PUBLIC-INTEREST IMPACT STUDY AND ACTION LETTER

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FROM	Detlef F. Hartmann, The Legal Advocacy Network
DATE	August 15, 2026
SUBJECT	Request for a public performance audit and a safe plan to reduce avoidable Level V incarceration and correctional spending

Fiscal Impact and Efficiency Reform Report

Reducing avoidable costs in the Delaware Department of Correction while protecting public safety

Plain-language purpose

This report asks Delaware to lock up fewer people at Level V when a judge can safely use probation, treatment, home confinement, or another lower level. It also asks the State to audit staffing, health contracts, buildings, vendors, programs, and data. The goal is not to release dangerous people just to save money. The goal is to stop paying prison-level prices when prison-level security is not needed.

Prepared from public records available through August 15, 2026. This is a public-policy study, not a completed government audit or a legal opinion.

Executive summary

Delaware can likely save money and improve safety by using Level V prison beds only for people who truly need that level of security. The State should move eligible people to probation, treatment, home confinement, work release, or other lawful options after an individual court review. It should also make large contracts and overtime easier for the public to inspect. [1][3][9]

The adopted FY2027 Department of Correction budget is $516,221,600 in General Fund money. DOC's FY2024 report lists an average prison cost of $86,204.30 per person per year. On June 30, 2024, DOC held 4,270 people at Level V. Of those, 1,072—about one in four—were detentioners waiting for a trial, hearing, or sentence. Another 397 were listed under violation of probation or parole as the lead public-order category. [1][3]

Those numbers do not prove that every detention or violation stay is unnecessary. They do show where Delaware should look first. A person who poses a serious danger may need secure detention. A person who is low risk, has not been convicted, or broke a rule without committing a new crime may be safely managed in the community. Each decision must follow the law, give the person due process, consider victims, and use a reliable risk-and-needs review. [9][11][12]

The five most important actions

1. Order an independent performance audit of Level V stays, overtime, health contracts, vendor contracts, buildings, programs, and release delays.
2. Create a 180-day case-review project for pretrial detentioners, technical probation violations, people near release, people with serious illness, and older people who may qualify for sentence review.
3. Expand probation, court reminders, treatment, housing, transportation, electronic monitoring when needed, and quick support after release. Do not expand rules so much that people fail for small mistakes.
4. Turn lower prison population into real cash savings. Close or consolidate housing units when safe, reduce vacant posts and overtime, and change contracts that charge for unused beds or services.
5. Publish a monthly public dashboard. It should show population by legal status and level, jail days, overtime, vacancies, medical staffing, contract penalties, releases, safety outcomes, and savings actually captured.

Main warning about savings

The $86,204 average is not a cash refund for releasing one person. One fewer person may save only food, medicine, clothing, and other daily costs at first. Larger savings come only when Delaware can close a housing unit, avoid a new building, reduce overtime, remove unused positions, or renegotiate a contract. This report uses the average cost only to show the size of the opportunity—not to promise instant savings.

Key numbers at a glance

Measure	Amount	What it means
FY2027 DOC General Fund	$516.22 million	Adopted operating budget
FY2027 prisons	$288.39 million	General Fund; separate from most health spending
FY2027 correctional health	$126.03 million	Medical, behavioral health, and substance-use services
FY2027 community corrections	$83.52 million	Includes probation, pretrial services, Level IV, and related work
FY2024 average prison cost	$86,204 per person/year	Average allocated cost; not the same as marginal cash savings
Level V population, June 30, 2024	4,270	Down from 5,745 in 2015
Detentioners at Level V	1,072 (25.1%)	Waiting for trial, hearing, or sentencing
Level V VOP/parole category	397 (9.3%)	A high-priority group for case review; not all are technical
Probation + pretrial caseload	11,229	10,612 probation/parole plus 617 pretrial services
FY2027 VitalCore caps	$109.83 million	Medical plus behavioral-health contract caps

Sources: FY2027 Appropriations Act; DOC 2024 Annual Report; VitalCore contract amendments. [1][3][6][7]

1. What this report means by “waste”

Waste does not always mean theft. It can mean paying too much, buying the wrong service, keeping a person at a higher security level than needed, leaving a program unused, fixing the same problem again, or failing to measure whether spending works.

A public report cannot honestly prove every instance of waste. Some needed records—such as current overtime by post, invoice-level medical costs, unit-by-unit staffing, contract penalties, and avoidable jail days—are not in one public file. This report therefore covers all major cost areas that public records point to. It also gives officials a list of records needed to finish the job.

Evidence labels used in this report

Label	Meaning	Visual
Documented fact	A current law, budget, annual report, contract, or official review gives a number or rule.	Blue
Strong warning sign	Public facts show a risk of waste, but an audit must decide the exact cause and amount.	Gold
Audit question	A common correctional cost problem that Delaware should test with its own records.	Gray
Proposed solution	A practical step that should be piloted, measured, and changed if it does not work.	Green

What this report does not claim

- It does not claim that every person in prison should be released.
- It does not claim that every contract increase is waste. Health care, pay, inflation, staffing, and court orders can raise real costs.
- It does not claim that the DOC controls judges, prosecutors, bail decisions, or state law.
- It does not count an average prison cost as immediate cash savings.
- It does not treat public safety, humane care, staff safety, or constitutional rights as optional costs.

