

**Final Report  
By  
Robert D. Hofmann  
Vermont Commissioner of Corrections**

**to**

**The Joint Corrections Oversight Committee**

**on**

**FY2005 Actions:  
Implementation of the Plan of Response**

**To the Investigative Report by Michael Marks, Esq.,  
and Phillip McLaughlin, Esq., on the Deaths of  
Seven Vermont Inmates and Related Issues**

**October 12, 2005**

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## **Action Area One: Legislation**

### **1. Access to Police Investigation Reports and Autopsy Reports**

The Department had proposed legislation to provide timely access to police and autopsy investigation reports when these are involved in a critical incident. In the 2004 session of the General Assembly, 18 V.S.A. sec 5205 (g) was added to allow the medical examiner the discretion to provide a copy of autopsy reports on offenders who die in custody to the commissioner of corrections.

### **2. Legislation on staff sexual misconduct.**

The General Assembly, in Senate Bill 156, section 27, of the 2005 Session, established a sexual exploitation of offenders working group, with a mandate to report to the Joint Corrections Oversight Committee with a proposal for legislation to prohibit the sexual exploitation of any individual who is in the custody of or confined by the Department of Corrections.

That working group has met, and has recommended statutory language for drafting by the Legislative Counsel. (**Appendix 1**, attached)

We are very hopeful the Legislature will pass legislation in the 2006 session making Vermont the 50<sup>th</sup> State to criminalize sex between staff and offenders.

## **ACTION AREA TWO: Leadership**

### **1. Restructure Central Office and Facility Management**

The Marks and McLaughlin Report Investigation Report recommended an overall restructuring of the Department to help assure leadership accountability. This has been accomplished.

The key leadership of the operations of the Department has been reconfigured in accord with the recommendations of the Investigation Report. The organizational chart is attached as **Appendix 2**.

- The position of Facilities Executive was created by the legislature in the FY2005 Budget (Act 122), and was recruited nationally. Robert Kupec began in the position in December, 2004.
- The nine Correctional Facility Superintendents positions were converted to exempt status by the legislature in the FY2005 Budget. All nine positions were filled by October, 2004.

- The position of Field Services Executive was created by the legislature in the FY2005 Budget, and was converted to exempt status from an existing position. Jacqueline Kotkin assumed the position in June, 2004.
- The position of Restorative and Community Justice Executive was created by the legislature in the FY2005 budget and was converted to exempt status from an existing position. David Peebles assumed the position in June, 2004.
- The position of Director of Health Services was created by the legislature in FY2005. Dr. Susan Wehry assumed the position in March, 2005.
- In addition, the position of Program Services Executive was established, and Susan Onderwyzer was appointed to the position in February, 2005.

## **2. *Corrections Citizen Advisory Group***

The Commissioner of Corrections established in June, 2004 a working group of various citizen advocates and other interested parties to create the foundation of a citizen's advisory group. The purpose of the proposed advisory group was to review systemic issues and advise the Commissioner on to best reach the Department's stated goals. The Citizen's Advisory Group was officially convened in September of 2004. The group has met at least quarterly since then. In 2005 two additional meetings were held to address group issues. Members of the Citizen Advisory Group include offender advocates, non-profit providers of treatment and transitional housing, victims services providers, business people representatives of the faith community, prisoner rights and protection advocates, and other concerned citizens.

The Citizens Advisory Group recommended the establishment of four sub-committees. These sub-committees are staffed by citizen members of the group and include:

- Offender Reentry
- Department Policy
- Offender Issues
- Staff Training and Development.

To date, only the offender reentry subgroup has been active.

The Department is currently reviewing the structure and purpose of all of its advisory boards to ensure we maximize the value of such forums and minimize duplication.

## **3. *Internal Corrections Investigation Unit***

Act 122 of the 2004 Legislature established a four position unit under the Secretary of Human Services to conduct independent internal affairs investigations within the department of corrections and within other departments of the agency. The director of the Investigations Unit, Peter Canales, was

appointed in November, 2004. The unit is operational and staffed as of January, 2005.

Notably, since the establishment of the unit, the number of Correctional Staff Days lost on administrative leave pending the conclusion of an investigation has dropped from over 160 in October, 2004 to a June, 2005 average of 25 staff days lost time. This is a significant improvement, reducing costs from lost time from \$185,078 in the first six months of FY2005 to \$107,630, a 42% reduction in costs. These savings do not include costs of backfill at overtime rates, which magnifies the impact of promptly resolving cases.

#### **4. *Establish Toll-Free telephone number for facility inmates and staff.***

The Investigations Unit in the Agency of Human Services established a toll-free telephone number in April, 2005, to elicit information from staff members, offenders in the community, the general public, and advocacy groups. The Investigations Unit has also established a dedicated phone line in each instate facility to allow offenders in those facilities to reach the AHS Investigations Unit. The line is not recorded or monitored by the Department. Since the inception of the lines on in April, 2005, there have been 1061 calls by inmates and others. These calls and other information coming to the unit have resulted in 151 opened investigations of untimely deaths, labor relations, allegations of sexual misconduct or other criminal activity, and violations of any work rules or allegations against contract employees or volunteers.

## **ACTION AREA Three: Policy Transparency**

### **1. *Code of Conduct, Code of Ethics, and “Whistle Blower” Protection.***

The response to the need for staff accountability for clear behavior and performance standards has been an intensive effort. In July, 2004, former Commissioner Gold promulgated an order terminating a previous general prohibition of Staff Free Speech. A thorough review of all department work rules is underway, and the development of a comprehensive set of work rules, directives, policies, and post orders is underway. The development of standardized guidance for the implementation of discipline has been completed and communicated to all employees.

The development of a formal code of conduct/ethics has been postponed until the management team was in place and operational. New targets have been established:

- Reaffirm Discipline Guidance Done
- Establish working group October 2005
- Draft Code June 2006
- Review by Joint Oversight January 2007

## **2. Policy on Public Information**

The department has implemented a significant expansion of public hearings, comment, and affected party review of programs and new policies, to include publication on the DOC public website of policy drafts, commissioner's messages, major documents, and other information.

The Department has been very candid with the Joint Corrections Oversight Committee regarding periodic incidents, problems and challenges.

## **3. Comprehensive Review and Revision of Policies**

In late 2004, it became clear that the issues associated with policy and administrative directive development were more complex and required more integration and consistency with departmental operations. This could not be accomplished using the original proposal of hiring a short term consultant. The development process was elevated to a commissioner's office activity and given full time focus with the transfer of a senior position from the AHS. Director of Policy Development Suzanne Santarcangelo was appointed in February of 2005.

Priority has been placed on those policies and administrative directives with life/safety implications or bearing. The format has been standardized (**Appendix 3**) and an administrative directive on how these documents are promulgated and managed was developed and implemented.

Changes to increase responsiveness and transparency have included:

- Creating a clear distinction between Policies and Administrative Directives;
- Establishing uniformity across the system by limiting the use of local procedures to the extent possible;
- Reviewing documents against American Correctional Association and National Commission on Correctional Healthcare standards
- Changing document format to include procedural guidelines with clear assignments of responsibility for employees;
- Instituting an annual review of administrative directives to assure they reflect changes in law and/or best practice;
- Including a two week staff and stakeholder comment period in the development process;

- For many policy and procedure documents, including inmate/offender input in the development process.
- Including signed acknowledgment forms from key staff when a new document is disseminated.

#### **4. *Offender Grievance Policy Review***

The Marks/McLaughlin report found the policies and directives establishing the Department's offender grievance system to be adequate, but offered that we could improve on our timeliness of response.

