

## Q1 Describe your role in our system and how you might be connected to the topic of mental health and the judicial system:

Answered: 96 Skipped: 0

#	RESPONSES	DATE
1	Judge	3/7/2023 8:46 PM
2	I am a judge who primarily sits in criminal and family court. I run three treatment courts including a mental health and co-occurring court for individuals through the criminal court.	3/7/2023 6:37 PM
3	I run the Court Diversion/Pretrial Services programs in Windsor County. I also maintain a very small caseload so I can keep myself current. Most Tamarack and BARJ participants and many Diversion and Pretrial Services participants struggle with mental health. Anxiety and depression are through the roof, particularly among young people, post-pandemic. I also have lived experience.	3/7/2023 5:30 PM
4	Judge	3/7/2023 5:09 PM
5	victim liaison	3/7/2023 1:47 PM
6	Superior Court Judge	3/7/2023 9:53 AM
7	Judge	3/7/2023 9:52 AM
8	Staff attorney at Vermont Legal Aid. I represent individuals with mental illness in criminal matters. I frequently have opposing parties in civil matters who struggle with serious mental illness.	3/7/2023 9:42 AM
9	Judicial Officer	3/6/2023 6:17 PM
10	Judge	3/6/2023 5:21 PM
11	Public Defender	3/2/2023 1:00 PM
12	I am a tamarack and pretrial services coordinator. I am constantly working with people who currently, want or need to receive mental health support while they have a case proceeding through court.	3/1/2023 2:45 PM
13	criminal defense attorney	3/1/2023 11:16 AM
14	Public Defender	3/1/2023 9:10 AM
15	Public Defender	2/28/2023 10:45 PM
16	Director of one of the 12 Court Diversion and Pretrial Service contract holders and one of the 17 Community Justice Centers.	2/28/2023 5:18 PM
17	Criminal defense attorney; I handle a lot of cases where indigent individuals with mental illness are charged with crimes and frequently held.	2/28/2023 3:57 PM
18	I am investigator for the public defenders office - connected by serving clients in the community who suffer from mental health issues and do not receive the correct treatment while in the court system.	2/28/2023 2:45 PM
19	Diversion case manager, second job BHT.	2/28/2023 11:38 AM
20	I am a case manager at a restorative justice center. I encounter justice-involved individuals almost daily who struggle with mental health conditions.	2/28/2023 10:43 AM
21	Balanced and Restorative Justice program case manager in Orleans county and Northern Essex. I work primarily with at-risk youth involved in the criminal justice system and mental health/behavioral issues.	2/28/2023 10:31 AM
22	Executive Director of Washington County Diversion Program--previously I was a pretrial	2/28/2023 10:28 AM

## Pre-Charge Judiciary Committee SURVEY

services coordinator and case manager often working with individual's with mental health or substance use disorders.

23	I am a Pretrial Services Coordinator who screens people daily for mental health and substance use challenges	2/28/2023 10:25 AM
24	I am a pretrial services coordinator in Franklin County. I work with clients who struggle with mental health and substance use issues.	2/28/2023 10:24 AM
25	My role is a YSASP and Court Diversion case manager. How I might be connected to the topic of mental health is that youth and adults struggle with mental health and that can have an impact on their decision making and also substance abuse.	2/28/2023 10:23 AM
26	I am the case manager for the Tamarack Program, Pretrial Services, YSASP, and Diversion, so I am constantly connecting people with MH providers and working closely with them.	2/28/2023 10:18 AM
27	Pretrial Services/Tamarack	2/28/2023 10:16 AM
28	I am a Court Diversion Case Manager, Pretrial Services Coordinator, and YASAP Program Manager	2/28/2023 10:12 AM
29	I work with individuals involved in the criminal justice system to help them get connected with mental health and substance use providers.	2/28/2023 10:06 AM
30	Nearly all defendants represented by the public defender system have either mental health problems, or substance abuse problems. The substance abuse problems are really just self-medicated mental health problems. If Vermont and the US had a functional mental health treatment system to catch people before their problems manifested in the court system, there would be drastically fewer cases in court. Instead, we have cops with no mental health training to rough up the defendants, and a court system with no mental health training to make sure that the mentally ill continue to remain an underclass. My role is to wake up each morning and roll this boulder of realization up the hill, only to find it has rolled right back to where it was the second I turn away. Neither I, nor anybody in the legal system, has the tools needed to fix this problem, because that's not what the legal system does. It does not diagnose and treat. It prosecutes and punishes. Using the legal system to fix the severe neglect of healthcare and mental health in this state and nation is like calling the fire department because your house needs to be painted.	2/28/2023 8:57 AM
31	Criminal Defense. Clients with MMI and disorders	2/27/2023 3:36 PM
32	Staff Attorney for the Public Defender. I see a lot of people who need mental health services.	2/27/2023 3:03 PM
33	Public Defender. Defense counsel on Mental Health Treatment Docket	2/27/2023 2:33 PM
34	employed in Vermont public defense for many years and interested in improving the treatment of people with developmental and other mental disabilities.	2/27/2023 2:00 PM
35	Attorney representing incarcerated people	2/27/2023 1:32 PM
36	Public Defender. A portion of my clients have both treated and untreated mental health (MH) (sometimes combined with substance abuse (SA)) issues	2/27/2023 1:14 PM
37	Criminal Defense Attorney	2/27/2023 12:11 PM
38	Addison County Public Defender	2/27/2023 12:08 PM
39	Private criminal defense practice; have several public defender contracts; almost all cases have a need for mental health treatment and/or programming.	2/27/2023 11:53 AM
40	Public defender; I defend people charged with major felonies.	2/27/2023 11:49 AM
41	I am a contract indigent defense attorney. I am a private attorney that has a contract through the Defender General to represent lower income individuals when the public defender has a conflict of interest. Some of my clients suffer from mental health issues.	2/27/2023 11:46 AM
42	Criminal and Juvenile Defense Attorney	2/27/2023 11:44 AM
43	Private attorney specializing in criminal defense	2/27/2023 11:32 AM
44	I am a Public Defender. A majority of my clients suffer from mental illness and it is part of my work to advocate for resolutions that account for their mental illness.	2/27/2023 11:21 AM

