

Status Report on Offender Transitional and Re-entry Services

Office of the Secretary of Public Safety



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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, physical or a combination of both 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 225 individuals were benefited by the SOAR program for State Fiscal Year 2016.

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 197 inmates, who were pending release, had their applications processed last state fiscal year. Additional information on the DDS SOAR and Prerelease programs can be obtained by contacting Teresa Sizemore-Hernandez, Professional Relations Coordinator at Teresa.Sizemore-Hernandez@ssa.gov.

Employment/Job Training

DARS had 1010 ex-offenders with disabilities who applied for vocational rehabilitation (VR) services in federal fiscal year 2017, of these 1010 applicants, 922 were found eligible for services. An additional 139 ex-offenders who applied prior to FFY 2017 were found eligible to receive VR services in 2017. These services ranged from job training, job development to purchasing uniforms and equipment that enabled them to start employment. During the year, 420 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. Free online training is offered for many Education and Prevention programs including alcohol responsibility training for sellers/servers and managers/owners of Virginia ABC licensees. Alcohol education and prevention information is available via free publications and toolkits downloadable from the website or ordered for free. ABC now offers access to a publications series that spans all age groups and is accessible for free through online PDF and online ordering. 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 underage 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 is working to provide educational materials and training to those that are 21 and older in an effort to decrease social providing and high-risk drinking while also increasing product knowledge and healthy lives.

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?

Since 2015, we have conducted a biennial needs assessment at 4-year private and public institutions of higher education and community colleges in order to identify past and current gaps. As a result, we launched our new program, Higher Education Alcohol and Drug Strategic Unified Prevention (HEADS UP) that provides strategic initiatives, resources and capacity building to address the identified gaps.

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 FY17 a total of 11 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 FY17 a total of 533 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 585 individuals were admitted to DBHDS facilities in FY17 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.

The following chart shows the number of individuals receiving services from Community Service Boards (CSBs) who are somehow justice involved. CSBs provide publically funded (local and state funded) behavioral health and developmental services to individuals in need. DBHDS has provided training and technical assistance to CSBs on the Risk Need Responsivity model of risk management.

ReferralSourceCode	ReferralSource Description	FY2015	FY2016	FY2017
11	Local Correctional Facility	3485	3651	4104
12	State Correctional Facility	722	694	668
13	Local Community Probation and PreTrial Services (formerly CDI)	793	696	710
14	Probation	11293	11358	11546
15	Parole	504	598	744

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. The resulting recommendations of this Transformation Team have been published and shared with the General Assembly and various stakeholder agencies throughout the Commonwealth.

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

1. **Revision of Memorandum of Understanding** between DOC, DBHDS, and CSBs was finalized in FY16 and is currently in need of renewal.
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. Between FY15 and FY17,, a total of 7 new "re-mappings" were facilitated by DBHDS.
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 36 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. Five new sites were funded for FY17. The program has continued to expand and in FY17 33 programs operate 38 CIT Assessment sites throughout the Commonwealth.
 - c. The CIT Assessment Site Coordinator at DBHDS provides technical assistance to the 39 CIT Assessment Sites. He also works with the CIT Coalition to attempt to bring uniformity to CIT operations.
 4. **12 CSB site Jail Diversion Program Initiatives** continued to receive support and provide data on outcomes at all intercepts, including re-entry. Additional one-time funding was provided to two CSB sites, to assist with the initial planning phase of their jail diversion efforts.
 5. **DBHDS and the State Compensation Board (SCB) collaborated on the development of the July 2017 annual Mental Illness in Jails Survey.**
 6. **DBHDS participates in the Secretary of Public Safety's Evidence Based Decision Making workgroup.**
 7. **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 FY16, DBHDS issued a report to the General Assembly titled *The Essential Elements of Mental Health Dockets in Virginia*, developed through collaboration with a multi-agency, multi-discipline group of stakeholders. Also in FY16, DBHDS hosted the "Virginia Summit on Risk-Needs-Responsivity: Enhancing Outcomes for Persons with Mental Illness in the Criminal Justice System." In FY17, two pilot sites were selected to receive a portion of this grant funding, in order to expand their Mental Health Dockets and report outcome data to DBHDS.
 8. **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 from FY15-FY17 to facilitate the development of an MOU and to discuss the logistics of making this data transfer possible. This MOU has been finalized and the planning for the exchange of data has begun in FY17. Work on this will continue into FY18, with the hope that DBHDS will access criminal justice outcome data on participants in the agency's 12 CSB jail diversion programs.

9. **DBHDS Serves on the Executive Committee of the Center for Behavioral Health & Justice.**
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. This can include improving release planning for individuals with SMI releasing from jails/prison.

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

1. **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, and the Virginia CIT Coalition (VACIT).
 - b. Five new CIT Assessment Sites were funded for FY '17.
 - c. DBHDS continues to administer the annual CIT inventory and develops annual CIT status reports.
2. **Twelve CSB site Jail Diversion Program Initiatives will continue to receive support and provide data on outcomes at all intercepts, including reentry.**
3. **DBHDS and SCB will collaborate on development of the July 2018 annual Mental Illness in Jails report to the General Assembly.**
4. **DBHDS will continue to participate in the Secretary of Public Safety's Evidence Based Decision Making workgroup.**
5. **DBHDS will continue to offer one-day Cross-Systems Mapping workshops** to localities upon request. In FY15-17 DBHDS conducted 7 "re-mapping" workshops.
6. **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 was hosted by DBHDS. Commonwealth's Attorneys, Public Defenders, Community Corrections Directors, CSBs, and District Court Judges attended. Additionally, DBHDS has selected two sites to expand existing Mental Health Dockets in their localities. Data will continue to be collected for analysis of the impact of these programs on criminal justice and clinical programs.
7. **DBHDS will continue efforts to collaborate with SCB around data sharing,** 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.
8. **The Center for Behavioral Health and Justice will continue its work on priority areas outlined in its Strategic plan, which include improving jail/prison release planning.**

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 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 FY17 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 FY17 to finalize 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, medication assisted treatment for opioid addiction, 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 36 CIT initiatives across Virginia. 33 programs operate 38 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.

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

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 successfully implemented a peer certification process, in collaboration with the Department of Health Professions and DMAS. Peer certification will elevate the role of peers with 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 addressing the new requirements for 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. DBHDS in conjunction with DARS supports vocational counseling at 20 of the 40 CSBs.

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 SUD services to offenders and others 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 remained at the same level for several years. 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.

A collaborative effort with VDH has increased the number of prescribers who can utilize buprenorphine in the treatment of opioid use disorders. In addition, DMAS' implementation of the Addiction, Recovery, and Treatment Services (ARTS) initiative on April 1, 2017, allows Medicaid reimbursement for a broad range of services for Medicaid enrollees with substance use disorders.

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. As a result of enactment of the 21st Century Cures Act, Virginia received a \$9.7 million grant for one year in 2017 to address the opioid crisis in Virginia. A significant portion of this grant (\$5 million) will support improved access to medication assisted treatment and other clinical supports in areas service by 18 CSBs. Individuals with criminal justice involvement are included in the target group.

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. These recommendations have been published and shared with the General Assembly and various stakeholder agencies.

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.

Any 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.

Any 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 continues to fund 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.

