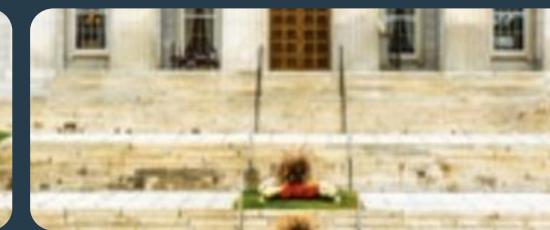


Pretrial Supervision in Vermont

Presentation for the
House Committee on
Corrections & Institutions

January 23, 2026



Justice Center
THE COUNCIL OF STATE GOVERNMENTS

Background

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Justice Center

THE COUNCIL OF STATE GOVERNMENTS

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

How We Work

- We bring people together.
- We drive the criminal justice field forward with original research.
- We build momentum for policy change.
- We provide expert assistance.

Our Goals

- Break the cycle of incarceration.
- Advance health, opportunity, and equity.
- Use data to improve safety and justice.

The CSG Justice Center has long supported Vermont efforts to understand and address complex criminal justice challenges

2007

- Justice Reinvestment I
 - Focus on Vermont's rising prison population and identifying reentry and supervision options designed to reduce corrections spending and increase public safety

2019

- Justice Reinvestment II
 - Focus on reducing high rates of revocation among people leaving prison, strengthening access to behavioral health resources and improving data tracking & reporting

2020

- Justice Reinvestment: Violent Crime
 - Focus understanding the scale and impact of domestic violence statewide and improving interventions to reduce harm and support survivors

The Pretrial Supervision Program (PSP) was passed as S. 195 and enacted into Act 138.

“

The purpose of the Pretrial Supervision Program is to assist eligible people through the use of evidence-based strategies to improve pretrial compliance with conditions of release, to coordinate and support the provision of pretrial services when appropriate, to ensure attendance at court appearances, and to decrease the potential to recidivate while awaiting trial.

At the time S. 195 was drafted, Vermont (along with most other states) was grappling with several years of **increases in property and violent crime coming out of the pandemic**, and leaders sought ways of **reducing recidivism and increasing court appearances** among people awaiting trial.

At the same time, Vermont’s population of people held in prison awaiting trial has steadily grown over recent years. As of July 14, 2025, **560 people were detained on pretrial, up from 460 people exactly one year earlier.**

S. 195 became law as part of Act 138 in 2024 with the dual **goals of connecting people awaiting trial to needed services and supports while also reducing crime and recidivism.**

In the summer of 2024, the Vermont Department of Corrections (DOC) proposed and was approved to **pilot the PSP in Orleans and Essex counties** before scaling statewide.

In January 2025, DOC requested and was approved for technical assistance support from the CSG Justice Center, to provide an assessment and recommendations on the successful statewide implementation of the PSP.

Statute, the Courts and VT DOC all play crucial roles in determining a person's PSP eligibility and supervision PSP.



ELIGIBILITY is set in statute

Defendants are eligible for PSP if they have been charged with violating a condition of release OR if they have at least five pending dockets and pose a risk of nonappearance or harm to themselves or others.



REFERRALS to PSP come from the Courts

Defense, prosecution or the Court may request a review for whether a person is suitable for PSP. If ordered by the Court, DOC has 10 business days to issue a report that identifies a person's eligibility, their potential supervision level and recommended conditions of release.



SUPERVISION is determined by risk assessments

DOC staff assess a PSP client for their risk and needs, which then determines the level of supervision they receive.

DOC provides three levels of supervision, with varying degrees of contact required depending on a person's risk level.

“Risk” refers to a person’s likelihood of reoffending and is part of the Risk Needs Responsivity (RNR) model.



Risk

A person’s likelihood of reoffending, determined based on static and dynamic factors:

STATIC: criminal history, number of arrests, number of convictions, type of offenses.

DYNAMIC: antisocial personality pattern, procriminal attitudes & associates, substance use disorder, family/marital stressors, poor school/work performance, few leisure or recreation activities



Need

Criminogenic factors related to a person’s behavior, which may be independent of their assessed risk.

