

# DOC ACT 186/Budget

Performance measures required to comply with Act 186 and the Programmatic Performance Measure Budget Submissions

## Population Accountability

**O** Vermont's communities are safe and supportive

Most Recent Period    Current Actual Value    Current Trend    Baseline % Change

**P** Correctional Services: Facilities

Most Recent Period    Current Actual Value    Current Trend    Baseline % Change

### Budget Information

Correctional Services	FY22 Actual	FY23 Budget	FY24 Governor Recommended
Program Budget (Appropriation #3480004000)	\$122,768,673.98	\$123,033,227.00	\$125,107,131.00

### What We Do

#### Facility (Incarceration) Statuses:

- **Sentenced Statuses:**
  - Sentenced: convicted of crime(s)
  - Sentenced/Detained: convicted of crime(s) and held pre-trial for other crime(s)
  - Sentenced W/Hold: convicted of crime(s) and held for US Marshals or other jurisdiction
  - Sentenced/Detained W/Hold: (rare) convicted of crime(s), held pre-trial for other crime(s), and held for US Marshals or other jurisdiction
- **Detained Statuses:**
  - Detained: awaiting adjudication for crime(s)
  - Detained W/Hold: awaiting adjudication for crime(s) and held for US Marshals or other jurisdiction
- **Hold Status:**
  - Hold: held for US Marshals or other jurisdiction

#### Field (Community Supervision) Statuses:

##### **Furlough:**

- **Community Supervision Furlough (primary furlough status):** At the completion of the minimum term of sentence, the incarcerated individual may be released to the community under conditions of furlough.
- **Treatment Furlough:** A status for an individual who is participating in an approved residential treatment program outside of a correctional facility.
- **Medical Furlough:** A status for an individual who is diagnosed with a terminal or debilitating condition. The individual may be released to a hospital, hospice, or other licensed inpatient facility, or other housing accommodation deemed suitable by the Commissioner.
- **Pre-Approved Furlough:** Sentenced to confinement with prior approval of the Commissioner of Corrections, the individual is eligible for immediate release on furlough. Furlough status is a community placement, but with more stringent rules for behavior. Conditions of release typically contain treatment or community work crew.
- **Home Detention:** A program of confinement and supervision that restricts an unsentenced defendant to a pre-approved residence continuously, except for authorized absences, and is enforced by appropriate means of surveillance and electronic monitoring by the DOC.

**Parole:** The release of an incarcerated individual to the community before the end of their sentence subject to conditions imposed by the Parole Board and subject to the supervision and control of the Commissioner of Corrections. Includes:

- **Interstate Commission for Adult Offender Supervision ("ICOTS"):** An individual may be transferred to another state via the New England Interstate Corrections Compact, the Interstate Corrections Compact, and the Federal Bureau of Prisons contract at the discretion of the Commissioner/Designee when the classification process has determined out of state placement is appropriate.

- **Supervised Community Sentence:** Based on a law passed in 1990, the judge sentences, with prior approval of the Commissioner of Corrections, to a set of conditions, minimum and maximum time frames and an intermediate sanctions program under the supervision of the Department of Corrections. The Parole Board is the appointed authority and violations are resolved through a Parole Hearing.

**Probation:** An individual found guilty of a crime upon verdict or plea, is released by the court without confinement, subject to the conditions and supervision by the Commissioner of Corrections. This is a contract between the individual and the court, to abide by conditions in return for the court not imposing a sentence of confinement. Violation of this sanction requires due process, with a court hearing, counsel, and preponderance of evidence. Within the probation sanction is the reparative probation program, which allows citizens on community panels to determine the quality of restitution made to the victim and repair of harm to the community, consistent with 28 VSA Chapter 12.

**Work Crew:** Individuals may work without pay and participate on a service team as a way of making amends to the community for criminal conduct.

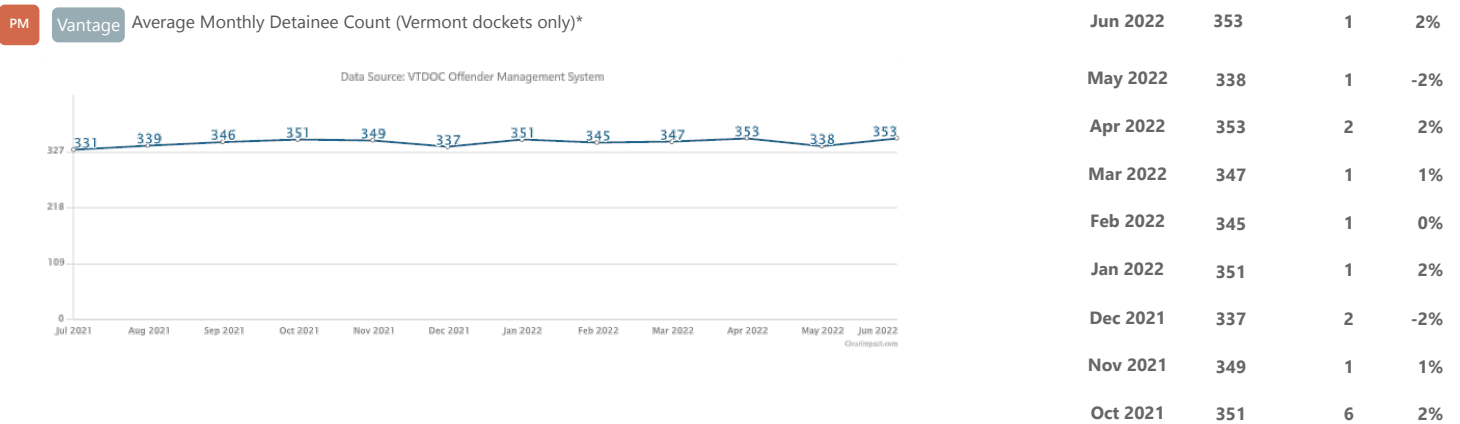
## Who We Serve

The DOC serves the community as a partner in prevention, research, management, and intervention of criminal behavior. The DOC operates correctional facilities in: Newport, Rutland, South Burlington, Springfield, St. Albans, and St. Johnsbury.

## How We Impact

The DOC, in partnership with the community, supports safe communities by providing leadership in crime prevention, repairing the harm done, addressing the needs of crime victims, ensuring individual accountability for criminal acts, and managing the risk posed by individuals under supervision. The DOC performs an important role in the State's response to crime, individuals under supervision, and victims. It is a unified system of 6 correctional facilities and 12 field offices geographically spread across the state. This structure greatly enhances the ability to implement systemic changes that are evidence-based and focus on best practices for successful reentry. Correctional facilities implement programs that provide custodial confinement of frequent, dangerous individuals, and also have a primary objective to prepare offenders for their responsible roles in the community upon release.

Correctional facilities utilize the supporting resources of probation and parole services. Additionally, the VTDOC is located within the Agency of Human Services (AHS) and draws upon the resources housed with AHS to support its mission. AHS has the widest reach in state government and a critical mission: to improve the conditions and well-being of Vermonters and protect those who cannot protect themselves.



## Story Behind the Curve

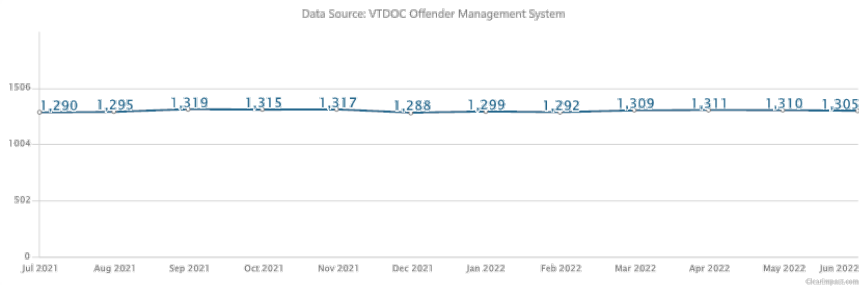
For FY22 (July 2021-June 2022), the number of individuals detained remained fairly consistent, with a low of 331 detainees in July 2021 and high of 353 in both April 2022 and June 2022. Throughout FY22, the courts have been taking more cases, resulting in an increase in our detained population. Detained offenders constituted 27% of the total incarcerated population for FY22.

## Partners

## What Works

# Action Plan

**PM** Average Monthly Incarcerated Population (In-State and Out-of-State)



Jun 2022	1,305	2	-32%
May 2022	1,310	1	-31%
Apr 2022	1,311	2	-31%
Mar 2022	1,309	1	-31%
Feb 2022	1,292	1	-32%
Jan 2022	1,299	1	-32%
Dec 2021	1,288	1	-32%
Nov 2021	1,317	1	-31%
Oct 2021	1,315	1	-31%

## Story Behind the Curve

For FY22 (July 2021-June 2022), the number of incarcerated individuals remained stable with an average of 1,304 incarcerated individuals per month.

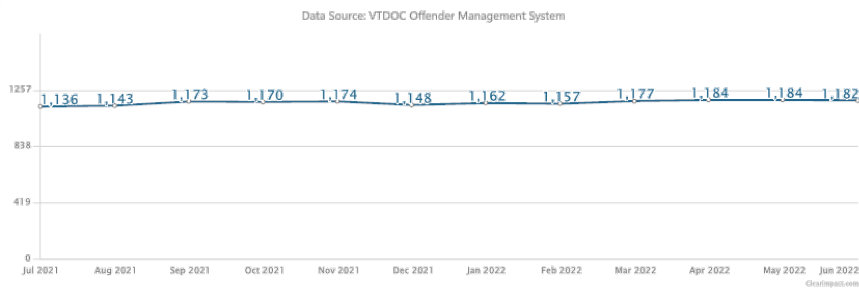
There are six in-state facilities and one out-of-state facility (Mississippi). For more information on these facilities, please see the In-state and Outsourced Average Monthly Incarcerated Population Performance Measures.

## Partners

## What Works

## Action Plan

**PM** Average Monthly Incarcerated Population (In-State Only)



Jun 2022	1,182	1	-25%
May 2022	1,184	1	-25%
Apr 2022	1,184	2	-25%
Mar 2022	1,177	1	-25%
Feb 2022	1,157	1	-27%
Jan 2022	1,162	1	-26%
Dec 2021	1,148	1	-27%
Nov 2021	1,174	1	-25%
Oct 2021	1,170	1	-26%

## Story Behind the Curve

For FY22 (July 2021-June 2022), the number of incarcerated individuals in Vermont in-state prisons remained stable with an average of 1,166 incarcerated individuals per month..

Current in-state facilities:

- Chittenden Regional Correctional Facility (CRCF), South Burlington, VT
  - Female facility
  - General Population (GP) bed cap = 118; total facility cap = 171

- Marble Valley Regional Correctional Facility (MVRCF), Rutland, VT
  - Male facility
  - GP bed cap = 98; total facility cap = 135
- Northeast Correctional Complex (NECC), St. Johnsbury, VT
  - Male facility, work camp
  - GP bed cap = 93; total facility cap = 241
- Northern State Correctional Facility (NSCF), Newport, VT
  - Male facility
  - GP bed cap = 402; total facility cap = 433
- Northwest State Correctional Facility (NWSCF), Swanton, VT
  - Male facility
  - GP bed cap = 130; total facility cap = 240
- Southern State Correctional Facility (SSCF), Springfield, VT
  - Male facility
  - GP bed cap = 249; total facility cap = 378

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## Partners

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## What Works

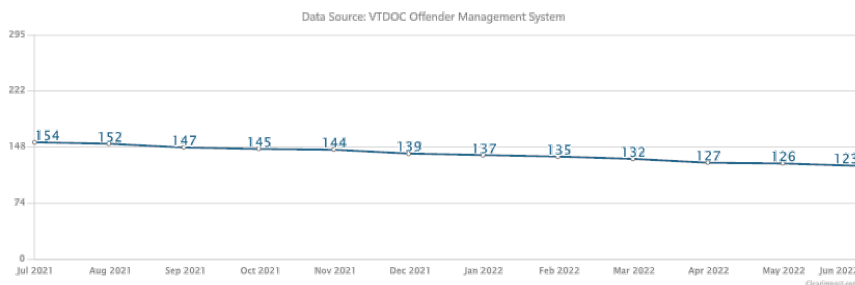
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## Action Plan

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PM

Average Monthly Incarcerated Population (Out-of-State Only)



<b>Jun 2022</b>	<b>123</b>	<b>31</b>	<b>-41%</b>
<b>May 2022</b>	<b>126</b>	<b>30</b>	<b>-40%</b>
<b>Apr 2022</b>	<b>127</b>	<b>29</b>	<b>-39%</b>
<b>Mar 2022</b>	<b>132</b>	<b>28</b>	<b>-37%</b>
<b>Feb 2022</b>	<b>135</b>	<b>27</b>	<b>-35%</b>
<b>Jan 2022</b>	<b>137</b>	<b>26</b>	<b>-34%</b>
<b>Dec 2021</b>	<b>139</b>	<b>25</b>	<b>-33%</b>
<b>Nov 2021</b>	<b>144</b>	<b>24</b>	<b>-31%</b>
<b>Oct 2021</b>	<b>145</b>	<b>23</b>	<b>-31%</b>

## Story Behind the Curve

For FY22 (July 2021-June 2022), the individuals incarcerated in the out-of-state prison decreased 20%. There were on average 138 individuals incarcerated in out-of-state prisons each month (low: 123, high: 154). Prior to the COVID-19 pandemic, incarcerated individuals housed in-state and out-of-state was steadily increasing. Due to a low incarcerated population as well as observance of COVID mitigation efforts, no incarcerated individuals have been relocated to the out-of-state prison since March 2020. As incarcerated individuals have need of programming and/or get closer to their release date, they move back to an in-state facility, thus leaving the out-of-state facility and contributing to the continued decreasing out-of-state prison count. Those housed out-of-state has been declining from FY20 to FY22.

