



Justice Reinvestment in Vermont

Behavioral Health Report from the Third Post-Enactment
Presentation to the Justice Reinvestment II Working Group

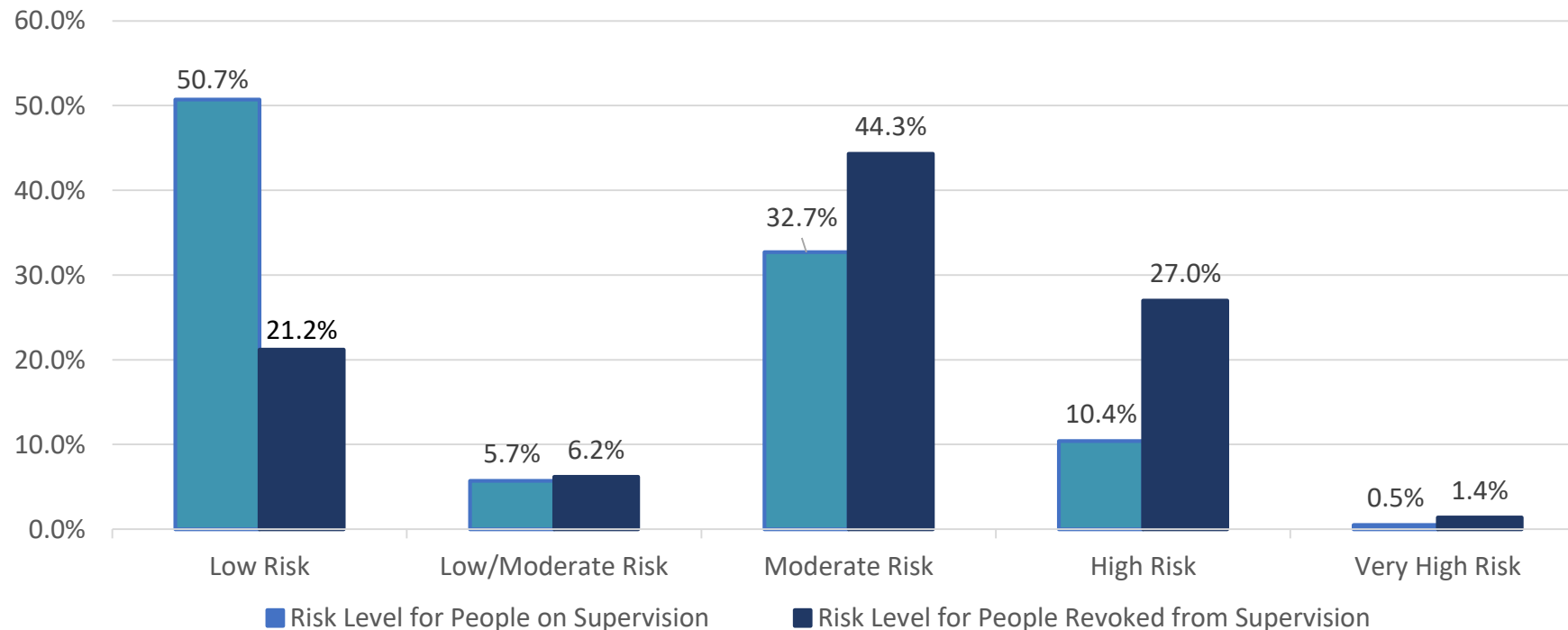
December 2, 2020

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*Slides originally presented to Justice Reinvestment II Working Group on November 24, 2020.

People entering prison on a supervision violation from 2017 to 2019 were assessed as higher risk than the overall supervision population.

