

# TRI-BRANCH TASK FORCE ON JUSTICE AND MENTAL HEALTH/CO-OCCURRING COLLABORATION

## **STRATEGIC PLAN**

Final Draft (10.31.2014)

### **History**

The Chief Justice Task Force on Mental Health and Criminal Justice Collaboration was convened in August 2007 with assistance from the Council of State Governments. The original charge included assembling decision-makers from the three branches of government and developing a strategic plan to support individuals with mental illness and co-occurring disorders at the front end of the criminal justice system.

In July, 2008, the first Strategic Plan was finalized. As the work evolved the Chief Justice Task Force became the Tri-Branch Task Force with leadership from the three branches of government. The Criminal Justice Capable Core Team was formed to operationalize the plan. The Sequential Intercept Model (SIM) was adopted to provide the foundation and framework.

### **Statement of Purpose**

The Tri-Branch Task Force is a collaborative, interdisciplinary effort that will design and begin to implement statewide strategies to improve the response to individuals with mental illness and co-occurring disorders who are involved with, or at risk of becoming involved with, the criminal justice system. The strategies advanced by the Task Force will be evidence-based.

The Task Force will focus on pre-arrest, pre-trial services, detention, and sentencing. Strategies will be designed to respect individuals and their rights and will engage the most appropriate, least restrictive community services. Strategies will enhance public safety, address the cycle of re-offense, improve the health and quality of life of the individual and community, and make good use of taxpayer dollars.

### **Parameters for the Strategic Plan**

The target populations for the plan are those individuals whose conditions result in cognitive impairment, functional impairment, and impairment in decision-making. This includes individuals with mental health conditions, substance abuse conditions, and other conditions that affect functional ability (e.g., developmental disabilities, autism spectrum disorders, traumatic brain injury). The plan will focus on the "front end" of the criminal justice system (i.e., law enforcement, emergency services, post-arrest initial detention and initial hearings, and sentencing) and the intercept points at which individuals can be diverted from the criminal justice system.

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<sup>1</sup> The sequential intercept framework identifies 5 points along the criminal justice continuum where an intervention can occur to prevent individuals from entering or penetrating deeper into the criminal justice system: (1) law enforcement & emergency services, (2) post-arrest: initial detention and initial hearings, (3) pretrial (4) re-entry, and (5) community corrections and community support. (*Munetz and Griffin, op. cit.*)

Munetz, M.R. and Griffin, P.A., *Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness*. Psychiatric Services. ps.psychiatryonline.org, 57:544-549, April 2006.

## Goals and Objectives

### **NEW AREA: Pre – Intercept Point 1: Prevention/Juvenile Justice:**

Question: Are there other task forces, teams or groups focusing in these areas.

- Prevention & Intervention with younger ages
- Creating an evidence-based Juvenile Justice system
- Create consistent truancy response statewide:
  - ✓ Address root causes, including mental health, lack of supervision, drug problems, school attendance
  - ✓ Identify the active truancy dockets and processes that are currently in place
  - ✓ Juveniles are part of the Family Division and the Criminal Division (16 & 17 year old youth are being charged in Criminal Division)

### **ISSUE AREA ONE: Evidence-Based System**

**For the System: Create an Integrated Evidence-Based Criminal Justice System**

**For the Offender: Create personal development plans to guide the individual that include behavior modification and offender accountability.**

#### **Problem Statement**

An integrated systems approach is a new way of doing business where the three branches of government, state and local systems work together with individuals and families to help an individual and/or family succeed. Rather than complementing each other, these disparate systems historically have worked with minimal connection to each other. The resulting lack of understanding about each other's systems presents barriers to the provision of an integrated response that will support the best outcome for the individual and/or family. This problem cuts across all three issue areas of the Strategic Plan.

#### **Issue Area 1 Evidence-Based System: Goal 1**

Create a systemic response that prevents individuals from entering the criminal justice system and for those who do, expedite their exit and support successful re-entry. This system is co-occurring capable, focuses on changing behavior, and helps individuals take responsibility and/or be held accountable for their behaviors.

**Issue Area 1 Evidence-Based System: Goal 1, Objective 1.** Develop Interdisciplinary Teams, existing and/or new at the local level that include, criminal justice professionals, service providers, health care providers and representative consumers.

