

Competency Restoration in Vermont: Policy Landscape and Pathways



Celine Choi, Emily Leung, and JJ Dega

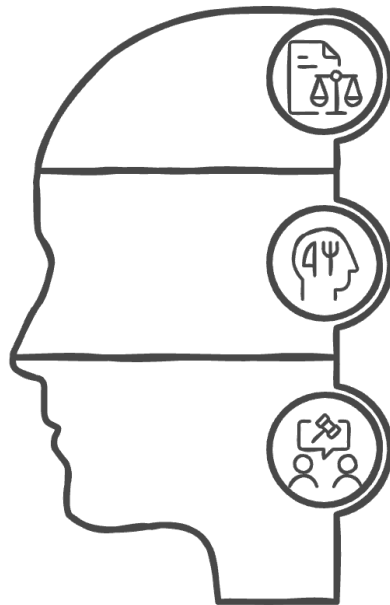
This report was written by undergraduate students at Dartmouth College under the direction of professors in the Rockefeller Center. Policy Research Shop (PRS) students produce non-partisan policy analyses and present their findings in a non-advocacy manner. The PRS is fully endowed by the Dartmouth Class of 1964 through a class gift in celebration of its 50th Anniversary given to the Center. This endowment ensures that the Policy Research Shop will continue to produce high-quality, non-partisan policy research for policymakers in New Hampshire and Vermont.



Agenda

- Vermont's Current Process and Legislative Context
- Research Methodology and Analysis
- Potential policy pathways for Vermont

Definition of Competency Restoration



Understand Charges

Understand legal process

Fair opportunity to participate in
their defense

Goals of Competency Restoration

1

**Enable legal proceedings to
continue**

2

Address underlying health issues

3

Balance public safety concerns

4

Reduce recidivism

Research Question

What policy and program options are available to Vermont to **address** competency-related issues in the criminal justice system?

Which options would effectively **balance** legal due process requirements, clinical treatment needs, stakeholder interests, and broader public health and safety concerns?

Legislative Context

80% court cases
involving mental
health or substance
use disorders

2022: VT established
Judiciary
Commission on
Mental Health and
the Courts

Legislative Context: S.91

S.91 (Act 28)

An act relating to competency to stand trial and insanity as a defense

Sponsor(s) [Sen. Virginia Lyons](#)
[Sen. Richard Sears Jr.](#)

Last Recorded Action [House 5/12/2023 - Senate Message: Signed by Governor](#) **May 30, 2023**

Legislative Context: H.251

H.251

An act relating to establishing a competency restoration process

Sponsor(s) [Rep. Martin LaLonde](#)

Location [House Committee on Judiciary](#)

Last Recorded Action [House 2/18/2025 - Read first time and referred to the Committee on Judiciary](#)

BILL AS INTRODUCED
2025

H.251
Page 1 of 1

1 H.251
2 SHORT FORM
3 Introduced by Representative LaLonde of South Burlington
4 Referred to Committee on
5 Date:
6 Subject: Judiciary; health; mental health; competency restoration; incompetent
7 to stand trial
8 Statement of purpose of bill as introduced: This bill proposes to establish a
9 competency restoration legal process for criminal defendants found
10 incompetent to stand trial that provides mental health treatment and protects
11 the community.

12 An act relating to establishing a competency restoration process
13 It is hereby enacted by the General Assembly of the State of Vermont:
14 (TEXT OMITTED IN SHORT-FORM BILLS)

Legislative Context: H.405

H.405

An act relating to competency to stand trial

Sponsor(s) [Rep. Martin LaLonde](#)

Location [House Committee on Judiciary](#)

Last Recorded Action [House 2/27/2025 - Read first time and referred to the Committee on Judiciary](#)

BILL AS INTRODUCED
2025

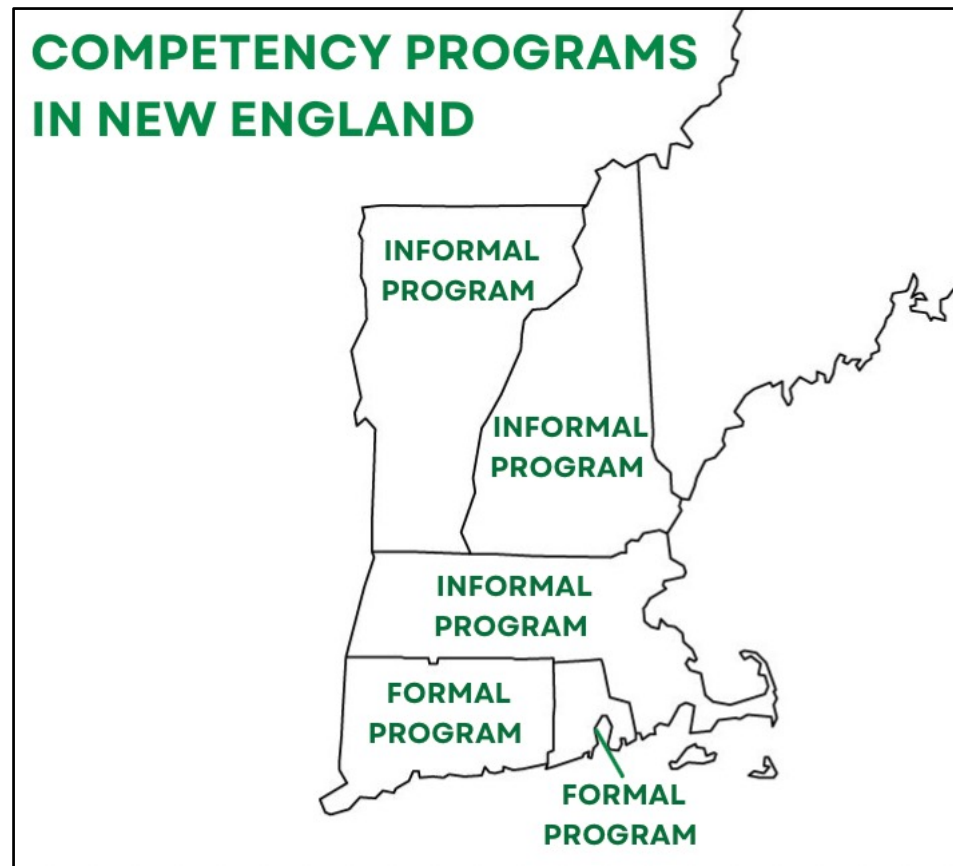
H.405
Page 1 of 2

1 H.405
2 Introduced by Representative LaLonde of South Burlington
3 Referred to Committee on
4 Date:
5 Subject: Criminal procedure; competency to stand trial
6 Statement of purpose of bill as introduced: This bill proposes to provide that
7 when a person has been found incompetent to stand trial for a criminal offense,
8 the charges against the person shall be dismissed if the person has not regained
9 competency prior to the expiration of the statute of limitations for the offense.

10 An act relating to competency to stand trial
11 It is hereby enacted by the General Assembly of the State of Vermont:
12 Sec. 1. 13 V.S.A. § 4817 is amended to read:
13 § 4817. COMPETENCY TO STAND TRIAL; DETERMINATION;
14 DISMISSAL
15 * * *
16 (b) A person shall not be tried for a criminal offense if the person is found
17 incompetent to stand trial by a preponderance of the evidence.
18 * * *
19 (d) A person who has been found incompetent to stand trial for an alleged
20 offense may be tried for that offense if, upon subsequent hearing, such person

1. Research Background
- 2. Research Methods**
3. Policy Landscape: Vermont
4. Policy Landscape: Case Studies
5. Policy Pathways

Case Studies and Selection



Stakeholder Interviews

Conducted 13 Interviews conducted with individual and groups of stakeholders discussing:

Program
Structure and
Effectiveness

Areas for
Improvement

Alternative
Approaches

Data Collection
and Sharing

Responsibilities
of Stakeholders

Key
Considerations
for
Implementation

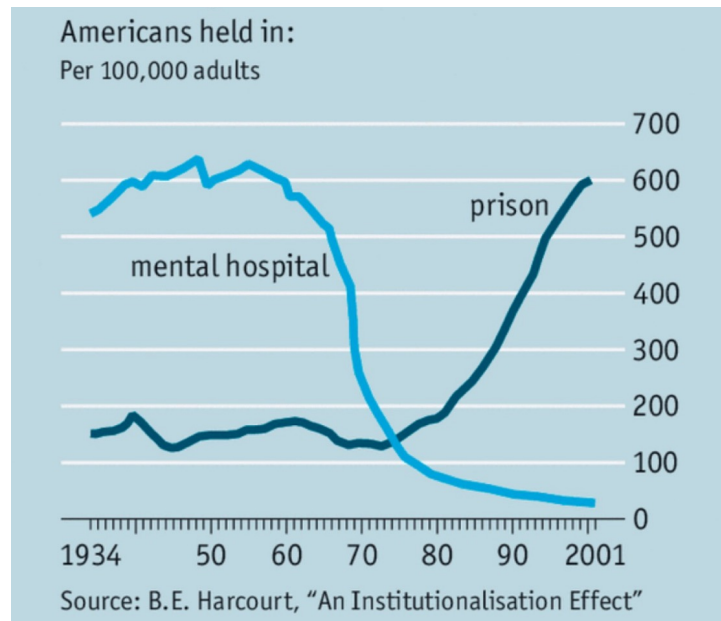
Results

1. Historical Landscape of Health and Justice in the United States & Goals of Competency Restoration Programming
2. Five State Profiles
3. Policy Pathways for Competency Restoration in Vermont