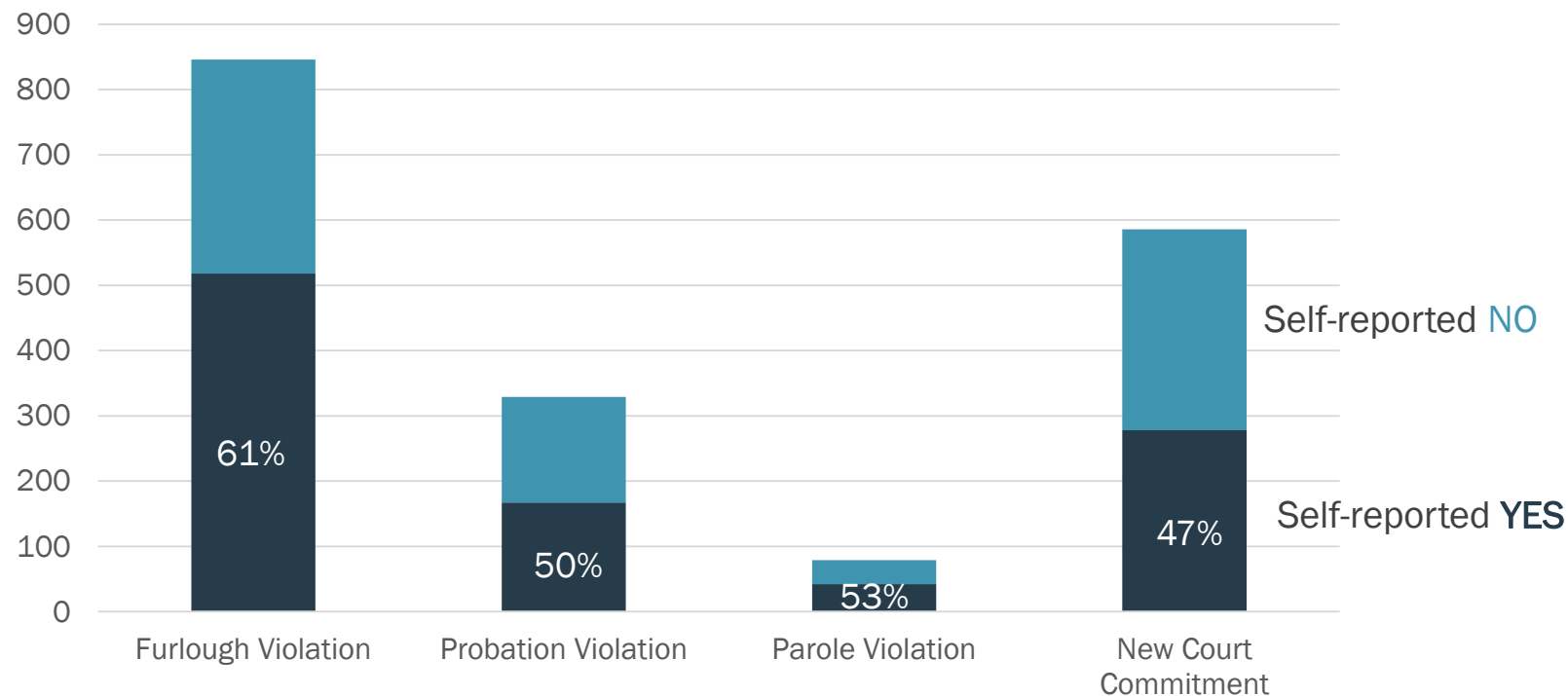
Risk Levels for People on Supervision Compared to Risk Levels for People Admitted to Prison on a Supervision Violation, FY2017 – FY2019



Risk level was determined using the Community Supervision Tool (CST).

Over 50 percent of people entering prison on a supervision violation who were assessed using the Prison Intake Tool (PIT) report having a previous mental health diagnosis.

