

A PROCESS EVALUATION OF THE

# **DEPARTMENT OF CORRECTIONS RISK INTERVENTION SERVICES**



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Presented to  
**The Department of  
Public Safety**

## Goal of the Model

The DOC's Risk Intervention Services aim to reduce recidivism by using validated risk assessments to tailor the level of services administered to moderate-high risk incarcerated individuals.

## Risk Assessment

The Ohio Risk Assessment System's Prisoner Intake Tool and other assessments are administered to individuals when they arrive at the prison facility. The results of the assessments are used to determine which services the RIS participant will receive.

## Behavioral Programming

The DOC administers several evidence-based curricula including Achieving Change Through Values-Based Behavior, Aggression Replacement Therapy, Cognitive Behavioral Interventions (Core Adult and Sexual Offending), Charting a New Course, Criminal Conduct and Substance Abuse Treatment, Thinking for a Change, and Targeted Interventions for Corrections.

## Corrections Education

Corrections Education offers basic educational instruction for those scoring below the 9th grade level on assessments. High school and secondary instruction are also available for those who wish to pursue a high school diploma and other nationally recognized certifications.

## Workforce Development

Workforce development ensure that individuals develop skills and knowledge that can help individuals gain employment following release. Jobs have been correlated with Common Career Technical Standards which are recognized by employers in the community.

# Risk Intervention Services



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## List of Abbreviations

ACTV	Achieving Change Through Values-Based Behavior
ART	Aggression Replacement Therapy
CAP	Corrective Action Plan
CASAS	Comprehensive Adult Student Assessment System
CBI-CA	Cognitive Behavioral Interventions- Core Adult
CBI-SO	Cognitive Behavioral Interventions- Sexual Offending
CCTC	Common Career Technical Core
CHSVT	Community High School Vermont
CNC	Charting a New Course
CPC	Correctional Program Checklist
CTE	Career and Technical Education
DOC	Department of Corrections
DVSI-R	Domestic Violence Screening Instrument- Revised
DVSI-R	Domestic Violence Screening Instrument- Revised
IEP	Individualized Education Plan
LLW	Living, Learning, Working
OMS	Offender Management System
OMS	Offender Management System
ORAS	Ohio Risk Assessment System
PIT	Prisoner Intake Tool
RBA	Results Based Accountability
RIS	Risk Intervention Services
RISC	Risk Intervention Services Coordinator
RISP	Risk Intervention Services Plan
RNR	Risk-Needs-Responsivity
RRC	Risk Reduction Coordinator

RRS	Risk Reduction Services
SIM	Strategic Instruction Model
SOC	Standard Occupational Classification
SSISA	Simple Screening Instrument for Substance Abuse
T4C	Thinking for a Change
TCU	Texas Christian University
TIC	Targeted Interventions for Corrections
UCCI	University of Cincinnati Corrections Institute
VASOR	Vermont Assessment of Sex Offender Risk
VASOR	Vermont Assessment of Sex Offender Risk
VCI	Vermont Correctional Industries

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## Introduction

In 2013, the Vermont Department of Corrections (DOC) began planning for significant changes in the way it delivered programs. The DOC adopted the National Institute of Correction's (NIC) Eight Evidence-Based Principles and developed the Risk Intervention Services (RIS) model with these principles as the foundation, specifically focusing on Principles 1 through 6— assess risk, enhance intrinsic motivation, target interventions, use cognitive behavioral approach, provide positive reinforcement, and provide ongoing support. All services and curricula administered in the DOC are now placed under the Program Services Director. New initiatives were put in place, staff were trained, the priority target population was identified, and implementation began in 2018.

Now is the time to address Principle 7 (measure the relevant processes and practices) and Principle 8 (provide measurement feedback/using data to guide actions). To our knowledge, Vermont's RIS model is the only one of its kind operating nationally that integrates clinical programming, education, and vocational training. As with any innovation, many changes have been made throughout implementation. The following process evaluation will first document how the new integrated programming model was conceptualized and planned. Then, the remainder of the report will describe the roles and responsibilities of RIS staff, services and curricula provided, the implementation process, and issues that have arisen throughout RIS implementation.

## Methods

To capture the RIS model, researchers reviewed RIS documents and records and conducted interviews with staff. Documents and interview notes were analyzed using NVivo 12 qualitative data analysis software – a tool used to help researchers organize sections of written materials into categories relevant to the research questions. NVivo12 allows researchers to import a variety of data sources (i.e., Word documents, webpages, PDFs) so that they can be viewed in one program. Additionally, selected sections of different documents can be viewed at once. Given these functionalities, others have found that this software is useful for identifying themes that may have gone unnoticed when organizing and analyzing qualitative data by hand (i.e., highlighting

paragraphs) (Jackson & Bazeley, 2019). This process evaluation seeks to answer the following questions:<sup>1</sup>

- (1) How were Risk Intervention Services conceptualized and planned?
- (2) What were the outcomes anticipated by making these changes?
- (3) What are the responsibilities of the individuals involved in the administration of Risk Intervention Services?
- (4) What services/curricula are being delivered?
- (5) Have there been any feasibility or management problems?

### Risk Intervention Services Conceptualization

The Vermont DOC's operations are partitioned into divisions, each with several "units" under its purview.<sup>2</sup> The Program Services Division is responsible for developing and delivering structured activities to incarcerated individuals aimed at cultivating the skills they need to successfully reintegrate into their communities upon release. Three service units within the Division provide services to individuals under the supervision of the DOC— Behavioral Programming, Corrections Education, and Workforce Development. Prior to 2010, the Corrections Education and Workforce Development Units each had their own director. The Director of Corrections Education reported to the DOC's Deputy Commissioner. Workforce Development services were (and still are) provided by Vermont Correctional Industries (VCI) whose Executive Director reported to the DOC Facilities Director. Behavioral programming was mainly provided through DOC contracts with community agencies and private providers who were overseen by a DOC Senior Manager, the Director of the Program Services Division. However, the Program Services Director was responsible for managing a number of contracts and initiatives (e.g., the Incarcerated Women's Initiative), so the DOC created a new position, the Chief Clinical Specialist. Since 2011, the Chief Clinical Specialist serves as the head of the Behavioral Programming Unit and is responsible for overseeing the services delivered by the contracted behavioral programming providers. Initially, DOC programming was structured by offense. In other words, the type of offense committed by an individual also determined the type of services they would receive while under DOC supervision.

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<sup>1</sup> We were unable to answer some questions originally proposed. Appendix B provides more detail on the proposed questions and issues encountered.

<sup>2</sup> In this report, the term "unit" refers to one of several subdivisions of the Program Services Division.

In 2010, the DOC hired a new Program Services Director who reviewed the history of programming at the DOC to identify ways in which operations might be enhanced and improved. The Program Services Director began to research updated literature on evidence-based practices in corrections and became familiar with the Risk-Needs-Responsivity (RNR) work of Canadian criminologists, Andrews, Bonta, and Gendreau.<sup>3</sup> The University of Cincinnati Corrections Institute (UCCI) led by Dr. Ed Latessa adopted the RNR principles and developed tools accessible for US correctional jurisdictions. The UCCI's work on the Correctional Program Checklist (CPC) informed the direction of the DOC Program Services Division. The CPC was developed to evaluate the extent to which current department services adhere to principles of effective intervention and the ability to consistently deliver effective services (Lowenkamp & Latessa, 2002, 2005a, 2005b).

At the time, other stakeholders in Vermont were also interested in the potential utility of the UCCI's tools. As such, a conference was arranged at which Dr. Latessa gave a presentation on the Ohio Risk Assessment System (ORAS) and the importance of using risk-factors to guide programming decisions. The ORAS was developed to assess an individual's risk of recidivism at various junctures in the corrections process so that the level of intervention services provided can be matched to the person's risk to reoffend and tailored to target their specific criminogenic needs (Andrews et al., 1990; Latessa et al., 2010). Criminogenic needs are factors that can be changed to reduce an individual's likelihood of recidivism. Today, the ORAS is a validated risk assessment tool used to identify a person's risks and needs at four key stages: (1) pre-trial, (2) community supervision, (3) institutional intake, and (4) community reentry (Latessa et al., 2010). At the meeting, Dr. Latessa's colleague, Dr. Brian Lovins, trained participants on how to use the ORAS. Shortly after the Program Services Director and Head of Education attended this conference, they attended a seminar held by ORAS experts at the University of Cincinnati to learn more about the ORAS and be trained to conduct the Institute's CPC.

In 2011, the Program Services Director used the CPC to assess the services offered in Vermont's DOC and found that while the programming infrastructure incorporated aspects of

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<sup>3</sup> In the RNR model outlined by Andrews and Bonta (2006), the risk principle contends that a person's risk to reoffend can be reduced with the appropriate level of services. The need principle suggests the services provided should also be tailored to address an individual's specific risk factors (e.g., pro-criminal attitudes, substance abuse). The responsivity principle notes that any potential barriers (e.g., transportation, learning disabilities) to understanding/absorbing information delivered in intervention services should be addressed to maximize the ability to learn.

evidence-based practices within the policies and directives, the services could be improved to better adhere to the National Institute of Corrections' principles of effective intervention.<sup>4</sup> In light of these results, the Director began to coordinate communication between service unit leaders in the form of weekly meetings to discuss how services provided might be improved. Previously, there was little to no inter-unit communication regarding the individuals receiving services. It was at these collaborative meetings that leaders began to discuss how needs and responsivity factors could be used to guide future service decisions with the goal of reducing recidivism.<sup>5</sup>

By 2013, the ORAS Prisoner Intake Tool (PIT) was adopted by the DOC and when enough staff were trained it was used statewide for all new assessments. That same year, the position of VCI Director became vacant. Rather than rehiring for this position, the DOC restructured the Program Services Division so that the Program Services Director served as the direct supervisor of the Behavioral Programming, Education, and Workforce Development Units. While many of the staff were familiar with using risk assessments to inform services, there was still much to learn about how to incorporate an individual's needs and responsivity factors into planning and how to deliver multiple manualized curricula that targeted a variety of criminogenic needs. As such, in early 2014, the DOC piloted Behavioral Programming Unit services in one of its six facilities—Northern State Correctional Facility (Northern). Northern is Vermont's largest prison, which houses violent, male offenders. Initially, the ORAS-PIT (hereafter referred to as ORAS) scores were used only by those within the Behavioral Programming Unit to identify incarcerated persons that qualified for risk-based cognitive behavioral interventions. These services were provided by contracted interventionists who administered cognitive behavioral therapy (CBT) during group sessions conducted in Northern and in the field in coordination with Probation and Parole offices.

### **Risk Intervention Services, 2016-2019**

By 2016, the program services model at Northern had been modified and expanded to three other DOC facilities—Chittenden Regional Correctional Facility (Chittenden), Northwest State Correctional Facility (Northwest), and Southern State Correctional Facility (Southern). However, workforce development services were not available in all four facilities. Southern and Chittenden

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<sup>4</sup> [NIC's Principles of Effective Intervention](#)

<sup>5</sup> The DOC previously used risk assessments, like the Level of Service Inventory- Revised (LSIR), to inform case and service plans; however, the ORAS included the addition of needs and responsivity factors considered by staff during the planning process.

did not have the workshop space needed to provide these services. Around the same time, the Program Services Director and service unit leaders began discussing the future of service implementation. While each service unit's operations had been overseen by the Program Services Director since 2013, there remained little coordination among service units regarding implementation at the local level and information about participants was not kept in a centralized system accessible to all service units. Further, there were differences in the overarching goal of each unit's services and the metrics used to assess participation. The Program Services Director and service unit leaders spent much of 2018 and 2019 using Results Based Accountability (RBA) to develop a shared vision and unifying goals for the Division's service units to facilitate the integration of operations. This was described as an extensive process that required an immense amount of cooperation and wordsmithing. To assist with the implementation of the envisioned RIS model, two new DOC positions were created near the start of 2017: the RIS Operations Manager and the RIS Coordinator (RISC).<sup>6</sup> In general, both positions were created to better facilitate communication and coordination among the three service units.

