

## **Statement of the Problem**

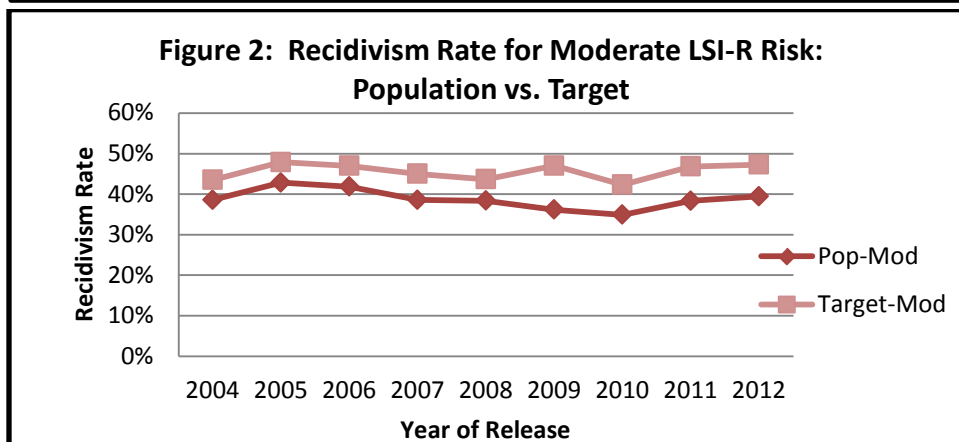
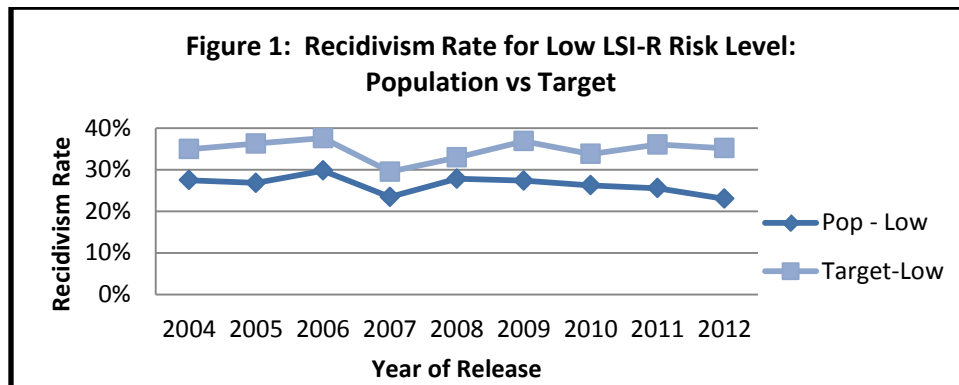
*1.1 Provide the baseline recidivism rate for the state including documentation to support the development of the rate. In 2011, the State of Vermont adopted the following definition of recidivism: The Department shall calculate the rate of recidivism based upon offenders who are sentenced to more than one year of incarceration who, after release from incarceration, return to prison within three years for a conviction for a new offense or a violation of supervision, and the new incarceration sentence or time served on the violation is at least 90 days. This measure was codified by statute in the same year in Act 41. Using that definition our baseline rate is presented in the table below. This represents the cohort of offenders released in 2009.*

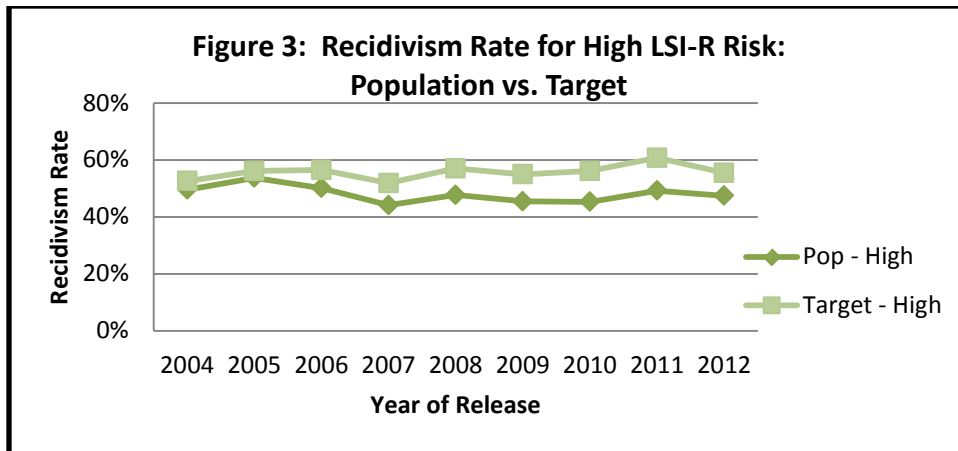
**Table 1: Baseline Recidivism Rate for 2009 Cohort**

<b>LSI-R Level of Risk</b>	<b>Total</b>	<b>Act41 Recidivism Rate</b>
<b>Low (0-23)</b>	479	34.9%
<b>Moderate (24-33)</b>	724	43.6%
<b>High (34-54)</b>	294	55.8%
<b>Mod or High (24-54)</b>	1018	47.2%
<b>LSI-R Missing</b>	48	29.20%
<b>Total number of offenders released</b>	1537	43.3%

