

# Department of Corrections



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

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### STATUS REPORT

July 1, 2015 – June 30, 2016

Harold W. Clarke, Director of Corrections

A. David Robinson, Chief of Corrections Operations  
N.H. Scott, Deputy Director of Administration

## Table of Contents

Introduction.....	3
Critical Issues.....	6
Community Corrections Referral Guide.....	10
Residential.....	10
Community Residential Program (CRP)	
Youthful Offender Program	
Behavioral Correctional Program (BCP)	
Diversion Center Incarceration Program	
Detention Center Incarceration Program	
Non-Residential.....	12
State Probation and Parole	
Immediate Sanction Program	
Monitoring Through Technology (MTT – Shadowtracks)	
Intensive Supervision (ISP)	
Drug Treatment Courts	
Adult Drug Court Localities	
Division of Community Corrections.....	14
Treatment Services.....	15
Community Corrections Facilities.....	16
Facility Eligibility Criteria.....	17
Sex Offender Supervision.....	18
Supervising Sex Offenders.....	19
Mental Health Services.....	20
Preparing Offenders for Release.....	22
Virginia Serious and Violent Offender Reentry (VASAVOR)	
Work Release/Home Electronic Monitoring (HEM)	
Interstate Compact for Adult Offender Supervision.....	23
Operations Extradition/Fugitive Services Unit.....	24
Division of Education.....	25



# COMMONWEALTH of VIRGINIA

HAROLD W. CLARKE  
DIRECTOR

*Department of Corrections*

P. O. BOX 26963  
RICHMOND, VIRGINIA 23261  
(804) 674-3000

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This is a status report on the Statewide Community Based Corrections System for State Responsible Offenders as required by the 2016 Appropriations Act, Chapter 780, Item 389 A.

In the past year we have continued to transform the agency towards the goal of creating a healing, rewarding and motivating high performance learning organization. The Department of Corrections (DOC) has achieved significant accomplishments over the past year:

- DOC's recidivism is 23.0% ranking it the second lowest in the country among the 47 other states that measure recidivism similarly.
- DOC has improved the consistency of its probation and parole districts through the implementation of Operational Assessment Reviews conducted by teams of staff from other probation and parole districts. The Review looks at compliance with policies, contacts with offenders, case-plan driven supervision and use of evidence based practices to reduce recidivism.
- All probation and parole districts completed active threat training enabling staff to evaluate current response concepts, plans and capabilities for a response to an active threat event including training to prepare staff for response to a potential event.
- DOC continues to focus major efforts on reducing the number of homeless releases from prison. The Community Residential Program contracts were re-bid over the past year, with new housing opportunities added to economically depressed areas such as Danville, VA. In addition, DOC continues to collaborate on community housing placements for offenders with health care needs through regular contact with local social services agencies, the Department of Aging and Rehabilitative Services, Department of Medical Assistance, local community services boards, local non-profit organizations, nursing homes and housing providers.
- DOC's sex offender containment model of probation supervision has operated effectively and provided intensive GPS supervision, polygraph examinations and treatment services to sex offenders, including supervision of Sexually Violent Predator conditional release cases from the Virginia Center for Behavioral Rehabilitation on behalf of the Department of Behavioral Health and Disability Services.
- DOC has expanded the use of evidence based interventions with medium to high risk probation cases by training and coaching staff on the effective use of core correctional practices using the EPICS II research based model, with 85% of staff trained thus far.
- DOC has partnered with George Mason University's Center for Advancing Correctional Excellence and implemented the SOARING project that expanded from 3 pilot locations to 9 additional probation and parole districts during 2016. SOARING uses eLearning and supervisor observation and coaching to

increase probation officer effectiveness in using risk and needs assessment, case planning and interactions with offenders to motivate and support change.

- DOC continues to operate “Learning Teams” in all community corrections units whereby staff meet together in small groups twice per month and utilize dialogue practices to resolve issues, advance team work, create improved operations and improve their intervention skills with offenders.
- DOC developed and is currently working to implement an extensive strategic plan to apply evidence based practices in detention and diversion centers and improve effectiveness.
- The DOC is transforming its detention and diversion centers to bring them in line with evidence based practices. The new programs, Community Corrections Alternative Programs, will provide improved services for offenders and better meet the needs of sentencing courts. The new programs will be driven by the risks and needs for the offender and be performance based, with programs based on research that produced recidivism reductions.
- Offenders discharging prison are provided with brief cognitive-behavioral peer support groups to follow up prison treatment and provide guidance immediately upon reentry.
- DOC continues to operate the Federal Fidelity Bonding Program for all criminal justice offenders in Virginia to assist with employability.
- DOC probation and parole chiefs actively participated as co-conveners of Local Reentry Councils in most localities in Virginia in partnership with the Virginia Department of Social Services.
- The DOC has a leading role in the Secretary of Public Safety’s Evidence Based Decision Making (EBDM) initiative. The EBDM project received technical assistance from the National Institute of Corrections to conduct extensive criminal justice planning in five jurisdictions with key stakeholders such as the courts, prosecutor, local jail, and victim witness, local and state corrections. The planning is directed at using data to make system changes and improve criminal justice outcomes.
- In the 2016 General Assembly, the DOC received funding to establish 20 mental health specialists and 6 cognitive counselors for the probation and parole districts. The positions are needed to prevent deterioration of behavior by persons with mental illness and to pilot cognitive interventions at the districts.

