

Facility Study Report

I. Introduction

This report is submitted under 2016 Legislative Act 160 Sec. 30. VERMONT STATE CORRECTIONAL FACILITIES; COMMITTEE; ASSESSMENT; REPORT

(a) Creation. There is created a Correctional Facility Planning Committee to develop a 20-year capital plan for, and assess the population needs at Vermont State correctional facilities.

(b) Membership. The Committee shall be composed of the following:

- (1) the Commissioner of Corrections or designee,
- (2) the Commissioner of Finance and Management or designee;
- (3) the Commissioner of Buildings and General Services or designee;
- (4) the Commissioner for Children and Families or designee;
- (5) the Commissioner of Mental Health or designee;
- (6) the Commissioner of Disabilities, Aging, and Independent Living or designee;
- (7) the Executive Director of the Crime Research Group or designee; and
- (8) the President of the Vermont State Employees' Association or designee.

(c) Powers and duties. The Committee shall assess the capital and programming needs of State correctional facilities, which shall include the following:

- (1) An evaluation of the use, condition, and maintenance needs of each State correctional facility, including whether any facility should be closed, renovated, relocated, or repurposed. This evaluation shall include an update of the most recent facilities assessment as of June 30, 2016: (A) each facility's replacement value; (B) each facility's deferred maintenance schedule; and (C) the cost of each facility's five-, ten-, and 15-year scheduled maintenance.
- (2) An analysis of the historic population trends of State correctional facilities, and anticipated future population trends, including age, gender, and medical, mental health, and substance abuse conditions.
- (3) An evaluation of whether the design and use of existing facilities adequately serve the current population and anticipated future populations, including whether the Out-of-State inmate program may be eliminated and the feasibility of constructing new infrastructure more suitable for current and future populations.
- (4) An investigation into all available options for constructing new facilities.
- (5) An evaluation on potential site locations for a replacement State correctional facility.

(d) Report and recommendations. On or before February 1, 2017, the Committee shall submit a report based on the assessment described in subsection (c) of this section, and any recommendations for legislative action, to the House Committee on Corrections and Institutions and the Senate Committee on Institutions.

The following table identifies the people who participated on the Facility Study Committee.

Name	Organization
David Bellini	VSEA
Dave Beatty	DFM
Monica Hutt	DAIL
Pam Dalley	DCF
Ken Schatz	DCF
Frank Reed	DMH
Karen Gennette	Crime Research Group
Julie O'Tool Gutgsell	BGS
Bob Rea	BGS
Matt D'Agostino	DOC
Mourning Fox	DMH
Lisa Menard	DOC
Mike Obuchowski	BGS
Cheryl Elovirta	DOC
Mike Touchette	DOC
Monica Weeber	DOC
Judy Rex	DCF
Cullen Bullard	DOC
Dave Burley	BGS
Mike Kuhn	BGS
Ben Watts	DOC
Sarah Clark	AHS- CO

This report outlines options related specifically to changes that could be undertaken in correctional facilities. This was the charge of the legislature. The Committee acknowledges that more can be done within the criminal justice system and communities that could contribute to a decrease in the use of incarceration. Those efforts were not considered as part of this report.

II. Facility Condition Assessment

Vermont's correctional facility system consists of eight primary sites housing approximately 1,610 inmates, based on 2015 data, in about 742,000 gross square feet. The estimated replacement value of this infrastructure is about \$288 million. The current conditions range from excellent to fair, per the FCI rating, which is the ratio of the estimated value of deferred maintenance to the asset value as a percentage.

This assessment considers the deferred maintenance and scheduled maintenance needs of the Department of Corrections from a physical plant perspective. The long-term prognosis is unclear with five facilities being over 35 years old, and the oldest being 81 years old.

In 2014, Facility Condition Assessments (FCA) were completed identifying at deferred maintenance issues as well as annual scheduled maintenance items to include in maintenance planning. These have been updated for today by moving the scheduled maintenance items for 2015 and 2016 to the deferred column and subtracting the completed deferred maintenance items from the list (Attachment A: Facility

Assessment). Similarly, the scheduled maintenance items list was adjusted to consider the two-year adjustment for the five, ten, and twenty year values.

There are four facilities identified with a less than excellent FCI rating including CRCF in South Burlington, NSCF in Newport, NWSCF in St. Albans, and SESCOF in Windsor. It is apparent that it will take considerable discussion to reach consensus to provide appropriate direction in addressing the long-term needs. The programmatic shortcomings of these various facilities need to be considered along with the physical plant requirements. CRCF has identified the need for additional group space as well as office space. NWSCF has identified expansion limitations and restrictions on the use of group space to only the program housed there due to the remote locations not being readily accessible. SESCOF has identified the need for additional group space and office space as well as the need to provide for staff privacy for phone calls and counseling. NSCF, while limited from future expansion due to site limitations, has indicated they currently have adequate space. This would indicate addressing the long-term DOC needs will require a more in-depth discussion regarding CRCF, NWSCF, and SESCOF.

