

Status Report on Offender Transitional and Re-entry Services

*Office of the Secretary of Public Safety
and Homeland Security*



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Table of Contents

Department of Aging and Rehabilitative Services.....	<u>3</u>
Virginia Alcoholic Beverage Control Authority.....	<u>4</u>
Department of Behavioral Health and Developmental Services.....	<u>5</u>
Department of Corrections.....	<u>14</u>
Department of Criminal Justice Services.....	<u>37</u>
Department of Education.....	<u>41</u>
Department of Forestry.....	<u>41</u>
Department of Housing and Community Development.....	<u>42</u>
Department of Juvenile Justice.....	<u>42</u>
Department of Social Services.....	<u>49</u>
Virginia Employment Commission.....	<u>54</u>
Virginia Indigent Defense Commission.....	<u>55</u>
Virginia Parole Board.....	<u>81</u>
Virginia State Police.....	<u>82</u>
Conclusion.....	<u>84</u>

Department of Aging and Rehabilitative Services

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 record keeping system does not allow us to

substantiate this type of impact at this point. A total of 179 individuals were benefited by the SOAR program for State Fiscal Year 2017.

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 239 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 1,610 ex-offenders with disabilities who applied for vocational rehabilitation (VR) services in federal fiscal year 2018. Of these 1,610 applicants, 1,297 were found eligible for services. An additional 159 ex-offenders who applied prior to FFY 2018 were found eligible to receive VR services in 2018. These services ranged from job training, job development to purchasing uniforms and equipment that enabled them to start employment. During the year, 404 ex-offenders with disabilities became successfully employed after receiving VR services.

Virginia Alcoholic Beverage Control Authority

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 18 programs that address alcohol education and prevention for elementary aged students, middle school students, high school students, college aged young adults, parents, 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 and the Virginia Higher Education Substance Use Advisory Committee, which is a statewide strategic planning group for substance use prevention across Virginia's colleges and universities. 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. We are also working to formalize curriculum in order to offer a robust speakers bureau as an added way to build capacity for community partners.

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?

None at this time.

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 FY18 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 FY18 a total of 701 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 644 individuals were admitted to DBHDS facilities in FY18 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.

Referral Source Code	Referral Source Description	FY16	FY17	FY18
11	Local Correctional Facility	3651	4104	4720
12	State Correctional Facility	694	668	581
13	Local Community Probation and Pre-Trial Services (formerly CDI)	696	710	657
14	Probation	11358	11546	11335
15	Parole	598	744	764

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, Jail Diversion, and Behavioral Health Dockets, as well as the Virginia Veterans and Family Support (VVFS) Program, the Mental Illness in Jails Annual Report, and the Annual Crisis Intervention Team Conference and Training.

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

1. **Revision of Memorandum of Understanding** between DOC, DBHDS, and CSBs was renewed in FY18.
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 more recent initiative was 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 FY18, 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.
 - b. In FY18, 33 programs operate 38 CIT Assessment sites throughout the Commonwealth.
 - c. The CIT Assessment Site Coordinator at DBHDS provides technical assistance to the 38 CIT Assessment Sites. He also works with the CIT Coalition to attempt to bring uniformity to CIT operations.
 - d. During the 2018 session of the General Assembly, funding was approved for FY2019 that will allow for the creation of up to 6 new CIT programs and training in rural jurisdictions in Virginia.
4. **17 CSB Jail Diversion Program Initiative sites** continued to receive support and provide data on outcomes at all intercepts, including re-entry. During the 2018 session of the General Assembly, funding was approved for FY2019 that will allow for the creation of new diversion programs operating at Intercept 2 (jail booking/initial court hearings) in at least two rural jurisdictions in Virginia.
5. **DBHDS completed the *Forensic Discharge Planning for Individuals with Serious Mental Illness (SMI) in Virginia Jails***, a study commissioned by the General Assembly that examined resources needed to provide this service to anyone with SMI in local or regional jails in Virginia. New funding was approved for FY2019 to establish forensic discharge planning in two regional jails with high percentages of inmates with SMI.
6. **Behavioral Health Docket Expansion** – The Chief Justice of the Supreme Court of Virginia issued Rule 1:25 that authorized the expansion of Behavioral Health and other Specialty Dockets and established procedures for application and development of new dockets. DBHDS partnered closely with the Office of the Executive Secretary (OES) on the development of statewide standards, and has provided training in conjunction with OES to the Courts, CSBs, and local and state probation and parole on implementation and best practices. The newly established Behavioral Health Docket Advisory Committee has reviewed and approved applications from 9 dockets throughout Virginia and there are three additional docket applications pending review in FY2019. DBHDS provides funding to three of the operating Behavioral Health Dockets to support staffing and treatment services.
7. **DBHDS and the State Compensation Board (SCB) collaborated on the development of the July 2018 annual Mental Illness in Jails Survey.**
8. **DBHDS concluded its work on a 3-year planning and implementation grant 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. The two pilot sites continued to receive funding in FY18 to operate their programs. Final data analysis will take place and the grant will conclude in FY2019.

9. **DBHDS collaborated with the State Compensation Board to facilitate sharing of data related to individuals served by the DBHDS Jail Diversion cohort.** All parties were in agreement that the SCB LIDS data could be shared with DBHDS by way of uploading into a data warehouse. Steps were taken from FY15-FY17 to facilitate the development of an MOU and to discuss the logistics of making this data transfer possible. This MOU was finalized and the planning for the exchange of data began in FY17. Work on this continued into FY18, and the first successful data transfer took place. Since that time, DBHDS has begun accessing criminal justice outcome data on participants in the agency’s CSB jail diversion programs for analysis.

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

1. **Crisis Intervention Team Statewide Expansion**
 - a. The 5th annual CIT training and conference will be held in October 2018 in Blacksburg for representatives of Virginia’s 33 CIT programs and other stakeholders. The conference is a collaborative project with DBHDS, DCJS, and the Virginia CIT Coalition (VACIT).
 - b. DBHDS continues to administer the annual CIT inventory and develops annual CIT status reports.
 - c. During the 2018 session of the General Assembly, funding was approved for FY2019 that will allow for the creation of up to 6 new CIT programs and training in rural jurisdictions in Virginia.
2. **17 CSB site Jail Diversion Program Initiatives will continue to receive support and provide data on outcomes at all intercepts, including reentry.**
3. **FY19 funding will allow for expansion of jail diversion programming to several new rural sites that will provide diversion at Intercept 2** of the criminal justice process (jail booking/initial court hearings). In FY19 sites will be selected and begin operations.
4. **Forensic Discharge Planning** funds will be issued to at least two local or regional jails with high percentages of inmates with Serious Mental Illness. These sites will become fully operational and data will be collected between FY19 and FY20.
5. **DBHDS and SCB will collaborate on development of the July 2019 annual Mental Illness in Jails report to the General Assembly.**
6. **DBHDS will continue to offer one-day Cross-Systems Mapping workshops** to localities upon request.
7. **DBHDS will continue efforts to collaborate with SCB around data sharing**, and will continue to integrate the data from SCB into DBHDS’s Data Warehouse for analysis. DBHDS plans to use the newly acquired data to measure criminal justice outcomes for its 17 Jail

Diversion Programs and newly forming programs, as well as its three Behavioral Health Dockets.

8. **DBHDS will continue to serve on the Behavioral Health Docket Advisory Committee** established by the Chief Justice of the Supreme Court of Virginia, and will continue to partner with OES in providing training to localities that are starting new dockets.
9. **The Justice Reinvestment Initiative will begin in FY18.** DBHDS and DOC have collaborated and received approval to move ahead with Behavioral Health Justice Reinvestment. This is a statewide initiative focused on improving public safety through a combination of intensive data analysis and direct stakeholder engagement at the state, regional, and local levels. It aims to effectively identify and assess existing strengths, challenges, and needs of Virginia's public safety and public health systems and to make recommendations for improving recovery and recidivism outcomes people in the criminal justice system with behavioral health conditions. Technical assistance for this project will be provided by staff from the Council of State Governments Justice Center. In FY19 the Virginia Forum on Public Safety and Behavioral Health will kick off the initiative, which will continue through FY2020.

