Sharing, and Program Evaluation

Courts should lead and support the identification of appropriate data, as well as data collection and information-sharing opportunities across the community, behavioral health, and justice systems as a critical part of developing a comprehensive and collaborative continuum of behavioral health services.

- **Governance Policies** – Courts should develop strong data governance policies and practices to ensure ready access to accurate and timely data that are necessary for promoting public trust and confidence in the judiciary while preserving individual rights.
- **Data** – Courts should review data about the prevalence of people in the United States living with Serious Mental Illness (SMI) and substance use disorders (SUD) and ensure that comparable state and local prevalence data is being compiled. Courts should also collect data specified in the Behavioral Health Data Guides and Task Force resources.

- **Data Sharing** – Courts should assess the current state of data sharing between the court, jails, other justice partners, and community providers to identify gaps in needed data and assess whether there is a place to capture these data in the current court case management systems.
- **Data-Driven Decision-Making** – Courts should use data-driven decision-making approaches and establish robust data collection and quality assurance practices to collect and use data to objectively improve management and system issues and assess performance across all case types. Courts should adopt standards or best practices for all aspects of diversion and mental health-related court operations and monitor fidelity to standards and practices.

3. Behavioral Health and Equity

Courts should develop a Behavioral Health and Equity statement as it relates to children, youth, and adults with behavioral health conditions and identify and implement evidence-based practices to ensure diversity, equity, and inclusion across all programs and processes.

- **Disproportionate Impact** – Courts should examine the disproportionate impact of behavioral health conditions and associated demographics such as race on the overrepresentation of individuals who enter the justice system and ensure that interventions, diversions, specialized dockets, and other programming are equitably applied.
- **Equity Data Analysis** – Courts should actively collect and review race and ethnicity data in order to identify inequitable practices and to monitor progress in achieving equity. This analysis should extend to diversion to treatment placements.
- **Explicit and Implicit Bias** – Courts should identify, measure, and actively address issues of explicit and implicit bias, disproportionate access to resources and programs, and systemic inequities.

4. Deflection and Diversion

Courts should examine the continuum of behavioral health deflection and diversion options available in each community and examine the Task Force [National Diversion Landscape](#) and other resources to promote deflection and diversion to treatment options at the earliest point possible.

- **Court Leadership** – Judges should exercise leadership to expand and improve responses to individuals with mental illness across the continuum of behavioral health diversion.
- **Continuum of Behavioral Health Diversion** – States and communities provide different types of behavioral health resources and services, and the complete range of programs is referred to as the continuum of care. Importance is placed on having a robust set of services and deflection and diversion opportunities that meet the needs of individuals with behavioral health disorders whether through the behavioral health system, the behavioral health crisis system, pre-arrest deflection and diversion, pre-adjudication diversion or post-adjudication diversion.
- **Over-Representation of Individuals with Mental Illnesses in the Justice System** – Courts, behavioral health, and justice partners must collaborate to reduce unnecessary involvement in the justice system by considering each respective state and community, and the best way to build structures and systems that respond effectively to individuals with mental illness.

5. Collaborative Caseflow Management

Courts should establish case management best practices regarding cases with persons with behavioral health issues, including the effective triage of cases. Courts should examine the [New Model for Collaborative Court and Community Caseflow Management](#), which explores person-centered justice for individuals with behavioral health needs. This new collaborative approach is necessary to ensure public safety, control costs, and create fair and effective criminal justice and case management systems, tasks made more urgent by the pandemic and the resulting case backlogs.

- **Strengthen Community Responses and Minimize Criminal Justice System Involvement** – Courts and communities must collaboratively create and support [comprehensive behavioral health crisis systems](#), [deflection by law enforcement](#) when appropriate, [stopping the “revolving door,”](#) and [prosecution alternatives](#).
- **Promote Early Intervention and Effective Management of Court Cases** – Courts and communities must promote effective case management practices including [screening and assessment](#), [behavioral health triage](#), [jail](#) and [court practices](#), [prosecution](#) and [defense practices](#), and [effective caseflow management](#).
- **Institutionalize Alternative Pathways to Treatment and Recovery** – Courts and communities must establish and utilize [diversion pathways](#), [civil responses](#), [competency dockets](#), [specialized behavioral health dockets](#), [courtroom practices](#), [treatment courts](#), and [other pathways and strategies that lead to treatment and recovery](#).
- **Manage Post-Adjudication Events and Transitions Effectively** – Courts and communities must provide the resources and services for individuals with behavioral health needs as they transition back into the community through [community supervision](#), [transition and aftercare plans](#), and [reentry practices](#).
- **Telehealth and Remote Technologies** – Courts should maximize the appropriate use of telehealth and remote technologies and encourage that mental health proceedings be conducted remotely, where appropriate.
- **Services and Supports** – Courts and communities should explore the co-location of behavioral health and other services and resources. Courts should collaborate with community supportive housing providers to ensure they meet relevant needs of individuals with behavioral health needs involved in the court system.

6. Competence to Stand Trial Systems

Courts should examine [Leading Reform: Competence to Stand Trial Systems](#) and other resources developed by the Task Force to gain a clear understanding of current system gaps, strengths, and weaknesses as measured against these recommendations.

- **Courts as Convenors** – Courts should convene individuals and agencies involved in the competency evaluation and restoration processes and identify gaps and opportunities to improve the processes and maximize diversion. This should include prosecutors, defense counsel, case managers, liaisons, behavioral health providers, jail administrators, pre-trial service officers, evaluators, restoration services providers, forensic evaluators, and others.

- **Limit the use of the Competency System** – Courts should reserve the competency process, including evaluation of competence to stand trial, for defendants who are charged with serious crimes. Others, especially individuals charged with misdemeanors and assessed as low risk to recidivate, and whose clinical conditions are not likely to substantially improve (e.g., individuals with dementia) should be diverted to treatment.
- **Competency Dockets** – Courts should consider the creation of competency dockets that facilitate access to appropriate diversion and outpatient restoration resources for cases involving competency. Courts should actively manage the progress of a competency case to avoid an individual languishing in jail and decompensating. Hearings should be scheduled and held without delay at every juncture.
- **Data Dashboards** – Courts should maintain and share data about each stage of competency proceedings and develop dashboards to monitor the status of competency to stand trial system cases.
- **Restoration** – Courts should ensure restoration processes and practices that
 - Encourage development of restoration sites other than institutional settings such as state hospitals and jails.
 - Create and promote a presumption of outpatient restoration.
 - Encourage video evaluations when appropriate.
 - Implement specialized competency dockets.
 - Ensure timely commencement of restoration services.
 - Actively monitor restoration progress, with appropriate timelines.
 - Discourage jail restoration.
 - Promote treatment and, if appropriate, medication rather than legal education as the focus of restoration efforts.
 - Create dedicated case management resources.
- **Statutory Review** – Courts should support statutory changes that restrict referral of cases such as misdemeanors and non-violent felonies that are otherwise referred for competency evaluations and divert them from prosecution.

