

Strengthening Vermont's Pretrial Supervision Program

Executive Summary

In 2024, Vermont faced mounting pressure to address two competing concerns: preventing unnecessary pretrial detention in state prisons while ensuring that individuals released into the community awaiting trial would not continue engaging in criminal behavior. In response, the legislature enacted Act 138, establishing Vermont's first Pretrial Supervision Program (PSP). The program aims to reduce court backlogs, hold individuals accountable for accessing services that address their underlying needs, and decrease failures to appear at court hearings and criminal activity among people awaiting trial in the community.

The Vermont Department of Corrections (DOC) was designated to provide direct supervision of PSP clients, leveraging its existing expertise in administering probation and parole supervision statewide. The DOC launched the program in two pilot counties in early 2025, allowing key stakeholders to refine implementation strategies before scaling statewide. In January, DOC leadership requested assistance from The Council of State Governments (CSG) Justice Center to analyze and assess the current design and implementation of the PSP in Vermont and to recommend improvements.

Vermont offers significant strengths to PSP implementation, including strong judicial support from Chief Administrative Judge Thomas Zonay; knowledgeable DOC leadership; well-trained supervision staff with proven track records; and broad stakeholder commitment from state's attorneys, defense counsel, and reform advocates. However, the program faces core challenges that threaten to undermine its potential to change behavior and increase public safety outcomes.

Summary of Key Challenges and Recommendations

PSP Eligibility and Referrals: Statute currently requires a person to have five pending charges or a violation of a condition of release (VCR) to be eligible for PSP, but this is arbitrary and does not correlate with who would most benefit from PSP services. The attorney-driven referral process creates procedural bottlenecks that delay enrollment. Vermont should either prioritize referrals for individuals facing pretrial detention (particularly those facing nonviolent charges) or retain the five-charge threshold while allowing the DOC to conduct risk and needs assessments automatically for all eligible individuals, eliminating reliance on attorney initiation.

PSP Supervision Intensity: PSP clients require intensive supervision to ensure compliance with release conditions and connect them to necessary community-based treatment and programs. However, the DOC lacks sufficient staff to provide this level of oversight. Vermont must fund dedicated PSP officers who maintain caseloads of no more than 20 clients—the staffing level research shows enables officers to support effective behavior change.¹

¹ American Probation and Parole Association, *National Standards for Community Supervision* (Lexington, KY: American Probation and Parole Association, 2024), https://www.appa-net.org/eweb/docs/APPA/National_Standards_Community_Supervision_FINAL.pdf. American Probation and Parole

DOC Violation Enforcement Authority: Supervision officers need the authority to hold PSP clients accountable for violating the conditions of their release, with multiple response options available immediately. The current process—requiring officers to file affidavits with state’s attorneys who then decide whether to present violations to judges—creates delays that undermine swift and certain responses. Vermont should allow supervision officers to file violation notices directly with the court, including recommendations for appropriate responses such as court appearances, increased supervision intensity, or additional conditions. This authority already exists for DOC probation and parole officers supervising post-conviction clients and should be extended to PSP supervision.

Access and Interagency Coordination: A critical challenge for PSP is lack of access to behavioral health treatment and services for participants, compounded by poor coordination between the Department of Mental Health (DMH) and DOC. To address this, state leaders must establish concrete mechanisms for interagency coordination that prioritize PSP clients’ access to treatment that aligns with their criminogenic needs, while ensuring DOC officers have sufficient resources to help clients connect with services. A successful model already exists in Vermont’s Forensic, Assertive, Community Treatment (FACT) program, which has proved that effective interagency coordination can deliver both improved outcomes for high-need individuals and meaningful public safety benefits.

Community-Based Treatment and Programming for PSP Clients: Vermont faces a severe shortage of community-based behavioral health treatment and programming, particularly in rural areas. Criminal justice-involved individuals are frequently deprioritized for existing programs, and inadequate coordination between the Department of Mental Health (DMH) and the DOC has resulted in appropriated funds going unspent while people on probation or parole have difficulty accessing needed services. While conversations between the two agencies have been ongoing, Vermont leaders must establish effective collaboration between DMH and DOC to ensure that PSP clients receive priority access to treatment.

Vermont’s early investment in pretrial supervision demonstrates a commendable commitment to strengthening community-based access to treatment and services. However, for PSP to deliver results worthy of the state’s fiscal and personnel investment and effectively address persistent public safety and public health challenges, Vermont must make the adjustments and investments outlined in this assessment.

Association (APPA) Standards for Adult Caseloads are 1:20 for intensive; 1:50 for moderate to high risk; 1:200 for low risk; and 1:1,000 for administrative.

