

Status Report on Offender Transitional and Re-entry Services

Office of the Secretary of Public Safety



Table of Contents

Department of Aging and Rehabilitative Services.....	2
Department of Alcoholic Beverage Control.....	3
Department of Behavioral Health and Developmental Services.....	4
Department of Corrections.....	13
Department of Criminal Justice Services.....	34
Department of Education.....	38
Department of Forestry.....	38
Department of Housing and Community Development.....	39
Department of Juvenile Justice.....	39
Department of Social Services.....	44
Virginia Employment Commission.....	49
Virginia Indigent Defense Commission.....	51
Virginia Parole Board.....	72
Virginia State Police.....	73
Conclusion.....	74

Department of Aging and Rehabilitative Services

There were 555 ex-offenders with disabilities who applied for vocational rehabilitation (VR) services. Of the 555 applications received, 469 were found eligible to receive VR services. These services ranged from job training, job development to purchasing uniforms and equipment that enabled them to start employment. During the year, 291 ex-offenders with disabilities became successfully employed after receiving VR services. *Note: the DARS data is based on the AWARE client database using the variable denoting whether the client is on probation or parole.*

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

Adult Protective Services Division

The Adult Protective Services Division (APSD) oversees local departments of social services Adult Services (AS), Adult Protective Services (APS) and Auxiliary Grant (AG) activities and develops and interprets law, regulation and policy for these programs. APSD regional consultants provide direct consultation, training and technical assistance to local AS/APS units. Home office and regional APSD staff participate in the following prisoner re-entry efforts:

- Provide information and consultation to DOC re-entry staff on services and supports that may be available to re-entering prisoners, with the understanding that AS/APS/AG programs do not provide housing.
- Work with re-entry staff and other agencies to clarify and expedite applications, screenings and documentation for eligibility for Medicaid, AS, AG, long-term care and other benefits and supports.
- Provide information to local departments on prisoner re-entry and their responsibilities and options in working with re-entering inmates.
- Monitor cases involving special-needs inmates and providing consultation and technical assistance to local AS and APS involved in those cases.
- Act as liaison between local AS/APS workers and DOC release and re-entry staff on challenging cases, including special-needs inmates.
- Advocate for the safety and health of special-needs inmates and the safety and security of the communities where they wish to locate.

Pre-Release Services-

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

DARS vocational rehabilitation counselors from around the state continue to serve on local Reentry Task Forces lending their expertise on employment for ex-offenders with disabilities. DARS also works with VADOC Pre-Release Centers providing them with information on eligibility requirements for vocational rehabilitation services and contact information of local DARS Field Office around the state. DARS staff also sit on the recently formed Juvenile Justice Reentry Task Force, which will design a comprehensive plan to aid juveniles released from the state's detention centers transition back to their respective communities. DARS' VR program continues to offer Federal Fidelity Bonding to VR consumers that require bonding as a condition of employment.

DARS' Disability Determination Services (DDS) continues to participate in the SSI/SSDI Outreach, Access and Recovery (SOAR) Program in all regions of the Commonwealth. This program was designed to assist homeless individuals with severe mental impairments to gain access to mainstream benefits such as Social Security and Medicaid. It is believed that this program benefits those with criminal backgrounds, but our current recordkeeping system does not allow us to substantiate this type of impact at this point. A total of 259 individuals were benefited by the SOAR program for State Fiscal Year 2014.

DDS has maintained the cooperative agreement with the Department of Corrections which identified and formalized procedures that facilitated the timely entitlement to Supplemental Security Income (SSI) for disabled and aged inmates of the Virginia Department of Corrections system. These prerelease application procedures allowed inmates to file for SSI benefits prior to their release providing for a smoother transition back into the community and was implemented throughout the Commonwealth. It should be noted that these prerelease procedures apply to the initial determination only and are not used during any appeals process. A total of 172 inmates, who were pending release, had their applications processed last state fiscal year. Additional information on the DDS SOAR can be obtained by contacting Gloria.Ford@ssa.gov

Employment/Job Training

DARS had 1,210 ex-offenders with disabilities who applied for vocational rehabilitation (VR) services in federal fiscal year 2016. Of the 614 applications received, 965 were found eligible to receive VR services in 2016. These services ranged from job training, job development to purchasing uniforms and equipment that enabled them to start employment. During the year, 279 ex-offenders with disabilities became successfully employed after receiving VR services.

Department of Alcoholic Beverage Control

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

Virginia ABC's Education and Prevention Section has 13 programs that address alcohol education and prevention for elementary aged students, middle school students, high school students, college aged young adults, Virginia ABC licensees, the aging population, and prevention professionals across the Commonwealth. Education and Prevention also coordinates the Virginia Office for Substance Abuse, formerly the Governor's Office of Substance Abuse, which is a collaborative of all state agencies with a focus on alcohol and drug prevention. All of these efforts work to decrease the probability of underage alcohol use, unsafe drinking practices, and alcohol addiction.

Please describe any pending or upcoming efforts, programs, or services that involve your agency.

Virginia ABC will be launching online seller/server responsibility training for Virginia ABC licensees by the end of 2016. This will serve as an additional platform to the classroom trainings that are already provided free of charge by the agency.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

None at this time.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

Virginia ABC worked over the past year to update all of its alcohol education and prevention content on the website and in publication format. ABC now offers access to a publications series that spans all age groups and is accessible for free through online PDF and online ordering.

Department of Behavioral Health and Developmental Services

DBHDS is involved both directly and indirectly in the provision of behavioral health services to offenders leaving DOC custody with the goal of ensuring all individuals with behavioral healthcare needs have access to services. DBHDS operates eight adult inpatient mental health hospitals, providing services to adults offenders released to the community and those in need of acute mental health services. In FY15 a total of 19 individuals had completed their court imposed sentence and had served their time in the Virginia Dept. of Corrections but were felt to be at risk of harm to self or others (due to mental illness) and in need of inpatient hospitalization. These individuals were committed to DBHDS custody rather than being released to the community. An integral part of the treatment for these individuals is the development of comprehensive discharge plans to address their re-entry needs to try to minimize the risk of reoffending.

In FY15 a total of 423 individuals were committed to DBHDS facilities from local & regional jails as being in need of emergency behavioral health services. An integral part of the treatment for these individuals also included the development of discharge plans that link the individual to behavioral health services both in the jail and in their home communities. An additional 527 individuals were admitted to DBHDS facilities in FY15 for the purpose of restoring their competency to stand trial. Ninety-nine percent of these admissions were from local/regional jails, and again, these individuals participated in discharge planning in order to link them to behavioral healthcare services both in the jail and in their communities.

With regard to more indirect re-entry services for offenders, DBHDS provides oversight and technical assistance to Community Service Boards (CSBs) who often are the behavioral healthcare providers to offenders, given their role as part of the behavioral healthcare safety net. In FY15, CSBs reported having provided some level of services to 723 individuals whose initial referral source was the Department of Corrections. In addition, the CSBs reported having provided services to 11,352 individuals referred from probation and 509 individuals referred by parole officers.

DBHDS also provides some targeted funding to CSBs who in turn provide direct services for jail diversion related initiatives. DBHDS facilitates development of local programs and provides technical assistance to programs housed in CSBs which may serve offenders with behavioral health disorders re-entering from jail and prison.

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

DBHDS has strong collaborative relationships with Department of Corrections (DOC), Department of Criminal Justice Services (DCJS), Department of Social Services (DSS), Department of Juvenile Justice (DJJ), Department of Medical Assistance Services (DMAS), Department of Veterans Services (DVS), State

Compensation Board (SCB), and other state agencies as well as with local entities such as; CSBs, community corrections agencies, police and sheriffs offices and other local and statewide organizations and individual stakeholders, on issues pertaining to persons with behavioral health disorders and intellectual disabilities with criminal justice involvement. Specific collaborations impacting individuals reentering from prison or jail include the statewide Cross Systems Mapping initiative, the statewide expansion of Crisis Intervention Teams, the Virginia Veterans and Family Support (VVFS) Program, the Mental Illness in Jails Annual Report, and the Annual Crisis Intervention Team Conference and Training. In addition, former Commissioner Debra Ferguson created multi-disciplinary, multi-agency Transformation Teams to address the behavioral healthcare needs of Virginians and created a transformation team specifically designed to address the behavioral healthcare needs of individuals involved with the justice system.

Other specific efforts since last year's report have included:

1. **Revision of Memorandum of Understanding** between DOC, DBHDS, and CSBs continued through FY15. DBHDS collaborated with DOC to revise the MOU between DOC, DBHDS, and CSBs which addressed re-entry planning related to behavioral healthcare needs of offenders. Specifically, the MOU memorializes all parties' commitment to collaboration to address the behavioral healthcare needs of offenders leaving DOC custody. It articulates procedures and responsibilities of all parties. The MOU is in the final stages of review.
2. **Cross Systems Mapping Workshops** This project is a collaborative training event led by DBHDS, with DCJS, local CSB's and local criminal justice and behavioral health agencies and stakeholders participating in a one-day facilitated cross systems training workshop designed to identify and address service system gaps for individuals with behavioral health issues who come into contact with the criminal justice system.
 - a. In total, from FY08 to FY14, DBHDS facilitated 41 workshops accounting for over 97 of Virginia's 134 jurisdictions (72%). More than 1,400 individual criminal justice, behavioral health and consumer stakeholders have participated in a Cross Systems Mapping Workshop, reaching over 90% of Virginia's population areas. Thirty-three CSBs have participated in a Cross Systems Mapping Workshop since its inception.
 - b. DBHDS's newest initiative is to re-visit those localities that have been previously mapped, and do a refresher mapping to aid localities in maintaining momentum to address the behavioral healthcare needs of this vital target population. In FY15, a total of 4 new "re-mappings" were facilitated by DBHDS. There is an additional workshop scheduled for FY16.
3. **Crisis Intervention Team (CIT) Statewide Expansion** This project is a collaborative effort among DCJS, DBHDS, local CSB's, police, sheriff, consumer and other service agencies.
 - a. There are now 37 local CIT initiatives developed and supported through Federal, State, and local funding (up from 33 in 2014).
 - b. The General Assembly approved funding for CIT Assessment Sites in the FY15-16 budget cycles. Six new sites were funded for FY15. The program has continued to expand and in FY16 28 programs operate 32 CIT Assessment sites throughout the Commonwealth...
 - c. A new CIT Assessment Site Coordinator was hired by DBHDS to provide technical assistance for emerging/developing CIT Assessment Site programs and has helped law enforcement agencies in better understanding the value of CIT.

4. **10 CSB site Jail Diversion Program Initiatives** continued to receive support and provide data on outcomes at all intercepts, including re-entry. In FY15 an additional 2 sites were selected to receive Jail Diversion funding. Those new sites have also begun to provide data outcomes for the individuals they serve.
5. **DBHDS and the State Compensation Board (SCB) collaborated on the development of the July 2014 annual Mental Illness in Jails Survey.**
6. **DBHDS Assistant Commissioner for Behavioral Health participates with DOC, state and local VDSS offices and other state and local agencies on the Workgroup for the Release of Special Needs Inmates.**
7. **DBHDS participated in the Secretary of Public Safety's Evidence Based Decision Making workgroup.**
8. **DBHDS was awarded a 3-year planning an implementation from the Bureau of Justice Assistance.** The grant enabled DBHDS to enhance diversion alternatives and created unique opportunities for collaboration. In FY15, a multi-agency, multi-discipline group was convened to establish a list of essential elements for Mental Health Dockets in Virginia. The final report will be submitted in FY16 to the General Assembly for review. FY 15 also involved planning for a statewide Summit on the Risk-Needs-Responsivity Model as it relates to justice-involved individuals with mental illness. The Summit is scheduled for FY16.
9. **DBHDS collaborated with the State Compensation Board to facilitate sharing of data related to individuals served by the DBHDS Jail Diversion cohort.** All parties were in agreement that the SCB LIDS data could be shared with DBHDS by way of uploading into a data warehouse. Steps were taken in FY15 to facilitate the development of an MOU and to discuss the logistics of making this data transfer possible. This is the first step toward resolving the barrier, which will provide criminal justice outcome data on participants in DBHDS's 12 CSB jail diversion programs. The MOU is in the process of review.
10. **DBHDS serves as partner to the newly established Center for Behavioral Health and Justice (CBHJ).** The CBHJ is an interagency collaborative between DBHDS, DCJS, the Office of Public Safety and Homeland Security, and the Office of Health and Human Services. The goal of the Center is to better coordinate behavioral health and justice services by identifying and utilizing Virginia's resources more effectively. The focus of the Center is on diverting individuals with behavioral health issues away from the criminal justice system when possible, and for those already involved, connecting them to services and treatment. Since the Center was established:
 - a. The Center sponsored a statewide summit to review gaps and resources across Virginia's behavioral health in criminal justice systems
 - b. The Center convened a group of behavioral health, criminal justice and other stakeholders to serve in an advisory capacity to the Center. This group, also known as the Center Advisory Group, meets on a quarterly basis,

- c. Three subgroups, or Action Committees, were established to identify and pursue specific priority areas. The three Action Committees include: Diversion and Re-entry, Criminal Justice and Behavioral Health Facilities and Data, Technology and Information Sharing,
- d. A survey was administered to determine the use of tele-psychiatry in jails
- e. A low-cost/no-cost solution to improve the early identification of veterans in Virginia jails was identified and is currently being promoted throughout Virginia's local and regional Jails,
- f. A website was developed with links to Evidence-based Practices and Interventions to improve treatment for justice-involved behavioral health consumers

Please describe any pending or upcoming collaborative efforts that involve your agency.

- 1. The Commissioner's Transformation Team for Justice-Involved Individuals concluded its work and published its recommendations for system improvement. This team was multi-disciplinary and multi-agency.**
- 2. Crisis Intervention Team Statewide Expansion**
 - a. The 4th annual CIT training and conference will be held in May 2017 in Blacksburg for representatives of Virginia's 37 CIT programs and other stakeholders. The conference is a collaborative project with DBHDS, DCJS, National Alliance on Mental Illness – Virginia (NAMI-VA), and the Virginia CIT Coalition (VACIT).
 - b. Four new CIT Assessment Sites were funded on July 1, 2016 and will soon be operational.
 - c. DBHDS continues to administer the annual CIT inventory and develops annual CIT status reports.
 - d.
- 3. Twelve CSB site Jail Diversion Program Initiatives will continue to receive support and provide data on outcomes at all intercepts, including reentry.**
- 4. DBHDS and SCB will collaborate on development of the July 2016 annual Mental Illness in Jails report to the General Assembly.**
- 5. DBHDS will continue to participate in the Secretary of Public Safety's Evidence Based Decision Making workgroup.**
- 6. DBHDS will continue to offer one-day Cross-Systems Mapping workshops** to localities upon request. In FY15 DBHDS conducted 4 workshops and has additional workshops scheduled for FY16.
- 7. DBHDS will continue to satisfy requirements for the Bureau of Justice Assistance planning and implementation grant.** In FY16 a statewide Summit of the Risk-Needs-Responsivity Model will be hosted by DBHDS. Commonwealth's Attorneys, Public Defenders, Community Corrections Directors, CSBs, and District Court Judges will be invited to attend. Additionally, DBHDS will select one to two sites to award funding to start new or expand existing Mental Health Dockets in their localities. Data will be collected for analysis of the impact of these programs on criminal justice and clinical programs.

8. **DBHDS will continue efforts to finalize the MOU between DBHDS and SCB, and will integrate the data from SCB into DBHDS's Data Warehouse for analysis. This will enable DBHDS to measure criminal justice outcomes for its 12 Jail Diversion Programs.**
9. **DBHDS helped fund a re-entry conference convened by the Office of the Attorney General to enhance re-entry services both from the Department of Corrections and from local/regional jails.**
10. **The Center for Behavioral Health and Justice will continue its work on priority areas outlined on its Strategic plan, which include:**
 - a. Addressing inequalities across jails regarding standards of behavioral health care, and develop a recommendation for minimum standards of care,
 - b. Ensure jails and prisons screen for veterans
 - c. Work towards standardizing screening and assessment processes across Virginia Jails,
 - d. Expand the use of tele-psychiatry,
 - e. Improve information and data sharing,
 - f. Develop cross system data and information sharing,
 - g. Expand Intercept 2 diversion options, and
 - h. Improve access to available benefits and services for persons released from jail and prisons

Please describe any past or current policy-level barriers to collaboration and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

At the local level and the state level, there continue to be challenges in coordination of care and information sharing between the behavioral health system and criminal justice agencies, including courts, prisons, corrections, and others, concerning individuals with behavioral health disorders. At a macro level, this is due in part to a patchwork of state level IT systems and software which are often incompatible, and a lack of IT resources and personnel, as well as staff with substantive knowledge, to develop appropriate and effective work-around to share macro information. Criminal justice information is housed in multiple systems, for example, jails use the local inmate data system, DOC uses CORIS and the state police manage Virginia Criminal Information Network and National Crime Information Center. While each has a willingness in theory to share information that is not sensitive or protected, it is difficult to find the time and resources to bring the necessary partners to the table to address access issues at either the macro or micro level. There is also a new workgroup at the Health and Human Resources Secretariat administration looking at this and other ways to begin to reduce the barriers to sharing this information in appropriate formats. This workgroup is called the Electronic Memorandum of Understanding (EMOU) Committee. There also are various interpretations of the Health Insurance Portability and Accountability Act (HIPAA) with regard to sharing of information and the inconsistent interpretation of HIPAA often becomes a barrier to collaboration. Some communities have been able to overcome this at the individual (micro) level and share information regularly, but this appears to be the exception rather than the rule. SCB, DCJS and DBHDS have had discussions about ways to facilitate better access to data. These discussions continued into FY15 and all parties were in agreement that the SCB LIDS data could be shared with DBHDS by way of uploading into a data warehouse. Steps were taken in FY15 to facilitate the development of an MOU and to discuss the logistics of making the data transfer possible. This is the first step toward resolving the barrier, which will provide criminal justice outcome data on participants in DBHDS's 12 jail diversion programs.

Continued efforts will be made to facilitate sharing of data between DBHDS, LIDS, and DCJS through other avenues.

Please describe any past or current policy-level gaps in collaboration and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

There is a disconnection, at times, between the behavioral healthcare needs of DOC released offenders and the availability of the needed services. Specifically, CSBs as part of the safety net provide a limited array of core services and may provide additional services dependent on funding/availability of resources. Some DOC offenders do not meet the requirements to be served by the CSB and/or have no resources to pay for services. Despite improvements in pre-applying for entitlements for benefits while in DOC, many offenders still leave DOC with no benefits and no means to pay for services. Unless a locality has prioritized the provision of services to offenders, services for this population may not be available, and/or the individual will have to rely on emergency services rather than coordinated wrap around services.

DBHDS continues to advocate for a sufficient continuum of community based MH/SA services and access to the full range of supports for continuity of care including housing, mobile emergency services, crisis stabilization and Program of Assertive Community Treatment programs, detox centers, counseling, medications, and benefits restoration. In the current economy, these resources will be difficult to put in place, however, as local, regional and state partners continue to collaborate and understand each other's system needs and goals, more efficient utilization of current resources can have a positive impact in addressing these missing assets.

Law Enforcement

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

There are now 37 CIT initiatives across Virginia. 28 programs operate 32 CIT Assessment Sites. Data shows a significant decrease in officer involved time for those localities which have CIT Assessment Sites, thus freeing up officers to return to their duties of providing community policing. DBHDS has been involved in providing technical assistance to 11 CIT classes. DBHDS has also been involved in six Train the Trainer sessions. Finally, through the grant we have supported 75 individuals in attending CIT training in a different locality.

Please describe any pending or upcoming efforts, programs, or services that involve your agency.

The Office of the Attorney General allocated a portion of the Abbott Pharmaceuticals asset forfeiture funds for training CIT officers to include a statewide Train the Trainer initiative. This infusion of training funds will continue to improve CIT capacity and help move the programs that are still in planning or development stages closer to operational status.

DBHDS will continue to provide technical assistance for emerging/developing CIT programs and through its new CIT Assessment Site Coordinator, continue to serve as a liaison between the mental health community and the law enforcement community.

Employment/Job Training

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

DBHDS provides limited employment/job training programs within its inpatient psychiatric facilities. Such services are offered to those in need of and who can benefit from employment/job skills training. In addition, DBHDS has long been a strong advocate for the hiring of peers (to include forensic peers) to provide assistance, support, and guidance to others recovering from behavioral health disorders. DBHDS has been collaborating with the statewide peer community, DMAS, and other agencies on the concept of peer certification. Peer certification will elevate the role of peers within healthcare agencies and will create more job opportunities.

Please describe any pending or upcoming efforts, programs, or services that involve your agency.