7. Children and Families

Courts should examine Upstream and other Task Force resources to ensure a continuum of behavioral health practices and improve outcomes for children and families with behavioral health needs.

- **Court Leadership** – Courts should lead efforts to strengthen children and families through prevention and intervention strategies using court and community-based approaches.
- **Upstream** – State and local courts should utilize Upstream as a framework to coordinate and align state and local efforts across the child welfare system to promote safe and healthy families and communities and map community resources and opportunities.

- **Mental Health Conditions** – Courts should view mental health conditions holistically, including consideration of the party and family strengths, how they are impacted by the mental health condition, and their efforts to address any impacts the condition may have on their children or parenting.
- **Social Determinants of Health** – Courts should understand that economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context all impact children and families' opportunities to thrive.

8. Juvenile Justice

Courts should lead efforts to divert youth with mental health needs from juvenile justice involvement, when appropriate. Most youth with mental health disorders who come to the attention of the justice system could be better served outside of the system.

- **Mental Health Diversion** – Courts should support opportunities for youth with mental health diagnoses to be diverted away from deeper involvement with the justice system at multiple points of contact, such as at school when contacted by law enforcement, referral, pre-petition, detention, and pre-adjudication.
- **Collaboration** – Courts should commit to integrated approaches and cross-system collaboration, as well as a continuum of evidence-based treatment and practices.
- **Screening and Assessments** – Courts should use standardized mental health screening and assessment tools. Courts should maximize diversion and alternatives to detention and minimize court-oversight and similar interventions for youth with low risk to re-offend.
- **Justice and School Partnerships** – Courts should encourage justice and school partnerships to support high quality mental health care for students and their families within the schools to minimize court involvement.

9. Domestic Relations

Courts should promote the well-being of families, including implementation of trauma-responsiveness for families, throughout the life of their case and the primary desired outcome, and examine the Understanding Series and other Task Force resources.

- **Understanding Well-Being** – Judges should be provided with a comprehensive understanding of the various elements that impact the well-being of individuals and families to be most effective dealing with divorce, dissolution, or child custody cases.
- **Trauma and its Impacts** – Courts should understand trauma, how to create a trauma-responsive court, and attempt to mitigate the risk of children's adverse experiences related to court proceedings during and following divorce.
- **Mental Health Conditions** – Courts should understand the spectrum of mental health conditions and the impact of those conditions on parenting capacity.

10. Civil Responses

Courts should develop and provide multiple civil court options that are easily accessible by individuals, families, and behavioral health systems. Courts have a central role in ensuring that these responses appropriately balance individual autonomy and choice in compelled treatment with the state's *parens patriae* interest and public safety.

- **Early Intervention** – Courts should lead efforts to permit earlier intervention in the course of a person's mental illness. The standard for ordering involuntary treatment must recognize the need for and value of intervening when an individual lacks the capacity to recognize the need for treatment and is refusing needed treatment.
- **Outpatient Treatment** – Courts should recognize that most hospital stays for mental illness are short and do not provide the time or support to promote recovery. Most mental health care is appropriately provided in the community and therefore courts should order that involuntary treatment be provided in an outpatient setting unless outpatient treatment will not provide reasonable assurances for the safety of the individual or others or would not meet the person's treatment needs.
- **Emergency Psychiatric Assessment and Intervention** – Courts should examine streamlined court and non-court pathways to emergency psychiatric assessment and intervention. The initial detention for emergency assessment should be as brief as possible and oriented as a treatment intervention as opposed to a criminal justice intervention.
- **Psychiatric Advance Directives** – Courts should encourage the use of psychiatric advance directives (PAD) and incorporate the provisions of an individual's PAD into relevant court orders. Provisions of a PAD may be considered presumptive consent to specific interventions but should not override appropriate emergency interventions or clear psychiatric and medical best practices.
- **Court Orders** – Involuntary treatment orders should be as specific as possible and should contain information including, if appropriate, how adherence to the medication will be monitored, and the degree to which modifications to the medications can be made without returning to court.
- **Assisted Outpatient Treatment** – Courts should support the use of Assisted Outpatient Treatment (AOT) as a process of involuntary mental health treatment in an outpatient setting, with varying degrees of judicial involvement and oversight.

11. Trauma and Trauma-Informed Responses

Courts should examine [Trauma and Trauma-Informed Responses](#) and other Task Force resources to become trauma-informed, to expect the presence of trauma across all case types, to take care not to exacerbate it, and to understand how trauma may affect court participants, as well as their success in treatment. Understanding trauma and applying trauma-informed responses help judges to engage court participants and increase their likelihood for success more effectively.

- **Court Leadership** – Courts should provide leadership for the creation and enhancement of trauma-informed justice systems. Courts should assess current courtroom practices and environments, apply a trauma-informed lens, look for environmental triggers, and identify processes that are confusing or difficult for court participants to navigate.

- **Trauma Screening and Referral** – System partners should implement a trauma screening and referral process to screen appropriate individuals for exposure to trauma. Screening tools should be selected for the population(s) served by the court. Courts should partner with mental health professionals to implement a protocol for referring individuals for further assessment when the need is identified on the screening tool.
- **Case Processing** – Judges should pay special attention to cases in which a participant has a mental health condition or has experienced trauma or abuse. Systematic screening, or triage, should be used to expedite processing pathways, if possible, identifying individuals that require early judicial intervention. Case triage should include indicators of mental health conditions, trauma, or abuse.
- **Collect Data** – Courts should collect and review data on trauma-informed practices and the perceptions of court participants, monitoring the efficiency and effectiveness of court processes.

12. Peers in the Courts

Courts should examine [Peers in Courts](#) and other Task Force resources. Courts should encourage the integration of trained peers at all appropriate points in the treatment, case management, and justice processes including hiring trained peers in their programs, services, and operations to improve the responses for individuals with behavioral health needs. Courts should promote and support the certification and education of peers.