Background

In 2024, Vermont lawmakers found themselves navigating a delicate balance: how to prevent unnecessary growth in the state's pretrial population housed in state prisons while ensuring that people released into the community awaiting trial would not continue to engage in criminal behavior. These dual pressures prompted significant legislative action.

That year, as part of Act 138, the Vermont General Assembly established a new pretrial supervision program to be administered by the DOC to address increases in crime among people awaiting trial in the community by supervising and connecting them with services. In particular, the program was established to ensure that people with behavioral health needs and challenges can connect with community resources and treatments while awaiting trial to reduce crime and recidivism.

Yet stakeholders involved in the discussions that shaped this statute understood the goals more expansively:

- To eliminate the ongoing backlog in the state's courts
- To hold people released into the community pending trial accountable for connecting with services and treatment that might address their underlying needs and challenges
- To reduce failures to appear at court hearings and additional criminal behavior among people awaiting trial in the community

The Vermont DOC was designated to supervise PSP clients, a logical choice given that the DOC already administers probation and parole supervision statewide and employs well-trained staff experienced in supervising individuals under court oversight.

Before implementing PSP statewide, the DOC requested—and the Vermont Joint Justice Oversight Committee approved—piloting the program in two counties beginning in early 2025. This approach would allow the DOC and other key stakeholders within the judiciary, as well as defense and prosecuting attorneys, to refine implementation strategies before scaling the new supervision program across the state.

Project Scope

Staff from The Council of State Governments (CSG) Justice Center began working with the Vermont DOC in January 2025 to assess the current design and implementation of PSP in the pilot counties and to make recommendations to the DOC and legislative leadership on how PSP may be strengthened and improved to ensure a successful rollout of the program statewide.

Since then, CSG Justice Center staff have traveled to Vermont twice to meet with and present to various leaders and stakeholders across the state. Our goal was to gather qualitative information from people who are currently or will potentially administer or be affected by PSP. Vermonters were generous with their time and wisdom, sharing key insights into the challenges as well as the potential of PSP as a statewide program. Our conversations with prosecuting attorneys, practicing judges, DOC staff and leadership, and state legislators informed our findings about the strengths Vermont brings to pretrial supervision and our recommendations for improvements to achieve stronger public safety outcomes.

Key Findings and Recommendations

Vermont brings several foundational strengths to the implementation of PSP. Chief Administrative Judge Zonay has emphasized the importance of making PSP an effective tool for both public safety and efficient court proceedings, demonstrating the judicial buy-in essential to the program's success. The state is also fortunate to have knowledgeable and innovative DOC leadership along with well-trained supervision managers and line staff who have a proven track record of connecting with clients and implementing evidence-based strategies to achieve positive outcomes. Beyond the judiciary and DOC, other key stakeholders—including state's attorneys, defense counsel, and reform advocates—have expressed clear commitment to the program's success. This shared investment across multiple sectors represents a significant advantage as Vermont works to ensure PSP achieves its goals.

However, PSP faces core challenges within its design and implementation, which have already limited its impact and will continue to undermine the program's potential to support behavior change and strengthen public safety and health outcomes among people supervised while awaiting trial. For PSP to deliver results worthy of Vermont's fiscal and personnel investment, it must be strengthened through both immediate improvements and thoughtful, intermediate evolution.

PSP Eligibility and Referrals

Finding: The eligibility criteria established in statute—requiring five pending dockets or VCRs—provides an effective baseline for identifying an initial population for the Pretrial Supervision Program (PSP). However, using this as the sole determining factor in whether a person may be referred to PSP is ultimately arbitrary and does not necessarily correlate with who would most benefit from or most require PSP services. Further, the current referral process creates significant procedural bottlenecks that slow enrollment and make it difficult for individuals who would benefit from PSP to promptly access the program.

Under the existing system, individuals facing five or more charges are deemed eligible for PSP. At that point, either the state's attorney or the defense attorney must file a request to refer the individual to the program. Once this request is made, the judge may consider it and ultimately determine whether the person will be released onto PSP or held in custody while awaiting trial. This attorney-driven referral model has proven to be a source of delays and inefficiencies in the program's implementation because there is no established, basic criterion for automatically referring someone to PSP.

Recommendation: An improved approach would prioritize referrals by first focusing on individuals under consideration for or recommended for pretrial detention. The DOC would then conduct a comprehensive risk and needs assessment of the people in this group to identify individuals who could be managed in the community under pretrial supervision. The assessments would generate recommendations for the specific services and supports that each person requires to succeed in pretrial supervision. The DOC would provide this information to the appropriate judge for a final determination on whether the individual should be supervised under PSP or held in prison while

awaiting trial. This model would optimize the referral process, but would require statutory and procedural changes to how PSP is currently designed and implemented.