In addition to sizable 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. There is a critical need for housing for a small but impactful number of releasing offenders who need nursing home or geriatric care. Many offenders are released to state probation supervision from local jails without receiving any reentry preparation, medication or housing planning. Many community service boards do not provide mental health treatment to certain types of offenders, such as those convicted of sex offenses or murders, contributing to a higher public risk and recidivism rate for offenders with mental health needs. Although criminal thinking is identified as the primary driver to recidivism and research strongly supports cognitive-behavioral programs as an effective intervention, DOC is not funded to provide programming for the over 30,000 probation offenders with this need.

Despite these challenges we are steadfast in our overall mission to create lasting public safety by preparing offenders to reintegrate into law abiding lives after the course of community correctional supervision is completed. We continue to see significant benefits from our organizational development initiatives to create a learning organization with the culture to sustain both staff and offender growth and positive change. 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 update case plans that address identified risks and needs
- Utilize evidence based services to respond to individual needs and reduce the risk of recidivism as resources allow
- Quickly and appropriately respond to compliance and non-compliance with proportionate incentives and sanction

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 creating lasting public safety.

Harold W. Clarke

cc: Mr. A. David Robinson, Chief of Corrections Operations  
Ms. N. H. "Cookie" Scott, Deputy Chief of Administration

## Critical Issues

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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.

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.

### Critical Service Gap in Community Corrections: Mental Health

In 2016, there were 2,462 offenders diagnosed with mental illness who were released from DOC custody to community supervision. This number represents 20% of the total releases for that year and includes offenders released from DOC facilities and State Responsible offenders released from jails. The population of offenders who would benefit from mental health services includes those with severe mental illness (e.g., Schizophrenia, Bipolar Disorder); less severe mental disorders (e.g., depression, anxiety); substance abuse issues; co-occurring mental disorder and substance abuse; and histories of sexual offending. Roughly 14,600 returning citizens with mental health needs are currently on supervision, and they are covered by three regional Mental

Health Clinicians and one Mental Health Clinical Supervisor. In the context of the Risk-Need-Responsivity model, this ratio reflects an inadequate level of responsivity that fails to address the higher risk of recidivism associated with mentally ill offenders who are more likely to have repeated involvement with the criminal justice system. The transitional period from incarceration to the community is often the most difficult for offenders released from DOC prisons. Moreover, a significant percentage of offenders with probation obligations are either sentenced directly to probation or are released from jails without spending any incarceration time in DOC institutions. Without the benefit of having established mental health services provided to them in prisons, this group of offenders faces even greater obstacles to receiving necessary mental health interventions.

Community Services Boards have decreased the amount of services offered and also have declined to provide services to increasing numbers of offenders. The DOC also has fewer funds available for contract service providers to meet the mental health needs of offenders under supervision. Additionally, it quickly becomes cost-prohibitive to contract for individual services, assessments, and other interventions, nor can there be assurance that all contract providers utilize evidence-based practices. It has become increasingly evident that the DOC

needs additional clinicians to facilitate reentry and continuity of mental health services in order to increase the likelihood of success for offenders on supervision. Specifically, there is a need for clinicians who can provide training, consultation, and support for Probation Officers in the Districts who may lack sufficient knowledge and skills to appropriately supervise probationers with mental illness.