The Department has established a new enhanced Offender Grievance Tracking System, maintaining an electronic log of all grievances by inmates or allegations from the public. The system of grievances has been totally revised, to improve responsiveness and to increase efficiency in dealing with the more than 2,000 offender grievances received each quarter.

In 2004 the Department's Hearing Administrator conducted an extensive 16 state analysis of correctional grievance systems reviewed American Correctional Association and other National standards. As a result of this work the ten most common and key components for a correctional systems grievance program were identified. A brief survey letter was developed and sent to program managers asking which components should be integrated into the Vermont system. The result of this work was a revised administrative directive on grievances, posted for comment in late 2004 and early 2005. Extensive comment was received from staff and stakeholders. During this time it was determined that the 1979 Administrative Procedures Act (APA) rule also needed revision. The Department Executive Management Team is in the process of finalizing the proposed rule and associated draft administrative directive. The rule is expected to be posted for public comment by the end November of 2005.

#### **5. *Isolation, Segregation, and Close Custody Policy Review***

The Marks/McLaughlin report suggested the overall review and revision of policy and practices related to segregation and close custody. Several operational and policy level changes have occurred. In Spring 2005, the Commissioner made adjustments to the departments operations to specifically prohibit the practice of disciplinary segregation of inmates for self injury/harm and disallowed disciplinary reports in general for self injurious behavior. In May of 2005, the Executive Management Team undertook a review of the APA rule on Administrative and Disciplinary Segregation for Inmates with a Serious Mental Illness. The proposed revisions to this rule include that segregation will only occur with a physician order for this population. Additionally, for individuals with serious mental illness, it further codifies the Commissioner's general prohibition on using self harm as grounds for disciplinary action. The public comment for this proposal ended

September 6, 2005 and the final proposed rule will be presented to JCOC in October. Along these lines, a review and revision of the administrative and disciplinary segregation document series applicable to any inmate is scheduled for November and December of 2005. It is expected that revisions will be posted for comment in early 2006.

On an operational level, a group of senior level staff has been charged with reviewing the Roles of Facilities to make optimal and appropriate use of Vermont prison space. The Roles of Facilities Work Group has designated units separating general population from the special housing of mentally ill, medically ill, segregation, close custody, booking, holding, or incapacitated persons.

The Roles group has conducted a comprehensive onsite measurement and documentation of every cell and living unit space in all nine correctional facilities, and created a daily reporting of the utilization of each unit, the designation of the unit for general population or special housing, and tracked the utilization of the units. Results of this monitoring have been provided monthly to the Joint Oversight Committee. See **Appendix 4, Facility Usage by Legal Status**.

## **ACTION AREA FOUR: Support and Supervision of Staff**

### **1. *Education and Training Plan***

The Department has implemented a comprehensive reform of the training and education opportunities for all staff. A copy of the trainings for FY 2006 is attached as **Appendix 5**.

The department has been working very hard to improve the training and education of all staff. It is, however, challenging due to the extremely high turnover rate (35%) among line correctional officers.

Among the list of deliverables in the Plan of Response:

- Cultural Assessment of facilities: It was initially thought that due to resource constraints this would be done incrementally. However, the department was successful in obtaining federal funding under the Prison Rape Elimination Act; this has been augmented with funding and technical assistance from the National Institute of Corrections. These awards have allowed us to accelerate the timeline and expand the project to a cultural transformation effort within the facilities.
- The department cultural assessment schedule will begin in the Newport facility October 31, 2005. The National Institute of Corrections will be providing technical assistance and training. A Training of Trainers series in December will give the Department the internal capacity to replicate the

- cultural assessment process in all Vermont facilities, and construct training and supervision practices to create and reinforce a positive staff culture.
- Pre-service training for new supervisors has been implemented. The 40 hour training curriculum was completed August 2005. Four core curriculum modules are now integrated in the annual training plan. The current target is to have 160 supervisory staff trained no later than June 30, 2007.
  - In-service training for supervisors will be implemented (see schedule)
  - Online Training manual for new managers was implemented (October, 2004).
  - Field Training Officer Curriculum and training has been implemented (Oct 2004).
  - Add week of Job Shadowing for new officers has been implemented. (Mar. 2005).
  - Fifth Week to Corrections Academy has been added (May 2005).
  - Organizational Climate Survey of all staff – conducted by Vermont Public Managers consulting team (January, 2005).
  - Management Development series – initiated semi-annual meetings in November, 2004 to keep managers informed of critical issues and progress in meeting strategic objectives.

In addition, the Department has taken several steps to reduce turnover and improve recruiting and retention. The Department, with the support of the Administration and the Governor, has instituted a comprehensive review of Correctional Officer I and II job levels, and has added 15 permanent positions to replace temporary staff, to mitigate the use of forced overtime, a major point of staff dissatisfaction.

## **2. *Drug screening for new hires***

While this was contemplated in the original plan of response, this issue had been unresolved. Recently, the Attorney General's office has said that while drug screening cannot be a condition of employment, under 21 V.S.A. sec. 512, the Department could, after an applicant was offered a position, make such hiring contingent upon satisfactorily passing a drug test, so long as written notice was made of such testing procedure prior to hiring and the applicant receives a list of the drugs to be tested. See 21 V.S.A. 512, 513, 514. This issue is currently under review.

## **3. *Supervision of Superintendents***

The first step in responding to the recommendation to improve supervision of the correctional facility superintendents was accomplished with the reclassification of the positions to exempt status. With the hiring of a Facilities Executive in

December, 2004, the work plan has been implemented. The schedule of deliverables has been revised:

The Facilities Executive will appoint a performance standard Work Group which will define its mission by January, 2006, establish standards for performance by July 2006, and conduct training in September, 2006, under the direction of the Facilities Executive.

## **ACTION AREA Five: Accountability**

### **1. *Establish an External Quality Assurance Review of Health, Substance Abuse, and Mental Health Services***

In April, 2005, a Memorandum of Understanding (see **Appendix 6**) was entered into between the commissioners of Health and Corrections to describe the Quality Improvement (QI) structure for health care services provided to inmates of Vermont correctional facilities and to define the respective roles of the State of Vermont Department of Corrections (DOC) and the Vermont Department of Health (VDH) as it relates to QI for health services.

The MOU establishes the responsibilities and functions of the two departments and creates a quality oversight committee to monitor all health service functions, including inmate health, the control and prevention of communicable diseases, and safety and sanitation in the facility environment. The Quality Oversight Committee meets monthly and assesses the health services contractor's Continuous Quality Improvement (CQI) plan and data reports. The Quality Oversight Committee identifies serious adverse or sentinel events, and conducts Root Cause Analysis of all such events, including deaths, on a monthly basis.

The funding for two (2) full time equivalent positions in the Health Department was transferred from DOC to VDH to support this effort.

In collaboration with the DOC, Prison Health Services and Paul Cotton, the new VDH Quality Oversight Team for Corrections accomplished the following within the first two months of operation:

- Formalized information flow and procedures for Root Cause Analysis of serious adverse events involving inmates.
- Facilitated two Root Cause Analysis (RCA) reviews involving suicide attempts.
- Implemented a process by which Facility based RCA reviews are conducted as a collaborative effort with the Superintendent, Correctional Officers, PHS Staff and Mental Health.
- Shifted Focus to systemic issues not individuals.

- Implemented process to prepare confidential reports and follow-up action plans for the DOC Commissioner, Deputy Commissioner and Health Services Director.
- Completed data base development and facility records pilot audit.

