



Justice Center
THE COUNCIL OF STATE GOVERNMENTS

Vermont Justice Reinvestment II Working Group Meeting

January 22, 2020

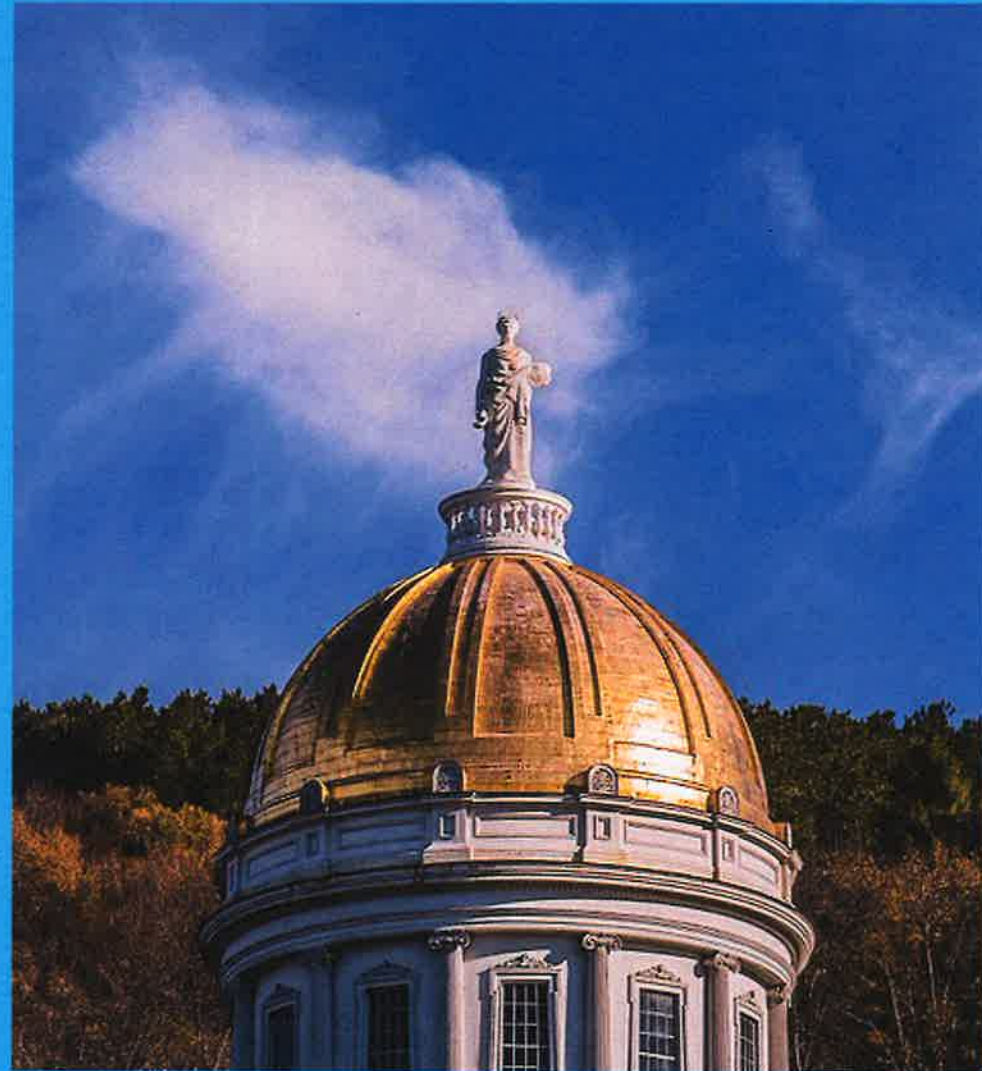
David D'Amora
Senior Policy Advisor

Jacqueline Salvi
Senior Policy Analyst

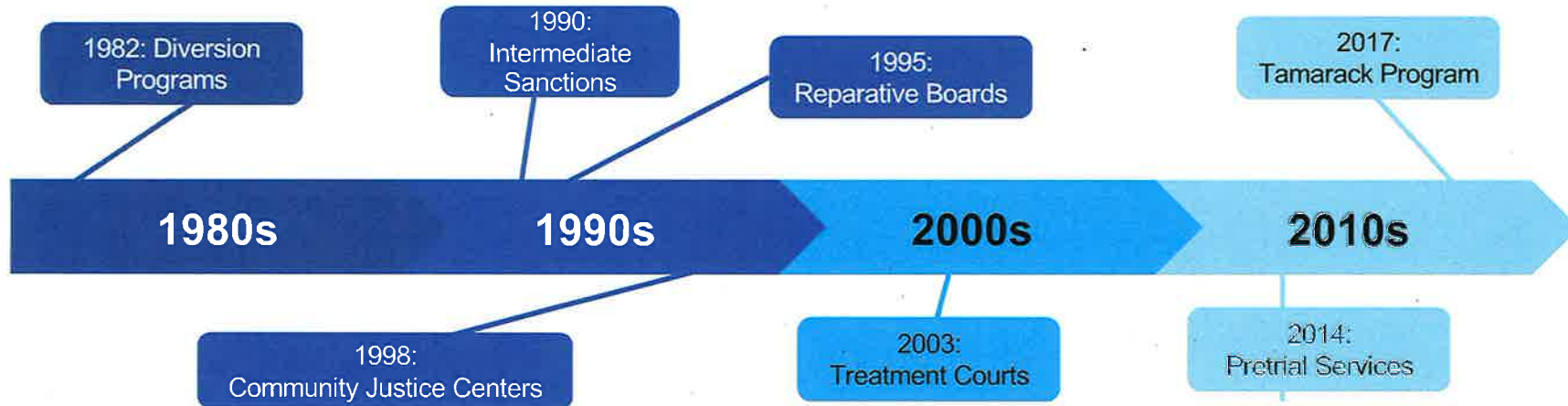
Cassandra Warney
Senior Policy Analyst

Ed Weckerly
Research Manager

Ellen Whelan-Wuest
Deputy Program Director



Vermont has an array of “off ramps” at the front end of the system for people with limited criminal history, which means it is likely that higher-risk people will progress into corrections populations.



- Most of these opportunities are available across the state, but the consistency in the types and quality of the services that are offered likely varies by county.
- Referrals to most of these programs rely on local actors, principally state’s attorneys, which will lead to variances in who is able to receive or participate in these programs.
- Only one of these diversion programs (Tamarack) has broad enough eligibility criteria to allow for people with more extensive criminal histories or who are charged with more serious offenses to participate.

Diversion and alternative justice programs can vary in referrals and quality across the state, and many counties lack the resources to replicate successful behavioral health crisis call partnerships.

Diversion, pretrial, and alternative justice programs often vary in access and quality by county.

- ✗ Diversion opportunities and alternative justice programs are available across the state, but the consistency in the types and quality of the services that are offered varies by county.
 - Court diversion programs, the Tamarack program, and pretrial services are overseen by the Community Justice Division of the AG's office (AGO). Currently, the AGO contracts with one provider who offers all AGO-funded programs for each county or counties served.
 - Reparative boards were established through legislation that required DOC to ensure boards exist throughout the state. While they are administered by 20 local community justice centers, funding for the boards comes from discretionary grants administered and funded by DOC.
- ✗ Data collection and outcome reports are inconsistent, and some programs may be duplicating efforts depending on their structures and target populations.
