

Performance Measures

Correctional Services: Facilities

Correctional Services encompasses the core functions of the department including the largest scope of programming, divisions, units, and staff. This appropriation houses both Facility and Field Services, as well as the majority of Central Office divisions and units who provide direct service support to Field and Facilities.

The **Facilities** division encompasses the operation of six (6) in-state facilities, as well as out of state housing, for incarcerated individuals. Vermont Department of Corrections (VT DOC) facilities are under a unified system, meaning incarcerated individuals housed in VT DOC facilities might have any combination of legal status (including sentenced, detained, and holds for other jurisdictions).

The VT DOC classifies incarcerated individuals using three custody levels. These are related to risk of flight or of serious misconduct while incarcerated *and should be considered distinct from risk of recidivism upon release*. The levels are minimum, medium, and close with minimum representing the lowest risk and least restrictive housing to close representing a higher risk and more restrictions to provide for appropriate safety and security.

Correctional Services: Facilities

34%

Decrease in average total incarcerated population since FY13 (2,077 in FY13 to 1,370 in FY24; **Figure 1**). Since FY13, the average total incarcerated population peaked in FY14 at 2,110 and had a record low of 1,304 in FY22

48%

Decrease in average sentenced incarcerated population since FY13 (1,669 in FY13 to 866 in FY24; **Figure 1**). Since FY13, the average sentenced population peaked in FY14 at 1,694 and had a record low of 850 in FY23

6%

Increase in average detained incarcerated population since FY13 (409 in FY13 to 433 in FY24; **Figure 1**). Since FY13, the average detained population peaked in FY18 at 445 and had a record low of 310 in FY21

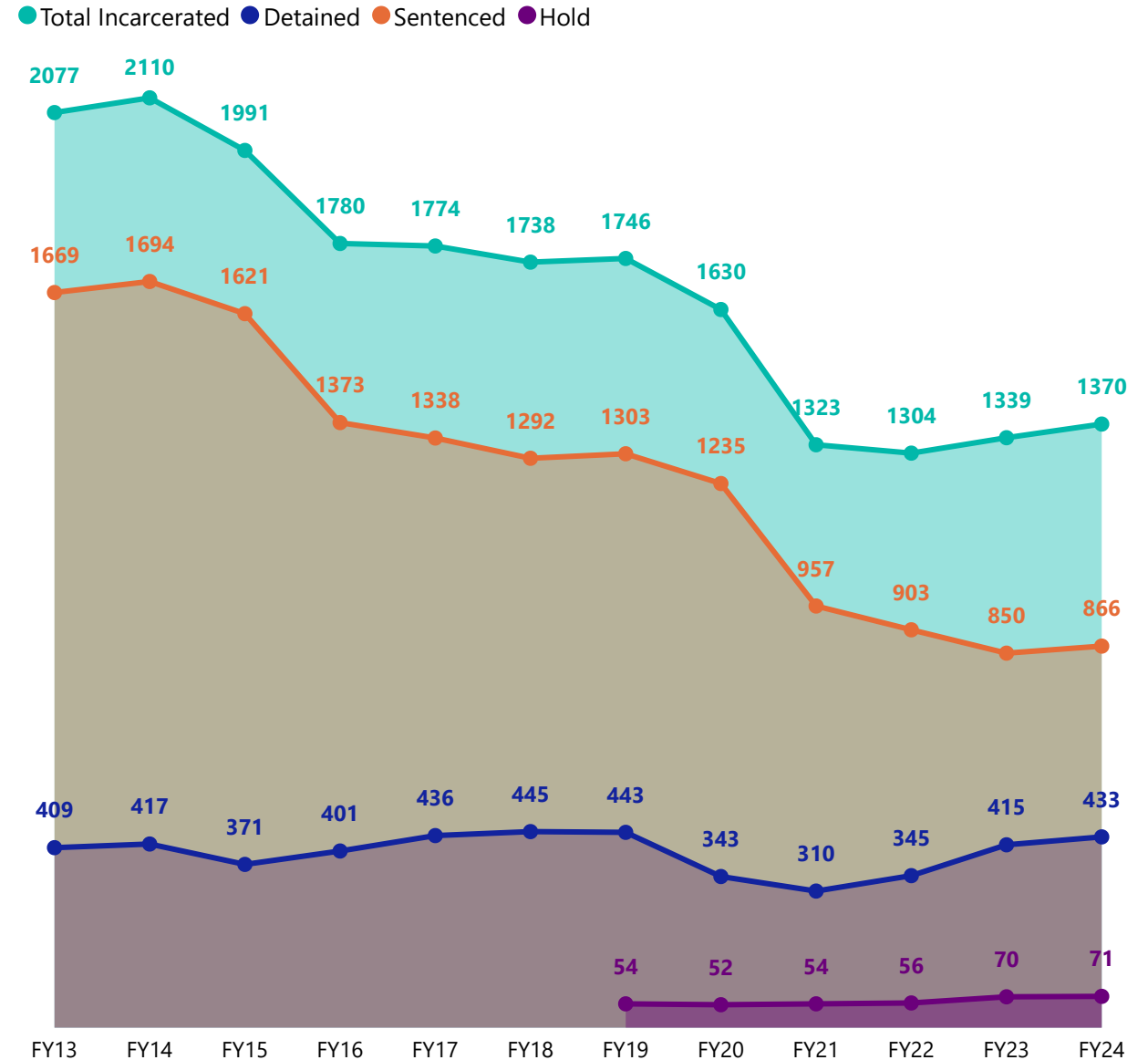
32%

Increase in average hold incarcerated population since FY19 when these data began to be tracked in the data source utilized (54 in FY19 to 71 in FY24; **Figure 1**). FY24 is the highest average of holds within the dataset

Figure 1: The incarcerated population is largely separated into three categories: those **sentenced** post-conviction, those **detained** awaiting trial, and those **held** for other jurisdictions. In FY24, an average daily population of 1,370 individuals were incarcerated in VT DOC correctional facilities, with 866 (63%) sentenced, 433 (32%) detained, and 71 (5%) held for other jurisdictions. This represents a total population increase of 2.3% compared to FY23. Compared to FY23, the percentage of sentenced individuals increased by 1.9%, while the detained population saw an increase of 4.3% and the hold population increased by 1.4%. Thus, the increase in the total population is largely driven by the detained population. The growth in the detained population may be influenced by public perceptions of increased crime, as well as well-publicized efforts by law enforcement and other stakeholders to address these concerns. VT DOC has seen a steady increase of sentencing mittimus received as courts have worked to reduce their backlog, some of which may result in additional incarceration time.

**Note: these numbers are derived from separate average calculations for each category. Due to daily fluctuations in each group, the sum of these independent averages might not always align perfectly with total population.*

Figure 1: Average Sentenced, Detained, and Hold Population by Fiscal Year



Correctional Services: Facilities

91% Of the average total incarcerated individuals in FY24 were housed at one of the six in-state correctional facilities while 9% were housed out-of-state (**Figure 2**)

93% Of incarcerated individuals had a felony crime listed as the most serious crime for their offense on 6/30/2024 (**Figure 3**). In 2024, the proportion of the incarcerated population convicted of a serious felony crime (e.g., murder, aggravated assault) decreased to 67%, though it marks a three-point increase from 64% in 2016

Figure 2: The distribution between in-state and out-of-state incarcerated individuals provides insights into our facility capacities and the potential need for infrastructural changes. Compared to FY23, the percentage of in-state incarcerated individuals increased by 2.8% in FY24. The percentage of individuals incarcerated out-of-state increased by 3.4%. In month-to-month data for FY24, the out-of-state population follows an expected pattern: a modest uptick with new arrivals, followed by a gradual decline as individuals are transferred back to Vermont for programming and/or as they approach their release dates.

Figure 3: Crime type data, distinguishing offenses by severity and nature, is key to understanding trends in the incarcerated population, revealing the spectrum of crimes from severe felonies to lesser misdemeanors. When comparing FY23 to FY24, an increase is noticeable across all offense categories, particularly in felonies related to property, drug, motor vehicle, and other offenses. While the proportions of felony and misdemeanor crimes remain relatively stable, the overall rise in the incarcerated population highlights growth in these categories.

**Note: these numbers are derived from separate average calculations for each category. Due to daily fluctuations in each group, the sum of these independent averages might not always align perfectly with the total population.*

Figure 2: Average Total, In-State, and Out-of-State Incarcerated Population by Fiscal Year