1. Research Background
2. Research Methods
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Historical Trans-institutionalization

Trans-institutionalization:



Mental health and substance
use disorders treated in:

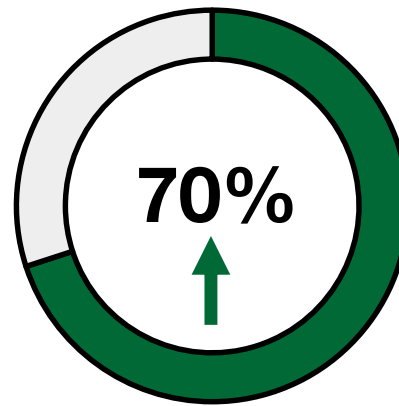
State
institutions



Prisons/
Correctional
Facilities

Trans-Institutionalization in Vermont Prisons

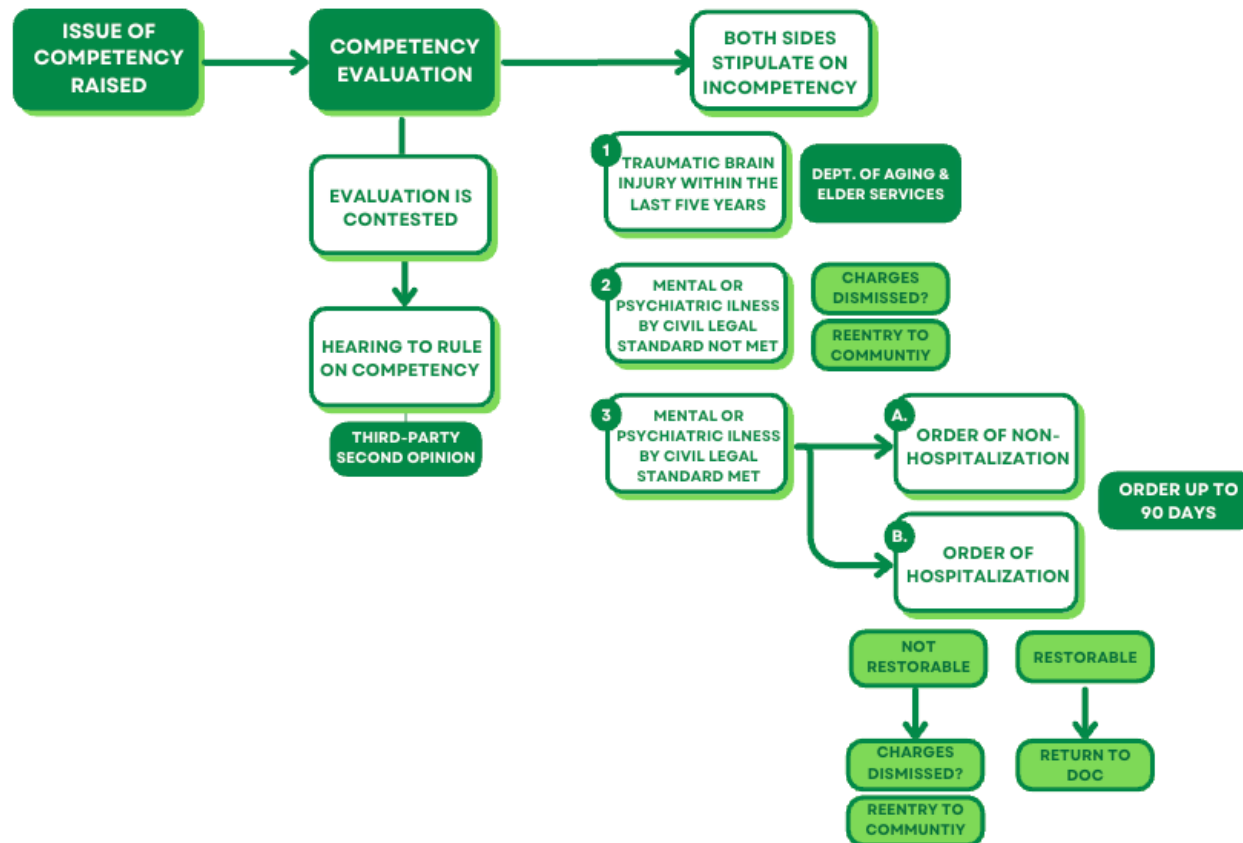
Prevalence of Mental Health/Substance Use Disorders (Individuals in Prison on Psychotropic Medication)



- Incarcerated Population Taking a Psychotropic Medication
- Incarcerated Population NOT Taking a Psychotropic Medication

Source: Interviews with Vermont State Officials

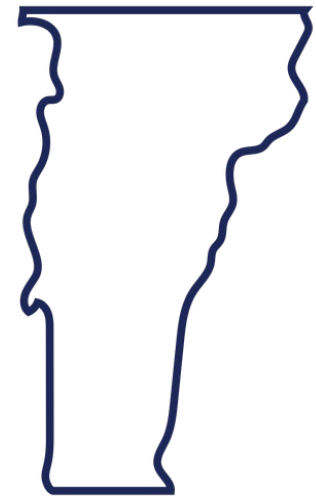
Vermont's Current Competency System



Vermont Policy Landscape

Lacks formal
competency
restoration
program

Goal: ensure
individual does
not pose a danger

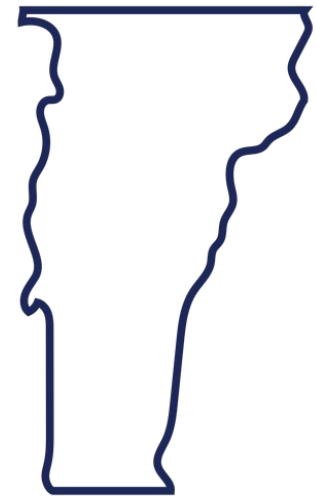


Vermont Policy Landscape: Key Considerations

Operates through
Vermont
Department of
Mental Health

Medicaid Funding:
Individuals need to
meet Vermont and
national criteria

Decentralized
system: treat close
to home

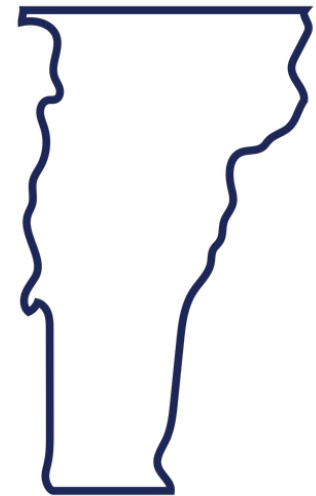


Vermont Policy Landscape: Current System Challenges

Costs

Staff shortages:
(Current need to
outsource out-of-state
psychologists and
psychiatrists)

Lack of
communication
between treatment
providers and legal
teams



1. Research Background
2. Research Methods
3. Policy Landscape: Vermont
- 4. Policy Landscape: Case Studies**
5. Policy Pathways

Case Study: New Hampshire



STRUCTURE: No Formal Competency Restoration Program

- Utilizes the **Competency Assessment Instrument (CAI)** tool for evaluation
- **Ohio Risk Assessment System (ORAS)** used to inform evaluation and treatment options
- NH State Hospital: 24 forensic beds
- Statute outlines a **12-month time frame** for restoration, charges are dismissed if unrestorable
- Emphasize pre-trial diversion options to mental health court
 - Mental Health Court challenges: varied system by county, no standard funding

Case Study: Massachusetts

STRUCTURE: No Formal Competency Restoration Program



- **Court clinicians** perform evaluations and recommendations to the judge and lawyers
- Inpatient treatment commitment orders are valid for **six months**
- Several DMH facilities for competency restoration; Bridgewater State Hospital inpatient care
- Individuals with cognitive disabilities can be recommended to outpatient neuropsychological testing
- For those who do not meet the criteria for inpatient treatment, it is ultimately the **burden of the defense attorney**