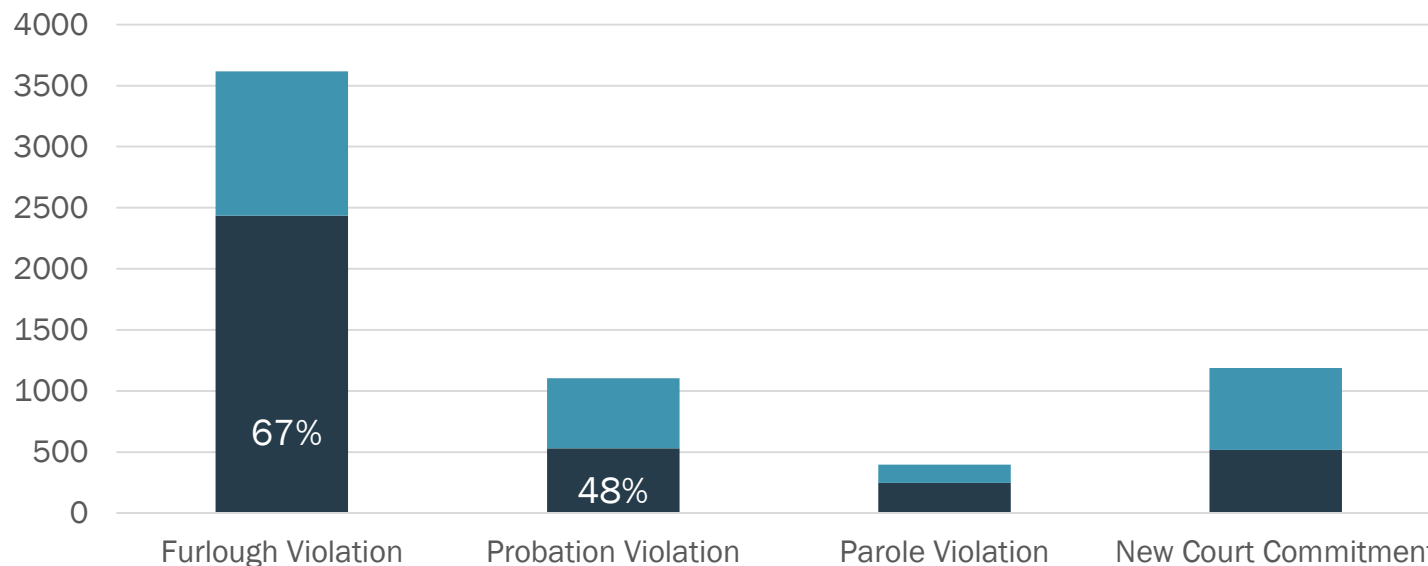
People Entering Prison with a PIT Assessment Who Self-Reported a Mental Health Diagnosis, FY2017 – FY2019



CSG Justice Center staff only accessed mental health information for people assessed using the PIT. As a result, this data represents only 23 percent of all new admissions for FY2017 – FY2019.

Almost 60 percent of people entering prison for a supervision violation show indications of a moderate or high substance use need.

Proportion of New Prison Admissions* Who Indicate a Need for Further Assessment of Substance Use Treatment Needs, FY2017–FY2019



People indicating a moderate or high substance use need, and therefore a need for further assessment, scored either a 2 or higher on the PIT Substance Abuse domain or a 3 or higher on the Community Supervision Tool Substance Abuse domain.

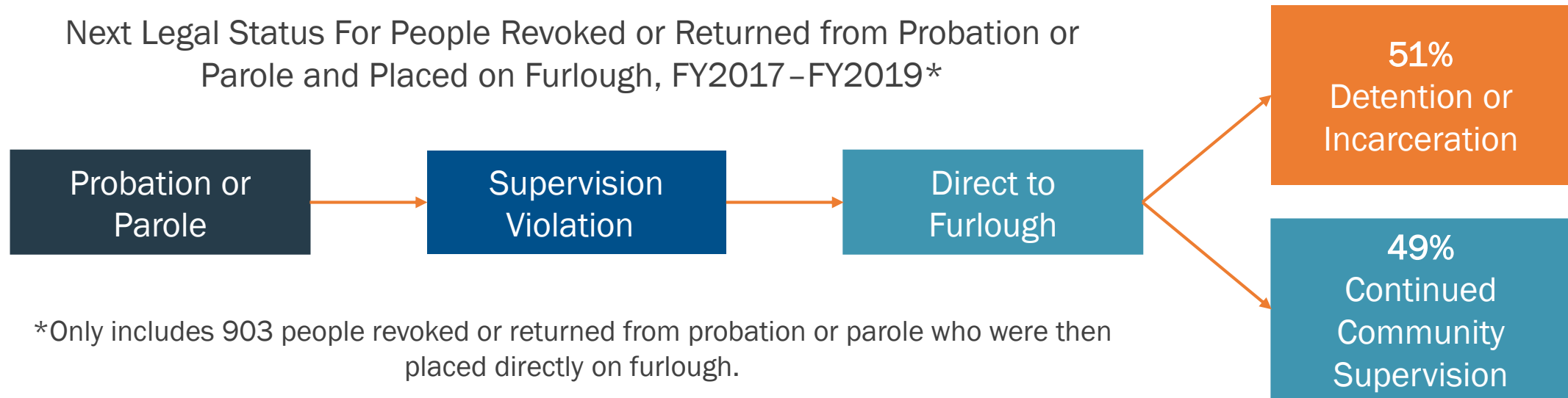
INDICATED a moderate or high substance use need and need for further assessment

DID NOT INDICATE a need for further substance use assessment

*The 6,306 total admissions include 4,756 unique individuals, with 65 percent of people having one period of incarceration, 18 percent having 2, and 16 percent having 3 or more.

