

Act 33 SFI Study Committee Recommendations

Committee asked to assess the “designated population”: Those Vermont residents regardless of whether they are in the custody of the Commissioner of Corrections, with mental and functional impairments or developmental disorders so severe that they cannot live in the community without substantial supports and who have committed, been charged with, or have been identified as being at risk of committing a criminal offense that renders them a threat to public safety or who pose a risk to their own physical safety, or both.

During its review, the Committee specifically focused on:

- Ensuring that members of the designated population received the most appropriate treatment in the most appropriate setting;
- Ensuring public safety;
- Protecting the legal rights of members of the designated population; and
- Managing the designated population within its current appropriations.

The Committee recommends the following for the 2014 adjourned session:

- Passage of a legislative amendment specifying that use of an SFI designation end once an inmate leaves a correctional facility;
- Use of assessment tools measuring functional ability and impairments in addition to clinical diagnoses and level of risk during reentry planning for individuals with an SFI designation to better support successful reentry;
- Adoption of validated, evidence-based risk assessment tools that include both static and dynamic factors for use consistently across the Agency of Human Services to assess public safety and criminogenic risk among members of the designated population;
- Consistent use statewide of the Sequential Intercept Model within the criminal justice system;
- Exploration of ways to implement consistently and uniformly the treatment court programs statewide;
- Training for all Vermont law enforcement officers in recognizing and responding to mental health issues;
- Assessment of the designated agencies to ensure that all counties are equipped with appropriately trained staff and risk management tools to provide the appropriate, necessary, and effective services to members of the designated population living in the community;
- Use of performance-based contracts that establish targeted treatment strategies and measureable outcomes for lowering rates of criminal justice contacts, including use of measurable goals and benchmarks for reducing the intensity of services;
- Continuation of ongoing discussions on the appropriate number of secure residential recovery beds in the State and the judicial route for placement in such a facility;
- Use of in-state health care providers within Vermont’s correctional facilities in order to ensure continuity of care upon reentry to the community;

- Spending priority given to interventions that reduce public safety risks required by persons with the highest criminogenic thinking;
- Analysis of the design and constraints of TBI services by the Agency of Human Services to determine whether funding opportunities for this group may be expanded;
- Exploration of intensive multidisciplinary case management models similar to FACT and ACT that may be successfully used in rural communities as is done under the Blueprint for Health throughout Vermont; and
- Exploration as to whether payments to designated agencies for participation in reentry planning are eligible for use of MCO investment funds.