

December 4, 2012 Town Hall Meeting Responses to Questions/Comments

Responses to the questions and comments made at the December 4, 2012 Town Hall Meeting are below. We have done our best to provide a response without making it too long or complicated. In several instances, we included a link to a document that provides more information. We also recognize that our answers may not satisfy the participant. This does not mean that the Department does not value the comment. All of the comments are given serious consideration and weighed against the current constraints of the Department. In the course of our planning, we will review public input and make changes when possible to the operations of the Department.

We are thankful for your participation and look forward to future dialogue at the February 12, 2013 meeting.

1. Why do we use out of state housing? What are we doing to minimize?

The basic answer is that there are not enough beds in state to house all the people sentenced to serve time or detained.

We work hard to limit the use of out-of-state incarceration. The number of inmates housed out-of-state is lower today than it has been in last few years. We are working to bring the numbers down by use of appropriate furlough and diverting non-violent offenders from incarceration to create more available in state beds. We generally agree that there are too many non-violent offenders in the facilities.

2. Participant would like to see more programming available to inmates.

The Program Services Division is currently reviewing the programs we deliver based on risk and needs. In this process, we are exploring avenues of providing services which address a broader range of needs and could be expanded to more offenders.

3. Participant would like to see services/therapy offered earlier in a person's sentence and to keep prisoners in state

Currently risk reduction services are offered toward the later segment of a person's incarcerated sentence to provide a stronger linkage to transition to community based risk reduction services. Since there are limited resources, this timing of services is most consistent with evidenced based practices.

4. Participant would like DOC management to stop the practice of hiring correctional officers as temporary employees with no benefits.

The State understands this concern and agrees. We are working to limit the use of temporaries and have added 24 new correctional officers within the last two years to replace temporaries. We will continue to monitor the use of temporaries and add positions as resources allow.

- 5. Participant commented about substance abuse programming. He used to volunteer at Windsor/Woodstock when offenders were offered incentives to attend AA/NA meetings. Now the meetings are not well attended as there are no incentives for people to participate. Can we change that?**

The Program Services Division is cognizant of the evidence supporting incentives for engagement in risk reduction services and pro social activities. We have begun exploring the development of incentive system for those activities in the last calendar year. We have piloted an incentive system in a unit based program at Northern State and are reviewing its effectiveness, including ways to resource it.

- 6. Participant stated an offender was released into his community without any notification. They are concerned about safety. How does the department notify communities? What can be done?**

The DOC followed-up directly with this participant. The subject of this comment was not under DOC custody or supervision. That said, the DOC has a directive that outlines how the community is notified. To review the directive, click this link: <http://doc.vermont.gov/about/policies/rpd/correctional-services-301-550/501-550-programs-restorative-justice/502-01-victim-notification-signed>

- 7. Participant stated the Department has a PR problem in Springfield. Several rumors are circulating through the community: a) the Department is not keeping its promise around releases prisoners. There are instances where the family moves closer to be near an offender and then, when the offender is released the family stays in the community; b) Eruption of gang problems and the community suspects it is related to the out of state drug traffickers mingling with instate population while incarnated; c) concern about lack of drug rehabilitation programs.**

The Department met with the Springfield town Select Board on December 10, 2012 to address these concerns. They were provided data showing that the Department is acting in keeping with the agreement. The Department will continue work with the town to address their concerns about violence in the community.

- 8. Participant works at Restorative Justice Center and volunteers at Camp Agape. During her volunteer work she spoke with people who were upset that the video conferencing equipment (for out of state?) was not operating. Can we correct that?**

The Department originally established video conferencing capabilities with the Kentucky facility for use with Parole Board hearings, meetings with caseworkers, and some visitation. Over the last 1 to 2 years, Vermont's conferencing system was upgraded from a dial up network to a network line. The Kentucky facility run by CCA is now not compatible with the network connections. We are working to have CCA upgrade their system, while at the same time exploring alternatives to having video visitation on a case by case basis. We hope to have a new video visitation program available in 2013 and will alert the public when it is operational.

9. Participant wants to know about the plans for work release at CRCF? There is a continuing issue with heating at CRCF. Women have told her there is little to no heat in house 1 and 2.

Over the past year, the State Buildings and General Services Department has been working on a major reconstruction project within the CRCF. Part of this renovation includes changes and repair to the air control systems. At this time, 50% of the temperature controls and duct work has been completed; the facility boiler was replaced and a redundant system installed to ensure that heat is maintained throughout the system. DOC staff members monitor the temperatures during this time of renovation to ensure comfortable temperatures are maintained.