Of the 903 people revoked or returned from probation or parole and placed directly on furlough from 2017 to 2019, 51 percent were subsequently returned to incarceration or detention.

Next Legal Status For People Revoked or Returned from Probation or Parole and Placed on Furlough, FY2017 – FY2019*



Without the appropriate evidence-based supports on community supervision, people with mental health and substance use needs **continue to cycle through the criminal justice system** regardless of changes in legal status or increased surveillance.

Act 148 directs the Agency of Human Services (AHS) to work with CSG Justice Center staff to report current behavioral health assessment, case planning, and information sharing practices.

Section 22 directs the Agency of Human Services to provide the following information to the Justice Reinvestment II Working Group by **December 1, 2020**:

1

Current **assessment and screening processes**, including how assessment results inform case planning for people who are incarcerated, preparing to reenter the community, or on probation.

2

Existing behavioral health collaborative **care coordination and case management protocols** that serve the corrections population.

3

Challenges that exist in **information sharing** between service providers and the DOC.

AHS, with the support of CSG Justice Center staff, took a collaborative, cross-system approach to gathering the information required in Section 22 of Act 148.

While AHS is required to report to the working group by **December 1**, ongoing information gathering will likely be necessary to inform conversations ahead of the January working group meeting.



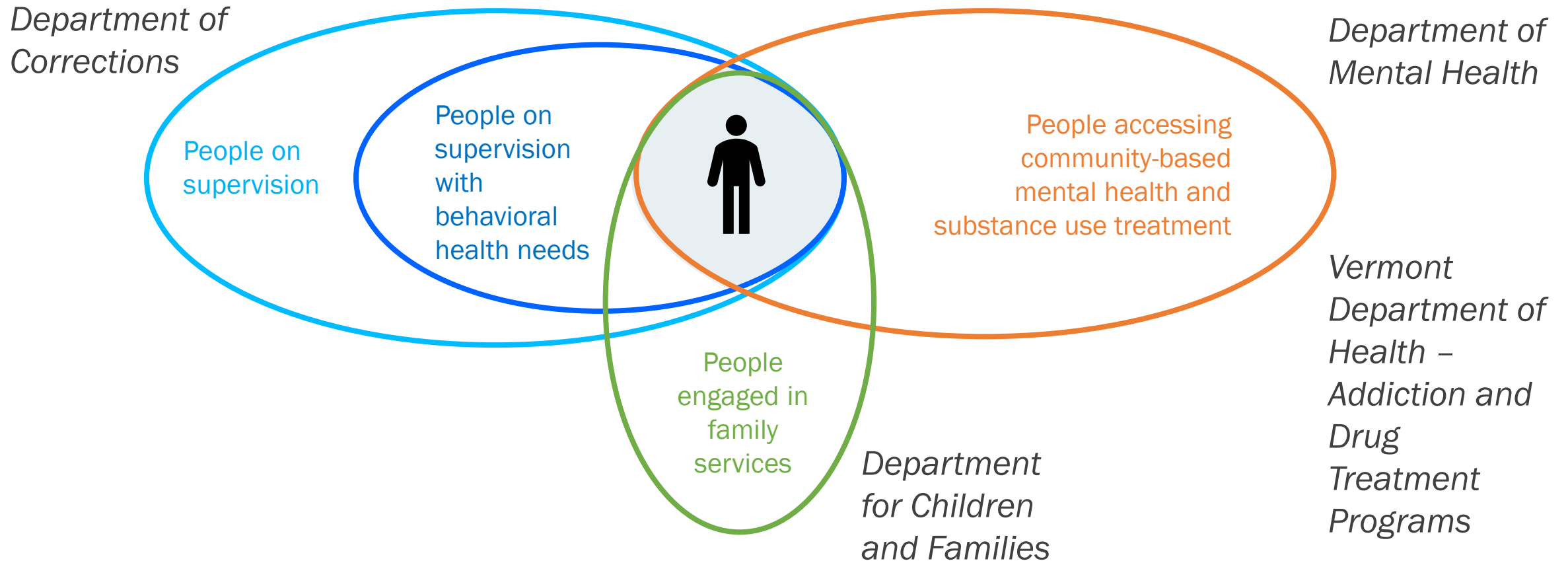
Other important stakeholders include the Parole Board and courts who need behavioral health information to make critical decisions as a person moves through the criminal justice system.

