



**Justice
Center**



**Justice
Reinvestment
Initiative**
Vermont

Justice Reinvestment Initiative: Reducing Violent Crime by Improving Justice System Performance in Vermont

Analysis Summary and Recommendations

**Presentation to the Domestic Violence Response Justice
Reinvestment Working Group**

March 20, 2023

The Council of State Governments Justice Center
Vermont Department of Public Safety

The Vermont Network Against Domestic and Sexual Violence



Justice Reinvestment Initiative

A data-driven approach to improve public safety, reduce corrections and related criminal justice spending, and reinvest savings in strategies that can decrease crime and reduce recidivism

The Justice Reinvestment Initiative is supported and funded by the U.S. Department of Justice's Office of Justice Programs' Bureau of Justice Assistance (BJA).

Project partners include staff from The Council of State Governments (CSG) Justice Center, Vermont Department of Public Safety, and The Vermont Network Against Domestic and Sexual Violence (Vermont Network).



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Overview



- 1 Words from Victims and Survivors**
- 2 Recap of Analysis**
- 3 Identified Themes and Recommendations**
- 4 Next Steps**

A few words from survivors of DV who are incarcerated at Chittenden Regional Correctional Facility

Victims and survivors reported barriers within the criminal justice system.

*"I never could [call the police] because there was **no physical violence committed against me** so there was no reason to call them."*

*"I've been **abused** more by **[state systems]** than by any human being ever."*

*"I got a restraining order against a former partner. It was stressful that I had to keep re-applying for the restraining order while my former partner got to go on with his life. He was served in Colorado so all he had to do was be home which he would be anyway. **I had to go through the repeated process of re-applying for the restraining order often.**"*

Victims and survivors spoke about the importance of community services.

Women also spoke about barriers to awareness of and access to these services.

“There were also *times when I was turned away* from the food shelves if they were *running low* on food or if they weren’t able to *verify* my need...”

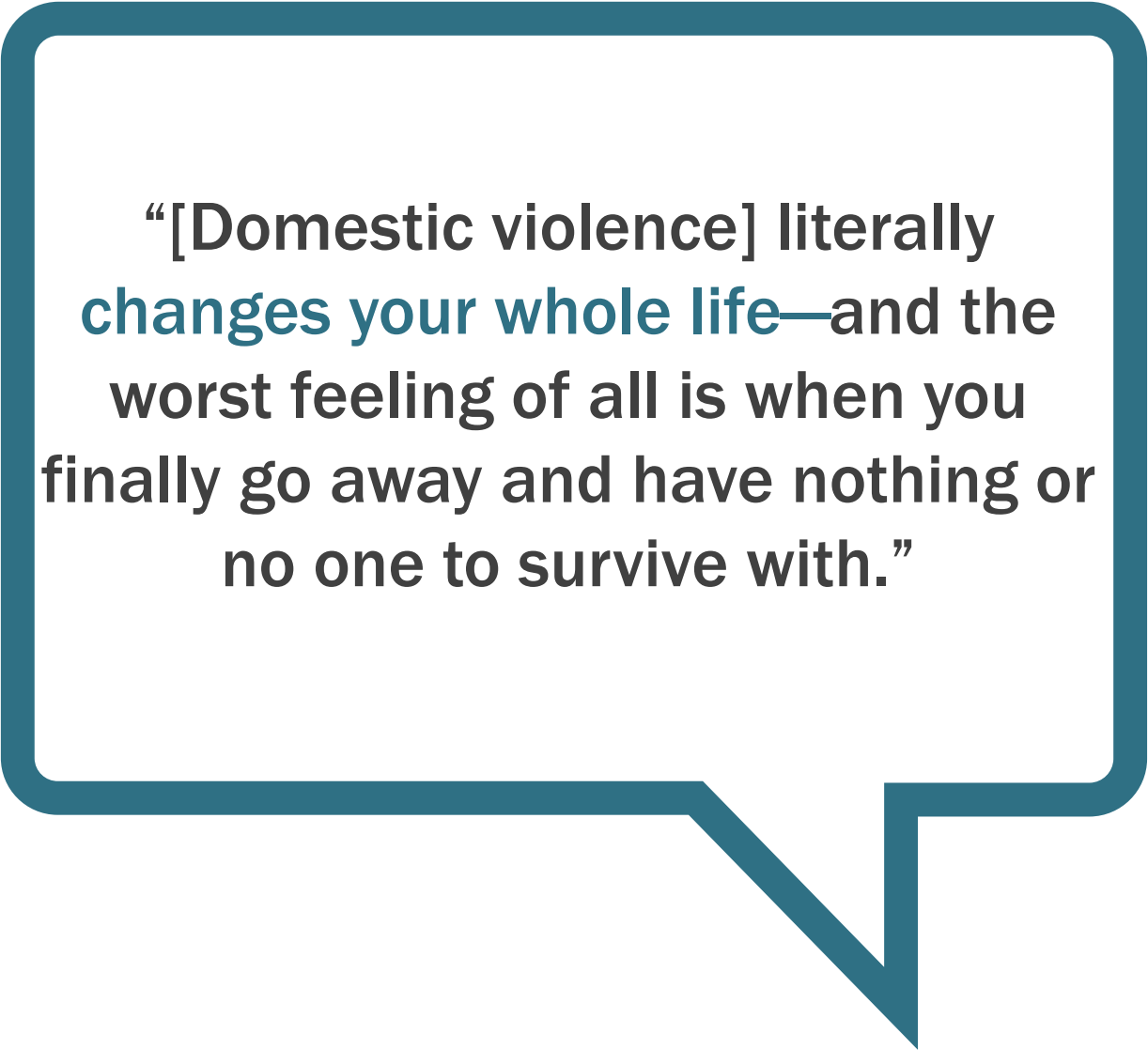
“*Something like DIVAS in my town [would be helpful]!* With workshops, groups, counseling, and mentoring.”