### **Goals of Risk Intervention Services**

During the two years of planning, common goals for the RIS units were developed and documented by RIS leadership. In general, the long-term goal of RIS is to contribute to reduction of recidivism, while the short-term goal is for participants to be "better off" than they were before their participation. Using RBA as a framework, Central Team leadership outlined measures for three performance indicators: (1) How much did we do? (2) How well did we do it? and (3) Is anyone better off? Additionally, leadership documented how the information would be collected and the staff responsible for documenting the information. For example, one measure of "How much did we do?" is the number of participants receiving services for 6 or more months without termination. The RISC is designated as the individual responsible for entering participants' start and end dates into their Data Collection Workbook so that length of participation can be determined (see Appendix A for a detailed list of measures for performance indicators 1 and 2).

To measure the final RBA question, "Is anyone better off?", RIS leadership outlined 3 main performance indicator categories: coping skills, respect for others, and self-regulation. Each of these categories have goal statements that are associated with target behaviors (see Table 1 on

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<sup>6</sup> Prior to 2017, the RISC was a contracted employee.

next page). Each of these goals statements are linked to specific issues (i.e., victim blaming, anger, substance abuse) that RIS intervention aims to address. RIS leadership developed a rubric for assessing whether participants were acquiring, making meaning, or transferring the skills identified in the goal statements (see a more detailed discussion on this below in the “Tracking Progress” section). Participants’ quarterly and overall percentage of change from their initial rubric score serves as a measure of RIS impact.

**Table 1. RIS “Better Off” Goal Statements<sup>7</sup>**

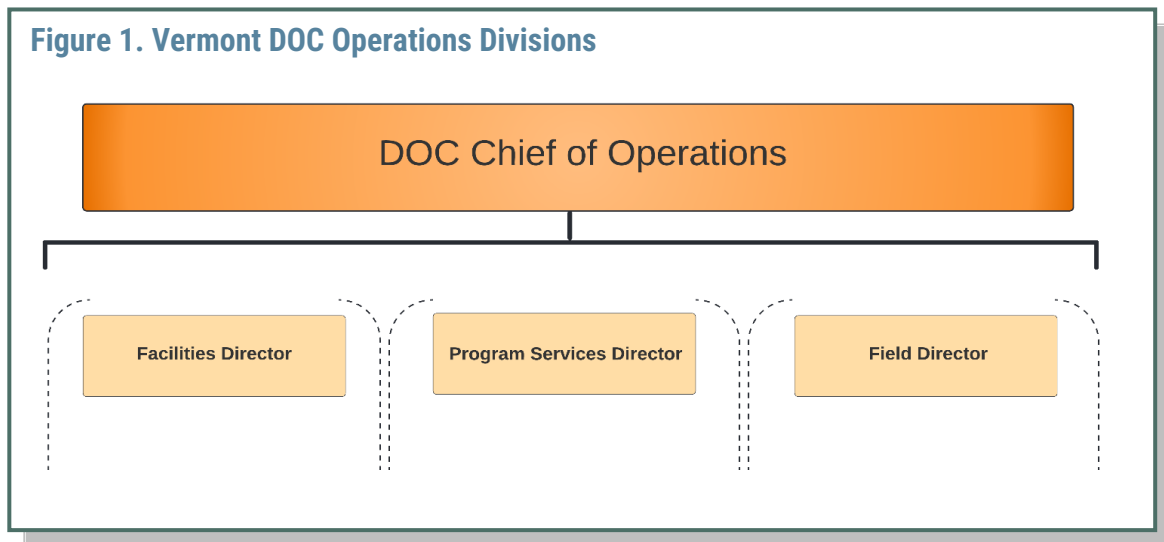
<b>Performance Indicator Category</b>	<b>Goal Statements (Measures)</b>
Coping Skills	<ol style="list-style-type: none"> <li>1. RIS participants learn how to take ownership for my actions and cope with doing so (related to victim blaming and lying).</li> <li>2. RIS participants recognize when they need help managing emotions and implement strategies to help manage emotions (related to anger).</li> <li>3. RIS participants learn how to minimize use of substances by increased usage and practice with other coping skills (related to substance abuse).</li> </ol>
Respect for Others	<ol style="list-style-type: none"> <li>1. RIS participants learn to influence people in a collaborative and mutually respectful manner (related to manipulation).</li> <li>2. RIS participants increase comfort level with the understanding that people deserve certain privileges and no one person deserves more privileges than another (related to entitlement and stealing).</li> <li>3. RIS participants have respect for the free will of others (related to coercion and threatening).</li> <li>4. RIS participants learn to recognize and value the feelings and experiences of others, even when they differ from their own (related to empathy).</li> </ol>
Self-Regulation	<ol style="list-style-type: none"> <li>1. RIS participants learn to communicate needs in a collaborative and respectful manner (related to hostility).</li> <li>2. RIS Participants understand that you have power over the events that occur in your life and good/positive choices may lead to positive results (related to internal control and impulsivity).</li> <li>3. RIS participants match attitudes and behaviors to group norms (related to conformity with the law).</li> <li>4. RIS participants recognize emotions and cognitions, their role in their behavior, and modulate the level of expression by utilizing resources and supports to get needs met (related to mental health).</li> </ol>

<sup>7</sup> Table 1 was adapted from the RIS Evaluation Plan developed by RIS leadership and published on May 21, 2019.

## Risk Intervention Services Structure and Staff Responsibilities<sup>8</sup>

As the head of the Program Services Division, the Director oversees all aspects of intervention services administered within DOC facilities. Because RIS are administered within DOC facilities and in some cases, to individuals on probation and parole, the Director often coordinates with the DOC's Facilities Director and the DOC's Field Director to facilitate RIS operations. Along with the directors of five other Divisions, the Program Services Director's work is overseen by the DOC's Chief of Operations.

**Figure 1. Vermont DOC Operations Divisions**



Note: The Chief of Operations oversees two other Divisions not pictured in this figure— Health Services and Business Application Support (OMS), as well as the Women's Services Director.

Within the Program Services Division, DOC staff and contracted employees work together to provide eligible persons in DOC custody with intervention services proportional to risk-level at 4 facilities in Vermont – Northern, Northwest, Southern, and Chittenden. The largest facility is Northern, which houses violent, male offenders. Next by size is Southern, which has a diverse male population, but is unique in its ability to accommodate individuals with mental health and medical needs. Then, the Northwest facility which houses male offenders convicted of a sex offense, followed by Chittenden, the women's facility. Most of the prisons implementing RIS are statewide facilities except for Chittenden which is a regional facility. Staffing levels were fairly consistent between 2016 and 2019 with approximately 54 DOC Staff and 9 contracted professionals providing

<sup>8</sup> Between 2016 and 2019, there were a number of changes to the structure of RIS. This section of the report outlines the structure and staff of RIS in 2019. As of March 2023, this structure is still in place.

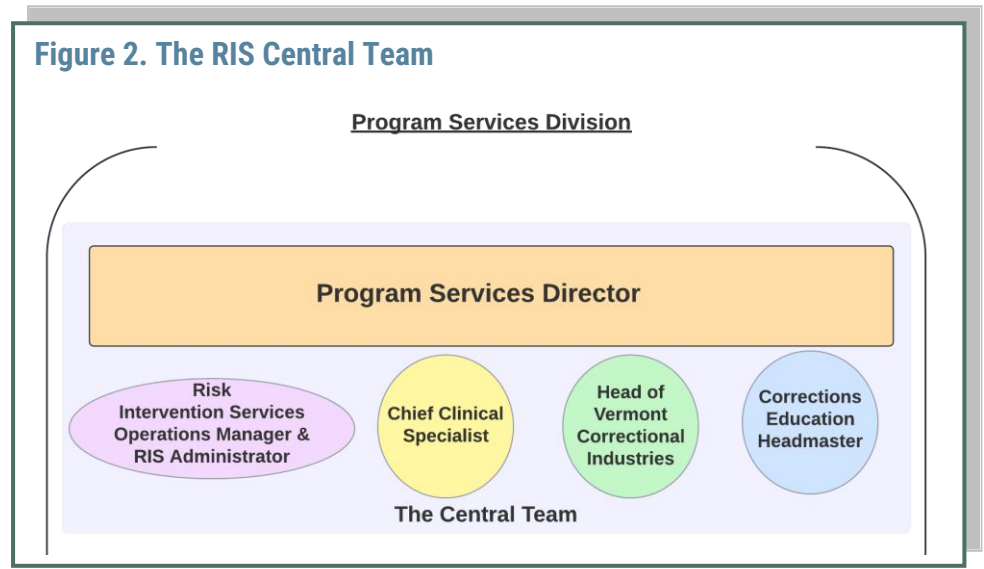


RIS to moderate and high risk incarcerated individuals, and in some cases, others under supervision for a listed offense.<sup>9</sup> While the number of staff and providers involved in RIS implementation varies at each facility, the roles and responsibilities of staff and contractors are consistent.<sup>10</sup>

### The Central Team

RIS leadership, known as the Central Team, is responsible for coordinating services across the facilities. The Central Team is overseen by the Director, and consists of the RIS Operations Manager, RIS Administrator, and the leaders of each of the 3 RIS units: the Chief Clinical

**Figure 2. The RIS Central Team**



Specialist, the Head of Vermont Correctional Industries, and the Corrections Education Headmaster. The Central Team meets weekly to discuss service operations at each of the 4 RIS facilities.

**RIS operations manager.** The RIS Operations Manager is charged with coordinating efforts among the 3 RIS units across all facilities and fostering communication with other Divisions to ensure RIS operate smoothly within the DOC. Additionally, they serve as the direct supervisor for each facility's RISC. As such, the Operations Manager provides a line of communication between Central Team leadership and the RISCs. The Operations Manager communicates Central Team ideas and information to each facility's RISC. Further, the RIS Operations Manager is also responsible for communicating and coordinating with the Facility and Field Operations Managers on issues that span the Divisions (e.g., case management, data sharing).

<sup>9</sup> Listed offenses are group of crimes identified in [13 V.S.A. § 5301](#) and are considered the most serious due to the nature of the crime and the impact to victims.

<sup>10</sup> Some of the DOC staff involved in the administration and implementation of services have responsibilities unrelated to RIS. This report only details the duties of their positions as they relate to RIS operations within the facility.

In addition, the Operations Manager trains DOC caseworkers on how to conduct the ORAS and other assessments used to determine RIS eligibility. Caseworkers administer the assessments to individuals under supervision and refer those with moderate to high assessment scores to the appropriate facility's RISC. Once referred, caseworkers remain an integral part of the incarcerated person's team (see the "Local Team" section below).

**RIS administrator.** As the name suggests, the RIS Administrator handles much of the administrative work needed for intervention services to function. The Administrator is responsible for managing the contracts for RIS staff who are not DOC employees. Additionally, they are in charge of reviewing the initial paperwork received from participant's case worker to ensure that individuals are indeed eligible to participate. During review of new referrals, the Administrator also ensures that information is complete and the participant's accountability statement is sufficient (see the Implementation section below for more). If there are any questions about an individual's eligibility or if a special exception needs to be considered, the Administrator will add these cases to the case staffing determination meeting agenda. These meetings bring together multiple DOC Divisions to discuss programming, violation, and/or release issues concerning incarcerated individuals.

**Chief clinical specialist.** The Chief Clinical Specialist provides guidance on the evidence-based practices and risk-reducing services used in RIS. They also oversee the administration of manualized, evidence-based and risk reducing curricula (see implementation section below for more on specific curricula offered) and, at times, the Chief Clinical Specialist may serve as a substitute for a facility's Lead or an Interventionist. In addition, the Chief Clinical Specialist coordinates meetings with the Lead Interventionists (see the "Local Team" section below) at each facility. At these meetings, they discuss difficult or worrisome cases, ADA accommodations, plans for participants who are close to finishing intervention services plan, and current events that influence service administration.