DBHDS will continue to collaborate with other agencies on peer certification.

Several CSBs operate vocational programs to aid individuals (to include ex-offenders) in seeking and securing employment. As an example, the Community Recovery Program operated by Piedmont Community Services Board aids individuals with substance abuse issues (including offenders) in maintaining long term recovery and rebuilding their lives (including obtaining employment). The program has established relationships with local employers who are willing to give individuals an opportunity to work. Data from the program suggests 46% of the participants with 6 months or more of sobriety was employed. While a substantial minority remains unemployed, the program reports clear success in aiding individuals in finding and maintaining employment.

Alcohol/Drug Addiction

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

The capacity of DBHDS and the CSBs to provide SA services to offenders and other needing services is limited by the lack of resources. There has been no significant increase in state general funds appropriated for SA treatment in many years, and federal SAPT block grant funds have been slowly decreasing. In addition, there is a lack of a workforce that is knowledgeable about addiction and skilled at working with offenders, women or youth. Physicians/psychiatrists trained in addiction are very rare and tend to work exclusively in the private sector where offenders are less likely to have access to services. Addiction specialists are particularly important for persons with co-occurring mental illness and substance use disorders. If the offender is a juvenile, then access to a child psychiatrist knowledgeable about addiction is even rarer.

In collaboration with the Department of Juvenile Justice, the DBHDS Office of Substance Abuse Services sponsored two cycles training in clinical supervision that consisted of five days of training provided over a period of several months. This training was part didactic and part experiential and satisfied requirements of the Board of Counselors and Board of Social Work for training of supervisors who will provide supervision to persons working towards obtaining their Licensed Professional Counselor or Licensed Clinical Social Worker degrees. One cycle was based in Richmond and met on March 31, April 1, April 28, May 19, and June 2, and the other cycle was based in Roanoke and met on March 25, March

26, April 30, May 13 and June 4. Sixty-two persons participated and fifteen of those were staff from DJJ.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

The publicly funded substance abuse treatment system continues to need basic capacity for services such as detoxification, medication-assisted treatment, residential treatment services (especially for women), intensive outpatient services, and developmentally appropriate services for adolescents. A thorough interagency strategic plan for substance abuse services that includes specific discussion of the needs of offenders was published in 2011 and remains relevant ([Creating Opportunities for People in Need of Substance Abuse Services: An Interagency Approach to Strategic Resource Development](#)).

Mental Health

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

DBHDS funds twelve jail diversion programs to enhance mental health services to those involved in the criminal justice system. The Commissioner established a Transformation Team for Justice Involved Individuals to analyze the behavioral healthcare needs of incarcerated individuals and to make recommendations for system changes required to ensure these needs are met.

Re-entry Focus Areas

Women

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

No new specific efforts/initiatives specifically focused on women's re-entry needs.

Please describe any pending or upcoming efforts, programs, or services that involve your agency.

Upcoming Cross- Systems Mapping sessions will include women's re-entry needs/ issues.

Veterans

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

DBHDS continues to collaborate with Virginia Veterans and Family Support (VVFS) on veteran's mental health issues. DBHDS also collaborates with the Department of Veterans Services to enhance mental health care for veterans.

Please describe any pending or upcoming efforts, programs, or services that involve your agency.

Upcoming Cross- Systems Mapping sessions will include Veteran's re-entry needs/ issues.

Juveniles

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

DBHDS continued to hold meetings with DJJ and local detention centers to discuss and address behavioral healthcare gaps for juveniles involved in the justice system. DBHDS funds several behavioral healthcare programs for juveniles in detention.

DBHDS recently awarded eight ongoing awards to CSBs to enhance services to juveniles aging out of the juvenile service system and aging into the adult service system. The grants will fund the development of local expertise of the service needs of this unique population.

Please describe any pending or upcoming efforts, programs, or services that involve your agency.

DBHDS anticipates hiring the above referenced position in December 2014. The Transformation Team will continue to meet through 2015 and provide recommendations for service needs and improvements.

Data and Information

Please describe any improvements or updates made to your agency's information system in the last year.

DBHDS continues to progress in the development of an electronic health record (EHR). The EHR is already in use in one facility and will be brought on-line in the other DBHDS facilities over the next two years. The advent of the EHR will improve DBHDS' ability to share information with other providers and adhere to federal mandates regarding having accessible records. DBHDS has also created a data warehouse and via this warehouse DBHDS will eventually be able to analyze data from various sources to better measure outcomes from our jail diversion programs. Finally, in the interim, DBHDS has revised our jail diversion information data collection questionnaires to better collect data to measure outcomes for forensic consumers.

What has been the impact to date of your agency's information system on the collaborative sharing of case-level information between agencies?

We have been able to acquire a significant amount of information from our jail diversion initiatives and will be in a position to report information more accurately concerning the clinical and criminal justice outcomes for these individuals going forward. Similarly, we are collecting data on the CIT Assessment Sites funded through DBHDS by the General Assembly and will be able to more accurately describe criminal justice and clinical outcomes for individuals who are served in the CIT Assessment Sites.

Please describe any legislative funding that your agency has received for re-entry-related initiatives? Please provide a brief description of the intended purpose of the funding and what the funding has been used for to date, the total amount of funding that the grant will provide, and when the funding has/will terminate.

DBHDS has not received any recent legislative funding for re-entry related initiatives.

Department of Corrections

The Department of Corrections supervises in prisons, community corrections facilities or on probation or parole 90,000 offenders at any one time.

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

Virginia Serious and Violent Offender Re-entry Program

Assets: This program transitions violent and sex offenders through jails in Newport News, Fairfax and Richmond City. These programs provide intensive services to offenders through contracts with the local Community Services Boards and non-profit agencies and also provide case-management services after release.

Barriers: The programs are small, serving only about 70 offenders per year. Offenders without post release supervision are not eligible to participate.

Gaps: The program is small and limited to three local communities.

Virginia Community Re-entry Program

Assets: This program utilizes the Local Re-entry Councils to help prepare offenders for re-entry. Services include coordinating with local service providers and providing pre-release planning and transition support to offenders. The Councils are convened by local Social Services agencies that partner with the VADOC, non-profits, and other re-entry stakeholders. The program has been expanded to every locality in Virginia.

Barriers: The Secretariat level position that coordinated these councils was eliminated with the change of administrations in January 2014. Primary coordination has been assigned to the Child Support Enforcement Section of the Department of Social Services. The amount of time devoted by the partners to address reentering offenders is not sufficient to meet the needs of this population. Local DSS must run the councils using existing resources; some local DSS and council members are more enthusiastic and effective than others.

Gaps: There is no funding for coordination of the Councils and it is handled by DSS staff in addition to a range of other duties. The program could benefit from a staff person at the Secretariat level to provide coordination. Lack of funding ultimately limits the services that can be provided.

Faith Based Re-entry Program

Assets: This faith-based re-entry program is operated by volunteers and coordinated by Grace Inside, the VADOC's faith based services provider. The voluntary program uses a Christian curriculum to provide re-entry preparation programming to incarcerated offenders approaching release and mentoring upon transition to the community. The program operates at the Deep Meadow Correctional Center.

Barriers: The program only serves the Richmond area and only serves offenders pending release at one male facility. Because of the faith based nature, the program is voluntary and may appeal only to persons of Christian faith.

Gaps: The program only serves the Richmond area and since it is faith-based, offenders must volunteer for the program instead of being assigned. The capacity is only 20 offenders.

Virginia Department of Motor Vehicles (DMV)

Assets: The DMV has partnered with the Virginia Department of Corrections (VADOC) to develop creative ways to provide offenders who are preparing for release with official state identification cards. The DMV Connect program has been fully implemented in all correctional facilities. DMV Connect is an outreach program where DMV personnel carry portable equipment to VADOC facilities to serve incarcerated persons who are preparing for release by providing them with state identification cards. Identification is required for persons to obtain employment, housing, transportation, banking, and other necessary daily life activities. Offenders are now able to leave the correctional facilities with an official state identification card that will assist them in their transition and re-entry into society. As of October 2016 the DMV Connect program has been successfully implemented with DMV issuing over 15,000 credentials to offenders leaving VADOC facilities.

DMV has also worked collaboratively with VADOC to establish a Commercial Driver's License (CDL) program for offenders that are incarcerated. In the program, non-violent offenders who are eligible for a driver's license receive training by VADOC staff to obtain a CDL to operate a commercial motor vehicle. CDL holders may drive trucks to deliver products produced in the VADOC agribusiness program. DMV provides the training curriculum, testing, and licensure. This program helps keep VADOC costs lower since offenders are paid much lower wages than a private commercial motor vehicle operator. The program also provides offenders with a viable job skill that they can utilize upon release. As of October 2016 the CDL program has been successfully implemented with DMV issuing 30 CDLs to offenders leaving VADOC facilities.

Barriers: The CDL program requires both VADOC and DMV to increase workload without additional resources. However, DMV remains ready to provide the necessary services for the CDL program as demand increases.

Gaps: None.

Virginia Department of Health, Office of Vital Statistics

Assets: The collaboration between Vital Statistics and VADOC allows the Department to receive offenders' birth certificates upon intake. The birth certificates allow VADOC to confirm citizenship. Birth certificates are held by VADOC and provided to offenders when they are released as a form of identification. The DMV requires that individuals provide their birth certificates as a form of identification when they apply for a State ID card.

Barriers: None.

Gaps: None.

Social Security Administration

Assets: The collaboration between the SSA and VADOC allows offenders to apply for replacement Social Security Cards 90 days before release. SSN cards are needed by offenders after release so they may obtain employment. The cards are also a form of identity verification used by DMV.

Barriers: It is overly restrictive for the SSA to only issue cards 90 days before the offender is released from prison. This limited timeframe, given processing and mailing times, sometimes causes cards to arrive at the prison after the offender has been released. The VADOC would like to be able to obtain cards earlier in the offender's incarceration. The SSA has not been willing to lengthen the timeframe for VADOC applying the cards even though the VADOC holds SSN cards in secured and locked file rooms.

Gaps: None.

Virginia Department of Veterans Services (VDVS)

Assets: The partnership with the Department of Veterans Services allows justice-involved veterans to be contacted by VDVA during diversionary programs in jurisdictions with veteran dockets, during incarceration to learn about their rights and benefits, and upon release to learn about supportive services through the Virginia Veterans and Family Support (VVFS) and other employment and educational opportunities. DVS, through their Veteran Criminal Justice Coordinator, works closely with the VA, courts and veteran service organizations (VSO) to provide a comprehensive network for veterans.

Barriers: None.

Gaps: None.

U.S. Department of Veterans Affairs

Assets: The VADOC partners with the federal Veterans Affairs to allow medical and mental health examinations to be conducted on incarcerated veterans to determine if disability benefits are warranted. The VADOC welcomes VA health care examiners to examine offenders on site at the prison as needed for the VA to carry out its statutory requirement to provide compensation benefits to all veterans regardless of incarceration status.

Barriers: Recently the VADOC has met with both the Virginia Attorney General's office and representatives from the VA to reiterate the VA burden to conduct exams on incarcerated veterans. The VA has had some difficulty doing this timely.

Gaps: The VA needs to resolve its internal issues necessary to provide disability determination examinations at the prisons. The DOC is will to make VA access to prisons as easy as possible to help further this.

Virginia Department of Medical Assistance Services & Virginia Department of Social Services (Medicaid)

Assets: Through their partnership with VADOC, DMAS and DSS have defined procedures for incarcerated offenders to apply for Medicaid before release. When applications are completed correctly, offenders can get a Medicaid number the day of release, qualifying them for services upon release.

Barriers: The application process is complicated and VADOC staff expertise and resources are required.

Gaps: None

Assisting Families of Inmates (AFOI)

Assets: The VADOC offers an offender video visitation program at most prisons across the Commonwealth through the Department's partnership with community faith-based and non-profit organizations. Video visitation allows family members to meet with the offender via video conferencing at a cost lower than what the visitor typically spends traveling to a remote prison. Video visitation will be used for some offenders as a part of the VADOC's re-entry process to reunify offenders and families.

Barriers: The video visitation project has been under-utilized by families and the VADOC is working with community partners to increase marketing of the program.

Gaps: The program is limited to metropolitan areas in Virginia and not all communities are covered.

Virginia Employment Commission

Assets: Wallens Ridge State Prison located in Big Stone Gap, Virginia, has collaborated with the local VEC staff going into the prison to provide offenders with training in job seeking skills. The VEC helps offenders conduct job searches, via supervised internet access, in the localities where they will be released. The Norton VEC office also participates with the Virginia Department of Corrections Appalachian Re-Entry Council at Camp 18 on a monthly basis. The Norton office also participates at the United States Federal Penitentiary in Lee County to provide services to transitioning offenders.

From the Lynchburg VEC office, our Veterans' Representative participates in monthly meetings with the Blue Ridge Re-Entry Council and staff presents VEC Services and Job Seeker Services on a quarterly basis for the Peer Support Program at the Department of Corrections District 13 Corrections and Parole office.

The Martinsville VEC office holds Re-Entry Job Fairs at the Greenrock Correctional Facility and participates on the Martinsville Community Re-Entry Council, and the Patrick County Re-Entry Advisory Board.

The Charlottesville VEC office staff conducts Community and Veterans Outreach Re-Entry programs at least four times annually at the Fluvanna Women's Correctional Facility and the Coffeewoods Correctional Facility.

The Wytheville VEC office participates in the re-entry program with the Bland Correctional Facility on a regular basis and also holds resource fairs at the facility twice a year.

The Hampton VEC office works with transitioning offenders at the Hampton Sheriffs' Annex, Local Law Enforcement's Ready Set Go Re-Entry Program twice monthly.

The Norfolk VEC office participates monthly with the Norfolk and Virginia Beach re-entry programs and with Rehabilitation Services Inc., a Federal Prison halfway house with quarterly information sessions.

Our Portsmouth VEC office works with Deerfield, St. Brides, and Indian Creek Correctional facilities providing job readiness and job search assistance and job fairs three times per year at each facility.

The Richmond VECL office works with the Richmond City Jail annually, Deep Meadows Correctional Facility bi-annually, the Virginia Department of Community Corrections as requested, and Central Virginia Correctional Unit #13 annually. The Richmond office provides job readiness and job search assistance and career information.

The Tri-Cities VEC office in Hopewell works with the Riverside Regional Jail quarterly to provide job services and career and labor market information.

Our Fredericksburg and Warsaw VEC offices provide resource fairs twice a year at Peumansend Creek Regional Jail, the Stafford Diversion Center, and the Haynesville Correctional Center. The office also provides monthly information sessions at the District 21 Probation and Parole Center.

The Fishersville VEC office works with the Augusta Correctional Center, Cold Springs Correctional Center, and Middle River Regional Jail quarterly. The Office Manager also participates four to six times a year with the Shenandoah Valley Re-Entry Council to hold re-entry fairs, mock interview sessions, and an annual resource fair.

Barriers: Because of funding issues, several of our offices do not have sufficient staff to participate in re-entry activities.

Gaps: Because of the barriers identified above, we are not able to provide services at all Virginia correctional facilities.

Department of Behavioral Health and Developmental Services & Local Community Services Boards

Assets: VADOC has an agreement with DBHDS and the Association of Community Services Boards to address re-entry appointments for incarcerated offenders who are in need of continuing mental health services after release. In prison, qualified mental health professionals provide reentry assessments to the local Community Services Board (CSB) and make appointments for care prior to the offender's release. Many local Probation and Parole Districts have agreements with their CSBs for offender treatment services.

Barriers: Funding does not follow the offender but is provided to the CSB, enabling each individual CSB to establish its own service priorities. In some jurisdictions, CSBs do not serve

reentering offenders, do not prioritize offenders for timely services, and/or will not set appointments for offenders until after they are released from prison. These restraints create public safety issues when offenders have mental health needs. Reentering offenders would be better served if the funding were provided to Probation and Parole Districts to pay CSBs directly for specific services.

Gaps: See barriers.

PAPIS

Assets: This program is operated by a coalition of non-profit organizations across the Commonwealth that supports pre- and post-incarceration professional services. The programs are partially funded by a grant from the Department of Criminal Justice Services. This coalition also provides guidance that increases the opportunity for, and the likelihood of, the successful reintegration of formerly incarcerated adult offenders into the community. VADOC partners with PAPIS providers for services in some prisons and in some Probation and Parole Districts.

Barriers: None.

Gaps: PAPIS providers are not located in all areas of the State and are not sufficiently funded to provide services to all offenders in need.

University of Virginia Darden Business School Entrepreneurial Program

Assets: This innovative program was created by Dr. Gregory Fairchild, Associate Professor at UVA's Darden Business School. The program operates at Dillwyn Correctional Center and Fluvanna Correctional Center. The program provides college-level entrepreneurial training to offenders in the last year before release. Offenders selected for the program are those who have completed vocational training during incarceration. The program uses a business planning curriculum taught by Dr. Fairchild and graduate students. A post release mentorship phase using community business owners is currently being planned. In the past year the program was expanded to include a Financial Literacy program and a Capstone program that ties the two programs together.

Barriers: **The program is not funded and is dependent on the volunteer work of Dr. Fairchild and his students.**

Gaps: The program only operates at two prisons and is needed at more.

Concurrent Enrollment program

Assets: This program brings together certain Career and Technical Education programs that are offered through the DOC Division of Education and certain Community Colleges. Students who complete DOC classes and programs also get credit for through the community college. These programs operate much the same way as the dual enrollment programs which are offered through public high schools and local community colleges.

Barriers: Funding for these programs is dependent on outside resources and desire of Community Colleges to participate.

Gaps: These programs are not offered at all facilities.

Other Institutions of Higher Education

Assets: Partnerships exist with other universities and colleges that assist with re-entry preparation in prisons or Probation and Parole Districts. These organizations include but are not limited to the following: Blue Ridge Community College, Southside Virginia Community College, Piedmont Community College, Germanna Community College, Rappahannock Community College, James Madison University Virginia Commonwealth University and Virginia State University.

Barriers: The efforts are not funded and dependent on the resources and motivation of individual educational institutions.

Gaps: Not all prisons or Probation and Parole Districts have partnerships with universities or colleges.

Agribusiness Partnerships

Assets: VADOC has a number of external partnerships that involve the Department's agribusiness operation. These partnerships provide incarcerated offenders with work training that could help them find employment after release. One initiative involves offenders who work with beef cattle on VADOC farms receiving training by Virginia Tech Vet School Veterinarians. Participants receive certificates upon completion. VADOC partners with the Virginia Department of Agriculture and Consumer Services to train offenders in the use of pesticides under the Virginia Pesticide Act. Participants can become a Registered Technician. In a new multiple agency partnership among the VADOC, Virginia Department of Health, and the U.S. Food and Drug Administration, incarcerated offenders who work in the prison Milk Plant and Dairy are provided with a special course that covers plant sanitation and milk pasteurization and includes mock inspections. Offenders will receive a certificate for successful completion.

Barriers: None.

Gaps: The programs are small and limited to offenders who work in the specific agribusiness programs, but demonstrate how agencies can use their expertise to work together and prepare offenders for re-entry.

Department of Professional and Occupational Regulation

Assets: DPOR supports VADOC re-entry efforts by making special arrangements for offenders working in the Wastewater Treatment Plants to test for licensure. VADOC work foremen provide offenders with on-the-job training in maintenance of waste water plants, laboratory work and clerical skills needed to become a licensed Wastewater Works Operator.

Barriers: No DPOR-regulated professions or occupations have "barrier crimes" that expressly prohibit entry due to a prior criminal conviction. Offenders are evaluated in accordance with the criteria enumerated in § 54.1-204 to determine whether a prior criminal history directly relates to the license sought by the applicant. However, due to the U.S. anti-terrorism act, there are crime-type barriers that prevent some offenders from working in public wastewater jobs after release; these are reviewed by VADOC on a case-by-case basis before entering the program.

Gaps: The programs are small and limited to offenders who work in VADOC Wastewater Treatment Plants.

Alexandria Collaboration for Recovery and Re-entry

Assets: This program is supported by a model of collaboration between the VADOC Probation and Parole District in Alexandria and the local CSB. A grant obtained by the CSB funds a Mental Health Probation Officer and a CSB therapist. The program provides rapid/intensive treatment, supervision and support for probationers/parolees diagnosed with mental illness. The Substance Abuse and Mental Health Workgroup of the Governor's Re-entry Council identified the program as a model worthy of replication in other localities.

Barriers: Although the program was recommended for expansion by the Governor's Re-entry Council, funding is the barrier.

Gaps: The program is a model identified for replication but only exists in one locality.

Virginia Parole Board

Assets: The VADOC has an agreement with the Virginia Parole Board whereby offenders who are eligible for parole may be referred by the Parole Board to complete a VADOC Intensive Re-entry Program before being granted release. This practice helps ensure that long-term offenders receive re-entry preparation before release.