"I know the reason *I stayed with my abuser was because I had nowhere else to go* after losing my house."

“I feel like certain *services may have existed* and *I just didn’t know* about them like the DIVAS program. That would have been helpful.”

"I am *alive* because of SACT/Mosaic."

“I am *maxing out* [soon], and I am *going back* town with no finances, no support, nowhere to stay, no clothes, no phone, *no nothing*...”



**“[Domestic violence] literally
changes your whole life—and the
worst feeling of all is when you
finally go away and have nothing or
no one to survive with.”**

Recap of Analysis

Past Successes

Roles of the Executive Working Group

Sequential Intercept Mapping

Data Utilized

Since 2008, Vermont has made strides in innovating policies and practices to address criminal justice challenges.

1

Over 6.3 **million state dollars** have been **reinvested** in housing, substance use treatment in correctional facilities and communities, and electronic monitoring.

2

The **state established a Court Diversion and Pretrial Services Program** and mandated pretrial screenings to inform bail decisions. The state has also defined recidivism and emphasized **evidence-informed practices** in reducing recidivism.

3

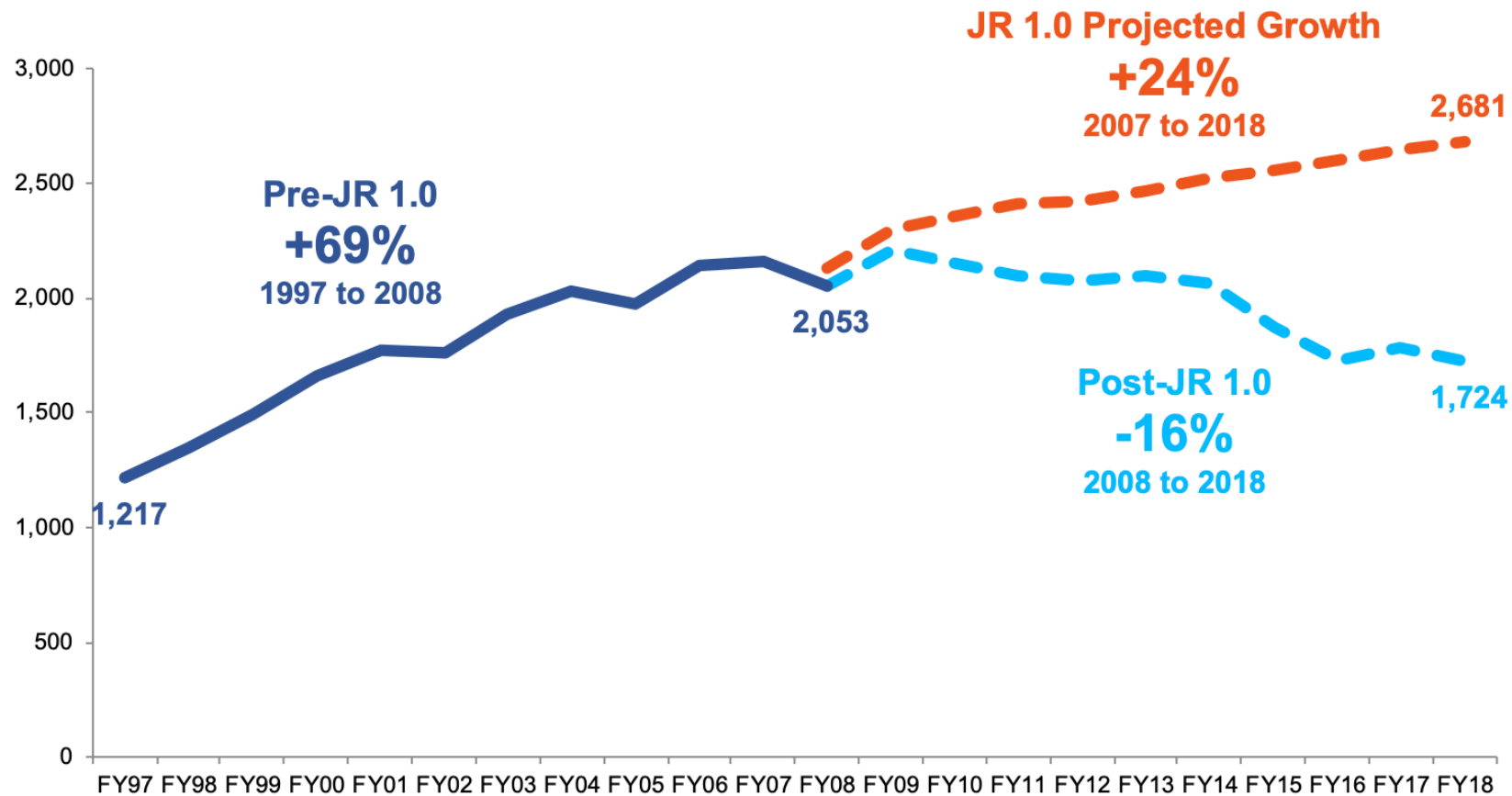
Medication-assisted treatment has been **expanded** for individuals who are incarcerated and have substance use needs.

4

Legislation has passed to reduce recidivism and revocations to prison; achieve a more equitable justice system across race and geography; improve data and reporting to inform decision-making; and reinvest to support individual success on supervision.

Following the first Justice Reinvestment Initiative in 2009, Vermont avoided projected prison population growth.