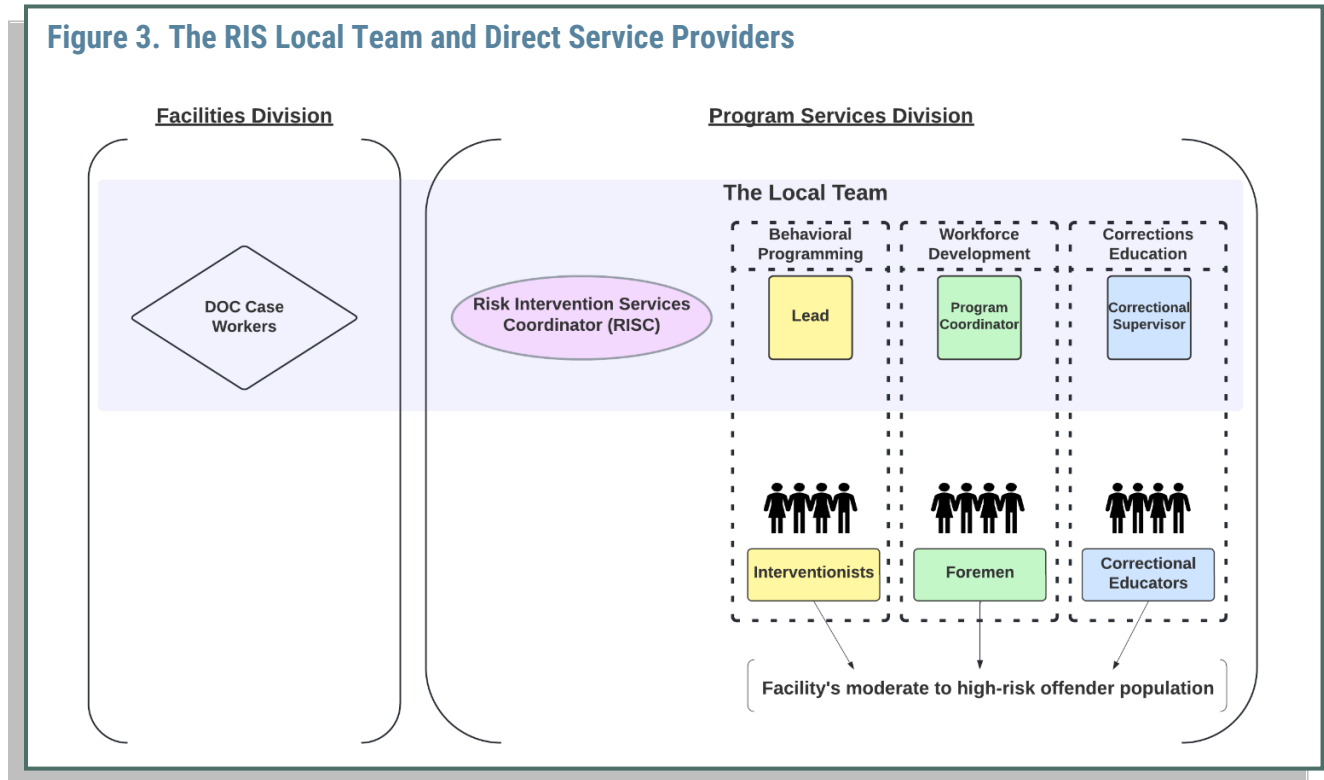
**Head of Vermont correctional industries.** The Head of VCI oversees Workforce Development Unit operations in the Northern and Northwest facilities. Some specific responsibilities include staffing, auditing, purchasing, sales, marketing, trucking, and managing incarcerated employees' payroll in QuickBooks. To foster consistent implementation of workforce development services, the Head of VCI meets weekly with the VCI Operations Manager and one

facility's Program Coordinator. Each week Program Coordinators rotate and take turns participating in this meeting. These meetings are used to take a deep dive into the operations at each Coordinator's workshop and discuss any challenges that have arisen since the last meeting.

**Corrections education headmaster.** The Corrections Education Headmaster manages schoolwide operations and oversees the staff supervising and providing educational programming offered in all DOC facilities, including the four facilities that offer RIS. Like the other service unit leaders, the Corrections Education Headmaster holds weekly meetings with the staff they oversee. They hold two meetings per week with the Supervisors who manage the Educators responsible for educational curriculum implementation. The first meeting is used to discuss participant issues like ADA accommodations, 504 accommodations for individuals with disabilities, and transfers. A second weekly meeting is held with Supervisors to discuss any operational issues, new communications from the Central Team, review protocols, report out on projects that their curriculum department is working on. Additionally, the Headmaster holds a weekly meeting with the whole school (education staff in all 6 DOC facilities), to keep each campus informed of operations at all facilities.

### **The Local Team and Direct Service Providers**

The Local Team manages RIS operations within their facility (see Figure 3 below). The Local Team leadership structure mirrors that of the Central Team and consists of the RISC, Lead Interventionist ("the Lead"), VCI Program Coordinator, the Correctional Educator Supervisor, and the incarcerated individual's caseworker. Each of the Local Team service unit leaders oversee the RIS staff providing direct services—interventionists, foremen, and educators. Direct service providers are DOC staff and contracted workers who have the most interaction with the participants being served.

**Figure 3. The RIS Local Team and Direct Service Providers**

**Risk intervention services coordinator (RISC).** The RISC ("Risk") does not directly oversee RIS staff, rather they are charged with coordinating RIS unit operations and facilitating inter-unit communication within their facility. RISCs are overseen by the RIS Operations Manager who is responsible for coordinating RIS services across the 4 RIS facilities. When a facility receives a new RIS referral, RISCs are responsible for reviewing information about the incarcerated individual (e.g., affidavit, criminal history), approving their accountability statement, and coordinating with a participant's caseworker to make sure all assessments and paperwork are accurate and complete. If the individual is being held at another RIS facility, the RISC will facilitate their transfer.<sup>11</sup>

Throughout an incarcerated person's participation, RISCs are responsible for reviewing participant's records to ensure that they are continuing to demonstrate consistent progress. Additionally, if a participant falls behind or breaks a condition of their participation in RIS, the RISC is responsible for initiating and managing the Corrective Action Plan (CAP) process which may

<sup>11</sup> Incarcerated persons at all DOC facilities are assessed for their risk to reoffend; however, RIS is available at only 4 facilities. This means that sometimes a person's risk assessment scores qualify them for services, but they are incarcerated at a facility that does not provide RIS. In these cases, they must be transferred to an RIS facility. This process requires coordination with the Facilities Division.

include some or all service unit leaders. Moreover, the RISCs are responsible for relaying feedback to the RIS Operations Manager about what works in practice and any issues that arise at their facility during implementation. Then, the Operations Manager relays this feedback to the other members of the Central Team.

**Lead interventionist and interventionists.** All behavioral service providers at the local level are contracted by the DOC. In general, the **Lead Interventionist's** ("the Lead") main role is to assure the quality and standardization of cognitive behavioral programming within their facility. There are 4 Leads, one at each facility. Most of the Leads have a clinical license and are responsible for providing feedback and support to the Interventionists who directly administer manualized curricula to the incarcerated individuals. Leads are also generally responsible for developing service plans, assigning Interventionists to specific groups of participants, monitoring the behavior of participants (through observation and review of Interventionist's notes), conducting audits of group sessions, and working on professional development plans with the Interventionists they oversee. Given their clinical expertise, Leads are responsible for being mindful of the Americans with Disabilities Act (ADA) guidelines and coordinating any necessary accommodations. At times, Leads may consult the Health Services Division to confirm- and/or facilitate compliance with ADA guidelines.

Supervised by the Leads, **Interventionists** administer manualized, evidence-based and risk reducing curricula centered on building social, emotion regulation, and cognitive restructuring skills. A participant may be receiving more than one curriculum at a time; however, some curricula are intended to build on each other (e.g., University of Cincinnati's Cognitive Behavioral Interventions). Interventionists take notes during each session which helps inform discussions concerning each participant's progress. If an Interventionist is new or is learning a new curriculum, the Lead will co-facilitate sessions with the Interventionist. They also serve as a substitute if an Interventionist is absent. The number of Interventionists that Leads oversee varies by facility. Like the Leads, Interventionists are contracted by the DOC. Leads coordinate regular meetings with the Interventionists they oversee to discuss participant's progress or any issues that arise. Additionally, Leads report on their facility's behavioral programming operations at weekly meetings with the Chief Clinical Specialist.

**VCI program coordinators and foremen.** The VCI **Program Coordinator** is an employee of the DOC. Program Coordinators typically hold professional knowledge related to the product being produced in their workshop. Each Program Coordinator is responsible for supervising the operations of their workshops which produce specific goods (e.g., license plates, furniture, signs) that are ordered and purchased by customers. Importantly, Coordinators are responsible for ensuring operations within their shop are conducted safely. There are 3 Coordinators, two at Northern and one in Northwest. Program Coordinators are also in charge of developing a participant's plan as it relates to workforce development by documenting participant's behavior and progress, in their respective shops, using a proficiency grading rubric in the student management software FOCUS. Program Coordinators update the VCI operations manager and the Head of VCI on their facility's operations at weekly meetings.

Each facility's Program Coordinator supervises their shop's **Foremen** as they help incarcerated individuals gain work experience. Foremen are experts within specific skillsets, and they are responsible for teaching incarcerated individuals any skills needed to perform the jobs. The correctional foremen assist participants as they complete jobs for customers. Foremen also play an important role in security and safety as they are responsible for keeping an inventory of tools and chemicals present in the workshop. Like Coordinators, Foremen are responsible for monitoring the behavior of RIS participants working in their shop.

**Correctional educator supervisors and educators.** Like the Coordinators, the **Correctional Educator Supervisor** is employed by the DOC and oversees the day-to-day operations of the Corrections Education Unit within their facility. The Supervisors review cognitive behavioral assessments, compile educational histories, develop the participant's education plan, enroll students, and manage educators as they administer curriculum. Each of the Supervisors also serve as experts in the curriculum components and work with members of their department to adapt the curriculum to the incarcerated adult population. The types of curricula administered by **Correctional Educators** range from adult basic education to post-secondary/vocational education. The interests and educational needs of the population being served drive the types of curricula offered. Correctional Educators conduct the academic assessments, advise students, deliver the curricula, help students with assignments, maintain classroom security, and keep notes on participants.

