

# Vermont Judiciary Sequential Intercept Mapping Workshops—Criminal Court Focus

## Report on SIM Process in Northeast and Northwest Regions through Workshop Completion

### Introduction

In July 2022, the Vermont Supreme Court issued its charge and designation to the Commission on Mental Health and the Courts, recognizing that the judicial system was unable to meet the mental health needs of many people with serious mental illnesses who are charged as defendants in the criminal division of the Superior Court. The court noted that there also appear to be significant deficiencies in the Vermont mental health system of care. The court stated that “[e]very interaction that a person with a mental illness has with a public entity [including] ...a court, is an opportunity to intervene and provide help,” and that each stage of a court case should be “viewed as an opportunity to initiate earlier treatment through employing a process known as the Sequential Intercept Model.” The first specific bullet point in the description of the Commission’s framework stated that a key goal of the group should be:

[To] 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.

The Sequential Intercept Model (SIM) is a tool created by Policy Research Associates in the early 2000s, with funding from the National Institute for Mental Health. It is a conceptual model to assist community-based responses intended to reduce the involvement of people with mental and substance use disorders in the criminal justice system. The goal of this model is to provide a strategic planning tool that can be used by teams of stakeholders in any community to develop an understanding of how people with mental health and substance use disorders flow through the criminal justice system along six distinct intercept points:

- (0) Community Services,
- (1) Law Enforcement,
- (2) Initial Detention and Initial Court Hearings,
- (3) Jails and Courts (pleas, trials, and sentencing),
- (4) Reentry (after incarceration), and
- (5) Community Corrections (probation, furlough, and parole).

Using this model to guide their thinking, stakeholders can identify gaps, resources, and opportunities to communicate and collaborate at each intercept, and can then develop priorities and action plans to address these needs.

After the creation of the Commission on Mental Health, the Vermont Supreme Court sought and obtained a grant through the Bureau of Justice Assistance to enable SIM based workshops

throughout the state. As an important first step, the BJA grant funded the hiring of a Mental Health and the Courts Project Director for the judiciary. The grant also enabled the training of judiciary personnel on how to use and implement the SIM model in leading workshops addressing mental health in the criminal courts. The grant provides funds for regional SIM based workshops on this topic in all five of our trial court regions: Northeast (Caledonia, Essex, Orleans, and Washington Counties), Northwest (Franklin, Grand Isle, and Lamoille Counties), Chittenden County, Southeast (Windham, Windsor, and Orange Counties), and Southwest (Bennington, Rutland, and Addison Counties). The grant provides some limited funding for the stakeholder teams in each region as they engage in the action plans they create at these workshops.

In March 2024, D. Scott Acus, MA, MSW, LICSW, was named to the position of Mental Health and the Courts Project Director. In April 2024, he and retired Superior Judge Katherine Hayes attended a day-long grant funded training on the sequential intercept model and on how to conduct regional workshops about mental health in the criminal courts using the SIM model, taught by Michelle O'Brien and Scott Block, consultants from the National Center for State Courts (NCSC). NCSC has played a vital supportive and instructive role in the SIM process in Vermont and in many other states around the country. We are grateful for their continuing assistance.

Shortly after Project Director Acus and Judge Hayes obtained their SIM training, the SIM project team was finalized with the hiring of Daniel Grundhauser as the project administrator. Project Director Scott Acus and Judge Hayes act as presenters and coordinators at the workshops. Daniel Grundhauser organizes, schedules, and manages all meetings and workshops and also has been a key participant in the collection and organization of data, resources, and information for this ongoing project.

## SIM Planning Process

The project team decided, after consulting with grant manager Linda Richard and Court Administrator Therese Corsones, to conduct the first two SIM workshops in the northern part of the state—in the Northeast Region, made up of Caledonia, Essex, Orleans, and Washington Counties, and the Northwest Region, made up of Franklin, Grand Isle, and Lamoille Counties. In both the Northeast and Northwest Regions there was a similar planning process for the sequential intercept mapping workshops.

Scott Acus and Daniel Grundhauser circulated a lengthy survey to on-the-ground stakeholders throughout both the Northeast and Northwest regions to determine what issues were seen as most pressing, and where there were perceived gaps in communication and resources. These surveys were sent to attorneys, law enforcement officers, mental health service providers, probation officers, correctional officers, housing specialists, community advocates, peer supports, emergency department staff, pre-trial services providers, and others.

### Northeast Region Community Survey Results

There were 47 responses in the northeast region. Key issues identified in the northeast survey results are summarized below:

As to collaboration and capacity building:

- There was broad agreement that everyone involved across the relevant systems recognized that many adults involved in the criminal justice system were struggling with mental health and substance use disorders.
- However, a majority of respondents believed that the justice system and mental health treatment systems did not collaborate effectively to understand gaps in the justice system.
- Most respondents believed that people with lived experience of mental health and justice system issues were not included as stakeholders in relevant collaborations.
- Most respondents believed that stakeholders had been unable to overcome barriers to implementing effective programs and policies about mental health and substance use disorders.
- Most respondents believed that there were not cross-system education and training opportunities to improve collaboration and understanding.