Quick glossary

Term	Plain meaning
Level V	Full-time jail or prison custody.
Level IV	Partial custody, such as work release, a halfway house, residential treatment, or home confinement.
Detentioner	A person held while waiting for a trial, hearing, or sentence.
VOP	Violation of probation. The person is accused of breaking a supervision rule or committing a new offense.
Technical violation	Breaking a supervision rule without a new criminal conviction, such as missing a

Term	Plain meaning
	meeting or curfew.
Fixed cost	A cost that stays even when one person leaves, such as keeping a building and full shift open.
Daily or marginal cost	The cost that may change quickly when one person leaves, such as some food, clothing, or medicine.
Performance audit	An independent check of whether money, staff, and programs are managed well and produce results.
Risk-and-needs review	A structured review of safety risk and the services a person needs. It supports—but does not replace—human judgment.
Cash capture	Turning a lower population into a real budget reduction, such as closing a unit or reducing overtime.

Who controls which decision

Actor	Main role
DOC	Classification, prison operations, staffing, contracts, Level IV and probation operations, reentry, data, and sentence-review recommendations.
Judges and courts	Bail, pretrial release, sentencing, probation conditions, violation decisions, and most sentence changes.
Attorney General / prosecutors	Charges, plea offers, detention positions, violation positions, and public-safety recommendations.
General Assembly	Criminal laws, mandatory sentences, budget limits, reporting rules, audit authority, and program funding.
Governor / OMB	Executive direction, budget proposal, hiring and contracting policy, and agency performance management.
Controller General / JFC	Legislative budget review, appropriations, conditions on spending, and follow-up reports.
Auditor / Inspector General	Independent review of economy, efficiency, waste, mismanagement, internal controls, and possible misconduct.
Community providers	Housing, treatment, jobs, education, transportation, family support, and services that make safe release work.

Delaware law defines Level V as incarceration, Level IV as partial confinement or home confinement, Level III as intensive supervision, Level II as field supervision, and Level I as unsupervised probation. Courts impose sentences. DOC manages people after commitment and has some authority to recommend or carry out lower-level placements allowed by law. [9] [10]

2. The largest opportunity: use fewer Level V prison beds safely

Level V is Delaware's most secure and costly sanction. It should be used when the law requires it or when a person's danger, flight risk, sentence, or conduct truly needs full custody. It should not be the automatic answer to poverty, missed appointments, unstable housing, untreated illness, or a rule violation that can be handled safely another way.

2.1 Pretrial detention

On June 30, 2024, 1,072 people at Level V were detentioners. They made up 25.1% of the Level V population. They were waiting for a trial, hearing, or sentence. Many may need detention, but this is the first group Delaware should review because pretrial people have not yet been convicted of the pending charge. [3][12]

Cost problem. A person may lose work, housing, treatment, and family stability while waiting. Those losses can make the person harder and more costly to supervise later. The State also pays a prison-level daily cost during the wait.

Probable fixes. Give defense counsel at the first appearance; hold a quick detention review; use court reminders and transportation help; make non-money release the normal choice for low-risk cases; use narrowly tailored conditions; and review people held only because they cannot afford bail.

Safety rule. No automatic release. Use an individual record, verified information, victim notice where required, and a written reason for detention or release. Measure violent rearrest, missed court, and new arrest separately.

2.2 Probation and parole violations

DOC's FY2024 count listed 397 Level V people under violation of probation or parole in the lead-charge table. At Level IV, 225 of 419 people—53.7%—were in the same broad category. A violation can be serious, and the category may include a new arrest. But technical violations such as a missed meeting, curfew problem, positive test, or program failure often can be handled without a long Level V stay. [3][11]

Cost problem. A short failure can trigger expensive transport, jail intake, court time, medical screening, a prison bed, and then another release process.

Probable fixes. Use a written response grid. Start with a reminder, problem-solving meeting, treatment change, curfew change, day reporting, or short community-based sanction. Reserve Level V for new serious crimes, violence, repeated dangerous conduct, or cases where lower steps failed.

Fairness rule. Do not punish poverty. Before filing a violation, ask whether the person lacked transportation, housing, a phone, medication, child care, or money for a required service.

2.3 People who can lawfully move to a lower level

Delaware law gives courts a range of sanctions. DOC can also house some people at Level IV near the end of a sentence, and current law lets eligible people or DOC seek sentence

modification in defined cases. The review should focus on people who have low current risk, strong conduct, a short time left, a serious illness, advanced age, or a verified release plan.

- People within 180 days of release who qualify for Level IV work release or a halfway house.
- People who need treatment or stable housing more than a high-security bed.
- Older or seriously ill people who meet the law's sentence-review rules.
- People who have completed needed programs and have a verified home, job, treatment, or sponsor plan.
- People in a higher security classification than their current behavior and risk require.
- People whose release is delayed only by paperwork, identification, placement, medication, or transportation.

Under 11 Del. C. §4217, courts retain defined sentence-modification authority. The current law requires good cause and a finding that release does not create a substantial risk to the community, a victim or witness, or the person. It also directs consideration of rehabilitation, medical need, and DOC's ability to meet that need. [9]

2.4 Do not over-supervise people in the community

Probation is much less expensive than prison, but too many rules or too many years can create new failures. Delaware law allows eligible people to earn up to 30 days of probation credit for 30 days of compliance. DOC should give the required written notice, calculate credits correctly, and seek early discharge for people who are stable and low risk. [10]

A smaller low-risk caseload lets probation officers spend more time on the people who need close supervision. This is both a safety reform and a cost reform.

Step-by-step safe case review

6. Build a verified list. Separate pretrial status, sentenced status, violation status, mandatory time, risk level, needs, age, health, time left, and release barriers.
7. Remove ineligible cases from automatic review. Flag mandatory sentences and cases with current serious safety concerns for the correct legal process.
8. Check the file. Confirm the sentence calculation, warrants, detainers, victim information, program record, disciplinary record, home plan, and treatment needs.
9. Use two reviews. One trained team scores risk and needs. A second person checks the facts and guards against bias or data errors.
10. Match the least restrictive lawful option. Options may include non-money pretrial release, Level IV, home confinement, Levels II or III probation, treatment court, or sentence modification.
11. Give due process. A judge makes decisions that belong to the court. Counsel and the person receive the record. Victims receive the notice and participation the law requires.
12. Prepare the release before the move. Provide identification, medication, insurance steps, a phone plan, transportation, housing, treatment appointment, and an officer contact.
13. Watch the first 72 hours and first 30 days. These are high-risk times for overdose, homelessness, confusion, and missed appointments.