The short-term assessment is somewhat clearer. The FCA reports have identified the deferred maintenance items that are being addressed collaboratively between BGS and DOC, some of which have been completed since 2014. Other improvements will be added to the list when scheduled or when identified as a more critical need than originally scheduled and when dedicated funding sources become available.

Significant resources must be allocated to the Correctional facility infrastructure to maintain a viable system capable of incarcerating the targeted population. Due to the significance of these investments, the opportunity to discuss programmatic designs and institutional changes for the correctional facility system in addition to the infrastructure needs is the focus of the balance of this report considering the long-term sustainability of operating eight district correctional facility institutions

There are several maintenance projects coming up that address security concerns. Several could have an impact on the use of out of state beds.

- Replacement windows at NERCF/NWSCF: As the windows age, they become brittle and can be broken. There have been incidents where inmates have pushed windows out of frames due to the change in the structure of the material.
- NWSCF: The A,B,C units require a complete interior and exterior renovation. The roof, soffits, windows, heating register covers, and floors need repair. In the Bravo unit, the concrete eroded due to water running underneath the floor. This work will take place one unit at a time with an estimate of at least a month per unit. Each time, the unit residents will be displaced. Due to the current population in-state, it is expected the residents will be moved out of state for the project. A unit has 18 beds. B unit has 27 beds. C unit has 22 beds. The work is scheduled for completion in calendar 2017.
- NERCF: The Alpha shower and windows needs to be replaced displacing approximately 32 residents for a month. The out of state facility will be utilized during this project.
- NSCF: The door system at this facility is failing. Every cell and doors needs to be removed, repaired, and reinstalled. Depending on the unit between 30-72 resident will move out of state for at least a month. This project will take almost a year to complete, leading to an extended increase in the out of state population.

- Suicide Doors: These doors will replace doors in facilities where there are either no windows in the door, or the viewing area is approximately 7”x7” and can be covered to obstruct the view quite easily. The replacement doors have two Lexan windows, each approximately 30”x14”. This will allow staff to better observe what is taking place in the room. Note, these are not replacing inmate room doors, rather other doors on rooms throughout facilities, where inmates may have access, such as mop closets and laundry rooms. This work has been delayed. BGS has committed to funding the work however there is not timeline for completing the work.
- BGS pays for items that are existing and in need of replacement or failed. DOC pays for enhancement to existing infrastructure i.e.: security cameras, better doors in the MH units.

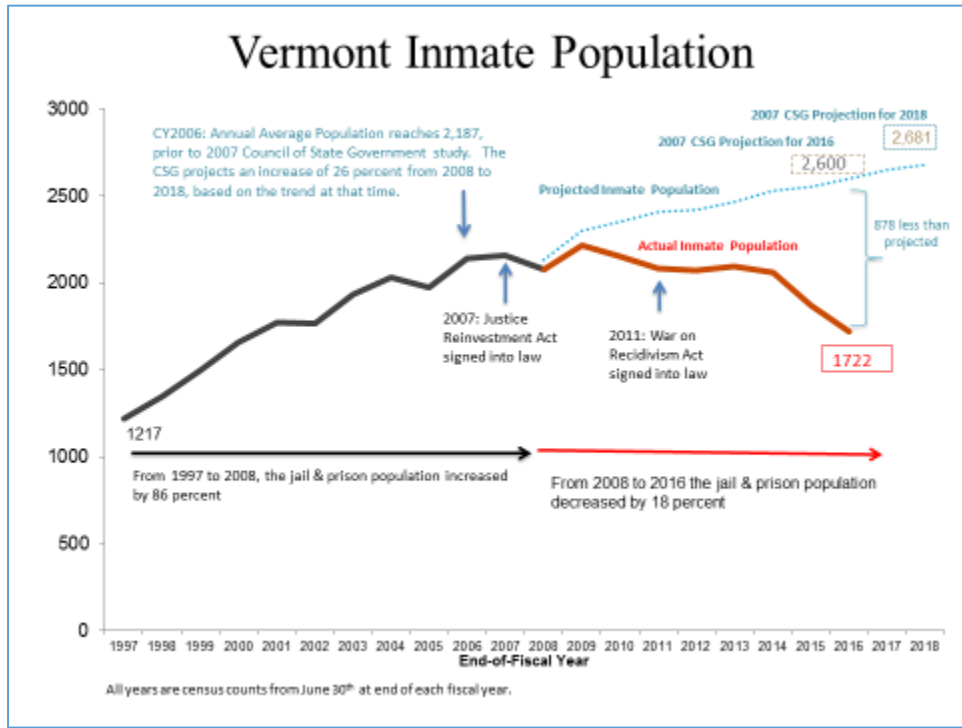
III. Population Data

In 2007, DOC collaborated with the Council of State Governments (CSG) to conduct a study on population growth. At the time, there had been significant increases to the incarcerated population which lead to the use of out of state beds to manage the population (Figure 1). The projection showed that if no changes were made to the criminal justice system, the incarcerated population could increase to over 2,681 in the year 2018. Since that projection, Vermont has made reforms to the criminal justice system. Additionally, the Department adopted many evidence-based practices demonstrated to support management of the population through sound corrections practices. Some examples include:

- a) Supervision of offenders according to risk level: Research demonstrates that the most effective practice for offender supervision is to administer a validated risk tool and supervise offenders according to their risk. DOC used the Level of Service Inventory -Revised (LSI) for many years. This is a validated tool. However, it did not allow for offender changes over time. In 2014, the DOC switched to the Ohio Risk Assessment Survey (ORAS). This tool is more responsive to offender changes as they move from incarceration closer to release. It provides a more accurate predictor of risk to reoffend. Using this information, the DOC is able to devote its resources to moderate to high risk offenders.
- b) Use of Community Justice Centers; 20 statewide Community Justice Centers each provide a full range of restorative programming ranging from pre-charge to reentry services. Restorative reintegration capacity originally built through our federal Second Chance Act grant has been sustained and incorporated into CJC base grant agreements. CJsCs have the capacity in FY17 to develop and operate between 78 -116 Circles of Support and Accountability (CoSA) for high risk/high need individuals, as well as provide reintegration panels for furloughes, reentry navigation, educational workshops and community forums all designed to foster enhanced engagement and improved reentry outcomes for the individual and the community.

Starting in 2010, the population began to decline reaching its lowest number in June 2016. This decrease had most the significant impact in the reduction of the out of state population, which dropped from a high of 729 in January 2009 to 266 in December 2016.

Figure 1: Population Projections



Despite this decline, Vermont Correctional facilities continue to run over capacity. An analysis of the bed configuration shows that 72% of the beds are for the general population and 28% of the beds for special uses. Table 1 below shows the breakdown of bed by type. The stress on general population beds increased when we factor in the beds that can only be used for females and the requirement in Act 153 to house all males under 25 in separate housing. Table 2 shows that general population beds are reduced to 994 (59% of the total beds) when these populations are taken out. With an average daily population of approximately 1,300, the current system does not have the capacity in general beds to accommodate the population.

Table 1: Statewide Facility Bed Configuration

Bed Type (by current configuration)	Male	%Male	Female	% Female	Total Beds	Percent Total Beds
General Population	1092	73%	142	80%	1,234	73%
Special Beds - Segregation	110	7%	16	9%	126	7%
Special Beds – Close Custody*	70	5%		0%	70	4%
Special Beds - Medical	31	2%		0%	31	2%
Special Beds – Other †	34	2%	12	7%	46	4%
Special Beds - Booking	45	3%	2	1%	47	3%
Special Beds - Infirmary	9	1%	5	3%	14	1%
Work Camp	112	7%		0%	112	6%
Total	1503	100%	177	100%	1680	100%

*Close Custody: is a higher level of supervision, where inmates who are classified by the department of corrections receive all the same privileges as traditional General Population except these privileges are provided in the unit.

✦Special Other: housing units for inmates who cannot manage in a traditional general population unit based on their level of physical or mental vulnerability.

Table 2: General Population Beds

All General Population	1,234	
Female General Population (specialized bed)	142	The Chittenden Regional Correctional Facility can also be considered specialized since it can only house females. It has 118 general population beds.
25 and under General Population (specialized bed)	98	Act 153 requires DOC to house the 25 and under population separate from the rest of the general population, creating another category of specialization. The current plan is to house these offender at the Marble Valley Regional Correctional Facility which has 98 general population beds.
Remaining General Population	994	

Inmates held for Lack of Housing

The Department actively monitors inmates who are otherwise eligible for release but remain incarcerated due to lack of housing (B1 refers to the code in the database). The Department of Corrections has multiple efforts underway to address the concerns of offenders held past their minimum sentence for lack of housing.

Despite these efforts, there are still those who remain incarcerated. There are many factors that contribute to this situation:

- A majority of the offenders held past their minimum are violent offenders who are at a moderate to very high risk to recidivate.
- Criminal justice involved individuals face the same barriers (employment, child care, poverty) as many other Vermonters with the addition of a criminal history.
- Vermont has a housing shortage making affordable housing a major barrier for reentering individuals.
- Many of those held for lack of housing have been previously released and returned for violating conditions, new crimes, or loss of housing.

The data below shows the trend of B1’s for the past 14 months. After reducing the list from the previous year it has once again grown to approximately 170 individuals. The majority of the offenders are male who have been convicted of sex crimes (28%) or domestic violence crimes (28%). These offenders often face more barriers to reentry due to limitations placed on the settings in which they can live (i.e. not in the same community as victim, certain distance from schools/daycare).