As to access to relevant services in the community:

- There was near unanimity that there were insufficient resources for housing and housing supports.
- There was a very strong majority perception that there were insufficient childcare, dental care, and vision care resources.
- However, a strong majority also believed that there were adequate opportunities for job training and education and work supports.
- There was substantial disagreement about whether there were enough resources to assist people in navigating through programs and services.
- A majority of respondents believed that there were insufficient direct mental health services, substance use disorder treatment services.
- There was substantial disagreement about whether there were enough services for care coordination, early intervention, family recovery support services, and youth substance abuse disorder services.

As to the trial courts and court services:

- Most respondents believed that court staff were supportive of evidence-based treatments for substance use disorders and mental health disorders.
- Most respondents believed that court staff support the clinical decisions of treatment providers for substance use disorders and mental health disorders.
- Most respondents had no knowledge about whether court staff received training on trauma, substance use disorders, mental health and domestic violence issues.
- Most respondents believed that court timeframes were not tailored to meet the individual needs of litigants with substance use or mental health disorders.

As to substance use services there was broad agreement that many types of services were available, but that all of those kinds of services needed improvement or modification. This included: preventive services, adolescent community reinforcement approaches, assessment resources, outpatient treatment, intensive outpatient treatment, inpatient detox treatment, harm reduction approaches, outreach, peer recovery support, case management, and medication assisted treatment. However, a large majority of respondents believed that there were significant deficiencies in or complete unavailability of residential and inpatient treatment services.

As to mental health services, respondents identified early identification and intervention, intensive outpatient treatment, inpatient treatment, residential treatment, intensive case management, assertive community treatment, wellness recovery action plan facilitation, drop in services, and supported housing as areas where there were significant deficiencies both in the availability of services and/or in the quality of the available services.

As to crisis specific services, respondents were aware of crisis call and mobile crisis response teams, but many respondents thought they needed improvement or increased availability. Many believed that there was training for law enforcement crisis teams, but many thought these teams/training for them needed improvement. Many respondents thought either that the following services did not exist, or that they needed significant improvements or additions: crisis receiving and stabilization services, short term crisis stepdown facilities, peer-operated respite, psychiatric advance directive assistance, assisted outpatient treatment, overdoes response teams, and crisis triage centers.

As to general assistive services, many respondents saw a need for more temporary housing for unhoused people and for transportation services.

As to pretrial services, respondents' answers showed a broad lack of awareness about whether pretrial services included motivational interviewing and goal setting, pretrial risk assessment and screening, criminal history checks, objective assessment of reported pretrial misconduct, recommendations based on risk levels, follow-up reviews for defendants who could not meet conditions of release, supervision of released defendants, and performance measures and reports. Many believed that pretrial services included alcohol monitoring, drug testing, victim safety management, and service referrals and monitoring.

As to probation, respondents' answers showed a broad lack of awareness about whether probation services included motivational interviewing, validated risk assessment, case planning, prioritized supervision for higher risk offenders, positive reinforcement, sanctions, performance measures and reports, and victim safety management. Again, respondents' answers showed a general belief that probation services would include electronic monitoring, alcohol monitoring, drug testing, and service referrals and monitoring.

Many respondents also gave narrative and specific comments about how the community could best create plans to effectively address substance use and mental health challenges. Themes in these comments included:

- chronic understaffing\*,
- the ongoing housing crisis\*
- lack of any/adequate inpatient treatment in the region\*

- general lack of appropriate resources for this particular region (the Northeast Kingdom)— "a service desert"\*
- repeated floods,
- wait times for treatment -- inability to offer immediate treatment when a person is at the stage of recovery when they are most likely to succeed,
- siloed approaches to services by various agencies—lack of coordination,
- lack of crisis services for people with severe mental health issues who do not pose an immediate risk of harm to self or others,
- health insurance reimbursement and funding issues\*
- stigma against substance use disorders and mental health issues

Starred items were repeated several times.

### Northwest Community Survey Results

There were 34 responses to the survey in the northwest region. Key issues identified in the northwest survey results are summarized below:

As to collaboration and capacity building:

- Across all systems, including judicial, law enforcement, corrections, mental health, community supports and others, there is broad recognition that many of the adults who are involved in the justice system are experiencing mental health and/or substance use issues.
- Justice and mental health treatment systems are not seen as collaborating meaningfully to understand gaps in the justice system.
- Stakeholders are not seen as frequently communicating about mental health issues (opportunities, challenges, and oversight of initiatives).
- Stakeholders in the various systems have difficulty overcoming barriers to implementing effective programs about mental health and substance use challenges.
- Stakeholders do not engage in cross-system education and training to improve collaboration and understanding of the various agencies' priorities, policies, and mandates.
- People with lived experience and family members of those who have mental health issues are not included as stakeholders in relevant committees, task forces and advisory boards.

As to access to relevant services:

- People in the community do not have timely access to substance use disorder treatment and supports.
- People in the community do not have timely access to mental health treatment including treatment for trauma.