Vermont Fiscal Year-End Incarceration Population, FY1997–FY2018



Members of the Executive Working Group were invited to contribute their unique expertise in guiding DV reform.

Working Group members have utilized their past experiences and insights to provide feedback to analysis presentations and assist in promoting awareness of the project priorities and goals.

As we conclude our analysis, Executive Working Group members will

1. Provide strategic direction in the development of policy and programming options;
2. Approve appropriate policy and programming options;
3. Offer feedback on strategies for implementation and measurement.

The Executive Working Group has met since September 2021 to review a systemwide analysis prior to recommendations.

**Recommendations
resulting from the
analysis aim to:**

Increase public safety

Reinvest in evidence-informed strategies to reduce DV

Address identified system gaps

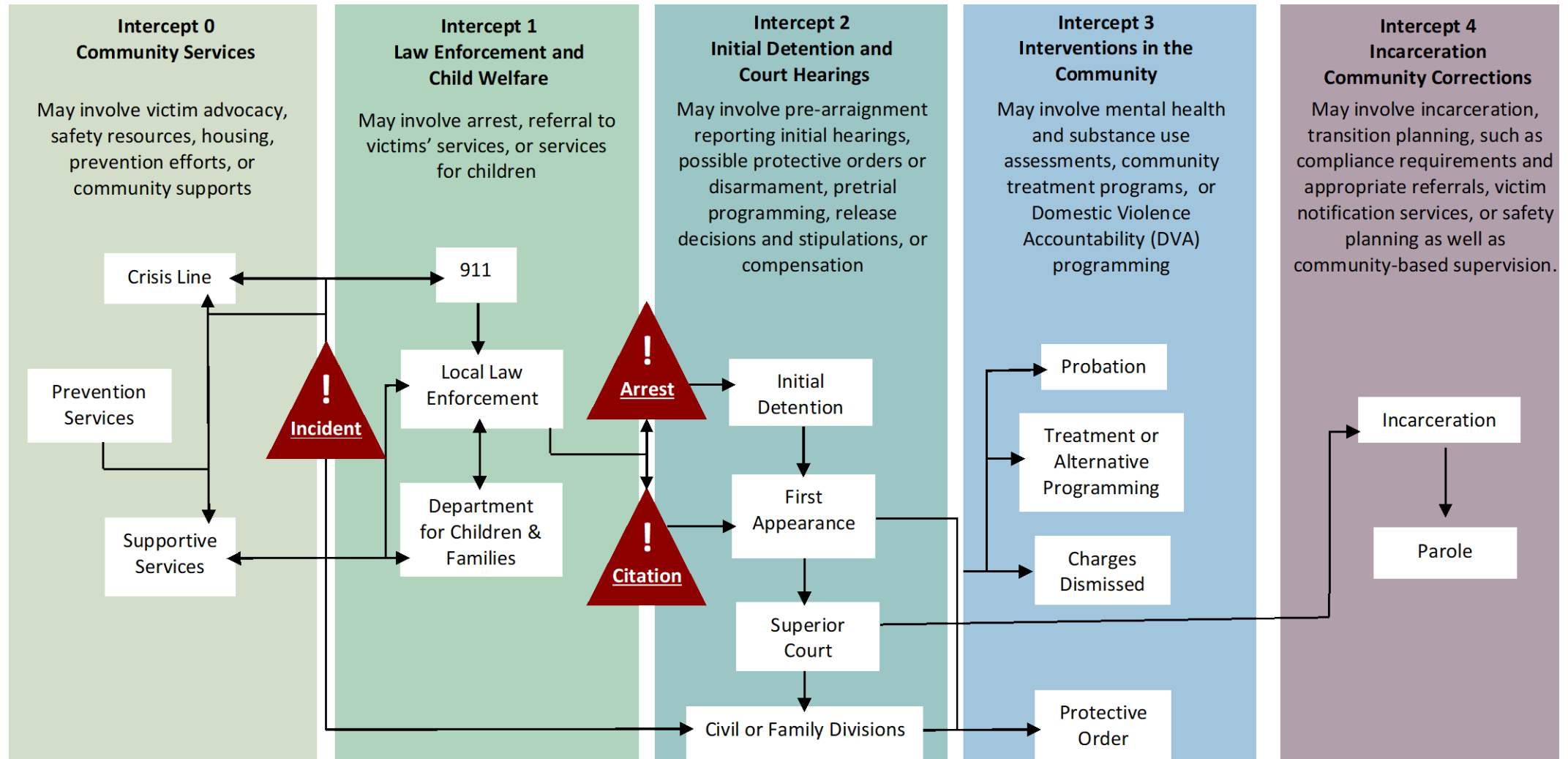
Reduce the burden on correctional and court systems

Improve outcomes for victims and survivors, including those who don't seek formalized services

Improve and expand DV service provision

Address the needs of those who use harm

Project partners conducted the systemwide analysis using Sequential Intercept Mapping.



The analysis entailed both qualitative and quantitative data from the fields of community services, child welfare, law enforcement, the judiciary, treatment providers, corrections, and other stakeholders.

>63,600

case files were analyzed from the Vermont Network; the National Incident Based Reporting System; the Vermont Judiciary; Department for Children and Families (DCF) Domestic Violence Accountability Programs; and the Vermont Department of Corrections.

>500

individuals were interviewed or surveyed from Vermont community- and systems-based agencies serving victims and survivors as well as individuals who have committed DV offenses.

Before we move forward,



what lingering questions or comments
do you have about the analysis?

Identified Themes and Recommendations

Education and Training

Collaboration

Data Collection

Programming

Consistent knowledge, approaches, and policies are needed across the various entities and systems that respond to DV.

