

# Department of Corrections



## “Continuing a Balanced Approach to Public Safety through the Healing Environment”

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### STATUS REPORT

July 1, 2013 – June 30, 2014

Harold W. Clarke, Director of Corrections

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# COMMONWEALTH of VIRGINIA

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August 1, 2014

This is a status report on the Statewide Community Based Corrections System as required by the 2013 Appropriations Act, Chapter 806, Item 385-A.

There have been significant accomplishments over the past year which includes the Department of Corrections (DOC):

- increasing Sexually Violent Predator (SVP) conditional release supervision
- building partnerships to reduce outstanding absconder warrants and DNA samples
- expanding use of an automated risk/needs assessment instrument (COMPAS)
- continuing to use the new Offender management System (Virginia CORIS)
- expanding the use of voice recognition telephonic monitoring for low risk cases in the community
- updating of Continuity of Operations Plans (COOP) for all units
- managing of our activities within austere budget allocations
- continuing use of the National Computerized Interstate Compact Offender Tracking System (ICOTS)
- reducing the number of persons discharged from prison without housing
- extensive collaboration with other state and local agencies on the above issues
- continuing participation as a partner agency in Local Reentry Councils

In spite of our accomplishments many challenges remain. Probation and Parole Districts continue to be confronted with large workloads, limiting the time and services that can be provided to offenders on supervision. Too many offenders still enter the community from prison without housing, particularly sex offenders and violent offenders. Many offenders are released from local or regional jails without access to any reentry preparation programs. Offenders needing substance abuse or mental health services often face long waiting lists for public services. Sexual offenders, mentally disordered offenders, and substance abusers require extensive and intensive services and monitoring. The growing numbers of offenders involved in gangs presents new supervision obstacles.

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Statewide Community Based  
Corrections System

Despite these major challenges, our central mission is to create lasting public safety by preparing offenders to reintegrate into law abiding lives after the course of supervision is completed.

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 case plans that address identified risks and needs
- utilize evidence based services to respond to individual needs and reduce the risk of recidivism
- quickly and appropriately respond to compliance and non-compliance with proportionate incentives and sanctions

As we move forward, DOC will continue to evaluate our supervision practices and services and seek ways to continually improve our operations to achieve our goal of long term public safety.

Harold W. Clarke

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

# Community Corrections

## Referral Guide – Non-Residential Options

State Probation and Parole <i>Virginia Code Section 53.1-145</i>	Intensive Supervision (ISP) <i>Virginia Code Section 53.1-145</i>
<ul style="list-style-type: none"> <li>✓ Felons with suspended sentences</li> <li>✓ Placed on probation/parole, post-release supervision or conditional release</li> <li>✓ Available in all localities</li> </ul> <p><b><u>Services:</u></b></p> <ul style="list-style-type: none"> <li>• Substance Abuse Screening and Assessment</li> <li>• Case Planning and supervision</li> <li>• Surveillance</li> <li>• Community contacts/ home visits</li> <li>• Investigations</li> <li>• Arrest Record Checks</li> <li>• Drug Screenings</li> <li>• Referral to or direct provision of treatment services</li> <li>• Capacity to transfer supervision to other localities or states</li> <li>• Evidence-Based Practices programs</li> <li>• Thinking for a Change (T4C)</li> <li>• Re-entry Services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Felons with violent or predatory sexual backgrounds</li> <li>✓ Diversion, Detention and Youthful Offender graduates</li> <li>✓ Members of Hate Groups</li> <li>✓ Offenders exhibiting delinquent behavior</li> <li>✓ Accepted by local screening</li> <li>✓ Limited caseload capacity</li> <li>✓ Available in all jurisdictions</li> </ul> <p><b><u>Services:</u></b></p> <ul style="list-style-type: none"> <li>• Increased surveillance</li> <li>• More frequent offender contacts</li> <li>• Frequent record checks</li> <li>• Drug Screening</li> <li>• Referral to or provision of treatment services</li> <li>• Capacity to transfer supervision to other states</li> </ul>
Electronic Monitoring (Monitoring Through Technology (MTT)) <i>Virginia Code Sections 19.2 -295.2:1 and 37.2 – 908</i>	Drug Treatment Courts
<ul style="list-style-type: none"> <li>✓ Low risk felons or felons with violent or predatory sexual backgrounds</li> <li>✓ Type of monitoring is based on risk level</li> <li>✓ Global Positioning by Satellite (GPS)</li> <li>✓ Voiceprint Verification               <ul style="list-style-type: none"> <li>❖ Requires landline or cell phone</li> </ul> </li> <li>✓ Should have stable residence</li> </ul> <p><b><u>Services:</u></b></p> <ul style="list-style-type: none"> <li>• GPS tracking data</li> <li>• Computerized random checks via phone check-in</li> <li>• Supplements and complements regular and intensive supervision services</li> </ul>	<ul style="list-style-type: none"> <li>✓ Targets felony drug offenders</li> <li>✓ Interactive with sentencing Judge</li> <li>✓ Offenders must be non- violent with no mental health problems</li> <li>✓ Intensive outpatient treatment</li> <li>✓ 12 – 24 months long</li> <li>✓ Ongoing judicial oversight</li> <li>✓ Immediate and definite sanctions upon relapse or non-compliance with rules of programs</li> <li>✓ Conducted in partnership with localities</li> </ul> <p><b><u>Services:</u></b></p> <ul style="list-style-type: none"> <li>• Intensive supervision</li> <li>• Continual drug testing</li> <li>• Intensive substance abuse counseling</li> <li>• Incentives for compliance</li> <li>• System of sanctions</li> </ul>