Barriers: None.

Gaps: The process is used for specific offenders at the discretion of the Parole Board.

Federal Bonding Program Stakeholders

Assets: VADOC was designated as the Federal Bonding program coordinator in July 2011. The federal bonding program is an employer job-hire incentive that allows employers to hire at-risk job seekers with prior criminal convictions with limited liability to their business. The VADOC partnered with a number of agencies and employment stakeholders to develop and oversee its approach to providing the program. Stakeholders assisting VADOC in this effort include the: Department of Rehabilitation Services, Workforce Investment Board of the Northern Virginia Skillsourcing Center, Federal Bureau of Prisons, Department of Labor, Virginia Community College System, Department of Social Services, Boaz and Ruth, Department of Juvenile Justice, Offender Aid and Restoration of Richmond, StepUp Inc., Education and Training Corporation and the Virginia Employment Commission.

Barriers: None.

Gaps: None.

Collaborations to Reduce Homelessness

Assets: The VADOC makes continual efforts to reduce homelessness of reentering offenders by working with other state agencies and community groups. The VADOC participates on the Workgroup on Release of Special Needs Inmates facilitated by the Governor's Office. Partner stakeholders include Department of Social Services, local Social Services offices, the Richmond City Criminal Justice Agency, and Department of Behavioral Health and Disability Services. The workgroup developed a shared protocol for release of offenders with special needs, provided a blue print for use by communities that are planning for the return of these offenders, and established long-term public policies to address this growing population. DOC staff regularly meets with the Housing Director for the Department of Veterans Services to discuss meeting the needs of the homeless veteran population.

Barriers: Community housing for violent offenders is extremely limited due to funding, community attitudes about perceived risk, public policy and crime barrier laws. There are also tremendous barriers to placing offenders with health care needs in assisted living or nursing home care, primarily due to perceived risks, community attitudes and funding.

Gaps: There are huge gaps in community housing for violent offenders and offenders with mental or physical health care needs due to public policy, funding and public perceptions.

Norfolk Reentry Court Docket

Assets: Implemented as a pilot in 2011, the State's first reentry court is funded through a federal grant to the Virginia Supreme Court and includes partnerships among DOC Probation and Parole District #2, Norfolk Circuit Court, Norfolk Sheriff's office, Norfolk prosecutors, faith based organizations and community treatment providers. The program is modeled after the city's drug court and is designed to take 18 months to complete, including a 6 month stay in jail followed by community supervision and services. Reentry Court participants make regular appearances before the Judge and can receive immediate sanctions for misbehavior or recognition for appropriate behavior. The program is aimed at reducing recidivism and includes workshops on GED preparation, anger management, and employment skills. The program is voluntary and is generally part of sentencing for a probation violation.

Barriers: The program is a pilot and it is too soon to measure success. The program exists only in Norfolk City and is dependent on federal grant funding.

Gaps: The program exists only in Norfolk.

Probation/Parole Supervision

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

The VADOC implemented evidence based practices (EBP) in all its Probation and Parole Districts. VADOC is implementing EPICS II, Effective Practices in Correctional Setting, as a key element of EBP. EPICS II is a supervision technique that combines three skill sets: relationship building, bridging skills and cognitive intervention skills. These skills are designed to be used by correctional staff in regular interactions with offenders to help motivate and guide change. Relationship skills include active listening skills to establish rapport and enhance intrinsic motivation to change behavior. The bridging skills serve as a bridge between relationship and behavior change including the use of reinforcement, punishment and effective use of authority. The intervention skills are related to cognitive model, problem solving and relapse prevention. EPICS II offers a concrete and structured method for correctional staff to help an offender identify a problem and present steps to develop solutions for the problem. Implementation of EPICS II is based on a peer training and coaching model to develop staff competency.

Please describe any pending or upcoming efforts, programs, or services that involve your agency.

VADOC currently has 21 Senior Re-entry Probation Officer positions to serve the 12 Intensive Re-entry Programs. The role of these positions is to increase long-term public safety by helping to prepare incarcerated offenders for successful re-entry and reintegration into the community

and bridging the gaps between prisons and community supervision. The Re-entry Probation Officers provide incarcerated offenders, family members and other stakeholders with opportunities to learn about and discuss community supervision issues and re-entry challenges before the offenders are released. The positions serve as a link to local community resources and with community stakeholders to enhance effective re-entry.

Probation and Parole District staff continue to implement Thinking for a Change booster sessions to provide continuity and support as offenders' transition from prisons to community supervision.

Director of Corrections Harold Clarke has issued a strong edict to staff that VADOC will engage in organizational development to create a culture that establishes and supports offender change and re-entry preparation. The VADOC has made strong progress in creating more internal continuity among its prison and community corrections operations, which supports successful re-entry

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Resources needed for program delivery remains a large barrier.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

As noted above, a few positions have been received to assist with re-entry. Despite these additions, Probation caseloads remain very high and restrict the time Probation Officers can spend with offenders.

Pre-release Services

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

Case Management Services: The VADOC case-management services are in line with evidence-based practices. The COMPAS Risk and Needs Assessment instrument is fully implemented across the agency for facilities and probation districts. Based on the results of the assessment for each offender, an individualized Re-entry Case Plan is developed to guide his/her participation in programs that will help lower his/her risk of recidivism.

Re-entry Councils: the VADOC Wardens, District Chief Probation Officers and their staffs continue to be active participants in the Councils.

PAPIS Programs: The VADOC continues to use PAPIS providers within the prisons where such services are available.

Re-entry Specialists: Consistent with its approved re-entry strategic plan, re-entry specialists have been reorganized to more effectively work certain areas of the state rather than being

organized by regions. Their role is to identify and work to build resources to assist reentering offenders. They also assist with finding placements for challenging releases.

Intensive Re-entry Pods/Cognitive Community Programs – Consistent with its re-entry strategic plan, the VADOC has fully implemented the Intensive Re-entry Programs at 15 prisons as well as re-entry pods at higher security prisons.

Reentry Pods/Cognitive Community Programs at Higher security prisons – Sussex I State Prison, one of DOC's high security prisons, recently implemented a reentry program and had its first commencement.

Work Release Program for Women Operated by Spectrum Health Systems, Inc. – In 2013 a work release program was implemented at Deerfield Women's Work Center for offenders who have transitioned through the Intensive Reentry programs. The program is operated by a Spectrum Health Systems, Inc. Work release is available for carefully screened female offenders in the last 90 days before release to better prepare them for law abiding re-entry. The program allows offenders to be employed in real world jobs and to save money for reentry. While on work release, the participants return to the prison at night and continue programming related to effective transition.

Career Readiness/Life Skills Programs – Offender Workforce Development Specialists deliver career readiness portions of life skills training to offenders participating in the prison Intensive Re-entry Programs. Prison counselors deliver Life Skills programming that is not workforce development related. Topics include how to budget or locate housing.

Cognitive Therapeutic Community programs – VADOC continues to operate substance abuse cognitive therapeutic community programs for male offenders at Indian Creek Correctional Center and for female offenders at the Virginia Correctional Center for Women, Central Virginia Correctional Unit, and Brunswick Work Center for Women.

Veterans Re-entry Programs – Operating at Haynesville and Indian Creek Correctional Center are specialized re-entry preparation and support programs for veterans. These programs help address the unique needs of veterans and help them learn how to access available federal benefits. Deerfield and Buckingham Correctional Centers have established separate housing units for their veteran population.

Thinking for a Change – The evidence-based cognitive behavioral program Thinking for a Change has been implemented in the prisons and follow-up peer support booster program implemented in community corrections for those who are released.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Resources for programs and post-release services are a large barrier. Space in which to operate programs is often a limiting factor. DOC is forced to hold staff vacancies to make up a 32 million

dollar budget shortfall. Many of these positions held are correctional officers and the shortages make it difficult to fill posts in many cases.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

Gaps continue to be: limited resources for in programming, limited community housing resources for placement of offenders without home plans, and lack of available jobs. Another critical gap is a lack of substance abuse programming at security level 1 (minimum custody) facilities and for intensive substance abuse programming at detention/diversion programs. The VADOC has sought grant funding through DCJS but funds have not been available.

Residential Community Facility

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

The VADOC continues to contract for approximately 190 community residential program beds.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Strong public sentiment continues to be a barrier in locating programs in the community. Funding is also an issue for community partners desiring to open a housing program but without startup funding.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

Gaps have not been addressed. A huge gap remains between the number of beds available and the offenders needing placement. There are interested parties willing to establish community residential / transitional programs, but they look to the VADOC for funding

Electronic/GPS Monitoring

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

Supervision through technology (such as automated self-reporting systems) continues to be a cost-effective manner of monitoring low risk offenders in the community. GPS Technology is also used for higher risk offenders to augment staff supervision practices.

Employment/Job Training

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

Virginia Correctional Enterprises – VADOC continues to operate correctional industry programs, many of which include on-the-job training in areas where offenders may find employment after release. Offenders work for VCE in prison jobs producing goods or services for sale to state agencies and other entities within government. Many of the skills that offenders in these jobs learn related to the manufacturing process, including upholstery, furniture building, printing, and commercial laundry, are transferable to jobs offenders may apply for following release from prison.

VADOC Agribusiness work programs - Agribusiness operations provide incarcerated offenders with skilled work training that should help them find employment after release. In one initiative, offenders who work with beef cattle on VADOC farms receive training from the Virginia Tech Vet School's veterinarians and participants receive certificates for "Beef Quality Assurance." The offenders learn the proper way to administer vaccines for heart health using techniques that limit exposure of drugs to the beef. They also learn how to handle the cattle in a way that limits the stress on the animals. VADOC also partners with the Virginia Department of Agriculture and Consumer Services to train offenders in the use of pesticides under the Virginia Pesticide Act, and participants can become a Registered Technicians. In a new multiple agency partnership among the VADOC, Virginia Department of Health and the U.S. Food and Drug Administration, incarcerated offenders who work in the prison Milk Plant and Dairy are provided with a special course that covers plant sanitation, milk pasteurization, and passing inspections. Offenders will receive a certificate for successful completion of this program.

Wastewater Operations - Offenders working in the VADOC wastewater treatment plants receive on-the-job training from work foremen in maintenance of waste water plants, laboratory work and clerical skills. Offenders may become qualified as a licensed Wastewater Treatment Plant Professionals.

Workforce Development – The VADOC's workforce development program is operated in conjunction with its re-entry efforts. Staffs provide career readiness preparation, assist in resume and portfolio development, and register offenders on the state employment network prior to release. Job Fairs involving employers from nearby communities are held twice per year at each reentry program sites.

VADOC Food Services work program – VADOC is providing offenders who work in its prison kitchens with the ServSafe Food Certification training. Since being implemented in early 2011, over 8,000 offenders have passed the exam and received the nationally recognized food industry certification. In addition the VADOC has converted the former vendor operated staff cafeteria at its headquarters to an offender food industry training program. Offenders prepare and serve food for staff and visitors while participating in the ServSafe class. Participating offenders also learn skills that will help them manage a restaurant including sanitation, food supplies, waiting tables and working the cash register.

Federal Bonding Program – The program enhances offenders' employability. VADOC was designated as the Federal Bonding program coordinator in July 2011. The federal bonding program is an employer job-hire incentive that limits the liability of employers that hire at-risk job seekers with prior criminal convictions. The VADOC partnered with a number of agencies

and employment stakeholders to develop and oversee its approach to providing the program. The VADOC provides letters to offenders acknowledging they are bondable and then the employer may contact VADOC to request the offender become bonded.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Barriers continue to be a lack of space for sufficient programming and staff resources. Another barrier is that most employers use the internet as a means to accept job applications and incarcerated offenders are unable to access the internet due to security issues. The DOC has established a committee to explore options of technology available for secure use and hopes to pilot in 2016.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

The need for employing offenders in meaningful work within prisons exceeds the VADOC's resources.

Alcohol and/or Drug Addiction

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

For offenders assessed with a high need for substance abuse treatment, the VADOC continues to operate Cognitive Therapeutic Community programs. These programs produce recidivism rates of 8%, much lower than the overall VADOC recidivism rate of 23%.

For offenders assessed with a moderate need for substance abuse treatment, the MATRIX program has just been implemented with a RSAT grant provided through the Department of Criminal Justice Services. The MATRIX model is provided as a treatment group within the Intensive Re-entry Programs.

Probation and Parole Districts continue to contract for substance abuse services with the local community services boards and/or with private providers. Contracts now include requirements for evidence-based practices.

The VADOC drug testing program continues both in prisons and in community corrections.

The VADOC STAND program is a comprehensive multi-level substance abuse treatment program made possible by federal grant funding through the Washington/Baltimore HITDA (High Intensity Drug Trafficking Area) Initiative.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Resources continue to limit the quantity of programming VADOC can provide, particularly for security level 1 facilities where no intensive substance abuse treatment is available.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

Gaps continue – the VADOC has not received funding to reinstate the transitional substance abuse treatment programs that provide a halfway house for graduates discharging from the Cognitive Therapeutic Community programs following release.

Mental Health

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

VADOC continues to provide mental health screening and core services to offenders with varying types and degrees of mental health needs. VADOC has re-entry procedures related to mental health services that are outlined in Department Operating Procedure 820.2.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

Resources for follow-up care are the critical issues. Often local CSBs will not make appointments for releasing offenders until the offenders have actually been released, and sometimes then offenders are waitlisted instead or turned down because their diagnosis is not severe. Given lack of community resources, this process can increase the risk of offenders with mental health issues who may deteriorate and/or not receive needed medication. In addition, services for offenders under community supervision who have a mental health diagnosis cannot be mandated to be provided by the CSB until they are in crisis, which is a service gap. The VADOC is seeking resources through the Governor's normal budget process seeking to address this gap.

Finally, supportive housing for offenders with mental health issues is not readily available, especially if those offenders are "special needs" such as having cognitive issues or a history of sex offenses.

Family Reunification

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

The VADOC operates a family/parenting program at eight facilities. The program is specifically designed to provide offenders the training and opportunity to practice skills to rebuild and maintain the vital relationships in their lives with their children, spouses or significant others, as well as extended family members.

DOC Reentry Probation Officers offer reentry seminars for offenders and families to help prepare them for the challenges and support needed by reentering offenders.

The VADOC continues its partnership with several faith-based and non-profit organizations to provide a video visitation to families, which supports family reunification and continued social support/communication while the offenders are incarcerated.

VADOC has developed a seminar to brief families about the re-entry expectations and probation requirements of returning offenders.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

The VADOC is not funded for resources to facilitate extensive family reunification efforts and therefore is dependent on faith-based and other volunteer groups to assist.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

The video visitation program is under-utilized by families of incarcerated offenders. The VADOC is holding regular meetings with stakeholders to see how the program can be marketed more extensively.

Mentoring

Assets:

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

The VADOC has a partnership with GraceInside to operate a faith-based re-entry preparation program that includes mentorship for the year following release.

Please describe any pending or upcoming efforts, programs, or services that involve your agency.

The VADOC is continually seeking volunteer mentors who are positive role models for offenders.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

It is difficult to recruit mentors, and VADOC largely depends on faith-based volunteer agencies.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

The current mentorship program is small and exists at only one prison with approximately 20 participants. The capacity of this program is limited because it is unfunded and dependent on volunteers.

Education

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

The Educational Services Division of the VADOC provides academic and vocational programming to incarcerated offenders. The Division like the rest of the DOC has to maintain a certain number of vacancies to meet the budget and when we are able to fill positions sometimes there is a delay in getting this done.

In 2016 the VADOC received the State Transformation in Action Recognition (STAR) award from the Southern Legislative Conference. The award recognized VADOC's work to received college accreditation for five CTE courses through the American Council on Education (ACE). For more than 30 years, colleges and universities have trusted ACE to provide reliable course equivalency information to facilitate credit award decisions. Virginia is the only state in the nation to offer college accredited courses to its inmates. Research shows that ex-offenders who have acquired college credit while incarcerated have lower recidivism rates.

The ACE-accredited courses offered are business software applications, computer aided drafting, computer graphics and design, introduction to computers and print production. Upon release, ex-offenders may submit an accredited transcript to higher education institutions for potential transfer credit in a degree program. Based upon the initial success of the program, the VDOC, DOE plans to seek ACE accreditation for additional courses, including welding, HVAC, plumbing and masonry.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Resources for educational programs are insufficient to meet the needs of offenders. Waiting lists are long and some offenders reenter the community without having an opportunity to learn basic literacy or a vocational trade. There is not space or positions to offer more programming. There are delays in students completing programs due to times out of class due to many reasons. This prevents them from completing programs and other offenders being enrolled.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

Many offenders are released from prison without receiving educational and vocational services, some not even to the level of basic literacy. We have attempted, where possible to provide programming at alternate times at facilities where we could. We have adopted an alternate school schedule at a number of facilities that provide more classroom time per week and fewer disruptions to the school day. We have incorporated the BOOK program at facilities to assist in the completion of programs. An educational committee has submitted recommendations to provide more educational opportunities at lower level facilities. These recommendations are being examined for possible implementation.

Victim Services

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

The VADOC Victim Services Unit (VSU) provided assistance to over 639 new victims in FY2016. Our automated notification system provided 8,463 phone calls, 5,829 emails and 7,857 letters. Over 1,450 new registrations were processed through the VADOC VINE Automated Notification System. The VSU continues to provide safety planning, community referrals and explanation of community supervision.

Due to the extensive work of Victim Offender Dialogue (VOD) Program facilitators, 18 dialogues have been completed. VSU expanded the VOD Program with 10 additional facilitators and provided a 40 hour training.

VSU presented Victim Impact Program (VIP) training for new facilitators and began programming at 8 sites statewide.

All registrations for the VADOC VINE system are now coordinated through the VSU to ensure the best possible services for crime victims. VSU has continued to add victim data and contact logs to CORIS. Some missing victim data was identified in CORIS and work has begun to collaborate with Central File to review all files of offender released from 2011 and 2012. An estimated 11,000 victims are now documented in CORIS. Probation officers, correctional staff and management can determine a victim sensitive case by reviewing the "victim" alert in CORIS.

The Interstate Commission for Adult Offender Supervision (ICAOS) launched an automated victim notification system in October 2013. This new system assists registered victims in continuing to receive status information on offenders who remain under ICAOS supervision after release. The VADOC VSU and Interstate Compact Unit coordinate services and referrals to victims who are notified by ICAOS VINE.

CORIS access including the Victim Module was provided to the Attorney General's Victim Notification Program and Virginia Parole Board staff to allow them access to offender information and provide an improved, collaborative response to victims of crime during the post sentencing phase of the criminal justice system.

VSU staff attended and assisted with the Four Rivers Fatality Review Team. Staff also provided presentations to the Virginia Commission on Parole Review and Parole Commission Subcommittee.

The VSU assisted in the activation of the COMPAS Domestic Violence Screening Instrument (DVSI) and pilot in 2 community corrections sites.

Please describe any pending or upcoming efforts, programs, or services that involve your agency.

VADOC VSU Staff continue to serve on the VADOC Sex Offender Visitation Committee, VADOC Victim/Offender Dialogue Committee, Virginia Domestic Violence Advisory Board and Victim Rights Coordinating Committee.

Victim Offender Dialogue (VOD) Program facilitator training continues on a quarterly basis. Two VOD cases are currently in the preparation phase.

VSU staff are coordinating with the Attorney General's Victim Notification Program and Virginia Parole Board to develop a single registration process for victims to use during the post sentencing phase of the criminal justice system. This new form will replace multiple forms used by these agencies to provide notification to victims. VADOC will remain the lead agency to receive, track, register and update the victim registration data.

VSU staff have assisted in Active Threat training at multiple probation & parole offices and VADOC institutions. The purpose of A.L.I.C.E. (Alert, Lockdown, Inform, Counter, Evacuate) training is to prepare individuals to handle an Active Threat. VSU staff provides information on post-incident stress management, crime scene clean up and crisis response.

VSU is planning a Victim Impact Program (VIP) Facilitator Training in January 2017 in collaboration with the DOJ Office for Victims of Crime. The programming creates an opportunity for offenders to become aware of the impact that crime has on victims, families and the community. The program is structured to hold offenders accountable for the harm they have caused, and to potentially develop empathy towards crime victims and survivors.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Lack of court ordered supervision of the offender still creates a risk for victims. The VSU attends local and state victim advocacy meetings to provide feedback regarding observed barriers that can be managed at sentencing.

Victims still struggle with threats and harassment from offenders. Social networking and the internet are used along with traditional methods such as phone and letters. Some jurisdictions will not issue a protective order if the offender is incarcerated. Victims are referred to local law enforcement and prosecutor offices for additional assistance.