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 Prison Fellowship, 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 and will soon operate at St. Brides Correctional Center in late 2017.

Barriers: Because of the faith based nature, the program is voluntary and may appeal only to persons of Christian faith.

Gaps: As the program is faith-based, offenders must volunteer for the program instead of being assigned. The capacity is only 20 offenders at Deep Meadow but will offer up to 80 offenders at St. Brides CC once the program is operational.

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 use portable equipment to process transactions for individuals and groups who may not otherwise have access to DMV. Examples include assisted living facilities, homeless shelters, VA hospitals, and areas hit by natural disasters. The program started in 2012 as a partnership with VADOC 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 August 2017 the DMV Connect program has been successfully implemented with DMV issuing 20,000 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 33 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 120 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 Virginia Department of Veterans Services (VDVS) assists justice-involved veterans through diversion efforts in jurisdictions such as veteran dockets, during incarceration, and upon release to connect veterans to services in the community. VDVS Benefits staff partners with VADOC to assist incarcerated veterans with benefits claims development and technical assistance, as needed. VDVS Virginia Veteran and Family Support (VVFS) also assists veterans being released from VADOC by providing care coordination, resource connections, and support.

In addition, VDVS participates in VADOC resource/reentry fairs and other outreach initiatives for justice-involved veterans. VDVS is also a member of the VADOC Incarcerated Veterans Quarterly Stakeholders group which meets to discuss issues and services for incarcerated veterans. The VDVS Veteran Criminal Justice Coordinator collaborates with VADOC to address gaps and barriers for justice-involved veterans. VDVS works closely with the VA, veteran service organizations (VSOs) and other local, state, and federal partners to provide a comprehensive network of services to justice-involved veterans.

Barriers: VDVS Benefits staff are not always able to fully complete an incarcerated veterans VA benefits claim due to the lack of compensation and pension (C&P) exams being performed by the VA on incarcerated veterans which delays processing time for VA benefits or results in claim denials.

Gaps: Due to a lack of VA benefits upon release, veterans experience a gap in connection to services and healthcare upon release from incarceration.

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. As a result of action taken by the 2017 General Assembly, DMAS was tasked with convening a workgroup to come up with recommendations to streamline the application and enrollment process for Medicaid for incarcerated individuals. The workgroup is made up of a diverse group of stakeholders including VADOC, VDSS, Department of Juvenile Justice, State Compensation Board Department of Behavioral Health and Developmental Services, local and

regional jails, behavioral health advocates and health plans. The group has developed a set of recommendations for improving the process for accepting and processing applications for both Medicaid and GAP and will include those recommendations in a report due to the General Assembly on November 30, 2017. Also included in this report will be estimates of the funding needed to implement the proposed recommendations.

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

If recommendations outlined in the report due to the General Assembly in November 2017 are moved forward and funded, a more efficient application submission and eligibility determination process will be put in place that will allow for greater access to services for eligible offenders.

Gaps: The current process works well, but does have gaps in that not everyone who could potentially be eligible for Medicaid or GAP has the process for eligibility determination started prior to release from the correctional facility. If the new process identified above is approved and implemented, more individuals will have the ability to apply for coverage prior to release.

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 Green Rock 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 Coffeewood 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 Meadow 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 Skillsource 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 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 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, contracted with a company to provide services and hopes to pilot in late 2017 or early 2018 once security issues are resolved.

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% albeit with a smaller number of offenders, much lower than the overall VADOC recidivism rate of 22.4%. However, they require longer duration and intensity of treatment for offenders than those offered to general population offenders who complete the intensive reentry program.

For offenders assessed with a moderate need for substance abuse treatment, the MATRIX program has just been modified to remove faith-based references. The MATRIX model is provided as a treatment group within the Intensive Re-entry Programs as well as in most DOC institutions.

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 Prison Fellowship to operate 2 faith-based re-entry preparation programs that includes mentorship for the year following release. One is offered currently at Deep Meadow and the second will operate at St. Brides CC beginning in late 2017.

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 741 new victims in FY2017. Our automated notification system provided 7,894 phone calls, 5,219 emails and 6,345 letters. Over 1,428 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 is 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 has 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 delivered a Victim Impact Program (VIP) Facilitator Training in January 2017 in collaboration with the DOJ Office for Victims of Crime. The programming created 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 has implemented a gender specific version of the COMPAS Risk and Needs Assessment instrument designed for female offenders in 2017.

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

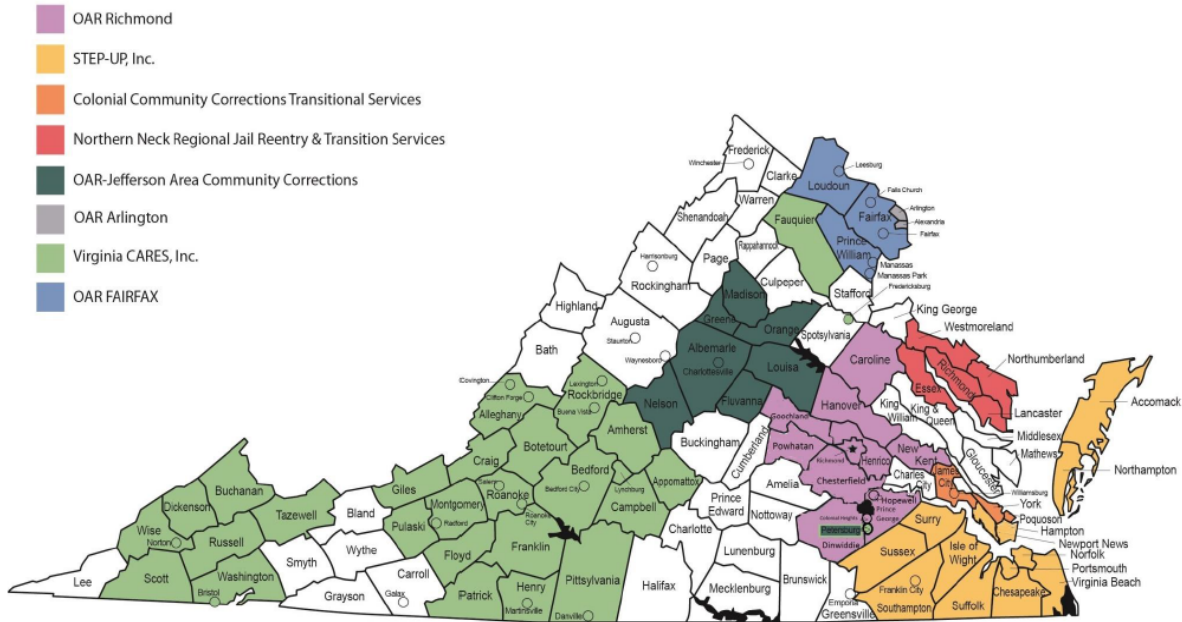
Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

The Department of Criminal Justice Services (DCJS) administers funding to nine Prerelease and Post-Incarceration Services (PAPIS) programs. PAPIS programs currently receive a state appropriation for reentry services totaling \$2.3M, and serve 96 of the 133 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 which are mainly located in the southern and western parts of Virginia).