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 FY18 and steps were taken in FY18 to initiate data sharing. During FY18 data has been transferred monthly to DBHDS's data warehouse. This is the first step toward resolving the barrier, which will provide criminal justice outcome data on participants in DBHDS's 17 jail diversion programs. In the coming year, this data will be analyzed for the first time. 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. Since the certification process started in April 2015, there are 556 peers certified through the Virginia Certification Board (VCB).

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.

DBHDS is committed to providing access to Permanent Supportive Housing (PSH). PSH is a national evidence based practice for adults with serious mental illness. It combines affordable rental housing with supportive services to address the treatment and recovery needs of participants. The initial data indicates 93% of the individuals provided with PSH remain stably housed and had a 94% reduction in state hospital bed use, and a 74% reduction in private hospital bed use.

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.

DCJS has partnered with DBHDS to work on the Virginia Comprehensive Opioid Abuse (CARA) Planning grant. The goals are to develop a state wide plan that focuses on cross systems collaboration of criminal justice and behavioral health to engage individuals in substance use treatment and recovery and at each early point of contact within the criminal justice system and to expand the use of alternatives to incarceration to engage individuals in treatment and recovery. The planning phase will involve facilitating mappings across the state to identify services and gaps and to develop a statewide plan. The second phase will involve implementation on of the identified services across the state.

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 use 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 17 jail diversion programs to enhance mental health services to those involved in the criminal justice system. DBHDS convened a group of subject matter experts to develop a list of standards for the treatment of individuals with mental illness in Virginia's local and regional jails. This committee published its recommended minimum standards, and shared their report with the SJ47 Joint Subcommittee to Study Mental Health Services in Virginia in the 21st Century and the Joint Commission on Healthcare. DBHDS will continue to work with both entities on any future efforts toward implementing these standards.

DBHDS also partnered with DOC to explore the Justice Reinvestment technical assistance offered by the Council for State Governments and received the green light to move forward with this initiative. This project will focus on aligning data from behavioral health and criminal justice entities and ultimately make recommendations for improving recovery and recidivism outcomes people in the criminal justice system with behavioral health conditions.

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 provides training to local detention centers and DJJ regarding re-entry, community supervision, and addressing mental health needs of detained juveniles. Training is also provided to police departments, as requested, to increase understanding and improve interactions with adolescents in an effort to decrease arrests. DBHDS also provides clinical support and consultation to detention center staff and mental health staff to improve interactions and care.

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 three facilities and will be brought on-line in the remaining DBHDS facilities over the next two to three 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.

Forensic Discharge Planning funds (\$1,600,000 in FY19 and FY20) will be issued to at least two local or regional jails with high percentages of inmates with Serious Mental Illness. Funding will be used to create staff positions through the Community Service Boards to provide discharge planning/case management services to individuals with SMI being released from local and regional jails. These sites will become fully operational and data will be collected between FY19 and FY20.

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 counsels 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 at St. Brides Correctional Center.

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 and 80 offenders at St. Brides CC.

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 October 2018 the DMV Connect program has been successfully implemented with DMV issuing 24,000 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 2018, the CDL program has been successfully implemented with DMV issuing 40 CDLs to offenders leaving VADOC facilities.

Virginia currently has the lowest three-year re-incarceration rate in the country. VADOC calculates a three-year re-incarceration rate for a release cohort approximately four years following the date of the most recent release in that cohort. This includes three years of follow-up plus an additional year for court records to be received and entered. Data available indicates that 12 offenders completed the DMV Connect program and were released from a state responsible (SR) term of incarceration during FY2012. Of these 12 offenders, two (16.7%) returned to incarceration within three years following their release. There were 954 offenders who received IDs through the DMV Connect program and were released from SR term of

incarceration during FY2013. Of these 954 offenders, 183 returned to incarceration within three years following their release. This recidivism rate (19.2%) is lower than the overall three-year re-incarceration rate for all SR released offenders during FY2013, 22.4%. The DMV Connect ID program has had positive impact on offender recidivism rates.

Barriers: The DMV prison visit Connect team costs about \$300,000 per year. The responsibility for the annual expenditure for this service currently rests solely with DMV with no mechanism for DMV to recover costs associated with the program. The CDL program also requires both VADOC and DMV to increase workload without additional resources. However, DMV remains ready to provide the necessary services for the Connect ID program and the CDL program as demand increases.

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 developed a set of recommendations for improving the process for accepting and processing applications for both Medicaid and GAP and included those recommendations in a report submitted to the General Assembly on November 30, 2017. Also included in this report were estimates of the funding needed to implement the proposed recommendations.

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

The recommendations outlined in the report were moved forward and funded effective July 1, 2018. DMAS will be setting up a centralized, stand-alone unit in 2019 at Cover Virginia accept, process, maintain and handle pre-release determinations of eligibility for incarcerated individuals. With the expansion of Medicaid scheduled to become effective on January 1, 2019, more incarcerated individuals can be enrolled in Medicaid for coverage of inpatient hospitalization costs as well as full coverage as of the date of release from incarceration.

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. With the approval of the report recommendations and the expansion of Medicaid, 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 VEC 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.

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. Several other institutions operate veteran pods that allow offenders to live together but do not provide veteran reentry services. Veterans at these institutions will undergo reentry through the designated Cognitive Community when they are within 12 months of release.

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 and Foundations for Culinary Arts and Restaurant Management Level 1&2. Since being implemented in early 2011, over 13,800 offenders have passed the ServSafe exam and received the nationally recognized food industry certification. Since the Foundations program started in late 2012, 700 offenders have passed the Foundations for Culinary Arts and Restaurant Management Level 1 (a six-month course) and/or Level 2 (also a six Month Course) 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. VADOC have also converted 17 Staff Dining hall at the Facilities into offender food industry training programs. Offenders prepare and serve food for staff and visitors while participating in the ServSafe class and Foundations for Culinary Arts Level 1&2. Participating offenders also learn skills that will help them manage a restaurant including sanitation, food supplies, waiting tables, food code, 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?

1. 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. To work toward removing this barrier, the DOC is installing dedicated internet circuits to provide highly controlled Internet access for Internet-enabled services for Offender Technology Stakeholders in DOC Operations and Programs, Re-Entry & Education. As of October 2018, Verizon has completed installing the circuits at 9 of the 35 locations thus far (River North, Lunenberg, Fluvanna, Augusta, Appalachian, Wallens Ridge, VCCW, Dillwyn, Coffeewood). Verizon has completed submitting and scheduling the requests for the remaining 24 sites and is installing the circuits on a weekly basis.

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. 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. However, DOC has initiated a new evidence-based substance use disorder treatment curriculum, Cognitive Behavioral Interventions for Substance Abuse (CBI-SA), to replace MATRIX. This curriculum was developed by the University of Cincinnati Correctional Institute (UCCI) and will be fully implemented throughout DOC institutions by 2019.

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.

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 security level 1 facilities where previously no intensive substance abuse treatment was available, has been addressed in 2018 through the implementation of two new drug treatment programs at Halifax CC and Rustburg CC. Halifax's program was developed through a

Federal Byrne grant and Rustburg's program was funded through a Federal Residential Substance Abuse Treatment (RSAT) grant.

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.

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 two prison with approximately 100 participants.

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 2,706 new victims in FY2017. In addition to our contact, our automated notification system provided 8,458 phone calls, 6,943 emails and 11,800 letters. Over 1,359 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.

VADOC provides a facilitated Victim Offender Dialogue (VOD) process. This process is victim-initiated and victim-sensitive. After a series of preparation meetings with a trained facilitator, a face-to-face dialogue may occur between the victim/survivor and the offender responsible for the crime. Due to the extensive work of VOD Program facilitators, 26 dialogues have been completed and 6 are in preparation. During FY2017, VSU provided Advanced Training in working with Domestic and Sexual Violence cases for existing facilitators. Recruitment, interviews and selection has been made for 8 new VOD facilitators who will attend required training in the Fall of 2018.

