Rapid Accountability: Brattleboro Update

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One Day Kick Off Training

Presenters:

- Agency of Human Services
- Judiciary
- State's Attorney's Office
- Defense counsel
- Department of Corrections
- Community providers (including HCRS)

Overview of the Accountability Court model

- Goals of the docket
- Roles of each partner
- How accountability and treatment work together

Participant flow

- Court → service provider connection → follow-up → return to court → resolve charges

Engagement expectations

- Participation is voluntary; treatment is not court ordered.
- Every individual on the docket should be offered services.
- Every individual should be screened for health-related social needs, barriers, and ways for connecting people to services.

Communication protocols

- Release of Information
- Data tracking
- Coordination across partners

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Site	Model	Strengths	Challenges
Burlington	Two full-time clinical case managers dedicated to the court from local Designated Agency	Strong continuity, relationship-building, clinicians experienced with treatment court, immediate launch	Highest staffing investment
Rutland	Master's-level clinician embedded from an FQHC, approximately 1.5 days/week in court with remaining time providing billable and non-billable services	Direct connection to primary care and dental health; very efficient use of existing clinician time (continued services post-grant)	Balancing court responsibilities with clinical workload
Brattleboro	5 police liaisons ~1 day per week each, using the local Designated Agency's *Same Day Access* program (drop-in, Tues./Wed./Thurs. From 11-3)	Uses existing infrastructure for clinical work; rapid access without creating dedicated clinical court positions	Requires coordination across staff; participants must connect with same-day access hours independently; clients see different staff which may hinder establishment of rapport