Intercept 0: Community Services

There is a need for increased education on recognizing and responding to DV in ways that are responsive to trauma among social service, legal, and public safety agencies, as well as in the broader community.

Intercept 2: Initial Detention and Court Hearings

The use of evidence-informed practices in legal responses to Vermont's DV cases is unclear and inconsistent, and community agencies and state systems responding to DV cases in the court system reported varied training.

Intercept 4: Corrections and Community Reentry

There is not a current formalized DV training for all VDOC staff.

Intercept 1: Law Enforcement and Child Welfare

All law enforcement officers in Vermont receive centralized DV training; however, different DV protocols among law enforcement agencies result in varied responses.

Intercept 3: Interventions in the Community

Training and education of staff providing interventions in the community is inconsistent within and across agencies; training standardization and applicability can be improved.

Recommendation 1: Increase state funding in Vermont to resource existing efforts and reach more communities, including Vermont Network Against Domestic and Sexual Violence (Vermont Network) member organizations, Domestic Violence Accountability Programs (DVAPs), and community-based services, to increase consistent knowledge, approaches, and policies to respond to DV.

Process:

- ✓ Generate and allocate resources to community-based organizations providing DV-specific services.
- ✓ Increase access to existing services.
- ✓ Increase service offerings, especially more culturally specific offerings.

Models:

VERMONT | There is no current model practice. Vermont has not increased statewide allocation for direct social service provision in nearly two decades.

ILLINOIS/ OHIO | Funding for DV more than tripled in [Illinois' FY23 state budget](#) reaching \$70,910,100. In 2022, [Ohio Governor Dewine awarded the Ohio Domestic Violence Network \\$6.7 million](#) to offer mobile and health advocacy, as well as housing to victims and survivors across the state.

MASSACHUSETTS | The [Division of Sexual and Domestic Violence Prevention and Services](#) funds an array of services for survivors of DV. These programs were previously administered by the Department of Children and Families and were moved to the Department of Public Health by legislation in 2016. DV service models funded throughout the commonwealth include general community-based DV services, residential DV programs, and services for children impacted by DV.

Recommendation 2: All entities involved in the court system (judges, attorneys, clerks, etc.) have consistent knowledge of best practices to address DV, including trauma-informed approaches.

Process:

- ✓ Train members of the court system on abusive litigation.
- ✓ Assist the judiciary in the creation of curriculum topics for justices' internal DV training program, including litigation abuse as mentioned in H.45.
- ✓ Aid in developing metrics for evaluation of judicial training and the successful implementation and utilization of H.45.
- ✓ Evaluate impacts of judicial court rotations on the consistency of DV responses.
- ✓ Develop DV training specific to prosecutors.

Models:

VERMONT | H.45 relates to abusive litigation against survivors of domestic abuse, stalking, or sexual assault by allowing the court to issue an order restricting abusive litigation in relevant cases.

The judiciary is also in the process of implementing DV training into the judicial college's curriculum, which emphasizes training by national subject matter experts on topics including coercive control and trauma, litigation abuse, risk and need, and the relationship between DV and mass shootings.

NATIONAL | [*A Guide for Effective Issuance & Enforcement of Protective Orders*](#), known commonly as "The Burgundy Book," was created by the National Council of Juvenile and Family Court Judges. It provides principles and strategies to help communities develop and implement their own best practices for protection order issuance and enforcement and includes guiding principles and strategies for advocates, attorneys, courts and the judiciary, law enforcement, and data systems. The guide centers victim and survivor safety and autonomy through the protection order process.

Recommendation 3: Require training of all law enforcement, 911 call takers, and dispatchers on the Lethality Assessment Protocol (LAP) and safety planning protocols with DV victims.

Process:

- ✓ Expand existing model Vermont State Police (VSP) LAP policy to law enforcement officers statewide.
- ✓ All law enforcement agencies agree on standardization of LAP training and utilization based on feedback from VSP, the Firearms Technical Assistance Project (FTAP), and the Fatality Review Board (FRB).
- ✓ A standardized LAP training is integrated into the law enforcement training curriculum for all new officers.
- ✓ All law enforcement officers are trained on LAP.

Models:

VERMONT | VSP is currently undergoing an agencywide LAP training and implementation process for officers, 911 call takers, and dispatchers to be complete by June 2023.

MARYLAND | The [Lethality Assessment Program \(LAP\)-Maryland Model](#), based on the research of Dr. Jacquelyn Campbell, is a multipronged tool used by first responders to assess the level of danger in DV cases. It has been identified by the Centers for Disease Control and Prevention as an effective intervention and a leading promising practice by the Office of Violence Against Women. This statewide annual implementation of the LAP Maryland Model is \$7,500 annually.

Recommendation 4: Deepen the systemic understanding of the intersection of DV, mental health, and substance use disorders through interagency research efforts, education, and strategic partnerships.

Process:

- ✓ Identify and define current strategic partnerships that are and could be happening in Vermont systems of care pathways.
- ✓ Develop and fund a system of care for individuals who have experienced and/or caused harm that offers substance and mental health services in tandem with DV supports.
- ✓ Integrate a harm reduction approach in education and services offered.

Models:

VERMONT | In 2021, Umbrella, a Vermont Network organization, partnered with Northeastern Vermont Regional Hospital to award grants to local partners whose missions support substance misuse prevention.

NATIONAL | The [FRIENDS National Center for Community-Based Child Abuse Prevention](#) explores the roles and challenges in DV, mental health, and substance use services. The guide also provides innovative practice examples of interdisciplinary partnerships between substance use, mental health, and child welfare providers, such as those in Arizona, Kansas, Massachusetts, Ohio, and Wyoming. The brief attempts to identify potential opportunities for collaboration.