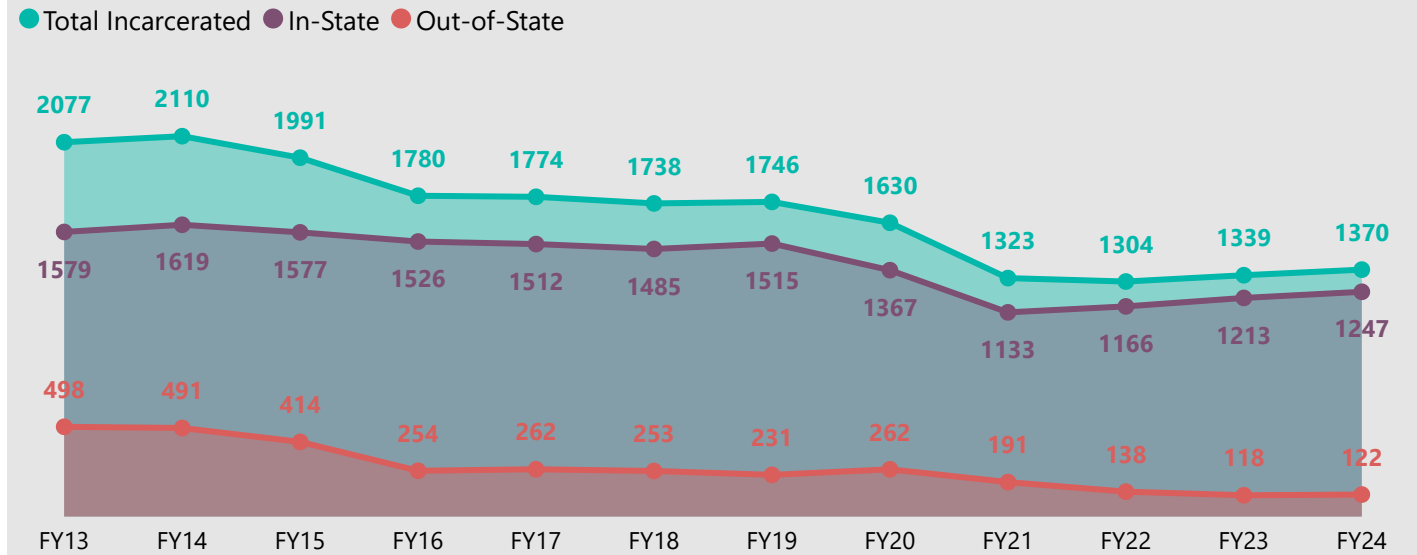
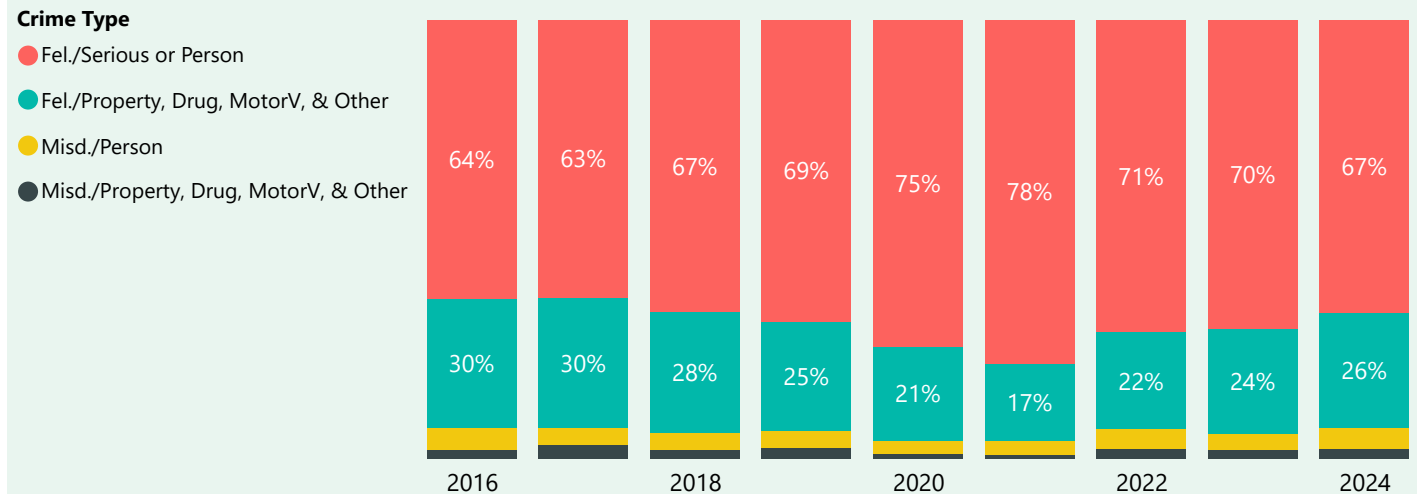


Figure 3: Incarcerated Population by Crime Type: June 30th Counts 2016-2024



Correctional Services: Facilities

153 Per 100,000 residents is Vermont's 2022 incarceration rate according to the Bureau of Justice Statistics' most recent report. This is a 51% reduction from 312 per 100,000 reported in 2013

19% Of incarcerated individuals identify as Black, Indigenous, or a person of color (BIPOC) or Some Other Race (Other) as of June 30, 2024 point-in-time data. The data show a year-over-year increase, with 11% of incarcerated individuals identifying as BIPOC or Other in 2020. Only 6% of Vermonters identify as a race other than White alone according to 2022 demographic data from the US Census Bureau. BIPOC and Other races are overrepresented in the incarcerated and community supervised populations

53% Of sentenced incarcerated individuals housed past their minimum release date had a high/very high risk to reoffend score as of June 30, 2024 (**Figure 5**). This has remained fairly consistent since 2020 when 46% had a high/very high score

Figure 5: Sentenced Incarcerated Individuals Housed Past Minimum Release Date By Risk to Reoffend June 30th Counts 2020-2024

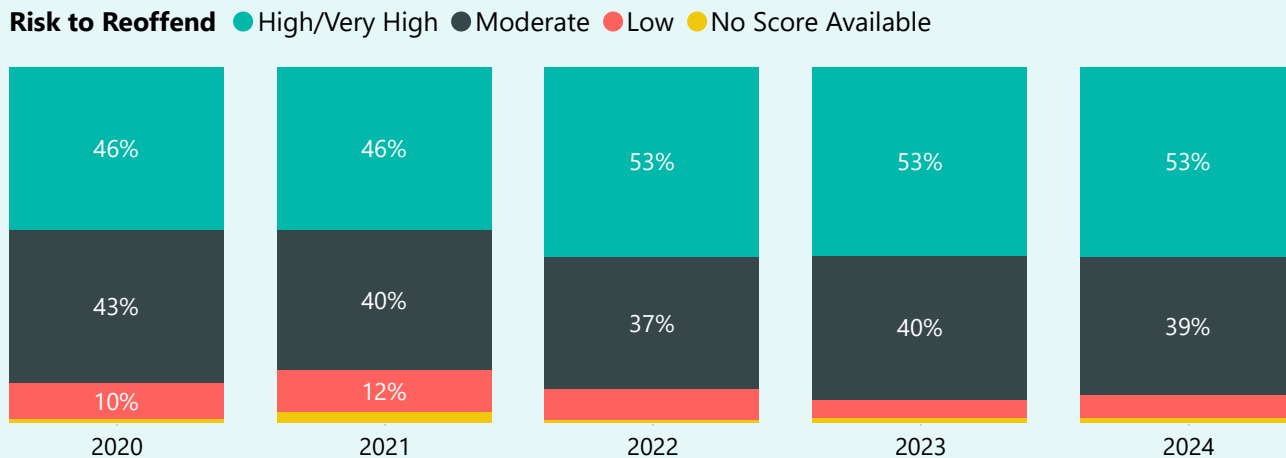
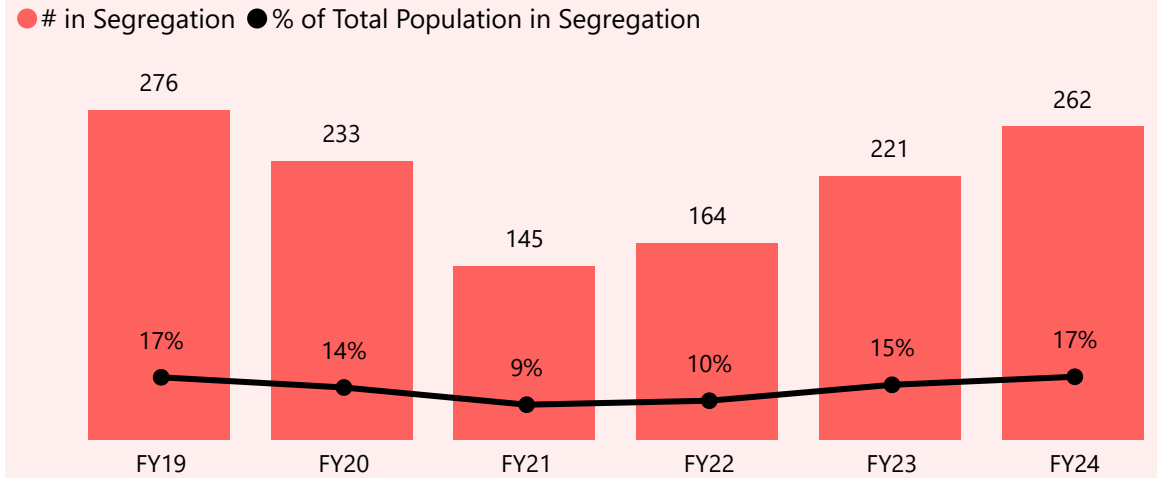


Figure 4: Average Totals and Percent of Incarcerated Population in Segregation by Fiscal Year



17% Of the average incarcerated population were placed in segregation on average each month in FY24 (**Figure 4**)

Figure 4: Segregation data from FY19 to FY21 initially shows a positive trend towards reduced reliance on segregation, primarily due to increased COVID precautions. However from FY22 to FY24, segregation use rose from 10% of the average daily population in FY22 to 17% in FY24. The reasons for this recent increase are unclear, but reflects a return to pre-pandemic proportions.

128% Incarcerated general population bed occupancy rate in FY24, up from 125% in FY23. In-state bed occupancy, including specialty beds like segregation and infirmary units, was 90%. The total incarcerated population is 128% of the available general population bed capacity, highlighting the continued challenge of managing facility capacities.

Correctional Services:

Field Services & Parole Board

Correctional Services encompasses the core functions of the department including the largest scope of programming, divisions, units, and staff. This appropriation houses both Facility and Field Services, as well as the majority of Central Office divisions and units who provide direct service support to Field and Facilities.

FIELD SERVICES

The Vermont Department of Corrections (VT DOC) has 12 field offices across the state, called Probation and Parole (or "P&P") offices. They are responsible for the supervision of almost 4,000 individuals in the community on a variety of legal statuses. P&P staff supervise individuals placed on probation and supervised community sentence by the Courts, as well as those awarded parole by the [Vermont Parole Board](#), individuals released from a correctional facility on furlough, and individuals awaiting adjudication who are supervised in the community on home detention.

It is the responsibility of Field Services to provide the most effective community supervision of individuals based on best practices, evidence-based research, and available resources. Supervision parameters, including intensity and duration, are based on the individual's risk to re-offend, the severity of the offense, the individual's needs, and the individual's legal status. The foundations of effective supervision are quality risk assessments and the application of appropriate supervision services. The adoption of Justice Reinvestment strategies reinforced and enhanced community supervision practices around supervision, condition setting, addressing violations, and incentives. In addition, the supervision differences based on legal status has been reduced and supervised individuals are supervised based on risk and need instead of their legal status.