### Adult Drug Court localities

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| <ul style="list-style-type: none"> <li>• Arlington</li> <li>• Bristol</li> <li>• Buchanan County</li> <li>• Charlottesville/Albemarle County</li> <li>• Chesapeake</li> <li>• Chesterfield</li> <li>• Dickenson County</li> <li>• Fredericksburg/King George</li> <li>• Spotsylvania/Stafford</li> <li>• Hampton City</li> <li>• Henrico County</li> <li>• Newport News</li> </ul> | <ul style="list-style-type: none"> <li>• Norfolk City</li> <li>• Portsmouth City</li> <li>• Prince George/Hopewell/Surry</li> <li>• Richmond City</li> <li>• Richmond County</li> <li>• Roanoke City/Roanoke County/Salem</li> <li>• Russell</li> <li>• Staunton/Waynesboro</li> <li>• Tazewell</li> <li>• Washington County</li> <li>• Wise County/Lee/Scott</li> </ul> |
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# Community Corrections Referral Guide – Residential Options

Community Residential Program <i>Virginia Code Sections 53.1-10, 53.1-60, 53.1-136, 53.1-140, 53.1-145</i>	Youthful Offender Program <i>Virginia Code Section 19.2 – 311</i>
<ul style="list-style-type: none"> <li>✓ Lacks stable residence or needs transition from incarceration</li> <li>✓ Must meet facility criteria</li> <li>✓ Up to <u>162</u> contractual bed spaces in <u>8</u> facilities are funded</li> <li>✓ Available statewide</li> <li>✓ Length of stay - 90 days</li> </ul> <p><b><u>Services:</u></b></p> <ul style="list-style-type: none"> <li>• Food and Shelter</li> <li>• Urinalysis</li> <li>• Basic life skills</li> <li>• Substance abuse education/treatment</li> <li>• Individual/group counseling</li> <li>• Job placement</li> </ul> <p>Facilities are located in: Charlottesville, Alexandria, Hampton, Lebanon, Harrisonburg, Richmond, and Roanoke</p>	<ul style="list-style-type: none"> <li>✓ Chesapeake – Men</li> <li>✓ Goochland – Women</li> <li>✓ Available to all Circuit Courts</li> <li>✓ Committed offense prior to Age 21</li> <li>✓ Did not commit Class I Felony or assaultive misdemeanor</li> <li>✓ Capable of being rehabilitated</li> <li>✓ Eligibility must be approved by DOC prior to sentencing</li> <li>✓ Four (4) year term plus suspended/revoked time</li> <li>✓ Immediately parole eligible</li> <li>✓ Medium security with fence</li> </ul> <p><b><u>Services:</u></b></p> <ul style="list-style-type: none"> <li>• Ready to</li> <li>• AA/NA</li> <li>• Parenting</li> <li>• Upholstery</li> <li>• HVAC</li> <li>• Building and Maintenance</li> <li>• Small engine repair Work</li> <li>• Productive Citizenship</li> <li>• Anger Management</li> <li>• Thinking for a Change (T4C)</li> <li>• GED preparation and testing</li> </ul> <p>❖ Intensive Supervision for at least 1 ½ years upon release</p>
Diversion Center Incarceration Program <i>Virginia Code Section 19.2 – 316.3</i>	Detention Center Incarceration Program <i>Virginia Code Section 19.2-316.2</i>
<ul style="list-style-type: none"> <li>✓ Non-violent felony offenders (See 19.2-297.1 for definition)</li> <li>✓ Women – Chesterfield (110 beds)</li> <li>✓ Men - Stafford (104 beds) Harrisonburg (108 beds) White Post (128 beds)</li> <li>✓ Mentally/physically able to do activities of daily living</li> <li>✓ Eligibility must be approved by DOC prior to sentencing</li> <li>✓ Must be a condition of probation or parole in lieu of incarceration</li> <li>✓ Available to all Circuit Courts and Parole Board</li> <li>✓ Length of stay 5 to 7 months</li> <li>✓ Minimum security</li> </ul> <p><b><u>Services:</u></b></p> <ul style="list-style-type: none"> <li>• Community service</li> <li>• Drug Screening</li> <li>• GED preparation/testing</li> <li>• Case Plans</li> <li>• Cognitive Community</li> <li>• Substance Abuse Matrix</li> <li>• Resources for Successful Living and Ready to Work Programs</li> <li>• Employment in the private sector</li> </ul> <p style="text-align: center;"><b><u>Additional Women’s Programs</u></b></p> <p>❖ Thinking for a Change (T4C)      ❖ Trauma Classes ❖ Restorative Justice</p> <p style="text-align: center;"><b>◆ Intensive Supervision upon release</b></p>	<ul style="list-style-type: none"> <li>✓ Non-violent felons as per Code §19.2-316.1</li> <li>✓ <i>Women</i> -Chesterfield (40 beds)</li> <li>✓ <i>Men</i> - Appalachian (106 beds) Southampton (108 beds)</li> <li>✓ Physically/mentally able to work</li> <li>✓ Must be accepted prior to sentencing</li> <li>✓ Must be a condition of probation or parole in lieu of incarceration</li> <li>✓ Length of stay - 5 to 7 months</li> <li>✓ Adult Basic Education Programming and General Educational Development (GED testing)</li> <li>✓ Life skills</li> <li>✓ Substance abuse addiction therapy</li> <li>✓ Provide community service work</li> <li>✓ AA and NA</li> <li>✓ Evidence Based and Cognitive Programs</li> <li>✓ Serv-Safe Certification</li> <li>✓ OSHA Program</li> <li>✓ Career Readiness Assessment</li> </ul> <p><b><u>Transition:</u></b></p> <p>❖ Birth Certificate                      ❖ Social Security Card ❖ DMV Identification                  ❖ Re-Entry Group (Family Involvement)</p> <p style="text-align: center;"><b>◆ Intensive Supervision upon release</b></p>

## Critical Issues

The Department of Corrections (DOC) is engaged in organizational development to support long term public safety outcomes for offenders. The VADOC has an impressive record of public safety. Among the 38 states that report felon recidivism as re-incarceration within three years of release, Virginia ranks as the 2nd lowest with a recidivism rate of 22.8%. Although Virginia can be proud of this rate, it also means that over the three year measured period, that approximately 8,000 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.