Next Steps:

- An additional five Root Cause Analyses (RCA) have been requested and scheduled.
- System wide issues and recommendations will be presented at the DOC Quality Oversight Committee on an on-going basis.
- Independent audit of inmate records by external contractors will

The VDH Team has been pleased by the openness and excitement with which their work has been embraced by staff in the corrections facilities. They are optimistic about developing measurable improvements for the quality of care provided to inmates that our collaborative efforts will bring about. The first 2 RCAs have been completed (phase one completed on the remaining 5 RCA's).

Deliverables

- Complete RCA reports on all 5 incidents currently under review
- Complete Database and auditing tools
- Audit a sampling of records from several facilities
- Perform 1st quarter audit of selected quality indicators (drawn from contract, which was informed by NCCHC) at all facilities

## **2. *Establish a Contract Review Team***

In addition to the VDH health care review process, we have established (September 2004) a Health Care contract review team, under the Corrections Management Executive, to review Department of Corrections health contracts,. This Contract Review Team includes the Health Department oversight staff noted above, the DOC Medical Director, and an independent financial reviewer.

In addition, for all contracts of any kind, the DOC established a Contract Review Team in October, 2004 to review the process for all DOC internal and external contracts, and has:

- Drafted the Department Contract Handbook (published in December, 2004, on-line on DOC webpage)
- Created monitoring procedures for all DOC contracts, training of all managers completed February 2005.
- Established Audits on a quarterly schedule.
- Procured contract with CPA firm to perform contract compliance audits to determine
  - 1. whether service providers invoiced DOC for services not delivered;

- 2. whether there is documentation to support invoices;
- 3. whether DOC paid for services not received;
- 4. whether DOC paid service providers for time on leave;
- 5. whether service providers made proper adjustments to invoices and made repayments when appropriate.
- Established formal contract review team for each major contract, to include the appropriate content executive, the Management Executive, the Deputy Commissioner and the Commissioner.
- Recently begun efforts to recruit a dedicated DOC Contract Monitor.

### **3. *Re-Establish Quality Assurance Unit***

The Director of Quality Assurance was appointed to the position beginning in September, 2005. The reestablishment of this unit, dissolved under budget rescissions during fiscal year 2001, will provide ongoing performance audits of the quality of work done by the operational units of the department, and make findings and recommendations to the leaders of the units, field, facility, and the management executives for improvements to achieve compliance with policy and directive standards of practice.

### **4. *Standards and Accreditation***

As discussed in the Plan of Response, the accreditation of correctional facilities is a significant undertaking. Under the leadership of the Facilities Executive, we conducted a self-audit of our correctional facilities during the Winter/Spring of 2004-5. The integration of American Correctional Association (ACA) standards is occurring through our revised and restructured policy development process. We will initiate the multi-year accreditation development process during FY 2006. We anticipate that the process for accrediting one facility will begin during FY2007.

### **5. *Drug Interdiction***

Staff at correctional facilities have made significant inroads into use of illegal substances by inmates. The Random Drug testing protocol produced a 3% positive rate for August, 2005, and a 2% rate for September. This compares with a rate of 5% for facilities in August, 2004.

Policies for visitation, sanctioning for violation, and visibility of deterrence measures have been effective in detecting illegal drugs being introduced as contraband, and in providing evidence for prosecution by State's Attorneys. Collaboration with Vermont State Police has resulted in charges being brought against both inmates and visitors who have attempted to traffic illegal

substances. We also work with Vermont State Police to investigate allegations of staff misconduct involving drugs and contraband.

## **ACTION AREA Six: Increase Capacity**

### **1. Increase Health, Mental Health, and Substance Abuse Treatment Services**

As described in the Plan of Response, the shortfalls in the correctional facilities health care system are significant, and addressing them is a substantial undertaking.

The department prepared a comprehensive Plan for Mental Health Services which was presented to the legislature during the 2005 session. The plan, created by a broad representation of stakeholders, was completed after the Governor's FY2006 budget was finalized. The legislature chose to make the operational funding of this plan contingent upon the reduction in the expenditures for Out-of-State housing. Unfortunately, the costs for housing the increased population are running higher than expected.

There have been, however, some improvements in the system of care.

- The partnerships with private hospitals have produced significant improvements in care delivered to specific individuals.
- There has been a major stabilization of quality assurance procedures with the service providers in health care and mental health care.
- The contract for mental health services has been re-bid. Mental Health Management Correctional Services, Inc. (MHM) was selected from the five prospective providers submitting proposals.
- On October 11, the DOC announced an intention to enter into contract negotiations with MHM.
- We are working to establish Hospice program for Springfield Facility
- Training for post-trauma intervention has been delivered to all casework staff.
- The third quarter of calendar year 2005 has seen a 14% drop in the number of Grievances (form #1) related to Health Care. This drop from the first quarter is attributed to the initiation of these improvements.

### **2. Separate Pre-Trial Detainees from Sentenced Population**

The separation of pre-trial detainees from the sentenced population, as discussed in the Plan of Response, has associated with it significant policy and

capital cost. The Vermont correctional facilities were not designed to allow separation of pre-trial detainees from sentenced inmates.

Nonetheless, as the utilization of segregation, medical, and mental health units has improved, the concomitant utilization of these units for detainees has decreased.

### **3. *Separate Mental Health, Medical, Segregation, and Close Custody***

The designation of specific separate units for Mentally Ill and Acute and Chronic Medically Ill inmates has allowed for a significant improvement in the separation of these inmates from others. Also we have designated separate units for those inmates who are non-predatory and are susceptible to being manipulated or abused by others.

For separate housing for non-predatory, susceptible inmates:

- a 18-bed unit in the Northwest State Correctional Facility (St. Albans);
- a 28 bed unit in the Northern State Correctional Facility (Newport);

For mental health care:

- a 24 bed unit at the Southern State Correctional Facility (Springfield);
- A secure 10-bed unit in the Southern State Correctional Facility (Springfield) for special needs cases who require secure housing.
- 14 beds at the future Dale II unit (Waterbury) for women with special needs

For medical care:

- a long-term medical care unit of 28 beds in Springfield,
- a medical infirmary in Springfield (10 beds),
- a medical unit in St. Albans (3 beds) and one in Newport (6 beds).
- 2 beds at the future Dale II unit for medical housing of women.

For close custody, we have designated units

- at St. Johnsbury (8 beds)
- at Newport (10 beds) (proposed as future housing for civil commitment)
- at Springfield (32 beds)
- at St. Albans (10 beds)

For Segregation we have designated

- 4 beds at St. Johnsbury
- 8 beds at Newport
- 16 beds at Springfield
- 4 beds at Marble Valley
- 16 beds at Chittenden

- 10 beds at St. Albans

#### **4. *Develop Written Plan for DOC Technology***

Last October, 2004, the department issued a request for proposals for the development of a comprehensive plan for information technology improvement for the department to include a functional analysis, technical approach and recommendation.

In April, 2005, MTG Consultants, LLC, a management information consulting company, was awarded the project. The deliverable is a strategic plan for information system development, which is scheduled for delivery in coming weeks. While some Federal funding for this project is available, additional State funding, particularly ongoing general funds, would be required. Obtaining such State funding will be a challenge.

Deliverables include:

- Functional Analysis and Requirements Report
- Strategic Planning Methodology
- Potential Technology Solutions Report
- Technology Plan
- Financial/Budget Analysis
- Implementation Strategy

### **ACTION AREA Seven: External Actions**

#### **1. *Prisoner's Rights Office***

The Plan of Response called for enhancing the capacity of the Prisoner's Rights Office of the Office of the Defender General.