- Some low-risk individuals may be assessed as having a high need in a criminogenic area.



Responsivity

Tailoring interventions in a way to mitigate barriers for a given individual.

Focusing resources according to risk so that people at higher risk of future criminal behavior receive higher-intensity interventions is a foundational evidence-based practice in supervision.

DOC provides supervision to clients and notifications of progress or violations to the Courts and State's Attorneys

DOC supervises people at three different levels, depending on their risk

Low Risk ↑
↓ High Risk

P1	Monitored through the Telephone Reporting Supervision Program (TRSP) system only
P2	Monitored through the TRSP system <u>AND</u> two calls from their assigned PPO per month
P3	Monitored through the TRSP system <u>AND</u> one call from their assigned PPO per week <u>AND</u> one required in-person office visit per month

DOC staff report to the Courts every 90 days



If clients are compliant, the Court may remove them from PSP or lower their supervision level



If clients violate a condition, DOC staff:

- Notify the defendant of the violation
- Notify the State's Attorney

The State's Attorney is responsible for deciding if a charge of violation of conditions of release (VCR) will be submitted to the court.

Findings

2

Our initial plan was to assess how PSP works in the pilot counties and propose strategies for a statewide rollout.



On the ground assessments of current operations in Orleans and Essex counties, with an emphasis on availability of services and coordination across agencies



Meetings with key stakeholders including Judicial leaders, law enforcement, DOC supervision staff and leaders, and community-based service providers



Review of current policies and procedures, including Act 138 and other relevant statutes and other guiding policies

We found important strengths during our first site visit to Orleans County, but also quickly identified core challenges that will impede PSP success throughout the state, regardless of location or service availability.

Strengths include partner commitment to success, strong supervision staff and foundational training and approaches

There is strong commitment to PSP among judicial leaders and good coordination between DOC and court staff.

DOC continues to hire, train and retain strong supervision staff who follow evidence-based practices in how they work with clients.

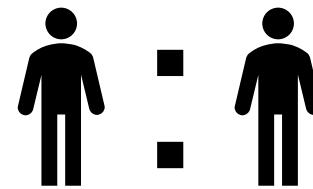
In the pilot county we visited, key stakeholders are informed and engaged in the success of PSP.

Despite these strengths, there are key problems in the design of PSP that will undermine its impact and success.



CHALLENGE #1

Referral & reporting processes are not conducive to effective supervision practices.



CHALLENGE #2

Current DOC staffing does not allow for the adequate supervision intensity for this population.



CHALLENGE #3

Coordination across state agencies that serve this population must be stronger to provide the necessary services and treatments.

These challenges need to be addressed for PSP to succeed across the state.

- **CHALLENGE 1:** DOC does not have the authority they need to effectively and more immediately respond to violations of conditions of release, or to work collaboratively with the Courts under current procedures.
- **CHALLENGE 2:** Without more resources and staff, DOC supervision officers cannot provide the amount of contact, monitoring and support that this population of people require to be successful.
- **CHALLENGE 3:** There must be more coordination across state agencies that address criminal justice, housing, mental health and substance use issues in order for this population of people to more immediately and consistently access the supports they need in their communities.

