

**Report to**  
**The Vermont Legislature**

**Correctional Reentry Services, New Correctional Facilities,  
Programming, & Department Recommendations**

In accordance with Act 159 of 2024

**Submitted to:** House Committee on Corrections and Institutions and Senate Committee on  
Judiciary

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## Executive Summary

This report from the Vermont Department of Corrections (“DOC” or “the Department”), in accordance with Act 159 of 2024, details recommendations on existing reentry and transitional services, the size and scale of a replacement for the Chittenden Regional Correctional Facility (CRCF), and whether it is advisable to construct a new men’s reentry facility on the same campus as the women’s correctional facility or at another location.

## Reentry & Transitional Services

The Department provides a variety of reentry and transitional services to support individuals as they return to their communities. Services vary throughout the state to accommodate differences in community services and the specialized needs of the population at each facility.

All correctional facilities offer casework staff to assist individuals in the reentry process, including transitioning to supervision under Probation and Parole, connecting with transitional housing providers, and providing identification such as driver and nondriver’s licenses through a partnership with the Vermont Department of Motor Vehicles (DMV). Probation and Parole offices also have designated Reentry Probation Officers who work with facility staff to facilitate reentry.

### CRCF Programming

Chittenden Regional Correctional Facility (CRCF), Vermont’s sole women’s facility, hosts a variety of gender-responsive and trauma-informed programs. The Department intends for these services to be offered – and hopefully expanded – at any replacement facility. Currently, these programs operate in difficult working conditions given CRCF’s degraded physical infrastructure. Space constraints and the building’s inflexible footprint create operational issues limiting programming and rehabilitative services for women in custody.

DOC currently contracts with Mercy Connections, Lund, The Network Against Sexual and Domestic Violence, and Vermont Works for Women to provide the following services at CRCF:

**Mercy Connections** – Mercy Connections oversees the Vermont Women’s Mentoring Program (VWMP), which matches justice system-involved mentees with trained volunteer mentors at CRCF for social, educational, and self-development activities. Mentees have the opportunity to continue working with their mentors following release to provide continued support, guidance, and encouragement.

**LUND – Kids-A-Part Program (KAP)** – Lund’s Kids-A-Part program seeks to reduce the traumatic impact of a mother’s incarceration on her children by providing services that ensure safe and supportive parent-child contact and parent-caregiver support. They provide parent education opportunities, in-person visits, and activities to support the connection between mothers incarcerated and their children.

**Vermont Network Against Domestic and Sexual Violence – DIVAS program** – the DIVAS program provides domestic and sexual violence education and support services, including group and individual counseling. DIVAS also provides trainings to staff regarding trauma-informed care and human trafficking.

**Vermont Works for Women (VWW)** – VWW oversees the in-facility work programs and provides career coaching to support employment upon reentry. VWW also hosts a weekly class that teaches transferable skills in the workplace and assists with resume writing and navigating job searches.

## Male & Female Facility Programming

Risk Intervention Services, volunteer programs, recovery coaching, and educational opportunities are provided in both male and female facilities. DOC also hosts the Community High School of Vermont, an accredited high school program for individuals to receive their high school diploma while incarcerated.

**Community College of Vermont (CCV)** – The Department of Corrections is actively collaborating with CCV to provide free community college courses at correctional facilities and for all DOC staff. This partnership is supported by a \$4.5 million Congressionally Directed Spending package from the office of Senator Bernie Sanders. As of the fall 2024 semester, more than 150 incarcerated students are taking college-level courses through the CCV program. If individuals are released in the middle of their studies or wish to continue their CCV curriculum post-release, reentry vouchers allow for a full year of free CCV classes in the community.

**Turning Point Peer Coaching** – DOC partners with recovery organizations and the Turning Point Centers of Vermont to provide in-facility peer recovery coaching. Specially trained correctional peer coaches – individuals with lived experience in addiction – meet incarcerated individuals directly in Vermont’s correctional facilities for individual and group counseling. Upon release, individuals are able to connect with their local recovery center to continue receiving recovery coaching. This work is supported by a \$500,000 appropriation in the FY24 Budget Adjustment Act, an FY25 appropriation of \$1.06 million in Opioid Abatement Special Funds, and an anticipated \$1.88 million Congressionally Directed Spending package from the office of Senator Peter Welch.

**1115 CMS Waiver** – The State of Vermont received approval from the Biden administration in 2024 to pursue a federal 1115 waiver demonstration from the Centers for Medicare and Medicaid Services (CMS). Vermont’s waiver allows for a partial rollback of the 1965 Social Security Act’s Medicaid Inmate Exclusion Policy (MIEP) beginning in 2026 for all post-adjudication individuals in Department custody. This important step, which is being coordinated with the Agency of Human Services (AHS) Medicaid Policy team, the Department of Vermont Health Access (DVHA), and the Vermont Chronic Care Initiative (VCCI), will embed VCCI care managers at each facility and allow sentenced individuals to restart Medicaid coverage 90 days before leaving a correctional facility, saving taxpayer dollars in health costs while also creating a smoother path to reentry.

## New Correctional Facility

### Facility Size & Scale

Initial conversations on the replacement for CRCF with members of the Women’s Facility Stakeholder group, the Department of Buildings and General Services (BGS), and contractors explored a total residential bed count of between 150 and 200 beds for the new facility, with a current working estimate of roughly 158 residential beds.

The current capacity of CRCF is 177 beds. The Department of Corrections recorded a recent census of 138 (November 2024) individuals housed at CRCF, including a higher-than-average number of pre-trial detainees. Other recent highs include 134 (January 2020) and 157 (June 2018). On average, detainees make up approximately 50% to 60% of the overall CRCF census.

