

The background features a series of vertical lines in various colors (green, blue, purple, red) that create a sense of depth and movement. A large, white, semi-transparent circular shape is positioned on the right side, partially overlapping the lines. The overall aesthetic is modern and digital.

Re-Entry

Best Practices and Barriers

Optimal Release

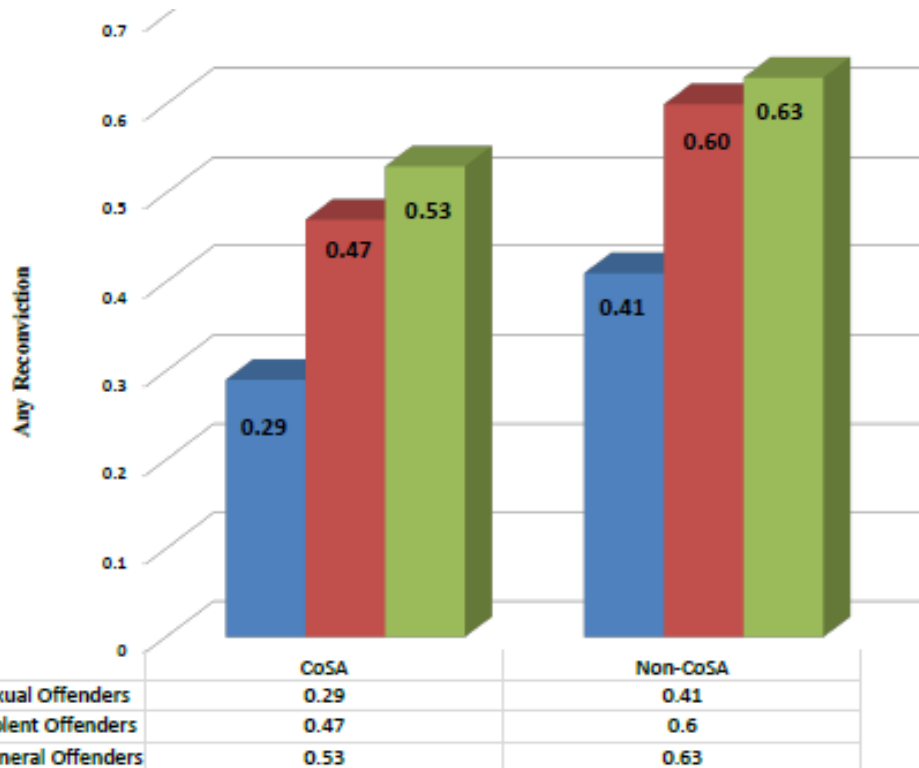


FACT

- Forensic Assertive Community Treatment
 - Recognized by SAMHSA as having shown success
- Individuals with serious mental illness or complex social and health needs. Co-occurring Disorders.
- Collaboration: DOC, DMH, and Pathways
- Helps increase success for individuals with complex needs
- FACT Team: 2 POs, CCO, P & P Supervisor, Team Leader, Service Coordinator, Peer Specialist, Psychiatrist, Housing First Director, Substance Abuse Specialist, Nurse, Employment Specialist