Case Study: Connecticut

STRUCTURE: Formal Competency Restoration Program

- Strict focus on **legal status** of competency
- Competency orders for **all level of offenses**
- **Team oriented** restoration programming
- **Two inpatient psychiatric hospitals:** Connecticut Valley Hospital, Whiting Forensic Hospital
- **18-month maximum** for restoration, but usually completed around 6-9 months
- Enhanced Forensic Respite Bed (EFRB) model



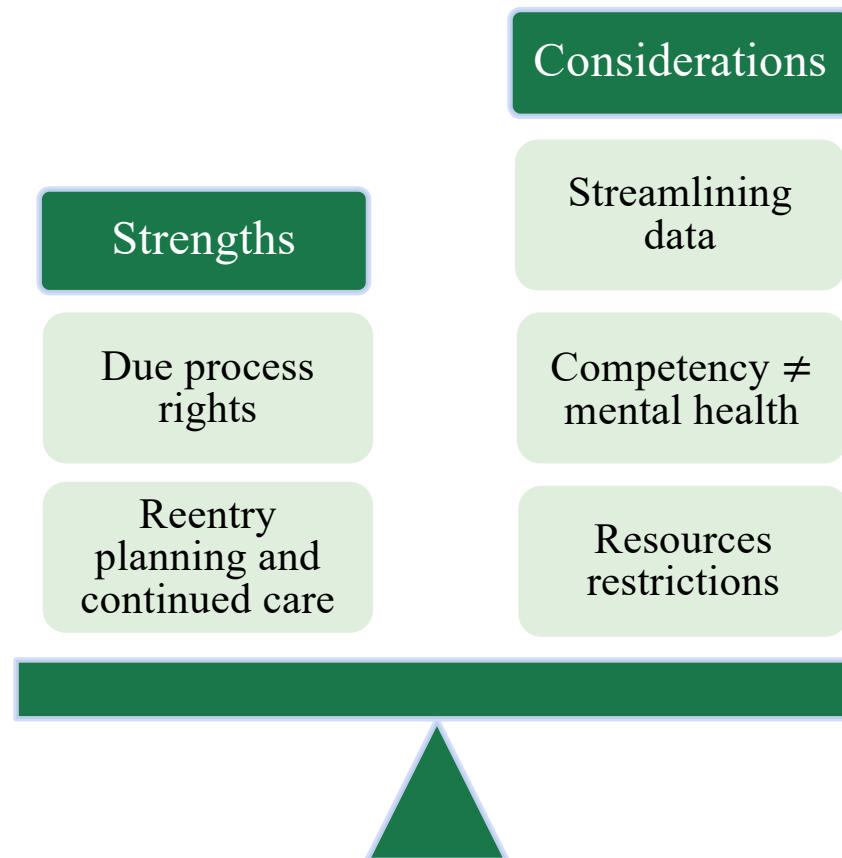
Case Study: Rhode Island

STRUCTURE: Formal Competency Restoration Program

- Centralized operations
- **Three-part evaluation:** 1. Clinical evaluation, 2. Competency Evaluation, 3. Psychiatric risk assessment
 - Must be not competent and violent/high-risk for restoration programming
- **Two inpatient psychiatric hospitals:** Eleanor Slater Hospital, Rhode Island Psychiatric Hospital
- **Six-month time frame** for restoration and reevaluation
- Goal is to move towards decriminalization and treatment

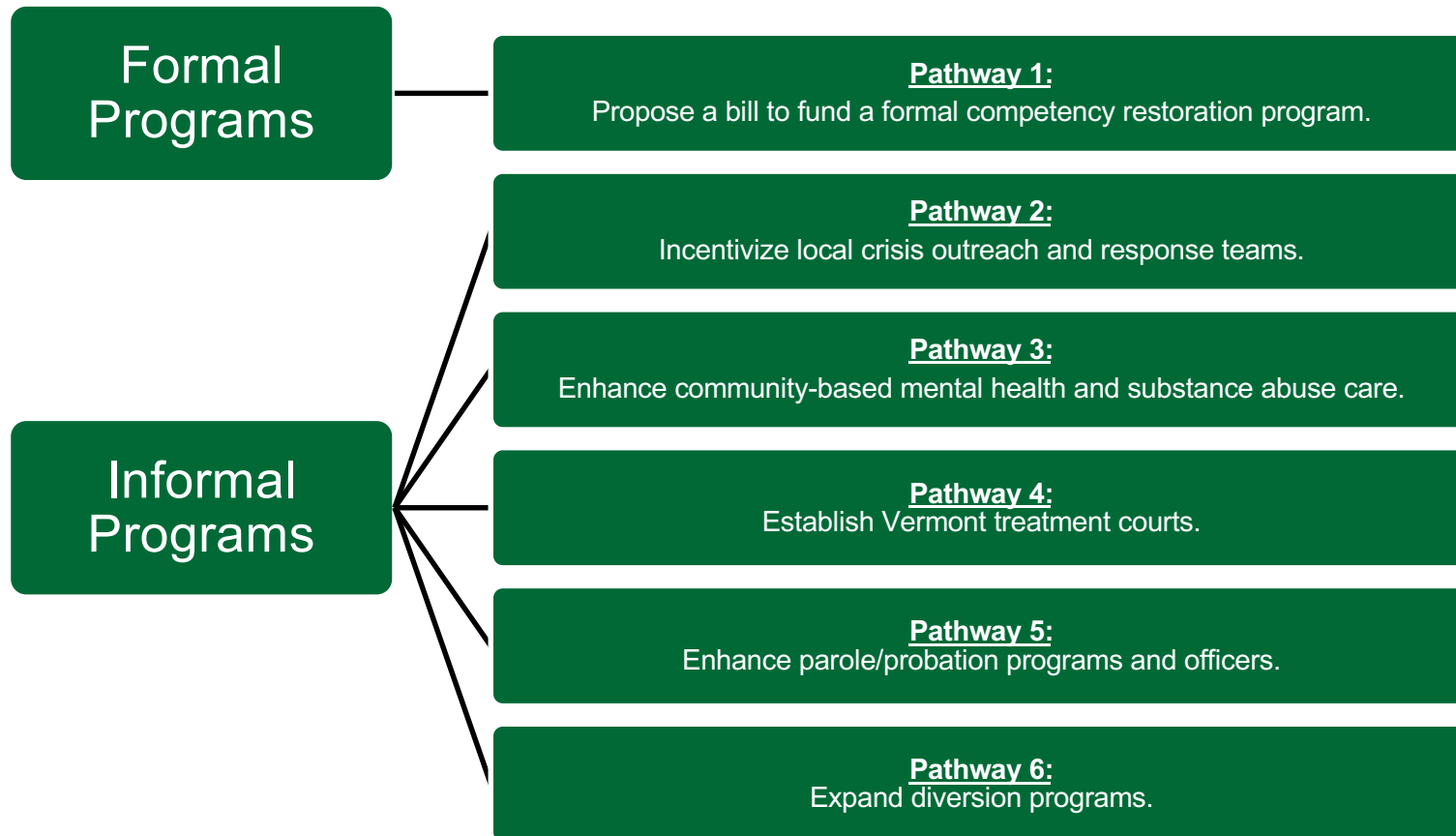


Strengths and Considerations

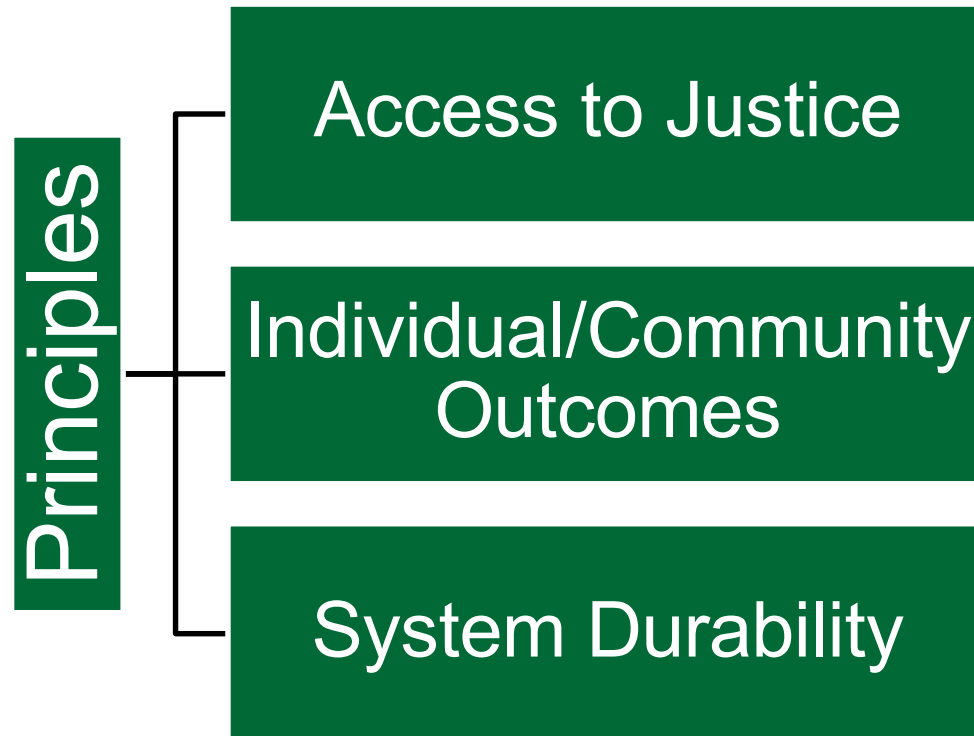


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- 5. Policy Pathways**

Policy Pathways Overview



Principles for Analysis



Principles for Evaluation: **Access to Justice**

Definition: Individuals have their cases assessed fairly on their merits, without procedural or practical barriers preventing meaningful participation in the legal process