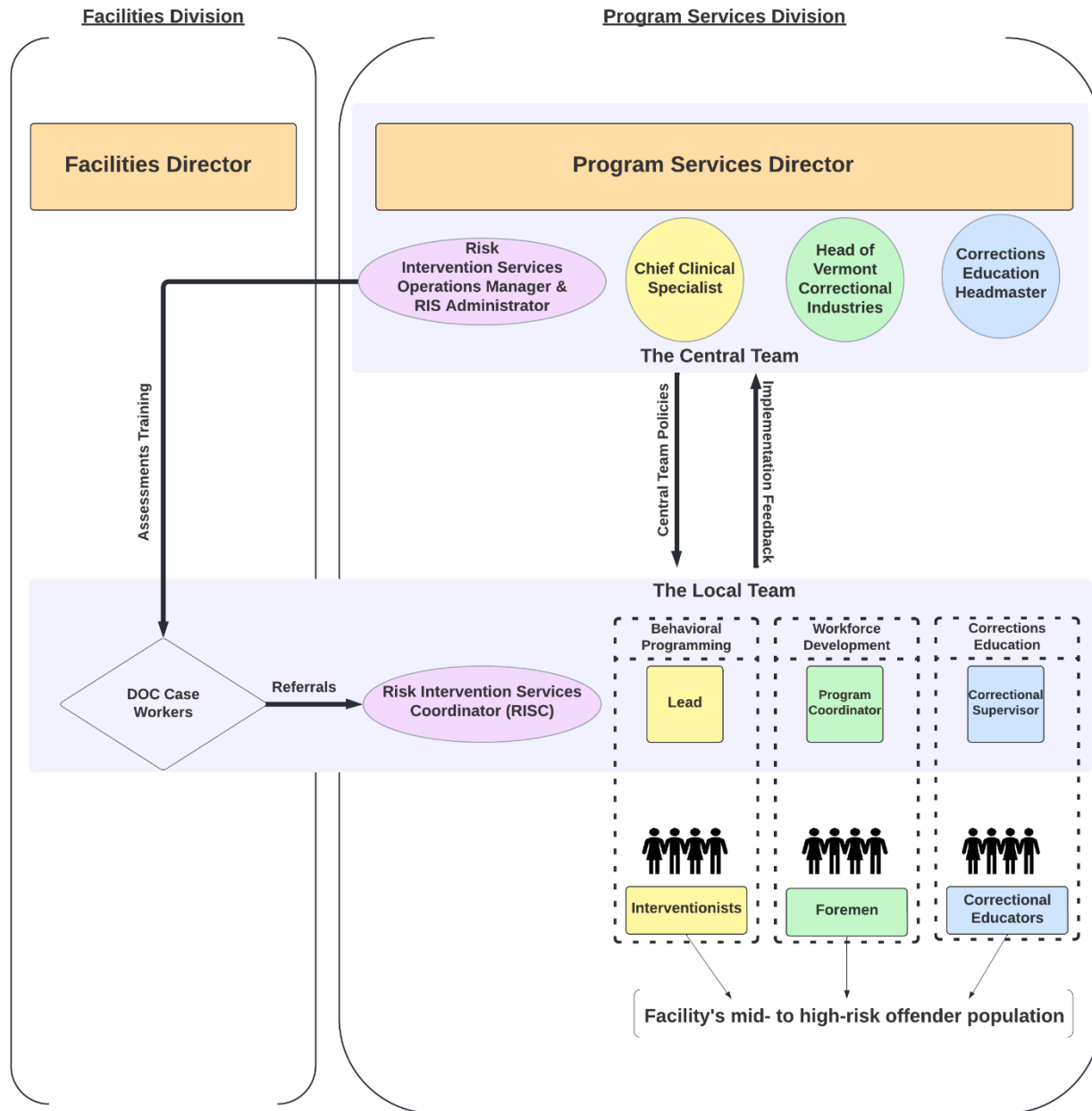
## Summary

In 2013, leadership within Vermont's DOC began to deliver cognitive behavioral programming to the population within Vermont's largest correctional facility based on the individual's risk assessment scores. Specifically, the ORAS was used to determine which incarcerated individuals had a moderate to high risk to recidivate. This general risk assessment is supplemented with several targeted assessments (e.g., Domestic Violence Screening Inventory Revised). These individuals were then provided cognitive behavioral interventions aimed at diminishing factors related to their risk to reoffend. By 2016, services had been expanded to three additional facilities: Northwestern, Southern, and Chittenden. During this expansion, the services provided within DOC facilities were re-envisioned as Risk Intervention Services, a change which involved integrating the operations and administration of services provided by the Division's 3 service units— Behavioral Programming, Education, and Workforce Development.

Known as the Central Team, RIS leadership is comprised of the DOC's Program Services Director, RIS Operations Manager, RIS Administrator, Chief Clinical Specialist, Head of VCI, and the Corrections Education Headmaster. The Operations Manager and Administrator oversee the coordination of services and information among the three core RIS divisions. The leader of each RIS unit— the Chief Clinical Specialist, the Head of VCI, and the Corrections Education Headmaster—is responsible for overseeing operations and quality assurance within their service unit. The Central Team creates policies for those implementing services in the facilities. For the most part, the Central Team structure is mirrored at the local level, within each of the 4 facilities that offer RIS. However, workforce development services are not offered in Southern or Chittenden.

The Local Team is comprised of the RISC, Lead Interventionist, the VCI Program Coordinator, the Correctional Educator Supervisor, and the incarcerated individual's caseworker. Services provided by each RIS unit are administered by the Interventionists, Foremen, and Educators. Interventionists provide services aimed at building social and emotional skills. Foremen oversee incarcerated individuals as they gain work experience and teach new job skills as needed. Educators teach individuals curriculum that builds foundational, high school, post-secondary, and vocational knowledge. Below, Figure 4 depicts the complete structure of RIS within the Program Services Division, as well as the employees and contracted staff integral to service administration and implementation in four of Vermont's DOC facilities.

Figure 4. RIS Organization Chart





## Risk Intervention Services Implementation 2016-2019

Interviews with RIS leadership and staff (past and present) took place between October 2021 and September 2022 with some confirmation interviews taking place in 2023. Many of those interviewed had experience working in multiple RIS roles throughout their time at the DOC. During the interviews, respondents were asked about the history of RIS, the staff and structure, services offered, intended goals, and implementation practices. Additionally, program documents, reports, and data were reviewed. The following sections outline the RIS implementation process between 2016 and 2019 and concludes with a discussion of recent changes to RIS, implementation challenges, and recommendations for the future.<sup>12</sup>

### Referral and Intake

After sentencing, all incarcerated individuals are evaluated by their DOC caseworker using a general risk assessment survey, the ORAS, and the Simple Screening Instrument for Substance Abuse. Depending on the individual's conviction charge, additional risk assessments may be conducted, including the Domestic Violence Screening Inventory Revised (DVSIR, for those with a domestic violence conviction), the Vermont Assessment of Sex Offender Risk-2 (VASOR-2, for those with a sexual violence conviction), and Static 99 (for those with a sex offense conviction) (see Table 2). An individual's scores on these assessments are used to determine who should receive RIS and what services they might benefit from receiving. It is important to note that some individuals do not receive services from all 3 RIS units.

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<sup>12</sup> Given the structure of RIS, many of these changes were first contemplated and developed at the Central Team level before being gradually implemented on the Local Team level. During this time, a number of changes were made to RIS goals and operations. This report outlines implementation practices used most consistently and those most relevant to current operations.

**Table 2. RIS Risk Assessments**

<b>Assessment</b>	<b>Description</b>	<b>Scoring Inputs*</b>
<b>Ohio Risk Assessment System -Prisoner Intake Tool (ORAS-PIT)</b>	A general risk and needs assessment tool for correctional facilities that identifies factors that contribute to the likelihood an individual will reoffend.	Criminal history; self-reported information
<b>Simple Screening Instrument for Substance Abuse (SSI-SA)</b>	Developed by the Center for Substance Abuse Treatment, the SSI-SA is used to identify those in need of further assessment for a substance use disorder.	Self-reported information on drug use in the last 6 months
<b>Domestic Violence Screening Inventory Revised (DVSIR)</b>	Administered to individuals with a current domestic violence charge, this assessment is designed to assess an individual's risk of repeated domestic violence in the future.	Criminal history; records of protective order registry; self-reported information; victim interviews; and assessor's professional judgement
<b>Vermont Assessment of Sex Offender Risk-2 (VASOR-2)<sup>13</sup></b>	Designed to estimate the likelihood than an offender will be charged with committing a new sexual or violent offense as well as describe the severity of sex offenses.	Criminal history; demographic information; victim information; self-reported information related to substance use in the last 5 years, housing status in the last year, employment in the last year, and prior treatment in the last year
<b>Static-99</b>	Designed to identify an adult male's risk for sexual recidivism.	Official criminal record (some self-reported information can supplement record); demographic information; victim information

\*Assessment developers recommend using as many of these inputs as are available to those conducting the assessment.

The results of the ORAS indicate whether an individual has a low, moderate, or high-risk of reoffending and identifies criminogenic and responsivity needs. To be eligible for RIS, the ORAS assessment must indicate the individual's risk level to be moderate or high. However, DOC staff can choose to refer someone to RIS with an ORAS risk level of less than moderate in certain situations (e.g., the person committed a violent felony, low score on the ORAS with high score on another assessment). In addition to an overall risk score, the ORAS disaggregates an individual's score by treatment domains: (1) criminal history, (2) education, employment, and finances, (3) family and social support, (4) substance abuse, and (5) criminal lifestyle (Latessa et al., 2010).

<sup>13</sup> [VASOR-2 Manual](#)

These domains are related to the individual's criminogenic needs (also called dynamic risk factors), or factors that can be changed to reduce a person's likelihood to recidivate.<sup>14</sup> Additionally, the ORAS identifies potential barriers to treatment (also called responsivity factors) including low intelligence, reading and writing limitations, history of abuse/neglect, transportation, language, physical handicap, mental health issues, treatment motivation, ethnicity and cultural barriers, and childcare (Latessa et al., 2010). These disaggregated scores and responsivity assessments are intended to help case managers allocate appropriate resources and prioritize intervention services.

Importantly, to be eligible for RIS, incarcerated persons must have a sentence to serve that allows them enough time to receive the recommended intensity level of services. Generally, the recommendation is that individuals have a minimum of two months for assessment, classification, and referral in addition to the recommended program length. For example, those assessed to be moderate-risk need two months for assessment, classification, and referral, plus a minimum of six months to complete the moderate intensity level of services. Those determined to be high risk must be sentenced to at least 11 months, and individuals convicted of a sex offense must be sentenced to at least 20 months. Participation in RIS takes place in preparation for reentry of the incarcerated individual to the community, and therefore the time frames coincide with their reentry windows. Because risk assessments are conducted as soon as a person is booked into a DOC facility, a person may be identified as eligible for RIS years before they are within their reentry window.

Once a DOC caseworker identifies an individual as eligible for RIS, advance notice of the referral is sent to the RIS Administrator with a summary about the potential participant. Once the RIS Administrator determines the individual meets all eligibility requirements, they notify the RISC at the appropriate facility of the incoming referral. By informing the RISC prior to official referral, the RIS Administrator gives RISCs ample time to inform service unit leaders and plan for the individual's participation. Additionally, this allows the RISC to connect with the participant's caseworker to assist with any questions they might have about the RIS paperwork and make sure that paperwork is completed and submitted on time.

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<sup>14</sup> According to Latessa (2005a), dynamic risk factors include anti-social attitude, antisocial peers, antisocial personality, history of antisocial behavior, family, education and employment, substance abuse, and lack of prosocial leisure activity.

With each referral, participants must submit an interest form, indicating their willingness to participate, as well as a statement of responsibility. The statement of responsibility is required to qualify for services. In this statement, the participant must accept responsibility for at least some of the harm caused by the crime (i.e., inmates cannot say the crime never happened or that they are in no way responsible). Once an individual is within their programming window, and the statement of responsibility has been completed, the incarcerated person's caseworker sends the official referral to the appropriate facility's RISC.

The RISC serves as the participant's point of contact for matters related to their participation in RIS. After receiving a referral, the RISC reviews the incarcerated person's risk scores, the individual's statement of responsibility, affidavit, and facility behavior history. Following this review, they meet with the participant. At the first meeting, the RISC provides the participant with a folder containing information about RIS (e.g., a welcome letter, the RIS orientation handbook), then has the participant sign release of information forms and the participation agreement. The agreement outlines expectations of, and rules for, participation in RIS. The RISC also introduces the participant to their RIS Local Team and explains expectations surrounding team meetings and general participation.

If a participant breaks the rules (facility or RIS) and/or is struggling to make progress, the RISC will lead the participant's Local Team in the development of a Corrective Action Plan (CAP).<sup>15</sup> The RISC is also responsible for communicating the Team's concerns to the participant and laying out future expectations. Then, the RISC and the participant will work together to create a plan for meeting those expectations. Once an individual has a CAP, the RISC will meet with them biweekly to discuss how things are going and make sure they are following their CAP. Those on CAPs may be required to complete additional work/sessions.

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<sup>15</sup> Between 2016 and 2019, this became an increasingly more collaborative process.

## Behavioral Programming

Between 2016 and 2019, the Behavioral Programming Unit served 731 individuals (see Table 3).<sup>16</sup> The average participant was 38 years old (SD= 12). Most participants were White (666, 92%) and male (687, 94%).

The number of curricula taken by a participant ranged from 1 to 11 with five being the average. Each curriculum is administered to groups of participants two times per week in 1.5-hour sessions, apart from the Texas Christian University (TCU) curriculum, which is delivered in 1-hour sessions. Curricula is administered by Interventionists over the course of twelve-week quarters. On the next page, Table 4 provides a description of each of the curricula offered. Rigorous evaluations of T4C and the TCU curricula have indicated these programs to have promising effects on participants in correctional settings.

The DOC supports training in the curricula for the contracted Leads and Interventionists when needed. For curricula with a specific training certification process, the DOC uses a train the trainer model. In 2019, a train the trainer event was held at which several DOC staff were trained to be certified, subject matter experts in the University of Cincinnati's curriculum. Following the training, Interventionists must teach two full quarters of the curricula before becoming officially certified as a trainer. For curriculum that does not offer specific training procedures, the DOC uses an apprenticeship style training process that takes place over the course of 3 months. An Interventionist will spend 4-6 weeks observing sessions, then 4-6 weeks co-facilitating the sessions, followed by one quarter of leading sessions while being observed by either a Lead or the Chief Clinical Specialist.