DCJS continues to receive federal funds through the Virginia Department of Social Services for SNAPET (Supplemental Nutrition Assistance Program Employment Training) clients. DCJS distributes these funds to reentry program grantees as reimbursement for a portion of expenses programs incurred on behalf of eligible reentry clients.

PAPIS programs work closely with local community probation and pretrial agencies, state probation and parole, and local community leaders to provide a continuum of services that promote public safety and effectively utilize justice system and community resources.

According to data provided by the nine program sites, approximately 3,500 individuals received reentry services from PAPIS programs during FY17.



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?

Data sharing is often a barrier due to outdated or nonexistent management information systems. DCJS is providing technical assistance to PAPIS programs to facilitate better data collection and data sharing.

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?

While some programs have active collaborative initiatives, many are still working to develop and strengthen local collaborative efforts.

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.

During FY17, PAPIS programs collectively enrolled 1,766 clients in job readiness programs.

Housing

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

Either by directly providing the assistance, or through partnerships with various community organizations, PAPIS programs assist clients with housing, clothing, and other emergency transitional assistance. PAPIS programs provide emergency housing assistance or are able to direct clients to community resources that will aid in emergency or temporary shelter. During FY17, PAPIS programs assisted 1,075 individuals in obtaining permanent housing. During the same time period, PAPIS programs provided 1,471 individuals with clothing.

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.

In addition to administering funding for PAPIS programs, DCJS administers funding for Federal Residential Substance Abuse Treatment (RSAT) programs and Edward Byrne Memorial Justice Assistance Grant (JAG) funds.

RSAT programs provide residential substance abuse treatment for incarcerated inmates to prepare them for reintegration into the communities by incorporating reentry planning activities into treatment programs. The goal of the RSAT program is to break the cycle of drugs and violence by reducing the demand for use and trafficking of illegal drugs.

DCJS administers grant funding for RSAT programs at Riverside Regional Jail, Western Virginia Regional Jail, and twelve facilities operated by the Department of Corrections (DOC). In FY 17, 147 inmates received substance use disorder and reentry services as a result of RSAT programming.

DCJS administers Byrne grant funds for Loudoun County Community Corrections to provide substance use disorder (SUD) treatment for offenders under their supervision. This program will enter the second year of eligible funding in October, 2017. As a result of this funding, 33 local offenders were screened for substance use disorders and referred to treatment during FY17.

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/needs assessments can better direct clients to the most effective services. During FY17, approximately 800 referrals to mental health assessment and/or treatment were made by PAPIS programs.

DCJS awarded \$3.5 million in state funds to six regional and local jails to establish pilot programs to provide mental health services to inmates. The 18-month pilot program grants were awarded to Chesterfield County Sheriff's Office, Middle River Regional Jail, Western Virginia Regional Jail, Richmond City Sheriff's Office, Hampton Roads Regional Jail, and Prince William Adult Detention Center. Services include mental health treatment services, behavioral health services, case management, discharge planning, re-entry services, and transportation services for mental ill inmates.

Physical Health

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

As part of successful reintegration, PAPIS programs provide referrals for wellness and physical health services. PAPIS programs provide assistance to clients in obtaining healthcare services and insurance coverage. Several PAPIS programs offer educational and support programming such as information on physical health and personal wellness.

Family Reunification

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

Family relationships are critical to successful reentry, and can have an impact on a client's risk to reoffend. PAPIS programs utilize a standardized risk/needs assessment tool to identify and direct appropriate family intervention services for clients. Services include, but are not limited to, courses in parenting and family reunification.

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 FY17, 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 nearly \$64 million in state and federal funds to 441 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. 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 crimes experienced while incarcerated and crimes experienced at other points in their 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 homeless 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 continue to be 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 2016, there were 408 juveniles release from commitment of which 362 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 continues to build upon the strength of its 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), Department of Aging and Rehabilitative Services (DARS), 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 continues to work with our community partners (e.g., local departments of social services, secure juvenile detention centers and community based non profits) 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's partnership with the Annie E Casey Foundation, The Vera Institute for Justice and Justice for Families, continues through a Family Engagement Workgroup in collaboration with Bon Air's Student Government Association(SGA). The SGA consists of Bon Air residents selected by their peers to be a voice in their community. The groups meet monthly to develop an action plan that reinforces family engagement and connectivity.
- *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 to provide medical coverage upon release to the community and to provide 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:* Since last year, the partnership with DMV has expanded to include remote driver knowledge testing at Beaumont and Bon Air JCC and state ID issuance at even Juvenile Detention Centers (JDC). With remote driver knowledge testing, committed juveniles take proctored tests with DJJ employees on-site, eliminating the need to transport juveniles to DMV. Between the nine facilities (two JCCs and seven JDCs) served by DMV Connect, 217 committed juveniles received Virginia state IDs in FY 2016.
- *Reenrollment:* DJJ and VDOE work with localities to reenroll juveniles returning to a public school upon release from commitment.
- *Community Placement Programs (CPPs):* DJJ and local detention centers have collaborated to serve more youth in the local communities. The programs are highly structured, disciplined residential programs in the juvenile detention centers (JDC) for committed juveniles. CPPs are located regionally across the state so that residents will be closer to their home communities. CPPs focus on addressing specific treatment needs and risk factors and developing competency in the areas of education, job readiness and life and social skills. Services provided focus on risk factors that can be changed using cognitive behavioral techniques and tailoring services to meet individual needs. Programs use the Youth Assessment and Screening Instrument (YASI) for case planning to address criminogenic need areas. We have developed partnerships at the following JDCs to serve both male and female juveniles: Blue Ridge JDC, Chesapeake JDC, Chesterfield JDC, Merrimac JDC, Lynchburg JDC, Rappahannock JDC, Shenandoah Valley JDC, Virginia Beach JDC and Prince William JDC.

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

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 8.4 months, less than half of DJJ's actual average LOS.¹ 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.

¹ 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.

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

- *Reentry Grants:* DJJ received a federal Second Chance Act Reentry Initiative Planning Grant² 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. Funds were used to support a statewide Reentry Summit for all DJJ staff and partners involved in planning and treatment of juveniles returning to the community. Funds will also be utilized to develop housing for hard to place youth returning to the community.
- *Transportation to JCCs for Visitation:* DJJ's partnership with AFOI, James River Transportation, and VanGo Transportation has provided transportation to families in Manassas, Woodbridge, Hampton, Newport News, Norfolk, Portsmouth and Virginia Beach. From 7/1/16 – 6/30/17 there were 1,217 riders of which 225 were new riders this fiscal year.
- *Reentry Advocates:* DJJ has five 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.³ 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 reentry⁴ 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.

² 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.

³ An additional five CPP beds may be used at any CPP based on need and availability.

