

RESEARCH REPORT

ACTION ON THE WOMEN'S CORRECTIONAL FACILITY

St. Paul's Local Organizing Ministry of Vermont Interfaith Action conducted extensive research over the past year on Vermont correctional institutions. We discovered that Vermont is known as having one of the most humane and forward-thinking systems of corrections in the United States, especially compared to other states. But we also found areas where improvement could be made. For this action, we have decided to focus on the Women's Correctional Facility in South Burlington, and we will address the critiques and recommendations we have for it as a prototype for the entire system.

Our research revealed that there is need for improvement in three areas: 1) the physical facilities; 2) the programs available to inmates for medical treatment, mental health, substance use disorder treatment, and job skills training; and 3) the potential for cutting edge, restorative practices as are employed in other states and other countries. Tonight we will examine what we assess are the shortcomings in these three areas and make recommendations for improvements in each one.

But let's begin with what is good about Vermont's approach to corrections. First, before Vermonters are sent into the corrections system, there are diversion courts available so that they avoid incarceration at all. Vermont should be commended for diversion through drug courts and mental health courts and through the network of Community Justice Centers in almost every county, which are made up of community members and employ restorative instead of punitive practices, bringing victims and perpetrators of non-violent crimes together to discuss repentance, forgiveness, and restitution.

Once those who are actually sent to court and convicted reach one of our Vermont prisons, they are assessed for their personal needs vis-à-vis the risk they pose to their communities. This risk/need assessment takes into consideration various criminogenic factors, including age, criminal history, economic background, mental illness, and substance use disorders. Case managers devise a regimen of programs to address these factors, meet the needs of prisoners, and lower their risk of danger to the community, so that their time inside prison is rehabilitative and therapeutic.

In addition, our prisons began the practice last year of providing Medication Assisted Treatment, or MAT, for those with substance use disorders. Those with heroin or other opiate addictions receive pharmaceutical treatment that has been proven to help change the brain chemistry and give these individuals a better chance at recovery.

Also inside our prisons, individuals who have not graduated from high school are required to complete their degrees through the Community High School program, or CHS. CHS also provides job training classes and other enrichment courses during incarceration.

Furthermore, Vermont has one of the most progressive treatments for sex offenders in the country. Circles of Support and Accountability are formed for sex offenders upon release, and these groups of four to five volunteers from the community meet weekly with the released offenders for a year, giving them advice and support in navigating life on the outside, and holding them accountable for the commitments to changed habits and thinking that they make.

Numerous Vermont practices inside our prisons are humane – for example, there is no solitary confinement practiced in any Vermont prison, reduced sentences for good behavior have been

reinstated, and not only do released felons have the right to vote in Vermont, the incarcerated can vote by absentee ballot while in prison.

VIA applauds the Department of Corrections and the legislators who oversee it for these forward-thinking conditions and practices. We hope that all of you present tonight are heartened to hear of them as well.

Yet none of us can become complacent about our corrections system or the condition of our prisons, and especially as people of faith, we strive for ever higher standards of just and compassionate treatment and the concepts of redemption and transformation. In that spirit, we would like to share with you now the areas in which we seek improvement.

Facilities

The Chittenden Regional Correctional Facility, CRCF, located in South Burlington, currently houses approximately 155 female offenders. This facility was originally built in the 1970's to house 88 inmates while they were temporarily awaiting trial.

In 2012 problems arose because of many shortcomings in the physical plant, including unsanitary conditions (there were not nearly enough toilets for the 150+ inmates), handicap inaccessibility, and deferred maintenance due to lack of funds. There is very little outdoor space, meaning that women receive inadequate exercise and access to sunlight, and the hallways and rooms are sterile, echo-filled, noisy, cement-block structures that perpetuate a depressing, hopeless atmosphere.

