PURPOSE

The purpose of this administrative directive is to identify the procedures and guidelines to provide notice to affected persons, Law Enforcement Agencies, and other relevant parties when high risk offenders are released from incarceration.

POLICY

It is the policy of the Vermont Department of Corrections to make every reasonable effort to properly prepare and plan for the release and reintegration of high risk offenders who are returning to the community following incarceration. Inherent within that responsibility is the need to take additional steps to notify and consult with all required parties and appropriate community members prior to the release of high profile and serious crime inmates.

AUTHORITY

13 V.S.A. § 5305, 13 V.S.A. § 5411, 13 V.S.A. § 5411c, 28 V.S.A. § 102(c)(22)
REFERENCE

Administrative Directives, #255.01 Sex Offender Registry & Internet Registry Determinations, #371.02, Facility Case Management; #371.10 Level C Designation for Offenders Convicted of Listed Offenses, #371.11 Level C Performance Expectations, and #502.01 Victim Notification – Automated (VANS) and Non-automated.

DEFINITIONS

Case Staffing: Review of pertinent case plan information by Department of Corrections facility, probation and parole, and central office staff in order to make decisions about appropriate custody level, furlough status, programming, direct community placement, release sensitive notification (RSN), community notification, level “C” designation for offenders convicted of listed offenses, and sex offender releases and parole recommendations.

Case Staffing Form: A form used by correctional staff to document a request to have a case staffing with designated authorities to determine appropriate custody levels, furlough status, programming, direct community placement, release sensitive notification (RSN), community notification, level “C” designation for offenders convicted of listed offense, and sex offender releases and parole recommendations. Details on the form include offender name, legal status, probation and parole office site, convictions, sentence, date of request, a rationale for the request, and a recommended case staffing result.

Community Notification Plan: A plan devised to provide notice to affected persons, Law Enforcement Agencies, and other relevant parties when high risk offenders are released from incarceration.

High Risk: Statutorily defined as a high degree of dangerousness that a sex offender poses to others. Dangerousness includes the probability of a sexual re-offense.

High-Risk Designation: When a sex offender has been found by the Sex Offender Review Committee to meet the criteria of high-risk for purposes of Internet registration.

“Max-out” Case: An inmate who completes their maximum sentence while incarcerated and is released without any Department supervision.

Projected Release Date (PRD): The date when it is projected that an offender will be released from a facility.

Release Sensitive Notification (RSN) Case: A case in which the Department takes additional steps in notifying community partners, victims, and other members of the public who may be impacted by the offender’s release. A case is assigned RSN status by a central case staffing based on field and facility staff recommendation. Criteria for RSN status include, but are not limited to, LSI scores, victim and community sentiment, and media or political notoriety of the offense. This does not pertain to sentenced-detained or detained offenders.
PROCEDURAL GUIDELINES

1. Criteria for Community Notification

   a. Offenders designated High Risk Sex Offenders; or
   b. Offenders designated Release Sensitive Notification (RSN); or
   c. Offenders designated Level C; or
   d. Any other high risk offenders not meeting the above criteria but identified by the co-case managers and approved by their supervisors.

2. Rationale for Community Notification

   A variety of information needs to be considered when determining the extent of the community notification plan, including but not limited to:

   a. Seriousness of the offense;
   b. Offender’s prior offense history;
   c. Offender’s characteristics, such as response to prior treatment efforts and history of substance abuse;
   d. Lack of community supports to the offender, such as therapeutic treatment, a stable and supervised living arrangement, familial and social relationships, and consideration of the offender’s education or employment stability;
   e. Whether the offender has indicated, or credible evidence in the record indicates, that the offender will reoffend if released into the community;

3. Central Review

   a. All cases meeting the criteria for Community Notification will require a Central Level case staffing.
   b. The Facility CSS will submit a central case staffing report at least six (6) months prior to the projected release date, to include offenders maxing out their sentence.
   c. The Facility CSS will complete section 1 of the Community Notification Plan form and submit the plan with the case staffing report.
   d. A Central Level Case Staffing will be held and section 2 of the Community Notification Plan will be discussed. The plan will outline who will be notified, by whom and when. If applicable, it will also designate a staff member to respond to media inquiries.
   e. Central Office staff are responsible for:
      i. Filling out Section 2 of the Community Notification Plan;
      ii. Storing the completed Community Notification Plan electronically;
      iii. Documenting the Community Notification Plan in electronic case notes, and;
      iv. Entering the appropriate information on the Community Notification Plan tracking sheet.