The Victim Impact Program (VIP) attempts to have offenders gain a better insight into the harm they have caused their victims and the ripple effect of that harm throughout the community. The program is structured to hold offenders accountable and to help foster a level of empathy toward crime victims and survivors. VSU provided 2, three day trainings for new VIP facilitators in FY2017. Currently, VIP programming is running in 22 VADOC sites. There are currently 14 victim speakers who travel to VIP sites and provide offenders with first-hand accounts of the impact of crime on their lives. Fidelity measures and participant evaluations were developed for VIP during FY2017.

All registrations for the VADOC VINE system are coordinated through the VSU to ensure the most trauma informed, evidence based services for crime victims. VSU has continued to add victim data and contact logs to CORIS. An estimated 12,000 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. Victim and Stakeholder Surveys were developed and distributed throughout FY2017. Multiple video documentaries highlighting VSU initiatives were created and posted to the agency website and YouTube.

CORIS access including the Victim Module was provided to the Attorney General's Victim Notification Program (OAG) and Virginia Parole Board (VPB) 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. During FY2017, the VADOC, OAG and VPB finalized a unified form that allows victims to register once for post sentencing notification. This form combined three forms previously used by the state agencies. VADOC remains the lead agency to receive, track, register and update the victim registration data.

In 2017, the VADOC Victim Services Unit welcomed six new positions which allowed for increased correctional based victim services. Five of the new staff are Regional Victim Advocates who assist probation offices, facilities, local victim witness programs and community stakeholders to provide information and referrals to victims. Staff partner with existing local victim advocacy to assist victims with notification and questions regarding offenders in the

custody of the VADOC. One of the new staff is the Statewide Victim Advocate who provides ongoing training and assistance to facilitators of the Victim Impact: Listen and Learn curriculum.

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 and VADOC Victim/Offender Dialogue Committee.

Victim Offender Dialogue (VOD) Program facilitator meetings and training continue on an annual basis. Six VOD cases are currently in the preparation phase. VOD training for 8 new facilitators will be held in October 2018.

Quarterly meetings and training for existing VIP facilitators will continue. Staff continue to work with VADOC sites to launch the program where facilitators have been trained in VIP. It is anticipated that 5 new sites will launch in FY2018. Staff will continue to interview, recommend and accompany victim speakers to VIP classes to share the impact of crime on their lives.

Program evaluation, client and stakeholder surveys will continue to be distributed and evaluated.

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. VSU developed and facilitated 5 regional trainings offered to local stakeholders (victim/witness, victim advocates, Commonwealth's Attorney's Office, Law Enforcement, Probation & Parole) regarding post sentencing victim services offered by VADOC. VSU staff presented at 3 trainings hosted by VVAN and the Action Alliance as part of their Basic Skills for New Victim Advocates.

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. VADOC has also instituted a 136b infraction for offenders who communicate with a member of the general public with the intent to cause or instill the fear of death, injury, terrorism or intimidation. VSU staff communicate with the victim and write the charge to be processed at the facility.

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 significant changes to our Victim Services Unit to address the lack of staffing and resources for post release victim assistance and notification. The VSU located, applied and was awarded DCJS funding to increase staffing to address this gap in services. These six new grant funded positions were developed to address the post-conviction services gaps that existed for crime victims. With over 90,000 offenders under the custody or supervision of the Virginia Department of Corrections, there were only three staff to assist the over 12,000 registered victims who requested services. Our new regional advocates have been averaging over 450 per year/per advocate.

The new regional positions allowed for proactive communication to assist victims with information and provide referrals regarding the correctional and reentry phases of the criminal justice process. Regional advocates work in collaboration with existing victim resources to improve information, services and referrals to victims. They also serve as a liaison for the victim during all phases of VADOC custody.

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.

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

The VADOC 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 created a new position, Veteran Programs Manager, to lead DOC efforts in support of incarcerated veterans and is in the process of filling this position. DOC also has a part-time Veteran Advocate position (currently unfilled) 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 Greenville 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 programs manager position was created to handle an increasing number of veterans with the VADOC along with the current part-time veteran advocate position.

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 Byrne grant to provide for substance abuse treatment at Halifax CC, a low security level prison, through use of computer software program. DOC also received an RSAT grant to provide substance abuse treatment services at the level-one Rustburg CC

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.

Jail Mental Health Pilot Program

The 2016 Appropriations Act established the Jail Mental Health Pilot Program (JMHP) to help address the high incidence of mental illness among inmates in local jails. The JMHP is a grant program to provide a continuum of behavioral health services to inmates while incarcerated and once released to the community.

The Department of Criminal Justice Services (DCJS) awarded \$3.5 million in state grant 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-Manassas Regional 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.

Each pilot site was able to implement additional, enhanced mental health services for inmates entering the jail and a number of achievements were identified across the six jails over the 18-month pilot program. The six pilot jails:

- Hired a total of 18 additional staff, including 7 reentry specialists or case managers, 3 peer support specialists, 3 consultant licensed clinicians, 2 licensed clinicians, 2 psychiatric services consultants, and 1 community case manager
- Provided jail staff with mental health training, which included Mental Health 101, Mental Health in Corrections, Crisis Intervention Team training, certified peer counselor training, Dialectical Behavior Therapy training, and Officer Training: An Introduction to Intellectual and Developmental Disabilities: Support and Communication Strategies
- Implemented new evidence-based curricula taught by specialists in the jails
- Increased the percentage of inmates that received a mental health screening from 69% to 84%
- Reduced the longest amount of time that inmates had to wait to be screened following booking. During the first quarter of the program, 10% of inmates had to wait 72 hours or more to be screened; by the fifth quarter of the program, only 3% had to wait this long
- Increased Mental health one-on-one therapy hours from 183 hours in the first quarter to 445 hours in the fifth quarter
- Increased group therapy hours from 392 hours in the first quarter to 980 hours in fifth quarter
- Increased collaborative relationships with community service providers and stakeholders, which was essential in improving the reentry process for released individuals
- Increased the number of released program participants that received aftercare services to help improve their transition back into the community

Pre-release and Post-Incarceration Services (PAPIS)

DCJS administers funding for Pre-release 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. The nine PAPIS programs are: 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 (seven locations mainly located in the southern and western parts of Virginia).

PAPIS programs work closely with local and regional jails, 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.

DCJS currently partners with the Virginia Department of Social Services (VADSS) to provide PAPIS programs with Supplemental Nutrition Assistance Program Employment Training (SNAP ET) funding. SNAP ET is federal funding that helps participants gain skills, training, or work experience to increase their ability to obtain regular employment that leads to economic self-sufficiency. VADSS allocated \$250,000 for PAPIS program participants during FY 18. DCJS distributes these funds to PAPIS programs as reimbursement for a portion of expenses programs incurred on behalf of eligible reentry clients.

PAPIS providers continue to partner with the Department of Corrections (DOC) for services in many prisons and probation and parole districts. PAPIS programs are integrated into many Community Criminal Justice Boards, Local Reentry Councils, and statewide reentry steering committees.

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. According to FY 18 data provided by the nine PAPIS sites:

- 3,461 individuals received reentry services
- 1,010 received support for wellness and physical health services
- 2,846 received transportation assistance services
- 1,025 were assisted with identification documents for clients
- 1,027 obtained permanent housing
- 1,403 were provided with clothing
- 1,739 received job readiness training
- 831 were referred to mental health treatment

Residential Substance Abuse Treatment

DCJS administers federal grant funding for the Residential Substance Abuse Treatment (RSAT) programs. RSAT programs provide residential substance abuse treatment for incarcerated inmates to prepare them for reintegration into the communities by incorporating re-entry planning activities into treatment programs. The goal of the RSAT program is to break the cycle of drugs and violence by reducing the demand and trafficking of illegal drugs.

