



Justice Center
THE COUNCIL OF STATE GOVERNMENTS

Vermont Justice Reinvestment II Working Group Meeting

December 16, 2019

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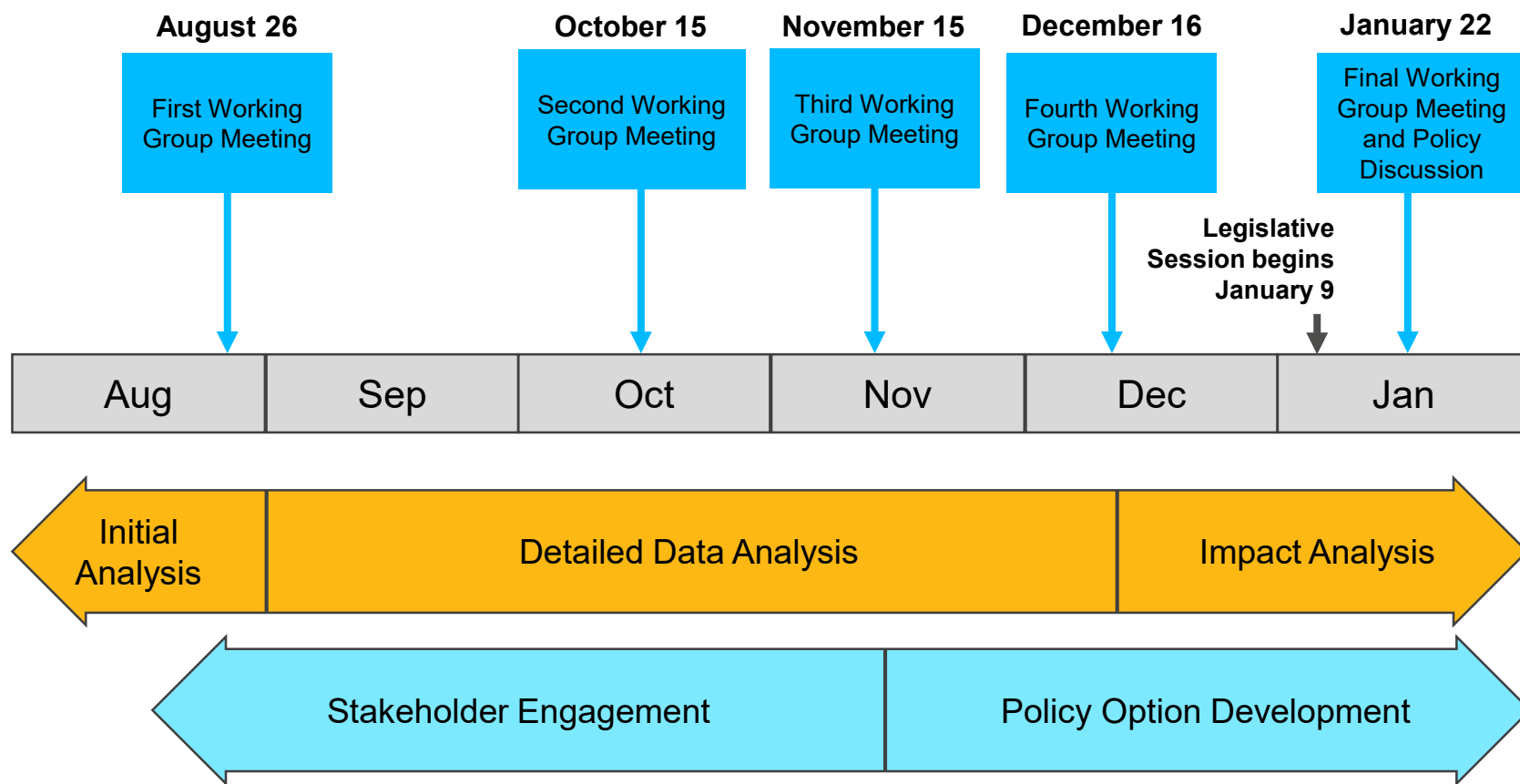


JUSTICE REINVESTMENT

A data-driven approach to identify and respond to public safety challenges.

Supported by funding from the U.S. Department of Justice's Bureau of Justice Assistance (BJA) and The Pew Charitable Trusts.

The Vermont Justice Reinvestment timeline is short and demands a commitment to the process.



Despite data delays, analyses for the major areas of focus for Justice Reinvestment II are complete.

Data Type	Source	Status
Crime/Arrests	Department of Public Safety	NIBRS data accessed
Pretrial Detention	Department of Corrections	Admissions and release data received
Court Dispositions/ Diversions	Vermont Judiciary	Disposition data received; some diversion information accessed
Criminal Histories	Vermont Judiciary/ Department of Public Safety	Process to access identified; will pursue time permitting
Furlough Supervision	Department of Corrections	Snapshot, admissions, and release data received
Prison	Department of Corrections	Snapshot, admissions, and release data received
Probation/Parole Supervision	Department of Corrections	Snapshot, admissions, and release data received
Victim Services	Vermont Center for Crime Victim Services	Summary data accessed
Behavioral Health	Department of Corrections/ Department of Health	Some DOC data received

The CSG Justice Center team continues to meet and speak with stakeholders to deepen our understanding of policy and practice.

Front-End System Pressures

- ✓ Law enforcement officers and leadership
- ✓ Victim advocates
- ✓ People with lived experience
- ❑ Diversion program and pretrial services administrators
- ✓ Court officials, including judges
- ✓ State's attorneys
- ✓ Criminal defense attorneys

Incarcerated Populations

- ✓ Department of Corrections leadership and staff, including supervision officers
- ✓ Court officials, including judges
- ✓ Parole officials
- ✓ Housing experts and leadership
- ✓ Victim advocates
- ✓ People with lived experience

Behavioral Health

- ✓ Agency staff implementing behavioral health programs for criminal justice populations and tracking data and outcomes across both systems
- ✓ Community-based providers and treatment experts
- ✓ Law enforcement officers and leadership
- ✓ Victim advocates
- ✓ People with lived experience

Key Takeaways from November Presentation

- Based on reported crime trends and sentencing data analysis, **people convicted of more serious offenses and are likely at higher criminogenic risk** are moving into incarceration and onto community supervision.
- Statutory guidance seems to have ensured that **there is little variation in misdemeanor or felony average probation lengths** by sex, race, offense type, or county.
- Resources and policies must focus on building a corrections system that fully incorporates **effective interventions for community supervision and behavioral health challenges** to be able to reduce recidivism and improve health outcomes for people with complex risks and needs.
- There are data collection and reporting challenges, and Vermont's policymakers and the general public need more **consistent analysis and reporting of what is already available** to guide effective decision-making.

Meeting Agenda

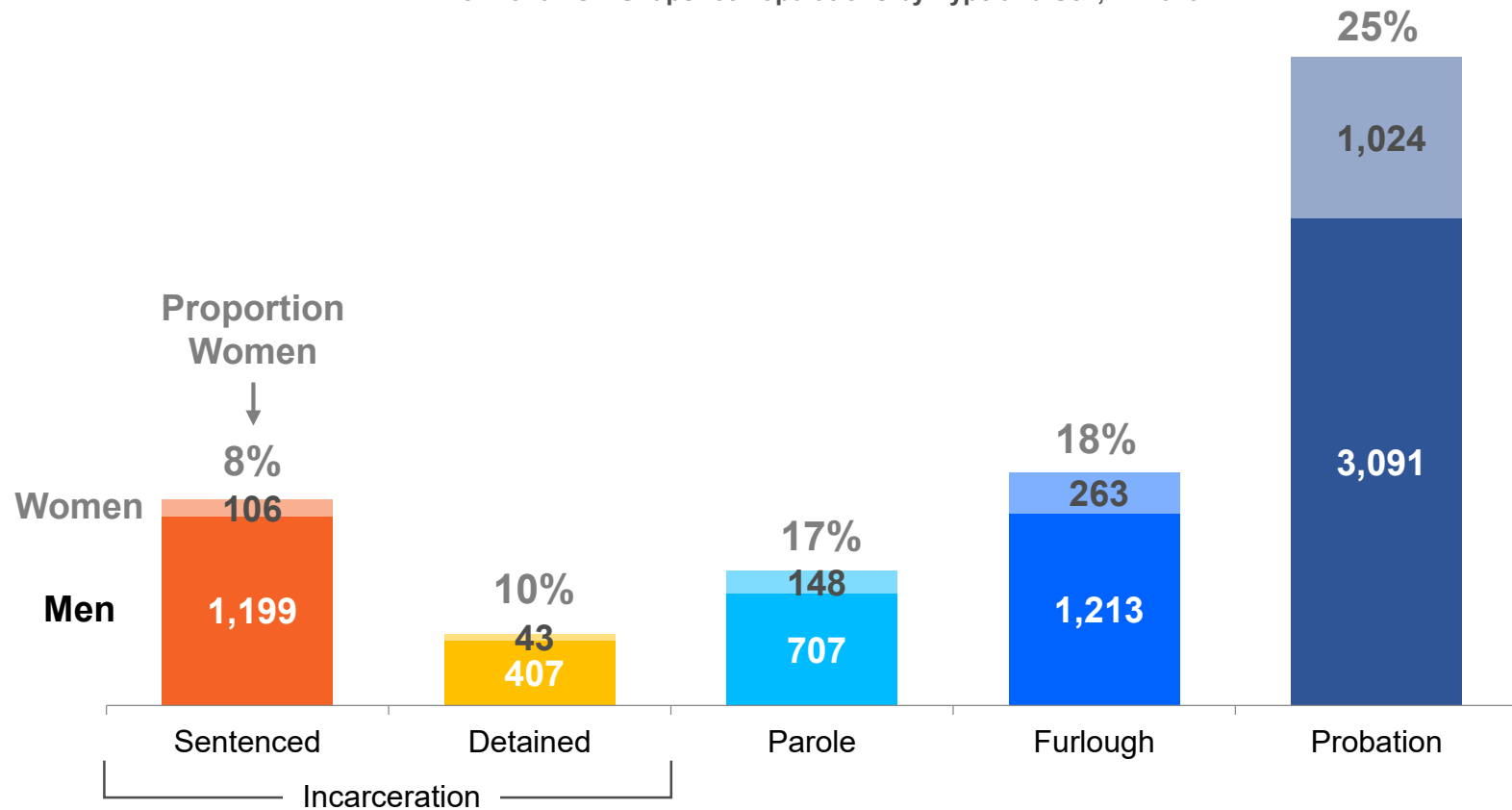
1. Profiles of Vermont's incarcerated and community supervision populations	10:15 a.m.–10:45 a.m.
2. Trends and key drivers for prison and supervision populations	10:45 a.m.–12:00 p.m.
Break	12:00 p.m.–1:00 p.m.
3. Recidivism reduction for people who are incarcerated and on supervision	1:00 p.m.–2:15 p.m.
4. Behavioral health services and treatments available for people moving through the criminal justice system	2:15 p.m.–3:15 p.m.
Break	3:15 p.m.–3:30 p.m.
5. Areas for policy development and next steps	3:30 p.m.–4:00 p.m.

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Snapshot population data shows that women make up a larger proportion of the probation population.

Vermont DOC Snapshot Populations by Type and Sex, FY2019

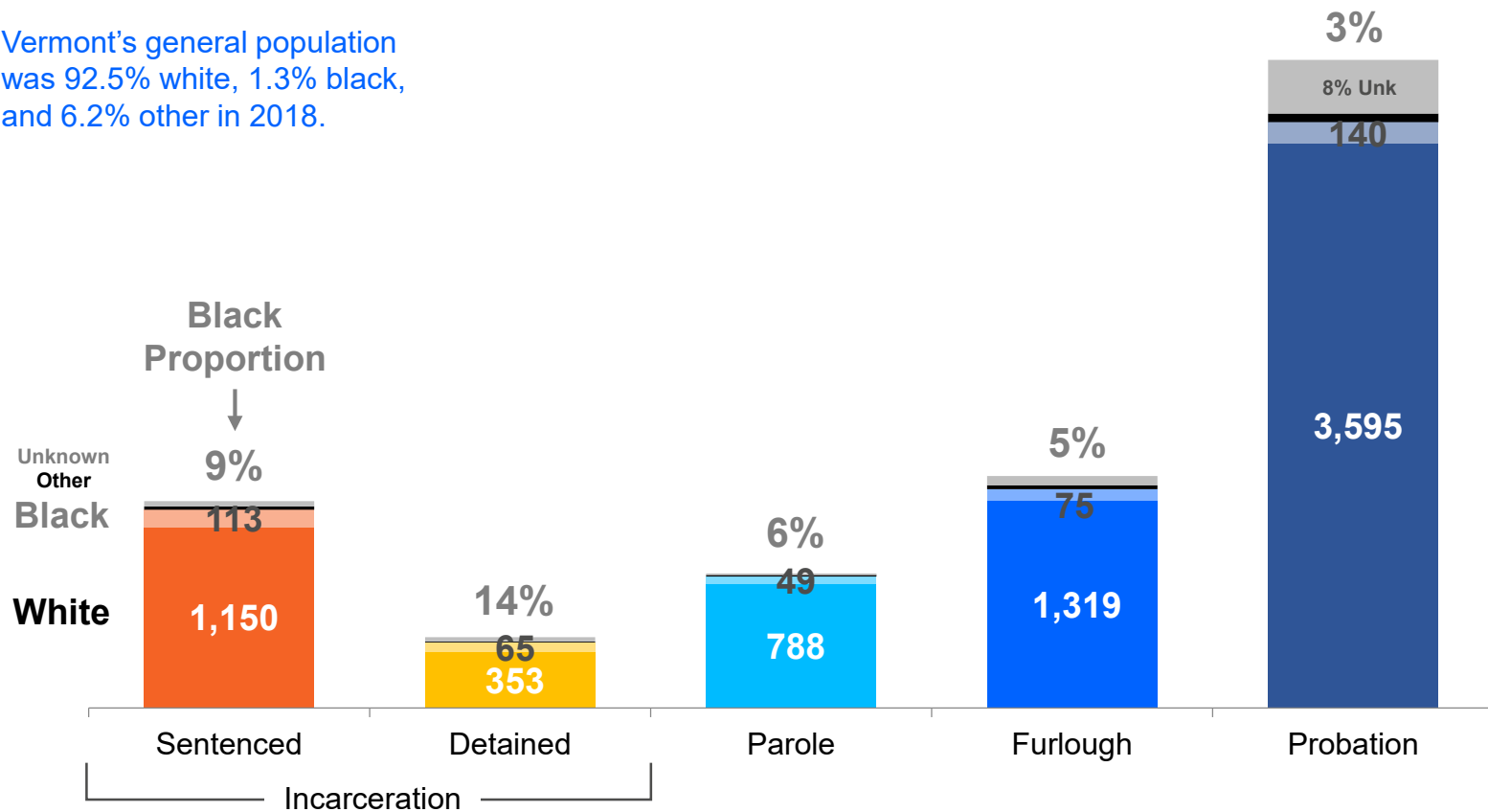


Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

Black people are most over-represented among sentenced and detained incarcerated populations.

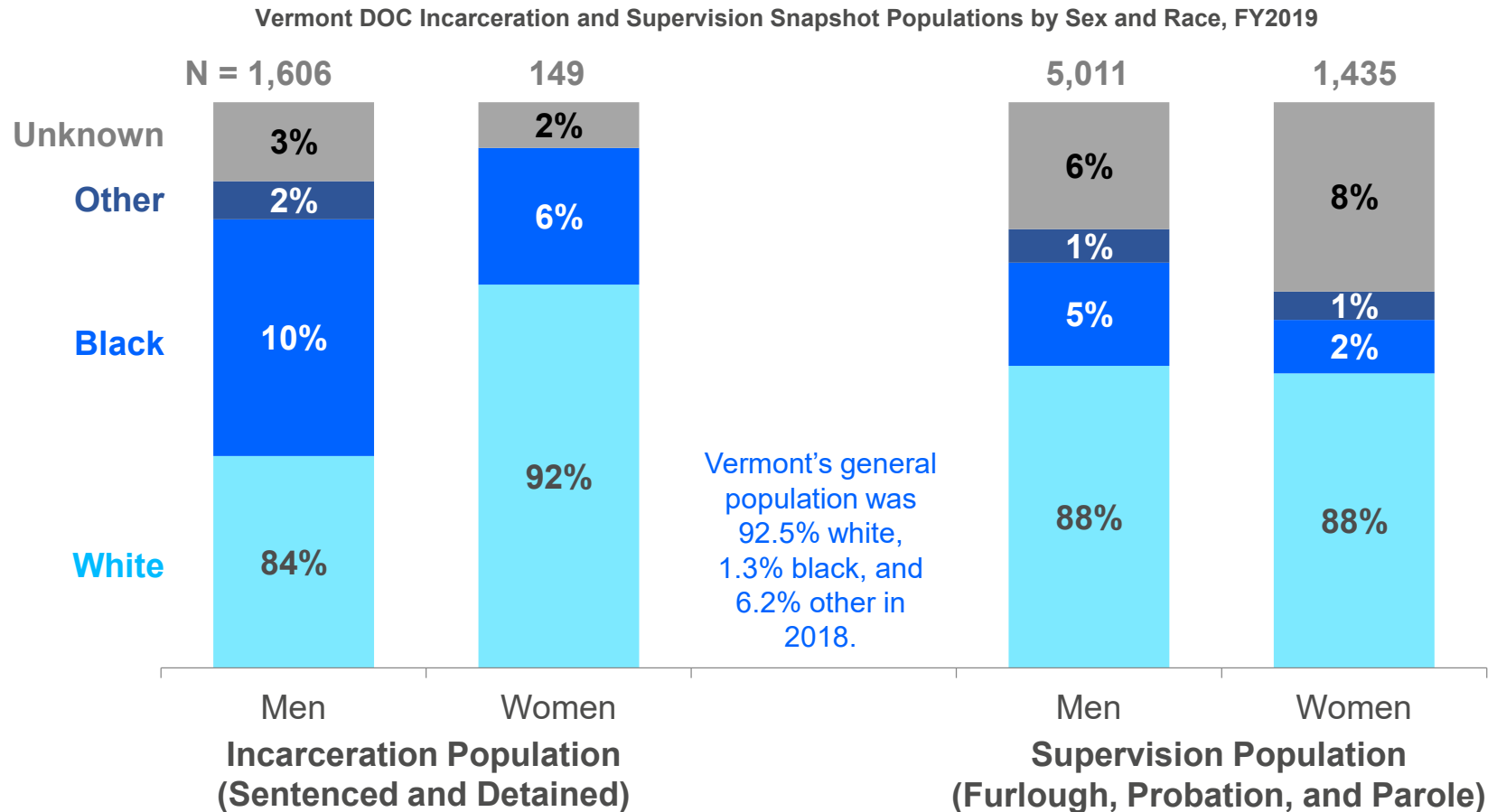
Vermont DOC Snapshot Populations by Type and Race, FY2019

Vermont's general population was 92.5% white, 1.3% black, and 6.2% other in 2018.



