

RAPID INTERVENTION

COMMUNITY COURT



POLICY AND PROCEDURES MANUAL

THOMAS J. DONOVAN, JR.
STATE'S ATTORNEY



32 Cherry Street
Suite 305
Burlington, VT 05401
Phone: (802) 863-2865

MARY L. MORRISSEY
CHIEF DEPUTY STATE'S ATTORNEY
MAJOR CRIME UNIT

STATE OF VERMONT
OFFICE OF THE CHITTENDEN COUNTY STATE'S ATTORNEY

Utilizing Public Health Strategies to Enhance Public Safety

As the elected prosecutor for our State's largest and busiest county, I understand the need for greater collaboration and coordination among criminal justice stakeholders, social service agencies, municipalities and state agencies. With a recidivism rate of over 40%, an increased detainee population and a Department of Corrections' budget that is the second fastest growing budget item in our State, Vermont prosecutors have been encouraged to develop creative, non-traditional solutions in our fight against crime.¹ Emphasis has been placed on cost effective strategies that reduce recidivism. One such strategy is the utilization of evidence-based assessment tools that "use information about individuals' criminogenic risk and behavioral health needs to promote public safety and recovery and prioritize scarce criminal justice and behavioral health resources."² As Bureau of Justice Assistance ("BJA") Director Denise O'Donnell said "We must continue to draw on the science of recidivism reduction and what works to address mental health and substance abuse disorders to ensure that the right people get the right integrated interventions at the right times."³

By utilizing assessment tools that measure risk, mental health needs and the risk of failure to appear for court, the court, prosecutor and defense attorney can make informed judgments about where a defendant should be placed during the pre-charge and pre-trial phase of a criminal proceeding.⁴ For the pre-charge population, this model already exists in Chittenden County, the Rapid Intervention Community Court ("RICC"). With RICC, a community intervention team member screens the case, conducts a risk assessment and then refers to the appropriate community based accountability program in lieu of prosecution. This fall, with funding from Chittenden County's program, both Addison and Franklin County are scheduled to implement their own version of RICC.

For the post-charge, pre-trial detainee population, a community intervention team member can conduct the assessment prior to the arraignment (in holding cell or jail prior to arraignment) and relay the information to the prosecutor, defense attorney and the court.⁵ The community intervention team member will also provide the court with the most appropriate community based program in lieu of pre-trial detention.⁶ The court may order the defendant, through conditions of release, to follow the results of the assessment. The team member will also act as a compliance officer during the pre-trial phase. This health centered approach will create the de facto

¹ *Vt. DOC Facts and Figures FY2012*. Vt. ranks 29th among states in the per capita costs of Corrections. (P. 13).

² *Justice Center the Council of State Governments Collaborative Approaches to Public Safety*. (Newsletter detailing March 15, 2013 conference.)

³ *Id.*

⁴ *Id.* Highlighting New York City Model.

⁵ While the detainee population has increased, the average detention is less than a week. This leads to the conclusion that this population can be served more effectively in the community. *Vt. DOC facts & Figures FY2012* (p30, 32.).

⁶ The community intervention team concept is being utilized in NY with the mentally ill population pursuant to Kendra's Law. It provides intensive monitoring by caseworkers who ensure patients attend therapy and take medication. "Program Compelling Outpatient Treatment for Mental illness is Working, Study Says. NY Times, July 30, 2013.

pre-trial services division for DOC. It will also lower the detainee population, organize and invest in community based accountability programs and save taxpayer money.

By relying on science, we will enhance information sharing, divert more cases and inform practitioners of best practices rather than rely on arbitrary practices throughout the state. It will also educate criminal justice stakeholders as to some of the factors that influence criminal behavior. Through collaboration and greater communication, we can begin to build consensus that public safety and accountability can be enhanced by addressing the root causes of low level criminal behavior by building and coordinating the treatment infrastructure in our communities. By addressing issues such as poverty, housing, education, employment, addiction, mental illness and insurance coverage, we can begin to build real solutions.⁷ Solutions that allow criminal justice stakeholders to utilize their scarce resources to vigorously prosecute those that truly pose a threat to our public safety while assuring efficient access to treatment and services to those that need it. This is 21st century law enforcement at its finest. This is an innovative approach that will save money and enhance public safety.