People with behavioral health needs in the criminal justice system often require access to an array of providers and services.



As people in the criminal justice system with behavioral health needs are identified, states must ensure access to the range of treatment and services necessary to adequately address those needs.

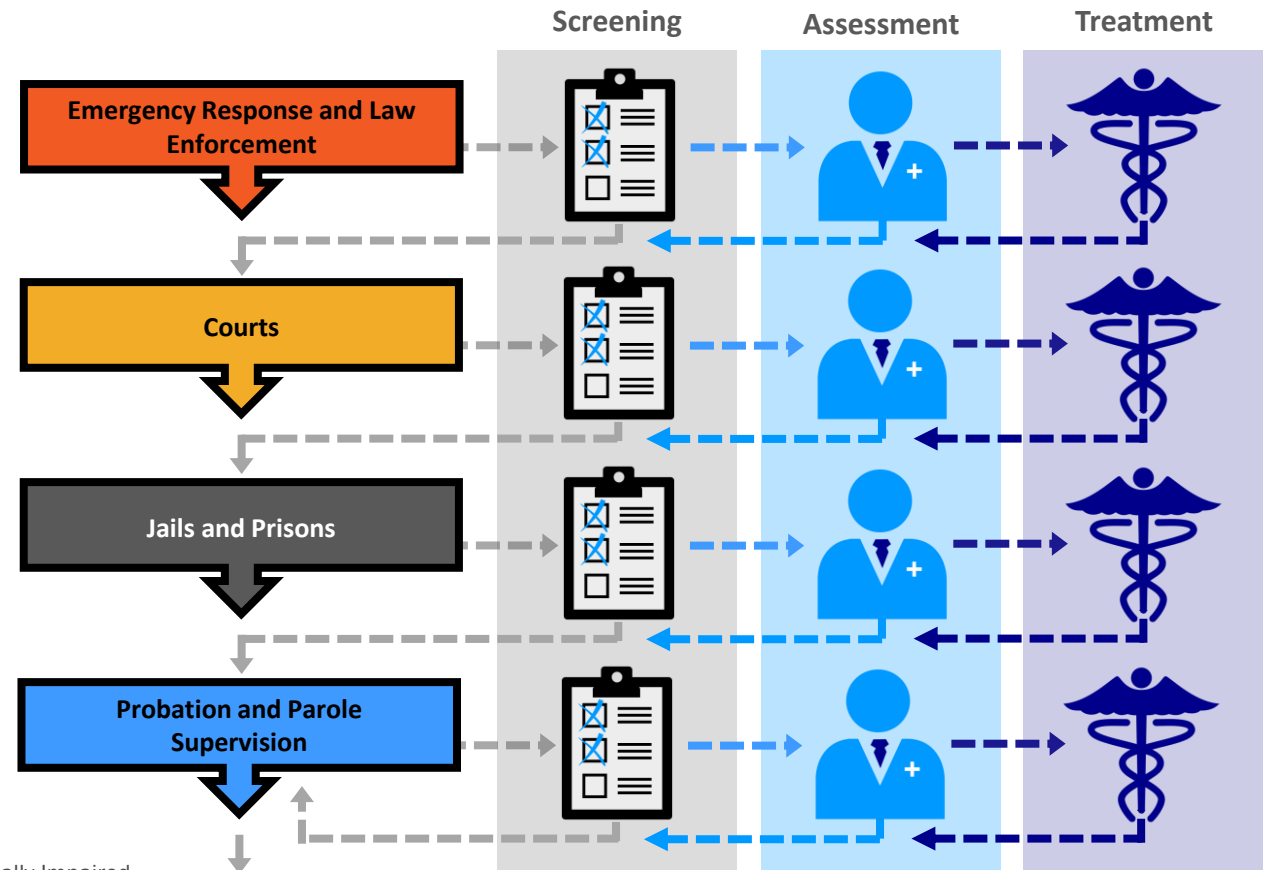
In Vermont, this means a person on furlough, probation, or parole may interact with several different providers across departments under AHS.



1 Assessment and Screening

People must be screened for mental health and substance use needs at all stages of the criminal justice system.

For people who screen positive, ensure the person is assessed by a trained clinician who can reach a diagnosis. Data must be collected, recorded, and shared.



Within DOC's facilities, people with Severe Mental Illness (SMI) are part of DOC's Seriously Functionally Impaired (SFI) population. SFI is a DOC custodial designation that also includes people with disabilities and severe brain trauma.