In 2004, the DOC piloted three Mental Health Specialist (MHS) positions in the three largest probation Districts in each region—Richmond (D1), Norfolk (D2), and Roanoke (D15)—to assist with the transitioning and supervision of offenders with mental illness. The MHSs have proven to be a highly beneficial and cost-effective means of providing effective supervision, ensuring continuity of mental health services, and reducing recidivism for probationers with mental disorders. During the 2016 General Assembly the DOC was provided with 20 FTE ( 6 in FY 2017 and 14 in FY 2018) to help fill this gap. The vital functions that MHSs will provide to the Districts include, but are not limited to, the following:

- screening cases to determine mental health needs
- making supervision recommendations
- connecting offenders with CSBs and other community resources
- communicating with case managers and resolving medication issues
- conducting mental status exams
- making home visits
- providing crisis intervention
- conducting individual therapy and brief counseling sessions
- running cognitive behavioral groups (e.g., Thinking for a Change, Seeking Safety)
- providing consultation and training for District staff
- ensuring re-entry planning and continuity of mental health services for State Responsible offenders in the regional and local jails.

#### Critical Service Gap in Community Corrections: Cognitive Programming

Extensive research in the corrections field regarding recidivism reduction consistently identifies 8 criminogenic need factors that if addressed in offenders through treatment lower recidivism and criminal risk. These risk and need factors are often labeled the 'Big Eight' by researchers and criminal justice practitioners. Of the 'Big Eight' drivers of criminality four have the greatest impact on recidivism, and the second four, having a slightly less, but still impactful relationship with future criminal behavior. The goal of correctional services is to address these needs through programming, which research has demonstrated will reduce recidivism. Those 'Big Eight' listed by the 4 highest drivers of individual criminality and second four are below.

The 'top four' drivers of recidivism are:

1. Antisocial personality pattern
2. Antisocial cognition (criminal attitudes, values, rationalizations, beliefs)
3. Antisocial associates
4. Family/marital circumstances

The 'second four' are:

5. Education
6. Employment
7. Leisure/recreation

## 8. Substance Use

Research also clearly supports the effectiveness of cognitive behavioral treatment programs in addressing the top four drivers of recidivism listed above. Cognitive behavioral programs help offenders change their thinking patterns, attitudes and belief systems and develop social and problem solving skills. The programs are based on the principle that thinking drives how people act and that for people to change the way they act, they have to become conscious of and control how they think before they act. Cognitive programs help offenders systematically build skills to recognize their own and others thinking patterns and to recognize the risks associated with those thoughts and to make better choices. The programs are delivered in a group setting and allow participants to practice new thinking and behaviors with others.

Although criminal thinking is identified as a primary driver of recidivism and research strongly supports cognitive behavioral programs as an effective intervention to address the “top four” drivers of criminality, the DOC has no funding in community corrections to provide cognitive programming for offenders on probation. Therefore, Virginia is currently missing an impactful opportunity to reduce recidivism and to increase the safety of communities and citizens.

Data from the DOC’s COMPAS Risk and Needs Assessment automated system show that of the 53,854 offenders on community supervision who have been assessed, 57% have a moderate-high to high need for cognitive programming. This means that DOC is not funded to meet the needs of 30,697 offenders currently on probation whose risk falls in the ‘top four’ drivers of criminality and need cognitive programming to prevent recidivism. Resources are needed for DOC to address the needs of these offenders who are released to state probation primarily through local and regional jails and directly from the courts, not from prisons.

In the 2016 General Assembly DOC was provided funding to pilot the use of cognitive counselors. The funding provides for 2 FTE in FY 2017 and an additional 4 in FY 2018. During the pilot period a significant deficit will continue until full resources are provided to meet this need.

### Evidence Based Practices Status Report:

During the past five years, the VADOC has made significant strides in implementing evidence based practices in community corrections. 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.

A comprehensive EBP strategic plan was developed for community corrections, and implementation of the plan is on target. Thus far, implementation has included training Chief Probation Officers and Deputy Chief Probation Officers in evidence based principles in order to support unit organizational development. Additionally, VADOC has been engaged in a rigorous process of enhancing communication and intervention skills in all 43 Probation and Parole Districts over the last two years, through the implementation of 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 EPICS II 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 EPICS II 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. We currently have approximately 80 Coaches around the state in each of the Probation and Parole Districts, and a team of approximately 20 trainers. The Coaches and Trainers are peers who perform these tasks in addition to regular probation and parole work. VADOC introduced EPICS II in the Detention and Diversion Centers this past year, and we are currently developing a cadre of Coaches and additional Trainers in these Centers.

Last year, VADOC entered into an agreement with George Mason University to enhance the knowledge of Evidence Based Practices in three large probation and parole districts located in urban settings (Fairfax, Portsmouth and Roanoke) by initiating the SOARING project. During the past year, the SOARING project was expanded to include an additional nine probation and parole districts throughout the state. The initiative has four 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 five 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, and 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. The fourth step is a continuous quality improvement process (Plan-Do-Study-Act) that relies on district management to assess current EBP program effectiveness through the collection and interpretation of local data and to develop action plans to address identified areas of improvement. This initiative has enabled us to measure the knowledge of Probation Officers, assess the utilization of skills associated with this knowledge, and effectively coach staff and develop action plans to improve the local implementation of Evidence Based Practices.