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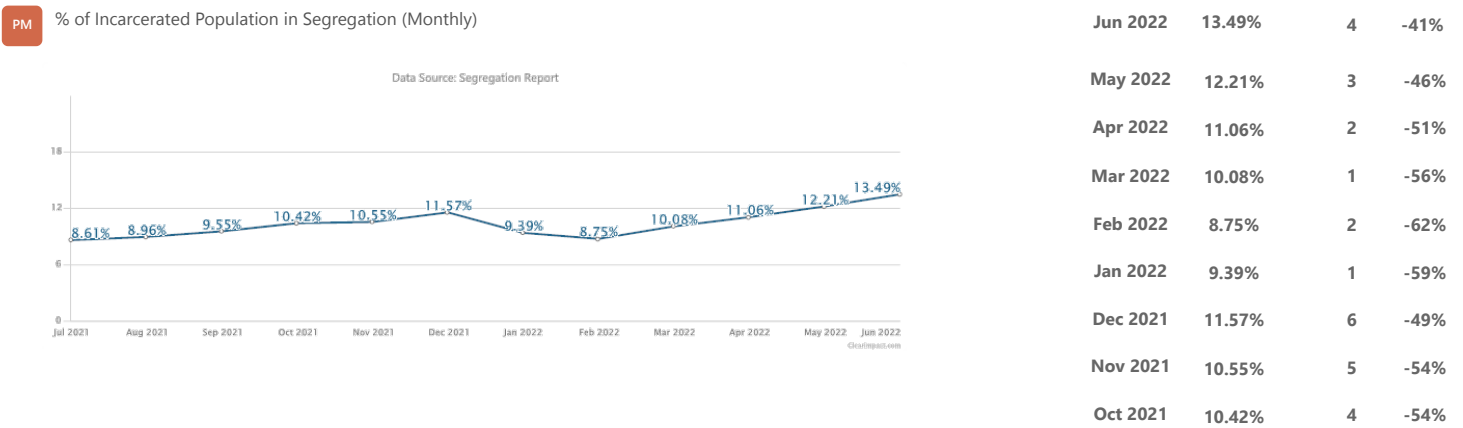
## Partners

Out-of-state incarcerated individuals are currently residing at Tallahatchie County Correctional Facility (TCCF), which is a medium security correctional facility located in Tutwiler, Mississippi approximately 1,374 miles from Vermont's nearest in-state facility, Southern State Correctional Facility in Springfield, VT. This facility is not operated by the Mississippi Department of Corrections system, which means that it is not part of the Interstate Corrections Compact (ICC). The ICC requires that Vermont incarcerated individuals housed in another state's facilities be governed by the rules in that state. The contract now in place with VitalCore allows for Vermont to include adherence to our laws, rules, and policies as part of the agreement with TCCF. The Vermont Department of Corrections is confident that the nature of this arrangement will enable us to maintain the most suitable and secure location to house those currently housed out of state.

## What Works

### Action Plan

The Vermont DOC is working to return as many out-of-state incarcerated individuals as possible to in-state facilities (as in-state housing capacity allows).



### Story Behind the Curve

In FY22 (Jul 2021-Jun 2022), there was an average of 10% of all Vermont incarcerated individuals placed in segregation each month. Toward the end of FY22, there is an increase in the percentage of incarcerated individuals placed in segregation compared to the average population. Limiting the number of incarcerated individuals in segregation is a goal of the DOC.

## Partners

## What Works

### Action Plan

P Correctional Services: Community Supervision				Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
<b>Budget Information</b>							
<b>Correctional Services</b>	<b>FY22 Actual</b>	<b>FY23 Budget</b>	<b>FY24 Governor Recommended</b>				
Program Budget (Appropriation #3480004000)	\$122,768,673.98	\$123,033,227.00	\$125,107,131.00				

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**Field (Community Supervision) Statuses:**

**Furlough:**

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- **Treatment Furlough:** A status for an individual who is participating in an approved residential treatment program outside of a correctional facility.
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**Parole:** The release of an incarcerated individual to the community before the end of their sentence subject to conditions imposed by the Parole Board and subject to the supervision and control of the Commissioner of Corrections. Includes:

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**Work Crew:** Individuals may work without pay and participate on a service team as a way of making amends to the community for criminal conduct.

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## Who We Serve

The DOC serves the community as a partner in prevention, research, management, and intervention of criminal behavior.

The DOC currently has probation and parole offices in the following locations: Barre, Bennington, Brattleboro, Burlington, Hartford, Middlebury, Morrisville, Newport, Rutland, St. Albans, St. Johnsbury, and Springfield.

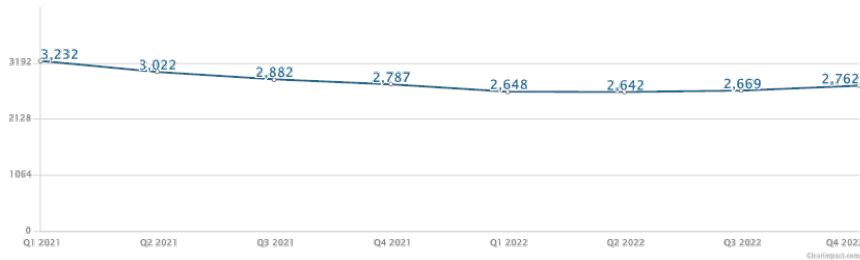
## How We Impact

Community supervision of individuals is managed by 12 field probation and parole offices throughout the state. Supervision practices are based on research and the availability of resources. DOC structures supervision intensity based on the individual's risk to re-offend and the severity of the offense. The foundations of effective supervision are quality risk assessment and the application of appropriate supervision services. It is the implementation of purposeful interventions and activities that distinguishes supervision from mere monitoring and reporting of an individual's activities. Research has demonstrated that to reduce recidivism and obtain positive results from community supervision, combining risk control and risk reduction strategies is far more effective than selecting one strategy over the other. Risk control strategies are directed at deterring future non-compliance by holding individuals accountable through reprimands. Risk reduction strategies are directed at promoting future compliance by assisting the individual through information, education/training, counseling, programming, treatment, or other needs-reducing services to bring about positive changes in the circumstances that led to the non-compliant behavior. DOC implementation of evidence based practices contributes to successful completion of an individual's sentence with goal of reducing future criminal behavior.

### PM Point-in-Time Quarterly Probation Count

Q4 2022	2,762	2	-32%
Q3 2022	2,669	1	-34%
Q2 2022	2,642	8	-35%
Q1 2022	2,648	7	-35%
Q4 2021	2,787	6	-31%
Q3 2021	2,882	5	-29%
Q2 2021	3,022	4	-25%
Q1 2021	3,232	3	-20%
Q4 2020	3,510	2	-13%

Data Source: VTDOC Offender Management System



## Story Behind the Curve

Point-in-time quarterly counts are provided using data from the last day of each quarter (e.g., point-in-time counts are for September 30th for Q1).

For FY22 (July 2021-June 2022), the number of supervised individuals with a probation status remained stable with an average of 2,680 supervised individuals per quarter. Individuals supervised on probation constituted 60.7% of the FY22 population under community supervision.

## Partners

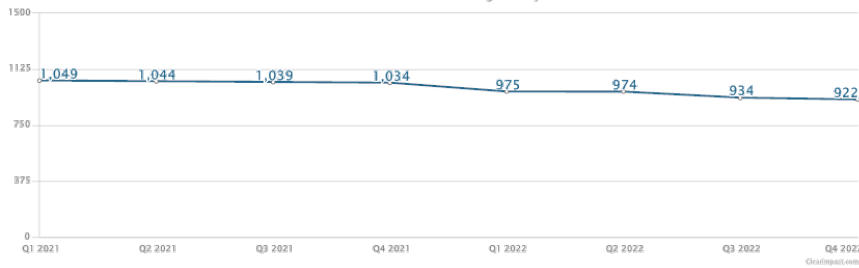
## What Works

## Action Plan

### PM Point-in-Time Quarterly Parole Count

Q4 2022	922	7	-11%
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Data Source: VTDOC Offender Management System



Q3 2022	934	6	-10%
Q2 2022	974	5	-6%
Q1 2022	975	4	-6%
Q4 2021	1,034	3	0%
Q3 2021	1,039	2	0%
Q2 2021	1,044	1	1%
Q1 2021	1,049	1	1%
Q4 2020	1,043	1	1%

## Story Behind the Curve

Point-in-time quarterly counts are provided using data from the last day of each quarter (e.g., point-in-time counts are for September 30th for Q1).

For FY22 (July 2021-June 2022), the number of supervised individuals on parole decreased by 5%. There were on average 951 supervised individuals on parole each quarter (min: 922 in Q4, max: 975 in Q1). Individuals on parole constituted 21.5% of the FY22 population under community supervision.

A parole status includes those supervised in the community with any parole status, those who are authorized to travel or relocate across state lines (Interstate Compact Offender Tracking System, ICOTS), and those with a supervised community sentence.

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## Partners

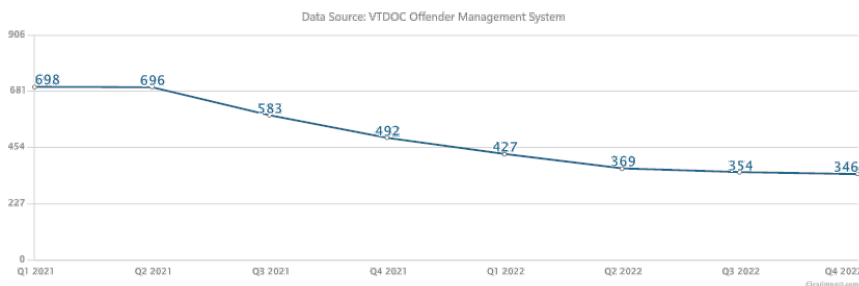
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## What Works

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## Action Plan

PM Point-in-Time Quarterly Furlough Count



Q4 2022	346	9	-59%
Q3 2022	354	8	-58%
Q2 2022	369	7	-56%
Q1 2022	427	6	-49%
Q4 2021	492	5	-42%
Q3 2021	583	4	-31%
Q2 2021	696	3	-18%
Q1 2021	698	2	-17%
Q4 2020	767	1	-9%

## Story Behind the Curve

Point-in-time quarterly counts are provided using data from the last day of each quarter (e.g., point-in-time counts are for September 30th for Q1).

For FY22 (July 2021-June 2022), the number of supervised individuals on a furlough status decreased 19% with a high of 427 in Q1 and a low of 346 in Q4. COVID mitigation efforts began in March 2020 in both the VT judicial system and VT DOC, showing a decrease in individuals incarcerated and individuals under community supervision in FY20 and continued through FY22. COVID mitigation efforts appear to have had little effect on the number of offenders on furlough in FY20 but, along with Justice Reinvestment efforts, may have contributed to the decrease in FY21 and FY22. Supervised individuals on furlough constituted 8.5% of the FY22 field population.

A furlough status includes: any furlough status and home detention.