DCJS administers grant funding for RSAT programs at Riverside Regional Jail, Western Virginia Regional Jail, and 12 facilities operated by the Department of Corrections (DOC). In FY 18, approximately 160 inmates received substance use disorder and reentry services as a result of RSAT programing.

Edward Byrne Memorial Justice Assistance Grant

DCJS administers Byrne grant funds for Loudoun County Community Corrections to provide substance use disorder (SUD) treatment for offenders under their supervision. As a result of this funding, 55 participants were screened and referred to SUD treatment and reentry services. From October 1, 2017 to June 30, 2018, 12 participants successfully completed treatment.

Victim Services

DCJS currently awards approximately \$60 million in state and federal funds to 450 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. The grants are supported by federal Victims of Crime Act (VOCA) and Violence Against Women Act (VAWA) funds, as well as state general and special funds. All funding sources permit use of funds to provide services to victims of crime who are incarcerated, including those who experienced victimization prior to incarceration and those who experienced victimization while incarcerated.

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

DCJS is continuing work with all of the aforementioned programs to expand 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?

Pre-release and Post-Incarceration Services (PAPIS) programs

Data collection and analyses has been a barrier for PAPIS programs due to outdated information systems. In an effort to minimize the impact of data collection on PAPIS programs, DCJS has simplified data collection and enhancing the performance measure process for FY 19.

Jail Mental Health Pilot Program

The jails did experience some challenges related to the reentry and aftercare elements of the program. For example, the jails experienced difficulty finding affordable housing for released inmates, difficulty ensuring medication compliance for released inmates, difficulty collecting performance data for aftercare services, and difficulty following up with released inmates. Efforts to manage these barriers to aftercare revolve around increased communication and establishing good relationships both with the inmates and with external providers.

Although increasing and improving collaborative relationships with community agencies was an achievement for the programs, it was not without its challenges. This difficulty was particularly noted for sites that worked with multiple Community Services Boards (CSBs). They specifically stated that each CSB has a unique way of operating, which can make coordination with multiple CSBs difficult.

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 (DOF) maintains work release agreements with three separate facilities in the Department of Corrections, as well as three regional jail authorities. Through these agreements, the agency provides specialized training and supervision of inmate crews that support wildland fire suppression operations, help with grounds maintenance, and provide other assistance. Examples include:

- During 2018, DOF conducted wildland firefighting training for inmates and guards at Appalachian Detention Center, Henry–Patrick Correctional Unit, and Wise Correctional Unit 18. The inmates at Unit 18 repair chainsaws, blowers, and other small engines used in firefighting.
- In March 2018, seven inmates from the Southwest Virginia Regional Jail Authority provided 54.25 hours' worth of firefighting time during a wildfire in Scott County.
- Offenders from the Albemarle County/Charlottesville regional jail continued to assist with lawn care and landscaping at the agency's headquarters.
- DOF arranged with a sawmill in Appalachia, Virginia to saw white oak lumber to the needed specifications to re-floor two of DOF transports. The transports are used to move firefighting bulldozers to the site of a fire. DOF staff then arranged for offenders at Wise Correctional Unit 18 (a DOC facility) to install the flooring on the transports. (See picture below).



- 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 this collaborative effort

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

Based on assessments, national research, and considerable staff and stakeholder input, the Department is transforming the work of the agency to reflect what was learned. Many of the changes are based on evidence and research on what best promotes success and reduces recidivism rates among court-involved youth. The Department's Transformation Plan, published in June 2016, was guided by three core strategies: (1) Safely reduce the use of the state's large and aging juvenile correctional facilities; (2) Effectively reform supervision, rehabilitation, and treatment practices for youth in custody both during their commitment and upon their return home; and (3) Efficiently replace the Department's two large, outdated JCCs with smaller, regional, rehabilitative and treatment-oriented facilities supported by a statewide continuum of local alternative placements and evidence-based services.

These principles have been instrumental in guiding the Department in meeting its fundamental goals of reducing the risk of reoffending for court-involved youth, improving and promoting the skills and resiliencies necessary for young people to lead successful lives in their communities, and improving public safety for citizens throughout the Commonwealth. With the ongoing implementation of several

transformation efforts, a fourth strategy has been added: (4) Sustain the Transformation Plan by maintaining safe, healthy, inclusive workplaces; continuing to recruit, retain, and develop a team of highly skilled and motivated staff; and aligning procedures, policies, and resources to support the team in meeting the goals of transformation.

In fiscal year 2018, there were 339 juveniles released from commitment, the majority of which 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 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.

As DJJ continues to build upon the strength of its collaborative relationships, we continue to expand those partnerships as the need arises. DJJ partners 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 support. Expanded partnerships include: partnering with DSS to serve committed youth aging out of foster care; partnering with DOC to serve youth transitioning to the Department of Corrections' community supervision; and partnering with DBHDS to serve confinement and transitional age youth (18-21) in need of mental health/substance services. 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: DJJ's continued 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) and family members of youth committed to Bon Air. The SGA consists of Bon Air residents selected by their peers to be a voice in their community. The group meets monthly to address the goals set forth in 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. The MOA has been revised to enroll youth who age out of foster care while in commitment into Fostering Futures. Fostering Futures provide independent living resources to support youth over the age of 18 as they return to the community.

Medicaid Applications: DMAS continues to act as a liaison between DJJ and the local departments of social services to assist juveniles over the age of 18 with applying for Medicaid coverage upon release to the community.

Local Workforce Development: The VCCS and the Virginia Local Workforce Development continues to partner with DJJ's Shared Network Access Point (SNAP) sites at local CSUs and Community Placement Program (CPP) 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. 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: The partnership with DMV has expanded to include remote driver knowledge testing at Bon Air JCC and state ID issuance at 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.

Reenrollment: DJJ and VDOE work with localities to reenroll juveniles returning to a public school upon release from commitment. School divisions, State Operated Programs, and the DJJ Division of Education collect demographic data for all enrolled students. Each agency complies with federal and state reporting requirements and tracks data regarding students' academic and behavioral progress. Obtaining and sharing complete student records is crucial to the academic course planning when the juvenile is admitted to a correctional facility and in preparation of students' enrollment plans upon release. Representatives from each agency collaborate to share student information. This collaboration facilitates preparation of re-entry plans prior to release and re-enrollment and placement in schools upon release. Agencies and school divisions have established timeliness to guide these processes. Designating personnel within agencies and providing training specific to enrollment procedures for each agency has aided the entry, enrollment, and re-entry transition planning.

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. Recent data has shown keeping youth closer to home increases visitation. In FY17, the CPP Average Daily Population was 70. There were 2,446 visitors at the CPP as compared to an average daily population of 148 at Bon Air and 2,012 visitors. In FY18, there was an increase with an ADP of 81 and 3,756 visitors at the CPPs. 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.

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

The DJJ is collaborating with Intercept Youth Services through AMI Kids to add a transitional living program to its continuum of services. The Summit House is located in a residential neighborhood in Chesterfield County and will provide a seamless reentry opportunity for young people leaving DJJ commitment in need of continued services and treatment to support stable housing and career opportunities that lead to successful reentry in the community.

Child Trends, a research organization out of Bethesda Maryland, has been awarded a grant through the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to evaluate DJJ's reentry reform efforts.

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.

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.

Under the former LOS Guidelines, 12-18 months was the most commonly assigned LOS for indeterminate direct care admissions. Under the current LOS Guidelines, 6-9 months is the most commonly assigned LOS. The average LOS for youth released with indeterminate commitments decreased from 14.1 months in FY 2015 to 13.4 months in FY 2016, 10.8 months in FY 2017, and 8.0 months in FY 2018. The overall direct care LOS for all releases, regardless of commitment or placement type, was 12.7 months in FY 2018.

Prior to the LOS revision, 46.3% of indeterminately committed youth were released early, 42.0% were released on time, and 11.7% were released late. Following the LOS revision, 69.3% of youth were released on time, 19.0% were released late, and 11.7% were released early. These results indicate that since the revision of the LOS Guidelines, a greater portion of youth indeterminately committed are held for a period of time that is within their assigned LOS and shows how the Department has used to discretion to extend the LOS when appropriate.