## Community Corrections Referral Guide – Residential Options

### **Community Residential Program (CRP)**

#### **Virginia Code Section 53.1-179**

- ✓ Must be on supervision
- ✓ No pattern of violence
- ✓ Mentally and physically able to participate
- ✓ Requires greater substance abuse treatment intervention
- ✓ Lacks a stable residence or needs transition from incarceration
- ✓ Must meet facility criteria
- ✓ Funded up to 195 contractual bed space in 11 facilities
- ✓ Available statewide
- ✓ Length of stay – 90 days
- ✓ Facilities are located in: Alexandria, Charlottesville, Danville, Hampton, Harrisonburg, Henrico, Lebanon, Richmond City, Roanoke City, Winchester

#### **Services:**

- Food and Shelter
- Drug Screening
- Substance abuse education/treatment
- Individual/group counseling
- Basic life skills
- Re-entry/Job Services

### **Youthful Offender Program**

#### **Virginia Code Section 19.2-311**

*\*\*Intensive Supervision for at least 1 ½ years upon release*

- ✓ Chesapeake – Men
- ✓ Goochland – Women
- ✓ Available to all Circuit Courts
- ✓ Committed offense prior to Age 21
- ✓ Did not commit Class I Felony or assaultive misdemeanor
- ✓ Capable of being rehabilitated
- ✓ Eligibility must be approved by DOC prior to sentencing
- ✓ Four (4) year term plus suspended/revoked time
- ✓ Immediately parole eligible
- ✓ Medium security with fence

#### **Services:**

- Ready to work
- AA/NA
- Parenting
- Upholstery
- HVAC
- Building and Maintenance
- Small engine repair
- Productive Citizenship
- Anger Management
- Thinking for a Change (T4C)
- GED preparation and testing

### **Behavioral Correctional Program (BCP)**

2009 Budget Bill 781 – Item 390-J

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>✓ Targets those with Substance Abuse History</li> <li>✓ Available to all Circuit Courts</li> <li>✓ No violent felony convictions (Defined in 17.1 – 805)</li> <li>✓ Mentally/physically able to participate</li> </ul> | <ul style="list-style-type: none"> <li>✓ Minimum 3 year sentence</li> <li>✓ Men’s Institution – Chesapeake</li> <li>✓ Women’s Institution – Chesterfield and Goochland</li> <li>✓ PO to refer to DOC for offense eligibility screening prior to sentencing</li> </ul> |
|---|---|

After successful completion of a minimum of 24 months in the Cognitive Therapeutic Community (CTC) the Court may suspend the balance of the active sentence and order Probation.

If offender violates/is removed from CTC, the Court will be notified in writing by the Institutional Warden

## Community Corrections Referral Guide – Residential Options

### **Diversion Center Incarceration Program**

#### **Virginia Code Section 19.2-316.3**

\*\*Intensive supervision upon release

- ✓ Non-violent felony offenders (See 19.2-297.1 for definition)
- ✓ Women – Chesterfield (110 beds)
- ✓ Men – Stafford (104 beds)  
Harrisonburg (124 beds)
- ✓ Mentally/physically able to do activities of daily living; no suicide attempts within the year, no psychotropic medications for 60 days, no controlled pain medications
- ✓ Cannot have pending charges
- ✓ Must be a condition of probation or parole in lieu of incarceration; cannot be sentenced to one year or more out of the same jurisdiction
- ✓ Available to all Circuit Courts and Parole Board
- ✓ Length of stay is a minimum of 6 months with a possible extension of up to 6 weeks for disciplinary reasons
- ✓ Minimum security

#### **Services:**

- Community Service
- Drug Screening
- GED preparation and testing
- Case plans
- Cognitive Community
- Substance Abuse Matrix
- Resources for Successful Living and Ready to Work programs
- Employment in the private sector
- Evidence-Based Practice programs
- Thinking for a Change (T4C)