Recommendation 5: Include curriculum on domestic and sexual violence as the Department of Corrections (DOC) modernizes its training.

Process:

- ✓ Enhance existing efforts by the Corrections Academy and ongoing training, including trauma-informed, gender-responsive elements.
- ✓ Fund a position within DOC or contract with a subject matter expert to provide support to the one individual who is currently tasked with training all non-facility staff.
- ✓ Engage with DOC on how to monitor consistent risk and need assessment processes.

Models:

VERMONT | Vermont correctional officers receive DV 101 training, and efforts are underway to create a specific training for probation and parole officers who supervise individuals convicted of an intimate partner violence offense. Trainings are also underway in collaboration with the Victims Services Unit on interacting with victims.

NATIONAL | [*Community Corrections Response to Domestic Violence: Guidelines for Practice*](#) by the Office of Justice Programs highlights conceptual and practical tools to bolster an effective community supervision approach to DV that is proactive.

The National Institute of Corrections' virtual resource, [*Correctional Responses to Domestic Violence Victims*](#), highlights programming and trainings that emphasize accountability and safety in institutional and community-based settings.

Inconsistent definitions and parameters of partnerships among stakeholders create barriers to coordinated DV responses.

Intercept 0: Community Services

Improved intra- and interagency communication and coordination is needed to better support victims and survivors.

Intercept 1: Law Enforcement and Child Welfare

DCF family service workers report that their role in child welfare in DV cases does not always align with the expectations of other agencies.

Intercept 2: Initial Detention and Court Hearings

Challenges in consistent court responses create barriers that ultimately impact DV victims and survivors. Gaps exist in collaboration among state agencies and community-based organizations.

Intercept 3: Interventions in the Community

Levels of collaboration and information sharing vary among stakeholders delivering interventions in the community.

Intercept 4: Corrections and Community Reentry

Struggles in partnership between VDOC and DMH create barriers for individuals who are involved in the criminal justice system who also need access to community mental health or substance use supports.

Recommendation 6: Leverage existing efforts among DV providers and community-based providers that seek to address gaps in care caused by geographic, cultural, socioeconomic, or other barriers.

Process:

- ✓ Identify organizations serving culturally or demographically specific groups in the community.
- ✓ Engage these organizations in interdisciplinary conversations about who they serve, what resources and programming they offer, how they are funded, how they collect data, and how they share information.
- ✓ Determine possible areas for collaboration, definitions of partnerships, and goals for services.
- ✓ Fund sustained interdisciplinary efforts on a state level.

Models:

VERMONT | Each county in Vermont has a DV task force dedicated to coordinating DV services, information, and education. Task forces, though dedicated in their goals and work, are not sustainably funded and face barriers to providing services and retaining staff.

Healing Together, a project between the Vermont Network, Scrag Mountain Music, and Writers for Recovery, supports parents impacted by DV and substance use in creating lullabies for their children.

MASSACHUSETTS | The Asian Task Force Against Domestic Violence (ATASK) addresses the gaps in services for Asian DV survivors in the Greater Boston and Lowell areas, including low-income immigrants with limited English language capabilities. ATASK is a traditional DV provider but also grassroots/by-and-for. They collaborate with several community organizations in the Boston area to provide additional services for clients, including health care, housing, food, and economic supports.

Recommendation 7: Staff from the Department for Children and Families (DCF) meet regularly with key interdisciplinary stakeholders, including staff from DPS, DOC, Agency for Human Services (AHS), the judiciary, and the Vermont Network, and provide a yearly report to the legislature.

Process:

- ✓ Establish standard points of contact at DCF, DPS, Office of the Public Defender, the State’s Attorney’s Office, the Vermont Judiciary, and the Vermont Network office to clarify and mitigate issues related to competing timelines, case requirements, and expectations of service provisions.
- ✓ Meet as a group on a quarterly basis to discuss ongoing issues related to the above issues and any others identified by the group.

Models:

VERMONT | Existing partnerships support initiatives such as Kids-A-Part, a program for children of incarcerated parents, and highlight the importance and power of interdisciplinary collaboration.

FLORIDA | The [Florida Department of Children and Families \(DCF\) Child Protection Investigations Project](#) (CPI) is an interdisciplinary collaboration between DCF, the Office of the Attorney General (OAG), local certified DV centers, community-based care agencies, and other child welfare professionals that provide an optimal coordinated community response to families experiencing the co-occurrence of DV and child abuse. The aim of the CPI project is to close the gap between child welfare and DV service providers to improve safety and stability for families experiencing DV.

Recommendation 8: Develop a process to increase information sharing and opportunities for collaboration on programming determinations between the judiciary and DOC to coordinate supervision of individuals who are on community corrections for a DV offense.

Process:

- ✓ Create a memorandum of understanding or data sharing agreement between DOC and the judiciary about types of data, processes for sharing data, and timelines.
- ✓ Report annually to VCJC about data trends.

Models:

VERMONT | A recent pilot project in Bennington has allowed for more integrated processes between DOC and the courts to conduct assessments and determine appropriate services. Though this model is reported to be working well, further staffing and resourcing are needed.

The Vermont Judiciary recently established the Commission on Mental Health and the Courts, which is composed of representatives from each of the three branches of Vermont state government. The Commission's goal is to advance equal justice under the law, recognizing intersections of judicial involvement and mental health.

IOWA | Since 2007, the [Iowa Criminal Justice Information System \(CJIS\)](#) has provided a way to securely integrate and share criminal justice information among Iowa's justice agencies in real time. In a typical month, CJIS sends over 400,000 secure data exchanges between police departments, sheriffs' offices, county attorney offices, and statewide agencies such as the DOC, DPS, DHS, Public Defender's Office, Attorney General's Office, and the judiciary. An interdisciplinary committee meets quarterly and reports annually about data exchanges made.