Upholding
Individual
Accountability

Incorporating
Perspectives of
Criminal Victims

Ensuring Ethical
Treatment
Selection

Preventing
treatment from
extending time
held

Principles for Evaluation: Individual/Community Outcomes

Definition: Measurable results for both individual defendants and the broader community

Improving Public Health

Enhancing Public Safety

Using Evidence-Based Approaches

Boosting Restoration Success Rates

Reducing Criminal Justice System Interactions

Principles for Evaluation: System Durability

Definition: Short-term operational efficiency and long-term sustainability, recognizing that even the most well-designed program will fail if it cannot function effectively within Vermont's resource constraints and institutional landscape.

Enhancing
Procedural
Efficiency

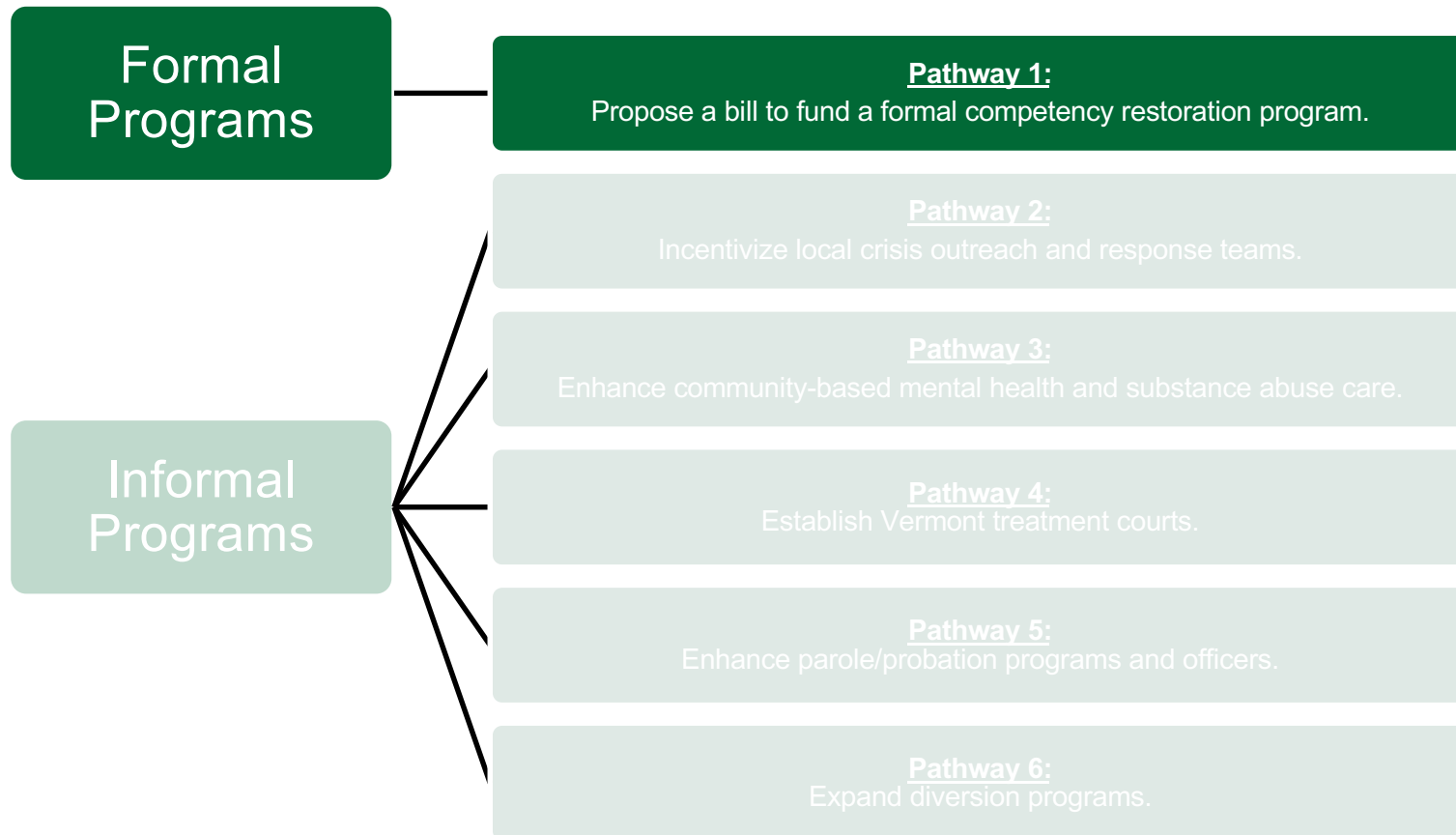
Ensuring Fiscal
Sustainability

Supporting
Workforce
Capacity

Creating Scalable
Programs

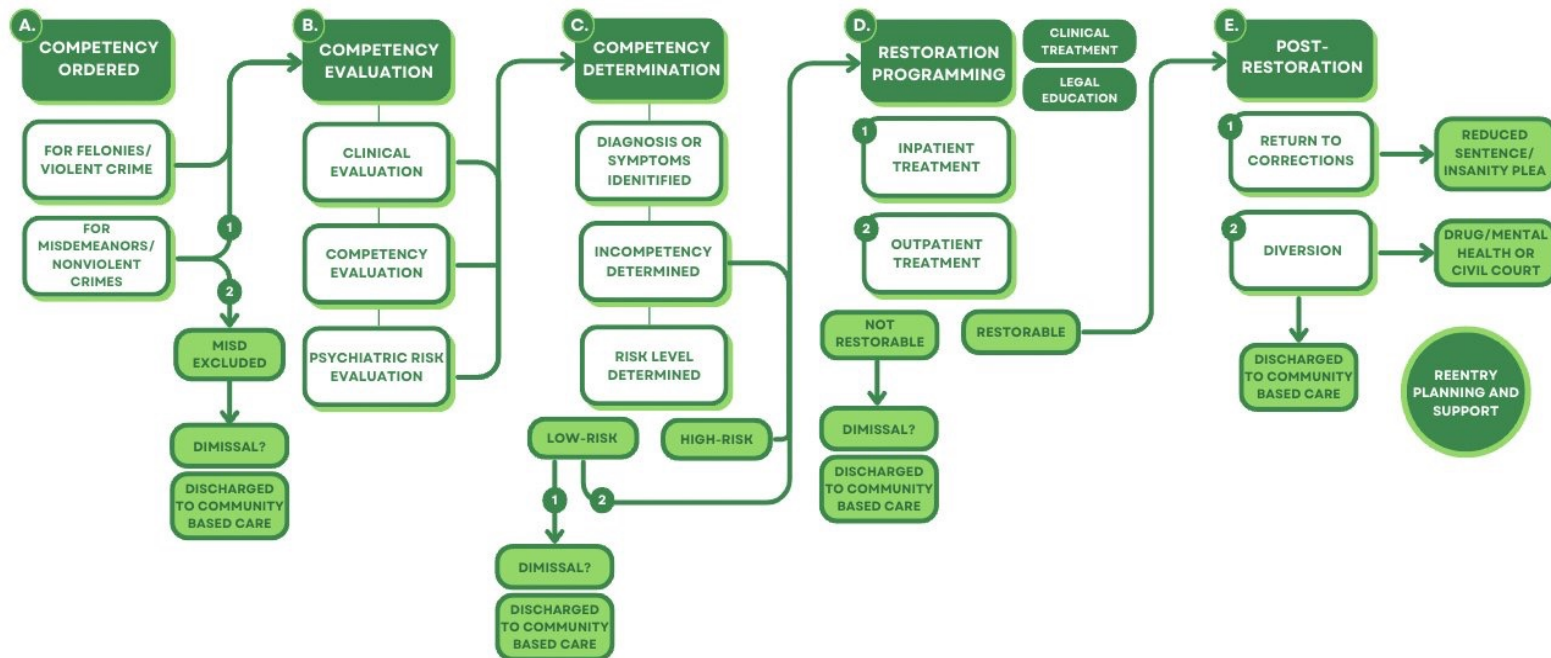
Fostering
Stakeholder
Collaboration

Policy Pathways Overview



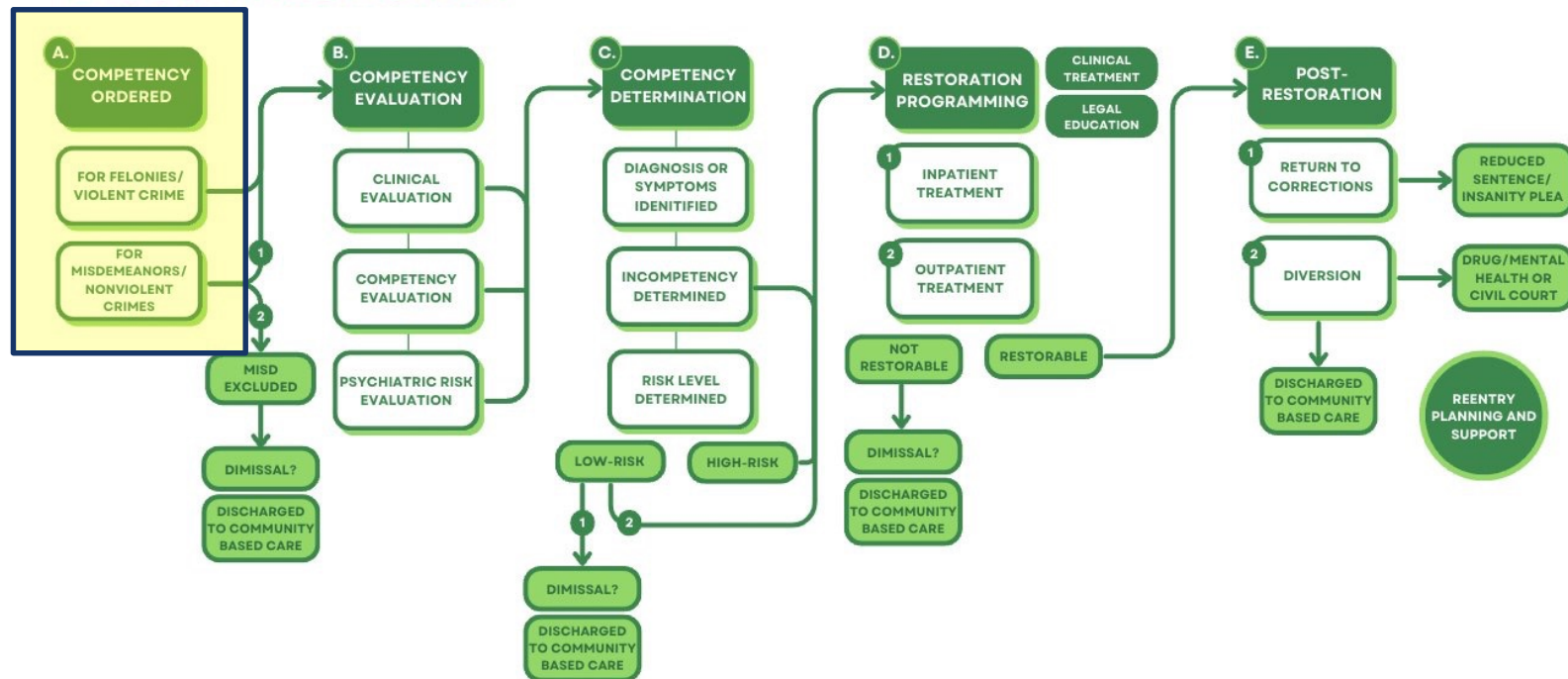
Pathway 1: Fund a formal competency restoration program

