VERMONT
DEPARTMENT OF HEALTH

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Division of Alcohol and Drug Abuse Programs

Recidivism Risk Reduction

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Executive Summary

Research has demonstrated that there are several well identified "dynamic risk factors" which correlate with crime and which are amenable to intervention. These factors largely involve prior antisocial acts, beliefs and associates, limited social engagement and self- regulation skills, lack of personal achievement in areas such as employment or leisure, and substance abuse. Through addictions treatment and exposure to meaningful recovery related activities it is believed that services funded by the Vermont Department of Health, the Division of Alcohol and Drug Abuse Programs (VDH/ADAP) have positively impacted several of these dynamic risk factors. The major initiatives include:

1) Judiciary's Drug Court Treatment Program;

2) Rutland and Chittenden County Treatment Courts; and

3) Offender Re-entry Services.

Introduction

The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (VDH/ADAP) presently funds a number of initiatives designed to prevent penetration into the criminal justice system or to reduce recidivism for those Vermonters who are involved in the justice system.

1) Judiciary Drug Court Treatment Program

For example, the VDH/ADAP funds the Judiciary in the amount of $195,000 annually via a Memorandum of Understanding (MOU) in support of operational elements of the treatment court programs. This funding is largely used to support the treatment court infrastructure, particularly court coordination services to manage the alternate dockets required for the treatment court structure. The court coordinators ensure all required legal and judicial information is in place, they maintain the schedule for the specialized docket, assure all required documentation occurs and essentially oversee all functions of the treatment court as directed by the court.

2) Rutland and Chittenden County Treatment Courts

VDH/ADAP also provides funding for treatment court services in Rutland and Chittenden Counties. The treatment court model requires participants to follow a defined court and treatment structure based upon both time and individual response to the interventions, as well as to engage in various activities to reduce their risk of recidivism. This structure and these interventions require regular monitoring for compliance

with program structure requirements as well as frequent monitoring for the effectiveness of the interventions utilized. VDH/ADAP funds the case management staffing necessary to ensure timely and effective linkages to needed services, monitoring of compliance and cessation of substance use as well as the participation in the court hearings and communication of relevant clinical information to ensure that the treatment court team is fully aware of the participants progress or need for increased interventions. Presently the Howard Center receives $81,875 for case management staffing while Rutland Mental Health Services receives $49,000 annually for these services. It should also be reiterated that VDH/ADAP authorizes the Medicaid payment for the addiction services received by the participants as well as providing funding for treatment related services for uninsured participants.

3) Offender Re-entry Services

In addition to treatment courts, VDH/ADAP also funds Offender Re-entry services for those Vermonters who are returning to their communities following incarceration. These services largely involve assessing the functional needs of the individual and developing the required treatment, recovery and ancillary social service linkages for the individual to be successful reintegrating into the community. Individuals returning to the community following incarceration often have multiple service needs, limited resources, and significant barriers. By assisting individuals to obtain the services and supports needed to address the underlying causes and correlates of their incarceration, decreases in recidivism are expected.

Offender re-entry services in all locations ranged from basic linkage and referral for individuals without complex social service needs to on-going case management and support for offenders with complicated social service needs, who required longer term support to ensure consistent engagement in the various social service programs. As a component of the program, all locations were required to coordinate services with the offender's probation officer, to ensure greater communication and increase the likelihood of compliance with referrals and recommendations. Optimally and when feasible, engagement with the offender was commenced prior to release from the facility. By grant agreement, individuals referred to the re-entry coordinators must be offered an appointment/ intervention within 72 hours of contact, or discharge from the incarceration facility.

Data

The following details provide more specific information on the funding to the Judiciary for the Fiscal Year 2013 within the active MOU. As can be readily seen the total amount listed below is in excess of the $195,000 MOU reflecting the inclusion of "rollover" funds from previous years not completely spent (usually associated with changes in staff and position vacancies).

Judicial Drug Court Treatment Allocations via VDH/ADAP MOU

Location	Funding Allocation	Details
Rutland:	$67,500	(coordination)
Chittenden:	$67,500	(coordination)
Bennington:	$10,000	(support for the ongoing integrated domestic violence docket)

Windham:	$30,000	(1/2 time coordination of IDVD)
Washington:	$55,000	($25,000 ½ time coordination & $30,000 for ½ case manager at CVSAS)
Franklin:	$10,000	(.20 coordination)

Offender Re-entry Services

Offender re-entry services are currently available in the following communities/areas: The Northeast kingdom (Orleans and Caledonia counties), Central Vermont (Washington County), Chittenden County, Rutland County, and Windsor County (White River area). The total VDH/ADAP budget for Offender Re-entry for Fiscal Year 2013 funding amounted to $230,000. During the first **6** months of calendar year 2012, the offender re-entry program provided services to a total of **173** offenders, either upon release from incarceration or to prevent incarceration through the coordination of services. By community, the following numbers of individuals were served by the Offender re-entry coordinators:

Location	# Accessing Treatment	Grant Award	Details
Rutland Mental Health	44 patients	$50,000	Received greater than 200 hours of direct linkage and service coordination, with some linkage and relationship building during incarceration for certain individuals.
Clara Martin Center (CVSAS)	25 patients	$50,000	served through re-entry programming ranging from brief encounters and reviews of individual needs to more comprehensive and on-going case management for individuals with more significant challenges and barriers.
Lund Family Services	15 women	$30,000	Received offender re-entry services focused on goals related to addiction stabilization, increasing parenting competency and family reunification following incarceration.
Howard Center	112 individuals, including 12 incarcerated	$50,000	Received coordinating services with the offender re-entry clinician during the identified time period.
NKHS	27 individuals	$50,000	Received re-entry services including assessment, referral services and on-going case management to ensure linkages to appropriate services both internal to NKHS as well as ancillary services such as housing and employment services.

Desired Outcomes

With regard to desired outcomes, two primary questions arise: Are offender re-entry services targeting the correct offender population and are they having an impact on recidivism? Unfortunately, the separate

data systems between the Vermont Department of Health and the Department of Corrections make this a difficult question to objectively answer. However, in an initial review of the data, using a random sample of offender's served by the Offender re-entry coordinators, it appeared that individuals served well matched those targeted, i.e., those scoring as moderate/high risk offenders using the level of service inventory, revised (i.e., with a LSIR >25). Given the very small sample size of offender's reviewed (roughly 20 from various program sites) it is difficult to ensure that all offender's met this criminogenic profile, but this was the priority target population for these types of services and interventions.

Recidivism

Initial data reviews indicate some reduction in recidivism for individuals receiving re-entry supports. However, due to data systems challenges between the Department of Corrections and Department of Health, the very sample sizes available, and the reliance on largely case notes to indicate recidivism versus continued community placement, it is too early to demonstrate decisively, with quantitative data, what degree of impact these interventions are having in recidivism rates. However, based on research tested models, case notes, and community reports, the approach supported is making a positive impact.

Conclusion

The Vermont Department of Health, Division of Alcohol and Drug Abuse Programs (VDH/ADAP) is supporting several initiatives utilizing the Sequential Intercept Model (SIM) for individuals involved in the criminal justice system as a result of alcohol and drug related offenses. Support is focused on strengthening models of judicial infrastructure and comprehensive treatment services that have been research validated and designed for populations diagnosed with an addiction and involved with the criminal justice system.

This support continues to strengthen the treatment court infrastructure, particularly court coordination services, expand the treatment court model statewide, and ensure the provision of Offender Re-entry services for those Vermonters who are returning to their communities following incarceration, who demonstrate struggling with a history of addiction.