1 Assessment and Screening

Vermont already has most assessment and screening processes in place for identifying substance use and mental health needs as people move through the criminal justice system.

	Detained	Sentenced	Furlough/Parole	Probation
Substance Use Screener (Primarily DOC)	✓	✓	✓	✓
Mental Health Screener (Primarily DOC)	✓	✓	✓	
Follow-up clinical assessment when appropriate (If incarcerated, conducted by DOC. If under community supervision, conducted by community provider.)		✓	✓	✓

1 Assessment and Screening

Some challenges exist to ensuring assessment and screening results inform case planning.

- According to DOC policy, case plans for people on community supervision will be informed by behavioral health information identified by screeners or assessments. However, case plans are not always informed by the behavioral health needs of the client due to resource constraints, court-ordered stipulations, or limited service availability.
- Supervision staff have access to behavioral health information within the reentry case plans to understand the behavioral health needs of people moving from incarceration to supervision. Case plans for people who do not receive MAT or who are not identified as having SMI may not always reflect other types of behavioral health needs.
- Assessment and screening results are not consistently shared between DOC (health care contractor, DOC facility reentry case workers, and supervision officers) and community-based providers to inform case management and care coordination.

2 Care Coordination and Case Management

Lead case planners can facilitate interagency collaboration and information sharing.



Lead Case Planners:

- Are any agency or provider who takes the lead in case planning and management, such as a probation or parole agency, behavioral health treatment provider, or correctional agency
- Oversee the case planning process and engage the appropriate people from each partnering agency, as well as each participant and their support system

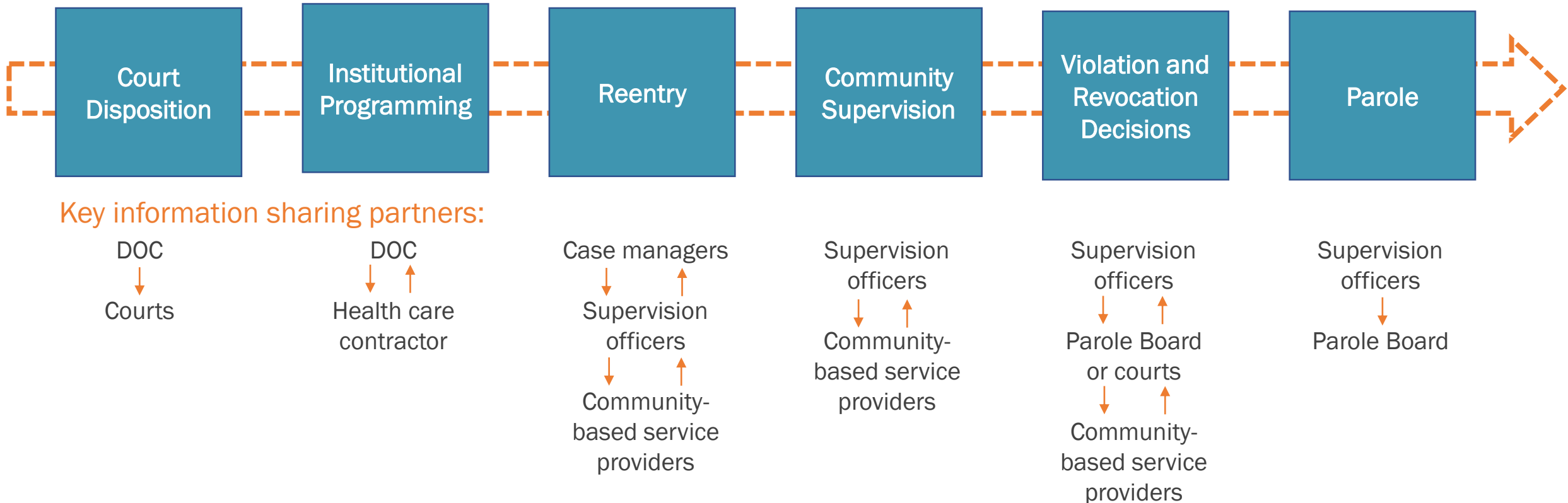
2 Care Coordination and Case Management

Although Vermont has treatment case planning policies in place, people are still inconsistently connected to community-based behavioral health services.

