

# Virginia Department of Corrections



## Statewide Community-Based Corrections System

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### Status Report FY2018

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

- DOC's recidivism rate is 22.4% ranking it the lowest in the country among the 45 other states that measure recidivism similarly.
- DOC continues to improve the consistency of its probation and parole districts through the implementation of Operational Assessment Reviews conducted by teams of staff from other probation and parole districts. The Review looks at compliance with policies, contacts with offenders, case-plan driven supervision and use of evidence based practices to reduce recidivism.
- DOC continues to focus major efforts on reducing the number of homeless releases from prison. DOC continues to collaborate on community housing placements for offenders with health care needs through regular contact with local social services agencies, the Department of Aging and Rehabilitative Services, Department of Medical Assistance, local community services boards, local non-profit organizations, nursing homes and housing providers.
- DOC's sex offender containment model of probation supervision has operated effectively and provided intensive GPS supervision, polygraph examinations and treatment services to sex offenders, including supervision of Sexually Violent Predator conditional release cases from the Virginia Center for Behavioral Rehabilitation on behalf of the Department of Behavioral Health and Disability Services.
- DOC has expanded the use of evidence-based interventions with medium to high-risk probation cases by training and coaching staff on the effective use of core correctional practices using the EPICS II research based model, with 94% of staff trained thus far.
- DOC has collaborated with George Mason University's Center for Advancing Correctional Excellence and implemented the SOARING project that expanded from 3 pilot locations to 9 additional probation and parole districts. SOARING uses eLearning and supervisor observation and coaching to increase probation officer effectiveness in using risk and needs assessment, case planning and interactions with offenders to motivate and support change.
- DOC continues to operate "Learning Teams" in all community corrections units whereby staff meet together in small groups twice per month and utilize dialogue practices to resolve issues, advance team work, create improved operations and improve their intervention skills with offenders.
- The DOC transformed its Detention and Diversion Centers to bring them in line with evidence based practices. The Community Corrections Alternative Program (CCAP) provides improved services for offenders and better meets the needs of sentencing courts. The new program is driven by the risks and needs for the offender and is performance based, with programs based on research that produces recidivism reductions. These changes were effective May 1, 2017.
- Offenders discharging prison are provided with brief cognitive-behavioral peer support groups to follow up prison treatment and provide guidance immediately upon reentry.
- DOC continues to operate the Federal Fidelity Bonding Program for all criminal justice offenders in Virginia to assist with employability.
- DOC probation and parole chiefs actively participated as co-conveners of Local Reentry Councils in most localities in Virginia in partnership with the Virginia Department of Social Services.
- In July 2017, the General Assembly fully funded 20 mental health specialists and 6 cognitive counselors for the probation and parole districts. The positions are needed to prevent deterioration of behavior by persons with mental illness and to pilot cognitive interventions at the districts.

- DOC established a Voice Verification Biometrics Unit for low-level supervision. The recidivism data shows over-supervision of these cases not only does not reduce recidivism, but also can actually cause it to rise. These offenders are monitored through the use of biometric surveillance for voice, facial, and location verification, as well as routine automated interviews.

In July of 2018, the Virginia Department of Corrections began a pilot program using part-time staff to visit district sites and witness the submission of urine samples for delivery to DCLS. Offenders are assigned a regimen of urine collection for the purpose of drug detection (typically once, twice, three or four times per month) and connected to a service that calls or texts them with instructions to report the following day during set periods of time for a “drug test.” The contact is then automatically entered in the notes section of the offender’s official file. Two teams of one male and one female, each visit one of eight sites each day to witness submission and collect urine for drug detection. Thirty-two collection days distributed amongst six districts and two satellite sites occur each month.

In addition to sizable accomplishments many challenges remain. Probation and parole districts continue to be confronted with large workloads, limiting the time and services that can be provided to offenders on supervision. Too many offenders still enter the community from prison without housing, particularly sex offenders and violent offenders. There is a critical need for housing for a small but impactful number of releasing offenders who need nursing home or geriatric care. Many offenders are released to state probation supervision from local jails without receiving any reentry preparation, medication or housing planning. Many community service boards do not provide mental health treatment to certain types of offenders, such as those convicted of sex offenses or murders, contributing to a higher public risk and recidivism rate for offenders with mental health needs. Although criminal thinking is identified as the primary driver to recidivism and research strongly supports cognitive-behavioral programs as an effective intervention, DOC is not funded to provide programming for the over 30,000 probation offenders with this need. The rising number of cases placed on G.P.S. and the rising number of gang members are also challenges.

