
Report to The Vermont Legislature

Graduated Sanctions and Reentry Housing Report

In accordance with Act 88 Section 70a and Act 148 Section 23 of 2020

Submitted to: House Committee on Corrections and Institutions; Senate Judiciary; House and Senate Committees on Appropriations.

Submitted by: James W. Baker, Commissioner, Department of Corrections

Prepared by:

Dale Crook, Director of Field Services,

Alison Harte, Director of Policy and Program Integration, Agency of Human Services,

Derek Miodownik, Corrections Restorative and Community Justice Executive, Department of Corrections

Monica Weeber, Administrative Services Director, Department of Corrections

Report Date: January 15, 2021



Introduction

On or before January 15, 2021, the Department of Corrections shall report to the Senate Committee on Judiciary, the House Committee on Corrections and Institutions, and the House and Senate Committees on Appropriations on how to strengthen existing graduated sanctions and incentives policies to ensure they reflect current research on best practices for responses to violation behavior that most effectively achieve behavior change and uphold public safety. The Department shall also identify reentry housing needs for corrections populations.

As a part of this work, the Department shall submit its recommendations including initial cost estimates regarding:

- (1) formalizing the use of positive to negative reinforcements in supervision practices at a 4:1 ratio and require reinforcements to be entered and tracked in the community supervision case management system;
- (2) analyzing how supervision staff currently understand, implement, and input data regarding the Department's graduated sanctions policy to identify where practices differ across the State and, where necessary, provide additional staff training on the use and tracking of graduated sanctions;
- (3) developing and implement a homeless screening tool for use when a person is booked into or released from Department facilities and track reports of homelessness among corrections populations in the Department's case management system;
- (4) identifying and quantify high utilizers of corrections, homeless, and behavioral health services; inform statewide permanent supportive housing planning; and establish data match partnerships with appropriate Agency of Human Services departments to match Department of Corrections, Homeless Management Information System (HMIS), and Medicaid information;
- (5) establishing a collaborative approach for the Department, the Department of Mental Health, and the Vermont Department of Health to contract with housing providers to coordinate responses for shared clients and identify how the State can better leverage local and federal housing vouchers;
- (6) leveraging federal Medicaid funding or other funding to allow the Department's contractors' clients to stay in supportive housing after they are no longer under the supervision of the Department;
- (7) reducing barriers to recovery housing by establishing evidence-based norms and expectations for contracts and certifications for sober and recovery housing providers, including allowing for the use of medications and restricting evictions due to relapse;
- (8) redefining housing requirements for incarcerated persons in order to receive approval for furlough release; and
- (9) improving data and case management systems

REPORT

(1) formalizing the use of positive to negative reinforcements in supervision practices at a 4:1 ratio and require reinforcements to be entered and tracked in the community supervision case management system.

As part of the Justice Reinvestment II process, DOC is receiving technical assistance from the Council of State Government (CSG) related to the practice of positive and negative reinforcement. This work expands on the DOC efforts in previous years to implement corrections best practices and evidence-based practices (EBPs) primarily through the implementation of Effective Practices in Community Supervision (EPICS) and the use of risk and needs assessments.

EPICS is a model of casework that utilizes DOC staff as agents of change. It is based on the Risk Need Responsivity Model which has demonstrated that recidivism can be reduced when three key principles are followed:

- (1) The risk principle suggests that justice system interventions should be matched to offenders' risk level, focusing more intensive interventions on moderate and high-risk offenders.
- (2) The need principle asserts that justice system interventions should target those factors that most significantly influence criminal behavior.
- (3) The responsivity principle demonstrates that interventions are most effective when they are based on research-supported models and tailored to the unique characteristics of individual offenders.

Embedded within the EPICS model is a set of Core Correction Practices (CCP) including positive and negative reinforcement. The CCPs are:

1. Effective Reinforcement
2. Effective Disapproval
3. Effective Use of Authority
4. Quality Interpersonal Relationships
5. Cognitive Restructuring
6. Anti-criminal Modeling
7. Structured Learning/Skill Building
8. Problem Solving Techniques

This model teaches that the systematic use of positive reinforcement is the most powerful tool available to strengthen or teach new behavior. Positive reinforcement occurs when the offender is given something (verbal praise, token, etc.) to encourage them to engage in that behavior again.