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45	Defense attorney	2/27/2023 11:18 AM
46	Public Defender	2/27/2023 11:18 AM
47	criminal defense attorney	2/27/2023 11:16 AM
48	Our role is to ensure safety of the person and community. A large capacity of our cases involve some type of mental health component. if there is no threat or safety concerns we try to facilitate resources to get the person connected as soon as possible. There have been several times when Officers will have to write emergency evaluation warrants, which is a problem when you are short staffed and these are very time consuming. Especially when emergency clinicians can write these warrants. The other piece is when a patient is having a mental health breakdown that evolves over a long period of time but they do not have any signs of self harm, harm to others and they are screened and released over and over again. Eventually they get to a point and commit a crime. The police arrest them for that crime and they are then brought into the judicial system via lodging or citation. Usually at that point an emergency evaluation is ordered by the court and they are mandated to get treatment at a facility. Why wasn't this stopped before it got to the point of a criminal arrest. More often than not, those cases are thrown out anyway because of the mental illness. The criminal justice system is used in these instances as a tool for what wasn't done prior to the criminal offense.	2/22/2023 9:14 AM
49	Mental health crisis clinician	2/19/2023 6:06 PM
50	I work as an emergency screener for a 24/7 mobile crisis unit. As we respond to all mental health needs, we often interface with first responders, hospital staff and the court system.	2/16/2023 8:00 PM
51	I am a prosecutor and frequently handle cases involving folks with mental illness: defendants whose behavior can be explained by unmanaged mental health challenges, defendants whose mental health is so compromised they are not competent to stand trial, and victims dealing with similar challenges.	2/16/2023 3:03 PM
52	Emergency Screener	2/16/2023 11:25 AM
53	I am a mental Health Screener and Qualified Mental Health professional (QMHP). Thusly, I come into contact with the judicial system often when writing warrants for those struggling with an acute mental health crisis. I work full time in the mental health field.	2/15/2023 1:48 PM
54	WCMHS screener	2/15/2023 12:24 PM
55	Currently, I am employed as an Embedded Mental Health Clinician w/ the Vermont State Police out of the Berlin barracks. My role is specifically designed to assist state troopers interact with, and de-escalate situations in which mental health may be a driving factor for acute and potentially dangerous behavior of individuals in the community.	2/15/2023 9:52 AM
56	I am the Chief Deputy for the Lamoille County Sheriff's Department. Part of my role here is command of our patrol division. I often respond to mental health crisis with the duty officer as it is sometimes difficult to manage alone.	2/15/2023 8:43 AM
57	Law Enforcement. We deal with those in crisis to keep others safe. I believe the legislature made it clear they do not want police involved with those in crisis as some of those poor folks use the police to end there own lives. We the police can keep Mental Health personnel safe as they deal with the person in crisis. The judicial system does not seem to be working currently.	2/14/2023 3:14 PM
58	Law Enforcement Agency in rural setting. We are first responders to calls for help & services.	2/14/2023 1:51 PM
59	Municipal policing.	2/14/2023 8:56 AM
60	Law Enforcement	2/14/2023 7:01 AM
61	Chief of Police	2/13/2023 4:19 PM
62	I am the agency head of a police department.	2/13/2023 3:31 PM
63	Chief of Police. The Mental Health of individuals with whom we interact is often times the impetus for a call for our services. Whether to intervene in an ongoing problem, continued responses to the same individual for the same reason, finding adequate placement for someone not able to care for themselves yet not qualifying for "emergency room" treatment.	2/13/2023 3:22 PM
64	First responder and crisis mitigation.	2/13/2023 3:16 PM
65	I am a Sheriff, Sometimes my department provides security for people in the custody of the	2/13/2023 3:16 PM

## Pre-Charge Judiciary Committee SURVEY

	Dept of MH	
66	Police service- first response (by default) to those in a mental health crisis. Often response to an unrelated incident to learn the subject of the call is in crisis or in need of mental health services.	2/13/2023 2:19 PM
67	Law Enforcement - responding to calls for service which include responding those individuals who may be suffering from a MH crisis. Transporting individuals to our local hospital. Transporting individuals who have a court order to a hospital in VT and/or if they voluntarily want to go to a hospital and a bed is available.	2/13/2023 2:16 PM
68	Police Chief	2/13/2023 2:14 PM
69	I am a Chief of Police and first responder to mental health incidents.	2/13/2023 2:14 PM
70	Chief of Police - Policy creation and supervision, training	2/13/2023 2:12 PM
71	I am a Crisis Intervention Specialist with HCRS. I assess individuals for psychiatric hospitalization. Sometimes I work with police, making/receiving calls or going to people's residences.	2/11/2023 8:02 AM
72	I am a crisis clinician. I evaluate individuals experiencing mental health crisis in a variety of settings within the county, including in the community, schools, healthcare appointments, and the emergency department. I am also called for court screenings.	2/10/2023 9:24 PM
73	Emergency Screener	2/10/2023 4:56 PM
74	Mental Health crisis screener	2/10/2023 2:57 PM
75	Crisis Screener	2/10/2023 7:42 AM
76	I am a police, social worker and crisis clinician	2/9/2023 6:56 PM
77	Crisis screener	2/9/2023 6:14 PM
78	Deputy State's Attorney specializing in youthful offender and delinquency cases.	2/9/2023 3:26 PM
79	Deputy State's Attorney for Chittenden County	2/9/2023 9:53 AM
80	Prosecutor	2/9/2023 9:03 AM
81	I am a Mental Health Tech in the UVM MC Emergency Department	2/9/2023 9:00 AM
82	I am a mental health tech in the Emergency Department. I stay 1:1 with mental health patients who are being held against their will, to include people who are violent and pose a danger to the community. I have done this work for fifteen years.	2/9/2023 8:46 AM
83	Emergency physician	2/9/2023 8:27 AM
84	Qualified Mental Health Practitioner - sometimes perform mental health screenings for the court	2/8/2023 2:53 PM
85	prosecutor attempt to manage criminal behavior through a system that is not set up to do so	2/8/2023 2:41 PM
86	I'm a prosecutor	2/8/2023 1:32 PM
87	Mobile Crisis Clinician or Screener	2/8/2023 12:58 PM
88	crisis screener for mental health designated agency. Sometimes assess for involuntary treatment including emergency exam or mental health warrant, as well as court screenings. Also assess for local community crisis bed and public inebriate program.	2/8/2023 12:52 PM
89	Mental Health Tech in the emergency department.	2/8/2023 12:16 PM
90	Mental health crisis worker. my team provides forensic screenings at court, at time of arraignment, making recommendations.	2/8/2023 11:41 AM
91	Crisis Clinician	2/8/2023 11:35 AM
92	director of an emergency department	2/8/2023 11:20 AM
93	I am an Emergency Department Medical Director in VT	2/8/2023 9:48 AM

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94	I am an ED provider in rural ER	2/7/2023 7:28 PM
95	Emergency Medicine provider staffing a rural critical access hospital with very limited capacity to receive, medically clear and board mental health patients	2/7/2023 7:25 PM
96	Emergency Department Medical Director	2/7/2023 3:48 PM

## Q2 Describe what you think is currently working well in our system and what makes your work successful:

Answered: 94 Skipped: 2

#	RESPONSES	DATE
1	there is more awareness of the extent of how many people are really struggling with mental health in our community which often brings them into encounters with law enforcement.	3/7/2023 8:46 PM
2	Pretrial services and alternatives to the criminal court are working very well in Chittenden County. Many people who commit minor crimes that are largely drug or mental health related are being diverted out of the criminal justice system. Others in the system are receiving valuable case management through pretrial services. Courts are generally becoming more familiar with the impact of trauma on many of those who appear in court and are better trauma informed in running the court whether when clerks interact with folks at the counter or a judge considers the case in the courtroom.	3/7/2023 6:37 PM
3	Restorative justice is working. Court diversion, Tamarack, and/or Pretrial Services programs are working in most cases.	3/7/2023 5:30 PM
4	If it is a lower level crime and community Justice/ restorative can help that is working.	3/7/2023 5:09 PM
5	Contacting victims enables responsible parties to understand how their actions have affected other people in the community. Can promote a sense, an accountability, of how actions impact other people in a ripple effect that often wasn't clear to them before.	3/7/2023 1:47 PM
6	Generally speaking, in the courts I am assigned -law enforcement has attempted alternative responses before issuing criminal citations, and attorneys work cooperatively when addressing mental health issues.	3/7/2023 9:53 AM
7	Non criminal hospitalization proceedings and involuntary medication proceedings.	3/7/2023 9:52 AM
8	When I have colleagues and partners who recognize the profound impact of untreated mental illness on individuals involved in the criminal and civil justice system.	3/7/2023 9:42 AM
9	Hard working dedicated mental health professionals	3/6/2023 5:21 PM
10	Unsure of what is working well	3/2/2023 1:00 PM
11	Clinicians who truly understand that mental health can be a bumpy road and it is not straight and narrow.	3/1/2023 2:45 PM
12	The existence of the diversion option is great but we need more options for a greater variety of alleged offenses and availability of pre-arraignment screenings, not after-the-fact screenings	3/1/2023 11:16 AM
13	Pre-trial Services and Tamarack	2/28/2023 10:45 PM
14	What is working well is having the courts open again, and having qualified, experienced, quality staff be present at arraignments to most easily connect with folks, having free bus service, and having open lines of communication with judges and SAO.	2/28/2023 5:18 PM
15	The system is not working for those with serious mental illnesses. Jail is completely inappropriate - and unsafe - yet judges have little else for options when people are dangerous. The Department of Mental Health does not want to take responsibility for these folks, yet they are the people trained to help these people.	2/28/2023 3:57 PM
16	When we have quick intervention and clients are heard	2/28/2023 2:45 PM
17	The flexibility to meet people where they are.	2/28/2023 11:38 AM
18	We are lucky in our county that our community partners (probation and parole, public defenders, State's Attorney's office) are willing to collaborate with us when they become aware of a case where additional supports might be needed. We work well in our community to identify areas of concern and help connect folks to the right resources.	2/28/2023 10:43 AM