**Table 3. Demographics of Behavioral Programming Participants, 2016-2019**

<b>Participants (n = 731)*</b>	
Age	38 (12)
Gender	
Female	44 (6.0%)
Male	687 (94%)
Race	
Asian	2 (0.3%)
Black	51 (7.0%)
Indigenous	2 (0.3%)
Unknown	6 (0.8%)
White	666 (92%)
Unknown	4

<sup>16</sup> This is the number of RIS participants who were served between 2016 and 2019 who could also be identified in the Court Adjudication database.

**Table 4. RIS Behavioral Programming Evidence-Based and Risk Reducing Curricula<sup>17</sup>**

<b>Curricula</b>	<b>Brief Description</b>
<a href="#"><u>Achieving Change Through Values-Based Behavior (ACTV)</u></a>	A specialized version of Acceptance and Commitment Therapy (ACT) called Achieving Change Through Values-Based Behavior (ACTV) for those incarcerated for domestic violence. This curriculum was added in 2017 and aims to help participants learn and use respectful, healthy behaviors in their relationships.
<a href="#"><u>Aggression Replacement Training (ART)</u></a>	The ART curriculum consists of three main components: social skills, anger control, and moral reasoning. Lessons build on these three main components to help participants improve anger control, learn to interact positively in social situations, and solve problems responsibly.
<a href="#"><u>CBI- Core Adult (CBI-CA)</u></a>	This course was added in 2019. The curriculum uses skill building activities to promote cognitive, social, emotional, and coping skill development.
<a href="#"><u>CBI- Sexual Offending (CBI-SO)</u></a> <sup>18</sup>	The CBI-SO curriculum educates individuals on desistance strategies for sexual offending and related behaviors with the goal of increasing pro-social attitudes and actions. RIS began offering an updated version of this curriculum in 2019.
<a href="#"><u>Charting a New Course (CNC)</u></a>	CNC aids participants with identifying manipulative tactics and thinking errors, and helps individuals develop cognitive thinking processes that promote responsible decision-making and pro-social lifestyles.
<a href="#"><u>Criminal Conduct and Substance Abuse Treatment</u></a>	Commonly called Strategies for Self-Improvement and Change, this curriculum is intended to build and strengthen three cognitive skill sets: mental self-control, relationship sensitivity, and social responsibility.
<a href="#"><u>Thinking for a Change (T4C)</u></a>	T4C was developed by the National Institute of Corrections, with the goal of altering an individual's underlying attitudes and beliefs to change their thinking patterns. This cognitive behavioral therapy includes social, communication, and problem-solving skills development.
<a href="#"><u>Texas Christian University (TCU) Brief Interventions</u></a>	TCU offers six curricula, collectively known as Targeted Interventions for Corrections, including motivation, anger, communication, criminal thinking, social networks, and HIV/sexual health. Each of these interventions contains 3-4 parts. The interventions received are based on the needs of participants.

<sup>17</sup> The curricula listed in this table reflect those used most consistently between 2016 and 2019. During this period, there were a few other curricula used briefly with a small number of participants, including Habits of Mind, Cognitive Behavioral Intervention- Substance Abuse, and Seeking Safety.

<sup>18</sup> This curriculum is delivered regularly at only the Northwest and Southern facilities. Some individuals incarcerated for sex offenses are required by the judiciary to participate in a program called Vermont Treatment Program for Sexual Aggressors (VTPSA). CBI-SO is the main curriculum delivered to those individuals.

There is not a specific “sequence of service” for behavioral curricula. Instead, Leads consider an individual’s risk assessment scores and other information gathered during intake, and this is used to help prioritize the order of curricula received. Additionally, external factors (e.g., facility constraints, length of a participant’s sentence) are taken into consideration. Some staff noted that it is helpful for participants to first receive certain courses, like TCU and CNC, which teach foundational skills needed to better absorb the content presented in other courses. Since 2019, the CBI Core Adult is another curriculum that covers foundational information. Individuals with a history of sexual offending or a moderate-high risk score on the Static-99R assessment receive the CBI Sexual Offending curriculum. Oftentimes this course will be completed in the last quarter before participation comes to an end because it has individuals create a success plan which is useful for participants as they transition from living in the facility back to their community.

In addition to DOC Facility rules, participants are expected to come to class prepared. This means that if homework is assigned, it must be completed before the start of the next session. Additionally, participants are expected to be present and engaged for every session. There is not a specific attendance policy, however, it is generally recommended that participants do not miss more than 3-4 classes for issues that are within their control. Sometimes participants’ absences are excused (e.g., medical appointments). Participants are also given the opportunity to make up missed classes in both group and one-on-one sessions. Moreover, additional group and one-on-one sessions are held for individuals who need accommodation.

### **Corrections Education**

Before the Corrections Education Unit determines which services an individual should receive, the RIS participant must first undergo educational assessment. Overseen by the Supervisor, Correctional Educators identify educational needs by administering the Comprehensive Adult Student Assessment System’s (CASAS) reading and math tests to RIS participants referred to their facility. All Corrections Education staff complete online CASAS training to learn how to properly conduct the assessment. CASAS tests are approved by the U.S. Department of Education and scores are nationally normed for adult education. Additionally, writing skills are assessed using the University of Kansas Strategic Instruction Model (SIM).<sup>19</sup> Individuals scoring below the ninth grade level (i.e., less than 236) are required to participate in education services. Participants

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<sup>19</sup> [University of Kansas Strategic Instruction Model](#)

who score at the high school level on the education assessments can choose to enroll in classes, but it is not required to participate in RIS.

Once an individual begins their RIS participation, the Correctional Educators share the educational assessment scores with them and begin to develop their Living, Learning, Working (LLW) Plan.<sup>20</sup> These plans contain information about participant's educational assessment scores, educational history, emerging skills, goals and interests, and outlines the scope and intensity of services needed to graduate. Correctional Supervisors and Educators consider an individual's criminogenic needs as identified by the risk assessments to inform the development of the LLW Plan. Additionally, Educators work with participants to identify educational goals and career interests. Educators routinely provide counseling to help students identify new career goals and hone their academic plan to reach those goals. This occurs throughout students' participation.

Informed by Vermont Educational Quality Standards, Corrections Education offers a wide range of classes covering basic, high school, and college level academic curriculum as well as vocational courses.<sup>21</sup> All Corrections Education curricula is adapted for incarcerated adult learners by Supervisors and their teams to meet Common Core Standards.<sup>22</sup> Supervisors and Educators typically hold teaching licensure in Vermont and participate in online McGraw Hill curricula training and professional development throughout their career with the DOC.<sup>23</sup> Also, Supervisors routinely lead curricula workshops for Educators. Every curriculum developed is reviewed by the New England Association of Schools and Colleges committee. Notably, the high school education is provided by an accredited institution— Community High School of Vermont (CHSVT). Because CHSVT is an accredited school, Education Supervisors have access to information concerning participants' prior education, including schools attended and courses completed. In general, participants set the pace of the educational services received. Typically, participants will attend school 3 or 4 days per week depending on their schedule.

The courses taken by participants are determined by their educational history and needs. If a participant's assessment indicates them to be below the ninth-grade education level, Corrections

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<sup>20</sup> As of 2020, this is called a Personalized Learning Plan and is similar to what has been outlined by the [Vermont State Board of Education](#).

<sup>21</sup> [Education Quality Standards](#)

<sup>22</sup> [Common Core Standards](#)

<sup>23</sup> The Corrections Education Unit will hire individuals who are not licensed; however, they are expected to work toward a license (Interview, 2023).



Educators will first deliver curricula that teaches foundational education including reading, math, spelling, and writing. Educators use the Wilson Reading System and elementary level McGraw Hill Illustrative Math curricula to teach these foundational skills.<sup>24 25</sup> Foundational education services also include special education. Special education services are available for those in custody who were previously on an Individualized Education Plan (IEP) at their most recent educational institution, anyone who has ever had an IEP (including those older than 21), and those whose assessments indicate a need.<sup>26</sup> Interviewees estimated that foundational education comprises 40% of services provided to incarcerated participants (2021).

After the basics are mastered, RIS participants can move on to learning high school level material. Correctional Educators follow the McGraw Hill High School curriculum. This curriculum is not intended to be delivered to adults or those in correctional settings, so Educational Supervisors work with a team of Educators to adapt the curricula. Education leadership notes that oftentimes participants do not have enough time to obtain a high school diploma (HSD) before release; however, because CHSVT is an accredited institution, the courses completed by participants while incarcerated can be easily transferred to any school in Vermont.

Participants working to complete a HSD can simultaneously work toward obtaining industry-recognized credentials related to their chosen career path. The Career and Technical Education (CTE) options offered allow participants to pursue nationally recognized certificates in career pathways like automotive technology, welding, construction, horticulture, hospitality, printing, and graphic arts. Additionally, the Corrections Education Unit offers a Workforce Readiness Certificate developed to teach individuals basic skills needed for getting and keeping a job while reinforcing industry standards.<sup>27</sup> Corrections Education and Workforce Development also offer some integrated services (see “Workforce Development Services” section for more). Throughout their participation, incarcerated individuals build portfolios that highlight academic accomplishments and contain useful documentation produced in Corrections Education classes/workshops (e.g., resume, writing samples) that can be taken with them as they return to

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<sup>24</sup> [The Wilson Reading System](#)

<sup>25</sup> [McGraw Hill Illustrative Mathematics](#)

<sup>26</sup> Corrections Education is statutorily obligated to provide special education to individuals (21 or younger) who were on an IEP or identified as eligible for an IEP prior to incarceration, even if that person left school before coming into custody.

<sup>27</sup> [Corrections Education Workforce Readiness Certificate Teacher Manual](#)

their community. Academic accomplishments are also recorded on the individual's student transcript.

### **Workforce Development**

Between 2016 and 2019, the main purpose of workforce development services was to provide participants with work experience opportunities offered in VCI workshops at 2 of the DOC's facilities, Northern and Northwest. Anyone who is incarcerated can apply for a job with VCI. VCI leadership reports that it is common for individuals to receive workforce development services prior to their participation in RIS. In general, 80-85% of the individuals participating in workforce development services are moderate to high risk (Interview, 2021). Because jobs require that employees handle toxic chemicals and dangerous machinery, some people are not able to participate in Workforce Development services (e.g., individuals with a history of violence against correctional staff). Anyone who is hired must sign a workforce agreement in which they promise to abide by all shop rules and safety requirements.

For RIS, an individual's ORAS scores and employment history are considered when determining which RIS participants would benefit from receiving workforce development services. The process for getting a job with VCI was developed to be like the process one would go through when trying to get a job in the community. Job seekers submit an application which is first reviewed by the DOC Facilities Division, as they complete a security review to make sure the individual is appropriate for VCI. Next, Program Coordinators review the applications and conduct interviews with candidates. Those who are hired can earn a small wage and gain work experience. Once hired, it is the participant's responsibility to communicate their other RIS appointments to their workshop's Program Coordinator so that their work schedule does not conflict with behavioral programming or corrections education classes. Most individuals receiving Workforce Development services will work 5 days a week but are excused to attend behavioral service meetings and/or class.

Shops in Northern hire individuals for positions in carpentry, metal sign making, printing (e.g., business cards, brochures, vinyl decals), and binding (e.g., collation, spiral binding, glue binding). In shops in the Northwest facility, Foremen teach sheet metal work related to making license plates including press, oven, and inking skills. All these positions teach manufacturing skills (i.e., using raw materials to create a finished product), quality control, and customer service.

Further, some jobs allow participants to learn computer/software skills (e.g., sign design). Additionally, VCI has a mentor system in which some participants, called peer leaders, gain experience training other VCI employees.

There are also some integrated CTE services offered by Corrections Education and VCI where Educators teach certain skills in a classroom located within the shop. For example, as part of the high school education offered, Educators teach a technical education course on SolidWorks, a software that facilitates woodworking design. After learning this program in a classroom setting, participants are then able to transition into an apprenticeship within the shop where skills learned in class can be applied. The skills acquired can sometimes lead to full-time employment with VCI.

### **Tracking Participant Progress**

For most of the time between 2016 and 2019, information about participants was recorded for administrative and planning purposes (i.e., to track participation and inform the delivery of future services). During this period, all three service units used various data management systems/spreadsheets to capture information about participants. General information (e.g., grievances, rule violations, facility transfers, risk assessment scores) about RIS participants was kept in the DOC's Offender Management System (OMS). This system was also used by the Interventionists to document information about the date and time of sessions, the type and length of sessions, and participant attendance records. Additionally, Interventionists keep clinical notes on participants in OMS. In addition to the Interventionist's evaluation, these clinical notes include information about self-assessments completed by the participants throughout their participation. For example, the CBI curriculum has a high-risk areas questionnaire on which participants rate themselves on a Likert scale. The assessment score produces a high-risk characteristics category like "impulsiveness" or "pleasure seeking." This category is then used to inform where the curriculum moves for them.

