

Rapid Intervention Community Court Mission Statement

The mission of the Rapid Intervention Community Court "RICC" is to provide services that address the root cause of the criminal behavior of individuals that are charged with a criminal offense. The goal of RICC is to screen appropriate cases, conduct a risk/need assessment, and divert the case by linking the individual to the appropriate social service agency. RICC seeks to lower barriers to services and access treatment in an efficient and effective manner. RICC personnel provide support to the individual during the pendency of treatment plan by communicating with the participants and providers and ensuring compliance. Upon successful completion of the proposed agreement by the parties, the Chittenden County State's Attorney's Office "CCSA" will not file the criminal charge. The goal is twofold; enhance public safety by addressing the root cause of criminal behavior thereby preventing future crimes and saving taxpayer money.

The appropriateness of cases referred depends on the nature of the criminal charge. Cases that are automatically ineligible for referral are sex offenses, intimate domestic violence offenses, drug dealing/selling offense, violent offenses, to include but not limited to aggravated assaults, assaults & robbery, burglary and driving offenses. Other barred offenses include embezzlement. There are no exclusions for age or prior criminal record. Screening for mental health is done to ensure competency to complete the RICC program or whether more intensive services are required. All cases referred are done so at the sole discretion of the CCSA office.

While RICC is CURRENTLY a pre-charge program. Upon agreement with the Judiciary and upon receipt of the appropriate training, the CCSA will collaborate with the Judiciary to make RICC a pre adjudication program with a specially assigned judge.

The CCSA considers service providers an equal partner in our effort to make a Chittenden County a safe and vibrant community. In order to lower barriers to access services and maximize treatment options, RICC seeks to bring the "community" into the court house by creating embedded services that are comprehensive and immediately accessible.

RICC will deploy the Ohio Risk Assessment System ("ORAS") in April 2012. The "ORAS" is a validated risk assessment tool and will be used to make informed evidence based decisions regarding eligibility and appropriateness of services.

RAPID INTERVENTION COMMUNITY COURT

It has been determined that you may be eligible to participate in the *Rapid Intervention Community Court* program. RICC is a pre-charge program that looks at alternatives to the traditional court system. Successful participation could very likely result in dismissal of this case with which you have been charged.

If you are interested in taking advantage of this opportunity, you must call the *Rapid Intervention Community Court* coordinator at 802.951.0120 within **SEVEN (7) DAYS** of receipt of this citation. If your call goes to voice mail please leave your name, phone number, the citation date and the Arresting Agency incident number listed below in your message.

Citation date

Arresting Agency incident number

RAPID INTERVENTION COMMUNITY COURT
GENERAL INTAKE FORM

Intake Date: _____

Name: _____ DOB: _____

Address: _____

Telephone or message phone: _____

Emergency Contact/Alternative contact info: _____

Email Address: _____

DL/NDL #/State: _____

Gender (please circle): Male Female Transitioning

Marital Status: _____

Are you or your partner pregnant or parenting (please circle)? Y N

Names and ages of children _____

Do you receive child support? Y N

Do your children reside with you? Y N If not, with whom? _____

Race: American Indian/Alaska Native Hispanic/Latino Black or African American
 Caucasian Asian Native Hawaiian/Pacific Islander Other/Mixed _____

Are you a U.S. Citizen? Y N

If not, country of origin/present legal status: _____

Prior military service? Y N

If yes, what branch/years/type of discharge? _____ / _____ / _____

Do you, or have you ever, received services through the VA (please circle)? Y N

Housing

How long have you lived at your current residence? _____

With whom do you reside? _____

How many times have you moved in the past year and why? _____

Is your current housing stable and will be 6 months from now? Y N

Have you ever been homeless? Y N

Substance Abuse

Have you ever had a problem with alcohol? Y N

When did you first start to regularly drink? _____

Describe your drinking habits: _____

What's the longest period you've abstained from drinking? _____

How long has it been since you last drank? _____

Have you ever been in treatment for alcohol use? Y N

If yes, please explain (past/current, type of treatment, provider, etc): _____

Have you ever had a problem with drugs other than alcohol? Y N

Describe your drug use: _____

How often do/did you use? _____

What drugs? _____

Alone or with others? _____

Have you ever had any problems due to your drug use (legal, employment, family, social)? Y N