⁷ 74.6% of women incarcerated in Vt. receive mental health services while 40.7% male inmates do, *Id. At P. 150*. The Affordable Care Act expanded Medicaid coverage with early intervention and treatment of mental illness and substance abuse now considered essential health benefits. The Sentencing Project "The Affordable Care Act," Susan Phillips, Ph.D 9/2012.

I. MISSION STATEMENT

The mission of the Rapid Intervention Community Court, "RICC", is to hold individuals accountable by addressing the root cause of their criminal behavior.

II. GOALS

The goals of RICC are: 1) enhance public safety by utilizing public health strategies; 2) lower barriers to services and treatment; 3) tailor services to risk responsivity principles; 4) save taxpayer money.

III. PROGRAM DESCRIPTION

A: Eligibility. RICC is designed primarily for the repeat offender; however eligibility of other participants is at the discretion of the State's Attorney. Offenses that qualify for referral to RICC are, but not limited to, the following:

- 1) Disorderly Conduct
- 2) Retail Theft (misdemeanor)
- 3) Unlawful Trespass (misdemeanor)
- 4) Possession of Marijuana/Cocaine/Heroin/Narcotics (misdemeanor)
- 5) Larceny (misdemeanor)
- 6) Fraud(s) (at the discretion of the community coordinator)

The citing LEO (Law Enforcement Officer) may direct the accused to contact RICC within 72 hours of the incident. Absent LEO referral, the community coordinator will peruse the relevant law enforcement databases to select eligible participants for possible acceptance.

B: Initial Intake. All relevant biographical, contact, employment, family and housing information will be gathered. The Ohio Risk Assessment System (ORAS) will be administered to all potential participants. ORAS is an evidence based risk/needs tool utilized by the coordinator(s) to make better informed decisions regarding program acceptance and treatment. The topics include:

- Criminal History
- Education/Employment/Financial
- Family and social support
- Neighborhood problems
- Substance use
- Peer associations
- Criminal attitudes and behavioral problems

C: Program Expectations. All participants will be expected to substantially complete all proposed treatment plans within 90 days. Plans are designed to minimize consequences associated with criminal behavior.

D: Right to Decline. RICC coordinator and prosecutor reserve the right to decline enrollment in the program for any potential participant.

E: Participant Contract: Participants will sign an agreement which clearly states that participation is voluntary; that they agree to follow the recommended treatment plan; that failure to follow the agreed upon plan may result in the case being returned to Court for resumed prosecution.

F: Release of Confidential Information: Will be signed by participant so RICC staff may monitor and verify attendance and compliance.

G: Community Referrals: Service providers are considered an equal partner in our efforts to provide safe and vibrant communities. Participants may be referred to, but not limited to, the following treatment providers and partners:

- Local Community Justice Centers
- Spectrum Youth Services

- Howard Center
- Turning Point Center
- Mercy Connections
- Lund Family Services
- Vermont Works for Women
- Private substance abuse counselors.

H: Compliance/non-compliance: Compliance checks with agreed upon treatment will take place in 30-60-90 day intervals both with participants and service providers. Substantial compliance at the end of the 90 day contract period will result in the charge not being filed.