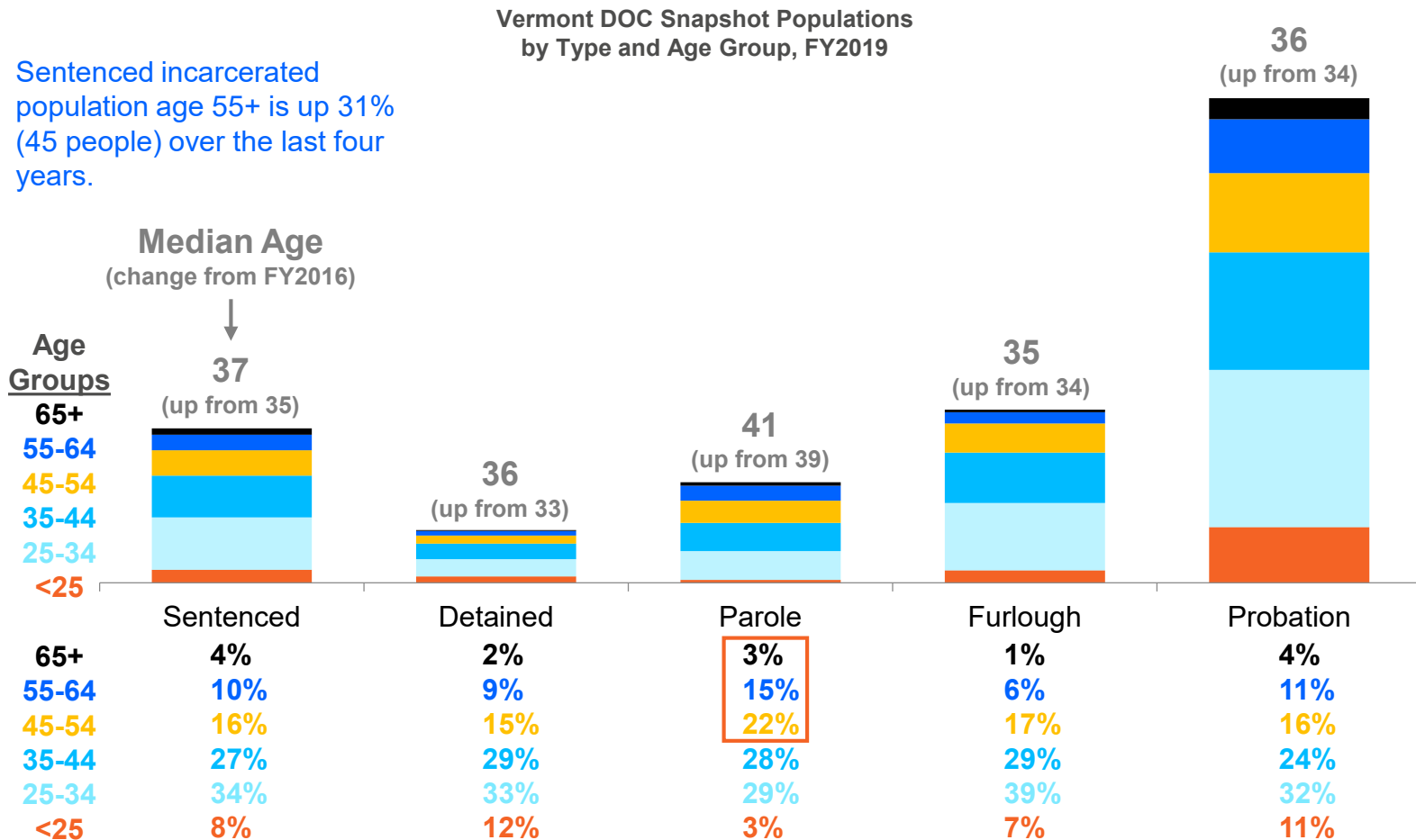
Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections. U.S. Census Bureau, Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin, April 1, 2010 to July 1, 2018.

In particular, black men are over-represented in all corrections populations.



Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections U.S. Census Bureau, Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin, April 1, 2010 to July 1, 2018..

Vermont's corrections populations have aged slightly in recent years.

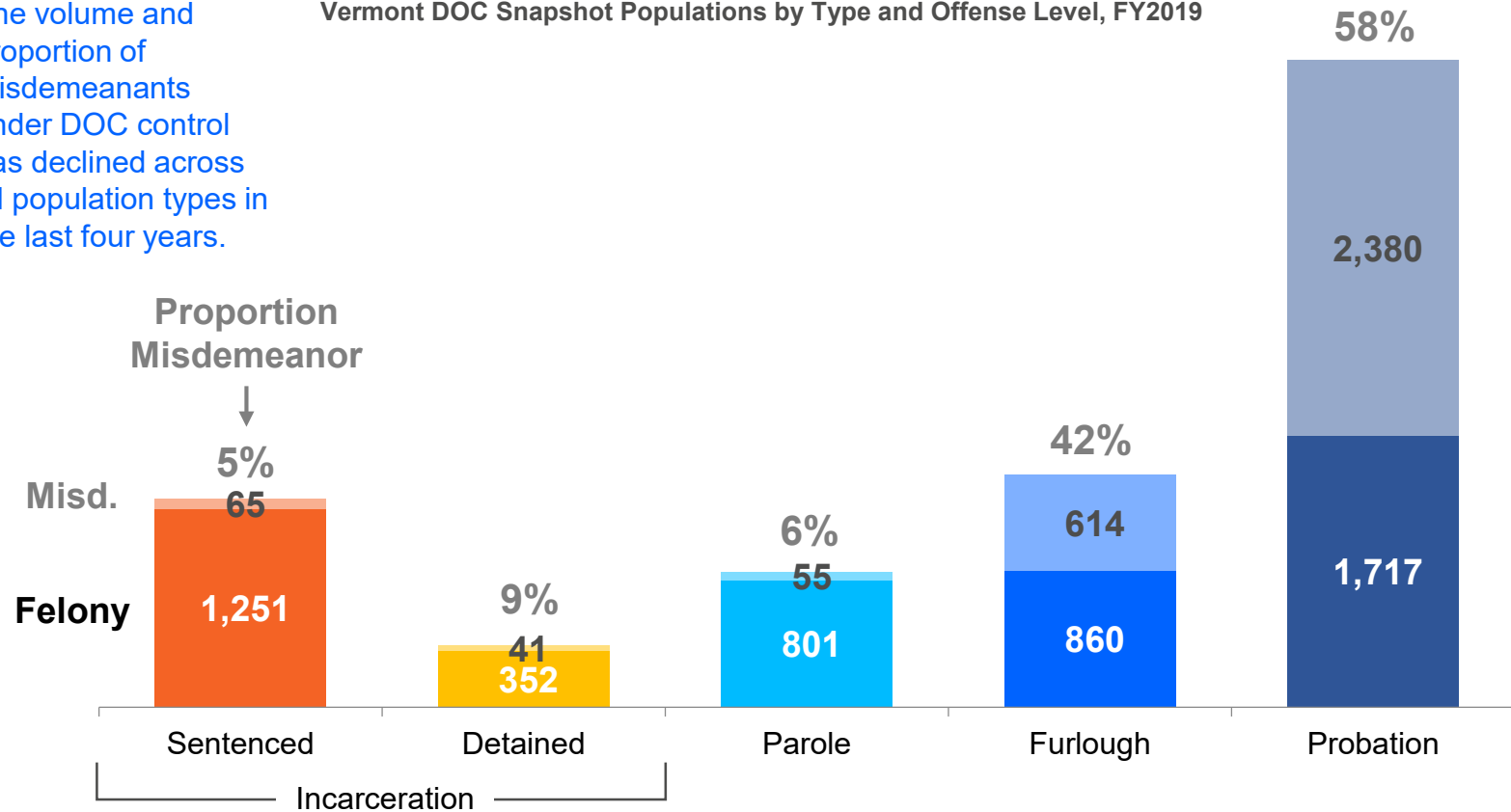


Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

People who are convicted of felonies make up the majority of all sentenced and detained populations with the exception of probation.

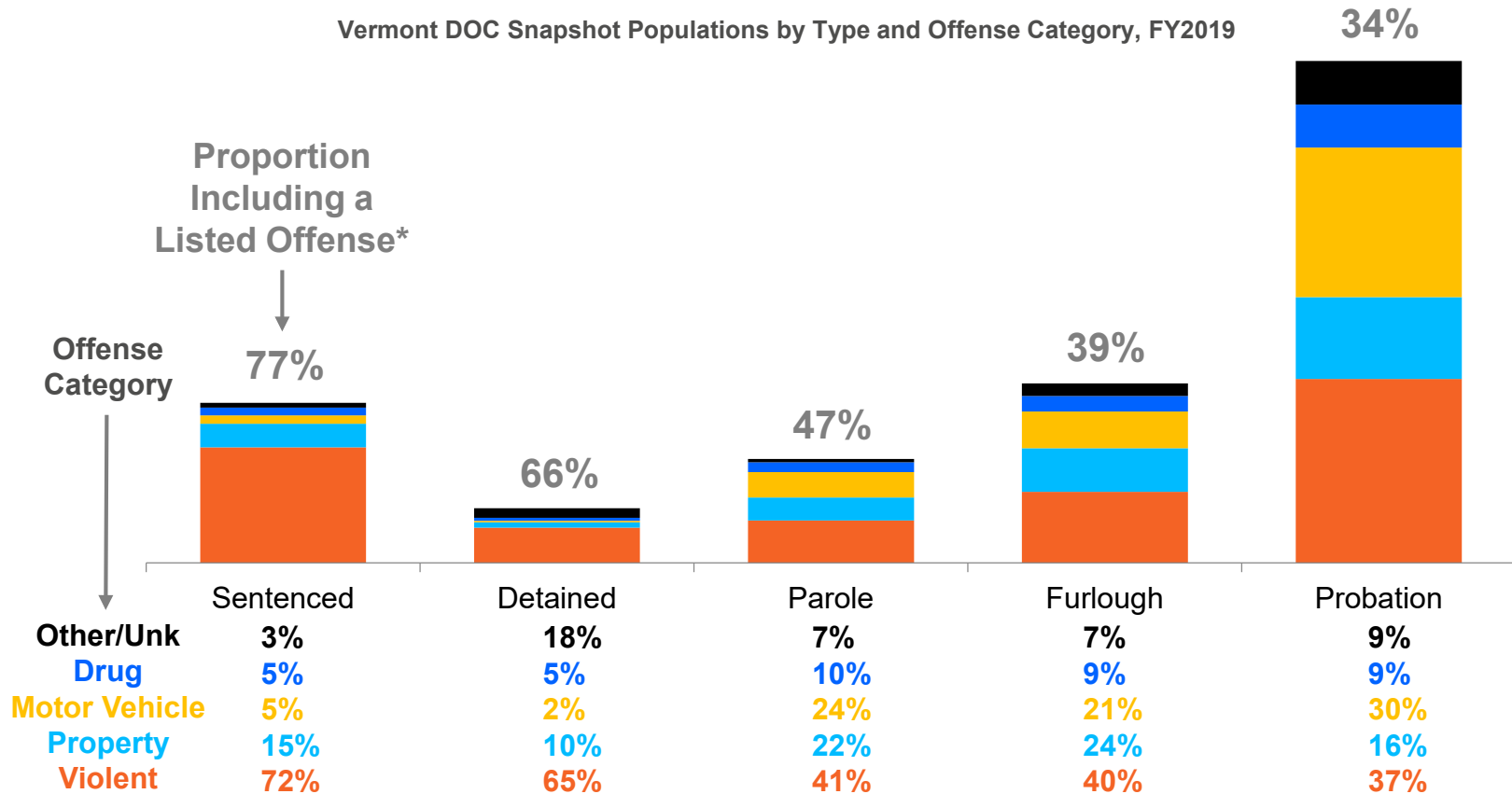
The volume and proportion of misdemeanants under DOC control has declined across all population types in the last four years.

Vermont DOC Snapshot Populations by Type and Offense Level, FY2019



Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

The significant proportion of people with listed offense convictions reflects reported crime and sentencing trends showing that serious offense convictions are driving Vermont's corrections populations.



* Listed offenses are a set of the most serious crimes in Vermont as defined in 13 V.S.A. § 5301.

Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

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CSG Justice Center staff derived categories based on the movement of people through the system to analyze admission and release types in different DOC populations.

Analyzing data about why and when people move through various statuses (incarceration and supervision) was straightforward in cases where dates are in alignment and the chain of legal statuses makes sense, such as in the example below:

DOC ID	Sequential Legal Status #	Legal Status	Legal Status Start Date	Legal Status End Date	Derived Admission Type
XYZ	1	Probation	12/4/2014	9/15/2015	New Probationer
XYZ	2	Detained	7/16/2015	9/15/2015	Detained from Probation
XYZ	3	Sentenced Incarceration	9/15/2015	10/14/2015	Probation Violator
XYZ	4	Furlough	10/14/2015	1/12/2016	New Furlough
XYZ	5	Sentenced Incarceration	1/12/2016	1/28/2016	Furlough Violator
XYZ	6	Furlough	1/28/2016	6/1/2016	Re-Furlough
XYZ	7	Furlough	6/2/2016	12/2/2016	Furlough Continued
XYZ	8	Parole	12/2/2016	5/12/2017	Parole from Furlough

In other cases, there are gaps or overlaps in dates or sequences that are harder to interpret.

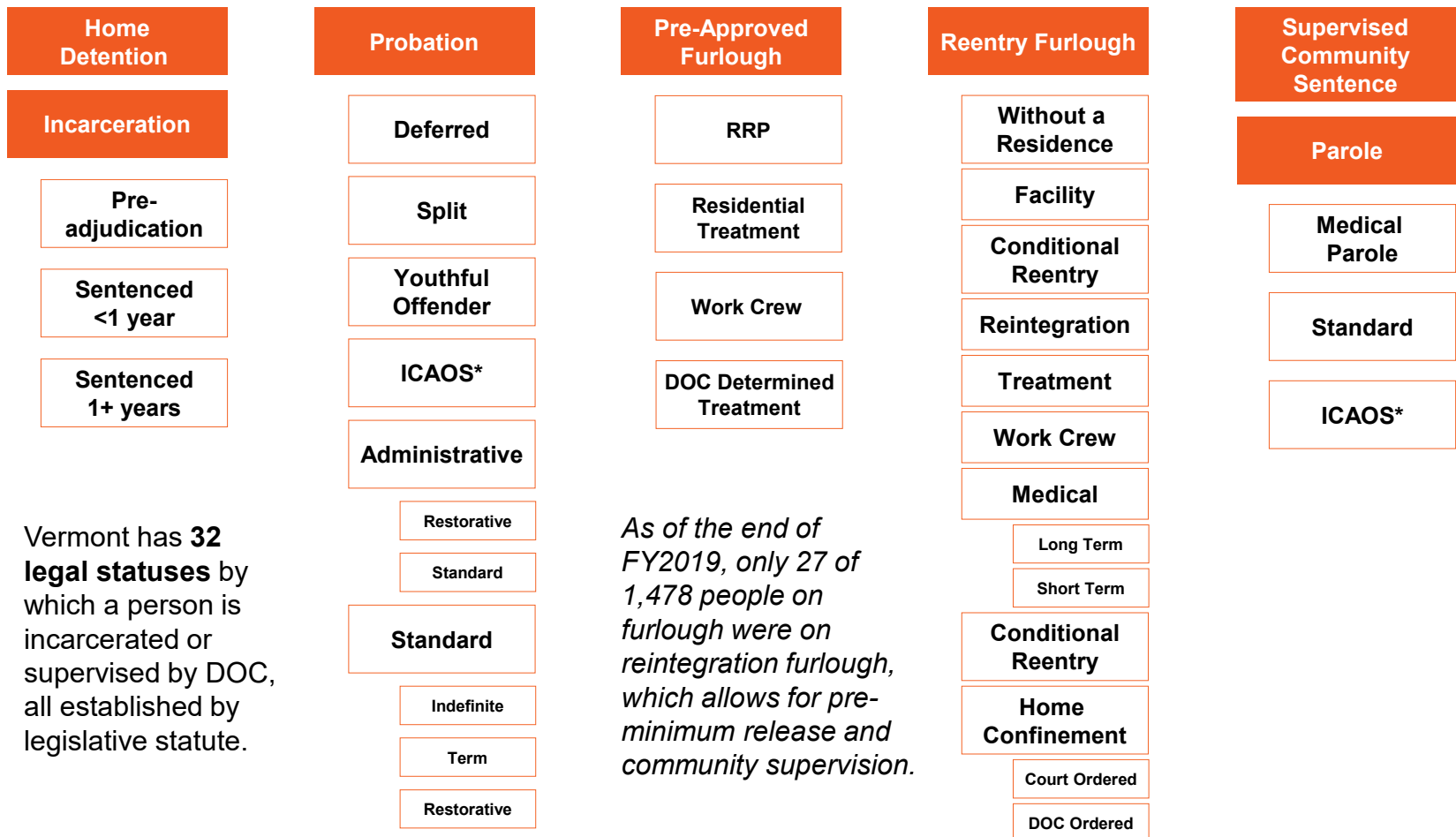
Because these admission and release categories must be derived using DOC data, which requires a level of assumption, **revocation analyses represent strong estimates rather than exact results.**

DOC data must be improved to eliminate the need to deduce admission and release types on the back end, so that future analyses are consistent and more precise.

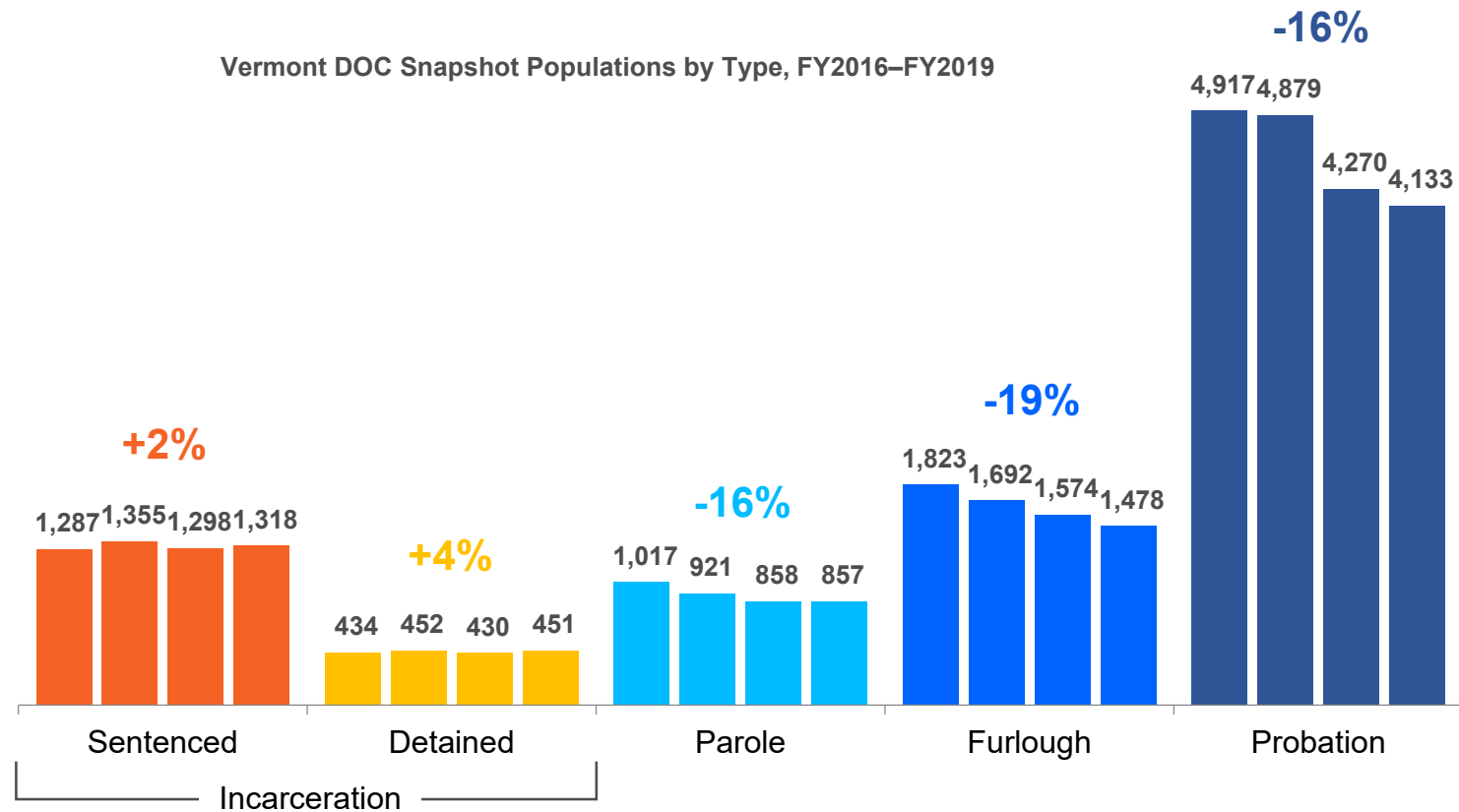
Revocations and returns from supervision are driving prison populations, and limited funding leaves large numbers of high-risk people without the programs and services they need to succeed in the community.

- The state's incarcerated population has grown in recent years, while funding for the DOC has remained flat.
- Over the last three years, the average annual proportion of admissions to sentenced incarceration due to people returning or revoked from furlough, parole, and probation was 78 percent.
- Technical violations make up large percentages of supervision returns and revocations, particularly for the furlough population.
- The length of stay for people who are returned or revoked to prison is generally short.
- Research indicates that people are most vulnerable and likely to recidivate in their initial months following release from prison into the community, and in Vermont most people are on furlough during that period.
- Level funding for DOC and limited community-based resources statewide result in large numbers of higher-risk people who do not receive programming and services that would address their criminogenic risks and needs more effectively.

The Vermont legislature has established more than 30 legal statuses for people convicted of criminal offenses, in part to create early release mechanisms that are infrequently utilized.