A major issue has been the rise of offenders who use opiates. Evidence based practices point to the use of medically assisted treatment in these cases, yet costs are prohibitive. The DOC is participating in an interagency team to develop policy around the opiate problem. The team is led by the office of The Secretary of Public Safety and Homeland Security with membership of The Department of Behavioral Health Developmental Services.

Despite the challenges, we are steadfast in our overall mission to create lasting public safety by preparing offenders to reintegrate into law-abiding lives after the course of community correctional supervision is completed. We continue to see significant benefits from our organizational development initiatives to create a learning organization with the culture to sustain both staff and offender growth and positive change. We will continue to:

- Identify offenders risks and needs and give priority to those offenders who pose the greatest risk to public safety
- Develop and update case plans that address identified risks and needs
- Utilize evidence based services to respond to individual needs and reduce the risk of recidivism as resources allow
- Quickly and appropriately respond to compliance and non-compliance with proportionate incentives and sanction
- As we move forward, DOC will continue to evaluate our supervision practices and services and seek ways to improve our operations to achieve our goal of creating lasting public safety.

# VADOC COMMUNITY CORRECTIONS REFERRAL GUIDE

## RESIDENTIAL OPTIONS

Behavioral Correction Program	Youthful Offender Program
<ul style="list-style-type: none"> <li>• Available to all Courts</li> <li>• Enacted by the 2009 General Assembly</li> <li>• Targets participants with substance abuse needs</li> <li>• Request for evaluation made through probation officer prior to sentencing</li> <li>• Non-violent (no charges as defined by 17.1-805)</li> <li>• No prior felony convictions under 18.2-248 or 18.2-248.1</li> <li>• Mentally and physically able to participate</li> <li>• Judge imposes full sentence (minimum of 3 years to serve)</li> <li>• Upon receipt of a Court Order, DOC processes offender directly to a Therapeutic Community Program for a minimum of 24 months</li> <li>• Locations of the Therapeutic Communities:               <ul style="list-style-type: none"> <li>○ Indian Creek Correctional Center (men)</li> <li>○ Virginia Correctional Center for Women</li> </ul> </li> <li>• At program completion, Judge has the option of suspending the balance of the sentence and releasing to probation; no court review or hearing is required</li> <li>• If individual refuses to participate or is removed for behavior, DOC will notify the Court and probation district; participant will be reassigned to another prison to serve remainder of sentence with no further review, hearing or evaluation required</li> </ul>	<ul style="list-style-type: none"> <li>• Available to all Courts</li> <li>• Code of Virginia 19.2-311</li> <li>• Targets participants who committed offense prior to age 21</li> <li>• No Class 1 Felony or assaultive misdemeanors</li> <li>• Request for evaluation made through probation officer prior to sentencing</li> <li>• Mentally and physically able to participate</li> <li>• Indeterminate commitment to DOC for 4 years plus a suspended sentence</li> <li>• Locations:               <ul style="list-style-type: none"> <li>○ Indian Creek Correctional Center (men)</li> <li>○ Virginia Correctional Center for Women</li> </ul> </li> <li>• If individual refuses to participate or is removed from the program, participant must be brought before the Court for a hearing; Judge may sentence as originally imposed, pronounce a reduced sentence, or impose such other terms and conditions of probation as appropriate</li> <li>• Parole supervision for at least 1.5 years upon release</li> <li>• Services Available: individualized reentry plans, education, Therapeutic Community, substance abuse education, cognitive and life skills, AA/NA, vocational training, anger management programs, parenting and family reintegration, resource/job fairs, discharge</li> </ul>
Community Corrections Alternative Program (CCAP) through Detention & Diversion	Community Residential Programs (CRP)
<ul style="list-style-type: none"> <li>• Code of Virginia 19.2-316.3/19.2-316.2</li> <li>• Effective May 1, 2017</li> <li>• Targets non-violent, medium and high risk participants</li> <li>• Expanded eligibility to include technical probation violators and mild mental health needs</li> <li>• Request for evaluation made through probation officer prior to sentencing; referrals screened by the CCAP Referral Unit</li> <li>• Individualized case plans utilized to recommend evidence based programming needs</li> <li>• Program duration is 22-48 weeks</li> <li>• Locations:               <ul style="list-style-type: none"> <li>○ Appalachian (men)</li> <li>○ Harrisonburg (men)</li> <li>○ Stafford (men)</li> <li>○ Cols Springs (men)</li> <li>○ Chesterfield (women)</li> </ul> </li> <li>• Services Available: Intensive and moderate substance abuse treatment, individualized dosage plans, treatment motivation programs, education, cognitive restructuring, vocational training, anger management programs, parenting and family reintegration, resource/job fairs, discharge planning</li> </ul>	<ul style="list-style-type: none"> <li>• Code of Virginia 53.1-179</li> <li>• Available statewide</li> <li>• Non-violent participants who lack a stable residence or need transition from incarceration</li> <li>• Must meet the facility criteria</li> <li>• 90 day length of stay</li> <li>• Services Available: food and shelter, basic life skills, substance abuse education, individual/group counseling, job placement, discharge planning</li> </ul>

