

# Department of Corrections



## Community Corrections



“A Balanced Approach”



**Status Report**

**July 1, 2007 - June 30, 2008**

**Gene M. Johnson, Director**

**James R. Camache, Deputy Director**



# COMMONWEALTH of VIRGINIA

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August 22, 2008

This is a status report on the **Statewide Community-based Corrections System** as required by the 2008 Appropriations Act, Chapter 879, Item 387-A.

FY2008 was dominated by discussions and actions designed to address budget reductions. Technical probation and parole violators returning to prison, prisoner Reentry services, expansion of evidence-based practices (EBP), and the sexual offender supervision and monitoring are continuing issues. However, we had some significant accomplishments which included:

- increased Sexually Violent Predator (SVP) conditional release supervision
- ongoing partnerships to reduce outstanding absconder warrants and DNA samples
- piloting an automated risk/needs assessment instrument (COMPAS)
- establishing a unit to expand Evidence-Based Practices (EBP)
- planning the introduction of a new Offender Management System (VirginiaCORIS)
- cooperation with the Joint Legislative and Review Commission (JLARC) on the impact of alcohol and other drug use
- expansion of the use of voice recognition telephonic monitoring (RoboCuff)
- development of Continuity of Operations Plans (COOP) for all units
- management of our activities within budget allocations
- introduction of revised mental health civil commitment procedures
- extensive collaboration with other agencies on the above issues

Much remains to be done. We are confronted with large workloads including many offenders re-entering communities from prison with significant barriers to housing, jobs and supportive services. Sexual offenders, mentally disordered offenders, illegal aliens and substance abusers require extensive and intensive services and monitoring.

Despite these major challenges at all levels of our Division, our central mission to “supervise and assist” offenders to live pro-socially and our fundamental **“Balanced Approach”** supervision principles have **not** changed.

We will continue to:

- identify offenders' risks and needs and give priority to those offenders who pose the greatest risk to public safety
- develop and follow-up supervision plans that address identified risks and needs
- exhaust every available evidence-based service to respond to individual needs and reduce the risk of recidivism
- quickly and assertively respond to compliance and non-compliance with proportionate incentives and sanctions

When an offender's documented habitual non-compliance or overt actions threaten public safety, we will act decisively to exercise our arrest authority and advise the Court or Parole Board of recommended actions and sanctions.

It remains the province of the judiciary and Parole Board to determine whether to docket "show cause" or final violation hearings and decide the type and duration of any sanction.

We will continue our efforts to seek adequate resources, emphasize "evidence based practices" in our services, focus on "value added" activities, collaborate with other agencies, reduce barriers to full civic participation, develop a computerized offender management system, and incorporate newly validated methods to achieve our mission.

Our people's work is important and vital to the public safety of the Commonwealth. We need to stay abreast of growing caseloads while doing "what works" to reduce recidivism.

James R. Camache, Deputy Director  
Division of Community Corrections

cc: Mr. Gene Johnson  
Mr. Karl Hade, Executive Director, Supreme Court of Virginia  
Ms. Helen Fahey, Chair, Virginia Parole Board  
Dr. Richard Kern, Executive Director, Virginia Criminal Sentencing Commission  
Mr. Walter McFarlane, Superintendent, Department of Correctional Education  
Regional Directors  
Assistant Director  
Mr. Walt Pulliam, Jr.  
Mr. Richard Crossen

**Table of Contents**

**Community Corrections Referral Guide.....1**

**Critical Issues .....3**

**Goals.....4**

**Evidence-Based Practices.....5**

**Evidence-Based Practices in Action .....6**

**Programs, Services, Caseload, Costs.....7**

**Treatment Services .....8**

**Alcohol and Other Drug Services Continuum .....9**

**Community Corrections Facilities.....10**

**Community Corrections Facility Eligibility Criteria .....11**

**Sex Offender Containment Supervision Project.....12**

**Mental Health Services.....14**

**Virginia Prisoner Reentry Policy Academy .....15**

**Preparing Offenders for Release Programs and Services Chart.....16**

**Interstate Compact for Adult Offender Supervision.....17**

**Staff Safety and Security Unit .....18**

**Department of Correctional Education .....20**

**Acknowledgements .....22**

**COMMUNITY CORRECTIONS**  
**REFERRAL GUIDE – NON-RESIDENTIAL OPTIONS**

State Probation and Parole	Intensive Supervision (ISP)	Monitoring Through Technology (MTT)
<ul style="list-style-type: none"> <li>◆ Code Section 53.1-145</li> <li>◆ Felons with suspended sentences to incarceration</li> <li>◆ Placed on probation, parole, postrelease supervision or conditional pardon</li> <li>◆ Available in all localities</li> <li>◆ <b>Services:</b> <ul style="list-style-type: none"> <li>⇒ Substance Abuse Screening and Assessment</li> <li>⇒ Case supervision</li> <li>⇒ Surveillance</li> <li>⇒ Home Visits</li> <li>⇒ Investigations</li> <li>⇒ Arrest Record Checks</li> <li>⇒ Urinalysis</li> <li>⇒ Referral to or direct provision of treatment services</li> <li>⇒ Capacity to transfer supervision to other localities or states</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>◆ Code Section 53.1-145</li> <li>◆ Felons with violent or predatory sexual backgrounds</li> <li>◆ Boot Camp, Diversion, Detention, and Youthful Offender graduates</li> <li>◆ Members of hate groups</li> <li>◆ Offenders exhibiting delinquent behavior</li> <li>◆ Accepted by local screening</li> <li>◆ Limited caseload capacity</li> <li>◆ Available in all jurisdictions</li> <li>◆ <b>Services:</b> <ul style="list-style-type: none"> <li>⇒ Increased surveillance</li> <li>⇒ More frequent offender contacts</li> <li>⇒ Frequent record checks</li> <li>⇒ Urinalysis</li> <li>⇒ Referral to or provision of treatment services</li> <li>⇒ Capacity to transfer supervision to other states</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>◆ Code Section 53.1-131.2</li> <li>◆ Same as ISP type offenders</li> <li>◆ Must have stable residence</li> <li>◆ Requires basic telephone service</li> <li>◆ Home Electronic Monitoring (HEM)</li> <li>◆ Voice Recognition (RoboCuff)</li> <li>◆ Global Positioning by Satellite (GPS)</li> <li>◆ Length of stay - up to 90 days is preferred</li> <li>◆ Eastern Region pilot to share web-based information</li> <li>◆ <b>Services:</b> <ul style="list-style-type: none"> <li>⇒ Computerized random checks and GPS tracking data</li> <li>⇒ Telephonic check-in</li> <li>⇒ Supplements and complements regular and intensive supervision services</li> </ul> </li> </ul>
Day Reporting Programs (DRP)		Drug Treatment Courts
<ul style="list-style-type: none"> <li>◆ Code Section 53.1-145</li> <li>◆ Exhibits delinquent behavior</li> <li>◆ Has access to transportation</li> <li>◆ Has stable residence</li> <li>◆ Accepted by Screening Committee</li> <li>◆ Mentally/physically able to handle activities of daily living</li> <li>◆ Available in <u>12</u> Districts: <i>Abingdon, Fairfax, Fredericksburg, Harrisonburg, Martinsville, Newport News/Hampton, Norfolk, Roanoke, Suffolk, Winchester, Wise County, and Tazewell</i></li> <li>◆ Rated Capacity 1,269</li> <li>◆ Length of stay - 3 to 5 months</li> </ul> <p style="text-align: center;"><b>Note: An Evidence-Based Practices (EBP) study was completed in FY 2006.</b></p>		<ul style="list-style-type: none"> <li>◆ Targets felon drug offenders</li> <li>◆ Interactive with sentencing Judge</li> <li>◆ Offenders must be non-violent with no mental health problems</li> <li>◆ Intensive outpatient treatment</li> <li>◆ Length of stay ranges from 12-24 months</li> <li>◆ Ongoing judicial oversight</li> <li>◆ Immediate and definite sanctions upon relapse or non-compliance with rules of programs</li> <li>◆ Located in: Charlottesville, Chesapeake, Fredericksburg, Hampton, Henrico, Newport News, Norfolk, Portsmouth, Richmond, Roanoke, Suffolk, and Tazewell</li> <li>◆ Conducted in partnership with localities</li> <li>◆ <b>Services:</b> <ul style="list-style-type: none"> <li>⇒ Intensive supervision</li> <li>⇒ Continual drug testing</li> <li>⇒ Intensive substance abuse counseling</li> <li>⇒ Incentives for compliance</li> <li>⇒ System of sanctions</li> </ul> </li> </ul> <p style="text-align: center;"><b>Note: Additional Courts require Supreme Court approval.</b></p>

## COMMUNITY CORRECTIONS REFERRAL GUIDE - RESIDENTIAL OPTIONS

Community Residential Program	Boot Camp (Shock Probation)	Youthful Offender Program	
<ul style="list-style-type: none"> <li>◆ Code Section 53.1-179</li> <li>◆ No pattern of violence</li> <li>◆ Mentally and physically able to participate</li> <li>◆ Requires greater substance abuse treatment intervention</li> <li>◆ Lacks stable residence or needs transition from incarceration</li> <li>◆ Must meet facility criteria</li> <li>◆ Up to <u>136</u> contractual bed spaces in <u>7</u> facilities are funded</li> <li>◆ Available statewide</li> <li>◆ Length of stay - 90 days</li> <li>◆ <b><u>Services:</u></b> <ul style="list-style-type: none"> <li>⇒ Food and Shelter</li> <li>⇒ Urinalysis</li> <li>⇒ Basic life skills</li> <li>⇒ Substance abuse education/treatment</li> <li>⇒ Individual/group counseling</li> <li>⇒ Job placement</li> </ul> </li> <li>◆ Facilities are located in: Charlottesville, Lebanon, Harrisonburg, Richmond, and Roanoke</li> <li>◆ Arlington, Danville, Harrisonburg, Richmond, and Roanoke are sites for residential transition therapeutic communities (TTC) <ul style="list-style-type: none"> <li>⇒ TTC length of stay – 180 days</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>◆ Code Section 19.2-316.1</li> <li>◆ Southampton - <i>Men</i> Michigan - <i>Women</i></li> <li>◆ Must be condition of probation in lieu of incarceration for non-violent offenders</li> <li>◆ Mentally/physically able to participate</li> <li>◆ Not previously incarcerated as felon</li> <li>◆ 24 years or younger at conviction</li> <li>◆ Should be assessed by DOC prior to final disposition</li> <li>◆ Available to all Courts</li> <li>◆ Minimum security with fence</li> <li>◆ <b><u>Services:</u></b> <ul style="list-style-type: none"> <li>⇒ 120 day military-style regimen</li> <li>⇒ Basic education</li> <li>⇒ Substance abuse education</li> <li>⇒ Life Skills</li> <li>⇒ Public service work</li> <li>⇒ Transition plans</li> </ul> </li> <li>◆ Intensive Supervision upon release</li> </ul> <p style="text-align: center;"><b>CLOSED – May 24, 2002</b></p>	<ul style="list-style-type: none"> <li>◆ Code Section 19.2-311</li> <li>◆ Chesapeake - <i>Men</i> Goochland - <i>Women</i></li> <li>◆ Available to all Courts</li> <li>◆ Committed offense prior to Age 21</li> <li>◆ Did not commit Class 1 Felony or assaultive misdemeanor</li> <li>◆ Capable of being rehabilitated</li> <li>◆ Evaluated locally and accepted by DOC prior to sentencing</li> <li>◆ Four (4) year term plus suspended time</li> <li>◆ Immediately parole eligible</li> <li>◆ Term can be four (4) years plus revocation of suspended time upon violation</li> <li>◆ Medium security with fence</li> <li>◆ <b><u>Services:</u></b> <ul style="list-style-type: none"> <li>⇒ Remedial education</li> <li>⇒ Therapeutic Community</li> <li>⇒ Substance abuse education</li> <li>⇒ Life skills</li> <li>⇒ Military regimen</li> <li>⇒ AA/NA</li> <li>⇒ Vocational training <ul style="list-style-type: none"> <li>- Auto mechanics/repair</li> <li>- Carpentry/plumbing</li> <li>- Printing</li> </ul> </li> </ul> </li> <li>◆ Intensive Supervision for at least 1½ years upon release</li> </ul>	
Diversion Center Incarceration Program		Detention Center Incarceration Program	
<ul style="list-style-type: none"> <li>◆ Code Section 19.2-316.3</li> <li>◆ Non-violent felon offenders (<i>See Boot Camp definition</i>)</li> <li>◆ <i>Women</i> - Chesterfield (80 beds)</li> <li>◆ <i>Men</i> - Chatham (100 beds) Harrisonburg (108 beds) Stafford (104 beds) White Post (150 beds)</li> <li>◆ Mentally/physically able to do activities of daily living</li> <li>◆ Must be accepted by DOC prior to sentencing</li> <li>◆ Must be a condition of probation or parole in lieu of incarceration</li> <li>◆ Available to all Courts and Parole Board</li> <li>◆ Length of stay - 5 to 7 months</li> <li>◆ Minimum security</li> </ul>		<ul style="list-style-type: none"> <li>◆ <b><u>Services:</u></b> <ul style="list-style-type: none"> <li>⇒ Remedial education</li> <li>⇒ Substance abuse treatment</li> <li>⇒ Life skills, e.g., job readiness</li> <li>⇒ Parenting and other special topic groups</li> <li>⇒ Employment in private sector</li> <li>⇒ Community service</li> <li>⇒ Urinalysis</li> <li>⇒ Transition Plans</li> </ul> </li> <li>◆ Intensive Supervision upon release</li> </ul>	<ul style="list-style-type: none"> <li>◆ Code Section 19.2-316.2</li> <li>◆ Non-violent felon offenders (<i>See Boot Camp definition</i>)</li> <li>◆ <i>Women</i> - Chesterfield (40 beds)</li> <li>◆ <i>Men</i> - Appalachian (106 beds) Southampton (108 beds) White Post (50 beds)</li> <li>◆ Physically/mentally able to work</li> <li>◆ Must be accepted prior to sentencing</li> <li>◆ Must be a condition of probation or parole in lieu of incarceration</li> <li>◆ Length of stay - 5 to 7 months</li> <li>◆ Minimum security with fence</li> <li>◆ Available to all Courts and Parole Board</li> <li>◆ <b><u>Services:</u></b> <ul style="list-style-type: none"> <li>⇒ Military style regimen</li> <li>⇒ Remedial education</li> <li>⇒ Life skills</li> <li>⇒ Substance abuse education</li> <li>⇒ Work on public projects</li> </ul> </li> <li>◆ Intensive Supervision upon release</li> </ul>

## Critical Issues

The flow of offenders into the correctional system grows as new crimes, increased penalties, and mandatory minimum sentences are added. Additional statutory mandates stretch already inadequate resources.

The number of probation and parole violators returning to prison is nearly one-half of the incoming offender population. Between one-quarter and one-third of the Virginia prison population are recidivists. This is a national and state issue. Although the potential population of recidivists is huge and the proportion of technical violators is relatively small, the sheer volume of the offender population threatens to overwhelm prison capacity. In addition, there are new responsibilities for the supervision and monitoring of sexual offenders which make up over 5% and mentally ill offenders who make up over 7% of the active caseload.

In coping with these realities, Community Corrections will continue to focus its energies and resources on these vital issues and opportunities:

- ❖ Growing and changing workload including non-English speaking offenders
- ❖ Testing and treating drug and alcohol involved offenders
- ❖ Recruiting, training and retaining top quality staff
- ❖ Using technology to best advantage
- ❖ Managing violent, sexual, high risk and high needs offenders including security threat groups
- ❖ Developing transitional services for offenders re-entering communities
- ❖ Expanding the array of effective evidence-based sentencing options and sanctions
- ❖ Increasing community awareness of and collaboration on public safety issues
- ❖ Evaluating and assessing programs and services
- ❖ Managing Fair Labor Standards Act (FLSA) requirements
- ❖ Promoting staff safety practices including critical incident management

We will continue working collaboratively with other agencies and organizations which share our interest in promoting pro-social behavior and enhancing public safety.

## Goals

The Division of Community Corrections actively participated in the development and implementation of the Department of Corrections' Strategic Plan for 2006 through 2008.

Our goals are to:

1. Provide national leadership in public safety and be a model agency in the control, supervision and management of offenders.
2. Ensure a safe, secure and healthy environment at all Department work sites.
3. Be a leader in corrections by recruiting, developing and retaining a highly effective workforce which has the highest professional standards.
4. Communicate the Department's Vision, Mission and Achievements on the management of offenders to the community at large and specific stakeholders.

The Division continues to be an active partner in the interagency Virginia Prisoner Reentry Policy Academy supported by the National Governors Association and will work closely with the participating agencies and non-governmental organizations on this important initiative.

We continued a pilot project in **five (5)** locations – Charlottesville, Lynchburg, Tazewell, Williamsburg, and Winchester – in partnership with the Department of Criminal Justice Services and its designated local Community Corrections Act Programs to implement evidence-based practices (EBP). In addition, an EBP Unit has been assigned to plan and carry out evidence-based practices. Expansion is envisioned for FY2009. A Federal Byrne grant has been approved to support this effort and will be administered by our Division of Administration.

Our containment supervision model for sex offenders has been successful. The basic concept involves Intensive Treatment and Supervision Officers working closely with evidence-based treatment service providers to reduce future risks while managing the current risks through testing and technology. This approach can be extended to other high risk offenders including violent, problematic releasees, mentally ill, chronically delinquent, and chemically dependent offenders.

Substantial planning and development work was invested in the automated Offender Management System (VirginiaCORIS). It will be implemented in FY2009 and will enhance our capacity to share information, provide continuity of care, and track outcomes. The National Interstate Compact Offender Tracking System (ICOTS) is projected to come online as well. This automated system will improve the tracking and follow-up of Virginia offenders transferred to other states.



# COMMONWEALTH of VIRGINIA

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## Evidence-Based Practices

**GOAL:** Reduce risks of recidivism

**HOW:** Challenging distorted thinking and practicing pro-social behaviors

**WHAT:** Using “Evidence-Based Practices” (EBP) or “What Works” programs and services such as Therapeutic Communities with community-based aftercare

**WHY:** EBP are based on evidence/research which supports effective changes in thinking and behaving so as to reduce recidivistic behavior

**WHO:** DOC staff, local staff and service providers supported by the Program Development and Evaluation Unit and other EBP experts

**WHERE:** DOC Community Corrections, Institutions and local Community Corrections Act Programs

**WHEN:** Underway in pilot sites – Charlottesville, Lynchburg, Tazewell, Williamsburg, Winchester, Wallens Ridge, Sussex I, and Sussex I State Prisons

### KEY PRINCIPLES OF EVIDENCE-BASED PRACTICES

- ❖ Identify distorted thinking and anti-social behavior patterns
- ❖ Prioritize offenders who pose the greatest risks
- ❖ Engage offenders to plan and participate in appropriate programs and services
- ❖ Train staff and service providers to use EBP
- ❖ Stay faithful to proven EBP programs and services
- ❖ Continue EBP programs and services long enough to effect behavioral change
- ❖ Determine and measure benchmarks and behavioral outcomes

## Evidence-Based Practices in Action

The mission of the Department of Corrections is to enhance public safety. The traditional correctional practice has been centered upon the offender's compliance with institutional rules and conditions of supervision. Our people have accomplished much even with a growing and difficult-to-manage caseload.

By embracing EBP, we hope to further improve public safety by focusing our efforts on the offenders who pose the most risk of re-offending. As we assess and address the offenders with the most needs through proven techniques, which challenge distorted thinking and teach more pro-social behavior, those offenders who learn new ways of thinking and behaving have a better chance of staying crime-free without correctional restraints.

We recognize that inculcating EPB into our programs and services will be an arduous undertaking. During FY 2008, there has been substantial work on implementing EBP and preparing the ground for future expansion. These actions included:

- formation of an interdivisional EBP Steering Committee
- establishment of a Program Development Unit in the Division of Administration to plan and implement EBP
- development of a strategic plan for EBP implementation
- introduction of EBP requirements in service contracts and Memoranda of Agreements
- continuation of pilot projects in collaboration with local Community Corrections Act programs in Charlottesville, Lynchburg, Williamsburg, Winchester, Tazewell, Wallens Ridge, Sussex I and Sussex II State Prisons
- provision of additional training on EBP, effective communications strategies, and Cognitive Behavioral Communities
- training of Subject Matter Specialists (SMS) to coach the use of effective communications skills
- ongoing testing and training in the use of COMPAS (Department-wide Risk and Needs instrument)
- continuation of an EBP evaluation per Appropriations Act, Chapter 879, Item 387-C
- continuation of a Federal Byrne grant to support EBP training

We have a long journey but we have been encouraged by the response of our people and believe we are on the right course.

**Department of Corrections  
Division of Community Corrections  
FY 2008**

<b>Program/Services</b>	<b>Probationers</b>	<b>Post Releases / Parolees</b>	<b>Total</b>	<b>Inmates</b>	<b>Operating Plan</b>
<u>43</u> Districts	47,379	4,840	52,219	0	\$ 74,032,877
<u>12</u> Day Reporting Programs	1,410	30	1,440	0	\$ 5,239,549
<u>32</u> Intensive Supervision Programs	2,000	417	2,417	0	See Districts Total
<u>17</u> Sex Offender Containment Projects	1,690	332	2,022	0	See Districts Total
<u>37</u> Home Electronic Monitoring Units	Districts	Districts	Districts	0	\$ 1,857,189
<u>216</u> Active GPS Units	Districts	Districts	Districts	0	See HEM Total
<u>54</u> Passive GPS Units	Districts	Districts	Districts	0	See HEM Total
<u>2,227</u> Voice Recognition (RoboCuff)	Districts	Districts	Districts	0	See HEM Total
<u>7</u> Community Residential Programs	72	14	86	0	\$ 1,740,879
<u>6</u> Residential Transitional Thera. Comm.	8	29	37	77	\$ 3,625,707
<u>1</u> Diversion Center (Women)	92	0	92	0	See Men's Total
<u>4</u> Diversion Centers (Men)	387	2	389	0	\$ 10,937,341
<u>1</u> Detention Center (Women)	45	0	45	0	See Men's Total
<u>3</u> Detention Centers (Men)	258	0	258	0	\$ 9,002,117
<b>TOTAL VIRGINIA CASELOAD</b>	<b>53,341</b>	<b>5,664</b>	<b>59,005</b>	<b>77</b>	

<b>OUT-OF-STATE INTERSTATE COMPACT</b>	<b>5,755</b>	<b>641</b>	<b>6,396</b>	<b>0</b>	<b>See Districts Total</b>
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<b>INVESTIGATIONS AND REPORTS</b>	<b>Presentence / Postsentence: <u>16,126</u></b>	<b>Other: <u>69,838</u></b>	<b>Total: <u>85,964</u></b>
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<b>FIELD OFFICERS (Filled FTE)</b>	<b>Senior Officers: <u>87</u></b>	<b>Officers: <u>566</u></b>	<b>Surveillance Officers: <u>53</u></b>	<b>Total: <u>706</u></b>
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## Treatment Services

The Division of Community Corrections privatizes many specialized services. This effort makes evidence-based services and licensed service providers more readily available across the state. Further, it supports the Governor’s initiatives of increased privatization and use of women and minority vendors.

In FY 2008, the Division of Community Corrections allocated the amounts below for alcohol and other drug abuse services, sexual offender assessment, treatment, polygraphy, and a variety of non-residential and residential treatment services.

<b><u>Alcohol and Other Drug Abuse Services</u></b>	<b><u>Allocation</u></b>
❖ Residential and Non-Residential General Funds	<u>\$ 1,966,521</u>
<u>5</u> Private Residential Service Contractors	
<u>23</u> Private Non-Residential Service Contractors	
<u>43</u> Memoranda of Agreement with Community Service Boards	
❖ Urinalysis and Oral Fluid Testing	<u>\$ 568,000</u>
❖ Residential Transition Therapeutic Communities	<u>\$ 3,625,707</u>
<u>7</u> Private Contractors	
<b><u>Sex Offender Services</u></b>	
❖ Assessment and Treatment	<u>\$ 1,367,359</u>
<u>26</u> Private Assessment and Treatment Contractors	
❖ Polygraphy	<u>\$ 300,000</u>
<u>9</u> Private Polygraph Contractors	
<b><u>Community Residential Programs</u></b>	
<u>7</u> Private Contractors	<u>\$ 1,740,879</u>
<b><u>Virginia Serious and Violent Offender Reentry Initiative</u></b>	
<u>2</u> Programs – Fairfax County and Newport News	<u>\$ 579,900</u>

**Note:** The startup Federal grant expired. VASAVOR was appropriated general funds for FY 2008.

# Alcohol and Other Drug Services Continuum

SERVICES	PROGRAM COMPONENTS	OUTPUTS (OBJECTIVES)	OUTCOMES (GOALS)
Orientation – Introduction to group process and AOD services available.	Available services in the Department, Program, Facility or Community and service delivery procedures.	A person must recognize the need for treatment. To make a person aware of substance abuse issues, the services available and how to access these services.	A person should be willing to participate in treatment.
Motivational Enhancement groups about the process of addiction and the process of recovery.  Note: A minimum of 8 to 25 participants, unless otherwise approved by Unit Head.	<ol style="list-style-type: none"> <li>1. Opening Group</li> <li>2. The Addictive Disease Process</li> <li>3. The Effects of Addiction and AOD Abuse</li> <li>4. The Effects of AOD Abuse on Others</li> <li>5. Addition and Criminality</li> <li>6. Behavior Change</li> <li>7. Denial and Defense Mechanisms</li> <li>8. Twelve Step Programs</li> <li>9. Recovery</li> <li>10. HIV/AIDS Prevention</li> <li>11. Relapse Prevention</li> <li>12. Treatment Programs</li> <li>13. Summation and Next Steps</li> </ol>	To improve the participant's level of functioning, replace previously held myths and reduce the level of denial.	Initiate recovery and/or participate in continued treatment.
Outpatient Group Counseling - Process managing the recovery process. Indeterminate length based on meeting treatment plan goals.	Offender is being alcohol/drug tested. Group counseling should be based on individualized treatment plan. The offender will participate in an acceptable theoretical model.	Make progress toward the individualized objectives of the treatment plan.	Complete and follow the individualized treatment plan.
Intensive Outpatient Counseling - process groups and/or one on one counseling.	(9) hours of service per week to include process groups, psycho educational groups and one on one counseling if necessary for a minimum of six (6) weeks.	Make progress toward the individualized objectives of the treatment plan.	Complete and follow the individualized treatment plan.
Social – Detoxification	24-hour staff monitored social setting detox, initial AOD Education, Group Therapy, Referral, Case Management and Medical back-up.	3-7 days of safe withdrawal triage, evaluation; referral to further treatment and support.	Offenders willing to pursue further treatment and recovery goals.
Medical – Detoxification	Supervised by health care professionals.	3-7 days of medically supervised withdrawal and referral to further treatment.	Reduces acute physiological effects of AOD use. Precursor to further treatment.
Residential Treatment – On Site Primary Care. Length of stay based on meeting treatment plan goals.	24-hour supervised treatment, group and individual counseling, vocational services, AOD treatment, discharge planning, follow-up care plan, and case management.	A minimum of 28 days in a therapeutic setting to encourage longer term recovery.	Offenders willing to commit to long-term treatment and recovery plan.
Residential Treatment – Transitional Halfway House. Length of stay based on meeting treatment plan goals.	24-hour supervised treatment, group therapy and individual counseling, self help, vocational, occupational educational services and AOD education. Discharge planning, follow-up care plan, and case management.	1-9 months of stabilization and rehabilitation with focus on continuing recovery, obtaining employment and staying employed.	Offenders willing to commit to long-term treatment and recovery plan.
Peer Support Groups – Therapeutic Community Treatment support groups offered as part of the program and available post-release as a support and maintenance program	Led by a peer with a professional facilitator for offenders. It will include personal sharing, problem solving, group planning, social support for motivation and facilitation of continued behavioral change and helping self by helping others utilizing therapeutic community (TC) tools.	Support Reentry from the therapeutic community into society utilizing therapeutic community (TC) tools.	Pro-social behavior and long term recovery while living independently.
Relapse Prevention (Recovery Training)	1 x weekly/24 weeks open enrollment, for offenders who have completed an AOD rehab. program, discuss issues and problems.	Remain drug free and maintain employment. Develop an individual relapse prevention plan that identifies personal cues and triggers.	Reduce recidivism, remain drug/alcohol free.
Drug/Alcohol Testing	Unannounced, random sampling throughout Continuum.	Identify substance deter use, promote subsidiary.	Remain drug/alcohol free.

## NATIONAL INSTITUTE ON DRUG ABUSE TREATMENT PRINCIPLES

1. No single treatment works for all.
2. Treatment needs to be readily available.
3. Treatment plans must address multiple needs.
4. Treatment plans should be continually re-assessed.
5. Remain in treatment for an adequate time.
6. Medical (or social) detoxification is a first step only.
7. Group and individual counseling are critical components.
8. Medication coupled with counseling may be needed.
9. Dual diagnosed people need integrated treatment.
10. Treatment does not need to be voluntary.
11. Drug/alcohol use must be continually monitored.
12. Treatment should address infectious diseases.
13. Recovery from addiction is a long-term process often with multiple treatment episodes.

## Community Corrections Facilities

The Diversion Center and Detention Center Incarceration Programs were established as a part of the “abolition of parole” legislative package in 1994. These programs were designed to offer Circuit Court judges an alternative incarceration option for non-violent felon offenders, at both initial sentencing and revocation proceedings. The Parole Board was later authorized to refer parole and postrelease violators.

In FY 2008, both programs extended their programs to **five (5) to seven (7)** month residential stay with intensive substance abuse education, life skills, and community service work. The Detention Centers have a military regimen as well. The Department of Correctional Education provides basic education and transition preparation services. The DOC Division of Operations provides health and mental health services.

In late FY 2006, the **five (5)** Diversion Centers and **four (4)** Detention Centers were consolidated administratively under the management and direction of an Assistant Director for Community Facilities. This has fostered a more consistent approach to programs and services and allowed for more concentrated follow-up on the unique operational issues attendant to residential facilities including food services, transportation, medical services, and sanitation.

The Centers had these results in FY2008:

- **Capacity – 930**
- **Census – 784 (6/30/08)**
- **Admissions – 1,906**
- **Terminations – 256**
- **Graduations – 1,619 (84.9%)**
- **Community Service Hours – 101,895**
- **General Education Diplomas – 146**

Full utilization of these Facilities has been a problem especially since the advent of technical violation guidelines. One of the unintended consequences has been the additional paperwork and the demands on staff time for court proceedings. Another factor was the statutory change to disallow Courts to add Diversion or Detention Center sentences to active state responsible prison sentences, which we supported. The General Assembly approved a Code change to allow for voluntary evaluation by alleged technical violators. This will be implemented in FY 2009.

Program and service enhancements are underway with major changes initiated at the White Post Men’s Diversion and Detention Centers, the Richmond Women’s Detention Center, and the Chesterfield Women’s Diversion Center. The Harrisonburg Diversion Center safely continued its project to serve participants on anti-depressant medications. The Chesterfield Diversion and Richmond Detention Centers have a part-time psychology doctoral intern assigned. Southampton Men’s Detention Center has been fully accredited by the American Correctional Association.



# COMMONWEALTH of VIRGINIA

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## Community Corrections Facility Eligibility Criteria

### 5-2.7 ELIGIBILITY DETERMINATION

The facilities shall receive and evaluate all referrals to the Detention Center and Diversion Center Incarceration Programs. The facility staff shall determine eligibility and suitability for each program based on established criteria and facility capabilities. Each facility should provide each District Probation and Parole Office with a copy of any specific facility criterion to ensure appropriate assignments are made. Facility staff shall make notification of acceptance/rejection and tentative facility admission date to the referring District.

See [Code of Virginia Sections 19.2-316.2, 19.2-316.3, 53.1-67.7, and 53.1-67.8](#)

### **Community Corrections Facilities Eligibility Criteria**

In general, eligibility criteria for evaluation and intake are governed by the items below:

- Must be authorized by Circuit Courts and/or the Virginia Parole Board.
- Cannot be in addition to felony incarceration greater than 12 months.
- Must be a non violent felon offender as defined by [Code Section 19.2-316.1](#).
- Must have no self-injury or suicidal attempts within the past 12 months.
- Potential Program participants currently taking **or** who have been medically approved to stop taking prescribed mental health medications within 60 days of referral or intake will be assessed on a case-by-case basis.

### **General Medical and Mental Health Questions**

- Must be physically stable, not require daily nursing care, and be able to perform the activities of daily living and program requirements.
- What is the diagnosed malady?
- What is the commonly accepted or prescribed treatment regimen?
- Can a person with this malady who follows the treatment regimen successfully participate in required Program activities?
- What follow up care is likely to be required?

7-31-08

## Sex Offender Containment Supervision Project

The sex offender containment supervision sites have developed an enhanced supervision model for sexual offenders. The **17** locations are Bedford, Chesapeake, Danville, Fairfax, Fredericksburg, Hampton, Lynchburg, Newport News, Norfolk, Prince William, Radford, Richmond, Roanoke, Staunton, Suffolk, Virginia Beach, and Wytheville. The participants developed a prototype sex offender containment supervision manual which was updated in FY 2007. We have instituted an enhanced data collection system including “non-reportable” offenses, such as traffic tickets. The project sites report an overall re-arrest rate of about **27.6%** (**729** new offenses), of which less than **1.5%** (**39**) were for new sexual offenses. There were **126** absconders. There was an active caseload of **2,022** offenders on June 30, 2008 with **240** others successfully discharged from supervision. Our initial evaluation affirmed the program’s effectiveness.

In addition to the sex offender containment supervision sites, other sex offender supervision and monitoring positions were established. These positions were established specifically to supervise sex offenders and provide GPS, HEM, or comparable electronic monitoring services in Abingdon, Chesterfield County, Leesburg, Manassas, Newport News, Norfolk, Norton, Petersburg, Richmond, Virginia Beach, and Warsaw. Additional positions were added and awarded to Charlottesville, Henrico County, Portsmouth, Tazewell County, Williamsburg, and Winchester. Surveillance Officer positions were established and awarded to Chesapeake, Roanoke, Staunton, and Warrenton.

There are **26** contracts statewide providing sexual offender assessment and treatment and **9** vendors providing polygraph services. A total of **\$1,430,264.00** was spent on assessment, treatment and polygraph in all Districts including the pilot sites.

In addition, the sexually violent predator (SVP) civil commitment process began in Spring 2003. It has continued to grow as SVP’s enter the civil commitment facility or are placed on “conditional release.” The demands of this statutory requirement along with global positioning system (GPS) for sex offender registry violators required the additional resources appropriated for FY 2007. We are currently supervising **16** conditional release cases. All but **one** of these cases also have criminal obligation.

Sexual Offenders are among the most demanding cases under supervision. The sexual offender specialist staff must monitor offender behavior, check and modify living environment as needed, work closely with sexual offender treatment providers and polygraphers and cope with victim trauma. It is a stressful assignment.

The demands of offender supervision have impacted the capacity of specialist staff to devote time to develop and deliver training services to revise supervision procedures and technologies as more evidence based practices emerge. Most recently a challenge was made to the specialists to develop a community education program. Public safety is positively impacted by successful integration of these offenders in the community. Richmond, District 1, won this challenge with a comprehensive program of community education involving other community stakeholders.

Currently, there are nearly **2,862** adult probation and parole offenders who are required to register on the Sex Offender and Crimes Against Minors Registry. The Division of Community

Corrections has been proactive in developing effective supervision and monitoring practices for this difficult population. A committee of field practitioners has begun a review of the current supervision practices to ensure compliance with the new legislation and evidence-based practices.

## Supervising Sex Offenders

### LARGE POPULATION

- About 15,134 persons on Sex Offender and Crimes Against Minors Registry.
- About 2,754 are under Probation and Parole supervision.
- About 56,251 other felons are under Probation and Parole supervision.

### SUPERVISION AND MONITORING ARE LABOR INTENSIVE

- All eligible sexual offenders are registered at intake and prior to release from DOC institutions.
- Victims who request notification about sexual offenders leaving prison are notified.
- Eligible sexual offender registrants are monitored to determine if they have registered.
- Registry requirements are posted in District public areas.
- Department of State Police is assisted in their investigations of alleged non-registrants.
- Global Positioning by Satellite (GPS) is underway. GPS requires active staff follow-up to alerts.
- All active sexual offenders are initially assigned to Level I (Intensive Supervision). Special instructions are imposed.
- Probation and Parole Districts maintain photo albums of sex offenders.

### TREATMENT CAN REDUCE RISKS

- Sexual Offender Residential Treatment (SORT) at the Brunswick Correctional Center has **78** beds. Under the clinical supervision of the SORT Program, SORT affiliated services are being expanded to the following institutions: Sussex II, Greenville, Nottoway, Pocahontas, Lunenburg, and one female institution, Fluvanna.
- Regional Peer Supervision groups including Community Corrections staff, qualified Sex Offender Treatment providers, and polygraphists meet periodically to discuss effective treatment, supervision, and monitoring practices.

## Mental Health Services

The mission of the Mental Health Services Program within the Department of Corrections is to enhance public and institutional safety by consulting with and training correctional staff and by providing quality assessment and treatment services to offenders. Providing effective services enhances public safety by promoting pro-social behaviors and managing symptoms of mental disorders.

Mental Health Services are under the direction of the Mental Health Services Director in the DOC Division of Operations. A Mental Health Clinical Supervisor (MHCS) is assigned to the DOC Division of Community Corrections.

The specific plan for Community Corrections mental health professionals is to implement and oversee procedures related to provision of mental health and sex offender services and to provide clinical oversight to Department of Corrections, private, and public mental health and sex offender service providers across the Commonwealth. The Community Corrections mental health professionals assist in planning for release to the community and bridge the gap for mentally ill offenders in continuity of care in the community.

In 2006, only the Mental Health Clinical Supervisor for Community Corrections provided the mental health services for the 43 Probation and Parole Districts and 9 Detention and Diversion Centers in the Commonwealth. The MHCS consulted with staff and met with offenders regarding mental health issues pertaining to admission, diagnosis, behavioral treatment planning, and suicide assessment. The MHCS visited each Detention and Diversion Center quarterly for rounds and provided staff trainings on various mental health issues. The MHCS performed many of the same duties within the Probation and Parole Districts. In addition, the MHCS evaluated and monitored the mental health and sex offender services provided within Community Corrections and supervised the graduate student practicum. The MHCS conducted the firearms psychological evaluations of probation officers and enhanced the process.

The year 2007 began on a positive note with the addition of 3 Regional Mental Health Clinicians (RMHC). The clinicians brought growth to the field and focused new attention on the needs of both the officers and the offenders.

In June 2008, joint training and informational materials on the new mental health civil commitment and mandatory out patient treatment laws were developed and delivered in collaboration with the Department of Mental Health, Mental Retardation, and Substance Abuse Services.

## Virginia Prisoner Reentry Policy Academy

Since May 2003, the Division of Community Corrections, in partnership with the Division of Operations, the Department of Correctional Education, the Department of Social Services, the Department of Juvenile Justice, the Department of Criminal Justice Services, the Virginia Employment Commission, the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Department of Health and the Department of Housing and Community Development, under the leadership of Mr. Barry Green, Director of Juvenile Justice and Mr. Clyde Cristman, Deputy Secretary of Public Safety have developed a Strategic Plan to improve the quality and availability of programs and services for the 13,465 offenders who returned to community life in FY 2008. Of these, 11,654 (87%) had community supervision following incarceration. Governor Tim Kaine signed **Executive Order Number 22** which formally authorized and endorsed the work of the Academy and directing the participation of affected executive branch agencies to:

- Provide ongoing coordination of Reentry initiatives
- Explore programs that will aid with offender reintegration
- Address policies and procedures which impede successful reintegration
- Work collaboratively to implement new policies and procedures

The Strategic Plan developed under the auspices of the National Governors' Association centered on **seven (7)** key elements:

1. **Begin Reentry planning at Intake**
2. **Strengthen relationships/reduce tensions between offenders and families**
3. **Increase employment opportunities for re-entering offenders**
4. **Reduce failure of releasees to meet court costs, fine, restitution, child support arrearage, financial obligations and to increase overall collections**
5. **Improve long-term housing opportunities for offenders**
6. **Address health, mental health and substance abuse needs of offenders**
7. **Develop other cross-cutting strategies**

There are **five (5)** pilot projects underway to identify problematic Reentry and to focus on prison preparation and community follow-up. The Department of Social Services and its local Directors have voluntarily taken the lead to coordinate these efforts. The **five (5)** localities include: Culpeper, Greensville/Emporia, King George (Rappahannock Area), Norfolk, and Richmond. The affected Institutions include: Greensville, Fluvanna, Haynesville, Powhatan, and Coffeewood.

The Reentry Program Manager was shifted to the Office of the Director and **five (5)** Regional Reentry Specialists were assigned to engender local collaborative efforts to support Reentry.

## DEPARTMENT OF CORRECTIONS

### *“Preparing Offenders for Release”*

<b>Institution-Based Programming</b>		
• Anger Management	• Rational/Emotive Therapies	• Agribusiness Work Opportunities
• Productive Citizenship	• Cognitive Restructuring	• Correctional Enterprises Work Opportunities
• Substance Abuse Psycho-Education	• Substance Abuse Therapeutic Communities (TC)	• Volunteer Services
• Collaboration with DCE and Offender Reentry and Transition Services	• Sex Offender Residential Treatment (SORT)	• Religious Services
• DSS Pilot Reentry Transition Services (5 sites)	• Educational and Vocational Services	• Capital Construction Work Opportunities
• Offender Release Community Placement Coordinators (3)	• Cognitive Communities	• Highway Labor

<b>Community-Based Programming</b>		
<b>• Residential Transition Therapeutic Communities (TTC)</b>	<b>• Offender Reentry Program</b>	<b>• Jail Contract Work Release Beds</b>
– TC Graduates from Institutions’ TC Programs	– Stable, Non-violent Inmates – within 90-120 days of release	– Within 12 months of Release
– 6-Month residential program	– Classified to local/regional jails – 45 day follow-up upon release	– 350-bed capacity
– DOC Contract facilities	– Coordinated by Offender Mgmt. and Probation & Parole Services	– Contracts with local and regional jails
1. Bethany Hall (Roanoke)	1. Arlington	– Coordinated by Classification
2. Gemeinschaft Home (Harrisonburg)	2. Blue Ridge (Lynchburg)	– Generally followed by Probation & Parole Supervision
3. Hope Harbor (Danville)	3. Charlottesville/Albemarle	
4. Rubicon (Richmond City)	4. Chesapeake	
5. Vanguard Services (Arlington)	5. Danville	<b>• Pilot Reentry Projects</b>
– Followed by Probation and Parole Supervision	6. Hampton	– Local collaboration committees
<b>• Regional Reentry Specialists (5)</b>	7. Hampton Roads	– Linkage to designated institutions
	8. Henrico	– Led by the Department of Social Services
<b>• Day Reporting Programs</b>	<b>• Virginia Serious and Violent Offender Reentry (VASAVOR)</b>	<b>• Community Residential Programs</b>
– Located in: Abingdon, Fairfax, Fredericksburg, Harrisonburg, Martinsville, Newport News, Norfolk, Roanoke, Suffolk, Winchester, Wise County, and Tazewell	– Serious, Violent Offenders	– Stable, healthy offenders. Some violent or sex offenders are eligible.
Probation & Parole Supervision	– Home plan in Fairfax County	Probation & Parole Supervision
Non-Residential	– Classified to Fairfax Jail	Contract Residential Facilities
Specialized Services on Site	– Home plan in Newport News	1. Alexandria
Educational Services (DCE)	– Classified to Newport News Jail	4. Lebanon (Russell County)
Life Skills	– Substance Abuse and Mental Health Services	2. Charlottesville
Substance Abuse Education/Treatment	– Residential Services	3. Harrisonburg
Urinalysis	– Technological Monitoring and Urinalysis	6. Roanoke
	– Job Placement Services	3 to 6 months length of stay
	– Followed by Probation & Parole Supervision	Job Placement Services
		Urinalysis

## Interstate Compact for Adult Offender Supervision

Governor Mark Warner signed the above styled Interstate Compact into law as approved by the 2004 General Assembly. The new Compact took effect on July 1, 2004.

The Compact encompasses all other states, territories and the District of Columbia. It is a major national effort to improve the system for transferring adult offenders among the several states and the District of Columbia. It established a National Commission with a full-time staff in association with the Council of State Governments.

A major feature of the Compact is a state council that includes members of the executive, legislative and judicial branches of government, a representative of crime victims and the Virginia Compact Administrator. The members are James R. Camache, Compact Administrator and National Commission Member, Barry R. Green, Director, Department of Juvenile Justice, Ruth G. Micklem, Co-Director, Virginia Sexual and Domestic Violence Action Alliance, E. M. Miller, Jr., Director, Division of Legislative Services and The Honorable Lee A. Harris, Jr., Judge, Henrico Circuit Court.

Sex offender supervision and monitoring is a national issue. The Virginia Compact Administrator along with his colleagues from California, Florida, Indiana, Louisiana, Massachusetts, North Carolina, Oregon, and Tennessee studied this issue as an ad-hoc ICAOS committee. Several rule changes were recommended by the Rules Committee and adopted.

As with all changes, there are different rules, different forms and evolving operating procedures. This has been a challenge for our leadership but we are confident it has been done well. In fact, the rules of the Compact have the effect of federal law and are enforceable in the federal courts. Accordingly, the demands and liability for non-compliance put significant pressure on our system. We are hard pressed at present and anticipate the need for more staff and Internet based computer capacity to handle the volume.

On June 30, 2008, there were **6,396** Virginia offenders under supervision or investigation in other states and **2,772** out-of-state cases in Virginia.

A web-based Interstate Compact Offender Tracking System (ICOTS) is being developed for use by all the member jurisdictions. This will enable the computerized transfer of case action requests and supporting documentation.

The 2008 revised edition of the **Interstate Compact Bench Book** is available on the web at:

<http://www.interstatecompact.org/legal/benchbook.pdf>

## Staff Safety and Security Unit

The Staff Safety and Security Unit is comprised of a Unit Manager and **four (4)** Lieutenants. Each is responsible for tracking, locating, and apprehending offenders who have absconded from Probation or Parole. Additionally, one Lieutenant is assigned Community Corrections Canine (K-9) and one is assigned development and implementation of the Community Corrections Continuity of Operations Plans (COOP). FY 2008 accomplishments for this unit include:

- Facilitating enhancements in safety policy, procedures and practices through a Safety Committee that maintains the agency's Strategies, Training, Equipment and Policy (STEP) manual.
- Compiled Continuity of Operations Plans for all operating units
- Conducted **seventeen (17)** work site Technical Assistance (Safety) Assessments.
- Completed National Incident Management System (NIMS) annual computer-based training.
- Provided **six (6)** Simulations courses for field staff and provided Safety Training during Basic Skills Safety Week to **five (5)** Basic Skills for Probation and Parole classes.
- Reviewed and analyzed **54** Serious Incident Reports involving offenders under supervision. Many of these involved non-violent offenders.

### Fugitive Recovery Unit (F.R.U.)

- In FY 2008, **595** Probation and Parole absconders were arrested and **761** warrants were cleared.
- The Community Corrections F.R.U. staff work closely with the DOC Inspector General's Extradition/Absconders Unit (E.A.U.) to return captured fugitives to DOC custody.
- In September 2005, the F.R.U. has worked with the Western District U.S. Marshals' Fugitive Task Force. In FY 2008 the Fugitive Task Force efforts cleared **421** warrants in the Western Virginia area which included **four (4)** Special Operations with Roanoke City, Martinsville, and Danville. This Federal initiative has now been expanded throughout the Mid-Atlantic Region.
- Additionally, the Fugitive Task Force, with assistance from Western Region Probation and Parole Officers and other state/local law enforcement agencies, participated in the nationwide Operation FALCON. A total of **626** fugitives were arrested in one week clearing **930** warrants. **228** of the fugitives arrested were probation or parole violators.
- The number of re-incarcerated violators improved public safety.

## Canine Unit

The Canine Unit K-9 Officer was in training a total of **18 weeks** and certified a new Passive Drug Dog for Community Corrections. Going through a **12 week** Basic Passive Drug Canine School limited the numbers of statewide drug “sniffs” the Unit was able to accomplish in FY 2008. However, the **18** drug sniffs accomplished included:

- Chatham Men’s Diversion Center x 1
- Chesterfield Women’s Diversion Center x 3
- Harrisonburg Men’s Diversion Center x 1
- Stafford Men’s Diversion Center x 2
- White Post Diversion/Detention Centers x 1
- Richmond Women’s Detention Center x 2
- Southampton Men’s Detention Center x 1
- Gemeinschaft x 1
- Dorcus House x 1
- Guest House x 1
- Piedmont House x 3

The Canine Unit also provided drug sniffs during evening group sessions for:

- Martinsville District 22

The Unit provided assistance to Institutional Canine Staff and other law enforcement agencies upon request. The Unit assisted with a pilot project to field test a drug detection system based on skin moisture at several operating units. Finally, the Unit participated in multi-agency, jurisdictional manhunt for an escaped prisoner.

## Department of Correctional Education

The Departments of Corrections and Correctional Education renewed the memorandum of agreement which underpins their partnership to provide educational, vocational and transitional services to adult offenders. The Community Corrections and Correctional Education Steering Committee meets several times annually to discuss issues, share information and coordinate activities. In May 2003, July 2004, September 2005, and September 2007, joint training sessions were conducted for staff from both agencies.

The Department of Correctional Education (DCE) prepares youth and adults for success after incarceration. Academic and vocational training are means to an end – the return to school, the pursuit of higher education, and employment upon release. The agency strives to provide quality educational programs that enable incarcerated youth and adults to become responsible, productive, tax-paying members of their communities. The website address is: [www.dce.virginia.gov](http://www.dce.virginia.gov).

The Department of Correctional Education, a separate executive branch agency, is an independent school district with its own school board that operates in cooperation with the Department of Corrections and Department of Juvenile Justice.

DCE provides educational services in adult and youth correctional facilities throughout Virginia. All academic and vocational teachers meet state certification and endorsement standards. The General Assembly extended DCE's statutory authority to serve Diversion and Detention Center programs.

Educational programs and related services are offered statewide in:

- Day Reporting Programs
- Diversion Centers
- Detention Centers
- Reception Centers
- Adult Correctional Centers
- Adult Correctional Field Units
- Juvenile Correctional Centers

The Department of Correctional Education programs are geared toward helping individuals realize their potential and become productive members of society. The public benefits from the educational programs provided to inmates because productive and taxpaying citizens make positive contributions to society and, most importantly, do not create victims through criminal acts.

***Adult Programs:***

- Literacy Incentive Program (LIP)
- Special Education
- Apprenticeship Programs
- Cognitive Skills Training
- Library Services
- Adult Basic Education (GED) – 146 completions
- Vocational/Technical Education
- Career Readiness – 323 certificates
- Transitional Services/Live Skills Education (Productive Citizenship)
- Job/Employability Skills Training
- College Classes – 64 completions

***Juvenile Programs:***

- Academic Education/High School Diploma/GED
- Vocational/Technical Education
- Pre-Apprenticeship and Apprenticeship Programs
- Social Skills Training
- Special Education
- SAT/College Preparation
- Job/Employment Skills Training
- Library Services

DCE is an active participant in the Virginia Prisoner Reentry Policy Academy and partners with DOC for Special Olympics. It recruits and uses both outside and offender volunteers (**415**) for **3,214** hours. DCE also received monetary donations of **\$46,498** to support services.

In FY 2008, the average monthly enrollment was **596** offenders in one or more classes at Community Corrections' centers and programs served by DCE.

## Acknowledgements

Many staff throughout the Departments of Corrections and Correctional Education contributed information, statistical data, ideas and reports for inclusion in this report.

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