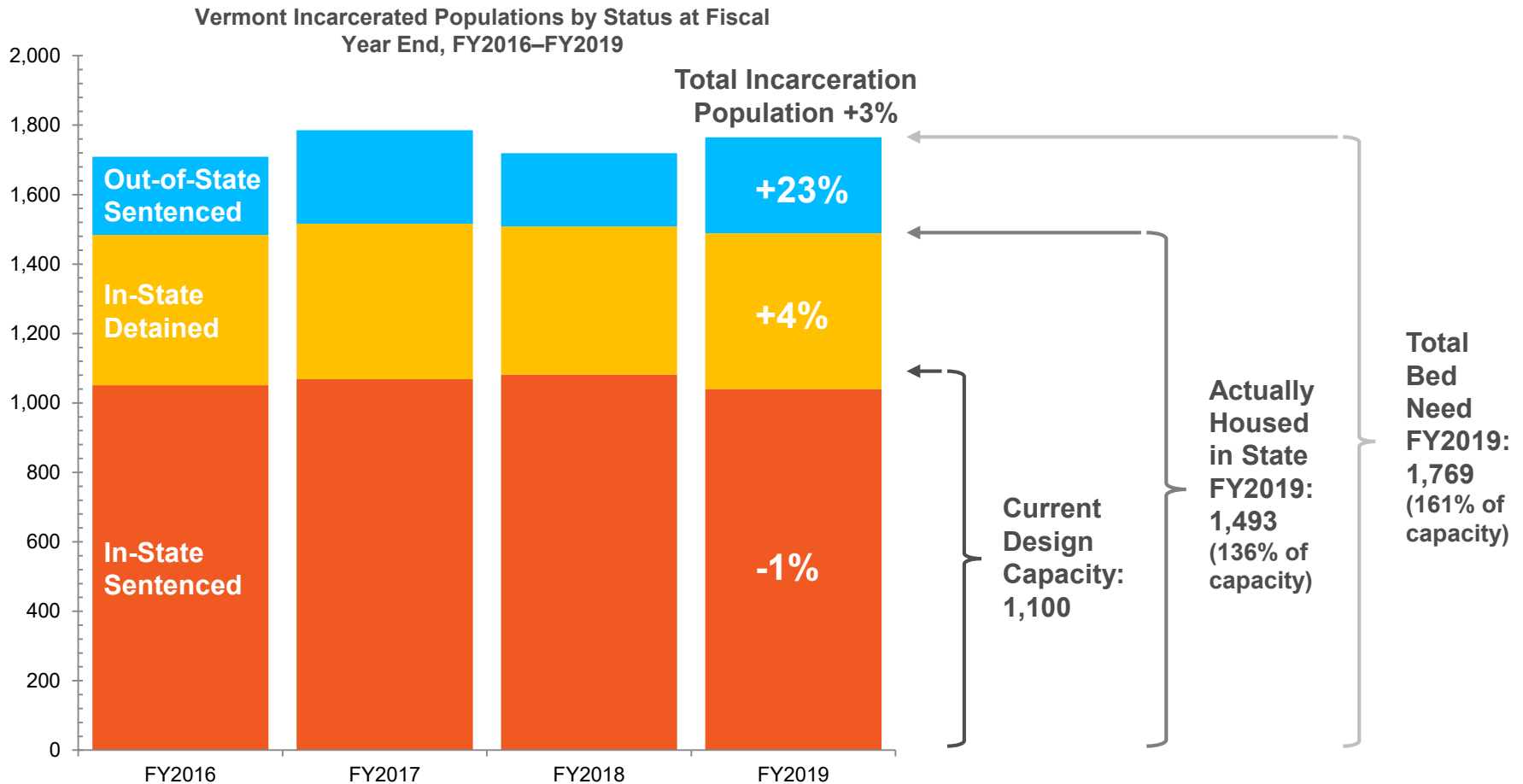


Despite decreases in the incarcerated population over the past decade, recently Vermont's sentenced and detained populations have risen slightly, underscoring the need for new approaches to safely reduce these populations further.



Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

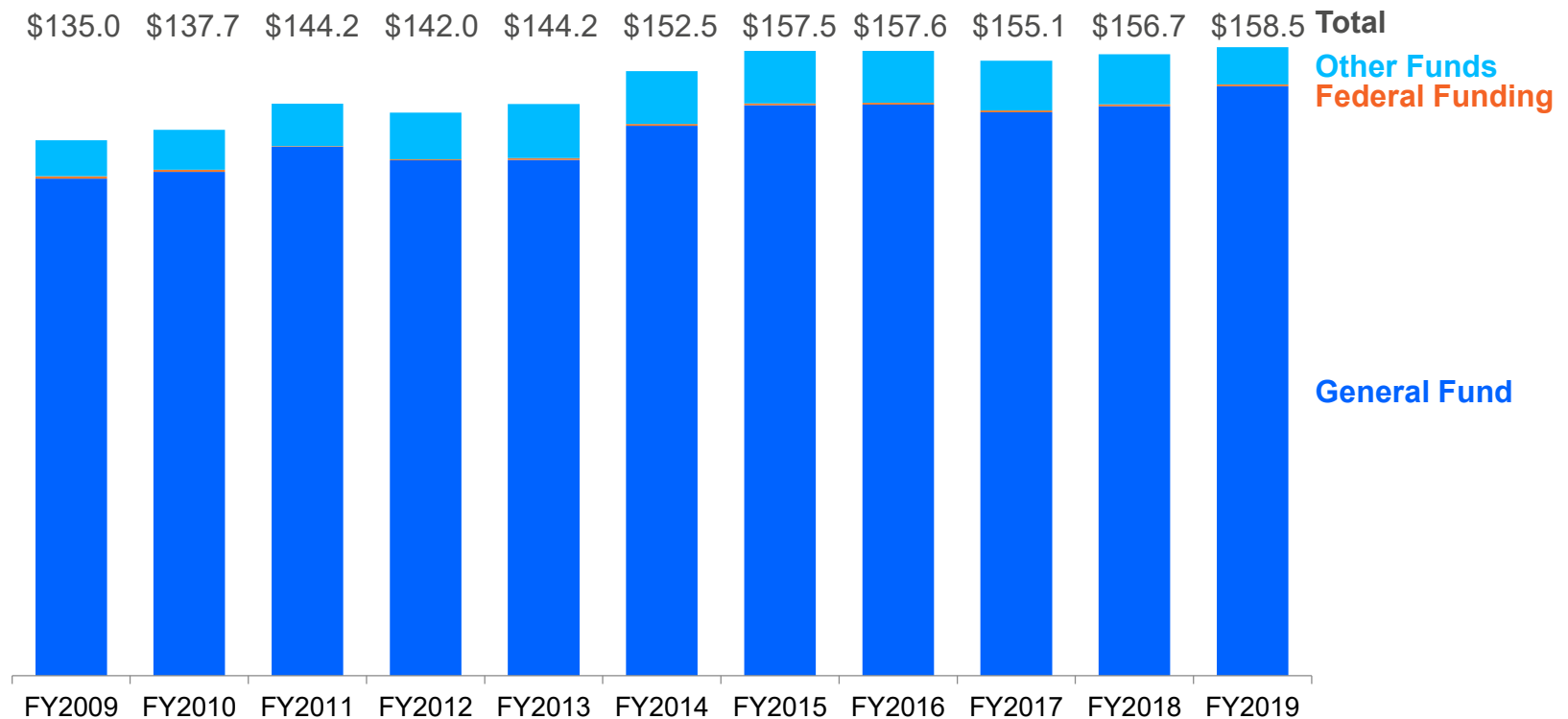
Vermont incarcerates more people than current facilities can accommodate, and the incarcerated population is growing.



Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

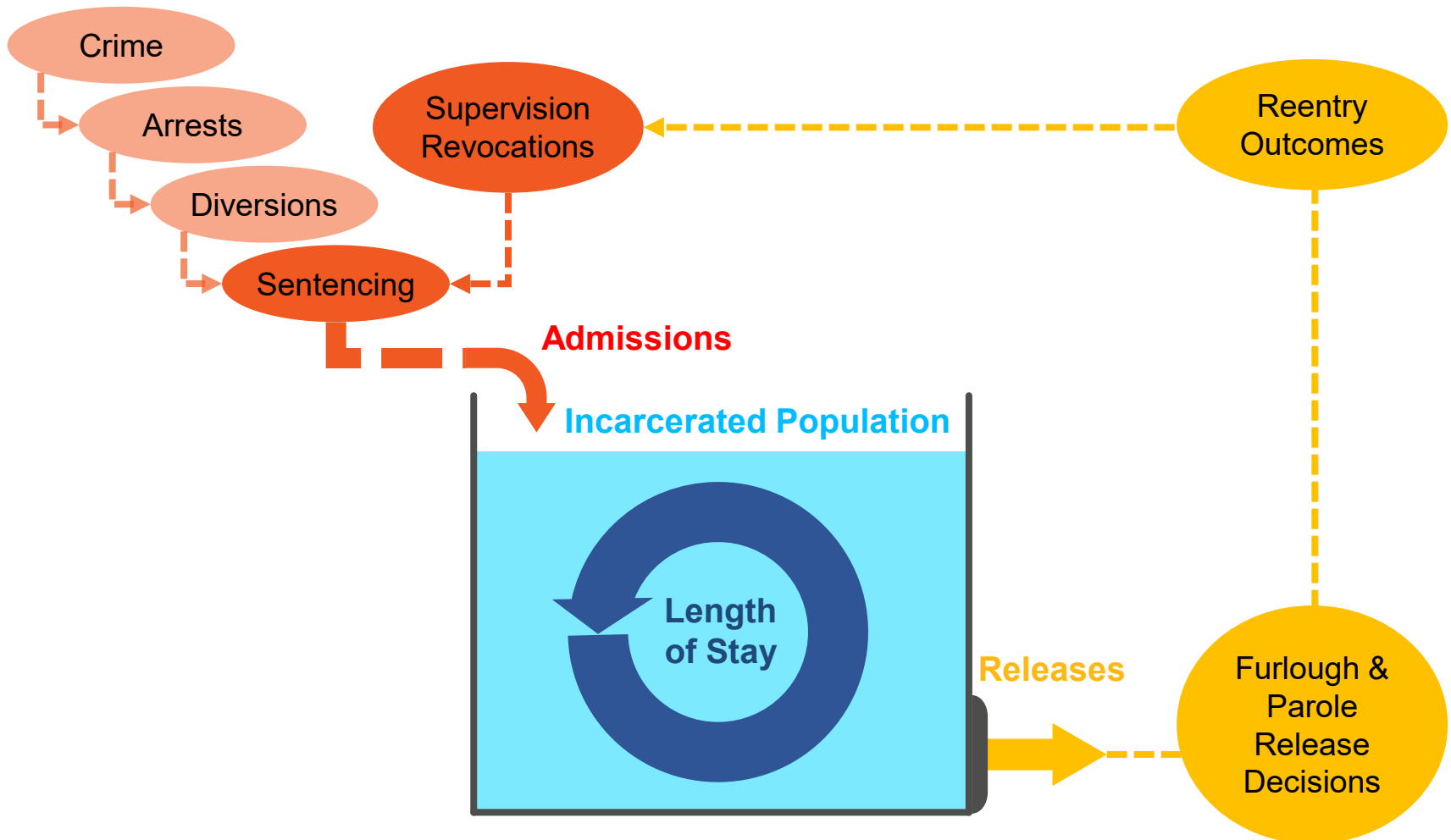
In the face of a growing incarcerated population, level funding is equivalent to budget cuts, which deinvests in programs and services for people who are in the corrections system.

Department of Corrections Budget Appropriations by Funding Source in Millions of Dollars, FY2009–FY2019

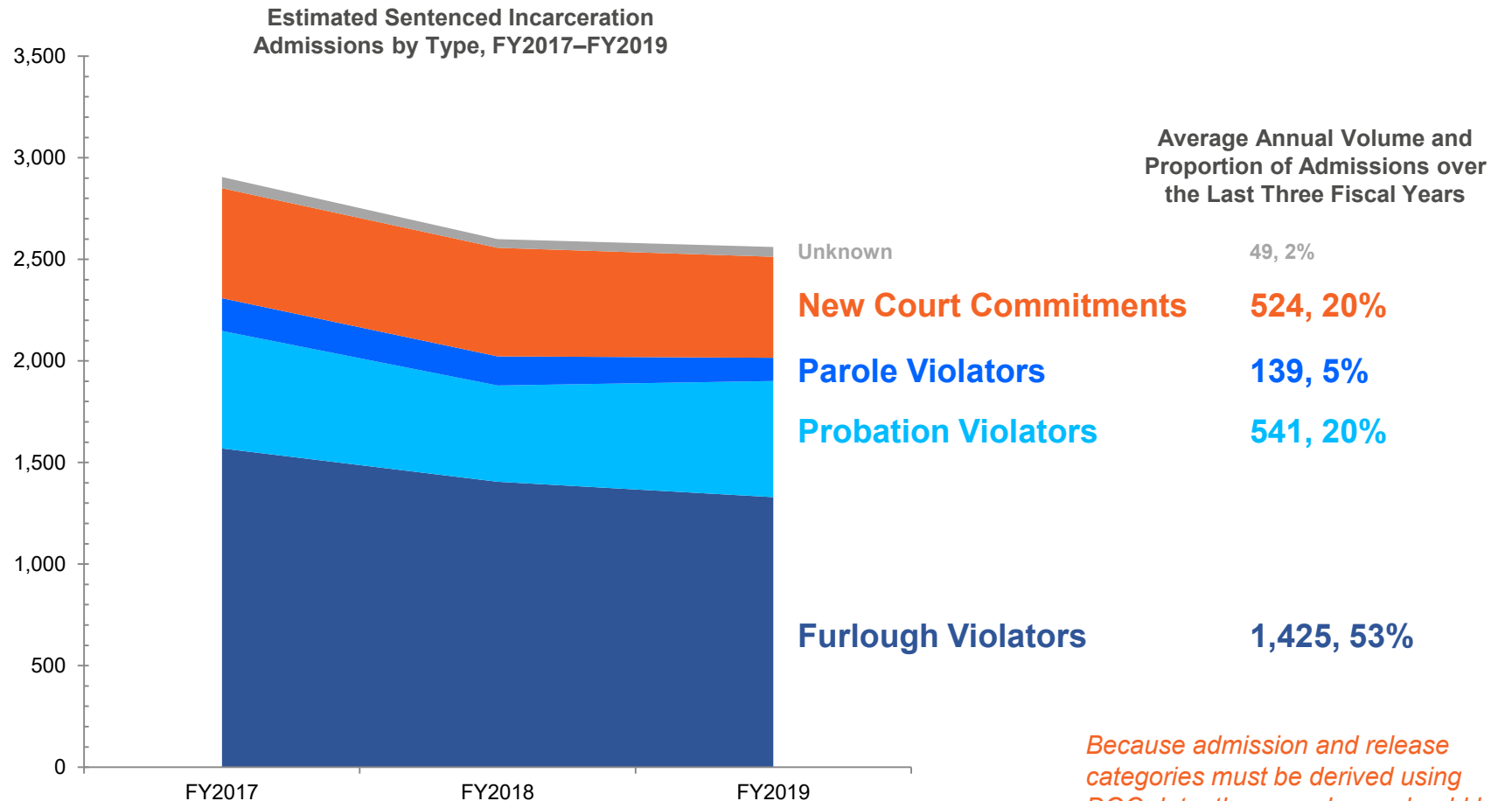


Sources: Data from the Vermont Department of Corrections.

A key goal of Justice Reinvestment II has been to understand the role that supervision revocations and returns to prison play in driving prison admissions and populations.



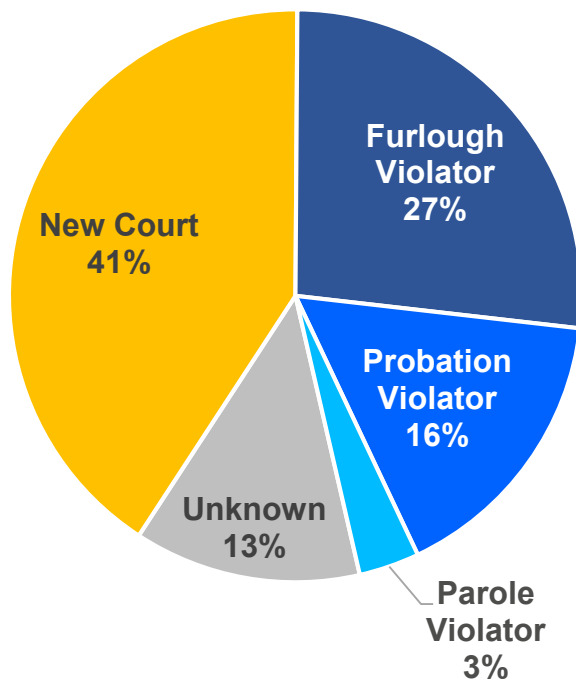
Almost 80 percent of sentenced DOC admissions are for people returned or revoked from furlough, parole, and probation, primarily driven by furlough violators.



Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

Nearly half of Vermont's sentenced prison population at the end of FY2019 consisted of people who were returned from community supervision, primarily furlough.

**1,318 Total People in Sentenced Incarceration
Population by Admission Type at the End of FY2019**



Furlough violator admissions make up a large proportion of admissions, but because of relatively short lengths of stay, they account for a smaller percentage of the snapshot sentenced incarceration population at any given time.

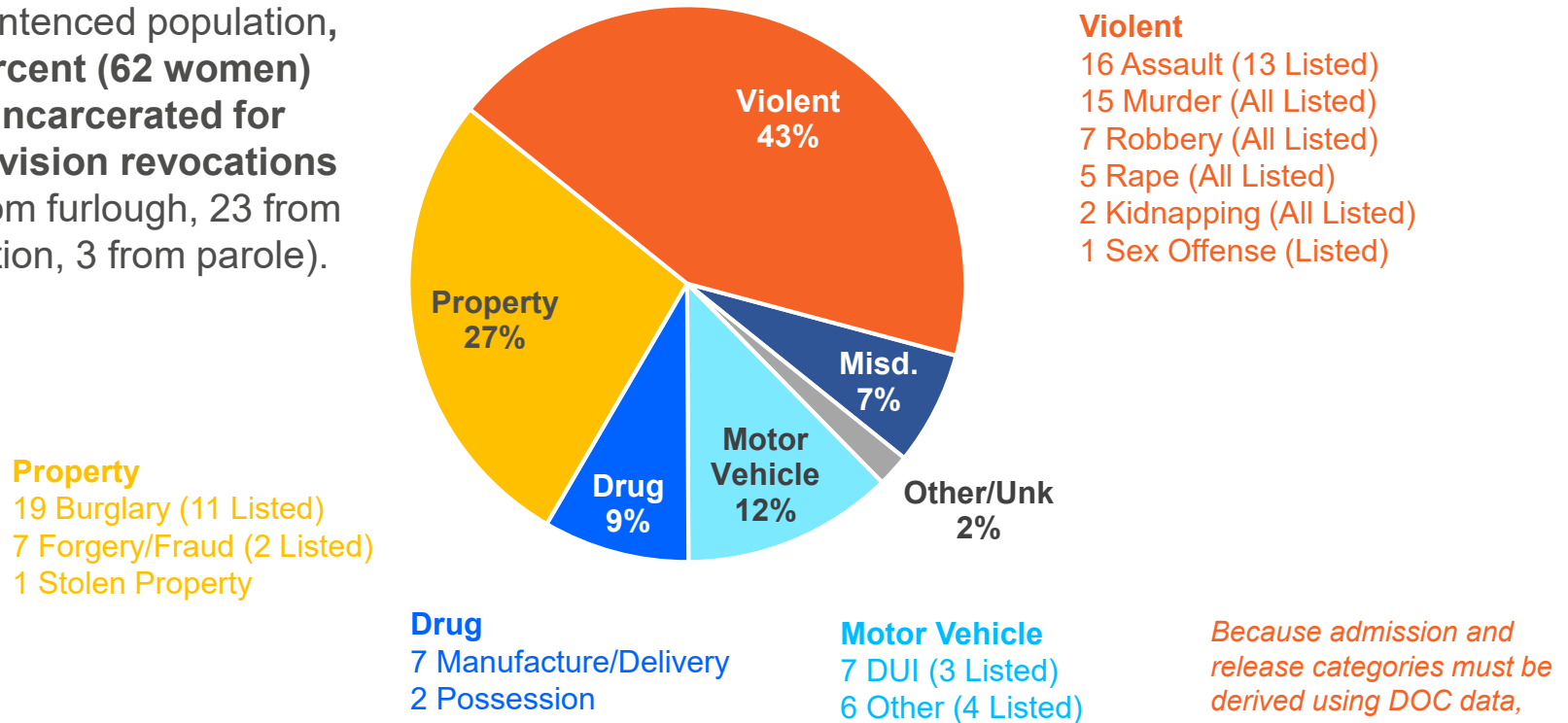
Because admission and release categories must be derived using DOC data, these analyses should be considered strong estimates.

Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

The underlying offenses for incarcerated women are primarily violent and property crimes, but prison returns and revocations still make up more than half of the female incarcerated population.

Among the 106 women in the sentenced population, **58 percent (62 women) were incarcerated for supervision revocations** (36 from furlough, 23 from probation, 3 from parole).

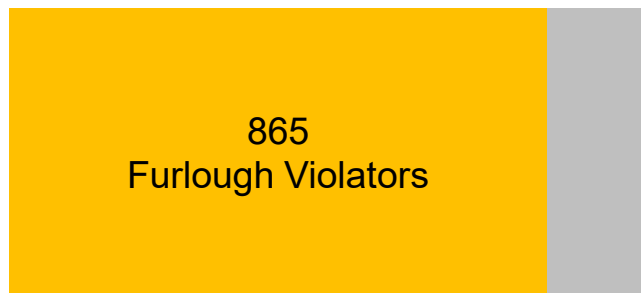
106 Total Women in Sentenced Population at the end of FY2019



Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

Nearly 80 percent of furlough returns to incarceration are due to technical violations rather than new crime offenses.