FORMAL COMPETENCY RESTORATION PROGRAM FLOWCHART



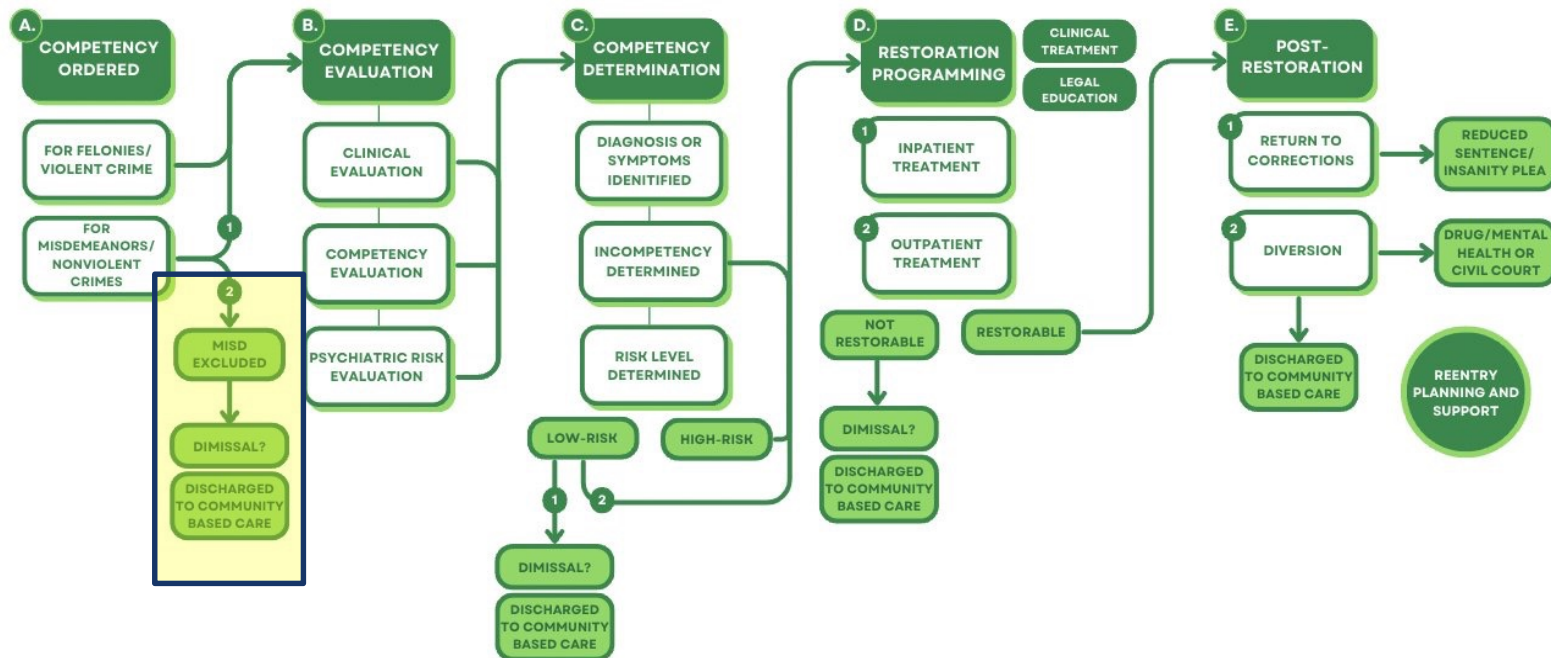
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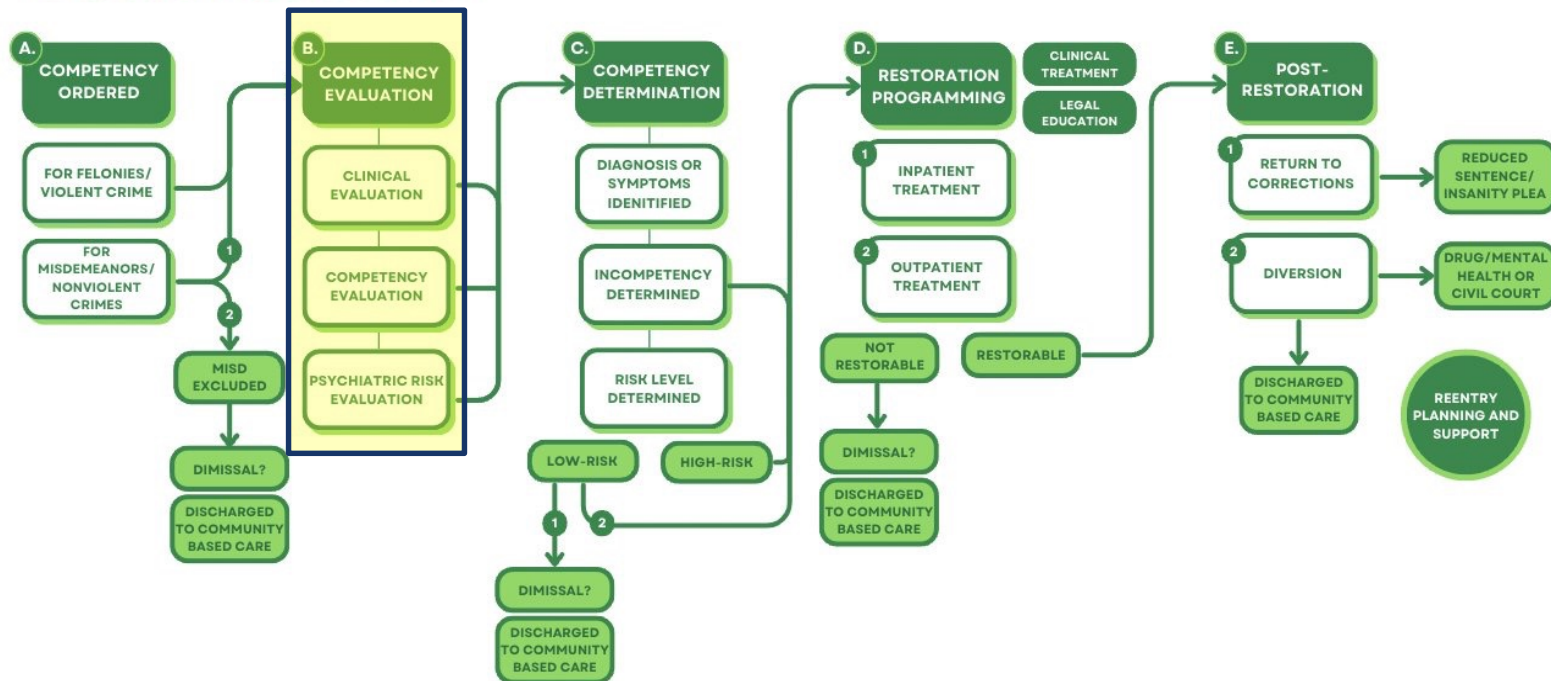
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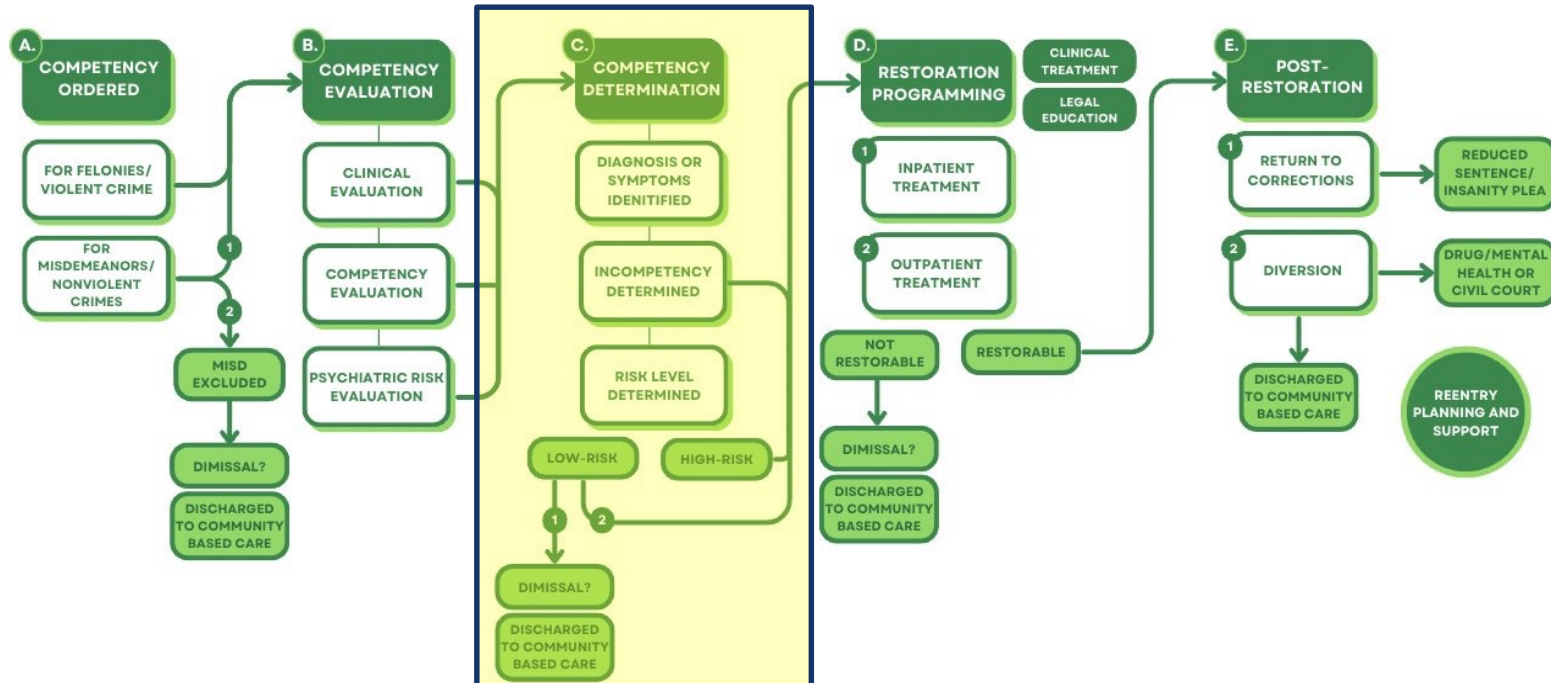