13. Voice of People with Lived Experience and Families

Courts should create opportunities to listen to and gather input from individuals with lived experience, and their families, in all efforts to improve court and community responses.

14. Mental Health and Well-Being for Judges and Court Personnel

Courts should examine Task Force resources on the well-being of judges and court personnel that provide guidance, best practices, tips, and support for mental health.

- **Organizational Assessment** – Courts should engage in an organizational assessment to gauge the strengths and gaps across areas of workplace mental health including leadership, access, culture, and awareness.
- **Best Practices** – Courts should promote best practices in the workplace including communicating effectively about employee assistance programs (EAP), lawyer assistance programs (LAP), and educational resources.
- **[Secondary Trauma and the Courts](#)** – Courts should implement secondary trauma prevention and intervention strategies including adopting policies that promote self-care, ensuring a safe work environment, providing secondary trauma education, establishing peer mentoring programs, offering supportive services, and setting manageable work and caseload expectations.

EDUCATE

Provide and support opportunities for the education and training of judges and court professionals on all aspects of mental illness and effective court responses. Distribute and make available the tools, resources, and recommendations developed by the Task Force to all state and local judges and court professionals.

1. Judges, court personnel, and justice system partners should be provided collaborative ongoing training and education across all case types utilizing [Task Force Education](#) resources, including the [Behavioral Health Resource Hub](#), [Behavioral Health Alerts](#), and trainings. Topics should include:
 - Mental illness, substance use disorders, co-occurring disorders, trauma, secondary trauma, and adverse childhood experiences;
 - Implementation of effective crisis strategies, including 988;
 - Opportunities for deflection from law enforcement engagement and diversion from the justice system;
 - Effective practices for interacting with individuals with behavioral health needs in the courtroom;
 - Effective court case management for individuals with behavioral health needs;
 - Procedural fairness and procedural justice;
 - Improved responses and programs for individuals with behavioral health needs;
 - Behavioral health and equity;
 - System change and effective implementation strategies; and
 - Recent developments and innovations.

ADVOCATE

Support state and community efforts to utilize a public health model rather than a criminal justice approach to guide behavioral health policies, practices, and funding, including efforts to, when appropriate, deflect or divert cases involving individuals with mental illness from the court system and into treatment. Advocate for funding and resources needed to implement a continuum of diversion programs, treatment, and related services to improve public safety as a more humane and cost-effective approach.

1. Courts should encourage community stakeholders to implement a full continuum of effective behavioral health crisis system responses through changes in practices, reallocation of resources, changes in court rules, and statutory revisions.
2. Courts should promote and support a continuum of deflection and diversion options and access to treatment and recovery in every jurisdiction to increase public safety, to use resources more efficiently, provide more effective services, and achieve the best outcomes for individuals with behavioral health needs.
3. Courts should engage and establish partnerships with Certified Community Behavioral Health Centers (CCBHC) for timely access to screening, evaluation, care coordination, and connections to treatment consistent with the federal CCBHC mandate.
4. Courts should partner with state Medicaid agencies, state behavioral health authorities, developmental disabilities authorities, community-based providers, and community health centers, to identify collaboration opportunities and advance systems improvements.
5. Courts should support the availability of a full continuum of behavioral health treatment and supervision options to ensure treatment duration and dosage is matched to an assessed level of clinical need, and the intensity of supervision correlates to the assessed criminogenic needs of the individual.
6. Courts should advocate for a robust behavioral health workforce to meet the needs of individuals with behavioral health disorders.
7. Courts should actively seek external funding support to allow courts to expand existing programs and create new projects to better serve justice-involved individuals with mental health and co-occurring disorders.

Appendix C

Vermont State-Level Community Survey Results

Statewide Community Survey Results

293 responses total. Certain questions tally percentages of approximately ~265 votes due to participants leaving their answers blank.

Question 1

1. Please identify all of your roles in the system. It is okay to list more than one.

Respondent Roles

Role	Statewide	Northeast	Northwest	Southeast	Southwest	Chittenden
Judge	15	5	2	2	2	4
Court Staff	10	1	1	0	4	4
Prosecutor	12	3	3	0	0	6
Public Defender	20	4	1	1	4	10
Private Counsel	7	2	0	1	2	2
Victim Rights Advocate	14	2	2	2	5	3
Licensed / Rostered Mental Health Clinician	46	6	7	14	11	8
Substance Use Disorder clinician	21	1	1	7	3	9
Staff for Emergency Mental Health Clinic, Response Team, or Hotline	13	0	2	3	7	1
Emergency Department Staff	5	0	0	4	0	1
Psychiatric Hospital or Hospital Psychiatric Unit Staff	7	0	0	3	1	3
Jail Mental Health Staff	3	1	0	1	0	1
Medical Provider	14	1	0	6	5	2
Unlicensed Healthcare Professional	17	2	4	8	1	2
Person with Lived Experience of mental health / SUD / ID challenges	50	6	4	20	11	9
Guardian of person with mental health / SUD / ID	3	0	1	0	2	0
Family Member of person with lived experience of mental health / SUD / ID challenges	48	6	2	17	13	10
Advocate for people with disabilities / lived experience with mental health / SUD / ID challenges	44	3	7	18	9	7
Have experienced incarceration, probation, and/or parole	12	1	0	6	2	3
Have experienced homelessness	16	0	0	8	3	5
Food Bank Staff or Volunteer	5	0	0	3	1	1
Housing Specialist	21	2	1	11	3	4
Corrections staff	19	9	1	2	3	4
Law Enforcement	21	2	3	6	3	7
Supported Employment Specialist	6	0	2	3	1	0
Transportation	3	0	0	2	0	1
School Staff / Leadership	7	0	2	3	2	0
Community Business Person	8	1	0	2	4	1
Faith-Based Organization	3	0	0	3	0	0
Other Nonprofit	66	11	6	27	12	10

Question 2

2. Collaboration and Capacity Building: *Please indicate your level of agreement with the statements below as they relate to offerings throughout the [region name] Judicial Region (see map near the top of this survey).*