According to Matt Valerio, Defender General, the legislature in the 2005 Session provided \$250,000 in additional funding to the office, including the addition of two attorneys, an investigator, and an administrative support position. The funding also allowed the staff of the Defender General to make periodic visits to offenders housed out of state in Arizona (previously), Kentucky, and Tennessee. This has provided an increase in delivery of service.

Appendix 1  
Draft Sexual Exploitation Legislation

Subject: Crimes; sexual assault; sexual exploitation of an inmate

Statement of purpose: This bill proposes to prohibit an employee, contractor, or volunteer of the department of corrections from knowingly engaging in a sexual act with a person under the supervision of the department.

**AN ACT RELATING TO SEXUAL EXPLOITATION OF AN INMATE**

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 13 V.S.A. § 3257 is added to read:

**§ 3257. SEXUAL EXPLOITATION OF AN INMATE**

(a) No correctional employee, contractor, or other person providing services to offenders on behalf of the department of corrections or pursuant to a court order or in accordance with a condition of parole, probation, supervised community sentence, or furlough shall knowingly engage in a sexual act with a person

(1) who is confined by the department of corrections, or

**OPEN ISSUE – OFFENDERS ACTIVITIES OUTSIDE FACILITY**

**VERSION A:** (2) who is being supervised by the department of corrections while on parole, probation, supervised community sentence, or furlough, where the employee, contractor, or other service provider is currently engaged in a direct supervisory relationship with the person

**VERSION B:** (2) who is being supervised by the department of corrections while on parole, probation, supervised community sentence, or furlough, except where, at the time of the sexual act, either or both of the following apply:

(A) The employee, contractor, or other service provider is legally married to or a party to a civil union with the person being supervised.

(B) The employee, contractor, or other service provider does not know and would have no reason to believe that the person is being supervised by the department.

b) A person who violates subsection (a) of this section shall be imprisoned for not more than five years or fined not more than \$10,000.00, or both.

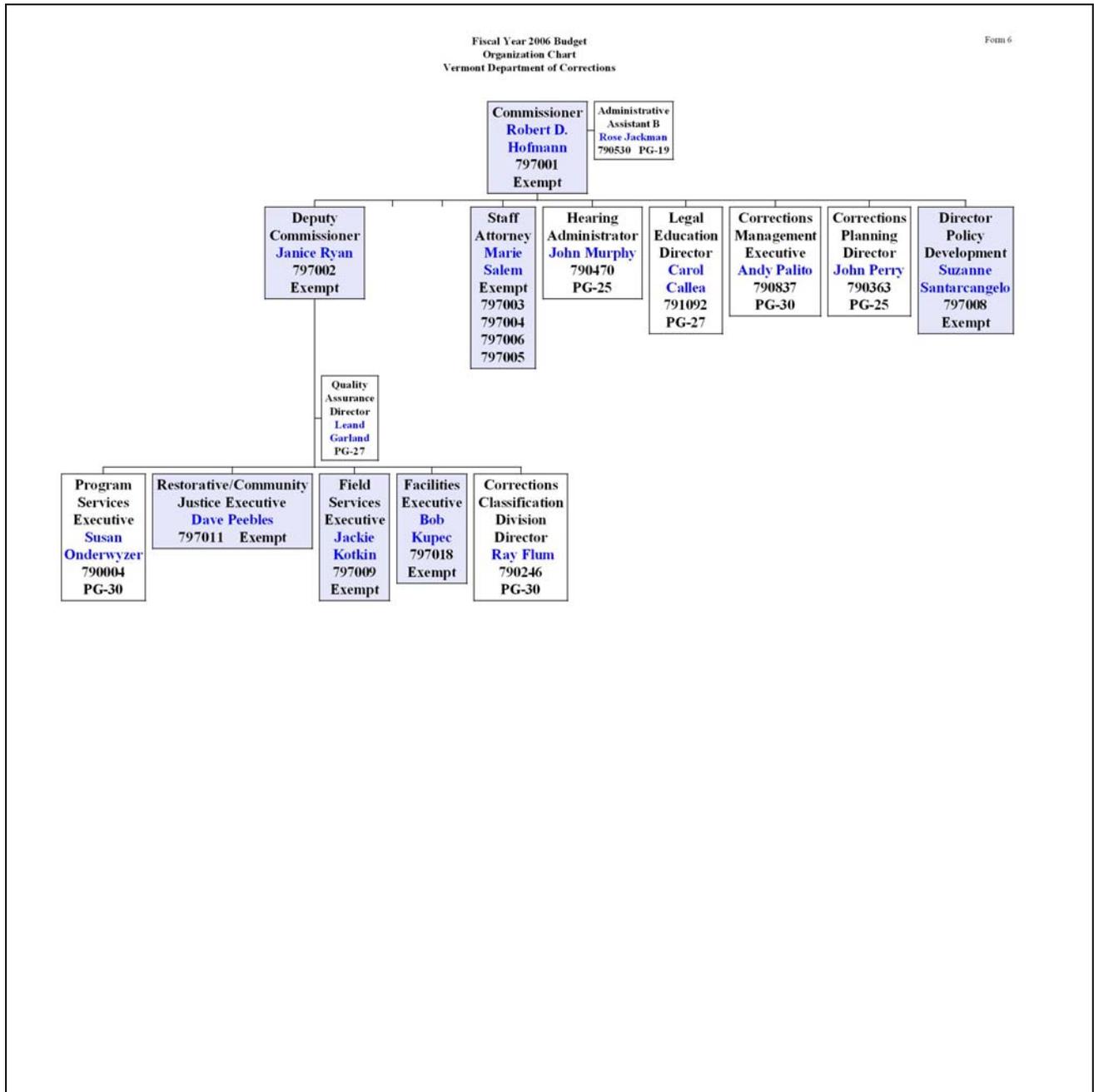
(The consensus of the committee is that it should be a 5 yr Felony.)

**Open Issues:**

Where will the burden of proof be in cases where staff claim they are unaware of the supervision status of the individual they are intimate with?

Will there be further discussion in support of strengthening the law for false reporting to law enforcement.

## Appendix 2 Department Organization



## Appendix 3

<p align="center"><b>State of Vermont, Agency of Human Services Department of Corrections</b></p>	<p align="center"><b>Title Policy &amp; Administrative Directive Development and Management</b></p>	<p align="center"><b>Page 1 of 6</b></p>
Chapter: General Administration	# 02	Supersedes # 02 & #02.01 , date 9/1/1996 & 12/23/2002
Attachments, Forms & Companion Documents: n/a		
<p>Approved: This Document has been formatted for online posting; This Administrative Directive was signed by Commissioner Hofmann and placed on file <u>June 14, 2005</u> Effective Date <u>June 14, 2005</u></p>		

**PURPOSE & APPLICABILITY**

The purpose of this administrative directive is to establish the system for developing, compiling, maintaining, disseminating, and reviewing policies, administrative directives, and local procedures for the operation of all units within the Department of Corrections. This administrative directive applies to all staff, contractors, and volunteers. Anyone may have a copy of this document.

This is a statewide procedure; no further promulgation of local procedure is required.

**POLICY**

It is the policy of the Department of Corrections to have a consistent method in the Commissioner's Office for the development and management of policy, administrative directive, and rule that regulates the operations of the correctional system. The system will be easily understood, both internally and externally.