Over the past four years significant progress has been made towards achieving the agency's services with the vision that every offender successfully transition from prison and from probation/parole supervision to his or her community as a law-abiding, productive member of the community. Research in recidivism reduction has demonstrated that traditional risk control strategies (e.g., incarceration, intensive probation supervision) are effective only as long as the control is in place but that long term public safety is created when offender risks are lowered by assessing and addressing needs through programming and services.

The VADOC adopted a guiding principle that reentry preparation begins at an offender's first contact with the Department, whether that is with a Probation and Parole District or at a prison reception center, and that reentry preparation continues through the entire course of correctional supervision until reintegration occurs. Considering this principle, it is necessary that all of VADOC operations be viewed through the lens of reentry preparation. Virtually everything VADOC does operating on a daily basis effects offender reentry preparation including the interactions of correctional officers with offenders, prison job assignments, and incentives and sanctions utilized to reward or correct behavior.

In 2011 the Department's infrastructure was reorganized to combine the formerly stovepipe operations of prisons and community corrections under one position of the Chief of Corrections Operations. This has helped to create a culture of team work where all staff focus on providing effective services to offenders for the outcome of reduced recidivism. The VADOC has implemented the automated COMPAS Risk and Needs Assessment, the offender case plan and program timeline that direct offender program participation during incarceration and while on probation/parole supervision.

Programming has been significantly enhanced. The VADOC implemented Intensive Reentry Programs at fifteen prisons across the state so that offenders nearing release can participate in release preparation programs near their home communities. This allows offenders to be close to families and local resources that is necessary to support reentry. The Intensive Reentry Programs include components of workforce development, life skills, family reunification seminars, and socialization. Offenders also complete the research based cognitive behavioral program "Thinking for a Change" to address criminal thinking, decision making and relationship skills.

Legislation has also been passed to support reentry preparation. The VADOC was able to obtain a Code of Virginia change requiring incarcerated offenders to establish a Reentry Savings Account whereby a percentage of funds on their inmate trust account must be saved for release. Separate legislation was passed requiring payments on court ordered financial obligations while incarcerated. Another Code change allows the VADOC to communicate case specific information about health issues to the local departments of social services as needed to plan for housing and care for persons with medical or mental health issues. The budget bill designated VADOC as the federal bonding administrator, so offenders leaving prison and living in the community are able to be bonded to encourage their hire by employers.

## Critical Issues

The VADOC has established numerous partnerships with other agencies and service providers to support offender reentry. The Department of Motor Vehicles has implemented a DMV Connect, an outreach program where DMV teams carry portable equipment to provide state identification cards to incarcerated individuals pending release. Identification is necessary to secure jobs and housing, open bank accounts, enter public buildings, and apply for benefits. The VADOC has also partnered with several universities and colleges to provide educational services for offenders. Among them are the University of Virginia Darden School of Business entrepreneurial program at two prisons and the Campus Behind Walls college program operated by Southside Community College with support from the Sunshine Lady Foundation.

The Department has improved its procedures to develop home plans for offenders before release from prison. The new procedures have resulted in prison counselors and community probation and parole officers working jointly for seamless transition. The position of Senior Reentry Probation Officer has been created to bridge the gap between prison and community supervision. The Senior Reentry Probation Officer meets with offenders before their release from prison and ensures necessary support is provided during the time of reentry. A Memorandum of Agreement has been developed between VADOC and the Department of Social Services to guide how the agencies work with each other and with local social service agencies to develop placements for offenders needing health care after release. As a result of these interagency efforts, VADOC's homeless discharges from prison have decreased by 73%.

Across the state, local agencies and non-profit organizations have formed Local Reentry Councils, initially nurtured by the Secretary of Public Safety's office and are now operating under the support of the Department of Social Services. The Local Reentry Councils area community based reentry approach is unique in its integration of human services and public safety. The Councils vary by each locality but are generally composed of representatives from public agencies, law enforcement, the courts, businesses, non-profits, faith based organizations, former offenders, families and victims of crime. The Councils coordinate services and plan transition resources for offenders reentering to the community. The Local Reentry Councils are locally operated and are primarily co-chaired by social services agency directors and the chief probation and parole officer.

During the past four years the VADOC has made significant strides in implementing evidence based practices. Evidence based practices used as a term within corrections means organizational operations centered on research findings about practices proven to change offender behavior and reduce recidivism. The evidence based practices body of science and resulting principles provide a strategic framework for organizational development, staff training, interaction with offenders and programming. It is critical that EBP practices be implemented with fidelity to the original research if expected to reliably produce recidivism reduction with offenders. Over the past four years VADOC implemented evidence based practices in all but seven prisons. In addition, a comprehensive strategic plan was developed for community corrections. Implementation of the plan is on target and thus far includes training Chief Probation Officers in evidence based principles to support unit organizational development. Approximately a year ago, VADOC began a rigorous process of enhancing communication and intervention skills in all 43 Probation and Parole Districts through EPICS II (Effective Practices in Correctional Settings). There is considerable research demonstrating positive outcomes when Probation Officers use a specific set of skills when supervising probationers who are most likely to recidivate. In an effort to implement these skills throughout the population and to maintain the capacity to sustain their consistent use, we developed a cadre of Coaches in each District who are trained at a very high level. These coaches work with Probation Officers and provide feedback on their use of these skills through recorded interactions with probationers. Each Probation Officer has to demonstrate competency in each of the 7 skills in order to be considered fully trained. We also developed a team of internal trainers who continuously train staff around the state to prepare them for coaching in the district. After our

## Critical Issues

next Coaches training event we will have approximately 90 Coaches around the state in each of the Probation and Parole Districts. Additionally we have a team of approximately 25 trainers. The Coaches and Trainers are peers who perform these tasks in addition to regular probation and parole work. DOC will be introducing EPICS 2 in the Detention and Diversion Centers in the very near future.