For Corrections Education, the LLW Plan contained information about the participant including assessment scores. Educational assessment scores are updated throughout instruction. Participants are re-assessed using CASAS and SIM every 3 months to gauge progress. In addition, Correctional Educators used the student information system, FOCUS, to capture data concerning a participant's attendance and course start/completion dates. Workforce Development staff

recorded some information about the hiring process. A paper filing system was used for any information that was kept (e.g., job application, workforce agreement, notes). Additionally, QuickBooks was used for payroll purposes and captured information about the number of hours worked and payments received.

As the Central Team began planning for the integration of services in 2018, they discussed how they could better measure the impact of the services administered by RIS staff. They used the RBA process to develop a “Better Off” rubric intended to track participant’s growth (see Figure 5). Beginning in 2019, each service unit began working to incorporate the goal statements developed into their assessments. That same year, Interventionists started using the Better Off Rubric to assess participant’s progress as they related to each of the Better Off goal statements (see RIS Goals section above). Interventionist’s rubric assessments were recorded in their OMS notes.

**Figure 5. Risk Intervention Services “Better Off” Rubric**

<b>Acquire</b>		<b>Make Meaning</b>	<b>Make Meaning → Transfer</b>	<b>Transfer</b>
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Person is not able to perform the behavior or task at all.  Person cannot or will not consider other ways of seeing situation(s).  Responses are off topic or inappropriate.	Person can perform the behavior or task with coaching, or when using highly scripted skills, procedures or approaches.  Person has difficulty imagining other ways of seeing things.  Responses are a restatement of what was taught or read.	Person can perform behavior or task well, with knowledge and skill in a few key contexts, with a limited range, little flexibility or adaptability to a variety of situations.  Person demonstrates understanding that there may be some reason to consider other ways of seeing things.  Responses use different levels of interpretation that go beyond what has been stated to them.	Person is competent in using knowledge and skills and adapting understandings in a variety of appropriate and demanding contexts.  Person considers the possibility of other perspectives when coming to their own conclusions or decisions in different situations.  Responses show an interpretation that includes an analysis of importance/meaning/significance.	Person is fluent, flexible, and efficient and is able to use knowledge and skill and adjust understandings in a variety of contexts, including those that are new and different.  Person can take a long, rational, critical view of the issues involved.  Responses show a powerful interpretation and analysis of the importance/meaning/significance that goes well beyond the information given.

The Rubric consists of four levels that indicate the extent to which someone applied the Better Off goal statements. A score of 0-1 is assigned to individuals who have started to *acquire*

factual information and basic skills. Next, a 2 is for those who have started to *make meaning* of important ideas and processes. A score of 3 is given to participants who understand the ideas and have begun to transfer important ideas and processes (*make meaning -> transfer*). Finally, a grade of 4 is for those who *transfer* learning autonomously and effectively in new situations.

## Discharge

Between 2016 and 2019 there was no discharge process specifically associated with RIS because the services are structured to be administered to those who are within a specific window of their date of release. Typically, the incarcerated individual's release marks their discharge from RIS. The Program Services Division Director cannot require that individuals continue services after their release as those decisions fall under the purview of the Field Director and their staff. However, Probation and Parole Officers have the discretion to require that individuals participate in Risk Reduction Services (RRS). RRS is the post-release equivalent of RIS. In the field, Risk Reduction Coordinators (RRCs) work with individuals returning to society to connect them to local community organizations that provide behavioral and education services.

## Discussion and Conclusion

Between 2016 and 2019, the Vermont DOC Program Services Division delivered Risk Intervention Services (RIS) in four of its six facilities—Northern, Northwest, Southern, and Chittenden. While some individuals receive services while under community supervision, this report details the implementation process for services administered only within the facility. Three service units within the Program Services Division provide RIS—Behavioral Programming, Corrections Education, and Workforce Development.

At intake, DOC caseworkers administered several risk assessments to incarcerated individuals including a general assessment called the ORAS. The ORAS measures an individual's likelihood to re-offend and provides some insight into educational and workforce development needs. Other assessments also measure the likelihood that an incarcerated individual will re-offend but are specific to certain offenses like domestic violence and sex offenses. Incarcerated individuals are also screened for substance use issues. Together, these assessments inform the types and intensity of Behavioral Programming services offered to eligible individuals (i.e., those who score moderate-high risk on the risk assessments).

Of note is that the length of an individual's sentence is determinative of RIS eligibility. Once an individual has been deemed eligible for RIS, their educational needs are further evaluated by the Corrections Education Unit using the CASAS and SIM assessments. Individuals scoring below the ninth-grade level are required to receive educational services; however, RIS participants scoring above the ninth-grade level may choose to participate. Corrections Education offers foundational, high school, and post-secondary level education. Additionally, vocational education and training is offered by the Corrections Education and Workforce Development Units. Since the period covered in this report, there have been several notable changes to program goals, implementation practices, and services offered.

### **Updates to Structure and Implementation, 2020-2022**

Overall, the most notable change to implementation post-2019 is the amount of communication and coordination that happens among RIS units at the Local Team level. During the period discussed above, 2016-2019, several changes to service unit operations were being developed at the Central Team level by RIS leadership. Many of these changes aimed to shift RIS units away from parallel service operations, toward an integrative implementation process. The plans developed by the Central Team in 2018 and 2019 laid the foundation for integrated Local Team operations which began to take form in 2020.

By the end of 2019, several processes and reporting templates were created to help foster the integration of RIS units including data collection related to RBA performance measures, the Better Off Rubric, and the Risk Intervention Services Plan (RISP).<sup>28</sup> Integration of performance indicators and data collection/management processes required consistent communication between the service units. RIS Local Teams now meet weekly in Northern and Northwest, and Southern and Chittenden teams meet on a needs basis to discuss the individuals participating in RIS. RISCs oversee coordinating the Local Team meetings between the service unit leaders and participant's caseworkers at their facility and keeping minutes for each of these meetings. At the meetings each participant's progress is individually discussed by the Local Team.

Several staff mentioned that planning as a team has allowed them to enhance the experience of RIS participants. For example, one respondent discussed how it has been helpful for Leads and Interventionists to be aware of a participant's educational assessment scores (Staff

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<sup>28</sup> RBA metrics include, "How much did we do?", "How well did we do it?", and "Is anyone better off?"

Survey, 2023). They further explained that some RIS participants lack basic literacy skills and that has been a barrier to delivering the behavioral curricula in the past. Coordination among the service units allows RIS staff to be aware of and plan for all potential barriers to service delivery at the start of an individual's participation.

**Intake.** Post 2019, intake has become a more collaborative process at the Local Team level. Educational assessments are completed during the intake process and are used to inform the plan for the individual's RIS participation. In addition to the CASAS assessment, Educators now administer WorkKeys assessments.<sup>29</sup> This assessment identifies workplace skills related to job performance. Notably, WorkKeys assessments are also used by community partners. This means that workforce skills learned by RIS participants can be easily communicated to other community providers and employers who might work with the participant in the future.

Corrections Education has also added transcript review to their intake process. Prior to 2020, staff did not review participants' educational transcripts.<sup>30</sup> Now, Supervisors review transcripts to identify previous high school credits earned. This information is then used to inform the participant's Personalized Learning Plan.<sup>31</sup> One interviewee believes this process has allowed them to better communicate to the participants how educational services could be beneficial for them (2021). They believe that being able to tell participants exactly how many credits they need to obtain a high school diploma has encouraged more participants who score above the ninth grade level to willingly enroll in educational services.

Following the completion of a participant's educational and vocational assessments, the RISC now coordinates a meeting with the Local Team— the participant's Caseworker, Lead, Coordinator, and Supervisor—to develop a Risk Intervention Services Plan (RISP) for each participant based on needs identified by the assessments and other relevant history (e.g., incidents of violence, prior education). Prior to 2020, service plans were developed by each service unit and documented only in the participant's schedule. Now, this information is centralized and documented in FOCUS on the participant's RISP. In addition to their risk, responsivity, and health

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<sup>29</sup> [WorkKeys Assessments](#)

<sup>30</sup> Corrections Education has always had access to participants' transcripts. The decision of whether to use transcripts to inform service implementation is made by service unit leadership.

<sup>31</sup> Previously called the Living, Learning, Working Plan.



needs, the RISP records the participant's team members, targeted Better Off Rubric measures, strengths (as noted by the team or participant), services received, notes, and post-release plans.

**Workforce development services.** Between 2016 and 2019, the main purpose of VCI workshops was to produce items to fulfill customers' orders. Of the 3 RIS units, the Workforce Development Unit has experienced the most change in its goals and implementation processes post 2019. In 2021, a strategic decision was made to shift VCI away from a focus on production and toward one that prioritizes documenting all work skills learned by participants.<sup>32</sup> Much of 2021 was spent using the Department of Labor's Standard Occupational Classification (SOC) to identify jobs in the facility. For example, within the woodshop is cabinet making. Cabinet maker is linked to an SOC code set by the Department of Labor. The SOC code is used as a basis for determining the related Common Career Technical Core (CCTC) standards. CCTC standards represent foundational skills and knowledge that individuals on a particular career pathway should possess following the completion of a program of study. SOC codes are linked to tasks that serve as performance indicators for the CCTC standards. This change has allowed the Workforce Development Unit to identify other jobs within the facility that exist outside of the VCI workshops (e.g., kitchen staff) which has allowed for the expansion of Workforce Development services to Southern and Chittenden. At the time this report was written, these changes were in process and being piloted at Chittenden. Workforce Development leadership is also in the process of using the Secondary School Course Classification system to identify and create workforce experience courses to teach and reinforce workforce skills (Interview, 2023). Each course will be linked to specific CCTC standards.

So far, these changes have had an impact on the roles and responsibilities of some Workforce Development Unit staff. Prior to integration in 2019, the Head of VCI mainly focused on sales, marketing, and production— making sure the workers were assembling quality products for the customer. Post integration, the Head of VCI's responsibilities have become more focused on

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<sup>32</sup> The strategic decision was made as a result of discussions that began taking place in 2019 when the DOC received the Adult Reentry and Employment Strategic (ARES) Planning grant. As part of the ARES grant, RIS and other DOC leaders began to meet monthly with officials from the Division of Vocational Rehabilitation, the Vermont Department of Labor, Adult Ed, and Community College of Vermont (CCV) to discuss potential changes to Workforce Development services within the facilities and plan for better coordination with entities in the community. The changes to Workforce Development services is part of a larger DOC initiative to "support successful reintegration of incarcerated individuals back into the community and the workforce" (Bushey, 2023).



the incarcerated person and meeting their needs. Given the added responsibility, many of the production management duties were taken over by the VCI Operations Manager post. The VCI Operations Manager role continues to evolve as RIS leadership further develops the Workforce Development Unit. Besides the added responsibility of grading, the impact these changes will have on the day-to-day responsibilities of Supervisors and Foremen is yet to be clearly determined. While some Foremen are in the process of transitioning to “instructors,” there are talks of outsourcing workforce experience instruction to certified training companies who offer online/distance learning options. Online/distance options are being explored because the nature of workforce experience learning requires that instructors have certifications in the courses they teach. This is especially important for professions that use an apprenticeship model under which participants can only count hours they have worked with a certified professional toward their own certification progress (Interview, 2023).

**Tracking progress.** Prior to integration, RIS units tracked and recorded information about participants separately using a variety of data management systems and tools. These databases did not communicate with each other, some data collection efforts were duplicated, it was difficult to extract the data once recorded, and some staff felt that they were not recording important information. For these reasons, in 2021, all RIS units began recording data in FOCUS. FOCUS is the data management system that was used by Corrections Education prior to integration. Given their familiarity with FOCUS, the Corrections Education Administrator will at times act as a point of contact for RIS staff with questions about data entry or system functionality.

