

JUVENILE JUSTICE IN VERMONT

House Human Services

4.19.18

Ken Schatz, DCF Commissioner

INTRODUCTION TO JUVENILE JUSTICE

What role does DCF play with respect to Juvenile Justice?

The Family Services Division has a dual role with child welfare:

- Child Protection - 90% of current caseload
- Juvenile Services - 10% of current caseload

Every District Office has dedicated JS staff:

- three offices have a high enough caseload that their JS workers have a straight JS caseload (youth who've committed delinquent acts.)

JUVENILE JUSTICE BACKGROUND

Core Principles of Effective Supervision Employed by DCF JS Workers:

Risk Principle:

The level of supervision or services should be matched to the risk level of the youth to reoffend. (ie: higher risk should receive more intensive services).

Need Principle:

The targets for interventions should target youth characteristics that have the most effect on the likelihood of re-offending.

Responsivity Principle:

Interventions should be matched, or responsive, to the characteristics and values of the youth.

JUVENILE JUSTICE BACKGROUND

Youth Assessment and Screening Instrument (YASI)

Adopted by Family Services as an Evidenced- Based Risk Assessment Tool designed to target case planning and reduce recidivism.

Pre-Screen – provides the level of risk to reoffend.

Full Assessment – provides an assessment of the areas that are contributing to risk.

JUVENILE JUSTICE REFORM WORK

Keep youth out of Adult Court so that they can avoid collateral consequences for behavior that they are likely to grow out of.

Adolescent brain development – youth's brains are not fully developed until 25 which means:

- Low impulse control
- Social affirmation is prioritized
- Long-term decision making not completely on-line.
- More likely to respond to treatment

JUVENILE JUSTICE REFORM

Acts 153 and 72 change a number of aspects of the juvenile justice system, including:

- Making it mandatory to file cases involving 16 and 17 year-olds (except for the Big 12 offenses) in family court
- Beginning 7.1.18 - Expanding Youthful Offender (YO) Status to:
 - include young adults up to the age of 21;
 - allow cases to start in family court so confidentiality can be afforded to youth eligible for YO status; and
 - incorporate supervision tools and strategies utilized by DOC to allow more young adults to be supervised in their community.

AGE	OFFENSE	
	OFFENSES other than big 12	BIG TWELVE
10-12	Proceedings start in Family; NO Transfer	Proceedings start in Family; NO Transfer
12-14		Proceedings start in Family; Transfer is an option
14-16		Proceedings start in Crim.; Transfer is an option
16-17	All Proceedings start in Family Misdemeanors: NO Transfer Felonies: Transfer upon motion	Proceedings start in Crim.; Transfer is an option
18-21	All cases start in Criminal unless SA decides to file YO petition directly in Family Any case can be transferred from Crim to Family for YO status consideration upon motion – note 14-21 are eligible for YO	

JUVENILE JUSTICE REFORM

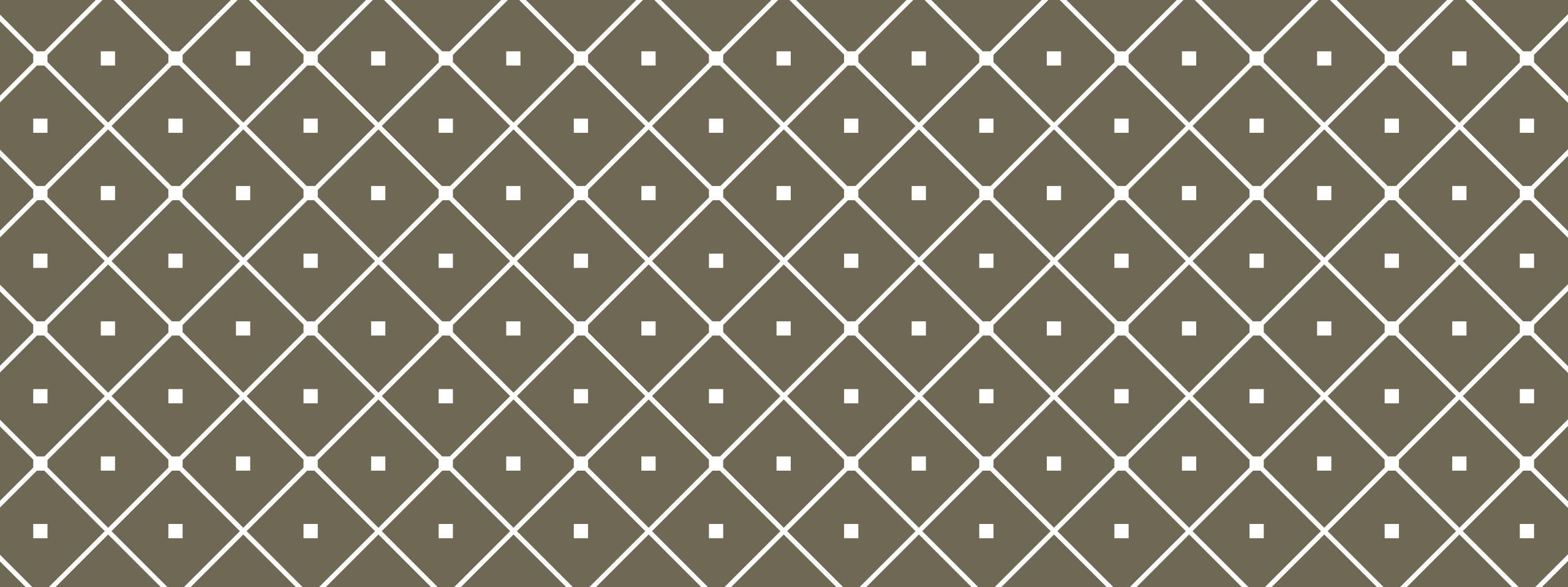
Woodside admissions – law as of 7.1.2018

- During the last legislative session, DCF proposed legislation to provide court only ordered admissions to Woodside for any placement prior to the disposition stage of a delinquency case.
- Act 72 (2017) changed the due process considerations for Woodside admissions consistent with DCF's request to change the current law.

TAKING JUVENILE JUSTICE REFORM FORWARD

S.234 Proposes:

- Family court jurisdiction to include 18 and 19 year olds.
- Allow for immediate expungement for cases involving 18-21 year olds for low-level offenses upon successful completion of probation or supervision.
- Default option: diversion for low-risk youth or young adults, but States Attorneys have authority to override with specified circumstances
- Risk assessments inform charging decisions by State's Attorneys



UPDATE ON WOODSIDE

Overview of next steps to
restore Medicaid Funding

WOODSIDE FUNDING

Background:

Woodside lost Medicaid funding effective 10.1.2016 during the last waiver negotiation with CMS.

Determination at that time was that youth served at Woodside were considered inmates of a public institution and were, therefore, ineligible for Medicaid funding.

WOODSIDE FUNDING

AHS and DCF met in December with representatives of CMS in Baltimore to discuss the restoration of Medicaid funding for Woodside.

A path forward for supporting Woodside with federal Medicaid funding was identified at the December meeting:

- Woodside will apply for certification as a PRTF.
- Woodside has many PRTF requirements already in place, including physician-directed services and accreditation by CARF (Council on Accreditation of Rehabilitation Facilities).

WOODSIDE FUNDING

There are a few steps still needed:

- Adopt state regulations consistent with federal PRTF requirements
- State law will need to be amended to provide that youth currently in the program who turn 18 years old may, if they choose, remain in the program as long as the continued treatment is medically necessary (but no later than age 21) **This is included in S.234.**

We anticipate that Woodside could achieve PRTF certification in SFY19.