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19	I am seeing a shift in schools, courts, and other service providers away from punitive thinking and towards the restorative justice model. I believe there is increased awareness around mental health and substance use as well as an understanding of how these issues relate to crime.	2/28/2023 10:31 AM
20	The collaboration between the Washington County State's Attorney's Office and our program office streamlines the process. They identify the need of the individuals and make appropriate referrals for services that allow for court diversion and connection to local treatment options or services needed.	2/28/2023 10:28 AM
21	Our system works well because we have a good relationship with our State's Attorney, Public Defenders, and the Court.	2/28/2023 10:25 AM
22	Relationships are everything with this job. Creating and maintaining relationships with our treatment providers and community partners help to save time and energy when trying to refer clients. Collaboration and referrals to outside agencies is an integral part of this job and having great relationships with all of these agencies is invaluable. I have noticed that the mental health screening is a great tool because it opens the client's eyes to some of the issues they are facing that may not be openly talked about most of the time. This can start a conversation about what they are struggling with and allows me as the case manager to help point them in the right direction for treatment. Having a seamless referral process is very helpful also. The more mental health services that we have available, the better chances we are going to be giving our clients for success.	2/28/2023 10:24 AM
23	What works well is having good communication and support from everyone.	2/28/2023 10:23 AM
24	I think some of the direct relationships I have made work well.	2/28/2023 10:18 AM
25	The availability of staff, the assistance of trying to help coordinate resources and treatment. Making community connections, sharing the struggle with the clients.	2/28/2023 10:16 AM
26	I believe the Restorative Justice, Court Diversion, Pretrial Services, are all great programs, as they have the ability to still help individuals learn from their experiences while also giving them an opportunity to have access and guidance for the help they may need.	2/28/2023 10:12 AM
27	The court is trying harder to understand that mental health has a huge impact on the people involved in the criminal justice system. That throwing people in jail actually deteriorates their mental health and makes matters worse. I feel like our system of getting them into treatment of some kind and providing case management is more effective and beneficial to them.	2/28/2023 10:06 AM
28	Sometimes I feel like diversion programs, and related restorative type measures, like mental health court are moderately successful, but they are still too little too late, because they catch people after they have self identified with mental health problems that cause criminality. And, they provide a cover and excuse to our non functional mental health treatment system by picking up the considerable slack it has left for society to absorb. But, in all honesty, I mostly feel like ABSOLUTELY NOTHING is working well. We are wasting time and money, and the court system is destroying lives. This is what a dying democracy looks like. It's a hellscape. I'm embarrassed and ashamed of my government.	2/28/2023 8:57 AM
29	Candidly not much is going well. Competency and Sanity evals are ridiculously backlogged. Prosecutors are far too skeptical of mental health disorders. Services in the community are scarce with accompanying lag time for services	2/27/2023 3:36 PM
30	low-need/low-risk people who have the desire and resources to access help do well; other folks do not fair as well.	2/27/2023 3:03 PM
31	Mental Health Courts are an effective way of the criminal behavior of persons with a significant mental health diagnosis who otherwise face jail sentences. However, if this is going to be replicated across the state, RESOURCES must be provided. The Chittenden County Treatment Court currently runs on a shoestring budget and shares case management with the adult substance use disorder dockets. Mental Health Court cases are unique and need individualized services. It would also be helpful to be more connected with and receive support from DMH. Currently, clients in these programs may or may not have access to psychiatric care and really need to be prioritized. There also needs to be a system for ensuring medication compliance that can include court-ordered medication compliance where appropriate. Vermont is not currently prepared to duplicate this service w/out some honest discussions about funding and infrastructure.	2/27/2023 2:33 PM



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32	Mental health court provides some help, but it only handles a small fraction of the people who need help to get out of the criminal justice system and stay out.	2/27/2023 2:00 PM
33	Not very many people are held for inability to post bail, which is good.	2/27/2023 1:32 PM
34	Right now it is a struggle as the wait list for MH treatment/consulting are long. Wait list for SA programing in shorter. BUT, the dual diagnosis persons are at the biggest lost.	2/27/2023 1:14 PM
35	Very little outside of Chittenden county.	2/27/2023 12:11 PM
36	Addison County Restorative Justice is the only bright light in Addison County criminal court advocacy right now. Forward thinking programs promptly and well applied. DMH needs to get screenings and assessments done in a much more timely fashion than they presently are. Counseling Service of Addison County needs more services, more personnel, and much shorter wait times. We need more community beds than we presently have.	2/27/2023 12:08 PM
37	With respect to mental health, very little is working well in our system. There is not enough providers nor treatment facilities and the providers we have are often incompetent or overburdened.	2/27/2023 11:53 AM
38	Unfortunately, very little is working well when it comes to people who have a major mental illness and are charged with a crime. Presently, the only people advocating for resources for those people (instead of just jail) are defenders. Once in awhile judges err on the side of finding a person not competent to stand trial or a state's attorney has some compassion and stipulates to that finding, but it is rare.	2/27/2023 11:49 AM
39	In my opinion, not a lot is working well. The wait time for competency and sanity evaluations is far too long. Emergency screenings take a ridiculously hands off approach o involuntary hospitalizations, often ignoring witness and family input to accept the bare word of a person who insists that they are not as present danger to themselves or others. Police are still the first call to deal with people who may be experiencing a mental health crisis, and they lack proper training to understand and help those people while they are in crisis. Finally, Vermont has very options to assist person with mental health issues in both in patient and out patient settings.	2/27/2023 11:46 AM
40	many more low-level misdemeanors are gong to diversion, which helps to un-clog the system a bit. I also appreciate that Tamarack exists for the same reason.	2/27/2023 11:44 AM
41	The availability of pretrial services is extremely helpful to a small percentage of criminal defendants. Diversion is helpful in alleviating docket backlogs and is underutilized by prosecutors in Windsor and Windham Counties.	2/27/2023 11:32 AM
42	I believe pre-trial services, diversion and Tamarack have been useful in assisting criminal defendants. Unfortunately, current law does not allow the referral of domestic-type cases to diversion/tamarack. I would like to see this restriction lifted. On the topic of availability fo crisis focused on community beds vs ER, there exist so few community beds that any program would fail to achieve its goals when no meaningful crisis bed program exists.	2/27/2023 11:21 AM
43	Diversion / tamarack is amazing. These programs work very well and help alleviate the burden on the judicial system.	2/27/2023 11:18 AM
44	The Tamarack program appears to be working well to engage individuals with treatment options at a faster pace than the individual might be able to get without the program. The same is true for pre-trial services. The pre-trial services coordinator is helpful in both accessing services and ensuring individuals are aware of upcoming court dates. I have found these two programs to be quite helpful.	2/27/2023 11:18 AM
45	Criminal defendants who have mental health issues are not being well-served. There are a lack of resources both in and out-patient to service the needs of these clients. Pre-trial services are a good resource. They help facilitate clients with necessary services. But they are limited in scope. Diverson should also be expanded.	2/27/2023 11:16 AM
46	We now have an embedded worker that is specifically assigned to our dept. 24 hours a week. hopefully will get that full time at some point. The immediate interaction on scene has been super helpful, our embedded worker has testified in court hearings, assisted with Emergency Evaluations, facilitated safety plans, and connected resources for those immediate needs. Trying to stay connected with good working relationships with our local Human Services dept. has been helpful.	2/22/2023 9:14 AM