2. Collaboration and Capacity Building: Please indicate your level of agreement with the statements below as they relate to offerings throughout [your] Judicial Region (see map near the top of this survey).	Strongly Agree/Agree	Disagree / Strongly Disagree	Neither Agree Nor Disagree	Don't Know
There is cross-system recognition that many adults involved with the justice system are experiencing mental health and substance use disorders.	85.67%	5.46%	6.14%	2.73%
Justice and mental health treatment systems collaborate meaningfully to understand gaps in the justice system.	16.84%	51.55%	24.40%	7.22%
People with lived experience of mental health challenges, and their family members, are engaged as stakeholders on justice and mental health collaborations, such as committees, task forces, and advisory boards	16.21%	42.07%	22.76%	18.97%
There is an established mission, common goals, and collaboration among mental health, justice, and community systems.	19.16%	53.66%	18.82%	8.36%
Stakeholders frequently communicate about mental health issues, including opportunities, challenges, and oversight of existing initiatives.	30.69%	39.66%	21.03%	8.62%
Stakeholders overcome barriers to implementing effective programs and policies regarding mental health and substance use challenges.	13.99%	54.20%	23.78%	8.04%
Stakeholders share data on a routine basis for the purposes of program planning, program evaluation, and performance measurement.	16.21%	42.41%	21.38%	20.00%
Stakeholders share resources and staff to support mental health and substance misuse initiatives.	25.52%	41.72%	21.38%	11.38%
Stakeholders engage in cross-system education and training to improve collaboration and understanding of different agency priorities, philosophies, and mandates.	23.96%	41.67%	25.00%	9.38%
Based on research, evidence, and guidance on best-practices, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to mental health and substance use challenges.	31.47%	30.77%	25.52%	12.24%
A comprehensive analysis of funding sources and streams targeting mental health and substance use challenges has been conducted for this region.	4.88%	33.10%	18.47%	43.55%
Stakeholders are knowledgeable about trauma-informed and evidence-based strategies for persons with mental health and substance use challenges.	36.08%	28.52%	24.40%	11.00%

Question 3

3. Access to Services: Please indicate your level of agreement with the statements below as they relate to offerings throughout the _____ Region (see map near the top of this survey)

People Have Timely Access To...	Strongly Agree/Agree	Disagree / Strongly Disagree	Neither Agree Nor Disagree	Don't Know
Navigation services facilitating identification of and access to programs and resources.	31.72%	44.83%	16.90%	6.55%
Care coordination services.	28.18%	47.08%	16.84%	7.90%
Education, skills training, job opportunities, and work supports to move into stable work that generates a livable wage.	24.83%	47.24%	20.34%	7.59%
Adequate housing options and housing supports.	3.42%	87.67%	4.45%	4.45%
Adequate energy assistance options.	19.10%	30.56%	23.61%	26.74%
Affordable, high-quality childcare.	8.25%	64.26%	13.75%	13.75%
Subsidies to assist with cost of high-quality childcare.	21.18%	34.38%	19.10%	25.35%
Prosocial activities and peer supports.	24.56%	37.19%	26.67%	11.58%
Health insurance enrollment/adjustment.	34.03%	22.22%	27.78%	15.97%
Primary care.	25.09%	42.96%	22.34%	9.62%
Dental care	11.34%	58.42%	15.46%	14.78%
Optometry	11.11%	48.61%	17.01%	23.26%
Mental health services, including treatment for trauma	25.44%	56.10%	13.59%	4.88%
Substance use disorder treatment and supports.	37.24%	42.07%	16.21%	4.48%
Youth substance use disorder treatment and supports.	21.31%	40.89%	19.93%	17.87%
Family recovery support services.	24.14%	35.86%	21.38%	18.62%
Early intervention services.	26.90%	37.93%	17.93%	17.24%
Home visiting programs.	18.69%	28.37%	23.88%	29.07%
Domestic violence services	53.31%	16.72%	19.86%	10.10%
[Informal social supports (i.e., parent support groups, faith-based groups).	31.51%	20.55%	27.40%	20.55%
Legal services.	33.79%	26.90%	21.72%	17.59%
Immigration services.	11.72%	25.52%	17.59%	45.17%
Intellectual disabilities services for adults.	29.21%	34.36%	17.87%	18.56%
Peer support/mentors	33.68%	27.43%	22.22%	16.67%

Question 4

- 4. Courts: Please indicate your level of agreement with the statements below as they relate to the county, communities, or judicial region that is your primary concern. For these questions, the term "court staff" means court employees whose work directly relates to people with mental health / substance use challenges**

4. Courts: Please indicate your level of agreement with the statements below as they relate to the county, communities, or judicial region that is your primary concern. For these questions, the term "Court staff" means court employees whose work directly relates to people with mental health / substance use challenges.	Strongly Agree/Agree	Disagree / Strongly Disagree	Neither Agree Nor Disagree	Don't Know
Court staff understand and are supportive of evidence-based strategies to address substance use disorders.	26.98%	19.42%	24.46%	29.14%
Court staff understand and are supportive of evidence-based strategies to address mental health disorders.	25.62%	21.00%	26.69%	26.69%
Court staff facilitate access to community-based treatment and services.	20.64%	21.35%	29.18%	28.83%
Court staff accept the clinical decisions that medical and mental health / substance use health treatment professionals recommend on the treatment of behavioral health issues.	29.29%	17.86%	22.14%	30.71%
Court staff receive sufficient and regular training on trauma, substance use disorders, mental health, and domestic violence.	6.74%	18.79%	18.09%	56.38%
Court timeframes are individualized and tailored to the needs of each person.	8.54%	36.65%	23.13%	31.67%
Court staff elicit and engage the perspective of the court participant in proceedings.	19.86%	15.25%	28.37%	36.52%

Question 5

- 5. Substance Use: Please indicate whether services identified below exist in the _____ Judicial Region (see map near the top of this survey), and whether changes are needed to what currently exists.**