14. Measure results. Report safety events, court appearance, technical violations, housing, work, treatment, overdose, and cost.
15. Scale only what works. Expand successful groups. Change or stop a practice that harms safety or does not save money.

3. Other major ways funds may be wasted—and how to fix them

The items below cover every major DOC cost center: people, health care, contracts, buildings, supplies, technology, programs, and management. Some are documented pressures. Others are audit tests. Officials should publish the evidence before calling any amount a confirmed saving.

3.1 Overtime, vacancies, and poor post scheduling

DOCUMENTED FACT

What the records show. A 2017 state audit found DOC used $21.7 million in overtime in FY2016—38% of all state overtime. That number is old and must not be treated as today's amount. The current FY2027 budget still requires quarterly overtime reporting and staffing analysis, which shows overtime remains a live management issue. DOC's budget materials also reported 210 correctional officer vacancies in FY2025. [1][4][8]

How to fix it. Audit overtime by facility, post, shift, reason, employee, supervisor, vacancy, sick leave, hospital watch, transport, training, emergency, and holdover. Find posts staffed by sworn officers that trained civilian staff can safely perform. Use a relief pool, fair scheduling, wellness support, early return-to-work, and targeted retention instead of broad bonuses. Consolidate housing units when population permits so fewer posts must be covered every hour.

Measure. Quarterly overtime dollars and hours; mandatory holds; vacancy days; sick leave; turnover; injuries; assaults; units consolidated; overtime per occupied bed.

3.2 Health contracts that grow faster than proof of performance

STRONG WARNING SIGN

What the records show. FY2027 gives DOC about $126.03 million for correctional health. The FY2027 caps in the VitalCore medical and behavioral-health amendments total about $109.83 million. That is about $27.07 million, or 32.7%, above the two FY2026 caps used in this report. A price increase is not proof of waste, but it is large enough to require open-book review. The 2025 health review reported medical staffing near 87% and behavioral staffing near 81%, while also noting real progress and lifesaving care. [1][5][6][7]

How to fix it. Reconcile every invoice to filled positions, hours, credentials, visits, medications, hospital trips, response times, and quality results. Restore or strengthen payment withholds when required service levels are missed. Require data access, no surprise pass-through fees, pharmacy review, hospital network pricing, telehealth where clinically sound, preventive care, and independent patient surveys. Rebid services by clinical area if that improves competition, but avoid fragmentation that makes care worse.

Measure. Contract staffing fill; vacancy days; sick-call wait; outside hospital and emergency visits; preventable admissions; medication continuity; grievances; deaths; contract credits collected; cost per person.

3.3 Medical emergencies caused by weak routine care

AUDIT QUESTION

What the records show. The health committee reported 554 emergency-room runs and 490 inpatient hospital cases from January through November 2025. Emergency care may be necessary and can save lives. The audit question is how many trips could have been prevented through faster routine care, medication, chronic-disease control, detoxification, or care at the facility. [5]

How to fix it. Review a sample of every hospital trip by diagnosis, time, facility, transport staffing, prior sick calls, and whether treatment followed. Create nurse triage standards, chronic-care lists, urgent appointment rules, tele-specialty options, and a case conference for frequent hospital users. Never deny needed outside care to save money.

Measure. Preventable emergency visits; transport overtime; hospital price per case; return-to-prison delay; follow-up completed; adverse events.

3.4 Late release and avoidable custody days

AUDIT QUESTION

What the records show. A person may stay in a costly bed because records, sentence calculations, identification, transportation, housing, treatment placement, or medical discharge work is not ready. Public records do not give a current total for these days, so Delaware should measure them. [3][5]

How to fix it. Create a 180-day release clock. At 180, 120, 90, 60, 30, and 7 days, check sentence calculation, warrants, IDs, benefits, housing, medication, appointments, work, transportation, and supervision. Give one manager authority to clear barriers. Report each day past a legal or planned release date and the reason.

Measure. Avoidable days; days without ID; placement wait; medication supplied; appointment within seven days; release-day transportation; readmissions within 30 days.

3.5 Paying for space that is not needed

STRONG WARNING SIGN

What the records show. Prisons have large fixed costs. A falling population does not create real savings if the same number of buildings, housing units, posts, kitchens, clinics, and contracts stay open. DOC reduced its Level V population from 5,745 in 2015 to 4,270 in 2024, yet the system still must capture savings by changing its physical and staffing footprint. [3][4]

How to fix it. Complete a ten-year bed plan before adding prison capacity. Show beds by security level, legal status, gender, medical need, actual use, and forecast. Consolidate the least efficient housing units when safe. Close or repurpose space with high cost per occupied bed. Preserve surge space only when a written need supports it.

Measure. Cost per occupied bed and unit; unit occupancy; posts per occupied bed; maintenance backlog; energy per square foot; units closed or repurposed.

3.6 Building new capacity before reducing demand

AUDIT QUESTION

What the records show. Capital projects may be needed for safety, health, or replacement of failing space. But building more beds can lock taxpayers into decades of staffing,

maintenance, utilities, and health costs. DOC's FY2027 presentation proposed major capital spending, including pretrial housing work at Sussex Correctional Institution. [4]

How to fix it. Require a correctional impact statement before any new bed project. Compare construction with bail reform, faster cases, Level IV capacity, treatment, housing, and unit renovation. Include 30-year operating cost, not just construction. Make the project pass a public safety and least-cost test.