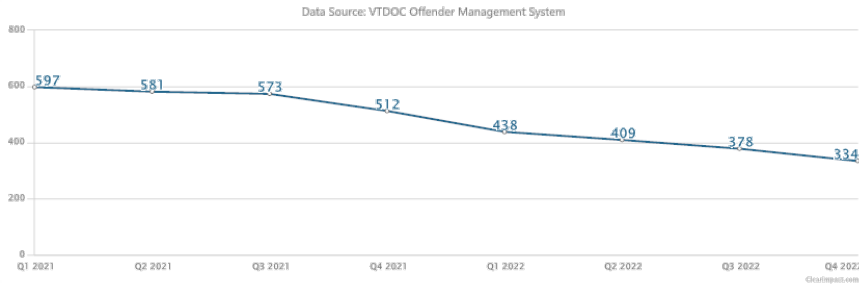
Partners

What Works

Action Plan

PM

Point-in-Time Quarterly Work Crew Count



Q4 2022	334	7	-49%
Q3 2022	378	6	-42%
Q2 2022	409	5	-38%
Q1 2022	438	4	-33%
Q4 2021	512	3	-22%
Q3 2021	573	2	-13%
Q2 2021	581	1	-12%
Q1 2021	597	1	-9%
Q4 2020	590	5	-10%

Story Behind the Curve

Point-in-time quarterly counts are provided using data from the last day of each quarter (e.g., point-in-time counts are for September 30th for Q1).

Consistent with FY21, for FY22 (July 2021-June 2022), the number of supervised individuals on work crew consistently decreased (decreased 24%), with a low of 334 individuals on work crew Q4 2022. This can be explained, in part, due to the COVID-19 pandemic. COVID mitigation efforts began in March 2020 in both the VT judicial system and VT DOC, showing a decrease in individuals incarcerated and individuals under community supervision from FY20 through FY22. Additionally, as part of these mitigation strategies, Work Crew has been paused or delayed. Individuals on work crew constituted 8.8% of the FY22 field population.

Individuals in the work crew field category include only those who are in work crew alone (not in conjunction with another field category).

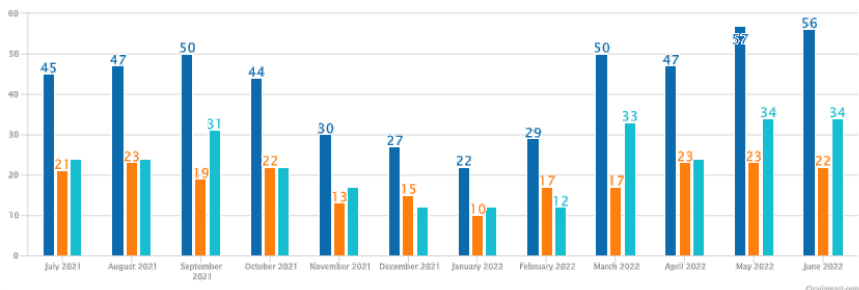
Partners

What Works

Action Plan

PM

Community Supervision Returns to Incarceration : Total



Jun 2022	56	1	-61%
May 2022	57	1	-60%
Apr 2022	47	1	-67%
Mar 2022	50	2	-65%
Feb 2022	29	1	-80%
Jan 2022	22	4	-85%
Dec 2021	27	3	-81%
Nov 2021	30	2	-79%
Oct 2021	44	1	-69%

## Story Behind the Curve

Individuals placed on community supervision can return to incarceration for a technical violation, for committing a new crime, or a combination of the two. Anyone who was returned to incarceration for a technical violation as well as for committing a new crime was categorized as returning for committing a new crime, resulting in two categories as a reason for return: technical violation or new crime.

Returns to incarceration for individuals on community supervision remained somewhat consistent in FY22 with an average of 42 returns per month. There was a noticeable decline in the number of returns after October 2021, culminating in a low of 22 returns in January 2022. However, the number of returns began inclining up after January 2022, and peaked at a high of 57 returns in May 2022.

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### Partners

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### What Works

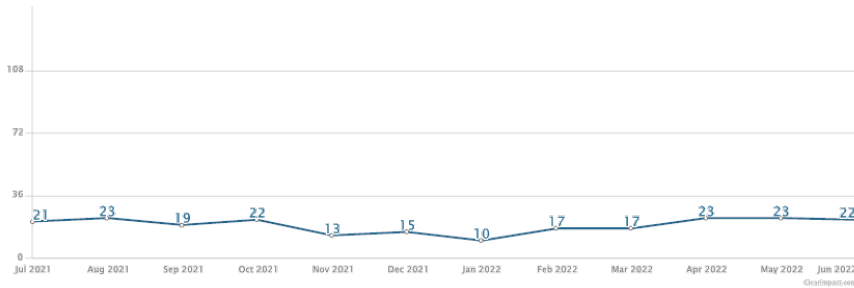
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### Action Plan

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PM

Community Supervision Returns to Incarceration: Technical Violation



Jun 2022	22	1	-80%
May 2022	23	1	-79%
Apr 2022	23	1	-79%
Mar 2022	17	1	-84%
Feb 2022	17	1	-84%
Jan 2022	10	1	-91%
Dec 2021	15	1	-86%
Nov 2021	13	1	-88%
Oct 2021	22	1	-80%

## Story Behind the Curve

Individuals who are under community supervision can return to incarceration for a technical violation, for committing a new crime, or a combination of the two. Anyone who was returned to incarceration for a technical violation as well as for committing a new crime was categorized as returning for committing a new crime, resulting in two categories as a reason for return: technical violation or new crime.

Returns due to technical violations remained fairly consistent with an average of 19 returns a month. Returns due to technical violations constituted 44.6% of all returns to incarceration from community supervision in FY22.

For information containing total returns to incarceration from field supervision and comparisons of returns by technical violation and new crime(s), see Community Supervision Returns: Total.

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### Partners

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### What Works

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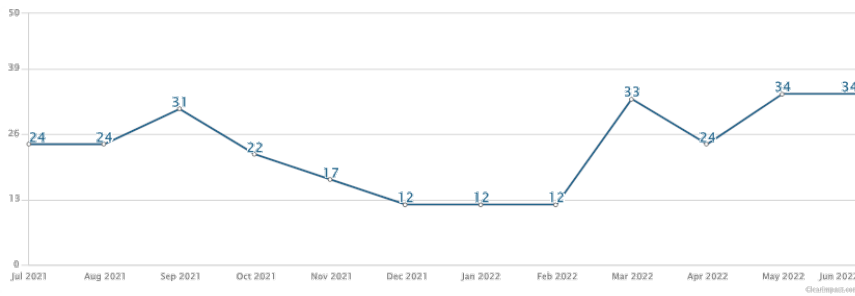
### Action Plan

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PM

Community Supervision Returns to Incarceration: New Crimes

Jun 2022	34	1	-3%
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Month	Returns	Count	% Change
May 2022	34	1	-3%
Apr 2022	24	1	-31%
Mar 2022	33	1	-6%
Feb 2022	12	2	-66%
Jan 2022	12	1	-66%
Dec 2021	12	3	-66%
Nov 2021	17	2	-51%
Oct 2021	22	1	-37%

## Story Behind the Curve

Individuals who are under community supervision can return to incarceration for a technical violation, for committing a new crime, or a combination of the two. Anyone who was returned to incarceration for a technical violation as well as for committing a new crime was categorized as returning for committing a new crime, resulting in two categories as a reason for return: technical violation or new crime.

Returns to incarceration due to committing new crimes remained somewhat consistent in FY22, with an average of 23 returns per month. There was a noticeable decline in the number of returns after October 2021, culminating in a low of 12 returns in December 2021, January 2022, and February 2022. However, the number of returns began inclining up after February 2022, and peaked at a high of 34 returns in May 2022 and June 2022. Returns due to committing new crimes constituted 55.4% of all returns to incarceration from community supervision in FY22.

For information containing total returns to incarceration from community supervision and comparisons of returns by technical violation and new crime(s), see Community Supervision Returns: Total.

## Partners

## What Works

## Action Plan

**P** Correctional Services: Parole Board

Most Recent Period    Current Actual Value    Current Trend    Baseline % Change

## Budget Information

Parole Board	FY22 Actual	FY23 Budget	FY24 Governor Recommended
Program Budget (Appropriation #3480002000)	\$448,391.65	\$445,175.00	\$464,051.00

## What We Do

The Parole Board is an autonomous body that is included in the Corrections appropriation for administrative purposes. The Board reviews referrals by the DOC for individuals incarcerated or on community supervision furlough 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.

## Who We Serve

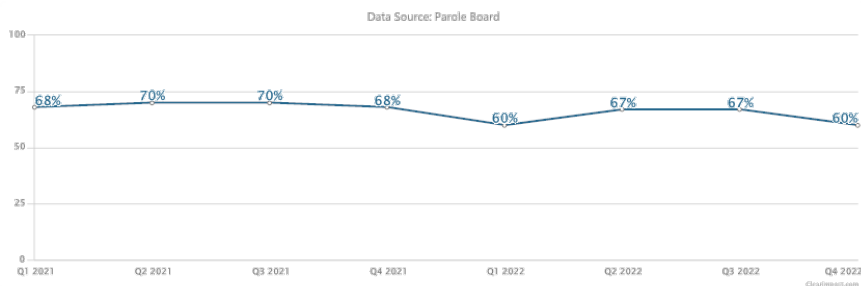
The Parole Board serves the community by rendering just decisions by balancing victim needs, the risk to public safety, while promoting offender accountability success.

## How We Impact

The Parole Board works in partnership with the DOC to comply with the principle that placement of offenders should be in the least restrictive environment consistent with public safety and offense severity. The Board's implementation of evidence-based decision making and conditioning contributes to achieving this principle.

PM

### Parole Grant Rate



Q4 2022	60%	1	-9%
Q3 2022	67%	1	2%
Q2 2022	67%	1	2%
Q1 2022	60%	2	-9%
Q4 2021	68%	1	3%
Q3 2021	70%	1	6%
Q2 2021	70%	2	6%
Q1 2021	68%	1	3%
Q4 2020	63%	1	-5%

### Story Behind the Curve

The Parole Board conducts hearings for all individuals who are eligible for parole per 28 VSA § 501. The Parole Board believes that supervised individuals should be placed in the least restrictive environment consistent with public safety and offense severity. Act 148, enacted January 1, 2021, instituted Justice Reinvestment initiatives that added presumptive parole eligibility with a goal to increase the number of supervised individuals on parole supervision versus furlough supervision.

### Partners

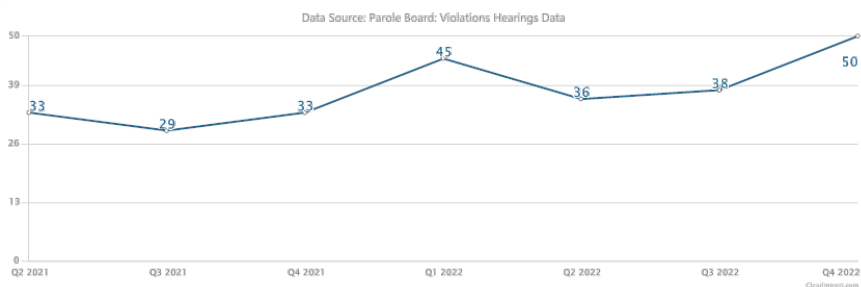
The Parole Board partners with the Department of Corrections (DOC) to review the cases indicated on this performance measure. The DOC submits case summaries for eligible individuals for their parole review.

### What Works

### Action Plan

PM

### Parole Violations



Q4 2022	50	2	28%
Q3 2022	38	1	-3%
Q2 2022	36	1	-8%
Q1 2022	45	2	15%
Q4 2021	33	1	-15%
Q3 2021	29	2	-26%
Q2 2021	33	1	-15%
Q1 2021	39	0	0%

### Story Behind the Curve

The Parole Board provides timely, fair and impartial hearings that comport with due process to those parolees who are, while on parole, alleged to have violated the terms and conditions of their parole, while protecting the public and the integrity of the parole system. The Board accomplishes this by making reasoned and rational violation decisions that are based upon good and sufficient information.

For FY22 (July 2021-June 2022), there was an average of 42 parole violations per quarter (min: 36 in Q2, max: 50 in Q4). Of the parole violations that occurred in FY22, the following resulted from violation hearings: 50.3% were continued on parole, 29.6% had their parole revoked, and 20.1% resulted in a waiver (note: a waiver results in parole revocation).