Restitution collection remains limited and offenders are released from supervision without completing these obligations. DOC staff training has been held in collaboration with the Criminal Injuries Compensation Fund (CICF). CORIS access was provided to CICF staff to allow them access to offender supervision locations in order to process restitution collection.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

There has been no implementation of any new programs to address post release victim assistance and notification due to the lack of staffing or resources. There is a significant lack of services and advocacy for victims during the post release/supervision phase of the criminal justice system. The VSU has located and applied for funding resources to increase staffing to address this gap in services.

As identified in the VADOC Reentry Advisory Committee and the Sex Offender Reentry Committee reports, staffing of the VADOC VSU still remains far below the national average.

Re-Entry Focus Areas

Women

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

The VADOC has established Intensive Re-entry Programs or Cognitive Substance Abuse Therapeutic Community Programs at all female prisons.

The VADOC recently was awarded a Second Chance Act Statewide Adult Recidivism Reduction Strategic Planning grant. The Grant provides technical assistance for VADOC to develop a service plan to address the needs of female offenders who are reentering the community from incarceration, with services focused on trauma and substance abuse. Based on the planning grant, VADOC was qualified to submit funding for an implementation grant in the fall of 2016. Unfortunately VADOC was not selected as a state to move forward with implementation grant funding.

Please describe any pending or upcoming efforts, programs, or services that involve your agency.

The VADOC plans to implement a gender specific version of the COMPAS Risk and Needs Assessment instrument designed for female offenders in November 2016.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Funding for programs, services and post release special needs of women is lacking.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

There are few specialized services for women leaving prison. Gaps include housing, trauma counseling and substance abuse care, child care, and transportation.

Veterans

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

In cooperation with the Department of Veteran Services Virginia Veterans and Family Support (VVFS) Program and with the assistance of Virginia Correctional Enterprises, the VADOC produced and disseminated the guide, "A Re-entry Roadmap for Veterans Incarcerated in Virginia," to all correctional facilities, local and regional jails and District Probation and Parole Offices.

VADOC's re-entry Operating Procedure 820.2 as well as Probation and Parole District initial intake policies have been revised to require staff to encourage offenders in custody or on supervision to apply for his/her DD214. The DD214 is the standard separation document of the United States Military and is official proof of military service. Enhancements to the military record section in the VADOC's automated offender management system, VACORIS, have been completed. Included is an indication that the DD214 has been requested, and/or is on file.

VADOC implemented a residential re-entry program designated for veteran offenders who have an Honorable Discharge and military service verified by a DD214. The VETS (Veterans Expecting to Transition Successfully) Program, located at Haynesville Correctional Center (HCC) and with a capacity of 84 beds, began operation July 1, 2012. Participants, typically within 24 months of release, live in a structured environment and take part in programming geared toward self-improvement and release preparation. A similar program has been implemented at Indian Creek Correctional Center.

VADOC has hired a part-time Veteran Advocate, who is a former offender, to assist with re-entry needs of the increasing number of offenders who are veterans and to support the veteran program development.

All prisons have been directed to establish a Veterans Group where security issues and numbers allow, and where volunteers are available to support the program. The groups are to be voluntary and supported by veteran volunteers in the community. Established programs are currently operating at Deerfield, Powhatan, Buckingham, Bland and Greensville Correctional Centers and at Fluvanna Correctional Center for Women. Additionally the DOC recently established an American Legion Post at Pocahontas State Correctional Center.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Funding for services is an issue. The incidence of PTSD is higher among veterans who need more treatment services, particularly mental health and physical health services. The VADOC is largely dependent on the volunteer support by community veterans to run programs.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

One full-time veteran advocate position was created to handle an increasing number of veterans with the VADOC.

Data and Information

Case Information

Please describe any improvements or updates made to your agency's information system in the last year.

VADOC continues to update VACORIS to improve operational efficiencies and outcome tracking associated with reentry efforts. **Please describe any grant funding that your agency has received for re-**

entry-related initiatives. *Please provide the title of the grant, a brief description of the grant project and what the funding is being used for, the total amount of funding that the grant will provide, and when the funding has/will terminate.*

The VADOC recently was awarded a Second Chance Act Statewide Adult Recidivism Reduction Strategic Planning grant. The Grant provides technical assistance for VADOC to develop a service plan to address the needs of female offenders who are reentering the community from incarceration, with services focused on trauma and substance abuse. Based on the planning grant, VADOC became qualified to submit funding for an implementation grant in the fall of 2016. A grant application was submitted but unfortunately not accepted for funding.

The DOC recently received a federal Second Chance SMART Probation grant in the amount of approximately \$700,000 to pilot an Administrative Response Matrix (ARM). The ARM was developed by DOC's Charlottesville Probation and Parole District along with other criminal justice partners in the local community. The ARM is used by probation officers in determining application of sanctions for probation violations to bring consistency among officers and to have evidence based strategies at the forefront.

The DOC received a \$50,000 grant to provide for substance abuse treatment at a low security level prison through use of computer software program.

Please describe any legislative funding that your agency has received for re-entry-related initiatives? *Please provide a brief description of the intended purpose of the funding and what the funding has been used for to date, the total amount of funding that the grant will provide, and when the funding has/will terminate.*

In the 2016 General Assembly the DOC received funding to support increased mental health and cognitive programming in probation and parole districts. In FY 2017 \$800,000 was received and in FY 2018 a total of \$2,200,000 received.

Department of Criminal Justice Services

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

The Department of Criminal Justice Services administers the funding to nine Prerelease and Post-Incarceration Services (PAPIS) programs that, in FY 16, were able to serve over 11,000 individual clients, either in local jails, state correctional facilities, or in the community. The PAPIS programs currently receive a state appropriation for reentry services totaling \$2.3M in FY16 and serve 96 of the 113 jurisdictions in Virginia. Programs include: Northwestern Regional Adult Detention Center (Winchester); Colonial Community Corrections (Williamsburg); Northern Neck Regional Adult Detention Center (Westmoreland); OAR-Arlington; OAR-Fairfax; OAR-Jefferson Area; OAR-Richmond; STEP-UP (Tidewater); and Virginia CARES (several jurisdictions statewide).

DCJS continues to receive federal funds through the Virginia Department of Social Services for SNAPET (Supplemental Nutrition Assistance Program Employment Training) clients and distributes it to the reentry program grantees to reimburse them for a portion of expenses to

PAPIS programs for employment services to food stamp recipients/reentry clients. DCJS and DSS have worked collaboratively to increase awareness of the process for SNAPET reimbursement to PAPIS programs, and will track whether the reimbursement requests increase.

DCJS continues to partner with the Virginia Community Criminal Justice Association (VCCJA) to implement evidence-based practices in local community probation and pretrial agencies. Although not formally or directly required to provide reentry services, these programs work closely with their local community leaders to provide a continuum of services that promote public safety and effectively utilize justice system and community resources.

DCJS has worked with the PAPIS Coalition, DSS and the Office of the Attorney General to better coordinate reentry efforts. One example of this partnership is DOC's planning grant for a reentry program for women, and the application for implementation funds, through the Second Chance Act. One outcome from this partnership was greater movement toward the use of the Transition from Jail to Community model of reentry, and the expanded use of a risk assessment instrument, the OST, Offender Screening Tool, which has been and continues to be used by local probation agencies, and is now being used by PAPIS programs and in some jails in Virginia.

Please describe any pending or upcoming collaborative efforts that involve your agency.

DCJS will continue these and other collaborative reentry efforts in the upcoming year.

Please describe any past or current policy-level barriers to collaboration and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Collaborations are often driven by funding, and once the collaboration is no longer required for a funding source, it is sometimes difficult to maintain the collaboration.

Please describe any past or current policy-level gaps in collaboration and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

As described in the barriers section, collaborations are often dictated by funding, and sometimes have those members that the funding requires. Sometimes there are holes in the collaborative bodies. Because of busy schedules, there are also times when key collaborative members are not available for meetings.

Probation/Parole Supervision

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

PAPIS providers continue to partner with DOC for services in some prisons and probation and parole districts. PAPIS staff serves on Community Criminal Justice Boards, Local Reentry Councils, and statewide reentry steering committees.

Employment/Job Training

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

As a result of the development of performance measures related to reduced recidivism and employment for the PAPIS programs, the provision of employment services is now complemented and informed by the use of a validated risk and needs assessment, the Offender Screening Tool (OST), so that appropriate intervention can be provided based on a client's risk to reoffend. The use of the OST informs PAPIS programs of those clients that may require programming in other risk areas, either prior to or alongside employment services, which will enhance the client's ability to successfully maintain employment. During FY16, PAPIS programs collectively provided 4,083 clients with job assistance, employment skills, job placement, and/or job retention counseling and support. Additionally, PAPIS programs were successful in aiding 1,039 clients in securing employment.

Housing

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

Prerelease and Post Incarceration Services funds, administered by DCJS, are awarded to nine programs to provide professional services and guidance that increase the opportunity for and the likelihood of, successful reintegration into the community by adult offenders upon release from prisons and jails. The PAPIS programs continue to assist clients with housing, clothing and other emergency transitional assistance either through directly providing the assistance or through partnerships with various community organizations. PAPIS programs provide emergency housing assistance or are able to direct clients to community resources that will aid in emergency or temporary shelter. During FY16, 2,081 clients statewide received some form of housing assistance and 3,648 received clothing assistance from a PAPIS program.

Alcohol and/or Drug Addiction

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

Through Federal Residential Substance Abuse Treatment funds administered by DCJS, programs operated in Riverside Regional Jail and in Western Virginia Regional Jail, and twelve facilities operated by the Department of Corrections (DOC). These programs worked with offenders with substance abuse issues to address those issues while incarcerated, improving their likelihood of successful reentry to the community.

Mental Health

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

PAPIS programs provide referrals for mental health and substance abuse services, and through the use of risk and needs assessments, can better direct clients to the most effective services. Generally, 7,362 service referrals were made to other agencies in communities by PAPIS programs.

During the 2016 session, the General Assembly allocated \$1M in year 1 and \$2.5M in year 2 to DCJS for pilot programs to provide services to mentally ill inmates. While the primary focus of the grant is mental health services in the jail, programs may include discharge planning, reentry services and transportation services to enhance the successful transition. Applications for those pilot programs were solicited, and up to six pilot sites are to receive funding effective January 1, 2017.

Physical Health

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

PAPIS programs provide referrals for wellness and physical health services, and additionally can provide assistance to clients in obtaining healthcare services and insurance coverage as part of successful reintegration. Some educational and support programming includes information on physical health and promoting personal wellness, including Life Skills or Productive Citizenship offered by several PAPIS programs.

Family Reunification

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

PAPIS programs provide courses in parenting and family reunification. Because family relationships are critical to successful reentry and can have an impact on a client's risk to reoffend, the use of the OST aids the programs in identifying and directing appropriate family intervention services to clients in an effort to build support networks.

Mentoring

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

PAPIS programs provide mentors for their clients using community volunteers and specific mentoring programs; the extent or availability of mentoring continues to vary across the programs.

Transportation

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

PAPIS programs provide transportation assistance for their clients, usually in the form of public transportation tickets or vouchers. PAPIS programs are also actively involved in aiding clients in securing required identification documents or entering into payment plans for the reinstatement of driver's licenses. During FY16, PAPIS programs provided 6,107 transportation assistance services and facilitated the obtainment of 1,460 identification documents for clients.

Victim Services

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

DCJS currently provides over \$63 million in state and federal funds to 424 grant programs working with victims of all types of crimes. Victim services funding provided by DCJS is primarily focused on the delivery of direct services to crime victims. For example, federal regulations implementing the federal Victims of Crime Act (VOCA) indicate that the primary purpose of this funding is to provide direct services to crime victims (see rule §94.116). Consequently, services which may be viewed as substantially benefiting and supporting offenders may also be as seen as contrary to the fundamental purpose of VOCA funding. However, under specific circumstances including non-supplantation of other funding, the VOCA rule may allow support of victim services provided to offenders/perpetrators who receive those services as crime victims (See VOCA rule discussion of §94.119). Funding from the Violence Against Women Act and the Sexual Assault Services Program allows services to victims of sexual assault and/or domestic violence who are incarcerated. These funds are provided by the Office on Violence Against Women and may only address the domestic violence, dating violence, sexual assault or stalking victimization experienced by the incarcerated individual, including both such crimes experienced while incarcerated and crimes experienced at other points in their youth and adult lives.

Department of Education

School divisions and the DOE SOP maintain student information systems that collect demographic data about all enrolled students, including those in detention educational programs. The data meet federal and state reporting requirements including students' schedules, grades, teachers, and test scores. The data system enables the sharing of student information to facilitate re-enrollment and placement in schools upon release and preparation of re-entry plans prior to release. Timeliness in providing information from students' records to agencies and school divisions is crucial to the preparation of students' enrollment plans upon release and academic course planning when the juvenile is admitted to a correctional facility. Training to reinforce enrollment regulation procedures and designating personnel within agencies to work with re-entry and re-enrollment have facilitated the timely receipt of student information for transition planning.

Department of Forestry

The Department of Forestry maintains work release agreements with three Department of Corrections facilities and three regional jail authorities. Through these agreements, the agency provides specialized training and supervision of inmate crews that support wildland fire suppression operations and assist with grounds maintenance. During a typical year, offenders from the Albemarle County/Charlottesville regional jail assist with lawn care and landscaping at the agency's headquarters. Communities in forested areas benefit from the augmentation of firefighting resources and the agency benefits through the containment of lawn care and landscaping costs. The training and skills learned through the program are applicable to a number of career disciplines and can be of benefit to the inmates upon release.

Department of Housing and Community Development

The DHCD does not provide direct services to offenders.

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

DHCD helps to organize and staff the Governor's Coordinating Council on Homelessness which coordinates services from a range of agencies that are targeted to preventing and ending homelessness. DHCD also serves on the Center for Behavioral Health and Justice Advisory Group created to explore the intersection of the two systems and is a member of the Diversion and Re-entry committee. DHCD staff also participate in the Criminal Justice and Homeless Work Group (a subcommittee of the Solutions Committee of the Governor's Coordinating Council) to facilitate and coordinate efforts related to the intersection between criminal justice and homelessness systems. The Work Group hosted a Summit in May of 2016 that brought together homelessness service providers and stakeholders as well as individuals from the criminal justice system to discuss the population overlap, stress the importance of establishing relationships with one another, highlight accomplishments within the respective fields, and invite possible funders (i.e. community foundations, etc.) as a way to brainstorm alternatives to current barriers experienced. Current efforts of the Work Group are focused on supporting local and regional efforts focused on reducing homelessness and recidivism, addressing services for behavioral health and substance abuse disorders; sharing best practices and initiatives from the state and national levels that address homelessness and recidivism reduction; and facilitate and promote Virginia's goal of reducing chronic homelessness.

Department of Juvenile Justice

In recent years, the Department of Juvenile Justice (DJJ) closely examined its practices and found them to be out of step in certain respects with what research and evidence find are the most effective practices for reducing the recidivism rates of juvenile offenders. DJJ also determined that offenders leaving the juvenile justice system, and particularly those offenders released from the DJJ's juvenile correctional centers (JCCs), have unacceptably high recidivism rates. Specifically, approximately half of the juveniles released from commitment are rearrested within one year; over three quarters are rearrested within three years.

The DJJ's transformation focuses on three core principles: (1) Safely *reduce* the use of the state's large and aging juvenile correctional facilities; (2) Effectively *reform* supervision, rehabilitation, and treatment practices in all aspects of the juvenile justice system; and (3) Efficiently *replace* the DJJ's two large, outdated JCCs with smaller, regional, rehabilitative and treatment-oriented facilities supported by a statewide continuum of local alternative placements and evidence-based services. These principles have been instrumental in guiding DJJ in meeting its fundamental goals of reducing the risk of reoffending for court-involved juveniles, improving and promoting the skills and resiliencies necessary for juveniles to lead successful lives in their communities, and improving public safety for citizens throughout the Commonwealth.

The DJJ is implementing services and programs guided by its strategic plan to enhance re-entry efforts for juvenile ex-offenders returning to the community. In fiscal year 2015, there were 477 juveniles release from commitment of which 382 were placed on juvenile parole supervision through a court

services unit (CSU). DJJ understands the unique needs of juveniles transitioning back to the community and has specific programs and services to address these needs. Community based non-residential funding provides short-term services to support and assist the youth's re-entry to the community. The use of these contracted services is guided by the youth's level of risk and need. Resources are focused on those youth at greatest risk of re-offending and whose offense pattern represents a particular risk to community safety. Services include modalities based on cognitive-behavioral principles and community-based interventions that build upon treatment provided during confinement. Services address the criminogenic needs identified in DJJ's Comprehensive Re-entry Service Plan and are based upon current best practices and evidence-based strategies.

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

DJJ has strong collaborative relationships with the Department of Social Services (VDSS), Office of Children's Services (OCS), Department of Behavioral Health and Developmental Services (DBHDS), Department of Medical Assistance Services (DMAS), the Department of Motor Vehicles (DMV), Department of Education (VDOE), Community College Systems (VCCS), and the Department of Corrections (DOC) to link juveniles returning to the communities after commitment with the highest and most appropriate levels of supports. Additionally, DJJ works with our community partners (e.g., local departments of social services and secure juvenile detention centers) to provide step-down and wrap-around services for released juveniles.

Other specific collaborative efforts include:

- *Family Engagement:* Research has shown that greater family engagement leads to more positive results in treatment and upon release. DJJ has partnered with the Annie E Casey Foundation, The Vera Institute for Justice, Justice for Families, and other youth-serving organizations to develop family engagement and support initiatives.
- *Video Visitation:* Families may use video conferencing to connect with juveniles housed in the JCCs. Parole officers may link families from their office computers to a counselor's computer within the JCCs. Families living in Roanoke and Danville areas utilize video conferencing through partnerships with Straight Street, a youth center for teenagers, and the Danville Redevelopment and Housing Authority office.
- *Foster Care Children:* The DJJ and the VDSS entered into a memorandum of agreement (MOA) setting forth guidance for the local departments of social services and requirements for DJJ on how to effectively manage committed juveniles who were in foster care immediately prior to commitment and who will be released prior to their 18th birthday.
- *Medicaid Applications:* DMAS provides support in understanding the procedures and practices that allow the committed juveniles over the age of 18 to apply for Medicaid insurance that will cover medical needs upon release to the community and some coverage of medical services during their commitments. DMAS also provides technical support with the online application process for Medicaid (CommonHelp) and the application process for medical coverage for qualified youth during their commitments. DMAS acts as a liaison between DJJ and the local

departments of social services when assistance is needed for juveniles who are denied Medicaid coverage.

- *Local Workforce Development:* The VCCS and the Virginia Local Workforce Development partnership with DJJ has resulted in the establishment of Shared Network Access Point (SNAP) sites at 14 CSUs and four Community Placement Program (CPP) sites. At the SNAP sites, juveniles participate in sessions that cover career exploration, job search assistance, and financial literacy education. SNAP sites also provide access to specialized training and workforce development skills. Nine local workforce centers provide support and services to DJJ staff and youth including, but not limited to, training, resources, information on employment, and technical assistance for online resources.
- *Licenses and Identification Cards:* Through the partnership with DMV, 21 committed juveniles were given the learner's permit test between June 2016 and October 2016. Eleven juveniles at Beaumont JCC and 10 at Bon Air JCC were administered the written driver's license test; four successfully passed the test. Also, DJJ and DMV collaborate for use of DMV2Go so every juvenile released from commitment has a photo identification card when they return to the community.
- *Reenrollment:* DJJ and VDOE work with localities to reenroll juveniles returning to a public school upon release from commitment.

Please describe any pending or upcoming collaborative efforts that involve your agency.

- *Video Visitation:* The Division of Community Programs plans to partner with Assisting Families of Inmates¹ (AFOI) to expand video visitation to the metro-Richmond area.
- *Foster Care and Fostering Futures (foster care until the age of 21):* DJJ and VDSS will reconvene an interdisciplinary work group to collaborate to address the following: (i) modifying the existing MOA based on a year of effectiveness; (ii) amending the MOA to address the implementation of Fostering Futures; and (iii) developing a work plan for the future issues identified in committee discussions (e.g., juveniles who become parentless during commitment).
- *Alternatives to the JCCs:* DJJ intends to increase CPPs and other alternative placements and services as location and capacity indicate.

Please describe any past or current policy-level barriers to collaboration and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

- *Length of Stay (LOS) Guidelines:* DJJ and Board of Juvenile Justice (Board) determined the need to review national research and DJJ data to inform a decision-making process regarding possible revision of the LOS Guidelines. DJJ found that the average actual LOS of youth committed to DJJ was much higher than national averages and those of comparable states. The average actual LOS for youth released from DJJ between FYs 2013 and 2014 was 18.2 months (15.6 months for indeterminate commitments and 29.8 months for determinate commitments). Data from the 2011 Census of Juveniles in Residential Placement show the estimated national average LOS was

¹ AFOI provides opportunities for regular visitation, referrals to community resources, and other services that help families cope with commitment and prepare for release and reunification.