5. Substance Use: Please indicate whether services identified below exist in [your] Judicial Region (see map near the top of this survey), and whether changes are needed to what currently exists.	Exists	Does Not Exist	Unsure	Not Needed	Improve or Change
Prevention & Early Intervention	34.51%	4.23%	26.76%	0.00%	34.51%
Adolescent Community Reinforcement approach	16.91%	5.15%	54.04%	0.00%	23.90%
Substance Use Disorder Assessment	58.45%	1.06%	12.68%	0.00%	27.82%
Outpatient Treatment	56.99%	2.10%	6.64%	0.00%	34.27%
Intensive Outpatient Treatment	37.76%	9.09%	16.43%	0.35%	36.36%
Residential Treatment (Non-Medical)	19.05%	17.69%	14.97%	0.00%	48.30%
Inpatient Treatment (Non-Medical)	19.01%	16.90%	18.66%	1.06%	44.37%
Inpatient Treatment (Medical)	37.81%	9.89%	14.13%	0.00%	38.16%
Ambulatory Detox	17.88%	9.15%	42.96%	0.35%	30.28%
Inpatient/Medical Detox	27.02%	10.18%	24.56%	0.35%	37.89%
Medication Assisted Treatment (e.g., Suboxone, Methadone, Naltrexone)	71.02%	2.47%	6.36%	0.35%	19.79%
Other Harm Reduction Programs (e.g., needle exchanges, Injection sites, Managed Alcohol Programs)	41.70%	9.89%	17.31%	2.47%	28.62%
Brief Intervention and Referral	39.36%	4.96%	31.91%	0.71%	23.05%
Peer Recovery Support Services	62.90%	2.83%	13.43%	0.00%	20.85%
Substance Abuse Case Management	45.07%	5.28%	18.66%	0.00%	30.99%
Outreach	48.94%	4.93%	19.72%	0.35%	26.06%
Day Treatment	27.21%	10.60%	31.80%	1.41%	28.98%
Medical Services	59.86%	2.11%	11.97%	1.06%	25.00%
Co-occurring or Integrated Treatment	31.34%	6.34%	26.06%	0.00%	36.27%
Recovery Housing	19.93%	13.29%	16.43%	0.35%	50.00%
Relapse Prevention	32.27%	7.09%	22.70%	0.00%	37.94%
Self-Help Support Groups	59.30%	1.05%	15.09%	0.00%	24.56%
Aftercare	28.52%	3.87%	25.70%	0.00%	41.90%

Question 6

6. Mental Health: Please indicate whether services identified below exist in the _____ Judicial Region (see map near the top of this survey), and whether changes are needed to what currently exists.

6. Mental Health: Please indicate whether services identified below exist in [your] Judicial Region (see map near the top of this survey), and whether changes are needed to what currently exists.	Exists	Does Not Exist	Unsure	Not Needed	Improve or Change
Early Identification and Intervention	28.11%	7.12%	25.98%	0.00%	38.79%
Mental Health Evaluation	60.07%	0.71%	4.59%	0.00%	34.63%
Outpatient Treatment	53.00%	1.06%	6.71%	0.00%	39.22%
Intensive Outpatient Treatment	27.02%	10.88%	18.95%	0.00%	43.16%
Inpatient Treatment	30.74%	11.66%	12.01%	0.00%	45.58%
Residential Treatment	23.32%	13.43%	15.90%	0.00%	47.35%
Psychiatry	41.05%	0.70%	9.47%	0.00%	48.77%
Medication And Med Monitoring Services	36.14%	1.05%	23.16%	0.35%	39.30%
Mental Health Case Management	47.54%	0.70%	8.80%	0.00%	42.96%
Intensive Case Management	29.47%	2.81%	25.26%	0.00%	42.46%
Assertive Community Treatment	16.67%	6.38%	45.74%	0.35%	30.85%
Wellness Recovery Action Plan Facilitation	22.26%	4.59%	42.40%	0.00%	30.74%
Family Counseling/Services	48.24%	3.52%	13.03%	0.35%	34.86%
Drop-In Counseling And Services	24.47%	9.57%	30.50%	0.35%	35.11%
Peer Support Services	45.23%	4.95%	20.14%	0.35%	29.33%
Outreach	40.85%	4.23%	22.89%	0.35%	31.69%
Supported Housing	25.26%	7.37%	18.60%	0.35%	48.42%
Supported Employment	31.34%	5.99%	24.65%	0.00%	38.03%
Medical Services	52.46%	3.87%	12.68%	0.00%	30.99%
Co-Occurring Or Integrated Treatment	29.58%	2.46%	29.58%	0.00%	38.38%

Question 7

7. Crisis-Specific Services: Please indicate whether services identified below exist in the _____ Judicial Region (see map near the top of this survey), and whether changes are needed to what currently exists.

7. Crisis-Specific Services: Please indicate whether services identified below exist in [your] Judicial Region (see map near the top of this survey), and whether changes are needed to what currently exists.	Exists	Does Not Exist	Unsure	Not Needed	Improve or Change
Crisis Call Center	66.78%	1.41%	11.31%	0.00%	20.49%
Mobile Crisis Response Team	48.06%	2.47%	20.14%	0.00%	29.33%
Crisis Receiving and Stabilization Services	31.91%	3.55%	34.75%	0.00%	29.79%
Short-Term Crisis Step-Down Facility	19.86%	9.22%	40.07%	0.00%	30.85%
Peer-Operated Respite	15.71%	13.21%	49.64%	0.00%	21.43%
Psychiatric Advance Directives	11.74%	6.41%	64.06%	0.00%	17.79%
Assisted Outpatient Treatment	21.51%	5.02%	44.44%	0.36%	28.67%
Law Enforcement Crisis Intervention Team Training	39.07%	1.79%	35.13%	0.36%	23.66%
Law Enforcement Co-Responder Program	40.71%	2.86%	32.50%	0.36%	23.57%
Overdose Response Teams	31.10%	8.13%	38.52%	0.00%	22.26%
Crisis Triage Center	17.73%	10.99%	48.94%	0.35%	21.99%
Brief Intervention and Treatment	31.41%	4.33%	36.46%	0.00%	27.80%

Question 8

8. Complementary Services: Please indicate whether services identified below exist in the _____ Judicial Region (see map near the top of this survey), and whether changes are needed to what currently exists.

8. Complementary Services: Please indicate whether services identified below exist in [your] Judicial Region (see map near the top of this survey), and whether changes are needed to what currently exists.	Exists	Does Not Exist	Unsure	Not Needed	Improve or Change
Anger Management Services	31.21%	8.51%	35.82%	0.35%	24.11%
Batterer Intervention Treatment	31.21%	3.90%	41.84%	0.35%	22.70%
Benefits Assistance (e.g., DHS Benefits, Medicaid Enrollment, etc.)	60.28%	2.13%	17.73%	0.35%	19.50%
Cognitive Behavioral Treatment for Criminal Thinking	23.05%	8.51%	45.04%	0.35%	23.05%
DUI Services	50.00%	5.00%	27.50%	0.00%	17.50%
Education/GED Preparation Services	63.35%	1.42%	21.71%	0.00%	13.52%
Family Preservation Services	29.50%	2.88%	50.72%	0.36%	16.55%
Job Skills Training	60.00%	2.14%	17.86%	0.71%	19.29%
Life Skills Groups	24.01%	6.81%	46.59%	0.36%	22.22%
Sex Offender Evaluation and Treatment	32.86%	5.00%	39.64%	0.71%	21.79%
Diversion Programs	72.40%	1.43%	12.54%	0.00%	13.62%
Parenting Classes	65.00%	1.07%	16.07%	0.00%	17.86%
Temporary Housing for Unhoused	29.75%	6.09%	11.47%	0.36%	52.33%
Transportation Assistance	35.61%	5.04%	12.95%	0.36%	46.04%
Trauma Specific Assessment and Treatment	32.50%	3.93%	32.86%	0.00%	30.71%
Traumatic Brain Injury Services	23.49%	6.41%	38.08%	0.00%	32.03%
Victim Services / Treatment	45.55%	1.78%	22.42%	0.00%	30.25%

Question 9

9. Pre-Trial Services: Please indicate whether the services identified below exist in the _____ Judicial Region (see map near the top of this survey), and whether changes are needed to what currently exists.