## Pre-Charge Judiciary Committee SURVEY

47	1. A generally positive and reciprocal working relationship with police, hospitals, and other emergency resources. 2. Generally speaking, the willingness of police to help crisis clinicians in our county. 3 Generally speaking, once a judge is found they are generally willing to discuss and grant warrants if the situation meets the criteria.	2/19/2023 6:06 PM
48	Since I began as a screener, I have been impressed by the collaboration between mental health professionals and first responders. Additionally, WCMHS is a strong agency that is client focused and works hard to support their staff.	2/16/2023 8:00 PM
49	Nothing in our current system as it related to mental health is working well. In this context, we identify success when we maintain a status quo that should be unacceptable and is very costly both in terms of dollars and cents and human capital. Occassionally we are able to make small improvements in individual people's lives, but that is in spite of the system and because of the special efforts of dedicated caseworkers who go above and beyond their job description.	2/16/2023 3:03 PM
50	Every situation is a new situation. Sometimes the process works and has bumps and sometimes it works fairly smoothly. I would say the outline of the process seems to suffice, but "we" can do better.	2/16/2023 11:25 AM
51	I believe that the judges are easier to contact now than ever before, and much more flexible (ie: providing verbal authorizations for warrants, allowing emails instead of faxes, etc.) I also believe that the lawyers for the department of mental health work tirelessly to help both workers and patients, and that is very reassuring. I genuinely believe that mental health workers/judges/lawyers have the best interest of the patient in mind, and that makes us successful.	2/15/2023 1:48 PM
52	I believe responding to a mental health crisis at all hours of the day with the various police department in Washington county works. We live in a country that is prolific with guns and violence. In order to keep everyone safe I believe this must continue. Going to the ER with folks who are suffering from a mental health crisis works in my opinion.	2/15/2023 12:24 PM
53	I believe that a driving force for continued growth within the field is the recognition and desire to make treatment accessible to all Vermonters. Providers and advocates recognize the need for services and treatment and continue to engage in the development and execution of programs aimed at improving access and engagement of clients (both current and potential).	2/15/2023 9:52 AM
54	Not working well, but getting better: Mental health response in our communities has improved recently. For many years, it felt like our only option was to take someone in crisis to the hospital. We have been able to manage that a little better in the last year.	2/15/2023 8:43 AM
55	Social Workers embedded in law enforcement seems to be working but there are not enough folks and the ones we have don't work evening or nights usually. What makes our work successful is when law enforcement does not have to deal with the same individuals over and over again for a mental health issue.	2/14/2023 3:14 PM
56	My Agency has a good working relationship with menatal Health Crisis team & EMS. Together we are able in most cases get a person to a facility that can access & help	2/14/2023 1:51 PM
57	Co-response model - designated agency partnering with local police / fire / ems.	2/14/2023 8:56 AM
58	There isn't much that is working. In Chittenden County at least we have Howard Centers Community Outreach.	2/14/2023 7:01 AM
59	For my department, we work well with our local entities, such as MH, Fire, EMS and have a common goal in that we want to see people get the help they need not end up in the system	2/13/2023 4:19 PM
60	The Community Outreach team from Howard Mental Health is a key part of how we have re-vamped our response model to reflect our desire to get treatment for those in need while also using LE resources in the most appropriate scenarios. Our call takers are authorized to divert appropriate calls directly to CO where an officer is not the best response.	2/13/2023 3:31 PM
61	As of late, mental health professionals are responding more reasonably when we call for their assistance. For a long time, response was delayed or non-existent. But even at this point in time, the role of the mental health worker is more evaluation than action or problem solving. Most often our choice in the end is to take them to the ER for an evaluation. A very short term solution for more long term problems.	2/13/2023 3:22 PM
62	There are a number of organizations to support those struggling with mental health or	2/13/2023 3:16 PM

# Pre-Charge Judiciary Committee SURVEY

addiction.

63	I am a new sheriff but been a LEO for 16+ years, I am not entirely sure that much is working right. I think that we do have good relationships with other partners in the realm but wish there was a better solution than just dumping people at an ER	2/13/2023 3:16 PM
64	Experience and training as well as local knowledge and background of persons afflicted with various degrees of psychosis and mental health. The system fails when ERs are overwhelmed or those in need of services can't get them or are warehoused until beds are available.	2/13/2023 2:19 PM
65	We have an embedded worker at our local VSP barracks which has been advised is available to us if needed. There is also an embedded worker at our local PD which also is available if needed.	2/13/2023 2:16 PM
66	Imbedded crisis specialist	2/13/2023 2:14 PM
67	For small departments that don't have imbedded crisis workers it can be difficult to get an in person response. but at least there are shared workers.	2/13/2023 2:14 PM
68	Communication / accessibility to mental health screeners	2/13/2023 2:12 PM
69	working collaboratively with hospital emergency rooms, agencies and the police.	2/11/2023 8:02 AM
70	Working collaboratively with law enforcement and mental health professionals. I have found that if each department is told and understands the limitations of other departments (legally, ethically, and logistically) then interactions are much smoother.	2/10/2023 9:24 PM
71	Collaboration between emergency responders most of the time.	2/10/2023 4:56 PM
72	I don't think it is working.	2/10/2023 2:57 PM
73	Quick access to legal. Community knowledge and involvement.	2/10/2023 7:42 AM
74	More Police social workers, DMH care manager support, court screenings.	2/9/2023 6:56 PM
75	Being able to respond to those needing assistance remotely (if appropriate) has been helpful in getting people services quickly. Having adequate support and a skilled team of individuals helps make this job successful	2/9/2023 6:14 PM
76	At least in the juvenile court, the BARJ and Diversion workers do a great job of getting pre-screens done and identifying cases to divert so that we can focus on the more difficult ones.	2/9/2023 3:26 PM
77	It is very helpful to have screening, assessments and treatment available for defendant's who have no resources, need resources, and are looking for help. Having PTS in the courtroom at the time of arraignment makes a big difference in regard to engaging defendants in the program. Our community and our judicial system are served when defendants are offered resources that keep them out of the criminal court. I do see a lack of mental health crisis focused options.	2/9/2023 9:53 AM
78	Not much works well. I do think the pre-trial and Diversion staff do the best they can with the resources they have to get people involved with mental health treatment but it isn't enough.	2/9/2023 9:03 AM
79	The team work in the department is what keeps us all going and helps to keep us safe. Especially when there is a lack of support from management at times.	2/9/2023 9:00 AM
80	The team I work with is much more skilled in handling patients in crisis than a decade ago. They are also more compassionate and are very competent in managing potentially dangerous situations safely, and with an eye toward peaceful resolution. I include in this not only the staff in the Emergency Department but in Howard Center crisis, and in psychiatry as well.	2/9/2023 8:46 AM
81	We have some talented emergency psychiatrists.	2/9/2023 8:27 AM
82	Judges take our assessment seriously	2/8/2023 2:53 PM
83	As far as mental health colliding with the criminal justice system-it's not working.	2/8/2023 2:41 PM
84	Very little is currently working in our legal system. The root causes of crime (poverty, mental health, substance use, and trauma) and the services that can be provided for those issues, are not currently accessible for people in our communities. This makes our jobs incredibly difficult if not impossible. Also - the backlog is extreme and we do not have the ability to efficiently get through it.	2/8/2023 1:32 PM