**AUTHORITY & REFERENCE**

28 V.S.A § 102 (b) (1); 102 (c) (1).

**DEFINITIONS**

Policy: Policies are broad position statements that describe a direction, course, or position that the Commissioner's Office, Agency of Human Services Secretary, or Vermont Statute has established through:

1. A clear articulation of the policy in statute
2. Rulemaking
3. The direction of the Commissioner or the Secretary of the Agency of Human Services, whether by memo or other communication

Administrative Directive: An outline of the procedural guidelines and staff expectations to comply with all policies (AHS, State or Department) or any operational imperative. *(All administrative directives will contain brief policy statements.)*

Statewide Procedure: Procedures that are identified in an administrative directive as being uniform and consistent across the correctional system and/or all field offices or facilities, and that require no further local procedure.

Local Procedure: Procedures applicable to a specific field office or facility necessary to carry out the administrative directive in that work site.

Manuals: Technical or best practice documents that provide more detailed information, examples; and other direction for employees carrying out specific types of duties or functions.

Post Orders: A written job or task requirement for conducting operations at a specific job station.

Executive Management Team: An operations team of the Department's Central Office which includes the Facilities, Field, Program, Classification, and the Community and Restorative Justice Services Executives and is chaired by the Deputy Commissioner.

## PROCEDURAL GUIDELINES

### 1. Policy and Administrative Directive Development and Revision:

- a. All development must be approved by the Commissioner's Office through the Executive Management Team (EMT).
- b. Anyone may suggest the need for, or revision of, a Policy or Administrative Directive document. Following the identification of Policy or Administrative Directives for development by staff, statute or operational imperative, the EMT will
  - Identify those individuals by name or job title to be involved in an initial drafting team; (participants may be assigned by EMT or through solicitation of staff interest in a particular topic.)
  - If applicable, identify parameters or any other guidance that may be needed by the initial drafting team.
  - Determine if an interim revision memo needs to be generated to immediately address life safety, security, or other operational issues while the complete directive is being revised or developed.
    - o If an interim change is needed, the relevant Executive(s) or Program Manager will draft a memo in collaboration with the Director of Policy Development and the Deputy Commissioner for the Commissioner's review
    - o If needed due to the nature of the topic, policy, or administrative directive, an Emergency Rule will be filed in accordance with Secretary of State procedures
    - o The interim changes will be put into effect via a letter from the Commissioner, which will clearly outline the change
    - o The Policy Development Director and EMT will assure that not more than 90 days will occur between the issuance of interim changes in an administrative directive and the initiation of a full review, revision and reissue of that document.
- c. The Commissioner or Secretary of the Agency of Human Services may promulgate departmental policy. In these situations public input will be sought at the discretion of the Commissioner through public posting, the use of advisory bodies, and/or the Joint Legislative Oversight Committee.

2. Security Designation: An "A" level policy or directive has restricted access and is not accessible to the public or offenders unless redacted and approved for release by the Policy Development Unit in consultation with the Facility Executive and Legal Division. "B" level policies are accessible to anyone.

a. EMT will determine if a policy is to be designated an "A" or a "B". "A" designations will be given pursuant to 1 V.S.A. 317 (c) (25) when they contain security procedures and similar information the disclosure of which would threaten the safety of person or the security of public property. Examples of this may include situations that result in:

- The placement of staff, the public or inmates at a risk or disadvantage in terms of safety
- An increase of contraband in the facilities
- An increased likelihood of an escape potential

### 3. Processes for Document Completion

a. Timelines: The Policy Development Director in collaboration with EMT will assign a timeline for development and a target date for a first draft to be completed as needed

b. Rulemaking: The Policy Development Director in collaboration with the Legal Division and the Commissioner will determine which documents are to be promulgated through APA rule.

c. Initial Drafting Team: The Policy Development Director will assure that within four to six weeks of a priority being identified, an initial drafting team meeting is scheduled.

- Meetings will be facilitated by the Policy Development Director or their designee
- Meetings may be individual or group, depending on the complexity of the topic or the number of people involved.
- Meetings may take place in the field, using interactive video conferencing or centrally, depending on the topic, who is involved, and the best format to maximize participation.
- Documents will be revised or drafted with attention to the strategic objectives as appropriate to the content.

- This team will identify any forms necessary to be created or revised.

d. Compilation of a Draft for Review Following an initial drafting team discussion, several individuals may be involved in contributing written material and/or drafting sections of the document. To assure consistency, all final draft compilations will be completed by assigned Policy Development staff

- Draft is reviewed by EMT and others against the strategic objectives of the Department and for an impact analysis, with particular attention to training, fiscal, and staff resource needs.
- Draft is circulated to the Legal Division for review and to make any final determination on any Administrative Rule promulgation or revisions.
- Any changes, revision, or corrections needed as a result of the above process are completed.

e. Public Comment & Response to Feedback: Drafts of all policies and administrative directives will be posted on the public web page for at least a two week public comment period with email notification to all staff and stakeholders for input. This will include a specific invitation for feedback to the members of any DOC advisory or oversight body.

- Offender input will be sought on processes going through APA rule
- Offender input will be sought for all other documents at the discretion of DOC. Documents related to security, and issues of general operations such as personnel, fiscal, and physical plant operations will not routinely include offender input periods.

- For policy going through APA Rulemaking, formal public meetings will be held.

- o Hearings may be held via interact TV, video or telephone conferencing, or through traditional public forums

- Staff designated by the Policy Development Director will compile all feedback.

- The Policy Development Director and Executive(s) relevant to the content area will resolve any conflicts and/or make final decision regarding input received.

- o Responses to feedback given will be emailed to the individual who provided input and posted to the web page in the aggregate.

- o Depending on the nature of the feedback, this group may choose to ask for further comment or clarifications from specific staff, individuals, groups, or the Commissioner's office.

- o Options for re-drafting, withdrawing or re-posting the policy or directive will be made by the Commissioner's office and/or the EMT

- f. Final Draft: Final drafts will be reviewed by the Policy Development Director and EMT, and, as needed, by the Corrections Oversight Committee and the Vermont State Employees' Association
- These reviews may be completed via e-mail, hard copy, or in meeting format.
  - For all policies or directives that impact or relate to DOC work rules or the State labor relations contract, the VSEA will be sent a notice of its 45 day review rights, along with a compilation of the public input and DOC response. They will have the opportunity to initiate a meeting to discuss any concerns.
- g. Commissioner's Review and Approval: Final documents will go to the Commissioner for final review and signature.

4. Notifications and Dissemination of Final Policy or Administrative Directive Documents Notifications and dissemination to field and facility will occur in the following manner:

- a. The Policy Development Unit will assure the:
- Notification of all staff and relevant statewide contractors, with the effective date that may also include a summary of changes and highlights.
  - Posting of the policy or directive on the public and departmental web page
  - Placement of the original copy in the Commissioner's Office Master Document Manual
  - Dissemination to the Department of Public Libraries for all "B" level documents and redacted versions of "A" level documents
- b. Local Field Managers and Facility Superintendents will assure
- Distribution of documents to all relevant volunteers and to relevant contractors who work at their site
  - The notifications will be given to offenders
    - o For Facilities: via posting in the main and inmate libraries, all public areas and living units. Additionally, changes that affect inmate rights, due process, or any information previously given out in orientation materials or inmate handbooks will be distributed to every inmate.
    - o For Field: via notices in waiting rooms and distribution by Probation and Parole officers directly to the offender if required by the Commissioner.
- c. When required by the Commissioner, signed acknowledgments of the change will be required of personnel in leadership positions and/or other key positions related to the change.

d. As needed or requested, final approved documents will be sent to the Chairs of any relevant legislative oversight or advisory bodies

5. Training & Quality Assurance: EMT, with the Human Resources Director and the Quality Assurance Director, will determine the type and timeline of training that will be used to implement and administer the new policy or administrative directive, and the supervising, monitoring, and quality oversight process needed to assure fidelity to the practice.