The Department is currently increasing its capacity to provide re-entry services to all offenders. We will pilot a transition and reentry program soon. The full program will include CRCF.

10. Participant had three topics: a) it is inappropriate to allow solitary confinement and even more if it is beyond 24 hours; b) Can we create a testifying template for people to complete for these meetings? It would help people who are not familiar with the format to prepare; c) 2 weeks is not a long time to allow for public comment on directives. Also if really want people to comment can we set up a notification system so people know when a new directive is posted? Otherwise, people might miss the window.

a) We agree that segregation should be used only when absolutely necessary. The Department regularly monitors segregation to ensure we are in compliance with our policy. For a complete explanation of the process, click this link: <http://doc.vermont.gov/about/policies/rpd/correctional-services-301-550/401-500-programs-security-and-supervision/410.03%20Admin%20Seq.pdf>

b) Yes. This is a very good suggestion and we will create a template and post it on the website prior to the Feb 12th meeting.

c) At this time our website does not have a feature that allows us to notify people when a directive is posted. You can sign up to be emailed if you want to be notified

when directives are made available for public comment. If you are interested in receiving emails, please send a note to monica.weeber@state.vt.us
The suggestion to make the comment period longer was passed on to the Policy Development Director.

11. Participant is concerned about the high number of detainees and how much that costs the tax payer and wanted to know if there are programs available for detainees?

We are working on a proposal with the courts to address the detainee levels. That will emerge through the legislative session. Meanwhile the numbers are going down and we hope to see a level closer to the legislative target.

Detainees are not under supervision of the Department. They are not eligible for programs until they are adjudicated by the Court.

12. Participant comment/question related to individuals who are court ordered for psych evaluations that are in Springfield. Is there DOC treatment available to them? Does/can the DOC collaborate with DMH on these cases?

A person who is undergoing a court ordered psychiatric evaluation is classified as a detainee. As stated above, Detentioner's are not eligible for programs until they are adjudicated by the court. There is a 30 day period to produce the evaluation. The Department of Mental Health has no obligation to provide treatment until ordered by the Court.

13. Participant is concerned about sending people out of state and the privatization of health care services. Other questions: Can there be more extensive use of work release?

The Department is in the process of a two year migration to a new medical/mental health model. We are working with national experts to design this model with the intended implementation of February 2015. Details of this plan will emerge during the legislative session. The potential new model contains a component to establish relationships with community providers to create a continuum of service delivery. In addition, the Department is meeting with the Green Mountain Care Board to discuss how to include offenders in the new health care plan.

14. Participant expressed concern about the increase in people going out of state and the increase in detainees. He suggested an increased focus on the COSA (Circles of Support and Accountability) program. Can we secure more funds and expand the program?

Expansion of the COSA methodology is dependent upon available infrastructure and trained volunteers. The program is currently grant funded and additional financial resources are necessary for any expansion beyond current capacity. COSA are not intended for general populations but rather are targeted to high risk offenders especially those with a risk for subsequent sexual offending.

Please refer to previous answers regarding sending offenders out-of-state and detainees.

- 15. Participant was a victim of a crime and the offender had an addiction issue. The woman was sentenced, served time, was released and then found dead from an overdose. The question related to counseling while incarcerated and follow-up (aftercare). What are the options for individual counseling vs. waiting to join a program?**

The offender noted in the above question is female and the services array for incarcerated women includes significant opportunity for individual assessment and treatment services, in addition to group activities. Substance abuse treatment services are offered in the majority of our correctional facilities but are not mandated programming for the population.

- 16. Participant thanked the Department for keeping an outpost in Middlebury and said they are doing a good job. It is critical that the satellite site remain open and want to encourage the department to keep it in the budget.**

The Department agrees and thanks you for this input. We have no plans to reduce our delivery of field services.