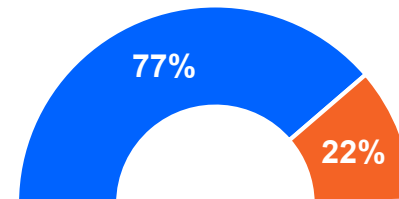
Jan–Oct 2019 Furlough
Returns Tracked



*An estimated 85% or more of
total furlough returns were
tracked in 2019*

Because furlough is defined as an extension of incarceration to be served in the community, it carries a lower burden of proof for reincarceration than other supervision statuses and different expectations for responses to violations than parole or probation.

Reason for Return
Technical **New Crime**

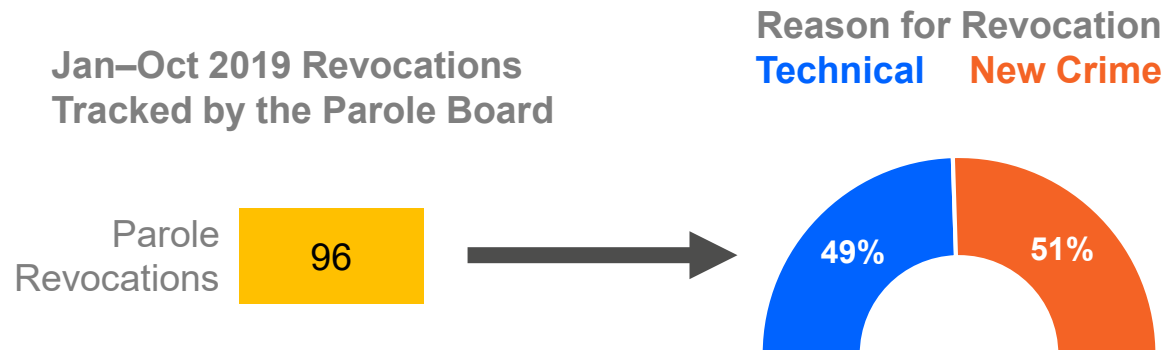


Among 668 with technical violations only:

- 46% included program or work failures
- 42% included a loss of housing
- 35% included drug or alcohol issues
- 22% included OOP or curfew violations
- 7% included violent or threatening behavior
- 4% included a sex offender condition violation
- 3% included a DV condition violation

The average technical return had 1.6 violation categories flagged.

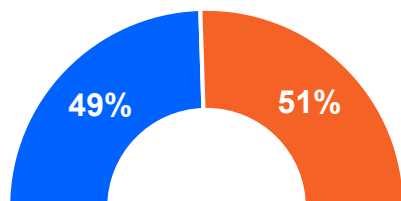
Parole and probation revocations are more evenly split between technical violations and new crime offenses.



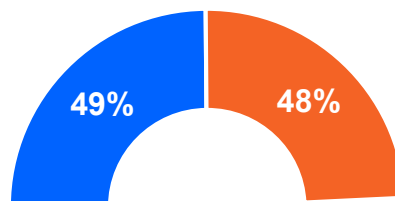
Sources: Data from the Vermont Parole Board and the Vermont Department of Corrections.

Vermont's proportion of parole and probation revocations for technical violations is consistent with that of other states, but the proportion of furlough returns for technical violations is high.

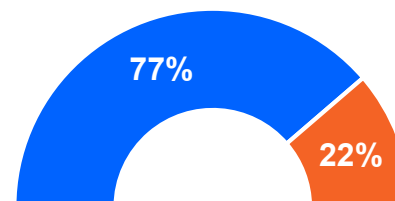
Parole Revocations
Technical **New Crime**



Probation Revocations
Technical **New Crime**



Furlough Returns
Technical **New Crime**



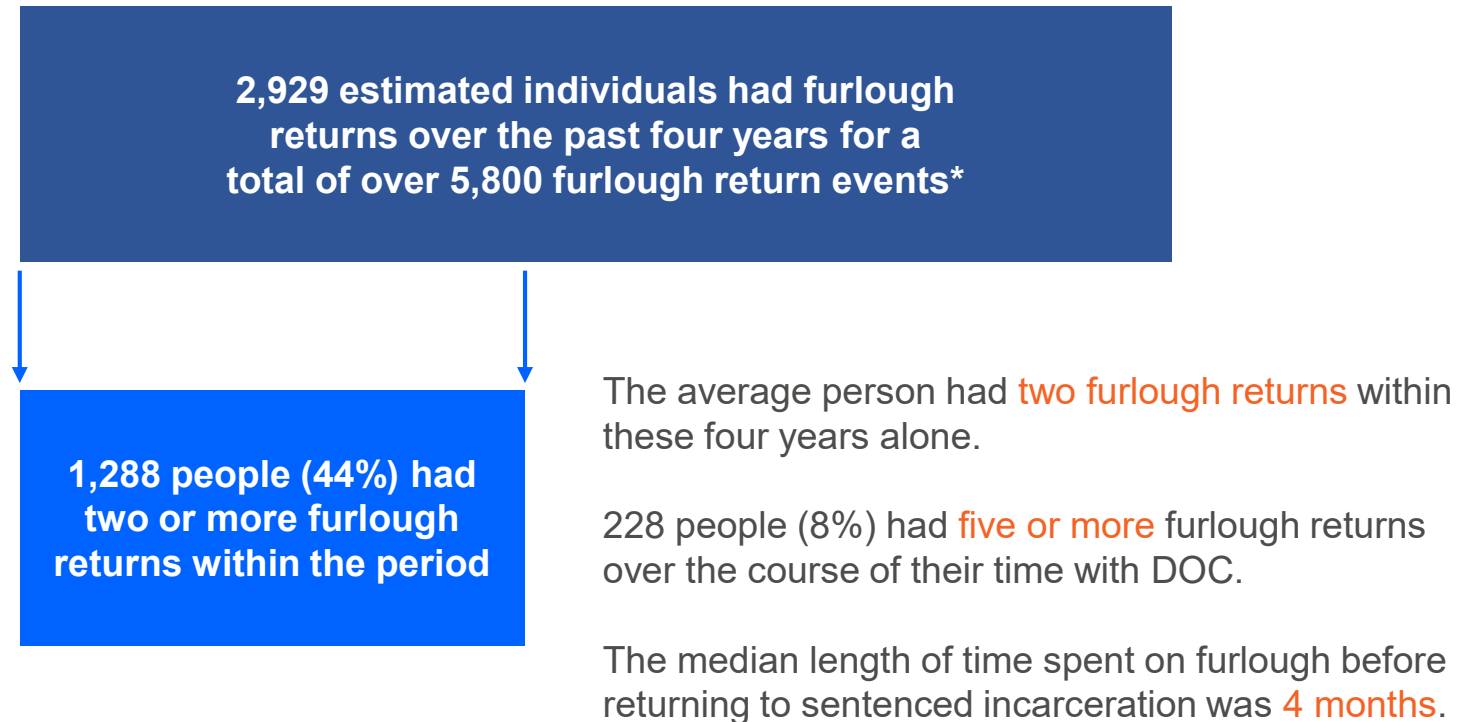
The CSG Justice Center recently completed an analysis of technical versus new crime violations across states:

A parole technical revocation rate of 49% would rank 31st if included among 41 states reporting data from 2017.

A probation technical revocation rate of 49% would rank 21st if included among 33 states reporting data from 2017.

A furlough technical return rate of 77% doesn't have a direct comparison to other states but is well above the average among all states for either probation (54%) or parole (66%).

The number of furlough returns places enormous strain on the individual as well as the corrections system.

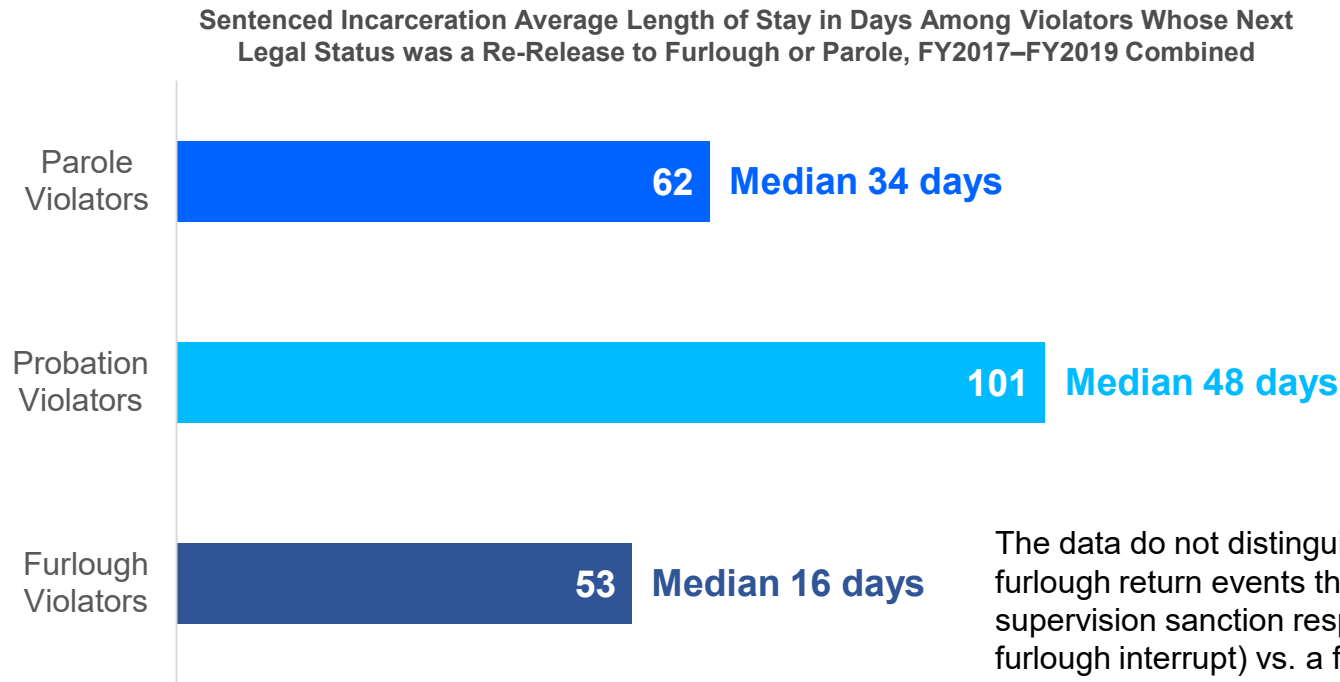


* A small number of individuals had furlough returns associated with different criminal sentencing events within the four-year period (145).

Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

Because admission and release categories must be derived using DOC data, these analyses should be considered strong estimates.

The average length of stay in prison for people who are returned or revoked due to supervision violations is short, but still impactful.



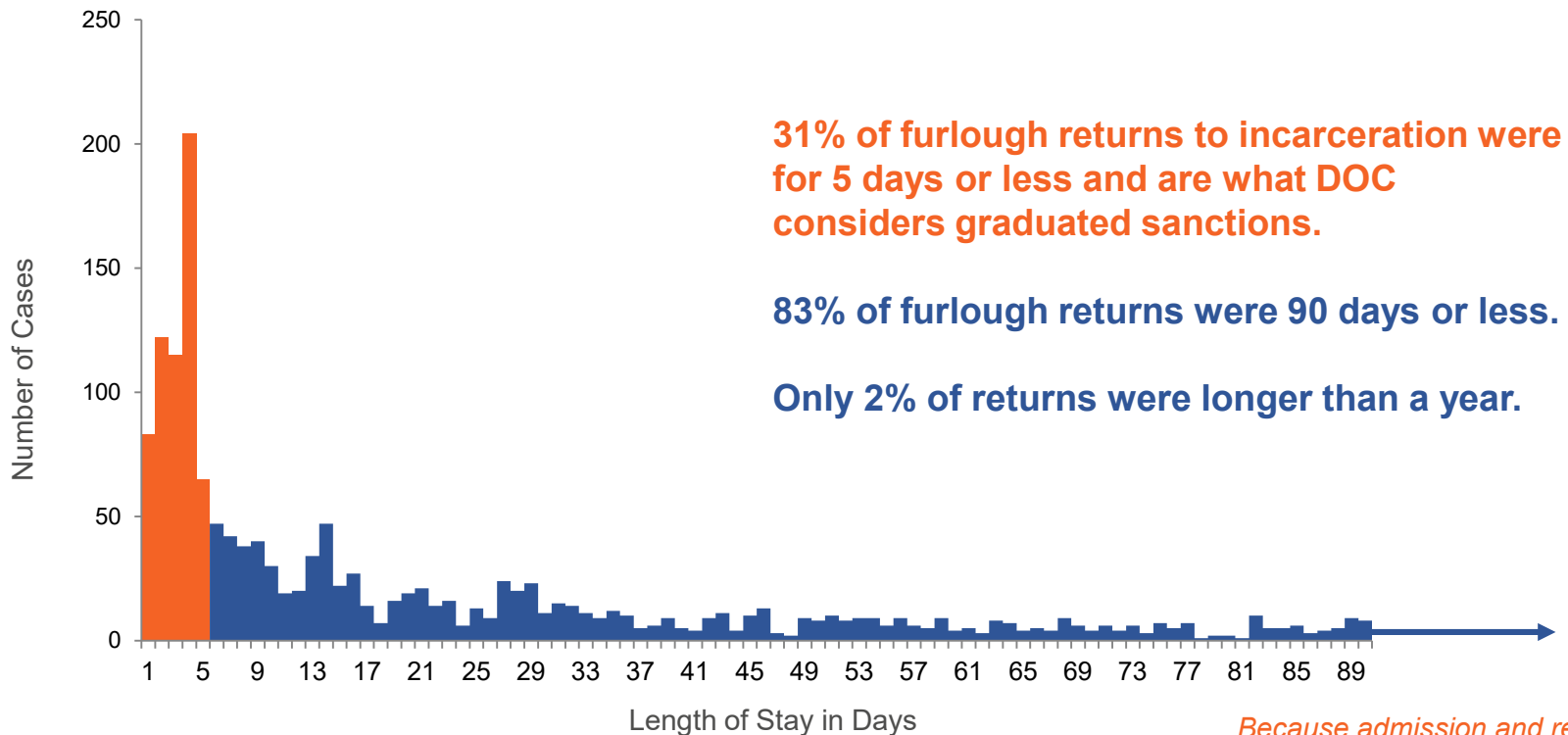
The data do not distinguish between those furlough return events that were part of a supervision sanction response (known as a furlough interrupt) vs. a full revocation, which likely explains why furlough return lengths of stay are shorter than other types of revocations.

Because admission and release categories must be derived using DOC data, these analyses should be considered strong estimates.

Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

Up to one-third of furlough returns to incarceration are likely for very short graduated sanctions.

Sentenced Incarceration Average Length of Stay in Days Among Violators Whose Next Legal Status was a Re-Release to Furlough or Parole, FY2017–FY2019 Combined

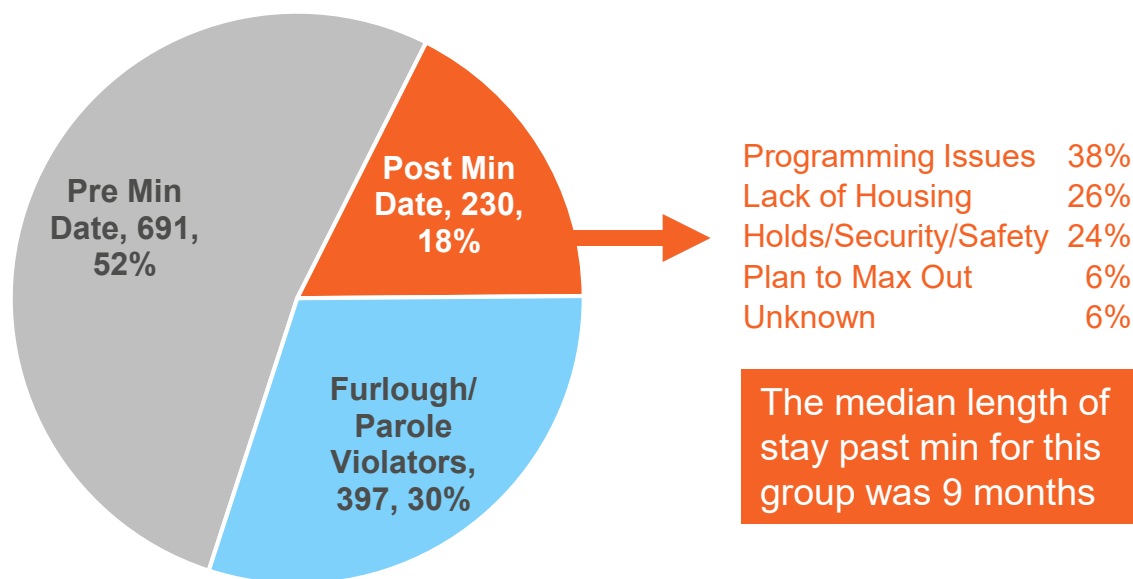


Because admission and release categories must be derived using DOC data, these analyses should be considered strong estimates.

Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

Of people who are incarcerated, almost half are currently held past their minimum either because they have returned from furlough or parole, or because they have passed their minimum release date for other reasons.

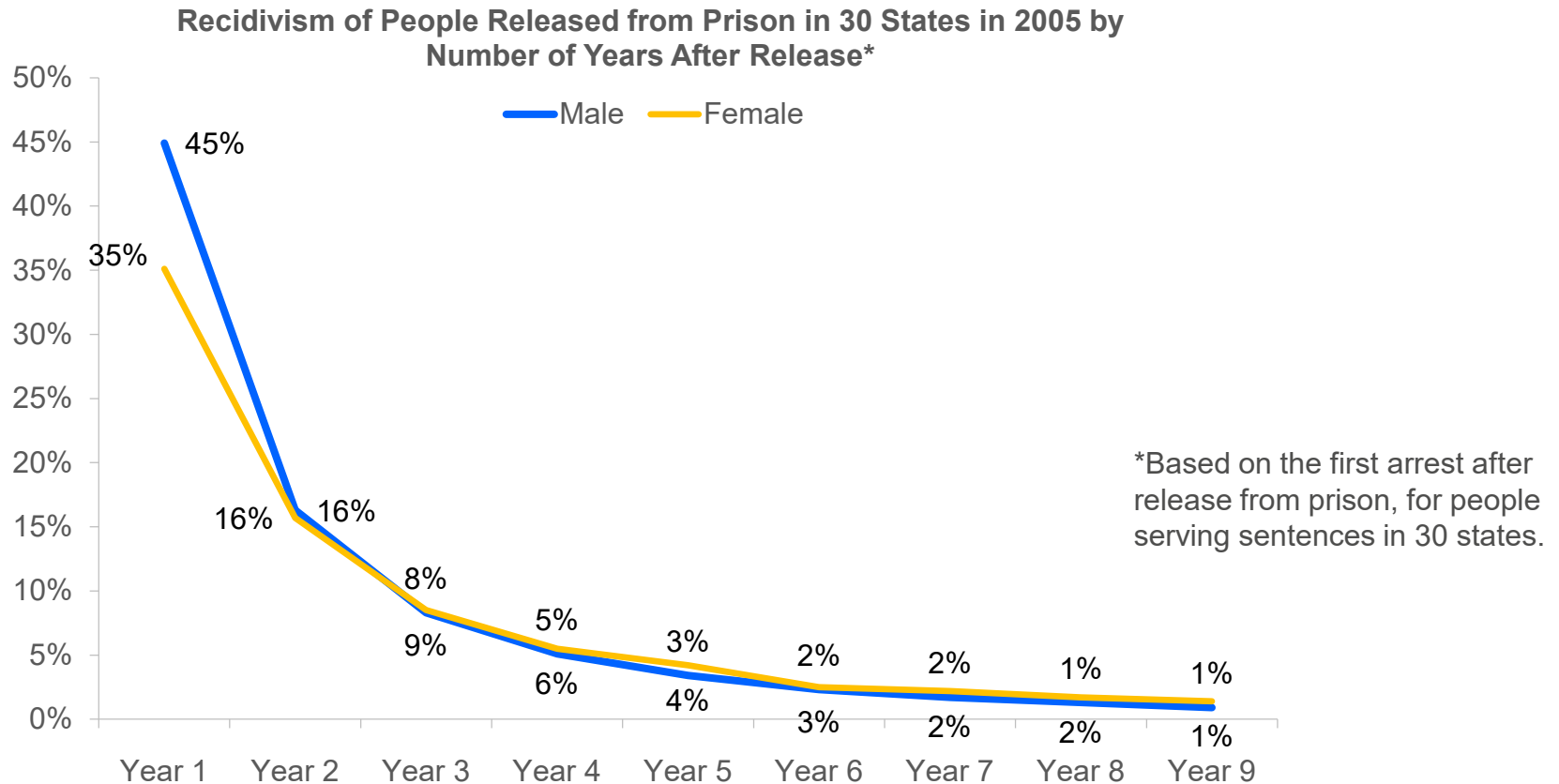
1,318 Total People in Sentenced Incarceration
Population at the end of FY2019



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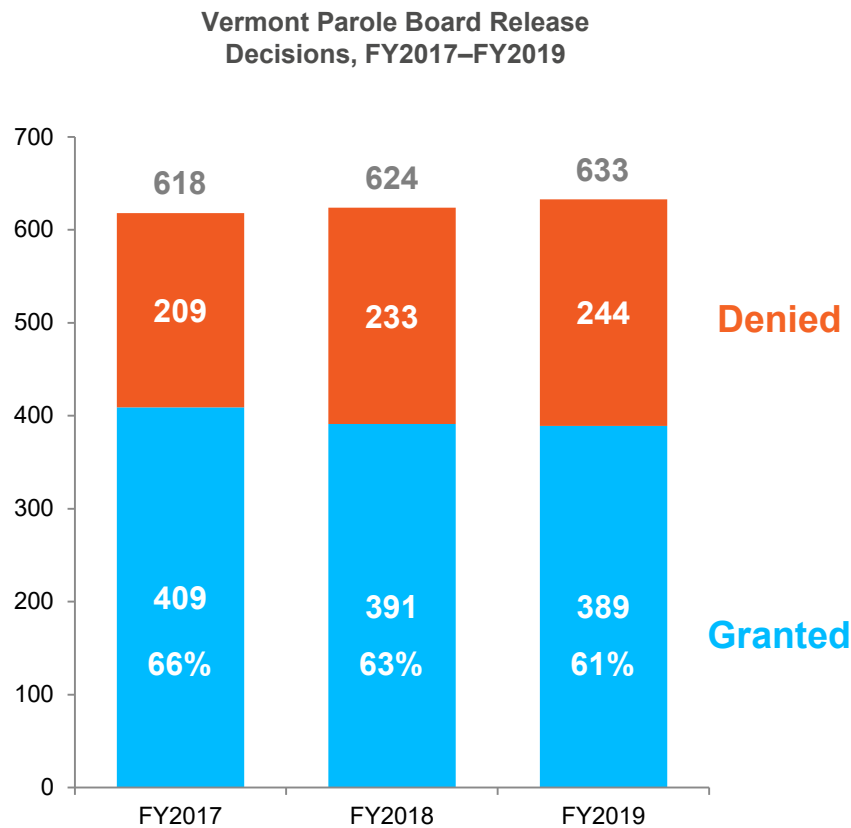
Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

The principle of frontloading involves focusing supervision and supports on people during the first year after release when they are most likely to reoffend.