PAROLE BOARD

The Parole Board is an autonomous body that is included in the Corrections appropriation for administrative purposes. The Board reviews referrals by the Department for individuals incarcerated or on furlough supervision who are eligible for parole consideration to include initial eligibility hearings, presumptive parole administrative reviews, or subsequent reviews. The Board reviews all requests to address allegations of violation of conditions of parole supervision through a reprimand hearing or a formal violation hearing. The Board reviews requests for condition modifications, parole rescission, or early discharge. In addition, the Parole Board is responsible for reviewing all individuals placed on Supervised Community Supervision (SCS) at the expiration of their minimum sentence to determine if the individual should be discharged or to continue the individual on SCS. The Board is also responsible for reviewing all requests to address violation of conditions for individuals on SCS. The Board attends virtual hearings to perform parole and SCS hearings as required by law.

Correctional Services: Field Services & Parole Board

20%

Decrease in the average community supervision population between FY20 and FY21, marking the most notable decline from FY16 to FY22, and aligning with the onset of the COVID-19 pandemic and the implementation of Justice Reinvestment II initiatives. From FY22 to FY24, there's an increasing uptick in the population, likely due to courts reopening and clearing the backlog of cases from the pandemic period (**Figure 6**)

78%

Of the average community supervision population in FY24 comprised individuals on probation, highlighting a historic trend where probation occupies the largest share of those on community supervision. As courts addresses the backlog of cases accumulated during the pandemic period, many are resolved, often leading to probation. Conversely, those on parole and furlough represent a diminishing fraction of the total (**Figure 7**)

Figure 7: Comparing the yearly averages, from FY23 to FY24, the Probation population experienced an increase of 487 individuals, equating to an 18.8% rise. In contrast, Parole saw a decrease of 90 individuals, representing a 11.9% drop, and Furlough numbers fell by 57 individuals, a 21% decline.

The past eight years have witnessed a notable decrease in the community supervision population across all categories, with Probation—the most substantial group—experiencing a consistent decline until a recent uptick in FY23 and FY24. Parole numbers have gradually fallen, with the trend accelerating in the last three years. The furlough figures, while the smallest group, have mirrored this downturn, highlighting an even sharper drop in recent years. The downturn in the furlough population was a desired outcome of the Justice Reinvestment II initiatives and departmental operational changes supported this decline.

Figure 6: Point-in-Time Community Supervision Population June 30th Counts 2016-2024

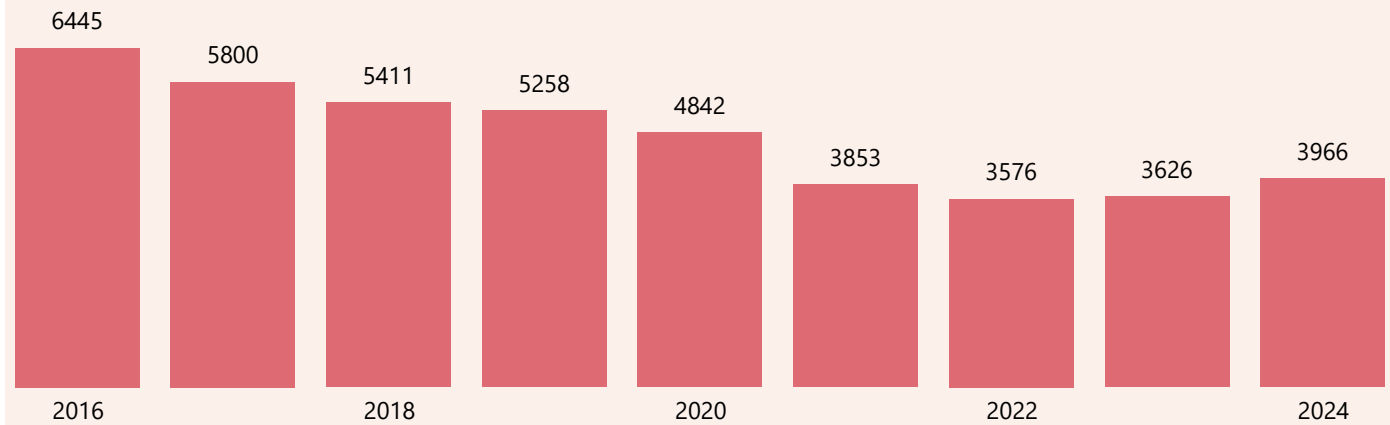
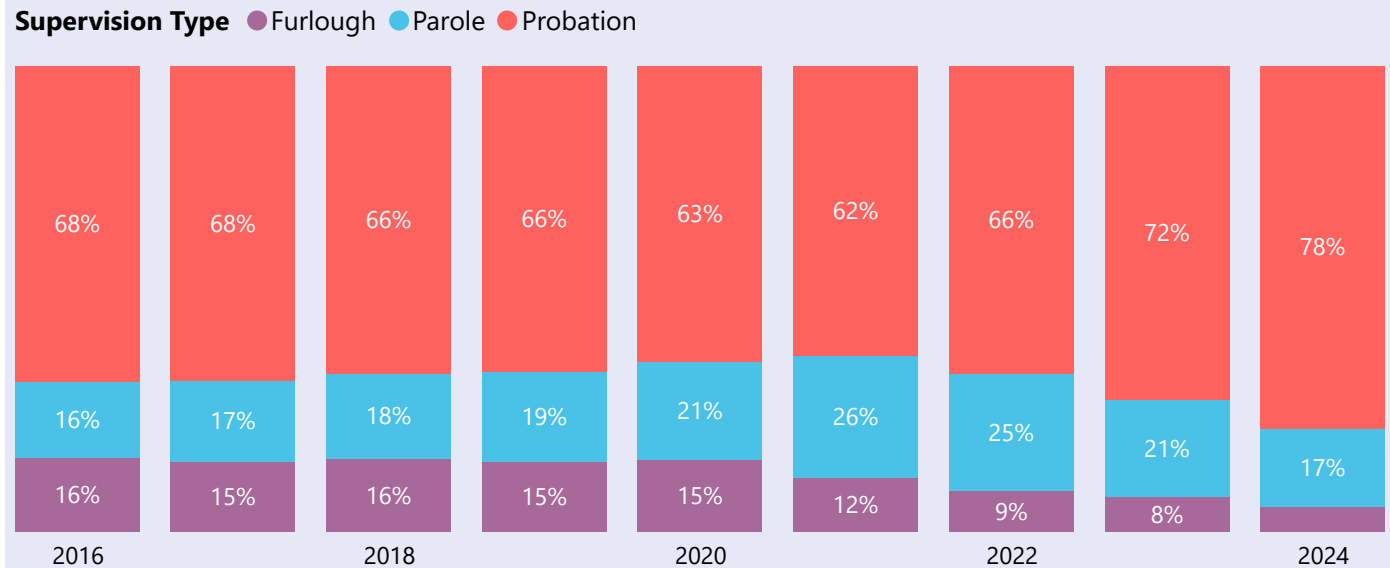


Figure 7: Point-in-Time Community Supervision Population by Type June 30th Counts 2016-2024



Correctional Services: Field Services & Parole Board

22%

Decrease in total returns to incarceration from community supervision when comparing FY24 (972 returns) to FY20 (1,248 returns; **Figure 8**). However, FY24 saw a continued increase in total returns since FY22. Compared to FY23, FY24 saw an increase in returns due to new crimes as well as absconders, while returns due to technical violations decreased.

Figure 8: Individuals who are under community supervision can return to incarceration for a technical violation, for committing a new crime, or a combination of both, with new crimes taking precedence in cases involving both.

In FY24, returns due to new crime increased by 41 (11.7%) from FY23, marking the highest number of new crime violations recorded from FY20 to FY24. Technical Violations, however, decreased by 26 (8.3%), suggesting some stabilization in this category. Meanwhile, the number of absconders rose by 40 (15.8%), highlighting a growing challenge in maintaining accountability among those under supervision.

Figure 8: Returns to Incarceration from Community Supervision by Fiscal Year

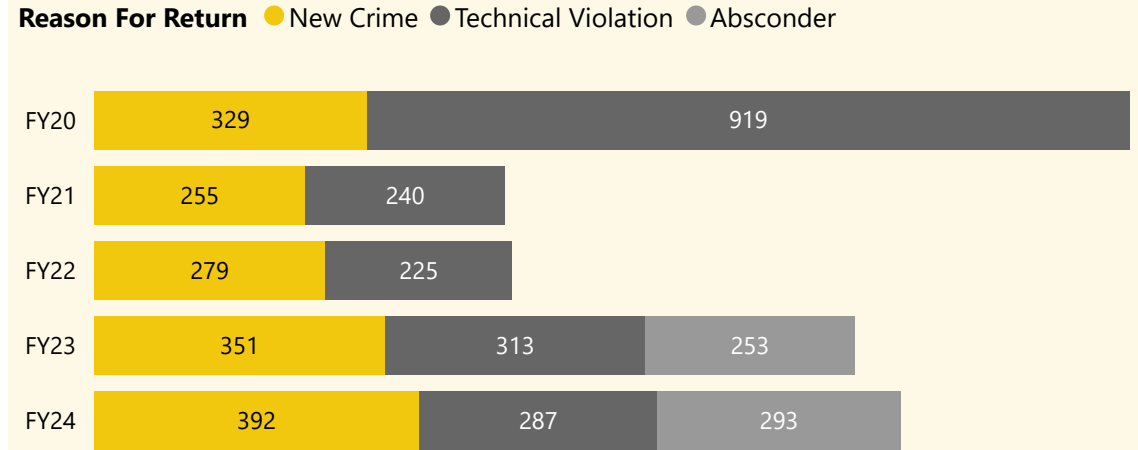
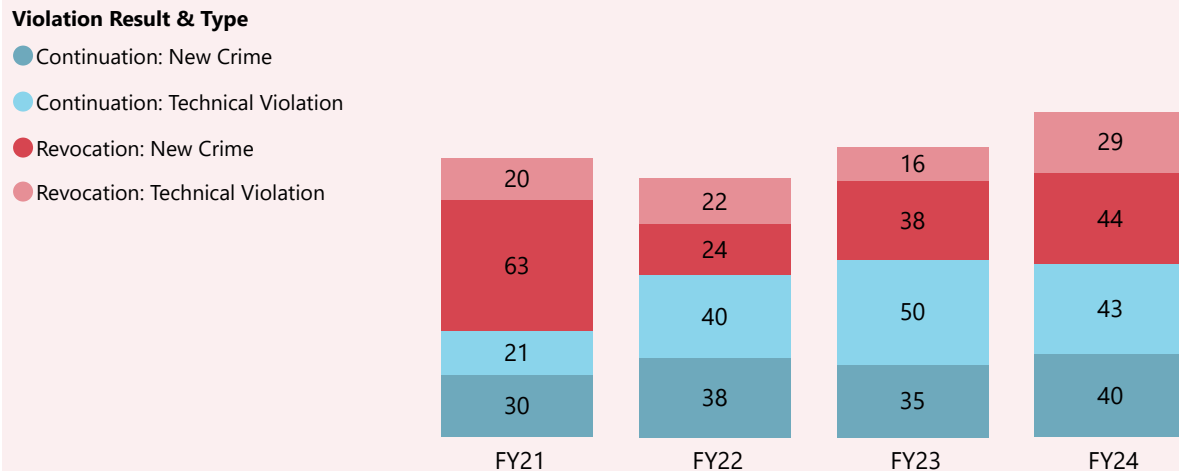