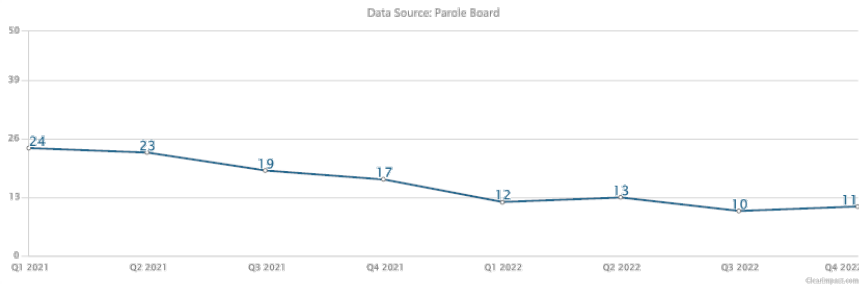
## Partners

## What Works

## Action Plan

PM

### Parole Violations: Revocations by Type



Q4 2022	11	1	-54%
Q3 2022	10	1	-58%
Q2 2022	13	1	-46%
Q1 2022	12	4	-50%
Q4 2021	17	3	-29%
Q3 2021	19	2	-21%
Q2 2021	23	1	-4%
Q1 2021	24	0	0%

## Story Behind the Curve

Parolees can return to incarceration by having their parole revoked for a technical violation or for committing a new crime, or a combination of the two. For FY22 (July 2021-June 2022), there was a total of 46 parole violations that resulted in a revocation. Of the total revocations in FY22, 52.2% were due to committing a new crime (can include a technical violation as well) and 47.8% were due to technical violations.

It is difficult to identify a trend in this data as the COVID-19 pandemic has postponed many violation hearings for alleged new crimes due slow activity within the court system. Many new alleged crime violations are complex and it's best to wait for court adjudication first in lieu of holding mini-criminal trials during a parole violation hearing.

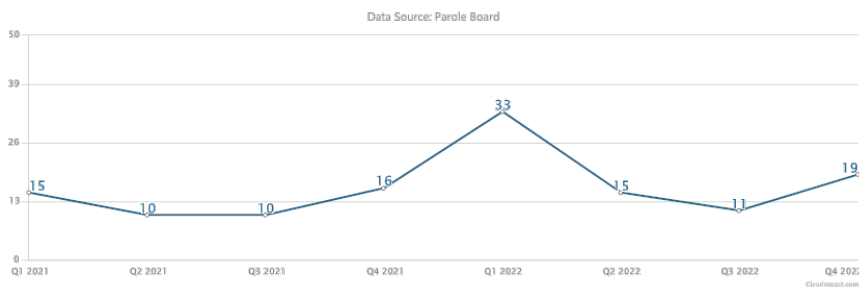
## Partners

## What Works

## Action Plan

PM

### Parole Violations Resulting in Continuation of Parole by Type



Q4 2022	19	1	27%
Q3 2022	11	2	-27%
Q2 2022	15	1	0%
Q1 2022	33	2	120%
Q4 2021	16	1	7%
Q3 2021	10	1	-33%
Q2 2021	10	1	-33%
Q1 2021	15	0	0%

## Story Behind the Curve

Parolees can have their parole continued with a reprimand in their file for a technical violation or for committing a new crime, or a combination of the two. For FY22 (July 2021-June 2022), there was a total of 78 parole violations that resulted in a continuation of parole. Of the total continuations in FY22, 48.7% had committed a new crime (can include a technical violation as well) and 51.3% had committed technical violations.

It is difficult to identify a trend in this data as the COVID-19 pandemic has postponed many violation hearings for alleged new crimes due slow activity within the court system. Many new alleged crime violations are complex and it's best to wait for court adjudication first in lieu of holding mini-criminal trials during a parole violation hearing.

Partners

What Works

Action Plan

**P** Health Services

Most Recent Period    Current Actual Value    Current Trend    Baseline % Change

### Budget Information

Health Services	FY22 Actual	FY23 Budget	FY24 Governor Recommended
Program Budget (Appropriation #3480004000)	\$21,515,916.00	\$23,010,639.00	\$30,849,164.00

### What We Do

The DOC is responsible for ensuring healthcare is provided to 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 Healthcare (NCCCHC) standards for ongoing accreditation. The DOC Health Services Division (HSD) oversees a comprehensive health services program defined as 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. Comprehensive health services shall be provided to incarcerated individuals housed at any Vermont DOC facility throughout the state. In addition, the Vermont DOC system is designed to provide the prevailing Vermont standard of healthcare to all incarcerated individuals up to hospital level of care. When hospital level of care and or specialty care is medically necessary, individuals are taken to the community-based hospital or specialist that can best address their needs.

To accomplish this, the DOC partners with:

- Other departments within Vermont's Agency of Human Services (AHS) including Department of Mental Health (DMH), Department of Aging and Independent Living (DAIL), Department of Vermont Health Access (DHVA), and Vermont Department of Health (VDH).
- Community-based organizations including Federally Qualified Health Centers (FQHCs), Vermonts Opioid Use Disorder Treatment System "hubs and spokes," Designated Agencies (DAs), Specialized Services Agencies (SSAs), Vermont Chronic Care Initiative (VCCI), Planned Parenthood of Northern New England (PPNNE), Prisoners' Rights Office (PRO), Disability Rights Vermont (DRVT), Vermonters for Criminal Justice Reform (VCJR), and Vermont Information Technology Leaders (VITL).
- Other local health systems including the University of Vermont Medical Center and Dartmouth Hitchcock Medical Center.
- The Vermont Program for Quality in Health Care (VPQHC).

### Who We Serve

Comprehensive health services are provided to all individuals housed in Vermont's correctional facilities regardless of legal status.

### How We Impact

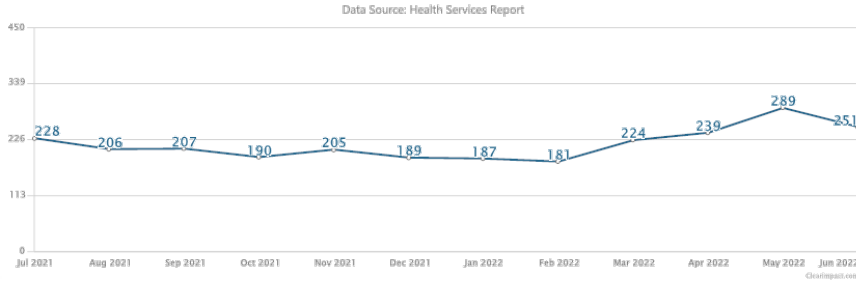
Comprehensive health services provided in Vermont correctional facilities are designed to achieve high standards regarding the following factors:

- Continuity of care - Providing ongoing and uninterrupted treatment for individuals that are admitted to and released from DOC facilities
- Data collection, analysis, and sharing - Collecting, analyzing, and monitoring individual and system health data to achieve transparency, establish accountability, and improve performance

- Quality of Care - Improving care and outcomes through Continuous Quality Improvement (CQI) including regular auditing, reviews of sentinel events, and performance-based indicators
- Financial management - Ensuring best use of public funding

PM

### # Intakes



Jun 2022	251	1	-37%
May 2022	289	3	-28%
Apr 2022	239	2	-40%
Mar 2022	224	1	-44%
Feb 2022	181	3	-55%
Jan 2022	187	2	-53%
Dec 2021	189	1	-53%
Nov 2021	205	1	-49%
Oct 2021	190	1	-52%

## Story Behind the Curve

Beginning March 2020, in response to COVID-19 mitigation, the VT court system decreased court proceedings and housing detainees awaiting trials in VT correctional facilities. Beginning in FY22, court proceedings increased, resulting in an increase in detainees, which explains the increase in intakes beginning July 2021. In FY22 (July 2021-June 2022), there were an average of 216 new patient intakes across all in-state correctional facilities. This average represents 19% of the average total incarcerated population in FY21.

## Partners

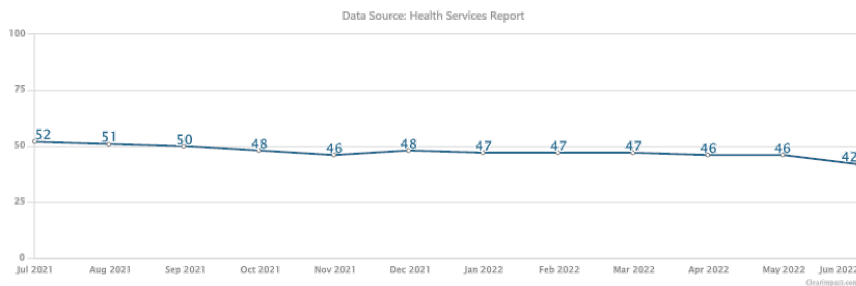
The DOC partners with a Health Services Contractor to perform the work indicated on this performance measure. Currently, the health services data are provided through the Electronic Health Record (EHR) Correctek.

## What Works

## Action Plan

PM

### # of SFI Designated Incarcerated Individuals



Jun 2022	42	1	2%
May 2022	46	1	12%
Apr 2022	46	1	12%
Mar 2022	47	2	15%
Feb 2022	47	1	15%
Jan 2022	47	1	15%
Dec 2021	48	1	17%
Nov 2021	46	4	12%
Oct 2021	48	3	17%

## Story Behind the Curve

Serious Functional Impairment (SFI) is defined as: a) A substantial disorder of thought, mood, perception, orientation, or memory, any of as diagnosed by a qualified mental health professional, which grossly substantially impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life, and which substantially impairs the ability to function within the correctional setting or b) a developmental disability, traumatic brain injury or other organic brain disorder, or various forms of dementia or other neurological disorder as diagnosed by a qualified mental health professional, which substantially impairs the ability to function in the correctional setting.

Incarcerated individuals are designated as SFI through two distinct processes:

1. Designation by a qualified mental health professional as a result of a clinical and functional assessment; or
2. Designation as a result of an administrative process which confirms the offender was receiving developmental services (community rehabilitation and treatment, developmental disability, traumatic brain injury, and/or cognitive-functional composite) upon entering DOC custody through verifying/validating the individual's pre-existing and active community-based waiver(s).

The DOC identifies these vulnerable individuals either at booking by verifying that the individual has a waiver (#2 above) or by clinical designation when a qualified mental health provider determines they meet the statutory criteria (#1 above).

Similar to prior fiscal years, incarcerated individuals with designated SFIs constituted only 4% of the average monthly incarcerated population in FY22. There was an average of 48 monthly incarcerated individuals with an SFI-designation in FY22 (Jul 2021-Jun 2022). The number of incarcerated individuals with SFI designations remained consistent in FY22 with a low of 42 and a high of 52. There was a total of 76 unique incarcerated individuals with an SFI-Designation for FY22; of those, 50% were designated upon entering DOC custody (process #2 above) and 50% were designated from community-based waiver (process #1 above).

## Partners

The Department of Corrections (DOC) and the Department of Mental Health (DMH) recognize a common interest in the provision of mental health services to incarcerated individuals as well as the placement of incarcerated individuals who meet clinical criteria into inpatient hospitalization. The DOC often consults with DMH regarding incarcerated individuals in DOC custody, most of whom have been designated SFI as per Act 78. This partnership has been further codified through an interagency partnership between the DOC and DMH which outlines the specific ways that the departments can work together to meet these common goals.

The DOC also partners with the Department of Aging and Independent Living (DAIL) and the DMH before an incarcerated individual's reentry into the community to:

1. Reconnect those who were designated SFI as the result of receiving developmental services in the community; or
2. Initiate connections to developmental services upon release from incarceration for those who were designated SFI as the result of a clinical and functional assessment while in custody.

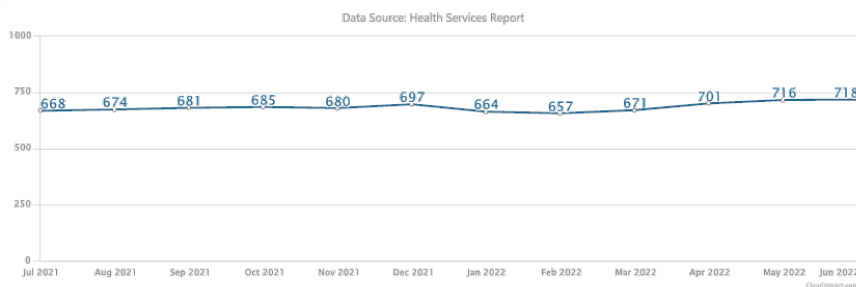
The DOC works in collaboration with the Department of Vermont Health Access (DVHA), as DVHA (and their IT contractors) provide us the knowledge to assess if the incarcerated individual has active community-based waivers to be designated SFI within the facility.