Actions:

- **Priority:** Create and/or identify local collaborative cross disciplinary criminal justice teams (e.g. expand LIT to include criminal justice professionals, create community justice intervention teams, include children’s services and consumers)
  - How do we establish or recognize these teams?
  - How do we get court interaction with these teams?
  - Do we incentivize teams?
- **Priority:** Bring back the original model of the Field Service Directors including staffing, funding and authority.
- Identify a leader – who calls the meetings and all the necessary parties to the table?
- Identify roles and responsibilities for team members

**Issue Area 1 Evidence-Based System: Goal 1, Objective 2.** Policies, Practices & Funding support using research and best practices.

Actions:

- **Priority:** Commitment is needed for funding & sustainability / need to break down funding silos, create funding mechanisms including reinvestment of savings to support creating key policies and practices among local agencies for working together.
- Utilize effective cost saving options – investigate no cost / low cost options using RBA
- Develop, solicit, adopt and fund models that increase services and fill gaps in services across agencies and counties. Assure adequate funding for alternative models and create consistency in the delivery of services statewide.
- Investigate grant funding
- Create a non-binding policy & best practice guiding document for these issues
  - Include a policy or agreement on immunity
  - Include a policy or agreement on confidentiality & information sharing
  - Provide training regarding permissible “sharings” among system partners
- Policy issue: in a medical environment behaviors shouldn’t be viewed as criminal by law enforcement – stop treating substance abuse as a crime when it’s a public health issue

## **ISSUE AREA TWO: Integrated Approach**

### **Problem Statement**

There are gaps and inconsistencies that exist along the service continuum as evidenced in the sequential intercept framework.

### **Issue Area 2 Integrated Approach Goal 1**

Ensure that programs take into account the connections between law enforcement, the health care system, crisis workers, prosecutors, defense counsel, courts, human services, treatment, public providers, peer supports, DOC, the education system, community partners, and members of the community.

**Issue Area 2 Integrated Approach: Goal 1, Objective 1.** Develop an Integrated Approach to information sharing, assessment, case management and other services and incorporate existing systems including public health (e.g. Blueprint for Health care coordinators).

Actions:

- **Priority:** identify who can develop/oversee all available social services - develop centralized source of information or a communication plan / one stop shopping to streamline access to appropriate services (food, housing employment ) / tool to help people access resource and services – like 211
- Build on the hub and spoke model for greater access to services – geographic justice
- Develop integrated service plans for individuals that require informed consent and follow them and is shared along the sequential intercept model (pre-adjudication – pre-sentence – re-entry)
- Work with local teams to identify, coordinate & monitor best practices of case management / service coordination and develop a referral process

**Issue Area 2 Integrated Approach: Goal 1, Objective 2.** Evidence-based screening and assessment to identify risk and clinical needs. Use evidence-based, uniform screening and assessment tools for identifying individuals who present with impaired decision-making. The information stays with the individual throughout the process.

Actions:

- Plan for pretrial risk assessment tool with DOC, validate for Vermont / pretrial supervision / learn more about all assessment levels of ORAS – how they are used and how to implement statewide.
- Change for separating non-appearance vs. risk of flight (statutory)
- Need to look at conditions of release
- Need to change perception in community

**Issue Area 2 Integrated Approach: Goal 1, Objective 4:** Forensic Units

**ISSUE AREA THREE: Alternative Strategies**

**Problem Statement**

The criminal justice system is often resorted to out of expedience when alternative strategies have not been exhausted, the service system is ineffective, services are unavailable or inaccessible, knowledge about services is lacking or when services don't exist.

**Issue Area 3 Alternative Strategies Goal 1:** Mapping of Community Resources

Increase communication and awareness about available and appropriate strategies at the local level as alternatives to the criminal justice system. Increase communication about how to access services with the courts and the communities in general.

**Issue Area 3 Alternative Strategies: Goal 1, Objective 1.** Inventory current resources and appropriate strategies at the local level. Encourage greater collaboration and cooperation.

Actions:

- **Priority:** Identify and implement agreed upon minimal level /type of services per geographic region AOD/MH/Medical, other; statewide consistencies & universal assess
- **Priority:** Look at the systemic framework, identify priorities and gaps at each intercept point by county / identify resources, treatment options and other services.
  - Update the SIM Chart and map the current services by county / AHS District.
  - Conduct a gap analysis – identify effective programs to expand statewide (e.g. rapid referral, rapid intervention, treatment courts)
  - Include Judiciary and local court staff
- Evaluate programs and identify what's working, take it to scale – increase effectiveness
- Identify and disseminate successful county and regional strategies that allow individuals to receive community based services as an alternative to incarceration.
- Local teams identify the process for referral, coordinates services and proposes ways for them to work systematically
- Create cross –county agreements to eliminate redundancies
- Invite the Governor's office to initiate a public awareness campaign with others in authority. Tri-Branch leadership can help coordinate. Use to educate communities on community level problems (Governor's Cabinet)
- Continue the VLS/Innovative Practices Conference

## **ISSUE AREA 4: Knowledge, Skills & Attitudes**

### **Problem Statement**

Within and between the disparate systems that will work together in an integrated systems approach, there exist knowledge gaps, skill gaps, and information gaps. These gaps create barriers to providing an integrated response. These gaps can best be addressed by tailored education and training within each system, as well as across systems.