- There are challenges to sharing relevant behavioral health information and coordinating care between DOC and community-based providers, which can negatively impact overall case planning and subsequent treatment and programming referrals.
- Some DOC supervision offices have built strong relationships with local services and leverage these connections to help clients connect with available services. However, this is not consistent across Vermont, resulting in geographic variations in care coordination.
- Due to funding limitations and challenges in care coordination, people with mental health needs who do not rise to the level of SMI are under-connected to the continuum of care offered by designated agencies for mental health in the community.
- For people with co-occurring disorders on MAT, there is often a lack of coordination for mental health treatment across providers and supervision.

3 Information Sharing

A person's behavioral health information should move with them through the criminal justice system so that it can inform ongoing case planning and decision-making.



3 Information Sharing

Information sharing ensures a person receives the type and level of intervention necessary for increasing supervision success and reducing the likelihood of reincarceration.

Information that, when shared, can support collaborative case management and care coordination:

- ✓ Assessment and screening results
- ✓ Past treatment and programming
- ✓ Current treatment and programming
- ✓ Future recommended treatment and programming
- ✓ Medications, if applicable
- ✓ Familial and social supports
- ✓ Strengths and challenges
- ✓ Responsivity factors

3 Information Sharing

Behavioral health information sharing between DOC, community-based providers, and the Parole Board is inconsistent across Vermont.

- Current information sharing between supervision officers and community providers is generally based on relationship rather than established processes or policies and therefore varies widely across the state.
- AHS does not have an “umbrella” information sharing policy that governs how its departments share information to support people with behavioral health needs in the criminal justice system who are served by more than one department.
- There are inconsistencies in the type of information shared between supervision officers and community providers to support case planning and care coordination.

3 Information Sharing

For people who are sentenced straight to probation, there is less behavioral health assessment and screening information available to inform supervision conditions than for people transitioning to furlough or parole.

As a result, judges often do not have the necessary information to ensure that conditions of supervision address criminogenic and behavioral health needs, particularly for people sentenced directly to felony supervision.

Minimum information that should be available to inform supervision conditions

Substance use screening results

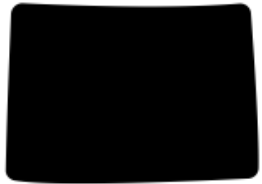
Mental health screening results

Criminogenic risk and need screening or assessment results

Criminal history

3 Information Sharing

Some jurisdictions have expanded the use of assessments to inform the setting of supervision conditions.



Colorado

Probation Investigations

All misdemeanor and most felony cases are referred for a probation investigation that includes risk and needs assessment results and recommendations for supervision conditions.



Arizona

Presentencing Report (PSR)

All felony cases are required to receive a short presentencing report that includes risk and needs assessment results and relevant social history.

Vermont faces several challenges to improving information sharing and care coordination.

- Real and perceived limitations related to federal privacy laws and regulations, including the Health Insurance Portability and Accountability Act (HIPPA) and 42 CFR Part 2.
- Inconsistent knowledge among DOC staff, Parole Board, and other criminal justice stakeholders regarding evidence-based practices in serving people with substance use and mental health needs.
- Inconsistent knowledge among community-based providers about serving people in the criminal justice system.
- Lack of resources to address geographic disparities in behavioral health services.
- Lack of resources to increase information sharing to inform supervision conditions pre-sentencing.

The working group prioritized three interrelated areas of study regarding behavioral health for their report to the legislature due **January 15, 2021**.

1. Identify ways to increase DOC and community provider risk assessment information sharing to help inform plea agreement, sentencing, and revocation decisions.
2. Determine screening, assessment, case planning, and care coordination gaps for people with complex behavioral health issues in the criminal justice system and recommend system improvements.
3. Identify new or existing tools to identify risk factors that can be targeted with treatment and services.

During Phase I, the working group considered several policy options that could be revisited to inform the upcoming report.

Care Coordination Policy Options

- Use validated behavioral health screening tools for all people who are sentenced to incarceration for any period and add mental health screening questions to the Supervision Level Assessment (SLA) tool for people on probation.
- Standardize behavioral health and reentry information policy and procedures between DOC contracted health care staff, case managers, reentry officers, hubs and spokes, designated mental health agencies, and other community service providers.
- Develop care coordination and case management protocols for executive agencies that serve people with behavioral health needs who are under DOC custody.

Increase Information Sharing Policy Option

- For felony probation cases, explore how risk assessment and behavioral health information can be efficiently provided to judges before sentencing to better inform supervision conditions.