#### **Additional Women's Programs**

- Thinking for a Change (T4C)
- Restorative Justice
- Trauma classes

### **Detention Center Incarceration Program**

#### **Virginia Code Section 19.2-316.2**

\*\*Intensive supervision upon release

- ✓ Non-violent felony offenders (See 19.2-297.1 for definition)
- ✓ Cold Springs  
Appalachian (106 beds)
- ✓ Women – Chesterfield (50 beds)
- ✓ Physically/mentally able to work; no suicide attempts within the year, no psychotropic medications for 60 days, no controlled pain medications
- ✓ Eligibility must be approved by DOC prior to sentencing
- ✓ Cannot have pending charges
- ✓ No suicide attempts within the last year
- ✓ Must be a condition of probation or parole in lieu of incarceration; cannot be sentenced to one year or more out of the same jurisdiction
- ✓ Length of stay is a minimum of 6 months with a possible extension of up to 6 weeks for disciplinary reasons
- ✓ Minimum security with fence
- ✓ Available to all Circuit Courts and Parole Board

#### **Services:**

- GED preparation and testing
- Substance Abuse Matrix, Relapse Prevention
- Cognitive restructuring programs
- Very structured environment with military protocol
- Evidence-Based Practice programs (MRT, anger management, parenting)
- Thinking for a Change (T4C)
- Welding, masonry, computer classes
- Ready to Work, Career Readiness

#### **Additional Women's Programs**

- Thinking for a Change (T4C)
- Restorative Justice
- Cognitive Community
- Trauma classes
- Re-entry

## Community Corrections Referral Guide – Non-Residential Options

### **State Probation and Parole**

#### **Virginia Code Section 53.1-145**

- ✓ Felons with suspended sentences
- ✓ Placed on probation/parole, post-release supervision or conditional release
- ✓ Available in all localities

#### **Services:**

- Substance Abuse Screening and Assessment
- Case Planning and supervision
- Surveillance
- Community contacts/ home visits
- Investigations
- Arrest Record Checks
- Drug Screenings
- Referral to or direct provision of treatment services
- Capacity to transfer supervision to other localities or states
- Evidence-Based Practices programs
- Thinking for a Change (T4C)
- Re-entry Services

### **Immediate Sanction Program**

*(under supervision of the Virginia Sentencing Commission)*

- ✓ Joint pilot program operated in conjunction with the Probation and Parole District and the Circuit Court
- ✓ Programs are located in the Arlington, Harrisonburg, Henrico and Lynchburg Probation and Parole Districts
- ✓ In lieu of being violated, medium risk offenders agree to participate in the program
- ✓ Violations (positive drug screen, missing an appointment, new charges, etc) will result in an immediate arrest and appearance in front of the judge to determine sanction

### **Monitoring Through Technology (MTT) Shadowtracks**

#### **Virginia Code Section 19.2-295.2:1 and 37.2-908**

- ✓ Low risk felons or felons with violent or predatory sexual backgrounds
- ✓ Type of monitoring is based on risk level
- ✓ Global Positioning by Satellite (GPS)
- ✓ Voiceprint Verification
- ✓ Requires landline or cell phone
- ✓ Should have stable residence

#### **Services:**

- GPS tracking data
- Computerized random Checks via phone check-in
- Supplements and Complements regular and intensive supervision services

### **Intensive Supervision (ISP)**

#### **Virginia 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
- Drug Screening
- Referral to or provision of treatment services
- Capacity to transfer supervision to other states

## Community Corrections Referral Guide – Non-Residential Options

### **Drug Treatment Courts**

#### **Virginia Code Section 18.2-254.1**

- ✓ Targets felony drug offenders
- ✓ Interactive with sentencing Judge
- ✓ Offenders must be non- violent with no mental health problems
- ✓ Intensive outpatient treatment
- ✓ 12 – 24 months long
- ✓ Ongoing judicial oversight
- ✓ Immediate and definite sanctions upon relapse or non-compliance with rules of programs
- ✓ Conducted in partnership with localities

#### **Services:**

- Intensive supervision
- Continual drug testing
- Intensive substance abuse counseling
- Incentives for compliance
- System of sanctions

### **Adult Drug Court Localities**

- ✓ Arlington
- ✓ Bristol
- ✓ Buchanan County
- ✓ Charlottesville/Albemarle County
- ✓ Chesapeake
- ✓ Chesterfield
- ✓ Dickenson County
- ✓ Floyd County
- ✓ Fredericksburg/King George/Spotsylvania/Stafford
- ✓ Giles County
- ✓ Halifax County
- ✓ Hampton City
- ✓ Henrico County
- ✓ Newport News
- ✓ Norfolk City
- ✓ Portsmouth City
- ✓ Prince George/Hopewell/Surry
- ✓ Pulaski County
- ✓ Richmond City
- ✓ Roanoke City/Roanoke County/Salem
- ✓ Russell
- ✓ Staunton/Waynesboro
- ✓ Tazewell
- ✓ Washington County
- ✓ Winchester/Clarke County/Frederick County
- ✓ Wise County/Lee/Scott