Figure 9: Parole Violation Hearings by Violation Result & Type and Fiscal Year



59%

Average quarterly parole grant rate in FY24 for individuals eligible for parole after a Parole Board hearing. This follows a consistent downward trend in parole grant rates over the past four years, with a rate ten percentage points less than FY21

47%

Of parole violation hearings in FY24 resulted in revocation of parole, an increase from FY23 (39%), though still reflecting a decrease of 15 percentage points from FY21 (62%). FY24 marks a break in the trend of lower revocation rates in FY22 and FY23, however, the majority of revocations are still due to new crimes committed by parolees (**Figure 9**)

53%

Of parole violation hearings in FY24 led to the continuation of parole, down from 61% in FY23. This shows a shift in the trend of increasing continuations seen in FY22 and FY23, although FY24 still had a higher continuation rate than FY21 (38%, **Figure 9**)

Healthcare Services

The Vermont Department of Corrections (VT DOC) Healthcare Services Division (HSD) oversees a comprehensive healthcare services program providing services to in-state incarcerated individuals as guaranteed by the 8th Amendment of the United States Constitution, required by state law, and in compliance with the National Commission for Correctional Health Care (NCCHC) standards for ongoing accreditation.

Comprehensive healthcare services means an integrated, holistic system of care that includes but is not limited to medical, mental health, substance abuse, dental, vision, on-site and off-site specialty, pharmacy, care coordination, and emergency services. The VT DOC contracts with a private vendor to provide comprehensive healthcare services to incarcerated individuals housed at any VT DOC facility throughout the state.

The philosophy of the VT DOC HSD centers around mirroring the Vermont community standard of care and as such the HSD is committed to working with all other departments within Vermont's Agency of Human Services and community-based organizations including Federally Qualified Health Centers, Vermont's Opioid Use Disorder Treatment System "hubs and spokes," Designated Agencies, Specialized Services Agencies, Vermont Chronic Care Initiative, Planned Parenthood of Northern New England, Prisoners' Rights Office, Disability Rights Vermont, and Vermont Information Technology Leaders.

Healthcare Services

402 Average monthly patient intakes in FY24 (**Figure 10**). This represents a 28% increase compared to FY23. 100% of in-state incarcerated individuals receive a health screening at intake, regardless of legal status

51 Average SFI-designated individuals per month (**Figure 10**). This represents 4% of the FY24 ADP*

1,188 Average individuals receiving medication per month (**Figure 10**), or 96% of the FY24 ADP. The majority of these individuals were receiving psychotropic medications, with an average of 821 a month, or 66% of the FY24 ADP*

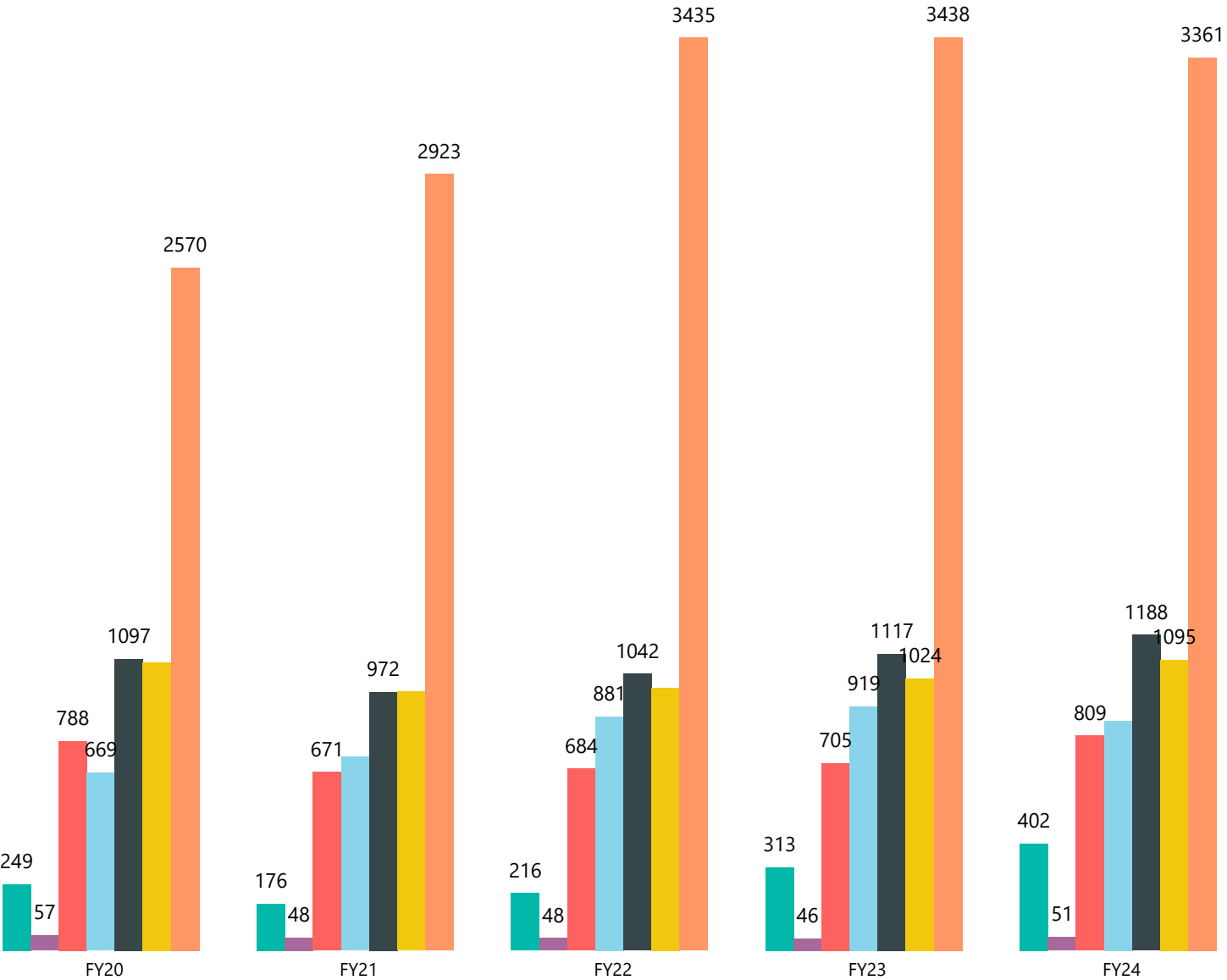
3,361 Average sick calls per month (**Figure 10**). This is a slight decrease from FY23, which had an average of 3,438 sick calls per month

Figure 10: Regardless of legal status, comprehensive healthcare services are provided to all individuals incarcerated in Vermont. These services include an initial healthcare receiving screening, an initial health assessment and mental health assessment and evaluation as determined appropriate, an initial dental screening and assessment by a dentist, ongoing chronic illness monitoring and treatment, and care coordination at intake and release. The majority of these metrics follow the same trend, staying rather consistent with some gradual increases as operations return to pre-pandemic norms.

*ADP = Average daily population (in-state incarcerated)

Figure 10: Average Monthly Health Services Metrics by Fiscal Year

● Intakes ● SFI ● MAT ● Mental Health ● Receiving Medications ● Chronic Care ● Sick Calls



Healthcare Services

809

Average number of individuals on MAT per month, or 65% of the FY24 in-state incarcerated average daily population. **Figure 11** shows the total number of inductions and continuations by fiscal year

Figure 11: Act 176, enacted July 1, 2018, directs Vermont correctional facilities to provide medication-assisted treatment (MAT) to incarcerated individuals who meet medical necessity, for as long as is medically necessary and the person elects to participate in the treatment. This includes continuing incarcerated individuals, who at intake have a verified community prescription ("Community Prescriber"), as well as those who request assessment to determine medical necessity for MOUD MAT ("DOC Inducted"). **Figure 11** shows the distribution of MAT inductions and continuations by fiscal year. Inductions have been on the rise after a decline in FY21, although the vast majority of individuals were still maintained.