*1.2 Identify the target population and justify the selection. The SRR target population is moderate to high risk offenders (based upon LSI-R scores) who are released to furlough. Furlough is a period of reintegration into the community following early release from prison*

during which the offender is participating in restorative justice and/or risk management programs that are provided by Vermont Department of Corrections (VTDOC) personnel and contracted providers. Offenders in this status are still considered incarcerated. The intent of furlough is to allow the offender the opportunity to stabilize in the community while serving the remainder of an incarcerative sentence. Successful completion of furlough can be either a transition to Parole (which is considered a less intense supervision status), no returns to prison that last more than 30 days, or successfully completing the sentence under furlough (maxing out). Data show that moderate to high risk furloughees recidivate at a higher rate than the entire released population. For the purposes of this grant, we will look specifically *at re-lodgings for 30+ days for sentenced inmates released to furlough supervision within the first year of release*. We believe reducing this rate will lower the overall state recidivism rate. The three charts below compare the target population to the entire population.





1.3 Provide data detailing the drivers of the statewide recidivism rate, including the risk levels and characteristics of the reentry population, reasons for recidivism (new crime, technical revocation, etc.), and recidivism rates by supervision type. Males comprise 84% and females are 16% of the target population. Convictions for felony offenses account for 82% of the target population. The current offender management system database does not distinguish between a technical violation and new crime when an offender returns to prison. This data collection gap will be closed when the new offender management system launches in early 2015. To understand the reasons for returns to prison, a sample study of the target population returned to prison for more than 30 days was conducted. The study examined reasons for returns during a one year period (March 1, 2013 – Feb 28, 2014). The study selected a stratified random sample of 136 out of 441 individuals relogged for 30+ days. A manual review of case notes for the sample was conducted between April 23- 25, 2014. The table below shows the frequency and causes for the returns highlighting that 88% of the returns were for technical violations of the furlough agreement. The largest number of violations is in the Drug or Alcohol category, 45%. New charges accounted for 30% of the returns.

**Table 2: Causes for Return –Sample Study**

Cause for Return	Frequency	Percent of Full Sample (n=136)	Percent of Violations or New Charges
<b>Violations</b>	<b>119</b>	<b>88%</b>	<b>(n=119)</b>
Drugs or Alcohol	61	45%	51%
Loss of Residence	51	38%	43%
Program Failure	30	22%	25%
OOP or Curfew	26	19%	22%
Violent or Threatening	22	16%	18%
DV conditions	17	13%	14%
Sex Offender Conditions	6	4%	5%
Other violation	9	7%	8%
<b>New charge</b>	<b>41</b>	<b>30%</b>	<b>(n=41)</b>
Escape	15	11%	37%
Property crimes (petty larceny, burglary, possession of stolen property)	7	5%	17%
Drug possession	5	4%	12%
Domestic Assault	5	4%	12%
Assault	4	3%	10%
Other	4	3%	10%

1.4 Provide a baseline recidivism rate for the proposed target population including documentation to support the development of the rate. The table below shows the recidivism rate for the target population based on the legislatively defined recidivism measure and indicates the rates for moderate and high risk offenders on furlough are higher than the overall statewide rate.

**Table 3: Most Recent Recidivism Rate for Target Population: Moderate/High Risk Offenders on Furlough**

<b>LSI-R Level of Risk</b>	<b>Not relodged within 3 years</b>	<b>Relodged within 3 years</b>	<b>Total</b>	<b>Act41 Recidivism Rate</b>
<b>Total</b>	635	573	1208	47.4%
<b>Low (0-23)</b>	220	146	366	39.9%
<b>Moderate (24-33)</b>	295	277	572	48.4%
<b>High (34-54)</b>	89	133	222	59.9%
<b>Mod or High (24-54)</b>	384	410	794	51.6%
<b>Unrecorded</b>	31	17	48	29.20%

1.5 Provide data on the risk levels and prevalence of criminogenic and behavioral health needs among the target population. VTDOC interprets a score over 50% in any LSI-R sub-category to indicate a need in that domain. The table below shows the results for the cohort releases in FY2012 and a summary of the cohorts released between FY2008 and FY2012. The highest areas of need are Alcohol/Drug, Education/Employment, Family/Marital, and Leisure/Recreation.

**Table 4: Criminogenic Need of Target Population Based on LSI-R**

<b>LSI- R Domain</b>	<b>Percent FY2012 of Population Scoring over 50%</b>	<b>Percent of FY08-12 Population Scoring over 50%</b>
Accommodation	28%	29%
Alcohol/Drug	73%	74%

Attitude/Orientation	39%	41%
Criminal History	90%	89%
Companions	52%	54%
Education/Employment	80%	79%
Emotional/Personal	41%	42%
Financial	88%	85%
Family/Marital	69%	70%
Leisure/Recreation	92%	93%

