

Better Spending, Better Outcomes:

Recommendations for Vermont State Appropriations to Human Services

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Current spending, current outcomes

Vermont spends “\$7 million annually to incarcerate Vermonters out-of-state.”

“Vermont’s opaque community supervision system has the highest recidivism rates in the country — nearly 80%. Rather than help people re-enter the community, as it was meant to do, community supervision has created a revolving door, leading people back into incarceration, not out of it.” - James Lyall

“Of note, 70% of the revocations are not for new crimes but rather for “technical violations” like **lacking adequate housing** or curfew violations.” - James Lyall

Lyall, James (2020, January 18). Prisons are the problem. Retrieved (2/19/2020) from:

https://www.rutlandherald.com/opinion/perspective/lyall-prisons-are-the-problem/article_0b5da2a9-6683-57dc-bc59-72dfd67a7418.html

Current spending, current outcomes

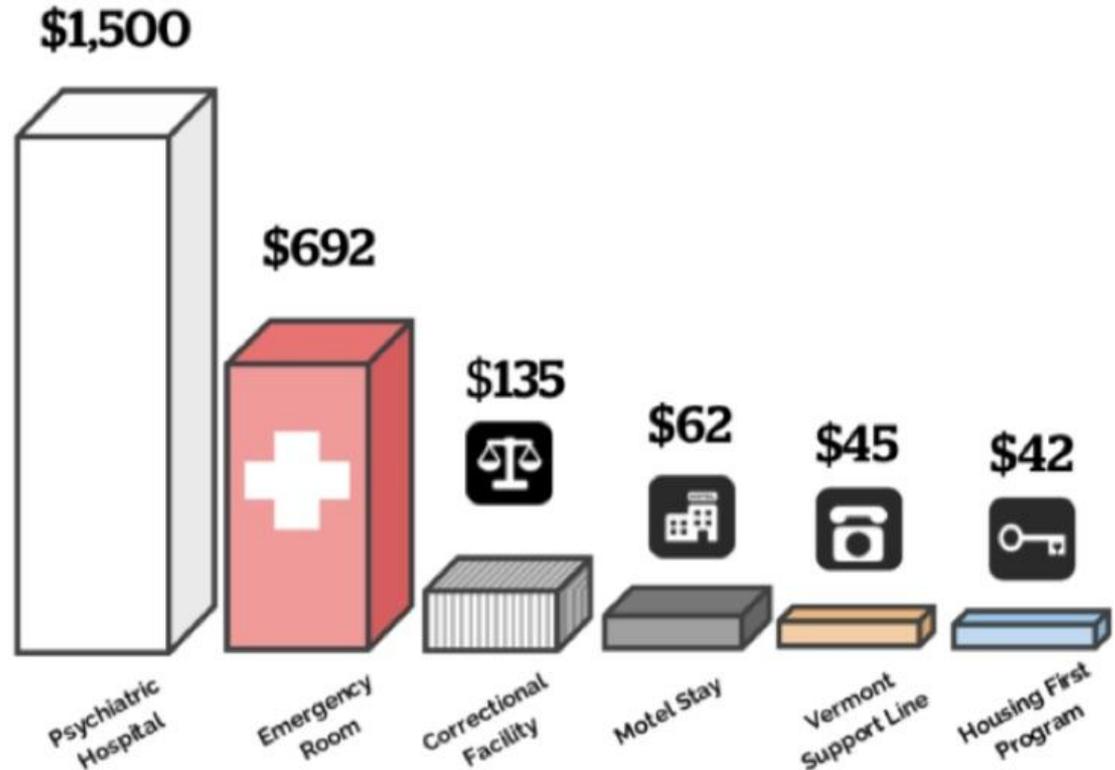
Emergency rooms are regularly overwhelmed with people struggling with homelessness, substance use disorder, and mental health challenges. People are discharged and return to the emergency room multiple times per month.

People who are discharged from inpatient psychiatric treatment **without proper housing and other supports** are likely to return to the emergency room or to inpatient treatment.

