

Vermont DOC Needs Assessment and Master Plan

Bed Needs Projection Further Analysis

With assistance from Vermont DOC, HOK has taken another look at the overall bed projections per requests made by the senate and legislature. The current overall bed projection is listed at 2,050. It needs to be noted that the bed recommendation provided by HOK is based on populations and population needs trends, not based on the current number of beds at the Vermont facilities. While it is acknowledged and discussed in the study that Vermont has made great strides in reducing the bed needs of the prison population, reducing numbers and projections from the 2000s and early 2010s, the population has ‘plateaued’ in the last five years and represents the trends that we looked at today.

According to Vermont DOC, their current bed capacities are:

VT DOC: Facility Capacity by Bed Type January 2020 (Pre-COVID)

Facility	General Population	Special Housing**	Segregation Unit	Total
Chittenden Regional Correctional Facility*	118	43	16	177
Marble Valley Regional Correctional Facility	98	16	4	118
Northeast Correctional Complex	149	66	4	219
Northern State Correctional Facility	372	43	18	433
Northwest State Correctional Facility	180	55	20	255
Southern State Correctional Facility	250	111	16	377
In-State Total Capacity	1167	334	78	1579

Note: Data were reported on January 17, 2020

*Female Facility

**Special Housing examples: infirmary, booking, medical unit

VT DOC: Facility Capacity by Bed Type January 2021 (Post-COVID)

Facility	General Population	Special Housing**	Quarantine/Isolation***	Total
Chittenden Regional Correctional Facility*	96	31	24	151
Marble Valley Regional Correctional Facility	98	0	12	110
Northeast Correctional Complex	127	58	23	208
Northern State Correctional Facility	372	23	23	418
Northwest State Correctional Facility	153	55	41	249
Southern State Correctional Facility	150	129	75	354
In-State Total Capacity	996	296	198	1490

Note: Data were reported on January 19, 2021

*Female Facility

**Special Housing examples: segregation unit, infirmary, medical unit

***Previously multi-bed units had to be converted to single cell units for COVID mitigation, decreasing facility capacities

In the study, HOK in agreement with stakeholders agreed to utilize the trends from Pre-COVID. According to that, the total bed capacity is 1,579. According to DOC, the male facilities have been at or

above this capacity, and have been housing a population as high as 1,625, many needing to sleep on temporary beds in crowded cells. It should be noted that in the methodology of formulating our report, we assumed that all residents of the system should be assigned their own bed in their own space, a requirement of humane and restorative treatment.

Further, the state maintains a contract with CoreCivic to house up to 350 inmates in facilities in Mississippi, over 1,000 miles away. The average population in the range of 240, bringing the system to a people capacity of 1,865. In the study methodology, we proceeded on the notion that inmates are better off in their home state, close to home, family, legal proceedings and other support systems, and it was a goal to return these inmates back to the state.

Given a population of 1,865, we applied the 15% management best practice to help DOC be able to operate their system with flexibility and effective classification. The 15% management factor brings that number to 2,144 beds, the higher end of our original projections. While the projections would indicate that 2,144 might be a correct projection, collectively as a team we recognized that Vermont will continue to make strides to reduce bed needs and we agreed that 2,050 would be a reasonable projection.

It should be noted that within the 2,050, 150 beds (50 female and 100 male) would be minimum custody or even possibly non-custodial re-entry transitional beds. That leaves 1,900 beds for minimum to close custody corrections beds. Based on this, the study projects a total of 35 more built beds beyond the current population need, based on pre-COVID numbers. The nature of the beds and the location of the beds is the chief difference between today's facility profile and the projected ones. Re-entry beds are an important element of a whole system approach to rehabilitation.

Last, the master plan envisions a scalable approach to rebuilding and modernizing the Vermont system. Depending on which projects might be started first, there is ample opportunity for the department to re-evaluate the bed needs as the program develops.

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HOK