VTDOC in collaboration with the entire Agency of Human Services (AHS) is currently engaged in several initiatives designed to support inmates who were designated as Seriously Functionally Impaired (SFI) to successfully return to their communities. SFI is defined as a disorder of thought, mood, perception, orientation, or memory, as diagnosed by a qualified mental health professional, which substantially impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life and **which substantially impairs the ability to function within the correctional setting**; or a developmental disability, traumatic brain injury or other organic brain disorder, or various forms of dementia or other neurological disorders, as diagnosed by a qualified mental health professional, **which substantially impairs the ability to function in the correctional setting.**” In the time period between 6/22/2013 and 6/21/2104, 799 offenders in the target population were released to the community of which, 39 individuals or 4.9% were designated as seriously functionally impaired. Many of the reentry efforts within the Agency of Human Services are focused on managing this small group successfully in the community consuming a considerable amount of resources and time. The VTDOC recently

developed a Re-entry checklist (See Attachment A: Re-entry Checklist) to facilitate the community planning that should take place prior to release. Use of this checklist is incorporated into the Data Sharing/Integrated Case Management strategy described later in this narrative. Based on the analysis described above, completed by the SRR Task Force, the Implementation Plan has identified recidivism reduction goals outlined in Table 5 below. It clearly demonstrates that a reduction in the rate for the target population will reduce the statewide rate.

**Table 5: Recidivism Reduction Goals**

<b>Measure for Grant: Return for 30+ Days of Moderate to High Risk Offenders</b>			
		<b>Target Population</b>	<b>Statewide</b>
<b>Baseline [2012]</b>	Number of individuals in the annual cohort (based on recidivism definition):	819	1,398
	Recidivism Rate:	50%	42%
	Total Recidivists:	410	587
Reduction from baseline recidivism rate after 2 years	Recidivism Rate:	45%	39%
	Total Recidivists:	368.55	546
	Reduction (n):	40.95	41
	<b>Rate Reduction (%)</b>	<b>10.0%</b>	<b>7%</b>
Reduction from baseline recidivism rate after 5 years	Recidivism Rate:	43%	38%
	Total Recidivists:	352.17	530
	Reduction (n):	57.33	57.33
	<b>Rate Reduction (%)</b>	<b>14%</b>	<b>11%</b>

<b>ACT 41 DEFINITION</b>			
		<b>Target Population</b>	<b>Statewide</b>
<b>Baseline [2009]</b>	Number of individuals in the annual cohort (based on recidivism definition):	794	1,537
	Recidivism Rate:	52%	43%
	Total Recidivists:	410	661
Reduction from baseline recidivism rate after 2 years	Recidivism Rate:	48%	41%
	Total Recidivists:	381.12	632
	Reduction (n):	28.584	29
	<b>Rate Reduction (%)</b>	<b>7.0%</b>	<b>4%</b>
Reduction from baseline recidivism rate after 5 years	Recidivism Rate:	43%	39%
	Total Recidivists:	341.42	593
	Reduction (n):	68.284	68.284
	<b>Rate Reduction (%)</b>	<b>17%</b>	<b>12%</b>

*1.6 Describe any policy or structural barriers, or major resource gaps identified by the planning team through the Checklist exercise 3 in the P&I Guide during the FY 2013 SRR planning process that will be addressed with this project.*

Through the SRR P&I Guide checklist exercise the planning team identified several areas of gaps and barriers.

- a. **Policy Development:** The VTDOC is in the process of transitioning to the ORAS risk/needs assessment system. VTDOC policies around the completion and use of the ORAS and sharing assessment information with outside partners will need to be updated with the adoption of the new system. Policy staff capacity and resources for training staff and partners on the use of the ORAS will be needed. A new case plan that utilizes risk and needs assessment information was rolled out in January 2014. However, rolling out the new policies and procedures has been slow due to limited capacity to write and review policies. Staff has not been trained on the new procedures, which may undermine their utilization. While there is a department commitment to fully implement assessment driven case planning, no policy directives exists to guide how facility caseworkers and community probation officers engage in collaborative case planning with service providers. Also, no formal policy articulates procedures for developing aftercare plans for individuals discharged from supervision. In order to adhere to the fundamental principles of evidence-based correctional practices, this is clearly a barrier that needs to be addressed. For the furlough population, VTDOC has administrative authority over the application of sanctions in response to violations, and also has the ability to modify the conditions of supervision. This allows for flexibility in applying sanctions or incentives in a swift and certain manner. However, oversight of the use of sanctions varies across the state and there is no consistent policy on delivering incentives.



- b. **Quality Assurance:** While VTDOC programs utilize evidence-based curriculums, quality assurance is limited due to inadequate staff capacity. Contracted service providers do not necessarily follow evidence-based treatment models. Quality assurance measures are in place for VTDOC and contracted providers. Risk Reduction Coordinators (contracted positions under VTDOC) conduct the Corrections Program Checklist, Group Audit Form, and the Addictions Technology Transfer Center (ATTC) supervision rubric. However, the capacity to respond to the findings of the QA tools is somewhat limited.
  