The Department will continue to monitor commitment orders and examine trends for assessing the impact of the Board of Juvenile Justice's changes to the LOS Guidelines and of the ongoing establishment of the continuum of care for committed youth.

JCC Behavior Management: 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. The CTM uses a relationship-oriented approach that helps residents identify and resolve negative behaviors that contribute to their criminogenic risk. The CTM offers a demanding, carefully crafted, multi-layered treatment experience that challenges the youth and helps them make lasting behavior changes and prepare for successful transitions back to the community. By integrating elements of trauma-informed care within the CTM, resilient residents can work to improve self-regulation, decision-making, and moral reasoning to become healthy adults and citizens.

Reentry Procedures: DJJ had numerous reentry procedures governing fragmented parts of the reentry process across several operational divisions. To address this problem, DJJ created a unified reentry process and set of procedures, which it continues to review and strengthen. The Medicaid Application Pre-Release process put in place to cut down on the amount of time for a juvenile's application to be processed upon release has not improved the 45-day wait time.

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?

Family-based services/Service Matching: Effective January 1, 2017, the RSCs implemented systems for centralized referrals and centralized billing. In May 2017, both RSCs began working with the Department to build the infrastructure necessary to develop and implement evidence-based family interventions. Two program models that have been proven to produce positive outcomes with youth involved with delinquency, Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT) were adopted and added to the service menu with 12 MST and FFT (10 new, 2 existing) teams statewide. Each of the MST and FFT teams were launched during an ambitious sixty-day roll out and began receiving referrals between October 1 – November 30, 2017. In addition to the Department’s teams, independent of the Department’s launch, the Horizon Behavioral Services (CSB located in Lynchburg) relaunched an MST that had been dormant for a number of years. That team will also be available to receive referrals from the Department. Each team can serve jurisdictions within a 90-minute catchment area.

Quality Assurance: In 2016, DJJ established a Quality Assurance (QA) Unit to monitor the integrity of interventions utilized by DJJ in addressing the needs of court-involved juveniles. The mission of the QA Unit is to provide oversight and comprehensive reviews, assessments and reports of a statewide system of evidence informed services and programs to ensure adherence to best practices, fidelity to evidence-based models and compliance to contract requirements and regulations. The unit’s current focus is on DJJ’s alternative placement programs for juveniles in direct care, but will expand its work with the regional service coordinators across divisions. This work involves performance-related, strength-based monitoring to include developing individualized continuous quality improvement plans to ensure our programs align with best practice and our agency model, risk, need and responsivity.

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

Transportation to JCCs and other placements for Visitation: DJJ’s partnership with AFOI, James River Transportation, and VanGo Transportation has expanded to provide transportation to families visiting the CPPs and other placements. From 7/1/17 – 6/30/18 there were 1,193 riders this fiscal year.

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 99 CPP beds in eight JDCs, which include a five-bed CPP for females.² 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 reentry³ for juveniles who are in the process of transitioning back to their communities.

² An additional five CPP beds may be used at any CPP based on need and availability.

³ 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.

Educational Programming: During the 2017-2018 school year (SY), the Division of Education implemented the Personalized Learning Model, in which a student’s educational path, curriculum, and instruction are tailored to their unique entry point and learning pace. This strategically transformed the delivery of services provided to both high school and post-secondary students and moved away from the traditional “stand and deliver” model of instruction to one of personalized learning. Instructional delivery includes digital curriculum delivered through a system that actively tracks the progress of the student. Teachers support learners who are at varying levels of readiness and ability.

Graduation Rates: In the 2017-2018 SY, 49 students received their Virginia high school diploma, 16 students received Penn Foster diplomas for completing an equivalent online high school curriculum, and 12 students earned their GED®. A larger percentage of students earned diplomas or GED® certificates than in the previous school years while the JCC population continuously decreased. In 2017-2018, 91.67% of eligible high school seniors graduated on June 18, 2018.

Positive Behavioral Interventions and Supports (PBIS): VTSS is a data-driven decision-making framework for establishing the academic and behavioral supports for students to be successful. VTSS aligns academics, behavior, and social-emotional wellness into a single decision-making framework to establish the supports needed for schools to be effective learning environments for all students. During the 2016-2017 SY, the Department started Responsibility-Centered Discipline (RCD), a comprehensive discipline approach to help educators learn the necessary skills and develop a plan to systematically create a culture of student self-responsibility within their schools. RCD laid the foundation for positive staff and student interactions. We further built upon the use of behavioral strategies through the implementation of PBIS. PBIS, a data-driven decision-making framework for establishing the academic and behavioral supports for students to be successful. PBIS identifies proactive strategies for defining, teaching, and supporting appropriate student behaviors to create a positive classroom and school environment. Empirically validated interventions are utilized to implement the six essential features of PBIS, including facility-wide adoption and implementation conditions, universal behavioral expectations, systematic behavior communication, and teaching, positive reinforcement systems, instructional and function-based responses to problem behavior, and strategies for defusing aggressive or escalating behavior. PBIS ultimately impacts the very culture of the facility to shift attention to positive behavior and successful learning systems for residents, allowing them to contact success across settings, which will help increase the number of opportunities available when transitioning back into the public.

Technology in Education: Technology can be a bridge to connect with businesses, educational institutions and other community agencies and organizations. A focus of the Post-Secondary offerings was to provide technology-enhanced learning opportunities that produce a skilled workforce capable of meeting the changing demands of business and industry.

Post-secondary Programming: Given the growing number of committed youth who have obtained a diploma or GED, DJJ is also expanding the array of certifications tailored to specific career paths. Specifically, to support post-graduate residents, the Division of Education has established a partnership with community colleges to provide residents with college course offerings. The Division of Education

also provides resources to CPPs to include college courses, laptops, online curriculum, videos, and financial aid training and certification options.

Risk Screening Fidelity: YASI heavily informs service planning for youth on probation and parole and length of stay recommendations for youth committed to the Department, it is imperative that staff use the tool correctly. During FY 2016, Orbis Partners Inc. was contracted to provide YASI Training of Trainers to staff members for certification as instructors, enabling the Department to create a training cadre to sustain regular training and refresher sessions. During 2017 and 2018, the Department organized 22 YASI Part I refresher training sessions. More than 500 staff members received a refresher course on YASI interviewing and scoring. The initial refresher trainings targeted internal coaches and frontline supervisors to improve fidelity to the instrument and promote inter-rater reliability. Later during 2018, the training cadre will deliver more than 20 regional-based YASI II training sessions, with a focus on collaborative, assessment-driven case planning. The Practice Improvement Unit is also currently working with CSUs and JCCs to identify internal YASI coaches as part of an overall continuous quality improvement approach. This will better allow the Department to assess worker proficiency and adherence to the model, conduct internal scoring audits on an ongoing basis, and provide on-going coaching and feedback.

Standardized Dispositional Matrix (SDM): The Department's data shows, historically, similarly situated youth can be treated differently in Virginia's juvenile justice system based on their race or geographic location within the Commonwealth. The Department has partnered with the Annie E. Casey Foundation (Casey) and the National Council on Crime and Delinquency (NCCD) to develop a SDM, a data-driven tool to help make fair and objective dispositional recommendations based on the youths risk-level and offense severity. The SDM tool ensures the most intense interventions are reserved for youth with the highest risk of future delinquency and ensures low risk youth are diverted or receive alternative dispositions, which do not require probation or formal court involvement. This ensures that youth with similar characteristics will have similar and appropriate decisions made at their case dispositions.

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 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 Birth Father Registry has provided services to assist individuals who have experienced incarceration or are currently incarcerated to register with the Virginia Birth 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 VADOC 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.

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 Veterans' 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?

The sharing of data and records is a perennial challenge for front line staff. Over the past year, the co-location of workforce partners in Virginia Career Works Centers has greatly improved collaboration and information sharing.