# VADOC COMMUNITY CORRECTIONS REFERRAL GUIDE

## NON-RESIDENTIAL OPTIONS

State Probation & Parole	Post Release Supervision
<ul style="list-style-type: none"> <li>▪ Code of Virginia 53.1-145</li> <li>▪ Available statewide</li> <li>▪ Individuals convicted of a felony with suspended sentences</li> <li>▪ Court ordered to participate in probation, parole, post release supervision or conditional pardon</li> <li>▪ Level of supervision based upon assessed risk and needs</li> <li>▪ Capacity to transfer supervision to other localities and states</li> <li>▪ Monitors special conditions ordered by the Court</li> <li>▪ Services: risk/needs assessment (COMPAS), referrals for treatment and services as needed, drug testing, home and field visits, various group program options, substance abuse screening and assessment, reentry services, resource directories in each jurisdiction, partnerships with community stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>▪ Code of Virginia 18.2-10, 19.2-295.2</li> <li>▪ Effective January 1, 1995, post-release supervision can be ordered by the Court for a period of 6 months to 3 years for which they are ineligible for parole</li> <li>▪ Supervision provided by probation and parole officers upon release</li> <li>▪ Court must also impose a suspended term of confinement of at least 6 months in addition to post-release supervision of not less than 6 months and not more than 3 years</li> <li>▪ Violations of the post release supervision are under jurisdiction of the Virginia Parole Board</li> </ul>
Drug Treatment Courts	Monitoring Through Technology
<ul style="list-style-type: none"> <li>▪ Code of Virginia 18.2-254.1</li> <li>▪ Targets non-violent participants with substance abuse addiction</li> <li>▪ Specialized dockets within the existing structure of Virginia's court system offering judicial monitoring of intensive treatment and strict supervision</li> <li>▪ Length of stay ranges from 12-24 months</li> <li>▪ Immediate sanctions and incentives as a result of behavior</li> <li>▪ Conducted in partnership with local community stakeholders, CSB, Commonwealth's Attorney, Judge &amp; Probation and Parole Office</li> <li>▪ Services: intensive supervision, drug testing, substance abuse education and treatment, sanctions and incentives</li> </ul>	<ul style="list-style-type: none"> <li>▪ Code of Virginia 53.1-131.2, 19.2-303, 19.2-295</li> <li>▪ Shadowtrack voice recognition monitoring for low risk offenders</li> <li>▪ Global Positioning Satellite (GPS) Monitoring for high risk offenders</li> <li>▪ Code of Virginia 19.2-295 requires any person convicted of Failure to Register as a Sex Offender on or after July 1, 2006 shall be subject to electronic monitoring</li> <li>▪ Participants are referred by the supervising officer for appropriate technology programs based upon risk and need</li> </ul>
Reentry Programs	
<ul style="list-style-type: none"> <li>▪ Code of Virginia 2.2-221.1, 53.1-32.2</li> <li>▪ Targets participants committed to the DOC for supervision and monitoring</li> <li>▪ Reentry Senior Probation and Parole Officers implemented statewide</li> <li>▪ Staff visit various institutions and jails to educate and prepare participants for reentry</li> <li>▪ Services: cognitive programs/groups, assistance with obtaining identification and other documentation, classes regarding successful supervision in the community, discharge planning</li> </ul>	

## Division of Community Corrections—FY 2018

Program/Services	Probationers	Post Releases'/Parolees	Total	Allocation
Community Corrections Workload (June 2018 CORIS) – Excludes Out-of-State Compact	61,577	2,291	63,868	\$79,083,022
GPS/GPS Staff	Districts	Districts	Districts	\$4,261,281
657 GPS Units	Districts	Districts	Districts	See EM Total
18,097 Voice Recognition	Districts	Districts	Districts	See EM Total
10 Community Residential Programs (Bed Capacity)	N/A	N/A	195	\$5,129, 348* <sup>1</sup>
Community Corrections Alternative Programs (CCAP)			FY18 ADP 484	\$16,500,377

Out –of-State Interstate Compact	6,418	488	6,906	See Districts Total
Field Officers (Filled FTE-June 2018 PMIS)	Senior Officers: 151	Officers: 584	Surveillance Officers: 44	Total: 779

*\*1 Actual spend of \$5,129,348 is shown instead of Budget Allocation of \$3,163,556 because spending far exceeds allocation.*

## Treatment Services

The Division of Community Corrections privatizes many specialized services. This effort makes evidence-based services and licensed service providers more readily available across the state. Further, it supports the Governor's initiatives of increased privatization and use of women and minority vendors.