In addition to a centralized system for data collection, leadership created the RIS Participation Record which captures information concerning participant’s progress as it relates to specific behavioral, educational, and vocational standards. The Participation Record is kept in FOCUS and also captures weekly progress notes entered by Interventionists, Educators, and Foremen. Additionally, CAPs and ADA accommodations are recorded on the participation record. Previously, this information was kept only on paper forms.

To track progress, participants are now graded on a quarterly basis. In planning, it was important to RIS leadership that the skills learned during participation in RIS could be easily understood by community organizations (i.e., treatment agencies, schools, potential employers). As such, Leadership looked to nationally recognized standards when considering the skills on

which participants would be graded. Skills were identified using Social and Emotional Learning (SEL) standards (behavioral programming), Common Core standards (education), and Common Career Technical Core (CCTC) standards (workforce development). Interventionists continue to use the Better Off Rubric to assess participant's progress; however, the Participation Record has formalized this process. Previously, participants scores were only captured in a narrative format in OMS. Now, grades are recorded in FOCUS as their own data point on the Participation Record. Since 2022, Interventionists use the Rubric to assess participants' behavior related to specific SEL standards. In making grade determinations, Interventionists consider participants' application of behavioral skills during behavioral programming sessions as well as during class, work, and general facility activities. Participants' behavior is discussed at Local Team meetings and Interventionists can also review Education and Workforce Development staff notes in FOCUS.

A Proficiency Level rubric is used to grade participants on educational and workforce standards. The Rubric is modeled on the proficiency-based grading practices used in Vermont schools. The scale consists of four main categories: (1) Novice, (2) Apprentice, (3) Proficient, and (4) Distinguished. Novice indicates an individual can recall facts without understanding. Apprentice means they can demonstrate a basic understanding of facts/ideas. A grade of proficient is given to those who can apply facts/ideas in a new situation. Finally, distinguished indicates that the participant can examine in detail and make inferences.

Correctional Educators use this scale to grade participants' growth in relation to specific academic standards and "transferable skills." Transferable skills are behavioral skills which span content areas like the ability to communicate clearly and effectively. RIS leadership created standards for transferable skills using the Habits of Mind framework.<sup>33</sup> The Framework focuses on building essential behavioral skills (16 Habits) that prepare individuals to effectively navigate complex social and emotional situations. Essentially, transferable skills help establish a foundation for how students should think and behave in the classroom. For the assessment of academic skills learned, participants are graded on performance measures associated with Common Core standards.

As discussed above, workforce experience curricula are in the process of being developed by Workforce Development leadership. CCTC standards will guide the skills taught by the

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<sup>33</sup> [The Institute for Habits of Mind](#)

Workforce Development Unit (Interview, 2022). Workforce Development staff will use the Proficiency Level rubric to assess participants' progress as they relate to tasks associated with each job's SOC code. Workforce Development Unit staff will also use this information to help guide decisions related to participants' technical education. Additionally, Workforce Development leadership is working on figuring out how to document other aspects of incarcerated individuals' participation (Interview, 2022; 2023). While grades will provide some indication of the skills learned, participants are also acquiring other qualities that are harder to capture (e.g., passion, dedication). One interviewee mentioned that they hope to develop something like a Workforce Development portfolio that can capture these other skills/qualities.

### **Implementation Challenges**

**Changing culture.** Several interviewees recalled how planning for coordination and integration of services was a lengthy process that involved changing the culture of the Program Services Division as it related to the purpose of facility services. Many of the meetings that took place in 2018 and 2019 were spent discussing (first at the Central Team level and then at the Local Team level) the purpose of risk-based services and developing the staff's understanding of how it could be beneficial for service units to begin working together. There was a long history of these units operating separately, so initially there were concerns about resources and whether one type of service was going to be prioritized. However, some interviewees felt these concerns were quelled once staff understood that the incarcerated individual's needs would determine the type of services delivered (2022; 2023). It is possible that the development and documentation of shared goals and performance metrics further facilitated the Program Services Division's culture shift. One interviewee recalled how Local Team meetings prior to the creation of the Better Off Rubric tended to focus on incarcerated individuals who were causing trouble or having issues. However, the Better Off Rubric required the Local Team to consider and begin discussing the positive achievements of incarcerated individuals as well.

It should be noted that, for the most part, the culture shift related to the purpose of facility services took place within the Program Services Division. As such, several interviewees mentioned that there remains a large number of DOC staff for whom facility security remains the top priority. Some staff discussed how these clashing cultures (management v. rehabilitation) can complicate aspects of the implementation process that require program services staff to coordinate with

Facilities Division staff (e.g., securing classroom space, facility transfers). One staff member said that they feel as if “facility administration treats education and programming as an afterthought/begrudging requirement, rather than the primary mission of corrections” (Staff Survey, 2023).

**Data collection and management.** When discussing how information about participants was recorded, interviewees commonly recalled how challenging it was to find appropriate data/case management software. Data collection and management is important for monitoring the impact of RIS participation, as well as communicating a participant’s progress to external organizations (e.g., schools, jobs, behavioral health services). The system used widely by the DOC, OMS, is not meant to monitor an individual’s growth, rather OMS is better suited for administrative management. However, a data management system specifically designed for monitoring the behavioral, educational, and vocational progress of incarcerated adults does not exist.

In 2021, Central Team leadership made the decision to utilize the student information system FOCUS as the data management system for RIS. Unlike OMS, FOCUS allows for easy modification of data fields. Further, data fields in FOCUS can be changed/updated at no cost. However, this process had to be done very carefully, as Corrections Education must maintain non-RIS related data within the same system. As such, there was a considerable amount of planning that had to go into figuring out how to make FOCUS work for what RIS needed while ensuring that existing data would not be compromised. At the time of this report (2023), data fields in FOCUS continue to be adjusted and templates for coalescing the data are under construction. Further, while staff attended a 2-day training course on FOCUS, many are still adjusting to entering data and learning to navigate the system.

**Facility constraints.** Staff expressed that one of the most significant challenges to RIS implementation has been operating within superseding facility policy. Each of the Department’s facilities has specific rules related to the types of individuals who can be housed at the facility. RIS operates in four of the six correctional facilities in Vermont. Because individuals’ risk levels are assessed at booking, RIS participants can be identified by their case workers years before they are within their “programming window.” This means that participants might serve some of their sentences in one facility before transferring to an RIS facility to begin participation. On the other hand, sometimes individuals are within their programming window at, or shortly after, booking. In

these cases, transfer to the appropriate RIS facility needs to be coordinated quickly to make sure the person has enough time to participate. RIS leaders note that, in both cases, it is sometimes difficult to get the participant to the appropriate site in time to start services (Interview, 2021). There are a variety of reasons the transfer can be delayed, including limits on the number of general population beds, or sometimes the result of separation issues (i.e., separating the inmate from family). In some cases, participants may not be allowed in a certain facility because their security risk is too high. This can pose an issue if a participant needs CBI-SO curriculum delivered but does not meet the security requirements for Northwest or Southern.

Sometimes, the availability of space within each facility presents a challenge for RIS implementation. Between 2016 and 2019, Workforce Development services were impacted by the availability of space as VCI only had workshops in two facilities. However, the recent revision of Workforce Development services has addressed this issue. Staff in the Behavioral Programming and Corrections Education Units also face implementation challenges related to space. One interviewee reported that prior to integration, Interventionists held group sessions in various locations throughout the facilities (e.g., visiting rooms, small conference rooms) (2021). This meant that Behavioral Programming Unit staff had to consider the facility's needs and schedule for those locations when planning the curricula to be offered each quarter. The challenge this presented has been somewhat addressed post integration as RIS units now share resources and behavioral sessions can now be held in Corrections Education classrooms. One interviewee felt that this has also been helpful for participants because their service locations are centralized (Interview, 2022).

However, there are still concerns about space that remain.

"To be the best advisor I can be, I would need an office space. I need a space that is quiet, private, and consistent. At this time, I meet with students wherever and whenever I can...At times, my only option is to meet with a student in an office that is within a classroom. This doesn't respect the privacy of my student nor the students and teachers using that classroom. My own office is in an entirely different building, and I spend a lot of my day schlepping materials to and from one building to another. I know that I am not the only one with this challenge. Practically all RIS staff at our facility are challenged by the spaces we have to work in." (Staff Survey, 2023)

Another staff member also mentioned how the availability of space can impact participants, highlighting the “lack of quiet spaces for participants to do their homework and reading outside of group/class” (Staff Survey, 2023).

Some constraints that create challenges for implementation are related to the availability of other resources at each facility. Staff surveyed mentioned a lack of “computing access for ourselves and our participants” (2023). Internet access was frequently mentioned. One staff member at Northern said:

“There is no Wi-Fi [in my building] and I need to meet with students in a space where we have access to internet so that I can pull up their graduation information, course history, and other career-searching tools” (Staff Survey, 2023).

In some ways, the availability of resources is determined by the Program Services Division’s budget. One interviewee mentioned that sometimes the resources needed to provide the best quality services are not accessible within the allotted budget (Interview, 2022). Additionally, because RIS is delivered within the facility, the Program Services Division relies on the operations of the Facility Division. Staff noted that in some cases, behavioral curricula could not be delivered due to facility lock-in (Staff Survey, 2023). A lock-in occurs when there are not enough facility staff to securely manage the incarcerated population.

**Documenting policy and communication.** Several interviewees highlighted aspects of implementation that are personalized to each participant; noting however, that this flexibility comes at the cost of very little written policy. In discussing the challenge of documenting RIS policy, one interviewee noted that things have been changing so quickly that by the time leadership is able to finalize a written policy it is outdated (2021). Staff reported that sometimes policies are written in the moment, as needed (Interview, 2022). Further, staff note that in cases where a policy does exist, there are often exceptions made (Staff Survey, 2023). In discussing frequent policy exceptions, one interviewee raised concerns about the sustainability of RIS implementation processes were the DOC’s population to grow (2021).

A lack of written policy has impacted communication between the Central and Local Teams. A few staff expressed feelings of frustration related to Central Team management and decision making. One staff member said, “I feel as though I get conflicting messages from many

supervisors” (Staff Survey, 2023). In some cases, staff disagreed with decisions made by the Central Team and feel that their experience and expertise is overlooked in the decision-making process (Staff Survey, 2023). Prior to the pandemic, RIS leadership made the decision to have some Correctional Educators begin teaching the CBI-CA curriculum.<sup>34</sup> A couple of staff mentioned that this decision caused them confusion (Staff Survey, 2023). One member of RIS leadership acknowledged that the reasoning behind this decision was not adequately explained to the Behavioral Programming staff which they felt caused the contracted employees to worry about the security of their jobs (Interview, 2023). Moreover, a lack of written policy may also impact the staff’s communication with RIS participants. One staff member said, “Central office doesn’t always agree on what behaviors should lead to termination from the program” and felt that written policies/procedures might help clarify expectations for participants (Staff Survey, 2023).

Additionally, some staff suggested that the lack of written policy has, at times, led to confusion amongst Local Team staff about their roles and responsibilities. Several staff mentioned that the lack of written policy made it difficult to train new employees (Interview, 2022). Others discussed some ways in which RIS staff responsibilities overlap and expressed a desire to have clearer guidelines in this regard in part for training purposes, but also to help other DOC staff better understand RIS (Staff Survey, 2023).

Documenting RIS policies may also serve to mitigate feelings of implementation fatigue by providing staff a clearer understanding of the overall direction of RIS. A few staff mentioned that there have been many updates to RIS operations throughout the years and discussed how it was difficult to keep up with the shifting focus at times (Interview, 2021; Staff Survey, 2023). One staff member mentioned the use of the Better Off Rubric as an example. Behavioral Programming Unit staff began using the Better Off Rubric in 2019 to assess participants’ progress as it related to the Better Off goal statements. In 2022, this Rubric is used to gauge progress as it relates to Social and Emotional Learning standards. The staff member expressed confusion as to whether the one metric was replacing the other or if they were intended to be used together. It is important to highlight that as RIS staff are dealing with Program Service Division changes, they are also managing and implementing larger DOC policy/practice changes. The last decade has been a

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<sup>34</sup> The pandemic paused this practice.

period of significant change for the DOC in general which may contribute to feelings of implementation fatigue.