An alternative approach that would require fewer statutory modifications would be to retain the current eligibility criteria of five or more pending dockets. However, rather than relying on prosecution and defense attorneys to drive recommendations for PSP participation, once an individual is deemed eligible, the DOC would automatically conduct a risk and needs assessment and report findings to the judge as described above. This approach would provide judges with more comprehensive information at the outset to inform their decisions, including appropriate conditions of release. Importantly, it would eliminate the procedural challenges that have delayed referrals to PSP. A downside of this approach would be its reliance on the arbitrary eligibility criterion of pending dockets, which are less evidence based than using an assessment of individuals to inform referrals.

Rather than relying on the number of pending dockets, another option would be to create a process where any individual who is on pretrial status and cited with a VCR is automatically referred to pretrial supervision assessment, following the same process outlined above. This might better address concerns stakeholders have raised about recidivism among people released pretrial and ensure that people are more consistently referred to the program.

PSP Supervision Intensity

Findings: Observations from pilot counties and research on defendants with five or more simultaneous charges demonstrate that PSP clients require intensive supervision and intervention to ensure they comply with release conditions and connect to community-based treatment and programs that address their underlying needs. However, the DOC lacks the staff necessary to provide this level of supervision and case management. Current PSP supervision standards—spanning high, mid, and low levels—allow only limited contact between officers and clients due to insufficient staffing.

Stakeholders agree that PSP’s goal is to ensure accountability and support so that clients can access the necessary treatment and programming while awaiting trial. Well-trained, motivated supervision officers are essential to achieving this goal. Although Vermont has qualified DOC staff, if the program’s usage expands due to the suggested changes above, they cannot succeed without additional officers and smaller caseloads that allow for meaningful engagement with clients.

Recommendation: Vermont must fund dedicated PSP officers who maintain caseloads of no more than 20 clients. National standards indicate that this staffing level enables the attention, support, and connection needed for effective behavior change.²

DOC Violation Enforcement Authority

Findings: Currently, when an officer identifies a violation of conditions of release (VCR), they must file an affidavit with the state’s attorney’s office. The state’s attorney then decides whether to present the violation to the judge. This process creates significant delays that undermine swift and

² APPA, *National Standards for Community Supervision*.

certain responses to violations. Research demonstrates that certainty of consequences, rather than severity, most effectively prevents future criminal behavior.³ Supervision officers should have the authority to hold PSP clients accountable for VCRs, ideally with multiple response options immediately available to them.

Recommendation: Vermont should allow supervision officers to file VCR notices directly with the court, including recommendations for appropriate responses. A uniform intervention grid should be developed to make sure these responses are evidence-based and that they are consistently applied. This would ensure that PSP clients understand that violations have immediate consequences. Responses should include court appearances, increased supervision intensity, or additional conditions—not solely revocation of release. DOC probation and parole officers already possess this authority for supervised individuals. PSP supervision must follow the same process to achieve comparable accountability and behavior change outcomes.

Access and Interagency Coordination

Findings: During on-site observations and conversations with PSP clients and supervision officers in Newport, VT, a recurring theme emerged: the lack of consistent, immediate access to community-based treatments and programming that individuals need to address their behavioral health challenges. Vermont, like many states, faces a severe shortage of these supports, particularly in rural areas where transportation and resource limitations create additional barriers to accessing necessary treatments.

Another persistent problem is the failure to prioritize criminal justice-involved individuals for existing programs, coupled with inadequate interagency coordination between the Department of Mental Health (DMH) and the DOC. Stakeholders and leadership describe how this lack of coordination manifests in various ways—from appropriated funds going unspent to people on probation or parole being continually deprioritized for treatment for substance use disorders, mental illness, or both. Although both departments operate under the same Agency of Human Services, the absence of strong direction from agency leadership to mandate meaningful coordination has allowed people moving through these systems to fall through the cracks in the community.

Recommendation: Vermont leaders in both the executive and legislative branches must find concrete ways to achieve effective coordination between DMH and DOC for individuals supervised under PSP. Clients should receive priority access to available treatments and programming that align with their assessed criminogenic needs, while DOC supervision officers—with adequate resources and staffing—should prioritize supporting and assisting their PSP clients in accessing these services. If Vermont wants to achieve lasting public safety and public health improvements among people awaiting trial, meaningful progress must be made in identifying PSP participants' needs and ensuring those needs are met with available community resources. Without this, the program cannot reach its intended goals or potential.

³ Daniel S. Nagin, “Deterrence in the Twenty-First Century,” in *Crime and Justice in America: 1975-2025*, ed. M. Tonry (Chicago: University of Chicago Press, 2013), 199–264.

