

Virginia Department of Corrections



Statewide Community-Based Corrections System

Status Report FY2019

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

- DOC's recidivism rate is 23.4% ranking it the lowest in the country for the third year in a row among the 45 other states that measure recidivism similarly.
- DOC continues to improve the consistency of its probation and parole districts through the implementation of Operational Assessment Reviews conducted by teams of staff from other probation and parole districts. The Review looks at compliance with policies, contacts with offenders, case-plan driven supervision and use of evidence based practices to reduce recidivism.
- DOC continues to focus major efforts on reducing the number of homeless releases from prison. DOC continues to collaborate on community housing placements for offenders with health care needs through regular contact with local social services agencies, the Department of Aging and Rehabilitative Services, Department of Medical Assistance, local community services boards, local non-profit organizations, nursing homes and housing providers.
- DOC's sex offender containment model of probation supervision has operated effectively and provided intensive GPS supervision, polygraph examinations and treatment services to sex offenders, including supervision of Sexually Violent Predator conditional release cases from the Virginia Center for Behavioral Rehabilitation on behalf of the Department of Behavioral Health and Disability Services.
- DOC has expanded the use of evidence-based interventions with medium to high-risk probation cases by training and coaching staff on the effective use of core correctional practices using the EPICS II research based model. It has now become an established business practice in community corrections.
- DOC has collaborated with George Mason University's Center for Advancing Correctional Excellence and implemented the SOARING project that expanded 3 original pilot locations to 21 probation and parole districts. SOARING uses eLearning and supervisor observation and coaching to increase probation officer effectiveness in using risk and needs assessment, case planning and interactions with offenders to motivate and support change.
- DOC continues to operate "Learning Teams" in all community corrections units whereby staff meet together in small groups twice per month and utilize dialogue practices to resolve issues, advance team work, create improved operations and improve their intervention skills with offenders.
- The DOC transformed its Detention and Diversion Centers to bring them in line with evidence based practices. The Community Corrections Alternative Program (CCAP) provides improved services for offenders, including intensive drug treatment, and better meets the needs of sentencing courts. The new program is driven by the risks and needs for the offender and is performance based, with programs based on research that produces recidivism reductions. These changes were effective May 1, 2017. The programs are very popular with Circuit Courts and due to demand for substance abuse treatment there is a five month waiting list for participants to enter the program.
- Offenders discharging prison are provided with brief cognitive-behavioral peer support groups to follow up prison treatment and provide guidance immediately upon reentry.
- DOC continues to operate the Federal Fidelity Bonding Program for all criminal justice offenders in Virginia to assist with employability.

- DOC probation and parole chiefs actively participated as co-conveners of Local Reentry Councils in most localities in Virginia in partnership with the Virginia Department of Social Services or non-profit organizations.
- In July 2017, the General Assembly fully funded 20 mental health specialists and 6 cognitive counselors for the probation and parole districts. The positions are needed to prevent deterioration of behavior by persons with mental illness and to pilot cognitive interventions at the districts.
- DOC established a Voice Verification Biometrics Unit for low-level supervision. The recidivism data shows over-supervision of these cases not only does not reduce recidivism, but also can actually cause it to rise. These offenders are monitored through the use of biometric surveillance for voice, facial, and location verification, as well as routine automated interviews.
- In July of 2018, the Virginia Department of Corrections began a pilot program using part-time staff to visit district sites and witness the submission of urine samples for delivery to DCLS. Offenders are assigned a regimen of urine collection for the purpose of drug detection (typically once, twice, three or four times per month) and connected to a service that calls or texts them with instructions to report the following day during set periods of time for a “drug test.” The contact is then automatically entered in the notes section of the offender’s official file. Two teams of one male and one female, each visit one of eight sites each day to witness submission and collect urine for drug detection. Thirty-two collection days distributed amongst six districts and two satellite sites occur each month.