4. Community Notification

   a. Offenders who meet the criteria for community notification outlined above in section 1 will have law enforcement notification.
i. The Facility CSS will complete the relevant Law Enforcement Notification Release Form at least six (6) months before the offender’s release from incarceration (either on furlough, probation, or “maxing out”), and send it to the offender’s field CSS for review.

ii. The Field CSS will forward the completed form to the Sexual Offender Supervision & Re-entry Service Coordinator for approval.

iii. The Field CSS is responsible for sending the approved form to Law Enforcement.

b. In addition to law enforcement notification; notification may be given to neighbors, schools, daycare centers, and other agencies/organizations that serve vulnerable youth and adults should the offender live close in proximity to and have frequent and regular contact with the above.

c. For offenders who meet the criteria for community notification outlined in section 1 and who will not be under DOC community supervision (max-out), have indicated, or credible evidence in the record indicates that the offender may reoffend when released into the community, Community Notification will be provided to law enforcement and DOC may at their discretion disseminate information to the public through broad public notification. Broad public notification may be a community meeting and/or media release. All community notifications will be discussed and approved by the Central Case Staffing Team. The information provided may include the town of residence, description of the offender, photo, and description of the offending pattern. Public notifications will be conducted by the Commissioner or designee.

d. For offenders who provide an address prior to or at time of release from incarceration community notification will be provided to local law enforcement.

e. For offenders who DO NOT provide an address at time of release community notification will be sent to Chair of the Vermont Chiefs Association and to the Chair of the Vermont Sheriffs Association.

TRAINING

It is the responsibility of the Corrections Sex Offender Treatment Program Chief and the Casework Director to ensure that all Facility Superintendents and District Managers are fully trained in the application of this directive.

The Facility Superintendents and District Managers will ensure that all CSS staff and other relevant staff fully understand this directive; and their responsibilities and expectations in complying with this directive.

QUALITY ASSURANCE

1. All community notification plans will be kept in an electronic case staffing file and documented in the offender’s case notes.

2. All community notification plans will be tracked on the Community Notification Plan Tracking Sheet.

3. The Sexual Offender Supervision and Re-entry Service Coordinator will maintain the Community Notification Plan Tracking Sheet.
4. Community Notification data will be included in the quarterly performance measures report.
ATTACHMENT 1 – SAMPLE

Community Notification Plan

Inmate Name: ______________________ DOC PID Number ____________________

DOB: ___________________ Projected Release Date: ________________________

Facility Site: _______________________ Field Site: ____________________________

Facility CSS: _______________________ Field CSS: ____________________________

Community Notification Request Date: ______________________

Requested By: ________________________________

Criteria for Community Notification (check all that apply):

Designated High Risk Sex Offender ☐  Designated RSN ☐  Designated Level C ☐

Co Case Managers with Supervisory Approval ☐

Rationale for Recommending Community Notification Plan (check all that apply):

☐ Seriousness of the offense

☐ Offender’s prior offense history

☐ Offender’s characteristics, such as response to prior treatment efforts and history of substance abuse

☐ Lack of community supports to the offender, such as therapeutic treatment, a stable and supervised living arrangement, familial and social relationships, and consideration of the offender’s education or employment stability
☐ Whether the offender has indicated, or credible evidence in the record indicates, that the offender will reoffend if released into the community

☐ Other:
_________________________________________________________________________________ 
_________________________________________________________________________________ 
_________________________________________________________________________________ 
_________________________________________________________________________________ 
_________________________________________________________________________________ 
_________________________________________________________________________________

Mitigating Factor:

☐ Whether the offender demonstrates a physical condition that minimizes risk of re-offense, including but not limited to advanced age or a debilitating illness or physical condition

Community Notification Plan:

A. Law Enforcement Notification Only ☐
   By Whom: _________________ Completion Date: _______________

B. Law Enforcement Notification ☐ AND:
   Neighbors ☐
   Schools ☐
   Day care Centers ☐
   Agencies/Organizations serving: Vulnerable youth ☐ Vulnerable adults ☐
   ________________________________________________
   ________________________________________________
   ________________________________________________