A positive reinforcement example: An offender completes a substance abuse assessment and enrolls in their substance abuse treatment group, so the staff member praises them and gives them a bus ticket in order to get to the treatment appointments.

Negative reinforcement involves removing something the offender finds to be unpleasant to encourage prosocial behavior. Reinforcement can be labeled as negative reinforcement when it subtracts something from the offender. The stimulus being subtracted is something that the individual does not like; therefore, it is pleasant and rewarding to have the stimulus removed.

A negative reinforcement example: An offender abides by curfew for a month and the staff member removes an electronic monitoring bracelet.

EPICS also outlines the various types of positive reinforcement that can be applied and matched to an offender's specific situation.

Positive Reinforcement Types:

- Tangible – material items; Examples include food, clothes, electronic devices, books, and recreational equipment. Things that can be seen, touched, tasted, etc.
- Token - symbolic items that have value because of what they can be exchanged for or what they stand for. Examples include money, awards, certificates, as well as tokens/points. For example, a program completion certificate or an AA chip.
- Activities – Examples include watching television, playing sports, listening to music, playing computer games, and talking on the telephone.
- Social praise – verbal praise; telling someone good job.

Social reinforcers are generally used in abundance because they are easy, limitless, immediate, and natural. The impact of social praise is contingent upon a well-established relationship with the offender. Other positive reinforcements can require resources to purchase the incentive. These are harder to incorporate into a sustainable program due to funding any may not be reliably accessible.

For any reinforcement to be effective, consistency is key. Additionally, some offenders may provide what seems like little opportunities for reinforcement. EPICS offers two strategies to handle this challenge: 1. Watch carefully, and when the behavior occurs even at a low level, begin giving systematic reinforcement, even if this reinforces small approximations of the target behavior; 2. Model and prompt the desired behavior and reinforce when offender displays it.

In considering a system of positive and negative reinforcement, DOC reviewed its practice and application of the EPICS model. This review revealed that, as a system, staff are aware of and trained to offer positive and negative reinforcements. This was confirmed in feedback from the Council of State Governments report in Phase 1 of Justice Reinvestment on December 16, 2019 which states that: *supervision officers are trained in Effective Practices in Community Supervision (EPICS), an evidence-based supervision model, and observed officers followed the model and had strong, effective interactions with their clients, and, Officers develop a supportive, respectful, change-oriented role with their clients and are knowledgeable about the clients they supervise.*

During EPICS implementation staff were required to document their interaction with offenders in an effort to evaluate fidelity to the model. The documentation was in the Offender Management System (OMS) and reviewed by an independent evaluation contractor. After the implementation period ended, attention to the use of these positive reinforcements dissipated leaving the use of sanctions (or negative reinforcements) as the only practice that was tracked.

Given its adoption of EPICS model, DOC is positioned to re-focus on positive reinforcement. In the recent revision of its graduation sanction policy, DOC placed more emphasis on addressing low-level negative behaviors with responses that are supportive. Incentives are also built into supervision practices. Examples of incentives already in place include a mid-point review for people on probation, a positive recommendation for parole, and transfer to a less restrictive supervision status. These combined with the reinforcement types from the EPICS model need to be clearly structured as a system of incentives through policy and tracked in the OMS.

As the DOC continues to implement the Justice Reinvestment II strategies outlined in Act 148, it will formalize the incentive system by documenting a framework in policy for staff to follow. DOC currently tracks the use of sanction in the OMS. Tracking incentives will require development of new module. The new module would create a Control Center for field supervision. The control center will improve ease of data entry and allows DOC staff to make all relevant required database entries from contact/meeting with an offender from one location. *(This functionality will also address the concerns raised in item #9 later in this document).* The current system configuration requires users to enter data in specific section of the database which can lead to incomplete entries and more time spent on documentation. The module will also include an Incentives Area to track the who/when/why/type of positive reinforcements are provided at each contact.

