

Theory of Change: DOC Re-Entry Housing

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

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

SHARED RESPONSIBILITY FOR WELL-BEING

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

OUR APPROACH

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

- **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)
- **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

- Facility caseworkers and District Managers work together to facilitate meaningful referrals
- Probation & Parole caseworkers refer to housing program, create initial case plan, and 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

- Tiered transitional housing options were based on offender risk profile
- Zero tolerance program rules (e.g. sober housing) were resulting in reincarceration
- DOC lacked an overarching housing philosophy that connected all program investments
- Program milieu did not necessarily incorporate trauma-informed practices
- Referrals were inconsistent and discretionary, affected by perception of program or participant

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