## Pre-Charge Judiciary Committee SURVEY

85	For my particular town and county I would say that it's the relationship our team has built with the local police and sheriffs departments as well as the Emergency Department.	2/8/2023 12:58 PM
86	In our area, we have great relationships with law enforcement and capacity to do collaborative outreach.	2/8/2023 12:52 PM
87	I feel like changing the patient into hospital safe scrubs when they arrive is a great practice to continue to do, and when establishing a sit, the paper that lets the employee know a little bit about the patient is great.	2/8/2023 12:16 PM
88	It seems our recommendations in court are follow and appreciated, however it is unfortunate that many times it takes a criminal charge to help facilitate psychiatric assessment and MH care.	2/8/2023 11:41 AM
89	When I am able to meet the person in the community or office.	2/8/2023 11:35 AM
90	I reflected on this for a while, and unfortunately I can think of nothing about this that works well. I appreciate the dedication and frequent presence of our partners at Washington County Mental Health, who do a great job, but often do not have solutions for patients in crisis other than coming to the ED.	2/8/2023 11:20 AM
91	The current judicial system with respect to Mental Health patients actually creates a significant burden and negatively effects my practice.	2/8/2023 9:48 AM
92	Not a lot is working well honestly but collaboration on a state level helps a lot	2/7/2023 7:28 PM
93	The system is broken with no ability to transfer a mental health patient to appropriate psychiatric care, in regional ED's they are not receiving psychiatric care and are limiting care for other patients. Also they are disrupting care of other patients and many time injuring not only hospital staff but other patients as well	2/7/2023 7:25 PM
94	We have a positive relationship with our designated agency	2/7/2023 3:48 PM

## Q3 Describe what would make your job and the system in which you work, more effective:

Answered: 95    Skipped: 1

#	RESPONSES	DATE
1	more psychiatrists to conduct competency and sanity evaluations quicker---misdemeanor cases that the defendant is not incarcerated are taking longer than one year to get back to us! Cases just linger without any work being done until the issue of competency is resolved.	3/7/2023 8:46 PM
2	More resources, clearer standards for determining competency, better cooperation between the court system and department of mental health, more secure residential beds, giving judge more control over decision how long an individual charged with crime but found incompetent or insane, remains hospitalized, stronger ability to support ONHs that are issued. Many more CRT beds for folks with mental health issues. Much more housing in general. With more housing, release plans for furloughed folks so that we bring all prisoners back to Vermont and spend the money now spent on housing inmates out of state could be used for commuity mental health and housing. These are just a few of my thoughts.	3/7/2023 6:37 PM
3	We need immediate openings in various treatment options--assessment, counseling, outpatient, and residential--and simple pathways to connect people with the right interventions for them. There are currently long waits (up to 2 months long) to secure a regular counseling slot in Windsor County. When someone is ready to seek mental health support, they are ready then, not the next week or the next month. Many of our program participants also struggle with poverty, being unhoused, substance misuse, and/or challenges related to the many ways Vermonters are compartmentalized and marginalized. We need a designated agency that can dispense medication 7 days a week. We need better transportation options to get people to their appointments and programs.	3/7/2023 5:30 PM
4	If DMH had the resources to turn sanity and competency evaluations around in under a year that would be very helpful. A number of people just keep picking up new charges.	3/7/2023 5:09 PM
5	More attention to the victims of crime and the obligation that the community and the responsible party have to address their harms and losses.	3/7/2023 1:47 PM
6	First, a judge's work would be more effective if governmental entities tasked with addressing mental health issues were given the resources to properly identify and provide services to those in need. The judiciary is not equipped to provide mental health services that some of our most vulnerable citizens need. In most cases, excluding problem solving courts, the judicial system's role is limited to providing people an opportunity to present facts to which a neutral third party applies the law, announces a decision and closes the case. The application of procedural fairness during that process may assist in addressing the current issue in court, but it does not address any underlying circumstances or prevent recurrent appearances. This is true in all court divisions, not just in the criminal division context. Innovative approaches must be considered to expand services provided outside of the courtroom. For example, clinical providers are needed. Could this be addressed through a combination of telehealth and a local, non-master's licensed but trained support person? This would allow a person in need to have access to a licensed counselor (who may be out of state) but also provide a local in person support person. This idea may not be workable but innovative thinking is needed to address the issue. Second, those persons who do come into the judicial system would benefit from a commitment and investment in problem solving courts. These courts, (Treatment, DUI, Family, Veterans, Mental Health, etc.) provide court supervised, multidisciplinary, community based, co-occurring treatment. Research shows when best practices are applied, this approach benefits the individual and the community.	3/7/2023 9:53 AM
7	Better access to mental health resources for criminal defendants who are mentally ill.	3/7/2023 9:52 AM
8	Effective treatment for individuals with serious mental illness who are either incompetent or simply unable to comply with Court Orders due to mental illness.	3/7/2023 9:42 AM
9	Collaborative training and education on resources available to assist persons with mental	3/6/2023 6:17 PM

## Pre-Charge Judiciary Committee SURVEY

	health crises/diagnoses.	
10	More staff interfacing with persons in need of treatment	3/6/2023 5:21 PM
11	There need to be available crisis and assessment beds for adults and juveniles struggling with mental health crises. In my experience dealing with both populations, that is not the case.	3/2/2023 1:00 PM
12	More access to clinicians!!!!	3/1/2023 2:45 PM
13	Resources and diversion to a mental health court and treatment court instead of just one up front option that is not tailored to address the underlying issues	3/1/2023 11:16 AM
14	Having screeners and mental health professionals on sight at the courthouse on arraignment days.	3/1/2023 9:10 AM
15	Drug Court	2/28/2023 10:45 PM
16	What is not working well is first and foremost, lack of quality, affordable residential and non-mental health and SU Tx so that we miss valuable windows of opportunity when someone is showing up and willing to access.	2/28/2023 5:18 PM
17	Pretrial diversion for people with serious mental illnesses, in particular those whose criminal conduct is driven by their illnesses.	2/28/2023 3:57 PM
18	Having valuations are done timely for clients so that it can be determined quickly if judicial resources need to continue being involved or if the person needs to focus on just their mental health.	2/28/2023 2:45 PM
19	More service providers.	2/28/2023 11:38 AM
20	The criminal justice system doesn't have an effective way of handling cases where the individual has significant mental health concerns. I've recently observed cases where individuals who need competency/sanity evaluations have to wait at least 14 months before they see a clinician. This leaves cases and individuals in limbo for months until an assessment can be completed. We've also encountered Tamarack referrals where the individual has significant mental health conditions that contributed to their offense(s), and the person's poorly or untreated MH interferes with their ability to fully understand the impact of their behaviors and engage in programming. This usually results in these cases not being appropriate for Diversion/Tamarack and being returned to court, which is also not appropriate or effective at managing the case. The system and those of us who work in/interact with it don't have an effective way of handling cases where there are MH concerns, and it often feels like we struggle to balance holding someone accountable for their behaviors when they may not fully comprehend the situation. Forcing people with MH issues through systems that aren't appropriate often does more harm than good to that individual and the community.	2/28/2023 10:43 AM
21	We need more funding. Human services workers are over our maximum case loads and it affects the quality of services we provide to the community. My program could easily double its caseload if given funds for another position. There is a severe lack of mental health providers in the Northeast Kingdom. Clients are waiting months to receive services.	2/28/2023 10:31 AM
22	One the major issues that we face is not having fast-access to services. An individual can be screened and have a need for mental health services and are unable to be connected for upwards of 4 months. The access to in-patient substance use services is also challenging. There are often wait times and things that disqualify people from accessing services such as criminal charges.	2/28/2023 10:28 AM
23	Several things would help us be more effective: Better funding for our agency so we're not wearing multiple hats, better funding for MH/SU counselors, and emphasis on getting the orders issued especially with private attorneys.	2/28/2023 10:25 AM
24	If we had an in house counselor or therapist, that would make my job much easier and more effective. There is a disconnect between my clients and providers due to transportation, not having a phone, not setting alarms, etc. If we had someone in house that could offer support in the way of counseling and assessments, it would be a huge benefit to our agency. I would love to see more mental health professionals in our area as well. It has been challenging to find ongoing support that can handle the volume of clients that I work with and refer for assessments and follow up care.	2/28/2023 10:24 AM
25	I like the trainings that we already do but just having more training for people who are new too	2/28/2023 10:23 AM

## Pre-Charge Judiciary Committee SURVEY

case manager and the judicial system.