Measure. Projected population under three policy choices; total 30-year cost; cost per bed; staffing needed; avoided construction; schedule and change orders.

3.7 Deferred maintenance and emergency repair

AUDIT QUESTION

What the records show. Ignoring roofs, plumbing, heating, cooling, cameras, kitchens, locks, and water systems can turn a small repair into a large emergency. It can also create unsafe conditions, lawsuits, overtime, and temporary moves. [4]

How to fix it. Use a five-year condition assessment with risk rank, expected failure date, life-cycle cost, and funding plan. Perform preventive work first on life-safety and high-cost systems. Track work-order age and repeat repairs. Compare repair, replacement, and closure honestly.

Measure. Emergency repair share; repeat work orders; downtime; water and energy use; maintenance backlog; cost avoided by planned work.

3.8 Energy, water, food, uniforms, and inventory

AUDIT QUESTION

What the records show. DOC's FY2024 budget included about $9.82 million for food and $8.73 million for energy. These are needed costs, but large institutions can lose money through leaks, old equipment, poor meters, food waste, weak inventory controls, and purchases that do not use statewide prices. [3]

How to fix it. Meter each facility and major building. Fix leaks. Use energy controls and efficient equipment with a payback test. Weigh food waste by kitchen and menu. Count uniforms, tools, medicine, and warehouse stock. Use cycle counts and investigate unusual use. Protect nutrition and safe temperatures.

Measure. Cost per meal; food discarded; water per occupied bed; energy per square foot; stock loss; emergency purchases; vendor price variance.

3.9 Contracts renewed without a fresh value test

STRONG WARNING SIGN

What the records show. Long amendments can be useful when a vendor performs well, but extensions and price escalators can weaken competition. The FY2027 budget also allows certain emergency health purchases to use a special approval path. DOC itself identified a $4.68 million package of possible one-percent reductions during the FY2027 budget process, including personnel, travel, contracts, supplies, and other costs. [1][4][6][7]

How to fix it. Publish a contract register with owner, purpose, total paid, amendments, competition, vendor performance, penalties, subcontractors, and end date. Start a should-cost review 18 months before renewal. Rebid where competition is practical. Review emergency purchases within 90 days and publish the reason, price check, and result.

Measure. Competitive bids; sole-source dollars; amendment growth; invoices rejected; credits collected; vendor score; savings from rebid; emergency-purchase review time.

3.10 Off-site mail scanning without a public business case

STRONG WARNING SIGN

What the records show. DOC routes non-legal prison mail to a Nevada post-office box for off-site scanning and prints color copies. DOC says its pilot virtually eliminated mail contraband at one prison and cut overall contraband there by two-thirds. Those results matter. But the public still needs the full price, delivery time, error rate, privacy terms, complaints, and comparison with in-state or facility-based options. [13][14]

How to fix it. Publish the contract and yearly cost. Measure days from postmark to delivery, returned mail, missing pages, image quality, privacy incidents, grievances, staff time, and contraband by source. Compare off-site scanning with in-state scanning, safe physical delivery methods, and other screening tools. Keep legal mail protected. Retain the program only if the total benefit clearly beats the full cost and harm.

Measure. Cost per letter; delivery days; reject rate; complaints; contraband by entry route; privacy incidents; vendor downtime; family communication outcomes.

3.11 Software, tablets, phones, and duplicate systems

AUDIT QUESTION

What the records show. Technology can reduce paper, travel, and delay. It can also create unused licenses, overlapping systems, vendor lock-in, fees charged to families, poor data sharing, and costly custom work. [4]

How to fix it. Create one list of every system, license, user, interface, fee, data owner, uptime promise, and renewal date. Remove unused licenses. Require data export and open standards. Test whether tablets, video court, telehealth, digital forms, and electronic grievances reduce total cost and delay. Do not fund technology through unfair family charges.

Measure. Active users; license use; system downtime; duplicate entry; family fees; support tickets; manual hours removed; contract exit cost.

3.12 Transportation and outside posts

AUDIT QUESTION

What the records show. Court trips, hospital watches, transfers, and outside appointments can use vehicles, fuel, overtime, and several officers. Some trips are required; others can be reduced safely. [5]

How to fix it. Count every trip, staff hour, wait hour, cancelation, and reason. Use video court only when it protects rights and works for the hearing. Use telehealth when clinically

safe. Group appointments, share routes, and improve scheduling. Keep in-person visits when the judge, lawyer, clinician, person, or fairness requires them.

Measure. Trips; canceled trips; officer hours; overtime; vehicle miles; video hearings; missed medical care; rights complaints.

3.13 Programs that are full, empty, duplicated, or never evaluated

AUDIT QUESTION

What the records show. Education, treatment, job training, and behavior programs can prevent future crime and cost. They waste money when the wrong people are enrolled, seats sit empty, wait lists block release, several vendors do the same work, or completion is counted without checking results. [3][4][17]

How to fix it. Create a program inventory. For each program list cost, seats, eligibility, wait list, completion, credential, target need, evidence, and outcomes. Fund programs that match assessed needs. End or redesign programs that show no value after a fair test. Never judge a program only by graduation counts.

Measure. Cost per start and completion; wait time; seat use; credential earned; employment; treatment continuation; new conviction; return to custody.

3.14 Leaving federal and outside money unused

STRONG WARNING SIGN

What the records show. Eligible incarcerated students may receive Pell Grants through an approved prison education program. The maximum 2026–27 Pell award is $7,395 for an eligible student. CMS also offers states a path to cover certain Medicaid reentry services for up to 90 days before release. Second Chance Act grants can support reentry. Failure to pursue available funds can shift costs to Delaware taxpayers. [15][16][17][29]

How to fix it. Make one federal-funds calendar. Assign an owner for Pell prison education, Medicaid reentry authority, Second Chance Act, substance-use grants, workforce funds, and benefits enrollment. Track applications, awards, match requirements, people served, deadlines, and dollars lost by missed opportunities.

