SECOND CHANCE ACT COMPREHENSIVE STATEWIDE ADULT RECIDIVISM REDUCTION PROGRAM

PROGRAM OVERVIEW

- Grants are funded by the Second Chance Act appropriations and support state corrections agencies in implementing effective strategies for reducing recidivism and enhancing public safety

- Multi-year, multi-phased approach to create potential state centers of excellence that can serve as national models –BJA is calling this a *"Race to the Top"* grant

- Implementation funds will go to 3 of the 13 states that received planning grants. Award will be $3 million over a three year period.

SRR GRANTEES

- Alaska Native Justice Center
- Arkansas Department of Community Corrections
- Georgia Department of Corrections
- Illinois Department of Corrections
- Executive Office of the State of Iowa
- State of Michigan
- Minnesota Department of Corrections
- North Dakota Department of Corrections and Rehabilitation
- Pennsylvania Department of Corrections
- Ohio Department of Rehabilitation and Corrections
- Vermont Department of Correction
- West Virginia Division of Justice and Community Services

PROGRAM PURPOSE

The objectives for the SRR Program are to fund, at the state level, effective strategies for reducing recidivism and enhancing public safety that incorporates the following principles:

- ❑ Focus on offender most likely to recidivate

- ❑ Use evidence-based programs proven to work that ensure the delivery of high quality services

- ❑ Deploy supervision policies and practice that balance sanctions and treatment

EXPECTATIONS FOR SUCCESSFUL APPLICANTS

- Develop a comprehensive work plan that includes:
  - A stakeholder engagement and education strategy
  - An evaluation and performance tracking plan
  - An ongoing staff training, coaching and, supervision plan
  - An ongoing oversight/quality assurance strategy

- A full time project director

- Letter of support/MOU's with stakeholders

PLANNING PROCESS

4 Step Process:

- Establish a decision making body and process
- Set a target population and recidivism reduction goal
- Assess recidivism reduction policies and implementation barriers and gaps
- Develop implementation proposal and evaluation plan

RECIDIVISM REDUCTION TASK FORCE

- Department of Children and Families
  - Lena Hemenway
  - Cindy Walcott
- Department of Disabilities, Aging and Independent Living
  - Ed Riddell
- Department of Health
  - Barbara Cimaglio
- Department of Mental Health
  - Trish Singer
- Department of Vermont Health Access
  - Lori Collins
  - Tom Simpatico
- AHS Central Office
  - Monica Hutt
  - Lynne Boyle

RECIDIVISM REDUCTION TASK FORCE

- Agency of Education
  - Tom Alderman
- Department of Labor
  - David Lahr
- Department of Public Safety
  - Brian Miller
- Office of the Defender General
  - Mary Deaett
- Vermont Judiciary
  - Karen Gennette
- Vermont Legislature
  - Suzi Wizowaty
- Vermont Center for Crime Victim Services
  - Judy Rex

RECIDIVISM REDUCTION TASK FORCE

- Community Stakeholders:
  - Yvonne Byrd, Montpelier Community Justice Center
  - Linda Chambers, Clara Martin Center
  - Sarah Flynn, Vermont Interfaith Action Committee
  - Ema Moreau, City of Barre, Outreach
  - Martha Maksym, United Way of Chittenden County
  - Mary Moulton, Washington County Mental Health
  - Mike Owens, Veteran's Administration
  - Jannine Wright, Burlington Police Department
  - Karen Vastine, Burlington Community Justice Center

RECIDIVISM REDUCTION TASK FORCE

- Department of Corrections
  - Chris Barton
  - Kim Bushey
  - Jill Evans
  - Cheryl Elovirta
  - Larry Martineau
  - Andy Pallito
  - Monica Weeber

VISION

A Vermont where all people feel safe, victims of crime have their needs met and, people who experience incarceration have the support they need to return to, remain in and contribute to their communities in a positive manner.

MISSION

The Vermont Recidivism Reduction Task Force will contribute to achieving this vision by establishing a statewide coordinated approach to providing a continuum of evidence-based supervision practices, treatment services and community supports to medium and high-risk offenders furloughed to the community from prison.