In FY2018, the Division of Community Corrections allocated the amounts (state funds) below for alcohol and other drug abuse services, sex offender assessment, treatment, polygraph, and a variety of non-residential and residential treatment services.

<b>Services</b>	<b>Allocation</b>
<b>Alcohol and Other Drug Abuse</b>	
Residential / Non-Residential General Funds	\$2,942,374
Urinalysis / Oral Fluid Testing (Institutions and Community)	\$1,268,000
<b>Sex Offender</b>	
Assessment / Treatment	\$1,367,000
Polygraph	\$ 300,000
<b>Community Residential Programs</b>	\$5,129,348*
<b>Virginia Serious / Violent Offender Reentry Initiative</b>	\$ 700,000

*\*The Department has prioritized this program in order to address the ongoing issue of Limited Transitional Housing options for the offenders. This amount in spending far exceeds the allocation amount of \$3.2 million.*



## Community Corrections Facilities

Community Correction Alternative Program (CCAP) through Detention and Diversion Centers are designed to offer Circuit Court judges an alternative incarceration option for non-violent felony offenders, at both initial sentencing and revocation proceedings. The Parole Board was later authorized to refer parole and post-release violators.

Upon conviction, either by plea or finding by the court, if the judge desires that the defendant be evaluated for participation in CCAP, operated at the Detention and Diversion Centers, upon order of the court, the Probation and Parole Officer will initiate the assessment. The Officer will complete the initial screening to determine whether the defendant is non-violent, has serious medical issues, pending charges and other stipulations of the Code of Virginia. Once the initial screening is completed, the Officer will then complete the offender risk and needs assessment instrument (COMPAS) and forward that along with the initial screening document to the DOC CCAP Referral Unit. The CCAP Referral Unit will determine suitability for program participation and forward the results back to the Officer. If the court desires to place a defendant in the program, the court would impose a sentence, suspend the sentence on the condition of successful completion of the CCAP program.

The determination of each offender's risks and treatment needs is central to participation in the CCAP. The program accepts offenders who have moderate to high criminal recidivism risks with moderate to high treatment needs. On a case by case basis, offenders who have low risks but higher treatment needs will be accepted if treatment resources are not available in the local community or all resources have been exhausted. An example is an offender who may need intensive drug treatment when there are no local resources.

The programming duration is determined by the needs of each defendant. Defendants who have lower treatment needs, (22-28 weeks) will participate in our Stafford and Harrisonburg Centers and women will participate at our Chesterfield Center. The participants will receive Cognitive Behavioral Treatment, substance abuse, vocational and educational services as well as engaging in a work component.

Defendants who have higher treatment needs, (42-48 weeks) will participate in our Appalachian and Cold Springs Centers and women will participate in Chesterfield. Participants will receive intensive Cognitive Behavioral Treatment, intensive substance abuse vocational training, educational services, community service projects, welding, masonry as well as the core programming listed above for the lower needs defendants.

If a lower needs defendant is determined to need more services, they will be transferred to a center to better meet their needs.

Two Units, Cold Springs and Appalachian are dedicated to address intensive substance abuse issues as this need has significantly increased over the past several years, particularly with opioid users.

# Facility Eligibility Criteria

## 5-2.7 Eligibility Determination

The CCAP Referral Unit shall receive and evaluate all referrals to the Detention and Diversion Centers. The CCAP Referral Unit should provide each District Probation and Parole Office with a copy of any specific facility criterion to ensure appropriate assignments are made. CCAP Referral Unit staff shall make notification of acceptance/rejection and tentative facility admission date to the referring District.

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

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

- Must be sentenced by Circuit Courts and/or the Virginia Parole Board.
- Cannot be in addition to felony incarceration greater than 12 months.
- Must not be a violent felon offender as defined by §19.2-316.1, of the Code of Virginia.
- Must have no self-injury or suicidal/homicidal attempts and/or suicidal/homicidal ideations within the past 12 months.
- Potential program participants currently taking or who have been medically approved to stop taking prescribed mental health medications within 90 days of referral or intake will be assessed on a case-by-case basis.