The DOC recently initiated the SOARING project pilot in community corrections. VADOC entered into an agreement with George Mason University to enhance the knowledge of Evidence Based Practices (EBP) in 3 large pilot sites located in urban settings (Fairfax, Portsmouth and Roanoke). The initiative has 3 major components that are very unique to our organization. The first step is an organizational survey of staff to determine a baseline of EBP knowledge and readiness to change. The second step is a very comprehensive eLearning experience that requires all staff members to complete 5 modules of EBP material, achieving a grade of at least 80%. Each module is broken down into Beginner, Intermediate and Advanced levels. The modules are completed on line, the grades are provided to the supervisor who reviews the material with the staff member. The third step is a Coaching development program that provides supervisors with skills and tools to observe Probation Officers using live skills, record their interactions and give coaching feedback on strengths and weaknesses.

This initiative will enable us to measure the knowledge of Probation Officers and later assess the utilization of skills associated with this knowledge.

Another major strength is VADOC's improved ability to collect, analyze and make decisions based on data. Over the past four years the Virginia Corrections Information System (VACORIS) has been fully implemented in the agency. For the first time VACORIS has provided the Department with the ability to have real time, automated data on offender and for prisons and community corrections to use a joint offender case file.

As the DOC approaches its mission, there are many challenges remain 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
- ❖ High caseloads of Probation and Parole Officer
- ❖ 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 the growing prevalence of gangs
- ❖ Developing transitional services for offenders re-entering communities particularly from local and regional jails that are not part of DOC's system
- ❖ Expanding the array of effective evidence based sentencing options and sanctions
- ❖ Increasing community awareness of and collaboration with DOC on the benefits of reentry preparation and effective resettlement of offenders into law abiding lives
- ❖ Evaluating and assessing programs and services to ensure effectiveness
- ❖ 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.



## Critical Issues

In 2013 the DOC developed a new agency Strategic Plan as a roadmap for the future of the Department. The plan was developed from the expectation held by the agency's main stakeholder groups including: staff, the men and women in the care of corrections and their families, the community, law enforcement, volunteers, victims, private entities, advocacy groups and public entities. The Strategic Plan is centered on five goals:

- ❖ To achieve a high level of safety and security
- ❖ To attain substantial transformational and reentry achievements
- ❖ To function with operational excellence driven by evidence based practices
- ❖ To have in place a healing, rewarding and motivating organization
- ❖ To be recognized as an innovative leader and multi-stakeholder collaborator

## Department of Corrections Division of Community Corrections

Program/Services	Probationers	Post Releasees / Parolees	Total	Inmates	Operating Plan
Community Corrections Workload	54,900	2,265	57,165	0	\$67,244,946
Electronic Monitoring	Districts	Districts	Districts	0	\$3,619,879
<u>436</u> GPS Units	Districts	Districts	Districts	0	See EM Total
<u>12,043</u> Voice Recognition	Districts	Districts	Districts	0	See EM Total
<u>0</u> Home Electronic Units	Districts	Districts	Districts	0	See EM Total
<u>8</u> Community Residential Programs	14	130	144	0	\$1,963,556
<u>1</u> Diversion Center (Women)	47	0	47	0	See Men's Total
<u>3</u> Diversion Centers (Men)	274	0	274	0	\$10,864,163
<u>1</u> Detention Center (Women)	49	0	49	0	See Men's Total
<u>2</u> Detention Centers (Men)	209	0	209	0	\$5,819,219

<b>OUT-OF-STATE INTERSTATE COMPACT</b>	<b>5,757</b>	<b>380</b>	<b>6,137</b>	<b>0</b>	<b>See Districts Total</b>
<b>FIELD OFFICERS (Filled FTE)</b>	<b>Senior Officers: 93</b>	<b>Officers: 606</b>	<b>Surveillance Officers: 60</b>		<b>Total: 759</b>

## 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 2013, 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.

<b>Services</b>	<b>Operating Plan</b>
<b>Alcohol and Other Drug Abuse</b>	
• Residential / Non-Residential General Funds	\$ 2,920,203
• Urinalysis / Oral Fluid Testing	\$ 468,000
<b>Sex Offender</b>	
• Assessment / Treatment	\$ 1,367,100
• Polygraphy	\$ 299,600
<b>Community Residential Programs</b>	\$ 1,963,556
<b>Virginia Serious / Violent Offender Reentry Initiative</b>	\$ 579,900