APPLICATION SUMMARY PROBLEM STATEMENT

Moderate to high risk offender on furlough recidivate at higher rates than the entire released population

Baseline Recidivism Rate 2009 Cohort

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

Recidivism Rate for Target Population: Moderate/High Risk Offenders on Furlough

LSI-R Level of Risk	Total	Act41 Recidivism Rate
Low (0-23)	366	39.9%
Moderate (24-33)	572	48.4%
High (34-54)	222	59.9%
Mod or High (24-54)	794	51.6%
Total	1208	47.4%

RECIDIVISM REDUCTION GOALS

Measure for Grant: Return for 30+ Days of Moderate to High Risk Offenders

		Target Population	Statewide
Baseline [2012]	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
	Rate Reduction (%)	**10.0%**	**7%**
Reduction from baseline recidivsm rate after 5 years	Recidivism Rate:	43%	38%
	Total Recidivists:	352.17	530
	Reduction (n):	57.33	57.33
	Rate Reduction (%)	**14%**	**11%**

RECIDIVISM REDUCTION GOALS

ACT 41 DEFINITION		Target Population	Statewide
Baseline [2009]	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
	Rate Reduction (%)	**7.0%**	**4%**
Reduction from baseline recidivsm rate after 5 years	Recidivism Rate:	43%	39%
	Total Recidivists:	341.42	593
	Reduction (n):	68.284	68.284
	Rate Reduction (%)	**17%**	**12%**

MAIN TASK FORCE RECOMMENDATIONS

1) Develop a comprehensive and sustainable EPICS *(Effective Practices in Community Supervision)* program within the DOC.

2) Review and update all policies and directives related to risk tools, case planning, sanctions and incentives, classification and community supervision.

3) Develop a robust training and development system for state agencies and community providers.

MAIN TASK FORCE RECOMMENDATIONS

4) Create a data sharing process to support integrated case management.

5) Increase the quality assurance and implementation fidelity of risk reduction programs.

6) Validate and norm the Ohio Risk Assessment Survey (ORAS) for the Vermont offender population.

7) Provide grants to support civil legal aid

BUDGET REQUESTS

Budget Summary				
	Federal Request Y1	**Federal Request Y2**	**Federal Request Y3**	**Total Cost**
Category				
A. Personnel	$ 332,899	$ 332,899	$ 332,899	$ 998,697.00
B. Fringe Benefits	$ 183,094	$ 183,094	$ 183,094	$ 549,283.00
C. Travel	$ 19,084	$ 19,084	$ 12,604	$ 50,772.00
D. Equipment	$ 43,700	$ 104,200	$ 4,200	$ 152,100.00
E. Supplies	$ 2,740	$ 1,200	$ 1,200	$ 5,140.00
F. Construction	$ -	$ -	$ -	$ -
G. Contracts	$ 418,483	$ 359,523	$ 466,003	$ 1,244,009.00
H. Other				
Total Direct Costs	$ 1,000,000	$ 1,000,000	$ 1,000,000	$ 3,000,001.00
I. Indirect Costs				
TOTAL PROJECT COSTS	**$ 1,000,000**	**$ 1,000,000**	**$ 1,000,000**	**$ 3,000,001.00**