- c. **Training and Education:** Community providers generally lack expertise to work with the criminal justice population and to deliver evidence-based services for reducing risk. Limited funding exists for training of contracted program staff, and there is an inadequate supply of treatment providers who are qualified and culturally competent to work with the offender population. While staff is trained in motivational interviewing, which promotes responsivity and intrinsic motivation in offenders, a thorough assessment of responsivity issues is not typically conducted; nor are incentives/rewards used consistently to encourage program participation and compliance. VTDOC has begun training staff in Effective Practices in Community Supervision (EPICS), but lacks the resources to roll it out statewide. The goal is that implementation funds for EPICS training will elevate and expand supervision beyond monitoring compliance to modeling and engaging offenders in more pro-social behavior and interactions through daily use of evidence based core correctional practices proven to reduce recidivism.
  
- d. **Data Sharing and Collaboration:** Providers have little incentive to engage in pre-release planning because they cannot be reimbursed for those activities presenting challenges to connecting individuals to community services shortly upon their release from prison. Pre-

release connections with service providers are also limited due to the availability of quality services, and the reality that many inmates are not housed near their community of release.

## **2. Project Design and Implementation**

### *2.1 Recommendations for building systemic capacity*

During the planning phase of this project a Recidivism Reduction Task Force (Task Force) comprised of Vermont policy makers, community partners, non –profit organizations, local leaders and agency managers was established. This Task Force will continue as the implementation and oversight team for the implementation process. The membership of the Task Force will also expand to include supervisors and line-staff to ensure buy-in from all perspectives across the system which will allow for a more seamless implementation.

The Task Force developed a thorough project implementation plan (See attachment B: SRR Work Plan). The work plan outlines a timeframe for implementation, assigns responsibility for each strategy, and identifies organizations/agencies impacted by the change. Within this plan we identified six strategies to build system capacity. *1) Develop a comprehensive and sustainable EPICS (Effective Practices in Community Supervision) program within the DOC.* The EPICS model from the University of Cincinnati Corrections Institute is designed to more fully utilize caseworkers as agents of change and ensure clients receive a consistent message throughout the continuum of correctional services. The model applies the risk-needs- responsivity (RNR) framework to community supervision and trains all caseworkers on core correctional practices. The model also includes measures of fidelity and ongoing coaching sessions. The VTDOC has begun to train staff in this model. Of the 170 caseworkers/probation officers on staff, 16 have completed the full training and 34 are in the six month training period. Six staff members, from caseworkers to district managers, are in the process of becoming certified as EPICS trainers. The plan includes continued training for all casework and supervisory staff, and a goal to build our

in-house capacity to provide ongoing training, coaching and booster sessions. The DOC is also working with the University of Cincinnati to develop e-learning content for EPICS to ensure both fidelity and long-term sustainability. (See attachment C: Latessa Letter of Support). The modules would include: 1) Introduction to the EPICS training module (research, RNR [including a focus on dosage and intensity of services], and the cognitive-behavioral model); 2) Community partners training module; 3) One refresher module for each of the following: EPICS model/structure, Active Listening and Giving Feedback; Behavior Chain and Cognitive Restructuring; Skill Building; Problem Solving; Cost Benefit Analysis; 4) Five interactive modules. These modules will include the check-in and review portion of an EPICS session (audio). For example, during the booster session, caseworkers will have to pair with each other to determine which intervention and homework assignment would be most appropriate, practice this, then a recommendation screen will close-out the module. The VTDOC will purchase the e-learning software to host this content (Described in strategy 3 below). SCA funds are needed to continue the roll out of EPICS training, develop the e-content, and provide equipment needed for training and taping interview sessions. Each person trained in the EPICS model must submit audio tapes on a regular basis throughout their employment to demonstrate continued proficiency in the model. 2) ***Review and update all policies and directives related to risk tools, case planning, sanctions and incentives, classification and community supervision.*** With SCA funds, VTDOC will hire two full-time staff to focus on policy development. These staff will be in limited service positions for the duration of the grant. The Task Force will organize a team of stakeholders to include representation from the departments within the Agency of Human Services (Department of Children and Families {which includes the division of Economic Services}, Department of Aging and Independent Living, Department of Health and Department

of Mental Health) and contracted community and non-profit providers. This team will assess the current state of policies and directives that impact reentry; prioritize the need for new and updated policies and directives; write and release policies and directives; train staff impacted by policies and directives; and, establish monitoring and quality assurance procedures. **3) *Develop a robust training and development system for state agencies and community providers.*** With SCA funds, VTDOC will hire two limited-service organizational development staff to build upon the existing training system in the state. The Task Force will organize a team of stakeholders to complete the steps of the action plan. Within this strategy, the team will assess the current training needs of Agency of Human Service staff and community partners as it relates to working with individuals involved in the criminal justice system. There will be a clear focus on the issues of responsiveness, building competence in community partners to work with the offender population, corrections best practices, and a version of EPICS for partners. Based on this assessment the team will identify new training needed, the audience for the training, and the best method for delivering the content. The VTDOC also will issue an RFP to purchase an e-learning system. The need for an e-learning system was identified by our internal training unit during the FY11 strategic planning process. The benefits of an e-learning system are reduced travel cost, ability to focus classroom time on more complex issues, better tracking of which staff have completed required training, ability to share training with community partners. A recent performance report prepared by the VTDOC Quality Assurance Coordinator showed the department is not reaching its goals in staff training on core competency areas such as First Aid, Advanced Communication Techniques and, Suicide Prevention. Implementation of e-learning will address this gap and create opportunities to provide more training on corrections best practice. Another aspect of this strategy is to work with the New England Addiction Technology