If yes, please describe (number of times, etc): _____

Has your drug use ever caused you problems with a job? Y N

If yes, what happened? _____

Have you ever been in treatment for drug use? Y N

If yes, please explain (past/current, type of treatment, provider, etc): _____

Medical/Mental Health

Have you ever suffered from a traumatic brain injury? Y N

If yes, please explain: _____

Have you ever experienced psychiatric or emotional problems? Y N

If yes, please explain: _____

Have you ever been in treatment for mental health? Y N

If yes, please explain (past/current, type of treatment, provider, etc): _____

Are you currently taking medication for a mental health condition? Y N

If yes, which medications for what conditions? _____

Benefits and Assistance

Public Assistance

Food Stamps

Medicaid

VHAP

Medicare

Unemployment

Social Security

SSI/SSD

Veteran's Assistance

Retirement/Pension

Private Insurance

Reach Up

Have you ever been in DCF custody? Y N

RAPID INTERVENTION COMMUNITY COURT RESPONSE FORM

Name: _____ DOB: _____

Date of Acceptance: _____ Follow-up Meeting: _____

Instructions:

Treatment & Recovery Plan:

- | | |
|--|--|
| <input type="checkbox"/> Turning Point Center
191 Bank Street
Burlington, VT 05401
(802) 881-9098
(802) 881-7273 | <input type="checkbox"/> HowardCenter
Mental Health and Substance Abuse Services
855 Pine Street
Burlington, VT 05401
(802) 488-6100 |
| <input type="checkbox"/> Community Justice Center
179 South Winooski Ave
Burlington, VT 05401
(802) 865-7169 | <input type="checkbox"/> Lund Family Center
76 Glen Road
Burlington, VT 05401
(802) 864-7467 |
| <input type="checkbox"/> Spectrum
31 Elmwood Avenue
Burlington, VT 05401
(802) 864-7423 | <input type="checkbox"/> Mercy Connections
255 South Champlain Street Suite 8
Burlington, VT 05401
(802) 846-7063 |

Other: _____

Appointments: _____

Follow-up Instructions: _____

You must notify RICC within 24 hours if contact information changes. If you do not come to follow-up meeting, your case will be returned to the docket to be arraigned.

Signature of Participant

Phone Number

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL
INFORMATION**

I, _____, DOB _____,

hereby authorize Rapid Intervention Community Court, and any of its agents, to communicate with, and/or release confidential information to the recipient(s),

for the purposes designated below.

Rapid Intervention Community Court will use the information noted above for purposes of:

- Verifying that clients have connected with the referral source per the Rapid Intervention Community Court agreement
- Monitoring and compliance of agreed-upon conditions
- Collecting and reporting data regarding progress and completion of the agreed-upon treatment plan and/or conditions.

I understand that my authorization will remain effective from the date of my signature until _____, and that the information will be handled confidentially and in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

Signature of Participant

Date

Witness

Date

**RAPID INTERVENTION COMMUNITY COURT
PARTICIPANT AGREEMENT**

I, _____, agree to abide by the treatment and reparations plan developed in conjunction with the Community Coordinator and facilitated by one or more community based treatment providers.

I understand that if I fail to follow the agreed-upon treatment plan and conditions of the Rapid Intervention Community Court program, my criminal case may be returned to court for further prosecution.

I agree to sign releases of confidential information with all treatment providers so that the Community Coordinator may monitor and verify attendance and compliance with the agreed-upon conditions.

I understand that being charged with a new criminal offense may result in my termination from the Rapid Intervention Community Court program and resumed prosecution of my criminal case.

I understand that my participation in the Rapid Intervention Community Court program is voluntary and that I may withdraw from the program at any time by contacting the Community Coordinator.

Participant Signature

Date

Coordinator's Signature

Date

RAPID INTERVENTION COMMUNITY COURT

The case _____ for _____
Docket Number Name

with DOB _____ has been:

CLOSED for successful completion:

RETURNED to the docket for arraignment:

On this date: _____