9. Pre-Trial Services: Please indicate whether the services identified below exist in [your] Judicial Region (see map near the top of this survey), and whether changes are needed to what currently exists.	Exists	Does Not Exist	Unsure	Not Needed	Improve or Change
Motivational Interviewing and Goal Setting	28.99%	3.62%	54.71%	0.36%	12.32%
Validated Pretrial Risk Assessment and Impartial Universal Screening	25.91%	4.38%	60.58%	0.00%	9.12%
Verification of Interview Information and Criminal History Checks	17.58%	3.66%	71.79%	0.37%	6.59%
Objective Assessment of Pretrial Misconduct	13.14%	5.84%	71.90%	0.00%	9.12%
Presentation of Recommendations Based Upon Risk Level	24.54%	2.56%	63.74%	0.00%	9.16%
Follow-Up Reviews of Defendants Unable to Meet Conditions of Release	10.18%	6.91%	66.55%	0.00%	16.36%
Accountable and Appropriate Supervision of Defendants Released	12.77%	8.03%	54.01%	0.00%	25.18%
Proactive Reminders of Court Dates and Deadlines	12.00%	8.73%	61.09%	1.09%	17.09%
Performance Measures and Reporting to Stakeholders	6.18%	8.00%	73.82%	0.00%	12.00%
Electronic Monitoring/GPS	37.96%	6.57%	43.07%	1.82%	10.58%
SCRAM/SoberLink/Other Alcohol Monitoring	30.55%	5.82%	53.45%	1.09%	9.09%
Drug Testing	45.45%	7.64%	34.55%	0.73%	11.64%
Victim Safety Management	18.98%	4.01%	60.95%	0.00%	16.06%
Service Referrals and Monitoring (see Services Section)	27.01%	1.09%	56.20%	0.00%	15.69%

Question 10

10. Probation: Please indicate whether the services identified below exist in the _____ Judicial Region (see map near the top of this survey), and whether changes are needed to what currently exists.

10. Probation: Please indicate whether the services identified below exist in [your] Judicial Region (see map near the top of this survey), and whether changes are needed to what currently exists."	Exists	Does Not Exist	Unsure	Not Needed	Improve or Change
Motivational Interviewing and Goal Setting	26.97%	1.12%	61.42%	0.37%	10.11%
Validated Risk Assessment	37.83%	1.12%	51.31%	0.00%	9.74%
Case Plan Based on Risk Assessment With Integrated Treatment and Service Goals	33.33%	1.85%	49.63%	0.00%	15.19%
Prioritized Supervision for Higher Risk Probationers	34.94%	1.86%	50.93%	0.00%	12.27%
Interventions Targeted to Criminogenic Needs Per Risk Assessment	22.47%	1.12%	64.04%	0.00%	12.36%
Positive Reinforcement	25.00%	2.99%	58.96%	0.00%	13.06%
Appropriate Sanctions	23.42%	5.58%	49.44%	0.37%	21.19%
Performance Measures and Reporting to Stakeholders	13.01%	4.83%	68.03%	0.37%	13.75%
Electronic Monitoring/GPS	51.30%	0.37%	37.92%	0.37%	10.04%
SCRAM/SoberLink/Other Alcohol Monitoring	41.85%	1.11%	47.41%	0.37%	9.26%
Drug Testing	49.63%	4.10%	33.58%	0.37%	12.31%
Victim Safety Management	20.45%	2.23%	59.11%	0.00%	18.22%
Service Referrals and Monitoring (see Services Section)	33.08%	1.13%	52.26%	0.00%	13.53%

Appendix D

Regional Sequential Intercept Action Ideas

Regional SIM Breakout Group Ideas

The chart below provides a rough sketch of the projects recommended by these breakout groups. It highlights the statewide breadth of support for certain types of actions and broad directions for moving forward. However, the chart is not a list of fully actualized or polished proposals. No single idea from this lengthy list of ideas is presented here for consideration on its own terms.

SIM Breakout Group Recommendations By Category (2024-2025, All Regions)				
Category 1	Category 2 (if recs impact two categories)	Region	Group #	Summary
Access to care	Cross-System Collaboration	SE	2	Identifies specific resources needed and initial action steps to pursue those.
Access to care	Specific Resources	Chittenden	2	Advocate for longer term substance use disorder treatment in Vermont.
Access to care		SE	1	Create workgroups to focus on specific areas of need: e.g. embed court MH, Pheonix House, transport, etc.
Access to care		SE	1	
Access to care		SE	5	Start a Turning Point or peer support program in Orange County
Access to care		SE	6	Public inebriate bed system with step-down
Access to care		NE	2	For residential programming: how do folks move through these programs? Need to address the barriers towards people moving through a system
Access to care		Chittenden	3	Reduce the number of transitions between care.
Case Mgmt/ Navigation /Svc Linkage	Cross-System Collaboration	SW	3	UCS professional go to arraignment (Mon); social determ of health data collection; get court office space
Case Mgmt/ Navigation /Svc Linkage	Housing	NE	5	community outreach who can help people routinely committing nuisance offenses find resources / housing