Center at Brown University (ATTC) (See attachment D: ATTC Letter of Support). ATTC will provide VTDOC and its statewide reentry partners training and technology transfer consultation in the adoption and implementation of the evidence-based practice of Motivational Interviewing; Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA:STEP) and, Treatment Planning M.A.T.R.S for Criminal Justice Providers (key tenets of treatment objectives and interventions ensuring they are **M**easurable, **A**ttainable, **T**ime- Limited, **R**ealistic and **S**pecific). The trainings will be delivered over a 5 phase workforce development series with a Technology Transfer consultation component to ensure the sustainability of the skills. The goal of the entire training strategy is to increase staff ability to provide services based on corrections best practice and to expand the knowledge base of all people who work with the target population. The outcome for Vermont is a shared approach to working with people who experience incarceration. **4) *Create a data sharing process to support integrated case management.*** The Task Force highly prioritized the need for an integrated case management system based on data sharing and collaboration. During the planning phase, the barrier of data sharing throughout the reentry process was noted as a deterrent to integrated case planning. To address this gap, the Task Force has designed a phased implementation approach. SCA funds will be used to contract with a consultant to guide this process. We believe a neutral party is necessary to work through the confidentiality, trust, and other issues that will arise. To fully understand the barriers for integration, we will phase implementation throughout the state. The implementation plan calls for the project to start in the Eastern region of Vermont. The Eastern State Project will serve as a learning laboratory for statewide implementation of strategies around integrated case management. Several community providers from the region participated on the Task Force and will continue to serve on the group through this implementation phase.

The Eastern State team will identify common interests and clients, review the data needs for each stakeholder, remove confidentiality and other barriers needed for integrated cases planning, develop MOU's, and design the overall procedure for an integrated system of case management. The system will be tested within the region, modified as needed and scaled up for statewide implementation. SCA funds will also be used to test any direct service strategies identified in the development stage. **5) *Increase the quality assurance and implementation fidelity of risk reduction programs.*** In January of 2014, VTDOC launched new risk reduction curriculum linked to risk scores and criminogenic need. Risk reduction programming is delivered through contracts with community providers. Oversight of these programs is difficult due to the nature of the delivery system. VTDOC uses contracted staff to coordinate the linkages between the VTDOC and the community providers. Those staff, Risk Reduction Coordinators, track involvement in the program and submit monthly reports to the Program Services Director. Risk Reduction Coordinators are trained to monitor contracted community programs for fidelity using the Corrections Program Checklist (CPC), Group Audit Form and the Addiction Technology Transfer Center Network (ATTC) Supervision Rubric. The VTDOC will use SCA funds to train more staff on the use of the Correctional Program Checklist. Results from the CPC will be used to improve program performance and adherence to the program model. Research clearly shows that only programs implemented with fidelity with an impact on recidivism. **6) *Validate and norm the Ohio Risk Assessment Survey (ORAS) for the Vermont offender population.*** Vermont is currently transitioning from using the LSI-R to the ORAS. Staff is being trained and full implementation is planned for January 2015. Because the actuarial assessment of offenders in a reliable and validated manner is essential for the effective supervision of people returning from prisons and jails (Andrews and Bonta, 2010), Vermont wants to ensure the ORAS is

validated and normed to reflect the characteristics of its offender population. Scores from the ORAS will be used tailor levels of supervision and services to match individual risk and need, inform case management, guide programming decisions including intensity and dosage, and assist in classification decisions. SCA funds will be used to contract with the University of Cincinnati to conduct the study. 7) ***Provide grants to support civil legal aid.*** The SRR Task Force identified access to State issued identification as a barrier to those reentering the community. SCA funds will be used to increase opportunities for individuals to procure these documents and for other legal issues allowable with these funds that help stabilize individuals upon return to the community. The VTDOC will release an RFP to grant the dollars out to an organization that has experience with these matters. This strategy will support the other strategies in this grant by removing barriers that are identified in casework and release planning.

*2.2 Recommendations for investments in evidence-based interventions.* Twenty-six percent of offenders within the target population are sentenced for domestic violence related offenses. The study of returns to prison revealed that those offenders violate conditions of release more frequently than the rest of the target population. The VTDOC is currently working with the VT Network Against Domestic and Sexual Violence (the Network) to establish a domestic violence program that has efficacy. The current model (the Duluth Model) was reviewed by the Washington State Institute for Public Policy (WISPP).