Recommendation 9: Require formal partnerships among DOC, the Department of Health’s (DOH) substance use services division, AHS, DMH, and the Department of Housing to improve service hand-offs from incarceration to the community.

Process:

- ✓ Define a formalized partnership between DOC, DMH, AHS, DOH, and Department of Housing, including data and information sharing agreements, timelines and mechanisms for collaboration, and goals for service.
- ✓ Utilize legislation to better integrate partnerships and programming among DOC, DMH, AHS, DOH, and Department of Housing.

Models:

VERMONT | There is no current model practice. Current formalized partnerships between DOC, DMH, and substance use providers are unclear.

MAINE | In 2019, the Maine Department of Corrections partnered with the National Alliance on Mental Illness’ Maine branch and Health Affiliates of Maine to address rising rates of co-occurring substance use disorders and mental illnesses in tandem with rates of increasing female incarceration through the [Justice and Mental Health Collaboration Program](#).

NATIONAL | The [Stepping Up Strategy Lab](#) provides an interactive library of programs, policies, and practices that jurisdictions across the country have implemented to help reduce the prevalence of community members with unmet behavioral health needs in their jails.

Let's pause.



What **questions or comments** do you have about recommendations so far?

Varying DV data collection practices within and across agencies create gaps in understanding and responding to DV.

Intercept 1: Law Enforcement and Child Welfare

DCF family service workers serve thousands of families each year but face barriers in data collection, information sharing, and collaboration as they respond to DV.

Of law enforcement officers surveyed for this intercept, 30 percent did not report assessing for dangerousness or lethality when responding to victims of DV, and 48 percent did not report completing safety planning with victims, though Vermont State Police is in the process of implementing a standardized LAP.

Intercept 3: Interventions in the Community

Gaps exist in data collection about interventions in the community, though efforts to improve data specific to DVAP are underway.

Assessments of people causing harm are being conducted by referring agencies but is not consistently shared with DVAPS.

Intercept 4: Corrections and Community Reentry

Current quantitative data from VDOC are limited in their ability to provide detailed insight into DV cases.

Recommendation 10: Track racial disparities in criminal justice responses to DV to address possible disproportionalities in arrests and/or sentencing of DV cases.

Process:

- ✓ Examine demographics of a cohort from arrest through sentencing.
 - Create an interdisciplinary group with data representatives from DPS, the judiciary, and DOC.
 - Gather demographics of a cohort of individuals arrested for DV.
 - Track the trajectory of this cohort through prosecution and sentencing.
- ✓ Integrate findings to inform arrest, sentencing, and carceral responses to DV.
 - Analyze data to determine any racial disparities.
- ✓ Create recommendations based on analysis findings.
- ✓ Determine other areas for disparity analysis, including ethnicity, gender, trends related to relief from abuse orders, and victim demographics.

Models:

VERMONT | Vermont recently engaged in a Racial Equity in Sentencing Analysis with The Council of State Governments Justice Center to investigate racial disparities in Vermont's sentencing practices over time and investigate drivers of these inequities.

NATIONAL | The National Conference of State Legislatures' recent report, *Racial and Ethnic Disparities in the Criminal Justice System*, presents national data highlighting disparities faced by Black, Indigenous, and People of Color in law enforcement, pretrial services and sentencing, and incarceration. Prosecutorial Performance Indicators also presents *national data on racial and ethnic disparities* in the criminal justice system from 2017 to 2020. The Relative Rate Index (RRI) calculation provides an opportunity to compare differing experiences of individuals based on individual characteristics, such as race or ethnicity.

Recommendation 11: Upon the VSP’s statewide implementation of the LAP, assure standardized training and a quality assurance process is built in, and track its utilization and the characteristics of cases assessed.

Process:

- ✓ Create consistent, uniform standards for collecting and reporting LAPs information.
- ✓ Designate an individual(s) within VSP to be the LAP point of contact.
- ✓ Designate an individual(s) within VSP to integrate and analyze all VSP agencies’ LAP information.
- ✓ Utilize analysis findings to inform LAP practices.

Models:

VERMONT | VSP is positioned to have all officers, 911 call takers, and dispatchers trained on the LAP by June 2023.

INDIANA | Since the 2009 implementation of the LAP in 10 counties across Indiana, law enforcement jurisdictions across the state have joined with the Indiana Coalition Against Domestic Violence (ICADV) to implement the LAP. In the first 6 months of 2016, over 799 screens were conducted, and 75 percent were deemed high risk. Since 2015, ICADV has published statistics about the LAP, including the number of screens conducted, characteristics of the screens, calls made by law enforcement, victims connected with advocates, victims sheltered, and victims’ access of additional services.

Recommendation 12: Create a mechanism to track elements of DV in DCF cases.

Process:

- ✓ Create a category in the DCF database for DV identified beyond intake to create a more holistic picture of DV in DCF cases.
 - Work with the DCF data administrators to establish a DV marker.
 - Monitor and report on this marker annually.
- ✓ Create standardized protocol for monitoring DV beyond intake and recording elements in the database.
- ✓ Train all DCF employees on how and when to report on elements of identified DV.

Models:

VERMONT | Currently, in Vermont, DV may be flagged at case intake, and qualitative elements of DV may be noted during investigations assessments or ongoing work. However, the number of cases substantiated in which DV is co-occurring is not available and instead is estimated.

OHIO | Cuyahoga County, as part of the Department of Justice's Defending Childhood Demonstration Program, implemented a countywide streamlined screening, assessment, and service system for children who have been exposed to DV. A major component of this initiative involved revising data collection, including data collection, storage, and analysis, as related to DV.