Initial quotes from the OMS vendor, JailTracker indicate this new module will cost between \$11- 15K. DOC will work with CSG to include this cost in its request for subaward funding through Justice Reinvestment

DOC will need additional resources to support and monitor the use of any practice adopted resources. This could include a position to monitor data integrity and fidelity to the process.

(2) analyzing how supervision staff currently understand, implement, and input data regarding the Department’s graduated sanctions policy to identify where practices differ across the State and, where necessary, provide additional staff training on the use and tracking of graduated sanctions.

As a result of Act 148 – An act relating to justice reinvestment, DOC revised the graduated sanctions policy for the furlough legal statuses. DOC [Policy 430.11 Response to Furlough Violations](#) outlines the purpose of a sanction and guides staff to the selection and application of an appropriate sanction. All sanctions are responses to violations of supervision conditions. Responses to those violations provide a variety of options that address risks to public and victim safety. Staff are instructed to respond to violations of conditions of supervision that stem from non-compliant behavior that can be corrected or mitigated in the community with a technical level sanction. Technical level sanctions are divided into four categories of progressing behavior and responses. Technical violations should be addressed at the lowest possible level to address conduct and encourage positive behavior in the future. Staff are instructed to respond to a violation of a condition of supervision that stem from non-compliant behavior that is risk-related with a risk level sanction. A risk level sanction is the only type of sanction that could result in return to incarceration for a violation. Short term incarcerative sanctions which had been and option for some violations are no longer part of the graduated sanction process.

The new process was reviewed with staff in a statewide training in December 2020 to prepare for the implementation date of 1/1/2021. Additionally, DOC updated its offender management system and provided instruction to staff on the procedures to document sanctions electronically. Justice Reinvestment II data monitoring requires that DOC track and report the use of sanctions to inform the impact of the strategies adopted. DOC is developing additional reports on the use of sanctions for monitoring and training purposes. In addition, DOC has set up a process for monitoring the implementation to include regular weekly meetings with staff to trouble shoot problems, clarify new procedures, and make improvements the to process. These mechanisms will promote a consistent understanding and use of sanctions statewide.

(3) developing and implement a homeless screening tool for use when a person is booked into or released from Department facilities and track reports of homelessness among corrections populations in the Department’s case management system;

The DOC currently had the capacity to collect and track information regarding housing status. The identification of a housing need is part of larger system issue. As the Agency of Human Services, our best way to approach homelessness and housing instability is to 1) address the root causes of poverty and other disabling conditions including substance use and mental health issues and 2) ensure better access to scarce affordable housing resources for the most vulnerable Vermonters.

People who are justice-involved are most in need of *access* because criminal activity makes it difficult to obtain rental housing – the most obvious limiting factor is categorical ineligibility for federal rental assistance because of certain offenses.

DOC has done much work with the Vermont State Housing Authority (VSHA) to ensure that people who are leaving incarceration and not categorically ineligible for vouchers are considered for subsidies. In fact, VSHA and the Burlington Housing Authority (Vermont's two largest Housing Authorities) have made people leaving institutions (including correctional facilities) a priority population in the federal Mainstream or “811” rental subsidy program. This priority elevates people leaving incarceration to the top of the “list” for consideration of a voucher.

Understanding people’s needs including housing instability upon entry into the system would allow Corrections and community providers to help those who need housing, access the most appropriate resources when they return to the community. Helping make these informed connections to resources will ultimately help those who are justice-involved remain successfully and safely in the community and decrease their likelihood of return. By better leveraging sustainable community-based resources can preserve very limited DOC funding for rental assistance for individuals who are barred from federally funded housing resources.

(4) identifying and quantify high utilizers of corrections, homeless, and behavioral health services; inform statewide permanent supportive housing planning; and establish data match partnerships with appropriate Agency of Human Services departments to match Department of Corrections, Homeless Management Information System (HMIS), and Medicaid information.