- People in the community do not have timely access to adequate housing and housing supports.

As to mental health related services:

- Improvement in or greater availability of intensive outpatient treatment services is needed.
- More residential treatment options for mental health issues are needed.

The results suggested that many stakeholders had limited information about what specific services were available in the community and about how their clients could gain access to them. They strongly suggested that improvements to cross-agency and cross-system communication would be vital. They reinforced other data confirming that there is a dearth of appropriate inpatient and residential treatment options and housing throughout the state. The lack of any in-state long-term inpatient treatment for substance use disorders was repeatedly mentioned in the narrative comments to the survey. The written comments also mentioned the lack of adequate supportive services for victims of crime and children of incarcerated people. Respondents strongly supported embedded social service workers in police departments and other agencies, and increased availability of peer supports.

### Planning Committees and Planning Process

In each region, the project team met with the Superior Court Clerk and the presiding criminal division judges to create a planning committee. Each planning committee was to be made up of the presiding judges and Superior Court Clerk, along with other key stakeholders, ideally including a State's Attorney, public defender, director of a community mental health agency, law enforcement representative, and assistant judge as a representative of the county governments.

#### Northeast Planning Committee

The northeast planning committee members included Judges Michael Kainen and Rory Thibault, Superior Court Clerk Margaret Villeneuve, Assistant Judge Merle Haskins, Deputy State's Attorney Michelle Donnelly, Public Defender Avi Springer, Karen Kurrle, Intensive Services Director, Washington County Mental Health Services, St. Johnsbury Chief of Police Joel Pierce, Kerry Stavseth, Executive Director of Northeast Kingdom Human Services, and Jenna O'Farrell of Northeast Kingdom Community Action, and the project team.

The planning committee met five times on Teams from June through August. Initially, the project leaders educated the committee about the causes and goals of the SIM workshop process, and the specific limitations on the process that were imposed by grant requirements.

#### Northwest Planning Committee

The northwest planning committee members included Judge Alison Arms, Judge Mary Morrissey, Superior Court Clerk Mary Mossey, Court Operations Manager Gina Lumbr, Sheriff Roger Marcoux, Franklin County State's Attorney Bram Kranichfeld, public defender Sarah Reed, defense lawyer Ember Power, and Todd Baumann, the CEO of the Northwest Medical Center, as well as the project team.

The northwest planning committee met on Teams nearly every week from early July through early September. Initially, the project leaders educated the committee about the causes and goals of the

SIM workshop process, and the specific limitations on the process that were imposed by grant requirements.

### Planning Process for Both Northeast and Northwest Regions

The project team shared relevant data about the with the planning committees to explain the reasons for the establishment of the Commission and the need for the SIM process. These data included the following:

- Crime rates in Vermont have been increasing since 2020.
- More than 57% of all people incarcerated in Vermont are now receiving Medication Assisted Treatment (MAT) (i.e. have been diagnosed with opioid use disorders and receive prescribed medications to address them even while in jail).
- Over 75% of incarcerated people who were convicted of property and/or drug related crimes are receiving MAT.
- The rate of persons who are unhoused in Vermont has increased by more than 300% since 2020. We now have the second highest rate of unhoused persons in the nation.
- Since 2017, the number of persons served by mental health related emergency services has increased by 38%.
- The number of Vermont deaths by drug overdose has increased from 80 in 2014 to 248 in 2023. This is significantly greater than the national average increase in such deaths over the same period. (Since the workshop, data has shown a decrease in overdose deaths both nationally and in Vermont, but the causes for this decrease are uncertain).
- The team also provided the planning committee with an outline of the nature of the SIM process and the reasons why it is an effective tool.

In each region, the planning committee's input about specific community members to be invited to the workshops, and the relevant issues that were of the most concern in the communities they served was essential to successful planning. All of the people that the planning committee members recommended in both regions were invited to the workshops. The committees also provided important guidance about the needs of their communities. Some committee members asked pointed questions and alerted the team to areas that required better explanation or focus. The planning committees also played an important role in clarifying the agenda for the workshop.

### Planning for Workshop Logistics

The planning committees in each region also guided the decision as to a location and specific setup for the in-person workshop.

In the Northeast Region, after conference center locations were discussed, the committee agreed that the large courtroom in the Caledonia Superior Court would be the best location. Judge Haskins recognizing the importance of this work, kindly agreed that the Caledonia County would provide lunch and refreshments for the in-person workshop. Superior Court Clerk Maggie Villeneuve worked tirelessly to arrange the setup of the room, to obtain and set up the food and drinks, and also of course herself participated in the workshops. Without her assistance, the workshop in St.

Johnsbury would not have been possible. We are very grateful for her and Judge Haskins' generosity and focus.