Figure 11: Continued, Inducted on MAT in Correctional Facilities by Fiscal Year

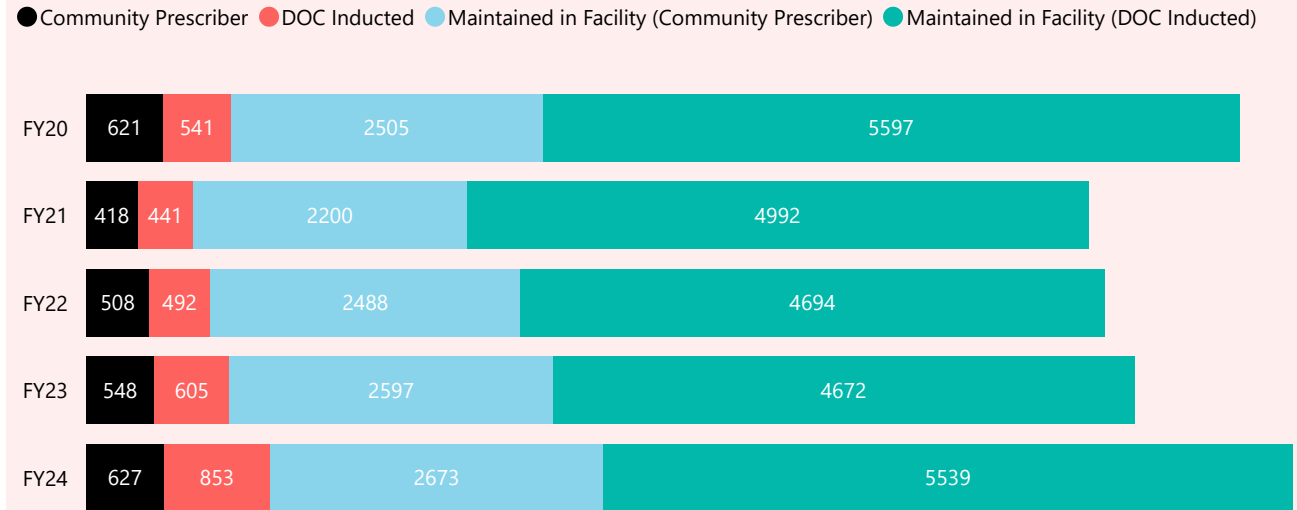
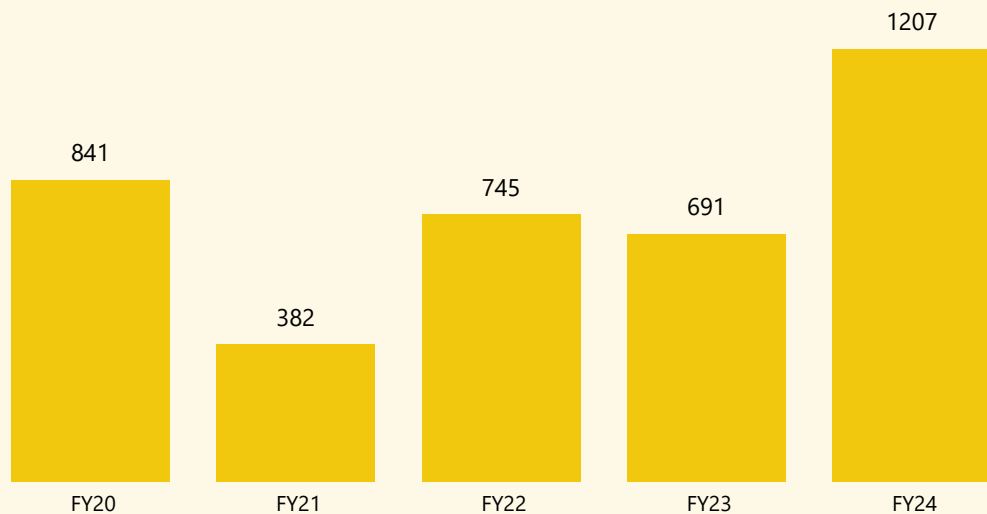


Figure 12: Total Community-Based Specialty Appointments Per Fiscal Year



101

Average number of community-based specialty appointments per month in FY24. **Figure 12** shows the total number of community-based specialty appointments by fiscal year

Figure 12: To meet the diverse healthcare needs of incarcerated individuals, VT DOC coordinates and facilitates access to community-based specialty appointments. This includes referrals to specialists such as cardiologists, orthopedic surgeons, and other healthcare providers for conditions that require expertise beyond primary care. By collaborating with external healthcare providers, the corrections system ensures continuity of care, supports positive health outcomes, and addresses complex medical needs. **Figure 12** shows the total number of community-based specialty appointments each fiscal year, which have been variable due to the pandemic. We see a clear low in FY21, which began in July 2020, and a considerable rise in the following fiscal years, culminating in a 75% increase from FY23 to FY24.

Healthcare Services

1,095

Average number of unique individuals receiving chronic care treatment for all chronic illnesses per month in FY24. This is 88% of the FY24 incarcerated average daily population. The VT DOC treats a broad range of chronic illnesses comparable to that of community care. Note that many individuals have more than one chronic illness

Figure 13: This figure shows the top seven chronic illnesses in terms of average monthly individuals treated per fiscal year. The top seven have been the same in each of the past six fiscal years. FY24 had the highest number of individuals being treated for opioid use disorder (OUD), mirroring the trend from Figure 11 on page 11. The VT DOC implemented updated treatment protocols in 2019 and 2021 in alignment with the community standard, which increased access to direct-acting antivirals (DAA)s for individuals with HEP C. This, along with impacts of the pandemic, resulted in lower prevalence of HEP C. Additionally, the increase in musculoskeletal illnesses aligns with the trend of an incarcerated population growing older and sicker.

Figure 13: Top 7 Average Monthly Incarcerated Individuals Receiving Chronic Illness Care by Condition and Fiscal Year

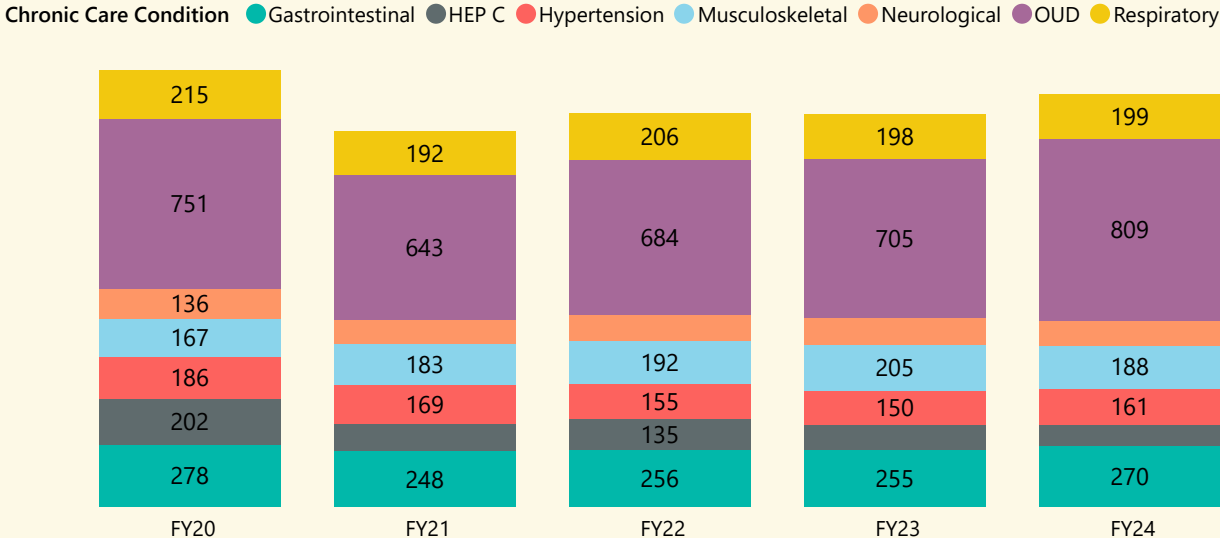
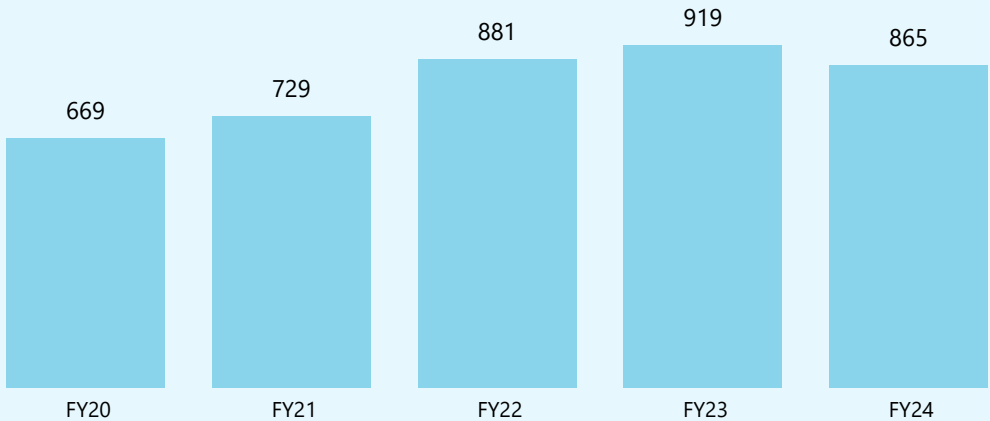


Figure 14: Average Individuals Per Month on the Mental Health Caseload



590

Total number of vaccinations for incarcerated individuals in FY24, 405 of which were for the flu.

865

Average individuals on the mental health caseload (**Figure 14**), or 70% of the FY24 in-state incarcerated average daily population. The mental health caseload includes all patients with a clinically verifiable diagnosis for a mental health condition or substance use disorder and all patients prescribed a psychotropic medication

Figure 14: This shows the average numbers of individuals on the mental health caseload each month, which decreased from a high in FY23. The average number of individuals per month on the mental health caseload has increased every fiscal year, up until this fiscal year. Despite the decrease in FY24, it has still culminated in a 29.3% increase from FY20 to FY24.