Table 3: Lack of Housing Trends

Review Dates	B1 Offenders - Active			Total	
	Males	Females	Transgender		
November 2015	156	17	0	173	
December 2015	142	11	0	153	
January 2016	125	6	0	131	
February 2016	147	13	0	160	
March 2016	138	13	0	151	
April 2016	142	11	0	153	
May 2016	Data not available				
June 30, 2016	120	8	0	128	
July 31, 2016	127	12	0	139	
August 30, 2016	127	11	0	138	
September 13, 2016	127	11	0	138	
October 25, 2016	149	12	0	161	
November 8, 2016	156	11	0	167	
December 7, 2016	166	13	0	179	

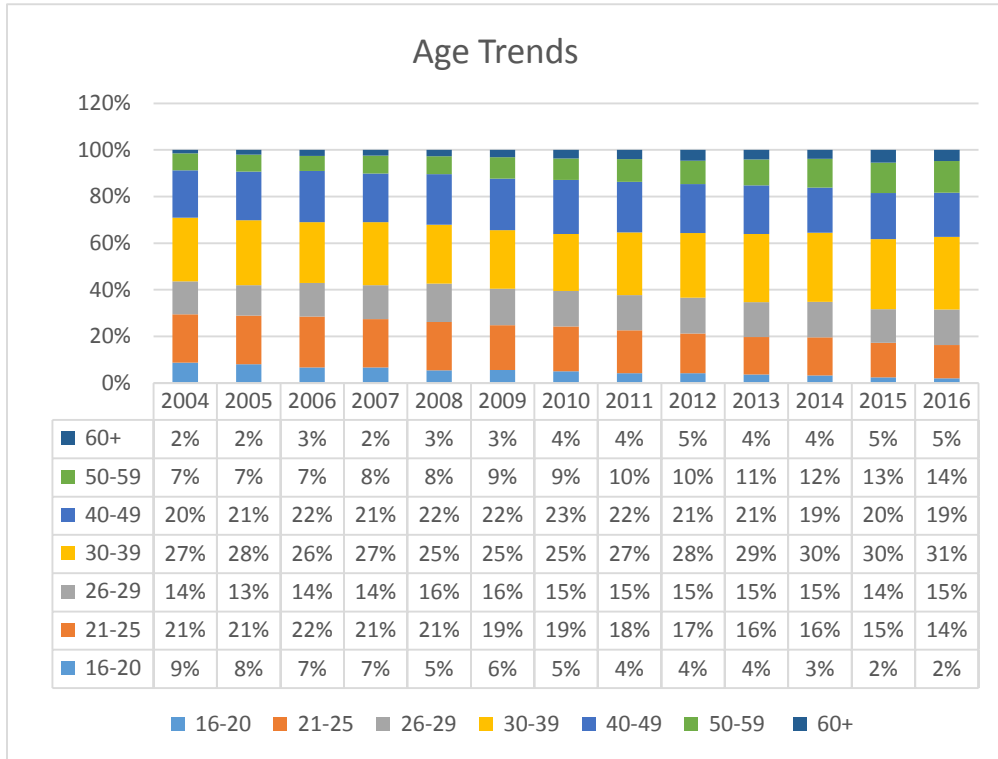
As of November 2016

By Crime Type					
Gender	Sex Off.	DV Off	Other Viol.	Other NonViol.	Unknown
Males	46	47	34	39	0
	28%	28%	20%	23%	0%
Females	2	2	4	5	0
	15%	15%	31%	38%	0%
Total	48	49	38	44	0
	27%	27%	21%	25%	0%

AGE Trends

- The most significant change to the inmate population is the decrease in the number of people in the 16 to 20 year age range.
- Similar percentage in changes in opposite directions occurred in the 21-25 age group and 50-59 age group. The **21-25 group decreased 7%** while the **50-59 group increased 7%**. (make a note about this group)
- The 60+ age group still makes up a small percentage of the population but did increase 3% over the time frame studied.
- According to US Census Bureau projections, the proportion of Vermont’s population that is 60 and older is growing more rapidly than other components of the population. The U.S. Census Bureau estimates that more than 29 percent of Vermont’s population will be 60 and older by the year 2030, an increase of 40 percent from 2012.

Figure 2: Age Trends

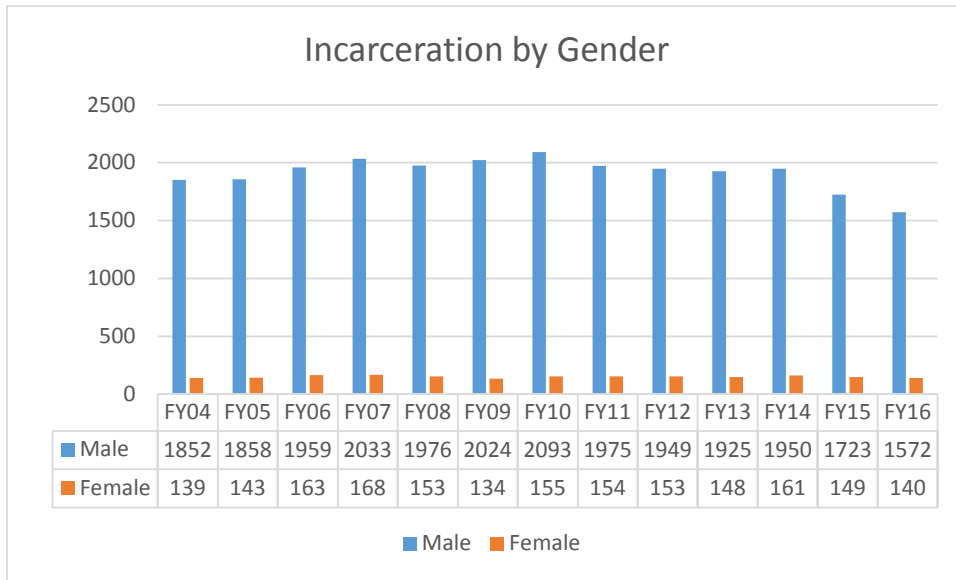


Gender

An examination of gender trends shows little change in the population over time.