SHORT TERM

MEDIUM TERM

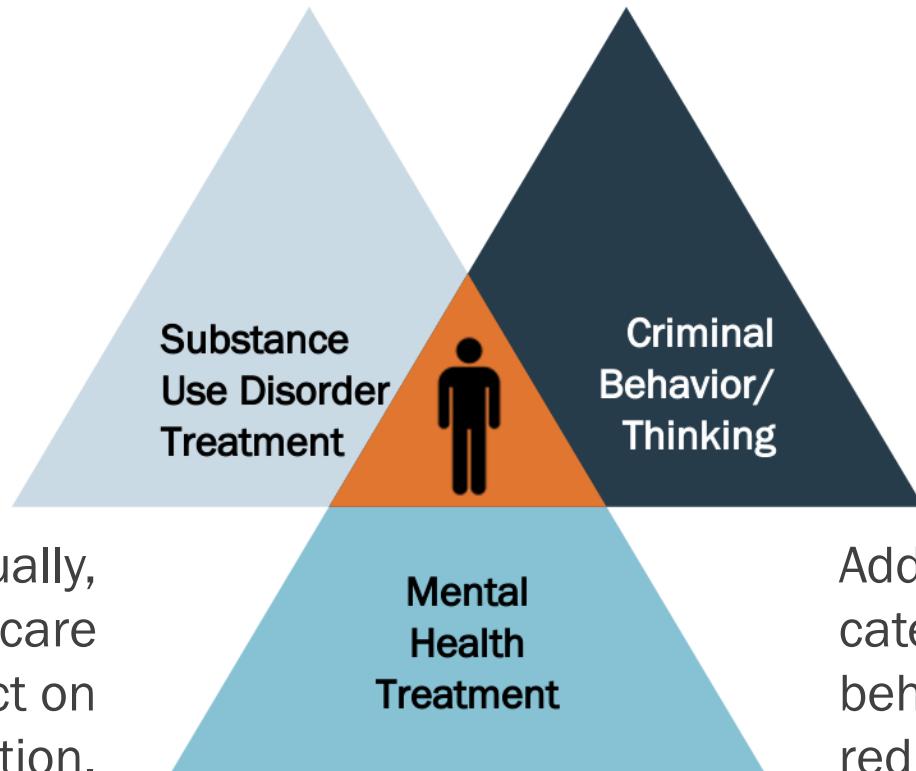
LONG TERM

Best Practices & Recommendations to Improve PSP

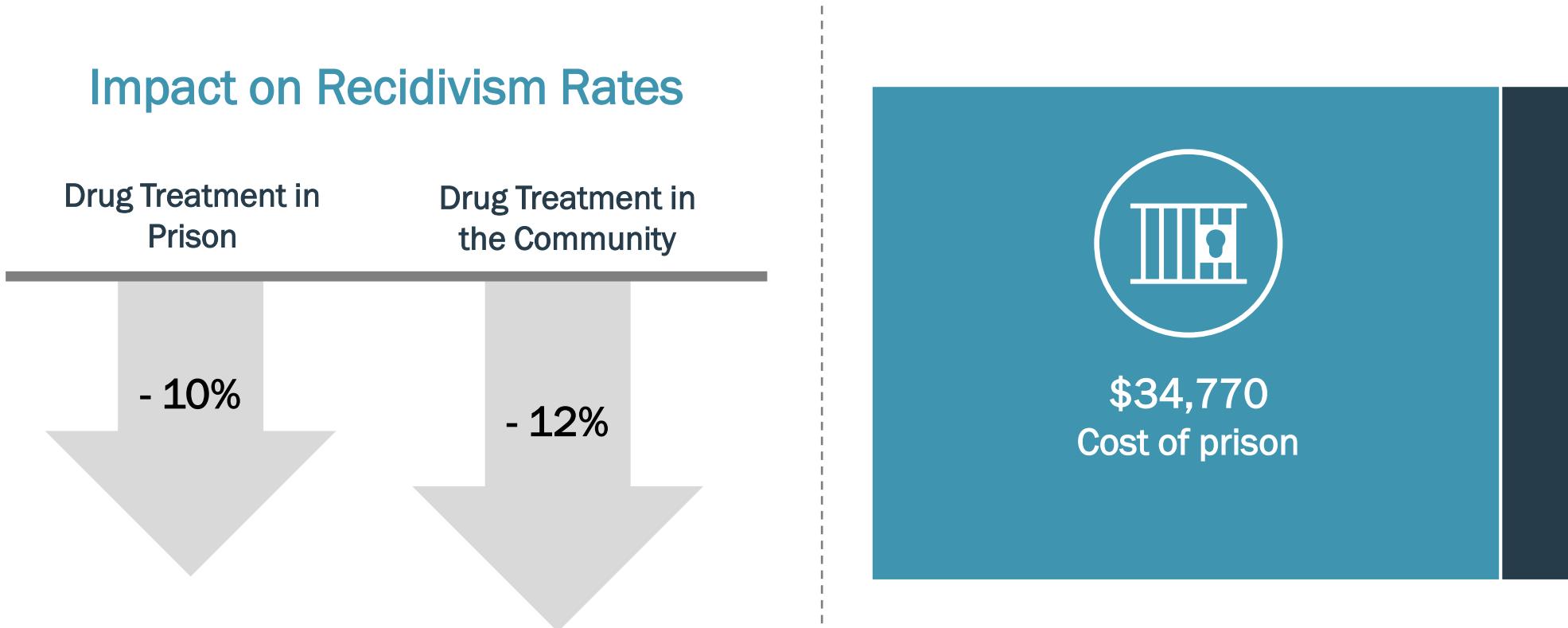
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Effective behavioral health treatment for people in the criminal justice system addresses both criminogenic and behavioral health needs.