⁴ 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 and protective factors for court-involved juveniles. Orbis Partners Inc.⁵ was 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. July 2017 through September 2017, the Train the Trainer certification cohort delivered twenty-two 2-day Collaborative Casework I / YASI I sessions statewide. The training sessions will be followed by on-site quality assurance reviews and feedback sessions to prepare supervisors to provide on-going institute on-going quality assurance and coaching activities with their staff. In addition to YASI training, DJJ's Community and Residential Division's completed a joint training course entitled Core Correctional Practices. Participants included JCC Resident Specialists, JCC Community Coordinators, Court Service Unit (CSU) Probation Officers and CSU Probation Supervisors. The course, which was delivered by the University of Cincinnati, is intended to provide a common language and common set of practices and skills across divisions. Participants were taught brief, cognitive behavioral interventions that can be utilized as part of Probation/Parole supervision, but that can also be utilized in the correctional center setting. Those skills included the interventions Cognitive Restructuring and Structured Skill Building and the behavioral practices of Effective Reinforcement and Effective Disapproval. Following the basic training a small cohort of participants will be selected to participate in a Train the Trainer cohort

Evidence-based CSU Interactions:

As of June 30, 2017, 32 of 32 state operated court service units have received training on Effective Practices in Community Supervision (EPICS)⁴¹ an evidence-based structured approach to providing probation intervention, with a focus on restructuring risky thinking and teaching replacement, pro-social skills through modeling. Each of those court service units will continue to receive coaching to ensure proficiency and fidelity to the model.

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), Adoption, Child Care Assistance, Refugee Resettlement Services, Child Protective Services, Child Support

⁵ 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.

Enforcement, and conducting Medicaid and Family Access to Medical Insurance Security eligibility determinations. 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.

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

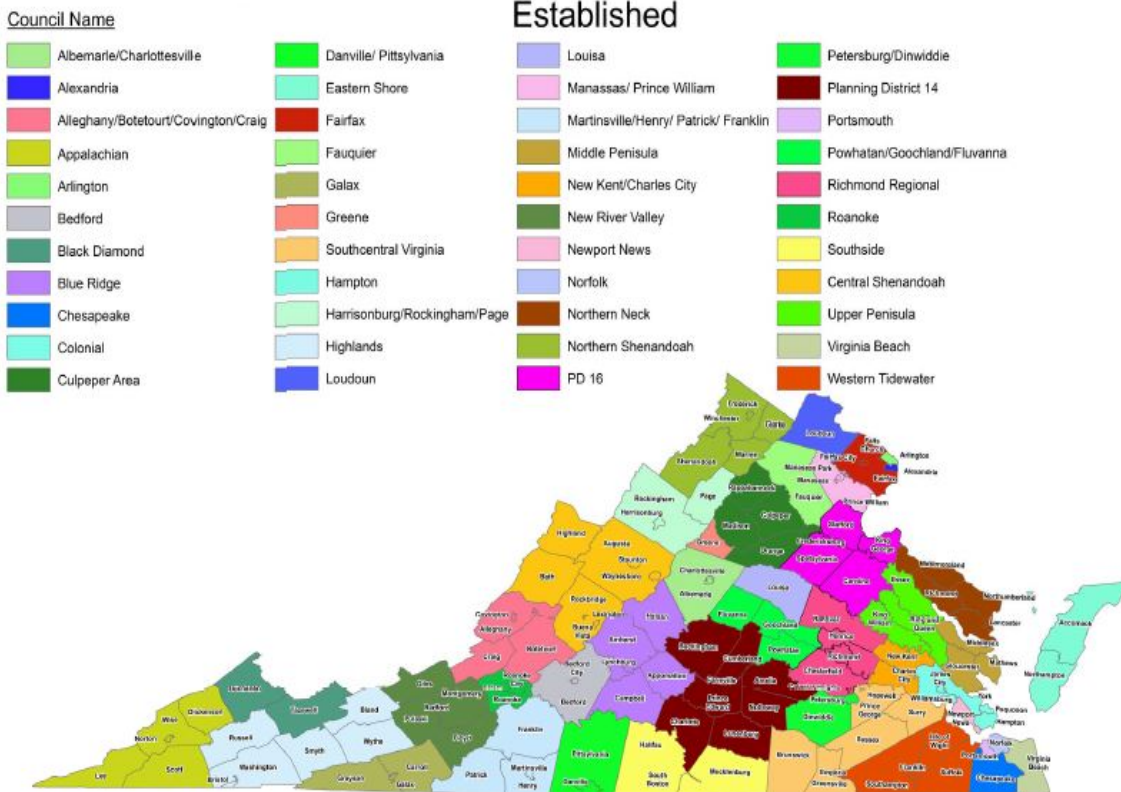
The Virginia Departments of Social Services, Virginia Department of Corrections, Behavioral Health and Developmental Services (DBHDS) and Department for Aging and Rehabilitative Services/Adult Protective Services Division developed and approved a recommended protocol to plan release by VDOC of a homeless 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. 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 the local jail (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 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 Correctional Services Advisory Board to the Sheriff. The Board is composed of representatives from various criminal justice agencies and from the business community as well as citizen representatives. 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. The Board recommends and supports 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 which is a valuable credential for former inmates seeking employment in the food service industry. The Board is exploring the possibility of providing CDL courses to incarcerated people as the first step toward becoming licensed upon their release. We are also exploring the possibility of adding data processing training for inmates to make them more competitive in the job market. The Board also sponsors employment fairs at the jail at which local employers come to meet with inmates and accept applications. Other life skills programming is also offered such as the thinking for change program. This is an evidence based program offered several times during the year.

We continue to focus upon the early diversion of clients with mental illness. Some clients are diverted pre-arrest by means of CIT officer intervention. Other are diverted through intervention of trained evaluators who assess the needs of people who are brought to the hospital emergency room on ECO's. We hope to divert these people through the use of community plans that connect them with outpatient services. Some mentally ill clients who have been arrested are diverted by the magistrate prior to advisement. 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 to insure our office is aware of their advisement date and can connect with them as soon as the office is appointed at the advisement. This allows for a seamless transition pre-trial. Early diversion of those who could be safely managed in the community results in better outcomes and less jail days. It also eases the process of re-entry upon completion of the criminal case. Communication and coordination in these cases is crucial.

Barriers – The office continues to face challenges when trying to connect clients who have challenging mental health and criminal histories with residential mental health services. Housing is a significant issue for many clients returning to the community. It can be a significant barrier to successful re-entry. We continue to work with other agencies and the CSB to address difficulties in securing the full range of services for the seriously mentally ill and those who have substance abuse dependency 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 jail and with the CSB staff to improve communication and divert clients as early as possible. Early intervention is crucial in helping all clients succeed in re-entering the community upon conclusion of their cases.

In addition to housing and residential treatment options, we struggle with how cases are prosecuted which involve mentally ill clients whose criminal conduct is the result of psychosis or who are suffering from psychosis during their interactions with police. We encourage police to refrain from seeking warrants for people who can be managed and stabilized through the mental health system. Too often clients who are psychotic have contact with police and are then arrested for assault on police based on minimal physical contact between the officer and the person during that interaction. More work should be done in terms of training and changing the culture amongst police to encourage and enable de-escalation these interactions with the assistance of trained mental health staff. Tragic consequences can and do result from the escalation of trauma and panic that can result from the force employed in an arrest of a person suffering from psychosis. We then see clients who become stabilized through mandated hospitalization, are then released to the community, and are served with an arrest warrant for assault on a police officer which occurred prior to hospitalization. The clients go to jail where they decompensate because of the jail experience. This results in more jail days served by the individuals and a more difficult re-entry upon conclusion of their cases because of the felony conviction.

Arlington PD Office

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.