Sources: Matthew R. Durose, Alexia D. Cooper, Ph.D., and Howard N. Snyder, Ph.D. *Recidivism of Prisoners Released in 30 States in 2005: Patterns from 2005 to 2010* (Washington DC: Bureau of Justice Statistics, April 2014).

Often, parole is granted to people who have already navigated some of the highest risk months while supervised on furlough.



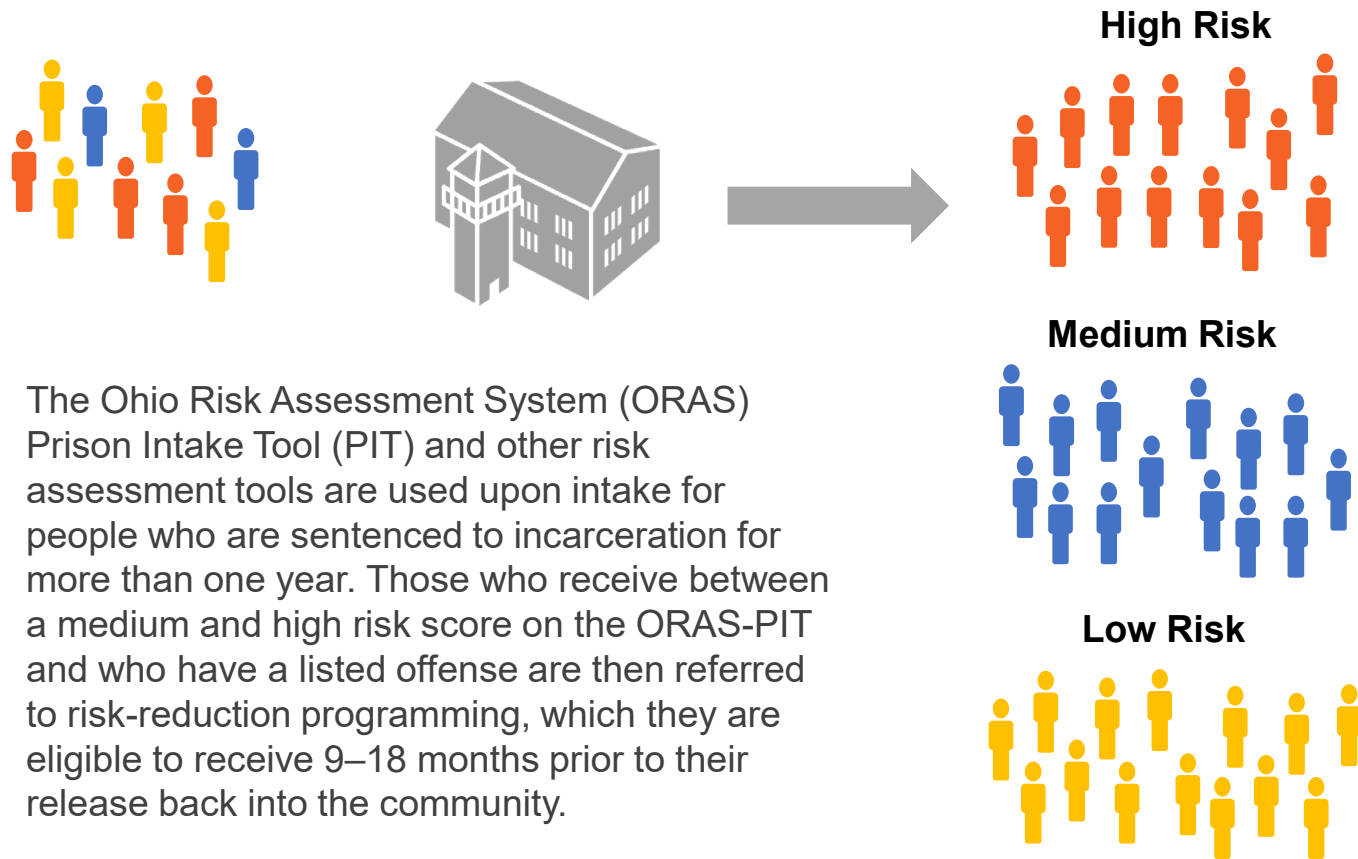
Only an estimated 10% of parole grants are among people in the sentenced incarceration population, while 90% of people who are granted parole have already been in the community on furlough.

Using a sample of ~500 people placed on furlough whose next legal status was parole supervision, the average period spent on furlough before parole approval was 7 to 8 months.

Because admission and release categories must be derived using DOC data, these analyses should be considered strong estimates.

Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

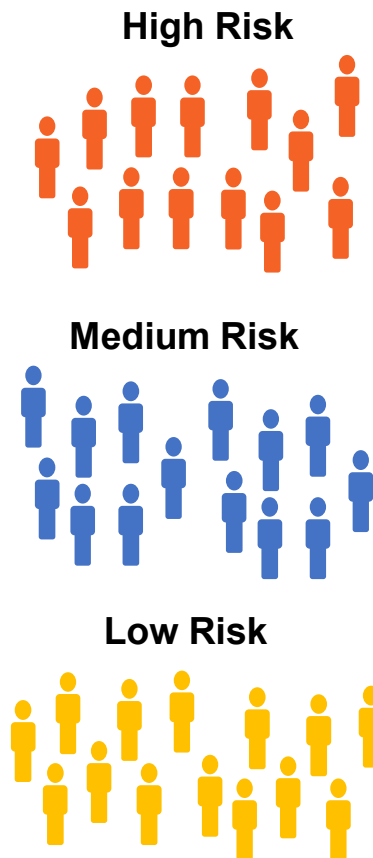
DOC uses a variety of risk screens and assessments for people across the corrections system as part of the department's implementation of evidence-based and risk-informed policy and practice.



People on community supervision are also screened and assessed for their criminogenic risk to help determine the nature of their supervision as well as programming eligibility.



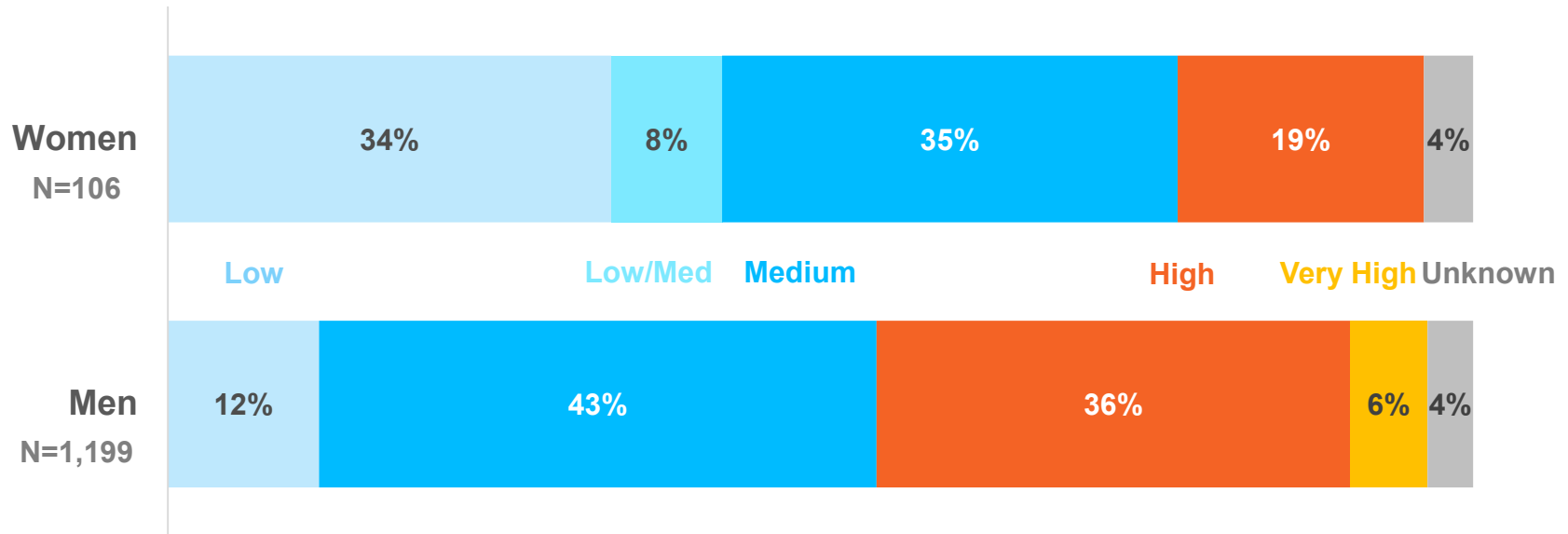
People sentenced to **probation** receive a Supervision Level Assessment (SLA) risk screen. If someone screens as medium to high risk, they then receive a comprehensive risk assessment using ORAS within 90 days of beginning probation supervision.



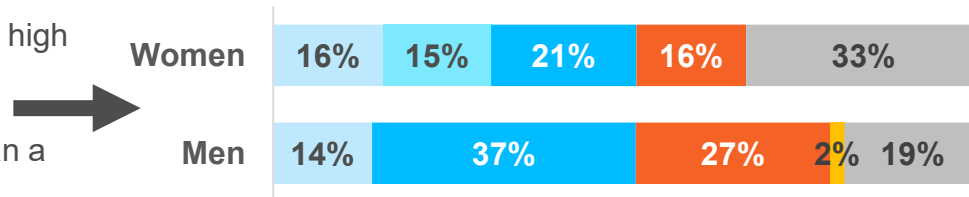
People who are released from prison onto **furlough** are assessed using the ORAS Community Supervision Tool (CST) within 90 days of starting on furlough. When a person is approved for and begins a term of **parole**, the parole board receives their ORAS score and conducts another risk assessment using their own validated risk tool.

Analysis of risk score data shows that 85 percent of sentenced incarcerated men scored as medium to very high risk, but a far larger proportion of low-risk women are incarcerated in Vermont.

Vermont DOC Sentenced Incarceration Snapshot Population by Sex and Risk Level, FY2019



Risk assessment completion is not as high when looking at the admission flow to sentenced incarceration, presumably because people sentenced to less than a year are not being assessed.



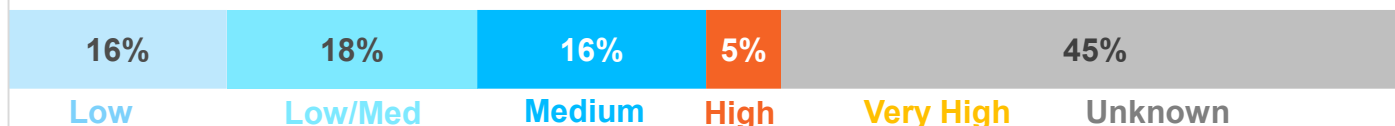
Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

Overall, people on furlough are higher risk than those who are on parole.

Vermont DOC Supervision Snapshot Populations by Sex and Risk Level, FY2019

Furlough

Women
N=263



Men
N=1,213

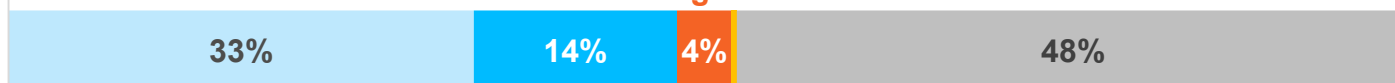


Probation

Women
N=1,024



Men
N=3,091



Parole

Women
N=148



Men
N=707

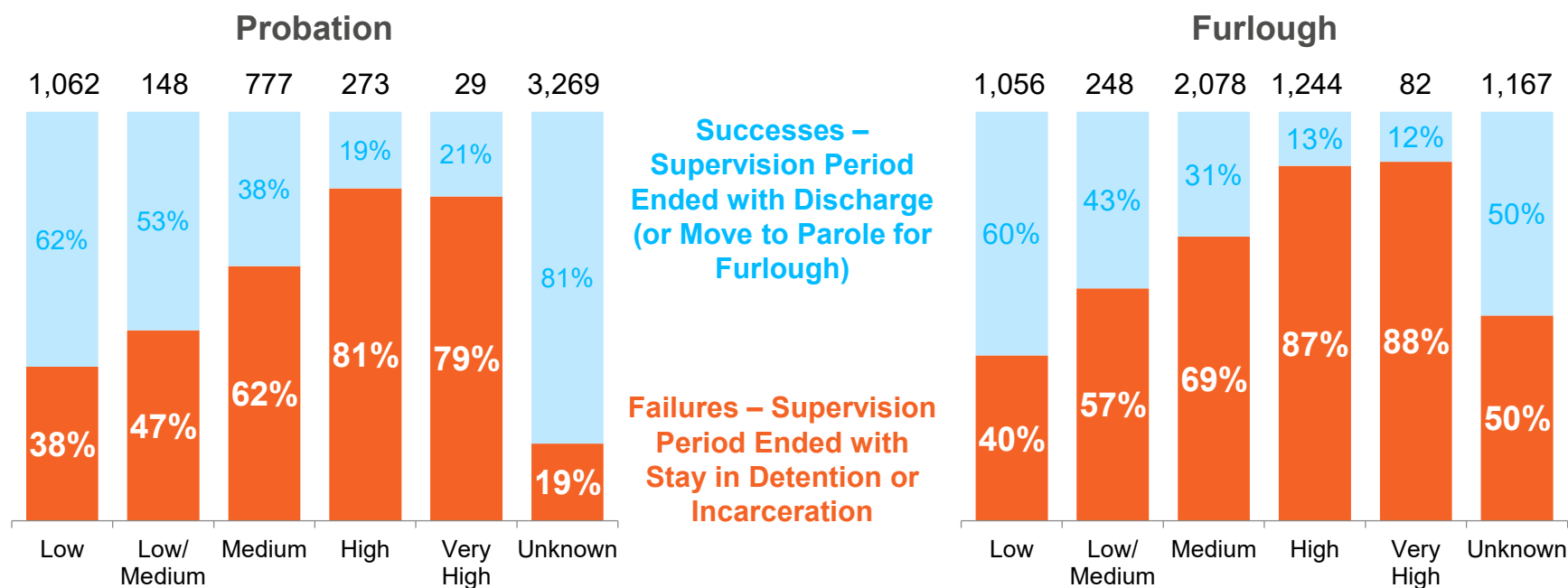


Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

Analysis of probation and furlough outcomes based on risk shows significantly high rates of failure among medium- and high- to very high-risk individuals.

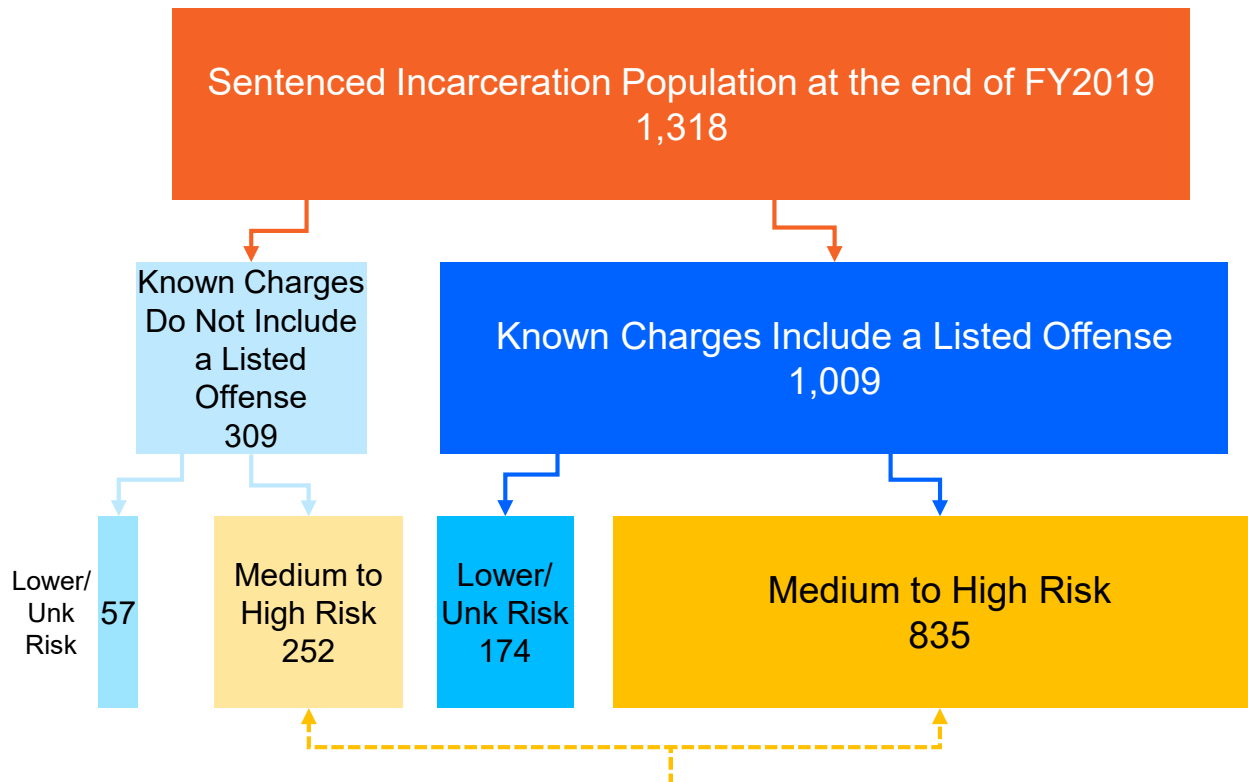
Because admission and release categories must be derived using DOC data, these analyses should be considered strong estimates.

