

Comparison of S.295, An Act Relating to Pretrial Services, Risk Assessments, and Criminal Justices Programs

As Passed by Senate

As Passed by House

<p>Sec. 1. Findings</p>	<p>Sec. 1. Findings</p> <p>Added language from Senate version Sec. 5 regarding sequential intercept.</p> <p>Added definitions of risk assessment, needs screening, and clinical assessment.</p> <p>Added language about alcohol abuse and earlier intervention.</p>
<p>Sec. 2. Pretrial Risk Assessments and Needs Screenings</p> <p>Identifies objective of risk assessment.</p> <p>Shall offer a risk assessment to those cited/charged with “eligible offense.”</p> <p>May offer a risk assessment to those cited/charged with other offenses, except those in which bail may be denied.</p>	<p>Sec. 2. Pretrial Risk Assessments and Needs Screenings</p> <p>Identifies objective of risk assessment and needs screening. (a)</p> <p>Shall offer a risk assessment to:</p> <ol style="list-style-type: none"> 1. Misdemeanor drug offenses cited into court; 2. Felony drug offenses cited into court; 3. Felonies that are not listed crimes cited into court; 4. Persons who are arrested and lodged and unable to post bail within 24 hrs of lodging, excluding persons who are charged with an offense for which registration as a sex offender is required or an offense punishable by up to life; and

<p>Assessments and screenings to be offered to all eligible persons on January 1, 2015.</p> <p>Use of “compliance monitors”</p> <p>Requires Court and DOC to adopt rules re: to the custody, control, and preservation of information. (e)</p>	<p>5. Persons not charged with a listed crime who are identified by law enforcement, the prosecution, the defense, probation and parole personnel, the Court, a treatment provider, or a family member or friend as having a substantial substance abuse or mental health issue. (b)(1)</p> <p>Assessments and screenings to be rolled out to eligible persons according to a plan developed by Administrative Judge, Court Adm., Sec. of AHS, and Commissioner of Corrections. Starts January 1, 2015 and all groups must be integrated by January 1, 2016. (b)(6)</p> <p>Use of “pretrial monitors”</p> <p>Same, but in greater detail. (e)(3)</p> <p>Requires Administrative Judge to develop guidelines for the appropriate use of court-ordered pretrial monitoring services based upon the risk and needs of the defendant. (f)</p>
<p>Sec. 3. Risk Assessments and Needs Screening Tools and Services</p> <p>Requires DOC to select risk and needs assessment and screening tools. (a)</p> <p>Requires the Department to validate the selected tools for the population in Vermont. (a)</p>	<p>Sec. 3. Risk Assessments and Needs Screening Tools and Services</p> <p>Same. (a)</p> <p>Does not require validation.</p>

<p>Tools must be ready for use by 9/1/14 and stakeholders trained by 12/15/14. (c)</p>	<p>Same. (c)</p>
<p>The Department, in consultation with law enforcement agencies and the courts, shall contract for or otherwise provide pretrial services described in this section, including performance of risk assessments, needs screenings, and compliance monitoring. (d)</p>	<p>Same, plus the contract shall include requirements to comply with data collection and evaluation procedures. (d)</p>
<p>Activities included in compliance/pretrial monitoring. (e)</p>	<p>Same with addition of pre-charge program (which was permitted in Senate version in Sec. 5, which is deleted in House version.) (e)</p>
<p>DOC, in consultation with the Judiciary and the Crime Research Group, required to develop and implement a system to evaluate goals and performance of the pretrial services and report to the General Assembly annually on or before 12/15. (f)</p>	<p>Same. (f)(1)</p>
<p>No parallel provision.</p>	<p>Added AHS, in consultation with the Judiciary, shall ensure that a study is conducted to include an outcome study, process evaluation and cost benefit analysis.</p>
<p>Requires AHS, with staff and administrative support from the Criminal Justice Capable Core Team, to map services and assess the impact of court referrals and the capacity of the current service provision system in each region. (g)</p>	<p>Same, and adds AHS programs and other initiatives to be considered in making a recommendation for the system of referral in subsection. (g)</p>

<p>Sec. 4. Alternatives to Traditional Criminal Justices Model</p>	<p>Sec. 4. Prosecutor Precharge Program Guidelines and Reporting</p> <p>Same, except small technical changes, new title, and previous (a) regarding sequential intercept was moved to Sec. 1.</p>
<p>Sec. 5. Pre-charge Programs</p>	<p>Deleted</p> <p>(Provisions incorporated into Secs. 2 and 3)</p>
<p>Secs. 6 & 7. Restitution</p>	<p>Deleted</p>
<p>Sec. 8. Transportation of Heroin into the State</p> <p>Creates a new crime of transporting heroin into the State with intent to dispense or sell with a 10 year max.</p>	<p>Sec. 8. Transportation of Illegal Drugs into the State</p> <p>Uses transportation of a drug into Vermont as an aggravating factor in the sentencing for any felony drug dispense or sale conviction.</p>
<p>Sec. 9. Burglary</p> <p>Definition of “occupied dwelling”</p> <p>Increases statutory maximum sentences for burglary and burglary into an occupied dwelling if carrying a weapon, using threats, or actual presence of occupant.</p>	<p>Sec. 9. Burglary</p> <p>Same definition, but adds that it applies whether residence is used part-time or full-time.</p> <p>Keeps sentences for burglary and burglary into an occupied dwelling the same as current law, and adds carrying a weapon, using threats, or actual presence of occupant as aggravating factors for purposes of sentencing.</p>