Employment/Job Training

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

Two new services have been implemented or modified in the past year. First, the VEC is now responsible for providing Rapid Response Re-employment Services. These services assist Virginians laid off from their jobs to obtain new jobs. Second, the Unemployment Insurance Re-employment Services Program (RESEA) is now a permanent federal program. Both of these programs can assist ex-offenders who enter the workforce in the event they lose their jobs through no fault of their own.

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 funding is the VEC's primary barrier. The state of the local and regional economy in some areas is 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 Public Defender Office

Staff from this office serve on the city's re-entry 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 re-entry 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 ill clients at all stages in the criminal justice process --from encounters with police on the street through post sentencing. Our office serves on this Committee as well.

The Mental Health Diversion Committee oversees the CIT program and CORE. This year some magistrates have taken the initiative in ordering clients to mental health treatment as soon as they are brought to the jail when setting conditions of release, thereby avoiding the booking process. When advised of these cases, we are able to watch for these people at advisement at which time we are appointed as counsel. We can then work with these clients at the earliest possible time to assist them in being successful while on release. This allows for a seamless transition through all stages of the case. 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.

We have been working with a deputy Commonwealth Attorney to whom cases are now assigned in which a defendant's mental illness is a cause of the criminal conduct charged. In cases in which the crime did not result in significant victim injury, she works with us to devise a plan to provide services, successful completion of which, results in either dismissal or reduction of the charge. It is helpful to have these cases referred to a specific prosecutor who has a great deal of experience in handling criminal cases, as well as the authority to resolve cases in ways that are much more beneficial to clients than would otherwise be the case.

The Public Defender has been working with the Commonwealth Attorney, the CSB, probation, pretrial and the Circuit Court to develop a drug treatment court in Alexandria. Our model derives from a very successful program that has been in existence in Charlottesville for many years. This model is appealing because it only accepts people with significant addictions and people with criminal histories, limited only by the Virginia Code Section governing the operation of drug courts. Unlike some other models, our proposed treatment court is not designed to take primarily low level drug users who would otherwise be successful on probation in order to create better statistics for the drug court. Further, the program is specially designed to offer clients a better resolution of their cases if successful, than they could achieve by litigating their cases or entering a standard plea. Clients are thereby much more incentivized to participate and succeed. We have submitted our grant proposal and our application for approval to the Supreme Court. We expect to learn the results in October.

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 Serv which is a valuable credential for former inmates seeking employment in the food service industry. The Board is continuing to explore the possibility of providing CDL courses to incarcerated people as the first step toward becoming licensed upon their release. Unfortunately our efforts last year stalled when our teacher was no longer

able to participate. We have added computer skills training for inmates to make them more competitive in the job market. The Board sponsors employment fairs at the jail at which local employers come to meet with inmates and accept applications. Through Offender Aid and Restoration, inmates with three months or less on their sentences work with a counselor to develop a re-entry plan. 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. Inmates can also participate in other life learning programs like Pathways to Peace, anger management, and mental health and substance abuse treatment groups.

Barriers – This 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 either because of the client’s past history or the nature of the charge. Lack of stable housing 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 continue to maintain 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. A challenge we continue to face are the charging decisions made by police involving clients who were psychotic during encounters on the street. We continue to see situations in which people seeking help, but acting bizarrely at a hospital or other location are taken into custody, committed to a facility only to be criminally charged once they are stable enough to be released. This results in decompensation and further incarceration. We urge a protocol to follow these cases to ensure compliance with treatment without having to charge the person with an offense resulting from serious mental health crises..

Arlington Public Defender 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 previously met twice a month to discuss clients scheduled to leave the detention facility within ninety days. In the past several months, however, meetings have become less frequent due to the development of the Community Re-entry Unit (CRU), which became open to clients in the Arlington County Detention Facility in spring of 2018. The unit houses over 40 individuals with upcoming release dates, and emphasizes programming aimed at preparing them for their transition back into the community. Community organizations and employers also make periodic speaking appearances in the unit to educate clients about the resources and opportunities that will be available to them upon their release. Overall, OPD's relationships with agencies in the community have strengthened due to this re-entry effort.

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.

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, which involves an agreement for therapeutic engagement. Once released, the probationer meets with both a clinician from DHS and his/her probation officer, in a collaborative effort to ensure that the client receives the appropriate supports for meeting obligations of probation. Once a month, the whole Project Exodus team meets and reviews program client progress.

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, which is why the OPD, DHS, and jail mental health staff engage in weekly Forensic Staffing Calls. These calls, which typically span 1-2 hours, consist of all parties tracking updates about a shared caseload.

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. The proposal for this position was carried over from FY18 by the CSB Mental Health Subcommittee, but still has not been resolved. Since this has been ranked by the group as priority #3, it is likely that the proposal will be made again.

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. In 2017, Arlington purchased the RNR Simulator Tool from George Mason University's Center for Advancing Correctional Excellence. The RNR Simulator Tool officially went “live” in September 2018. At this time, the tool is being tested on clients who are currently engaged in Bond Diversion programming, to gauge the accuracy of the simulation’s community treatment recommendations. DHS plans to train District 10 Probation and Pretrial Services in use of the tool so that both bond candidates and release planning candidates can be assessed for appropriate treatment.

In addition, staff from OPD serve and attend on the Mental Health Criminal Justice Committee “MHCJRC”, the Community Service Board Mental Health sub-committee, the Mental Health Docket

Committee, and Drug Treatment Court. 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 6 shelter beds into diversion beds for SMI/Criminal Justice involved homeless individuals. These beds are housed in the Residential Program Center (RPC Shelter) and make up the Re-entry Programming Unit (RPU). At this time, the RPU runs 12 groups Monday-Saturday. Participants typically spend 3-9 months in the program, at which time a focus is placed on the strengthening of prosocial community engagement.

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 Public Defender 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 Mitigation Specialist, Renee Burkey, now receives updates on upcoming job fairs, transportation assistance (Bedford is, finally, launching new 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 than 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 Public Defender Office

"Healthy Transitions" was initiated by collaboration between the District 9 Probation Office, and Region Ten Community Services. Initially this program was donation funded and has since been receiving ongoing funding 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 and/or returning to the community from prison/jail. 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). Albie LaFave is our office representative and serves on both the Steering and Programs Committees. The "Navigators" for this program have 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.

This year it has finally happened, our Therapeutic Docket Program has started as of February, 2018, after receiving preliminary approval from the Virginia Supreme Court. Our Steering Committee put in many hours of hard work to establish parameters to make this program successful. It is successful so far and the participants are doing well, particularly given the numerous challenges this population faces. The "navigators," a staff role supported by "Partners for Mental Health" have shown themselves to serve an even more critical role in the successes of our participants by helping to overcome barriers to service, which may seem like small barriers to some, but end up being larger barriers for our clients. Our General District Court judge is superb at running this docket, and community partners have stepped up with enthusiasm to make this docket a success.

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. This program is continuing to prosper under the progressive jail administration.

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 criminal justice planner and partners with Region Ten CSB are cutting edge at collecting data to research and support these efforts, and we have been surprised by the numbers of incarcerated individuals have a serious mental illness..

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

Albie LaFave serves on the Region Ten Community Services Board, Liz Murtagh on the Drug Court and Evidence Based Decision Making (EBDM) team.

Chesapeake Public Defender 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 Public Defender Office

We continue to use the Alpha Program, a local substance abuse program. The in jail portion of the program is 4 months long and is held at the Danville City Jail. The outpatient part of the program is 9 months long and held at Danville Pittsylvania Community Services.

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.

There are several faith based programs our office uses regularly. The Truth House is a 3-4 month substance abuse program for women in Danville. The Bridge Ministry is an 18 month program for men in Buckingham. The Hope Center is a fairly new substance abuse program in the Axton area. They currently only have housing for men but are hoping to open a women's facility soon. It's a 12 month program that includes a work component.

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.

Probation and Parole has recently started holding substance abuse classes in house. The classes are led by a trained Probation Officer. It's my understanding that the classes seem to be going well. We're hoping this will be a good resource for our clients who are sentenced to substance abuse classes.