In the Northwest Region, Hospital CEO Todd Baumann kindly and generously offered us the use of the medical center's conference facilities at no cost. That space was perfect, and it made the workshop a more pleasant and comfortable event. The planning committee also helped to arrange food and other amenities for workshop participants. There is no grant funding for food or drink for these workshops, so at the all-day in-person workshop, participants bought their own lunches at the medical center cafeteria. The food there was terrific. Several of the planning committee members generously funded breakfast pastries, coffee, and water, and brought other snacks and drinks. Teri Corsones, Court Administrator, provided her legendary cookies for both regions as well.



## SIM Workshops

As the team learned in their training as SIM presenters and organizers, ideally a workshop on these complex issues should take place over a full two-day period. However, due to an expressed need by participants not to overwhelm their schedules with two full days away from their office, and consistent with a desire to make prudent use of grant dollars, a hybrid alternative was developed that involved online virtual meetings in combination with a single, all-day in-person workshop. The team decided to offer two mandatory (or at least strongly recommended) one-hour long remote Teams meetings to take place during the 10-day period before the in-person workshop. These important introductory meetings were offered for the Northeast Region on August 28 and September 4, 2024, and for the Northwest Region on September 10 and September 17, 2024.

### Northeast Region Teams-Based Workshop Introductory Sessions

About 40 people attended the first Teams meeting/workshop on August 28. The meeting was recorded so that others could watch it later if they were unable to attend. At that workshop, after a welcome and introduction by Judge Thibault, Judge Hayes presented a brief outline of the agendas for each of the three meetings, described the plan for how each meeting would be structured, and presented data focused on mental health related issues in Vermont and the nation. She also introduced and described the use of the SIM model. Project Director Acus then explained that the goals of the in-person workshop on September 20 would be to use data about current resources and problems to identify gaps in services and information, and possible improvements; to improve cross-system knowledge and relationships; and to begin concrete planning for specific actions to make real change. At this initial Teams meeting, participants responded in real time to the question:

“What would you improve if you could change one thing about our system related to mental health and justice?” Daniel Grundhauser created a “word cloud” from the answers, which made it clear that the attendees strongly supported and felt there was a need for better housing, health care, crisis intervention, and mental health treatment resources, with a focus on individuals.

Among the key data points presented at this initial meeting were those stated above that were shared with the planning committee, and also the following:

- The number of people in Vermont who report frequent mental distress has increased substantially between 2012 and 2022.
- The number of people in Vermont who report anxiety or depression symptoms and having an unmet need for treatment is significantly greater in Vermont than the average in the U.S. as a whole.
- The rate of people in Vermont who completed suicide has also increased during the 10 years from 2012 to 2022.
- The percentage of people who completed suicide in Vermont has consistently been greater than the national average during the 15 years from 2008 to 2022.
- The number of people in Vermont whose deaths were attributed to alcohol increased by 36% from 2017 to 2021.
- All people recently released from incarceration are at a much greater risk of death by suicide than others in the population.
- About 22% of persons who completed suicide in Vermont between 2019 to 2021 were court-involved in either the criminal, family, or civil divisions.

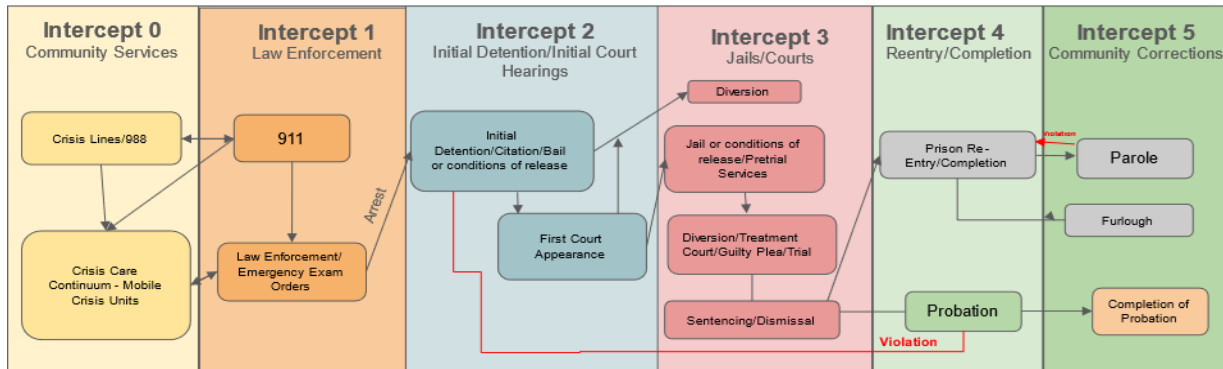
The project team’s most important message to the meeting participants about the SIM model was that, as the Mental Health Commission’s charge and designation says:

“Every interaction that a person with a mental illness has with a public entity . . . 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. . . Each stage is viewed as an opportunity to initiate earlier treatment.”

Using the SIM model enables the community to look at each interaction that people have with the justice system as an opportunity, and encourages a broad, but focused dialog to take advantage of each intercept for that purpose. It also opens and supports a dialogue within the broader community about opportunities to intervene and provide help in or outside the context of the judicial system.