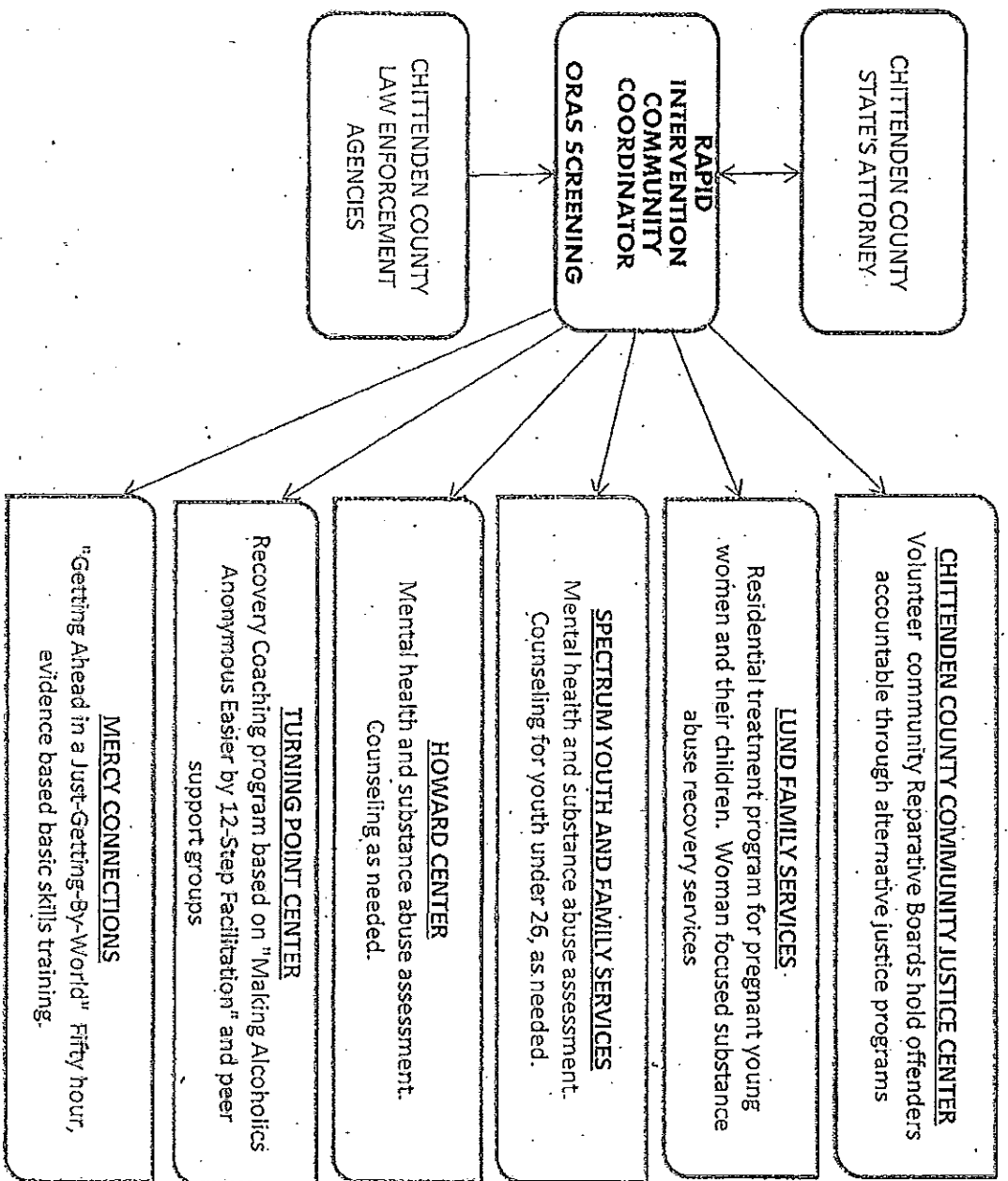
Non compliance with agreed upon treatment will result in case being returned for resumed prosecution. Continued participation should new charge(s) arise will be at the discretion of the prosecutor and the community coordinator.

I: Data collection and reporting: Cases screened by RICC will be documented in the RICC database and will also use the Prosecutor's Frame in the Valcour Records Management System (where available). Failures and successful completions will be tracked by the State Attorney's office. RICC will report on an annual basis to Department of Corrections

J: Outcomes: Data collected from participants will be used in outcome evaluations. The recidivism rate of participants will be the key component of any study conducted.

Appendix

- A) RICC Flow Chart
- 1) Ohio Risk Assessment System
- 2) Participation Agreement
- 3) Release of Confidential Information
- 4) RICC General Intake Form
- 5) Community Response Form
- 6) Community Service Tally Sheet
- 7) Retail Theft Awareness and Prevention Participation Agreement
- 8) RICC Completion Form
- 9) Officer Referral Form



OHIO RISK ASSESSMENT SYSTEM: COMMUNITY SUPERVISION TOOL (ORAS-CST)