VT Digger in May 2019 reported, “Conditions at the Chittenden Regional Correctional Facility, Vermont’s only women’s prison, have been a concern since inmates were moved there in 2011. But a recent wave of complaints has lawmakers and advocates debating what to do about the aging South Burlington facility. In a 14-month period starting in January 2018, inmates filed over 1,400 grievances about the prison and its staff.”

Even though some improvements have been made since the women first arrived there, there is nonetheless broad agreement among administrators, legislators, and advocates that the facility is inadequate and in need of further improvement.

Therefore, our first set of recommendations concerns the physical condition of CRCF specifically, and the entire network of Vermont facilities in general. We realize that it will not be possible to bring all seven of our Vermont prisons into better repair overnight, and certainly not without considerable financial expense, but these are ideas that we suggest be considered:

- 1) Renovate other types of facilities that the state already owns and bring them into the corrections system. With the closing of some of the state colleges and of the Woodside juvenile facility, exploration of possible alternative sites and the relative costs of rehabbing these facilities whose maintenance has been kept more up-to-date versus the prisons that are in greater disrepair would be advisable. And while these alternative facilities might have less imposing physical construction, that could be beneficial and would align with the recommendations we will make later in the report on more innovative and therapeutic programming.

- 2) Seriously consider construction of a new centralized campus that would incorporate different units that are distinct but located geographically near each other, such as those for more risky and violent offenders, those for less violent and less risky offenders, and those in need of mental health treatment. VIA thinks that the previously abrupt reaction against the proposal for such a centralized campus was short-sighted and premature. We want to be clear that we are not in definite support of such a plan, but we do think that a centralized campus, run by the state and not a private corporation, could provide economies of scale and other efficiencies as well as the opportunity for modernization that otherwise do not exist today, and should be given due consideration. Therefore, we support the study of such an idea that the legislature proposed earlier this year, and we further support a thoughtful and open-minded review of the study once completed.

Care and Programs

VIA discovered in our research that the medical care provided to inmates is inconsistent across facilities and extremely expensive, especially when compared to other states. In a recent evaluation undertaken by an outside consulting firm, it was reported that in 2018, \$21 million was spent on health care for approximately 1,500 inmates. That comes to \$1,186 per inmate per month. This is 63% higher than what comparable systems pay. The cost drivers were identified as staffing, administration, and system design. Regarding staffing, Vermont prisons have 9.6 health care staff per 100 inmates as compared with 6.1 in New Hampshire and 3.8 in Rhode Island. With regard to administration, in Vermont our administration costs account for 11.6% of the overall cost. In Rhode Island administration costs are 6.8% and in New Hampshire they are 3.5%.

System design was identified as another cost driver, This is true partly because Vermont provides care under a private carrier called Centurion, which is under contract to the state, rather than by hiring our own in-house providers. But this is also due to the fact that Vermont has adopted higher standards of care than many other states.

For instance, we provide Medication Assisted Treatment, or MAT, for those entering prison with opioid addictions. This program provides MAT for as long as medically necessary for anyone entering a DOC facility who has been prescribed it before coming to prison. The program is meant to stabilize inmates while in prison to avoid relapse and possible overdose when released. It has a beneficial impact on the inmates and the communities to which they will return.

Some important advances have been made in the program, but these have added to the costs. Removal of restrictions for receiving treatment based on release dates and extension of treatment to those who had already been in prison put 250 more inmates on MAT this year. Currently across the prison system there are about 30% of inmates who receive MAT. Among the women's population it is even higher --in June of 2019, 60% of women inmates were on MAT, 89 out of 146. MAT is not paid for by Medicaid or Medicare and must come out of state funding.

While MAT itself is evolving, and in fact is now referred to as MBT, or Medication Based Treatment, which does not require talk therapy or Twelve Step programs, many in recovery have found these added supports are highly beneficial. In our prisons, however, these supports are dependent on volunteers and are inconsistently available.

