

From Incarceration to Community Care



H.438: An act relating to a working group to develop a plan to eliminate incarceration

The Economic Cost of Incarceration

In 2021:

Rutland jail, women's prison are among the costliest prisons in the country - VTDigger

But Vermont's 3-year recidivism rate is average:

Delaware: 64.5% (Highest)

United States: 43.3% (Average)

Vermont: 42.6 %

Virginia: 23.4% (Lowest)

The Social Cost of Incarceration

"Incarceration contributes to further social harm and does not effectively rehabilitate individuals sentenced to incarceration." H.438 FINDINGS

From the UVM Justice Research Initiative Vermont Prison Survey at Southern State Correctional Facility in Springfield in 2022:

- 86% of incarcerated persons felt incarceration was detrimental to their mental health
- 73% of incarcerated persons have anxiety, 71% have depression, 53% have PTSD, and 37% reported suicidal ideation that developed since entering prison
- 69% of incarcerated persons felt their life has no meaning
- Only 23% of incarcerated persons felt they were encouraged to work towards goals of change
- Only 16% of incarcerated persons felt there are adequate resources provided to help them
- Only 13% of incarcerated persons felt they were gaining skills and knowledge that would benefit them upon release
- Only 9% of incarcerated persons thought the prison effectively prepares people for release

2022 VERMONT PRISON CLIMATE SURVEY

The Social Cost of Incarceration

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From the UVM Justice Research Initiative Vermont Prison Survey at Southern State Correctional Facility in Springfield in 2022:

- 88% of staff feel emotionally drained by the work in corrections
- 65% of staff have experienced assault with a weapon in prison
- 59% of staff developed anxiety since starting work in corrections
- 41% of staff developed post-traumatic stress disorder since starting work in corrections
- 44% of staff developed depression since starting work in corrections
- 24% of staff developed alcohol and/or substance abuse disorder since starting work in corrections
- 30% of staff reported serious suicidal ideation in the previous twelve months
- Only 22% of staff felt that incarcerated persons were prepared for release
- Only 16% of staff felt that incarcerated persons were gaining skills to help them reintegrate into their community

Costs of Incarceration

"Incarceration contributes to further social harm and does not effectively rehabilitate individuals sentenced to incarceration." H.438 FINDINGS

TABLE 1 - COSTS BORNE BY INCARCERATED PERSONS

COST	(BILLIONS)
Reduction in lifetime earnings of incarcerated persons	230.0
Lost wages while incarcerated	70.5
Higher mortality rate of formerly incarcerated persons	62.6
Nonfatal injuries to incarcerated persons	28.0
Fatal injuries to incarcerated persons	1.7
TOTAL	392.6

NOTE: The sum of the individual costs does not match the total because of rounding.

The Economic Burden of Incarceration in the United States

TABLE 2 - Costs Borne by Families, Children, and Communities

COST	\$ (BILLIONS)
Criminogenic nature of prison	285.8
Increased criminality of children of incarcerated parents	130.6
Children's education level and subsequent wages as an adult	30.0
Marginal excess burden	17.8
Divorce	17.7
Decreased property values	11.0
Adverse health effects	10.2
Reduced marriage	9.0
Child welfare	5.3
Interest on criminal justice debt	5.0
Reentry programs, nonprofits, movement to end mass incarceration	2.9
Homelessness of formerly incarcerated persons	2.2
Infant mortality	1.2
Children rendered homeless by parental incarceration	0.9
Visitation costs	0.8
Moving costs	0.5
Eviction costs	0.2
TOTAL	531.0

NOTE: The sum of the individual costs does not match the total because of rounding.

Costs of Incarceration

"Incarceration contributes to further social harm and does not effectively rehabilitate individuals sentenced to incarceration." H.438 FINDINGS

"Violence—whether self-directed, interpersonal, or perpetrated by agents of the state—is one such documented harm of incarceration."

Advancing Public Health Interventions to Address the Harms of the Carceral System

"Violence itself is a social determinant of health; violence may also be a result of the environments where people live and children grow. For example, those who grow up and live in environments with limited social, educational, and economic opportunities and where violence, racism, and community and domestic instability are daily stressors are at increased risk of multiple forms of violence. Therefore, in order to prevent violence, the underlying social determinants of health need to be addressed, including root causes of inequity and social disadvantage."

Violence and Social Determinants of Health

Justice Reinvestment

Just Transition

Justice Reinvestment Initiative in Vermont

Working Group Recommendation (2022): Target reinvestment or up-front funding toward key community-based services.

Recommendation

The legislature should consider reinvestments and/or up-front investments in the following areas when seeking to appropriate funding in support of Justice Reinvestment II efforts:

- Domestic violence intervention programming through the Vermont Council on Domestic Violence to ensure ongoing sustainability
- Data collection and analysis capacity, including additional changes to DOC's Offender Management System as needed
- Community-based mental health and substance use services and criminogenic interventions for people with complex needs on community supervision
- Housing-related needs for people on or transitioning to community supervision



The Council of State Governments Justice Center | 59

"Vermont can reduce criminal behavior by investing in social determinants surrounding housing, education, workforce, health care, nutrition, and substance use and other mental health disorders by increasing access to community-based services to justice-involved individuals rather than by incarcerating them in environments that cause greater social harm.

Vermont can reduce the social harm and trauma experienced by the Department of Corrections' workforce by creating new job opportunities and connecting correctional employees to existing careers providing community- based services."