WORK PLAN

Strategy	Major Tasks	Owner	Timeline for Implementation	Allowable Uses of Funds	Facilties/Field Offices/Other Agencies/Locations impacted
A. Develop a comprehensive and sustainable EPICS program within the Department of Corrections (EPICS STRATEGY)	1. Hold EPICS Training for Trainers Sessions 2. Hold Initital EPICS 3 day training 3. Hold EPICS trainings for Supervisors 4. Code tapes and provide feedback 5. Certify local trainers 6. Provide coaching sessions 7. Provide booster sessions 8. Teach EPICS module at Corrections Academy	DOC Casework Director	Year 1 (Jan 2015) Year 1 (Feb/March 2015) Year 1 (March 2015) Year 1-3 Year 1 Year 1-3 Year 1-3 Year 3+	1. Staff training on evidence based programs and practices, including booster trainings and on-going coaching.	All 7 Vermont Facilities and 11 Field Offices will be impacted
B. Review and update all policies and directives related to risk tools, case planning, sanctions and incentives, classification and, community supervision. (POLICY STRATEGY)	1. Hire Policy Staff 2. Organize cross- agency department team 3. Assess current state of policies and directives 4. Prioritize policies and directives for review/update 5. Determine need for new policies and directives 6. Write/ Release policies and directive 7. Train staff impacted by the policies and directives 8. Establish monitoring/quality assurance procedures 9.Formalize new policy process for sustainability	DOC DOC Agency Team Agency Team Agency Team Policy Staff Policy Staff Policy Staff DOC	Year 1 Year 1 Year 2 Year 2 Year 2 Year 2-3 Year 2-3 Year 2-3 Year 2-3	1. Staff and/or Consultants 2. Analyze and implement changes to policies and practices that guide community supervision conditions	1. All 7 Vermont Facilities and 11 Field Offices will be impacted 2. Other AHS Departments could be impacted: Department for Children and Families, Department of Health; Department of Aging and Independent Living; Department of Mental Health 3. Contracted community providers. 4. Community Justice Centers
C. Develop a robust training and development system for state agencies and community providers. (TRAINING STRATEGY)	1. Hire Organizational Development Staff 2. Organize Training Team of Task Force 3. Assess current training needs of Agency of Human Services Staff and community partners as they relate to working with individuals involved in the criminal justice system 4. Issue RFP for e-learning module 5. Establish and deliver curriculum to staff (based on Core Correctional Practice and ATTC program) 6. Establish and deliver curriculum the increase skills and ability to work with mental health and developmentally disabled population 7. Develop E-Learning Content as appropriate	DOC DOC Training Team DOC Training Team Training Team DOC/Training Team/AHS	Year 1 Year 1 Year 1 Year 1 Year 1 -2 Year 2-3 Year 2-3	1. Staff training on evidence based programs and practices, including booster trainings and on-going coaching. 2. Staff and/or consultants	1. All 7 Vermont Facilities and 11 Field Offices will be impacted 2. Other AHS Departments could be impacted: Department for Children and Families, Department of Health; Department of Aging and Independent Living; Department of Mental Health 3. Contracted community providers 4. Community Justice Centers.
D. Increase the quality assurance/implementation fidelity of risk reduction programs. (QUALITY ASSURANCE STRATEGY)	1. Train DOC staff and contractors to use the Correctional Program Checklist 2. Administer the Correctional Program Checklist on risk reduction programs 3. Develop improvement plans based on results 4. Monitor 5. Develop schedule for conducting CPC on regular basis	DOC DOC/Contractors DOC Program Services Dir.	Year 1 -2 Year 2-3 Year 2-3 Ongoing Year 2,3+	1. Implementation of quality assurance tools.	1. Contracted community providers that deliver risk reduction programs. 2. Contracted Risk Reduction Coordinators 3. DOC Program Staff
E. Create data sharing process to support integrated case management (DATA/INTEGRATED CASE MANAGEMENT STRATEGY)	1. Contract with consultant to facilitate process 2. Establish Data Sharing Team and Phase 1 project team 3. Develop shared goals for project 4. Identify common clients, interests and mutual benefits 5. Review data needs for each stakeholder 6. Remove confidentiality and other barriers needed to share data 7. Develop MOU's for data sharing 8. Design the process for data sharing/ IT need 9. RFP for IT Solution (if needed) 10. Implement process in Phase 1 region (Eastern State) 11. Review implemetation and modify for statewide effort 13. Implement strategy statewide	DOC DOC Team Team Team Team Team Team DOC Team Team/Task Force	Year 1 Year 1 Year 1 Year 1 Year 1 Year 1 Year 1 Year 1 Year 2 Year 2 Year 3	1 . Provide sustained case planning/management from prison to community 2. Data Collection and Information Sharing 3. Staff and/or consultants	1. All 7 Vermont Facilities and 11 Field Offices will be impacted 2. Other AHS Departments could be impacted: Department for Children and Families, Department of Health; Department of Aging and Independent Living; Department of Mental Health 3. Contracted community providers. 4. Community Justice Centers
F. Validate and norm the ORAS for the Vermont offender population. (ORAS STRATEGY)	1. Complete ORAS training for DOC staff 2. Begin scoring ORAS and storing data 3. Contract for validation study 4.Conduct validation study 5. Implement changes as necessary	DOC DOC DOC UCCI DOC	Year 1 Year 1 Year 1-2 Year 3 Year 3+	1. Use actuarial- based assessment instruments for reentry planning: Conduct a validation study	1. All Vermont Facility and Field staff who complete risk assessments will be impacted.
G. Provide subgrants to local partners for civil legal aid	1. Develop and release RFP 2. Select Sub-grantees 3. Complete grant paperwork 4. Issue funds 5. Monitor programs 6. Evalaute results	DOC DOC DOC DOC DOC DOC	Year 1 Year 1 Year 1 Year 1 Year 2-3 Year 3	1. Resources for Civil Legal Aid	1. Offenders in the target population
H. Communicate recidivism reduction efforts througout Vermont	1. Announce award through press conference 2. Present implementation plans at interactive Town Hall Meeting and other stakeholder meetings 3. Meet with press to generate interest 4. Develop communication materials such as brochures, web page 5. Prepare content for publication in stakeholder communication outlets 6. Conduct on-going communication	DOC DOC DOC/Task Force DOC/Task Force DOC DOC/Task Force	Year 1 Year 1 Year 1 Year 1 Year 1 Year 1-3		1. Statewide effort to reach stakeholders, families and residents of Vermont

NEXT STEPS

- BJA Application Submitted: July 15, 2014

- Task Force remains intact as part of AHS Stat process

- Awards announced in September 2014