# Alcohol and Other Drug Services Continuum

SERVICES	PROGRAM COMPONENTS	OUTPUTS (OBJECTIVES)	OUTCOMES (GOALS)
<p>Orientation – Introduction to group process and AOD services available. Use of COMPAS (Correctional Offender Management Profiling for Alternative Sanctions) risk/need assessment for treatment planning</p>	<p>Available services/interventions in the Department, Program, Facility or Community and service delivery procedures. Programming adheres to the principles and standards of EBP (Evidence-Based Practices)</p>	<p>By utilizing MI (motivational Interviewing), participant must recognize the need for treatment. Screening and Assessment process assists person to become cognizant of substance abuse issues, the services available, and how to access these services.</p>	<p>Individual should be willing to participate in cognitive -behavioral interventions and/or treatment. Treatment goals should be achievable, time focused and easily measured. Begin to focus on making cognitive-behavioral change and develop pro-social behaviors.</p>
<p>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.</p> <p>Minimum one and one-half (1½) hours per session for a total of thirteen (13) sessions.</p> <p>Note: A minimum of 8 to a maximum of 15 participants, &lt; or &gt; must be approved by Unit Head.</p>	<ol style="list-style-type: none"> <li>1. Introduction to the stages of change and cognitive behavioral intervention</li> <li>2. The disease model of chemical dependence</li> <li>3. The effects of addiction and AOD abuse</li> <li>4. The impact of AOD abuse and addiction on others</li> <li>5. AOD use and the relationship to criminal thinking and behavior</li> <li>6. Identify distorted thinking, beliefs, attitudes, feelings, and restructure to augment behavioral change</li> <li>7. Defense Mechanisms</li> <li>8. 12-Step/Peer Support</li> <li>9. Maintaining Abstinence</li> <li>10. STD/HIV Prevention</li> <li>11. Relapse Prevention</li> <li>12. Role Play, Thinking Reports, Journaling</li> <li>13. Discharge/Action Plan</li> </ol>	<p>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.</p> <p>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.</p>	<p>Participate to successfully achieve established goals in the required time frame outlined in the individualized treatment plan.</p> <p>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.</p>
<p>Outpatient Group Counseling – Managing the abstinence/recovery process. Indeterminate duration based on meeting treatment plan goals.</p> <p>Generally one 1½ hour session/week for 16 weeks.</p> <p>Recommended group size 8-12.</p> <p>Note: A minimum of 8 to a maximum of 15 participants, &lt; or &gt; must be approved by Unit Head.</p>	<p>Conduct COMPAS and risk/needs assessment to aid in developing treatment plan. The individual will participate in an acceptable cognitive-behavioral model. Utilization of graduated incentives and sanctions as appropriate.</p> <p>Further cognitive restructuring and development of coping skills.</p>	<p>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, incentives and possible sanctions for failure to comply with the treatment plan.</p> <p>To have a viable relapse prevention plan in place upon discharge.</p>	<p>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.</p>
<p>Intensive Outpatient Counseling (IOP) – process groups and/or individual counseling sessions. Referrals made for individuals requiring more intensive intervention than outpatient counseling.</p> <p>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.</p> <p>Recommended group size is 12 participants.</p> <p>Note: A minimum of 8 to a maximum of 15 participants, &lt; or &gt; must be approved by Unit Head.</p>	<p>Conduct COMPAS and risk/needs assessment to aid in developing treatment plan.</p> <p>The individual will participate in an acceptable cognitive-behavioral model. Utilization of graduated incentives and sanctions as appropriate.</p> <p>Continued cognitive restructuring and enhanced development of coping skills.</p> <p>Matrix Model an Intensive Outpatient substance abuse treatment modality is integrated in the intensive reentry programs and several probation districts.</p>	<p>Participant plays an active role in the treatment planning process. Demonstrate progress toward achieving the individualized objectives of the treatment plan.</p> <p>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.</p> <p>To have a viable relapse prevention plan in place upon discharge.</p>	<p>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.</p>

# Alcohol and Other Drug Services Continuum

SERVICES	PROGRAM COMPONENTS	OUTPUTS (OBJECTIVES)	OUTCOMES (GOALS)
<p><b>Family Education Group -</b>                      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.</p>	<p>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.</p> <p>Introduction to addiction, family disease, treatment, recovery and the ensuing interpersonal dynamics.</p>	<p>Teach offenders and families to understand how the recovery process can affect relationships.</p> <p>Teach, promote and develop the basics of healthy offender/family relationships.</p>	<p>Provide offenders and family members a positive group experience with other recovering offenders and their families.</p> <p>Provide information about community resources available to offenders and their families to augment the recovery process.</p>
<p><b>Social – Detoxification</b></p>	<p>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.</p>	<p>3-7 days of safe withdrawal through ongoing triage, evaluation; referral to further treatment and support.</p>	<p>Stabilize and maintain abstinence and agree to follow discharge plan. Participants shall pursue additional treatment and recovery resources and/or interventions.</p>
<p><b>Medical – Detoxification</b></p>	<p>24-hour staff monitored and supervised by medical/mental health care professionals. Medications to ease withdrawal are used.</p>	<p>3-7 days of medically supervised withdrawal through ongoing triage, evaluation; referral to further treatment and support.</p>	<p>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.</p>
<p><b>Residential Treatment – On Site Primary Care.</b> Length of stay based upon severity of AOD use and completing treatment plan goals.</p>	<p>24-hour supervised treatment, group and individual counseling, vocational services, transition services, intensive AOD treatment, discharge planning, continuing care plan, and case management.</p>	<p>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.</p>	<p>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.</p>
<p><b>Recovery/Transitional/Halfway House Placement –</b> Length of stay based upon meeting treatment plan goals of continued abstinence and recovery.</p>	<p>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.</p>	<p>2-9 months of stabilization and rehabilitation focused on continuing abstinence and long term recovery, obtaining employment and employment retention.</p>	<p>Participant to successfully achieve established goals in the required time frame. Participants willing to commit to continuing care, long term abstinence, and recovery plan.</p>
<p><b>Peer Support Recovery Groups and Centers –</b> 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.</p>	<p>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.</p>	<p>Support Re-entry from the therapeutic community into society utilizing therapeutic community (TC) tools.</p> <p>Recovery coaches and mentors are utilized in the community to assist participants in their recovery and reintegration.</p>	<p>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.</p>
<p><b>Relapse Prevention/ Continuing Care –</b></p> <p>Minimum one (1) session/week; minimum 1½ hours per session for a total of 14 - 24 sessions.</p> <p>Recommended group size is fifteen (15) participants.</p>	<p>COMPAS risk/needs re-assessment completed.</p> <p>A cognitive-behavioral group for persons who have completed an AOD treatment program or have relapsed. Identify relapse triggers and appropriate action plan.</p> <p>Continued cognitive restructuring and utilization of coping skills.</p> <p>Skill sets to avoid high-risk situations are regularly practiced through use of role play.</p>	<p>Remain abstinent, maintain positive peer associations, and develop an individual relapse prevention plan which integrates adaptive coping strategies and problem solving skills.</p> <p>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.</p>	<p>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.</p>
<p><b>Drug/Alcohol Testing</b></p>	<p>Unannounced, random sampling throughout Continuum. Frequency determined by risk of use</p>	<p>Identify substance and/or drug of choice, deter use, encourage abstinence from AOD.</p>	<p>Maintain abstinence from AOD.</p>