Core Treatment Competencies Required for Behavioral Health and Recidivism-Reduction Improvements



Programming delivered in the community can be more effective, and less expensive, than programming in prison.



"Benefit-Cost Results," Washington State Institute for Public Policy, accessed February 19, 2021, <https://www.wsipp.wa.gov/BenefitCost?topicId=2>; "Incarceration Costs Significantly More than Supervision," United States Courts, accessed February 19, 2021, <https://www.uscourts.gov/news/2017/08/17/incarceration-costs-significantly-more-supervision>.

As people in the criminal justice system with behavioral health needs are identified, states must ensure access to the range of treatment and services necessary to adequately address those needs.

A variety of services, clinical treatments, crisis responses, and community engagement strategies are necessary to help people gain stability and progress to recovery.

Ensuring caseload sizes remain small will allow officers to coordinate and connect to these services as much as possible and enables greater client success.



"Lead Case Planner: Behavioral Health Treatment Provider," The Council of State Governments Justice Center, accessed August 6, 2020, <https://csgjusticecenter.org/publications/collaborative-comprehensive-case-plans/lead-case-planner-behavioral-health-treatment-provider/>

Coercive treatment for substance use shows mixed results and can carry long-term risks.



- Many leaders question whether people with complex behavioral health needs and substance use disorders might reduce recidivism if compelled to seek treatment while incarcerated awaiting trial
- Research demonstrates that involuntary treatment can improve initial participant engagement, but these programs are significantly less effective over time compared to voluntary treatment approaches
- Mandated treatment approaches carry increased risks of harm, including heightened overdose risk and potential for abuse within treatment settings
- High-quality, accessible voluntary programs that build on a person's internal motivation prove more successful in achieving long-term sustained recovery and reducing recidivism

Beletsky, Leo, Ryan, Elisabeth, Parmet, Wendy. Involuntary treatment for substance use disorder: A misguided response to the opioid crisis. 2018. Harvard Health Online; Werb D, Kamarulzaman A, Meacham MC, Rafful C, Fischer B, Strathdee SA, Wood E. The effectiveness of compulsory drug treatment: A systematic review. *Int J Drug Policy*. 2016 Feb;28:1-9. doi: 10.1016/j.drugpo.2015.12.005. Epub 2015 Dec 18. PMID: 26790691; PMCID: PMC4752879; Wolfe, Samantha, Kay-Lambkin, Francis, Bowman, Jenny, Childs, Steven. To enforce or engage: The relationship between coercion, treatment motivation and therapeutic alliance within community-based drug and alcohol clients. 2013. *Addictive Behaviors*, Volume 38, Issue 5, Pages 2187-2195, ISSN 0306-4603, <https://doi.org/10.1016/j.addbeh.2013.01.017>.

Successful pretrial systems rely on supportive services.

Support > Supervision

Pretrial services focused solely on **supervision strategies** (mandatory drug testing & reporting) don't improve outcomes. Supportive pretrial **services** using strengths-based counseling and addressing underlying challenges (housing, treatment & employment) are far more successful at improving court appearances and reducing rearrest.