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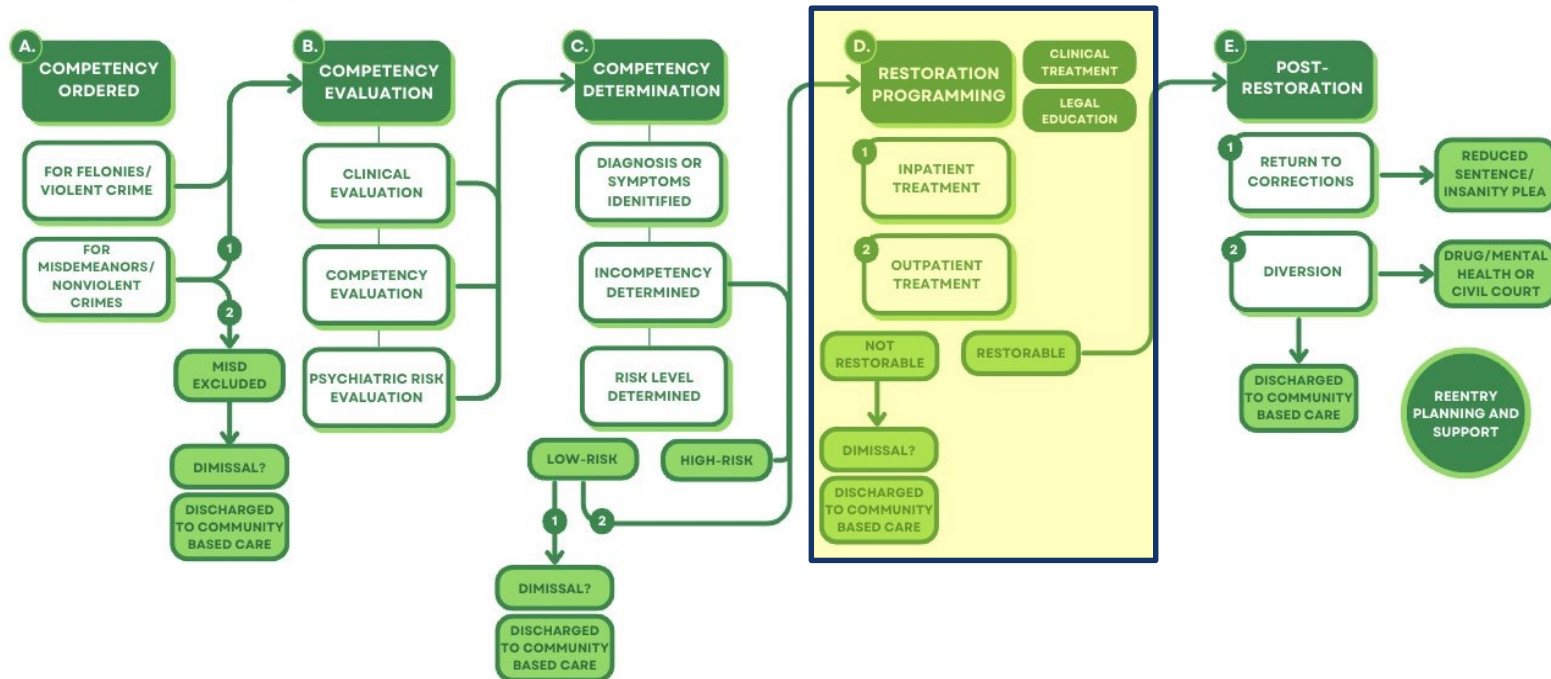
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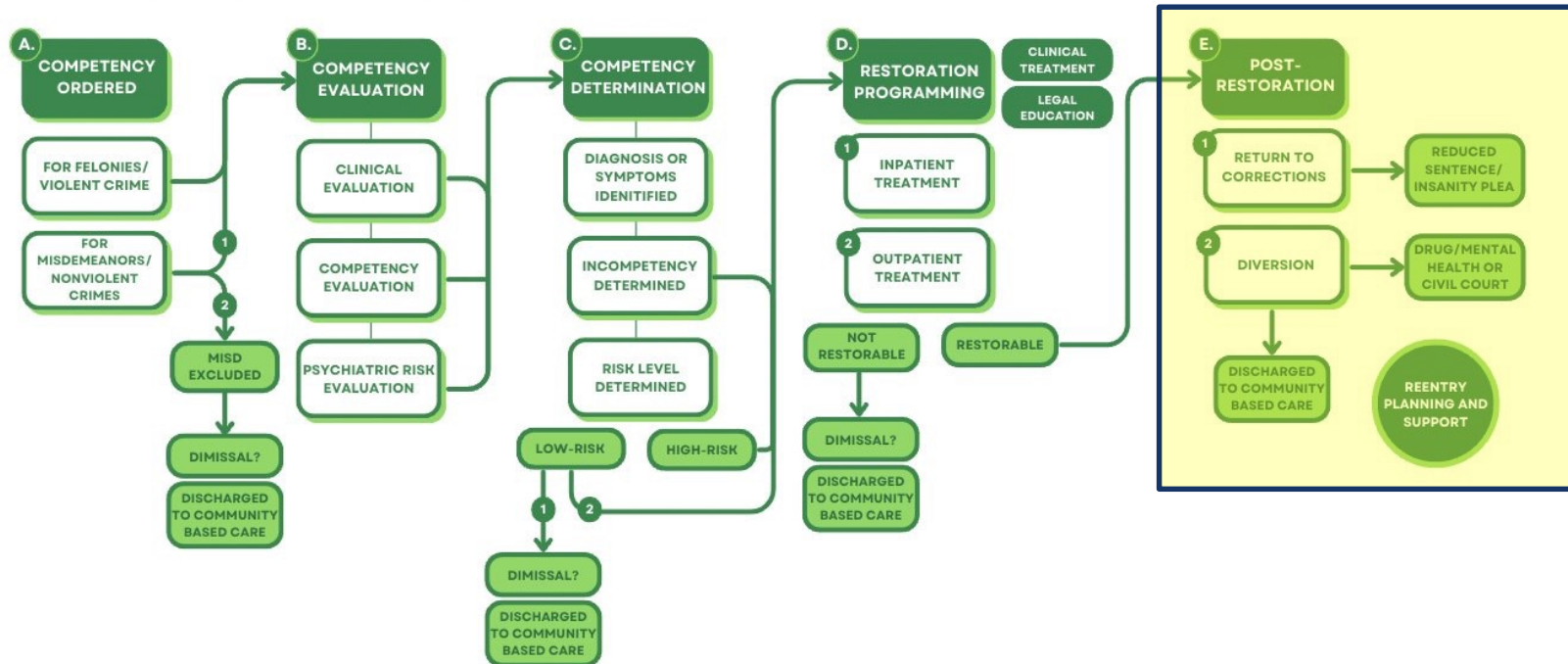
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FORMAL COMPETENCY RESTORATION PROGRAM FLOWCHART