Measure. Eligible students; FAFSA completion; Pell dollars; approved programs; Medicaid-enrolled releases; federal claims; grants submitted and won; state dollars replaced.

3.15 Weak reentry that leads to avoidable return

STRONG WARNING SIGN

What the records show. A release without identification, housing, medication, treatment, transportation, work help, or clear probation instructions can fail quickly. Reincarceration is expensive. A modest service that prevents one avoidable prison return can be worth far more than its price. [3][5][17][28]

How to fix it. Begin reentry at admission and intensify it six months before release. Give a state ID, benefits plan, seven-day medication supply or clinically proper bridge, health appointment, housing plan, work or education referral, transportation, and one written supervision plan. Use peer navigators during the first month.

Measure. ID at release; stable housing; appointment kept; medication gap; employment; overdose; technical violation; new conviction; return to Level V.

3.16 Poor data, late reports, and measures that hide failure

DOCUMENTED GAP

What the records show. DOC publishes annual and open-data information, but the public cannot yet see one current dashboard that connects population, legal status, overtime, vacancies, contracts, health performance, programs, safety, and actual savings. Without that link, officials may cut a service without saving money or claim a saving that moved a cost somewhere else. [1][3][18][23][24]

How to fix it. Publish monthly data in a downloadable format. Keep definitions stable. Show counts and rates. Separate pretrial, sentenced, VOP, violent, nonviolent, mandatory, medical, and security groups. Have the Auditor or Inspector General test a sample. Explain every revision.

Measure. Timeliness; missing fields; corrections; public downloads; audited error rate; measures linked to budget; savings verified.

3.17 Lawsuits, injuries, force, disability barriers, and unsafe conditions

AUDIT QUESTION

What the records show. Bad care, unsafe buildings, staff injuries, excessive force, sexual abuse, disability barriers, poor records, and delayed responses can create medical cost, overtime, settlements, legal fees, federal oversight, and human harm. Rights and safety are part of efficiency, not an obstacle to it. [5]

How to fix it. Create a confidential risk review that connects incidents, grievances, use of force, PREA, disability requests, medical events, staff injuries, claims, and repairs. Fix repeated causes early. Report totals and trends without exposing private information.

Measure. Claims and legal cost; injuries; repeat locations; response time; grievance findings; corrective actions completed; insurance or settlement trend.

3.18 Prison labor and “cost avoidance” claims

AUDIT QUESTION

What the records show. DOC budget materials report millions of dollars in “cost avoidance” by valuing incarcerated labor at minimum wage. This can overstate savings if the work would not otherwise have been purchased or if supervision, equipment, injury, and program costs are left out. Very low pay may also weaken restitution, family support, and reentry. [4]

How to fix it. Report the real cost and value of each work program. Show wages, supervision, equipment, training, safety, outside market value, restitution, savings, and post-release employment. Do not call every hour a taxpayer saving. Test fair-pay models tied to restitution, savings, family support, and reentry.

Measure. Net value; wage; credential; injury; restitution paid; savings account; job after release; work that truly replaced a purchased service.

3.19 Fees shifted to families and people on probation

AUDIT QUESTION

What the records show. A charge may lower an agency line item while raising the total public cost. High phone, tablet, commissary, treatment, testing, or supervision charges can pull money from rent, food, transportation, and family support. That can make reentry less stable. [3][4]

How to fix it. List every fee and commission. Show who receives it, the actual service cost, and the effect on access. Bid for the lowest total family cost, not the highest commission. Use ability-to-pay rules and free basic communication. Count the social cost, not just agency revenue.

Measure. Price per minute/message/item; commission; unpaid balances; service use; complaints; family contact; missed treatment; violation linked to inability to pay.

3.20 Fraud, conflicts, payroll errors, and weak internal controls

AUDIT QUESTION

What the records show. Any large agency can face timekeeping errors, ghost or duplicate payments, split purchases, conflicts, theft, misuse of vehicles, inventory loss, or vendors billing for work not done. This report does not accuse a person of those acts. It asks for controls that find them. [20][23][24][25]

How to fix it. Match schedules to time records and building access; match invoices to services and people served; rotate sensitive duties; require conflict disclosures; analyze duplicate vendors and payments; protect whistleblowers; and send credible allegations to the Auditor, Inspector General, or law enforcement.

Measure. Exceptions found; dollars recovered; time to close findings; repeat findings; protected reports; disciplinary or corrective action.

4. What the savings could look like

The tables below are planning examples, not promises. They show why Delaware should do a formal cost study. Actual cash savings depend on which people move, the added cost of supervision and services, and whether DOC closes units, reduces overtime, or changes contracts.

4.1 Level V-to-community planning example

DOC's FY2024 report lists an average prison cost of $86,204.30 per person per year. A rough probation allocation can be calculated by dividing the FY2027 probation-and-parole budget of $55,028,800 by the FY2024 probation/parole caseload of 10,612. That equals about $5,186 per person-year. This mixes years and supervision levels, so it is only an order-of-size estimate. It is not an audited unit cost. [1][3]

Average population moved	Prison cost associated	Rough probation allocation	Gross difference	20% cash capture	40% cash capture
100	$8.62M	$0.52M	$8.10M	$1.62M	$3.24M
250	$21.55M	$1.30M	$20.25M	$4.05M	$8.10M
500	$43.10M	$2.59M	$40.51M	$8.10M	$16.20M

How to read the table: if the average Level V population falls by 250 for a full year, the average-cost difference is about $20.25 million. Delaware should budget only the part it can truly capture. A 20% capture would be about $4.05 million; a 40% capture would be about $8.10 million. The rest may remain fixed or be reinvested in safety, treatment, housing, and supervision.