8.4 months, less than half of DJJ's actual average LOS.² Additionally, it was found that youth in direct care in Virginia stay much longer than what research suggests is the best practice. In general, research shows that youth incarceration fails to reduce recidivism and can, in certain instances, be counterproductive. DJJ's recidivism data (controlling for risk and offense) for two years for youth released from direct care showed the probability of rearrests within one year increased by 2.4% for every additional month of LOS. The probability of rearrests within one year increased by 33.3% if the youth's LOS was longer than 15 months compared to youth with an LOS of 10 months or less. The Board aligned its length of stay (LOS) guidelines with research and best practices to ensure that juveniles are not held in direct care for durations that are counterproductive to success upon returning to the community.

- *JCC Behavior Management*: Historically, the JCCs have used a correctional model for managing residents behavior (e.g., direct care staff monitor but do not engage with residents). Beginning in May 2015, the JCCs began implementing the Community Treatment Model (CTM) program to promote juvenile rehabilitation while decreasing inappropriate behaviors during commitment. The main tenets of the model include a highly structured interactive program with meaningful and therapeutic activities while using consistent staffing and a team approach on each housing unit. Similar approaches, when adopted in other states, have resulted in improved behavior within the facilities and decreased reoffending upon return to the community.
- *Reentry Procedures*: DJJ had numerous reentry procedures governing fragmented parts of the reentry process across several operational divisions. DJJ overhauled its reentry procedures and issued a new Reentry Manual on July 1, 2016, requiring greater collaboration within DJJ and with our partner agencies and family members in reentry planning and upon release from commitment.

Please describe any past or current policy-level gaps in collaboration and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

- *Regional Service Coordinators (RSCs)*: A system-wide assessment of DJJ identified differences in supervision practices and availability of effective services and interventions in the different regions of the Commonwealth. DJJ is focused on building a continuum of care and network of services that are effective and efficient in providing the services, programs, and treatment needed to divert juveniles from further involvement in the juvenile justice system, have appropriate dispositional alternatives for juveniles under supervision to prevent further involvement with DJJ, and enable successful reentry upon the committed juveniles' return to their home communities. In October, DJJ contracted with two direct service provider agencies to serve as RSCs to assist DJJ with building a continuum of services for juveniles and families across all five regions. DJJ anticipates RSCs to build capacity and coordinate services (e.g., functional family therapy, wraparound services, sex offender treatment, etc.) in all regions throughout the Commonwealth.
- *Quality Assurance*: In 2016, DJJ established a Quality Assurance Unit to monitor the integrity of interventions utilized by DJJ in addressing the needs of court-involved juveniles.

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

² This figure is based on the average number of reported days in custody on the census date for youth with a legal status of "committed" and placed in a long-term secure facility; it does not represent their final LOS.

- *Reentry Grants:* DJJ received a federal Second Chance Act Reentry Initiative Planning Grant³ totaling over \$60,000, which enabled DJJ to develop a comprehensive statewide reentry plan. An analysis of practices identified areas where DJJ could strengthen procedures and practices to better assist juveniles as they transition from a JCC back to their home communities. The analysis and preliminary steps to improve operations and collaborations led to an implementation grant totaling over \$700,000 in federal funds. DJJ overhauled its reentry procedures and issued a new Reentry Manual on July 1, 2016, requiring greater collaboration within DJJ and with our partner agencies and family members in reentry planning and upon release from commitment. An additional award of \$250,000 was made to continue implementation. During fiscal year 2018 DJJ will focus on partnering with community employers to secure jobs for youth leaving commitment and developing housing opportunities for hard to place youth.
- *Transportation to JCCs for Visitation:* DJJ's partnership with AFOI, James River Transportation, and VanGo Transportation has provided newly scheduled visits for 514 family members from the eastern and western parts of the state. Between its launch date of May 22, 2016, and June 30, 2016, a total of 116 family members used the transportation services; and between July 1, 2016, and October 23, 2016, a total of 398 family members visited committed juveniles. This success has prompted DJJ to expand the program to include pick-up locations in Manassas, Woodbridge, Hampton, Newport News, Chesterfield, Henrico, Richmond, Norfolk, Portsmouth, Virginia Beach, Danville, and Roanoke.
- *Reentry Advocates:* DJJ has four reentry advocates who coordinate the reentry process for committed juveniles and their families with other supports. The reentry advocates serve as a link between the JCCs, with a focus on education and career readiness, and CSUs in the community.
- *Placement Continuum:* To ensure DJJ offers a continuum of alternative placements, the Division of Residential Services has contracted additional community placement options across the Commonwealth. There are currently 76 CPP beds in eight JDCs, which include a five-bed CPP for females.⁴ CPPs are highly structured, disciplined residential programs in the JDCs for committed juveniles with the goal to place residents closer to their home communities to facilitate an easier transition after release. The CPP's focus is to develop competency in the areas of education, life and social skills, and employability skills and to receive services to address specific treatment needs and risk factors. In addition, 11 JDCs are participating in detention reentry⁵ for juveniles who are in the process of transitioning back to their communities.
- *Educational Programming:* Educators have begun developing teaching curricula that align with pacing guides and state required assessments that the residents take at the end of each course. To support the educators in developing curricula that are comparable to community schools, DJJ invested in additional instructional support materials that will provide residents with an innovative learning experience. The Division of Education has increased its focus on diploma attainment instead of the General Educational Development (GED). As a result, out of the 62 graduating seniors from the Yvonne B. Miller High School in June 2016, 43 earned their diplomas, 14 received their GEDs, and five were Penn Foster graduates.

³ The Second Chance Act Reentry Initiative Grant is a federal grant enacted to break the cycle of criminal recidivism, improve public safety, and help state, local, and tribal government agencies and community organizations respond to the rising populations of formerly incarcerated people who return to their communities.

⁴ An additional five CPP beds may be used at any CPP based on need and availability.

⁵ Detention reentry programs are for juveniles in direct care, which allow them to begin transitioning back to their communities 30 to 120 days before their scheduled release date.

- *Technology in Education:* DJJ now has the ability for committed juveniles to use technology, including access to the internet, in school.
- *Post-secondary Programming:* Given the growing number of committed youth who have obtained a diploma or GED, DJJ is also expanding the array of employment certifications and even college classes and credits. Specifically, to support post-graduate residents, the Division of Education has established a partnership with community colleges to provide residents with college resources. The Division of Education is focusing on developing partnerships with vendors and various agencies on the state and federal level. Vendor partnerships include Hairston Education Consulting, LLC; Technology Ed., LLC; Changing Fazes Youth & Family Services, Inc.; and Grace Haven Management, Inc.
- *Risk Screening Fidelity:* DJJ's parole officers complete the YASI to screen for risk and needs for court-involved juveniles. Orbis Partners Inc.⁶ has been contracted to conduct YASI Training of Trainers to twelve agency staff members to pursue certifications as instructors. Having certified YASI trainers and coaches will allow DJJ to advance its plan for assessing worker proficiency and adherence to the model, including coaching supervisors on establishing internal scoring audits.
- *Evidence-based CSU Interactions:* As of October 31, 2016, 19 of the 32 state-operated CSUs have received training on Effective Practices in Community Supervision (EPICS),⁷ an evidence-based structured format to provide counseling and skill-building to juveniles, including those on parole; the remaining CSUs will be trained within the next two years.

Department of Social Services

The Department of Social Services is committed to ensuring that Virginia's most vulnerable residents have access to the services and benefits to help them find permanent solutions to life's many challenges. The Department is responsible for administering a variety of programs, including Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Medicaid, Family Access to Medical Insurance Security, Adoption, Child Care Assistance, Refugee Resettlement Services, Child Protective Services, and Child Support Enforcement. The Department's goal is to promote the well-being of our citizens through the delivery of essential services and benefits to ensure families are strengthened, and individuals achieve their highest level of self-sufficiency. Accordingly, VDSS has worked to include support for returning citizens as a standard element of its core functions rather than a separate initiative.

VDSS is integrating the "Protective Factors" framework throughout agency programs as a case management strategy to improve outcomes when working with children and families. The "Protective Factors" framework provides a foundation for increasing parental resilience, understanding the importance of social connections, understanding where to obtain concrete support in times of need, gaining knowledge of parenting and child development, and understanding the social and emotional competence of children. Ex-offenders and juveniles returning home to their families and communities can face daunting challenges. This case management strategy focuses on working with the entire family to overcome challenges that impede family re-unification.

⁶ Orbis Partners, Inc. provides solutions for the helping professions, specializing in designing and implementing evidence-based services for at-risk and high-risk client groups.

⁷ EPICS is an evidence-based training curriculum delivered by the University of Cincinnati Corrections Institute. The training is intended to help probation and parole officers and JCC counselors become more effective in their roles by learning a model, structure, and techniques for more deliberately incorporating core correctional practices into their daily interactions.

In order to support individuals being released from the Department of Corrections or Department of Juvenile Justice who may have serious medical conditions, individuals apply for Medicaid as a part of their pre-release planning. Pre-release planning permits individuals who are completing their term of confinement to apply for Medicaid and have their eligibility determined prior to release. Eligibility is to be determined based on the living arrangement anticipated upon release. Individuals who are determined to meet all Medicaid eligibility requirements are to be enrolled in the appropriate Medicaid coverage beginning with the date of release.

Local Departments of Social Services

Virginia's local departments of social services support re-entry in a variety of ways. Local human services directors serve as co-conveners, members of convener teams and members of local re-entry councils. Numerous agencies have staffs who are engaged in prisoner outreach and LDSS staff process applications for services and benefits from incarcerated individuals and returning citizens.

Human Services

The VDSS public assistance programs serve as a safety net for limited income individuals and families. Included in those served are victims of crime, individuals previously incarcerated and family members of victims and offenders. The array of programs carried out within the social services system support safe stable nurturing environments and relationships where adults, children and families can thrive. The community services of the agency facilitates a collaborative community based approach among service providers, businesses and community organizations that supports family strengthening and positive outcome efforts for families.

Services and benefits delivered through the Virginia's state supervised and locally administered social services system and through community partners include:

- **Services Programs**
 - Child Welfare
 - Adoptions
 - Foster Care
 - Child Protection
 - Regulation of Day and Residential Care for Adults and Children
 - Child Support Enforcement
- **Public Assistance Programs**
 - Supplemental Nutritional Assistance Program (SNAP)
 - Supplemental Nutritional Assistance Program Employment Training (SNAPET)
 - Medicaid
 - Family Access to Medical Insurance Security (FAMIS)
 - Temporary Assistance for Needy Families (TANF)
 - Unemployed Parents (UP)
 - Auxiliary Grants
 - Energy Assistance
 - Child Care

- **Community and Volunteer Services**

- 2-1-1 VIRGINIA

- Community Service Block Grant Program (CSBG) & Community Action Network

- Family and Children's Trust Fund (FACT)

- Family/Domestic Violence Prevention

- Refugee Resettlement

- Volunteerism

- AmeriCorps/Community Service

- Virginia Community Reentry Initiative

- Fatherhood

- **Community Action Agencies**

- **For Children and Youth**

- Head Start, Literacy Programs, Dropout Prevention, Summer Youth Employment Programs, College Counseling and Placement, Nutrition and Food Programs, Substance Abuse Education, Prevention and Counseling

- **For the Working Poor**

- Child Care, Adult Education, Job Training and Placement, Small Business Development, Budget Counseling, Financial Education, Free Income Tax Preparation including Earned Income Tax Credit

- **For the Poor in Crisis**

- Homeless Shelters, Domestic Violence Programs and Shelters, Transitional Housing, Energy Crisis Assistance, Emergency Food, Clothing and Services, Eviction Prevention

- **For the Elderly**

- Meals-on-Wheels, In-Home Care Programs, Senior Centers and Day Care, Transportation, Volunteer Services

- **For the Entire Family**

- Family Development Support, Nutrition Education, Parenting Education, Health Clinics, Weatherization Assistance, Home Ownership Programs, Individual Development Accounts, Community Centers

- **For the Entire Community**

- Housing Development and Renovation, Economic Development, New Business Ventures, Safety and Crime Prevention, Consumer Education, Neighborhood Improvement, Pre and Post Incarceration Services

Division of Child Support (DCSE)

The Division of Child Support Enforcement engages families for success through the operation of programs that offer progressive, holistic, family-centered approaches that promote the well-being of children. Through collaboration with community partners and other governmental agencies, the Division helps parents overcome obstacles that inhibit their ability to provide the emotional and financial support their children need to grow and thrive.

The Division of Child Support Enforcement supports Prisoner Re-entry by providing pre-release information and post-release direct assistance to returning citizens in pre-release programs and resource fairs at state prisons, regional and local jails, and DJJ facilities; and by partnering with government agencies and community organizations to plan and provide offender transition and reentry

services. The Division of Child Support Enforcement provides parents information about child support services, reentry services, and guidance on how to best navigate the child support system upon release.

Family Strong Re-entry Program

The Family Strong Re-entry Program is designed to assist noncustodial parents facing barriers related to current incarceration and prior criminal convictions. The participants work closely with a Case Manager to address barriers limiting their ability to support their children. The Case Manager will connect the participant with community resources and assist the participant with finding stable employment, obtaining orders based on current ability to pay and successfully reintegrating into society and their children's lives. Parents currently incarcerated in the Virginia state prison system and local or regional jails are offered, pre-release, general information about child support processes, specific information about their cases and the opportunity to immediately participate in the Family Strong Re-entry Program upon release.

Family Reunification

The VDSS Family Engagement process is part of the agency's Children's Services Practice Model. Family engagement is a relationship focused decision making approach that involves and empowers both the family and the community in the decision making process related to family stabilization and permanency for children. Reentry related Family Engagement activities include:

- Family Partnership Meetings – Child Protection, Prevention and Foster Care workers actively seek out family members- including those individuals who have experienced incarceration- to participate in meetings where decisions regarding the safety, placement and future of children and families served by the local Department of Social Services are made. The Family Services Division and VDSS Domestic Violence program develop resources, protocols and training for how best to work with families for whom Domestic Violence has been identified as an issue. This includes how to engage non-offending parents and extended family members in identifying issues, insuring family safety and improving the likelihood the service referrals will be appropriate; how to engage the offending parent and help them take responsibility for their actions; and activities around how to prepare for Family Partnership Meetings so that offending parents are able to safely participate in case decision making. It expected result is that fewer fathers with a history of domestic violence and/or criminal charges will be excluded from participation as a result of these resources.
- Virginia Putative Father Registry has provided services to assist individuals who have experienced incarceration or are currently incarcerated to register with the Virginia Putative Father Registry in order to protect their parental rights.
- Child Protective Services has grantees that work with individuals who have experienced incarceration to reduce child abuse and neglect and prevent child abuse.
- The Permanency Regional specialists provide guidance on working with family members of children in foster care including individuals who have been incarcerated. Although these family members may not be suitable for placement, they may be able to provide support to another family member.

Victim Services

The Office of Family Violence funds 48 domestic violence programs, including 41 shelters. Shelters play a crucial role in victim safety when an offender is released. The temporary safety the victim experiences while the offender is incarcerated ends with his release. All domestic violence programs offer safety planning to victims. Shelter options are included in most of the safety plans.

The Office of Family violence prioritizes the funding of accredited domestic violence programs. Accredited programs offer consistent comprehensive services for victims and their children. Services include, but are not limited to hotline, advocacy, crisis intervention, information and referrals, children's services, support groups, emergency transportation, and coordination of services.

Every accredited domestic violence program also provides some level of legal advocacy which may range from information provided over the phone, to accompaniment to court, to an office within the J&DR court. Many of the DV programs work closely with law enforcement, commonwealth's attorneys, victims/witness programs, court services units and judges to remove risk factors for victims in court.

DV programs initiate Coordinated Community Response Teams that bring together non-profit service providers, court personnel, law enforcement and social services to improve the system response to domestic and sexual violence in their localities.

Memorandum of Understanding

The Virginia Department of Social Services, Virginia Department of Aging and Rehabilitative Services and the Virginia Department of Corrections entered into a Memorandum of Understanding to identify the roles and responsibilities of each agency regarding the release of homeless offenders with medical conditions and/or mental disabilities to ensure their continuity of care.

Protocol for Reentry Planning for Offenders with Special Needs

The Virginia Departments of Social Services, Virginia Department of Corrections, Behavioral Health and Developmental Services (DBHDS) and Department for Aging and Rehabilitative Services/Adult Protective Services Division developed and approved a recommended protocol to plan release by VDOC of a homeless offender with medical conditions or mental disabilities or DBHDS of a civilly committed sexually violent predator (SVP) into the community without a home plan.

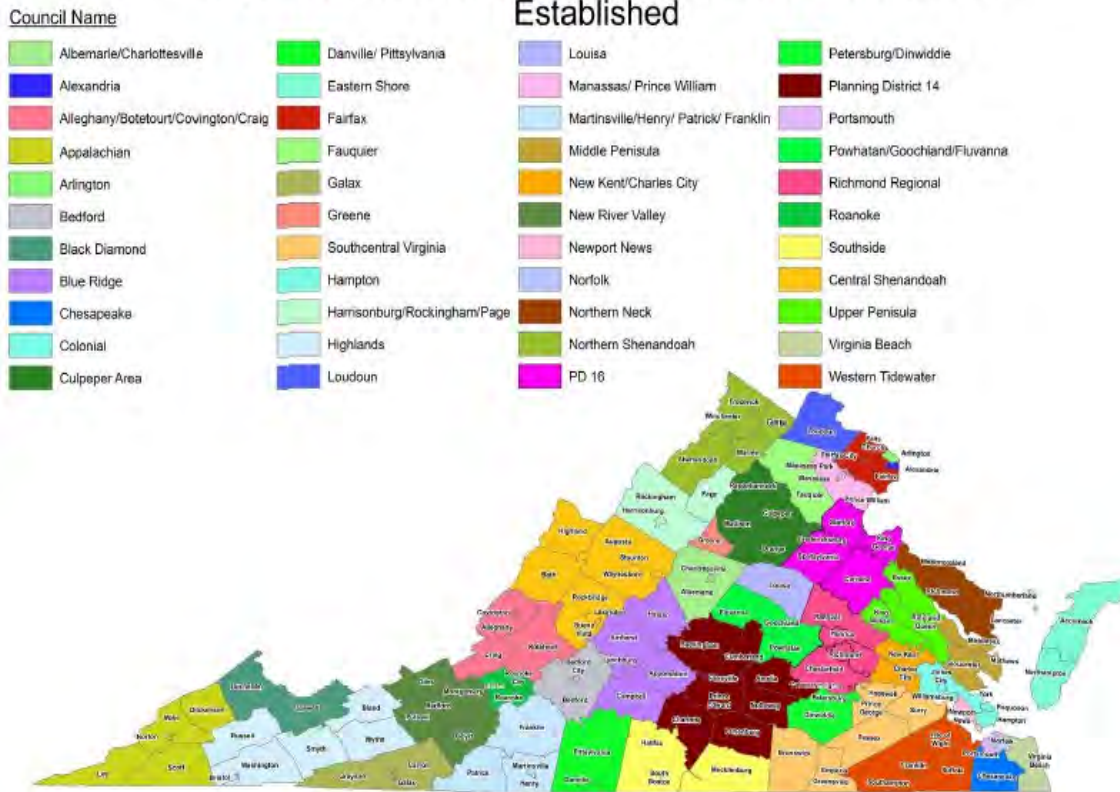
Support for Local Reentry & Community Collaboration Councils

The Department of Social Services (VDSS) collaborated with the Virginia Department of Corrections (VDOC) to plan, schedule, and convene Quarterly Local Re-entry Council Leadership Team meetings on the first Friday in March, June, September and December. Local Council Leaders attending at the Virginia Beach, Henrico, Warrenton, Roanoke and Abingdon VDSS Regional Offices participated via videoconference. The goal of Leadership Team meetings is to provide local council leaders with information and tools to promote self-sufficient and self-sustaining local councils.

Local re-entry councils serve Virginia's 133 localities promoting reentry success through post-release services delivery based on risk assessment and use of evidenced-based practices. Councils address policy and practice issues. Housing, employment, transportation, access to mental health and substance abuse programs and the debt/financial obligations of those returning to the community are areas most frequently identified by councils as reentry barriers. Local human services directors, probation & parole

chiefs and other community partner agency leaders serve as co-conveners or members of convener teams. The Virginia Department of Social Services (VDSS) and the social services network of 120 local departments of social services (LDSS) and 31 community action agencies (CAA) are key partners in Virginia's comprehensive re-entry approach.