General medical and mental health questions

- Must be physically stable, not require daily nursing care, and be able to perform the activities of daily living and program requirements.
- Does Offender have any medical or psychological conditions that would prevent or impede program participation?
- What is the diagnosed condition?
- What is the commonly accepted or prescribed treatment regimen?
- Can a person with this condition who follows the treatment regimen successfully participate in required Program activities?
- What follow up care is likely to be required?

## Sex Offender Supervision

Sex offender supervision continues to employ an enhanced supervision model for all sex offenders in the Commonwealth. A team approach is used and the team is most often comprised of a Senior Probation and Parole Officer, a Sex Offender Supervision Probation and Parole Officer, and a Surveillance Officer. The Sex Offender Supervision Practices Manual has been updated and is now Policy 735.3 Supervision of Sex Offenders in the Community in the Department of Corrections Directives and Procedures.

Experts in the field recommend a sex offender specialist staffing ratio of 40 to 1 in order to appropriately address public safety needs. There were no additional positions allocated for FY2018 for sex offender supervision.

The Code of Virginia mandates that any offender convicted of Failure To Register on or after July 1, 2006 be placed on GPS. The department has experienced steady growth in this area and at the end of June 2018 had averaged 657 on-leg units. This marks a 16% increase from on-leg units in June of 2017.

In February 2013 the Department contracted with Dr. Robin Wilson to train specialists on the scoring and use of the STABLE-2007 and the ACUTE-2007. These two instruments are sex offender risk assessments designed to be used and scored by community supervision officers. Approximately 200 officers were trained and 4 Department staff were trained as trainers, thus ensuring sustainability. Specialists began using these risk assessment tools in May, 2013. Training of new specialists has continued and practice sessions have been conducted to ensure fidelity.

There are 9 contracts statewide providing sex offender assessment and treatment and 6 vendors providing polygraph services. A total of \$1,666,600.00 was allocated for assessment, treatment, and polygraph in all Districts. This figure does not incorporate the co-payment that was implemented for these services in FY2008.

The Sexually Violent Predator (SVP) civil commitment process continues to grow. The impact of this growth is felt by Community Corrections when these SVP's are granted conditional release. In FY2018 Probation and Parole Officers investigated 143 home plans for offenders being considered for conditional release. The number currently being supervised under conditional release is 203, which is an increase of approximately 3% from FY2018. Of that number, 99 are "pure" conditional release, meaning that they have no criminal obligation. In addition, notable for FY2018 is the number of Emergency Custody Orders that were executed by Probation and Parole Officers. There were 54 Emergency Custody Orders obtained by Probation and Parole Officers. With the exception of two cases, all of those taken into custody were for technical violations, meaning that these offenders were returned to custody before any re-offense. Of the two aforementioned cases, one was convicted of indecent exposure and the second is awaiting trial on indecent exposure. This continues to be a high risk and high demand type of case. By statute, these cases are monitored by global positioning systems (GPS) and have demanding conditional release plans that involve collaboration with the Office of the Attorney General and the Department of Behavioral Health and Developmental Services.

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

numbers in the aforementioned jurisdictions impact resources in those districts.

Sex offenders are among the most demanding cases under supervision. The sex offender specialist staff must monitor offender behavior, verify and modify living arrangements as needed, work closely with sex offender treatment providers and polygraph examiners, and cope with victim trauma. There have been a number of legislative and procedural changes over the years that have resulted in increased demands on an Officer's case management duties. These would include such things as GPS, SVP cases, and the Sex Offender Verification System (SOV). Training efforts are geared toward keeping the Officer up-to-date on legislative changes, technology and evidence based supervision and treatment practices. The supervision of sexual offenders is constantly evolving and Officers need to be exposed to the most current research and training.

Currently, there are about 3,710 adult probation and parole offenders who are required to register on the Sex Offender and Crimes Against Minors Registry. The Department of Corrections continues to be proactive in their supervision and monitoring of this difficult population. Probation and Parole Officers and the Virginia State Police frequently collaborate in their efforts to ensure these offenders are properly registered with the Sex Offender and Crimes Against Minors Registry.

# Supervising Sex Offenders

## LARGE POPULATION

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- About 23,649 persons on Sex Offender and Crimes Against Minors Registry
- About 3,710 are under Probation and Parole supervision in Virginia
- About 60,158 other felons are under Probation and Parole supervision in Virginia (another 6,848 felons are being supervised in other states).