- There has been a slight increase in the representation of females in the incarceration population. Increasing from 5% in FY04 to 7% in FY16.

Figure 3: Gender Trends



Mental Health

In July 2016, the average daily in-state population was 1,531. There were 81 unique patients designated as Seriously Functionally Impaired (SFI). This represents **5%** of the total in-state population on that date. The SFI designation does not capture the entire population who have mental health needs. Also in July, 587 (38%) of the incarcerated population received mental health services.

A review of the health services utilization data from July 2016 shows the following for the entire incarcerated population:

- 1,044 events related to mental health utilization. The top utilized services included:
 - 182 (17%) for anxiety disorders
 - 182 (17%) for mental health/behavior disorders
 - 147 (14%) for recurrent depressive disorders
 - 148 (14%) for stress adjustment disorders
 - The remaining percentages were spread across all other areas.
- Of the 1,044 episodes, 118 (11.3%) were related to inmates designated as SFI. There were 81 unique people designated as SFI in July.
 - 23 (19%) for mental health/behavior disorders
 - 22 (19%) for mental health management/clinic
 - 16 (14%) for stress adjustment disorders.

Substance Abuse

- 386 medical visit events where related to substance abuse. The top utilized services included:
 - 107 (28%) for use of alcohol
 - 99 (26%) for use of opioids
 - 89 (23%) for multiple drugs

Additional information taken from various assessment instruments including the Simple Screening Instrument for Substance Abuse, ORAS and LSI, shows that a significant number of inmates present with substance abuse issues. A review of assessment in August 2016 showed that an average of 70% of all inmates score positive for a substance abuse need.

Medical Care

- 2,888 events related to medical care. The top utilized services included:
 - 977 (34%) were visits to the chronic disease clinic*
 - 275 (10%) for diseases of the digestive system (i.e. Reflux)
 - 244 (8%) for diseases of the respiratory system (i.e. Asthma, emphysema)
 - 214 (7%) for diseases of the circulatory system (i.e. heart diseases)
 - 208 (7%) for diseases of the endocrine system (i.e. Diabetes, obesity)

*Chronic disease clinics are regularly scheduled times. All other visits are the result of an inmate requesting a medical visit.

In addition to in-facility care, inmates are transported to local hospitals when necessary. The following chart, shows the top reasons to transport an inmate. Data are from June – November 2016. Each time an offender is transported, there is an escort of one or two correctional officers depending on the inmate’s security custody level. Each transport results in increased overtime costs for those facilities.

Table 4: Emergency Room Transports

Reasons for ER Visits/Transports (June through Nov 2016)							
	June	July	Aug	Sept	Oct	Nov	Total/Category
Infection	6	5	3	11	4	1	30
Injury (including fall)	5	7	6	3	4	5	30
Self-harm	4	2	0	4	4	4	18
Chest Pain/Cardiac	4	2	6	1	0	3	16
Other - Medical	0	2	2	1	6	2	13
Neuro - Altered Mental Status	4	0	0	1	2	4	11
PREA - SANE	2	0	1	1	0	2	6
Drugs use/OD	0	1	1	2	0	2	6
Abdominal Pain	0	0	2	2	0	1	5
Vomiting/Dehydration	0	3	0	0	2	0	5

Seizure	0	2	0	0	2	0	4
Shortness of Breath	1	0	0	1	0	0	2
Allergic Reaction	0	0	0	0	1	1	2
Total per Month	26	24	21	27	25	25	

A positive practice in medical care is the ability for DOC to provide dialysis to inmates with kidney failure. A review of data from the past six months shows that between 2- 7 inmates receives services each month. The average number of dialysis services per month is 28 saving the need to have the same number of transports to an off-site location to receive this treatment.

Delayed Placement Persons (DPP)

A delayed placement person is someone charged with a crime who has been ordered to undergo an inpatient mental health evaluation but are placed in a correctional facility. Sixty (60) people have been screened for possible DPP designation since DOC Health Services started tracking data on June 30, 2016. Of those 60, 20 (1/3) met criteria for DPP designation. Following their DPP designation, patients spent a minimum of 0 nights in DOC custody and a maximum of 14 nights. On average, patients designated as DPP spent an average of 5-6 nights in DOC custody prior to being placed in a DMH bed.