About 35 people attended the second Teams meeting/workshop on September 4, which again was recorded so that others could watch it when they had time. At this meeting, Judge Hayes described in detail how each “intercept” in the sequential intercept model actual works for people in Vermont

who are connected to the judicial system.



Also, at this second meeting Project Director Scott Acus reviewed the information presented at the first Teams meeting, and informed the attendees about the results of a post-meeting survey conducted after the first meeting to gauge whether the project team had succeeded in communicating the plan and goals. He then outlined in detail the plan for the full-day workshop to be held on September 6. He also let the attendees know about the results of the community survey that the team had conducted as described above, including failure to share data, failure to include people with lived experience in provision of services and in leadership, and a huge lack of necessary resources,, as well as “siloeed” communications and lack of collaboration, lack of awareness of the goals and services offered by community providers, and severe lack of sufficient staff, housing, and many other essentials. Participants in the meeting were encouraged to consider these and other identified issues from the community survey as areas that could indicate gaps that the in-person SIM workshop might provide an opportunity to eliminate or improve.

### Northwest Region Teams-Based Workshop Introductory Sessions

In the Northwest Region, about 30 people attended the first Teams meeting/workshop on September 10. Again, this meeting was recorded so that others could watch it later if they were unable to attend. At that workshop, Scott Acus presented an outline of the agendas for each of the three meetings, described the plan for how each meeting would be structured, and presented data focused on mental health related issues in Vermont and the nation. He also introduced and described the use of the SIM model. Project Director Acus explained that the goals of the in-person workshop on September 20 would be to use data about current problems to identify gaps in services and information, and possible improvements; to improve cross-system knowledge and relationships; and to begin concrete planning for specific actions to make real change. As in the Northeast Region, at this initial Teams meeting, participants responded in real time to the question: “What would you improve if you could change one thing about our system related to mental health and justice?” Daniel Grundhauser created a “word cloud” from the answers, which made it clear that the attendees strongly supported and felt there was a need for coordinated, expanded, and more available mental health services.

Also, at this session as in Northeast, the key data points presented at this initial meeting were those stated above that were shared with the planning committee and at the bulleted points stated above that focused more on the specific needs of Vermonters, and particularly those who are court-involved.

Again, the primary message to participants was the importance of recognizing that “[e]very interaction that a person with a mental illness has with a public entity . . . is an opportunity to intervene and provide help” and that treatment should be offered as soon and as often as practicable.

About 35 people attended the second Teams meeting/workshop on September 17, which again was recorded so that others could watch it when they had time. At this meeting, Judge Hayes described in detail how each “intercept” in the sequential intercept model actual works for people in Vermont, using the image shown above to outline its use.

At this meeting, she also used two hypothetical fact patterns about people who might intersect with the justice system to illustrate the various times and types of interactions that a person might have if they experienced a mental health crisis as a result of which they acted out in ways that were perceived to be dangerous or unlawful, and were in contact with either a crisis services provider, law enforcement, the courts, or others in the justice system.

Also, at this meeting Project Director Scott Acus reviewed the information presented at the first Teams meeting, and informed the attendees about the informative results of a post-meeting survey conducted after the first meeting to gauge whether the project team had succeeded in communicating the plan and goals. He then outlined in detail the plan for the full-day workshop to be held on September 20. He also let the attendees know about the results of the community survey that the team had conducted, including:

- The perceived lack of an established and shared mission, collaboration, and common goals among mental health system, community support system, and justice system participants.
- The perceived lack of involvement of people with lived experience and their family members in committees, task forces, and similar organizations affecting them.
- The lack of adequate communication between stakeholders about mental health issues.
- Lack of routine sharing of data among stakeholder organizations.
- Lack of sharing of resources and staff to support mental health initiatives.

Participants in the meeting were encouraged to consider these and other identified issues from the community survey as areas that could indicate gaps that the SIM workshop might provide an opportunity to eliminate or improve.

### In-Person Sequential Intercept Mapping Workshop-Northeast Region

In the Northeast Region, the final in-person workshop took place on September 6, 2024, at the Superior Court in Caledonia County, St. Johnsbury. There were 47 attendees at the meeting in addition to the team. The judicial staff attendees included Superior Court Clerk Maggie Villeneuve, Assistant Judge Merle Haskins, Superior Court Judges Michael Kainen, Rory Thibault, Kirstin Schoonover, Timothy Tomasi, Michael Harris, Daniel Richardson, and Benjamin Battles, and Court Operations Manager Cheri Goldstein. Staff from the pretrial services, diversion, and restorative

justice programs in the region attended. State's attorneys and public defenders from throughout the region attended. Representatives from probation and parole throughout the region participated. There were attendees from the Vermont Department of Mental Health, Northeast Kingdom Community Services, Washington County Mental Health Services, Pathways, and Recovery Vermont. Emergency services from Caledonia County and Barre City attended. Law enforcement officers or representatives from the Montpelier, Barre, Berlin, Hardwick and St. Johnsbury Police Departments, the Washington and Orleans County Sheriffs, and the Department of Public Safety attended. The medical director of emergency services at the Central Vermont Medical Center attended. Two members of the JW Leadership Consulting group, James Baker and Chris Louras, also attended.