In addition to treating inmates for substance use disorders, which is an extremely important part of restoring them to functioning well on the outside, there is need for more mental health treatment, and for emotional supports and coping skills that will lead them to greater personal success and less chance of recidivism. The services of counselors and therapists are available at each Vermont prison, but the need is still great. Other beneficial programs do exist: the DOC sponsors Open Ears, a peer-to-peer recovery and support coaching program; Mercy Connections provides mentoring and life skills classes, and the Lund Family Center teaches a parenting class called Kids Apart. These programs are provided in Chittenden County, but this kind of assistance is inconsistent throughout the rest of the state, and even at CRCF they could be expanded and deepened if resources were available.

Another area of programming that should be improved is training in job skills, specifically to match such programs to the actual needs in Vermont. A wood-working program, for instance, has produced some attractive decorative items that can be sold, but there are few opportunities in this sector for long-term employment once inmates are released. More practical programs would be in trade skills like plumbing, electrical work, and car mechanics. Connecting inmates with those who have mastered these trades and perhaps instituting an apprenticeship program could reap great rewards in employment upon release.

Currently CRCF offers job training programs run by outside entities, not by DOC. Community High School provides Workforce Readiness classes that teach resume and cover letter writing and interview skills. Vermont Works for Women provides a number of useful programs, including “Build Your Skills,” which teaches work readiness and self-development; “Enrichment Night,” in which a woman from the community speaks about her career; “Trailblazers,” which trains a cohort of incarcerated women to become electricians; and “Realities of Re-Entry,” which focuses on planning for re-entry, including employment. Phoenix House is active in CRCF doing recovery work and there's also the DIVAS program, which supports women who have experienced domestic or sexual abuse. The constraints of the physical facility at CRCF prevents Vermont Works for Women from continuing the modular home program they ran when the women were located elsewhere. This program trained women in all aspects of building a home – wiring, plumbing, installation, roofing, and general carpentry.

By comparison, in men’s prisons, individuals have the benefit of print shops, machine shops, and license-plate-making shops, as well as opportunities to learn and work at skilled trades. Additionally, in the Newport prison the men have access to a pilot program that offers training in computer coding in partnership with Community College of Vermont.

In short, VIA has identified a number of ways that programs in CRCF and throughout the corrections system could be improved. To summarize our recommendations:

- 1) Renegotiate the existing medical care contract with Centurion, or if a different service is chosen, negotiate a new contract that includes the following elements:
 - a. Reducing the number of regional office staff by shifting responsibilities to the Office of Health Services in the DOC.
 - b. Consider consolidating certain health care services in fewer prisons that concentrate on specific conditions. For example, have all those being treated for heart disease in a particular facility rather than spread out through the system.

- c. Assess the long-term potential for reducing cost and improving performance by replacing the small facilities with a centralized correctional complex with an on-site comprehensive medical facility.
- 2) Expand and stabilize access to Twelve Step programs, talk therapy, and programs that build recovery, self-esteem, and coping skills by dedicating staff to coordinate these rather than only relying on volunteers.
- 3) Implement job skills programs that are matched to the practical opportunities for employment that exist in Vermont, especially considering initiation of apprenticeships in a controlled setting or upon release, and particularly increasing opportunities for women.

Innovative Programs

While we at VIA think that incremental changes could make significant differences in the restoration and redemption of those who are incarcerated, as people of faith we would prefer to see even bolder systemic changes that could lead to true transformation, both of individuals and our society. To that end, we researched cutting edge methods that are being used in countries like Norway, Denmark, and Germany, and in US states such as North Dakota and Connecticut.

Halden Maximum Security prison along the North Sea in Norway, which houses 300 inmates, allows them to roam the facility for 12 hours per day, and provides each inmate with a private room equipped with a fridge, a television, and a desk. They also have access to a fully-equipped kitchen, and a metal and woodworking shop. The facility staff focus on preparing inmates for life after incarceration and are encouraged to cultivate friendships with them.