4.2 Health-contract performance example

The combined FY2027 VitalCore caps in the medical and behavioral amendments are about $109.83 million. A contract review that finds unsupported charges, missed staffing, duplicate work, or available credits equal to 1%, 3%, or 5% would identify the following amounts. This is not a claim that these percentages are currently wasted. [6][7]

Test level	Amount reviewed	Use
1%	$1.10 million	Basic invoice and service-level test
3%	$3.29 million	Deeper staffing, pharmacy, hospital, and quality review
5%	$5.49 million	Only if records support the finding

4.3 DOC's own one-percent exercise

In its FY2027 budget presentation, DOC identified about $4.68 million in possible one-percent reductions across personnel, travel, contracts, supplies, and other costs. That list is a useful starting point. The State should publish which items were adopted, moved, restored, or replaced and what service effect each change caused. [4]

Rules for honest savings

- Count savings only after money leaves the budget or is clearly avoided.
- Do not count the same saving in population, staffing, building, and contract totals.
- Subtract the cost of probation, housing, treatment, transportation, health care, and implementation.
- Separate one-time savings from yearly savings.
- Do not call a grant a saving if it creates an unfunded cost when the grant ends.
- Show whether a cost moved to courts, hospitals, local government, families, or another agency.
- Keep safety and rights measures beside every dollar measure.
- Have an independent reviewer confirm the total.

5. A step-by-step reform plan

This plan starts with facts, uses small pilots, protects public safety, and turns lower population into actual budget savings. A joint executive, legislative, judicial, and community team is needed because no single office controls the whole system.

Days 0–30: create control and publish the baseline

16. Governor issues a written correctional-efficiency directive and names one responsible leader.
17. JFC requests a public performance audit by the Auditor and Inspector General, with DOC cooperation.
18. DOC freezes destruction of relevant scheduling, payroll, invoice, medical-performance, classification, and release records under normal legal rules.
19. Build one baseline for population, legal status, security level, jail days, overtime, vacancies, health staffing, contracts, buildings, programs, incidents, and cost.
20. Publish definitions and correct obvious data errors before setting a target.
21. Form a safety group with DOC, courts, DOJ, defense, victims, treatment, housing, probation, health, labor, and people with lived experience.

Days 31–60: find the first cases and first dollars

22. Create separate case lists for pretrial detention, technical violations, near-release people, serious medical need, older eligible people, and classification review.
23. Review the top overtime causes and the ten costliest posts at each Level V facility.
24. Reconcile three months of health invoices to staffing, hours, encounters, hospital trips, and contract terms.
25. List every contract above $100,000 and every amendment, end date, performance promise, penalty, and owner.
26. List every occupied and unused housing unit with staffing and annual operating cost.
27. Identify release barriers that can be solved within 30 days: ID, medication, transportation, benefits, or a missing appointment.

Days 61–90: run controlled pilots

28. Have the proper courts review at least 100 screened cases across the priority groups; review is not a release quota.
29. Use a written violation-response grid in one probation region and compare results with a similar region.
30. Start a 72-hour and 30-day release-support team for the pilot group.
31. Test one overtime reduction plan without unsafe understaffing.
32. Collect contract credits or correct invoices supported by the record.
33. Publish the first monthly dashboard with both good and bad results.

Days 91–180: scale, consolidate, and budget

34. Expand case groups that maintain safety and court appearance.
35. If the daily population stays lower, consolidate a housing unit only after a staffing and safety review.

36. Remove or hold vacant posts tied only to the closed unit; protect needed treatment, health, and supervision staff.
37. Renegotiate per-person or volume-sensitive contracts when population falls.
38. Move part of verified savings into housing, treatment, probation, education, victim services, and reentry. Keep a stated part as taxpayer savings.
39. Submit any needed law changes on bail, technical violations, mandatory terms, earned credit, data reporting, or contract oversight.

Months 7–12: make reform permanent

40. Publish an independent audit with management responses and due dates.
41. Use performance-based budget hearings. Ask what changed, not only how much was spent.
42. Adopt a ten-year population and facilities plan under low, expected, and high scenarios.
43. Require a correctional impact note for bills that may add or reduce prison days.
44. Set a yearly target for actual savings, reinvestment, safety, health, and fairness.
45. Close findings only after the Auditor or Inspector General verifies the fix.

Who should own each workstream

Work	Lead	Required check
Pretrial and bail	Judiciary + DOJ + defense	DOC supplies custody and release data
Sentenced case review	Courts + DOC + counsel	Use 11 Del. C. §4217 and other lawful authority
Technical violations	DOC Probation + courts + DOJ + defense	Written graduated response; track new crime separately
Overtime and posts	DOC + OMB	Auditor/Inspector General verifies
Health contracts	DOC health bureau + OMB	ACHRC advises; independent clinical/fiscal audit
Facilities	DOC + OMB + Controller General	Tie decisions to ten-year population plan
Budget and savings	OMB + JFC + Controller General	No double counting; publish ledger
Dashboard	DOC research unit	Auditor tests data; publish downloadable files
Reentry and grants	DOC + DHSS + education/workforce partners	Use Pell, Medicaid path, and federal grants

6. Public dashboard and safety guardrails

6.1 Minimum monthly dashboard

Area	What to publish
Population	Daily average and month-end count by Level I–V, facility, legal status, pretrial/sentenced/VOP, age group, sex, race, and risk group, with privacy protection.
Flow	Admissions, releases, average stay, court wait, VOP holds, transfers, release delays, and people waiting for programs or placement.
Safety	Serious violence, assaults, use of force, overdoses, naloxone, escapes/absconding, violent rearrest, new arrest, court appearance, and deaths.
Staff	Filled posts, vacancies, turnover, sick leave, injuries, overtime dollars/hours, mandatory holds, academy starts, and separations.
Health	Vendor staffing, sick-call waits, mental-health contacts, MAT access, hospital trips, pharmacy, grievances, mortality review, and contract credits.
Money	Budget, actual spending, forecast, cost per occupied bed/unit, contract payments, emergency purchases, grants, verified savings, and reinvestment.
Programs	Seats, wait lists, starts, completions, credentials, cost, employment, treatment connection, and returns to custody.
Fairness	Results by race, sex, disability, county, charge group, and supervision level; test for unequal outcomes and explain responses.