All of the participants were assigned to break-out groups seated at five separate tables, mixing attorneys, judges, mental health and other service providers, law enforcement, probation and parole, emergency services, and statewide representatives. Each break-out group had a pre-assigned discussion coordinator/facilitator to manage the conversations to take place that day. Project Director Acus had met with each of the facilitators in advance and provided them with detailed written guidance to assist them in ensuring that the group's conversations would be constructive, thoughtful, focused, and respectful. At each table there was an agenda for the day and a list of ground rules for discussion, as well as bookmarks (kindly provided by Judge Haskins) illustrating the sequential intercept model. Group members began introducing themselves to one another at each table even before the meeting started.

At the beginning of the day, Judges Thibault and Kainen welcomed the group, expressed the judiciary's gratitude for their participation, and made it clear that this process was an important one, and that all participants' ideas and enthusiasm were needed. Judge Hayes then went over the basic rules to be followed in all the day's discussions, including respectful communication, person-first descriptions, full participation by all group members, and listening to all perspectives and experiences.

Project Director Scott Acus outlined the plan for the day, reviewed the results of the community survey, relevant data, and local resources. He provided guidance to the breakout groups about how to choose specific areas and intercepts where positive change could be accomplished. His key slide reminded participants that:

A SIM Mapping will:

1. Identify gaps, resources, and potential improvements
2. Build collaboration, relationships, and cross-system knowledge
3. Set the stage for planning and implementation of improvements

Each group was requested to focus on all of these areas. Each of the diverse groups worked diligently as a team and chose specific areas to focus on for over an hour. After a morning break, a peer support leader from the Beyond Bars program, Mac Parker, gave an inspiring address about the necessity of meeting people where they are, and the value of lived experience in addressing people's needs for assistance with mental health struggles. Each of the breakout groups then got back to work on identifying gaps, improvements, and collaborations to work on, and before lunch, they all reported on the progress they had made.

After lunch the groups continued their animated and cooperative conversations and planning on other priority areas, and again reported their progress. The day ended with the groups meeting to talk about how to sustain and continue the work that they had done during the workshop, and then reporting out on those continuity plans.

All the groups' reports out were done at a microphone in front of the whole group, so everyone in the room would have the benefit of all of the other groups' ideas.

Each group's plans and ideas were recorded by a note taker chosen by the group, and projected onto the screen at the front of the room while they reported out. Those rough plans and notes have been retained and are available for review.

### Areas for Improvement

A summary of the specific areas that all of the Northeast Region's groups identified as needing improvement, and also as having practical, achievable means to make positive change in, is as follows:

- Shared information about meetings, resources, and programs
- Improved orientation for new judges and education for all judges about resources, programs, community needs
- Increased opportunities for all stakeholders to meet together including judges and court staff.
- Regular interagency communication/meetings.
- Increased inclusion of people with lived experience and peer supports in all areas
- Increased housing
- Use of humane treatment court based models
- Make courthouses and other facilities more trauma informed
- Make better use of existing programs such as diversion, Tamarack, community justice centers

### Specific Goals/Action Plans:

At the end of the day, the groups had identified several specific goals and plans for future work together. These included:

- Creating a community wide list of meetings in the community that address the same concerns, and attempt to consolidate these meetings.
- Create community wide resource lists to be shared among all stakeholders, agencies, courts, etc.
- Consider creating a clear method to identify individuals with extensive, repeated court/law enforcement/mental health system interactions, and also create intervention teams or meetings to address concerns about those individuals

- Increased use of county government to disburse funds to ensure that resources reach each community
- Increased use of the courthouse for meetings/contacts with clients/outreach
- Reevaluate conditions of release in order to create enforceable and helpful conditions that encourage appropriate treatment and access to resources.
- Create a consistent method for data-sharing with mental health and other supportive services to let them know about clients who have court contacts
- Recovery coaches and other service providers to attend court hearings- arraignments/pretrial conference days.
- Offer transportation for court hearings, to treatment and medical care, possibly using opioid settlement funds
- Increased collaboration between local police and local probation and parole offices—shared resources.
- Increased follow-up for people reentering the community after incarceration—recovery coaching, transportation, etc. – use Circles of Support model (community volunteers meeting regularly with the person and providing basic support and advice).
- Community treatment agencies providing training to court staff and judges about the issues their clients face and the services they offer
- Increase in residential treatment options and sober housing.
- Increase in embedded social workers in law enforcement and at court
- Add tour of communities and resources to orientation for new judges
- Publicize 988 as all-crisis resource at courthouses and elsewhere – also 211 for all resources.
- More posting of resource information at the courthouse.
- Reactivate a dormant program for interagency collaboration – LIT (local interagency team)
- Educate judges about actual impact of inpatient evaluation orders and/or co-occurring bail and conditions of release.
- Assist courts in making courtrooms and spaces more trauma informed.
- Allow/encourage case managers from mental health agencies to attend court with clients.
- Law enforcement, attorneys and judges need training about the BARJ program (balanced and restorative justice programs for youth).
- Use the Lamoille County one-referral database model in this region—to enable one-stop referrals for all needed services.