Governor Scott put a State of Emergency in place in response to the COVID-19 pandemic in March. Public Health guidance prompted homeless shelters to dramatically reduce their capacity while some closed entirely. The congregate nature of most shelters put people living there at greater risk of contracting COVID-19. Thus, the Department of Children and Families created an exception to the typical General Assistance rules that permitted anyone experiencing homelessness to shelter temporarily in a motel room.

The large number of motel guests in the motel program gave the Agency the unique opportunity to look at service utilization among a subset of Vermonters experiencing significant instability.

AHS implemented an Agency-wide data match to understand service utilization patterns among 2,000 individuals experiencing homelessness and living in General Assistance (GA) motel program in April 2020. AHS did not, in this time period, need to match with the Homeless Management Information System (HMIS) because during the extraordinary time for which we are reporting, people experiencing homelessness were directed to the GA motel program instead of traditional homeless shelters that report data to HMIS.

In order to better understand the number of “high utilizers” who might be better served in permanent supportive housing, the Agency matched the motel data with data from Department of Vermont Health Access Medicaid claims data, data from the Department of Mental Health, and the Department of Corrections Offender Management System to analyze service utilization patterns. In addition to determining the need for permanent supportive housing, the Agency hopes that the analysis will allow us to decrease future use of motels, incarceration, and other expensive institutional and residential care programs.

SCOPE OF DATA MATCH

Under the direction and leadership of the Secretary of AHS, and as authorized by the AHS Consumer Information and Privacy Rule, AHS departments are directed to share records, including Individually Identifying Information such as name, date of birth and/or last four digits of social security number, about the set of 2000 individuals housed in the General Assistance emergency motel program during the peak of the COVID-19 pandemic. The primary objective of this effort is to improve service delivery, coordination across departments, and efficient use of public resources.

The AHS Commissioners understand and agree that sharing data across AHS is essential to delivering holistic services to Agency clients and our collective desire is to move quickly on the project to make the most of a highly unique situation.

(5) establishing a collaborative approach for the Department, the Department of Mental Health, and the Vermont Department of Health to contract with housing providers to coordinate responses for shared clients and identify how the State can better leverage local and federal housing vouchers.

The Secretary has prioritized information sharing across departments to improve coordination of care. Consistent with this priority, Secretary Smith authorized the data match described above to better understand movement of vulnerable Vermonters across departments/programs.

In addition, the Secretary is working with his General Counsel on a “Universal Consent” that would allow AHS departments to communicate about DOC clients for the purposes of coordinating care for DOC clients.

AHS is testing an agency-wide approach to supportive housing for people leaving incarceration who are living in the motel program and have a mental health concern. This pilot is small and focused on women leaving the Chittenden Regional Correctional Facility (CRCF) Intense wrap-around support services are being funded by blending DOC and DMH dollars. DOC dollars come

from the General Fund while DMH is leveraging its Medicaid resources to pay for services. More details about the pilot initiative are described below:

Reentry Permanent Supportive Housing (PSH) for Women

- The PSH pilot for women aims to increase the number of women who safely and stably reenter the community after a period of incarceration. The goal is to end involvement with DOC and instead integrate women fully into mainstream supports that meet their mental health and substance use treatment, safety, and employment needs. The project will provide PSH to individuals who would typically be placed in a DOC transitional housing program. An interagency data match will be used to identify women who present a high likelihood of revocation from furlough or return to incarceration after release. Data will be used to ensure that the identification process is free from individual discretion, judgment and/or unconscious bias.
- This is a 12-month project that will be evaluated for future commitment at the end of the pilot period.
- This pilot is based on evidence that the provision of PSH to individuals with histories of homelessness and mental health issues reduces their use of and costs to the corrections, emergency services, and shelter systems (Burt and Anderson 2005; Culhane, Metraux, and Hadley 2002; Culhane et al. 2007). Additional studies have shown that PSH provided to people upon reentry to the community decreases future arrests and re-incarceration.
- PSH is affordable housing (market rate apartments scattered throughout the community) with integrated wrap-around supportive services. PSH is made affordable with rental assistance that ensures tenants do not pay more than 30% of their income in rent. Services are individualized and driven by needs, interests, and development of strengths necessary for successful economic self-sufficiency and full independent living (including establishment of positive family and social supports in the community).
- With support from AHS-Secretary's Office, DMH will fund an existing contracted provider to cover PSH services for 5 women referred by AHS. Two additional women are housed with subsidies and services funded by the Department of Corrections.
- This project will use data to identify women who are at high likelihood of returning to Corrections. Specifically, the pilot is designed for women who 1) have been released from CRCF in the last 30 days, 2) are homeless/living in the GA motel program, and 3) have a mental health issue.