## What Works

## Action Plan

PM

# of Incarcerated Individuals on MAT



Jun 2022	718	4	308%
May 2022	716	3	307%
Apr 2022	701	2	298%
Mar 2022	671	1	281%
Feb 2022	657	2	273%
Jan 2022	664	1	277%
Dec 2021	697	1	296%
Nov 2021	680	1	286%
Oct 2021	685	4	289%

## Story Behind the Curve



Act 176, enacted July 1, 2018, directs Vermont correctional facilities to provide medication-assisted treatment (MAT) to incarcerated individuals receiving MAT prior to entering a correctional facility for as long as medically necessary. Additionally, the law requires that Vermont correctional facilities assess and commence buprenorphine-specific MAT if it is deemed medically necessary by a provider authorized to prescribe buprenorphine. The incarcerated individual shall be authorized to receive the medication as soon as possible and for as long as medically necessary. Lastly, the law requires correctional facilities to transfer incarcerated individuals from buprenorphine to methadone if methadone is determined to be medically necessary by a provider authorized to prescribe methadone and the individual elects to do so. In the months following enactment, this policy change created a large increase in the number of incarcerated individuals receiving buprenorphine-specific MAT.

The criteria for being prescribed one of the 3 FDA- approved MAT medications are:

1. Meeting medical necessity for treatment as determined by an X-waivered qualified medical provider.
2. Electing to accept treatment as per the MAT Patient Agreement.

Unlike FY2020 and FY2021, the monthly number of incarcerated individuals receiving MAT within Vermont correctional facilities in FY2022 remained fairly consistent, with a monthly average of 684 individuals receiving MAT.

There was a total of 1,383 unique incarcerated individuals who received MAT while incarcerated in FY22. Of those, 57.2% were initially inducted by the VT DOC and 42.8% were initially continued on MAT with a community prescription. Of these 1,383 unique individuals, the vast majority (82.4%) were prescribed Buprenorphine, 15.6% were prescribed Methadone, and 2.0% were prescribed Naltrexone.

When analyzing the type of medication prescribed by those initially inducted versus initially continued MAT while incarcerated in FY22: of the 791 unique individuals initially inducted on MAT while incarcerated in FY22, 93.8% were prescribed Buprenorphine, 3.4% were prescribed Methadone, and 2.8% were prescribed Naltrexone. Of the 592 unique individuals who were initially continued on MAT while incarcerated in FY22, 67.2% were prescribed Buprenorphine, 31.8% were prescribed Methadone, and 1.0% were prescribed Naltrexone.

## Partners

In providing MAT to incarcerated individuals in Vermont facilities, the DOC has partnered with the Vermont Department of Health (VDH) and the Vermont Hub and Spoke System.

Also, the DOC has partnered with the Department of Vermont Health Access (DVHA) to assist in the longitudinal evaluation of treatment retention post release.

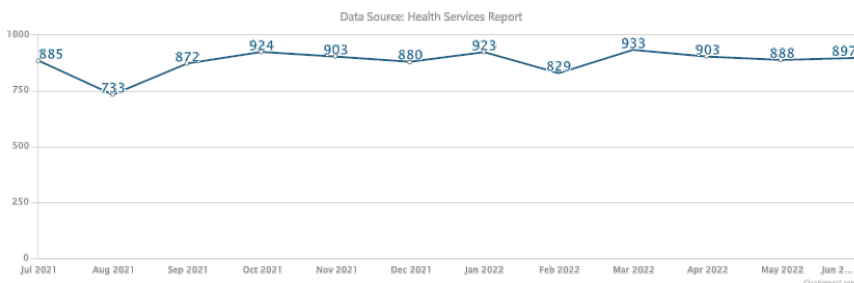
## What Works

## Action Plan

Vermont's Act 176 requires an evaluation of MAT with a report due to legislature by January 15, 2022. The goal of this evaluation is to determine the effectiveness of the MAT program in Vermont correctional facilities. This report can then inform best practices for MAT policies and programs in our facilities in the future. The MAT evaluation analyses and reporting work are being completed in partnership with researchers at the University of Vermont (UVM) with continuity of care analyses being conducted by the Department of Vermont Health Access (DVHA).

PM

# of Patients on Mental Health Caseload



Jun 2022	897	1	28%
May 2022	888	2	27%
Apr 2022	903	1	29%
Mar 2022	933	1	33%
Feb 2022	829	1	19%
Jan 2022	923	1	32%
Dec 2021	880	2	26%
Nov 2021	903	1	29%
Oct 2021	924	2	32%

## Story Behind the Curve

The Mental Health (MH) Caseload report includes anyone identified as needing to be followed by a MH clinician due to MH medications, prior MH history, or current MH symptoms. The VT DOC healthcare contractor through licensed providers makes the medical determinations for who meets the criteria for being on the mental health caseload.

In FY22 (July 2021-June 2022), there was a monthly average of 881 patients on the mental health caseload. This average number of patients on a mental health caseload represents 76% of the average total in-state incarcerated population in FY22.

\*For February and March 2022, the data from one facility was missing, but was estimated using data reported from other facilities and standard deviation.

## Partners

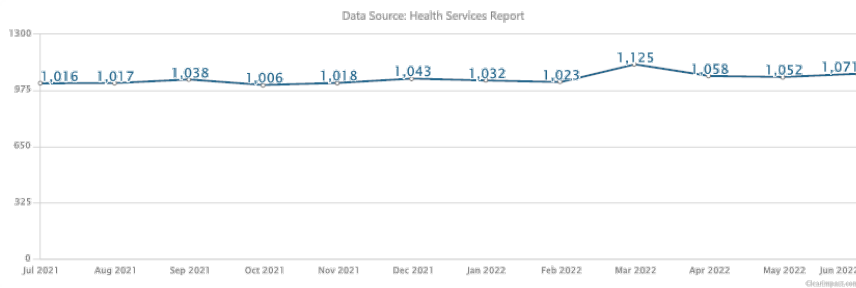
The DOC partners with a Health Services Contractor to perform the work indicated on this performance measure. Currently, the health services data are provided through the Electronic Health Record (EHR) Correctek.

## What Works

## Action Plan

PM

# of Patients Prescribed Medications



Jun 2022	1,071	1	-11%
May 2022	1,052	2	-12%
Apr 2022	1,058	1	-12%
Mar 2022	1,125	1	-6%
Feb 2022	1,023	2	-15%
Jan 2022	1,032	1	-14%
Dec 2021	1,043	2	-13%
Nov 2021	1,018	1	-15%
Oct 2021	1,006	1	-16%

## Story Behind the Curve

For FY22 (July 2021-June 2022), the number of patients prescribed medications remained consistent throughout the year. In FY22, there were an average of 1042 patients prescribed medications across all in-state correctional facilities. Consistent with previous years, this average represents 90% of the average total in-state incarcerated population in FY22.

## Partners

The DOC partners with a Health Services Contractor to perform the work indicated on this performance measure. Currently, the health services data are provided through the Electronic Health Record (EHR) Correctek.

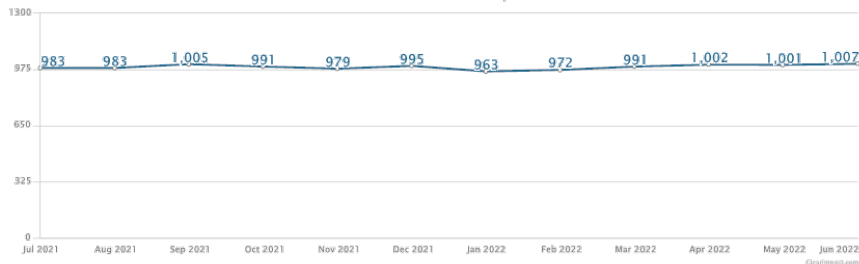
## What Works

## Action Plan

PM

# of Chronic Care Patients

Jun 2022	1,007	1	3%
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May 2022	1,001	1	3%
Apr 2022	1,002	3	3%
Mar 2022	991	2	2%
Feb 2022	972	1	0%
Jan 2022	963	1	-1%
Dec 2021	995	1	2%
Nov 2021	979	2	1%
Oct 2021	991	1	2%

## Story Behind the Curve

This performance measure reports the number of current patients who are under chronic care. Chronic care is medical care that addresses pre-existing or long-term illness.

Chronic diseases and other special needs include but are not limited to asthma, diabetes, HIV, hyperlipidemia, hypertension, mood disorders, psychotic disorders, and substance use disorders. Patients with chronic disease, other significant health conditions and disabilities receive ongoing multidisciplinary care aligned with evidence-based standards and clinical guidelines. These patients are managed through chronic care clinical pathways to ensure comprehensive care, timely follow up and symptom management.

The top five chronic diseases for the VT in-state corrections population are:

1. Opioid Use Disorder (OUD)
2. Gastrointestinal
3. Respiratory
4. Musculoskeletal
5. Hypertension

These reflect the top 5 medical chronic diseases only. Although not among the top 5, Hepatitis C is also among the most prevalent chronic illnesses.

The average number of chronic care patients for FY22 (July 2021-June 2022) was 989 (low: 963, high: 1,007), which was similar to the FY21 average.

## Partners

The DOC partners with a Health Services Contractor to perform the work indicated on this performance measure. Currently, the health services data are provided through the Electronic Health Record (EHR) Correctek.

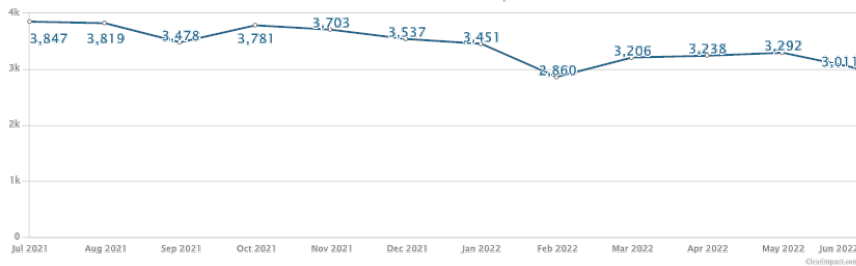
The DOC has a partnership with the University of Vermont (UVM) regarding the development of the DOC Hepatitis C Virus screening/assessment protocol, which mirrors the VT community standard of care.

Additionally, the Vermont Chronic Care Initiative (VCCI) provides care coordination at release for Hepatitis C Virus patients who are released from incarceration at a VT correctional facility. In June 2021, the DOC's collaboration with VCCI expanded to include VCCI care coordination post release for anyone released from a facility who met VCCI program criteria and elected to participate.

## What Works

## Action Plan

Data Source: Health Services Report



May 2022	3,292	3	15%
Apr 2022	3,238	2	13%
Mar 2022	3,206	1	12%
Feb 2022	2,860	4	0%
Jan 2022	3,451	3	20%
Dec 2021	3,537	2	23%
Nov 2021	3,703	1	29%
Oct 2021	3,781	1	32%

## Story Behind the Curve

This performance measure includes medical, mental health, dental, and medication-assisted treatment (MAT) sick calls made each month of FY22 (July 2021-June 2022). The total number of sick calls made in FY22 was variable, with a low of 2,860 sick calls in February 2022 and a high of 3,874 sick calls in July 2021.

## Partners

The DOC partners with a Health Services Contractor to perform the work indicated on this performance measure. Currently, the health services data are provided through the Electronic Health Record (EHR) Correctek.

## What Works

## Action Plan

P	Transitional Housing	Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
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## Budget Information

Transitional Housing	FY22 Actual	FY23 Budget	FY24 Governor Recommended
Program Budget (Appropriation #3480004000)	\$ 8,814,849.22	\$ 9,868,567.00	\$ 6,355,280.00

\*FY22 and FY23 Budgets include Community Justice Centers and VNADSV.

## What We Do

Through grants to community partners, the DOC supports the provision of transitional housing, rental assistance, housing search and retention, and other supportive services for individuals released to the community from Vermont's correctional facilities. The primary purposes of the program are to:

1. Promote housing stability of individuals returning to the community from incarceration;
2. Supervise and support individuals in the least restrictive environment (conducive with public safety); and
3. Provide opportunities for reintegration and connections to community and services.

With a safe, stable place to live, participants are able to find employment, engage in substance abuse and mental health treatment, pursue education or training opportunities, and connect to services that will support their long-term stability in the community.

## Who We Serve

Priority is given to individuals being released to the community from incarceration, as well as individuals who are supervised in the community and are at risk of being (re)incarcerated due to lack of appropriate and stable housing. Most participants are on furlough/conditional reentry status, and all participants are under some level of Department of Corrections (DOC) supervision.

The individuals we serve have multiple and complex needs often related to mental health, substance abuse, employment, transportation, rental history (or lack thereof), and education, just to name a few.