Probation and Furlough Success/Failure Outcomes by Risk Level, FY2017–FY2019



Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

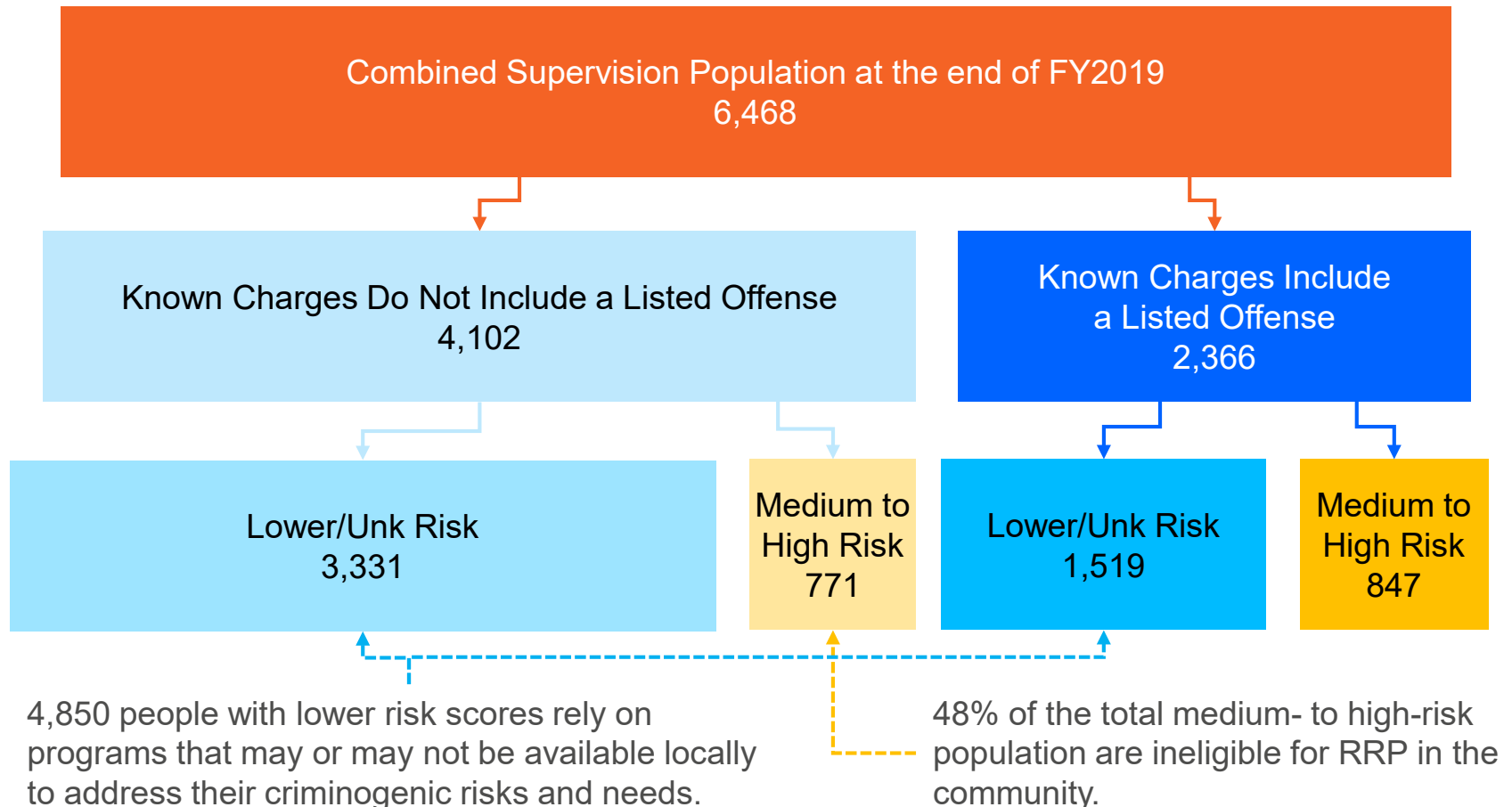
Limited funding and resources have required DOC to prioritize risk-reduction programming (RRP) for people who are sentenced for listed offenses and who score as medium to high risk on the ORAS.



23% of the total medium- to high-risk population with incarceration sentences are not eligible to participate in RRP because they were not convicted of listed offenses.

Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

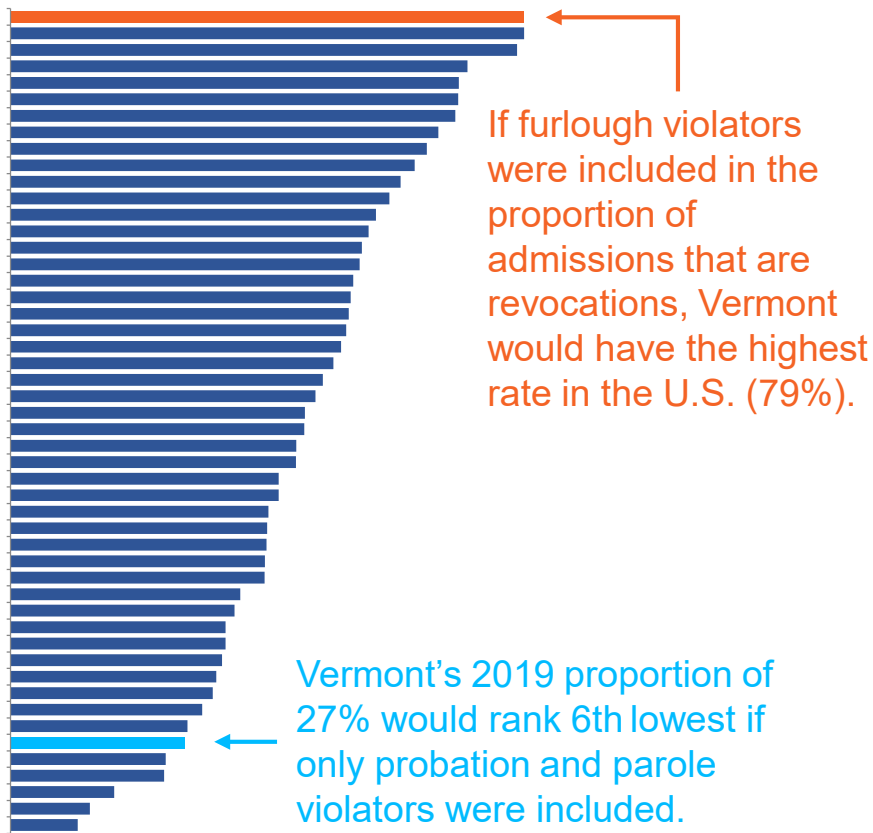
Among people on supervision, almost half of the medium-high risk population does not receive risk-reduction programming based on the same eligibility criteria.



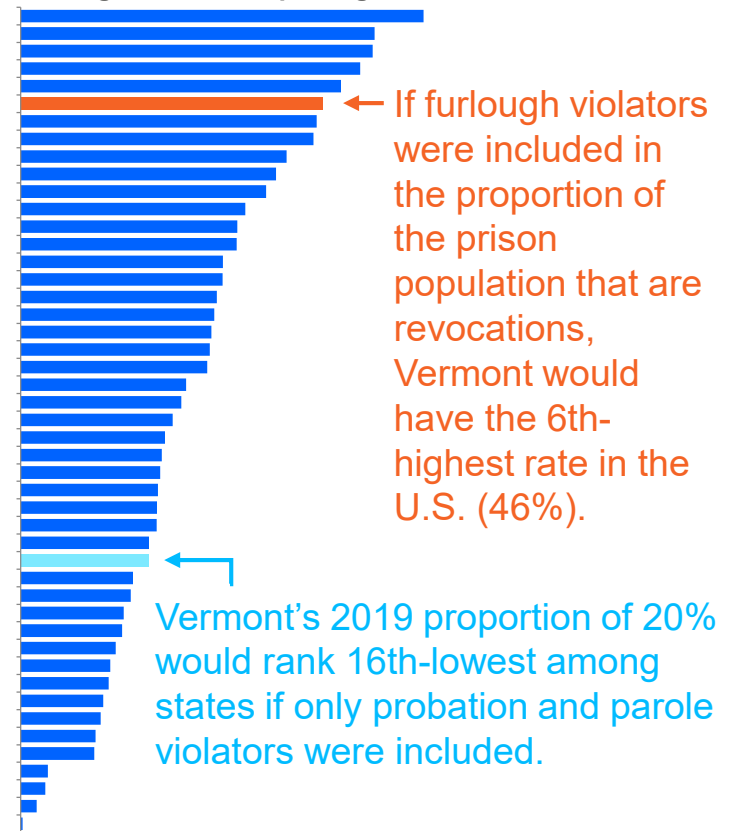
Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

Vermont's revocation rates are fairly low nationally when accounting only for probation and parole, but with furlough included, Vermont's position would change dramatically.

Revocations as a Proportion of Admissions
Among 48 States Reporting Data from 2017



Revocations as a Proportion of Admissions
Among 45 States Reporting Data from 2017



Sources: Data from the Vermont Parole Board and the Vermont Department of Corrections, CSG Justice Center Confined and Costly, <https://csgjusticecenter.org/confinedandcostly/>.

Because admission and release categories must be derived using DOC data, these analyses should be considered strong estimates.

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3. Recidivism reduction for people who are incarcerated and on supervision	1:00 p.m.–2:15 p.m.
4. Behavioral health services and treatments available for people moving through the criminal justice system	2:15 p.m.–3:15 p.m.
Break	3:15 p.m.–3:30 p.m.
5. Areas for policy development and next steps	3:30 p.m.–4:00 p.m.

Meeting Agenda

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Over the past 10 years, DOC has worked hard to move away from an offense-based system, but resource limitations create difficulties in fully implementing a risk-based approach to community supervision.

DOC offers a variety of evidence-based risk-reduction programming (RRP) for people who are incarcerated as well as serving time on community supervision:

General RRP:

- Charting a New Course
- Thinking for a Change

RRP Violence Reduction:

- Aggression Interruption Training
- Achieving Change Through Value Based Behavior
- Cognitive Behavioral Interventions for Sexual Offending

RRP Substance Addiction Treatment:

- Texas Christian University Curriculum
- Criminal Conduct and Substance Abuse
- Cognitive Behavioral Intervention Substance Abuse

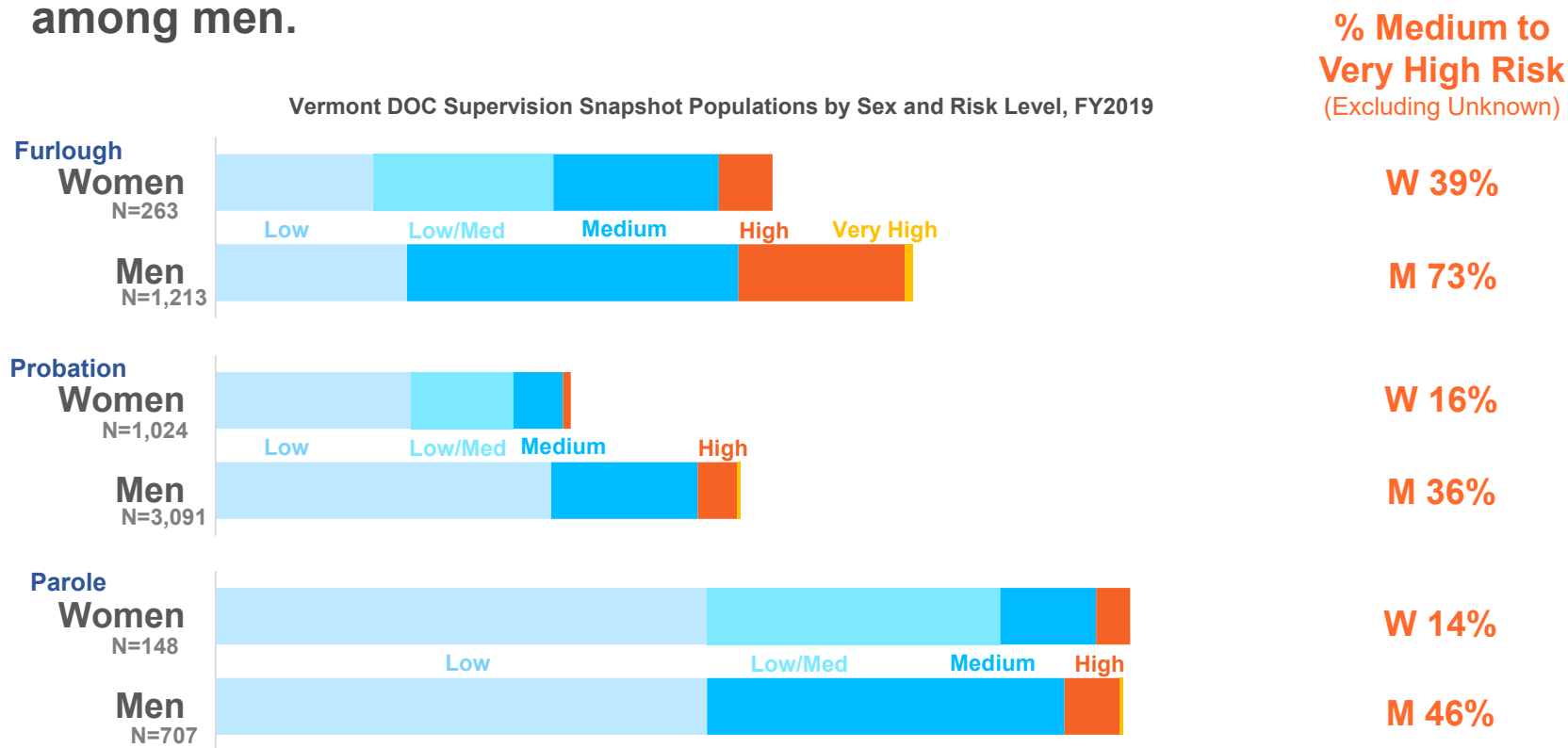
However....

Only people who are **convicted of a listed offense and are medium-high to high risk on the ORAS, Static-99 or DVSI-R** are eligible for violence-reduction programming.

And, due to space and resource limitations inside DOC facilities, there can be **lengthy waitlists** for incarcerated people who are eligible for programming within the release window time frame (9–18 months) **to receive programming prior to reentry.**

As of October 2019, **approximately 50 people were on waitlists for appropriate DOC programs.**

Among people on furlough and parole, there are high percentages of people whose known risk level is either medium or high, particularly among men.



The large percentages of unknown risk assessments in probation populations are due to the use of an initial risk tool by DOC to screen out lower-risk people who do not receive the more involved ORAS assessment.

Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

There are important and foundational strengths built into Vermont's corrections policies and practices, as well as significant challenges facing the state.

- | | |
|--|---|
| ✓ DOC has invested in the adoption of evidence-based policies throughout its supervision system. | ✗ Existing resources do not adequately support the full implementation of evidence-based practices and provision of recidivism-reduction programming to all higher-risk people. |
| ✓ Similarly, DOC uses evidence-based programs for higher-risk people as much as possible. | ✗ DOC staff and community-based providers could benefit from additional training on effective practices for working with higher-risk and higher-needs individuals. |
| ✓ Supervision agents and supervisors are well trained, and many are focused on habilitation. | ✗ There are wide variations in the quality and access of non-DOC provided community-based programs available to people on supervision. |
| ✓ Most people are receiving a risk and needs screen or assessment. | ✗ Gaps in access to the appropriate level of behavioral health care are likely contributing to recidivism. |
| | ✗ Different supervision staff have different approaches to working with people on supervision. |

Vermont's corrections system is increasingly populated by people who have higher risks and needs that can be addressed through effective supervision practices and access to appropriate programming and services. **But, limited resources have held the state back from fully implementing evidence-based approaches that may better support people and enable them to remain in their communities.**

The CSG Justice Center’s assessment of corrections and supervision policies and programs focused on the principles of effective intervention that the working group discussed in November.

Eight principles of effective intervention to reduce recidivism

1	Assess risk, need, and responsivity
2	Target the right people
3	Frontload supervision and treatment
4	Ensure adequate investment in and access to proven programs
5	Use case planning to facilitate positive behavior change
6	Respond to both positive and negative behaviors
7	Hold individuals accountable
8	Measure outcomes

Assessment activities focused on site visits to supervision offices across the state and observations inside correctional facilities.

Between October and December 2019, CSG Justice Center staff

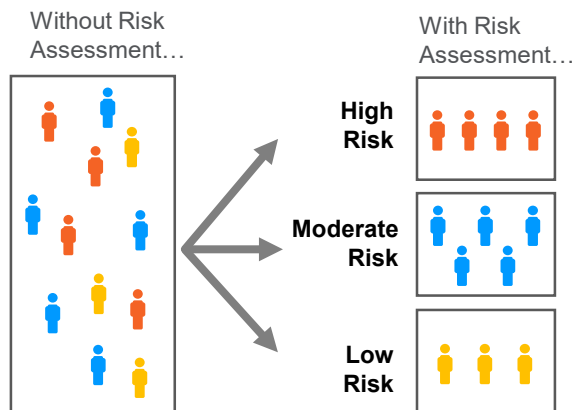
- Facilitated focus groups with supervision agents and people on supervision in Burlington, Newport, and Rutland;
- Observed meetings between supervision agents and clients and observed risk-reduction programming in Burlington, Newport, and Rutland;
- Observed court proceedings in Newport;
- Met with VT DOC supervisors and administrators; and
- Toured, observed programming, and met with staff and incarcerated people at the Chittenden Regional Correctional Facility and Northern State Correctional Facility.

DOC uses a combination of risk screeners and assessments to effectively identify individuals' risk, needs, and responsivity levels, but some of these tools require revalidation to ensure accuracy.

1

Assess risk, need, and responsivity

Risk and need assessments sort people into categories based on likelihood of committing more crime.



- ✓ DOC effectively prioritizes full risk assessments for people on probation who are screened as medium or high risk on the SLA, and successful completion rates are high among people who only receive the SLA on probation.
- ✓ The low rate of failure for people who are screened with the SLA on probation indicates these screeners' efficacy.
- ✓ DOC utilizes a validated ORAS risk and needs assessment to determine who requires risk-reduction programming.
- ✓ DOC uses the following sex offender assessments: Static-99 and the Vermont Assessment of Sex Offender Risk (VASOR).
- ✓ Vermont utilizes the following domestic violence assessment: Domestic Violence Screening Instrument- Revised (DVSI-R).
- ✗ Although Vermont uses two different types of sex offender assessment tools, other constraints, including the availability of community programming and statutory requirements, often undermine a risk-informed approach to supervising people convicted of sex offenses.
- ✗ The SLA tool screens for substance use but not mental health needs for people on probation.

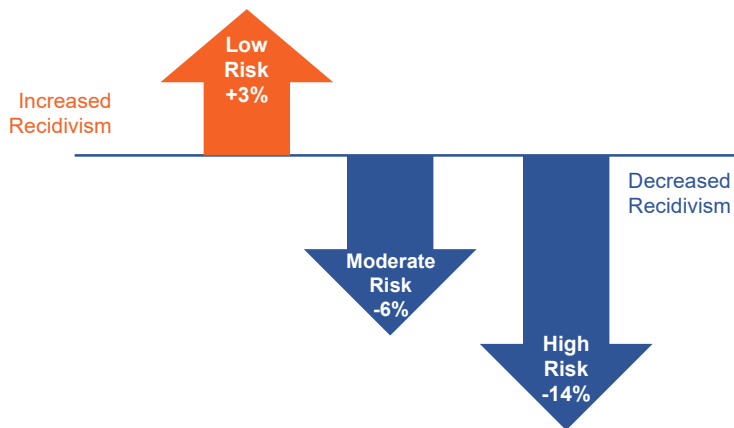
Sources: Presentation by Dr. Ed Latessa, "What Works and What Doesn't in Reducing Recidivism: Applying the Principles of Effective Intervention to Offender Reentry;" D.A. Andrews and J. Bonta. *The Psychology of Criminal Conduct*, 5th Ed. (New York, New York: Routledge, 2010).

Many people who are medium to high risk are not receiving risk-reduction programming because they were not convicted of a listed offense.

2 Target the right people

Failing to adhere to the risk principle can actually increase recidivism for people assessed as low risk.

Average Difference in Recidivism by Risk for
Individuals
in Ohio Halfway House



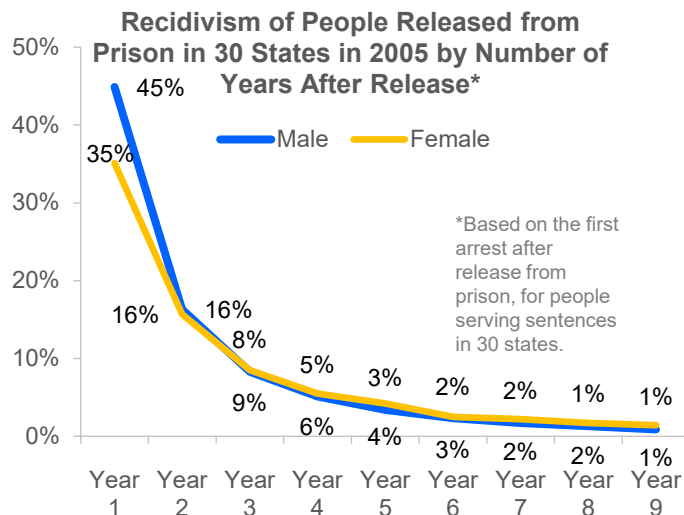
- ✓ DOC uses risk information to determine programming decisions for people inside facilities and in the community and provides risk-reduction programming based on available resources, including contracting with private program providers as much as current resources allow.
- ✗ The limited resources available to DOC force the department to focus its correctional and community recidivism-reduction programming only on medium- to higher-risk individuals who are convicted of listed offenses. This leaves a large number of people, particularly in the community, unable to access RRP despite having risk scores of medium to high.
- ✗ Risk assessments are rarely conducted for people before sentencing, and pre-sentence investigation reports are infrequently ordered to inform sentencing or supervision conditions. This results in supervision sentences and conditions that are set without objective data as to what programs and supervision stipulations would be best suited to help a person succeed on community supervision.