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 2010. 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. OPD staff continue to serve on this committee and tries to attend when an OPD client is on the agenda. OPD, as a co-founder and adviser for the Re-entry 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, OPD'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. The Arlington County Re-entry Committee included District 10 Probation and Parole and the Offender Aid and Restoration (OAR) in its re-entry efforts. This addition has helped many inmates with substance abuse and mental health issues transition into probation successfully.

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 OAR.

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 of 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. OPD staff participates on the Re-entry Council. The Re-entry Council formed three subcommittees to address the Re-entry Committee, data collection and education and advocacy. The OPD intends to lead the Data Collection and Education and Advocacy subcommittees.

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

In 2011, Arlington created a pilot project, Project Exodus, for clients with severe mental illness (“SMI”) 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.

In 2017, Arlington created a Risk Need Responsibility Group known as the RNR Group. The goal is to enhance positive outcomes for persons with mental illness reentering the community through the use of evidence based practices. The group is comprised of DHS, OPD staff, CA's office, JDR probation, District 10 State Probation and CCU's Local probation. The group meets monthly at the OPD. Arlington recently purchased the RNR Simulator Tool from George Mason University's Center for Advancing Correction Excellence.

In addition staff from OPD serve and try to attend on Mental Health Criminal Justice Committee “MHCJRC”, the Community Service Board Mental Health sub-committee, the Mental Health Docket Committee, Drug Treatment Court and have Unified Shelter Meeting. All of these programs address alternatives or diversions at parts of the traditional criminal justice system or intercept model and re-entry programming. These stakeholders work together to assist in re-entry or diversion from the criminal justice system including but not limited to Crisis Intervention Training, diversion of defendants who are mentally ill from different intercepts of the criminal justice system, addressing treatment for substance addiction and housing first.

In 2017, Arlington agreed to transition a number of shelter beds into diversion beds for SMI/Criminal Justice involved homeless individuals.

Since 2015, OPD has been working with DHS to create bond diversion plans to divert defendants who are mentally ill from pretrial detention following the Sequential Intercept Map at intercept 2.5. OPD is involved with DHS for OPD clients’ jail diversion at the magistrate level under the Post-Booking Magistrate Project (“PBMP”) following the Sequential Intercept Map at intercept 2. We have had several successful jail diversions of people with mental illness at the magistrate or bond level. Through coordination between the magistrate or judge, the CSB and the OPD, we have been able to monitor cases of people who were diverted by the magistrate or judge so that we are aware of them prior to the court date to make sure the process of meeting with counsel for the first time is seamless. Communication and coordination in these cases is crucial.

Arlington was disappointed not to receive funding for a full time mental health diversion counselor to create jail 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 fewer jail days. However, creating appropriate plans is often too time-consuming within the current infrastructure.

In 2017, Arlington started the Arlington Addiction Response Initiative "AARI" to address opioid addiction in the community. OPD staff attends monthly meetings with representatives from local hospitals, treatment centers, sheriff, police, school and DHS. OPD continues to advocate for diversion and treatment instead of entry or incarceration in the criminal justice system for opioid substance addiction.

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. The Amherst Regional Jail has the interfaith life skills improvement course which is 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, 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.

Starting in January, 2017 the Bedford Office of the Public Defender has officially joined the Bedford Area Resource Council (formerly the Bedford Area Re-Entry Council) and has a representative present at each meeting so far this year. The BARC is comprised of representatives from the Department of Social Services, Probation and Parole, Sheriff's Department, Town Police, Horizon, Johnson Medical Center, School Board, Family Preservation Service of VA Humankind, Bedford Community Health Foundation and Lake Christian Ministries.

Our Sentencing Advocate, Renee Burkey, now receives updates on upcoming job fairs, transportation assistance (Bedford is, at long last, launching nw public transportation), available housing, food banks, and free adult education classes. Ms. Burkey has also this year gotten herself on DSS Director Andy Crawford's email chain for these regular updates.

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. It oversees the crisis intervention training the police department and 911 staff, as well as the crisis intervention assessment center. It provides an alternative for the police when dealing with mental health involved offenders.

Judge MacDonald, chief Judge of the General District Court, heads up a behavioral health docket. The office remains involved with the mental health criminal justice committee.

The Chesapeake Correctional Center offers a re-entry program for inmates close to their release dates.

The Hampton Roads Regional Jail started a Forensic Advisory Team to address their mental health populations many needs. Many agencies are involved including local Public Defender Offices and CSBs. It also has a CORE program, Community Oriented Re-entry.

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 number of participants has significantly expanded.

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, participate in and are part of the steering committee 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 six 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, NAMI, the Fairfax CSB 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.

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 are hoping to begin a mental health diversion docket as one of the components of the Diversion First program in Fairfax County. The Public Defender's Office continues to be a primary stakeholder in both of these programs. The Veteran's Treatment Docket has graduated multiple classes. 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 propel the Diversion First. 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. Between January and June 2017, 211 people have been diverted from the criminal justice system. While all of them are not clients, they potentially would have been but for Diversion First. 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. Additionally, the Diversion First efforts have provided additional resources at all stages of the process. This means that we can use these same resources to get our clients out of jail on bond and to ensure that they have services when they are sentenced. While the program is still in the data collection stage, it is clear that these combined efforts will reduce recidivism in the long run. 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 recently hired Sentencing Advocate has been working closely with Juvenile Probation and Adult Probation and Parole to help provide services for our clients. She also assists clients in researching alternative program options. With her previous experience as being a Probation Officer, she has formed

relationships with local jail staff and is able to assist our clients with questions in regards to mental health services, and questions concerning Probation and Parole, and providing clients detailed instructions as to their obligations in regards to Probation and the ramifications of revocation hearings.

The Public Defender's Office continues to participate with 5th Judicial District Community Corrections Program.

BARRIERS:

Being a rural community program availability, options, and funding have tended to be limited. In the 5th Judicial District, certain alternative program options have been phased out such as: Rubicon, The Healing Place, and the Southampton Memorial Hospital Detox Program. Our Sentencing Advocate is actively seeking new program options for our clients.

Fredericksburg PD Office

Our office serves clients in Fredericksburg City, and King George, Stafford and Spotsylvania Counties. The Fredericksburg office currently employs twenty full-time attorneys. The support staff includes two full-time Investigators, one Adult Sentencing Advocate, and a new part-time Juvenile Sentencing Advocate.

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 the Rappahannock Regional Adult and Juvenile Drug Court to address substance abuse issues. The heroin and opioid crisis are straining the resources available to the Drug Court. Local prosecutors have recently established quotas among themselves for how the approximately 90 positions in our Drug Court program will be allocated. The Spotsylvania Commonwealth's Attorney is permitting only heroin abuse cases to be referred to Drug Court. The Spotsylvania General District Court judge has begun regular consideration of clients for referral to the McShin Foundation a "peer-to-peer Recovery Resource Center."

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. 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.

RACSB has case workers assigned to the Rappahannock Regional Jail to assist clients with mental health issues coordinate services as they transition back to the community. The Sunshine Lady House, 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.

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.

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. A substantial part of the sentencing advocate's responsibilities involves re-entry by finding rehabilitation programs – primarily drug and 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.