- 17. Participant referred to a study on inmates designated as SFI dated 1/18/2012. He asked about the Department's response to the study and if/when that report would be released to the public.**

The study being referred to is titled *Raising the Bar*. The Department has responded to the study through participation in Act 87 which involved DMH gathering information on several areas, a major part was looking at the needs of the seriously mentally ill while they are incarcerated as well as when they are in the community. DMH, DAIL and many advocates and other stakeholders were responsible for gathering the information and will be responding in a report to the legislature. DOC contributed information identified in *Raising the Bar* which was a detailed study about the needs of mentally ill individuals in corrections who could benefit from other types of treatment. Hopefully that study will also be able to provide information that will be helpful in deciding what type of treatments, and other resources will be most beneficial to the Department in providing care for offenders identified as seriously functionally impaired (SFI).

The study has been released through DMH. The Department continues to develop ways to redesign our system to provide more and different services for the many different types of needs that inmates have related to mental illness but also physical illnesses as well.

The Department is also having another study done specifically on our systems of medical and mental health care. This study will look at the best ways to connect incarcerated individuals to community services when they are released and it will look at other innovative ways of taking care of individuals during incarceration as well as how best to get good quality of care while controlling costs.

18. Participant expressed concerns about segregation for inmates designation as SFI and that can aggravate the illness. She has heard that some have mace used on them during a manic episode. She was also concerned about limited exercise and food. She asked what we are doing to ensure proper training to staff to handle mental health crises. What about after care plans? Can we create a place on our website specifically around mental health?

The Department does not use Chemical Mace. Staff are fully trained and exposed to the effects of a natural Oleoresin Capsicum (OC) spray.

SFI individuals, by the Department's Administrative Directive, can only be placed in disciplinary segregation for up to 14 days at a time, and, only after review and approval by a physician. Those individuals whose behaviors warrant tighter security provisions can be placed in Administrative Segregation for longer periods of time after review and approval by a physician. All SFI inmates placed on a segregation status require close monitoring by a qualified health care and mental health professional. For additional information about segregation reviews by both DOC staff and qualified health and mental health providers, please refer to the DOC Administrative Directive 410.03 "Placement on Administrative Segregation".
<http://doc.vermont.gov/about/policies/rpd/correctional-services-301-550/401-500-programs-security-and-supervision/410.03%20Admin%20Seq.pdf>

All Officers are trained in handling mental health and other crisis in the Vermont Correctional Academy and they are provided with additional training periodically as well as supervision and support from supervisory level staff. Each facility has Nursing staff 24/7, Licensed Mental Health Providers daily and on-call for crisis (they are available to see patients several times a week in the work camps), Advanced Practice Registered Nurses (APRNs), Psychiatrists and in some sites Recreational Technicians all of whom help in the care of individuals with psychiatric disabilities. The MHPs and Psychiatrists are on-call if there are any problems during the times they are not in the facilities. DOC staff as follows Director of Health Services, Chief of Mental Health and Chief Nursing Officer, are available during any time of day to assist in crisis. They are also on call 24/7.

The meals are prepared according to plans and using menus that have to be reviewed by a Registered Dietician. The Department attempts to provide food that is heart healthy and balanced in nutrients and for inmates who need it low in salt or protein depending on specific health issues. There are vegetarian and kosher diets available as well. We have found that sometimes individuals coming into corrections gain weight as they are eating meals 3 times a day which they may not have done previously-exercise is encouraged. In most facilities there is a full-sized gym with modern equipment, basketball courts, exercise balls, baseball and other outdoor sports depending on weather. Inmates can use these facilities at designated times of day and depending on their housing location.

Individuals who are SFI are referred to special teams Statewide Interagency Teams/Local Interagency Teams which are made up of DOC, DMH, DAHL and advocacy stakeholders and many others who help to plan and prepare the individual for release which includes connecting them with helping persons in the community (doctors, mental health agencies and much more). Individuals who leave Corrections and are in need of medications are provided 30 days of their prescription at no cost to them (from the DOC health services budget). The prescription is called into their community pharmacy.

The Department hopes to re-design it's website in the future and Health Services might then be able to have a portion of the site on which we can provide more information not only about what our services are but also about how many individuals use our services and other types of information. There is information regarding Health Services within the 2011-2012 Facts and Figures which is on the DOC web. Families can also obtain information from the web by reading a *Health Services Handbook*. We are in the process of updating the handbook though much of the information remains relevant.

19. Participant congratulated the Commissioner for organizing the meetings and thought it was a success. It will be very important that the Department respond quickly and completely to the questions/comments presented.

Thank you for the compliment. This is a work in process and we will be making changes to the process as it unfolds.

20. Participant wanted to know if any neighbors had reached out to the man who moved into their neighborhood.

Please see the answer the question above.