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

A major issue has been the rise of offenders who use opiates. Evidence based practices point to the use of medically assisted treatment (MAT) in these cases, yet costs are prohibitive. The DOC is participating in an interagency team to develop policy around the opiate problem. The team is led by the office of The Secretary of Public Safety and Homeland Security with membership of The Department of Behavioral Health Developmental Services. Currently DOC is operating a pilot MAT program for offenders releasing from DOC substance abuse treatment programs to the high use localities of Norfolk, Richmond and southwestern Virginia (Tazewell). In conjunctions with substance abuse counseling, participating offenders received MAT immediately before release guided by a Recovery Navigator. The Navigator continues to support the participant after release, ensuring they receive on-going MAT through local Community Services Boards.

Despite the challenges, The DOC is committed to creating lasting public safety by preparing offenders to reintegrate into law-abiding lives after the course of community correctional supervision is completed. We continue to see significant benefits from our organizational development and evidence based business practices to create a learning organization with the culture to sustain both staff and offender growth and positive change. We will continue to:

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

VADOC COMMUNITY CORRECTIONS REFERRAL GUIDE

RESIDENTIAL OPTIONS

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

VADOC COMMUNITY CORRECTIONS REFERRAL GUIDE

NON-RESIDENTIAL OPTIONS

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

Division of Community Corrections—FY 2019

Program/Services	Probationers	Post Releases/Parolees	Total	Allocation
Community Corrections Workload (June 2019 CORIS) – Excludes Out-of-State Compact	64,214	2,401	66,615	\$82,135,490
GPS/GPS Staff	Districts	Districts	Districts	\$4,282,246
651 GPS Units	Districts	Districts	Districts	See EM Total
18,403 Voice Recognition Plus 752 Interstate Cases	10,250	468	10,718	See EM Total
10 Community Residential Programs (Bed Capacity)	N/A	N/A	195	\$5,158,215*1
Community Corrections Alternative Programs (CCAP)			FY19 ADP 600	\$17,280,198

Out-of-State Interstate Compact (VA cases transferred out)	6,339	514	6,853	See Districts Total
Field Officers (Filled FTE-June 2019 PMIS)	Senior Officers: 162	Officers: 601	Surveillance Officers: 44	Total: 807

*1 Actual spend of \$5,158,215 is shown instead of Budget Allocation of \$3,163,556 because spending far exceeds allocation.

Treatment Services

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

In FY2019, the Division of Community Corrections allocated the amount of state funds noted below for alcohol and other drug abuse services; sex offender assessments, treatment and polygraphs; as well as a variety of other non-residential and residential treatment services.

Services	Allocation
Alcohol and Other Drug Abuse	
Residential / Non-Residential General Funds	\$2,942,374
Urinalysis / Oral Fluid Testing (Institutions and Community)	\$1,268,000
Sex Offender	
Assessment / Treatment	\$1,367,000
Polygraph	\$ 300,000
Community Residential Programs	\$5,158,215*
Virginia Serious / Violent Offender Reentry Initiative	\$ 700,000

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

Community Corrections Facilities

Community Correction Alternative Programs (CCAP), formerly called Detention and Diversion Centers, are designed to offer Circuit Court judges a residential treatment option for non-violent probationers as a diversion from incarceration. This may be at initial sentencing or as a response to probation violation. The Parole Board is authorized to refer parole and post-release violators.

Upon conviction, either by plea or finding by the court, if the judge desires that the defendant be evaluated for participation in CCAP, upon order of the court the Probation and Parole Officer will initiate the assessment. The Officer will complete the initial screening to determine eligibility based on the defendant's non-violent offense, medical and mental health issues, pending charges and other stipulations of the Code of Virginia §19.2-316.1. Once the initial screening is completed, the Officer will then complete the offender risk and needs assessment instrument (COMPAS) and forward that along with the initial screening document to the DOC CCAP Referral Unit. The CCAP Referral Unit will determine suitability for program participation and forward the results back to the Officer. If the court desires to place a defendant in the program, the court would impose a suspended sentence on the condition of successful completion of CCAP.

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

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

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

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

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

Facility Eligibility Criteria

5-2.7 Eligibility Determination

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

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

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

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

General medical and mental health questions

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

Sex Offender Supervision

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

Experts in the field recommend a sex offender specialist staffing ratio of 40 to 1 in order to appropriately address public safety needs. There were no additional positions allocated for FY2019 for sex offender supervision.