Sources: Presentation by Dr. Ed Latessa, "What Works and What Doesn't in Reducing Recidivism: Applying the Principles of Effective Intervention to Offender Reentry;" D.A. Andrews and J. Bonta. *The Psychology of Criminal Conduct*, 5th Ed. (New York, New York: Routledge, 2010).

Sentencing practices and DOC policies focus supervision resources on the first years of a person's sentence, but what is available remains inadequate for many people.

3 Frontload supervision and treatment

Supervision and supports should be focused on the period when people are most likely to reoffend.



- ✓ By and large, Vermont does not sentence people to terms of supervision that extend far beyond the period when a person is most likely to recidivate.
- ✓ DOC assigns people to different types of supervision caseloads based on risk and reduces the intensity of supervision as appropriate for people as they progress in their sentence without incident.
- ✗ Vermont's primary focus on people who are both at a high risk for recidivism and who are convicted of listed offenses results in large numbers of medium- to high-risk people who are not receiving risk-reduction programming even during the first, most risky period after release.
- ✗ The requirement for longer periods of intensive supervision for people convicted of sex offenses, even after they have demonstrated success on supervision for years, focuses critical resources on people who may be at lower risk.
- ✗ Officers are less able to modify supervision requirements for people on probation and parole as appropriate to the needs of the individual.

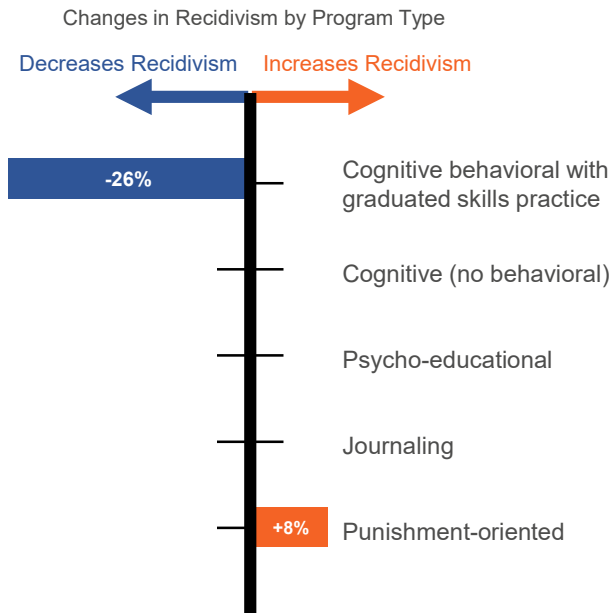
Sources: Matthew R. Durose, Alexia D. Cooper, Ph.D., and Howard N. Snyder, Ph.D. *Recidivism of Prisoners Released in 30 States in 2005: Patterns from 2005 to 2010* (Washington DC: Bureau of Justice Statistics, April 2014).

DOC makes evidence-based programming available across the state, but key barriers remain in providing people with consistent access to high-quality and effective programs.

4

Ensure adequate investment in and access to proven programs

Programs, treatment, and services should meet the unique needs of people in the criminal justice system.



- ✓ People with higher risk scores who are convicted of listed offenses have access to evidence-based, risk-reduction programming across the entire state.
- ✓ Some people can access wraparound services that include housing, mental health, and substance addiction treatment through programs such as Pathways.
- ✗ Many medium- to high-risk people cannot access RRP due to not having a listed offense conviction.
- ✗ Beyond RRP, access to resources varies greatly by county, and transportation barriers may prevent people from participating or completing programs.
- ✗ Domestic violence community programming options are limited in their ability to treat people of differing risk, and participants are required to pay for the treatment, which can be prohibitively expensive and leave program providers underfunded.
- ✗ Vermont's formerly effective network of sex offender treatment programs has diminished considerably in recent years, and some counties have no programs available.

Sources: Mark Lipsey, "The Primary Factors that Characterize Effective Interventions with Juvenile Offenders: A Meta-Analytic Overview," *Victims & Offenders: An International Journal of Evidence-Based Research, Policy, and Practice*, 4, no. 2 (2009): 124-147. D.A. Andrews and J.Bonta. *The Psychology of Criminal Conduct*, 5th Ed. (New York, New York: Routledge, 2010).

Case planning varies by office, and resource limitations can mean people are grouped into programs in a “one-size-fits-all” approach.

5

Use case planning to facilitate positive behavior change

Focus case-planning goals on identified criminogenic need areas to facilitate positive behavior change.

Key criminogenic risk factors

History of Criminal Behavior
Antisocial Attitudes, Values, and Beliefs
Antisocial Peers
Antisocial Personality Characteristics
Substance Use
Lack of Employment Stability and Educational Achievement
Family and/or Marital Stressors
Lack of Prosocial Leisure Activities

- ✓ Observations of supervision offices showed that some are able to build and implement strong case plans for clients, though this varied by office.
- ✓ DOC provides supervision officers with training in case management and the case management system and is developing additional training in these areas.
- ✗ There is minimal existing training available on case planning/case management for officers.
- ✗ Incarcerated people indicated that they have little or no involvement in their own case planning process, which runs counter to stated DOC policy. As a result, treatment and programming decisions are viewed as punishment rather than a service to assist them.
- ✗ There is room for stronger differentiation in grouping people into programs based on clients’ unique risk levels and needs.
- ✗ Similarly, in some cases, case management and supervision officers’ interactions and interventions with clients can be more tailored to individual risks and needs and should include stronger coordination between supervision and behavioral health programming overall.

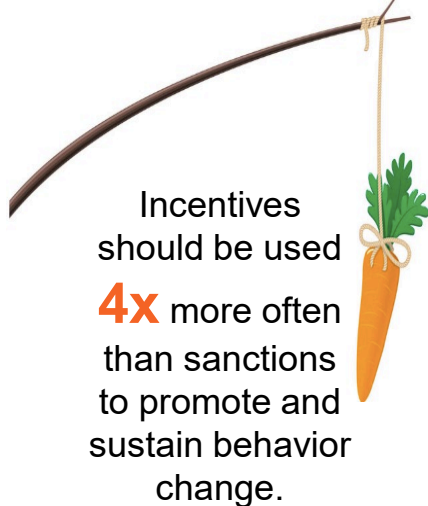
Source: *The psychology of criminal conduct, sixth edition.* D. A. Andrews , James Bonta. Routledge. 2017.

Vermont has invested in officer training and adopted evidence-based sanctions policies, but responses to violations for people on furlough remain highly punitive.

6

Respond to both positive and negative behaviors

Punishment alone is not an effective way to bring about long-term behavior change, partly because the negative behavior tends to return when the punishment is discontinued.



Incentives
should be used
4x more often
than sanctions
to promote and
sustain behavior
change.

- ✓ Supervision officers are trained in Effective Practices in Community Supervision (EPICS), an evidence-based supervision model, and observed officers followed the model and had strong, effective interactions with their clients.
- ✓ Officers develop a supportive, respectful, change-oriented role with their clients and are knowledgeable about the clients they supervise.
- ✓ Judges and DOC typically take steps to allow a person to remain in the community while awaiting court dates for violations and revocations.
- ✓ There are relatively low revocation rates among people on probation and parole across the state.
- ✗ While there is training in evidence-based practices, there appears to be no centralized training method for supervision officers, which may compromise the fidelity of those practices.
- ✗ DOC does not have a formal incentives grid or structure to guide how officers use incentives to promote behavior change.
- ✗ There is a lack of consistency in how officers respond to non-compliance, and there appears to be a strong reliance on incarceration responses for technical violations for people who are supervised on furlough, with graduated sanctions and furlough revocations.

Source:

[http://www.ncjfcj.org/sites/default/files/incentivesandsanctions_july_2009\(2\)_0.pdf](http://www.ncjfcj.org/sites/default/files/incentivesandsanctions_july_2009(2)_0.pdf)

The use of revocations in response to lower-level violations among people on furlough does not reflect best practice but does reflect the definition of furlough as an extended period of an incarceration sentence.

7 Hold people accountable

Effective punishment is swift, certain, fair, and appropriate.



Swift: Sanctions are quick. Limit the time between violation and consequence.



Certain: Sanctions are predictable. Consequences are not random. There are set responses for certain violations.



Fair and Appropriate: The severity and duration of a response to a violation is proportionate to the violation.

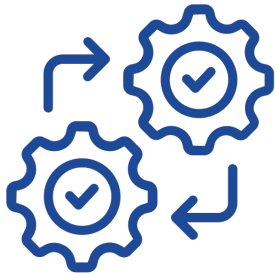
- ✓ Vermont has a 7-week training academy for all new DOC facility staff covering a wide range of necessary programming.
- ✓ DOC has a policy directing and guiding the use of intermediate sanctions in response to violations, and in observations some officers utilized these sanctions well.
- ✗ There is no equivalent of the academy training for supervision officers. Training tends to be ad hoc with at least three different internal training groups with additional training components that are outside of DOC.
- ✗ Training for community supervisors tends to be done in each office by their supervisors, thus creating differences among offices and potential for a differential use of intermediate sanctions by office or region.
- ✗ The high rate of prison admissions for furlough returns highlights how furlough is defined as an extension of incarceration, in which responses to violations are swift and certain, but may be improved to allow for more community sanctions and less use of incarceration.
- ✗ Incarcerated people who had been revoked repeatedly for technical violations expressed their sense of hopelessness, as well as the severe impact a “furlough interrupt” to prison had on their ability to make positive changes in their lives.

Vermont has not adequately invested in analytic capacity and practices to effectively use data to inform decision-making.

8 Measure outcomes

Data should be the driver for change at multiple levels of supervision delivery.

Correctional leadership, management, supervisors, and officers all need access to timely data showing how actions impact outcomes.



**What gets measured,
gets managed.**

- ✓ DOC leadership and staff have initiated their own strategies for accessing and utilizing available data, from shifting resources where necessary to boost the department's analytic staffing capacity to having field agents run their own reports to better understand the needs of their clients.
- ✓ Additional training in case management and planning is in development to improve how supervision officers and field staff use the offender management system.
- ✗ Field staff do not yet consistently receive coaching and quality assurance to ensure they are using the system effectively.
- ✗ Supervision officers report that entering and retrieving information into the case management system can be cumbersome to the point of affecting their ability to input or access necessary information and decreasing the time they are able to work with clients.
- ✗ Officers do not appear to consistently enter information about intermediate sanctions into the case management system, which means DOC leadership cannot monitor this policy.
- ✗ DOC needs resources for expanded internal capacity to regularly extract data, clean and maintain data files for analysis and potential data sharing, develop a set of key metrics including critical information such as supervision outcomes, and publish them regularly in dashboards or annual reports to better inform agency and legislative decision-making.

DOC has contracted with providers to offer women incarcerated at the Chittenden Regional Correctional Facility (CRCF) a variety of programs that are focused on the specific issues that incarcerated women often face.

In addition to RRP, DOC contracts with providers to offer a variety of voluntary gender-responsive programs inside CRCF:

Vermont Works for Women: provides women with job readiness and skills training.

Community High School Vermont &

UVM- Bard: provides education services for women to obtain their high school equivalency diploma, and college level, credit-bearing courses every semester.

Phoenix House: provides programs and classes focused on substance use and addiction.

Kids A Part Parenting Program (KAPP): provides women with space and parental coaching to facilitate visitation from their children and facilitates the maintenance of their relationships with children.

Discussing Intimate Violence and Accessing Support (DIVAS): provides domestic and sexual violence education, support, skill-building and advocacy to incarcerated women and connections to community providers upon their reentry.

Mercy Connections: operates the VT Women's Mentoring Program that matches women with trained volunteer mentors to support their reentry into the community and provides educational series and reflection workshops.

- ✓ Upon intake, women participate in an orientation process that reviews the available programs, allowing for relatively fast access to these programs.
- ✓ Program providers have decades of experience working with Vermont's incarcerated women, and program staff are committed and passionate.
- ✓ These programs provide opportunities for women to reconnect with their children and to discuss their lived experience with other women and providers.
- ✓ CRCF staff recently worked to organize service fairs, and providers work to connect women with local programs and resources in their home community to assist with reentry needs.

However, additional resources are limited, and challenges exist that compromise rehabilitation and successful, permanent reentry for incarcerated women.

- ✗ While providers submit routine reports about services, there is limited to no direct service observation and case file review, which could improve program fidelity.
- ✗ Both DOC staff and providers described the significance of budget and contract cuts on their ability to provide the full scope of programs they feel would benefit women inside CRCF.
- ✗ The physical building of CRCF, which was originally designed to function as a holding facility for men, does not have adequate programming space.
- ✗ Programs are in high demand, particularly those that focus on substance use and addiction, and staffing and space limitations can result in wait lists for women to participate.
- ✗ Some women who are incarcerated on furlough returns expressed their hopelessness over losing hard earned employment, cars, or housing due to violations that led to repeated reincarceration.

People moving into the corrections system have higher risks and associated needs, and Vermont has evolved its system to integrate evidence-based approaches into policy and practice.

- DOC has incorporated a variety of evidence-based risk screeners and assessment tools to effectively identify a person's criminogenic risk and needs at different points in their movement through community supervision and/or incarceration.
- This information is used to determine programming decisions for people inside facilities and in the community and also guides the level and intensity of supervision a person receives based on their risk and need.
- For people in the community, supervision terms are typically set at lengths that allow for front-loaded services focused on the period when a person is at greatest risk of recidivism.
- People who meet the risk and offense-based criteria have access to evidence-based, risk-reduction programming inside and outside DOC facilities, and in some cases people with higher identified needs can access additional wraparound services.
- Officers reflect their EPICS training in their strong, behavior-change focused interactions with people on supervision, and low revocation rates among people on probation and parole indicate that these and other efforts to successfully supervise people are effective.
- DOC is working to provide additional training to officers in areas for improvement, including case planning, and DOC policies have been reviewed and updated to reflect best practices, including the department's intermediate sanctions policy for use in response to lower-level violations.

But key challenges remain for the state as it continues to work with limited resources that have not grown to meet the needs of a higher-risk, higher-needs corrections population.

- Limited resources have required DOC to take a “triage” approach to supervision, focusing supervision and corrections programming on only a portion of people who are at the greatest risk of recidivating, inside facilities and especially in the community.
- There are limitations and inconsistencies in how DOC is able to use relevant criminogenic risk information to guide supervision and programming case planning and decisions.
- Risk and needs information is often not available to judges when making supervision condition decisions, a critical point that can help frontload a person’s supervision and treatment.
- Community Corrections Officers (CCOs) are DOC staff who make home visits for people on supervision. The CCO role was established as a function of a home confinement furlough status, but this original function deviates from the current research regarding effective supervision and client habilitation.
- There are inadequate community-based programming and supports to help people with complex needs on supervision across the state.
- The use of graduated sanctions is inconsistently tracked in the case management system, and the use of these sanctions appears to vary.
- There is not a centralized training curriculum for supervision officers, leading to different approaches between DOC Central and offices across the state.

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To address the overabundance of people with behavioral health needs who move through criminal justice systems, states must develop and implement a comprehensive approach for working with this population.

A comprehensive, statewide approach for addressing the intersection of behavioral health and criminal justice must aim to do the following:

1	Improve identification of people who have behavioral health needs in the criminal justice system.
2	Ensure access to a comprehensive array of treatment and support services.
3	Prioritize effective correctional interventions for those at the highest risk, ensuring that all people with behavioral health needs are able to receive the treatment they need, regardless of criminogenic risk level.
4	Strengthen collaboration and training between behavioral health and criminal justice agencies at the state and local levels.

DOC works to identify people's behavioral health needs—substance addictions and mental illnesses—at various points as they move through the corrections system.



When a person is **detained** pretrial, they are initially screened for substance use and mental health needs by DOC's private health care contractor.

Anyone who is **sentenced** to a period of incarceration is also screened, and, based on the results, may receive a follow-up clinical assessment by DOC's private health care contractor.

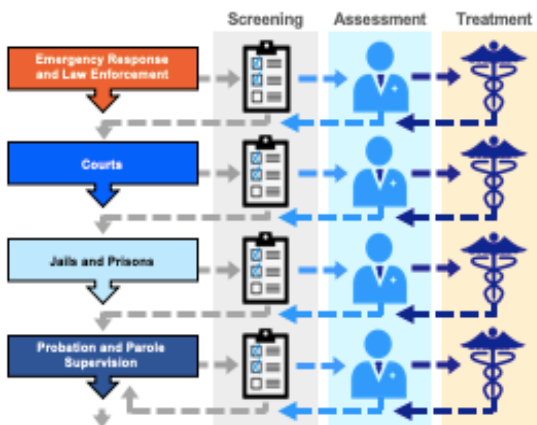
People who begin furlough or parole or have a split probation sentence receive the ORAS-CST, which includes a domain for behavioral health needs.

People who are sentenced straight to probation do not receive a mental health screen unless their initial score on the SLA requires a follow-up assessment using the ORAS-CST, which includes a domain for behavioral health needs.

Despite the use of behavioral health screeners, limited resources require DOC to prioritize behavioral health reentry planning for people with severe mental illnesses* and opioid use disorder.

1 Improve identification

People must be screened for behavioral health needs at all stages of the criminal justice system. For people who screen positive, ensure the person is assessed by a trained clinician who can reach a diagnosis. Data must be collected, recorded, and shared.



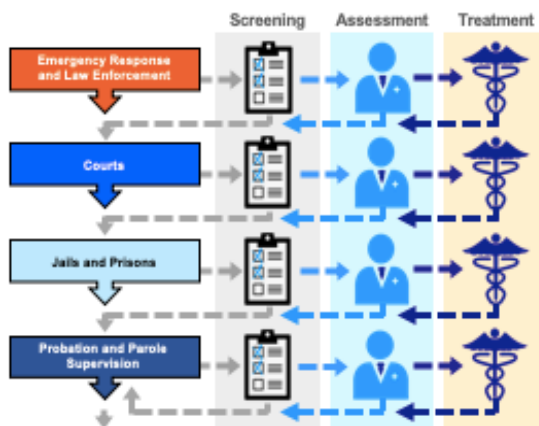
- ✓ DOC's private health care contractor conducts mental health and substance use screens upon a person's intake to a facility, typically within four hours of entry, and follow-up assessments take place within 14 days.
- ✓ For the sentenced population, behavioral health reentry planning begins six months to a year before release and is strongest for people who receive medication-assisted treatment (MAT) or who have severe mental illness (SMI).
- ✗ For the detained population, there is limited behavioral health reentry planning, and what exists is prioritized for the SMI and MAT populations, primarily because of the short periods of time people are detained pretrial.
- ✗ For the sentenced population, behavioral health reentry planning is not as strong or consistent for people with co-occurring disorders, or whose mental illness does not rise to SMI.

*Within DOC's facilities, people with Severe Mental Illness (SMI) are part of DOC's Seriously Functionally Impaired (SFI) population. SFI is a DOC designation that also includes people with disabilities and severe brain trauma. In the community, people with SMI are served by designated agencies of the Department of Mental Health.

Supervision staff rely on reentry case plans to inform their understanding of a person's behavioral health needs, and there can be a disconnect between community providers and supervision officers.

1 Improve identification

People must be screened for behavioral health needs at all stages of the criminal justice system. For people who screen positive, ensure the person is assessed by a trained clinician who can reach a diagnosis. Data must be collected, recorded, and shared.



- ✓ Supervision staff have access to behavioral health information that is within the DOC reentry case plans to understand the behavioral health needs of people who move from an incarceration sentence onto supervision (furlough, parole, and split probation cases).
- ✗ However, for people who do not receive MAT or who are not identified as having SMI, these case plans may not always reflect other types of behavioral health needs, including co-occurring disorders or less serious mental illnesses.
- ✗ Community providers report some inconsistencies related to DOC facility MAT handoffs to hubs and spokes.
- ✗ Behavioral health information sharing between DOC (private health care contractor, DOC facility reentry case workers, and supervision officers) and community-based providers for care coordination and care management is inconsistent, which increases the difficulty of coordinated, comprehensive case plans.
- ✗ There is less behavioral health information available to inform supervision conditions for people who are sentenced straight to probation compared to people on furlough or parole given that PSIs are rarely conducted, and the SLA does not include mental health screening questions.

Vermont has built critical service and support infrastructures that provide statewide assistance in innovative ways that can be strengthened and expanded for even greater impact.