“People in the corrections system with behavioral health challenges, particularly those with co-occurring disorders, non-SMI and **housing needs**, must be better identified and connected to community services, which will require **expanding on existing resources.**” - Vermont Justice Reinvestment II Working Group*

*<https://legislature.vermont.gov/Documents/2020/WorkGroups/Justice%20Oversight/Incarceration%20Issues/W~Ellen%20Whelan%20Wuest~Key%20Slides%20Vermont%20Justice%20Reinvestment%20II%20Working%20Group%20Presentation~12-17-2019.pdf>

Comparative Daily Cost*

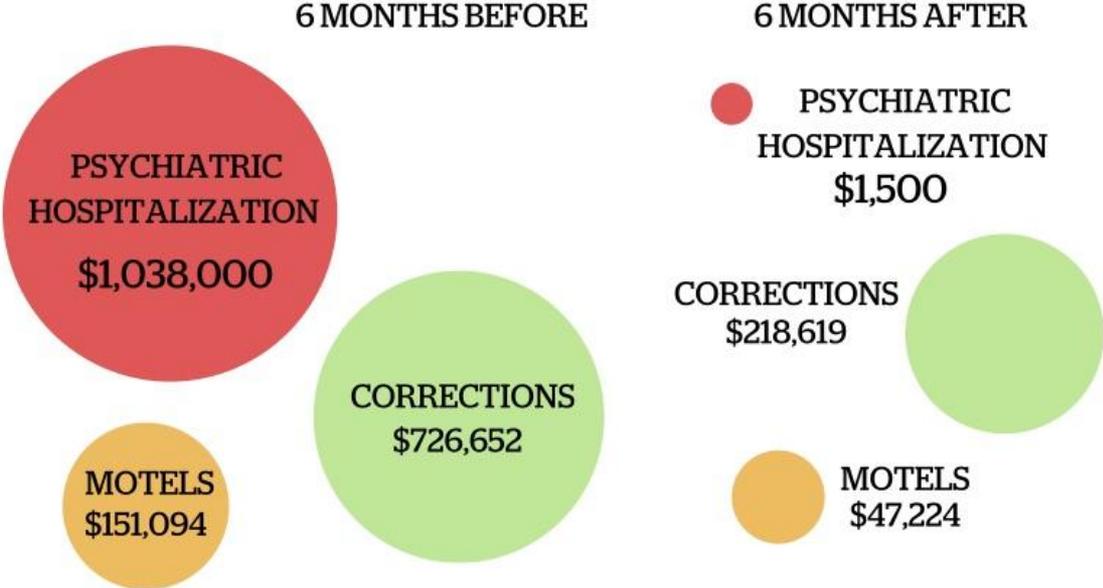


**according to Pathways Vermont*

Better Outcomes: Housing First Model*

A Direct Cost Comparison of 129 Individuals

The graphic below illustrates a direct comparison of the combined estimated service costs expended by 129 clients 6 months prior to entering the Housing First program and 6 months after entering the Housing First program.



*according to Pathways Vermont

Better Outcomes: Norway Model

“(i) incarceration causes a large reduction in the probability of reoffending, (ii) the drop is not due only to incapacitation, with further reductions in criminal charges after release, and (iii) the total number of charged crimes falls over time, with many individuals being diverted from a future life of crime.” (p. 21)

“time spent in prison with a focus on rehabilitation can indeed be preventive” (p. 42)

“The Norwegian prison system is successful in increasing participation in job training programs, encouraging employment, and discouraging crime, largely due to changes in the behavior of individuals who were not working prior to incarceration” (p. 43)

Policy and Spending Recommendations for 2021

- Continue decriminalization efforts and decarceration efforts (bail reform, sentencing reform, furlough reform) to reduce the prison population.
- Expansion of Housing First programs into Rutland County (\$580,000).
- Expansion of Housing First programs into Bennington County (\$390,000).
- Expansion of Peer Support Line hours (\$223,000).
- Invest in retraining of existing Corrections workforce in alternative approaches focused on rehabilitation and grounded in restorative practices.
- Re-invest in existing state facilities to maximize emphasis on rehabilitation by expanding education programs, increasing access to health care, and providing workforce training and placement.

Conclusion: Better spending leads to better outcomes

1. Improve transitional housing options by investing in Housing First programs.
2. Reduce prison population through decriminalization and changes in bail, sentencing, and furlough.
3. Bring home all of our out-of-state inmates.
4. Implement a transition in the corrections system to the Norway model or other restorative approach.
5. Maintain a strong health care system, with access to a diverse range of treatment options, to maximize access to treatment.
6. Invest in education and workforce development opportunities.

Questions?

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