

# CHIEF JUSTICE TASK FORCE ON CRIMINAL JUSTICE AND MENTAL HEALTH COLLABORATION

## STRATEGIC PLAN July 2008

### 1. Introduction

The Chief Justice Task Force on Criminal Justice and Mental Health Collaboration was appointed by the Supreme Court and charged with creating a plan 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 strategic planning process was supported by a small grant from the Council of State Governments. The Task Force is an interdisciplinary group that includes representatives of Vermont's judicial, executive, and legislative branches as well as advocates and consumers. (*See Appendix 1 for a list of Task Force members.*)

### 2. Task Force Charge

The Charge to the Task Force from the Supreme Court reads, in part:

The Vermont Criminal Justice & Mental Health Task Force is hereby established as a collaborative, interdisciplinary effort to bring together those who are in charge of decisions which impact people with mental illness and co-occurring disorders prior to and during contact with the criminal justice system. The Task Force will:

- (1) Develop a preliminary plan that includes the issues, deliverables, governance structure, staffing and support; the final plan will include performance and outcome indicators designed to measure the impact of the changes.
- (2) Will establish a cohesive structure to support statewide initiatives;
- (3) Will include high-ranking state officials, representatives of all three branches of government and will include representatives from relevant systems (mental health, criminal justice, substance abuse treatment) as well as others who provide services to this population (housing, advocates);
- (4) Report back to the Supreme Court with recommendations regarding policy matters that are identified through their efforts.

### **3. Statement of Purpose**

The Task Force adopted the following statement of purpose to guide its work:

The Chief Justice Task Force is a collaborative, interdisciplinary effort that will design and begin to implement a statewide strategy 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 Task Force will focus on pre-arrest, pre-trial detention, and sentencing. Strategies will be designed to respect individuals and their rights and to engage the most appropriate, least restrictive community services on their behalf. 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.

### **4. Parameters for the Strategic Plan**

At the start of its planning process the Chief Justice Task Force identified the following 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 target population excludes violent offenders and sex offenders.
- 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.
- The plan will address issues that have a role for or impact upon the courts.
- Strategies will be designed to respect individuals and their rights and to engage the most appropriate, least restrictive community services on their behalf.
- 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.
- The plan will include low-cost strategies for achieving tangible results (outcomes) for targeted populations.
- The plan will include a statewide policy or procedure that will be effective in producing the tangible result or outcome.
- The plan will utilize strategies about which there is ready agreement, and which are feasibly and readily achieved.

## 5. Strategic Planning Process

The Task Force met seven times between August 2007 and May 2008. Its initial work focused on gaining an understanding of the issues and assessing need through informational presentations, review of data, and facilitated discussion. Next, it used a structured method to select three priority issues to be addressed by the Strategic Plan:

1. A lack of connection and coordination between supports and services offered to the target populations.
2. A tendency to turn to the criminal justice system rather than using alternative strategies to divert individuals from the criminal justice system.
3. Gaps in knowledge, skills, and information that constrain the use of an integrated approach.

The Task Force identified goals to be accomplished in each of the priority areas. Work groups met over the winter months to develop objectives and strategies for achieving the goals. The work groups were comprised of Task Force members as well as additional individuals who have expertise in the specific issue area. *(See Appendix 2 for a list of work group participants.)*

One issue arose during the work group process that seemed to cut across all three of the priorities areas. The term "criminal justice-capability" was coined to capture the desired outcome in this cross-cutting problem area. It appears as an Overarching Issue at the start of the Goals and Objectives section of the Strategic Plan.

Public input was solicited throughout the planning process. Members of the public were invited to observe Task Force meetings, and a public comment period at the end of each meeting offered the opportunity for individuals to speak to the Task Force. In addition, a structured process was used to solicit feedback from interested community groups on draft components of the Strategic Plan as they were developed. Eight of the fifteen participating community feedback groups responded with comments and suggestions during two feedback cycles. Their feedback was considered by the Task Force and work groups and integrated into the Strategic Plan. *(See Appendix 3 for a list participating community feedback groups.)*

The Task Force finalized and adopted the goals and objectives for the Strategic Plan at its May 2008 meeting.

The strategic planning process is not yet finished. As the final step, the work groups will be reconvened and tasked with creating detailed work plans for accomplishing each of the objectives. The work plans will include timelines and evaluation measures for each objective.

## **6. The Sequential Intercept Model**

Throughout the planning process, the Task Force utilized the framework provided by the Sequential Intercept Model. The model offers a conceptual framework for considering the interface between the criminal justice and mental health systems as they address concerns about criminalization of people with mental illness.<sup>1</sup>

The Sequential Intercept Model also provided a useful format for clarifying the focus of a panoply of additional initiatives and committees that have been working concurrently on issues that relate, wholly or in part, to the interface of criminal justice and mental health. A graphic representation that was developed for the Chief Justice Task Force has proved to be a useful tool for coordination and understanding among the various groups. (*See Appendix 4.*)

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<sup>1</sup> 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.

## 7. The Strategic Plan: Goals and Objectives

**NOTE:** Timelines for accomplishing each objective will be included in the detailed work plans that will be developed for each goal.

### **OVERARCHING ISSUE: CRIMINAL JUSTICE-CAPABILITY**

**Problem Statement:** An integrated systems approach is a new way of doing business where the treatment system, criminal justice system, and community support systems work together with affected individuals and families to help an individual 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 others' systems presents barriers to the provision of an integrated response that will support the best outcome for the individual. This problem cuts across all three issue areas of the Strategic Plan.

**Goal:** Utilize and develop "criminal justice-capable" models, collaborative teams, and programs that understand and take into account the interconnections between law enforcement, hospital emergency departments, crisis workers, prosecutors, defense counsel, courts, human services, and treatment.

#### **OBJECTIVES:**

1. Define "criminal justice-capable" and identify measurable core competencies.
2. Identify existing and/or create cross-disciplinary "criminal justice-capable" local teams of stakeholders including law enforcement, service providers, and representative consumers.
3. Hold meetings of local teams designed to increase understanding of roles and responsibilities; to identify existing resources for diversion from the criminal justice system based on the Sequential Intercept Model<sup>2</sup>; and to identify and address gaps in resources.
4. Identify and/or develop models for providing service coordination and non-categorical case management that are "criminal justice-capable."

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<sup>2</sup> The Sequential Intercept Model envisions 5 points of interception along a continuum at which an intervention can be made to prevent individuals from entering or penetrating deeper into the criminal justice system: (1) law enforcement and emergency services, (2) post-arrest: initial detention and initial hearings, (3) post-initial hearings: jail, courts, forensic evaluations, and forensic commitments, (4) re-entry from jails, state prisons, and forensic hospitalization, and (5) community corrections and community support. (*Munetz and Griffin, op. cit.*)

## **ISSUE AREA 1: INTEGRATED APPROACH**

**Problem Statement:** While the Task Force is concerned about the gaps and inconsistencies in the supports and services that are available in communities around the state, we do recognize that some services are currently available. However, those services that are available often operate on parallel tracks and there is little connection and coordination between them. There isn't an integrated systems approach to organizing supports and services at all points along the Sequential Intercept Model continuum.

**Goal:** Develop an integrated approach to information-sharing, assessment, case management, and services that incorporates existing systems and resources as much as possible. This integrated approach will be responsive to individual needs and assist in the diversion of appropriate individuals from the criminal justice system.

### **OBJECTIVES:**

1. Create agreements/Memoranda of Understanding among local agencies for working together to serve individuals.
2. Develop a protocol and process for **sharing information**, requiring the informed consent of the individual, for use from pre-adjudication through pre-sentencing, for the purpose of developing an integrated services plan for individuals whose conditions result in impaired decision-making or functioning.<sup>3</sup>
3. Implement utilization of evidence-based, uniform **screening tools** for identifying individuals whose conditions result in impaired decision-making or functioning, for use at every intake point.
4. Implement utilization of evidence-based, uniform **assessment tools** for evaluation of individuals whose conditions result in impaired decision-making or functioning, for use after screening and referral.
5. Develop a **referral process** that considers individual needs and risks regarding treatment and supervision and results in placement of each individual in a program well suited to her/his needs and risks.

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<sup>3</sup>Conditions include mental health conditions, substance abuse conditions, developmental disabilities, traumatic brain injury, trauma, and co-occurring disorders.

## **ISSUE AREA 2: ALTERNATIVE STRATEGIES**

**Problem Statement:** The criminal justice system is often resorted to out of expedience when alternative strategies have not been exhausted, when the service system is ineffective, when services are unavailable or inaccessible, or when knowledge about services is lacking.

**Goal 1:** Increase the awareness about and use of available and appropriate strategies at the local level as an alternative to the criminal justice system.

### **OBJECTIVES:**

1. Determine the causes of current underuse of available and appropriate strategies at the local level.
2. Identify and pilot sound local practices and disseminate them to other communities, with specific attention to approaches that support new ways of working together.

**Goal 2:** Develop, adopt, and fund models that increase services and fill gaps in services.

### **OBJECTIVES:**

1. Identify cross-system models (such as treatment courts) that reflect regional criteria and needs.
2. Create mechanisms to identify and blend funding streams that cut across conditions.
3. Support the exploration of funding mechanisms that will allow individuals to receive community-based supportive services as an alternative to incarceration.

### **ISSUE AREA 3: KNOWLEDGE, SKILLS AND 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.

**Goal:** 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.

#### **OBJECTIVES**

1. Increase acceptance and support of alternatives to the criminal justice system among the **general public**.
2. Increase acceptance, support, and use of alternatives to the criminal justice system among **professionals** working in relevant systems.
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)<sup>4</sup>
4. Increase the knowledge and skills of **attorneys** 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)
5. Increase the knowledge and skills of **treatment providers** regarding using evidence-based screening and assessment tools for individuals with impaired decision-making 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.
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.
7. Increase the knowledge and skills of **court officers and security personnel** regarding recognizing, engaging, and interacting effectively and appropriately

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<sup>4</sup> SBIRT stands for screening, brief intervention, and referral to treatment and services.

with individuals whose conditions result in impaired decision-making or functioning.

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 law enforcement.

**Appendix 1  
Task Force Members**

Hon. Paul L Reiber  
Chief Justice  
Vermont Supreme Court

Senator John Campbell

Barbara Cimaglio  
Deputy Commissioner  
Vermont Department of Health  
Division of Substance Abuse Programs

Hon. Geoffrey Crawford  
Mental Health Court Judge

Hon. Amy Davenport  
Administrative Judge

RJ Elrick, Executive Director  
Vermont Criminal Justice Training  
Council

Gail Falk, Esq.  
Office of the Public Guardian  
Vermont Department of Disabilities,  
Aging and Independent Living

Mary Fitzgerald  
Vermont Psychiatric Survivors

Representative (Margaret) Peg Flory

Michael Hartman  
Commissioner  
Vermont Department of Mental Health

Robert Hofmann  
Commissioner  
Vermont Department of Corrections

Scott Johnson  
Deputy Commissioner  
Vermont Agency of Human Services  
Division of Field Services

George Karabakakis, PhD  
Chief Operating Officer  
Health Care & Rehabilitation Services of  
Southeast Vermont

Larry Lewack  
Executive Director  
NAMI – Vermont

Representative William Lippert

Representative Michael Mrowicki

A.J. Ruben, Esq.  
Vermont Protection and Advocacy

Michael Sabourin  
Public Member

Anna Saxman, Esq.  
(designee for Matthew Valerio)  
Deputy Defender General

Jane Woodruff, Esq.  
Executive Director  
Vermont Department of State's Attorneys  
and Sheriffs

Staff and Consultant

Erica Garfin  
Planning Consultant

Karen Gennette  
Vermont Treatment Court Coordinator  
Office of the Court Administrator

## Appendix 2 Work Group Participants

\* member of the Chief Justice Task Force

\*\*staff to the Chief Justice Task Force

### Integrated Approach Work Group

Barbara Cimaglio*	Deputy Commissioner, Vermont Dept. of Health, Div. of Substance Abuse Programs
Karen Gennette**	Office of the Court Administrator
Scott Johnson*	Deputy Commissioner, Vermont Agency of Human Services, Div. of Field Services
Capt. Ray Keefe	Commander, Vermont State Police Training Division
Susan Onderwyzer	Vermont Dept. of Corrections
John Perry	Vermont Dept. of Corrections
Anna Saxman*	Deputy Defender General
Michael Sabourin*	Public member, Chief Justice Task Force
Tom Simpatico, MD	Medical Director, Vermont State Hospital
Bob Wolford	Howard Center

### Alternative Strategies Work Group

Robert Appel	Vermont Human Rights Commission
Bob Bick	Howard Center
Sheriff Keith Clark	Windham County Sheriff
Barbara Cimaglio*	Deputy Commissioner, Vermont Dept. of Health, Div. of Substance Abuse Programs
Willa Farrell	Court Diversion Director, Office of the Attorney General
Mary Fitzgerald*	Vermont Psychiatric Survivors
Karen Gennette**	Vermont Treatment Court Coordinator
Larry Lewack*	NAMI-Vermont
George Karabakakis*	Health Care & Rehabilitation Services of Southeast Vermont
Michael Sabourin*	Public member, Chief Justice Task Force

### Knowledge, Skills and Attitudes Work Group

Karen Crowley	Vermont Dept. of Health, Div. of Substance Abuse Programs
RJ Elrick*	Vermont Criminal Justice Training Council
Pat Gabel	Office of the Court Administrator
Karen Gennette**	Office of the Court Administrator
Mary Pickener	Vermont Dept. of Health, Div. of Substance Abuse Programs
Frank Reed	Vermont Dept. of Mental Health
AJ Ruben*	Vermont Protection and Advocacy
Michael Sabourin*	Public member, Chief Justice Task Force
Anna Saxman*	Deputy Defender General
Tom Simpatico, MD	Medical Director, Vermont State Hospital
Cindy Taylor-Patch	Act 80 Law Enforcement Training Group, Office of the Attorney General
Jane Woodruff*	Vermont Dept. of State's Attorneys and Sheriffs

### **Appendix 3 Community Feedback Groups**

The following groups accepted the Task Force's invitation to provide feedback on the components of the Strategic Plan as they were developed. Those indicated in **bold** ultimately participated actively in the feedback process by offering comments and suggestions.

**Act 80 Law Enforcement Training Group**

**Alliance for Building Community**

Department of Corrections Citizens Advisory Group

**Disability Law Project, Vermont Legal Aid**

Department of Mental Health Standing Committee on Adult Mental Health

**Friends of Recovery Vermont**

**National Association of Social Workers, Vermont Chapter**

Vermont Association for Mental Health

Vermont Council of Developmental and Mental Health Services

**Vermont Council of Developmental and Mental Health Services – Emergency Services**

**Coordinators**

Vermont Center for Crime Victim Services

**Vermont Human Rights Commission**

**Vermont Network Against Domestic Violence and Sexual Assault**

Vermont Psychiatric Survivors

## Appendix 4 Summary of Criminal Justice / Mental Health Initiatives and Committees