Programs & Services

RISK INTERVENTION SERVICES

Risk Intervention Services (RIS) combine the research on evidence-based programming with correctional best practice to provide a range of services that address crime-related need areas (criminogenic needs) and lower the likelihood of recidivism or further criminal conduct by individuals in the care and custody of the Department. Services address criminogenic needs areas such as: sexual aggression, general violence, domestic violence by offering evidenced based curricula and interventions such as cognitive behavioral interventions, motivational interviewing in predominantly group modalities. RIS includes **Behavioral Health Services**, **Education Services**, as well as **Vocational Services**. Integrating these services within one unit furthers the ability to address multiple criminogenic needs including education, vocation, and finance all previously not incorporated into the services plan. The Department prioritizes requiring that these services be offered to the incarcerated individuals who score in the moderate to high range on general risk assessment tools or violence/sex offense specific risk assessment tools prior to reentry to community supervision and have a listed violent offense. These services may also be offered to those who score in the low range on general risk assessment tools, but whose risk of harm scores are moderate or above. In FY23, the Department implemented the transition of the Vermont Correctional Industries (VCI) shops, except for the plate shop, to develop Vocational Services. With the assistance of legislative funding in Act 183 and BJA ARES funding, the Division is transitioning to support vocational training opportunities in construction, welding, and culinary in four of the six in-state correctional facilities.

TRANSITIONAL HOUSING

Through grants to community partners, VT DOC supports transitional housing programs which provide rental assistance, housing search and retention services, and other supportive services for supervised individuals. With safe, supportive housing, participants are better able to find employment, engage in treatment, pursue education/training opportunities, and connect to services intended to promote their long-term residential stability in the community.

Programs & Services

695

Unique participants in services provided by the Risk Interventions Services (RIS) Division in FY24. RIS provides services in three main units: Behavioral Health, Education, and Vocational Services. The average length of enrollment was 74 provider days in FY24

580

Total students served through Education Services in FY24 (**Figure 15**). Education Services is subdivided into Foundational Education and Community High School of Vermont (CHSVT). Of the 271 served through CHSVT in FY24, 79% did not have a High School Diploma (HSD) compared to 72% in FY23. Of the 57 who had a HSD in FY24, 18 (32%) had a Community High School of Vermont HSD and 39 (68%) received one from another school

399

Total number of individuals served in the Transitional Housing program in FY24 (**Figure 15**). Factors that impacted the number of individuals served included longer program stays due to lack of affordable housing and/or increasingly complex cases, as well as the adverse impacts of flood damage/recovery on existing program apartments

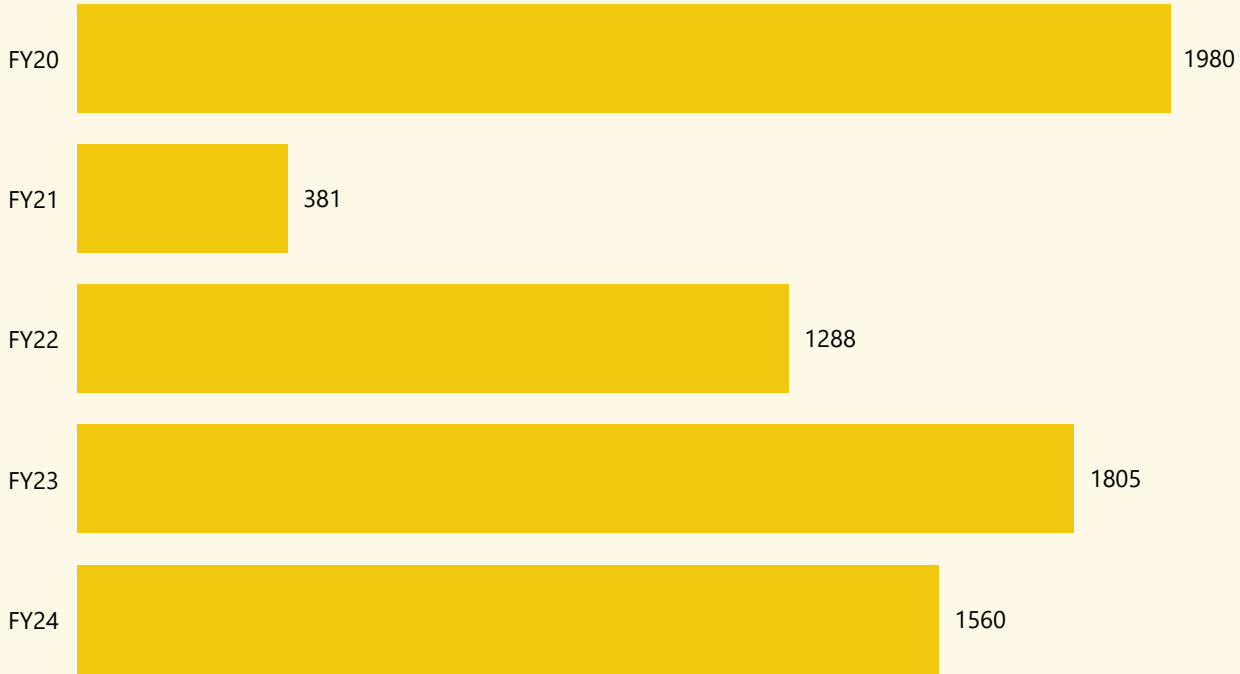
Figure 15: Education Services in Figure 15 consisted of Educational Foundations and Behavioral Health course individuals along with CHSVT students. **Vocational Services** have been actively transitioning from focusing principally on producing consumer goods to a unit offering vocational training. RIS aligns Vermont's Career and Technical Education (CTE) offerings to the workforce needs of Vermont with courses, workplace experience and skill and career explorations.

Figure 15: Unique Individuals Served by Fiscal Year



Programs & Services

Figure 16: Education Services Course Registrations by Fiscal Year



1560

Total classes offered by Education Services, which included Community High School of Vermont (CHSVT) in FY24 within 33 courses across all major subject areas. Education services were suspended for three quarters during the COVID pandemic, which affected FY21 the most. Starting in FY24, Vermont Correctional Industries (VCI) was restructured and began to provide the vocational training courses that Education provided in the past. RIS is integrating its services more and more, and the tallies for FY25 will continue the trends begun in FY24

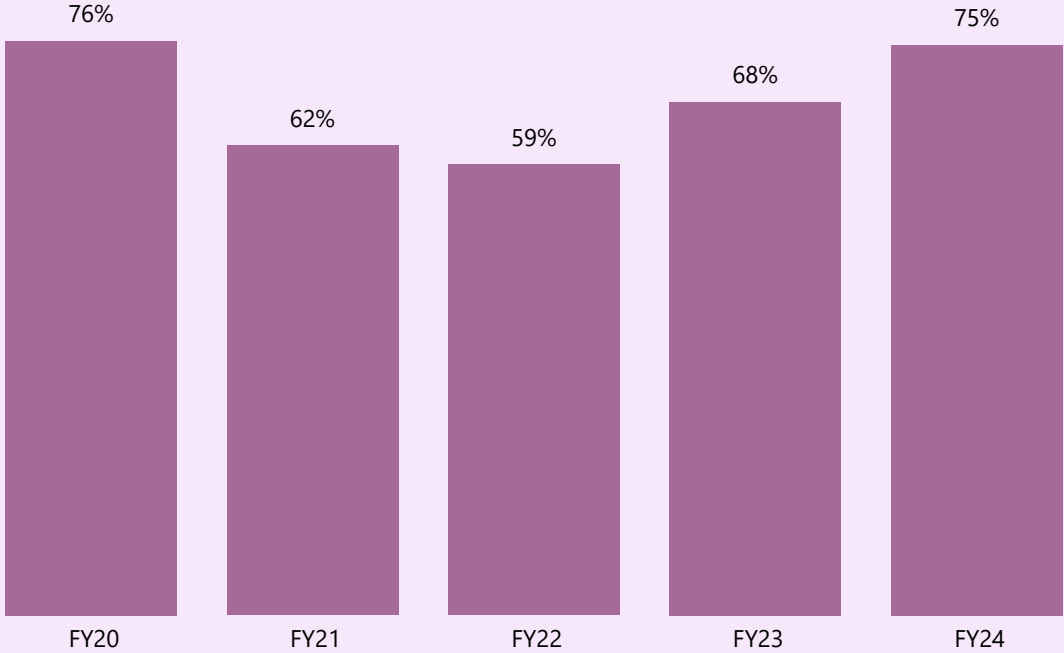
73

Individuals involved in Adult Behavioral and Life Skill Services were placed on a Correction Action Plan (CAP) to address behaviors not in line with service expectations in FY24. This was a 28% increase when compared to FY23 which had 55 individuals on a CAP. Generally, since the VT DOC has initiated the CAP process, more participants have been aided to successfully participate in Behavior and Life Skill Interventions

75%

Statewide Transitional Housing bed utilization in FY24 (**Figure 17**). Factors impacting the annual utilization rate included variability in apartment turnover time between program participants, landlord approval of program participants, and unexpected program exits

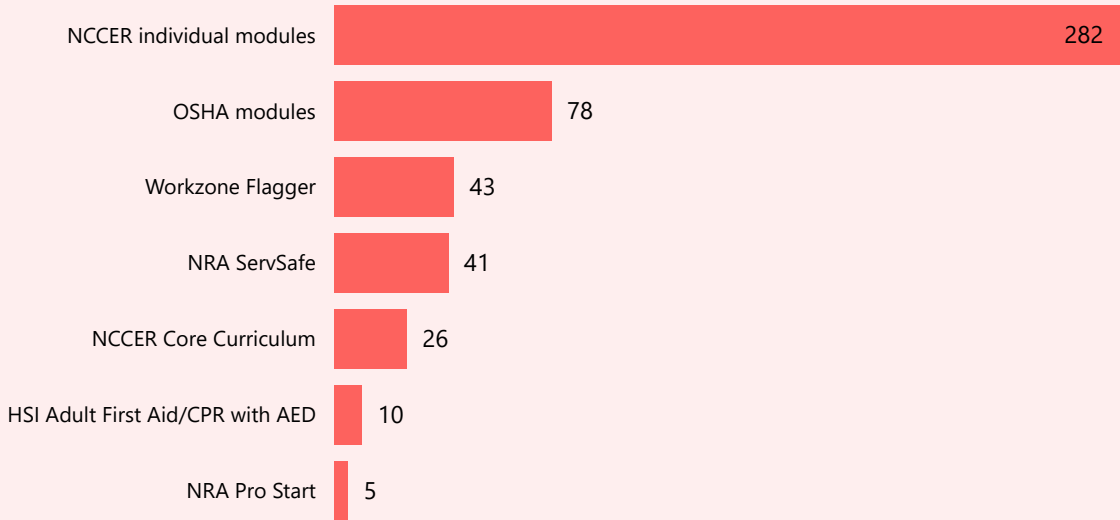
Figure 17: Transitional Housing Average Bed Utilization by Fiscal Year