2 Ensure access

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



- ✓ MAT is widely available both in the community and DOC facilities as part of the statewide hub and spoke model that serves people struggling with opioid use disorder.
- ✓ DOC's role as a spoke to provide MAT to people within its facilities is a unique and innovative national model.
- ✓ DOC has amended its contract with the private health care contractor to a spoke level of care.
- ✓ Based on conversations with DOC and providers, there are strong wraparound services for the SMI population in the community.
- X Counseling is offered to clients in the community-based hub and spokes, and DOC offers medical supports, such as MAT, inside facilities; however, due to resource and workforce challenges, DOC is more limited in its ability to offer clinical supports to reach best practices in clinical intervention.
- X Many people accessing MAT at hubs and spokes have significant unmet housing needs, and the expertise and capacity among DOC and hub and spoke staff to refer clients to housing resources varies across the state.

There is opportunity and need to further strengthen and expand access to these services to have a more comprehensive and consistent impact across communities and people.

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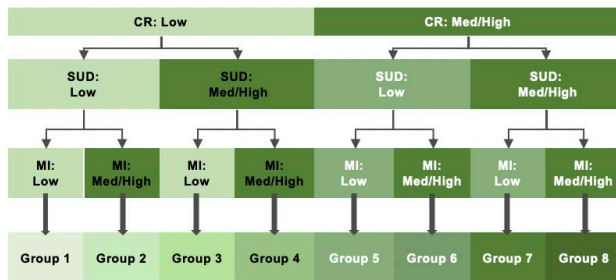


- ✓ There are innovative community models to support law enforcement's response to crisis calls that could inform a statewide approach, including the Howard Center's outreach teams and Brattleboro's Project Care.
- ✓ Vermont has peer recovery networks across the state, including nine Recovery Centers, embedded peer recovery coaches in emergency rooms, and the voluntary DOC peer recovery coach service Open Ears.
- ✗ Law enforcement agencies have varied access to community-based resources when responding to behavioral health crisis calls, including case management, embedded social workers, and detoxification beds.
- ✗ Due to resource and workforce challenges, DOC mental health treatment is prioritized for the SMI population.
- ✗ There is limited co-occurring disorder treatment available across the state for people who are incarcerated and who are on supervision.
- ✗ Providers can rarely offer childcare, which makes it difficult for parents to discuss what they are facing (e.g., domestic violence) in front of their children.
- ✗ Transportation is a significant access barrier for people across the state.

Although there are treatment case planning policies in place, people are inconsistently connected to community-based treatment.

3 Prioritize effective interventions

People must be connected to interventions and services based on their criminogenic and behavioral health needs.



Criminogenic Risk (CR)

Severity of
Substance Use Disorder (SUD)

Severity of
Mental Illness (MI)

- ✓ According to DOC policy, case plans for people on community supervision will be informed by behavioral health information that is identified by screeners or assessments.
- ✓ Some DOC supervision offices have built strong relationships with local services, particularly with housing providers or “mom and pop” landlords, and leverage these connections to help clients connect with available services.
- ✗ Despite policy, case plans are not always informed by the behavioral health needs of the client due to resource constraints, limitations of court ordered stipulations, or limited local service availability.
- ✗ There are challenges to sharing relevant behavioral health information and coordinating care between supervision officers and community providers, which can negatively impact overall case planning and subsequent treatment and programming referrals.
- ✗ Due to funding limitations and challenges in care coordination, people with mental health needs that do not rise to SMI are under-connected to the continuum of care offered by designated agencies for mental health in the community.
- ✗ For people with co-occurring disorders on MAT, there is often a lack of coordination for mental health treatment across providers and supervision.

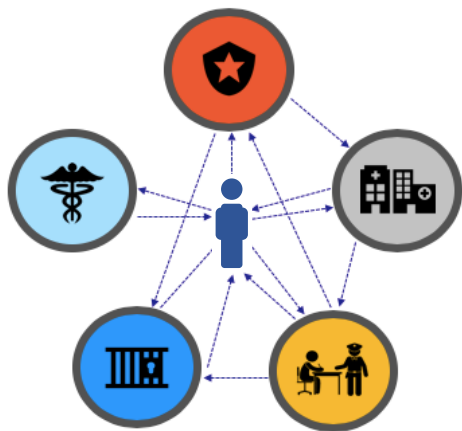
Vermont has been expanding cross-system training, particularly crisis training for law enforcement.

4

Strengthen collaboration and training

The “system” people interact with is a fragmented collection of criminal justice and behavioral health agencies that serve people in the criminal justice system.

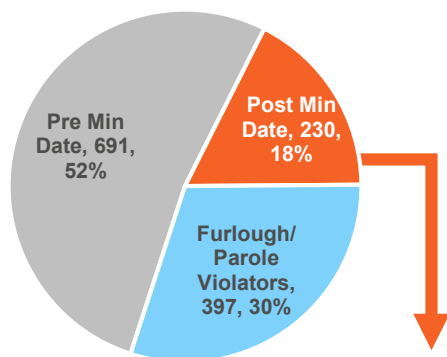
While a person may interact with each agency, the agencies themselves often do not communicate, coordinate, or collaborate.



- ✓ Key actors in the criminal justice system, including judges, supervision officers, and state’s attorneys, have reported that training they have received has evolved their responses to people with addiction, and they are more thoughtful and less punitive in response to a person experiencing relapse.
- ✓ Existing crisis training for law enforcement includes a strong focus on understanding mental illness and administering naloxone for people who have overdosed.
- ✓ State police receive cross-system training that includes sessions provided by trained clinicians and people with lived experience.
- ✓ Local law enforcement, mental health crisis workers, and dispatchers are offered cross-system mental health training by Team Two, a Department of Mental Health and Department of Public Safety grant-funded program administered by Vermont Care Partners.
- ✗ Crisis training for the state police and local law enforcement does not include sufficient information on substance addiction and co-occurring disorders.

The current availability of reentry housing does not match the needs of people accessing it.

1,318 Total People in Sentenced Incarceration Population at the end of FY2019



Programming Issues	38%
Lack of Housing	26%
Holds/Security/Safety	24%
Plan to Max Out	6%
Unknown	6%

- ✓ Vermont DOC has a transitional housing budget dedicated to supporting reentry for the sentenced population and has established grants with an array of housing providers across the state.
- ✓ Vermont has pioneered certain housing options, including Pathways (Housing First Model), to serve people with complex needs.
- ✗ Vermont has a network of sober housing options available for people returning from prison, but these options often have rigid rules about relapse that differ from current evidence-based practices and some disallow the use of MAT, resulting in increased revocations for people who relapse and lose their housing.
- ✗ Under DOC's transitional housing program, approximately 20 percent of beds at any given time go unused. Some DOC clients are denied entry because of past violations of program agreements, causing beds to be vacant.
- ✗ Only a limited number of people in the DOC population access Pathways, and there is no formal funding bridge to support people finding and maintaining stable services after they leave community supervision.
- ✗ Statewide housing for people experiencing domestic violence, particularly for people with children, is severely lacking.

Source: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

Housing is a significant reentry and recidivism challenge, particularly for people with behavioral health needs, and a critical step in addressing this challenge is for the state to better understand housing needs for people who are incarcerated.

- ✓ There are ongoing discussions between DOC and Agency of Human Services to match corrections and homeless information in Vermont to understand the overlap in populations.
- ✗ Currently, housing needs are identified for people in the sentenced population during reentry case planning; however, there is no consistent screening provided to the sentenced population to determine the full scope of their housing needs.
- ✗ There is no housing needs assessment for people in the detained population.
- ✗ Although DOC, the Department of Mental Health, and the Department of Health's Division of Alcohol and Drug Abuse Programs have shared clients with behavioral health and housing needs, each of these agencies contract separately with housing providers, which can lead to an uncoordinated response for the same person.

Key takeaways for the behavioral health services and treatments available for people moving through Vermont's criminal justice system

- DOC facilities have worked hard to develop mechanisms for behavioral health screening and assessment, but there are still opportunities to improve identification of people with co-occurring disorders and mental health needs that do not rise to SMI.
- There are limited mental health and substance use treatment resources in DOC facilities and in the community, requiring the department to use a “triage” approach focused primarily on SMI and MAT populations.
- There are case planning policies in place to ensure behavioral health information guides treatment and programming referrals, but due to information sharing inconsistencies, supervision officers do not always have consistent or comprehensive knowledge of clients' behavioral health needs.
- State police and local law enforcement have cross-system mental health training; however, there is less focus on training law enforcement on responding to people with addictions or co-occurring disorders.
- Appropriate housing is a significant challenge for people with behavioral health needs in the criminal justice system, and due to resource limitations, DOC does not screen for housing needs of their detainee and sentenced populations.

People in the corrections system with behavioral health conditions, particularly those with co-occurring disorders, non-SMI and housing needs, must be better identified and connected to community services, which will require expanding existing resources.

Meeting Agenda

1. Profiles of Vermont's incarcerated and community supervision populations	10:15 a.m.–10:45 a.m.
2. Trends and key drivers for prison and supervision populations	10:45 a.m.–12:00 p.m.
Break	12:00 p.m.–1:00 p.m.
3. Recidivism reduction for people who are incarcerated and on supervision	1:00 p.m.–2:15 p.m.
4. Behavioral health services and treatments available for people moving through the criminal justice system	2:15 p.m.–3:15 p.m.
Break	3:15 p.m.–3:30 p.m.
5. Areas for policy development and next steps	3:30 p.m.–4:00 p.m.

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Justice Reinvestment II analyses and working group discussions have identified critical issues in Vermont's criminal justice system.

October

- Strong efforts to divert people who are lower risk and with less criminal history away from the criminal justice system, but with varying degrees of success and adoption across the state
- An extremely complex community supervision system, complicated by the many and varied legal statuses by which a person may be supervised by DOC staff in the community

December

- The driving force of supervision revocations on prison admissions and populations, particularly for revocations from furlough for technical violations
- Challenges in how effective supervision and recidivism-reduction programming is administered across the state and various populations of people, due to limited resources
- Gaps in how behavioral health needs are identified and addressed as people move through the criminal justice system

November

- Increases in some serious reported crimes that will drive more people convicted of these offenses into the corrections system
- It appears that over one-quarter of all misdemeanor dispositions receive incarceration sentences of some kind, and felony convictions have grown, primarily due to increases in convictions for assault, domestic violence, and sexual assault
- Best practices and approaches state systems and agencies must use to guide policy and practice to address people's criminogenic and behavioral health needs and lower recidivism

A policy framework to address these challenges may center on four key goals for Justice Reinvestment II.

- 1. Reduce recidivism and revocations to prison**
- 2. Achieve a more equitable system across gender, race, and geography**
- 3. Improve data and reporting to inform decision-making**
- 4. Reinvest in policy implementation and sustained progress**

Key questions to consider in developing recidivism-reduction policies

1. Reduce recidivism and revocations to prison.

What changes in policy and practice will help Vermont

Strengthen and simplify the community supervision system to ensure people are successful in the community and less likely to return to prison?

Identify how more useful information can be gathered and effectively shared to establish a greater continuity of care for people based on their criminogenic and behavioral health risks and needs?

Establish greater access to proven and effective programs for people who are at higher risk of recidivating?

Strengthen community-based programs and services for people across the criminal justice system, from diversion to community supervision?

Key questions to consider in developing equity-focused policies

2. Achieve a more equitable system across gender, race and geography.

What changes in policy and practice will help Vermont

Ensure that people who are convicted receive less disparate sentencing outcomes based solely on their race or county of conviction?

Provide more gender-responsive programming to address unique issues facing women in the criminal justice system?

Achieve greater consistency in providing more access to treatment and better interventions for people with behavioral health needs across the state?

Key questions to consider in developing data improvement policies

3. Improve data and reporting to inform decision-making.

What changes in policy and practice will help Vermont

Invest in more analytical capacity and commit to stronger data collection and reporting across criminal justice agencies?

Immediately adopt changes in practice to address data gaps and conduct important additional analyses?

Dig deeper into key questions that Justice Reinvestment II will not fully analyze, particularly related to racial disparities throughout the criminal justice system?

Provide lawmakers with information they require to make more data-informed policy decisions in the future?

Key questions to consider in developing implementation strategies

4. Reinvest in policy implementation and sustained progress.

What changes in policy and practice will help Vermont

Support a truly effective and evidence-based system, at the front and back ends of people's criminal justice involvement, through budget and policymaking?

Analyze and provide information that lawmakers need, immediately and consistently, to better inform budget and policy decisions?

Assist state agencies implement new policies with fidelity to ensure reforms achieve the intended outcomes?

Maximize Justice Reinvestment to position the state for additional funding to assist with policy implementation?

Next Steps

- ❖ **Continued policy recommendation discussions**
 - December–early January
- ❖ **Final Working Group Meeting**
 - Wednesday, January 22 in Montpelier
 - Presentation and discussion of final CSG Justice Center policy recommendations
 - Impact estimate calculations
- ❖ **Legislative session**



Thank You

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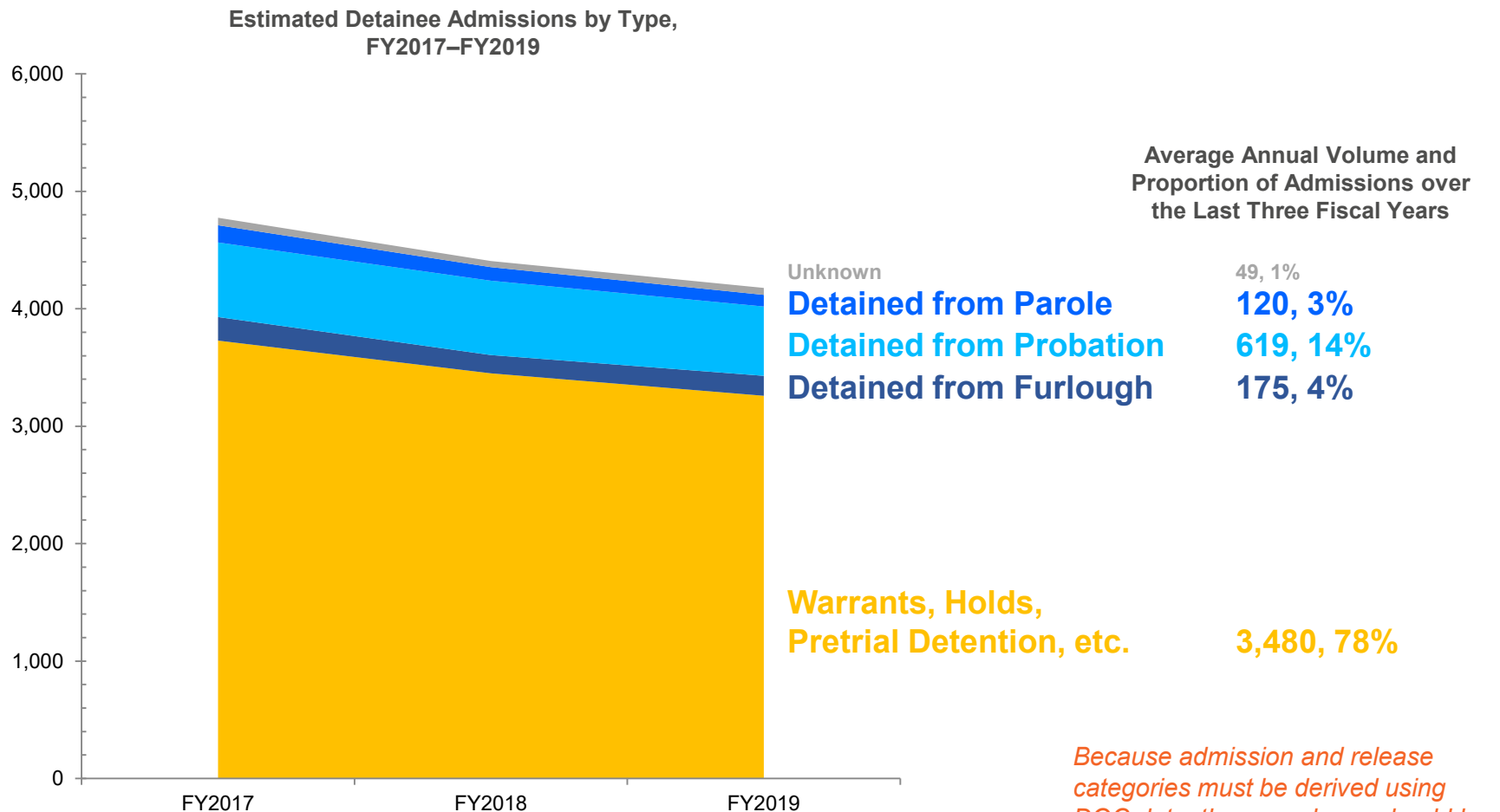
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APPENDIX

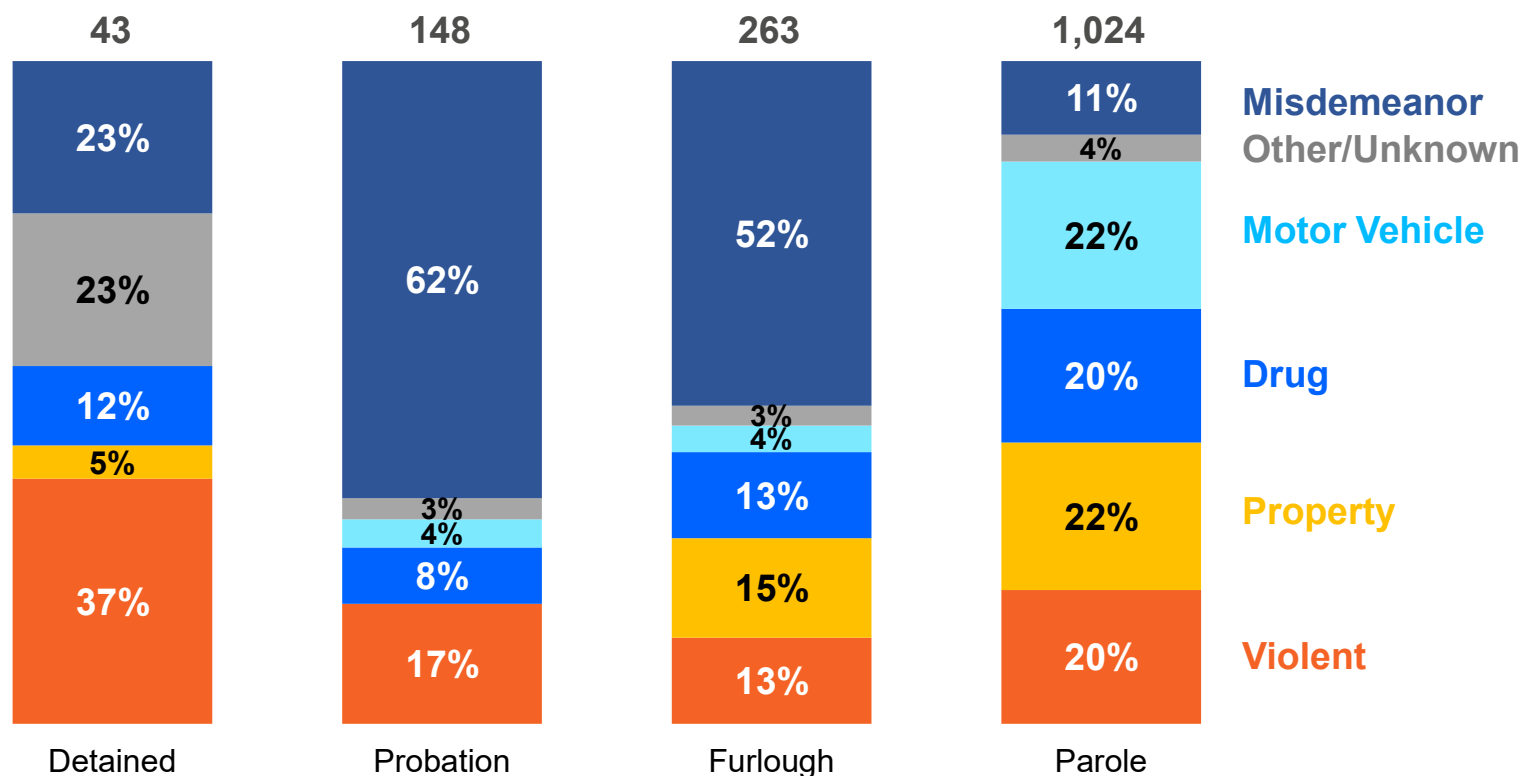
People held for supervision violations make up a far lower proportion of the state's detention population.



Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

More than half of women on furlough were convicted of misdemeanor offenses and likely received pre-approved furlough as a sentence.

Women in DOC Populations by Offense Level and Type at the end of FY2019



Sources: The Council of State Governments Justice Center analysis of data from the Vermont Department of Corrections.

This project was supported by Grant No. 2015-ZB-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.