IV. Analysis

Based on the information outlined in previous sections, the Committee concludes the following:

- There are not enough general population beds to house inmates. Special beds are not designed for use to meet general population needs. However, they are typically the beds left open. For example, on 12/30/16 the population count was 1,745. The breakout of bed usage was:

62%	1076	Men in GP fixed beds
2%	39	Men in GP sled beds
7%	117	Women in GP beds
3%	55	Men in work camp beds
11%	193	SH beds used (mixed)
15%	265	Men out of state
100%	1745	

On this day, 239 beds were open. The breakdown was:

59%	141	Special Beds Open
24%	57	Work Camp Beds Open
10%	25	Female GP Beds Open
7%	16	Male GP Beds Open
100%	239	open beds

- There has been decreased needs for some special units, such as Foxtrot and Alpha at SSCF. Due to the physical structure of the units, they cannot be used for other purposes without construction. This is an example of bed space that is not flexible.
- Through various criminal justice reform efforts, the ability to fill a work camp with low risk, non-violent offenders has diminished. The initiatives put into place through legislation and department action have successfully diverted the low-risk offender to alternate settings. For example, pre-trial programs and referrals to diversion and community justice centers are designed to keep low-risk offenders from entering the corrections system. It is possible that we have hit the threshold and will not see future population reductions related to those efforts.
- The current facility structure does not have enough industry/vocation program space to meet the demands of the population. This is particularly true at MVRCF and SSCF. Neither facility currently has the room for to operate a program. SSCF has land available to build an industry space. It would also require new tools and equipment to operate the program.
- Marble Valley and Northeast Regional’s medical space is largely inadequate, and service providers are often challenged in finding adequate space to provide the patient with reasonable privacy from others and while maintaining confidentiality of protected information.

Options

After reviewing the data, three options emerged:

- A. Build a new central facility
- B. Complete construction to expand current facility capacity
- C. Continue with no changes

The pros and cons of each option are described below along with the major components of each option. An additional spreadsheet (**Attachment B: Facility Options**) shows the changes to bed space and facility costs for each option.

OPTION A: New Facility

In this option, the state will build a new central facility with approximately 800 beds in the northwest area of Vermont. This would be about twice the capacity of the largest facility in the state (Northern State in Newport at 433 beds). Three facilities (Chittenden Regional Correctional Facility, Northwest State Correctional Facility, and Southeast State Correctional Facility) and the out of state facility usage can be reduced. There will always be some need for OOS.

At the time of this report, the Committee has identified the following PROS and CONS for this option. This is not meant to be an exhaustive list.

PROS	CONS
<ul style="list-style-type: none"> • New facility with flexible space to meet the needs of a changing population 	<ul style="list-style-type: none"> • Not all staff will be able to shift to the new facility

<p>(mental health, aging/one floor, potential for more infirmary and hospice beds)</p> <ul style="list-style-type: none"> • Chittenden county has more specialty care options • Consolidation of operations (closing 3 facilities) • Out of state unit closes • Enough space to house US Marshall beds and generate revenue for the state • Possibly cost will be neutral or could create savings for the state • Modern facility set-up for security and operations • Re-invest the deferred maintenance into other programs and projects • Opportunity to consider more vocational services to inmates • Consolidating high need medical people – eliminate redundant structures across the state • Economic gain to community that gains facility 	<ul style="list-style-type: none"> • Siting could be difficult and local agreements could be costly to the state • May still need some small out of state capacity (people doing life or maximum security inmates) or people who need to moved out of state • Impact to southern part of the state by locating more capacity in northern VT. • Longer transportation times for families and law enforcement. • Economic loss to communities that lose a facility
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If Option A is selected, the next step would be to develop and release a Request for Information to gather more updated information on construction costs and options.

OPTION B: Complete Construction at Current Facilities

In this option, construction would be completed at the Southern State Correctional Facility. The site already has pads for the construction of a new unit that could create 100 more beds and a vocational building. Additionally, the Foxtrot unit could be retrofitted to another type of housing to accommodate 48 additional general population inmates. Foxtrot is currently configured as a segregation unit. Over the past year, the average monthly count dropped from a high of 43 (Jan 2016) to a low of 8 (Nov 2016). Due to the physical layout of the unit, it cannot accommodate other inmates unless it is retrofitted. The need for a therapeutic unit still exists and would also require construction. This report recommends a feasibility study to determine the exact nature and cost of this unit. The out of state could not be closed under this option.

PROS	CONS
<ul style="list-style-type: none"> • No need for siting and major construction • Better utilize current existing empty beds • Increased job opportunities • Vocational opportunities expand to SSCF 	<ul style="list-style-type: none"> • Out of state unit remains open • No additional revenue from the Marshalls • Continue to incur costs of deferred and scheduled maintenance on open facilities • Most difficult to hire health services staff in the Springfield area

	<ul style="list-style-type: none"> Local agreements could be costly to the state
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If this option is selected, the next step would be to conduct feasibility study for a therapeutic unit. Funds would need to be allocated to cover this expense.

OPTION C: No changes to current operation

In this option, there are no changes to the facilities and operations would continue under the current bed configuration.