## SUPERVISION AND MONITORING ARE LABOR INTENSIVE

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- All eligible sex offenders are registered at intake and prior to release from DOC institutions.
- Victims who request notification about sex offenders leaving prison are notified.
- Eligible sex offender registrants are monitored to determine if they have registered.
- Registry requirements are posted in District public areas.
- Department of State Police is assisted in their investigations of alleged non-registrants.
- Global Positioning by Satellite (GPS) is underway. GPS requires active staff follow-up to alerts. Voice recognition monitoring (Shadowtrack) is used for selected cases.
- All active sex offenders are initially assigned to Intensive Supervision with special instructions imposed to address specific behaviors.

## TREATMENT CAN REDUCE RISKS

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Regional Peer Supervision groups including Community Corrections staff, qualified Sex Offender Treatment providers, and polygraph examiners meet periodically to discuss effective treatment, supervision, and monitoring practices.

## Mental Health Services

In fiscal year 2017, there were 2,568 offenders diagnosed with mental illness who were released from DOC custody to community supervision. This number represents 20% of the total releases (12,539), but this percentage only includes offenders who were assigned mental health codes (i.e., indicating minimal, mild, moderate, or severe impairment) in VACORIS at some point during incarceration in a DOC facility. However, the majority of State Responsible (SR) offenders on community supervision either spend their entire incarceration in local or regional jails or are sentenced directly to probation from court. Since there is an increasing number of SR offenders who serve all of their incarceration time in the jails, it is difficult to capture precise data about the numbers of “jail-only” offenders who have mental illness. In FY2017, there were 5,623 SR offenders who spent their term of incarceration in a jail. Only 2,659 of these offenders had at least one previous term of incarceration in a DOC facility, leaving 3,736 who did not have a mental health code in VACORIS.

At the end of June 2017, there were a total of 64,701 probationers and parolees on DOC supervision, including offenders released from DOC prisons, released from jails, and sentenced to probation from court. If the 20% figure is used as a benchmark, this means there are approximately 12,940 offenders on probation or parole who have mental health issues. This group includes those with severe mental disorders (e.g., Schizophrenia, Bipolar Disorder); less severe mental disorders (e.g., depression, anxiety); substance abuse issues; co-occurring mental disorder and substance abuse; and histories of sexual offending.

Despite the large number of SR offenders on community supervision, historically a remarkably small number of QMHPs have provided mental health services in Community Corrections. Prior to 2017, there were a total of only 5 full-time mental health staff in Community Corrections specifically designated to work with the 43 Probation and Parole Districts and 5 Detention and Diversion Centers. The staffing consisted of one Mental Health Clinical Supervisor (MHCS), three Regional Mental Health Clinicians (RMHCs), one full-time Mental Health Clinician assigned to Chesterfield Women’s Detention & Diversion Center (CWDDC), with the latter position created in 2010. In the context of the Risk-Need-Responsivity model, a ratio of five professional staff to nearly 13,000 offenders on community supervision with mental health needs does not adequately address the higher risk of recidivism associated with mentally ill offenders who are more likely to have repeated involvement with the criminal justice system. The transitional period from incarceration to in the community is often the most difficult for offenders. The majority of these offenders have not had the benefit of receiving consistent mental health services or the concerted re-entry planning that occurs in DOC facilities. Subsequently, this large group of offenders faces even greater obstacles to receiving necessary mental health interventions in the community. Findings released by the VADOC Statistical Analysis and Forecast Unit in September 2017 revealed that in fiscal years 2009-2013, the recidivism rate for offenders with known mental health impairment increased significantly more than the recidivism rate for offenders with no known mental health impairment. Specifically, three-year recidivism rates for mental health offenders were: 28.0% (2009); 28.5% (2010), 30.2% (2011); 31.0% (2012), and 30.9% (2013). For non-mental health offenders, the recidivism rates were: 21.4% (2009); 21.4% (2010); 21.1% (2011); 21.3% (2012); and 20.1% (2013).

This data clearly demonstrate that the DOC needed additional mental health clinicians to facilitate reentry and continuity of mental health services to increase the likelihood of success for probationers and parolees with mental health issues. Specifically, there was a need for clinicians who could: 1) facilitate the process of connecting offenders to community mental health resources, including Community Services Boards (CSBs), hospitals, residential treatment facilities, and private providers; and 2) provide training, consultation, and support for Probation Officers in the Districts to enhance their ability to supervise probationers with mental illness appropriately. The General Assembly responded favorably to the DOC’s need during the 2016 session by approving funding for 20 full-time District Mental Health Clinician positions (6 approved for FY 2017 and 14 approved for FY 2018). Thanks to a tremendous effort

by the Regional Mental Health Clinicians and Community Mental Health Supervisor, all 20 of the District Mental Health Clinician (DMHC) positions were filled between December 2016 and August 2017. Another important development in 2017 was the transition of the Detention and Diversion centers to the umbrella of the Community Corrections Alternative Program (CCAP). Previously, offenders were not accepted into detention or diversion centers if they were prescribed psychotropic medication. Under CCAP, offenders who are stable on psychotropic medications included on the DOC's accepted formulary are not precluded from acceptance into this evidence-based form of alternative sentencing.