6. Local Practices

a. Orientation: Each Superintendent and Field Manager will establish a local orientation practice that includes:

- No less than annual review of relevant policies and administrative directives with staff during staff meetings, briefings and roll calls.
- The reading of all new or modified documents which affect their job responsibility by all current, new and transferred staff, volunteers and contractors
  - o Any staff member who was on annual or other extended leave during the time of the change will read the new or modified documents upon resumption of duties
- Local orientation practices will, at a minimum, be documented by the staff member's signature that the document was read and understood.
  - o Above acknowledgements will be kept locally by Superintendents and Field Managers

b. Local Procedures: If the administrative directive requires a local procedure, the procedures will be reviewed and approved by the relevant Executive to assure completion, quality, clarity, and conformance to the administrative directive issued by the Commissioner's Office.

- Copies of approved local procedures will be kept by the relevant Executive.
- Only the Facility Superintendents and Field Managers may authorize work site procedures.
- Local Procedures should refer to the administrative directive(s) by number and title that they accompany, the format is the same as an administrative directive.
- Local procedures will not go beyond the scope of the original administrative directive
- Each Superintendent and Field Manager is required to maintain local up to date manuals

c. Post Orders. When the requirements for an employee operating a specific post dictate, a written post order shall be issued. All post orders shall specify the duties of the post. Each Department employee responsible for working at a post under a post order shall read the order upon assuming responsibilities for the post and sign an acknowledgment that the appropriate post order has been read. Any post order shall be consistent with the original administrative directive.

7. Policy & Administrative Directive Manual Management

a. Annual Review.

- EMT and the Policy Development Director will assign a staff person who will be responsible for the annual review of policy content.
- The on-line manual and the Commissioner's Office Manual of Policy and Administrative Directives will be audited at least annually by a staff person designated by the Policy Development Unit to assure accuracy. Periodic reviews will assure corrections are made to reflect changes in:
  - o Statutes;
  - o Court orders;
  - o National standards;
  - o Organizational structure and/or program changes;
  - o Other conditions, or reasons or for administrative necessity.

b. Master Policy and Administrative Directive Maintenance: The Commissioner's Office will maintain a master list of all existing, superseded, and rescinded administrative directives.

c. Access to Policy and Administrative Directives. Policy and administrative directives are public documents and shall be available for inspection and on the departmental web site. Those with "A" designations will be available in redacted format only. No unredacted copies will be released.

8. Manuals: Technical or best practice documents that provide more detailed information, examples and other direction for employees carrying out specific types of duties or functions will be reviewed with the Policy Development Unit to assure consistency and accuracy with policy and administrative directives .

## Appendix 4

## Facility/Unit Usage by Legal Status As of 2005-10-11 12:46

## Report for Chittenden Regional Correctional Facility (So. Burlington )

Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds
D-	General	13	7		2	22	22
E-	General	12	5		2	19	16
F-	General	8	6	7		21	21
G-	Reentry, General					0	38
H1	General	18	13	1	2	34	34
H2	General	15	17	1	1	34	34
Sub	Totals	66	48	9	7	130	165
AA	Segregation	3	4			7	8
AB	Segregation	5	2			7	8
B-	Federal Detention		11			11	14
BK	Incaps, Admissions	3	5	4		12	8
C-	Segregation	1	2		1	4	3
Sub	Totals	12	24	4	1	41	41
	Unknown/No Placement	1				1	
Sub	Totals	1	0	0	0	1	
	Totals	79	72	13	8	172	206
Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds

## Report for Northeast Regional Correctional Facility (St. Johnsbury )

Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds
A-	Reentry Housing	12	10	5	1	28	24
B-	General	9	16	3		28	22
C-	General	10	7	10	1	28	22
D-	General	5	18	3	2	28	25
Sub	Totals	36	51	21	4	112	93
E-	Close Custody	2	5	1		8	8
F-	Segregation					0	4
H-	Incaps, Admissions	2	2		1	5	3
Sub	Totals	4	7	1	1	13	15
	Totals	40	58	22	5	125	108
Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds

## Report for Marble Valley Regional Correctional Facility (Rutland )

Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds
A-	Reentry Housing		25	2		27	24
B-	General	28	2	3		33	22
C-	General	15	12	6		33	22
D-	General		22	4		26	30
Sub	Totals	43	61	15	0	119	98
EE	Close Custody	3	4		1	8	8
EF	Segregation		1			1	4
H-	Incaps, Admissions	2	3		1	6	8
Sub	Totals	5	8	0	2	15	20
	Totals	48	69	15	2	134	118
Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds

## Report for Northern State Correctional Facility (Newport )

Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds
CA	General	3	47	10		60	60
CB	General	2	47	11		60	60
DA	VOWP Inmate Staff	4	39	17		60	60
DB	General	1	49	8		58	60
EA	Cognitive Self Change		26	1		27	28
EB	Cognitive Self Change		26	2		28	28
EC	Reentry Housing	1	22	3		26	30
Sub	Totals	11	256	52	0	319	326
A-	Segregation	1	4			5	8
B-	Close Custody	1	5	2		8	10
ED	Mental Health	2	24	2		28	28
H-	Incaps, Admissions		3			3	10
I-	Acute Medical Care		1			1	6
Sub	Totals	4	37	4	0	45	62
	Unknown/No Placement	1		1		2	
Sub	Totals	1	0	1	0	2	
	Totals	16	293	57	0	366	388
Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds

## Report for Northwest State Correctional Facility (Swanton )

Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds
B-	VOWP Inmate Staff	8	15	2	1	26	27
C-	Cognitive Self Change	5	14	6	1	26	27
F1	General	1	9	4		14	14
F2	General		15	1		16	16
G1	General		13	1		14	14
G2	General		10	1		11	16
H1	Reentry Housing		13	1		14	14
H2	Reentry Housing		16			16	16
I1	Sex Offender Program		11			11	11
I2	Sex Offender Program		14			14	14
J1	Sex Offender Program		12			12	12
J2	Sex Offender Program		14			14	14
Sub	Totals	14	156	16	2	188	195
A-	Mental Health	1	15	2		18	18
BK	Incaps, Admissions		2			2	6
D-	Segregation & Close	4	8	3		15	20
E-	Close (Federal)	13		1		14	20
S-	Acute Medical Care					0	3
Sub	Totals	18	25	6	0	49	67
	Totals	32	181	22	2	237	262
Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds

## Report for Caledonia County Work Camp (St. Johnsbury )

Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds
N0	Discovery Treatment		50			50	50
S0	General		50			50	50
Sub	Totals	0	100	0	0	100	100
	Totals	0	100	0	0	100	100
Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds

## Report for Southern State Correctional Facility (Springfield )

Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds
D-	General	39	3	5	2	49	50
E-	General	36	6	7	1	50	50
G-	General	3	37	9		49	50
H-	Reentry Housing	1	39	6		46	50
I-	Sex Offender Program		48	1		49	50
Sub	Totals	79	133	28	3	243	250
A3	Incaps, Admissions					0	8
B-	Mental Health	3	15	2	1	21	24
C-	Medical Care	4	17	3		24	28
F1	Segregation	4	5	2		11	16
F2	Close Custody	3	5	3		11	16
F3	Close Custody	4	8	4		16	16
M-	Medical Care	2	4			6	6
M2	Medical Ward					0	4
S-	Medical/MH Segregation					0	10
Sub	Totals	20	54	14	1	89	128
	Unknown/No Placement				1	1	
A-	Unknown/No Placement	3	6	1		10	
A/	Unknown/No Placement	5	1		1	7	
M6	Unknown/No Placement	1	2			3	
Sub	Totals	9	9	1	2	21	
	Totals	108	196	43	6	353	378
Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds

## Report for Supplemental Facility Housing Contracts

Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds
KY	Unknown/No Placement		377	8		385	
WT	Unknown/No Placement		53	3		56	
Sub	Totals	0	430	11	0	441	
	Totals	0	430	11	0	441	0
Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds

## Report for Southeast State Correctional Facility (Windsor )

Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds
A-	General	2	29			31	34
B-	General	2	16	3	1	22	22
C-	General	9	9	2	1	21	19
E-	General		21			21	21
Sub	Totals	13	75	5	2	95	96
F-	Incaps, Admissions	1	4			5	8
Sub	Totals	1	4	0	0	5	8
	Unknown/No Placement	3	1			4	
Sub	Totals	3	1	0	0	4	
	Totals	17	80	5	2	104	104
Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds

## Report for Dale Correctional Facility (Waterbury )

Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds
A3	General	5	8	1		14	12
B3	General	10	10	3		23	20
Sub	Totals	15	18	4	0	37	32
3-	Segregation	2	9	2	1	14	2
BK	Incaps, Admissions		2		1	3	5
C-	Segregation (Mental Health)					0	13
Sub	Totals	2	11	2	2	17	20
	Unknown/No Placement				1	1	
Sub	Totals	0	0	0	1	1	
	Totals	17	29	6	3	55	52
Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds

## Summary

Site	Program	D	S	SD	R/Court	Total Persons	Total Beds
CCCC	Type=	1	0	0	0	1	
NECF	Type=	1	0	1	0	2	
SSCF	Type=	9	9	1	2	21	
SHCF	Type=	0	430	11	0	441	
WCF	Type=	3	1	0	0	4	
DSCF	Type=	0	0	0	1	1	
Type=	Totals	14	440	13	3	470	
Site	Program	D	S	SD	R/Court	Total Persons	Total Beds
CCCC	Type=G	66	48	9	7	130	165
SJCC	Type=G	36	51	21	4	112	93
RCCC	Type=G	43	61	15	0	119	98
NECF	Type=G	11	256	52	0	319	326
NWCF	Type=G	14	156	16	2	188	195
SSCF	Type=G	79	133	28	3	243	250
NESC	Type=G	0	100	0	0	100	100
WCF	Type=G	13	75	5	2	95	96
DSCF	Type=G	15	18	4	0	37	32
Type=G	Totals	277	898	150	18	1343	1355
Site	Program	D	S	SD	R/Court	Total Persons	Total Beds
CCCC	Type=S	12	24	4	1	41	41
SJCC	Type=S	4	7	1	1	13	15
RCCC	Type=S	5	8	0	2	15	20
NECF	Type=S	4	37	4	0	45	62
NWCF	Type=S	18	25	6	0	49	67
SSCF	Type=S	20	54	14	1	89	128
WCF	Type=S	1	4	0	0	5	8
DSCF	Type=S	2	11	2	2	17	20
Type=S	Totals	66	170	31	7	274	361
All Sites	All Program	D	S	SD	R/Court	Total Persons	Total Beds
All	All	357	1508	194	28	2087	1716
Unit	Program	D	S	SD	R/Court	Total Persons	Total Beds

## Appendix 5

**CORRECTIONS FY 2006 TRAINING CALENDAR**

Tuesday, July 05, 2005	78th Vermont Correctional Academy
Thursday, July 21, 2005	LSI Certification Workshops
Monday, July 25, 2005	Basic Intensive Domestic Abuse Program
Friday, July 29, 2005	Women Offender Trauma Training
Wednesday, August 17, 2005	Vermont Correctional Institute Advanced Intensive Domestic Abuse Program
Thursday, August 18, 2005	Risk Assessment of Sex Offenders
Friday, August 26, 2005	Supervisor Basic Training: Supervising Work Group
Monday, August 29, 2005	Suicide Prevention Training for Trainers
Monday, September 05, 2005	79th Vermont Correctional Academy
Wednesday, September 07, 2005	Cert Tactical Quarterly Training Cert Hostage Quarterly Training
Monday, September 12, 2005	"Supervision in the Real World" Supervisor Training
Tuesday, September 13, 2005	Basic Cognitive Self-Change
Thursday, September 15, 2005	Sex Offender Profiles
Tuesday, September 20, 2005	4 day Emergency Preparedness Training
Thursday, September 29, 2005	Arrest Certification
Sunday, October 02, 2005	NECCD Conference Killington Grand
Thursday, October 06, 2005	Supportive Supervision Supervisor Training
Wednesday, October 12, 2005	Advanced Cognitive Self-Change
Thursday, October 13, 2005	Pre-Sentence Investigations
Monday, October 17, 2005	80th Vermont Correctional Academy
Tuesday, October 18, 2005	Testimony
Friday, October 21, 2005	Sentence Computation Level II Initial
Monday, October 24, 2005	DNA Training
Tuesday, November 01, 2005	Due Process
Thursday, November 10, 2005	Sex Offender PSI
Tuesday, November 15, 2005	Basic Cognitive Self-Change
Wednesday, November 16, 2005	Cert Tactical Quarterly Training Basic Intensive Domestic Abuse Program Cert Hostage Quarterly Training
Monday, November 28, 2005	Promoting Positive Prison Culture T4T
Monday, December 05, 2005	Advanced Intensive Domestic Abuse Program
Wednesday, December 07, 2005	Level I Sent Comp
Monday, December 12, 2005	Facility Training Officers Training for Trainers
Thursday, December 15, 2005	Sex Offender Supervision
Monday, January 02, 2006	81st Vermont Correctional Academy
Wednesday, January 04, 2006	Advanced Cognitive Self-Change
Monday, January 23, 2006	"Supervision in the Real World" Supervisor Training
Thursday, February 02, 2006	Supervisor Basic Training: Supervising Work Groups
Monday, February 06, 2006	4 day Emergency Preparedness Training
Wednesday, February 15, 2006	Basic Cognitive Self-Change
Wednesday, February 22, 2006	Cert Tactical Quarterly Training Cert Hostage Quarterly Training
Monday, February 27, 2006	Use of Force Training for Trainers
Thursday, March 02, 2006	Level II Sentence Comp Recertification
Monday, March 06, 2006	82nd Vermont Correctional Academy
Wednesday, March 08, 2006	Advanced Intensive Domestic Abuse Program

Monday, March 13, 2006	Supportive Supervision Supervisor Training
Tuesday, March 14, 2006	Advanced Cognitive Self-Change
Tuesday, March 28, 2006	Due Process
Thursday, April 13, 2006	Pre-Sentence Investigations
Monday, April 17, 2006	Advanced Communication Techniques Training for Trainers
Tuesday, April 18, 2006	Basic Cognitive Self-Change
Friday, April 28, 2006	Level II Initial Sent Comp
Monday, May 08, 2006	83rd Vermont Correctional Academy
Wednesday, May 17, 2006	Cert Tactical Quarterly Training
	Cert Hostage Quarterly Training
Monday, May 22, 2006	Supervision in the Real World" Supervisor Training
Tuesday, May 23, 2006	Advanced Cognitive Self-Change
Tuesday, June 20, 2006	Sexual Harassment Support Coordinators

**Appendix 6**

**Memorandum of Understanding  
Between the Vermont Department of Health and  
Department of Corrections**



STATE OF VERMONT  
Agency of Human Services  
DEPARTMENT OF CORRECTIONS  
103 South Main Street  
Waterbury, VT 05671-1001

**Memorandum of Understanding  
Between the Vermont Department of Health and  
Department of Corrections**

**Introduction**

The purpose of the Memorandum of Understanding (MOU) is to describe the Quality Improvement (QI) structure for health care services provided to inmates of Vermont correctional facilities and to define the respective roles of the State of Vermont Department of Corrections (DOC) and the Vermont Department of Health (VDH) as it relates to QI for health services. Corrections health services include physical health, mental health, and substance abuse treatment services.