## Division of Community Corrections – FY2016

Program/Services	Probationers	Post Releases'/Parolees	Total		Allocation
Community Corrections Workload (June 2016 CORIS)	59,186	2,095	58,561		\$73,911,210
Electronic Monitoring	Districts	Districts	Districts		\$4,180,527
505 GPS Units	Districts	Districts	Districts		See EM Total
15,479 Voice Recognition	Districts	Districts	Districts		See EM Total
10 Community Residential Programs (Bed Capacity)	N/A	N/A	162		\$4,324,160*
1 Diversion Center (Women)	70	0	70		See Men's Total
2 Diversion Centers (Men)	206	0	206		\$8,998,823
1 Detention Center (Women)	62	0	62		See Men's Total
2 Detention Centers (Men)	181	0	181		\$6,331,233

<b>Out-Of-State Interstate Compact</b>	<b>6,295</b>	<b>438</b>	<b>6,733</b>		<b>See Districts Total</b>
<b>Field Officers (Filled FTE – June 2016 PMIS)</b>	<b>Senior Officers: 113</b>	<b>Officers: 620</b>	<b>Surveillance Officers: 55</b>		<b>Total: 788</b>

*\* Actual spend of \$4.3 million is shown instead of Budget Allocation of \$1.9 million because spending far exceeds allocation.*

# Treatment Services

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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 FY2016, 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>Allocation</b>
<b>Alcohol and Other Drug Abuse</b>	
• Residential / Non-Residential General Funds	\$2,920,200
• Urinalysis / Oral Fluid Testing (Institutions and Community)	\$1,786,173
<b>Sex Offender</b>	
• Assessment / Treatment	\$1,367,000
• Polygraph	\$ 299,900
<b>Community Residential Programs</b>	\$4,324,160*
<b>Virginia Serious / Violent Offender Reentry Initiative</b>	\$ 654,900

*\*The Department has prioritized this program in order to address the ongoing issue of Limited Transitional Housing options for the offenders. This amount in spending far exceeds the allocation amount of \$1.9 million.*

# Community Corrections Facilities

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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 a 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. In November 2014, the White Post Diversion Center was closed, reducing Community Corrections beds by 100.

The Centers had the following results in FY2016:

• Capacity	614
• Census	528 (6/30/2016)
• Admissions	1,386
• Terminations	232
• Graduations	1,180
• Community Service Hours*	85,344.9

During FY2016, programs and service enhancements that were made with Cognitive Community continued and all staff participated in Cognitive Community refresher training at Chesterfield Women's Detention and Diversion Center. Additionally, staff involvement in EPICS II training is accelerating and it is anticipated that full compliance will be achieved ahead of schedule. The Harrisonburg Men's Diversion Center continued its project to serve participants on anti-depressant medications and began use of the computerized COMPAS Risk and Needs Assessment.

*\*Examples of locations to attain Community Service Hours:*

- Local VDOTs
- Food Banks
- Regional Solid Waste Management Landfills
- Habitat for Humanity
- Camp Still Meadows
- County Fairgrounds
- Relay for Life
- Local schools, local county offices, Park and Recreation Departments
- InStiches

*Activities:*

- Painting, construction, refurbishing, landscaping, road maintenance
- Knitting for children's hospitals and nursing homes
- Organizing school supplies
- Janitorial work
- Setting up and taking down local events



# Facility Eligibility Criteria

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## 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 sections 19.2-316.2, 19.2-316.3, 53.1-67.7, and 53.1-67.8, 19.2-297.1, of the *Code of Virginia* Community Corrections Facility Eligibility Criteria.

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

- Must be sentenced 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?

## Sex Offender Supervision

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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. The Sex Offender Supervision Practices Manual has been updated and is now Policy 735.3 Supervision of Sex Offenders in the Community in the Department of Corrections Directives and Procedures.

Experts in the field recommend a sex offender specialist staffing ratio of 40 to 1 in order to appropriately address public safety needs. There were no additional positions allocated for FY2017 for sex offender supervision.

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 542 on-leg units. This marks a 7% increase from on-leg units in June of 2015, up from a 6% increase from the year before.

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.

There are 11 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 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. In FY2016 Probation and Parole Officers investigated 157 home plans for offenders being considered for conditional release. The number currently being supervised under conditional release is 181, which is an increase of approximately 23% from FY2015. Of that number, 91 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.

An emerging issue is the clustering of sexually violent predators in certain jurisdictions. These offenders have a very difficult time securing housing. In some areas of the Commonwealth there are landlords who are willing to rent to these offenders. A few of these cities are Petersburg, Richmond, Portsmouth and Roanoke. As stated above, these offenders require a higher level of supervision and the increasing numbers in the aforementioned jurisdictions impact resources in those districts.