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 Public Defender Office

Fairfax County Public Defender attorney and staff have continued to cooperate and collaborate with various agencies and boards in Fairfax County. Our Mitigation Specialists participate in and are part of the steering committee for the Fairfax County Re-Entry Counsel. They have helped organize the Fairfax County Adult Detention Center's Resource Fair in cooperation with the Fairfax County Sheriff's Office. This Fair is held at the Fairfax Adult Detention Center and is 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 Office continues to be active members of the Criminal Justice Advisory Board, the Community Criminal Justice Board, and the Domestic Violence Prevention, Policy and Coordinating 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 a Veteran's Treatment Docket, is starting a Drug Treatment Court in Circuit Court in October 2018 and will soon have a Mental Health Treatment Docket in General District Court. The Public Defender's Office continues to be a primary stakeholder of all of these programs. The Veteran's Treatment Docket has graduated multiple classes and currently has 16 participants and hopes to have as many as 30 in the near future. 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 efforts. At this point, hundreds of public defender clients have already been moved from the jail and into the community by connecting them with mental health services through the Merrifield mental health center. In 2017, 375 people were diverted from the criminal justice system and between April and June 2018, 136 people were diverted from potential arrest. While all of them are not clients, most of them likely 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 very often 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 bail 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 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 Public Defender Office

Our Mitigation Specialist continues to work 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 advocate for electronic monitoring for our clients as deemed appropriate. Additionally, 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 Mitigation Specialist is actively seeking new program options for our clients.

Fredericksburg Public Defender Office

This office serves clients in Fredericksburg, 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 Mitigation Specialist, and a part-time Juvenile Mitigation Specialist.

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 Courts to address substance abuse issues. The heroin and opioid crisis are straining the resources available to the Drug Court. Local prosecutors have established quotas among themselves for how the approximately 90 positions in our Drug Court program will be allocated.

This 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. The Mitigation Specialist's attend monthly meetings of the PD16 Re-Entry Council. The Re-Entry Council is comprised of agencies providing resources to returning citizens. Clients staffed at these meetings receive opportunities for services from agencies such as the Rappahannock Area Community Services Board (RACSB), The Thurman Brisben Homeless Shelter, Rappahannock Goodwill Industries, VA Cares, and District 21 Probation.

Our attorneys regularly interact with representatives of the 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 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 Public Defender 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 Mitigation Specialist'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 Mitigation Specialist must find programs outside of the area which are available for free or for minimal cost.

Hampton Public Defender 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. Mitigation Specialist continues to participate in the Re-Entry Council in Hampton. The Council meets once a month. The Sr. Mitigation Specialist has built a rapport with the new Programs Coordinator for the Hampton Sheriff's 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. . 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.

Mitigation Specialists 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.

Although our office no longer participates in the CORE (Community Oriented Re-entry Program) advisory committee, our office still utilizes the services provided by CORE by recommending the program to the Judges as an alternative to DOC placement.

Our Mitigation Specialists have become familiar with two fairly new local reentry programs, Bridging the Gap and House of Dreams. Both of these programs provide assistance to returning citizens with housing, employment, substance abuse treatment and other life skills.

Our Mitigation Specialist I is involved with our local Restorative Justice program. We are still in the early stages attempting to become a unified group of service providers working to tailor the program to the needs of our clients.

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 Public Defender Office

The Mitigation Specialist, 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. It has been a part of the legal education program in the local high schools. The office also actively participants in the newly formed Mental Health docket. It is on the Drug Court Committee. The grant application was just submitted to the Supreme Court. The office has partnered with the ARC, local organization that assists Intellectually Disabled Individuals and with Pinnacle, a M.A.T. program that assists clients with rehab and re-entry. Twice a

year attorneys go in to meet and talk with kids at the Douglas School - a school for teens who cannot function in a regular public school setting due to either behavioral, mental health or emotional issues.

The Warrenton office Mitigation Specialist, Jessica Compton, covers 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 continued 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. Jessica has started working with newer programs that have come to the area as well, Spirit works and Sex-Drugs-God. There have been several clients to be successfully placed as a referral and/or recommendation of our office. Jessica has continued building a relationship with the local CSB, Mental Health Institutions, 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 continues working with the Adult and Juvenile Probation offices to foster a stronger relationship and are working together for client's interest.

Lynchburg Public Defender 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 Mitigation Specialist 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 Lynchburg Drug Court continues to operate. The current model is limited to probation violators. The program will be reviewed by the Advisory Board in March 2019 with the hope of expanding to other types of 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 Lynchburg office also serves on the Domestic Abuse Response Team (DART) formulated by a grant to the Commonwealth's attorney's office. It's goal is to continue to evaluate and develop responses to the growing number of domestic abuse cases in the city with a collaborative effort with numerous stakeholders.

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 our new Commonwealth's Attorney who does not support the idea. We are committed to improving pretrial and bail advocacy and challenging long standing practices.

Barriers: Free or low cost long term residential treatment programs (six months or

more) are nonexistent. Free or low cost outpatient treatment programs are no longer available. Our local treatment provider has recently increased costs even for those on a sliding scale.

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. STEP has instituted a low-cost bicycle rental program for returning citizens to assist with their transportation needs.

In Henry County, construction of a new jail is on track with an anticipated completion date in 2020. 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. A mental health wing is also planned, one of very few local jails in Virginia. 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 operated through the local CSB.

The local Clean Start program no longer operates but a substance abuse counselor from the local CSB does provide services at the Martinsville jail. The City jail and the jail annex now have iPads available to inmates, who can access online certificate programs to complete in preparation for release. 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 Mitigation Specialist has contacted 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's 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, and objecting to all psychological evaluations that conclude a client is incompetent as a matter of office policy.⁶

Newport News Public Defender 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 Mitigation Specialist 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 Mitigation Specialist 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 Mitigation Specialist 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 Mitigation Specialist II works in conjunction with the Newport News Sheriff's Department Reentry Program to assist clients with obtaining State Identification Cards while incarcerated. The Mitigation Specialist 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 Public Defender 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 Public Defender 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 to meet the needs of returning citizens.

The Mitigation Specialist 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.

Despite our efforts to maintain a Mental Health Court docket in Petersburg, the program has been put on hold temporarily. The new and improved CCAP program has been utilized by our office consistently to ensure that appropriate services, especially in the area of re-entry from the Department of Corrections, are identified.

The Petersburg office continues to work closely with the Riverside Regional Jail re-entry program to identify our clients who are in need of immediate services such as housing and other essential needs. We utilize the work release program consistently to ensure our clients are able to obtain and maintain employment, which is essential for their re-entry.

The Petersburg office also works diligently with the probation department; providing services for adults and juveniles, seeking out and developing suitable alternatives to confinement; and, identifying needs and services for adult and juvenile offenders as they return home. We continue to network and to build rapport with professionals in the community and to explore alternative options for our clients to ensure they are provided the best resources available with the hope that the effort might have the effect of reducing recidivism. On July 13, 2018, a member of this office created "Past the Verdict: A Criminal Defense Attorney's Guide to Juvenile Disposition & Sentencing" at the Late Day Lecture offered by the Indigent Defense Commission.

Portsmouth Public Defender Office

Our Mitigation Specialist 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 has still not received funding for a mental health docket, the Portsmouth office took on a leading role in establishing an informal mental health docket. The Portsmouth office works closely with the GDC Court personnel, appointed doctors and DBHS to streamline mental health cases, and to more effectively meet the needs of clients with mental health issues. Additionally, our mitigation specialist has developed a direct line of communication with Eastern State, Central State and DBHS to more effectively recognize and address the mental health needs of clients coming through the criminal justice system.