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 goal of the program is to provide alternative sentencing to veteran's that includes medical care, counseling, and mentoring to avoid recidivism and incarceration. The Public Defender's office is working closing with the Circuit Court to establish an independent Veteran's Court apart from the Drug Court track. The new Veteran's Court will serve all veterans who are eligible without requiring a substance abuse issue. The office works closely with the VA Justice Outreach worker to secure treatment for veteran clients.

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 Hampton Sr. Sentencing Advocate continues to participate in the Re-Entry Council in Hampton. The Council meets once a month. The Sr. Sentencing advocate has built a rapport with the new Programs Coordinator for the Hampton Sheriffs Office. She has assisted clients by facilitating telephone interviews for local programs. This had been a barrier for clients in the past as the jail would not allow the attorney or advocate to assist with the interview. 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 Re-entry 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.

Both sentencing advocates are on the advisory team for the new C.O.R.E. program at the Hampton Roads Regional Jail. The CORE is a community oriented re-entry program designed to increase clinical and wrap around services to clients with serve mental illness (SMI). The program offers case management and discharge planning. The care plans are developed in partnership with the local CSB.

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. The office is 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.

The Warrenton office recently added sentencing advocate, Jessica Compton, to cover Fauquier and Rappahannock Counties. Jessica has been working with the community to find and utilize programs both in the community and those in surrounding areas as well to utilize to assist clients and cases. Jessica is working with the community organization PCR and attends monthly meetings to obtain new information about services offered to our clients and community such as PATH Foundation, CAYA, Verdun, Mental Health Association, CHADD, and many others. Jessica has also been scouting and reviewing rehabilitation facilities such as, McShin Foundation, Life Center of Galax, Mount Regis Center, Guest House and Bethany Hall, that would be available to clients and working with them to provide services to clients in preparation for sentencing and re-entry. There have been several clients to be successfully placed as a referral and/or recommendation of our office.

Jessica has started building a relationship with the local CSB's, Hospitals, Rehabilitation Centers, Schools, and Adult Educational services as well to work with them as the need for services and treatment is ongoing throughout their case through pre and post disposition.

Warrenton PD's office sits on meetings for the Path Foundation, PCR, Re-entry counsel, and is working with the courts in a new program being developed to assist in decreasing recidivism in the court system. Further Jessica has started working with the Adult and Juvenile Probation offices monthly to build a stronger relationship and has started working together for client's interest.

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. We continue 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 which targeted low risk drug offenders and placed them in the program which provides greater probation oversight, ended as a pilot program this summer when state funding was not renewed.

The Lynchburg Drug Court officially began in March 2017 after approval from the Virginia Supreme Court. The current model is limited to probation violators. With success in this program, we are hoping to encourage the Board to open Drug Court to other offenders who desperately need the services available and include those who would have participated in the Immediate Sanction Probation Program. The Lynchburg Public Defender serves on the Drug Court Advisory Board.

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 Public Defender attended the Pretrial Justice Summit with other area stakeholders to encourage implementation of the risk-based pretrial decision making process. Our area team has reviewed the Pretrial Risk Assessment Instrument and we are seeking to begin educating our judges. However, a current obstacle is the pending election of the Commonwealth's Attorney. That office will not commit to any new changes until after the election. We are committed to improving pretrial and bail advocacy and challenging long standing practices.

Martinsville Public Defender Office

Our office will continue to participate in the Offender Resettlement Journey collaborative meetings going forward. The Re-Entry Council which meets at District 22 Probation & Parole 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 has developed 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. STEP is in the process of establishing a collaborative with Patrick Henry

Community College and the New College Institute to bridge the educational gap experienced by returning citizens. This is to address one of the two greatest barriers identified by the Reentry Council: ability to drive and lack of educational opportunities.

The mentoring program for probationers who wish to have a mentor continues through the efforts of former Chief Tim Wood (now retired). 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 continue to be developed. The program at this time is voluntary.

In Henry County, construction of a new jail is anticipated, although the expectation is that ground will not be broken until 2018. 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 Mobility Management program, offered through the Southern Area Agency on Aging (Ms. Mandy Folman, Mobility Manager), offers a voucher program, the Miles 4 Vets program and the Mile 2 Volunteer Driver Program for in town and out of town transportation needs for not only the elderly but also for anyone in need of their transportation services.

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, mental health counseling and anger management. New this year is a six to eight month program offered at the City Jail by the Good News Jail & Prison Ministry, which adopts a 12-step model that includes an extensive Anger Management component.

Our Sentencing Advocate has contact all three local jails in an effort to establish a mechanism whereby incarcerated people can get their Federal benefits reinstated, either while they are incarcerated or upon release. She is now communicating with the Social Security Administration after all three jail administrators welcomed such an effort and agreed to assist with implementation.

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. This facility (ANCHOR Group Home) is in the process of extending their operating hours to cover weekends. 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

This office is involved in re-entry as a part of sentencing if the disposition of the case allows it. There is 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 Sentencing Advocate II is an active member of the new Hampton Roads Regional Jail C. O. R.E program for seriously mentally ill (SMI) clients and regularly attends the Advisory Board meetings. This grant funded reentry program is designed to assist SMI clients become linked to services, obtain benefits, and secure housing prior to release. The Sentencing Advocate II and a designated PD II are members of the Mental Health Docket Planning Committee for the Newport News General District Court. This team is working to establish a Mental Health Docket within the General District Court with the intention of reducing criminal activity and improving the quality of life of participants. The Sentencing Advocate II works in conjunction with the Newport News Sheriffs Department Reentry Program to assist clients with obtaining State Identification Cards while incarcerated. The Sentencing Advocate II established strong relationships with the Newport News City jail and jails in the surrounding jurisdictions to obtain information and arrange program interview calls in order to assist clients with obtaining sentencing alternatives and post release services.

The public defender personally attends every drug court staffing session to monitor the progress of the clients this office refers to that program.

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 was not awarded the EBDM grant, but the team continues to meet and collaborate even in absence of the grant funding. The re-entry docket still exists with the same success and barriers as was previously identified. The barriers are being addressed and certainly lessened in the past year, but work remains. Many RE-Entry programs exist in this area, outside of dockets, but subject to referral from probation and the courts, benefitting our community as well. Up center is just one of the agencies performing vital re-entry functions.

Petersburg PD Office

The Petersburg office is connected with community partners to support returning citizens who are in need of re-entry services in the local area. When resources are limited in the immediate area, the Petersburg office identifies and partners with agencies outside of the local community (yet accessible) to meet the needs of returning citizens.

The Sentencing Advocate is an active member of the Petersburg/Dinwiddie re-entry council and co-chairs the employment and workforce development subcommittee. The council meets quarterly and promotes re-entry strategies for adult and juvenile offenders. There are several targeted areas the council seeks to address such as: employment and housing, substance use, mentoring, and anger management.

As part of the effort to bring needed resources to the Petersburg community, the Public Defender has been invited to join a panel to research the possibility of establishing a Drug Court program in Petersburg. The Deputy Public Defender continues to work on ways to revitalize the mental health court in Petersburg in an ongoing effort to address the mental health concerns of some of our returning citizens.