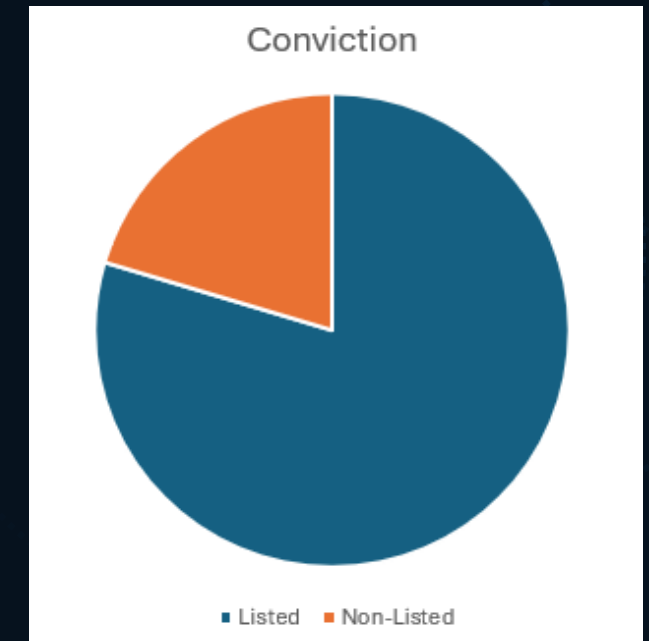
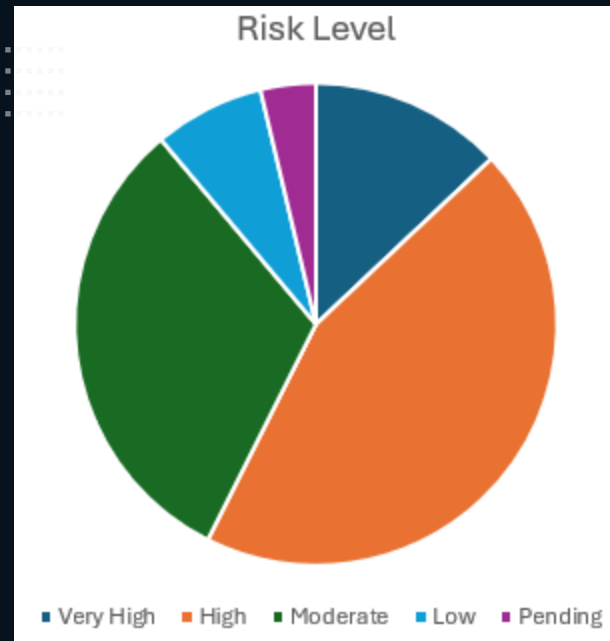
CoSA



- Circles of Support and Accountability
- Evidence-based regarding high risk/high need sexual offenders
- Vermont has expanded this model to support other serious offenders – worked with UVM/McMaster University to evaluate

B1 (Lack of Housing)

- 19 Sex Offense convictions
- 11 Domestic Violence convictions



Barriers

Detainees

Resolution of Charges for “Time Served”

Incapacitated Persons

Lack of Cooperation/Max Outs

Fixed Release Dates/Flexible Release Dates

Level of Community Resources/Geographic Disparity

Case Examples 1

0900 Friday

- SFI
- Sex Offense Conviction
 - Registry Requirements
 - Probation Condition – not near <18
- No Money or Residence
- Family 800 miles away

ICP - Middle
of the night

- 61-year-old
- Physically Disabled & SFI
- Chronically homeless
- Serious alcohol abuse

Case Examples 2

Extradition

- 19 Years Old
- Length of Stay – 2 Days
- No money, no phone
- Extradition from Connecticut. Nearest Support - Connecticut

Max-Out

- 8 Years – 2 Years – 26 Years
- Program Refusal
- Designated High Risk Sex Offender
- Sole family support is a single relative whose child had been harmed
- Wheelchair
- Assisted living refused
- Homeless shelters refused
- Denied Choices for Care
- Wishes to release to a specific community where there are no resources (convinced he had a truck and camper)
- Refuses to work with staff until 6 weeks before max out date

Appendices

CoSA

FACT

CoSA in Vermont: Quantitative Outcomes and Qualitative Understandings

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ABSTRACT

Circles of Support and Accountability (CoSA) have been used to increase post-release reintegration potential for high-risk/need sexual offenders returning to the community for more than 20 years. In spite of methodological difficulties associated with evaluating citizen-led interventions, available evidence (Canada, UK, USA) has consistently demonstrated that offenders in a CoSA are less likely to experience post-release difficulties than matched comparison subjects who do not participate. Qualitative investigations (the Netherlands, New Zealand, USA) have recently started to unpack the sociology and psychology of CoSA, to the extent that we now have a better understanding of the social and clinical aspects of participation in the model. This poster will outline new findings from Vermont demonstrating the utility of the CoSA model, both in terms of reductions in recidivism for sexual, violent, and general offenders and the development of a unique community based network of services seeking to promote restoration.