- The contracted provider will help women find safe, affordable housing in the community, and provide on-going case management support to ensure women remain stably housed and obtain essential social services in the community.

(6) leveraging federal Medicaid funding or other funding to allow the Department’s contractors’ clients to stay in supportive housing after they are no longer under the supervision of the Department;

The women’s permanent supportive housing reentry pilot is being funded in the first 12 months with service dollars from DMH. However, the Agency is exploring policy avenues for sustainable, long term funding through Medicaid. Work is currently underway to identify targeted populations (to include those leaving incarceration), specific services, and necessary funding levels that will inform development of a proposed Medicaid PSH benefit. Any new PSH benefit must be approved by CMS and would be negotiated under the terms of VTs 1115 waiver renewal for CY2022.

DOC is also seeking housing avenues within the forthcoming transitional housing request for proposals which includes the following language : “The Department seeks proposals for programs that provide transitional housing, as well as a bridge to housing stability, for those reentering the community from incarceration. DOC cannot fund permanent housing itself but seeks to fund proposals that demonstrate experience in providing housing and services (e.g., transitional housing, apartments, vouchers, housing search and retention, service coordination, etc.). Programs should have a focus on housing planning, and relationships with permanent housing providers to help residents attain stability.”

(7) reducing barriers to recovery housing by establishing evidence-based norms and expectations for contracts and certifications for sober and recovery housing providers, including allowing for the use of medications and restricting evictions due to relapse.

In early 2021, DOC will be issuing a statewide Request for Proposal (RFP) designed to elicit submissions from current and/or potential housing providers based on updated investment priorities that reflect an increased emphasis on harm-reduction, trauma-informed care and restorative approaches. The intent of this procurement process is to provide the State with increased capacity for allowing individuals under Corrections supervision to remain in DOC-funded transitional housing programs to the extent that their behaviors do not pose an imminent public safety risk for which incarceration is the sole appropriate response.

The RFP was informed by a newly created Transitional Housing Theory of Change (*see Appendix*) that further articulates the aforementioned strategic direction.

Additionally, DOC is working with our statewide Community Justice Centers to design a restorative process for addressing Furlough and/or Transitional Housing program rule violations in lieu of reincarceration.

(8) redefining housing requirements for incarcerated persons in order to receive approval for furlough release; and

As part of the implementation of Act 148 - An act relating to justice reinvestment, DOC revised the standard and special conditions of furlough, including the conditions related to housing. The intent of these changes is to decrease the number of people held solely for lack of housing and to reduce returns to incarceration for housing related reasons. These changes were effective 01/01/2021.

Furlough supervision conditions are broken into two categories

- Standard Conditions required of *all* individuals on Furlough
- Special Conditions applied on a case-by-case basis and based on the risk and needs of the individual. Each imposed condition must be tied to an offender's criminogenic risk and needs area(s), as indicated by a validated risk instrument or assessment, or the condition must be directly tied to offense history and public safety.

There are 12 standard conditions. Two of them pertain to housing.

Standard Condition 10 reads: *Before any changes occur in my contact information, I will notify my supervising officer, or designee, with current, accurate contact information so that I can be reached by email, phone, place of employment, mailing address, and/or physical address.* This condition does not place a restriction on a person's housing, the only requirement is to inform DOC where they are living.

Standard Condition 12 reads: *I will not enter or inhabit a residence my supervising officer has denied based on risk to the public and/or my victim(s).* This condition limits a specific location as a housing option. As long as the offender does not live at the restricted location, they do not need approval for their housing location. Condition 10 above also applies.