The DOC is responsible for health care delivery to inmates, including physical health, mental health and substance abuse treatment. The DOC shall serve the following functions:

- Overall responsibility for corrections health service delivery
- Ensuring access to data necessary to support VDH assessment activities
- Oversight and monitoring of contracted health services
- Development of the QI Plan for corrections health services

The VDH shall serve the following functions:

- Independent assessment of the quality of care provided to inmates
- Independent assessment of sentinel events for the purpose of identifying systemic issues and process shortcomings (root cause analysis)
- Preparation of Quality Assessment Reports
- Collaboration with DOC in the development of its QI Plan
- Collaboration with DOC in carrying out the QI Plan

**Independence of VDH**

DOC and VDH share the common goal of ensuring that the Vermont Corrections system of care delivers appropriate and timely health care services. DOC and VDH shall collaborate in the development of a QI Plan to achieve this common goal.

However, VDH shall retain its independence as it relates to its assessment of the quality of care provided in Vermont's facilities. VDH shall be solely responsible for developing its assessment plan and reporting of findings.

## **Quality Improvement Structure**

### Overview

The DOC is accountable for the quality of the health care system for inmates. QI activities shall be developed and overseen by the Quality Unit within DOC, in collaboration with DOC Health Services staff.

### Contractors' Quality Improvement Activities

DOC is responsible for oversight of contracted health services. Each health service contractor is responsible for the development of a Continuous Quality Improvement (CQI) Plan. DOC shall review and approve Contractors' CQI plans and ensure that Contractor's activities are incorporated into the DOC QI Plan. DOC is responsible for oversight of Contractors' CQI Plans.

### Quality Oversight Committee

The Quality Committee shall be responsible for monitoring all health service functions, including inmate health, the control and prevention of communicable diseases, and safety and sanitation in the facility environment.

Functions of the Quality Committee include the following:

- Review of VDH Quality Assessment Reports for Health, Mental Health and Substance Abuse. Approve action plans for performance improvement activities.
- Review health care vendor reports to assure National Commission on Health Care Standards (NCCHC) are followed.
- Review Root Cause Analysis of all serious adverse or sentinel events, including deaths on a monthly basis.
- Approve Root Cause Analysis action plans
- Review 3, 6, 12 month root cause analysis follow-up reports.
- Remove barriers to performance improvement
- Identify health care quality issues, including problems identified by inmate grievances. Approve actions plans for performance improvement activities.
- Review of Contractors' CQI Plans
- Review and approval of the Corrections Health QI Plan

The Quality Oversight Committee shall include the following members:

- Deputy Commissioner(chair)
- DOC Health Services Director
- DOC Quality Unit Director
- DOC Contract Monitor
- DOC Director of Facilities
- VDH Quality Improvement Director
- VDH Program Administrator for Corrections
- VDH Representative for mental health services
- VDH Representative for substance abuse services

### Monthly Quality Oversight Improvement Meetings

The Quality Oversight Committee shall hold monthly Quality Improvement Meetings. The goal of the Quality Oversight Committee is to serve as a vehicle to enhance communication and oversight of performance improvement activities and assure compliance with National Commission on Correctional Health Care (NCCCHC) standards. The purpose of the meetings will be to carry out the responsibilities of the Quality Committee. The agenda will be prepared and distributed by the DOC Health Services Director, with input from VDH staff.

Each meeting will include a review of Contractors' CQI activities, as well as a review of Contractors' actions in response to previously identified issues. This component of the Quality Improvement Meetings will be attended by Contractors' Medical Director and other designated staff.

### Quarterly Quality Assessment Meetings

The Quality Oversight Committee shall hold quarterly Quality Assessment Meetings to review and discuss the VDH Quality Assessment Reports.

### **Corrections Health Quality Improvement Plan**

The DOC shall develop a QI Plan that shall be reviewed and updated annually. VDH shall provide technical assistance with development of the plan. VDH shall have sole responsibility for development of the "Independent Assessment and Audit Activities" component of the Plan. The QI Plan shall address all of the following:

- Goals and Objectives
- Data Collection Activities
- Monitoring Activities
- Independent Assessment and Audit Activities
- Reporting

### **Quality Assessment Reports**

VDH shall be responsible for preparation of independent Quality Assessment Reports. The Reports shall include the following:

- Data collection and analysis activities
- Findings
- Comparison of findings to the Corrections QI Plan's Goals and Objectives
- Recommendations

Reports shall be submitted quarterly, no later than thirty days following the end of the review period. The DOC shall prepare a written response to the Quality Assessment Reports within 15 days its receipt. The Quality Committee will meet to discuss the Report and the DOC response within 30 days of the Report's receipt. Interim meetings with VDH, DOC and Contractors' staff may be scheduled as appropriate to discuss the Assessment Reports.

**Confidentiality**

All data, reports, records, correspondence, and other information, whether communicated verbally or in writing, shall be considered confidential to the fullest extent permissible under state and federal laws and regulations. DOC and VDH shall collaborate to develop policies with regard to confidentiality and disclosure of information.

**Funding of Corrections QI Activities**

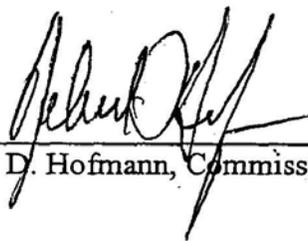
DOC shall transfer funds to VDH for the costs of the activities of two full time employees dedicated to the assessment of the correctional health care system. These costs include salary, fringe benefits, allocated costs and associated operating expenses such as travel and equipment. Dedicated staff shall be employees of VDH and will be supervised by VDH. DOC will transfer to VDH the sum of \$136,000 dollars for FY 2005 upon signed receipt of this M.O.U. and \$136,000 dollars for FY 2006, when appropriated.

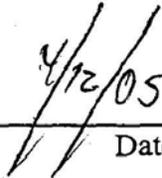
**Amendment of Agreement**

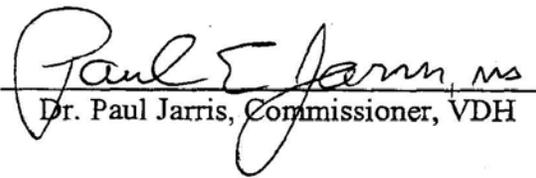
This MOU may be modified through mutual, written agreement of the DOC Commissioner, VDH Commissioner and Agency of Human Services Secretary.

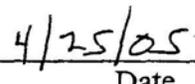
**Period of Agreement**

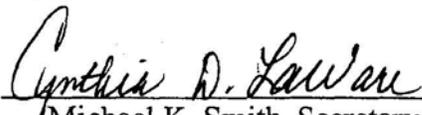
This MOU will cover the period of July 2004 through June 30, 2006 and be reviewed within one year from the date signed and will stand as the agreement until amended or rescinded.

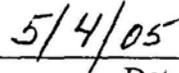
  
\_\_\_\_\_  
Robert D. Hofmann, Commissioner, DOC

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Dr. Paul Jarris, Commissioner, VDH

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Michael K. Smith, Secretary, AHS

  
\_\_\_\_\_  
Date