Pulaski Public Defender 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. If inmates have probation/parole then probation assists with discharge plan. The Re-Entry Council has partnered with DSS, DARS, and NRVCS to make services available to inmates re-entering the community. Our Mitigation Specialist attends all council meetings and serves on the Community Support Committee, Steering Committee, and Housing Committee. The Re-Entry council has recently partnered with a community landlord to house inmates re-entering the community. The house will provide housing for 4 residents currently and is expected to be ready in November 2018. Rent is shared by District 28 Probation Office and New River Community Action.

Pulaski Circuit Court has a drug court and has graduated seven participants. Currently the drug court is grant funded by a three year grant and grant will be reapplied for another three years of funding. Drug Court and Drug Court Treatment Team are attended by Public Defender, Assistant Public Defender, and Mitigation Specialist. A mental health court is in planning stage for Pulaski County and Radford Drug Court is in preliminary stage of planning.

Bland Correctional Center continues to do re-entry planning. Local probation office assists with re-entry planning if inmate has probation after incarceration. New River Valley Regional Jail is now allowing VA CARES to assist with budgeting, life skills, and parenting classes. VA CARES is now providing some assistance for inmates re-entering the community by providing resources to get proper identification, work clothes or shoes, and some housing. Housing remains a problem in our area for those re-entering the community.

Our office provides referrals for mental health and substance abuse treatment to various agencies in and out of our community. New River Valley Regional Jail has a mental health clinician that we can refer inmates to as needed. This way if any future services are needed once inmates are released, they are already getting services through local CSB. Probation and Parole assist with funding if individuals are on probation. Community Corrections do make referrals to various local resources depending on need of individuals. NRVCS continues to provide the Bridge Program for individuals with mental health needs and/or mental health and substance abuse needs. This program provides wrap around services for individuals with mental health and/or substance abuse needs. This service is offered to pretrial release

and probationers living in Radford or Pulaski areas. This is a 14 month program and has resources to address all mental health and substance abuse needs.

Housing remains a problem due to lack of a homeless shelter. Housing is a challenge for anyone with a criminal record and even more of a barrier for someone just out jail with no money and/ or job. New River Community Action has partnered with United Way to provide a Winter Overnight Shelter. The shelter will be available from November 3, 2018- March 29, 2019. Interested parties are to report by 5:30 to Intake Center at New River Community Action and transportation is provided to warm location for the night and back to intake center the next morning. Meals are also provided. This resource is available to men and women in New River Valley. The mission of this shelter is to link individuals to employment, housing, and personal economic sustainability.

Drug Treatment options are offered by several outpatient programs through New River Valley Community Services and Community Corrections. There is one residential program that currently offers a thirty day residential treatment with 18 month after care and relapse prevention program. Probation and Parole do assist with local inpatient treatment reducing cost to individual substantially. There are a few resources outside our area in Roanoke that will accept GAP Insurance or Medicaid and residential program that will accept Medicaid in Wythe County area. Any other inpatient facilities require individual to be insured privately.

The main resource for employment is Virginia Employment Commission. DARS can also be a resource for individual with disabilities. Career Support Systems, Inc. is currently working in NRV to assist reentry individuals with employment and transportation needs when possible.

Reentry services for juveniles remain limited to those services offered by the Court Services Unit. The office works continues to work closely with juvenile probation officers in discussing services and options. The New River Valley Juvenile Detention Home offers post-dispositional program. Very few of our juvenile clients receive commitments to the Department of Juvenile Justice that are not suspended. There are very few juvenile clients transferred to be tried as adults.

Richmond Public Defender 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

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 have implemented the pilot program with only 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.

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.

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. The entire city of Richmond is suffering from a severe shortage of housing for the homeless. Until the city opens a cold weather shelter in the winter, there is no available housing for a large number of our clients.

Roanoke Public Defender 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 Mitigation Specialist, 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 Public Defender 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 releases 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 releases, and make them aware of the various educational, housing, mental health, substance abuse, and employment services that are available locally. In addition, the local prison has begun holding periodic reentry fairs, to introduce soon to be released prisoners to the same services. The local jail holds mandatory reentry counseling for all inmates nearing release. In addition to the above needs, the simple possession of proper identification has been identified as a key element to successful transition. Thus, a program has been established with the goal of insuring each released inmate has at least a state ID card. This is vital to getting housing, meds, etc.

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 Public Defender Office

In Suffolk we do not currently have any formal re-entry efforts. My Mitigation Specialist 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 Mitigation Specialist 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 Mitigation Specialist has assisted numerous clients obtain their birth certificates, which is often a prerequisite to getting a state issued picture ID.

Virginia Beach Public Defender 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. Another attorney, from the juvenile court team, serves as part of the working group that implements any of the recommendations of the executive committee.

This past year the Public Defender has 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 2018, the drug court has been active for roughly nine months and currently has nine participants, most of whom have entered the program directly from a period of incarceration. Drug court meets weekly to monitor the progress of the participants. 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 Mitigation Specialist 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 Mitigation Specialist 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 Mitigation Specialist in the search for alternatives to incarceration and for continued treatment and services after reentry. Additionally, our Mitigation Specialist 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. Our office remains heavily involved in mental health reentry in both the general district and circuit court arenas. The focus is on making certain that there is access to services from the jail to the CSB/DHS portal. Access to prescriptions, transportation, and placement is the focus of the attorneys and Mitigation Specialist in our office. We have also worked to try and make certain that everyone who needs treatment or evaluation does so in a timely fashion through both the general district and circuit court mental health programs. We are trying very hard to make sure that no one slips through the cracks.

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 Public Defender Office

The Public Defender is a member of 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 included sponsoring job fairs and 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. The Council continues efforts 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 25 clients and hopes to expand to 35 clients within the next 12 months. The Court has commenced 5 participants to date and is helping many others as they work their way through the program. Barriers to efforts to maintain the drug treatment court are the cost of treatment and housing, 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 3,000 offenders currently eligible for discretionary parole and geriatric conditional release review and a population of approximately 2,300 offenders who are on supervision in the community.

As of June 30, 2018, there were 3,264 incarcerated discretionary parole eligible offenders (2,255 of those offenders are currently discretionary parole, with 1,009 of them becoming discretionary parole eligible sometime after June 30, 2018). Additionally, the Parole Board serves a population of 1,255 geriatric conditional release eligible offenders, many of whom are also discretionary parole eligible. Per Department of Corrections, of the 30,000+ currently incarcerated offender population, over 11,000 of those offenders either are or will become geriatric conditional release eligible during the course of their incarceration.

Absent extenuating circumstances, the Parole Board grants parole conditioned upon the successful completion of the VADOC re-entry program. The Parole Board will not approve an offender's release until he/she completes the program. The VADOC places the offender in the program as soon as space is available.

On June 30, 2018, the Parole Board had 2,291 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 Correction's local probation and parole offices to ensure public safety and to respond quickly to warrant requests.

In 2017, the five Parole Board members met with Eastern, Central, and Western Region probation and parole chiefs in an effort to further collaboration and communication between the two agencies. The Parole Board Chairwoman presents to local Re-Entry Councils upon request.

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 and mental healthcare, 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.

The Special Investigations Unit (SIU) for the Parole Board is responsible for conducting pardon investigations for the Secretary of the Commonwealth and Governor's office. The SIU conducts simple pardon, conditional pardon and absolute pardon investigations. The SIU also conducts special parole interviews and investigations for parole and geriatric eligible offenders. This unit is currently composed of seven retired law enforcement officers with a combined total of 210 years of investigative experience.

DATA AND INFORMATION

The Parole Board relies upon the Department of Corrections to provide data and statistical information associated with their current incarcerated population and the population that is responsible to the Parole Board in the community.

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.

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 Parole Board is currently working with the CORIS Project Management team to resolve the inadequacies and incorporate other enhancements and streamline processes in the system.

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, the Information and Communications Technology (ICT) Division has adopted Agile methodology in order to provide the business with faster and more efficient programming. In addition,

being Agile has been instrumental in implementing and streamlining the system improvement process and building a collaborative environment. 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. A workgroup was convened by the Director of Public Safety and Homeland Security to evaluate what measures can be put in place to increase arrest reporting by law enforcement and the courts.

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 2018. 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.