The Petersburg office also works diligently with the probation department, providing services for adults and juveniles and seeking out and developing suitable alternatives to confinement and services for adult and juvenile offenders as they return home. The Petersburg office is also home to Kimberly Gretes, who serves as the Senior Public Defender in the field of juvenile advocacy. Ms. Gretes is the current co-chair of the Petersburg Juvenile Detention Alternatives Initiative (JDAI) committee and she attends their state leadership meetings. In the summer of 2017, Ms. Gretes attended the National Institute for Trial Advocacy's training on trying a Miller/Montgomery resentencing case which addresses developing re-

entry plans for juveniles who have been imprisoned for long periods of time. Ms. Gretes will share the insight she has gained from this training with other Indigent Defense Commission offices throughout the year.

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 alternatives to incarceration.

Our jurisdiction has 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.

Portsmouth Behavioral Health Care received a grant (Mental Health in Jails Pilot Program or C.O.R.E – community oriented release) for re-integrating inmates with mental health issues from jail facilities back into the communities with services in place. We actively participated in planning and hiring for this program. We continue to work with Behavioral Health Care and Hampton Roads Regional Jail Authorities to identify individuals, who are in need of, and who meet the “legal” criteria for those suitable to the program.

While Portsmouth did not receive a grant or funding for a Mental Health Court, we have discussed with the Courts and other players the possibility of establishing a separate mental health docket which would allow the Courts, and other agencies to recognize and address the specialized issues that arise when dealing with individuals who have mental health issues..

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

The Public Defender's office participates in Richmond's Community Criminal Justice Board. The purpose of the Richmond Community Criminal Justice Board (RCCJB) is to allow the City Council of the City of Richmond greater flexibility and involvement in responding to the problem of crime in the City; to provide more effective protection to the citizens of the city of Richmond; to promote efficiency and effectiveness in the delivery of community criminal justice; to permit the City of Richmond through this Board, to establish policies that structure programs which will assist judicial officers in discharging their duties and meet the needs of selected adult offenders; and to approve funding sources that support programs engaging in pre - and post-trial services

Richmond's Evidence-Based Decision Making work group was not selected as a recipient of federal funding to continue working on pre-trial diversion, however the workgroup continues to meet to proceed with pretrial diversion initiatives and to determine the validity of programs used by the courts as alternatives to incarceration. This fall, the Literary Diversion program will begin to identify individuals in General District Court to participate in a semester long program in conjunction with Virginia Commonwealth University. Both participants and students will participate in a writing class on the University's campus. Successful participants will have their charges dismissed or reduced.

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. The Public Defender serves on the steering committee for the larger collaborative. We continue to participate in weekly JADI meetings to review

the status of juveniles held in detention, to secure their release as soon as possible through detention review hearings and placement in appropriate settings.

We represent all juveniles placed into the Juvenile Behavioral Health Docket, formerly the juvenile drug court. We participate in pre-court staffing meetings to discuss our client's progress and attempt to minimize the imposition of sanctions.

Public Defenders also 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. DAP also provides pretrial supervision to clients who are not incarcerated prior to trial, including Home Electronic Monitoring. We confer with the program administrators whenever an issue arises between the courts and the program.

We refer clients in need of mental health and substance abuse services to Richmond Behavioral Health Authority, Richmond's CSB. RBHA has recently introduced a rapid entry system for client's who are not incarcerated to quickly receive services. Treatment in one of their programs, both inpatient and outpatient, is frequently presented at sentencing as an alternative to incarceration.

In General District Court, the Mental Health Docket serves individuals who are in need of mental health services. 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. Richmond's sheriff has said that the jail is being used as a mental hospital and this docket has enabled us to keep clients out of jail and provide them with services and supervision.

In Circuit Court, the Public Defender's office is working with the Commonwealth's Attorneys, DAP, District One Probation, RBHS, the CCJB and other stakeholders to develop a Mental Health Docket. We are participating in the planning and implementation of this pilot project, as required by the Virginia Supreme Court. Initially, the pilot will only accept 10 participants. This is being done without any additional funding for any of the stakeholders. The goal is to produce data to show that participation in the docket reduces recidivism and community safety, in order to obtain funding from State and Federal sources to expand the scope of the program.

The Richmond Sheriff's Office recently received a grant to start a Mental Health Pilot Program inside the jail. The program gives individuals (only males for now) with mental health disorders the opportunity to work with Licensed Clinical Social Workers, Reentry Coordinators and upon their release, a Community Case Manager, to reduce their recidivism rates. Individuals participate in Cognitive Behavioral Therapy and Trauma based groups, as well as one on one therapy. Participants live in their own pod in the jail, out of the general population. The grant pays for medications, housing, food vouchers, transportation

and works with individuals to complete their applications for disability benefits. Clients with a mental health diagnosis can be court ordered into the program.

We refer our recently released clients to Opportunity, Alliance and Reentry in Richmond, (OAR). OAR serves individuals who have been released from incarceration within the past six months. They offer a plethora of services including re-entry case management, job preparation, resume writing, computer skills, bus tickets, advocacy, obtaining driver's license and state identification card (birth certificate and social security card), resume writing, addiction recovery meetings, multiple classes (anger management, parenting, responsibility, life skills) and more.

The executive director of OAR convenes the Richmond Regional Reentry Council, which meets quarterly to cover reentry issues such as Education/Employment, Housing, Health/Substance Abuse, Juvenile Justice, etc. The City of Richmond has its own Reentry Council, which includes the public defender, that meets monthly to examine best practices in reentry, employment/education and housing. The goal for 2017 is to develop a resource spreadsheet so that all stakeholders know what services are available in the city.

The Public Defender participated in the Virginia Pretrial Justice Summit to learn about the national and state research and trends supporting Virginia's approach to risk-informed pretrial decision making. Stakeholders shared their experiences in implementing effective pretrial justice systems throughout the state. The Richmond stakeholders met as a subgroup to plan steps to successfully implement these key components of a pretrial justice system in the city.

Our mitigation specialist and an attorney participate in the Trauma Informed Community Network, to support and advocate for trauma informed practices in the community and in the court system. Trauma informed is defined as: "An organization, system, or community that incorporates an understanding of the pervasiveness of trauma and its impact into every aspect of its practice or programs. It emphasizes physical and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild/maintain a sense of control and empowerment."

The office has been working closely with a charitable bail fund recently created in Richmond. We identify clients held in jail on low cash bonds and refer them to the charitable bail fund. The fund posts the cash bond for our client and helps to ensure they appear for their court date. Our first client to be bonded out by the fund was present in court and was ultimately able to have the charge dismissed. We look forward to continuing to refer clients to the bail fund.

Annually, about a dozen attorneys in our office participate in Project Homeless Connect at the Richmond Convention Center. Project Homeless Connect matches clients with volunteers in a one-of-a-kind partnership to assist chronically homeless adults connect to as many on-site services as possible in one day. Public defenders are one of more than 40 service providers who come to a single location for a day, providing dedicated healthcare, dental and vision screenings, mental health interviews, case management, social security applications, identification services, employment resources (including for veterans), shelter and housing assessments, and much more.

Barriers: Our largest barrier is a lack of service providers. For our clients who lack health insurance, locating mental health and substance abuse services is extremely difficult. RBHA is the only provider and they are unable to treat all of our clients.

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

Numerous programs continue to function in the Staunton/Augusta region to provide practical and effective re-entry services to the community.