## How We Impact

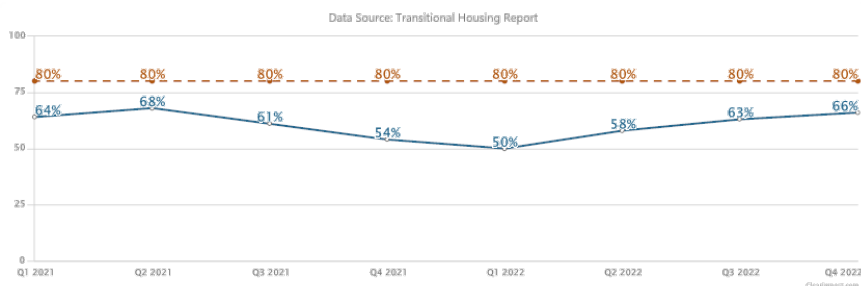
The DOC works in partnership with Designated Agencies, Public Housing Authorities, Community Justice Centers, affordable housing providers, private landlords, municipalities, and non-profit organizations.

To gauge whether participants are "Better Off" after having participated in transitional housing programs, we measure the following:

- % who were not charged with a new crime while in the program;
- % of participants who were employed, enrolled in an educational or training program, or receiving benefits (TANF, SSI, VA, General Assistance, etc.) at exit; and
- # (and %) who exited to permanent housing (included in this report).

Additionally, program activities support community connections and integration.

**PM** **HW** % Bed Days Utilized



Q4 2022	66%	3	-3%
Q3 2022	63%	2	-7%
Q2 2022	58%	1	-15%
Q1 2022	50%	3	-26%
Q4 2021	54%	2	-21%
Q3 2021	61%	1	-10%
Q2 2021	68%	1	0%
Q1 2021	64%	2	-6%
Q4 2020	76%	1	12%

### Story Behind the Curve

Bed utilization fluctuates each quarter because of the variability in individuals' circumstances and the number of individuals scheduled for release. The bed days for FY22 (July 2021-June 2022) averaged 59% (low: 50%, high: 66%) which is below our target bed utilization of 80%. These lower than typical averages can partially be explained by COVID-19. For example, some transitional housing partners encouraged less than maximum bed utilization as a COVID mitigation measure throughout FY22.

### Partners

The Department of Corrections (DOC) works in partnership with Designated Agencies, Public Housing Authorities, Community Justice Centers, affordable housing providers, private landlords, municipalities, and non-profit organizations.

### What Works

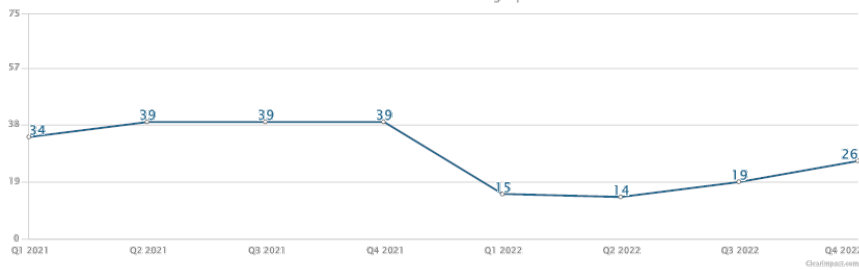
#### Action Plan

The DOC implemented an electronic referral system for transitional housing programs. This process will support effective reentry planning and decrease the time individuals wait to be screened and released to an approved transitional housing program, in turn increasing program utilizations.

Additionally, the DOC recently designated a reentry-focused probation/parole office in each district office to support efficiency in release planning.

**PM** **BO** # of Individuals Who Exited to Permanent Housing

Q4 2022	26	2	-13%
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Q3 2022	19	1	-37%
Q2 2022	14	2	-53%
Q1 2022	15	1	-50%
Q4 2021	39	2	30%
Q3 2021	39	1	30%
Q2 2021	39	1	30%
Q1 2021	34	2	13%
Q4 2020	37	1	23%

## Story Behind the Curve

The number of individuals exiting to permanent housing varies due to factors such as individual circumstances, rental housing availability, housing costs, and employment options. Many participants have substance abuse challenges, which affect their ability to actively participate in program activities, secure and retain employment, and work toward independent living.

For FY22 (July 2021-June 2022), there was an average of 19 individuals exiting to permanent housing each quarter. The quarterly target for FY22 for the percent of individuals who exited to permanent housing was 60%. The actual percentages have been consistently below this target every quarter in FY22, with a mean average of 38%.

The dip between FY21 Q4 and FY22 Q1 is due to the fact that all transitional housing agreements in 2021 were re-bid and there was a significant shift in which partners were providing what type of bed capacity starting in July 2021. There was a ramp up period as many providers secured additional individual apartments in the first half of FY22.

## Partners

The Department of Corrections (DOC) works in partnership with Designated Agencies, Public Housing Authorities, Community Justice Centers, affordable housing providers, private landlords, municipalities, and non-profit organizations.

## What Works

The following have helped in transitioning individuals to permanent housing:

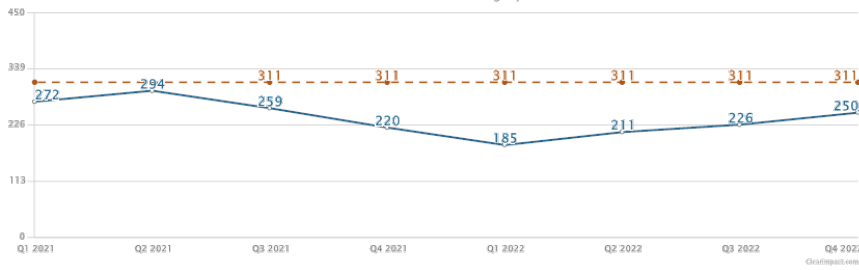
- Affordable Housing/Subsidies
- Permanent Supportive Housing
- Housing Retention Services
- Access to Mental Health and Substance Abuse Treatments
- Employment Support

## Action Plan

The DOC partners, both formally and informally, with the Vermont State Housing Authority (VSHA) and the Burlington Housing Authority (BHA) to access rental assistance/housing subsidies for eligible participants (when available). The DOC continues to explore systematic ways to connect participants to permanent housing and/or subsidies.

DOC, and the transitional housing programs we fund, are focused on helping individuals stabilize in their community. In January 2021, DOC issued a Request for Proposals (RFP) for all transitional housing programs to increase the focus on exits to permanent housing. In July 2021, DOC awarded new grants to transitional housing providers, resulting in a significant shift away from congregate sober-living environments in favor of individual apartments with intensive supports. We expect that this will decrease the number of residents being exited due to program violations. It should also improve our capacity to provide safe, stable housing that meets individual needs while protecting public health and safety.

Data Source: Transitional Housing Report



Q3 2022	226	2	-43%
Q2 2022	211	1	-47%
Q1 2022	185	3	-53%
Q4 2021	220	2	-45%
Q3 2021	259	1	-35%
Q2 2021	294	1	-26%
Q1 2021	272	2	-31%
Q4 2020	310	1	-22%

## Story Behind the Curve

The number of individuals served can fluctuate over time depending on the circumstance of people in the program and the circumstance of people scheduled for release.

The quarterly target in FY22 (July 2021-June 2022) for number of people served was 311. The actual number of people served has been consistently below this target every quarter in FY22 with an average number of people served of 218 each quarter. Overall, in FY22, the total unique number of people served was 379.

## Partners

The Department of Corrections (DOC) works in partnership with Designated Agencies, Public Housing Authorities, Community Justice Centers, affordable housing providers, private landlords, municipalities, and non-profit organizations.

## What Works

## Action Plan

### P Behavior and Life Skill Interventions

Most Recent Period    Current Actual Value    Current Trend    Baseline % Change

## Budget Information

Behavior and Life Skill Interventions	FY22 Actual	FY23 Budget	FY24 Governor Recommended
Program Budget (Appropriation #3480004000)	\$3,209,189.00	\$3,177,383.00	\$3,177,383.00

## What We Do

The purpose of risk intervention services is to increase public safety by providing services which reduce the risk of an offender committing a new crime. Research demonstrates that services which adhere to risk, need and responsivity (RNR) principles have the greatest impact on reducing recidivism. The effects of services are most profound when applied to offenders who have the higher risk of recidivism and focus upon the dynamic risk factors which are correlated with the risk of recidivism, are responsive to the capacities of the offender and use evidence-based modalities with fidelity.

## Who We Serve

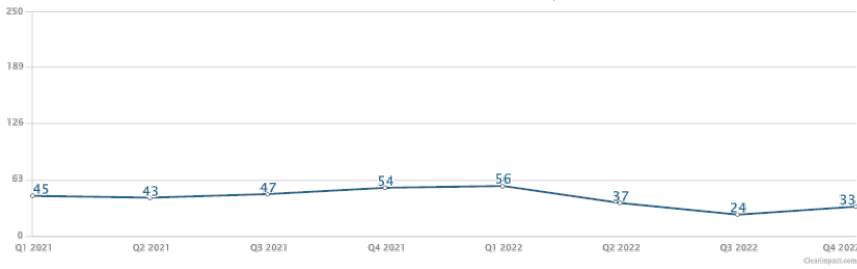
Risk Intervention Services includes Behavior and Life Skill Interventions, Corrections Education and Vermont Correctional Industries. The data in this section are the programming component. Corrections Education and Vermont Correctional Industries are captured in subsequent sections. Criteria for mandated facility RIS programming is that offenders must have listed violent offense, be assessed moderate to high risk on a risk assessment and have adequate sentence structure to complete services. Services are comprised of evidenced based manualized curricula addressing multiple criminogenic needs and are delivered in group modality. Each curriculum is delivered in two weekly sessions in twelve-week quarters. Participants participate in two to three curricula per week for a minimum of six months.

## How We Impact

PM # New Participants: Total

Q4 2022    33    1    -83%

Data Source: Behavior and Life Skill Interventions Report



Q3 2022	24	2	-88%
Q2 2022	37	1	-81%
Q1 2022	56	3	-72%
Q4 2021	54	2	-73%
Q3 2021	47	1	-76%
Q2 2021	43	1	-78%
Q1 2021	45	1	-77%
Q4 2020	39	3	-80%

## Story Behind the Curve

Behavior and Life Skill Interventions are offered for both those incarcerated in correctional facilities and individuals under community supervision. The information provided in this performance measure includes total numbers, or participants in correctional facilities and under community supervision combined.

In FY22, there was an average of 38 new participants in Behavior and Life Skill Interventions each quarter. Services continue to be effected by fluctuating COVID 19 protocols; changes in facility population as Justice Reinvestment implementation continues (such as earned credit; response to technical violations) and increased percentage of detention population.

## Partners

## What Works

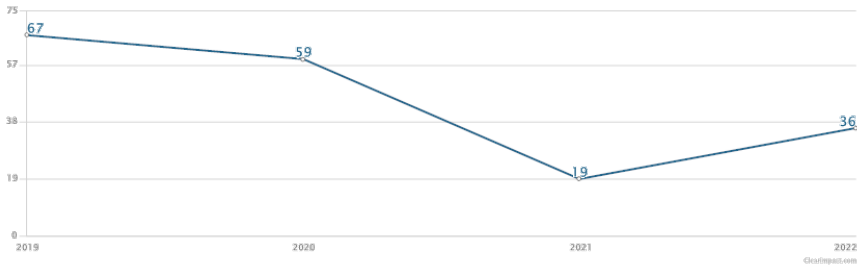
## Strategy

PM

# Terminated, Removed, Refused to Complete, or Left Program

2022	36	1	-46%
2021	19	2	-72%
2020	59	1	-12%
2019	67	0	0%

Data Source: Behavior and Life Skill Interventions Report



## Story Behind the Curve

In FY22, 36 participants in Behavior and Life Skill Interventions were terminated, removed, refused to complete, or left the program.

## Partners

## What Works

## Action Plan

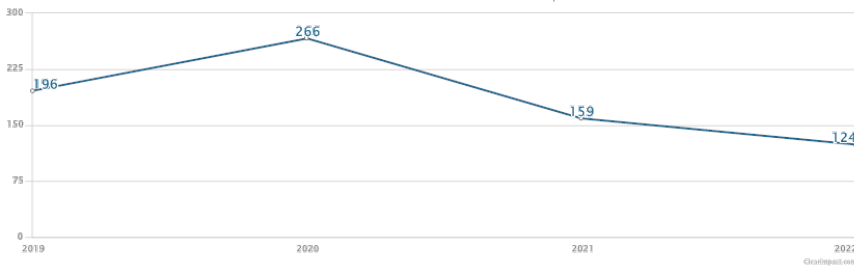
PM

# Completed Behavior and Life Skill Interventions

2022	124	2	-37%
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Data Source: Behavior and Life Skill Interventions Report



2021	159	1	-19%
2020	266	1	36%
2019	196	0	0%

### Story Behind the Curve

The number of individuals who completed Behavior and Life Skill Interventions each fiscal year has remained variable in FY19-FY22.