Virginia Reentry and Community Collaboration Councils



Prepared by: Virginia Department of Social Services, Office of Research and Planning.
Map data as of October 11, 2013

Virginia Employment Commission

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

VEC staff collaborates with workforce system partners to provide pre-release information sessions for local jails and prisons throughout the Commonwealth. These information sessions include job market information; how to prepare for interviews; Work Opportunity Tax Credit (WOTC) opportunities; where to obtain training; referrals to pre-employment supportive services; workshops, etc. The VEC provides instruction on resume writing and effective job search techniques. The goal is to provide information and assistance prior to release.

Staff also works with community agencies and other organizations established to assist ex-offenders. These organizations assist the VEC staff in scheduling pre-release information sessions. Representatives

may also meet with ex-offenders in VEC offices and other one-stop locations to provide one-on-one help to ex-offenders.

VEC Veteran's Services staff also works with the Department of Labor ETA VETS Program to provide "stand down" services for homeless vets who are ex-offenders. They collaborate with businesses to offer job opportunities and services. During the activity, barbers offer free haircuts. Clothing and personal care supplies are also provided. Organizations provide information on housing, transportation, training, employment, and other services.

Please describe any past or current policy-level barriers to collaboration and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Insufficient funding is the primary barrier which may limit the number of service locations for the VEC and our partners.

Employment/Job Training

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

There have been no new services or programs implemented in the past year.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

As noted above, lack of funding is the VEC's primary barrier. The state of the local and regional economy in some areas is also a barrier when job opportunities are limited.

Education

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

Beyond the information sessions for transitioning offenders mentioned above and group training about resume writing and effective job search techniques, the VEC Job Services program does not provide training. However, as noted below, if the transitioning offender is a veteran, our Jobs for Veterans State Grant may be able to fund job training.

Women

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

The VEC does not differentiate our services based on the gender of our clients.

Veterans

Please describe any efforts, programs, or services implemented by your agency within the last year and the impact of these assets.

VEC Disabled Veteran Outreach Program staff collaborates with local jails and prisons throughout the Commonwealth to provide pre-release information sessions for veterans. Further, this program provides intensive services to veterans who have significant barriers to employment. The definition of significant barriers includes incarceration. The services are wide-ranging based on individual needs, and can include housing assistance, job training, and case management.

Please describe any pending or upcoming efforts, programs, or services that involve your agency.

The VEC is planning to continue and expand the Veterans Services programs. We are currently in the process of hiring additional Vet Representatives to maintain and expand the intensive services described above.

Virginia Indigent Defense Commission

The Virginia Indigent Defense Commission on behalf of the 25 Public Defender Offices

Alexandria PD Office

Staff from this office serve on the city's reentry taskforce that is led by the adult probation and parole office. The task force is a collaboration of City and state agencies and private entities who work together to identify resources and services for those citizens returning to the community following incarceration in order to aid them in making a productive transition to the community. We also work with the reentry committee at Alexandria Detention Center—part of a taskforce that works with mentally ill individuals being released to the community from local jails (called the Collaboration for Recovery and Re-Entry, CORE). This task force designs treatment alternatives for mentally ill clients as an alternative to incarceration for people who are in custody following arrest. This group is part of the larger Mental Health Diversion Committee that addresses diversion alternatives for mentally ill clients at all stages in the criminal justice process --from encounters with police on the street through post sentencing. Our office serves on this Committee as well. The Mental Health Committee oversees the CIT program and CORE.

The Public Defender also serves on the citizen's advisory board to the Sheriff. Its mission is to provide input on programming at the jail that can ease the transition of those leaving custody to the community and to enhance inmate rehabilitation efforts. Efforts to create a partnership with Offender Aid and Restoration to provide additional services on cognitive restructuring with aftercare services on release that were underway last year, did not materialize because of contractual issues. However, the Board continues to support innovative programming at the jail to include college courses for inmates offered through the local community college. The courses offer an introduction to college and the opportunity for inmates to begin their college careers which they can resume on campus once they are released. Inmate completion and pass rates in classes have been very high. The Board also supports certificate courses in food handling through Safe serve as well as an array of life skills training programs.

We were disappointed not to receive funding for a full time mental health diversion counselor to work at booking at the jail to create diversion plans for mentally ill and dually diagnosed people who are held pretrial. Early diversion of those who could be safely managed in the community would result in better outcomes and less jail days. However, creating appropriate plans is too time-consuming for existing staff. We have been successful in interventions prior to advisement. We have had several diversions of the mentally ill at the magistrate level. Through coordination between the magistrate, the CSB and the Public Defender office, we have been able to monitor cases of people who were diverted by the

magistrate so that we are aware of them on their advisement date, and can connect with them on the day we are appointed, to make sure the process of having them meet with counsel for the first time is seamless. Communication and coordination in these cases is crucial.

Barriers – The office continues to meet with resistance from mental health providers at CSBs when trying to connect clients with a challenging mental health and criminal history with mental health services. We continue to work with other agencies and the CSB on diversion programs for the mentally ill and are attempting to address difficulties in securing the full range of services for the seriously mentally ill who have failed in treatment efforts in the past. We initiated efforts to increase diversion interventions at the early stages after arrest (i.e. between advisement and bond motions). We are working with community and jail CSB staff to improve communication and divert clients earlier. We have seen improvement this year in getting useful information concerning mentally ill clients to the public defender staff quickly. This is exceedingly helpful, especially in getting bonds set quickly for clients once they have stabilized. We were disappointed Alexandria did not receive grant funding for a mental health counselor to work at the jail to identify cases for diversion at jail booking, as soon as people are arrested and to work on a release plan that would connect the person with community resources as an alternative to pre-trial incarceration. Many people with mental health and dual diagnosis could be diverted at this very early stage in the court process (as early as the day after arrest) if a plan were developed quickly. Alexandria provides the unique opportunity to have attorneys each morning at the jail to make bond arguments for those held and to present diversion options to the Court.

We continue to urge police to refine their policies in making charging decisions regarding mentally ill clients whose criminal conduct is the result of psychosis. We encourage police to refrain from seeking warrants for people who can be managed and stabilized through the mental health system. Tragic consequences can and do result from the escalation of trauma and panic that can result from the force employed in an arrest.

Our sentencing advocate continues to assist in training other trainers in the City to provide trauma-based counseling in their agencies

Arlington PD Office

The Office of the Public Defender (OPD), along with the Sheriff's Office and Department of Human Services (DHS), developed a Re-entry Committee in the Arlington County Detention Facility in 2009. The Committee meets twice a month and discusses clients who are scheduled to leave the detention facility within ninety days. Members of the committee establish plans to link clients to housing, medical, mental health, and substance abuse services, as well as benefits, clothing, and transportation. The Office of the Public Defender, as a co-founder and adviser for the committee, worked with the Sheriff's Office and DHS to have a dedicated re-entry coordinator for the committee. Having a dedicated coordinator has helped provide better linkage and follow-up for our clients. Additionally, in order to provide a smooth transition back to the Arlington community for inmate residents, the coordinator expanded the committee's services to inmates located both in the Department of Corrections and the Peumansend Creek Regional Jail.

Similar to prior years, the Committee is serving approximately 100 clients per year. Those inmates have been successfully linked to services in the community. Overall, our office's involvement with the committee has allowed us to have more open communication with service providers in the community,

thereby facilitating successful client reintegration into the community. Our relationships with agencies in the community have strengthened due to this re-entry effort. In 2010, the Arlington County Re-entry Committee included District 10 Probation and Parole in its re-entry efforts. This addition has helped many inmates with substance abuse and mental health issues transition into probation successfully.

Additionally, the Re-entry Committee has a Re-entry Council, which serves to advise the committee and uphold the Memorandum of Understanding among committee members. The Re-entry Council was initiated in response to Governor McDonnell's Executive Order Number Eleven, the Virginia Prisoner and Juvenile Offender Re-entry Council. The Council is made up of key leaders and stakeholders in the community and is currently establishing initiatives to expand support from community leaders, as well as developing a re-entry presence within the interfaith community in Arlington. The OPD participates on the Re-entry Council.

In 2011, Arlington created a pilot project, Project Exodus, for clients with severe mental illness reentering society from jail and prison. Since then, the project has been established as a program. The OPD serves as a steering committee member and as a source of referrals. During the creation of the program, the OPD assisted in creating the Memorandum of Agreement among committee members and developing eligibility criteria. The Probation Department and the Department of Human Services meet with specific clients prior to their release to set up a plan together. Once released, the probationer meets with both a clinician from DHS and his/her probation officer. Once a month, the whole Project Exodus team meets and reviews program client progress.

Although there is consistent attendance by DHS staff at Re-entry Committee meetings, at times there still continues to be a challenge linking clients directly from jail to residential treatment programs in the community. The OPD continues to build relationships within the DHS in order to create a more reliable system of placement of our clients into residential treatment facilities. Although there continues to be barriers in getting people linked directly into residential treatment programs from the jail, the process has improved due to increased communication among agencies.

Since 2013 additional service providers have joined the committee, including Arlington Street Peoples' Assistance Network (ASPAN), Residential Placement Center (RPC - homeless shelter) and Offender Aid and Restoration (OAR).

The first re-entry fair at the Arlington County Jail was held in 2014. DMV, substance abuse providers, colleges, employment agencies and vital records employees were among the participants who attended the event.

Bedford PD Office

At this time there exists no formal re-entry program at the Blue Ridge Regional Jail in Bedford. Or, indeed at any of the jails in the BRRJ system. An experienced re-entry co-coordinator was hired by the BRRJ to implement a re-entry program at the Amherst Regional Jail. Due apparently to a lack of funding, that experienced re-entry co-coordinator has been running the work-release program at the Amherst regional Jail since she was hired. In August of last year, however, the long anticipated re-entry program at the Amherst Regional Jail was to begin. The life skills improvement course will consist of classes twice a day for six weeks covering such topics as anger management, parenting skills, dealing with issues of substance use and abuse, and life skills of all kinds. Initially the program will be limited to Department of Corrections inmates who will never actually be transferred to DOC custody (inmates with sentences under two years) but the program administrator hopes to expand the program to local inmates and to other facilities within the BRRJ system as soon as funding will allow.

A major barrier to the effectiveness of this program is the lack of incentive for inmate to participation. At the DOC such programs are mandatory but that is not the case within the regional jail systems. While the regional re-entry coordinator would like to somehow make such programs mandatory she has welcomed a recent offer from the Bedford Public Defender to meet with the Bedford Commonwealth's Attorney and our circuit court judge, Judge Updike, to explore ways to incentivize inmate participation. Obviously, this office would prefer the carrot (additional time suspended for participation) to the stick (a new and onerous condition of release). It also seems clear that DOC could support these programs immeasurably by, for instance, increasing good time credits for inmate participation.

In addition to the above, the Bedford Public Defender's Office works with Probation and Parole, both adult and juvenile, to identify alternatives to incarceration on the sound theory that avoiding an "exit" precludes any need for re-entry. The lawyers in this office are also trained to advise their clients that a probation officer is better viewed as a resource than as jailer. In our experience this can increase the level of communication between the probationer and the officer and often serves to encourage probation officers to assist released offenders with such things as life skills counseling when difficulties arise, rather simply punish the released offenders.

The Public Defender has also been a long time member, and frequent chair, of the local CCJB. During the length of that tenure this Judicial Circuit has seen a marked increase in diversion from jail to supervision by the CCCA, as well as an increase in pre-trial release which can be instrumental in avoiding the aforementioned "exit." We have not been closely involved in prisoner reentry in Roanoke. We do, however, on occasion become involved with reentry and the various agencies that assist in that regard.

Charlottesville PD office

"Healthy Transitions" was initiated by collaboration between Albert LaFave, Sentencing Advocate, the District 9 Probation Office, and Region Ten Community Services. Initially this program was donation funded and has since been funded by the localities we serve, Charlottesville and Albemarle County. Our office had experienced challenges referring clients (who have the opportunity to avoid a felony conviction) into this program as the program was initially designed to assist clients on supervised probation following a felony conviction. This limitation was corrected in 2014 by amending the program requirements to allow individuals under misdemeanor or pre-conviction probation to participate while they are under the supervision of Offender Aid and Restoration (OAR). This is important as clients with federal disability benefits can lose these important benefits, which are critical to their ongoing success in treatment, if they incur a felony conviction.

Mental Health and Wellness Coalition provides medication management and counseling services to clients without Medicaid, insurance, or funds to afford these services elsewhere. These services continue to be available through community funding (\$100,000 grant provided by the Charlottesville-Albemarle Community Foundation). Albert LaFave is our office representative and serves on both the Steering and Programs Committees. More recently, the "Navigator" for this program, Sue Hess, has assisted several of our clients in becoming productively engaged with service providers in our community, significantly improving client outcomes in court and allowing client favorable disposition agreements, but, more importantly, improvement in clients' quality of life in the community.

Albert LaFave is participating in a workgroup including the Region Ten Community Services Board, Offender Aid and Restoration, our local jail, the Charlottesville Police Department to explore the possibility of developing a local "Mental Health Docket." The process began with a field trip to the

Richmond Mental Health Docket, a model that the workgroup believed to work well. We are attempting to estimate the numbers of potential participants. Gathering this data has presented challenges for several reasons. Different agencies collect data using different criteria. Also, this population may not seek to be identified due to the “stigma” of being labeled as having a mental illness.

This year, while the official process of developing a formal docket is moving slowly and involving a growing number of agencies, the concept is being informally utilized in specific cases in part because our prosecutors and judges recognize the importance of diverting clients with mental health challenges away from felony convictions and/or jail sentences. Prosecutors at times agree to continue cases to allow our clients to show their compliance with treatment objectives. We are still challenged, however, in securing objective mental health assessments done for our clients who have serious (SMI) or (Axis II) mental health treatment needs but are not deemed incompetent or NGRI. Our CSB is not convinced the numbers are there to justify a skilled clinician position to complete these evaluations, adding that these clients often do not provide a consistent funding source. One influential stakeholder has suggested that we can accomplish similar objectives with existing resources. Some suggest that our clients present with diagnoses that are difficult to treat and that they are less likely to progress in therapy.

The “Local Inmate Workforce Program” continues to be successful, giving local inmates opportunity to work in the community for local government and receive credit towards court costs and fines based on a minimum wage reimbursement schedule. This provides no cost services to the community and provides valuable work experience, job skills, work references, etc. to inmates. One major benefit of the program is that the payment of court costs enables inmates to keep their drivers licenses, something that can significantly improve their chances of successful re-entry into the community. Also, some inmates who have done well in the workforce program have been able to obtain full-time paid employment while still in jail and they can continue that employment after their re-entry into the community. Our office was very involved in the process of developing the workforce program. This year the program continues to grow and VDOT has praised the program and helped increase its capacity by using inmates to do more road repair work, freeing up VDOT staff time to address higher priority needs. In 2014, 7,799 “program hours” were logged in and \$56,546 in court costs and fines were credited. In 2015, 16,522 program hours were logged in and \$119,784.50 in court costs and fines were credited. Our local jail has been given another 24 bed unit to house the growing number of participants.

Progress continues to be made on how probation violation cases are handled through collaboration with community stakeholders working within Evidence Based Decision Making (EBDM) workgroups. Our office actively participated in revising procedures for handling probation violations, in collaboration with judges, Commonwealth’s Attorneys, probation officers, court staff and others. The above process is still ongoing, although new initiatives have been recently announced through the District 9 Probation Office. These initiatives involve inmates released from prison and address their counseling needs while under probation supervision. Our office is participating through EBDM channels. Previous treatment options offered by probation (VAPTO) were very much “one size fits all”. Newer alternatives are much more progressive and promise to be much more effective.

Our Citizen’s Advisory Committee is supporting Re-Entry efforts at our local jail and has learned much about these initiatives recently.

Our staff serves on the Region Ten Community Services Board, the Drug Court Board, and the Offender Aid and Restoration Board. Ms. Murtagh serves on the Evidence Based Decision Making taskforce.

Chesapeake PD Office

Our office is a stakeholder that participates in the Mental Health/ Criminal Justice committee that meets with the Sheriff, Police, CSB, CWA magistrate, dispatchers, and community. It discusses current community needs of the mentally ill individuals involved in the criminal justice system and new programs, including the implementation of crisis intervention training the police department is undertaking, as well as the initiation of a crisis intervention assessment center which is being undertaken as a collaborative effort between Chesapeake and Portsmouth, and will offer an alternative for the police when dealing with mental health involved offenders.

Judge MacDonald, chief Judge of the General District Court, is spearheading efforts to start a behavioral health docket, with training to commence in November 2016, and implementation of the docket to begin as soon thereafter as possible.

The office remains involved with the mental health criminal justice committee headed by Odean Baker of the CIBH (former CSB).

Our office actively participates in Drug Court with the CSB, police department, Probation and Parole, and the CWA in the circuit court. Because many drug involved cases are often dual diagnosed, Drug Court often identifies and makes referrals for mental health treatment as well as substance abuse treatment. Drug Court often uses resources to assist participants in maintaining a stable healthy lifestyle. The drug court no longer has a cap on the number of participants.

Danville PD Office

The local jail has developed a drug treatment program called the "Alpha Program". It was modeled after a program in the Roanoke jail. We have been working to identify which of our clients are eligible to attend the program. The program begins while our clients are incarcerated in the jail and upon completion of the jail component there is a 36 week aftercare program that is done on the outside.

We work closely with Probation and Parole, both Adult and Juvenile, to identify and implement appropriate services that are beneficial to our clients so that we may provide the Judge alternatives to incarceration at sentencing. This has allowed our Judges to fashion sentences that are appropriate to the crimes and tailored to the individual allowing for both punishment and rehabilitation.

In previous years we had worked closely with various agencies in the community (Commonwealth's Attorney, Sheriff, Police Department, Social Services, Probation and Parole) trying to lay the groundwork necessary to establish a drug court program. There is no funding for a drug court program at present and it seems doubtful we will be successful in obtaining funding at this point in time. Our former Circuit Court Judge was a big supporter of the drug court whereas our current Circuit Court Judges are not. Additionally, the lack of funding has not been sufficiently addressed with respect to other programs that may be beneficial to our clients. Services are either extremely limited or disappearing due to lack of appropriate funding. Drug treatment programs have long waiting lists and there are not enough counselors for those in need.

There have been some new faith-based drug/alcohol treatment programs that have started here in Danville over the past year. Our sentencing advocate has been working with her church to establish a local Celebrate Recovery program. This is a 12 step faith-based program for people needing help with addictions. The Judges have been receptive to our clients attending this program to satisfy drug/alcohol counseling requirements that the court may impose upon them.

Probation and Parole has continued to monitor former clients who are placed on probation following conviction and / or release from incarceration. The Judges of every court are utilizing probation and parole on some level depending on the needs of the particular individual. The individual probation officers work closely with our client to identify and refer them to agencies or groups within the community that can provide counseling, treatment, and other rehabilitative services that may be beneficial or necessary for clients.

We are able to identify services that are beneficial to our clients at the time of sentencing. Unfortunately there is little that we can do to help our client's transition or implement these services upon release from incarceration. We try to educate our clients as to the benefits of these services prior to sentencing with the hope that they will follow through upon release. Additionally we inform them of the consequences for failing to comply with any of their terms of probation. Appropriate funding for probation and parole is lacking. There are fewer probation officers this year and it seems as if there are fewer services available through probation and parole to assist our clients.

The largest impact of pre-trial release is that it allows the Judge to release our clients prior to trial. Release is the main objective for many clients. However, release serves an additional benefit in that it allows our clients to recover from choices they have made and hopefully avoid lasting consequences. Release allows them to return to their jobs in many cases and resume their life at home. It allows them to begin treatment programs and enter appropriate counseling programs immediately rather than postponing it until the end of a period of active incarceration. Financially, the condition of pre-trial release is frequently used in situations where individuals request a reduced or lowered bond amount.

Fairfax PD Office

Fairfax County Public Defender attorney and staff have continued to cooperate and collaborate with various agencies and boards in Fairfax County. Our Sentencing Specialists, led by our senior specialist Liane Hanna, was named the Convener for the Fairfax County Re-Entry Counsel. She has helped organize the Fairfax County Adult Detention Center's Resource Fair in cooperation with the Fairfax County Sheriff's Office. This Fair has now been held four times in the Fairfax Adult Detention Center, approximately twice a year. This Fair includes over a dozen organizations and governmental agencies that gather in the jail and meet with inmates to discuss programs and services that are available upon their release from the jail. The DMV, League of Women Voters, and the Office of the Public Defender are a few of the organizations represented. The last fair was covered by the local Fairfax connections newspaper: <http://www.connectionnewspapers.com/news/2016/sep/29/fairfax-inmates-explore-ways-back-community/>.