Specific attendees were identified as leaders who agreed to play a key role in following up and ensuring that these goals were met. More than half of the participants completed a post-workshop about the process. The survey results showed that more than 90% of respondents were interested in participating in ongoing work on the goals set at the workshop. One hundred percent of survey respondents were either highly confident or thought that there was a decent chance that the SIM workshops would receive follow-up efforts. One hundred percent were also either cautiously optimistic or certain that their workshop-based plans were achievable and likely to improve the system. Project Director Acus and Daniel Grundhauser are already working with all of the groups to assist them in these ambitious plans, and progress is being made.

### In-Person Sequential Intercept Mapping Workshop-Northwest Region

The final workshop, which was in-person, took place on September 20, 2024, at the Northwestern Medical Center Conference Center in St. Albans. There were 41 attendees at the meeting. The judicial staff attendees included Judges Alison Arms, Mary Morrissey, Navah Spero, and Elizabeth Novotny, and Superior Court Clerk Mary Mossey. The attorneys attending included State's Attorneys, public defenders, legal aid attorneys, assistant attorneys general, and counsel for the Department of Mental Health. Law enforcement participants included the Lamoille County Sheriff, and the Swanton Police Chief. Mental health and recovery service providers were present from Northwest Counseling and Support Services, Lamoille Health Partners, Lamoille County Mental Health Services and Jenna's Promise. Representatives for restorative, diversion and supportive services were present from Lamoille Restorative Center, Franklin/Grand Isle Restorative Justice Center, and Statewide Court Diversion and Pretrial Services. People with lived experience and peer support providers were present from Recovery Vermont, the Beyond Bars program, and the Department of Mental Health. There were participants from both the Department of Health and the Department of Mental Health.

All of the participants were assigned to break-out groups seated at four separate tables, mixing attorneys, judges, mental health and other service providers, law enforcement, and statewide representatives. Each break-out group had a pre-assigned discussion coordinator/facilitator to manage the conversations to take place that day. Project Director Acus had met with each of the facilitators in advance and provided them with detailed written guidance to assist them in ensuring that the group's conversations would be constructive, thoughtful, focused, and respectful. At each table there was a notebook containing the data that had been shared at the previous meetings, and the agenda for the day. Group members began introducing themselves to one another at each table even before the meeting started.



The day began with a powerful and inspiring introduction from Judge Arms, who recounted a moving and tragic experience from her prior employment as a public defender in New York City, years earlier. Her account reminded us that the judicial system gives us opportunities to recognize all participants' humanity, and to offer them courtesy, respect and support. Judge Hayes then went over the basic rules to be followed in all the day's discussions, including

respectful communication, person-first descriptions, full participation by all group members, and listening to all perspectives and experiences.

Project Director Scott Acus outlined the plan for the day, reviewed the results of the community survey, relevant data, and local resources. He provided guidance to the breakout groups about how to choose specific areas and intercepts where positive change could be accomplished. His key slide reminded participants that:

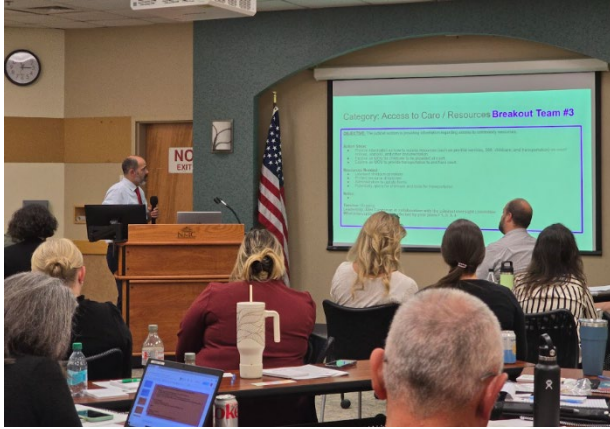
A SIM Mapping will:

1. Identify gaps, resources, and potential improvements
2. Build collaboration, relationships, and cross-system knowledge
3. Set the stage for planning and implementation of improvements

Each group was requested to focus on all of these areas. All of the four diverse groups worked diligently as a team and chose specific areas to focus on for over an hour. After a morning break, a peer support leader from the Beyond Bars program, Mac Parker, gave an inspiring address about the necessity of meeting people where they are, and the value of lived experience in addressing people's needs for assistance with mental health struggles. Each of the breakout groups then got back to work on identifying gaps, improvements, and collaborations to work on, and before lunch, they all reported on the progress they had made.

After lunch the groups continued their animated and cooperative conversations and planning on other priority areas, and again reported their progress. The day ended with the groups meeting to talk about how to sustain and continue the work that they had done during the workshop, and then reporting out on those continuity plans.

All the groups' reports out were done at a microphone in front of the whole group, so everyone in the room would have the benefit of all of the other groups' ideas.



