Department of Corrections

Community Corrections

"A Balanced Approach"

Status Report

July 1, 2010 - June 30, 2011

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COMMONWEALTH of VIRGINIA

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This is a status report on the **Statewide Community Based Corrections System** as required by the 2011 Appropriations Act, Chapter 781, Item 376-A.

Prisoner Reentry services, expansion of Evidence Based Practices (EBP), and sex 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
- expanding use of an automated risk/needs assessment instrument (COMPAS)
- continuing to increase the use of Evidence Based Practices (EBP)
- continuing to use the new Offender Management System (VirginiaCORIS)
- cooperation with the SJ 318 Joint Subcommittee on the impact of alcohol and other drug use
- assistance to the Alternatives for Non-Violent Offenders Task Force
- expansion of the use of voice recognition telephonic monitoring for low risk cases in the community
- update of Continuity of Operations Plans (COOP) for all units
- management of our activities within budget allocations
- continued use of the National Computerized Interstate Compact Offender Tracking System (ICOTS)
- extensive collaboration with other agencies on the above issues

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, 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:

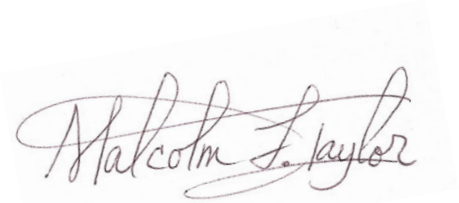
- identify offenders' risks and needs and give priority to those offenders who pose the greatest risk to public safety
- develop and follow-up supervision plans that address identified risks and needs
- exhaust every available evidence based service to respond to individual needs and reduce the risk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

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.

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.

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.

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.



Malcolm L. Taylor, Acting Deputy Director
Division of Community Corrections

cc: Mr. Harold Clarke
Mr. Karl Hade, Executive Secretary, Supreme Court of Virginia
Mr. William Muse, Chair, Virginia Parole Board
Dr. Richard Kern, Executive Director, Virginia Criminal Sentencing Commission
Mr. Patrick Wilson, Acting Superintendent, Department of Correctional Education
Regional Directors
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COMMUNITY CORRECTIONS

REFERRAL GUIDE – NON-RESIDENTIAL OPTIONS

State Probation and Parole

- Code Section 53.1-145
- Felons with suspended sentences to incarceration
- Placed on probation, parole, postrelease supervision or conditional pardon
- Available in all localities
- ***Services***:
  - ⇒ Substance Abuse Screening and Assessment
  - ⇒ Case supervision
  - ⇒ Surveillance
  - ⇒ Home Visits
  - ⇒ Investigations
  - ⇒ Arrest Record Checks
  - ⇒ Urinalysis
  - ⇒ Referral to or direct provision of treatment services
  - ⇒ Capacity to transfer supervision to other localities or states

Intensive Supervision (ISP)

- Code Section 53.1-145
- Felons with violent or predatory sexual backgrounds
- Diversion, Detention, and Youthful Offender graduates
- Members of hate groups
- Offenders exhibiting delinquent behavior
- Accepted by local screening
- Limited caseload capacity
- Available in all jurisdictions
- ***Services***:
  - ⇒ Increased surveillance
  - ⇒ More frequent offender contacts
  - ⇒ Frequent record checks
  - ⇒ Urinalysis
  - ⇒ Referral to or provision of treatment services
  - ⇒ Capacity to transfer supervision to other states

Electronic Monitoring (EM)

- Code Section 53.1-131.2
- Same as ISP type offenders
- Must have stable residence
- Requires basic telephone service
- Home Electronic Monitoring (HEM)
- Voice Recognition (Self Reporting)
- Global Positioning by Satellite (GPS)
- Length of stay - up to 90 days is preferred
- Eastern Region pilot to share web-based information
- ***Services***:
  - ⇒ Computerized random checks and GPS tracking data
  - ⇒ Telephonic check-in
  - ⇒ Supplements and complements regular and intensive supervision services

Drug Treatment Courts

- Targets felon drug offenders
- Interactive with sentencing Judge
- Offenders must be non-violent with no mental health problems
- Intensive outpatient treatment
- Length of stay ranges from 12-24 months
- Ongoing judicial oversight
- Immediate and definite sanctions upon relapse or non-compliance with rules of programs
- Located in: Charlottesville, Chesapeake, Fredericksburg, Hampton, Henrico, Newport News, Norfolk, Portsmouth, Richmond, Roanoke, Suffolk, and Tazewell
- Conducted in partnership with localities
- ***Services***:
  - ⇒ Intensive supervision
  - ⇒ Continual drug testing
  - ⇒ Intensive substance abuse counseling
  - ⇒ Incentives for compliance
  - ⇒ System of sanctions

Note: Additional Courts require Supreme Court approval. Services reduced due to budget cuts.

COMMUNITY CORRECTIONS
REFERRAL GUIDE - RESIDENTIAL OPTIONS

Community Residential Program

- Code Section 53.1-179
- No pattern of violence
- Mentally and physically able to participate
- Requires greater substance abuse treatment intervention
- Lacks stable residence or needs transition from incarceration
- Must meet facility criteria
- Up to 156 contractual bed spaces in 11 facilities are funded
- Available statewide
- Length of stay - 90 days
- ***Services***:
  - ⇒ Food and Shelter
  - ⇒ Urinalysis
  - ⇒ Basic life skills
  - ⇒ Substance abuse education/treatment
  - ⇒ Individual/group counseling
  - ⇒ Job placement
- Facilities are located in: Charlottesville, Lebanon, Harrisonburg, Richmond, and Roanoke

Youthful Offender Program

- Code Section 19.2-311
- Chesapeake - *Men*
  Goochland - *Women*
- Available to all Courts
- Committed offense prior to Age 21
- Did not commit Class 1 Felony or assaultive misdemeanor
- Capable of being rehabilitated
- Evaluated locally and accepted by DOC prior to sentencing
- Four (4) year term plus suspended time
- Immediately parole eligible
- Term can be four (4) years plus revocation of suspended time upon violation
- Medium security with fence
- ***Services:***
  - ⇒ Remedial education
  - ⇒ Therapeutic Community
  - ⇒ Substance abuse education
  - ⇒ Life skills
  - ⇒ Military regimen
  - ⇒ AA/NA
  - ⇒ Vocational training
    - Auto mechanics/repair
    - Carpentry/plumbing
    - Printing
- Intensive Supervision for at least 1½ years upon release

Diversion Center Incarceration Program

- Code Section 19.2-316.3
- Non-violent felons as per Code Section 19.2-316.1
- *Women* -
  Chesterfield (80 beds)
- *Men* -
  Harrisonburg (108 beds)
  Stafford (104 beds)
  White Post (150 beds)
- Mentally/physically able to do activities of daily living
- Must be accepted by DOC prior to sentencing
- Must be a condition of probation or parole in lieu of incarceration
- Available to all Courts and Parole Board
- Length of stay - 5 to 7 months
- Minimum security
- ***Services***:
  - ⇒ Remedial education
  - ⇒ Substance abuse treatment
  - ⇒ Life skills, e.g., job readiness
  - ⇒ Parenting and other special topic groups
  - ⇒ Employment in private sector
  - ⇒ Community service
  - ⇒ Urinalysis
  - ⇒ Transition Plans
- Intensive Supervision upon release

Detention Center Incarceration Program

- Code Section 19.2-316.2
- Non-violent felons as per Code Section 19.2-316.1
- *Women* -
  Chesterfield (40 beds)
- *Men* -
  Appalachian (106 beds)
  Southampton (108 beds)
- Physically/mentally able to work
- Must be accepted prior to sentencing
- Must be a condition of probation or parole in lieu of incarceration
- Length of stay - 5 to 7 months
- Minimum security with fence
- Available to all Courts and Parole Board
- ***Services:***
  - ⇒ Military style regimen
  - ⇒ Remedial education
  - ⇒ Life skills
  - ⇒ Substance abuse education
  - ⇒ Work on public projects
- Intensive Supervision upon release

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. Budget reductions have a major impact.

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 enhanced responsibilities for the supervision and monitoring of sex offenders who make up over five percent and mentally ill offenders who make up over seven percent 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
- Implementation of and use of the COMPAS Risk/Needs Assessment in Community Corrections expanded from EBP Districts only to all 43 P&P Districts and 3 Detention Centers and 4 Diversion Centers

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 implementation of the Department of Corrections' goals.

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.

With the addition of ten (10) new EBP sites, the number of P&P Districts and Detention and Diversion Centers that are using Evidence Based Practices has risen to 21 (the P&P Districts include Alexandria, Bedford, Charlottesville, Chesapeake, Fredericksburg, Harrisonburg, Henrico, Lynchburg, Newport News, Norfolk, Petersburg, Portsmouth, Richmond, Roanoke, Tazewell, Williamsburg, and Winchester, the Detention and Diversion Centers include Chesterfield, Harrisonburg, Stafford, and White Post). The FY2011 EBP implementation schedule brings the percentage of community-supervised offenders exposed to Evidence Based Practices to approximately 50%. An EBP roll out plan includes initiating EBP implementation in all 43 Districts and Detention and Diversion Centers by April 2012.

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 releases, mentally ill, chronically delinquent, and chemically dependent offenders.

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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 Community Corrections and Institutions

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

Traditional correctional practice has focused on offender compliance with institutional rules and conditions of supervision. However, by embracing Evidence Based Practice (EBP), the Department is targeting offenders who pose the greatest risk to public safety. The adoption of EBP – a system-wide change involving the realignment of business practices in accordance with rigorous scientific research – represents the Department's commitment to enhancing public safety, improving reentry services for offenders and better utilizing resources.

As the Department moves forward to fully implement EBP, data-driven and interpersonal approaches have begun to replace traditional contact-driven approaches. This long-term and intricate process has been complicated by budget issues and the adoption of a new offender management system (VirginiaCORIS), and a risk/needs instrument (COMPAS). Yet the VADOC has continued to commit significant resources to further expand EBP implementation. These efforts include the following:

- Introduction of EBP requirements/criteria in Probation and Parole Officer Employee Work Profiles;
- Continuation of training and support in four Tier One EBP Probation and Parole Districts – (Charlottesville, Lynchburg, Williamsburg, and Winchester);
- Continued training and support in five Second Tier EBP P&P Districts (Chesapeake, Fredericksburg, Portsmouth, Roanoke, and Tazewell) and three Detention and Diversion Centers (Harrisonburg Diversion, White Post Diversion, and Chesterfield Detention and Diversion Centers);
- Advanced training of EBP in nine new Community Corrections sites (Tier Three EBP sites) including Alexandria, Bedford, Harrisonburg, Henrico, Newport News, Norfolk, Petersburg, and Richmond Probation and Parole Districts and Stafford Men's Diversion Center;
- Development of Case Planning training which was delivered to all Tier One, Two, and Three EBP sites. This training discusses the purpose of case planning as well as the essential elements needed for developing a good case plan based on COMPAS assessment results;
- Expansion of EBP into 26 Probation and Parole Districts, and 2 Detention Centers (Tier Four EBP sites). By the end of FY2012 DOC will have completed EBP Introduction and Deportment training, as well providing advanced training such as Motivational Interviewing and case planning training throughout the state;
- The COMPAS Risk/Needs Assessment instrument was implemented for use by Community Corrections staff division-wide by October of 2010. New probation and parole officers hired after this time receive a brief introduction to COMPAS and a two-hour online training program during basic skills. A one-way interface between COMPAS and VACORIS was implemented in December 2010, and a two-way interface was implemented in May of 2011. Demographic information for active offenders is pushed into COMPAS from VirginiaCORIS and risk/needs information is being sent from COMPAS to the VirginiaCORIS assessment and case plan modules;
- Fidelity reviews for substance abuse treatment providers continue to be conducted by assessors who use pre-test and post-test to conduct these reviews;
- Presentation of Introduction to EBP to selected Virginia Judges and P&P staff in November 2010 and April 2011;
- Provide ongoing regional Subject Matter Specialists (SMS) training to all staff assigned as SMS's;
- Provide specialized Motivational Interviewing (MI) and Deportment training for Office Service Specialists and Office Service Assistants;

- Conducted Job Preferences Survey (in some Tier Four Districts) to gauge how staff feel about EBP implementation. These surveys will be provided to other Districts when requested;
- Continuation of EBP evaluation – Appropriations Act, Chapter 879, Item 387-C;
- Program Development and Evaluation Unit (PDEU) in the Division of Administration assists the three Regional Director in Community Corrections with EBP implementation. PDEU staff assigned to the three state regions and the Detention and Diversion Centers to provide training and support to districts and facilities;
- Establishment of Regional EBP Teams to be headed by the Regional Director and others as deemed necessary. These teams will provide guidance and support for the continuing implementation of EBP within the three regions. The regional approach is intended to increase the resources required to meet the implementation deadline;
- Continually assessing training and support needed for the EBP roll-out by June 2012, when all District Offices, Detention and Diversion Centers, and all Institutions have implemented EBP;
- Training provided by the PDEU in Community Corrections in FY2011:
    - Tier One P&P District Offices and Diversion Centers received ongoing COMPAS Risk/Needs Assessment training and support; Subject Matter Specialist training, and EBP Management training;
    - Tier Two P&P District Offices and Detention and Diversion Centers received ongoing COMPAS Risk/Needs Assessment training and support, Competency Based Motivational Interviewing training, Subject Matter Specialist training, and EBP Management training. The EBP Detention and Diversion Centers received EBP Introduction and Deportment training, COMPAS Risk/Needs Assessment training and support, Competency Based Motivational Interviewing training for probation staff and a newly designed Motivational Interviewing course called Short Interventions for correctional officers;
    - Tier Three P&P District offices and the Diversion Center have received EBP Introduction and Deportment training, COMPAS Risk/Needs Assessment training and support, and Competency Based Motivational Interviewing training. The EBP Diversion Center received EBP Introduction and Deportment training, COMPAS Risk/Needs Assessment training and support, Competency Based Motivational Interviewing training for probation staff and Short Interventions for correctional officers;
    - All Office Service Specialists and Office Service Assistants in the P&P and D&Ds received Motivational Interviewing and Deportment. This specially designed training targets the front-line staff who have interactions with offenders and visitors;
    - Statewide training on COMPAS Risk/Needs Assessment began in FY2010 with the training of COMPAS mentors. During FY2011, Web-ex trainings are being provided to all other probation staff across the state;
    - Subject Matter Specialists (SMS) receive continuing trained on Learning Team management and videotaping of Probation Officer Motivational Interviewing skills;

In order to fully implement EBP with fidelity, the Department of Corrections has a challenging yet rewarding journey ahead. Encouraged by the preliminary results of EBP impact on successful case closing and reduced revocation rates, the Department will meet the goals of reducing recidivism, cutting correctional costs, and providing effective treatment to offenders.

Department of Corrections
Division of Community Corrections
FY 2011

Program/Services	Probationers	Post Releasees / Parolees	Total	Inmates	Operating Plan
Community Corrections Workload	55,146	3,062	58,208	0	$ 66,545,699
17 Sex Offender Containment Projects	2,509	307	2,795 *	0	See Districts Total
Electronic Monitoring	Districts	Districts	Districts	0	$ 3,044,955
211 GPS Units	Districts	Districts	Districts	0	See EM Total
6,996 Voice Recognition	Districts	Districts	Districts	0	See EM Total
0 Home Electronic Units	Districts	Districts	Districts	0	See EM Total
11 Community Residential Programs	121	19	140	0	$ 1,963,556
1 Diversion Center (Women)	66	0	66	0	See Men's Total
3 Diversion Centers (Men)	324	0	324	0	$ 11,415,144
1 Detention Center (Women)	50	0	50	0	See Men's Total
2 Detention Centers (Men)	211	0	211	0	$ 5,368,342
TOTAL VIRGINIA CASELOAD	**58,427**	**3,388**	**61,794 ***		

OUT-OF-STATE INTERSTATE COMPACT	**5,257**	**365**	**5,622**	**0**	**See Districts Total**

FIELD OFFICERS (Filled FTE)	**Senior Officers: 87**	**Officers: 583**	**Surveillance Officers: 56**	**Total: 726**

* Twenty-one (21) sex offenders in containment units have both probation and parole obligations.

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 2011, the Division of Community Corrections allocated the amounts below for alcohol and other drug abuse services, sex offender assessment, treatment, polygraphy, and a variety of non-residential and residential treatment services.

Alcohol and Other Drug Abuse Services	**Allocation**
❖ Residential and Non-Residential General Funds	$ 3,123,519
3 Private Residential Service Contractors	
26 Private Non-Residential Service Contractors	
28 Memoranda of Agreement with Community Service Boards	
❖ Urinalysis and Oral Fluid Testing	$ 468,000
Sex Offender Services	
❖ Assessment and Treatment	$ 1,367,000
22 Private Assessment and Treatment Contractors	
❖ Polygraphy	$ 299,600
8 Private Polygraph Contractors	
Community Residential Programs	
11 Private Contractors	$ 1,963,556
Virginia Serious and Violent Offender Reentry Initiative	
2 Programs – Fairfax County and Newport News	$ 579,900

Alcohol and Other Drug Services Continuum

SERVICES	PROGRAM COMPONENTS	OUTPUTS (OBJECTIVES)	OUTCOMES (GOALS)
Orientation – Introduction to group process and AOD services available.	**Available services/interventions in the Department, Program, Facility or Community and service delivery procedures.**	**A participant must recognize the need for treatment. To make a person aware of substance abuse issues, the services available, and how to access these services.**	**Individual should be willing to participate in cognitive behavioral interventions and/or treatment. Begin to focus on making positive change.**
Motivational Enhancement Group – An exploration of the stages of change, the definition and development of substance abuse and addiction, the process of cognitive restructuring and cognitive skills building, abstinence, and recovery. **Minimum one and one-half (1½) hours per session for a total of thirteen (13) sessions.** **Note: A minimum of 8 to a maximum of 15 participants, < or > must be approved by Unit Head.**	**1. Introduction to the stages of change and cognitive behavioral intervention** **2. The disease model of chemical dependence** **3. The effects of addiction and AOD abuse** **4. The impact of AOD abuse and addiction on others** **5. AOD use and the relationship to criminal thinking and behavior** **6. Identify distorted thinking, beliefs, attitudes, feelings, and restructure to augment behavioral change** **7. Defense Mechanisms** **8. 12-Step/Peer Support** **9. Maintaining Abstinence** **10. STD/HIV Prevention** **11. Relapse Prevention** **12. Role Play, Thinking Reports, Journaling** **13. Discharge/Action Plan**	**Improve the participant's level of functioning, replace previously held myths and reduce the level of denial. Enhance motivation for change by enhancing self efficacy and creating cognitive dissonance.** **Demonstrate the negative impact of substance abuse, increase the participant's knowledge of addiction and need for abstinence by guiding the individual through the stages of change process.**	**Participate to successfully achieve established goals in the required time frame outlined in the individualized treatment plan.** **Initiate abstinence and/or recovery and/or participate in continued treatment. Individual to utilize learned cognitive skills to model pro-social behavior and reduce or eliminate AOD use and maladaptive behaviors.**
Outpatient Group Counseling – Managing the abstinence/recovery process. Indeterminate duration based on meeting treatment plan goals. **Generally one 1½ hour session/week for 16 weeks.** **Recommended group size 8-12.** **Note: A minimum of 8 to a maximum of 15 participants, < or > must be approved by Unit Head.**	**Conduct validated screening and risk/needs assessment to develop treatment plan. The individual will participate in an acceptable cognitive behavioral model. Utilization of graduated incentives and sanctions as appropriate.** **Further cognitive restructuring and development of coping skills.**	**Participant plays an active role in the treatment planning process. Demonstrate progress toward achieving the individualized objectives of the treatment plan. The treatment plan shall include requirements to complete treatment and possible sanctions for failure to comply with the treatment plan.**	**Participant to successfully achieve established goals in the required time frame identified in the individualized treatment plan. Demonstrate an ability to use cognitive restructuring, adaptive coping skills, and problem solving skills through thinking reports and role play. Maintain abstinence, be cognizant of issues relating to addiction and relapse, learn how family members are affected by addiction, become familiar with self-help, peer support, and agree to follow discharge plan.**
Intensive Outpatient Counseling (IOP) – process groups and/or individual counseling sessions. Referrals made for individuals requiring more intensive intervention than outpatient counseling. **Minimum of nine (9) hours of intervention per week for a minimum of twenty (20) weeks to include process groups and individual counseling as deemed clinically appropriate.** **Recommended group size is 12 participants.** **Note: A minimum of 8 to a maximum of 15 participants, < or > must be approved by Unit Head.**	**The individual will participate in an acceptable cognitive behavioral model. Utilization of graduated incentives and sanctions as appropriate.** **Continued cognitive restructuring and enhanced development of coping skills.**	**Participant plays an active role in the treatment planning process. Demonstrate progress toward achieving the individualized objectives of the treatment plan.** **The goal of Intensive Outpatient Counseling is to assist the offender in developing an action plan for continued abstinence and the successful completion of individual treatment goals and objectives.**	**Participant to successfully achieve established goals in the required time frame identified in the individualized treatment plan. Demonstrate an ability to use cognitive restructuring, adaptive coping skills, and problem solving skills through thinking reports and role play. Maintain abstinence, be cognizant of issues relating to addiction and relapse, learn how family members are affected by addiction, become familiar with self-help, peer support, and agree to follow discharge plan.**

SERVICES	PROGRAM COMPONENTS	OUTPUTS (OBJECTIVES)	OUTCOMES (GOALS)
Social – Detoxification	**24-hour staff monitored non-medical detoxification. Integrate motivational enhancement, individual and/or group therapy. Case management provided and referral to medical detoxification if deemed necessary.**	**3-7 days of safe withdrawal through ongoing triage, evaluation; referral to further treatment and support.**	**Stabilize and maintain abstinence and agree to follow discharge plan. Participants shall pursue further treatment and recovery referrals and/or interventions.**
Medical – Detoxification	**24-hour staff monitored and supervised by medical/mental health care professionals. Medications to ease withdrawal are used.**	**3-7 days of medically supervised withdrawal through ongoing triage, evaluation; referral to further treatment and support.**	**Stabilize and eliminate acute withdrawal symptoms. Maintain abstinence and agree to follow discharge plan. Participants shall pursue further treatment and recovery referrals and/or interventions.**
Residential Treatment – On Site Primary Care. Length of stay based by severity of AOD use and completing treatment plan goals.	**24-hour supervised treatment, group and individual counseling, vocational services, transition services, intensive AOD treatment, discharge planning, continuing care plan, and case management.**	**A minimum of 28 days up to 180 days contingent upon severity of AOD use in a therapeutic setting to encourage long term abstinence and recovery.**	**Participant to successfully achieve established goals in the required time frame identified in the individualized treatment plan. Participants willing to commit to discharge/aftercare and recovery plan.**
Recovery/Transitional/Halfway House Placement – Length of stay based upon meeting treatment plan goals of continued abstinence and recovery.	**24-hour monitoring, group therapy and individual counseling, 12-step, vocational, occupational educational services and peer recovery support. Discharge planning, continuing care plan, and case management.**	**2-9 months of stabilization and rehabilitation focused on continuing abstinence and long term recovery, obtaining employment and employment retention.**	**Participant to successfully achieve established goals in the required time frame. Participants willing to commit to continuing care and recovery plan.**
Peer Support Recovery Groups and Centers – available as an ancillary component of AOD services and are available post-release as a support and maintenance program. Participants are typically assigned a recovery coach or mentor to aid in their recovery from AOD use.	**Groups and Centers led by persons in recovery. Includes personal sharing, problem solving, group planning, social support to motivate ongoing behavioral change, and helping self by giving back to the community while using recovery tools.**	**Support Re-entry from the therapeutic community into society utilizing therapeutic community (TC) tools.** **Recovery coaches and mentors are utilized in the community to assist participants in their recovery and reintegration.**	**Incorporate pro-social behavior and long term recovery while living independently. Integrate and implement cognitive restructuring, adaptive coping skills, and problem solving skills on a daily basis.**
Relapse Prevention/Aftercare – **Minimum one (1) session/week; minimum 1½ hours per session for a total of 14 - 24 sessions.** **Recommended group size is fifteen (15) participants.**	**Typically an open group for persons who have completed an AOD treatment program or have relapsed. Indentify personal cues and relapse triggers.** **Continued cognitive restructuring and utilization of coping skills.** **Skill sets to avoid high-risk situations are regularly practiced through use of role play.**	**Remain abstinent, maintain positive peer associations, and develop an individual relapse prevention plan which integrates adaptive coping strategies and problem solving skills.** **Augment the use of cognitive behavioral based strategies to assist in identifying high-risk situations to use drugs and opportunities to develop and rehearse a positive means to cope with and manage potential high-risk situations.**	**The goal of Relapse Prevention/Aftercare is to teach and reinforce to the participant skills necessary to maintain abstinence from AOD, model pro-social behaviors, and establish long term recovery. Participants incorporate relapse prevention plan.**
Drug/Alcohol Testing	**Unannounced, random sampling throughout Continuum.**	**Identify substance and/or drug of choice, deter use, encourage abstinence from AOD.**	**Maintain abstinence from AOD.**

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.

8/11

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 from **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 2009, **four (4)** Diversion Centers and **three (3)** Detention Centers were left after budget reductions. The Chatham Diversion and White Post Detention Centers were closed. The Richmond Women's Detention Center was co-located with Chesterfield Women's Diversion Center with a net loss of **forty (40)** diversion beds.

The Centers had these results in FY2011:

- ***Capacity* – 674**
- ***Census* – 651 (6/30/11)**
- ***Admissions* – 1,519**
- ***Terminations* – 179**
- ***Graduations* – 1,224**
- ***Community Service Hours* – 116,624**
- ***General Education Diplomas* – 36**

Program and service enhancements were made with cognitive communities initiated at the White Post Men's Diversion Center, the Chesterfield Women's Detention and Diversion Centers. The Harrisonburg Men's Diversion Center safely continued its project to serve participants on anti-depressant medications and began use of the computerized COMPAS Risk and Needs Assessment.

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 not be a 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 continue to employ an enhanced supervision model for sex 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. A team approach is used and the team is most often comprised of a Senior Probation and Parole Officer, a Sex Offender Supervision Probation and Parole Officer, and a Surveillance Officer. The seventeen sites have incorporated the Sex Offender Supervision Practices Manual into their programs, and are active participants in the updates to that manual. For the fourth year, these Districts have participated in an enhanced data collection system. The project sites report an overall re-arrest rate of about **22%** (**505** new offenses, **100** of which were registry offenses), of which less than **3.7% (19)** were for new sexual offenses. There were **61** absconders. There was an active caseload of **2,309** offenders on June 30, 2011 with **181** others successfully discharged from supervision. Our data affirms the program's effectiveness. In addition to the sex offender containment supervision sites, the remaining **26** Districts have incorporated sex offender treatment and polygraph into their supervision practices.

There are **21** contracts statewide providing sex offender assessment and treatment and **8** vendors providing polygraph services. A total of **$1,666,600.00** was allocated for assessment, treatment, and polygraphy in all Districts including the pilot sites. This figure does not incorporate the co-payment that was implemented for these services in FY2008.

The Sexually Violent Predator (SVP) civil commitment process continues to grow. The impact of this growth is felt by Community Corrections when these SVP's are granted conditional release. The number currently being supervised under conditional release is **55**, which is an increase of approximately **69%** from FY2010. Of that number, **10** are "pure" conditional release, meaning that they have no criminal obligation. This continues to be a high risk and high demand type of case. By statute, these cases are monitored by global positioning systems (GPS) and have demanding conditional release plans that involve collaboration with the Office of the Attorney General and the Department of Behavioral Health and Developmental Services.

Sex offenders are among the most demanding cases under supervision. The sex offender specialist staff must monitor offender behavior, verify and modify living arrangements as needed, work closely with sex offender treatment providers and polygraph examiners, and cope with victim trauma. There have been a number of legislative and procedural changes over the years that have resulted in increased demands on an Officer's case management duties. These would include such things as GPS, SVP cases, and the Sex Offender Verification System (SOV). Training efforts are geared toward keeping the Officer up-to-date on legislative changes, technology and evidence based supervision and treatment practices. The supervision of sexual offenders is constantly evolving and Officers need to be exposed to the most current research and training.

Currently, there are about **3,469** adult probation and parole offenders who are required to register on the Sex Offender and Crimes Against Minors Registry. The Division of Community Corrections continues to be proactive in their supervision and monitoring of this difficult population. Probation and Parole Officers and the Virginia State Police frequently collaborate in their efforts to ensure these offenders are properly registered with the Sex Offender and Crimes Against Minors Registry.

Supervising Sex Offenders

LARGE POPULATION

- About 18,271 persons on Sex Offender and Crimes Against Minors Registry.
- About 3,469 are under Probation and Parole supervision.
- About 58,208 other felons are under Probation and Parole supervision.

SUPERVISION AND MONITORING ARE LABOR INTENSIVE

- All eligible sex offenders are registered at intake and prior to release from DOC institutions.
- Victims who request notification about sex offenders leaving prison are notified.
- Eligible sex 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. Voice recognition monitoring (AnyTrax) is used for selected cases.
- All active sex offenders are initially assigned to Level I (Intensive Supervision) with special instructions imposed to address specific behaviors.
- Probation and Parole Districts maintain photo albums of sex offenders.

TREATMENT CAN REDUCE RISKS

- The Sex Offender Residential Treatment (SORT) Program at the Greensville Correctional Center has **86** beds. Under the clinical supervision of the Sex Offender Program Director, **16** institutions across the Commonwealth (including a female facility) offer various levels of sex offender treatment.
- Regional Peer Supervision groups including Community Corrections staff, qualified Sex Offender Treatment providers, and polygraphers 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.

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.

The Community Corrections Mental Health Services is comprised of the Mental Health Clinical Supervisor, three (3) Regional (Central, Eastern, and Western) Mental Health Clinicians, and a Psychology Associate Senior at Chesterfield Women's Detention and Diversion Center (CWDDC). Additional mental health support is provided by Mental Health Specialists located in the Norfolk, Richmond, and Roanoke District Offices, a Clinical Social Worker at Southampton Men's Detention Center, and two (2) Mental Health Trainers at the Academy for Staff Development.

FY2010 introduced the new position of Psychology Associate Senior at Chesterfield Women's Detention and Diversion Center to deliver treatment of trauma issues, address criminal thinking, and coordinate the implementation of evidence-based services at the facility. Additionally in FY2010, the Community Corrections Mental Health staff developed regional peer support and training sessions for probation officers dealing with the intensive mental health cases. The Community Corrections Mental Health staff has contributed cost saving ideas to increase the re-entry support of mentally ill and/or substance abusing offenders.

FY2011 continued with specialized training for probation officers handling supervision of mental health cases including evidence based practices (deportment, motivational interviewing, cognitive-behavioral programming, multi-systems services), trauma, coordinating benefits applications and services with institutional counselors, and locating residential facilities. The Community Corrections Mental Health staff conducted trainings for both community and institutional staff on topics including Being Change Agents, Stress Management, Facilitating Groups, Interviewing, and Teambuilding. The Psychology Associate Senior at CWDDC instituted data collection into the programming to guide treatment and measure results. Primarily, the Community Corrections Mental Health staff assisted in the transition of the nearly 1,500 moderately or severely mentally ill offenders released in FY2011, including the approximately 200 mentally ill sex offenders.

Virginia Prisoner Reentry Policy Academy

A cornerstone of Governor Robert F. McDonnell's public safety initiative is to reduce victimization, improve outcomes for offenders returning to their communities, and impact recidivism favorably by strengthening the Commonwealth's prisoner re-entry program. On May 11, 2010, the Governor signed Executive Order Number Eleven establishing the ***Virginia Prisoner and Juvenile Offender Re-entry Council*** and tasked the members with developing collaborative re-entry strategies. Under the leadership of Secretary of Public Safety, Marla Decker, and State Re-entry Coordinator and Special Assistant to the Governor, Banci Tewolde, the Virginia Prisoner and Juvenile Offender Re-entry Council has connected the re-entry initiative between state agencies, local agencies, and community organizations. The Council has been charged specifically by Executive Order Number Eleven with:

- Identifying re-entry barriers and developing methods to address them;
- Improving collaboration and coordination of re-entry transition services;
- Establishing partnerships to promote jobs;
- Promoting re-entry strategies for juveniles and adults;
- Submitting a report of re-entry actions to the Governor; and
- Participating in the development of the state re-entry strategic plan.

As of June 2011, **37,503** state responsible offenders are incarcerated in the Virginia Department of Corrections (VADOC) prisons or local jails, and **58,208** offenders are supervised by VADOC in the community on probation or parole. This fiscal year, **32%** of incarcerated felons –**12,152** state responsible offenders – completed their sentences and returned to local communities from state prisons and jails. Of the offenders released in 2010, **10,086 (83%)** offenders were released with probation or post release supervision obligations, **1,255 (10%)** offenders were directly released with no supervision, **543 (4%)** offenders were released on mandatory parole, and **263 (2%)** offenders were released on discretionary parole.

In keeping with the Governor's initiative, and building on accomplishments already achieved, the VADOC rolled out the Virginia Adult Re-entry Initiative (VARI) on November 1, 2010. Under the leadership of the Director of Corrections, Harold W. Clarke, the VARI strategic plan introduces fundamental changes to the current VADOC re-entry programs, and provides a comprehensive unified strategic effort to prevent crime, minimize victimization and improve communities and public safety in the Commonwealth.

DEPARTMENT OF CORRECTIONS

"Preparing Offenders for Release"

Institution-Based Programming

• Anger Management	• Rational/Emotive Therapies	• Agribusiness Work Opportunities
• Productive Citizenship	• Cognitive Behavioral (Thinking for a Change)	• Correctional Enterprises Work Opportunities
• Substance Abuse (Therapeutic Communities, Educational)	• Parenting/Healthy Relationships	• Volunteer/Mentoring Services
• Collaboration with DCE and Pre/Post Incarceration Services	• Sex Offender Residential Treatment (SORT)	• Religious Services
• DSS Community Re-entry Initiative	• Educational and Vocational Services	• Capital Construction Work Opportunities
• Offender Release Community Re-entry Specialists (8)	• Cognitive Communities	• Highway Labor
	– Brunswick Women's Cognitive Community Program	
	– Powhatan Cognitive Community Program	

Community-Based Programming

• **Offender Reentry Program (TERMINATED January 2011)**	• **Jail Contract Work Release Beds**
– Stable, Non-violent Inmates – within 90-120 days of release	– Within 12 months of Release
– Classified to local/regional jails – 45 day follow-up upon release	– 350-bed capacity
– Coordinated by Offender Mgmt. and Probation & Parole Services	– Contracts with local and regional jails
1. Arlington 8. Henrico	– Coordinated by Classification
2. Blue Ridge (Lynchburg) 9. New River (Dublin)	– Generally followed by Probation & Parole Supervision
3. Charlottesville/Albemarle 10. Norfolk	
4. Chesapeake 11. Northwest (Winchester)	• **Community Re-entry Programs**
5. Danville 12. Rappahannock	– Local collaboration committees
6. Hampton 13. Riverside (Prince George)	– Linkage to designated institutions
7. Hampton Roads 14. Western Virginia	– Led by the Department of Social Services
• **Virginia Serious and Violent Offender Reentry (VASAVOR)**	• **Community Residential Programs (CRP)**
– Serious, Violent Offenders	– Stable, healthy offenders. Some violent or sex offenders are eligible.
– Home plan in Fairfax County	– Probation & Parole Supervision
– Classified to Fairfax Jail	– Contract Residential Facilities
– Home plan in Newport News	1. Alexandria 5. Lebanon (Russell County)
– Classified to Newport News Jail	2. Charlottesville 6. Richmond City (5)
– Substance Abuse and Mental Health Services	3. Hampton 7. Roanoke
– Residential Services	4. Harrisonburg
– Technological Monitoring and Urinalysis	– 3 to 6 months length of stay
– Job Placement Services	– Job Placement Services
– Followed by Probation & Parole Supervision	– Urinalysis

Interstate Compact for Adult Offender Supervision

Governor Mark Warner signed the Interstate Compact for Adult Offender Supervision (ICAOS) 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 the 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 M. Sisk, Compact Administrator and National Commission Member; E. M. Miller, Jr., Director, Division of Legislative Services; The Honorable Lee A. Harris, Jr., Judge, Henrico Circuit Court; and Shelly Shuman-Johnson, Director, Henrico Victim/Witness Program.

As with all changes, there are different rules, different forms and evolving operating procedures. This has been a challenge for the Department of Corrections' 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. The Department is hard pressed at present and anticipates the need for more staff and Internet based computer capacity to handle the volume.

On June 30, 2011, there were **5,646** Virginia offenders under supervision in other states and **2,398** out-of-state cases in Virginia.

A web-based Interstate Compact Offender Tracking System (ICOTS) was introduced for use by all the member jurisdictions in FY2009. This will enable the computerized transfer of case action requests and supporting documentation. Substantial field training and technical assistance was provided.

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 **five (5)** Lieutenants. Each is responsible for tracking, locating, and apprehending offenders who have absconded from Probation or Parole. Additionally, one Lieutenant is assigned development and implementation of the Community Corrections Continuity of Operations Plans (COOP). FY 2011 accomplishments for this unit include:

- Facilitating enhancements in safety policy, procedures and practices.
- Compiled updated Continuity of Operations Plans for all operating units.
- Conducted **seven (7)** work site Safety Assessments.
- Successfully 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 **four (4)** Basic Skills for Probation and Parole classes.

Fugitive Recovery Unit (F.R.U.)

- In FY 2011, **951** Probation and Parole absconders were arrested and **1,404** 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.
- The number of re-incarcerated, non-compliant violators improved public safety.

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. Each Community Corrections site meets annually to review School Improvement Plans from the previous year and develop School Improvement Plans for the upcoming year.

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.

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 Detention and Diversion Center programs.

Educational programs and related services are offered statewide in:

- 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 tax paying citizens make positive contributions to society and, most importantly, do not create victims through criminal acts.

Adult Programs:

- Adult Basic Education (ABE)
- General Education Diploma (GED)
- Special Education
- Apprenticeship Programs
- Cognitive Skills Training
- Library Services
- Vocational/Technical Education
- Career Readiness Certificates
- Offender Workforce Development Specialists/Life Skills Education (Productive Citizenship) – Positions transferred to DOC on June 25, 2011
- Job/Employability Skills Training
- CASAS
- PLAZA
- Post Secondary
- Campus Behind the Walls Program – Grant received to fund Campus Behind the Walls at two major facilities – Greensville and Lunenburg

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. In the previous year, over 225 volunteers have served. Volunteers have served over 1,400 hours of service and continue to offer assistance. DCE also continues to receive monetary donations to support services.

In FY 2011, the average monthly enrollment was greater than 380 offenders in one or more classes at Community Corrections' centers and programs served by DCE.

The Virginia Correctional Center for Women is now a GED test site and will serve area facilities. DCE has started testing at Chesterfield Women's Detention and Diversion Center. Wage instructors have been approved for Caroline Correctional Center, Cold Springs, Patrick Henry, and Nottoway Work Center. A full-time instructor is being shared by Southampton Men's Detention Center and Brunswick Reception Center. Instruction will be provided two nights per week at Probation and Parole District 21, Fredericksburg. DCE has access to VirginiaCORIS.

Several of the Offender Work Development Specialists were licensed to teach academic classes and served dual roles. With the loss of these positions, academic services will be interrupted effective June 30, 2011. DCE is in the process of getting approval for P-14 academic positions for five locations (four of the locations are Stafford Men's Diversion Center, White Post Men's Diversion Center, Harrisonburg Men's Diversion Center, and Probation and Parole District 21, Fredericksburg).

Acknowledgements

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

Among the many contributors were Darlene Frye (statistical information), Susan Edson (fiscal information), Margaret Howard (DCE), Jim Sisk and Julie Lohman (Interstate Compact and Reentry), Ruthie King (staff safety), Sherri Pridemore (Evidence Based Practices), Dr. Susan Williams (Mental Health Services), Shirley Hughes (statistical information), Christine Eacho (Prisoner Reentry), Shirley Pegram (research and transmittal letters). Randi Lanzafama and Sherri Pridemore collaborated on the sex offender related research information. Stephanie Plunkett typed the narrative and assisted with graphics.

My appreciation is extended to all who generously offered their assistance.

Malcolm L. Taylor
Acting Deputy Director
Division of Community Corrections

§ 1-108. DEPARTMENT OF CORRECTIONS (799)

Item 376.

	Item Details ($) First Year FY2011	Item Details ($) Second Year FY2012	Appropriations ($) First Year FY2011	Appropriations ($) Second Year FY2012
Supervision of Offender and Re-Entry Services (35100)			$ 81,923,593	$ 82,343,775
Probation and Parole Services (35106)	$ 77,753,298	$ 78,753,298		
Community Residential Programs (35108)	$ 1,963,556	$ 1,963,556		
Administrative Services (35109)	$ 2,206,739	$ 2,206,739		
Fund Sources: General	$ 80,161,113	$ 80,441,295		
Special	$ 85,000	$ 85,000		
Dedicated Special Revenue	$ 1,477,480	$ 1,477,480		
Federal Trust	$ 200,000	$ 340,000		

Authority: §§ 53.1-67.2 through 53.1-67.6 and §§ 53.1-140 through 53.1-176.3, Code of Virginia.

A. By September 1 of each year, the Department of Corrections shall provide a status report on the Statewide Community-Based Corrections System for State-Responsible Offenders to the Chairmen of the House Courts of Justice; Health, Welfare and Institutions; and Appropriations Committees and the Senate Courts of Justice; Rehabilitation and Social Services; and Finance Committees and to the Department of Planning and Budget. The report shall include a description of the department's progress in implementing evidence-based practices in probation and parole districts, and its plan to continue expanding this initiative into additional districts. The section of the status report on evidence-based practices shall include an evaluation of the effectiveness of these practices in reducing recidivism and how that effectiveness is measured.

B. Included in the appropriation for this Item is $150,000 the first year and $150,000 the second year from nongeneral funds to support the implementation of evidence-based practices in probation and parole districts. The source of the funds is the Drug Offender Assessment Fund.