Programs & Services

485 Number of Industry Recognized Credentials (IRC) issued in FY24 (**Figure 18**). Certificates earned included Workzone Flagger, Health & Safety Institute (HSI) First Aid/CPR/AED, Occupational Safety and Health Administration (OSHA), National Center for Construction Education and Research (NCCER) Core Curriculum, and National Restaurant Association (NRA) ServSafe & Pro Start curricula. NCCER Core Curriculum is awarded after successful completion of multiple NCCER modules

Figure 18: Industry Recognized Credentials (IRC) issue in FY24

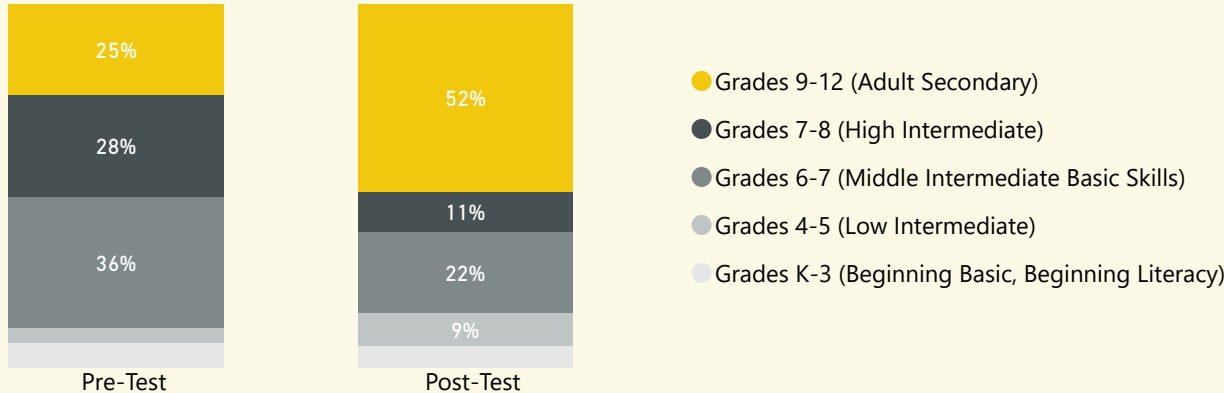


39% Of all Transitional Housing program participants who exited to permanent housing in FY24. The annual percentage of individuals who exit to permanent housing is significantly impacted by individual circumstances (i.e., financial, health, residential restrictions), housing availability, and affordability

Figure 19: The Comprehensive Adult Student Assessment System (CASAS) assesses reading and math levels. CASAS GOALS assessment is based on pre-tests at intake and post-tests after 90 days of instruction. CASAS scaled scores are aligned with the National Reporting System (NRS) for Adult Education. RIS participants who assess at the Beginning and Low Intermediate levels (NRS 3<) are placed in Foundational/Adult Basic Education courses. Both foundational reading and math programs provide structured support from Foundational Skills through high school completion. Participants assessed in the high intermediate (NRS 4<) can choose to work toward their high school diploma through the Community High School of Vermont (CHSVT). Each fiscal year CASAS GOALS data inform the Education Unit on where to focus instructional monitoring and on adjustments in frequency and instructional practices or curriculum. NRS levels are shared with Adult Education and Literacy center partners when incarcerated individuals are transferred to the community and can elect to continue their education.

52% Of individuals tested at a Grade 9-12 (Adult Secondary) level in CASAS Math Post-Test in FY24 (**Figure 19**). There was over a 100% increase in those testing at a Grade 9-12 Math level during pre and post tests

Figure 19: Education Services Comprehensive Adult Student Assessment System (CASAS) Math Test Comparisons



Office of Professional Standards & Compliance (OPSC)

OPSC supports the department by leading all efforts connected to recruiting, training, retention, staff safety and special teams, constituency services, and PREA. OPSC is organized into units that focus on specific areas of expertise (see below).

TRAINING AND SPECIAL TEAMS

The Training and Special Teams unit oversees all training and safety related content connected to the VT DOC. This unit is involved with content development, fielding, and assessing all new and current training connected to the department, including Correctional Officer Basic Training Academies, training for trainers, risk and assessment training programs for field and casework staff, special teams training; state and local Field Training Officer programs, staff safety programs, emergency preparedness trainings, online training platforms and systems, online training content management and records management, numerous additional trainings and certifications designed to meet the needs of the VT DOC.

The Training and Special Teams unit is responsible for oversight of special teams which include the **Special Response Team (SRT), Crisis Intervention (CI), Peer Support, and Honor Guard.**

CAREER DEVELOPMENT AND WELLNESS

The Career Development and Wellness unit oversees all recruitment, retention, professional development, and wellness initiatives for the department, including close collaboration with the Peer Support Program. The Peer Support and Wellness Coordinator positions play a key role in fostering a positive work environment by leading the Peer Support team and creating systems of support and wellness for the Department, addressing mental health, stress management, and emotional resilience, tailored to correctional staff. OPSC creates and supports initiatives geared toward enhancing the recruitment and retention of a diverse and competent future workforce, providing hiring oversight, conducting background investigations, and facilitating the exit interview/survey process. OPSC promotes professional development, including partnering with national professional organizations and contracted consultants.

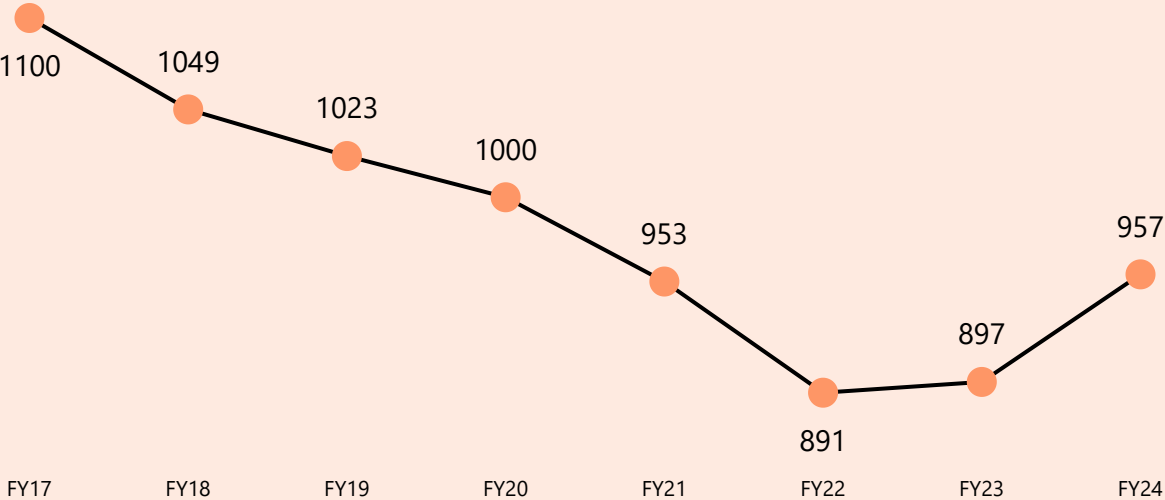
PRISON RAPE ELIMINATION ACT (PREA) AND CONSTITUENCY SERVICES (CSU)

The CSU oversees all statewide compliance with the federal PREA Standards and sexual safety related content connected to the Department of Corrections. PREA and Constituency Services act as the subject matter experts; provide department training on sexual abuse, identities, and gender responsiveness; advise the Commissioner's executive leadership on all personnel matters involving PREA and sexual safety; and are responsible for the State's recommendation of the Governor's annual certification/assurance letter. Constituency Services serves as a liaison between the VT DOC and the community, responding to their questions and concerns about the individuals in VT DOC custody. CSU responds to inquiries received by the VT DOC from the online portal, legislators, governor's office, department staff, email, and/or phone.

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233 Questions/concerns ("entries") received by Constituency Services via the Online Portal in FY24. This is a slight decrease from the last Fiscal Year

Figure 20: Average Employees by Fiscal Year



957 Average number of VT DOC employees in FY24 (**Figure 20**). This is an 7% increase from FY23 and the highest average since FY20

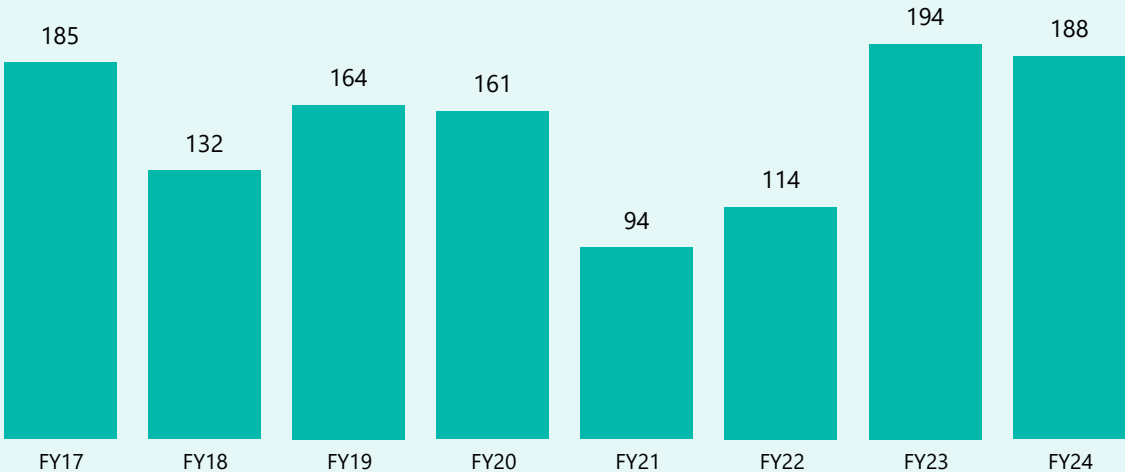
Figure 20/Figure 21: Staffing reached an all-time average low of **891** (20% vacancy) in FY22 (**Figure 20**). These staffing lows were driven by security staff working in correctional facilities. The Stability & Sustainability (S&S) Plan was implemented in July 2022 to help address this staffing crisis. The S&S plan included implementation of the 50/50 Work/Life Balance 12-hour shift schedule for facility security staff. This schedule results in 50% work and 50% life (time off) per calendar year. Beginning in FY23 (when the S&S Plan began), Academy recruit numbers increased by 70% (**Figure 21**), contributing to the increase in the average number of VT DOC employees in FY23 and FY24. The FY24 staffing average of **957** is higher than the last three fiscal years