Partners

What Works

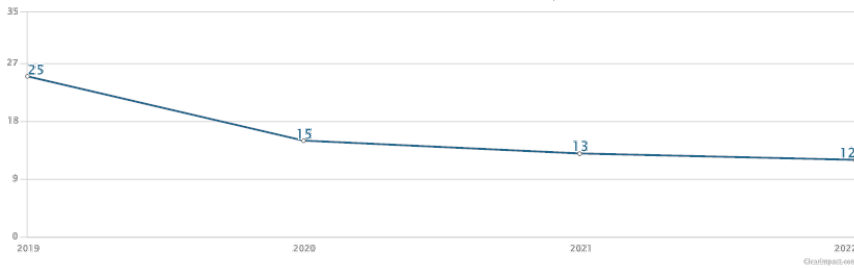
Action Plan



# Exhibited Violent/Inappropriate Behaviors Keeping from Successful Completion

2022	12	3	-52%
2021	13	2	-48%
2020	15	1	-40%
2019	25	0	0%

Data Source: Behavior and Life Skill Interventions Report



### Story Behind the Curve

In FY22, 12 participants in Behavior and Life Skill Interventions exhibited violent/inappropriate behaviors keeping them from successful completion of the program. This remains consistent with FY21.

Partners

What Works

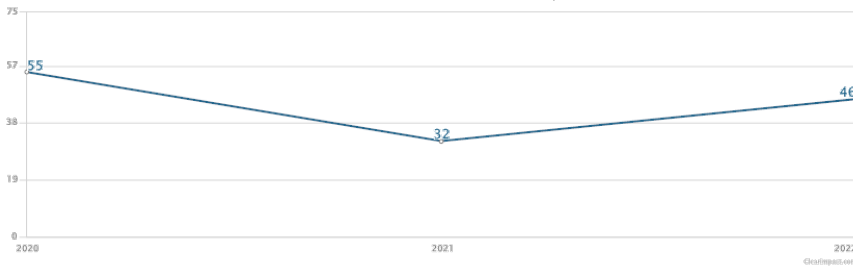
Action Plan



# Placed on Corrective Action Plan (CAP)

2022	46	1	-16%
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2021	32	1	-42%
2020	55	0	0%



## Story Behind the Curve

Risk Intervention Services Team(s) look to support individuals who are engaged in services both in the facility and out in the community. A participant's success depends on their active participation in services on their services plan and following the rules of the facility and services they are enrolled in. If a participant fails to follow the "Participation Agreement" or struggles with antisocial behavior and facility rules, they may be placed on a Corrective Action Plan (CAP). Behaviors not in line with services expectations are concerning as they may reflect a larger pattern related to thinking which puts an individual at risk to reoffend. Behaviors which result in CAPs may or may not have resulted in a Disciplinary Report.

Most minor behavioral problems are addressed by staff in the environment they occur in and are reported out on during weekly Risk Intervention Services Team meetings at the local site. If a participant cannot correct behaviors in a particular setting, or have concerning facility behaviors, the participant will be placed on a Corrective Action Plan which will be monitored weekly by the local Risk Intervention Services Team. The team may consult with a subject matter expert to identify interventions to support the individual. A participant may be directed by staff to identify barriers to success in services and may be directed to complete additional assignments related to the problematic behavior in order to problem solve. When an individual is placed on a Corrective Action Plan, they will receive written notice which outlines expectations.

If the behaviors are of significant concern, the local Risk Intervention Services Team will consult with Central Office for recommendations and to identify if additional specialization is needed in plan development and/or implementation, or if termination from services is necessary.

In FY22, 46 individuals participating in Behavior and Life Skill Interventions were placed on a Correction Action Plan (CAP). Generally, since the DOC has initiated the CAP process, more participants have been aided to successfully participate in Behavior and Life Skill Interventions.

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## Partners

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## What Works

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## Action Plan

**P** Risk Intervention Services: Education Services

Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
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### Budget Information

Education Services	FY22 Actual	FY23 Budget	FY24 Governor Recommended
Program Budget (Appropriation #3480003000)	\$3,499,271.81	\$3,600,789.00	\$3,831,013.00

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## What We Do

The purpose of risk intervention services is to increase public safety by providing services which reduce the risk of an individual committing a new crime. Research demonstrates that services which adhere to risk, need and responsivity (RNR) principles have the greatest impact on reducing recidivism. The effects of services are most profound when applied to those who have the higher risk of recidivism and focus upon the dynamic risk factors which are correlated with the risk of recidivism, are responsive to the capacities of the offender and use evidence-based modalities with fidelity.

## Who We Serve

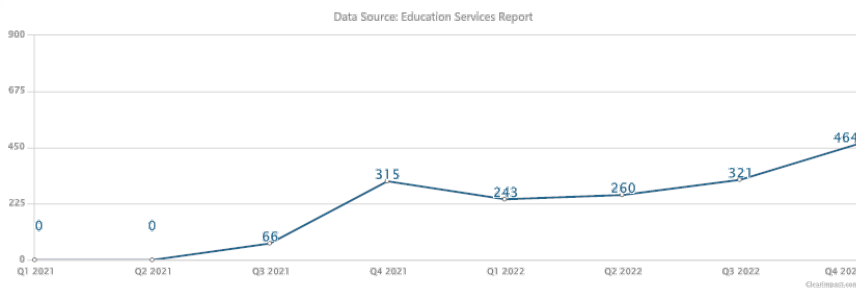
Risk Intervention Services- Corrections Education serves incarcerated individuals with a focus on the sentenced population. Services are delivered to both voluntary students and those students identified as priority for Risk Reduction Programming who are scheduled for release from incarceration.

## How We Impact

Corrections Education offers incarcerated adults the opportunity to work on developing basic and living skills necessary to be successful in the community and to develop as a learner. By working with the Risk Reduction Programming Intervention staff we assist students in learning cognitive and educational skills that address their specific criminogenic needs. Our high school program offers an accredited high school education, and our students receive the same level of diploma as their peers. Our high school program, Community High School of Vermont, meets the educational standards set by the Vermont Board of Education. For incarcerated individuals needing to brush up their skills for employment, or who are interested in getting certified with Industry Recognized Credentials, or taking a Community College of Vermont (CCV) or University of Vermont (UVM) course, we offer our workforce readiness program. Workforce Readiness is designed for students who have or are close to achieving their high school diploma and is designed to meet Vermont's workforce needs. Working with our peers in Vermont Correctional Industries (VCI) we can offer both classroom and on the job experience.

PM # Course Registrations: Total

Q4 2022	464	3	-44%
Q3 2022	321	2	-61%
Q2 2022	260	1	-68%
Q1 2022	243	1	-71%
Q4 2021	315	2	-62%
Q3 2021	66	1	-92%
Q2 2021	0	2	-100%
Q1 2021	0	1	-100%
Q4 2020	0	3	-100%



## Story Behind the Curve

Corrections Education addresses the needs of incarcerated adult offenders with educational skills that range from primary grade levels to early post-secondary levels. Incarcerated adult students are assessed for educational levels using the Comprehensive Adult Student Assessment System (CASAS) for reading and math and the University of Kansas Strategic Instructional Method (SIM) for writing. Based on the educational level of the assessment results students are placed in the appropriate coursework.

Courses are offered in three curricula areas:

- Living & Basic Skills (K-8 grade level):** Basic and Living skills courses are designed to meet the criminogenic and basic skills needs of our student population. Criminogenic needs courses are designed to work directly with the clinical services of Risk Intervention Services (RIS). Basic skills courses are designed to support adult learners who assess in the K-8 grade levels.
- Community High School of Vermont (CHSVT; high school level):** Our accredited high school, Community High School of Vermont (CHSVT) offers the full range of high school level courses. CHSVT is accredited by the New England Association School & Colleges (NEASC) and a Vermont Agency of Education approved Independent School.
- Workforce Readiness (post-secondary level):** Workforce Readiness course work include Industry Recognized Credentials (IRC) approved by the Vermont Agency of Education. Corrections Education provide course work designed to be in line with the needs of Vermont employers. Partnerships with CCV and UVM have developed incarcerated college courses and pathways for incarcerated students to access post-secondary enrollment during transition back to the community.

In FY22, 799 classes in 46 courses in 10 major subject areas. More specifically, in FY22 there were the following total course registrations for Q3-Q4:

- Living & Basic Skills: 286**

- **CHSVT:** 602
- **Workforce Readiness:** 399
- **Total:** 1287

## Partners

### **Education Services partners with the following:**

**Living & Basic Skills:** AOE Special Education, VocRehab Vermont

**CHSVT:** McGraw Hill, Vermont high schools and independent school, New England Association of Schools and Colleges (NEASC)

**Workforce Readiness:** Community College of Vermont (CCV), University of Vermont (UVM), Vermont Student Assistance Corporation (VSAC), the Department of Labor (DOL), VocRehab Vermont, Center for Technology Essex

## What Works

**Living & Basic Skills:** Corrections Education had developed a Student Special Services (S3) team that works state-wide to consult with educators and other RIS staff to assist in developing interventions that meet the needs of struggling adult learners.

**CHSVT:** CHSVT has adopted curriculum from McGraw Hill. All curriculum materials are aligned with the common core standards. Using a consistent curriculum across Corrections Education assists students who are moved between facilities to continue their personal learning plans.

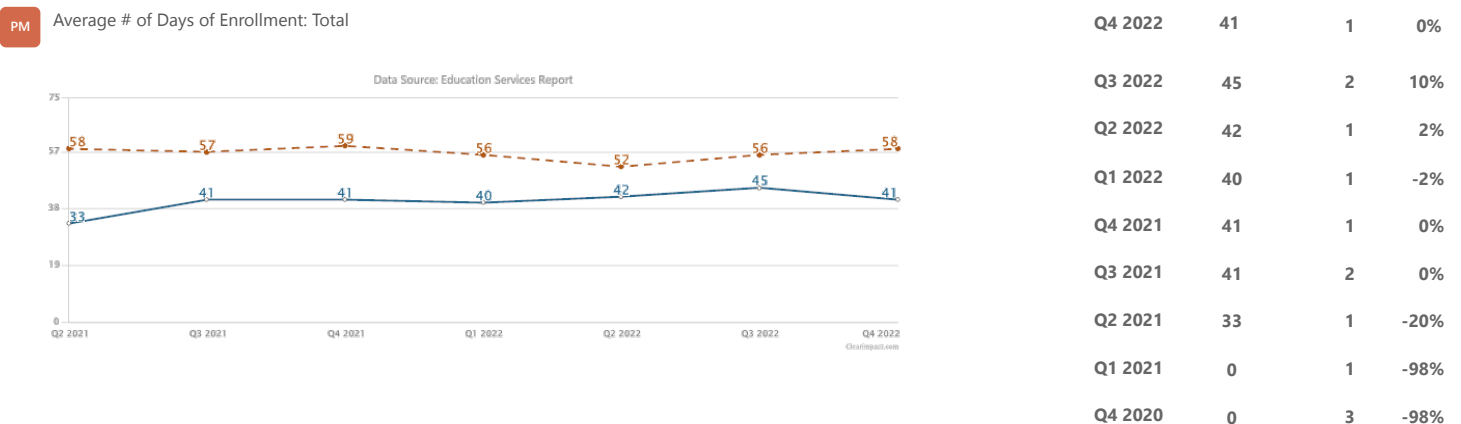
**Workforce Readiness:** Offering post-secondary education is challenging because most of our students are working at the 7-8 grade level. Offering this coursework to those who are ready not only supports the individual working at this level but also motivates those work at the lower levels to know that they can achieve post-secondary certifications.

## Action Plan

**Living & Basic Skills:** Continue to develop our S3 model and have all of RIS use the Focus Student Information System to collect data and communicate within our multi-disciplinary teams.

**CHSVT:** Corrections Education is working with ADS to develop an education network that will connect all correctional facilities and allow for more distance learning opportunities and allow students to access their education work at all facilities and in the community upon release.

**Workforce Readiness:** Corrections Education is developing multiple partnerships across the state to ensure that our workforce readiness curricula are aligned with industry standards and the needs of Vermont employers.



## Story Behind the Curve

Due to movement between facilities for population management and releases to the community corrections education does not have students enrolled for a long period of time like a typical school.

