



Department of Corrections

January 10, 2024

Since Last Session



Staffing

- Staffing levels increasing
- Hospital coverage team
- Bargaining agreement with labor partners

Health & Wellness

- Community-based recovery coaching inside facilities
- Efforts to increase Medicaid access for incarcerated people
- New healthcare provider (Wellpath)

DEI & Justice

- Women's Services strategic plan
- Female staff experience project
- JEDI workgroup

Modernization

- Community College of Vermont partnership
- Changes to Home Detention, Furlough case staffings, and work crew
- JRI investments
- Vermont Offender Work Program (VOWP) restructuring
- Women's Facility replacement planning
- Investing in Field safety

Vermont Incarcerated Population



Topline Metrics

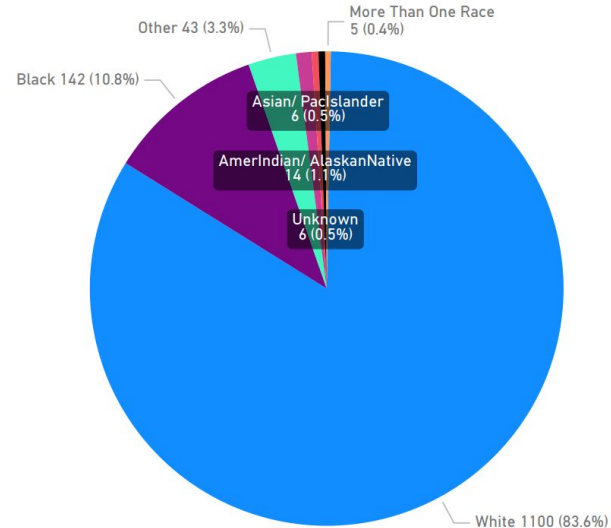
- Total incarcerated population: 1316
 - Male: 1197
 - Female: 99
 - Transgender or different gender identity: 20
- Total detained: 471 (includes 61 federal holds)
 - Male: 405
 - Female: 66
 - Transgender or different gender identity: 0
- Out of state facility: 126

Charges & Convictions

- Felony charge/conviction:
 - 93% detained
 - 95% sentenced
- Agg. assault, sexual assault, murder charge/conviction ("Felony Serious"):
 - 64% detained
 - 63% sentenced
- Violent crime: 78% (sentenced)
- Drug crimes only: 3.8% (felony detained & sentenced)

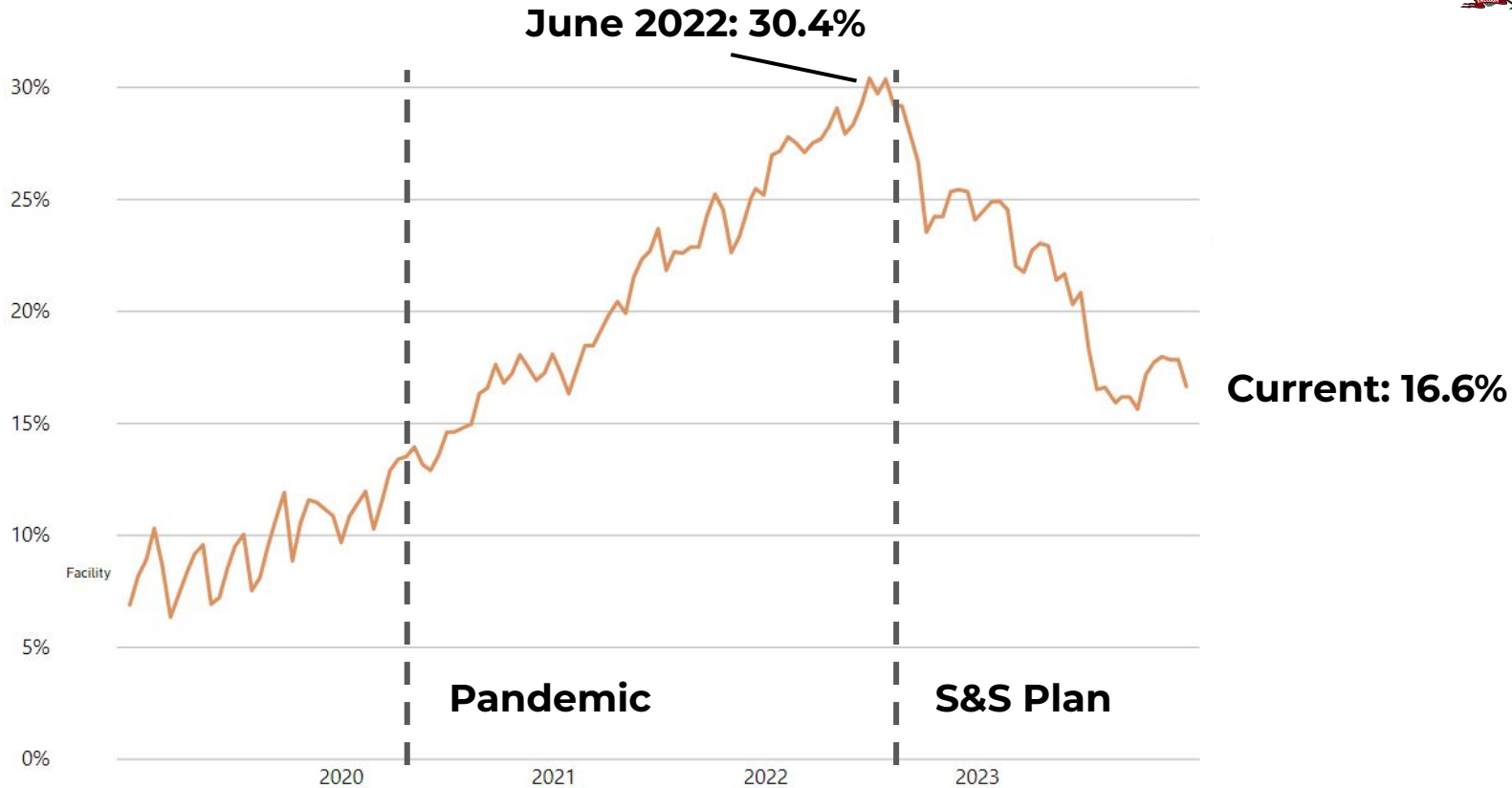
Incarcerated Population by Race | N= 1316