Each group's plans and ideas were recorded by a note taker chosen by the group, and projected onto the screen at the front of the room while they reported out. Those rough plans and notes have been retained and are available for review.

### Areas for Improvement

A summary of the specific areas that all of the Northwest Region's groups identified as needing improvement, and also as having practical, achievable means to make positive change in, is as follows:

- Improved education/knowledge—building community-wide awareness of the programs that exist and ensuring ongoing training and support.
- Improved access to services--- by ensuring that existing resources are broadly known and are being fully utilized.
- Improved communication/collaboration—shared trainings across courts/judiciary/legal community and health and human service partners.
- Improved sharing of information about existing collaborations and shared meetings that are already in place, broadening and deepening those collaborations.
- Increased referral of court-involved people to pre-trial services for screening, assessment, and referral.
- Improved and more intensive services for court-involved people with greater needs than pretrial services can meet—e.g. through treatment court or similar programs.
- Expanded training and education about mental health and substance use disorders for court staff and for attorneys.

### Specific Goals/Action Plans:

At the end of the day, the groups had identified several specific goals and plans for future work together. These included:

- Increasing the number of peer support providers at mental health services and at law enforcement agencies —the groups recognized that a formal certification process for peer support professionals is needed and is in progress.
- Providing more public outreach to make sure the whole community is aware of the 988 crisis line and community based mobile crisis services—to include cards/handouts/flyers at the courthouse and in other public spaces.
- Providing more public outreach to make sure the whole community knows about Lamoille Findhelp referral options in the region.
- Training by mental health clinicians for law enforcement agencies in the region.
- Increased use of embedded mental health clinicians at law enforcement agencies—to begin with dialog with Vermont State Police about their current use of embedded clinicians.
- Specific trainings for court staff by mental health clinicians/other experts during the judiciary’s regular monthly in-service training days. Topics to include mental health first aid, de-escalation and/or calming strategies for people in crisis who engage in angry, upset, or threatening conduct, and information about locally available programs and resources for mental health and substance use disorder treatment/support.
- Inviting court-related people to already existing large community-wide meetings about mental health or substance use disorder related topics.
- Court/attorneys to refer more people to pretrial services so their needs can be identified—to facilitate this contact information for how people can obtain assistance from PTS to be available at counsel tables in court and elsewhere.
- When court orders services, assessments, and treatment—e.g. as probation conditions—violation of probation complaints to be filed more promptly to encourage compliance.
- Court and attorneys to monitor whether court-involved people are engaging with pretrial services after being ordered to do so by reviewing the regular reports filed by PTS with the court.
- Court to be able to obtain reports about whether people who are subject to orders of non-hospitalization are failing to comply with them (note: this may not be consistent with current law).
- Create the “Northwest Judicial Regional Networking Team—to hold quarterly meetings in order to identify gaps and opportunities for services/ information/ communication/ collaboration, and to follow up on them. This team would be made up of all the attendees at this SIM workshop and other agreed community members.
- The Networking Team should also have an e-mail listserv to share information about meetings, events, new resources and urgent needs.
- The Networking Team should invite, support and assist all members in attending field trips or site visits to each other’s active service locations as part of education and sharing information.

- Ask relevant regulators/bar association to support expanding the annual attorney CLE requirement to include mental health and substance use disorder literacy training.
- Deploy the Judge Psychiatrist Leadership Initiative training recently received by Judge Pacht and Dr. Klein for all judges.
- Seek improvements in transportation options for court hearings and in childcare resources for people attending court hearings.
- Add information on how to access appropriate resources on all court hearing notices/citations—to include pretrial services, local community mental health services, child care referral organizations.

Specific attendees were identified as leaders who agreed to play a key role in following up and ensuring that these goals were met. A post-workshop survey showed that more than 90% of attendees were interested in participating in ongoing work on these goals as well. Project Director Acus and Daniel Grundhauser are already working with the groups to assist them in these ambitious plans.

## Conclusions:

If only a few of the goals listed above are met, significant improvements in communication, collaboration, and awareness of community resources will be achieved. To date, five of the nine breakout groups for the two regions have indicated progress toward their goals and are continuing to work together on an ongoing basis. Project Director Scott Acus and Project Administrative Assistant Daniel Grundhauser will continue to offer support and guidance to the groups, and to assist them in obtaining necessary funding for some of these projects.

The post-workshop survey results also show that participants learned a great deal during the workshop about their own community resources. They also show that participants valued and benefited from the connections they made with each other during this process, and that it is likely that these contacts have already increased their ability to communicate with one another and to assist community members in the future.

The project leadership team, likewise, is learning from each SIM workshop conducted, and will continue to make improvements to the process during the remaining three regional planning processes. The openness, enthusiasm, and commitment of the participants in the Northeast Region SIM workshop were an inspiration to us.

In the Northeast Region, our special thanks go to the planning committee and especially to Maggie Villeneuve and Judge Haskins for their invaluable assistance in making this process a success. In the Northwest Region, our special thanks go to the planning committee and to the Northwestern Medical Center for their invaluable assistance in making this process a success.