   By Whom: _________________ Completion Date: _______________

C. Law Enforcement Notification ☐ AND:
   Neighbors ☐
   Schools ☐
   Day care Centers ☐
Agencies/Organizations serving: Vulnerable youth ☐ Vulnerable adults ☐ AND
Public Notification ☐

To Whom:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

By Whom: ___________________ Completion Date: ______________________

Approved:

___________________________________________________________________________

Name Date
ATTACHMENT 2 - SAMPLE

Case Staffing Form

Inmate/Offender Name: Click here to enter text.  PID#: Click here to enter text.
DOB: Click here to enter text.
Facility Site: Choose an item.
Facility CSS: Click here to enter text.
Min Release Date: Click here to enter text.

District Office Site: Choose an item.
Field CSS: Click here to enter text.
Max Release Date: Click here to enter text.

Current Offense(s): Click here to enter text.

LSI-R/ORAS Score: Low □  Moderate □  High □
Criminogenic Need Areas scoring Moderate and High:
Click here to enter text.

VASOR Score: Choose an item.
SOTIPS Score: Choose an item.
Static 99 R Score: Choose an item.
Required to register with the Sex Offender Registry: Yes □  No □
Sex Offender Registry Completed: Yes □  No □

CASE STAFFING TYPE:
Custody and Placement □  Furlough Violation □  RSN Designation □
VRAG Requested □  Level C Designation □  Direct Community Placement □
Sex Offender Release and Sex Offender Parole Recommendation □
Risk Reduction Programming and Sex Offender Treatment □
Community Notification Plan □

STAFFING INFORMATION

Date of Request: Click here to enter a date.
Requested By: Click here to enter text.
Request Approved By: Click here to enter text.
CONVICTIONS AND SENTENCE INFORMATION

Affidavit Attached: Yes ☐ No ☐

Prior Record: Enter relevant convictions that relate to current convictions or behaviors.
Click here to enter text.

INSTITUTIONAL BEHAVIOR AND FIELD SUPERVISION

Facility Behavior Summary: Enter brief overview of inmate’s behavior
Click here to enter text.

Prior Supervision History: Enter brief overview of inmate’s past supervision history
Click here to enter text.

PROGRAM NEEDS AND HISTORY

VTPSA Program Summary Attached: Yes ☐ No ☐ NA ☐

Is Offender currently in Risk Reduction Programming (RRP) Yes ☐ No ☐

Risk Reduction Program Summary and Continuum of Care Recommendations Attached: Yes ☐ No ☐ NA ☐

Overview: Enter brief overview of inmate’s program needs
Click here to enter text.

Program History: Current and Past Program History
Click here to enter text.

VICTIM

Victim Services Specialist Input:
Click here to enter text.

Victim Services Notified of the Release and informed of Staffing Date: Yes ☐ No ☐

CASE PLAN

Is OCP up-to-date: Yes ☐ No ☐

Current OCP attached: Yes ☐ No ☐

Reentry Checklist attached: Yes ☐ No ☐

Be prepared to discuss inmate/offender’s criminogenic need areas, progress in recommended treatment programs/services, and overall compliance with current case plan.
LEVEL C CRITERIA

In order to be designated Level C all boxes must be checked **YES**

Convicted of a Listed Offense: Yes ☐ No ☐

Crime must be determined as egregious by use of the Egregious Form: Yes ☐ No ☐

LSI-R/ORAS Score Moderate or Higher: Yes ☐ No ☐

VRAG Score of 7-9: Yes ☐ No ☐  VRAG Score: Choose an item.

RSN CRITERIA

In order to receive automatic RSN designation both boxes must be checked yes:

Offender is designated Level C Yes ☐ No ☐

Offender is designated High Risk by the Sex Offender Review Committee: Yes ☐ No ☐

For individuals to be reviewed for RSN designation, the Case Review Committee will evaluate the following. Check all that apply:

Listed Offender ☐ Risk Score Moderate or Higher ☐ Victim Notification on File ☐

Level C Designation ☐ Designated High Risk by Sex Offender Review Committee ☐ Heightened Media Issues/Coverage ☐ Political issues/Coverage ☐

Strong Victim Reaction ☐ Strong Community Reaction ☐ Victim/Community Safety ☐

Other issues not addressed above ☐

FURLOUGH VIOLATION

Narrative of Violation: A description of conditions and behavior causing the violation:

Click here to enter text.