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 3,470 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.

# Supervising Sex Offenders

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## LARGE POPULATION

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- About 22,412 persons on Sex Offender and Crimes Against Minors Registry
- About 3,470 are under Probation and Parole supervision
- About 62,135 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 (Shadowtrack) 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 polygraph examiners meet periodically to discuss effective treatment, supervision, and monitoring practices

## Mental Health Services

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In fiscal year 2016, there were 2,470 offenders diagnosed with mental illness who were released from DOC custody to community supervision. This number represents 20% of the total releases for that year. The population of offenders who would benefit from mental health services includes those with severe mental illness (e.g., Schizophrenia, Bipolar Disorder); less severe mental disorders (e.g., depression, anxiety); substance abuse issues; co-occurring mental disorder and substance abuse; and histories of sexual offending. As of 5/31/16, there were 5,924 offenders on supervision who have a mental health code.

The transitional period from incarceration to the community is often the most difficult for offenders released from incarceration. Moreover, a significant percentage of offenders with probation obligations are sentenced directly to probation without spending any incarceration time. Without the benefit of having established mental health services provided to them in prisons, this latter group faces even greater obstacles to receiving necessary mental health interventions. The objective of the Community Corrections Mental Health Services (MHS) staff is to facilitate the provision of and access to necessary mental health services in the community for returning citizens under DOC probation obligations.

The MHS staff in Community Corrections is comprised of the Mental Health Clinical Supervisor (MHCS), three Regional Mental Health Clinicians (Central, Eastern, Western), 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 Cognitive Counselor at Southampton Detention Center, and a Mental Health Trainer at the Academy for Staff Development (ASD). The primary duties of the Community MHS staff include the following:

- Serve as mental health and sex offender services liaisons between DOC facility and field operations
- Provide direct mental health services to probationers, including crisis intervention, screening, psychological assessment and evaluation, individual and brief supportive therapy
- Treatment and Re-entry planning
- Consultation and supervision recommendations to District staff regarding the management of probationers with mental disorders
- Training for clinical and non-clinical staff

In the Spring session of 2016, the Legislature approved twenty additional Qualified Mental Health Professionals (QMHP's) to be deployed around the state to augment current quantity and quality of services.

The following is a summary of services provided by the Community Corrections clinicians who report directly to the MHCS (i.e., the three RMHCs and Psych Senior at CWDDC) in from September 2015 through July 1, 2016. All data reported represents number of contacts unless otherwise specified.

- Mental Health Contacts  
Individual Therapy, Brief Supportive Therapy, Case Management, Crisis Intervention, Mental Health Screenings and Evaluations 999  
Mental Health Discharge Summary Reviews/Release Planning 872
- Jail/Prison/Psychiatric Facility Visits 165
- Meetings and Case Consultations  
With state hospitals, Jails, DJJ, and Private Service Providers 165  
Meetings with CSB's 175  
Institutional and other DOC staff 338  
Consultation with Probation Officers 895  
Professional meetings & Committees 52

Additional services included representation on DOC committees, assisting with sex offender treatment and supervision, attending court hearings, attending multiagency meetings, and continuing to build relationships with community stakeholders.

A significant improvement occurred in the Spring of 2016 with the signing of the DBHDS, VADOC, and CSB Memorandum of Understanding for the first time since 2004. All CSB's with the exception of the Virginia Beach are participating. It is noteworthy that this version removed the clause which previously allowed Mental Health services to be withheld from sex offenders.

## Preparing Offenders for Release

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- ✓ Cognitive Behavioral (Thinking for a Change-T4C)
- ✓ Evidence-Based Practice programs
- ✓ Rational/Emotive Therapies
- ✓ Agribusiness/Capital Construction Work
- ✓ Opportunities/Highway Labor
- ✓ Productive Citizenship (Ready to Work & PCII), Job Fairs
- ✓ Substance Abuse (Therapeutic Communities, Educational) NA/AA
- ✓ Identification Documents (DMV, Social Security, Birth Certificates)
- ✓ Parenting/Healthy Relationships/Family Reunification Seminars
- ✓ Correctional Enterprises Work Opportunities
- ✓ Sex Offender Residential Treatment (SORT)
- ✓ Religious Services
- ✓ Community Collaboration (Reentry) Councils
- ✓ Probation and Parole Senior Re-entry Officers
- ✓ Educational and Vocational Services and Certifications, GED, Work Keys and Career Readiness
- ✓ Offender Release Community Re-entry Specialists (10)
- ✓ Cognitive Communities/Intensive Re-entry Programs
- ✓ Benefits Application
- ✓ Home Plan Development/Re-entry
- ✓ Volunteer/Mentoring Services
- ✓ Collaboration with Pre/Post Incarceration Services