The Code of Virginia mandates that any offender convicted of Failure To Register on or after July 1, 2006 be placed on GPS. The department has experienced steady growth in this area and at the end of June had averaged 629 on-leg units.

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

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

The Sexually Violent Predator (SVP) civil commitment process continues to grow. The impact of this growth is felt by Community Corrections when these SVP's are granted conditional release. In FY2019 Probation and Parole Officers investigated 163 home plans for offenders being considered for conditional release. The number currently being supervised under conditional release is 220, which is an increase of approximately 8% from FY2018. Of that number, 100 are "pure" conditional release, meaning that they have no criminal obligation. In addition, notable for FY2019 is the number of Emergency Custody Orders that were executed by Probation and Parole Officers. There were 40 Emergency Custody Orders obtained by Probation and Parole Officers. With the exception of three cases, all of those taken into custody were for technical violations, meaning that these offenders were returned to custody before any re-offense. Of the three aforementioned cases, one was arrested for a new sexual offense, the second had a Felonious Assault and Violation of a Protective Order, while the third was arrested for Driving Under the Influence.

Sexually Violent Predators have been returning to court to have their SVP label removed and this has been occurring with greater frequency. In FY2019 10 offenders had this label removed. They are no longer supervised by the Department and their only remaining obligation is to update their registry information with the Virginia State Police.

There continues to be a clustering of sexually violent predators in certain jurisdictions. These offenders

have a very difficult time securing housing. In some areas of the Commonwealth there are landlords who are willing to rent to these offenders. A few of these cities are Petersburg, Richmond, the Tidewater area and Roanoke. As stated above, these offenders require a higher level of supervision and the increasing numbers in the aforementioned jurisdictions impact resources in those districts. In these identified areas are a total of seven Senior Sex Offender Supervision Specialist Officers dedicated to the monitoring of these SVP cases.

Sexually Violent Predators continue to be a high risk and high demand type of cases. By statute, these cases are monitored by global positioning systems (GPS) and have demanding conditional release plans that involve collaboration with the Office of the Attorney General and the Department of Behavioral Health and Developmental Services. Sex offenders in general are among the most demanding cases under supervision. The sex offender specialist staff must monitor offender behavior, verify and modify living arrangements as needed, work closely with sex offender treatment providers and polygraph examiners, and cope with victim trauma. There have been a number of legislative and procedural changes over the years that have resulted in increased demands on an Officer's case management duties. These would include such things as GPS, SVP cases, and the Sex Offender Verification System (SOV). Training efforts are geared toward keeping the Officer up-to-date on legislative changes, technology and evidence based supervision and treatment practices. The supervision of sexual offenders is constantly evolving and Officers need to be exposed to the most current research and training.

Currently, there are about 4,080 adult probation and parole offenders who are required to register on the Sex Offender and Crimes Against Minors Registry. The Department of Corrections continues to be proactive in their supervision and monitoring of this difficult population. Probation and Parole Officers and the Virginia State Police frequently collaborate in their efforts to ensure these offenders are properly registered with the Sex Offender and Crimes Against Minors Registry.

Supervising Sex Offenders

LARGE POPULATION

- About 22,588 persons on Sex Offender and Crimes Against Minors Registry
- About 4,080 are under Probation and Parole supervision in Virginia
- About 60,276 other felons are under Probation and Parole supervision in Virginia (another 6,339 felons are being supervised in other states).

SUPERVISION AND MONITORING ARE LABOR INTENSIVE

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

TREATMENT CAN REDUCE RISKS

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

Mental Health Services

The VADOC has significantly expanded the presence of mental health staff in Community Corrections since the District Mental Health Clinician (DMHC) positions were created in December 2016. All of the DMHC vacancies were filled in FY2019, and a new DMHC position was created in District 1 – Richmond following the retirement of the Mental Health Specialist in that office. The Community Mental Health staff is comprised of the following: 1 Mental Health Clinical Supervisor (MHCS), 3 Regional Mental Health Clinicians (Central, Eastern, and Western), 22 District Mental Health Clinicians distributed among 43 Probation & Parole Districts and 4 men’s Community Corrections Alternative Program facilities and a full time Psychology Associate at the Chesterfield Women’s Community Corrections Alternative Program. District 15 – Roanoke continues to employ a full time Mental Health Specialist.