The committees formed during the EBDM process continue to meet, and continue to produce useful improvements in the areas of pretrial release, continuity of mental health services for people released from jail, and accurate risk assessment for domestic violence victims.

The most significant advance since last year has been the implementation of a high-functioning system for insuring that jail inmates receive adequate mental health treatment, and most importantly, that the mental health services are continued without a break after their release. Jail mental health workers insure that released inmates have a 30 day supply of medications, and a prearranged intake appointment with the local Community Services Board. The 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, continues to be widely used.

Grants have allowed the local community services board, and the local community corrections agency, to contract for significant local housing units targeted at jail releasees who would otherwise be homeless. This initiative has been a great success. 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.

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 newly revised Virginia risk assessment tools to argue for the early release of our clients on bail, with pre-trial supervision if necessary. The public defender has assisted in trainings for local judges and prosecutors on the data underlying the recommendations of the new VPRAI.

A comprehensive reentry program continues to be run 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.

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 releasees, 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.

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. At this point, September 2017, the drug court has begun the screening process for defendants who are interested in participating and it is expected that the first “class” in the program will begin in October. 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 office participated in the Forensic Discharge Planning Group this year with a goal of facilitating both continuing treatment and community placement of the mentally ill defendant who is about to be released from a jail setting. Towards that end, our office was directly involved in setting up a discharge treatment program for the mentally ill offender as part of a circuit court disposition. The program links the defendant to services. He is picked up from the jail on his release date by a representative of the Virginia Beach Department of Human Services. He is taken to both his probation and his psychiatric appointments. The intent is to make sure that he remains on his mental health medication. All needs are appropriately addressed.

Additionally, the office is very involved in discharge planning, in general -- both as noted above and with our sentencing advocate and her services. The intent is to make sure that we have the client properly situated so that he has the best possible chance for success upon release.

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. Past efforts of the Council include the planning of a job fair at Coffeewood Correctional Center, and sponsoring a seminar for local employers to provide information and materials on the hiring of ex-offenders. The Council has also developed a “Pocket Resource Guide” with information on local service providers to aid those re-entering the community from jail or prison. 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. In addition, the Coalition was awarded grants from the local United Way and Regional Rotary Clubs to assist drug court participants with housing, transportation and peer support. The Court is currently serving 10 clients and hopes to expand to 20 clients within the next 12 months. 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 serves a population of approximately 4,000 incarcerated offenders and a population of approximately 2,600 offenders who are on supervision in the community.

As of June 30, 2017, there remain 3,635 incarcerated discretionary parole eligible offenders (2,539 of those offenders are currently discretionary parole, with 1,096 of them becoming discretionary parole eligible sometime after June 30, 2017). Additionally, the Parole Board serves a population of 1,217 geriatric conditional release eligible offenders. Based on the current DOC incarcerated population, by the end of FY2023, there are projected to be 3,020 geriatric conditional release eligible offenders. There are 9,121 currently incarcerated offenders who will become geriatric conditional release eligible during the course of their incarceration sometime after FY2023.

Absent extenuating circumstances, the Parole Board, in cooperation with the 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.

As of August 16, 2017, the Parole Board had 2,565 offenders on parole supervision (on mandatory parole, discretionary parole, or post release supervision) in the community. The Parole Board works in cooperation with the Department of Corrections' local probation and parole offices to ensure public safety and to respond quickly to warrant requests.

On September 21, 2017, the five Parole Board members met with the Eastern Region probation and parole chiefs in Newport News, Virginia in an effort to further collaboration and communication between the two agencies. The Parole Board is coordinating dates to meet with the probation and parole chiefs for the remaining geographic regions.

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,

offender's medical care, interstate compact procedures, criminal records, and sentenced-time computation. The Parole Board provides training to VADOC employees as well as to enhance understanding of their own procedures. The Parole Board's Victim Services Coordinator works collaboratively with the Department of Corrections Victim Services Unit.

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

DATA AND INFORMATION

The Parole Board uses and relies upon the Department of Corrections CORIS system. The CORIS system was updated to automatically generate Truth-In-Sentencing (TIS) geriatric conditional release offender cases for review. The Parole Board has requested that CORIS be updated to allow for the automatic review of the offender population that is currently geriatric conditional release eligible but will not become discretionary parole eligible until a future date. As of June 30, 2017, there are 106 offenders who are currently geriatric conditional release eligible, but will not become discretionary parole eligible until a future date; a total of 674 additional offenders will, at some point during the course of incarceration, fall into this category.

Pursuant to Virginia Code Section 53.1-136(6), the Virginia Parole Board is required to report monthly decisions. The Parole Board website posts 5 full prior calendar years of decisions in addition to decisions made during the current calendar year. In early 2017, the Parole Board discovered that, due to an error, not all decisions were posted to the Parole Board's website. An audit dating back to January 2012 was conducted leading to the discovery that a total of 280 decisions had not been reported. The Parole Board collaborated with the Department of Corrections to correct the error and to post to the website the decisions that had not been previously reported.

At the request of the Parole Board, the Department of Corrections has created an information system that allows the Parole Board for the first time to access the 2,500 plus offenders currently on parole supervision. Prior to the creation of this information system, the Parole Board did not have a mechanism to identify the population on supervision in the community under the Parole Board.

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 modification 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.

The agency continues to research and apply court disposition information to Criminal History Records (CHR) retained in the repository. A new criminal history system that was implemented in October 2016 provides the ability to retain disposition information that requires additional research prior to being applied to the CHR. This function has streamlined the disposition research process.

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). In addition, The Department of the State Police also shares case level information with criminal justice agencies for use in determining recidivism rates and the effectiveness of their programs.

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?

Limitations of an outdated Criminal History Record (CHR) system was addressed in October 2016 with the implementation of a new, robust, Java based system. The new system allows for disposition information to be captured and applied to the CHR in a timely and efficient manner. In addition, the system captures disposition information that requires additional research with the submitting court. This information is displayed electronically within a user interface, replacing the need to create time consuming paper reports. The Department of State Police continues to build off the new system and provide system enhancements as they are identified. Correctional status and disposition information continues to be updated daily.

System Information

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

Efforts continue to improve and maintain accurate criminal history information within the state repository. Part of this effort is to quickly identify, prioritize and resolve system deficiencies and areas for improvement. Several improvements have been made over the past year to enhance the accuracy of disposition information electronically submitted to the repository.

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

VSP provides subsequent arrest and case information to authorized agencies for use in recidivism studies and programs.

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?

Over the past year, efforts have been made to build a close working relationship with the Information and Communications Technology (ICT) Division. By building this relationship, ownership to identify system defects and solutions for system enhancements has been a group effort. In addition, new procedures have been implemented to streamline the system improvement process and build a collaborative environment in analysis, design and implementation. The Department of State Police continues to communicate with the courts, magistrates and local law enforcement 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.

Since implementation of the new criminal history system efforts have continued to identify and implement system updates. The new criminal history system's platform provides the ability to easily add new functionality to both the user interface and automated process.

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.

The Department of State Police continues to update criminal history records with correctional status information. Efforts are ongoing to identify areas for future updates to the criminal history record and correctional status information displayed on the CHR.

Conclusion

This overview of re-entry services shows many varied and effective collaborations in the Commonwealth during fiscal year/calendar year 2017. 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.