## NATIONAL INSTITUTE ON DRUG ABUSE TREATMENT PRINCIPALS

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

## Community Corrections Facilities

The Diversion Center and Detention Center Incarceration Programs were established as a part of the “abolition of parole” legislative package in 1994. These programs were designed to offer Circuit Court judges an alternative incarceration option for non-violent felony offenders, at both initial sentencing and revocation proceedings. The Parole Board was later authorized to refer parole and post-release 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 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 FY2014:

• Capacity	<b>714</b>
• Census	<b>620</b> (6/30/2014)
• Admissions	<b>1,460</b>
• Terminations	<b>271</b> (includes 20 offenders held temporarily awaiting transfer)
• Graduations	<b>1,159</b>
• *Community Service Hours	<b>142,462,45</b>
• General Education Diplomas	<b>33</b>

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.

### \*Examples

#### White Post Diversion

Salvation Army –unload trucks that come in, stock shelves

Restore – unload trucks that come in, stock shelves

Warren Co Fairgrounds – on Saturdays – cut grass, grounds keeping, maintenance – when they have the fair, they go before and pick up trash and help with grounds keeping and maintenance

#### Southampton Detention

Local VDOT, Emporia/Franklin State Police, Emporia Habitat for Humanity, Town of Courtland, City of Franklin.

Type of work: Painting, construction and lawn maintenance.

#### Stafford Diversion

Fredericksburg Area Food Bank  
Rappahannock Regional Solid Waste Management Landfill

# 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 §§19.2-316.2, 19.2-316.3, 53.1-67.7, and 53.1-67.8, of the Code of Virginia

### 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 §19.2-316.1, of the Code of Virginia.
- 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.
- Does Offender have any medical or psychological conditions that would prevent or impede program participation?
- What is the diagnosed condition?
- What is the commonly accepted or prescribed treatment regimen?
- Can a person with this condition who follows the treatment regimen successfully participate in required Program activities?
- What follow up care is likely to be required?

#### \*Examples

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Rappahannock Regional Solid Waste Management Landfill

## Sex Offender Supervision

Sex offender supervision continues to employ an enhanced supervision model for all sex offenders in the Commonwealth. 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. All 43 probation and parole districts have incorporated the Sex Offender Supervision Practices Manual into their programs, and are active participants in the updates to that manual.

The FY2015 budget includes 9 additional sex offender supervision specialist positions. Experts in the field recommend a sex offender specialist staffing ratio of 40 to 1 in order to appropriately address public safety needs. These additional positions helped move districts toward that staffing ratio. These nine positions have been deployed to districts whose sex offender specialist staffing ratio exceeds the above referenced recommendation.

The Code of Virginia mandates that any offender convicted of Failure To Register on or after July 1, 2006 be placed on GPS. The department has experienced steady growth in this area and at the end of June had averaged 478 on-leg units. This marks a 9% increase from on-leg units in June of 2013.

In February 2013 the Department contracted with Dr. Robin Wilson to train specialists on the scoring and use of the STABLE-2007 and the ACUTE-2007. These two instruments are sex offender risk assessments designed to be used and scored by community supervision officers. Approximately 200 officers were trained and 4 Department staff were trained as trainers, thus ensuring sustainability. Specialists began using these risk assessment tools in May, 2013. Training of new specialists has continued and practice sessions have been conducted to ensure fidelity. A focus group comprised of Chief Probation and Parole Officers, Deputy Chief Probation and Parole Officers, Senior Probation and Parole Officers, as well as Specialist Probation and Parole Officers was established to monitor implementation and review progress. To date, this focus group has met twice.

There are 15 contracts statewide providing sex offender assessment and treatment and 11 vendors providing polygraph services. A total of \$1,666,600.00 was allocated for assessment, treatment, and polygraph in all Districts. 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 121, which is an increase of approximately 18% from FY2013. Of that number, 51 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.

### \*Examples

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#### Southampton Detention

Local VDOT, Emporia/Franklin State Police, Emporia Habitat for Humanity, Town of Courtland, City of Franklin.

Type of work: Painting, construction and lawn maintenance.

#### Stafford Diversion

Fredericksburg Area Food Bank  
Rappahannock Regional Solid Waste Management Landfill



## Sex Offender Supervision

Currently, there are about 3,468 adult probation and parole offenders who are required to register on the Sex Offender and Crimes Against Minors Registry. The Department of 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.

### \*Examples

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#### Stafford Diversion

Fredericksburg Area Food Bank  
Rappahannock Regional Solid Waste Management Landfill

# Supervising Sex Offenders

## LARGE POPULATION

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- About 21,012 persons on Sex Offender and Crimes Against Minors Registry.
- About 3,468 are under Probation and Parole supervision.
- About 57,946 other felons are under Probation and Parole supervision.

## SUPERVISION AND MONITORING ARE LABOR INTENSIVE

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- 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 Intensive Supervision with special instructions imposed to address specific behaviors.

## TREATMENT CAN REDUCE RISKS

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- 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.