The Office continues to be active members of the Criminal Justice Advisory Board, the Community Criminal Justice Board, and the Citizens Advisory Council. We have a partnership with the Juvenile and Domestic Relations District Court's Transformation Team which is a team aimed at diverting children away from the juvenile system BEFORE they reach intake.

Fairfax County has also started a Veteran's Treatment Docket and is in the process of beginning a mental health diversion docket called Diversion First. The Public Defender's Office has been participating with the creation of these dockets from the early stage and continues to be a primary stakeholder in both dockets. The Veteran's Treatment Docket has graduated its first class. The Diversion First docket should be established before at the beginning of 2017.

The office has partnered with many different county agencies, including the Fairfax County Sheriff's Office, the Community Services Board, local police departments and Commonwealth Attorneys' office in helping get the Diversion First initiative off the ground. Several dozen public defender clients have already been moved from the jail and into the community by connecting them with mental health services through the new Merrifield mental health center. This has resulted in significant savings to the County but, more importantly, provided necessary treatment to a population that is sometimes unable to connect with the proper people to receive the appropriate treatment. It is hoped that a mental health diversion docket will be established in 2017 in which clients will be diverted from court involvement and into mental health treatment.

With all the additional programs, re-structuring, and new services offered through the new Merrifield center, and the CSB, the office has also held numerous trainings for attorneys and staff to get up-to-date information on programs and services available to our clients once their court cases have concluded. We continue to build relationships with these professionals within our community to further the future success of our clients.

Franklin PD Office

Our Juvenile Court Attorney is looking into the available Department of Juvenile Justice Programs including counseling and stress management. Our Attorneys continue to work closely with Probation and Parole to help provide services and to find alternative programs for our clients. Our Investigator assists numerous clients in obtaining their birth certificates and social security cards, which is required in order for them to be able to obtain a valid Picture ID or Driver's License. We also give our clients detailed instructions as to their obligations in regards to Probation and the ramifications of revocation hearings.

Our Attorneys have also communicated with a new substance abuse program, Self-Recovery, LLC which now offers a program in Franklin at Southampton Memorial Hospital. The Public Defender has joined the 5th Judicial District Community Corrections Program. He is also collaborating with other members of the program in order to facilitate new options. Western Tidewater Regional Jail now offers an EIP Program. We had the lieutenant do a presentation in our office for our entire staff and we have now utilized this program on numerous occasions.

BARRIERS:

Being a rural community program availability, options, and funding have tended to be limited.

Fredericksburg PD Office

Our office serves clients in Fredericksburg City, and King George, Stafford and Spotsylvania Counties. Our office plays an active role on the Community Criminal Justice Board and regularly interacts with a variety of government and private support agencies in the jurisdictions we serve. Each of our localities participates in typical programs such as Adult and Juvenile Drug Court to address substance abuse issues. Currently, the Adult Drug Court program is full and is not accepting new participants. They will accept new participants again when their case load subsides. Our office also has a team member on the Rappahannock Domestic Violence Council (RDVC). It is helpful to have a defense counsel on the task force to keep our attorneys informed about the latest local domestic violence initiatives and to provide feedback to the RDVC team members from the defense perspective.

Our attorneys regularly interact with representatives of the Rappahannock Area Community Services Board (RACSB) regarding clients with mental health issues or substance abuse issues. RACSB has case workers assigned to the Rappahannock Regional Jail to assist clients with mental health issues

coordinate services as the transition back to the community. A crisis stabilization treatment facility is available to assist clients in need for up to 14 days. In addition, a local private agency, Micah Ministries, provides services to the chronic homeless population in Fredericksburg. All of the attorneys and staff in our office have received a two day long Mental Health First Aid training session. A team from the Rappahannock Area Community Service Board (RACSB) presented the training. The training provided information which will be useful when dealing with mentally ill clients, especially those who are preparing to be released from jail.

Our office has an on-line Sentencing alternative Library. The Sentencing alternative Library is a collection of documents containing information about alternative sentencing programs and additional resources that may be helpful for incarcerated or recently released clients. The information is accessible to the entire office and allows for information to be easily shared. Below you will find a brief summary of pertinent information from each locality our office serves.

Fredericksburg

No specific changes in reentry services in the past year. The juvenile court is still employing a case-specific plan when a juvenile offender has usual circumstances.

King George

The CA's office continues to be open to Adult Drug Court, in some instances. Previously, the Commonwealth's Office policy was that Drug Court was not available.

Stafford

The Commonwealth Attorneys and judges in Stafford have become more open to clients participating in programs as opposed to simply being incarcerated. During the past year, Adult Drug Court has been used in more cases.

Spotsylvania

There is a newly elected Commonwealth Attorney. He is expected to support the Drug Court program but he has stated that he will not continue to allow clients who do not qualify for the Drug Court program to participate in alternative methods of drug treatment and receive a charge incentive. Our office is also working with the new Commonwealth Attorney and the District Court judge to establish a Veteran's Court docket in the District Court.

Halifax PD Office

The Office provides public defender services for Halifax, Mecklenburg and Lunenburg Counties. There are no specific re-entry task forces; rather, most of the efforts directed toward re-entry come from the Probation and Parole office and the court services units which cover the three counties. Piedmont Court Services for Mecklenburg and Lunenburg, Halifax/Pittsylvania for Halifax.

The Public Defender is a member of the local community justice board for Halifax County, which, among other functions, identifies individuals in the system who would benefit from rehabilitation programs and makes such programs available. The board is overseen by the Halifax/Pittsylvania Court Services unit

and includes local prosecutors, judges, corrections personnel and law-enforcement personnel, in addition to the Public Defender.

The Public Defender is also a participant in the cross-system mapping effort which was initiated recently. The program seeks to train law-enforcement personnel to identify individuals with mental problems, but a large part of the effort is to identify individuals with mental health problems and initiate treatment, which is designed to reduce recidivism among those with mental impairments and issues.

There has been some local interest expressed in establishing a drug court in at least one of the counties, but it is not currently beyond the discussion stage.

A substantial part of the Sentencing Advocate's responsibilities involves re-entry by finding rehabilitation programs -- primarily drug and/or alcohol programs -- for clients upon their release from incarceration, or sometimes as an alternative to incarceration. The local governments have few resources beyond those provided by the counties' behavioral health programs, which means that the Sentencing Advocate must find programs outside of the area which are available for free or for minimal cost. These efforts are limited to clients of the Public Defender; we have no authority to provide services to defendants who are not our clients.

Hampton PD Office

The Hampton Public Defender's office participates, as a sitting member, in the Drug Court Committee and the Public Defender attends all committee meetings along with other local agencies such as the Community Services Board, the Commonwealth Attorney's Office, the Sheriff's Office, and other local officials to provide sentencing alternatives that includes drug treatment and counseling to reduce recidivism and incarceration. The City of Hampton continues to maintain a Veteran's Track of the Drug Court and the Public Defender sits on the policy making committee of that board. The Veteran's track is a pilot program in the state of Virginia joining together representatives from various state and local agencies to include Probation and Parole, the Wounded Warrior Project, the Veteran's Administration/Hospital, several retired military members, the Commonwealth Attorney, the Community Services Board, and other local prominent citizens.

The goal of the program is to provide alternative sentencing to veteran's that includes medical care, counseling, and mentoring to avoid recidivism and incarceration. This year the Public Defender's Office has spearheaded a canned food/toiletries drive to benefit the Food Pantry of the Drug Court and Veteran's Track of the Drug Court in an effort to help provide needed essentials to those participating in those programs. The Public Defender sits on the Community Criminal Justice Board. The purpose of the CCJB is to enable the cities of Hampton and Newport News in combination to develop pre-trial court services, and community based corrections programs consistent with the Comprehensive Community Corrections Act (CCCA) and Pretrial Services Act (PSA). The Public Defender and Sentencing Advocate recently attended a summit on Mental Health focusing on Mental Health Dockets to examine ways to address mental health and the criminal justice system. The Hampton Sr. Sentencing Advocate continues to participate in the Re-Entry Council in Hampton. The Council has representatives from P & P, CSB, VA Medical Center, Hampton Sheriff's Dept., Dept. of Human Services, and several community based organizations which provide re-entry services. The Council meets once a month.

The Council is currently working with the Hampton Sheriff's Department in an effort to provide re-entry information to those incarcerated in the Hampton City Jails by way of a "Common Help" type kiosk. The system will allow inmates to research housing, VEC Work link, DSS programs and other community

services. The Sentencing Advocate serves on the Reception committee which is planning a reception for offenders as well as local Judges, Defense Attorneys and the Commonwealth Attorneys. The goal of the reception is to familiarize community leaders with the Re-entry Council and available re- entry services. We are working with the Step up Reentry program based in Norfolk. This program provides employment, housing and advocacy services to persons in the jails with 60 days or less left on their sentence and to persons recently released from incarceration.

The goal of this collaboration is to ensure that services are in place when a client is released. P & P has been helpful with financial assistance for placement in Oxford House modeled programs for clients being released from incarceration. Sentencing advocates have established a direct line of communication with the CSB jail services department. Once we contact this department, they quickly assist our client by assessing their mental health issues, medications and residential placement is necessary. This collaboration offers our clients uninterrupted medication and services once they are released. We continue to work closely with the VA Medical Center's Outreach Specialist to have all clients who are veterans screened and/or connected with services upon their release or as an alternative to incarceration.

Barriers: Free or low cost long term residential treatment programs (six months or more) are still scarce. Lack of funding for these programs is an ongoing problem.

Leesburg/Warrenton PD Office

The sentencing advocate, Kelly Williams sits on the Loudoun Re-entry Council. Kelly is trying to increase communication with the re-entry team at the jail and this relationship is getting stronger.

The office continues to have community programs come into the office to educate them as to the services they can offer our clients, this past year they meet with special education services, tax relief services, mental health, disability services, house arrest programs, electronic monitoring services, immigration service assistance groups - to name a few.

They are active in all bench bar groups. They continue membership and participation with JDAI, DART and the CCJB. They are part of the Circuit Court Judge run Law Camp program for high school students. We have been a part of the legal education program in the local high schools.

Lynchburg PD Office

Staff from this office work closely with the Regional jail's re-entry representative to provide housing, educational and job opportunities. For the past several years, we have served on the city's Jail Diversion Alliance and Central Virginia Coalition for Treatment & Recovery. Those programs lost grant funding this year. However, we have continued to maintain contacts with the local agencies who served on the coalition to continue to provide support. We also serve on the Juvenile & Domestic Relations Court Improvement Committee which involves collaboration with all entities that touch that court. We continue to collaborate with those agencies with regard to juveniles and their reentry to the area. Our sentencing advocate assists with gaining access to appropriate mental health counseling, treatment options, housing, job placement, and mentor programs.

Probation and Parole officers work closely with this office to identify appropriate counseling and treatment options.

The Immediate Sanction Probation Program continues in Lynchburg as a pilot site for probation violations. The program targets low risk drug offenders and places them in the program which provides greater probation oversight. We represent the offender when violated for all technical violations. These cases are set quickly on the docket and are provided a swift and immediate minimal

jail term. This office has worked closely with the Sentencing Commission to get the program up and going in Lynchburg. The program's intent is to provide swift punishment for infractions which has been shown to curb violations and prevent future violations.

The Lynchburg office also serves on the Juvenile Detention Alternatives Initiative (“JDAI committee”). Specific approaches of the initiative include working to reduce unnecessary delays at each step of the juvenile court process, providing alternatives to detention for youth whose risk can be moderated by program participation, and ensuring proper conditions for youth in custody.

We continue to serve on the board of the local Crisis Intervention Team (CIT) program. The program is designed to help at the outset of a situation to divert cases involving mental health issues out of the criminal justice system and into the appropriate mental health service.

The Lynchburg Public Defender serves on the Drug Court Advisory Board. This past spring we participated in the National Drug Court Institute Training for the Adult Drug Court Planning Initiative. The Board has met several times since to develop our drug court model. The Lynchburg Drug Court is set to begin in March 2017 pending approval from the Virginia Supreme Court.

Martinsville Public Defender Office

Our office will continue to participate in the Offender Resettlement Journey collaborative meetings going forward. Recent additions to improving reentry barriers include two initiatives begun through Probation and Parole, District 22 under the leadership of Chief Tim Wood. The Re-Entry Council has developed a pamphlet that is distributed to inmates, providing them with contact information for many community-based resources. Staff from STEP and West Piedmont Re-Entry Journey visit the City jail to meet with inmates. The Re-Entry Council is also developing a newsletter that will be sent to inmates several months prior to their release back to our local community with information and articles relevant to their lives upon release to our community.

The second initiative is a mentoring program that Chief Wood has begun. This is a program for probationers who wish to have a mentor. Mentors consist of former probationers and persons formerly struggling with addiction who have made positive changes in their lives. The program involves motivational interviewing and case plans are being developed now. Chief Wood is also hopeful that he will be able to tie in the mentoring with other services as well. The program at this time is voluntary. In Henry County, the Board of Supervisors has finally approved construction of a new jail. A site has been chosen but is now subject to further environmental analysis, since the site is at the former DuPont plant. The plans for greatly expanded services to inmates there include a first-ever work release program and additional educational opportunities for inmates that are almost non-existent now. There was no discussion of specific re-entry initiatives, but the educational trainings and counseling services will certainly provide much-needed assistance leading up to release.

The Public Defender was a member of the Criminal Justice/Behavioral Health Collaborative (also known as Cross-Systems Mapping) group that was a grant-funded pilot project that began several years ago. Two major projects emerged from our group and continue to operate today. First is the CIT or crisis intervention training. The second Cross-Systems program is the Jail Diversion program.

We communicate with counselors in the local Clean Start program, a collaborative program funded jointly by the Martinsville Sheriff's Office and the local CSB. It is available to incarcerated and bonded clients. Inmates in the local jail sign up for substance abuse counseling and other services offered through Clean Start. Our local Circuit Court frequently orders successful completion of Clean Start as a

condition of probation and our District Court judge's order participation as a condition of bond where appropriate. The City jail also offers GED instruction and mental health counseling.

Resources in our small community are always limited and getting more scarce with each budget. There is only one local program for juveniles, a half-way house for boys that is ordered for juveniles in lieu of detention (pre- and post-dispositional) or commitment to DJJ. There is no equivalent resource for juvenile females.

Two of our local jails have no GED instruction and no group substance abuse programs such as the Clean Start program in the City. We plan to continue to lobby the sheriff's to make such a program available in the future, but it is an uphill battle. Some of the Commonwealth's Attorneys do not see this type of program as a priority.

EIP (electronic incarceration program) is available through all three local jails but with widely differing eligibility criteria. The City allows the most inmates out on HEM, and Henry County the least.

Barriers continue to be resources/funding for services for clients. Additional barriers are Commonwealth Attorneys who are not as committed to rehabilitation opportunities as other offices are. For example, objecting to Starrs dispositions just because they can, not supporting shoplifting diversion programs, objecting to all psychological evaluations that conclude a client is incompetent as a matter of office policy.

Newport News PD Office

An offender re-entry council was formed in Newport News, but aside from a couple of "town hall" meetings I don't know what it has accomplished. Re-entry in Newport News is typically aided by the Dept. of Probation and Parole. Much like Danville, this office is involved in re-entry as a part of sentencing if the disposition of the case allows it. We have an excellent sentencing advocate who is very active in securing alternative dispositions and sentencing plans to include substance abuse treatment and counseling, housing, mental health care and financial aid to those who qualify. She works very closely with the clients who continue to seek her support even after the case has been closed. The public defender personally attends every drug court staffing session to monitor the progress of the clients this office refers to that program.

Newport News has collaborated with the Hampton/Newport News CJA in attempting to get EBDM pilot program initiated in those sister cities. Institution of such a program may lead to more creative dispositions affecting reentry. No decision as to whether our application has been accepted has been announced.

Norfolk PD Office

Norfolk collaborates with and sits on the board of the reentry docket, which is supported by a grant from the Supreme Court for the specific purpose of assisting transition back into the community for those incarcerated.

Barriers have simply been in obtaining sufficient participants. Many have been excluded for various reasons despite efforts to be as inclusive as can be while still mindful of the success of the program.

Efforts by the Re-entry court docket team have been to include more female participants, and our office in particular has been responsible for submitting more female applicants.

Simply striving to enlarge the pool of eligible applicants has been a barrier to inclusion of this group.

Tapping into resources of the VA in this area has been very helpful in identifying participants, and services specific to this group. This particular group is also now being served through the mental health docket as well and the collaboration between the diversionary court participants means that more participants are identified and services provided. Barriers have simply been in identifying those who would likely be eligible and coordinating services available. This has been particularly beneficial for those who suffer from dual diagnosis and have heretofore been ineligible for programs because they have more than one issue.

Collaboration of these agencies permits the sharing of information with the confidentiality as to non-participants remains intact. Not being able to access information that others are able to (particularly probation and parole) has been a barrier.

Norfolk has applied for and was given the EBDM grant and for the past 6 months has been meeting monthly to set up the framework within which to make this project work. It dovetails very nicely with the re-entry docket and initiative

Petersburg PD Office

The office has continued to strengthen relationships with pre-trial and other predisposition support services. As a result, we have greater opportunity to prevent clients from losing employment and becoming disconnected from critical family support systems pending case disposition.

The Office works diligently with the probation department, both adult and juvenile, to seek out and develop suitable replacements to confinement. And where confinement cannot be completely eliminated, we work to reduce time of confinement. Where juveniles are concerned, the office has received a new position of Senior Public Defender in the field of Juvenile Advocacy. We are proud to have attorney Kimberly Gretes serving in that capacity. She was part of Virginia Delegation of the Annual National Conference of the Juvenile Detention Alternative Initiative (JDAI) recently held in Phoenix, Arizona.

The office has fully embraced the concept of Evidence Based Decision Making. (EBDM) The Public Defender and an assistant public defender attend regular meetings with other members of the community including a representative from the Commonwealth Attorney's office, the Chief of Police and his deputy, the chief magistrate, and a former judge of the general district court. We work to discover and employ lessons learned to the benefit of our clients, individually and as a whole, to reduce convictions, recidivism, probation violations and over all levels of incarceration.

The Public Defender is working to regenerate the Petersburg Community Criminal Justice Board. This is an advisory board to member jurisdictions and the criminal justice system. Its duties will be to advise on the development of local pretrial services and community based programs and services for use by the courts in diverting offenders from local correctional facilities. It will assist community agencies and organizations in establishing and modifying programs and services for offenders on the basis of an

objective assessment of the community's needs and resources. It will also review the submission of all criminal justice grants regardless of the source of funding, etc.

Portsmouth PD Office

Our sentencing advocate actively searches for alternative programs prior to sentencing. She works closely with privately run programs to determine eligibility requirements and to screen potential candidates. Because the state run programs have become so limited we are becoming more reliant on private resources when searching for alternative to incarceration.

Our jurisdiction does have a Drug Court program, and our office stays involved throughout the screening process, as well as throughout the client's period of probation. We attend weekly drug court dockets to aid clients and advocate for their best interests.

We are becoming more involved with the mental health diversion program which is run by Portsmouth Behavioral Health care.

New this year the office has been working the office signed on in support of a grant for a mental health docket. We attended the state wide mental health summit, and we are taking an active role in trying to find alternative ways of helping those with mental health issues who have gotten caught up in the criminal system.

Pulaski PD Office

Re-entry services are minimal in the four jurisdictions served by the Pulaski Public Defender Office. The New River Valley Regional Jail discontinued providing such services. The re-entry committee is still in the beginning stage and is an alliance of probation and parole and various agencies such as DSS and the Department of Rehabilitative Services. Our sentencing advocate has been invited to participate.

Pulaski Circuit Court now has a drug court. Initially it was unfunded but has now received a grant for the next three years. I attend drug court team meetings and court sessions along with an assistant public defender and our sentencing advocate.

In speaking with the senior probation officer, he indicated that so far re-entry services are solely the development of home plans for inmates being released from Bland Correctional Center. He has identified a particular difficulty in offering services to inmates being released from the New River Valley Regional Jail because no information is received for these individuals.

The office continues to work with Probation and Parole and Community Corrections in making our clients aware of the various programs available and encouraging participation. Referrals are also made to Community Services.

One service that has been especially helpful is the Bridge Program. Its services are available for our clients with charges in Pulaski County and the City of Radford. This program provides wrap around services for individuals with mental health diagnoses. Initially this program was limited to pre-trial release. However it has now been expanded to include services to probationers. This program lasts up to fourteen months and has been very successful in addressing all needs of the mentally ill involved in criminal matters. The only service that has not been addressed is housing. All efforts to provide housing have been unsuccessful, and there are no homeless shelters in this area.