6.2 Safety and rights guardrails

- No release or lower placement only because it saves money.
- No group rule that replaces individual review.
- Follow mandatory sentences and current court orders unless the proper court changes them.
- Give counsel, due process, and written reasons.
- Give victims the notice, voice, privacy, and protection required by law.
- Do not use an algorithm as the final decision. Check the facts and possible bias.
- Provide treatment, medication, housing, and transportation before release when needed.
- Track violent harm, not just any arrest or technical failure.
- Pause or change a pilot if serious harm rises beyond the agreed safety limit.
- Protect health care, disability access, safe staffing, and humane conditions during any budget change.

6.3 Questions officials should answer in public

46. How many Level V days last year were pretrial, VOP, sentenced, mandatory, medical, or held for another authority?
47. How many people were detained only because they could not meet money bail?
48. How many VOP admissions involved no new criminal charge, and how long did they stay?

49. How many people were eligible for a lower level but waited for a bed, program, hearing, or plan?
50. How much current overtime is caused by vacancies, sick leave, hospital watches, transport, training, emergencies, or management choices?
51. How much did health vendors invoice, what staffing did they deliver, and what credits or penalties did Delaware collect?
52. What is the yearly cost of each housing unit, including staffing, health, food, maintenance, and utilities?
53. Which contracts increase automatically when population falls, and which can be reduced?
54. Which programs reduce new convictions or returns to custody after adjusting for risk?
55. How many eligible people use Pell-funded prison education, and how many dollars were awarded?
56. Is Delaware using or applying for Medicaid pre-release authority, and what state spending could it replace?
57. What savings were actually removed from the budget, and what amount was reinvested?

7. Formal request to Delaware authorities

The Legal Advocacy Network respectfully asks the recipients to take the following actions and provide a public written response.

58. Within 30 days, name the lead office and meeting date for a statewide correctional-efficiency review.
59. Within 45 days, release the baseline records listed in Appendix A, subject to lawful privacy and security limits.
60. Within 60 days, begin an independent performance audit covering Level V use, overtime, health contracts, other major vendors, facilities, programs, federal funds, and release delays.
61. Within 90 days, begin lawful case-review and probation-response pilots with written safety rules.
62. Within 120 days, publish the first monthly dashboard and a verified savings ledger.
63. Within 180 days, report which units, posts, contracts, or capital projects can be reduced, avoided, or redesigned because of a safely lower prison population.
64. During the next budget cycle, show a separate line for taxpayer savings and a separate line for reinvestment in probation, housing, treatment, education, health, victim services, and reentry.
65. Ask the Auditor or Inspector General to verify completion before any finding is closed.

Requested public position

Delaware should state clearly that Level V is for people who need Level V. Poverty, a missed appointment, untreated illness, or a minor rule failure should not become an expensive prison stay when a lawful and safe community response will work. At the same time, the State must keep secure custody for people whose current risk and sentence require it.

Taxpayers deserve to know whether money is producing safety, health, accountability, and successful reentry. Correctional employees deserve enough staff, working equipment, and clear policy. Victims deserve safety and honest information. People in custody and on supervision deserve lawful, humane, and useful conditions. These goals support each other when decisions are based on facts.

Respectfully submitted,

Detlef F. Hartmann
The Legal Advocacy Network

Appendix A. Records needed to complete a true waste audit

These records should be provided in a machine-readable file when possible. Remove private medical, victim, personnel, and security details that lawfully must be protected. Publish totals, definitions, and methods even when individual records cannot be released.

Population and custody days

- Daily person-level status for three years: facility, unit, Level I–V, pretrial/sentenced/VOP, controlling charge group, mandatory time, risk/needs level, admission date, release date, and reason.
- Every day held after a planned or lawful release point, with the blocking reason.
- Waiting lists for Level IV, treatment, education, medical placement, housing, and court review.

Probation and violations

- Caseload by officer, level, risk, county, and specialized unit.
- Violation filings by alleged behavior, new charge, response used, detention days, court result, and outcome.
- Earned compliance eligibility, notice, credits, forfeiture, and early discharge.

Staff and overtime

- Authorized, filled, vacant, and frozen positions by facility, job, shift, and month.
- Overtime hours and dollars by person, post, reason, facility, shift, and approving supervisor.
- Sick leave, workers' compensation, injuries, mandatory holdovers, academy classes, separations, and exit reasons.

Health

- Contracts, amendments, invoices, staffing rosters, time records, credentials, vacancies, service logs, pharmacy, hospital and ambulance claims, quality withholds, credits, and penalties.
- Wait times, grievances, mortality reviews, adverse events, chronic-care lists, MAT, mental-health observation, outside appointments, and return follow-up.

Contracts and purchasing

- All contracts and purchase orders above $100,000, competition method, bids, scoring, amendments, payments, performance reports, subcontractors, ownership, and conflicts.
- Emergency and sole-source purchases, price comparisons, approval, and later review.
- Mail, telecom, tablets, commissary, food, uniforms, time clocks, software, transport, energy, water, waste, dry cleaning, and professional services.