Recommendation 13: Develop, implement, and monitor guidelines for sharing results of risk and need assessments with DVAP providers.

Process:

- ✓ Create standardized protocol for DVAP providers to request any risk and need assessments from DOC/Pretrial Services.
 - Establish an MOU or other data sharing process between DVAP providers and DOC/Pretrial Services.
 - Create mechanism for DVAP providers to store results of risk and need assessment in their general database.
- ✓ In cases where risk assessments have not been conducted, create protocol requiring DVAP providers to conduct and store risk and need assessments.
 - Train all DVAP providers who are not already familiar with conducting risk and need assessments.
 - Create mechanism for DVAP providers to store results of risk assessment in their general database.

Models:

VERMONT | The Vermont Council on Domestic Violence, tasked with overseeing and certifying DVAPs, is currently working with the University of Nebraska on how to implement standard mechanisms for DVAP data collection and information sharing across programs and with outside agencies.

COLORADO | The Colorado Domestic Violence Offender Management Board (DVOMB) oversees a comprehensive, consistent set of standards for DV evaluation, assessment, and behavioral monitoring. Upon the order of the court or parole board, someone who has been arrested for, or convicted of, a DV offense receives an evaluation by a treatment provider that determines the type of treatment needed based on risk and need (among other factors, such as culturally specific needs, barriers to service, etc.). The results of the assessment and corresponding treatment plan are reviewed by a Multidisciplinary Treatment Team (MTT) composed of an approved provider, treatment victim advocate, supervising officer(s), and any other members of the MTT. Treatment plans are reviewed, and progress is assessed every 2–3 months.

Recommendation 14: Analyze case trends among incarcerated individuals and individuals on community supervision for DV offenses and use those outcomes to inform appropriate programming and case planning objectives.

Process:

- ✓ Analyze case trends among individuals admitted to prison for a DV offense.
 - Explore admission types. What types of violence are individuals being admitted for? Are people violating probation before entering prison?
 - Explore criminal history. What other offenses have people with a DV conviction had in the past?
 - Explore ORAS/DV assessments. What risk factors and needs are seen among people with a DV offense? How can reentry services bolster success?
- ✓ Analyze case trends among individuals on community supervision for a DV offense.
 - Determine violations. How often are people committing supervision violations? What types of violations?
 - Explore ORAS/DVSIR/DV assessments. What risk factors and needs are seen among people with a DV offense? Do certain regions of the state require more support or programming?

Models:

VERMONT | There is no model practice. Current quantitative data from Vermont DOC are limited in their ability to provide detailed insight into DV cases.

NATIONAL | The Bureau of Justice Assistance National Training and Technical Assistance (TTA) Center offers specific TTA programs targeting data analysis, curriculum development, implementation of evidence-based programs, research and information collection and analysis, and strategic planning assistance.

Recommendation 15: Develop specific metrics related to DV and create a central repository for DV data to more accurately reflect DV prevalence, DV case characteristics, and DV service utilization.

Process:

- ✓ Identify the best entity for overseeing the compilation and analysis of data from DV service providers, law enforcement, courts, and DVAP providers.
- ✓ Identify the primary mechanism and timeline for communicating data collection and analysis results.

Models:

VERMONT | There is no model practice. Currently, Vermont does not have standardized measures or a repository for data.

NEW MEXICO | New Mexico Coalition of Sexual Assault Programs, Inc.’s Interpersonal Violence Data Central Repository collects DV and sexual assault data from statewide law enforcement and service provider agencies, sexual assault nurse examiners (SANEs), and the district and magistrate courts. Data is entered, analyzed, and published annually to impact program, practice, and policy changes.

NEW YORK | The New York State Division of Criminal Justice Services Uniform Reporting Program collects information on victims of DV crimes reported through the Uniform Crime Reporting program, including aggravated assault, simple assault, sex offenses, and violation of protective orders.

Coordinated DV responses are challenged by the availability and accessibility of DV programming.

Intercept 0: Community Services

DV service providers and community organizations report barriers to adequately meet the needs of DV victims and survivors.

Intercept 2: Initial Detention and Court Hearings

Barriers to accessing court systems and legal representation inequitably impact victims and survivors.

Intercept 4: Corrections and Community Reentry

Challenges exist between correctional facilities and treatment providers in coordinating programming and transition of care.

Intercept 1: Law Enforcement and Child Welfare

All law enforcement officers in Vermont receive centralized DV training; however, different DV protocols among law enforcement agencies result in varied responses.

Intercept 3: Interventions in the Community

Funding and resources for community interventions provided to individuals who commit harm have been inconsistent over time, challenging the breadth and depth of service provision.

Staff delivering interventions in the community are passionate about safety and responsivity; however, existing systems responses do not consistently account for the needs or desires of individuals receiving services.

Recommendation 16: Utilize additional DV funding to create risk and need based programming for people who cause harm.

Process:

- ✓ Ensure that everyone attending DV accountability programming has been assessed for risk and need.
 - Establish data sharing practices with Pretrial Services so that accountability providers can request and receive risk and need assessments.
 - Train providers to conduct risk assessments for individuals who are self-referred or who have not received a risk and need assessment.
- ✓ Create groups that are targeted toward individuals with high needs and risk.
 - Invest in specialized training for DV accountability providers who are offering groups for individuals with high risk and need.
 - Ensure that high risk and need programming is accessible and responsive to demographically specific populations, including individuals who are LGBTQ+, who do not speak English, are Deaf or Hard of Hearing, have a disability, or who face geographic barriers.