[http://www.wsipp.wa.gov/ReportFile/1119/Wsipp\\_What-Works-to-Reduce-Recidivism-by-Domestic-Violence-Offenders\\_Full-Report.pdf](http://www.wsipp.wa.gov/ReportFile/1119/Wsipp_What-Works-to-Reduce-Recidivism-by-Domestic-Violence-Offenders_Full-Report.pdf)). In the study WISPP tested whether DV treatment has a cause-and-effect relationship with DV recidivism. Six of the evaluations tested the effectiveness of Duluth-like treatment and found no effect on DV recidivism with the Duluth model. The report also stated that while there may be other reasons for courts to order offenders

to participate in these Duluth like programs, the evidence to date suggests that DV recidivism will not decrease as a result. Vermont also finds that the advocates in our state are supportive of programming that holds domestic violence offenders accountable for their behavior. However, we also want those programs to have an impact on recidivism when we invest state resources. The Program Services Director, who has responsibility for all risk reduction programming, is working with the Network to identify other models that exist and determine if they can be implemented in Vermont. We are currently in discussions with Correctional Services Canada about their model which has shown early results in reducing recidivism in the domestic violence offender. SCA funds would be used to review this and other models, modify it for Vermont if necessary, train providers , test an initial pilot, revise as appropriate and then launch the program.

*2.3 Describe how these investments are coordinated with or build upon other major initiatives related to statewide criminal justice.*

In January 2014, Vermont Governor Peter Shumlin dedicated his entire State of the State address to the “rising tide of drug addiction and drug-related crime spreading across Vermont.” After this speech, the Senate Judiciary Committee introduced S.295: An act related to pre-trial services. This extensive legislation, which impacts all Agency of Human Services departments, (signed into law as ACT 195) is designed to provide alternative pre-trial services, consistent with public safety, for individuals who can benefit from alternative responses. It requires the use of risk and needs assessments, screening tools and referrals across the various points in the criminal justice system. The legislation also identifies VTDOC as the agency to select and validate those tools. A new position, Director of Pre-Trial Services was created and will be housed at VTDOC allowing for greater coordination with goals of the SCA implementation plan.

Vermont is one of three sites selected to participate in the ONDCP funded ARK (Annals of Research and Knowledge on Successful Offender Management) initiative with the National



Association of Drug Court Professionals (NADCP). The Tri-Branch Task Force will oversee this initiative. The Tri-Branch Task Force is a collaborative, interdisciplinary effort that brings together all three branches of government to work on a statewide strategy to improve the response to individuals with mental illness and co-occurring disorders who are involved with, or at risk of becoming involved with, the criminal justice system. It is co-chaired by the Chief Justice of the Vermont Supreme Court, the Secretary of the Agency of Human Service and the Chair of the House Committee on Institutions and Corrections. The Tri-Branch has outlined a five step sequential intercept model for Vermont: 1) pre-charge, 2) post arrest, 3) pre-trial services, 4) disposition and, 5) re-entry/community supervision. The ARK model is based on the principles of risk need and responsivity and builds an evidence based system that takes into account practices at each point in the criminal justice system. Between the work of the Tri-Branch and the SCA implementation plan, Vermont will incorporate the RNR principles and evidence based intervention into the entire sequential intercept model.

The Agency of Human Services is also undertaking several initiatives that relate to the strategies outlined in the implementation plan. The Department of Vermont Health Access, located within AHS, is the lead department for implementing health care reform under the Federal Affordable Care Act and Vermont Act 48- An act relating to a universal and unified health system. Within these efforts are plans to develop a health services enterprise to cover the issues of access to care, payment, and integrated eligibility. Vermont legislative ACT 195 (signed in June 2014) requires the Agency of Human Services and its departments to assist the Department of Corrections in fully enacting the provisions of the Affordable Care Act and Vermont's health care reform initiatives as they pertain to persons in the criminal justice population, including access to health information technology, the Blueprint for Health, Medicaid enrollment, the health benefit

exchange, health plans, and other components under the Department of Vermont Health Access that support and ensure a seamless process for reentry to the community or readmission to a correctional facility. The DOC Health Services Division leads this effort. All plans developed will support the goals of the plans described in this application.

Additionally, AHS is working on an Integrated Case Management project. This is still in the planning phase and will focus first on health care. The Data Sharing/Integrated Case Management Strategy of the implementation plan will inform the AHS Integrated Case Management project. The AHS Secretary has representation on the Task Force and a strong desire to connect all the work of the Agency's departments. Another related project is AHS Integrated Family Services (IFS) which focuses on implementing a family and child centered system of health promotion, prevention, early intervention, treatment and support. Additionally, the Agency is putting a special focus on the children of incarcerated parents. Recent legislation (H.325 An Act Related to the Rights of Children of Arrested and Incarcerated Parents) requires that IFS and DOC establish mechanisms to ensure that coordinated services are provided to children of incarcerated parents by the Department for Children and Families and the Department of Corrections; and create an agency data system to track and coordinate services for children of incarcerated parents. The work of this group will be incorporated into all aspects of policy, directive and case planning and support successful reentry to the community.

*2.4 Provide a description of how the project could be broadly replicated if demonstrated to be effective.*

The project outlined in this narrative can be broadly replicated. VTDOC will document its process over the implementation period. All methods can be shared with other parties pursuing a similar project. VTDOC will prepare presentations and written materials to share as requested. VTDOC will also work closely with the Council on State Governments to share data and other

implementation materials. If demonstrated to be effective, VTDOC will work collaboratively with key federal partners to establish VTDOC as a learning site.