Special Condition 22 read: *I will continue to reside at an approved residence while on supervision.* This condition places a restriction on the offender to live at specific location. If this condition is applied, an offender will not be released from incarceration until an approved residence is found.

Staff are provided with the following guidance on the selection of this restrictive condition:

Appropriate use of this condition for the following offenders:

- Offenders for whom a transitional housing and/or residential treatment need has been determined through the staffing process.
- Sex offenders with contact offenses.
- Moderate to high-risk offenders on supervision for interpersonal partner violence, in which there are increased victim concerns in the absence of this restriction.
- Offenders who score high risk on any validated risk instrument/assessment.

- Moderate to high-risk offenders with identified victims, deemed a risk to abscond due to absconding/escape history.
- Offenders who do not meet the above criteria, but for whom there is a specific, credible concern to public safety in the absence of this restriction (Must be reviewed and determined by District Manager).

In the event that an offender loses housing due to being removed from programming, or for reasons not otherwise resulting in a violation, the offender should remain in the community if risk and/or treatment/programming needs can be managed while an alternative residence or program is explored. If the special residence condition is determined necessary prior to release, the offender will be released after securing an approvable residence.

(9) improving data and case management systems.

The OMS is an off-the-shelf, customizable software developed and supported by JailTracker. Vermont DOC was the first department of its size to purchase the software, which had primarily been used in singular jail settings. The OMS went live in March 2015. At the time, DOC had one full time equivalent (FTE) supporting the database. This included managing the data base configuration and training and providing ongoing support to the DOC staff of 1000+. After implementation, the legacy systems that supported data reporting were no longer operational. DOC began a phase of rebuilding its capacity to collect, use, and report data. During OMS implementation DOC underestimated its need for staff to support the system and its capacity for recreating a system of data reporting. Given this under-resourced capacity, the primary focus was to ensure that department operations were supported. This included the critical operations for managing a correctional facility and ensuring DOC had accurate information on its offender population. In 2017, DOC authorized the approval of an additional position to focus on increasing the availability of data and improving the operational performance of the system. OMS is a robust system and meets many of the DOC needs. Full use of the system functionality requires staff with a specific set of skills who also understand the operations of the department. It is not the system itself that poses a problem. A full complement of staff with the skills to manage the system, train staff, extract data for reporting, and conduct data quality audits are needed to achieve the desired goal.

The capacity limitations have been addressed in several ways in the past year with the creation of a Business Application Support Unit (BASU) to manage OMS operations. The BASU consists of one manager and two specialist/analyst positions. The unit is focused on functionality for department operations. The Manager is also the primary person with knowledge to extract data for analysis and reporting. Additionally, DOC is working to create an additional position to focus on data extractions and reporting. The increased capacity has been beneficial, yet it is too early in the process to know if it is the right size. The backlog of work and the intense focus to implement justice reinvestment indicates more resources are needed. As indicated in the section above on incentives, major changes to the database require work from the contractor. Some changes are small and have been accomplished at no or minimal cost. Large scale

changes have cost between \$10-15K. DOC has no dedicated fund set aside to invest in database changes. Each time a need arises, funds have to be identified or the desired functionality can not be achieved.

VISION

All Vermonters under supervision have the housing resources and relationships they need to thrive and keep themselves and communities safe.

DESIRED OUTCOMES



People are supported to thrive.

Housing is available for people that meets their needs.

DIGNITY



Relationships increase social capital for people.

People are motivated to make decisions that stabilize their lives.

STABILITY



People are safe from harm. (no more new victims)

People have access to resources that help them meet their needs.

SAFETY

ESSENTIAL CONDITIONS

VALUE

People contribute meaningfully to community

TRUST

People experience consistency, equity, and transparency

CHOICE

People have options from which to make choices



**SHARED
RESPONSIBILITY
FOR
WELL-BEING**



OPPORTUNITIES

Community members & organizations create opportunities and relationships that help people to achieve their goals

COMMUNITY INVESTMENT

Community members & organizations participate and invest in supporting successful re-entry

ASSUMPTIONS

- Interventions are most effective when they are **trauma-informed** and when they help people in ways that are **personally meaningful**.
- **Basic life needs must be met** before people can spend energy working toward their goals and priorities, including meaningful engagement with desired support services.
- When people have **access to essential tools, resources, knowledge, and skills** for getting through life and accomplishing their priorities, they are less likely to act harmfully or criminally.
- When people can **build their capabilities and strengths**, they reduce their risk of reoffending.
- Ensuring that everyone in our communities has equitable access to what they need to thrive is a **shared responsibility** and cannot be accomplished by any one program or intervention alone.
- **Stable housing** and **person-led, supportive re-entry programming** decreases the likelihood of reoffending and supports increased resilience toward thriving.