Background Information

Vermont represents a very interesting criminal justice environment; especially in the community. Vermont is one of the only international jurisdictions with restorative justice written into its Statutes. The result has been a wonderful partnership between a government and its citizens, in which a network of Community Justice Centers (CJC's) has been established to assist in the post-release management of persons involved in the criminal justice system. This partnership was a natural breeding ground for endeavors like CoSA, and Circles have been in existence in VT for more than a dozen years. As in other CoSA applications, it has been clear that the human relationships have been the active ingredient.

Interestingly, VT has not confined its CoSA work to high-risk/need sexual offenders, but has also used the approach with drug offenders, persons engaging in general violence, and other serious offenders. To our knowledge, this is the first broad application of the CoSA model. At this point, our evaluation of CoSA in VT is preliminary; particularly because of short follow-up times (e.g., < 3years).



N=260 (130 each group)	CoSA	No CoSA
% Reconvicted*	.45	.56
% Misdemeanors	.39	.44
% Felonies**	.18	.35
Mean # (SD) of reconvictions**	1.41 (2.37)	2.47 (3.60)
Mean # (SD) of Misdemeanor Convictions*	1.10 (2.01)	1.73 (2.93)
Mean # (SD) of felony reconvictions**	.31 (.77)	.73 (1.32)

Total Sample Original Crime	% reconvicted*	% reconvicted Misdemeanors*	% reconvicted for felonies
Sexual N=68	.35	.28	.22
Violent N=94	.53	.44	.27
General N=98	.58	.49	.31

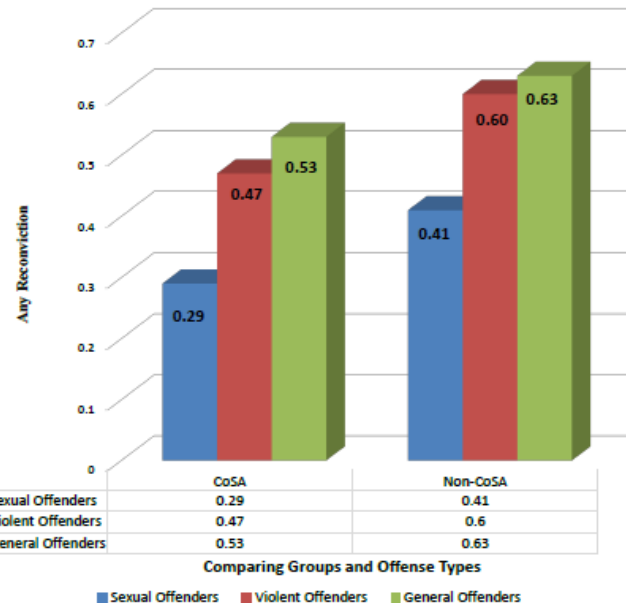
CoSA Group Original Crime	% reconvicted	% reconvicted misdemeanors	% reconvicted felonies
Sexual N=34	.29	.24	.18
Violent N=47	.47	.40	.17
General N=49	.53	.49	.20

Non-CoSA Group Original Crime	% reconvicted	% reconvicted misdemeanors	% reconvicted felonies
Sexual N=34	.41	.32	.27
Violent N=47	.60	.47	.36
General N=49	.63	.49	.41

Variable	CoSA N=130	Comparison N=130
Male/Female	109/21	109/21
Age (SD)	30.89 (8.87)	30.52 (8.46)
M Difference (SD) = 2.01 (2.41)		
Education (SD)	11.80 (1.81)	11.61 (1.92)
LSI-R (SD)	29.97 (7.59)	29.97 (7.59)
Static-99R (SD)	3.18 (2.02)	3.00 (1.69)
Offense Type (non-overlapping)	Sex = 34 Violent = 47 General = 49	Sex = 34 Violent = 47 General = 49
Time at Risk in Years (SD)***	3.83 (2.42)	2.82 (2.34)
Time Until Failure in Years (SD)***	2.21 (1.49)	1.16 (1.20)

Matching Process and Variables

CoSA is theoretically available to all offenders released by the VT-DOC; however, not all will take advantage of that reality. Identical LSI-R score, crime type, age, education, release date; those whose crime was sexual were also matched by Static-99R.