26	It can take a lot of work to make good connections with the providers in our community. I have had better luck with private therapists; they see my clients quicker. I haven't had the best luck with mental health services through UCS. It usually takes a while for my clients to be seen, and the communication between them and myself is not very good. In my experience, they do not get back to me in a timely manner which isn't helpful. I have made great connections with other MH resources in our area, and have learned communication is key!	2/28/2023 10:18 AM
27	More in-patient treatment options, sober living facilities, transportation to treatment or to medical appointments or counseling appointments. More recovery coaches.	2/28/2023 10:16 AM
28	Unsure at this time.	2/28/2023 10:12 AM
29	More options to substance use and mental health treatment.	2/28/2023 10:06 AM
30	A societal realization that healthcare includes mental health, and that healthcare is a right essential to basic human dignity. We are not the country and state we like to think we are, however, and I'm convinced we'll never do a thing to change it. We will keep building jails and sports stadiums instead of hospitals, and we'll never get to the point where we have universal healthcare in my lifetime.	2/28/2023 8:57 AM
31	More services for MMI all around and access	2/27/2023 3:36 PM
32	If clients could access outpatient and inpatient services. I don't know if there needs to be more service providers or if we need better information and avenues for accessing already-existing services.... not sure if this is for this survey, but DMH's screeners application of the "person in need of treatment" standard is very unpredictable in my opinion and a more uniform application of the standard would be helpful. Finally, the timelag on outpatient competency evaluations for people in the community has been one of the most unfortunate consequences of the pandemic, speeding those up would help.	2/27/2023 3:03 PM
33	I can only speak to cases that come into the system. I see many patients come into the system rooted in the symptoms of mental illness. The Courts are tasked with processing prosecutions. Judges do not necessarily have the discretion to divert cases out of the system that the prosecutors have determined they will prosecute. The result is that many people are being prosecuted for being mentally ill. Because our current mental health system does not adequately deal with the volume of cases it needs to be able to accommodate, too often the criminal justice system is being used as an auxiliary tool for the mental health system. This is wrong. I think that rather than spend a lot of time thinking about how to make the criminal justice system better for defendants with mental health conditions, we need to spend more time and money thinking about how to build up our mental health systems so that people are not reaching out for help, or showing symptoms of their mental conditions and being charged with crimes.	2/27/2023 2:33 PM
34	Increase the number of crisis community beds for people who are experiencing significant mental disabilities and do not have any supportive placement.	2/27/2023 2:00 PM
35	Coordination between the courts, Department of Mental Health, and the Department of Corrections. Vermont's prisons have seen a significant increase in deaths over the past 2+ years - many are self-harm events among pretrial detainees. Once a person goes to prison, DMH cannot forget about them or assume they are "safe." If someone receives a mental health screening at their arraignment or upon arrest, that information needs to be shared with DOC, and DMH needs to conduct follow-up. As a matter of course, patients are ripped off of their mental health and MAT medications upon incarceration. DOC cannot be trusted to provide people with the mental health care that they need.	2/27/2023 1:32 PM
36	Appropriate counseling for both MH or SA; and dual diagnosis before law enforcement becomes involved.	2/27/2023 1:14 PM
37	Diversion and alternative justice remedies, bringing cases before the court promptly after investigation (languishing between investigation and charge is frequent - and can be in the years).	2/27/2023 12:11 PM
38	More beds, more prompt MH assessments and more available programs to supervise those with serious MH issues. More D and A treatment. ACRJS needs more funding and to be put in charge of more of these programs, as they have been so successful here.	2/27/2023 12:08 PM
39	In patient evaluation and treatment facilities; intensive out patient programs; more treatment	2/27/2023 11:53 AM



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providers.

40	A new law that funds care/housing/supervision for people with major mental illness as robustly as we fund services for people with developmental disabilities; Cooperation from state's attorneys in moving more people with major mental illness out of the criminal justice system and into the care of the Department of Mental Health; Cooperation from DMH to care for and supervise people charged with crimes who have a major mental illness	2/27/2023 11:49 AM
41	Consistency. For example, the DUI diversion program in Chittenden County is a great tool, but if someone gets arrested elsewhere in the state they don't get that same potential benefit. The people are no different, they're just in different locations. so that feels inconsistent. I'm sure there are other things but that currently occurs to me.	2/27/2023 11:44 AM
42	More judges. The docket backlog is a catastrophe and an embarrassment to the Vermont criminal justice system. I also believe that optional mediation in criminal cases would be incredibly helpful in resolving difficult cases.	2/27/2023 11:32 AM
43	As always, more resources for our mentally ill community - stable housing is the key.	2/27/2023 11:21 AM
44	Sending more cases to diversion, especially DUI #1 cases where the breath test is around or below a .08. Keeping these in the criminal Justice system are a waste of time especially because they usually settle for an amended charge of negligent operation and a fine, which is not helping the individuals at all. Better would be to offer counseling and programs through diversion with the incentive of removing the criminal charge. Especially for our young clients.	2/27/2023 11:18 AM
45	The lack of services available to individuals in the criminal legal system should be embarrassing to the state and all of the stakeholders. Community-based mental health services are lacking. Housing for individuals with mental health issues who are involved in the criminal legal system are lacking. It seems that given the shortage of housing options and available programs, leaders of these programs deny anyone with any criminal history. It seems like it has become an easy way to say no. We consistently have mental health services indicate that even if someone is in need of mental health services, as long as they are in jail, they will not pose a danger to self or others so everything is good. The reliance on the Department of Corrections to serve this population is, at least, in theory what everyone agrees should be avoided, but in practice is what everyone relies on. Mental health agencies appear to be willing to work with the "easy" population - those with mental health issues who will easily work with the agency. Mental health agencies do not wish to work with the more demanding populations. Without these social services agencies in place, there is little the criminal legal system can do to effectuate positive change, as the fallback becomes the jails.	2/27/2023 11:18 AM
46	DMH is woefully behind in conducting mental health evaluations. They are scheduling out patient evals one-year out. They schedule incarcerated clients with 2-6 weeks. This puts a burden on the entire criminal justice system. Judges are telling defense attorneys to hire their own expert to obtain a quicker eval. Also, diversion should be expanded and be more responsive to defendants' efforts to connect. Many clients say that they give up trying to reach diversion because multiple phone calls and voicemails go unanswered. The result is that the case goes back to court.	2/27/2023 11:16 AM
47	The biggest issue we see is the lack of crisis beds and those patients in need are usually in the local ER for long periods of time before being transferred to a facility. Also would really like to see full time hours for the embedded workers. We will take what we can get but this has been really helpful in our immediate connection with services when law enforcement is necessarily needed.	2/22/2023 9:14 AM
48	1. Judge availability. Why isn't there a judge on call who is easily accessible? 2. Ease of transfer of information. Why isn't there an easy and universal way to get warrants approved in 2023? This is a fail on both sides- mental health and judiciary. 3. Treatment of crisis clinicians in the court room. Why is it acceptable for judges to act out their frustrations with the mental health system by being rude, condescending, or belligerent toward crisis clinicians if they don't like the assessment outcome? 4. Behavioral accountability of patients. While some patients may be so incredibly psychotic that their behavior is truly out of their control, many others benefit from being under criminal supervision of some sort. 5. This formula could use some work: If a clinician works a regular shift at \$28/per hour, how much do they make by working 12 hours of emergency overtime?... Nope. An overtime shift pays \$17 - \$22/hour. That's \$6 to \$11/hour less for overtime. Feel free to pick up an application at the administration office. We're hiring! 6. The Use of Force Law has made situations more challenging, but a repeal is not necessarily the answer. 7. Communication is usually helpful. Trainings where we have to	2/19/2023 6:06 PM



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look at each other and understand each other build relationships. Could we ever get judges or the State's Attorney to come to the table?