Name: _____ Date of Assessment: _____
Case#: _____ Name of Assessor: _____

1.0 CRIMINAL HISTORY:

1.1. Most Serious Arrest Under Age 18

0=None

1=Yes, Misdemeanor

2=Yes, Felony

1.2. Number of Prior Adult Felony Convictions

0=None

1=One or Two

2=Three or More

1.3. Prior Sentence as an Adult to a Jail or Secure Correctional Facility

0=No

1=Yes

1.4. Received Official Misconduct while Incarcerated as an Adult

0=No

1=Yes

1.5. Prior Sentence to Community Supervision as an Adult

0=No

1=Yes

1.6. Community Supervision Ever Been Revoked for Technical Violation as an Adult

0=No

1=Yes

Total Score in Criminal History:

2.0 EDUCATION, EMPLOYMENT, AND FINANCIAL SITUATION:

2.1. Highest Education

0=High School Graduate or Higher

1=Less than High School or GED

2.2. Ever Suspended or Expelled From School

0=No

1=Yes

2.3. Employed at the Time of Arrest

0=Yes

1=No

2.4. Currently Employed/School

0=Yes, Full-time, Disabled, or Retired

1=Not Employed or Employed Part-time

2.5. Better Use of Time

0=No, Most Time Structured

1=Yes, Lots of Free Time

2.6. Current Financial Situation

0=Stable/Minimal problems

1=Problems

Total Score in Education, Employment, Financial:

3.0 FAMILY AND SOCIAL SUPPORT

3.1. Parents have Criminal Record

0=No

1=Yes

3.2. Satisfied with Current Marital or Equivalent Situation

0=Yes

1=No

3.3. Emotional and Personal Support Available from Family or Others

0=Very Strong Support

1=None to Strong Support

3.4. Level of Satisfaction with Current Level of Support from Family or Others

0=Very Satisfied

1=Satisfied to Not Satisfied

3.5. Stability of Residence

0=Stable

1=Not Stable

Total Score on Family and Social Support:

4.0 NEIGHBORHOOD PROBLEMS

4.1. High Crime Area

0=No

1=Yes

4.2. Drugs Readily Available in Neighborhood

0=No, Generally Not Available

1=Yes, Somewhat Available

2=Yes, Easily Available

Total Score in Neighborhood Problems:

5.0 SUBSTANCE USE

5.1. Age First Began Regularly Using Alcohol

0=17 or Older

1=Under Age 17

5.2. Most Recent Period of Abstinence from Alcohol

0=Six Months or Longer

1=Less than Six Months

5.3. Ever Used Illegal Drugs

0=No

1=Yes

5.4. Drug Use Caused Problems

0=None

1=Past

2=Current

5.5. Drug Use Caused Problems with Employment

0=No

1=Yes

Total Score for Substance Use:

6.0 PEER ASSOCIATIONS**6.1. Criminal Friends**

0=None

1=Some

2=Majority

6.2. Contact with Past Criminal Peers

0=No Contact with Criminal Peers

1=At Risk of Contacting Criminal Peers

2=Contact or Actively Seeks out Criminal Peers

6.3. Gang Membership

0=No, Never

1=Yes, but Not Current

2=Yes, Current

6.4. Criminal Activities

0=Strong Identification with Prosocial Activities

1=Mixture of Pro- and Antisocial Activities

2=Strong identification with criminal activities

Total Score for Peers Associations:

7.0 CRIMINAL ATTITUDES AND BEHAVIORAL PATTERNS

For the Following Items Please Rate the Offender:

7.1. Criminal Attitudes

0=No/Limited Criminal Attitudes

1=Some Criminal Attitudes

2=Significant Criminal Attitudes

7.2. Expresses Concern about Others

0=Concerned about others

1=Concern for Immediate Family/Friends

2=No Concern for Others

7.3. Feels Lack of Control Over Events

0=Controls Events

1=Sometimes Lacks Control

2=Generally Lacks Control

7.4. Sees No Problem in Telling Lies

0=No

1=Yes

7.5. Engages in Risk Taking Behavior

0=Rarely Takes Risks

1=Sometimes Takes Risks

2=Generally Takes Risks

7.6. Walks Away from a Fight

0=Yes

1=Sometimes

2=Rarely

7.7. Believes in "Do Unto Others Before They Do Unto You"

0=Disagree

1=Sometimes

2=Agrees

Total Score Criminal Attitudes and Behavioral Patterns:

TOTAL SCORE: