# Department of Corrections

# Community Corrections/Institutions

"Celebrating 70 years of Public Safety and Services"

1942 ~ 2012

"A Balanced Approach"

| WE | ARE | ONE |
|---|---|---|
| • Talking Together<br>• Thinking Together | • Learning Together<br>• Finding Common Ground | • Creating New Meaning Together<br>• Suspending Judgement As We Dialogue Together |

## Status Report

July 1, 2011 – June 30, 2012

Harold W. Clarke, Director

Debra D. Gardner, Chief Deputy Director
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N. H. Scott, Deputy Director of Administration

COMMONWEALTH of VIRGINIA

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August 31, 2012

This is a status report on the **Statewide Community Based Corrections System** as required by the 2012 Appropriations Act, Chapter 3, Item 385-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.

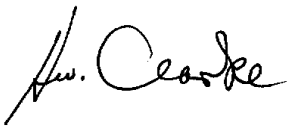
We will continue to:

- 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, develop a computerized offender management system, and incorporate newly validated methods to achieve our mission.

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 work is important and vital to the public safety of the Commonwealth. We need to stay abreast of growing caseloads while seeking to reduce recidivism.



Harold W. Clarke

cc: Ms. Debra D. Gardner
Mr. A. David Robinson
Ms. N. H. Scott
Mr. Karl Hade, Executive Secretary, Supreme Court of Virginia
Mr. William Muse, Chair, Virginia Parole Board
Ms. Meredith Farrar-Owens, Director, Virginia Criminal Sentencing Commission
Mr. D. Wayne Bennett, Superintendent, Division of Educational Services
Regional Operations Chiefs

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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 Department of Corrections (DOC) is engaged in organizational development to support long term public safety outcomes for offenders. The DOC, as with other correctional agencies across the nation, has been successful at creating public safety through incapacitation and other controls. External controls such as incarceration or conditions of probation supervision only work as long as the control is in place. Once the external control is removed, offenders often revert back to criminal habits. To better improve long term public safety, the DOC is in the midst of strategic, adaptive organizational culture change, by using evidence based practices to support offender change before release and while on probation supervision. Evidence based practices requires strategic use of offender risk and needs assessments, case supervision plans, motivational communication techniques and cognitive behavioral programming to support offender behavior change.

The VADOC has an impressive record of public safety. Among the 36 states that report felon recidivism as re-incarceration within three years of release, Virginia ranks as the 5$^{th}$ lowest with a recidivism rate of 26.1%. Although Virginia can be proud of this rate, it also means that over the three year measured period, that approximately 9,000 offenders recidivate, either because they have committed new crimes or because they have failed to comply with conditions of probation or parole supervision. This number represents new victims created, higher taxpayer costs associated with law enforcement and re-incarceration, and many negative social impacts. The DOC therefore must continue to make every effort to apply practices that are demonstrated by science to reduce recidivism.

As the DOC approaches its mission, there are many challenges in community corrections. Key challenges also provide opportunities for continual improvement. Some of those challenges that are a priority for DOC are:

- Implementing evidence based practices in all operating units with fidelity
- Providing effective supervision with finite Probation and Parole Officer resources
- Growing and changing offender demographics 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 to ensure effectiveness
- Promoting staff safety practices including critical incident management
- Measuring achievement and outcomes for continual process improvement

Public safety through risk control remains a top priority for the DOC, and DOC is also working to improve its organizational practices to create long term risk reduction through applying ever evolving correctional science based on research.

# Goals

The Department of Corrections has been reorganized to promote a unified approach to improving public safety with a new organizational structure that combines the former Division of Operations (prisons) and the former Division of Community Corrections into one unified division under the position of Chief of Corrections Operations. Dispensing with the separation of the former divisions and merging them into one operating division provides for more efficient resource utilization, enhanced communication, and more effective implementation of the Governor's initiatives.

The goals of the reorganization are as follows:

1. To effectively implement of the Governor's Reentry Initiative.

2. To implement Evidenced Based Practices within community corrections and facilities with fidelity according to the research.

3. To create "oneness" in the organization that provides continuity of reentry services for offenders through the entire continuum of correctional supervision, from the first day of incarceration to the last day of community supervision and beyond.

4. To promote long term public safety goals by encouraging offenders to make positive changes towards law abiding behaviors; and by enabling staff to continually be challenged to learn and grow, to support each other and offenders, and to serve as positive role models for offenders.

5. Effective and efficient deployment of resources to effectively achieve public safety goals.

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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 Virginia Department of Corrections (VADOC) is targeting those 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 continues efforts to sustain EBP, data-driven, interpersonal and individualized approaches continue to replace traditional contact-driven methods of community supervision. Although this is a long-term and intricate process**,** the VADOC has invested significant resources to further expand EBP implementation. These efforts include the following:

- Hiring of an Administrator of Evidence Based Practices Operations to oversee the Department's management of the EBP model. The establishment of this position will help to ensure that current practice aligns with the research literature and produce**s** positive outcomes;

- Development of a four-year strategic plan for continuing EBP implementation and ensuring sustainability in community corrections;

- Inclusion of EBP requirements/criteria in community corrections employee work profiles (EWPs) and in the annual operational goals of the institutions;

- Expansion of EBP to twenty six probation and parole districts and two detention centers, thus initiating the implementation of EBP in all remaining community corrections units. (As of May 2012 EBP Introduction and Deportment training, Motivational Interviewing and Short Interventions (for detention and diversion) training was provided to all community corrections units throughout the state) ;

- Continuation of training, support and coaching efforts in statewide probation and parole districts, as well as detention and diversion centers;

- Delivered case planning training statewide to all community correction 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;

- Developed and delivered statewide case planning reviewers training to supervisory staff in community corrections (Chief Probation and Parole Officers (CPO), Deputy Chief Probation and Parole Officers (DCPO), Senior Probation and Parole Officers (SPO)). These staff review the case plans which are developed collaboratively by probationers and officers in district offices and facilities to insure quality and consistency of plan development;

- Ongoing testing of COMPAS risk/needs assessment instrument resulted in providing updated versions of the software to better meet Virginia specifications;

- Commission of a validity and reliability study for the COMPAS risk/needs assessment instrument in order to improve this process;

- Provided COMPAS 'Train the Trainers' instructions to field staff that are certified by NorthPointe. They in turn provide training to other coaches in the districts and facilities;

- Developed two COMPAS training components for use in the basic skills training for new correctional staff. One-day training sessions are delivered at the Academy for Staff Development by certified trainers. These trainers also provide half-day informal training sessions to staff in districts and facilities upon request;

- Fidelity reviews for substance abuse treatment providers continue to be conducted by assessors who use pre and post-test measures;

- Providing ongoing regional and district training and support to staff assigned as Subject Matter Specialists (SMS) regarding start-up and management of Learning Teams;

- Provided ongoing advanced training and coaching support for Subject Matter Specialist in statewide community corrections units;

- Ongoing regional EBP meetings for unit heads and supervisors (Chief's, Deputy Chief's and Senior Probation Officers). These meetings provide guidance and support for the continuing implementation of EBP on a regional basis;

- With the initial implementation of EBP in all community corrections and institutions, we continue to assess the training and support needed for the sustainability of EBP;

- The Program Development and Evaluation (PDEU) Unit, under the Division of Administration, has lead EBP implementation to date. With the DOC reorganization that combined community corrections and institutions, implementation and improving fidelity of EBP has become a responsibility of the DOC's Reentry and Programs Unit. The PDEU Unit will continue to provide evaluation and fidelity measurement of the initiative.

In order to sustain EBP with fidelity and consistency, the Department of Corrections has a challenging yet worthwhile journey ahead. Encouraged by the preliminary results showing the impact of EBP on successful case closing and reduced revocation rates, the Department will meet its goal of reducing recidivism, cutting correctional costs, providing effective treatment to offenders and increasing public safety.

# Department of Corrections
# Division of Community Corrections
# FY 2012
# State Funds

| Program/Services | Probationers | Post Releasees / Parolees | Total | Inmates | Operating Plan |
|---|---|---|---|---|---|
| Community Corrections Workload | 54,537 | 2,532 | 57,069 | 0 | $ 65,688,636 |
| 17 Sex Offender Containment Projects | 2,544 | 215 | 2,759 * | 0 | See Districts Total |
| Electronic Monitoring | Districts | Districts | Districts | 0 | $ 2,872,263 |
| 271 GPS Units | Districts | Districts | Districts | 0 | See EM Total |
| 8,289 Voice Recognition | Districts | Districts | Districts | 0 | See EM Total |
| 0 Home Electronic Units | Districts | Districts | Districts | 0 | See EM Total |
| 9 Community Residential Programs | 135 | 13 | 148 | 0 | $ 2,277,764 |
| 1 Diversion Center (Women) | 61 | 0 | 66 | 0 | See Men's Total |
| 3 Diversion Centers (Men) | 317 | 0 | 317 | 0 | $ 10,453,946 |
| 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** | **57,855** | **2,760** | **60,620 *** | | |

| | | | | | |
|---|---|---|---|---|---|
| **OUT-OF-STATE INTERSTATE COMPACT** | **5,471** | **350** | **5,821** | **0** | **See Districts Total** |

| | | | | |
|---|---|---|---|---|
| **FIELD OFFICERS (Filled FTE)** | **Senior Officers: 89** | **Officers: 593** | **Surveillance Officers: 61** | **Total: 743** |

* Sixty-seven (67) sex offenders in containment units have both probation and parole obligations.
* Six (6) sex offenders are not counted, only conditional release cases and do not have criminal obligation.

# 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 2012, the Division of Community Corrections allocated the amounts (state funds) below for alcohol and other drug abuse services, sex offender assessment, treatment, polygraph, and a variety of non-residential and residential treatment services.

| **Alcohol and Other Drug Abuse Services** | **Allocation** |
|---|---|
| ❖ Residential and Non-Residential General Funds | $ 2,920,318 |
| **3** Private Residential Service Contractors | |
| **30** Private Non-Residential Service Contractors | |
| **30** Memoranda of Agreement with Community Service Boards | |
| ❖ Urinalysis and Oral Fluid Testing | $ 874,000 |
| **Sex Offender Services** | |
| ❖ Assessment and Treatment | $ 1,367,000 |
| **18** Private Assessment and Treatment Contractors | |
| ❖ Polygraphy | $ 299,600 |
| **8** Private Polygraph Contractors | |
| **Community Residential Programs** | |
| **9** Private Contractors | $ 2,277,764 |
| **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.**<br><br>**Minimum one and one-half (1½) hours per session for a total of thirteen (13) sessions.**<br><br>**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**<br>**2. The disease model of chemical dependence**<br>**3. The effects of addiction and AOD abuse**<br>**4. The impact of AOD abuse and addiction on others**<br>**5. AOD use and the relationship to criminal thinking and behavior**<br>**6. Identify distorted thinking, beliefs, attitudes, feelings, and restructure to augment behavioral change**<br>**7. Defense Mechanisms**<br>**8. 12-Step/Peer Support**<br>**9. Maintaining Abstinence**<br>**10. STD/HIV Prevention**<br>**11. Relapse Prevention**<br>**12. Role Play, Thinking Reports, Journaling**<br>**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.**<br><br>**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.**<br><br>**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.**<br><br>**Generally one 1½ hour session/week for 16 weeks.**<br><br>**Recommended group size 8-12.**<br><br>**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.**<br><br>**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.**<br>**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.**<br>**Recommended group size is 12 participants.**<br>**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.**<br><br>**Continued cognitive restructuring and enhanced development of coping skills.**<br><br>**Matrix Model and Intensive Outpatient substance abuse treatment modality is being implemented in the intensive reentry programs.** | **Participant plays an active role in the treatment planning process. Demonstrate progress toward achieving the individualized objectives of the treatment plan.**<br><br>**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.** |
| **Family Education Group - Minimum one (1) session per week; minimum one and one-half (1 ½) hours per session for a total of twelve (12) weekly sessions. All offenders and identified family members are expected to attend the group sessions for twelve (12). Recommended group size is sixteen (16) participants. The group shall consist of both offenders and their family members. Group size shall not exceed twenty (20) participants.** | **Designed to assist the offenders and their family members to be interactive and to discuss substance abuse issues related to both offenders and their family members.**<br><br>**Introduction to addiction, family disease, treatment, recovery and the ensuing interpersonal dynamics.** | **Teach offenders and families to understand how the recovery process can affect relationships.**<br><br>**Teach, promote and develop the basics of healthy offender/family relationships.** | **Provide offenders and family members a positive group experience with other recovering offenders and their families.**<br><br>**Provide information about community resources available to offenders and their families to augment the recovery process.** |

| 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.**<br><br>**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/ Continuing Care –**<br><br>**Minimum one (1) session/week; minimum 1½ hours per session for a total of 14 - 24 sessions.**<br><br>**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.**<br><br>**Continued cognitive restructuring and utilization of coping skills.**<br><br>**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.**<br><br>**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.

**8/12**

# 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 felony 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 FY2012:

- ***Capacity* – 714**
- ***Census* – 607 (6/25/12)**
- ***Admissions* – 1,497**
- ***Terminations* – 216**
- ***Graduations* – 1,259**
- ***Community Service Hours* – 152,366.4**
- ***General Education Diplomas* – 23**

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.

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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 fifth year, these Districts have participated in an enhanced data collection system. The project sites report an overall re-arrest rate of about **17.5%** (**635** new offenses inclusive of technical violations and, **109** registry offenses), of which less than **2.14% (28)** were for new sexual offenses. The re-arrest rate for registry offenses was **3%**. There were **51** absconders. There was an active caseload of **2,765** offenders on June 30, 2012 with **210** 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 **18** 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 **78**, which is an increase of approximately **41%** from FY2011. Of that number, **20** 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 **3,505** 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 19,192 persons on Sex Offender and Crimes Against Minors Registry.
- About 3,505 are under Probation and Parole supervision.
- About 57,069 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 providing quality assessment and treatment services to offenders as well as consultation and training to correctional staff in accordance with professional and ethical standards of practice.

The specific plan for Community Corrections mental health professionals is to serve as mental health and sex offender services liaison between the facility and field operations. They provide mental health services to offenders, including crisis intervention, screening, psychological assessment and evaluation, individual and brief supportive therapy, treatment planning, re-entry planning, and supervision recommendations in addition to training to clinical and non-clinical staff.

The Community Corrections Mental Health Services is comprised of the Mental Health Clinical Supervisor, 3 Regional (Central, Eastern, 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 Richmond, Norfolk, and Roanoke District offices, a Clinical Social Worker at Southampton Detention Center, and a Mental Health Trainer at the Academy for Staff Development.

FY2012 began with the emphasis on transitioning all Districts to evidence-based practices (EBP). The Community Corrections Mental Health staff assisted the EBP Implementation Teams in each region, assisted Learning Teams, assisted Probation Officers with developing case plans, and conducted trainings across the Commonwealth specifically designed to smooth the transition to EBP. Trainings were also conducted on Mental Disorders, Mental Health Issues in Gangs, Leadership, Teambuilding, Getting Motivated, and Stress Management.

The Correctional Mental Health Screen (CMHS) was introduced to the field to adequately assess the mental health needs of direct releases coming from jail or court onto supervision. The Community Corrections Mental Health staff developed, and is providing, on-going training for the Districts and Detention and Diversion Centers.

Nearly 1,500 mildly to severely mentally ill offenders were released in FY2012 including approximately 200 mentally ill sex offenders. In addition to the everyday support, treatment, and planning for mentally ill offenders, training for the Probation Officers was also conducted. Specialized training for the Probation Officers handling the mental health cases continued with topics including case studies and case plans, suicidal offenders and depressed colleagues, working with Re-Entry Senior Probation Officers and Community Re-entry Specialists, cultural diversity, private treatment providers, and the CMHS. Additionally, a special Sex Offender Awareness Program (SOAP) group and over 100 assessments were provided to D32 Henrico to support sex offender services for offenders released to Strath and Sandy House in order to assist the District.

## 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 Deputy Secretary of Public Safety, 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 2012, **37,159** state responsible offenders were incarcerated in the Virginia Department of Corrections (VADOC) prisons or local jails, and **57,069** offenders were supervised by VADOC in the community on probation or parole. This fiscal year, **31%** of incarcerated felons –**11,585** state responsible offenders – completed their sentences and returned to local communities from state prisons and jails. Of the offenders released in FY2012, **9,488 (82%)** offenders were released with probation or post release supervision obligations, **1,276 (11%)** offenders were directly released with no supervision, **425 (4%)** offenders were released on mandatory parole, and **245 (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 (10) | • Cognitive Communities | • Highway Labor |
| | – Brunswick Women's Cognitive Community Program | |
| | – Powhatan Cognitive Community Program | |

### Community-Based Programming

| | |
|---|---|
| • **Virginia Serious and Violent Offender Reentry (VASAVOR)** | • **Community Re-entry Programs** |
| – Serious, Violent Offenders | – Local collaboration committees |
| – Home plan in Fairfax County | – Linkage to designated institutions |
| – Classified to Fairfax Jail | – Led by the Department of Social Services |
| – Home plan in Newport News | |
| – Classified to Newport News Jail | • **Community Residential Programs (CRP)** |
| – Substance Abuse and Mental Health Services | – Stable, healthy offenders. Some violent or sex offenders are eligible. |
| – Residential Services | – Probation & Parole Supervision |
| – Technological Monitoring and Urinalysis | – Contract Residential Facilities |
| – Job Placement Services | 1. Alexandria 5. Lebanon (Russell County) |
| – Followed by Probation & Parole Supervision | 2. Charlottesville 6. Richmond City (3) |
| | 3. Hampton 7. Roanoke |
| • **Jail Contract Work Release Beds** | 4. Harrisonburg |
| – Within 12 months of Release | – 3 to 6 months length of stay |
| – 350-bed capacity | – Job Placement Services |
| – Contracts with local and regional jails | – Urinalysis |
| – Coordinated by Classification | |
| – Generally followed by Probation & Parole Supervision | |

## Interstate Compact for Adult Offender Supervision

Governor Mark Warner signed the Interstate Compact for Adult Offender Supervision (ICAOS) into law as approved by the 2002 General Assembly. The new Compact took effect on July 1, 2002.

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 between states, territories, 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.

The rules of the Compact have the force and 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.

On June 30, 2012, there were **5,842** Virginia offenders under supervision in other states and **2,351** out-of-state cases in Virginia. Virginia consistently ranks among the top 10 states in volume of transfer.

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

The **Interstate Compact Bench Book** is available on the ICAOS website at: http://www.interstatecompact.org and click on Legal/Bench Book/PDF.

## Operations Extradition/Fugitive Services Unit

The Operations Extradition/Fugitive Services Unit is comprised of a Unit Manager (Major), a Captain and seven (7) Lieutenants. This unit is responsible for locating and apprehending offenders who have absconded or wanted by the Department of Corrections. Additionally, one Lieutenant is assigned development and implementation of the Continuity of Operations Plans (COOP) for the entire agency.

FY2012 accomplishments for this unit include:

- 833 persons wanted by this agency were arrested clearing 881 warrants.
- This unit also assisted local, state, and federal law enforcement agencies in the arrest of 548 fugitives clearing 1,128 outstanding warrants in the process.
- This unit was contacted by local, state, and federal law enforcement agencies asking for informational assisted 1,564 times.
- For FY2012 this unit successfully completed 199 out of state extraditions without incident.
- As one unit responsible for the entire state, this unit assigned staff the responsibility of overseeing each district ensuring that the needs of the Probation and Parole Districts are met.
- Assisted the Academy for Staff Development by supplying adjunct instructions when requested.
- Completed updates to the COOP.

# Department of Correctional Education

As a part of the Governor's Reform and Restructuring Plan for state government, the Department of Correctional Education has been consolidated with the Department of Corrections and/or Department of Juvenile Justice. This consolidation was finalized on July 1, 2012. This partnership will provide seamless 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.

Prior to July 1, 2012, the Department of Correctional Education existed as a separate executive branch agency, containing an independent school district with its own school board operating in cooperation with the Department of Corrections and Department of Juvenile Justice.

Educational Services prepare 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.

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

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

In fiscal year 2012 the DCE academic programs in major institutions averaged 1,239 hours of instruction and the CTE programs in the major institutions averaged 1,224 hours of instruction. The Academic programs in the Correctional Field Units averaged 624 hours of instruction and the three CTE programs averaged 898 hours of instruction for fiscal year 2012. In fiscal year 2012 the DCE programs averaged the following daily enrollments:

- Academic – 4,894
- College – 852
- Human Development – 67
- Cognitive – 110
- Apprenticeship – 334
- Transition – 729
- Vocational – 2,469

Prior to July 1 of this year the former DCE restarted classes with P-14 positions at the Harrisonburg Men's Diversion Center and the White Post Men's Diversion Center and after getting approval to establish the position, have begun the process of hiring a part-time teacher for Stafford's Men's Diversion Center. These classes will continue post transition.

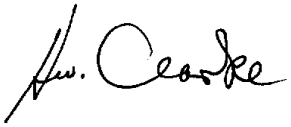
DOC will pursue partnering with the State GED Coordinator to begin looking at the process of Computerized GED Testing which becomes effective in 2014. They are currently identifying potential test sites.

# 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 contributions were Darlene Frye (statistical information, research, and transmittal letters), Susan Edson (fiscal information), Christopher Colville (DCE), Julie Lohman (Interstate Compact and Re-entry), Clyde King (Operations Extradition/Fugitive Services Unit), Tama Celi (Evidence Based Practices), Dr. Susan Williams (Mental Health Services), Shirley Hughes (statistical information), Scott Richeson (Prisoner Re-entry), Randi Lanzafama and Sherri Pridemore collaborated on the sex offender related research information, and Stephanie Plunkett typed the narrative.

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



Harold W. Clarke
Director

## § 1-111. DEPARTMENT OF CORRECTIONS (799)

**Item 385.**

| | Item Details ($) First Year FY2013 | Item Details ($) Second Year FY2014 | Appropriations ($) First Year FY2013 | Appropriations ($) Second Year FY2014 |
|---|---|---|---|---|
| Supervision of Offender and Re-Entry Services (35100) | | | $ 82,984,939 | $ 83,326,913 |
| Probation and Parole Services (35106) | $ 79,101,559 | $ 79,443,533 | | |
| Community Residential Programs (35108) | $ 1,963,556 | $ 1,963,556 | | |
| Administrative Services (35109) | $ 1,919,824 | $ 1,919,824 | | |
| Fund Sources: General | $ 81,069,607 | $ 81,411,581 | | |
| Special | $ 85,000 | $ 85,000 | | |
| Dedicated Special Revenue | $ 1,490,332 | $ 1,490,332 | | |
| Federal Trust | $ 340,000 | $ 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.