Courses are offered in three curricula areas:

- **Living & Basic Skills (K-8 grade level):** Students assessed for our basic skills & living courses often have multiple deficits in their learning. This group of students present specific challenges when it comes to consistent attendance. Corrections Education is consistently working to develop systems to reach adult students who are learning at lower education levels.
- **Community High School of Vermont (CHSVT; high school level):** Students enrolled in CHSVT courses tend to be more motivated to complete their high school diploma. Movement, RIS groups, work, and facility schedules can create many challenges for students to consistently attend courses.
- **Workforce Readiness (post-secondary level):** Student enrolled in workforce readiness courses have a higher level of educational readiness. Motivation is increased as students often have personal educational goals to prepare for the workforce. Adult students are working at a typical educational level for their age which we often find helps with consistent attendance.

Total enrollment in FY22 included 460 individuals with an average enrollment of 72 days. More specifically, in FY22 there were the following average number of days of enrollment:

- **Living & Basic Skills:** 39 days
- **CHSVT:** 44 days
- **Work Readiness:** 43 days
- **Total:** 72 days

## Partners

### Education Services partners with the following:

**Living & Basic Skills:** AOE Special Education, VocRehab Vermont

**CHSVT:** McGraw Hill, Vermont high schools and independent school, New England Association of Schools and Colleges (NEASC)

**Workforce Readiness:** Community College of Vermont (CCV), University of Vermont (UVM), Vermont Student Assistance Corporation (VSAC), the Department of Labor (DOL), VocRehab Vermont, Center for Technology Essex

## What Works

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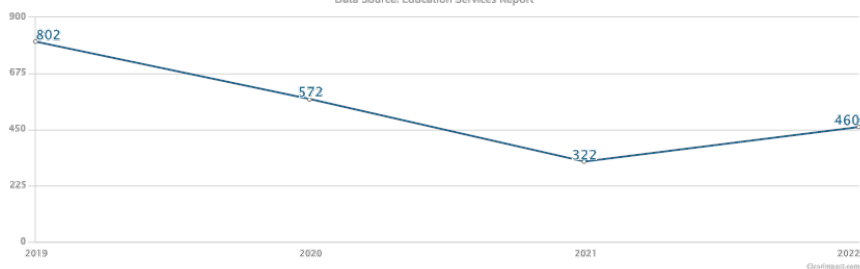
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## Action Plan

**Living & Basic Skills:** Continue to develop our S3 model and have all of RIS use the Focus Student Information System to collect data and communicate within our multi-disciplinary teams.

**CHSVT:** Corrections Education is working with ADS to develop an education network that will connect all correctional facilities and allow for more distance learning opportunities and allow students to access their education work at all facilities and in the community upon release.

**Workforce Readiness:** Corrections Education is developing multiple partnerships across the state to ensure that our workforce readiness curricula are aligned with industry standards and the needs of Vermont employers.



2021	322	2	-60%
2020	572	1	-29%
2019	802	0	0%

## Story Behind the Curve

Long-term data show that the number of active students enrolled in Corrections Education tends to be consistent over time. Our increased rigor and adherence to specific curriculum has had a slight negative impact on student enrollment. Enrollment and course registration are based on educational needs, assessment information and personalized learning plans.

Courses are offered in three curricula areas:

- **Living & Basic Skills (K-8 grade level):** This curricular area is reserved for students who need to build their skills to be prepared to work at the high school level and build their skills in living to better prepare incarcerated individuals to live in the community.
- **Community High School of Vermont (CHSVT; high school level):** This curricular area is reserved for students who are prepared to enter high school level work. Some students are still working to build their skills but show that they are willing to put in the work to develop as an adult learner.
- **Workforce Readiness (post-secondary level):** This curricular area is based on Vermont's workforce needs and the ability of the students to work at a post-secondary level.

In FY22, there were 1287 enrollments involving 460 unique students. More specifically, in FY22 there were the following number of students:

- **Living & Basic Skills:** 143
- **CHSVT:** 202
- **Work Readiness:** 175
- **Total:** 460 individuals (individuals may be enrolled in more than one curriculum)

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## Partners

### **Education Services partners with the following:**

**Living & Basic Skills:** AOE Special Education, VocRehab Vermont

**CHSVT:** McGraw Hill, Vermont high schools and independent school, New England Association of Schools and Colleges (NEASC)

**Workforce Readiness:** Community College of Vermont (CCV), University of Vermont (UVM), Vermont Student Assistance Corporation (VSAC), the Department of Labor (DOL), VocRehab Vermont, Center for Technology Essex

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## What Works

**Living & Basic Skills:** Corrections Education had developed a Student Special Services (S3) team that works state-wide to consult with educators and other RIS staff to assist in developing interventions that meet the needs of struggling adult learners.

**CHSVT:** CHSVT has adopted curriculum from McGraw Hill. All curriculum materials are aligned with the common core standards. Using a consistent curriculum across Corrections Education assists students who are moved between facilities to continue their personal learning plans.

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## Action Plan

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**CHSVT:** Corrections Education is working with ADS to develop an education network that will connect all correctional facilities and allow for more distance learning opportunities and allow students to access their education work at all facilities and in the community upon release.

**Workforce Readiness:** Corrections Education is developing multiple partnerships across the state to ensure that our workforce readiness curricula are aligned with industry standards and the needs of Vermont employers.

## P Risk Intervention Services: Vermont Correctional Industries (VCI)

Most Recent Period    Current Actual Value    Current Trend    Baseline % Change

### Budget Information

Vermont Correctional Industries	FY22 Actual	FY23 Budget	FY24 Governor Recommended
Program Budget (Appropriation #3675001000)	\$1,580,085.45	\$1,699,065.00	\$1,719,312.00

## What We Do

The purpose of risk intervention services is to increase public safety by providing services which reduce the risk of an offender committing a new crime. Research demonstrates that services which adhere to risk, need and responsivity (RNR) principles have the greatest impact on reducing recidivism. The effects of services are most profound when applied to offenders who have the higher risk of recidivism and focus upon the dynamic risk factors which are correlated with the risk of recidivism, are responsive to the capacities of the offender and use evidence-based modalities with fidelity.

## Who We Serve

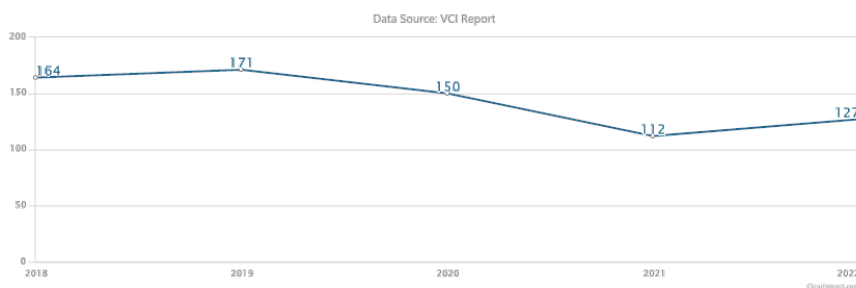
Risk Intervention Services includes Behavior and Life Skill Interventions, Corrections Education and Vermont Correctional Industries. The data in this section are Vermont Correctional Industries section. Vermont Correctional Industries provides sentenced incarcerated individuals who are moderate to high risk an opportunity to improve their vocational and workforce readiness. Individuals apply for open positions in one or more of the industries and applications are reviewed by a local team comprised of VCI Program Coordinator, Facility Security, and Facility Case Work.

## How We Impact

Vermont Correctional Industries (VCI) work with incarcerated individuals in several shops, Print & Bindery, Street Sign, License plates, and Wood shop, to provide needed job skills. VCI delivers a real-world work experience for the incarcerated individuals to learn on the job skills, soft skills and transferable skills by practicing empowerment, self-directed decision-making, quality customer service, and professionalism.

### PM # Incarcerated Individuals Employed: Total

2022	127	1	-23%
2021	112	2	-32%
2020	150	1	-9%
2019	171	1	4%
2018	164	0	0%



## Story Behind the Curve

This performance measure includes the annual total number of incarcerated individuals employed for all shops (plate, print, sign, and wood).

The courses are listed below, and the number represents the total number of Incarcerated individuals who were assigned to these courses by shop in FY22.

### Wood shop

- Administration: 1
- Architecture and Construction: 4
- Process Production: 47
- **Total:** 52

### Sign & Print shop

- Administration: 3
- Digital Media Design and Production: 8
- Process Production: 41
- **Total:** 52

### Plate shop

- Digital Media Design and Production: 1
- Process/Production: 16
- **Total:** 17

### CRCF- Pilot (ARES)

- Restaurant, Food and Beverage Services: 6
- **Total:** 6

Total participants registered in a workplace experience course is 127 with 118 unique participants.

In FY22, we were also able to capture the length and time the incarcerated individual participated with VCI:

6 months and under:	43
7-9 months:	12
9-12 months:	13
13-18 months:	15
18-24 months:	7
24+ (mentors):	28
Total numbers of participants:	118

In FY21, there were the following number of incarcerated individuals employed by Vermont Correctional Industries (VCI):

- **Plate:** 17
- **Print:** 22
- **Sign:** 21
- **Wood:** 52
- **Total:** 112

The number of incarcerated individuals employed by VCI remained relatively stable. In FY22 showing, there was a slight increase in the number employed.



## Partners

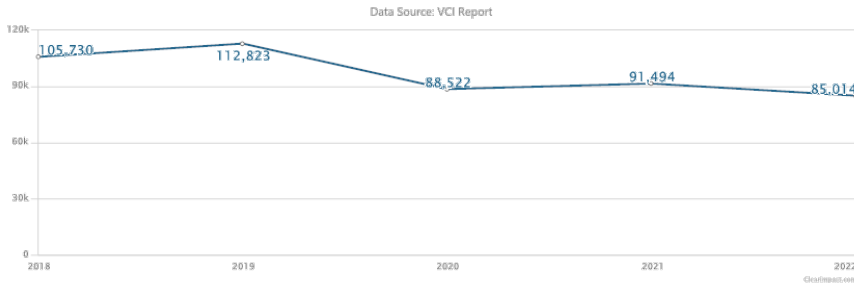
## What Works

## Action Plan

PM

# Hours of Employment: Total

2022	85,014	1	-20%
2021	91,494	1	-13%
2020	88,522	1	-16%
2019	112,823	1	7%
2018	105,730	0	0%



## Story Behind the Curve

This performance measure includes the annual total hours of employment for incarcerated individuals employed for all shops (plate, print, sign, and wood).

In FY22 there were the following number of hours of employment by incarcerated individuals through Vermont Correctional Industries (VCI):

- **Plate** 13,419
- **Print:** 18,724
- **Sign:** 12,916
- **Wood:** 39,995
- **Total:** 85,014

In FY21 there were the following number of hours of employment by incarcerated individuals through Vermont Correctional Industries (VCI):

- **Plate** 14,148
- **Print:** 15,639
- **Sign:** 16,274
- **Wood:** 45,433
- **Total:** 91,494

From FY21 to FY22 there is a decrease in total hours of 7.6%. This could be attributed to COVID shutdowns in December 2021, January 2022, and March 2022 at NSCF.

## Partners

## What Works

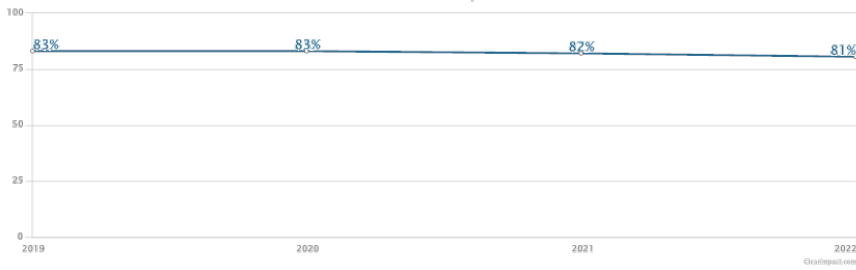
## Action Plan

PM

% Scoring Moderate or High on ORAS Intake Tool

2022	81%	2	-3%
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Data Source: VCI Report



2021	82%	1	-1%
2020	83%	1	0%
2019	83%	0	0%

## Story Behind the Curve

For FY22, 81% of incarcerated individuals involved in VCI scored moderate or high on the Ohio Risk Assessment System's (ORAS) Prisoner Intake Tool, which assesses risk to reoffend for incarcerated individuals.

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## Partners

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## What Works

Vermont Correctional Industries (VCI) employed 127 incarcerated individuals in FY22.

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## Action Plan

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