49	Greater resources. More outpatient housing, daily living, employment and community supports. More state and federal funding to educate, compensate and retain staff.	2/16/2023 8:00 PM
50	A robust, well-funded continuum of care, that focused on prevention as opposed to crisis management once a situation has totally spiraled out of control. To include real investment in early childhood education, child and family services and our schools to minimize the incidence of adverse childhood experiences that correlate to negative mental health outcomes later in life. Real, quality supportive housing. Well funded community treatment programs that are not constantly dealing with staff turnover and long waitlists. Decreased reliance on short term hospitalization. Coordination between providers and other government actors. Resources to complete competency and sanity evaluations in a timely (i.e. weeks instead of the current years) manner. Significantly expanded mental health court programs, with extended participation terms in light of the reality that many mental health conditions are chronic and need long term management and support. Expedited tracks to get folks who meet criteria into such programs.	2/16/2023 3:03 PM
51	Police and Screeners should often times be together while assessments are being performed out in the community. There are safety and legal concerns with many situations these days. Police have body cams and the means to help keep the situation as safe as possible. It also seems there is a disconnect between mental health, legal, police, DCF, and the judicial systems. Why are we all not working together and in sync for the benefit of the client's overall wellbeing? Also, it makes zero sense to not hold people accountable for crimes they commit because they have a mental health diagnosis. Accountability can go a long way, even with clients who have a mental health diagnosis. We need more psychiatric beds, especially for children. There needs to be more in place for DS clients. They are lacking resources and placement resources. Parents should be given something in regards to "what to expect and expectations of you while your child is in the ER" and it should come from DMH. I wish that a representative from DMH, the judicial system, legal, and such would periodically attend staff meetings with Screeners. It would be a helpful way of possibly collaborating.	2/16/2023 11:25 AM
52	Due to the recent (October, 22) legislative change with Law Enforcement (No Lethal Force), it has made mental health workers struggle significantly more to get access to support and aid from police. When dealing with a dangerous patient, one who is at risk of harming themselves or others, it is almost impossible to get police presence on the scene with you, when this used to be standard protocol. It is understandable, that they have concerns about their own job/safety/legal system, but it does not stop the dangerousness newly attributed to my job as a QMHP/Screeners that has never existed before, that I did not sign up for. I love my work, and I believe the system needs to make legislative changes so that we can all go home safely at the end of the day without having to worry about losing our jobs, lives, or going to jail. These changes need to be at a legislative level in order to help police departments feel more comfortable again.	2/15/2023 1:48 PM
53	I believe having more crisis bed like Home Intervention would be helpful. It would be nice to have more beds for adults and children. But this cost money.	2/15/2023 12:24 PM
54	Funding and legislation should be re-worked. I believe that more funding needs to be made available for the creation of more crisis stabilization programs. This would assist in mitigating the number of individuals boarding in emergency departments across the state who may not need hospital level of care for lengthy periods of time; especially for children and adolescents. In my experience a large number of individuals are hospitalized simply because least restrictive environments are not available. I also believe that more substance abuse treatment facilities are required; Valley Vista, Serenity House, Act One, and Sana are some of the few facilities in the state, and often time have lengthy waitlists or restrictive financial practices precluding a number of individuals from accessing treatment. I also believe legislation needs to be reworked significantly; especially the threshold for compelling individuals into treatment. While I certainly do not advocate involuntarily hospitalizing individuals en masse, I do believe that if legislators came out with mental health crisis clinicians and law enforcements officers across the state, they would see some of the deplorable conditions that some of our most vulnerable citizens are living in for the sake of "self-determination." Furthermore, I feel that the current approach allows for self-determination, while simultaneously protecting people from the consequence of their actions. An example would be an individual w/ schizophrenia pounding on the walls of his apartment frightening a mother and her small children in the apartment next door with his Bx because he hasn't been engaging in treatment or consumption of prescribed	2/15/2023 9:52 AM

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medications. Too often have I been on similar calls, and to the individual being terrorized it often feels as though the state is disregarding her and her children's rights, for the sake of the individual refusing to engage in treatment. It is unjust, unfair, and frankly, unsafe.

55	An embedded crisis worker, available to us and surrounding departments in our community would make these incidents much more manageable. 1/3 of our calls for service have a mental health element, and most law enforcement officers don't have the proper training to handle many of these call appropriately.	2/15/2023 8:43 AM
56	Make a place for folks who need to be placed in care long term.	2/14/2023 3:14 PM
57	More access to Mental Health Crisis response to the scene. The access we have is limited by their number of staff	2/14/2023 1:51 PM
58	Walk-in care center tooled for those in crisis, those post overdose who do not need the services of the ED, low barrier bupe access, connection to housing, and other social service needs. A challenge with the co-responder model - services generally close after 5 and the pressure is then put on area EDs. We desperately need funding for precharge restorative justice methodologies in order to address low-level crime that is driven by the unmet social service needs metioned here and in general.	2/14/2023 8:56 AM
59	Easier access to mental health warrants. The process is broke and has been broken. Crisis response team for these types of calls that can be deployed quickly. We need resources, LE shouldn't be responding to these calls.	2/14/2023 7:01 AM
60	One of the biggest problems we have is we take an individual into custody for MH issues, take them to the hospital to meet with a MH worker. They will not be evaluated if they have been drinking or doing any type of drugs. This becomes a never ending battle with the ED and MH and us when trying to get someone the help they need. By the time they are sober they might not meet the criteria for the help they need. We need some policy changes in regards to when a person can be evaluated or not.	2/13/2023 4:19 PM
61	More funding for clinicians and related resources. Also, a facility where those in crisis can be stabilized over days... instead of the ER.	2/13/2023 3:31 PM
62	There is a disconnect when it comes to responsibility and also with the transition of the individual from the police officer to a housing or treatment facility. DOC will not take them until they have been screened causing us to be tied to an individual for an inordinate period of time. This is where the responsibility comes in. Once we deal with the individual and identify a problem, transitioning that individual from our custody to mental health becomes a problem. They can simply say that there is nothing they can do, and walk away. We cannot. We have to find a viable solution to the problem at hand. We are very often left with inadequate results, causing us untold man hours and often tying up an officer for most of a shift, leaving the other to cover shift alone. There needs to be a smoother transition with defined parameters that relieves officers of this person and puts them into the care of mental health. It will not only benefit the professionals attempting to take care of them, but benefit the individual themselves by being given care by appropriate personnel in appropriate places. When an individual is a reoccurring problem, we need to focus solutions rather than repeated responses that yield little to no help and do nothing more than put a band-aid on a festering wound.	2/13/2023 3:22 PM
63	Additional resources after hours, for crisis assistance. Not enough options outside business hours.	2/13/2023 3:16 PM
64	Having 24/7 MH workers respond in a timely fashion, more funding for imbedded social workers	2/13/2023 3:16 PM
65	1. Clinician resources 24 X 7 on-scene rather than ad-hoc 2 A loosening of HIPA to provide better communication between 1st responders and mental health providers 3. Sufficiently available crisis beds on demand	2/13/2023 2:19 PM
66	If there were more resources and better placements for individuals instead of bringing them to our local hospital and waiting for someone to screen them and then they may be released and or made to stay there until a bed is available. This is not a place for someone in crisis and or patients who need medical attention. It would be wonderful to have a facility where individuals can be seen, screened and resources available to them immediately if not shortly thereafter. The individuals would not have to bounce around to different services making it more challenging for them to obtain the services they need.	2/13/2023 2:16 PM