**Coronavirus pandemic.** Like many other organizations, the pandemic forced the Program Services Division (and the DOC as a whole) into a crisis response mode which required staff to quickly adapt intervention service implementation practices. The pandemic had a significant impact on Behavioral Programming services in particular. While the Chief Clinical Specialist is a DOC employee, the staff they oversee are contracted interventionists. This meant that Leads and Interventionists were not allowed into the facilities as the DOC limited outside access during the state of emergency created by the coronavirus outbreak. During this time, Local Team and service unit meetings were used to discuss ever-changing COVID policies and develop plans for adjusting implementation practices accordingly. Additionally, because Behavioral Programming services were not able to happen as regularly, Unit staff spent time during the pandemic adapting the curricula. Leadership acknowledged that this meant deviating from evidenced based practices in some cases (Interview, 2022).

The extent of COVID's impact was different for each facility because of the varying physical characteristics and availability of resources at each location. In a sense, the pandemic augmented the constraints that facility policy and resources had on RIS implementation. In general, it was easier for facilities that had more space available or particular living arrangements (e.g., specific living spaces for those in programming at Northwest) to begin functioning again during the pandemic. Southern is equipped with medical facilities and as such, areas of the facility were repurposed during the pandemic as health needs were prioritized. One staff member estimated that there was no workspace for behavioral programming in the facility for approximately the first year of the pandemic (2022).

## Recommendations

In January 2023, RIS staff were asked whether they had any recommendations related to RIS operations. Eighteen staff members, including Local Team leadership and direct service providers, completed the survey. In general, the staff provided recommendations related to the target population, curricula, delivery, and administrative operations. The following bullet points summarize their feedback.



- Make RIS available to detainees at Marble Valley Regional Correctional Facility. The staff member explained, “I understand that it is a facility for detainees.... The problem is that [sentencing] can take 18 months and in that time, many incarcerated individuals become ‘institutionalized’ because they sat around and did nothing for so long.”
- Review and potentially update the Behavioral Programming curricula currently being used.
- Increase the length of sessions for Behavioral Programming.
- Require RIS participants to obtain a job within the facility.
- Consider more individual sessions. The staff member said, “I have heard that students do not get anything out of receiving services via GTL. They are not able to be as vulnerable or authentic when they can be overheard and when they have distractions in their cells/[living] units. At the same time, it is also very difficult for these individuals to be authentic and vulnerable in a classroom. Giving students an opportunity to meet with a counselor/interventionist/teacher 1:1 makes a huge difference.”
- Strengthen the RISCs’ ability to oversee the RIS participant’s caseworker.
- Require that acceptance to RIS happens at least 45 days in advance and make no exceptions as late enrollments can add a great deal of stress.
- Strengthen communication between the Central and Local Teams. One staff member said, “Communication from Central Office routinely demonstrates a disconnect between “facts on the ground” and what the hierarchy/bureaucracy would like to see/hear.”
- Create a more consistent structure for Local Team meetings. The staff member provided an example, “week 1: case updates, week 2: potential future programmers.”
- Create the position of “re-entry specialist” or a person whose job would be to specifically work with a participant 6 months before they are to leave the facility. The staff member further explained their reasoning noting that they believe this additional position could offset some of the responsibilities that currently fall on overworked caseworkers and could “bridge inside and outside supports.”

## Conclusion

This process evaluation sought to describe the conceptualization and implementation of the Vermont Department of Correction's Risk Intervention Services (RIS) between 2016 and 2019. Data availability issues limited our ability to answer some questions originally proposed (see Appendix 2 for more information). Still, this report was able to detail the events that led up to the creation of the RIS model, organizational structure, staff roles and qualifications, the development of performance metrics, early and updated implementation processes, implementation challenges, and staff recommendations.

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## Appendix A

### Risk Intervention Services Performance Indicators Measures, 2019

PERFORMANCE INDICATOR	MEASURE
HOW MUCH DID WE DO?	<u>Participation</u> # (total) persons eligible for RIS # of eligible person referred to RIS by leg # of individuals eligible but referred for outside services #/type of RIS services and activities # participants in service (no termination) 6+ months # of persons not eligible but in RIS b/c overridden or case staffed # of ADA reviews # of ADA reviews resulting in approved accommodations  <u>Risk Intervention Services Plan</u> # of hours scheduled (total and by unit) # of Better Off Rubric scores by need at start of participation # of Better Off Rubric scores by need at end of participation # of Corrective Action Plans (CAP) per year # of unique individuals with CAPs # of CAPs level 3 and above  <u>Program Resources and Accessibility</u> # of FTE (actual, not filled) direct service staff slots # of available RIS slots # of persons on wait list # of prioritized persons on wait list # of days on wait list (from eligibility to service entry)
HOW WELL DID WE DO IT?	<u>Participation</u> % of eligible referred who agree to participate in RIS by unit Risk Intervention Services Plan % services that address risk, need, and responsivity % of RIS Plans reviewed within every quarter % of individuals who minimally progressed one column on the rubric from entry to release % of participants who are retained % of participants who complete RIS within anticipated time frame % of RIS participants who are discharged for non-compliance % of approved accommodations resulting in change to RISP  <u>Program Resources and Accessibility</u> % of Local Team slots filled by unit % of time on wait list

## Appendix B

### Data Limitations

The process evaluation proposed 7 research questions, 5 of which were answered in the report above. There were 2 questions that we were unable to answer with the data available: (1) Is the model being implemented with fidelity to the various behavioral curricula and the vision? And (2) To what extent are the programs reaching the intended population? The following paragraphs discuss what was learned and provide more detail on the issues encountered.

In 2020, CRG began coordinating with the Department of Corrections to obtain the data needed for evaluation. The parameters of the evaluation were set as between the years 2016 and 2019 for a couple of reasons. First, 2016 was selected as the start date for evaluation because DOC leaders indicated this to be the year that service units began to consistently collect and record RIS data. Second, the year 2019 was chosen as the final year to be included to avoid complicating the analysis with data collected during the coronavirus pandemic. Given the retrospective scope of the process evaluation report, it was difficult for interviewees to remember the exact details of how behavioral curricula were delivered from 2016-2019 and not all interviewees were part of RIS for the entirety of this period. Also, during the years covered in this report, information about program implementation (e.g., date, location, attendance, participation notes, interventionist fidelity audits) collected by Behavioral Health Unit staff was kept in multiple data management systems. Extracting program implementation data from some of the data management systems (e.g., paper and file) would have required significant manual labor. Further, RIS leadership acknowledge that there was much transition during this period, so audits did not occur as consistently as they did between 2014 and 2016 (Interview, 2022).

RIS policies gave some insight into whether behavioral curricula were being administered in the suggested “dosages” to the recommended populations.<sup>35</sup> RIS curricula are scheduled to be delivered in two 1.5-hour sessions per week over a period of 12 weeks. One exception is the TCU curricula, delivered twice per week during 1-hour sessions for 12 weeks. The DOC provided OMS data on the delivery of curricula, including the date, time, location, name of the curriculum offered, and whether the participant attended. However, we were unable to confirm that curricula were

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<sup>35</sup> Dosage is a term used to describe the number of hours and days per week that a manualized curriculum is recommended to be delivered to be effective.

delivered as scheduled because it was difficult to differentiate between groups and identify which session of the curriculum was being delivered (see the [Outcome Evaluation's Data Quality Assessment](#) for more). On face value, the RIS behavioral curricula schedule is consistent with the suggested dosages (see Table 1). Still, there are a few slight deviations to note (i.e., ACTV, ART, Criminal Conduct and Substance Abuse Treatment, and TCU). Moreover, interviewees report that some absences are allowed (e.g., medical appointments) and, in some cases, missed/canceled classes are not required to be made up by the participants (Interviews, 2022).

**Table 1. Suggested Dosages of RIS Curricula**

Curriculum	Recommended Dosage
<b>Achieving Change Through Values-Based Behavior (ACTV)</b>	One 90-minute session for 24 weeks. <sup>36</sup>
<b>Aggression Replacement Training (ART)</b>	Three 60-minute sessions for 10 weeks. <sup>37</sup>
<b>CBI- Core Adult (CBI-CA)</b>	A session should be 90 minutes. Risk level determines intensity. <sup>38</sup>
<b>CBI- Sexual Offending (CBI-SO)</b>	A session should be 90 minutes. Risk level determines intensity. <sup>39</sup>
<b>Charting a New Course (CNC)</b>	A session should last 40 minutes to 2 hours in length. There is not a recommended intensity for this curriculum. <sup>40</sup>
<b>Criminal Conduct and Substance Abuse Treatment (Phase 1)</b>	Two 2-hour sessions for 10 weeks. <sup>41</sup>
<b>Thinking for a Change (T4C)</b>	Sessions should be between 1 and 2 hours. Minimum of 1 session per week with a maximum of 3, ideally twice per week. <sup>42</sup>
<b>Texas Christian University-Targeted Interventions for Corrections (TIC)</b>	One 2-hour session per week. There is no recommended level of intensity. Each intervention is meant to target a specific need and be administered over several weeks (e.g., TIC-Motivation is delivered over 4 weeks). <sup>43</sup>

<sup>36</sup> Zarling, A., & Berta, M. (2017). An acceptance and commitment therapy approach for partner aggression. *Partner abuse*, 8(1), 89-109.

<sup>37</sup> Glick, Barry, and John C. Gibbs. 2011. *Aggression Replacement Training®: A Comprehensive Intervention for Aggressive Youth* (Third Edition—Revised and Expanded). Champaign, Ill.: Research Press.

<sup>38</sup> [UCCI Website](#)

<sup>39</sup> [UCCI Website](#)

<sup>40</sup> [CNC Manual](#)

<sup>41</sup> Wanberg, K. W., & Milkman, H. B. (2008). *Criminal Conduct and Substance Abuse Treatment – The Provider's Guide: Strategies for Self-Improvement and Change; Pathways to Responsible Living*. SAGE

<sup>42</sup> Bush, Jack, Barry Glick, Juliana Taymans, and Michael Guevara. 2011. *Thinking for a Change: Integrated Cognitive Behavior Change Program Version 3.1*. Washington, D.C.: U.S. Department of Justice, National Institute of Corrections.

<sup>43</sup> [TCU Website](#)

It appears that most of the curricula delivered by the Behavioral Programming Unit is being administered to target populations recommended by curriculum developers (see Table 2). One exception is the ART curriculum which is intended to be delivered to youth ages 12-18. The Program Services Director acknowledged this deviation and explained that the curriculum was chosen because, despite the age of the population, they believe the cognitive age of the RIS population is similar to that of a teenager.

**Table 2. RIS Curricula Intended Populations**

<b>Curriculum</b>	<b>Intended Population</b>
<b>Achieving Change Through Values-Based Behavior (ACTV)</b>	Those convicted of a domestic violence offense
<b>Charting a New Course (CNC)</b>	Any youth or adult group/class
<b>Aggression Replacement Training (ART)</b>	Youth ages 12-18 who exhibit violent or aggressive behavior
<b>CBI- Core Adult (CBI-CA)</b>	Criminal justice involved persons who have a moderate to high risk of reoffending
<b>CBI- Sexual Offending (CBI-SO)</b>	Criminal justice involved persons who are moderate to high need in the areas of sexual offending and related behaviors
<b>Criminal Conduct and Substance Abuse Treatment</b>	Criminal justice involved persons with substance use issues
<b>Thinking for a Change (T4C)</b>	Criminal justice involved youth and adults; evaluations have focused mainly on adults on probation
<b>Texas Christian University-Target Interventions for Corrections (TIC)</b>	Incarcerated persons; those convicted of a drug offense

In summary, we could not determine whether the model was being implemented with fidelity to the various behavioral curricula and the vision because:

- (a) interviewees' recollections were problematic;
- (b) some interviewees were not present for the entire 2016-2019 period;
- (c) some program implementation data extraction would have been labor-intensive;
- (d) transition implications;
- (e) inability to confirm curriculum delivery.

Moreover, we were unable to address question 2: To what extent are the RIS programs reaching the intended population? CRG did not have access to participants' disaggregated ORAS

scores or responsivity assessments. As such, we were not able to identify participants whose scores indicated them to have educational and/or work-related needs. Further, the data recorded in OMS did not distinguish participants who refused services or indicate why those who scored low on the ORAS were ultimately referred for RIS. Without this information, it was not possible to definitively answer the research question proposed. The outcome evaluation's data quality assessment offers recommendations for future data collection.