Drug treatment options offer several out-patient programs through Community Services and Community Corrections. There is only one residential program that currently offers thirty day in-patient treatment with eighteen months aftercare and relapse prevention. Any other in-patient treatment requires the patient to be insured.

The only resource for employment is the Virginia Employment Commission. Previous attempts to develop programs to offer assistance in obtaining employment have been unsuccessful. Re-entry services for juveniles are limited to those offered by the Court Services Unit. The office works closely with juvenile probation officers in discussing services and options. The New River Valley Juvenile Detention Home does offer a post-dispositional program. Very few of our juvenile clients receive commitments to the Department of Juvenile Justice that are not suspended. Very few of our juvenile clients are transferred to be tried as adults.

Richmond PD Office

Richmond was selected to participate in the National Institute of Corrections initiative of the Evidence-Based Decision Making in Local Criminal Justice Systems. With a facilitator from the NIC, we participated in mapping Richmond's criminal justice system, from arrest through final disposition and discharge. After the mapping was concluded, three areas of change were targeted. The Pre-trial Diversion workgroup was formed and I was made chairperson. Although Virginia was not selected as a phase VI participant in the EBDM initiative, the workgroup is continuing to meet in an attempt to implement the proposed plan.

The Public Defender's office is a member of the Juvenile Justice Collaborative Advisory Committee which meets to facilitate process and systems improvements among stakeholder agencies through collaboration that will result in improved outcomes for the youth and families of Richmond. This started as a Juvenile Detention Alternatives Initiative, but has expanded to include a broader vision of creating a comprehensive system that helps delinquent and at-risk youth become law-abiding citizens while maximizing community safety and strengthening families.

We represent all juveniles placed into the Juvenile Drug Treatment Court. This specialty docket was suspended and re-organized into a Juvenile Behavioral Health Docket, with a goal of enhancing the services provided to the juveniles, to include mental health treatment, cognitive behavioral therapy and medication management.

We represent adults placed into the Richmond Adult Drug Treatment Court. For clients with felony charges, Drug Court may serve as an alternative to incarceration following a conviction, a violation of probation or as a predicate for dismissal. We attend staffing meetings before each docket, to discuss each client's progress and reach a consensus on any sanctions.

We work closely with the local Division of Adult Probation, which runs the Daily Reporting Center as an alternative to incarceration for clients who are in General District Court or Circuit Court. We confer with the program administrators whenever an issue arises between the courts and the program.

We refer clients in need of substance abuse services to Richmond Behavioral Health Authority. RBHA has recently purchased the only available inpatient substance abuse placement in the City, Rubicon. They are in the process of renovating the building and will be able to serve more individuals when they reopen. This treatment is frequently presented at sentencing, as an alternative to incarceration.

In General District Court, we refer clients to the Mental Health Docket. This docket was created to serve the individuals who are in need of mental health services but did not receive them outside of incarceration. Clients are assessed, assigned a case manager and specific services are provided, based upon their individual needs. We are present at the pre-court staffing meeting where the client's progress is discussed and then appear in court with our clients. The Sheriff has said that his jail is being used in place of a mental hospital. With the Mental Health Docket, we are able to keep clients out of jail and provide them with services and supervision.

Currently, the Circuit Court is in the planning stages of a Mental Health Docket / Veterans' Docket.

We are beginning to work closely with Opportunity, Alliance and Reentry in Richmond, (OAR). OAR serves individuals who have been released from incarceration within the past six months. We will be holding monthly classes on how to interact with the police and general Fourth Amendment rights.

Roanoke PD Office

We utilize and work with Pre-Trial Services in an effort to keep as many of our clients out on bond as is appropriate under the circumstances. When issues affecting Pre-Trial Services arise we are usually included as one of the stakeholders that are invited to provide input and or to be apprised of new developments.

We make use of Drug Court and have done so since 1995 when it was established as the first Drug Court in the Commonwealth. We make use of it not only in drug cases but in other cases arising from drug use. As Public Defender I serve on the Drug Court Advisory Board and attend meetings when possible.

District 15, Probation and Parole has a Re-Entry Counsel which includes Total Action for Progress, Virginia Cares, Veterans Affairs, Blue Ridge Behavior Healthcare and Court Community Corrections. Jackie Holdren, our Sentencing Advocate, attends quarterly meetings. The District 15 Probation Office has a mental health specialist to whom we refer new probationers when consent has been obtained, and with whom we consult for active probationers.

This office participates in the Roanoke Valley Mental Health/Criminal Justice Task Force, which has been a very active group involving Judges, defense attorneys, prosecutors, police officers, deputies, probation officers, clerks, magistrates, and representatives from the community services board and the local state hospital. We develop goals and discuss issues involving individuals with mental health problems who come into contact with law enforcement and the criminal justice system.

The Roanoke City General District Court has an established a Therapeutic Docket to assist defendants with mental health problems through closely monitored supervision and sentencing alternatives.

A number of our clients make use of the Rescue Mission, the main facility in Roanoke providing actual living quarters for the homeless. In the appropriate cases, both before and after conviction, we make our clients aware of the services offered at the mission. The mission also provides an 18 month residential drug and alcohol treatment program, the only such long term, residential treatment program in Roanoke. We utilize their program frequently.

We have developed contact with the Veterans' Justice Outreach program at the VA Medical Center in Salem. The program serves veterans through the provision of services to veterans involved in the criminal justice system. The program can address housing needs, medical needs, referrals for employment, mental health treatment, substance abuse treatment, etc. The Program Coordinator for the Homeless Veterans Reintegration Program is a valuable resource for the veterans we represent.

Virginia Cares assist inmates recently released from incarceration. They assist with job readiness classes, transportation issues; resume assistance, mock interviews, obtaining birth certificates and identification and rights restoration. We have occasionally made use of their service. We have referred clients to them and they occasionally testify on behalf of our clients.

TAP (Total Action for Progress) provides numerous services that are relevant to but not necessarily directed at former inmates. They assist those in need with educational needs, including but not limited to GED classes, employment, car purchases, clothing, child care, domestic violence and crisis intervention, housing, fatherhood services, housing and homeless services, restoration of rights and resume assistance. We refer clients to TAP when the need arises.

The area now has Discharge Planners, through our CSB, working our local jails.

Blue Ridge Behavioral Healthcare, our CSB, began utilizing a Discharge Planner in 2016. As an employee of BRBH, the Discharge Planner meets with inmates identified by the jail's medical department as having a mental health diagnosis or substance abuse diagnosis. The DP also responds to referrals by the Court or at our request to develop a discharge plan for those with a mental illness and/or a substance abuse issue. The plan usually addresses housing, clothing, financial and medical needs along with treatment recommendations. The inmate's feedback is included in the plan. Transportation will be provided, if needed, from the jail to the first place specified in the plan. The process to develop a plan is started one to two months prior to discharge and the individual is seen two to five times before finalizing a discharge plan.

Staunton PD Office

Advances continue to be made in the Staunton region to facilitate successful reentry. Most significantly, Despite the failure of the state as a whole to advance to Stage VI in the NIC EBDM process, all the stakeholders in the Staunton program have agreed to continue the process to ensure progress on the various goals we have set for ourselves. One significant success of the Staunton EBDM process has been the implementation of a Mental Health Rapid Assessment Tool, which has led to the speedy identification and removal of mentally ill inmates from the jail and into appropriate treatment. In addition, domestic violence assessments are being implemented to identify the most at risk offenders for increased supervision, and restoration of driving privileges has been very successful, reducing recidivism and jail population, as well as collecting significant unpaid fines for the state and returning drivers to legal, and insured, status.

In addition to our active Drug and DUI Court dockets, we have received funding to double the size of our therapeutic docket, which has produced significant results in reducing the recidivism of repeat offenders with serious mental health diagnoses...

The establishment of a full time sentencing advocate has provided the office with a much needed centralized expertise on available treatment services, and an efficient liaison with families and support networks.

This office has made a priority of improving its pretrial and bail advocacy, based on the overwhelming data correlating even a slight delay in release of low-risk arrestees with higher recidivism, and increase in risk level. We make full use of well-validated Virginia risk assessment tools to argue for the early release of our clients on bail, with pre-trial supervision if necessary. Again, use of risk assessment and early release lead directly to reduced recidivism, savings of public money, and compliance with the presumption of innocence.

A comprehensive reentry program has been established through the efforts of a committee overseen by the local Probation and Parole office (District 12). This office was actively involved in that process. Numerous local stakeholders in the broadly defined criminal justice field sat on the committee. In addition to this office, representatives from the CSB, the misdemeanor probation office, the jail and local DOC facilities, ex-offenders, and local churches and community groups took part.

Housing and employment were identified as key initial factors in the success of recent releases. Consequently, representatives from local shelters and housing programs, and state and private employment services were involved in the process. A grant was applied for to hire a full-time director. In the meantime, the jail and probation are providing the management of the program. Involvement for participants begins before release for jail inmates, and upon reporting to District 12 for DOC releases.

Grants have been received to triple the number of hours of mental health services at the local jail for all inmates, with the establishment of a mental health ward for the most severely impaired who can't be released to the community.

Active Drug and DUI court programs in the area also have significantly contributed to reducing recidivism among a traditionally intransigent abuser population. Representatives from this office sit on the boards of both programs.

Efforts by this office helped revive a defunct Juvenile Restorative Justice Program, supervised by staff from the local misdemeanor probation office. The program targets young first offenders, and has statistics to show that participants have a significantly lower recidivism rate compared to traditional juvenile probation.

The local re-entry council, which includes two members from the Public Defender office, continues to hold open house type events in the local community to try to identify recent releases, and make them aware of the various educational, housing, mental health, substance abuse, and employment services that are available locally. In addition, the local prison has begun holding periodic reentry fairs, to introduce soon to be released prisoners to the same services.

The local jail holds mandatory reentry counseling for all inmates nearing release. In addition to the above needs, the simple possession of proper identification has been identified as a

key element to successful transition. Thus, a program has been established with the goal of insuring each released inmate has at least a state ID card. This is vital to getting housing, meds, etc. The local community services board has established a program to ensure that inmates with mental health needs can transition without a break in treatment to outpatient supervision.

An active Restorative Justice program continues to divert appropriate first-time and young offenders out of the criminal justice system and jails at an early stage.,

Suffolk PD Office

In Suffolk we do not currently have any formal re-entry efforts. My sentencing advocate attends bi-monthly mental health support meetings at the Western Tidewater Regional Jail. The focus is on clients either awaiting trial, or awaiting transfer to a state hospital for either forensic evaluation or restoration services. For local inmates pending release, the sentencing advocate will occasionally be involved in setting up the home plan for the client.

The only other area where our efforts can be classified as being involved in re-entry involves assistance in getting proper state ID. My sentencing advocate has assisted numerous clients obtain their birth certificates, which is often a prerequisite to getting a state issued picture ID.

Virginia Beach PD Office

Staff from this office serve on the Juvenile Detention Alternatives Initiative (“JDAI committee”) – more specifically, the Public Defender serves on the executive committee. The committee includes representatives from various agencies (including the Commonwealth’s Attorney’s Office, City Attorney’s Office, Court Services Unit, Department of Social Services, and Police Department) and meets quarterly. Specific approaches of the initiative include working to reduce unnecessary delays at each step of the juvenile court process, providing alternatives to detention for youth whose risk can be moderated by program participation, and ensuring proper conditions for youth in custody. Reentry issues are also an important part of this group.

This past year the Public Defender has also been working with the Circuit Court (and many others) to develop and implement a drug court program – as an alternative to lengthy incarceration periods for severely addicted individuals. It is anticipated that this will begin operating in the spring of 2017. Similarly, our office is involved with the implementation, again in circuit court, of a mental health program to aid clients in remaining on their medications and avoiding recidivism. We are also involved with the GDC mental health docket that ensures that clients with mental health issues are seen, evaluated, and transported, if needed, as quickly as possible to the hospital.

Our sentencing advocate has created an advocacy resource folder that is full of programs as alternatives to incarceration with computer links for use by attorneys. Many of the juvenile resources are evidence based practices and some are from evidence based mapping. The reentry goals are reviewed by our sentencing advocate in the search for alternatives to incarceration and for continued treatment and services after reentry. Additionally, our sentencing advocate attends some of the Virginia Beach adult correctional services staff meetings and this, along with ongoing reviews and discussions with Adult Probation & Parole and Juvenile Court Service Unit staff, helps refine our use of their services to support any reentry treatment goals and service plans.

Finally an attorney in our office, who functions as our mental health expert, has been involved in multiple programs/organizations that focus on reentry. Although her specialty involves coordination of

mental health alternatives, she has also worked on finding programs for the homeless and the drug and/or alcohol addicted.

In the past, the office has participated in a “Reentry Town Hall Meeting” sponsored by the Virginia Beach Reentry Council. – A collaboration between Adult Probation and the Virginia Beach Human Services Department. Although there was no “Town Hall Meeting” held this year, I have reaffirmed to the Reentry Council our continued interest in actively assisting them with any of their ongoing programs concerning reentry.

Winchester PD Office

The Public Defender is a member of and/or attends several regional boards, workgroups and committees looking at various issues affecting mental health, substance abuse, and re-entry in the areas served by the Office of the Public Defender. The workgroups and committees are the Northern Shenandoah Valley Re-Entry Council, the Northern Shenandoah Valley Substance Abuse Coalition, and the Juvenile Court Best Practices Committee. In addition, the Public Defender is a member of the Community Criminal Justice Board and the ASAP Board, and serves as vice-chairman for both boards. These groups help foster collaborative efforts with other agencies such as DSS, Probation and Parole, Pre-Trial Services, the regional and local jails, court personnel, local hospitals, and private mental health and substance abuse treatment providers. These groups meet monthly and/or quarterly and explore how to access various services in the community. The major barriers involve funding and fragmentation of services. These groups have addressed these barriers by meeting regularly and sharing information among the various participants concerning available services.

The Northern Shenandoah Valley Re-Entry Council continues to meet every other month and has created a website to assist offenders reentering the community. The Council is planning a job fair at the local regional jail with local employers to assist offenders with employment opportunities. The Council also held a seminar for local employers to provide information and materials on the hiring of ex-offenders, the federal bonding program, and state resources that are available. The Public Defender serves on the Mental Health Sub-committee of the Council and has helped develop a referral and release form, as well as a flow chart to help with the referral and re-entry process. Efforts continue to reach out to the faith-based community to help with a mentoring program. A major barrier for the Council has been a lack of resources and coordination.

The Public Defender serves on the board of the Northern Shenandoah Valley Substance Abuse Coalition to address the heroin epidemic that has gripped the Northern Shenandoah Valley. The organization has incorporated as a non-profit corporation and has received 501(c) (3) status from the Internal Revenue Service. The organization is made up of representatives from all sectors of the community affected by substance abuse, including law enforcement, the local Community Services Board, private substance abuse treatment providers, the local school systems, the court system, local hospital system, and concerned citizens. The Public Defender was a part of the effort to establish a drug treatment court to serve the City of Winchester and Counties of Clarke and Frederick. That drug treatment court was approved by the Virginia Supreme Court in April 2016, and held its first docket in August 2016. The Coalition was successful in obtaining initial funding from the three localities and Valley Health Systems to start the court. The drug treatment court also was awarded a planning and implementation grant from the Bureau of Justice Assistance in September 2016. That grant is in the amount of \$350,000 and runs for three years. Barriers to efforts to maintain the drug treatment court are the cost of treatment and sustainable and adequate resources for the future.

The Juvenile Court Best Practices Committee continues to meet and address various needs of juveniles and their families. The Public Defender's Office participates with the Committee and has attended programs sponsored by the committee. The Juvenile Court Best Practices Committee has implemented a system of referrals using court orders for those organizations under the jurisdiction of that Court. Barriers to these efforts include sustainable and adequate resources for the future.

Virginia Parole Board

The Virginia Parole Board has served approximately 4000 offenders in the last year.

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

Karen D. Brown, Chairman, is a member of the Re-entry Council.

The Parole Board, in cooperation with Department of Corrections, grants parole conditioned upon the successful completion of the VADOC re-entry program. The offender is not released until he/she completes the entire five-month program. The VADOC places the offender in the program as soon as space is available rather than waiting until an offender is close to his/her mandatory release date. Of those offenders that have been released after completing the program, all are still in the community.

Please describe any pending or upcoming collaborative efforts that involve your agency.

The Department of Corrections continues to allow the Virginia Parole Board access to its resources and facilities. The VADOC also provides training to Board Members on various aspects of the Department's operations including but not limited to offender programs, community releases, sex-offender treatment, offenders' medical care, interstate compact procedures, criminal records, and sentenced-time computation. The Parole Board provides training to VADOC employees as well to enhance understanding of their own procedures. To enhance the Board's decision-making process, the Department of Corrections has agreed to calculate current sentencing guidelines for the parole eligible population. Available guidelines will be an additional factor for the Board to consider.

Please describe any past or current policy-level barriers to collaboration and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

As the Virginia Parole Board and the VADOC review geriatric offenders for parole consideration, the primary barrier is the lack of any public assisted living/nursing home facilities able to assume care of this population.

DATA AND INFORMATION

Case Information

Please describe any improvements or updates made to your agency's information system in the last year.

The Parole Board uses and relies upon the Department of Corrections' CORIS system. The CORIS system was updated to automatically generate geriatric eligible offender cases for review.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers, in order to maximize your agency's current information system, have been implemented over the past year?

The CORIS system has some inadequacies for which changes are necessary. However, that system cannot generally be changed by VADOC IT staff and the changes require modifications by the vendor of CORIS under its contract with VADOC. The cost has proven to be very expensive and beyond the ability of the Parole Board to pay.

Virginia State Police

DATA AND INFORMATION

Case Information

Please describe any improvements or updates made to your agency's information system in the last year.

Additional court dispositions have been researched and added to the Criminal History Record Information (CHRI) system; thereby, making more dispositions available nationwide.

What has been the impact to date of your agency's information system on the collaborative sharing of case-level information between agencies?

The availability of Virginia criminal history information which is forwarded to the FBI, III (Interstate Identification Index) and the National Instant Check System (NICS) is utilized for the purpose of approval/denial of firearms purchases/transfers to prohibited individuals. In addition, the criminal history records maintained by Virginia and contributed to the FBI, are accessible for making informed decisions concerning employment and allowing access to the vulnerable population.

The Department of State Police also shares criminal investigative file information with the FBI's National Data Sharing Exchange (N-DEX).

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers, in order to maximize your agency's current information system, have been implemented over the past year?

Continue to add additional correctional status information and disposition data daily

System Information

Please describe any improvements or updates that have been made to your agency's information system in the last year.

The Department began converting 40 million Central Criminal Records Exchange images from microfilm and microfiche to digital format for preservation and faster retrieval of documents.

What has been the impact to date of your agency's information system on the agency's ability to track offender characteristics and outcomes?

Not applicable to this agency, but the criminal history record system provides data for tracking agencies

Please describe any past or current gaps in your agency's information system and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

Continue to work with the courts to improve disposition reporting with enhanced technology and the use of grant funding for research. The Department continues communication with the courts, magistrates and local law enforcement agencies to educate them on the causes of disposition errors and how to improve disposition reporting.

Have there been any changes to the "master plan" for improved data systems? If so, please describe them below and include the lead agency and that agency's single point of contact.

A new criminal history record system was implemented by the Department of State Police in October 2016. The previous Legacy System was antiquated while the replacement system is robust and will provide increased functionality.

Have there been any changes/updates to data elements related to offenders (e.g., whether an offender is on probation/parole, whether the offender committed a misdemeanor or felony, etc.) that can be identified by your agency? Please describe any new data element(s) that provide additional offender-related information.

Continue to update criminal history records with correctional status information. The new criminal history record replacement system will allow additional offender information to be displayed, such as the restoration of firearms privileges.

Conclusion

This overview of re-entry services shows many varied and effective collaborations in the Commonwealth during fiscal year/calendar year 2016. Not all agencies experienced notable changes during the reporting period; however relationships focused on effective offender-reintegration continue to be strengthened. The result of this increased collaboration has been innovative and creative use of resources available to those individuals transitioning to the community.

Continuing to consistently approach re-entry needs in the spirit of collaboration and combining resources, the Commonwealth is able to provide services to offenders from the time of their arrest to their release into the community. To continue the facilitation of this seamless re-entry process, funding and policy barriers must be addressed in a timely manner. The most successful programs should be identified and replicated throughout the Commonwealth.

An increase in accurate data collection is imperative to assist Virginia in its program evaluation techniques and fidelity measurements of statewide initiatives. This will ensure available funds are targeted toward effective programs and re-entry needs. Performance measurement tools are an integral part of successfully incorporating the most effective resources into our facilities and communities to have positive and significant impact on adult offender and juvenile re-entry.