The American Correctional Association (ACA) recommends correctional facilities operate at no more than 85% capacity to allow for proper building circulation and operations (note Vermont’s male facilities are currently at 133% general population bed capacity). The bed count estimates for the CRCF replacement facility were calculated based on ACA best practices and past, present, and future female population trends and projections. The November 11, 2024, population census of 138 individuals exceeds

the recommended ACA 85% capacity for the 158 residential bed working estimate. Additional conversation and project scoping are required to determine the appropriate bed counts and distribution.

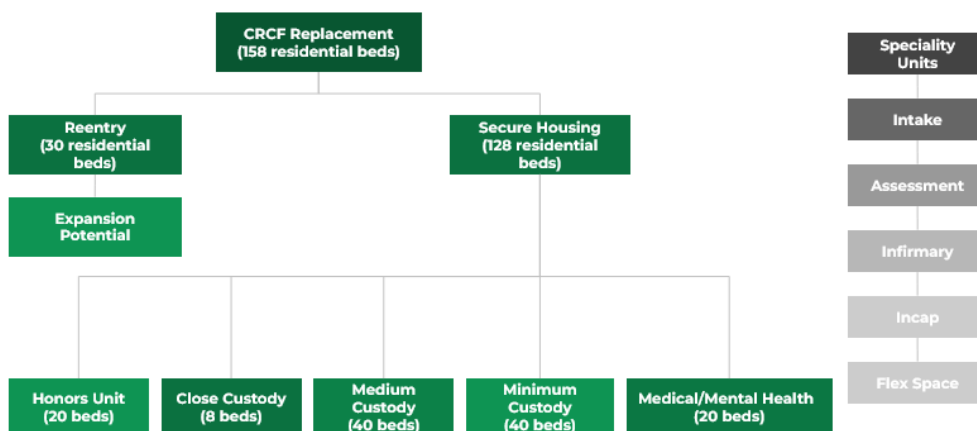
The reentry facility, in particular, will require additional consideration based on evolving criteria and current state law prohibiting detainees from being housed in a minimum-security reentry environment. Initial estimates call for at least 30 beds in the reentry unit, with flexible construction to allow for potential additional reentry beds. All bed count numbers put forward by the State to date remain preliminary.

The State of Vermont must consider the following rationales while determining bed counts and distribution, including the potential long-term and deleterious consequences of underbuilding.

These criteria include:

- Appropriate living space for population and population growth, including short-term volatility and long-term population change
- ACA-recommended 15% capacity buffer
- Ability to separate by classification
- Allocation of operational and staffing resources
- Adequate programming space for reentry and therapeutic needs
- Physical visits and supports for child, parent, and family bonding
- Population churn, specifically detainee population, and effect on facility operations and programmatic success
- Maximal facility operational flexibility (including flexibility for potential closure of units due to severe weather event, routine maintenance, staffing shortages, reduced population, etc.)
- Gender parity across correctional system, including reentry eligibility for men and potential legal exposure
- Potential future need to house women out of state if population exceeds physical capacity

Figure 1.1: Initial CRCF Replacement Bed Allocations



## Evidenced-based Design & Treatment Model

The Department, in conjunction with the Department of Buildings and General Services (BGS), intends for any new correctional facility to integrate evidence-based design and treatment modalities into its fundamental architecture. Previous facility construction in Vermont and across the country has traditionally focused almost exclusively on security, which has translated to hardened, inflexible facilities with little light and few programming spaces – in short, facilities that are not conducive to rehabilitation, personal transformation, and healing.

New correctional facilities in Vermont will borrow from the treatment model approach, such as used in recent construction of the River Valley Therapeutic Residence in Essex, Vermont. This facility, operated by the Department of Mental Health (DMH), incorporates sensory boundaries, identity anchors, and nested layers to deinstitutionalize the space. The inclusion of a mural from the Art in State Buildings program also adds to the rehabilitative feel of the structure. The Department is also borrowing heavily in its conceptual design for the CRCF replacement from the [Southern Maine Women's Reentry Center](#) in Windham, Maine. This building, which includes unlocked doors, adapts principles of Scandinavian correctional systems that center healing, rehabilitation, agency, and personal transformation for individuals in custody. Maine officials report a near-zero escape or recidivism rate for the facility.

By creating spaces that look more like community settings, the State hopes to better prepare individuals in custody to reenter Vermont's communities, as nearly all individuals will do. A focus on rehabilitation and healing, rather than solely security and confinement, will have a demonstrable impact on recidivism and help to reduce Vermont's reliance on the use of incarceration in the future.

## Men's Reentry Facility

The Department of Corrections is not pursuing the construction of a male reentry facility on the same site as the CRCF replacement at this time. Correctional best practice – as well as federal regulations and DOC experience – calls for the separation of incarcerated individuals by sex. While this protocol currently exists within an outdated gender binary with facilities designated as either male or female, the colocation of male and female incarcerated populations presents numerous operational and regulatory challenges as well as safety and security concerns.

The Department employs a robust process for housing individuals who identify as transgender or with a different gender identity, but the Department does not recommend general housing of male and female incarcerated people at the same complex. In addition, the current proposed sites, both in Essex, do not have the requisite acreage to allow for additional facility construction.

The Department does intend, however, to build reentry units as it updates male correctional facilities in the future. While there is no timeline for replacement of facilities other than CRCF, several male facilities are in acute need of replacement due to significant deferred maintenance and outdated infrastructure.