Case Mgmt/ Navigation /Svc Linkage	Judiciary-Specific Recommendations	NE	1	Have treatment coordinator at the courthouse, esp during lodging block
Case Mgmt/ Navigation /Svc Linkage	Judiciary-Specific Recommendations	NE	3	People out of jail: if competency eval ordered, still may be able to access services via Tamarak (connection with services). Diversion triages this.
Case Mgmt/ Navigation /Svc Linkage	Judiciary-Specific Recommendations	Chittenden	5	Increasing supports at arraignment to provide individualized resources from the first judicial interaction (e.g. housing - connection to Coordinated Entry System, transportation, food, etc.)
Case Mgmt/ Navigation /Svc Linkage	Peer Support	Chittenden	1	Provide case management or peer support / navigation to rapidly connect individuals with resources
Case Mgmt/ Navigation /Svc Linkage		SW	1	"Need case manager position"
Case Mgmt/ Navigation /Svc Linkage		NW	4	onsite services/resource navigation in the courts
Case Mgmt/ Navigation /Svc Linkage		NE	2	Create positions to bridge gap in MH/SU services and the courts (navigators, social workers, etc.)
Case Mgmt/ Navigation /Svc Linkage		NE	3	WCMH case managers as a support in Court. Court will not ask case managers questions. Need MOU.
Case Mgmt/ Navigation /Svc Linkage		NE	4	embedded workers with law enforcement, making referrals and providing resources
Cross-System Collaboration	Access to care	SE	2	Strengthen situation tables (specific action steps identified by this breakout group)
Cross-System Collaboration	Education / Training	SW	2	Semi-Annual SW Region summit
Cross-System Collaboration	Education / Training	SW	5	Monthly meeting of all MH providers, prosecutors/lawyers, judges to build collaboration, share information, and how to implement solutions. Share info/education and use Situation table as model.
Cross-System Collaboration	Education / Training	Chittenden	1	Improve cross-system knowledge & collaboration through a variety of meetings & education opportunities

Cross-System Collaboration	Education / Training	Chittenden	3	Solidify and support the Chittenden County Regional Advisory Committee (RAC)
Cross-System Collaboration	Education / Training	Chittenden	6	Unify mental health and substance use crisis providers in Chittenden County
Cross-System Collaboration	Specific Resources	Chittenden	3	Diversify the types of crisis prevention and/or response.
Cross-System Collaboration		SW	1	Cross-system meetings and Releases of Information
Cross-System Collaboration		SW	4	Bi-annual meeting for stakeholders hosted by court
Cross-System Collaboration		SE	1	Expand Situation Table type work to smaller communities
Cross-System Collaboration		SE	3	Expand on or replicated Lamoille "Find Help Tool", select boards' resources, existing resource lists, etc.
Cross-System Collaboration		SE	3	Multi-system Teaming: Expand participation in existing community action programs
Cross-System Collaboration		SE	4	Training, outreach, stakeholder meetings for standardized referral primarily from law enforcement
Cross-System Collaboration		SE	4	Advocate for SIT table in Hartford
Cross-System Collaboration		SE	5	Annual meeting for stakeholders
Cross-System Collaboration		SE	6	Establish situation table for Windham
Cross-System Collaboration		NW	1	Regular recurring meeting of reps from mental health, substance use, courts, law enforcement, diversion & community service organizations. Include "universal release of information"
Cross-System Collaboration		NW	2	(Include court system in ongoing initiatives: monthly meeting of stakeholders (mh/sud/housing/LE etc., that focuses on community needs); Larger community meeting that meets biannually.

Cross-System Collaboration		NW	2	Follow up re court ordered services, including: Filing VOPs sooner (DOC); Report ONH non-compliance to court Designated Agencies); Monitoring engagement with PTS (RJC)
Cross-System Collaboration		NW	3	Regional needs assessment re gaps between mental health / judiciary: See the slide
Cross-System Collaboration		NW	4	Create "Northwest Judicial Regional Networking Team" w/ ongoing meets, listserv, site visits
Cross-System Collaboration		NE	1	Create list of cross-system collaborative meetings and who attends each
Cross-System Collaboration		NE	1	bring in other folks like the hospitals, NEKCA, Recovery Centers - determine who isn't at the table
Cross-System Collaboration		NE	3	Rebuilt LIT program (Local Interagency Team)
Cross-System Collaboration		NE	3	People in jail: How address court's order for inpatient evaluation at the hospital. Hospitals will not hold them and end up on the streets.
Cross-System Collaboration		NE	5	Pretrail Services serve as liason between all parties involved with local interagency teams (LIT)
Cross-System Collaboration		Chittenden	4	Bring the existing resources and people together across sectors to breakdown silos and support creation of care plans for the individuals who we are trying to serve.
Cross-System Collaboration		Chittenden	4	Streamline and simplify the current systems designed to address SUD and related issues.
Cross-System Collaboration		Chittenden	5	structure for regular communication & collaboration across the system to maintain engagement, progres, and continued resource sharing
Cross-System Collaboration		Chittenden	6	Coordinate the many cross-system meetings to make more efficient/effective
Data collection / analysis		SW	2	AHS and Judiciary work together to identify data that is needed and begin collecting/analyzing

Data collection / analysis		SW	4	Collect accurate and mutually defined meaningful data for better integrated collaboration. conduct an interagency data summit
Education / Training	Cross-System Collaboration	SW	5	Series of talks and training offerings to provide better cross-system understanding.
Education / Training	Increase Public Awareness of Services	NW	1	Provide marketing and training about existing local resources
Education / Training	Increase Public Awareness of Services	Chittenden	4	Create mechanism for community understanding regarding public safety and the welfare and rights of people in crisis by Increasing shared responsibility through a humanistic response.
Education / Training	Judiciary-Specific Recommendations	NE	2	Explore an area-wide, integrated access database for referrals to multiple agencies in one system.
Education / Training	Judiciary-Specific Recommendations	NE	2	Educate courts on available services
Education / Training	Judiciary-Specific Recommendations	NE	4	Community orientation/tour for judges of local area
Education / Training	Judiciary-Specific Recommendations	NE	4	community tour/orientation of services available in the community for newly assigned judges
Education / Training	Resource Guide / List	SE	1	Build and maintain an updated list of resources system-wide
Education / Training		SW	1	Stakeholder tour
Education / Training		SE	2	"Map out a deeper understanding of connection and resources across continuum of resource providers in the community."
Education / Training		NW	1	Law enforcement getting on-going training about and with embedded mental health clinician
Education / Training		NW	4	Provide trainings bilaterally between the courts/judiciary and health/ human service partners. A very rich set of action steps can be found the top of page 2 at this link .
Education / Training		NE	2	Create systems to educate people on evidence-based practices