PROS	CONS
<ul style="list-style-type: none"> Operations continue without disruption Inmates have greater potential to remain closer to their community 	<ul style="list-style-type: none"> Continue to incur costs of deferred and scheduled maintenance on open facilities Out of state unit remains open Inability to use empty instate beds due to their specialization Construction costs would be capital needs Vocational/Industry capacity is still limited

OPTION D: Budget savings through facility closures

In this option, savings are attained through facility closure, but is done through a greater continued dependence on out of state beds.

PROS	CONS
<ul style="list-style-type: none"> Savings to the state 	<ul style="list-style-type: none"> Loss of state jobs Buildings are expensive to maintain, even for basic needs when vacant Out of state unit remains open, and caseload is indefinitely increased Fewer inmates receiving programming Fewer work or vocational opportunities This does not address or assist in resolving any of the space issues at existing facilities, such as the inability to use empty instate beds due to their specialization or the limited capacity for inmate work opportunities (Vocational/Industry) Continue to incur costs of deferred and scheduled maintenance on open facilities

V. Financing

OPTION A: Build

In this option, the state will build a new central facility with approximately 800 beds in the northwest area of Vermont. Three facilities (Chittenden Regional Correctional Facility, Northwest State Correctional Facility, and Southeast State Correctional Facility) and the out of state need will be reduced. There will continue to be a need to send some inmates out of state due to safety and separation reasons. Also, DOC does not have a true Maximum custody unit. Although few inmates are in this category, those that score in this custody level are typically sent out of state.

This option presents the State with the opportunity to reduce operations costs, while simultaneously both constructing a new correctional facility and eliminating the significant maintenance costs at three current facilities, as well as return inmates to Vermont from the out of state facility.

The annual costs to operate the facilities that would be proposed for closing amounts to nearly \$41.5 million. The scheduled and deferred maintenance costs of these facilities is currently projected to be above \$26 million. Beyond these costs, there are also capital needs for these sites. This option targets the in-state facilities which have the highest per-capita costs, at an average of \$75,000 per inmate annually. The reduction of the out of state contract will create General Fund savings which could be used to help finance the costs of this new facility (currently, the annual cost for the out of state contract is \$5,839,110).

There are opportunities to increase state revenue and/or help fund this project. The United States Marshals Service has approached the Department and requested a minimum of an additional 60 federal detainer beds, for which they currently pay \$130 per day. This equates to nearly \$3 million in revenue that the state is not currently receiving.

The cost of this project could be near \$140 million. This is based on BGS estimates of approximately \$175,000 per correctional bed. There are a number of different financing solutions. These include general obligation bonds, revenue bonds, lease-sublease/lease-purchase financing, and public/private combinations. There are various methods to combine several of the options listed above, but the most affordable model, and the one being used by most states and the federal government for projects of this scope, is a public private partnership (P3). There are entities, both local building firms and national private prison corporations, who have approached the State in recent years and expressed an interest in working toward this end. By utilizing a Real Estate Investment Trust (REIT), the project could be largely tax exempt, which incentivizes both competitive bidding from prospective vendors, as well as reduces the State's total costs for leasing the building. Under this concept, the lease payments from the State to the private vendor would be structured so as to qualify for tax-exempt treatment, thus giving the State the indirect benefit of tax exempt debt which would be reflected in lower rent payments than if conventional financing were obtained.

If a site can be identified that is on land currently owned by the State, this would significantly reduce the costs of this project. The land could then be leased to the private entity, who would be responsible for financing the design-build of the project and would then lease the building back to the State for a period of 25 years, for example. At that time, the term of the land lease would end. The State would continue to own the land, no longer subject to the land lease, and it would then also own the buildings. This has

been done previously; the tax-exempt lease financing approach was used successfully in 1990 on the State Office Building project on Houghton Street in St. Albans.

While the tax-exempt lease would not be a direct debt obligation of the State, the State's involvement in the lease approach would require approval by the Governor and the General Assembly. Additionally, the State would be required to agree that it would annually appropriate the necessary rent payments and that it would not replace the facility financed by the debt. This would assure the lenders that there would be a continuing need for the facility and that annual appropriations would be made for this essential government service.

A project of this size will take considerable planning, and there will be some up-front costs. For instance, once a Request for Information (RFI) or a formal Request for Proposals (RFP) is issued by the State, there would likely be compensation costs (estimated between \$150,000 to \$500,000) that are required by any vendor(s) working on the design services components of this project. These costs are typically refunded and included in the project costs if the project moves forward.

The objective would be to design a facility incorporating the latest concepts in correctional technology, labor saving building configurations and energy efficiency. New correctional technology and/or design will optimize security through open lines of site, clear paths of travel, and flexibility in unit usage. The cost savings of operating a facility designed to these standards are expected to be substantial.