The Good Lives Model & SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach & National Alliance to End Homelessness

RESULTS

HOUSING

People transition to and/or remain in stable, permanent housing that meets their needs

STABILITY

People are accomplishing their goals and believe in their own capability
People are not committing new crimes
People feel an increased sense of hopefulness
People are connected to supportive relationships and services that offer help, stability, and accountability

COMMUNITY

People and organizations are building relationships with people to support their re-entry

INTERVENTIONS

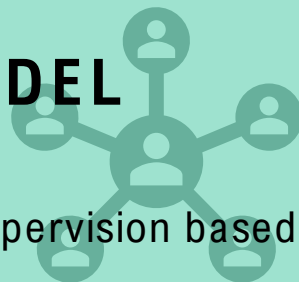
HOUSING MODEL

1. **Facilitate permanent housing** (short-long term rental assistance and link to vouchers)
 - Integrate with broader array of housing services, resources, and supports (continuum of care)
2. **Offer supportive services** for participants if/when they choose to engage them toward their goals



RE-ENTRY & CASE MANAGEMENT MODEL

- Focus on safety for individuals and community
- Autonomy balanced with appropriate level of supervision based on risk
- Strong link to probation & parole, mental health, substance use treatment, and supportive services
- Utilize **restorative justice**, **harm-reduction**, and **trauma-informed** principles, including:
 - Holistic, person-centered, strengths-based case plans
 - Integrated community case planning including natural supports, peers, and volunteers
 - Clarified role for victims' voices and needs



NEW ACTIONS

- **Partner** with providers who demonstrate ability to implement foundational DOC policy direction and models.
- **Train and support** partners and DOC probation and parole staff, in effective models for re-entry and housing stability.
- **Integrate** with VT Housing Continuums of Care so that people re-entering communities have their housing needs considered along with other Vermonters experiencing risk of homelessness.

PARTNERS

CORRECTIONS

- P&P refer to housing program
- P&P create initial case plan
- P&P advocate for housing
- CRJ Unit provide program guidance and funding
- Partner with AHS departments and Housing Authorities around development of housing and long-term housing solutions

RE-ENTRY PROGRAMS

- Ongoing case planning with clients
- Connection to Continuum of Care and housing resources
- Connection to community support services
- Community relationship development
- Staff training and support
- Monitoring and evaluation

HOW WILL THE PROGRAM BE DIFFERENT?

WHAT WE OBSERVED

- Program rules (e.g. sober housing) were resulting in unstable housing and poor outcomes
- Tiered transitional housing options were based on offender risk profile
- Approach to behavior was punitive and controlling
- Programs were siloed and using strict and outdated models
- Referrals were inconsistent and discretionary, affected by perception of program or offender

HOW WE ARE CHANGING

- Investments targeted to programs that can meet range of DOC needs (e.g. house sex offenders)
- Focus on stable housing as top priority, and facilitate access to support services
- Focus on offender strengths (skill building & tenancy education)
- More fully engage the community in supporting re-entry
- Services integrated with the Continuum of Care
- Focus on restorative justice to address challenges (CJC's)

IMPLEMENTING THE THEORY OF CHANGE



NEW PARTNERSHIP

Partner with Continuum of Care, CJC's, Service Providers



ONGOING LEARNING

Sustain dialogue with providers about what is & is not working

NEW AGREEMENTS

Develop agreements that reflect best practice for housing & successful re-entry



ONGOING SUPPORT

Offer ongoing training and support for implementing best practices



WHAT TO EXPECT