Key Elements of Effective Pretrial Supervision

Evaluation & Data

Many pretrial services agencies don't collect basic data like court appearance rates, pretrial rearrest rates, or successful service connections. Effective programs document and publicly share these results, seek feedback from clients and partners, and **adjust policies and practices based on this information.**

Hub & Spoke

Pretrial services work best with both **court and community presence**. Court-based staff serve as the "hub," interviewing and accepting people into programs at bail hearings or first appearances. They make voluntary referrals to "spoke" agencies—community organizations providing services near people's homes and neighborhoods.

Vermont can immediately strengthen PSP for better results.

1

Fund dedicated PSP officers who maintain caseloads of no more than 20 clients

- Individuals with five open documents have significant mental health, substance use, housing, employment, or criminal thinking needs that must be addressed to decrease court involvement. More interaction, both in frequency and the intensity of contact is necessary, and will require that DOC has the necessary funding and resources to add additional pretrial officers.
- With resources for dedicated PSP officers, DOC staff will be able to provide PSP clients with the level of supervision, contact and support they require.

2

Authorize DOC staff to make direct referrals to the Courts in response to condition violations

- Give officers the ability to directly refer a violation to the Courts, allowing for a swift accountability response when clients violate the conditions of their release.
- DOC should notify the States Attorney about their referral for a violation but not have to wait for SA response and action to identify a path forward with the Courts.

Vermont can immediately strengthen PSP for better results.

3

Refer people to PSP based on relevant factors, with a focus on risk and needs – including behavioral health and substance use screens.

- Five open dockets for eligibility determination doesn't address individuals' specific risks and needs that pretrial supervision could effectively manage
- Anyone considered or recommended for pretrial detention should receive DOC risk and needs assessments (including behavioral health and substance use screens), with DOC recommending to the Court who they can effectively supervise under PSP
- DOC recommendations should specify the services and supports each individual needs to succeed on PSP
- DOC and Courts should establish a process for regular contact between supervision officers and judges to support client success and monitor progress through less formal, more timely communication
- Officers need greater flexibility to determine and adjust service needs, ensuring clients receive appropriate treatment types and intensity for success

Vermont can immediately strengthen PSP for better results.

4

Direct the relevant Health and Human Services (HHS) agencies to develop a streamlined method for referring PSP clients to behavioral health services

- The departments of Mental Health, Housing and Substance Use must work with DOC to identify the challenges in the PSP population accessing available and necessary services as part of their participation in PSP, and then develop an approach by which DOC can immediately refer a person to those services in the short period of time they are being supervised.

Vermont has already demonstrated that collaborations across agencies and systems can be effective.

Forensic Assertive Community Treatment (FACT).

- Collaborative program administered by DOC and DMH in partnership with Pathways Vermont
- FACT “bridges the behavioral health and criminal justice systems”
 - Provides wraparound services tailored to the needs of individuals with complex, co-occurring disorders and challenges who are involved in the criminal justice system
 - Critically, caseloads for DOC supervision of FACT participants is very low (20 clients: officer)
 - Allows for dedicated time and focus to supervise and support clients

FACT Program Outcomes - First Year Results (35 participants)

- 57% successfully housed
- Only 2 individuals reincarcerated for new charges in Q4

Expanded Results Through June 2024 (54 participants)

- 42% reduction in returns to incarceration
- 75% reduction in severity of criminal violations
- 63% reduction in crisis services and hospitalizations
- 83% increase in social determinants of health

Key Takeaways



As currently designed **PSP cannot provide adequate supervision** to ensure success for clients or Vermont.



In the short and medium term, **DOC needs authority over court referrals and more resources** to hire pretrial services officers.



Stronger coordination between behavioral health, housing and corrections actors and agencies are necessary to ensure strong connections to care for PSP clients.



These initial adjustments and investments can help Vermont **avoid continued growth** of its incarcerated pretrial population and **address underlying crime and safety challenges**.

Thank You!

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