The Community Mental Health staff has made significant contributions to the successful management of State Responsible (SR) mental health offenders under community supervision, including probationers, parolees, and detainees. The increasing numbers of SR offenders incarcerated in local and regional jails has made the role of the Regional and District Mental Health Clinicians even more integral to the DOC’s mission, as these ‘Jail Only’ offenders have contributed disproportionately to the overall recidivism rate that is associated with mental health impairment. Mentally impaired offenders consistently have had higher 3-year recidivism rates than those with no known mental impairment. Moreover, SR mental health offenders who spend all of their incarceration time in jails have almost double the re-incarceration rate of mental health offenders incarcerated in DOC Facilities (VADOC Recidivism Report, December 2018).

In the recidivism statistics, mentally impaired offenders are defined as those who have been assigned a Mental Health (MH) Code in VACORIS indicating either minimal, mild, moderate, or severe impairment, or a diagnosis of serious mental illness. A limiting factor in the recidivism data is that MH codes are only assigned to DOC Facility offenders, meaning that the statistical analyses do not capture all of the ‘Jail Only’ offenders who have mental impairment. In FY2019, there were 5,661 offenders who spent their term of incarceration in a jail. Only 2,278 of these offenders had at least one previous term of incarceration in a DOC facility, leaving 3,883 who did not have mental health codes in VACORIS.

A crucial project completed in FY2019 was the creation of Community Mental Health (CMH) Codes, which are analogous to the MH Codes used to classify DOC Facility offenders. The Community MH staff can now use the CMH Coding system to classify ‘Jail Only’ and other probationers who were not previously incarcerated in a DOC Facility. This will significantly increase the number of offenders included in DOC statistics. Additionally, the new coding system enables the Community Mental Health staff to update MH codes assigned during DOC Facility incarceration that are no longer meaningful indicators of functioning for offenders in the community. Another important outcome of this project is that for the first time, CORIS reports can be generated by Probation and Parole District, not just by Institution. This provides a vital tool for identifying and tracking mental health offenders in the community. The DMHCs began assigning CMH codes to offenders in March 2019. This will be a long-term, ongoing process that continues to improve the accuracy of recidivism data for the DOC and the ability to identify the number of mental health offenders on community supervision.

In response to the opioid crisis, the DOC has been involved in piloting the use of Medication Assisted Treatment (MAT) in several P&P Districts, prisons, and CCAP facilities. Given the extremely high rate of comorbid mental health disorders and substance abuse disorders, another positive development in FY2019 was that the Mental Health Services Unit moved from Health Services to the Division of Programs, Education, and Re-Entry. This transition should provide a stronger foundation for coordinating mental health and substance abuse treatment for offenders with co-occurring disorders. Another notable finding from the December 2018 Recidivism Report was that opioid use history emerged as a third significant factor (with incarceration location and mental health impairment)

contributing to an increased rate of recidivism. In FY2014, 'Jail Only' offenders with mental impairment and a history of opioid use had a recidivism rate of 50.5%. DOC Facility offenders with the same characteristics had a recidivism rate of 31.2%.

A summary of services provided by the Community Corrections MH staff in FY2019 is presented below. All data reported represents the number of contacts unless otherwise specified. In addition to being standout employees in carrying out their core job duties, the Community Mental Health staff are exemplary contributors to the DOC's Healing Environment. Their collective activities have included organizing team-building activities for their respective Districts; completing and providing Crisis Intervention Team (CIT) training in their respective localities; and providing training for DOC staff, including CCIT, Trauma Informed Care, and Mental Health First Aid. They have also dedicated substantial time to strengthening relationships with jails, CSBs, Re-entry Councils, and various other community-based coalitions and organizations to support successful re-entry for the men and women on DOC supervision.