Challenges to a Formal Program

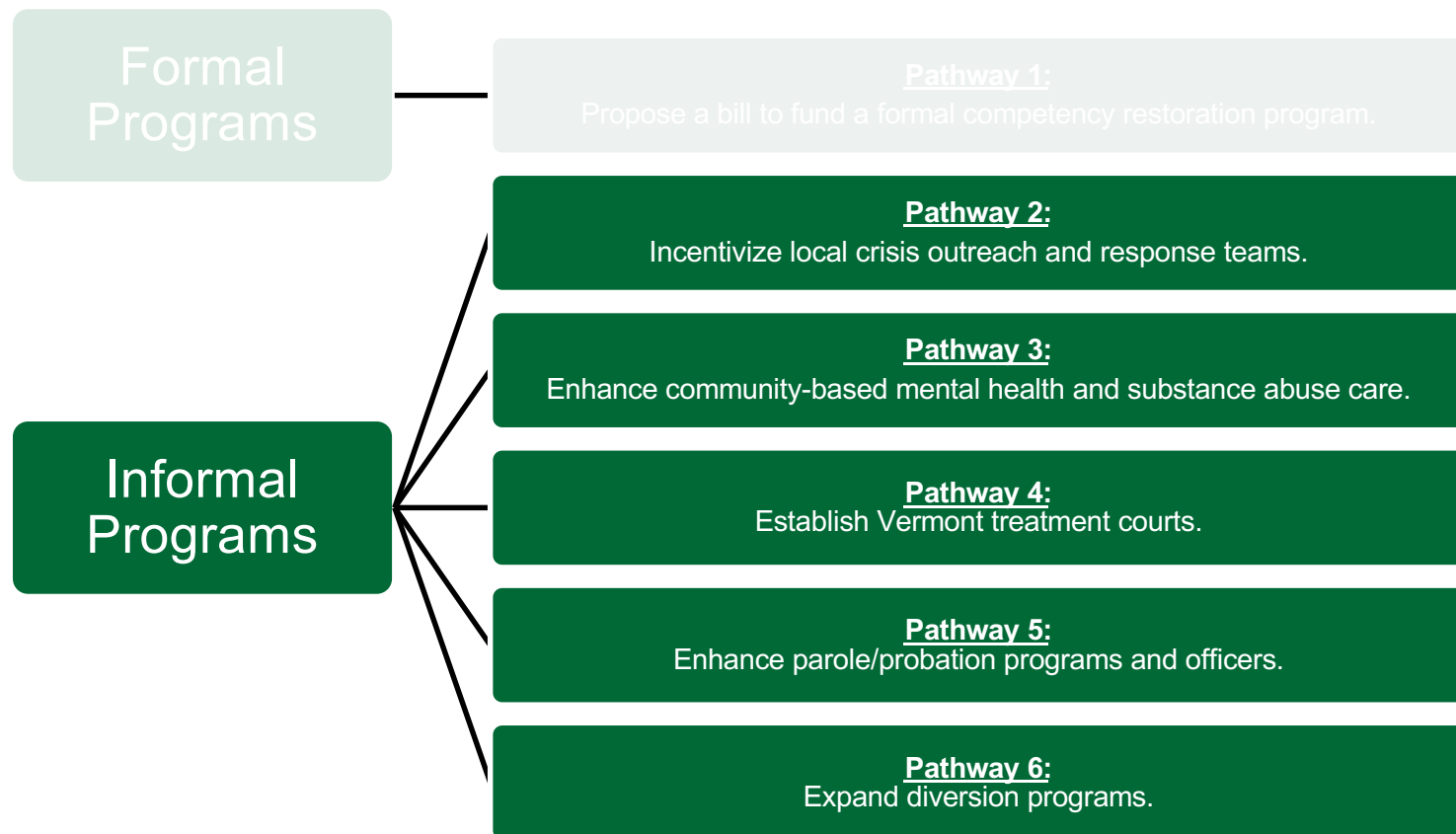
Accountability

Communication and Data

Staffing and Infrastructure

Cost & Funding

Policy Pathways Overview



Community Partners



**Vermont Community
Justice Centers**



**Turning Point
Vermont**



**Pathways
Vermont**



**Vermont Care
Partners**

Pathway 2: Incentivize local crisis outreach and response teams



Benefits

- Already implemented in Vermont (Montpelier)
- Can prevent individuals from entering the legal system

- Policy occurs at the community (not statewide) level

Considerations

Could be best for: A local solution for diverting cases out of the criminal justice system

Pathway 3: Enhance community-based abuse care



Benefits

- Community-based care is "optimal"
- Could help with competency issues and re-entry from incarceration