The Mental Health Services staff in Community Corrections is now comprised of the following positions: One Mental Health Clinical Supervisor (MHCS); three Regional Mental Health Clinicians (Central, Eastern, and Western); a Mental Health Clinician at CWDDC; and twenty District Mental Health Clinicians distributed among the 43 Probation & Parole Districts and four Men's Detention and Diversion Centers (CCAP facilities). There are also two full-time Mental Health Specialists assigned to two of the largest P&P Districts (Richmond and Roanoke). These positions were established during a pilot project in 2004 and these staff work closely and in coordination with the Community Mental Health staff. The addition of the new positions has expanded the role of the Regional Mental Health Clinicians (RMHCs) to being full time supervisors of their respective District Mental Health Clinicians (DMHCs) in each region. The Community Mental Health staff is now enhanced with the ability to provide a much more intensive focus on each of the Districts and CCAP facilities than was possible with only one mental health clinician serving each region. The DMHCs serve as an essential resource for Probation Officers who supervise mental health offenders. As expected, there has been some attrition in the Community Mental Health staff over the past year, and currently there are 5 vacancies. Applicants have been selected for the Psychology Associate Senior position at CWDDC and the DMHC position in Harrisonburg Probation and Parole, and they are expected to start in their respective sites by mid-late September. The remaining DMHC vacancies are in the Newport News, Portsmouth, and Fairfax P&P District offices.

The initiative to increase the Community Mental Health Staff's focus on jail offenders to address the disproportionate recidivism rate for "jail-only" offenders began in October 2017. A first step was to redefine the categories for collecting monthly quality assurance data to demonstrate this concerted effort clearly. The following is a summary of services provided by the Community Corrections MHS staff from November 1, 2017 through June 30, 2018. All data reported represents the number of contacts unless otherwise specified.

Direct Mental Health Contacts (including referrals for MH screenings, assessments, diagnostic clarification, or treatment recommendations; short-term interventions or monitoring)	
• DOC facility offenders	1293
• Jail or court offenders	2344
Intensive Treatment Intervention (emergent cases)	
• DOC facility offenders	197
• Jail or court offenders	332
• MH-9 (Release Summary) reviews	1770
• Mental Health Groups	243
Case Consultations/Meetings	
• Regional MH Clinicians	1323
• District MH Clinicians	2868
• Probation Officers	6610
• Institutional/Other VADOC staff	1398
• Local & Regional Jail staff	1061
• Community Services Boards (CSBs)	1226

• Other, including state hospitals, private providers, Community Release Placements (CRPs), DJJ	926
• Re-Entry Councils or other re-entry focused meetings	313
• Mental Health Trainings provided	64
• Other Professional Meetings/Committees	715

The roles of the DMHCs will continue to be defined and evolve as the Community Mental Health staff refines its mission to meet the needs of the P&P Districts and CCAP facilities and continues to strengthen relationships with community stakeholders. One important project that has been initiated is to develop Community Mental Health Codes (analogous to the existing Mental Health Codes utilized by facility QMHPs) that can be assigned to SR offenders who have not been incarcerated in DOC facilities. This new coding system will be instrumental for identifying and tracking offenders in the regional and local jails, as well as enhancing the quality of the recidivism data for mental health offenders.



## Interstate Compact for Adult Offender Supervision

On June 30, 2018, there were **6,906** Virginia offenders transferred to other states via the Interstate Compact for Adult Offender Supervision and **2,442** out-of-state cases under supervision in Virginia. Virginia currently ranks among the top four states in volume of transfers. In the past year, Virginia's Compact Office workload increased 8% due to a rise in transferred cases and rule changes.

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

In 1998, the National Institute of Corrections (NIC) Advisory Board directed its staff to revise the compact to include a modern administrative structure, for rule-making and rule-changing over time, development of a modern data collection and information sharing system among the states, and one that was adequately funded to carry out its tasks.

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

The rules of the Compact have the force and effect of federal law and are enforceable in the federal courts. Accordingly, the demands and liability for non-compliance are significant. The "Interstate Compact Bench Book for Judges and Court Personnel" is available on the ICAOS website at [www.interstatecompact.org](http://www.interstatecompact.org).