Models:

VERMONT | Following decades of disinvestment, Vermont recently committed to a more than \$200,000 annual investment in DVAPs. Though this investment has helped restructure programming and eliminate participant fees, infrastructure is still currently lacking to support risk and need based programming. Umbrella is also piloting a statewide warm line for those who have caused harm, are at risk of causing harm, or someone who is looking for resources on behalf of those who have used or are at risk of using harm.

COLORADO | The [Colorado Domestic Violence Offender Management Board](#) requires the [Domestic Violence Risk and Needs Assessment \(DVRNA\)](#) instrument to be conducted with all individuals pre- or post-sentencing to determine programming needs, including intensity of treatment. Individuals are placed in one of three treatment categories (low, medium, or high intensity), which matches their level of risk and need. In addition to the DVRNA, victim and survivor safety concerns can impact the level of treatment. Higher levels of treatment require more constant contact, specialized group sessions to disrupt patterns of harm, and face-to-face treatment.

Recommendation 17: Improve coordination of programming between DV programming, mental health, and substance use providers.

Process:

- ✓ Improve coordination of programming between accountability programming, mental health, and substance use providers.
- ✓ Redevelop DVAP curriculum so that it is more standardized and consider renaming the programming.
- ✓ Examine whether it is impactful and sustainable to invest in funding local mental health centers to expand DV intervention services.

Models:

VERMONT | In 2022, Umbrella published a report of findings from a project assessing resources available to and needs of individuals who had caused harm in their relationship in the Northeast Kingdom. Findings supported recommendations for quicker access to mental health and substance use supports for individuals who caused harm. Umbrella also supports a DVAP run in a designated mental health agency resulting in programming that addresses co-occurring needs of individuals who cause harm.

NATIONAL | The [National Center on Domestic Violence, Trauma & Mental Health](#) provides resources, training, and technical assistance for improving coordination of care for victims and survivors who have mental health concerns and/or use substances.

Recommendation 18: Support existing efforts to reach targeted demographics of victims and survivors who face barriers to services.

Process:

- ✓ Create opportunities for collaborative programming partnerships between community service providers and DV organizations.
 - Determine how investments in DV programming could be integrated into existing community services for demographically specific populations.
 - Establish mechanisms for information sharing between demographically specific organizations and DV organizations.
- ✓ Expand programming and resources for victims and survivors that are virtual or mobile.
 - Identify model programs for mobile crisis center, or if partnerships with existing mobile crisis programs are most effective.
 - Create a scope of work and timeline for mobile service implementation.
 - Determine what virtual offerings could be expanded to provide services for survivors with geographic barriers.

Models:

VERMONT | Since 1996, funding from Vermont's STOP Rural Grant program has provided resources to victims of crime who face geographic barriers to accessing services and supports.

MASSACHUSETTS | Massachusetts Division of Sexual and Domestic Violence Prevention and Services, Bureau of Community Health Prevention, Department of Public Health, and the Department of Children and Families have partnered to create and deliver the program [Sexual and Domestic Violence Services for Communities Experiencing Inequities](#). Following an [evaluation that highlighted inequities faced by DV victims and survivors](#), this service model emphasizes collaboration among community providers to provide outreach to historically marginalized communities with the goal of enhancing understanding, increasing awareness of rights and resources, and enhancing access to and utilization of services.

VICTORIA, AUSTRALIA | Wisc Family Support Services partnered with community providers to create a program, [Van Go](#), which provides mobile creative therapies for children who have experienced and/or witnessed DV.

Recommendation 19: Fund targeted services for individuals from demographically specific populations who cause harm.

Process:

- ✓ Determine how partnerships between demographically specific service providers and DV accountability providers can be leveraged to shape programming needs.
 - Convene community partners to assess demographically specific groups that are needed for people who have caused harm.
 - Determine staffing, accessibility, and programming content needs.
- ✓ Create opportunities for expanded virtual programming.
 - Expand existing program infrastructure to include virtual programming options.
 - Ensure guidelines for virtual programming have clear boundaries for attendance, participation, and safety.
- ✓ Invest in ride sharing or transportation services for individuals who attend or would prefer to attend DV accountability in person but face geographic challenges.
 - Determine the level of desire for rural ridesharing programs among DV accountability programming participants.
- ✓ Invest in ridesharing or fuel assistance incentives for individuals traveling from rural areas.

Recommendation 19 (Cont.): Fund targeted services for individuals from demographically specific populations who cause harm.

Models:

VERMONT | The Vermont Council on Domestic Violence is seeking to provide targeted programming to demographically specific populations, including individuals who primarily speak Spanish, who are LGBTQ+, and who identify as women or nonbinary, but further resources are needed to deliver and sustain this programming.

There is also an active application to the Soros Open Society Foundations grant to support restorative justice programming for the LGBTQ+ community.

OREGON | The [Allies in Change Abuse Intervention Counseling Program](#) is inclusive of LGBTQ+ individuals who have caused harm in their relationships. [Batterer Intervention Programming](#) in Oregon offers several classes statewide that are specific to Spanish-speaking individuals, as well as other targeted demographic groups.

CALIFORNIA | The Los Angeles [LGBT Center's STOP Violence Program](#) provides mental health and other supportive services to victims and survivors of harm as well as people who cause harm.

GEORGIA | [Caminar Latino](#) offers resources for individuals from Latino communities to live lives free from violence, including offering services for individuals who have used harm in their relationships.

WISCONSIN | The [ASHA Project](#) offers culturally specific methods to better address the elimination of gender-based violence and sexual exploitation in African American communities.

SOUTH DAKOTA | [Wica Agli](#) offers healing for individuals in Indigenous communities who have used harm in their relationships.

Before we transition back to the Network for
next steps,



what questions or comments do you
have about recommendations?

Thank You!

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