H.438 FINDINGS

Just Transition From Incarceration to Community Care

The Norway Model

"Norway's recidivism rates have decreased from 70 percent in 1997 to 20 percent in 2020 through correctional reforms focused entirely on rehabilitation and restoration to the community." H.438 FINDINGS

"Norway's reformed prison system has demonstrated success across legal system indicators such as recidivism; however, concerns remain regarding poor health-related outcomes, including high suicide rates[109] and a low level of satisfaction with the health services provided.[110]"

Advancing Public Health Interventions to Address the Harms of the Carceral System

Alternatives to Incarceration in New York City

"New York City has implemented "Alternatives to Incarceration" programs and has seen a reduction in recidivism as a result. These court- mandated programs provide participants with support services in their communities rather than incarcerating these individuals." H.438 FINDINGS

"In 2014, the City funded ATI programs that diverted approximately 4,000 people from jail. In 2017, the City increased its investment in ATI programs to serve approximately 5,500 people, as well as to provide additional behavioral health services to ATI participants and housing resources for women enrolled in ATI programs. In 2020 with the passage of bail reform legislation, the City expanded its ATI programs even further to divert more people, including providing additional ATI capacity for individuals charged with violent and non-violent felonies."

Alternatives to Incarceration – NYC

Community Care

"Transform Vermont's criminal justice and correctional system by eliminating the need for State-funded and -operated correctional facilities through the creation of a community-based system of care and rehabilitation that reduces recidivism and promotes recovery for all individuals that includes:

- (1) accessible, equitable, and localized services throughout the State;
- (2) secure and comprehensive housing for those in recovery and those at risk of self-harm and harm to others;
- (3) stronger treatment, educational, and workforce training options incorporated into localized and equitable residential programs;
- (4) pathways to economic security by providing access to fair compensation opportunities, financial services, and capital for home ownership and small business development; and (5) nurturing healthy relationships to assist persons whose actions have contributed to individual or community harm with repairing the harm caused by their actions and connecting with family and other community supports."

Just Transition From Incarceration to Community Care Working Group

- -Develop a plan to ensure the State of Vermont's just and equitable transition from a system of incarceration to a system of community-based investments in housing, education, workforce, health care, nutrition, and treatment services.
- -Replace the State's correctional facilities with a public system of community supports grounded in restorative justice principles that are available to all justice-involved individuals.
- -Conduct its work through a lens of transformative justice employing restorative justice principles and trauma-informed approaches.

Just Transition From Incarceration to Community Care Working Group

- (1) one current member of the House of Representatives, who shall be appointed by the Speaker of the House;
- (2) one current member of the Senate, who shall be appointed by the Committee on Committees;
- (3) the Secretary of the Agency of Human Services or designee;
- (4) the Commissioner of the Department of Labor or designee;
- (5) the Chief Health Care Advocate of the Office of the Health Care Advocate or designee;
- (6) the Executive Director of the Vermont Network Against Domestic and Sexual Violence or designee with lived experience in the criminal justice system;
- (7) the President of the Vermont State Employees' Association or designee with experience working in the correctional system;
- (8) an individual with lived experience with incarceration in the criminal justice system appointed by the Executive Director of the National Council for Incarcerated and Formerly Incarcerated Women and Girls;
- (9) a former employee of the Department of Corrections appointed by the Vermont State Employees' Association;
- (10) an individual with lived experience with incarceration in the criminal justice system appointed by Vermonters for Criminal Justice Reform; and
- (11) an individual with lived experience with incarceration in the criminal justice system appointed by Vermont Works for Women; and
- (12) an individual with lived experience with incarceration in the criminal justice system appointed by Mercy Connections.

 H.438

Just Transition From Incarceration to Community Care Working Group

The study and plan shall:

- (1) Identify contributing factors to individuals being incarcerated under the current system in Vermont
- (2) Identify any initiatives or programs that invest in community supports shown to be effective at reducing incarceration rates
- (3) Identify contributing factors to individuals recidivating under the current system in Vermont
- (4) Identify any initiatives or programs that invest in community supports grounded in restorative justice principles shown to be effective at reducing recidivism rates
- (5) Analyze the realignment of existing funding mechanisms related to incarceration to fully fund a system of community-based supports grounded in restorative justice principles to rehabilitate all the State's justice-involved individuals
- (6) Analyze the costs, benefits, and feasibility of developing small secure residential facilities for mixed populations of justice-involved individuals

Just Transition From Incarceration to Community Care Working Group

- (7) Develop proposal for the Chittenden County Correctional Facility to participate in a program called the "Just Transition Pilot Project" that shall:
- (A) identify the available community resources offered to the residents of the Chittenden County Correctional Facility, and any gaps in community resources offered, related to wraparound services upon release, including resources related to transitional housing, educational opportunities, workforce development, health care access, financial services, and mentorship and peer support programs;
- (B) create a plan to release all residents of the Chittenden County Correctional Facility on or before December 31, 2026 detailing the specific housing needs of all residents, including higher-risk residents who require secure housing and intensive wraparound services, and any community-based services necessary to prevent recidivism and promote housing retention after release;
- (C) create a plan to implement elements of the Just Transition Pilot Project at the remaining State-funded and -operated correctional facilities to facilitate their closure not later than December 31, 2030; and
- (D) make recommendations for justice-involved youth needing secure residential treatment options.

Proposed elements of the Capital Bill:

- 1. Just Transition Working Group and Pilot Project (from H.438)
- 2. Site study that identifies state land that could be redeveloped for not only correctional facilities (housing for incarcerated individuals) but also for all other kinds of housing, including community-based housing for justice-involved individuals- ranging from least restrictive to most restrictive (secure residential, transitional housing, supportive housing, etc)
- 3. Bonding for the construction of housing for justice-involved individuals, which could be used flexibly based on recommendations and results
- 4. Maintenance and improvements in conditions at existing correctional facilities over the next year
- 5. Lift ban on state aid for school construction (from H.445)