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

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

A web-based Interstate Compact Offender Tracking System (ICOTS) was introduced for use by all the member jurisdictions in 2008. This has enabled the computerized transfer of cases and supporting documentation. The Virginia Interstate Compact Office of the Virginia Department of Corrections continues to provide substantial oversight, case management, field training, and technical assistance related to the transfer of offenders into and out of Virginia.

## Operations Extradition/Fugitive Services Unit

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

FY2018 accomplishments for this unit include:

- 1188 persons wanted by this agency were arrested clearing 2123 warrants
- Assisted local, state and federal law enforcement agencies in the arrest of 449 fugitives clearing 1029 outstanding warrants in the process.
- This Unit was contacted by local, state and federal law enforcement agencies asking for informational assistance 3539 times.
- For FY2018 this unit successfully completed 135 out of state extraditions without incident.
- For FY2018 this unit completed 6678 case transfers in Virginia CORIS.
- As one Unit responsible for the entire state, this unit assigned staff the responsibility of overseeing each district ensuring that the needs of the Probation and Parole Districts are met. During the FY2108, each Probation and Parole District was contacted and/or visited by a member of this unit.
- Maintained the number of our staff assigned to the United State Marshal Service Violent Fugitive Task Force in order to locate and apprehend additional dangerous fugitives. In FY2018, these Task Force Members affected 449 Arrests of Violent Fugitives.
- During FY2018, this unit targeted fugitives wanted by this agency that had a history of violence against persons and considered dangerous. Fugitives meeting these criteria were added to the Department of Corrections Most Wanted website. Because of this initiative this unit was responsible for the capture of (65) Most Wanted Fugitives.
- This unit has received several letters of commendations from sheriffs and police chiefs throughout Virginia for providing their agencies assistance searching for persons wanted by their departments.

## Education Services

Education programs operate within the Division of Programs, Education, and Reentry of the Virginia Department of Corrections. Currently 312 positions are funded which include support staff, academic teachers, career and technical education teachers, librarians, librarian assistants, principals, and program and administrative staff at headquarters. In addition, a number of part-time employees provide teaching and other services needed at a variety of locations.

As cited previously, research on recidivism has found that education and employability are two major determinants in successful reentry and lowered recidivism. Educational services in both Adult Basic Education (ABE) and Career and Technical Education (CTE) programs help to prepare individuals for successful reentry into their communities. Academic programs are designed to prepare students to earn their High School Equivalency (HSE) credential, currently the General Educational Development (GED). CTE programs provide marketable skills and industry-based credentials in a wide variety of areas that are offered based on employment market data. There are post-secondary offerings in a number of major institutions, most funded through The Sunshine Lady Foundation, The Laughing Gull Foundation, and Pell Grant pilots.

Educational programs are offered statewide in:

- Detention and Diversion Centers
- Reception Centers
- Adult Correctional Centers
- Adult Correctional Field Units
- Probation and Parole Units

Education programs are geared toward preparing returning citizens to successfully rejoin their respective communities. Both individuals served and communities benefit.

*Adult Programs/Services:*

- Adult Basic Education (ABE)/General Educational Development (GED)
- Special Education
- Apprenticeship Programs
- Library Services
- Career and Technical Education
- Career Readiness Certificates
- Job/Employability Skills Training

In FY2018, the academic programs in major institutions averaged 1,390 hours of instruction and the CTE programs in the major institutions averaged 1,383 hours of instruction. The Academic programs in the Correctional Field Units averaged 832 hours of instruction and the CTE programs averaged 475 hours of instruction for fiscal year 2018. In fiscal year 2018, the three Detention and Diversion Centers had hours of Academic instruction that averaged 680 hours of Academic Instruction, The one Detention Center that offered Vocational Programs had 761 hours of Instruction.

The Detention and Diversion programs had the following overall enrollments and completions:

Program	Enrollments	Completions
Academic ABE/GED	606	30 (Obtained GED)
Career & Technical Ed.	315	138

Currently, part-time ABE instructors serve Harrisonburg Men's Diversion Center, Stafford's Men's Diversion Center, Haynesville Work Center, James River Work, Center and Richmond Probation and Parole. A full-time ABE program and three Career and Technical programs are offered at Appalachian Detention Center.

We continue to build community relationships to identify and link returning citizens to resources that can assist them in completing their GED while under supervision. This is one of the tasks identified in the Recidivism Reduction Plan. We also continue to expand educational software programs that are focused on enhancing student-learning experiences, reinforcing teacher led instruction, and adapting lessons according to the student's individual capability. Utilizing more technology in the classroom has promoted higher-level thinking and increased students' digital literacy resulting in the attainment of desirable skills required for the 21<sup>st</sup> Century productive citizen.