<p>Sec. 10. Department of Public Safety Report; Depressant, Stimulant, Narcotic</p>	<p>Sec. 10. Department of Public Safety Report; Depressant, Stimulant, Narcotic</p> <p>Same as Senate.</p>
<p>Sec. 11. DVHA Authority; Use of Sanctions</p> <p>Directs DVHA to use its authority to sanction Medicaid-participating prescribers operating in bad faith or not in compliance with State or federal requirements.</p>	<p>Sec. 11. DVHA Authority; Use of Sanctions</p> <p>Same language, but adds that the section includes prescribers practicing in and outside the State.</p>
<p>Sec. 12. Deleted</p>	<p>Sec. 12. Continued Medication-Assisted Treatment for Incarcerated Persons</p> <p>DOC, in consultation with the Medication-Assisted Treatment (MAT) for Inmates Work Group, shall develop and implement a one-year demonstration project to pilot the continued use of MAT within DOC facilities.</p> <p>Creates a requirement that DOC will enter into MOUs with the Department of Health (DOH) and with hub treatment providers by July 30, 2014.</p> <p>DOC and DOH to provide opioid overdose prevention training and distribute overdose rescue kits (naloxone) to pilot project participants transitioning from prison to the community.</p> <p>DOC to report MAT findings and a plan for expansion to the following committees: HCI, HHS, HJ, SHW, SJ, and Corrections Oversight.</p>

<p>Sec. 13. VPMS Query; Medicaid Participation; Rulemaking</p> <p>Requires the Secretary of AHS to adopt rules for Medicaid participating providers who prescribe buprenorphine or a drug containing buprenorphine to query the VPMS prior to prescribing it.</p>	<p>Sec. 13. VPMS Query; Medicaid Participation; Rulemaking</p> <p>Requires the Secretary of AHS to adopt rules for Medicaid participating providers and all providers licensed in Vermont, including those who are not prescribing to Medicaid beneficiaries, who prescribe buprenorphine or a drug containing buprenorphine to query the VPMS the first time they prescribe the drug, at regular intervals thereafter (which shall exceed other Schedule III pharmaceutical requirements), and prior to prescribing a replacement prescription. The rules shall also include dosage thresholds.</p>
<p>Sec. 14. Medicated-assisted Therapy; Rulemaking</p> <p>Directs the Commissioner of Health to adopt rules relating to MAT for opioid dependence for physicians treating fewer than 30 patients and requires that the physician ensure that the patient receives appropriate substance abuse counseling.</p>	<p>Sec. 14. Medicated-assisted Therapy; Rulemaking</p> <p>Same, except that instead of requiring counseling, it requires that the physician ensure that patients are screened or assessed, and that those who are determined to need counseling or other services are referred as appropriate.</p>
<p>Sec. 15. Deleted</p>	<p>Sec. 15. Naloxone Hydrochloride; Dispensing or Furnishing</p> <p>Adds a new subchapter to 26 V.S.A. chapter 36 to direct the Board of Pharmacy to adopt protocols for licensed pharmacists to dispense naloxone hydrochloride without an individual prescription (i.e. make it available over-the-counter).</p>

Sec. 16. Deleted	Sec. 16. Deleted
No parallel section.	<p data-bbox="824 380 1300 447">Sec. 16a. Department of Corrections and Health Care Reform</p> <p data-bbox="824 491 1308 632">Requires AHS and its departments to assist DOC in accessing health care options for persons transitioning in or out of a correctional facility.</p> <p data-bbox="824 676 1312 888">Requires DOC to include substance abuse and mental health services in its RFP process for inmate health services and requires that those services be provided to persons while incarcerated.</p>
Sec. 17. Immunity from Liability; Reporting an Overdose	<p data-bbox="824 968 1263 1035">Sec. 17. Immunity from Liability; Reporting an Overdose</p> <p data-bbox="824 1079 1263 1182">Same as Senate, but added one technical amendment at request of counsel.</p>
Sec. 18. Effective Dates	<p data-bbox="824 1262 1138 1293">Sec. 18. Effective Dates</p> <p data-bbox="824 1337 1295 1402">Same as Senate with adjustments for Sections.</p>