The Vermont Jail Diversion and Trauma Recovery - Priority to Veterans grant, titled MHISSION-VT, states as its purpose “to assist Vermont veterans and other adults at risk of becoming involved with the criminal justice system, divert them from incarceration, and guide them in obtaining needed care and treatment for trauma related disorders.” The Chittenden County pilot program and statewide extension serves veterans and other adults with trauma related disorders, traumatic brain injury, and related behavioral health issues by diverting them from the justice system to a network of providers. MHISSION-VT relies on a network of partners to identify potential participants to the program. Potential participants are identified at pre-booking (via law enforcement, the Vermont Veterans Outreach Team, and others), post-booking (via the courts, rapid arraignment program, the Vermont Army National Guard, and others), and violators of probation or parole (via the Vermont Department of Corrections). After screening, a MHISSION-VT veteran peer navigator is assigned a referral and performs an intake and needs assessment. After establishing each participant’s priority needs, they are linked to appropriate treatment and support services. The navigator monitors a participant’s progress in treatment and follows up as needed.

The MHISSION-VT Case Management/Workflow Tool supports the program’s operations, including participant tracking, assessing needs and priorities, workflow management, and case coordination.

Statewide Rollout & Sustainability

MHISSION-VT has expanded its operations to all regions of the state, with participants in all 14 counties. Existing local committees in each region are used to help plan for the implementation and delivery of program services in these rural regions. The MHISSION Case Management-Workflow Tool supports the rollout of the program by tracking and managing information about referrals and current enrollees statewide. In November 2012, the Vermont JDTR program hosted a two-day train-the-trainer (TTT) workshop titled “How Being Trauma Informed Improves Criminal Justice System Responses” at the University of Vermont. The content was delivered by GAINS Center staff, and 30 providers and trainers from around Vermont attended. As a condition of attendance, participants agreed to provide trainings around the state incorporating content from the session. To date, trainings have been provided by Vermont JDTR staff for DOC Probation and Parole and for statewide Supportive Services for Veterans Families (SSVF) providers. The Burlington Police Department has scheduled an additional training in May 2013, and JDTR Program Evaluator Dr. Ted Tighe and Veteran Peer Navigator Matt Ruedelhuber are conducting a workshop at the NAMI-VT 2013 Annual Conference - Pathways to Wellness on May 21, 2013. Dr. Tighe is following up with TTT participants to create a map of trainings that will be offered statewide.

Point of Diversion

Intercept 1 – referrals from law enforcement and the Vermont Veterans Outreach Team
Intercept 2/3 – referrals from the courts, rapid arraignment program, Vermont Army National Guard, etc.
Intercept 5 – violators of probation and parole (via Vermont DOC)

Summary of JDTR Features

Veteran/Peer Involvement

MHISSION-VT employs three veteran peer navigators who are involved in several aspects of the program, from outreach and referrals to monitoring participants’ progress, and educating stakeholders in military culture and veterans’ issues. MHISSION-VT navigators are also involved in other committees and stakeholder groups, such as the SAMHSA Mental Health Transformation Grant advisory committee.

Trauma-Informed Care

Trauma-specific services are provided through the Colchester Community Based Outpatient Clinic and VA regional hospital. The program is supporting trauma-informed care statewide through the dissemination of the “How Being Trauma Informed Improves Criminal Justice System Responses” training.
### Program Overview

The Vermont Jail Diversion and Trauma Recovery - Priority to Veterans grant, titled MHISSION-VT, states as its purpose “to assist Vermont veterans and other adults at risk of becoming involved with the criminal justice system, divert them from incarceration, and guide them in obtaining needed care and treatment for trauma related disorders.” The Chittenden County pilot program and statewide extension serves veterans and other adults with trauma related disorders, traumatic brain injury, and related behavioral health issues by diverting them from the justice system to a network of providers. MHISSION-VT relies on a network of partners to identify potential participants to the program. Potential participants are identified at pre-booking (via law enforcement, the Vermont Veterans Outreach Team, and others), post-booking (via the courts, rapid arraignment program, the Vermont Army National Guard, and others), and violators of probation or parole (via the Vermont Department of Corrections). After screening, a MHISSION-VT veteran peer navigator is assigned a referral and performs an intake and needs assessment. After establishing each participant's priority needs, they are linked to appropriate treatment and support services. The navigator monitors a participant’s progress in treatment and follows up as needed. The MHISSION-VT Case Management/Workflow Tool supports the program's operations, including participant tracking, assessing needs and priorities, workflow management, and case coordination.

### Statewide Rollout

#### Key Stakeholder Involvement

Stakeholders continue to be vested in the expansion of JDTR components statewide. University of Vermont is implementing a second generation information system in RICC to automate tracking, assessments, and referrals. The key stakeholders in the JDTR program (National Guard, Military Communities Network, VA Health Care for Homeless Veterans teams, and others) will continue to be involved in the RICC program.

#### Leadership and Organizational Changes at the State Level

The JDTR SAC has evolved into a different committee, but still includes representatives from the State’s Attorney’s Office, judges from these jurisdictions, the Department of Public Safety, the VA, the Department of Mental Health, Department of Corrections, Probation and Parole, and the Department of Vermont Health Access (state Medicaid agency). Members of this new committee will continue to focus on: sustaining and exporting JDTR components into all RICC’s, building capacity for trauma-informed care, suicide prevention, and other veteran issues.

#### Training

The program has sponsored several “How Being Trauma Informed Improves Criminal Justice Responses” trainings across the state of Vermont. The program also held a two-day trauma train-the-trainer workshop in November 2012 and 30 providers and trainers from across the state attended. The Vermont JDTR staff have also provided trainings for DOC Probation and Parole and for statewide Supportive Services for Veterans Families (SSVF) providers. In May 2013 the Burlington Police Department held a trauma training (after attending the TTT in November 2012). The JDTR program evaluator (Dr. Ted Tighe) and the veteran peer navigator conducted a Pathways to Wellness workshop at the NAMI-VT 2013 Annual Conference. Dr. Tighe is in the process of following up with the TTT participants to create a map of the trauma trainings offered statewide as a result of the TTT workshop.

#### Policy Changes

The military identification question was added to the script used by the Vermont Warm Line staffers in February 2013. The Warm Line is a 24-hour, peer staffed call center for Vermonters in crisis. Thaw Warm Line receives approximately 500 calls annually.

#### Other Legacy Accomplishments

The MHISSION-VT Program is very excited to be working with the VA’s pilot Veterans Re-Entry Search Service (VRSS) program. VRSS identifies veterans in DOC by matching information about offender populations with data in VA and DoD databases and returning a list to the DOC. An MOU was signed with VT DOC and the VA to enable UVM, on behalf of the Vermont JDTR program, to broker this information sharing. Current efforts include continuing to work with with DOC IT and administration to get the data exchange functional. An additional MOU between the VA, UVM, the RICC program, and VT DOC is being pursued to enable use of the list of veterans for assessment and treatment both pre- and post-incarceration. Taking the VRSS data match from concept to operational reality will be a key effort during the no-cost extension period, because it offers exciting potential to make JDTR sustainable by embedding veteran identification and assessment in existing State programs.

Another accomplishment was implementing the Workflow Management software application for statewide use which enabled disparate organizations to share information about JDTR participants and to track participant progress. The MHISSION-VT program was the first program in Vermont to pilot the Veteran Peer Navigator Model. Three veteran peer navigators received training in peer service delivery to trauma-involved veterans and have thus far provided services to more than 150 veterans across all 14 counties in Vermont. Also, as a result of the JDTR peer navigator’s participation on the Vermont Mental Health Transformation Grant Steering Committee, the newly launched Vermont “Warm Line” now includes a veteran identification question (“Do you have any military experience?”) added to the script. The Warm Line is a 24-hour, peer staffed call center for Vermonters in crisis, aimed specifically at reducing risk of suicide, hospital stays, and emergency room usage.