There is no death penalty nor life sentence in Norway. The maximum sentence is 21 years; however, five-year increments can be added onto a sentence if the justice system finds that the prisoner has not been rehabilitated. The incarceration rate in Norway is 72 per every 100,000 people, in contrast to the U.S., where the rate is 693 per 100,000. Norway also has the lowest recidivism rate in the world at 20%, while the average in the U.S. is 75% re-offending within five years of release. In Vermont the recidivism rate is estimated at 47% -- significantly lower than the US average, but substantially higher than Norway's.

The state of North Dakota has implemented some elements of the Norwegian model at a minimum-security facility. They house some inmates in modular units, giving those with good behavior the opportunity to receive a private room, some of which even include private showers and toilets. The list of minor infractions resulting in additional punishment has been shortened, and the staff has been encouraged to adopt the Norwegian attitude that their job is to prepare inmates for life outside, and to befriend them.

As a result, North Dakota prison officials have noticed large declines in violence between inmates, threats against the staff, and the use of force by staff. Conflict resolution is achieved by staff treating inmates like human beings and employing and encouraging empathy with and among inmates.

Another cutting-edge model of incarceration comes from Germany, where the main objective of prison is rehabilitation and where the recidivism rate is about 37% -- half of that in America.

Connecticut made a radical change in one of their maximum security prisons that houses 1,300 prisoners, based on the German system.

Previously the Connecticut prison could lock up inmates 22 hours a day with just an hour of recreation in the morning and afternoon. When the former governor asked for radical change, the warden closed down the solitary confinement wing and opened up a sanctuary for self-improvement for about 50 young inmates aged 18 to 25, whose crimes ranged from drugs to violent assault. The program is based on science that proves that the brains of this age cohort are still developing, meaning their behavior can still change. The program is called TRUE, for truthful, respectful, understanding and elevating to success.

In the program, correctional officers play board games with the inmates, and a cell has been turned into a yoga studio by prisoners. Staff and inmates mingle freely, and inmates are out of their cells from morning to night, with days filled with classes and counseling. The goal is to rebuild these men with experiences, structure, and discipline they might not have had before.

As in North Dakota, the violent incident rate is much lower than the general population. Good behavior earns benefits like longer family visits and a prison job, while repeated bad behavior like profanity and a bad attitude gets inmates shipped back to the general population.

To those critics who say that those who have committed crimes deserve to be punished, proponents of such programs explain that incarceration itself is punishment. Negative treatment within incarceration only serves to dehumanize inmates and increase their sense that it is hopeless that their lives can ever be different, while caring about prisoners and treating them with dignity foster a sense that they have worth and will take seriously being given a second chance.

We at VIA recommend that a program like TRUE or a small unit modeled on the Norwegian living situation be piloted in the Vermont corrections system.

Conclusion

The mission statement of the Vermont Department of Corrections is praiseworthy: “In partnership with the community, we support safe communities by providing leadership in crime prevention, repairing the harm done, addressing the needs of crime victims, ensuring offender accountability for criminal acts, and managing the risk posed by offenders.” Some of the principles by which the department operates include belief “in the inherent worth and dignity of all individuals,” belief that “people can change,” and belief in “the placement of offenders in the least restrictive environment consistent with public safety and offense severity.”

VIA’s research revealed that the system employed by the DOC takes this mission and principles seriously and succeeds in many ways, especially when compared to other states. For that reason, we wanted to ensure that today’s research report highlighted many of the positive elements of the Vermont corrections system.

Our research and our shared faith values also point us toward improvements that can still be made, which we believe will lead us to lower violence rates in prison, lower recidivism rates for offenders, and stronger likelihood of true personal and societal transformation. We are not naïve;

we are well aware that many of our recommendations cost money and that the barriers to adopting them will be centered on lack of funding. But decisions about what to fund and for how much are always based on priorities and values. And so we want to encourage the DOC and the legislators who vote for their funding to prioritize and value measures that will provide better facilities, with more therapeutic and healing programs, and will take a chance on innovative, cutting-edge practices toward inmates. We truly believe these changes will be worth the cost in dollars, as they will lead to a new culture of humane treatment for our society and a new start in life for many individuals.