Discussion

CoSA has been a post-release option in Vermont for more than 10 years. It is now an integral part of the restorative justice landscape that thrives in the state. Discussions with participants highlight the relationship development and reciprocity as being important elements

CoSA evaluations have been conducted in Canada, the European Union, the United Kingdom, and the USA. Although more results are required to state with certainty that CoSA is achieving its goal, the findings have been consistent that persons in CoSA reoffend less often than comparison subjects not in a CoSA. In this study, we found a consistent tendency for CoSA participants to do better in the community than their matched comparison peers. Further investigations are ongoing regarding this unique application of the CoSA Model.

A photograph of four potted plants arranged in a row against a light gray background. From left to right: a cactus in a silver metal pot, a white ceramic pot (empty), an aloe vera plant in a white ceramic pot, and another succulent in a silver metal pot.

Update on FACT: Forensic, Assertive, Community Treatment

Updated 10-30-23

About FACT

Forensic Assertive Community Treatment (FACT) is a service delivery model intended for individuals with serious mental illness (SMI) or complex social and health needs who are involved with the criminal justice system. These individuals may also have co-occurring substance use and physical health disorders. Their needs are often complex, and their disorders are often under-managed and further complicated by varying degrees of involvement with the criminal justice system. FACT builds on the evidence-based Assertive Community Treatment (ACT) model by making adaptations based on criminal justice issues—in particular, addressing criminogenic risks and needs. In this sense, FACT is an intervention that bridges the behavioral health and criminal justice systems.



Press Release

August 2, 2022

FACT PROGRAM TO SERVE INDIVIDUALS IN CRIMINAL JUSTICE SYSTEM

Waterbury, Vt. – A new collaboration between the Department of Corrections (DOC), the Department of Mental Health (DMH), and Pathways Vermont will help enhance treatment for individuals involved in the criminal justice system.

This assistance will come through the evidence-based Forensic Assertive Community Treatment (FACT) practice, which is recognized by the federal Substance Abuse Mental Health and Services Administration (SAMHSA) as having shown success in treating individuals with mental health and/or substance use challenges and who are considered at risk of re-offending.

FACT will help to reduce the likelihood of individuals being incarcerated again, and increase productive, safe, and structured time in the community where they will be provided resources for housing, employment, and opportunities to build social connections.

The Department of Corrections is thankful for this collaboration as we continue creating supportive frameworks to ensure that incarcerated and supervised individuals successfully reenter our communities,” said Department of Corrections Commissioner Nicholas Deml. “This cannot happen without strong partners. Our department is grateful for the teamwork with DMH on our common goal of building a better Vermont.”

The team at Pathways Vermont will be providing those receiving FACT treatments with direct service providers and case management. The DOC team will include probation, parole, and community correctional officers. Social service agencies and healthcare providers will also be involved in the wider treatment team.

“We are grateful for continued support from the state legislature which funded FACT and the Vermont Congressional Delegation which continues to support the federal Mental Health Block Grant,” said Department of Mental Health Commissioner Emily Hawes. “This program is a product of effective interdepartmental collaboration and wouldn’t be possible without the commitment of Pathways Vermont.”