Race ● White ● Black ● Other ● AmerIndian/ AlaskanNative ● Asian/ Pacislander ● Unknown ● More Than One Race



DOC population dashboard at: <https://doc.vermont.gov/research-and-data/population-data/pop-dashboard>

Staffing: Facility Vacancies Jan. 2019 to Present





Hospital Coverage Team

Key Context

- Facility staffing crisis during pandemic necessitated Field (P&P) hospital coverage
- Overburdened Field staff managing full caseload in addition to standby/hospital coverage
- Standby, while paid, limits staff travel and recreation opportunities
- Sicker incarcerated population requires more frequent ED trips, further taxing Field staff
- Historically, transports and hospitalizations present highest risk to correctional staff

Specialized Hospital Team

- Specially trained hospital team designed to cover acute hospitalizations and medical conditions, relieve DOC Field staff, and establish continuity for hospital partners
- Team fully operational November 2023

Topline Metrics:

- Field shifts saved from team launch: **443**
- Field overtime hours saved: **1,905**
- 5-10x more hospital visits than actual admissions
 - All hospital visits (non-admissions) covered by facility staff

Data from 11/19/23 thru 1/4/24

Community Recovery Partnerships



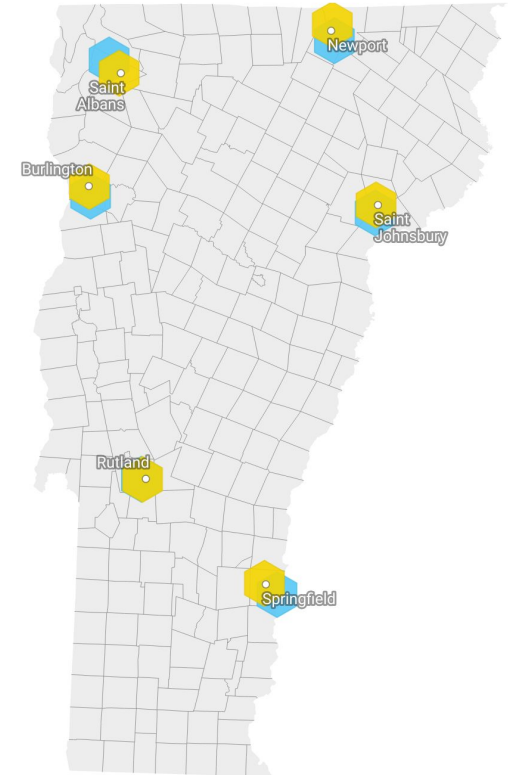
Key Context

- Overdose is the [leading cause of death](#) for people recently released from incarceration nationwide (up to 129x risk)
- Substance use and associated criminal behavior among the **leading causes of incarceration in Vermont**
- **60%** of Vermont's incarcerated population **living with opioid use disorder (OUD)**
- Every Vermont community with a correctional facility **already hosts an accredited recovery center**