Facilities and capital

- Beds and occupancy by unit; post plan; annual operating cost; square footage; energy; water; maintenance; condition; work orders; capital plan; and 30-year cost of proposed beds.
- Closure, consolidation, renovation, and replacement studies, including rejected choices.

Programs and reentry

- Program provider, model, target need, cost, seats, wait list, starts, completion, credential, release timing, and one- and three-year outcomes.
- Pell eligibility and awards, FAFSA completion, approved prison education programs, grants, Medicaid reentry planning, IDs, benefits, housing, medication, appointments, and employment.

Claims and integrity

- Totals for injuries, workers' compensation, lawsuits, settlements, legal fees, grievances, use of force, PREA, disability requests, vehicle use, inventory loss, duplicate payments, and confirmed fraud or discipline.

DOC's research page lists public annual reports and open data and gives data-request and research-request addresses. A practical data request may be sent to DOC_DataRequest@delaware.gov. Formal records requests should use the official DOC FOIA process. [18][19]

Appendix B. One-page scorecard for each proposed reform

Field	Required answer
Problem	What exact cost or harm are we trying to reduce?
Baseline	What happened in the 12 months before the change?
Target group	Who is included and excluded? Why?
Legal authority	Who may decide: DOC, court, prosecutor, legislature, OMB, or another office?
Action	What will change, who owns it, and by what date?
Added support	What probation, treatment, housing, health, transportation, or staff support is needed?
Safety measure	What violent harm, court appearance, absconding, overdose, injury, or rights measure will be watched?
Cost measure	What direct cost, fixed cost, avoided cost, and shifted cost will be counted?
Equity check	Are results different by race, sex, disability, age, county, or income?
Decision rule	When will the pilot expand, change, pause, or stop?
Independent check	Who will test the data and savings?
Public report	Where will results, methods, and limits be posted?

Example: technical violation pilot

Field	Example answer
Problem	Too many Level V days for rule violations that do not involve a new serious crime.
Action	Use a graduated response grid and rapid problem-solving meeting before filing a VOP, unless safety requires immediate custody.
Safety	Track new violent arrest, absconding, victim contact, overdose, and serious supervision failure.
Cost	Track Level V admissions, days, transport, intake, court time, probation workload, treatment, and housing support.
Decision	Expand only if serious harm does not rise and total cost per case falls.

Sources and notes

All links were checked or retrieved for this report through August 15, 2026. Bracketed numbers in the report refer to this list. A source may change after that date. Dollar figures are rounded in the text but calculations used the published amounts stated in the cited records.

[1] Delaware General Assembly, Senate Bill 335, FY2027 Appropriations Act (signed June 30, 2026). Open official source

[2] Delaware Office of Management and Budget, FY2027 Budget. Open official source

[3] Delaware Department of Correction, 2024 Annual Report. Open official source

[4] Delaware DOC, FY2027 Joint Finance Committee budget presentation. Open official source

[5] Delaware Adult Correctional Healthcare Review Committee, 2025 Annual Report. Open official source

[6] VitalCore medical-services contract, Addendum 6. Open official source

[7] VitalCore behavioral-health contract, Addendum 7. Open official source

[8] Delaware Auditor of Accounts, Department of Correction Overtime Analysis (2017). Open official source

[9] 11 Del. C. Chapter 42, including Levels I through V and sentence-modification authority. Open official source

[10] 11 Del. C. Chapter 43, Subchapter VIII, earned good time and probation compliance credit. Open official source

[11] Delaware DOC, Probation and Parole Fact Sheet. Open official source

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[13] Delaware DOC, current mail-to-inmate instructions. Open official source

[14] Delaware DOC, announcement expanding off-site mail screening. Open official source

[15] Federal Student Aid, Pell Grant eligibility for incarcerated students. Open official source

[16] Centers for Medicare & Medicaid Services, Medicaid Reentry Section 1115 opportunity. Open official source

[17] U.S. Bureau of Justice Assistance, Second Chance Act Programs. Open official source

[18] Delaware DOC, Research, Data and Statistics page. Open official source

[19] Delaware DOC, public contact page. Open official source

[20] Delaware Auditor of Accounts, contact and waste-reporting page. Open official source

[21] Delaware General Assembly, Joint Finance Committee. Open official source

[22] Governor Matt Meyer, official contact page. Open official source

[23] State of Delaware, Robert Storch sworn in as Inspector General. Open official source

[24] State of Delaware, Senate Bill 4 establishing the Office of Inspector General. Open official source

[25] Delaware Department of Justice, official contact page. Open official source

[26] Delaware OMB, official contact page. Open official source

[27] Delaware General Assembly, Office of the Controller General. Open official source

[28] Delaware DOC, Office of the Commissioner. Open official source

[29] Federal Student Aid, 2026–27 Pell Grant information. Open official source

[30] Delaware DOC, enhanced community notification system (current population statement). Open official source

Calculation notes

- Rough probation allocation: $55,028,800 FY2027 Probation and Parole General Fund divided by 10,612 probation/parole cases reported on June 30, 2024 = about $5,185.53 per person-year. This is not an audited marginal cost and mixes years and supervision levels.
- VitalCore FY2027 combined cap: $77,909,313.50 medical plus $31,922,953.72 behavioral health = $109,832,267.22.
- VitalCore comparison: FY2026 caps used were $54,113,812.96 medical plus $28,649,238.55 behavioral health = $82,763,051.51. Difference = $27,069,215.71, or about 32.7%.
- Level V scenarios: prison average $86,204.30 minus rough probation allocation $5,185.53 = $81,018.77 gross difference per person-year. Cash-capture scenarios apply 20% and 40% to that difference.

Final caution

This report is designed to start a full audit and policy process. It does not decide any person’s custody status. It does not replace legal advice, a clinical decision, a sentencing order, a victim-safety plan, or an official fiscal note. Its figures should be updated when newer audited records become available.