### \*Examples

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Rappahannock Regional Solid Waste Management Landfill

# Mental Health Services

Each year, over 2000 individuals with a mental health impairment (not including those with only substance abuse disorders) are discharged from the institutions. This is approximately 19% of the total population of discharges. The overwhelming majority of the individuals were released to probation or parole supervision under Community Corrections.

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 Counselor at Southampton Detention Center, and a Mental Health Trainer at the Academy for Staff Development.

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 clinical and non-clinical staff.

To that end, the Community Corrections clinicians provided the following services in FY2014:

• Mental Health Contacts including Individual Therapy, Brief Supportive Therapy, Case Management, and Consultation with Probation Officers.....	<b>2,004+</b>
• Mental Health Discharge Summary Reviews/Discharge Planning.....	<b>677+</b>
• Meetings with Community Partners (CSB, State Hospitals, Jails, DJJ, Private Providers, etc).....	<b>607+</b>
• Groups.....	<b>450 Hours</b>
• Crisis Intervention.....	<b>116+</b>
• Conduct Mental Health Trainings and Provide Clinical Supervision.....	<b>38+</b>

Additional services included representing on committees, assisting with sex offender treatment and supervision, assessments, court hearings, and making connections in the community.

## \*Examples

### White Post Diversion

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## **“Preparing Offenders for Release”**

- Cognitive Behavioral (Thinking for a Change)
- Productive Citizenship (Ready to Work & PCII), Job Fairs
- Substance Abuse (Therapeutic Communities, Educational) NA/AA
- Collaboration with Pre/Post Incarceration Services
- Community Collaboration (Reentry) Councils
- Offender Release Community Re-entry Specialists (10)
- Rational/Emotive Therapies
- Identification Documents (DMV, Social Security, Birth Certificates)
- Parenting/Healthy Relationships/Family Reunification Seminars
- Sex Offender Residential Treatment (SORT)
- Educational and Vocational Services, GED, Work Keys and Career Readiness
- Cognitive Communities/Intensive Re-entry Programs
- Agribusiness/Capital Construction Work Opportunities/Highway Labor
- Correctional Enterprises Work Opportunities
- Volunteer/Mentoring Services
- Religious Services
- Benefits Application
- Home Plan Development/Re-entry COMPAS Programs

### **• Virginia Serious and Violent Offender Reentry (VASAVOR)**

- Serious, Violent Offenders
- Home plan in Fairfax County
  - ❖ Classified to Fairfax Jail
- Home plan in Newport News
  - ❖ Classified to Newport News Jail
- Home plan in Richmond
  - ❖ Classified to Powhatan Correctional Center
- Substance Abuse and Mental Health Services
- Residential Services
- Technological Monitoring and Urinalysis
- Job Placement Services
- Followed by Probation & Parole Supervision

### **• Jail Contract Work Release Beds**

- Within 12 months of Release
- 350-bed capacity
- Contracts with local and regional jails
- Coordinated by Classification
- Supervised by jail staff while in program

### **• Community Re-entry Programs**

- Local collaboration committees
- Linkage to designated institutions
- Led by the Department of Social Services
- Thinking for a Change Peer Support Group
- HIDTA Substance Abuse Treatment Grant Program

### **• Community Residential Programs (CRP)**

- Stable, healthy offenders. Some violent or sex offenders are eligible
- Probation & Parole Supervision
- Contract Residential Facilities
  1. Alexandria
  2. Charlottesville
  3. Hampton
  4. Harrisonburg
  5. Lebanon(Russell County)
  6. Richmond City (2)
  7. Roanoke
- 3 to 6 months length of stay
- Job placement services
- Urinalysis

## Interstate Compact for Adult Offender Supervision

On June 30, 2014, there were **6,137** Virginia offenders under supervision in other states via the Interstate Compact for Adult Offender Supervision and **2,398** out-of-state cases under supervision in Virginia. Virginia currently ranks among the top five states in volume of transfers.

Since 1937, the Interstate Compact for the Supervision of Parolees and Probationers provided the sole statutory authority for regulating the transfer of adult parole and probation supervision across state boundaries. All 50 states are members of this interstate agreement, as are the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

In 1998, the National Institute of Corrections (NIC) Advisory Board directed its staff to begin pursuing a revision of the compact. Through a partnership with The Council of State Governments (CSG), NIC and CSG developed and facilitated a Drafting Team of state officials to design a revised interstate compact – one that would include a modern administrative structure, that provided for rule-making and rule-changing over time, that required the development of a modern data collection and information sharing system among the states, and one that was adequately funded to carry out its tasks.

The new Compact was enacted in June 2002 with 35 member states. In 2004, Virginia joined the Compact when Governor Mark Warner signed the Interstate Compact for Adult Offender Supervision (ICAOS) into law as approved by General Assembly.

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 are significant. The “Interstate Compact Bench Book for Judges and Court Personnel” is available on the ICAOS website at [www.interstatecompact.org](http://www.interstatecompact.org).

The Compact established a Commission comprised of representatives from each state and a national office comprised of full-time staff. The Interstate Commission oversees the day-to-day oversight of the compact between the states. It promulgates rules to achieve the goals of the compact, ensures an opportunity for input and timely notice to victims and to jurisdictions where defined offenders are authorized to travel or to relocate across state lines and established a system of uniform data collection, provides access to information on active cases by authorized criminal justice officials, and coordinates regular reporting of Compact activities to heads of state councils, state executive, judicial, and legislative branches and criminal justice administrators. The Commission monitors compliance with the rules governing interstate movement of offenders, initiates interventions to address and correct noncompliance, and coordinates training and education regarding regulations of interstate movement of offenders.

The Compact also required the establishment of a state council that includes members of the executive, legislative and judicial branches of government, a representative of crime victims, and the Compact Administrator. Virginia’s Council members are James Parks, Director, Offender Management Services, Virginia Department of Corrections who serves as the Compact Administrator/Commissioner, Robert Tavenner, Director, Division of Legislative Services, The Honorable Lee A. Harris, Jr., Judge, Henrico Circuit Court; and Shelly Shuman-Johnson, Director, Henrico Victim/Witness Program.