	FY2018** (11/1/17 - 6/30/18)	FY2019 (7/1/18 - 6/30/19)
Direct Mental Health Contacts (including referrals for MH screenings, assessments, diagnostic clarification, or treatment recommendations; short-term interventions or monitoring)		
• DOC facility offenders	1293	2494
• Jail or court offenders	2344	5264
Intensive Treatment Intervention (emergent cases)		
• DOC facility offenders	197	243
• Jail or court offenders	332	437
• Community MH Codes Assigned	N/A	2951
• MH-9 (Release Summary) reviews	1770	2910
• Mental Health Groups	243	245
Case Consultations/Meetings		
• Regional MH Clinicians	1323	2869
• District MH Clinicians	2868	5423
• Probation Officers	6610	12,588
• Institutional/Other VADOC staff	1398	2471
• Local & Regional Jail staff	1061	1587
• Community Services Boards (CSBs)	1226	2603
• Other, including state hospitals, private providers, Community Release Placements (CRPs), DJJ	926	2171
• Re-Entry Councils or other re-entry focused meetings	313	398
• Mental Health Trainings provided	64	115
• Other Professional Meetings/Committees	715	1147

**Note: Only data for the last 7 months in FY2018 are reflected because the categories for collecting monthly CQI data were redefined in October 2017.

Interstate Compact for Adult Offender Supervision

On June 30, 2019, there were **6,853** Virginia offenders transferred to other states via the Interstate Compact for Adult Offender Supervision and **2,493** out-of-state cases under supervision in Virginia. Virginia currently ranks among the top four states in volume of transfers. In the past year, Virginia's Compact Office workload increased 8% due to a rise in transferred cases and rule changes.

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

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

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

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

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

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

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

Operations Extradition/Fugitive Services Unit

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

FY2019 accomplishments for this unit include:

1,823 persons wanted by this agency were arrested clearing **2,745** warrants.

- Assisted local, state, and federal law enforcement agencies in the arrest of **515** fugitives clearing **1,098** outstanding warrants in the process.

This unit was contacted by local, state and federal law enforcement agencies asking for informational assistance **3,962** times.

For FY2019 this unit successfully completed **133** out of state extraditions without incident.

- For FY2019 this unit completed over **3,285** case transfers in Virginia CORIS.

As one unit responsible for the entire state, this unit assigned staff the responsibility of overseeing each district ensuring that the needs of the Probation and Parole Districts are met. During FY2019 each Probation and Parole District was contacted and/or visited by a member of this unit.

- Maintained the number of our staff assigned to the United States Marshal Service Violent Fugitive Task Force in order to locate and apprehend additional dangerous fugitives. In FY2019 these Task Force Members affected **440** Arrests of Violent Fugitives.

During FY2019, this unit targeted fugitives wanted by this agency that had a history of violence against persons and considered dangerous. Fugitives meeting these criteria were added to the Department of Corrections Most Wanted website. As a result of this revised initiative this unit was responsible for the capture of **(60)** Most Wanted Fugitives.

- This unit has received several letters of commendations from sheriffs and police chiefs throughout Virginia for providing their agencies assistance searching for persons wanted by their departments.

Education Services

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

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

Educational programs are offered statewide in:

- Community Corrections Alternative Program facilities
- Reception Centers
- Adult Correctional Centers
- Adult Correctional Field Units
- Probation and Parole Units

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

Adult Programs/Services:

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

In FY2019, the academic programs in major institutions averaged 1,587 hours of instruction and the CTE programs in the major institutions averaged 1,586 hours of instruction. The Academic programs in the Correctional Field Units averaged 1025 hours of instruction and the CTE programs averaged 508 hours of instruction for fiscal year 2019. In fiscal year 2019, the three Detention and Diversion Centers had hours of Academic instruction that averaged 826 hours of Academic Instruction, The one Detention Center that offered Vocational Programs had 1572 hours of Instruction.

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

Program	Enrollments	Completions
Academic ABE/GED	495	29
Career & Technical Ed.	315	138

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

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