### 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 the City of Richmond Jail
  - ❖ Substance Abuse and Mental Health Services
- Residential Services
- Technological Monitoring and Urinalysis
- Job Placement Services
- Followed by Probation & Parole Supervision

### Community Residential Programs (CRP)

- Must be on supervision
- No pattern of violence
- Mentally and physically able to participate
- Requires greater substance abuse treatment intervention
- Drug screening
- Basic life skills
- Re-entry planning and job services
- Individual/group counseling
- Lacks a stable residence or needs transition from incarceration
- Must meet facility criteria
- Available statewide
- Length of stay – 90 days
- Facilities are located in: Alexandria, Charlottesville, Danville, Hampton, Harrisonburg, Henrico, Lebanon, Richmond City, Roanoke City, Winchester

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### Work Release/Home Electronic Monitoring (HEM)

- Sheriff/Jail Requested Work Release – for DOC offenders housed at the jail; the jails can request that eligible DOC offenders within 2 years of their release dates remain there to participate in their work release programs
- DOC Work Release – Eligible offenders housed in DOC facilities can request work release within 8 to 14 months of their release dates. Offenders approved for work release will be assigned to a jail to participate in work release.
- The Virginia Department of Corrections does not operate HEM programs. However, some jails across the state operate HEM programs and request approval from the DOC to have offenders remain there for the purpose of being placed on HEM.

# Interstate Compact for Adult Offender Supervision

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On June 30, 2016, there were **6,733** 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 four 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 of Offender Management Services at Virginia Department of Corrections who serves as the Compact Administrator/Commissioner, Mark Vucci, 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

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The Operations Extradition/Fugitive Services Unit is comprised of a Unit Manager (Major), a Captain and five (5) Lieutenants. This unit is responsible for locating and apprehending offenders who have absconded or wanted by the Department of Corrections.

FY2016 accomplishments for this unit include:

- 445 persons wanted by this agency were arrested clearing 1044 warrants.
- Assisted local, state, and federal law enforcement agencies in the arrest of 297 fugitives clearing 742 outstanding warrants in the process.
- This unit was contacted by local, state and federal law enforcement agencies asking for informational assistance 2,885 times.
- For FY2016 this unit successfully completed 131 out of state extraditions without incident.
- For FY2016 this unit completed over 3,416 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 FY2016 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 FY2016 our Certified DCJS Instructors responded to the training needs of the department's academy for assistance.
- Increased the number of our staff assigned to the United States Marshal Service Violent Fugitive Task Force in order to locate and apprehend additional dangerous fugitives.
- During FY2016, 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 (35) Most Wanted Fugitives in the first six months of the 2015 calendar year.
- This unit has received several letters of commendations from sheriffs and police chiefs 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 281 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

In fiscal year 2016 the academic programs in major institutions averaged 1,374 hours of instruction and the CTE programs in the major institutions averaged 1,379 hours of instruction. The Academic programs in the Correctional Field Units averaged 596 hours of instruction and the three CTE programs averaged 406 hours of instruction for fiscal year 2016. In fiscal year 2016 the three Detention and Diversion Centers had hours of Academic instruction that averaged 766 hours of Academic Instruction, The one Detention Center that offered Vocational Programs had 678 hours of Instruction. The education programs had the following overall enrollments and completions:

Program	Enrollments	Completions
Academic ABE/GED	659	30 (Obtained GED)
Career & Technical Ed.	299	220

Currently part time instructors still serve Harrisonburg 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.

Fiscal Year 16 began with Division of Education having one vacancy in Community Corrections Currently, and ended with another vacancy. Therefore numbers are lower than last year due to the impact one or two programs have on the averages. DOC continues to expand its educational software programs that are focused on enhancing student learning experiences, reinforcing teacher led instruction, and adapting lessons according to the student's individual capability. Utilizing more technology in the classroom will promote higher level thinking and increase students' digital literacy resulting in desirable skills attained which are required for the 21<sup>st</sup> Century productive citizen.

**§ 1-108. 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) .....			\$89,371,445	\$89,578,157
Probation and Parole Services (35106) .....	\$85,369,672	\$85,576,384		
Community Residential Programs (35108) .....	\$1,963,556	\$1,963,556		
Administrative Services (35109) .....	\$2,038,217	\$2,038,217		
Fund Sources:				
General.....	\$87,546,113	\$87,752,825		
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.