There is the potential for this building to be largely net-neutral to the State. There is the additional revenue from the US Marshals, as well as savings from the current out of state facility. These two sources equate to nearly \$9 million, and do not factor the substantial aforementioned savings of staffing and operating a facility of this size. As an example, the largest current facility (Northern State) houses approximately 420 inmates and the per capita cost is near \$50,000. With 220 inmates, Northwest State houses a little more than half of that population, though the per capita cost of this facility is over \$70,000. If there is a 29% decrease in per capita cost between facilities with 220 and 420 inmates, it is likely that a facility housing close to 800 would achieve additional savings. A reduction in per capita costs of 15% would equate to an additional savings of nearly \$2 million annually.

Moving forward with this option: In consultation with the State, private vendors would retain an architectural firm with expertise in prison construction. This architect would work with the Department of Corrections to conceptually design a facility meeting the State's requirements. As an alternative, an initial step might be to retain a programming consultant to plan the State's facility needs and then the architect would take over. Either way, a conceptual design plan would result. Estimated construction and leasing costs would then be calculated.

Option A closes three facilities (Chittenden Regional Correctional Facility, Northwest State Correctional Facility, and Southeast State Correctional Facility). A review of other states that have closed a facility resulted in several ideas for future use, which are listed below. Each option would need further exploration as to its feasibility and associated costs to the state. This report assumes each would be mothballed by BGS as first step.

- Sale of building/property
- Repurpose for other SOV use
- Reentry center for former prisoners

- Homeless Shelter
- Transitional work facility
- Transition to a hotel (Boston example)
- Rent to movie makers or other for-profit; Department of Tourism
- SESCOF has tourism, historical, or recreational options
- Residential substance abuse treatment facilities
- Inpatient psychiatric care

OPTION B: Complete Construction at Current Facilities

In this option, construction would be completed at the Southern State Correctional Facility. The site already has hook-ups (water, sewer, electric and heating) for the construction of a new unit that could create 100 more beds, as well as vocational space to expand inmate work and training opportunities. Additionally, the Foxtrot unit could potentially be retrofitted to another type of housing to accommodate 48 additional general population inmates. The need for a therapeutic unit still exists and would also require construction. This report recommends a feasibility study to determine the exact nature and cost of this unit. The out of state could not be closed under this option.

It is unlikely that the State would be able to take advantage of similar financing models as described in Option A. The likelihood is that any costs related to expansion or renovation of current facilities would be capital items, and would be financed entirely by the State and would be a direct debt obligation.

The expansion of Southern State has been researched recently, and the cost to construct a new building on the existing pad was approximately \$5 million. At this time, there is no estimate related to a repurpose of the Foxtrot unit to provide for more general population beds. The combination of these projects would increase in-state capacity of GP beds by as many as 148. If this creates the ability to reduce the out of state population by a similar amount, the annual cost savings to the State could be above \$3 million annually, which would effectively finance this project and show a return on investment within a few years.

Moving forward with this option: The State could issue either an RFI or RFP, to gather information around vendors who might be interested in these projects and to receive some quotes related to the costs for the construction and repurposing of units at Southern State. Portions of this option have been proposed on previous Capital Bills, though these requests were not accepted.

OPTION C: No changes to current operation

In this option, there are no changes to the facilities and operations would continue under the current bed configuration.

Moving forward with this option: There are no new financial obligations to consider. However, this option will require substantial investment into ongoing maintenance of old facilities. The deferred and ongoing maintenance is over \$26 million at those facilities that Option A proposes to replace, and nearly \$42 million across all of the correctional facilities.

OPTION D: Budget savings through facility closures

This option ignores current and longer-term in-state facility needs, instead opting to close facilities in order to meet budget targets. While there is some savings generated through the lower per capita costs at privately contracted out of state facilities, this requires eliminating state staff and discontinuing the utilization of state owned buildings. It also shifts a large portion of state funds from state staff and local vendors to vendors that are not in Vermont. The inmates housed in these out of state facilities do not receive the programming or the reentry services offered in Vermont facilities. In this option, the State loses negotiation power given the known need we have and the limited supply of providers. This also puts the State in the position of having to accept the terms the vendor(s) offer regarding facility location and the costs associated. The past several budget cycles have been difficult in light of costs to the State outpacing the revenue growth. With each year, the DOC is tasked with identifying budget reductions in order to present a level-funded budget. The last several proposed budgets have often included the reduction of a correctional facility which is likely continue as funding becomes more difficult to identify. While this option presents the State with a significant amount of cash in hand relatively quickly (it is not apples to apples, but nonetheless there is no in-state facility that is less costly to maintain on a per capita basis than the Out of State per diems) this is a dangerous course. While many other states have consolidated and/or closed facilities in recent years, none have done so in order to send inmates to privately owned facilities. Any discussion around closing a facility should coincide with a discussion regarding use of out of state beds or plans to build a new facility. If these options are not considered together, we cannot achieve a long term solution for the efficient use of state funds.

VI. Summary

The Committee analyzed the data as outlined by the Legislature. Through the study, it is clear that the current facility structure in Vermont does not meet the need for the population. Additionally, the current structure is not flexible to meet any future unforeseen need. With this information at hand, we have outlined several options that could address these gaps. The option to maintain current operation is included as recognition of the current constraints to the overall state budget.