

Act No. 195 (S.295). Crimes and criminal procedures; judiciary; human services

An act relating to pretrial services, risk assessments, and criminal justice programs

This act implements a new approach to pretrial services by adopting risk assessment tools, training criminal justice officials on the tools, and offering pretrial risk assessments, and if appropriate, needs screenings, to eligible categories of persons cited or arrested for crimes for the purpose of providing information to the Court and the prosecutor prior to arraignment.

On or before September 1, 2014, the Department of Corrections is required to select risk and needs assessment and screening tools for use in the various decision points in the criminal justice system, including pretrial, community supervision screening, community supervision, prison screening, prison intake, and reentry. The Department, the Judiciary, the Defender General, and the Executive Director of the Department of State's Attorneys and Sheriffs shall conduct training on the risk assessment tools on or before December 15, 2014.

Beginning on January 1, 2015 and rolling out through October 15, 2014 according to a statewide plan established by the Administrative Judge and Court Administrator, in consultation with the Secretary of Human Services and the Commissioner of Corrections, pretrial risk assessments, and if appropriate, needs screenings, shall be offered to eligible categories of persons cited or arrested for crimes. The Administrative Judge and Court Administrator shall present the plan to the Joint Legislative Corrections Oversight Committee on or before October 15, 2014.

In consideration of the assessment and screening, the Court may order the person to comply with conditions, including meeting with a pretrial monitor on a schedule set by the Court, participating in a clinical assessment by a substance abuse or mental health treatment provider, and complying with any level of treatment or recovery support recommended by the provider. The Department, in consultation with law enforcement agencies and the courts, will contract for or otherwise provide pretrial services, including performance of risk assessments, needs screenings, and pretrial monitoring. The Department, in consultation with the Judiciary and the Crime Research Group, must develop and implement a system to evaluate goals and performance of the pretrial services and report to the General Assembly annually on or before December 15.

The Vermont Supreme Court in accordance with judicial rulemaking is required to promulgate and the Department of Corrections is required to adopt rules related to the custody, control, and preservation of information consistent with the confidentiality requirements of the new pretrial assessments and screenings.

The Department of State's Attorneys and Sheriffs, in consultation with the Judiciary and the Attorney General, is required to develop broad guidelines for precharge programs. On or before October 1, 2014, and annually thereafter, the Executive Director of the Department of State's Attorneys and Sheriffs must report to the General Assembly detailing the alternative justice programs that exist in each county together with the protocols for each program, the annual number of persons served by the program, and a plan for how a sequential intercept model can be employed in the county.

The act creates a new crime of transporting one gram or more of heroin into Vermont with the intent to sell or dispense the heroin. The offense is punishable by up to 10 years imprisonment or a fine of up to \$100,000.00, or both. The act also makes changes to the burglary statute regarding definitions and penalties.

The Department of Public Safety, in consultation with the Department of Health, is directed to examine 18 V.S.A. § 4234 (depressant, stimulant, narcotic drug) for the purpose of establishing clear dosage amounts for narcotics as they relate to unlawful possession, dispensing, and sale and to report its recommendations to the Senate and House Committees on Judiciary on or before December 15, 2014.

The act requires the Department of Vermont Health Access to use its authority to sanction Medicaid-participating prescribers, whether practicing in or outside the State of Vermont, operating in bad faith or not in compliance with State or federal requirements.

The Department of Corrections, in consultation with the Medication Assisted Treatment for Inmates Work Group created by 2013 Acts and Resolves No. 67, Sec. 11, will develop and implement a one-year demonstration project to pilot the continued use of medication-assisted treatment within Department facilities for detainees and sentenced inmates. On or before July 30, 2014, the Department must enter into memoranda of understanding with the Department of Health and with hub treatment providers regarding ongoing medication-assisted treatment for persons in the custody of the Department. The memoranda shall ensure that incarcerated persons who were not receiving medication-assisted treatment prior to incarceration do not receive priority for treatment over persons not in the custody of the Department of Corrections who are on a waiting list for medication-assisted treatment. The Departments shall evaluate the demonstration project and provision of medication-assisted treatment to persons who are incarcerated in Vermont and report their findings, including a proposed schedule of expansion, to the Joint Legislative Corrections Oversight Committee during the 2014 interim and to the House Committees on Corrections and Institutions, on Human Services, and on Judiciary and the Senate Committees on Health and Welfare and on Judiciary on or before January 1, 2015.

The act directs the Commissioner of Health to adopt rules relating to medication-assisted therapy for opioid dependence for physicians treating fewer than 30 patients, which shall include a requirement that such physicians ensure that their patients are screened or assessed to determine their need for counseling and that patients who are determined to need counseling or other support services are referred for appropriate counseling from a licensed clinical professional or for other services as needed.

The act directs the Board of Pharmacy to adopt protocols for licensed pharmacists to dispense or otherwise furnish naloxone hydrochloride to patients who do not hold an individual prescription for naloxone hydrochloride.

Multiple effective dates, beginning on June 17, 2014