A web-based Interstate Compact Offender Tracking System (ICOTS) was introduced for use by all the member jurisdictions in 2008. This has enabled the computerized transfer of cases and supporting documentation. Substantial oversight, field training, and technical assistance continues to be provided by the Virginia Interstate Compact Office of the Virginia Department of Corrections..

## 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.

FY2014 accomplishments for this unit include:

- 379 persons wanted by this agency were arrested clearing 885 warrants.
- This unit also assisted local, state, and federal law enforcement agencies in the arrest of 361 fugitives clearing 790 outstanding warrants in the process.
- This unit was contacted by local, state, and federal law enforcement agencies asking for informational assistance 2257 times.
- For FY2014 this unit successfully completed 153 out of state extraditions without incident.
- For FY2014 this unit completed over 2877 case transfers in Virginia CORIS.
- 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. During FY2014 each Probation and Parole District was contacted and/or visited by a member of this unit.
- Assisted the Academy for Staff Development by supplying adjunct instructions when requested. During FY2014 our Certified DCJS Instructors responded to the training needs of the department's academy for assistance.
- Completed updates to the COOP.
- During FY2014, this unit targeted fugitives wanted by this agency that had a history of violence against persons and considered dangerous. Fugitives meeting these criteria were added to the Department of Corrections Most Wanted website. As a result of this revised initiative this unit is responsible for the capture of (19) Most Wanted Fugitives in the first six months of the 2014 calendar year.
- This unit has received several letters of commendations from sheriffs and police chief's throughout Virginia for providing their agencies assistance searching for persons wanted by their departments.

## Division of Education

Education programs operate as a division within the Virginia Department of Corrections. Currently 290 positions are funded which includes support staff, academic teachers, career and technical education teachers, librarians, librarian assistants, principals, and program and administrative staff at headquarters. In addition, a number of part time employees provide teaching and other services needed at a variety of locations.

Educational Services prepare adults for success after incarceration. Academic and CTE training are means to an end – the development of basic academic skills necessary to function in society, the pursuit of higher education, and employment upon release. The agency strives to provide quality educational programs that enable incarcerated adults to become responsible, productive, tax-paying members of their communities.

Educational programs are offered statewide in:

- Diversion Centers
- Detention Centers
- Reception Centers
- Adult Correctional Centers
- Adult Correctional Field Units

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 offenders because productive and taxpaying citizens make positive contributions to society and, most importantly, do not create victims through criminal acts.

### ***Adult Programs/Services:***

- Adult Basic Education (ABE)
- General Educational Development (GED)
- Special Education
- Apprenticeship Programs
- Library Services
- Career and Technical Education
- Career Readiness Certificates
- Job/Employability Skills Training
- Comprehensive Adult Student Assessment System CASAS
- Plaza Comunitaria, (Alfabetización, Primaria, Secundaria, and Bachilleres)
- Post Secondary

In fiscal year 2014 the academic programs in major institutions averaged 1,214 hours of instruction and the CTE programs in the major institutions averaged 1,145 hours of instruction. The Academic programs in the Correctional Field Units averaged 423 hours of instruction and the three CTE programs averaged 858 hours of instruction for fiscal year 2014. In fiscal year 2014 the education programs had the following overall enrollments and completions:

<b>Program</b>	<b>Enrollments</b>	<b>Completions</b>
Academic ABE I-VI	8,501	1,1
Academic GED (ABE VI)	Included above	8
Plaza	196	20
Career & Technical Ed.	7,193	2,0
Apprenticeship	756	1

**Note:** Changes in the GED testing data systems with two different exams has delayed getting the total number of GED completions.

Currently part time instructors still serve Harrisonburg Men’s Diversion Center and the White Post Men’s Diversion Center, and Stafford’s Men’s Diversion Center. ABE programs and two Career and Technical programs are offered at Appalachian Detention Center. Testing is provided at the Southampton Men’s Diversion Center. During the coming year we will be identifying community resources that can assist offenders on probation/parole in completing their GED while under supervision. This is one of the tasks identified in the Recidivism Reduction Plan.

DOC has continued the process of setting up equipment for the computerized 2014 GED® testing that became effective in January 1, 2014. The GED® Testing Service extended the deadline for paper and pencil testing, so the Department took advantage of that extension. However, implementation of testing sites continued and testing began at some locations. Currently, the Department has identified 42 testing locations. The major facilities will have fixed systems while many of the smaller sites will have mobile systems. At this point we have 35 sites fully functional and ready to test. Tests have been administered at 16 sites. Most students have taken only portions of the computerized GED® exam. Consequently, we have not established a pass rate for the new 2014 GED® exam. The pass rate for the paper and pencil exam was 74% for the past year.



## § 1-109. DEPARTMENT OF CORRECTIONS (799)

### Item 381.

	Item Details (\$)		Appropriations (\$)	
	First Year FY2015	Second Year FY2016	First Year FY2015	Second Year FY2016
Supervision of Offender and Re-Entry Services (35100) .....			\$ 89,904,962	\$ 90,111,674
Probation and Parole Services (35106).....	\$ 85,369,672	\$ 85,576,384		
Community Residential Programs (35108).....	\$ 2,497,073	\$ 2,497,073		
Administrative Services (35109).....	\$ 2,038,217	\$ 2,038,217		
Fund Sources: General.....	\$ 88,079,630	\$ 88,286,342		
Special.....	\$ 85,000	\$ 85,000		
Dedicated Special Revenue.....	\$ 1,340,332	\$ 1,340,332		
Federal Trust.....	\$ 400,000	\$ 400,000		

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.