Research

- Research found increased community-based substance use treatment capacity was [associated with decreases in both jail admissions and overdose deaths.](#)
- Vermont made strides in reducing overdose deaths via Act 176 (2018):
 - Among individuals with OUD released from incarceration, nonfatal overdoses decreased by one-third and fatal overdoses decreased from 27 to ≤10 deaths following statewide MOUD implementation, [a >60% reduction in fatalities.](#)

■ Recovery Center ■ Correctional Facility





New Initiative: Community-Based Peer Coaching

Statewide Peer Coaching via Recovery Partners of Vermont Sites

- Scaling [Rutland pilot](#) statewide
- In-reach peer recovery coaching for greater continuity of care:
 - Incarcerated individuals able to access recovery services across institutional and jurisdictional boundaries
- Recovery center challenges:
 - Unique dynamics and stresses of correctional environment
 - New, complex caseload with oversubscribed staff
 - Distinct from case management
- Needs:
 - Funding, specialized trainings, supervision, data collection, etc.
 - Joint presentation to the OSAC in November 2023

Philosophical Approach

- Blur boundaries between carceral system and Vermont communities
 - Invest in and infuse community resources into carceral system

‘They’re helping me save the rest of my life’: Rutland organization helps incarcerated people find sobriety and rebuild their lives

By Tiffany Tan
May 18, 2023, 7:04 am



Mike St. Pierre at the Turning Point Center of Rutland in March. Photo by Glenn Russell/VTDigger

RUTLAND — In 2018, Mike St. Pierre was a year into his most recent incarceration at Rutland’s Marble Valley Regional Correctional Facility when he felt drawn to attend a presentation by the local substance use recovery center. After listening to the visiting peer counselors talk about their paths to recovery, he decided to sign up for their prison programs.

DOC & Community College of Vermont



Key Context

- [Free community college](#) for incarcerated individuals and DOC staff
- Supported by \$4.5M earmark from Sen. Sanders via DOJ
- Expanding to new DOC facility each semester (classes began Fall 2023):
 - In-person courses currently in place at: CRCF, NSCF, NWSCF
 - Fall 2023 courses: Intro to Psych, College & Careers
 - 135 incarcerated applicants for 105 available placements
 - 34 staff members enrolled (full course catalog)

Next Steps

- Expand course offerings for incarcerated individuals and eligibility for children/family members of correctional staff
- Continue to resolve operational hurdles (space, facility scheduling, CCV staff schedules)
- Future program sustainability via Second Chance Pell



Work Crew Data

Key Context

- Work Crew sentences fell 70% from 2016 to 2023
 - Used for less than 2% of total supervised DOC population
- Program experienced **two-thirds failure rate**
 - More people were incarcerated for Work Crew violations than were being sentenced to the program
 - Participants regularly missed Work Crew for existing obligations like employment, child care, medical appointments/treatment, etc., resulting in incarceration
 - Often used in cases involving individuals experiencing addiction, who can struggle to make court-mandated appointments.
- Active arrest warrants: **190**

In 2019, [CSG reported](#) Work Crew was the **leading cause of returns to incarceration** for technical violations (46%).

More returns than OOP/curfew violations, violent/ threatening behaviors, sex offender condition violations, and DV condition violations **combined**.

Financial Impact

- Estimated investment needed to sustain program: **\$3.9M**
 - Includes administrative costs, payroll/staffing, annual operating budget, equipment purchases/maintenance

Continued Challenges



Staffing

- Vacancies, retention, state workforce demographics, overtime costs

Health & Wellness

- Health conditions of incarcerated individuals, particularly those detained awaiting trial
 - Individuals ingesting fentanyl/polysubstances prior to State custody
 - Sequelae of heavy substance use before arrest
 - 60% of incarcerated population receiving medication for opioid use disorder (MOUD)

DEI & Justice

- Remote hearings and court backlogs
- Paucity of community service providers, particularly for male-identifying individuals

Modernization

- Lack of transitional housing stock/availability
- Deteriorating physical infrastructure
- Antiquated and highly manual data systems (OMS)



Discussion



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Appendix

Detainee Population

Average Monthly Count of Detainees: 2019-2023



● State Detainees Only ● Federal Detainees Only ● State and Federal Detainees Combined