Education / Training		NE	4	case histories/narratives of law enforcement encounters with no charges but instead referrals
Housing		NE	2	Housing development - ideally with a focus on scatter site units
Housing		NE	2	Master leased housing for people engaging in mental health and substance use services
Housing		NE	2	access to housing vouchers as a transition from Housing First DOC services
Housing		NE	2	Increase Housing First permanent supportive housing services across the state
Increase Public Awareness of Services	Resource Guide / List	SE	5	Produce a paper list of resources
Increase Public Awareness of Services		SW	2	Podcast episode for each intercept
Increase Public Awareness of Services		NW	1	Inform people and promote 988 and LCMHS Emergency Services
Increase Public Awareness of Services		NW	1	Promote local resources through Lamoille Findhelp
Increase Public Awareness of Services		NE	4	Social media sharing; advertisements in local newspapers; Emphasize 211 and 998 availability
Judiciary-Specific Recommendations	Case Mgmt/ Navigation /Svc Linkage	NW	2	Look at alternatives for people whose needs are more significant than what PTS can achieve pretrial. (E.g., establishing a treatment court).
Judiciary-Specific Recommendations	Cross-System Collaboration	NE	4	include info in probable cause affidavits to help determine appropriate conditions, referral to pretrial services, and inform potential treatment responses from the justice system
Judiciary-Specific Recommendations	Education / Training	SW	1	Increase frequency of bench-bar meetings to include presentations by community partners (RCRJC, RMH Crisis, TPC, DOC, etc.)
Judiciary-Specific Recommendations	Education / Training	NW	3	All court staff complete mental health and substance use literacy training. Training should include: See list at bottom of page two at this link.

Judiciary-Specific Recommendations		NW	2	Refer more cases to PTS services to identify needs
Judiciary-Specific Recommendations		NE	1	Create a protocol for engaging folks who come into the court system
Judiciary-Specific Recommendations		NE	1	Follow up on expungement clinics.
Judiciary-Specific Recommendations		NE	2	All criminal ONHs will engage with the DA/SSA before creating conditions
Judiciary-Specific Recommendations		NE	3	Make furniture and placement of furniture more trauma informed in court room
Judiciary-Specific Recommendations		NE	3	Judge training - when judge orders defendant to hospital for inpatient. DMH would take them to Waterbury. Now, to CVMC. On weekends, noone there from DMH. No mechanism to keep person at the hospital. Need judicial training with Scott Shumaker, Ben SMith from CVAC and Avi Springer.
Judiciary-Specific Recommendations		NE	4	Change in judiciary policy to create default 2-year rotations – allowing greater familiarity with personnel, services, and cases
Judiciary-Specific Recommendations		NE	5	Expansion of use of treatment court
Judiciary-Specific Recommendations		NE		centralized system for Judiciary to set up treatment courts-- not left to regions/local judges
Other		NE	5	Grant writing, etc needs a dedicated coordinator at local level
Other		Chittenden	5	Establish expedited pathways for justice-involved folks to obtain IDs
Peer Support	Case Mgmt/ Navigation /Svc Linkage	SW	3	Initiate a peer communication support specialist position
Peer Support	Case Mgmt/ Navigation /Svc Linkage	Chittenden	2	Establish a SIM peer support team for Chittenden County (covering all intercept points)
Peer Support	Increase / Improve Screening	SW	1	RMHS seek funding for peer work, possibly in screening role at arraignment (conduit between court process and community supports). Treatment court / Turning Point seek funding

Peer Support	Judiciary-Specific Recommendations	SW	4	Integrate peer services at various intercepts within the judicial system
Peer Support	Judiciary-Specific Recommendations	NE	3	Peer support in courtrooms
Peer Support	Judiciary-Specific Recommendations	NE	4	peer support in court and/or training for court officers to help those with high levels of stress during court
Peer Support		NW		Hire more embedded peer supports (especially at LCSD, Stowe police and depts that don't current have someone)
Resource Guide / List	Case Mgmt/ Navigation /Svc Linkage	NE	5	Explore an area-wide, integrated access database for referrals to multiple agencies in one system.
Resource Guide / List	Increase Public Awareness of Services	SE	4	Create a professional-facing, intrastate resource database populated by team members, include connections with 211
Resource Guide / List	Increase Public Awareness of Services	NW	1	Cards / handouts / flyers at courthouse and in more public spaces
Resource Guide / List	Judiciary-Specific Recommendations	NE	4	Build a resource guide and "curriculum" for judge orientation
Resource Guide / List	Judiciary-Specific Recommendations	NE	4	Distribute information sheet for services with court involved persons (e.g. with arraignment packet, PD application, or conditions of release)
Resource Guide / List	Judiciary-Specific Recommendations	NE	4	Post information/resources prominently in courthouse
Resource Guide / List		SW	1	"Cheat Sheet" of resources, include DOC
Resource Guide / List		SE	3	Create Google Map with resources, distributable index cards with contact info of resources,
Resource Guide / List		SE	6	Real-time online info data-base of services / resources
Resource Guide / List		NW	3	Judicial system provide info re access to community resources (e.g. pre-trial services, 988, childcare, and transportation) on court notices, citations, and other documentation.
Resource Guide / List		NE	1	Create resource list by county

Resource Guide / List		NE	1	Have a handout for information
Resource Guide / List		NE	2	Create statewide universal resource database highlighting agencies - what they do, how they intercept and interact
Resource Guide / List		NE	2	Create shared consciousness of what resources exist
Resource Guide / List		NE	4	Create uniform card or information sheet to distribute
Resource Guide / List		Chittenden	1	Create database of resources to facilitate warm handoffs
Specific Resources	Case Mgmt/ Navigation /Svc Linkage	NE	1	embedding current mobile crisis folks with EMS and Local PD
Specific Resources	Resource Guide / List	Chittenden	6	Create a community resource for law enforcement, judiciary, and corrections to refer to to understand real-time opportunities, barriers, and potential solutions to housing, mental health, and other risk areas
Specific Resources		NW	1	Conversation with Dept of Public Safety about how to broaden embedded SW positions
Specific Resources		NW	3	Explore an MOU for childcare, and one for transportation, to be provided at court.
Specific Resources		NE	1	Develop transportation cadre - finalize and share programming?
Specific Resources		NE	2	Transportation availability for different needs (e.g. medical, grocery)
Specific Resources		NE	2	Increase residential programming statewide
Specific Resources		NE	2	Increase in access to food banks, hygiene resources, etc.
Specific Resources		NE		Increase in access to rehabs and treatments (extend Medicaid stays past 2 weeks)
Specific Resources		Chittenden	2	Establish overnight County-wide Crisis Response Team of law enforcement, mental health, emergency, etc.