### **Issue Area 4 Knowledge, Skills & Attitudes, Goal 1**

Enhance the knowledge, skills and attitudes needed to provide an effective, integrated response to individuals who are involved with or at risk of becoming involved with the criminal justice system.

**Issue Area 4 Knowledge, Skills & Attitudes: Goal 1, Objective 1.** Increase acceptance and support of alternatives to the criminal justice system among the **general public**.

Actions:

- Increase knowledge, acceptance and support of alternatives to the criminal justice system among the general public.
- Increase knowledge on the part of the media

**Issue Area 4 Knowledge, Skills & Attitudes, Goal 1, Objective 2.** Increase acceptance, support, and use of alternatives to the criminal justice system among professionals and peer systems.

Actions:

- Charge Commissioner of Health (Harry Chen) to train health practitioners (he is already doing this) it shows what he is doing is important and that this group supports him.
- Invite cross-disciplinary statewide programs to share every 2 years at beginning of the legislative session.
- Need cross disciplinary education – replicate recent VLS conference and continue to invite legislators

**Issue Area 4 Knowledge, Skills & Attitudes, Goal 1, Objective 3.** Increase the knowledge and skills of **law enforcement officers** regarding recognizing individuals whose conditions result in impaired decision-making or functioning; using a screening tool and brief intervention; and referring them to available services. (SBIRT model). (SBIRT stands for screening, brief intervention, and referral to treatment and services.)

Actions:

- Reinstate Team Two Training
- Engage the Training Council in a conversation about policy training
- Harry Chen – State Medical Dept. Committee

**Issue Area 4 Knowledge, Skills & Attitudes, Goal 1, Objective 4.** Increase the knowledge and skills of **attorneys** including state's attorneys and public defenders regarding recognizing individuals whose conditions result in impaired decision-making or functioning; understanding the ways in which disability may affect an individual's ability to complete a sentence or program; using a screening tool and brief intervention; and referring them to available services. (SBIRT model)

**ACTION**

- Ask Vermont Bar Association to do trainings in new system
- Include alternatives to incarceration/criminal justice system on training agenda for public defenders & state's attorneys
- Invite attorneys to county-based system mapping process (SIM)
- Coordinated use of services/referrals through public defender/state's attorney – provide training and information on what's available

**Issue Area 3 Knowledge, Skills & Attitudes, Goal 1, Objective 5:** Increase the knowledge and skills of healthcare and human services providers regarding using evidence-based screening and assessment tools and how to interact effectively with those individuals; the ways in which disability may affect an individual's ability to complete a sentence or a program; and the criminal justice system and its alternatives including how to make a proper referral.

**Actions:**

- Engage designated agencies and preferred providers in discussions about screening and assessment tools for substance abuse, mental health and co-occurring disorders. (Look to SATC – substance abuse treatment collaborative)
- Engage DAIL in discussion about screening and assessments.
- Others?

**Issue Area 3 Knowledge, Skills & Attitudes, Goal 1, Objective 6.** Increase the knowledge and skills of **judges and court clerks** regarding alternatives to the criminal justice system and other community services to encourage referrals for affected individuals; how to recognize, engage, and interact effectively and appropriately with those individuals; and the ways in which disability may affect an individual's ability to complete a sentence or program.

**Actions:**

- Judicial College Program (or other judicial training) about the value of the use of alternatives – Judges need to know the systems that are already in place in the community.

**Issue Area 3 Knowledge, Skills & Attitudes, Goal 1, Objective 7.** Increase the knowledge and skills of **court officers and security personnel** regarding recognizing, engaging, and interacting effectively and appropriately with individuals whose conditions result in impaired decision-making or functioning.

- Foster participation by decreasing anxiety and making court system more consumer friendly and neutral including the knowledge of reasonable accommodations.

**Issue Area 3 Knowledge, Skills & Attitudes, Goal 1, Objective 8.** Increase the knowledge and skills of **hospital emergency departments** regarding trauma-informed approaches to individuals who exhibit impaired decision-making or functioning and the importance of expediting cases when individuals are accompanied by first responders.

Action:

- Harry Chen will work with Vermont Medical Society to train this group