### **3. Capabilities and Competencies**

*3.1 Describe the organizational structure, capabilities, and competencies of the applicant agency.*

The Vermont Department of Corrections is the lead agency responsible for the project. Andrew Pallito, Commissioner, will Chair the Task Force. Commissioner Pallito has over 20 years of human services experience and almost 15 years of corrections experience. Monica Weeber, Director of Administrative Services will oversee implementation. Ms. Weeber has over 15 years of experience with strategic planning, community problem solving and program evaluation. Ms. Weeber will have the responsibility for supervising any staff hired with grant funds. VTDOC will also hire a full-time project director, two policy staff and two organizational development staff (See attachment E: Project Organization Chart and Attachment F: Limited Service Staff Job Descriptions)

The Department Operations Management Team will provide expertise and support to the project: Lisa Menard, Deputy Commissioner; Kim Bushey, Director of Program Services; Larry Martineau, Director of Casework; Dr. Delores Burroughs- Biron, Health Services Director; Dale Crook, Director of Field Services; Kurt Kuehl, General Council; Cullen Bullard, Director of Classification; Mike Touchette, Director of Facilities; Wilhelmina Picard, Superintendent, Community High School of Vermont; Heather Simons, Training Director; Derek Miodownik, Restorative and Community Justice Executive; and Matt D'Agostino, Financial Director. Additional support will be provided by the Planning, Research and Evaluation Unit, Community and Restorative Justice/Transitional Housing Unit and Program Services Unit (*See Attachment G: Resumes and Position Descriptions*).

VTDOC is a unified system of facilities, probation, furlough and parole. The key Corrections decision makers in the reentry process are unified under this one umbrella. This greatly enhances the ability to implement systemic changes that are evidence-based and focus on best practices for successful offender reentry. The VTDOC has a proven track record for successfully implementing SCA Adult Demonstration projects as evidenced by the restorative justice initiatives that are operating across the state. The VTDOC also has a strong history of contracting and granting funds to third-party community and non-profit service agencies to provide substance abuse, mental health and behavioral health treatment; aftercare; transitional housing; and reentry services. Additionally, the VTDOC is located within the Agency of Human Services. The Agency of Human Services has the widest reach in state government and a critical mission: to improve the conditions and well-being of Vermonters and protect those who cannot protect themselves. It oversees a community-based service delivery system, focused on providing services to Vermonters in need, regardless of funding source restrictions. The Secretary of the Agency of Human Services has identified Recidivism and Re-entry as one of the 6 priority areas for the Agency. This agency wide focus requires collaboration between departments and community stakeholders. Due to the success of the SRR Planning Team, the Secretary has assigned oversight of this goal to the SRR Task Force. It will report directly to the Secretary and the AHS Extended Leadership Team twice on year on the status of recidivism reduction and reentry within the Agency.

Other departments under the AHS umbrella include the Departments of Disabilities, Aging and Independent Living, Children and Families, Health (which includes the Division of Alcohol and Drug Abuse Services), Mental Health; and Vermont Health Access. These Departments have all expressed a commitment to participating in the implementation process and have signed letters

of commitment assuring they will be represented on the Task Force for the duration of the implementation period. (See attachment H: AHS Letters of Commitment)

#### **4. Impact/Outcomes, Performance Measures, Evaluation, and Sustainment**

##### *4.1 Identify goals and objectives for program development, implementation, and outcomes.*

The goals and outcomes are documented in the SRR Logic Model (See attachment I: SRR Logic Model) and SRR Work Plan. The broad goals aim to: 1) Enhance information sharing across departments and with key reentry partners; 2) Increase quality assurance practices; 3) Increase staff development through training, performance expectations, and oversight and accountability; 4) Invest in programs that address criminogenic needs and are evidence based; 5) Create and institutionalize policies and procedures that support successful reentry; 6) Reduce recidivism.

##### *4.2 Describe how performance will be documented, monitored, and evaluated, and identify the impact of each strategy once implemented.*

The Implementation Logic model provides the outline to the evaluation plan. We expect to establish a formative evaluation process that will allow us to learn and change our plan as we move through implementation. We will use qualitative data such as interviews or focus groups to gather information on the overall process. Specifics for each strategy are: Training Strategy: Use of a standard pre-post training assessments and staff observation to assess change. All test scores will be documented and aggregated for reporting purposes. Policy Strategy: Use of process evaluation methods to assess the degree to which policies were integrated across the Agency of Human Service and the efficiency of the policy and directive process. Quick assessments will be administered at all policy trainings to track the extent to which staff and partners have gained new information. Quality assurance will also gauge how well the Department adheres to any standards defined in policy and directive. Each policy has a quality assurance section that outlines how performance will be monitored. The Quality Assurance

Administrator prepares quarterly reports on the key measures for VTDOC management. Data Sharing/Integrated Case Management Strategy: Several evaluation methodologies are required for this strategy. The first is a process and formative evaluation intended to guide the project as it unfolds. Second is a contemporaneous comparison group. Implementation of this strategy will be phased and starting with the Eastern region of the state. We will compare offender results from that region to the region that has not implemented the changes. The following measures will be documented: % of offenders who are released at or near their minimum release date, % of offenders who return to incarceration; and, % of violations (by type). Quality Assurance Strategy: A process evaluation will assess the implementation of this strategy. EPICS Strategy: This strategy will be evaluated through a contemporaneous comparison group. As we implement the model across the state there will be pockets of caseworker who are not trained or using EPICS. Evaluators can compare the outcomes of the cases with caseworkers who are using the model against those who are not. Caseworker proficiency with the model is measured by coding tapes of interviews with offenders. The tapes assess whether the officer is proficient in the following areas: Collaborative Relationship; Cognitive Restructuring; Structured Skill Building; Effective Reinforcement; Effective Disapproval; Check-in; Review; Intervention; Homework; Criminogenic Needs; and, Homework. Results from the coding will be collected and aggregated throughout the project. Outcomes for offenders will be measured by: % of offenders who are released at or near their minimum release date, % of offenders who return to incarceration; and, % of violations (by type).