- Requires financial investment from the legislature

Considerations

Could be best for: Long-term public health improvement

Pathway 4: Establish Vermont treatment courts



Pathway 5: Enhance parole/probation programs and officers



Benefits

- Strengthens care without sacrificing accountability
- Could decrease the number of incarcerated individuals

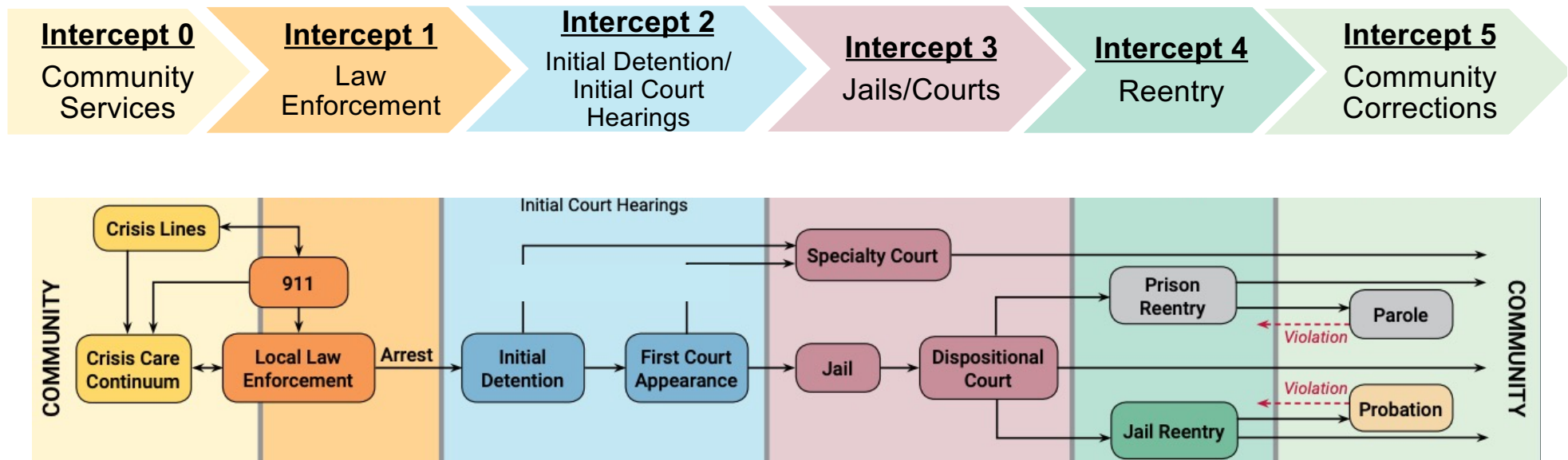
- Mainly a Department of Corrections-led policy

Considerations

Could be best for: Ensuring accountability with concurrent treatment

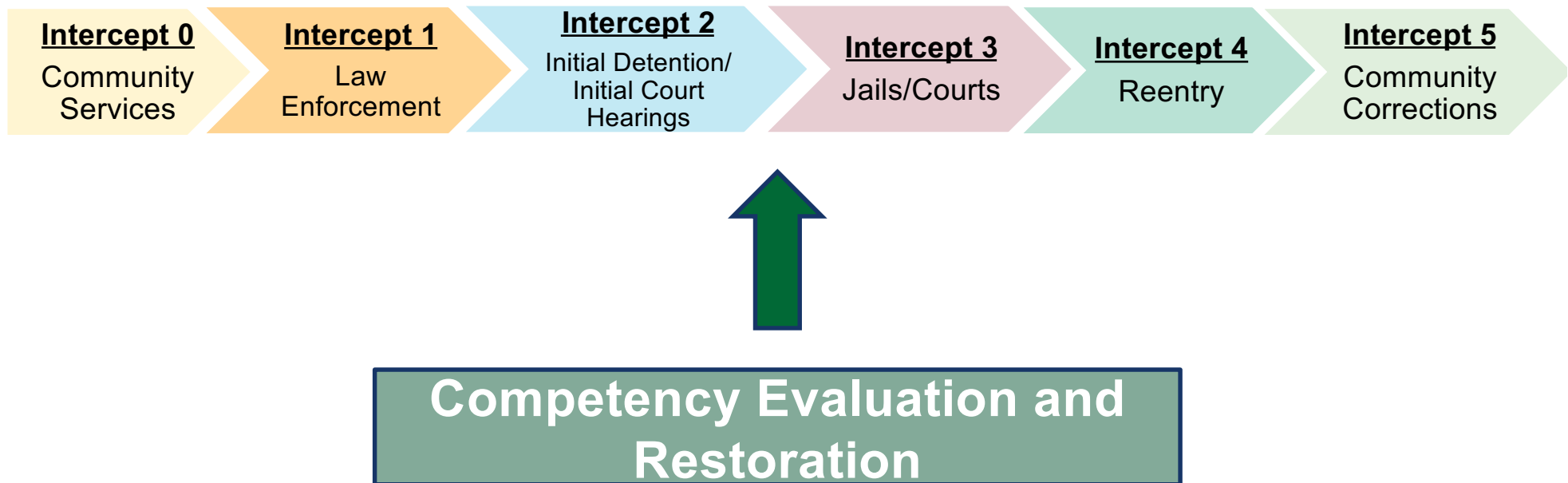
Pathway 6: Expand diversion programs

Sequential Intercept Model

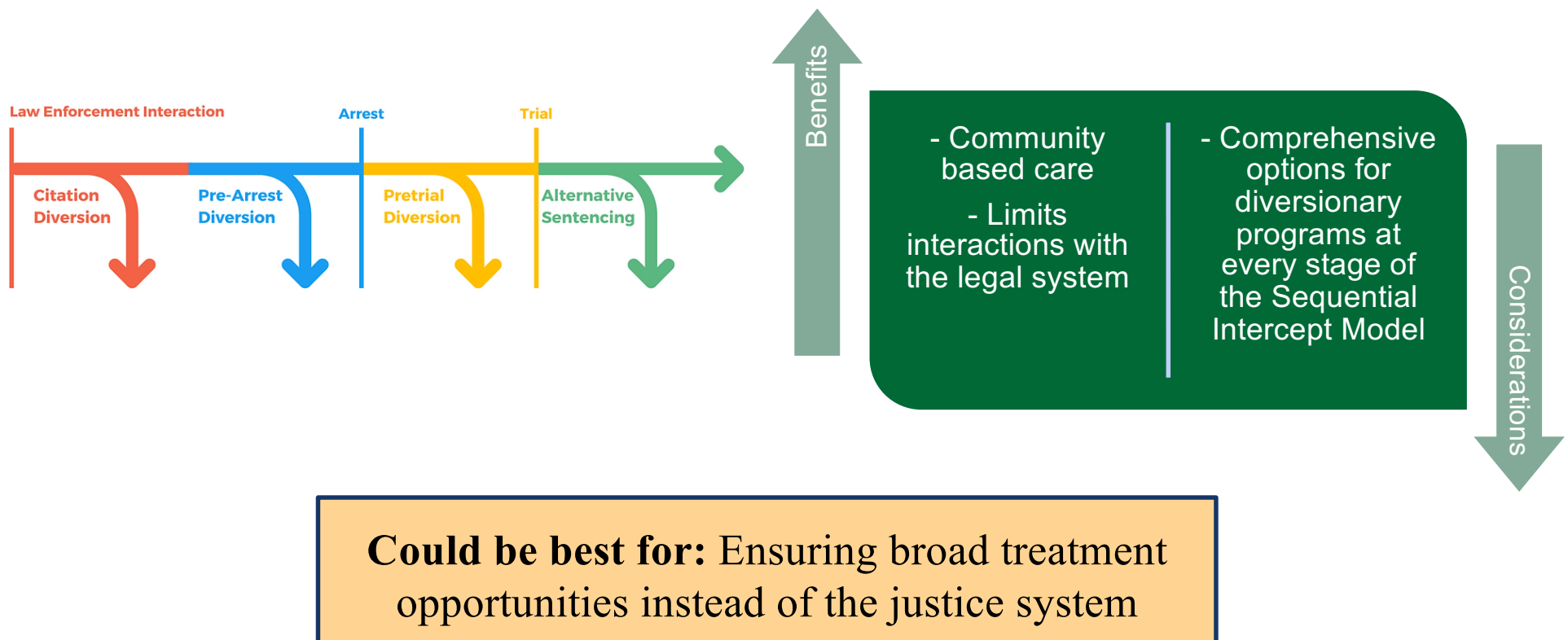


Pathway 6: Expand diversion programs

Sequential Intercept Model



Pathway 6: Expand diversion programs



Conclusion



[Source](#)

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