Field Supervision History: History of non-compliance and responses within the past twelve months:

<table>
<thead>
<tr>
<th>Date of Violation</th>
<th>Behavior/Condition Violated</th>
<th>Response</th>
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<tbody>
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</table>
CASE STAFFING DECISION

Choose the staffing type below and document decision. If more than one staffing decision is made document each.

Choose an item. **Date:** Click here to enter a date. **Explanation:** Click here to enter text.

Choose an item. **Date:** Click here to enter a date. **Explanation:** Click here to enter text.

Choose an item. **Date:** Click here to enter a date. **Explanation:** Click here to enter text.
ATTACHMENT 3 – SAMPLE

VERMONT DEPARTMENT OF CORRECTIONS
LAW ENFORCEMENT NOTIFICATION: STANDARD SEX OFFENDER RELEASE FORM

CONFIDENTIAL: FOR LAW ENFORCEMENT AND CITY/TOWN OFFICIALS ONLY

To: (specific police agency)

From: (specific staff, phone # and office)

Date:

This is to inform you of the release of sex offender __________________________________________ (Print name)

from ____________________________ to community supervision.

DOB:

Address:

Summary of current offense: (Very brief overview, couple of sentences)

Programming History:

Risk to Re-offend:

Compared to other incarcerated sex offenders, (insert name)’s risk to commit another sexual offense is considered to be in the (insert risk level from VTPSA scores), and his risk for general criminal recidivism is considered to be in the (insert risk level from LSI-R/ORAS score). Based on his past history, if he were to sexually re-offend, his most likely victims would be (insert his preferences, including age, gender, relationship, grooming patterns).
Supervision Status (check applicable):

____ Furlough. Responsible Probation and Parole Office: ________________________

____ Probation/Parole. Responsible Probation and Parole Office: __________________

____ Served Maximum Sentence and will no longer be under DOC supervision.

(Insert Current Photos of Sex Offender, side and front, at the bottom here.)

Cc: Sex offender file
Revised 10/8/14
ATTACHMENT 4 – SAMPLE

VERMONT DEPARTMENT OF CORRECTIONS
LAW ENFORCEMENT NOTIFICATION: DESIGNATED HIGH RISK SEX OFFENDER RELEASE FORM

(Insert Current Photos of Sex Offender, side and front.)

Today’s date:

Offender Name: DOB:

Hair Color: Weight: Height:

Race: Eye Color: Complexion:

Place of Birth:

Sex: Citizenship:

Marital status:

Release Date:

Offense(s):

Docket #(s):

Sentence: Sentence Date:
Community Notification for High Risk Offenders

Supervision Status (check applicable):

- [ ] Furlough. Responsible Probation and Parole Office: ________________________
- [ ] Probation/Parole. Responsible Probation and Parole Office: __________________
- [ ] Served Maximum Sentence and will no longer be under DOC supervision.

Proposed Residence:

Family Contact:

For More Information Please Call:

- (Insert local office contact.)

Internet Posting: www.dps.state.vt.us

Cc: Sex Offender file

Revised 5.06.10
Offender’s Name:  
DOB:  

P&P Office:  

The Vermont Department of Corrections is providing this summary of information about __________________________ (sex offender’s name) to law enforcement agencies to assist them in preparing for his release on ________________ from incarceration to a location in ______________________. Some of this information is protected by confidentiality laws, and the further dissemination of such information should not be done without advice from appropriate legal counsel.

Summary of Current Offense:  

Prior Convictions with Brief Summary:  

Offense Patterns:  

Minimum Release Date:  

Maximum Release Date:  

Supervision History:  

Risk to Re-offend:

Compared to other incarcerated sex offenders, (insert name)’s risk to commit another sexual offense is considered to be in the (insert risk level from VTPSA scores), and his risk for general criminal recidivism is considered to be in the (insert risk level from LSI-R/ORAS score). Based on his past history, if he were to sexually re-offend, his most likely victims would be (insert his preferences, including age, gender, relationship, grooming patterns).

Cc: Sex Offender file
Revised10/8/14