126 Special Teams members in FY24, which is a 7% decrease from FY23 (135 members). The training and special teams unit is responsible for oversight of all training delivered at the VTDOC. This includes special teams training. Special teams include:

- The Special Response Team (SRT): team with high level of tactical training for larger-scale facility disturbances. There are 6 Special Response Teams (1 at each facility).
- Crisis Intervention (CI): responds to incidents requiring negotiation and a safe resolution.
- Honor Guard: publicly represents the VT DOC, primarily providing service at funerals to respect and honor employees and their families

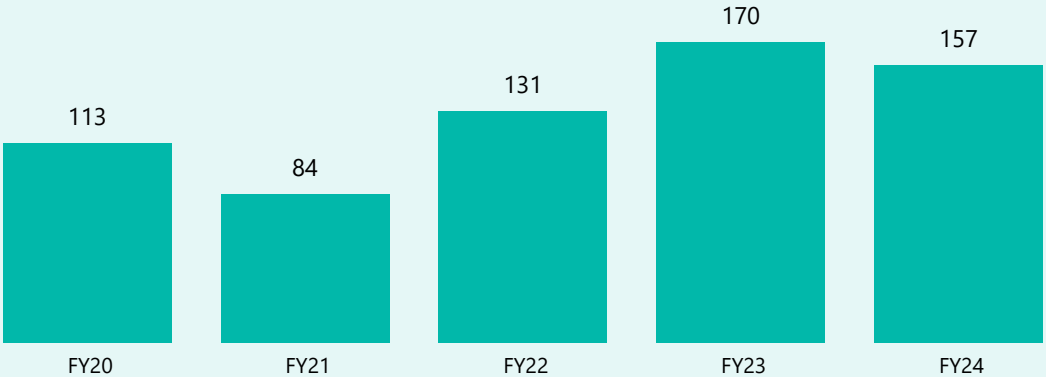
188 Total recruits attended 1 of the 5 Academies in FY24 (**Figure 21**). Not only is this number a return to, but it is actually an increase from, pre-pandemic averages. 157 recruits graduated from the Academy in FY24

Figure 21: Academy Recruits by Fiscal Year



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Figure 22: Number of Unique Individuals Trained in T4Ts by Fiscal Year



157

Unique individuals trained in Training for Trainers (T4Ts) in FY24 (**Figure 22**). This is an 8% decrease from the 170 individuals trained in FY23. This training includes Traumatic Stress Management, Suicide Prevention, Non-Lethal Use-of-Force, Fire Safety, CPR/First Aid, and Advanced Communication Techniques. Individuals may be trained in more than one training and may be a certified trainer in more than one fiscal year

70%

Response rate for end of Academy survey in FY24 (110 of 157). **Benefits, pay and to build a career in the law enforcement field** were the top 3 reasons given for decisions to apply to work at the VT DOC

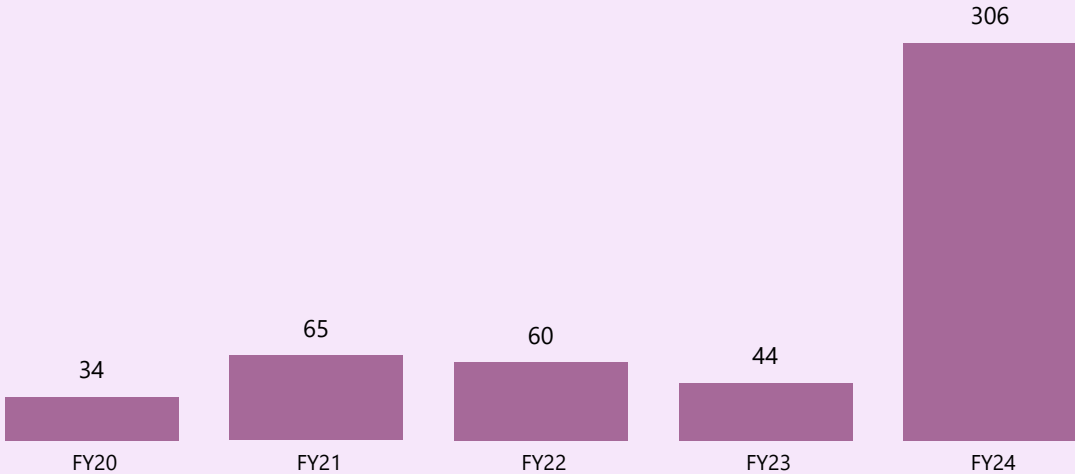
As part of the Stability & Sustainability (S&S) Plan, the VT DOC established a bi-annual survey for all DOC staff with the first survey being in July 2022 and the most recent in May 2024. The survey includes questions about job satisfaction, work/life balance, and wellness.

When comparing the first to the most recent survey, significantly more DOC staff (especially facility staff) responded *Agree or Strongly Agree* to:

- **My schedule is predictable**
- **I am rarely asked to work unpredictable, last-minute overtime**
- **I have a good work/life balance**
- **I have enough time off work to do the things I want to do**
- **I feel I am able to take vacation/leave when I want to**
- **I am fairly compensated for the work I perform**

These positive changes indicate an improved work/life balance for facility staff, which was a major component of the initial phase of the S&S Plan

Figure 23: Constituent Services Staff Time Spent (Hours) on Online Portal Submissions by Fiscal Year

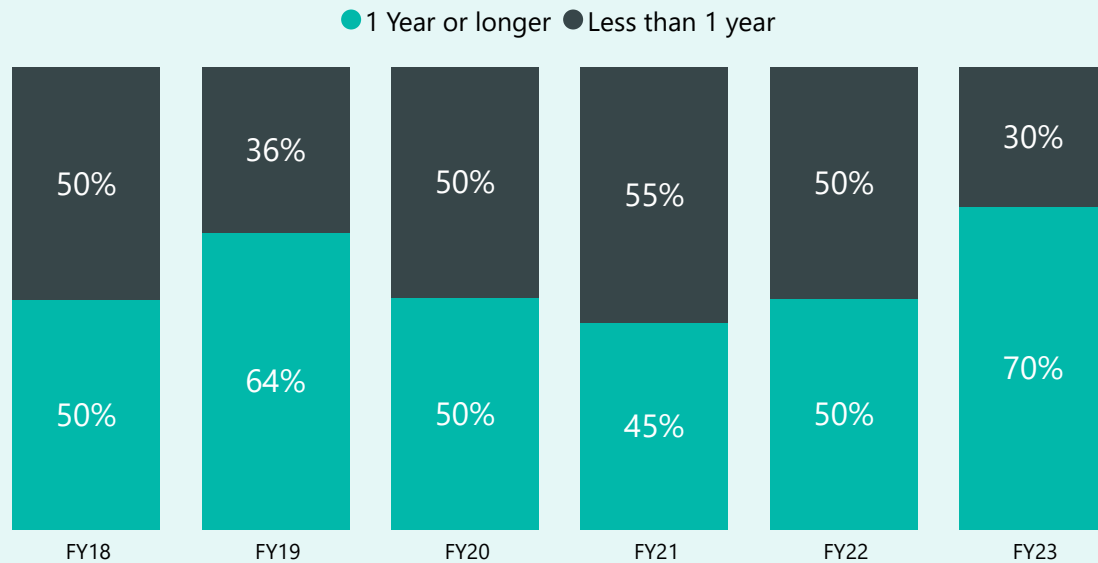


306

Hours spent by Constituent Services staff on submissions from the Constituent Services Online Portal in FY24 (**Figure 23**). This work frees facility and field staff time answering outside requests. The Constituent Services Unit have fielded over 1,000 submissions since the portal began in April 2020, providing information to families, friends and professionals wishing to find resources, ask questions, and assist those in DOC's care and custody

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Figure 24: Academy Graduate Retention at VT DOC



157

Academy recruits hired as Correctional Officers graduated in FY24. Of those, 107 (68%) were still employed at the DOC as of September 9th, 2024 (**Figure 24**). This rate of Academy recruit retention is on par with FY23's rate (69%) in November of last year. From FY19 through FY24, the Academy graduates who left the DOC were retained a median (middle value) length of time of almost 6 months post-Academy. The VT DOC plans to compare Academy graduate retention to evaluate effectiveness of current retention efforts

77%

Of Constituent Service entries in FY24 on the Online Portal were questions/concerns regarding male supervised individuals (includes incarcerated and community supervision). This is consistent with FY22 numbers. In both FY22 and FY23, only 7% of all questions/concerns were regarding female supervised individuals, compared to 10% in FY24

25

The DOC has been conducting federal Prison Rape Elimination Act (PREA) Audits since 2014. To date, a total of 25 audits have been conducted with all correctional facilities in compliance

2,760

Peer Support contacts in FY24. Of these contacts, only 77 were referred to a higher level of intervention. There were 38 deployments to work sites, with 890 non face-to-face contacts (e.g., text, messenger, call)

57%

Of active employees as of July 2024 had been at the VT DOC for 5 years or more (**Figure 25**). A majority of the employees in the *Less than 1 Year* category were new correctional academy recruits

Figure 25: Estimated Years of Service of Active Employees - July 2024