- ✗ Referrals to most of these programs rely on local actors, principally state's attorneys, which will also lead to variations in who is able to receive or participate in these programs depending on the level of confidence that state's attorneys, judges, or defense counsel have in the programs available in their county.

Coordination between behavioral health providers and law enforcement can be stronger.

- ✗ Existing crisis training for state police and local law enforcement includes a strong focus on understanding mental illness but does not include sufficient information on substance addiction and co-occurring disorders.
- ✗ Law enforcement agencies have varied access to community-based resources when responding to behavioral health crisis calls, including case management and embedded social workers.

The state should explore opportunities to centralize alternative justice programs for greater efficiency and expand partnerships between law enforcement and behavioral health agencies and experts.

2B POLICY RECOMMENDATIONS

- Explore opportunities to consolidate the administration of reparative panels, court-ordered diversion, Tamarack, and Pretrial Services into shared regional locations managed by central nonprofits and establish performance measures for funding these programs.
- Explore the potential to expand types of cases and offenses that may be referred to diversion programs, including reparative boards.

REASONING

- Stakeholders have varying levels of confidence in the quality and outcomes of alternative justice programs and highlighted those counties with more centralized services under consolidated management as a strong model.
- Performance-based contracting can ensure greater consistency in what people can receive and access statewide.

2C POLICY RECOMMENDATIONS

- Explore how the Department of Health's Division of Alcohol and Drug Abuse Programs can participate in crisis training for law enforcement to ensure that this training includes information on substance addiction and co-occurring disorders.
- Expand the Community Outreach program, currently operating only in Chittenden County, embedding social workers within local law enforcement agencies across all Vermont counties to respond to behavioral health crisis calls.

REASONING

- Existing law enforcement crisis training does not include sufficient information on substance addiction and co-occurring disorders.
- When responding to behavioral health crisis calls, law enforcement has varied access to community-based resources, including embedded social workers and case management.