*4.3 Describe the process for assessing the project's effectiveness through the collection and reporting of the required performance metrics data (see "Performance Measures," page 13).*

VTDOC will also collect data on all the measures needed to report in the performance measurement tool as required by BJA.

*4.4 Describe the process for selecting an evaluation partner and how this entity will be granted access to data, project staff, leadership and potentially participants in order to assess the program's process and impact.*

The State of Vermont contracting process (See Attachment J: Bulletin 3.5 Contracting Procedures) outlines the process VTDOC will follow to select an evaluation partner. The bulletin establishes general policy and standards for soliciting services and products from vendors outside of state government. The State recognizes the importance of a free and open bidding process that affords all business equal access and opportunity to compete for state contracts. Since we foresee evaluation services to exceed \$100,000 we will follow the standard bid process. In the process, the Department of Corrections will develop a Request for Proposals (RFP) outlining the statement of work to be performed and all other requirements for the contract. The RFP will be publically noticed. Once bids are received VTDOC will review them and select the most appropriate partner.

The selected evaluators will be given access to the offender management system and to all staff, participants and leadership involved. This approach is designed to include the evaluators as full partners throughout the entire implementation period.

*4.5 Outline what data and information will be collected and describe how evaluation and collaborative partnerships will be leveraged to build long-term support and resources for the program. Provide a plan for tracking participant outcomes for at least 12 months following release, and describe the process for obtaining information about recidivism from the relevant corrections and/or supervision agencies.*

VTDOC currently tracks offenders for 3 years after release to calculate recidivism. Since we are unified system (jail, prison, community supervision) all the data is collected by one agency.

VTDOC is currently implementing a new offender management system. This system increases our capacity to collect and report on outcomes. VTDOC captures information on risk and need (LSI-R/ORAS scores); crime type, sentences, classification, disciplinary reports, education

levels, supervision contacts, and caseload sizes. In addition to recidivism measures, we will be able to measure program participation, dosage information, and completion rates in our risk reduction programs. This information is currently tracked on an excel spreadsheet used by the Risk Reduction Coordinators and submitted to our Quality Assurance Administrator. The new system improves our ability to track return violation information and distinguish between technical violations and new charges. We will work with our partners on the Task Force to identify data gaps and develop a plan to collect all the necessary information needed for a complete evaluation.

*4.6 Describe the process for building broad political support for the recommendations in the proposal among key stakeholders and policymakers from all three branches of government.*

The SCA Planning Task Force included many external stakeholders. They have actively participated in the planning process and shared information within their networks. Additionally, the planning team has reached out to important legislators including the Chair of the House Committee on Institutions and Corrections and the Chair of the Senate Judiciary Committee. These two people also chair the Joint Committee on Corrections. A Steering Committee with representation from the Governor's Office, the Judiciary, and the Legislature has also been established to ensure engagement from all three branches of government throughout the implementation phase. (See Attachments K-M: Governor Shumlin, Senator Sears, Judge Davenport Letters of Support). Members of the Steering Committee are also considered members of the Task Force. They will meet as a separate body at least twice a year to review the project.



*4.7 Describe which elements of the project will result in sustainable changes, or continue to be supported with state funding, after the grant period ends.*

This project is designed with sustainability in mind. When the grant period ends, the impact of the project will continue through several channels. Vermont will have policies and directives that are reflective of corrections best practice, aligned across the Agency of Human Services and coordinated with community partners. Although we plan to use additional staff for the policy development strategy, VTDOC will continue to support at least one policy analyst after the grant period. The EPICS model will be self-sustained within VTDOC. We will have a trained casework staff and supervisory staff, certified internal trainers, and developed on-going coaching and booster sessions. The VTDOC Casework Director leads this effort and will continue to provide the necessary support to sustain the EPICS model. SCA funds will allow VTDOC to modify its training system. The staff hired with SCA funds will work with the VTDOC Director of Training and Human Resources and the AHS Director of Organizational Development to ensure that all new training strategies are documented and sustained for the future. VTDOC Human Resources Development unit has the responsibility for coordinating and planning training for staff. The unit will continue to function after the grant period. The data sharing/integrated case management strategy will result in new procedures and contract processes. Once documented in directives the procedures will become fully integrated into the department's ongoing work. Finally, the Quality Assurance strategy will also be sustained work as the training will be provided to existing staff vs. outside contractors. Those staff will continue to administer the tool and use results to improve programming.