Testimony at Joint Justice Oversight Committee

September 15, 2022

- Funds: \$400,00 annually in DMH budget and one-time funds of \$200,000 from Mental Health Block Grant.
 - This means the final grant that was executed with Pathways was for two years for a total of \$1M.
 - The grant was written and then executed 7-26-22; it was an effort that involved DMH, DOC, VDH, and our community partner, Pathways VT.
- This grant utilizes funding for programming that had evidence in other states, and we wanted to identify a community partner who had expertise in providing treatment and working with individuals who were involved in the criminal justice system.
- Forensic Assertive Community Treatment (FACT) practice, is recognized by the federal Substance Abuse Mental Health and Services Administration (SAMHSA) as having shown success in treating individuals with mental health and/or substance use challenges and who are considered at risk of re-offending.
- FACT helps to reduce the likelihood of individuals being incarcerated again, and increase productive, safe, and structured time in the community where they will be provided resources for housing, employment, and opportunities to build social connections.
- This new collaboration between the Department of Corrections, the Department of Mental Health, Vermont Department of Health, and Pathways Vermont will help enhance treatment for individuals involved in the criminal justice system.

Progress (as of 10-30-23)

Who is FACT serving?

All individuals are 18 or older, under the supervision of Corrections and have mental health challenges such as schizophrenia, depression, anxiety, post traumatic stress disorder, and/or substance use challenges.

Who makes up the FACT team?

- Team Leader 1 FTE
- Service Coordinator .85 FTE
- Peer Specialist .85 FTE
- Supported employment specialist .5 FTE
- Nurse .5 FTE
- Substance Use Specialist .85 FTE
- Housing First Director .05 FTE
- Psychiatrist .25 FTE

How many have they served?

35 individuals have been served since the grant began. 6 more individuals are in the process of being onboarded into the program.

Of these 35 individuals, 86% also have substance use challenges.



Amendment to FACT grant being executed in November 2023, to include individuals with Severe Mental Illness AND individuals with complex health and social needs to ensure services can be provided to those struggling with mental health who may not meet SMI criteria

The FACT program will serve criminal justice-involved individuals with complex health and social needs OR a Severe Mental Illness (SMI) and have a moderate to high risk of reoffending. Eligibility for the FACT program is limited to individuals who meet all three of the following criteria, with those individuals with SMI being given priority for services:

Adults (aged 18 years and older) with complex health and social needs **OR** a Severe Mental Illness (SMI) who demonstrate a need for more intensive levels of support.

Per SAMHSA, SMI is defined as “a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.”

Complex health and social needs is defined as: *someone who has chronic health and/or social unmet needs who is also unable to navigate the system of care by themselves and need assistance in the development of a coordinated care team.* “Care that seeks to improve health and well-being for people with complex health and social needs by coordinating and reshaping care delivery at the individual, community, and systems level. It addresses root causes of poor health through interdisciplinary care teams and cross-sector partnerships that deliver person-centered care based around participants’ own goals and priorities. These root causes go beyond physical health and well-being to include social determinants of health including poverty, trauma, housing, and/or food insecurity and lack of access to care.” *The National Center for Complex Health and Social Needs*

Progress, Quarter 4

7/1/23-9-30-23



- 21 individuals served during this quarter (35 total since the grant began on 7/1/22).
- 57% of participants are housed.
- 2 individuals were re-incarcerated after getting new criminal charges during this quarter.
- 57% of individuals were engaged in productive time at least 50% of the time.

Highlights of this Program



- The FACT team obtained community garden plots during the summer of 2023 because several individuals they are serving were interested in participating in gardening.
- A client who is visually impaired is engaged in treatment and has gotten connected with adaptive sports.
- A staff member from DOC who is involved in this grant and who worked in the facilities in the late 90's stated he recognized some of the names of individuals the FACT team was serving and was greatly impressed with how well they are functioning in the community knowing the high needs they had when they were incarcerated.
- Since the grant began, Pathways has gotten calls and emails from individuals who have heard about the FACT program and are interested in working on the team should positions become available.
- The FACT team from Pathways VT regularly collaborates with Burlington Probation and Parole, Howard Center Outreach Team, Adult Local Interagency Teams, Burlington Housing Authority, and HireAbility.