## Pre-Charge Judiciary Committee SURVEY

67	more mh workers in the field	2/13/2023 2:14 PM
68	Be able to have more residential facilities to handle the people that are in crisis.	2/13/2023 2:14 PM
69	more resources to help people suffering a mental health crisis with concerns of self-harm	2/13/2023 2:12 PM
70	where to begin! Poverty and homeless create a cycle whereby people receive help, get stabilized and then return to the circumstances that exacerbate their problems. We are treating symptoms rather than root causes. How can we expect people to maintain mental wellness without safe and secure housing and while living in poverty.	2/11/2023 8:02 AM
71	An understanding of resources other than the hospital. If a person is not experiencing a mental health crisis, bringing the person to the hospital is often not an appropriate option and crisis is often not consulted until the individual arrives at the hospital by police. Earlier notification to crisis can facilitate communication about appropriate options.	2/10/2023 9:24 PM
72	1. Use of Force policy evolving so law enforcement will respond in situations where mental health screeners need safety help 2. Better 'flow' through the system to free up needed beds in the system. 3. Mental health vacancies to be filled so the system can work more effectively	2/10/2023 4:56 PM
73	Revise the bail system back to where it was. Hold offenders accountable. Mental illness is not an excuse to break the law, harm others, or create chaos inn communities.	2/10/2023 2:57 PM
74	More bed availability. Additional crisis bed availability that are not at hospital. Crowded EDs people waiting in hallways.	2/10/2023 7:42 AM
75	I'd love to see more crisis units staffed by peers, emergency beds for homeless folks, I'd love to see more somatic experiencing trainings for crisis and other first responders - of particular importance is for ER staff, court screenings where the outcome is OP evaluation because the individual is not "a person in need of treatment " BUT they should not be incarcerated OR sent home. These are just few changes.	2/9/2023 6:56 PM
76	Increasing funding towards having additional placements for children and adults within the state of Vermont. Often times people are left to wait in the emergency room for weeks because there are no beds available. Having increased wrap around services available to support individuals in need of services will reduce visits to the ER/arrest for MH related issues. More police social workers as well.	2/9/2023 6:14 PM
77	For the cases we don't divert, we don't have much in the way of services to offer. The main service recommended to kids on juvenile probation is BARJ--essentially just Diversion, but while on probation. When counseling is indicated, my impression is that people are just given the link to the Psychology Today website and told to try to find someone themselves. We need some way to directly put people in contact with treatment providers.	2/9/2023 3:26 PM
78	I think communication is key. A continued open dialogue about what resources there are and changes that need to be made (or not) would help me to be more effective.	2/9/2023 9:53 AM
79	The Department of Mental Health needs to actually take responsibility for addressing the mental health issues of our community. They are a joke. The organization actively goes out of its way to NOT help people.	2/9/2023 9:03 AM
80	Adding more beds for other inpatient hospitals so they are not in the ED for hundreds of hours and add more beds for forensic mental health patients so they can be cared for not in the emergency department. We have had multiple violent patients who could have been housed in jail/another facility to be evaluated by the crisis teams/psych. They have injured staff when being held here waiting for evaluation. The amount of time from when they arrive to when they are evaluated can also be and issue. When hours and hours pass by without them being seen it only adds to the agitation and level of danger to staff. Also, Workmans compensation could be better than having to wait for 3 days and have to use your own time off to cover them and then only get paid 2/3 of your pay. If you are hurt on the job it should be the employer to help cover the time off as they are the one who are supposed to keep us safe.	2/9/2023 9:00 AM
81	Many things. Patients who are floridly psychotic can be difficult to get into treatment because the standard of "danger to self or others" can be hard to fulfill even when it is clear a patient cannot take care of themselves or be safe in the community, and will only face a worsening condition. The lack of inpatient beds, especially for the patients requiring the highest level of care, leaves those patients in the Emergency Department for an inordinate amount of time. This is a danger to staff and the community. This is not a therapeutic environment despite our best efforts which makes it difficult for patients to cope with long waits, and discourages	2/9/2023 8:46 AM

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voluntary patients from staying. I can recall one particular instance when a patient who did not qualify to be held involuntarily chose to go home rather than tolerate the loud, uncomfortable environment of the ED after waiting there several days; She committed suicide at home after leaving. It is similarly not a truly secure environment, as it is not locked. This means a patient being held against their will has only the staff there to stop them from leaving, which even with the best skills creates the risk of serious assault. There are also many people seeking care in the department who are by necessity put in close proximity with patients who exhibit disruptive and dangerous behavior. Sick children and elderly are roomed where they hear aggressive, violent patients shouting and being assaultive right outside their doors. The criminal justice system seems to be blind to many assaults that occur in our hospital, considering them all to be not fit for prosecution because of the setting. My coworkers and I understand when someone is not able to control their actions or recognize right from wrong because of a mental illness. I have lost count of the times I have been assaulted and did not blame my assailant at all. But that is not representative of all assaults on healthcare workers. Many times we are assaulted by someone who is legally culpable for their actions, yet no charges are brought. This has discouraged many from even contacting police, and has sent several valuable professionals to other careers. Many of our most dangerous patients are not suffering from serious psychiatric disorders but are merely intoxicated with illegal drugs. Our system seems to fail to make that distinction, and in my opinion many of those patients would be better managed by corrections. I know from field reports that many of them have done dangerous things in the community before they are brought in, and they seem to be totally excused from legal consequences by erroneously being labeled as mental health patients. I believe that law enforcement finds themselves in a difficult position where bringing a person to the hospital is the only way that person's dangerous behavior can be controlled. But we are not staffed, equipped, or designed to function like a jail.

82	It is critical that we obtain more crisis clinicians, more street outreach, more psychiatric beds, and more programs with people with alcohol and drug use disorders. Psychiatric patients in the emergency department for prolonged periods is unsafe for everybody and has a deleterious effect on patient health/wellbeing.	2/9/2023 8:27 AM
83	If the perspective attorneys would have no contact with QMHP until after the assessment	2/8/2023 2:53 PM
84	Department of Mental Health being more proactive about involvement in day to day care and supportive of mental health plans as they relate to folks who have been found incompetent to participate in the criminal process but continue to engage in criminal behavior. We need a secure facility for mental health patients.	2/8/2023 2:41 PM
85	Ample mental health, substance use, trauma, and co-occurring services for the same. Safe, stable, and affordable HOUSING!!!!	2/8/2023 1:32 PM
86	more funding that would allow for competitive wages that would allow the organization to attract experienced and skilled workers. Our team is understaffed so many of us are over worked. If the organization offered competitive wages, it would make us a more attractive option and allow us to retain skilled clinicians. For what we as a team are expected to do as a job description, what we are expected to hold and how our services are utilized across multiple organizations within our community, the compensation is almost insulting.	2/8/2023 12:58 PM
87	Law enforcement is asking for additional training around mental health and for more embedded mental health positions within law enforcement. While there may be a role for more community outreach and crisis intervention strictly by mental health staff, there also needs to be more collaborative interventions with law enforcement and mental health staff to ensure safety for all	2/8/2023 12:52 PM
88	Having a team that respects each other and understand the other team members strengths and weaknesses so they can work together on keeping everyone safe.	2/8/2023 12:16 PM
89	More up front diversion. Not enough assessment beds, either forensic, crisis, inpatient psychiatric to help get services more upstream or proactive.	2/8/2023 11:41 AM
90	More clinicians	2/8/2023 11:35 AM
91	Significant expansion of inpatient mental health beds; reform of laws for involuntary medication of severely ill patients with mental illness - time frame is way, way too long for the significant disease burden they are seeing and the effects on other patients, staff, and the health care system while they wait for proces to play out. Forensic mental health facility.	2/8/2023 11:20 AM
92	Resources other than inappropriate and improper use of Emergency Departments for violent or otherwise criminal patients with Mental Health disease.	2/8/2023 9:48 AM

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93	More access to psychiatric inpatient beds, more outpatient resources for patients	2/7/2023 7:28 PM
94	A centralized Emergency Department and hospital designated as a Emergency Psychiatric facility that could, screen, board and admit psych patients for treatment. Also ability to quickly transfer a psychiatric patient once medically cleared to a mental health facility to obtain treatment and has staffing specially trained and appropriate facilities to care for these patients	2/7/2023 7:25 PM
95	Patients need more access to: inpatient substance use disorder treatment, sober housing, geriatric psychiatric care (both inpatient and long-term residential), a secure location for violent patients to be screened for and await inpatient psychiatric care, secure housing/respite care for violent patients with autism spectrum disorder or pervasive developmental disorder and dysregulated behavior who are deemed unlikely to benefit from psychiatric admission.	2/7/2023 3:48 PM