A program that DOC and DMH already collaboratively run is Forensic, Assertive, Community Treatment, or FACT, funded by DOC using Justice Reinvestment funds. A partnership with the nonprofit Pathways Vermont, FACT is a service delivery model for people with serious mental illness or complex social and health needs who are also in the criminal justice system. According to DOC materials, FACT is “an intervention that bridges the behavioral health and criminal justice systems” and has successfully provided wraparound services tailored to the needs of individuals with complex, often co-occurring disorders and challenges.⁴

Established in 2022, FACT leverages funding from the Substance Abuse and Mental Health Services Administration, administered by DMH in Vermont, as well as the direct services of Pathways, with supervision provided by DOC probation and parole officers. A key component of FACT’s design and impact is the low caseload these officers maintain (approximately 20 clients per supervision officer), which allows them to dedicate more time and focus to the people they supervise.

Of the 35 people served by FACT in its first operational year, 57 percent were successfully housed, and only 2 individuals were reincarcerated for new criminal charges in the last quarter of the year.⁵ By June of 2024, among the 54 FACT participants, there was a 42 percent reduction in returns to incarceration and a 75 percent reduction in the severity of their criminal violations.⁶ The program also achieved important health outcomes, including a 63 percent reduction in participants’ use of crisis services and hospitalizations and an 83 percent increase in their social determinants of health.⁷

Coordination between agencies is something often cited as both essential and persistently challenging to achieve. However, FACT demonstrates that positive and tangible coordination is possible, leveraging behavioral health resources to connect high-need individuals to key direct services and enabling supervision officers to maintain caseloads that ensure stronger connections and attention for their clients.

Community-Based Treatment and Programming for PSP Clients

A key tenet of pretrial services, both in Vermont and in other jurisdictions with similar programs, is ensuring that clients can consistently and readily access community-based treatments and services that will best meet their specific needs. Lowering the bar to entry for these programs is essential to achieving the goals of pretrial services or supervision, including increasing court appearances and reducing recidivism.

Community-based treatment has demonstrated greater effectiveness than incarceration-based treatment across multiple dimensions. These programs excel in skill development by offering opportunities for skill-building, cognitive behavioral therapy, mentoring, and job training—all of which help people change unhealthy patterns and successfully reintegrate into society. The

⁴ Vermont Department of Corrections, “Update on FACT: Forensic, Assertive, Community Treatment,” presentation, October 23, 2023. Provided to the CSG Justice Center on October 23, 2025.

⁵ Ibid.

⁶ The Vermont Department of Corrections, *FACT Pilot Program: Preliminary Outcomes* (Vermont, 2024), <https://doc.vermont.gov/sites/correct/files/documents/FACT%20Preliminary%20Report%2010-29-2025.pdf>

⁷ Ibid.

community setting allows for more intensive, focused, and personalized care tailored to individual needs, with access to a broader range of treatment options, including residential and intensive outpatient programs. This diversity of program types may be more effective than the limited options available within carceral settings.

In addition to clinical outcomes, community-based treatment offers significant cost advantages.⁸ Studies have consistently shown that community-based treatment is less expensive than incarceration while achieving comparable or superior results in terms of recidivism reduction.⁹ This cost-effectiveness translates into substantial savings for the criminal justice system, enabling more efficient resource allocation.

Perhaps most importantly, community-based programs address the underlying drivers of criminal behavior rather than simply responding to its symptoms. By focusing on the underlying causes, such as substance use, mental health issues, and criminal thinking, these programs aim to reduce future offending at its source. This preventive approach represents a fundamental shift from punishment to rehabilitation, offering individuals the tools and support they need to build stable, law-abiding lives within their communities.

Conclusion

Leaders across the country are grappling with the dilemma of rising pretrial populations and corresponding costs, often driven by complex and heightened behavioral health challenges and needs among people who are awaiting trial. Vermont's establishment and early investments in pretrial supervision are laudable for their demonstrated commitment to focusing on creating stronger and more tangible access to community-based treatments and services as a strategy for addressing pretrial challenges. Our findings and recommendations underscore the potential of PSP in Vermont and the necessary and immediate adjustments and investments Vermont must make to ensure this program effectively addresses public safety and public health challenges that persist statewide.

⁸ G. A. Zarkin et al., "Lifetime Benefits and Costs of Diverting Substance-Abusing Offenders From State Prison," *Crime & Delinquency* 61, no. 6 (2012): 829–850, <https://doi.org/10.1177/0011128712461904>.

⁹ K. Cusack et al., "Criminal Justice Involvement, Behavioral Health Service Use, and Costs of Forensic Assertive Community Treatment: A Randomized Trial," *Community Mental Health Journal* 46 (2010): 356–363.