



COMMONWEALTH of VIRGINIA

Department of Corrections


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August 21, 2020

DECISION MEMORANDUM

TO: The Honorable Brian Moran
Secretary of Public Safety and Homeland Security

FROM: Harold W. Clarke 

SUBJECT: Statewide Community – Based Corrections System 

PURPOSE: Annual Status Report

BACKGROUND: The 2020 Budget Bill Item 397. A requires that by September 1st of each year the Department of Corrections provide a status report on the Statewide Community Based Corrections System for State Responsible Offenders. The report is to be submitted to the Chairmen of the House Courts of Justice; Health, Welfare and Institutions; and Appropriations Committees and the Senate Courts of Justice; Rehabilitation and Social Services; and Finance Committees and to the Department of Planning and Budget. The report includes a description of the Department's progress in implementing evidence-based practices in probation and parole districts and community corrections facilities.

JUSTIFICATION: 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 has achieved significant accomplishments over the past year. For the fourth year in a row, the Department's recidivism rate the lowest in the country among the 45 other states that measure recidivism similarly measuring at 23.1%.

In addition to sizable accomplishments, many challenges remain. The COVID-19 pandemic continues to require the Department to rethink how all services are provided and establish a "new normal" going forward. The agency will continue to be innovative while putting the welfare of parolees, probationers, and staff as a first priority. The agency continues to encounter limited resources and high caseloads of probation and parole officers as well as an unfunded need for additional reentry housing.

The Honorable Ralph S. Northam
August 21, 2020
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RECOMMENDATION: The report notes many successes accomplished by the agency as well as on-going challenges. I request your approval.

Approve Sending Send with Modification Deny



9/11/20

Brian J. Moran

Date

Virginia Department of Corrections

Draft 8.25.20



Statewide Community-Based Corrections System

Status Report FY2020

Harold W. Clarke, Director of Corrections

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Introduction

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

Successes:

- DOC's recidivism rate is 23.1% ranking it the lowest in the country for the fourth year in a row among the 45 other states that measure recidivism similarly.
- During the last four months of FY 2020 the COVID 19 pandemic and the Governor's Emergency Orders caused major operational changes for community corrections. DOC set a high standard in complying with the Center for Disease Control and Virginia Department of Health guidance to adapt its probation supervision techniques, putting the welfare of staff and offenders as a first priority. While some services have been suspended due to requirements, the Department has utilized many innovate ways to safely provide probation supervision. This includes:
 - electronic methods of conducting case openings and contacts with probationers, using drive-by methods for home contacts,
 - providing programming and mental health consults through teletherapy applications such as Google Meets,
 - donning full PPE for GPS installation or drug testing,
 - utilizing cutting edge point prevalence COVID 19 testing at facilities to identify and quarantine any offenders or staff who tested positive,
 - eliminating movement among housing units at facilities,
 - providing three months of prescribed medications to offenders being released from DOC facilities,
 - suspending outside visitation and non-essential contractors,
 - establishing aggressive sanitation procedures, and
 - requiring social distancing and mandating all staff and probationers to wear masks.
- During the pandemic the Department has continued to provide programmatic services at the Community Corrections Alternative Program facilities either virtually or utilizing social distancing and masks, however intake to the facilities was suspended to reduce the likelihood of contamination.
- DOC continues to focus major efforts on reducing the number of homeless releases from prison. This includes efforts 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.

- The General Assembly provided the agency with 6 positions for cognitive behavioral programming at 6 probation and parole districts. This pilot has been extremely successful in FY 2020, allowing an increase in programmatic services at those districts and freeing up probation officers to focus more on field supervision. The pilot is a model that should be replicated at all probation and parole districts.
- 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 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 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 Learning Teams were suspended in March due to the COVID-19 pandemic but will restart virtually in the near future.
- The DOC expanded its Community Corrections Alternative Programs (CCAP) to an additional facility in an attempt to meet the high demands from programming by sentencing courts. The programs are very popular with Circuit Courts because they offer substance abuse treatment and residential treatment resources in the community are scarce. The operation of these programs is addressed more thoroughly later in this report.
- Offenders discharging prison are provided with brief cognitive-behavioral peer support groups to follow up prison treatment and provide guidance immediately upon reentry. Due to COVID-19 these groups were suspended and some are offered virtually.
- 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. These Councils are suspended due to COVID 19 though some meet virtually.
- DOC's Voice Verification Biometrics Unit for low-level supervision continues to operate successfully. 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 conjunction with the Department of Behavioral Health and Developmental Services and local Community Services Boards, the DOC offers a pilot medically assisted treatment (MAT) program for individuals reentering the community after completing substance use disorder treatment in prison or in a CCAP facility. The pilot operates in conjunction with counseling and provides Vivitrol to volunteering offenders to support their desistance from opiate use after release. The initial dose is provided within the correctional facility, with MAT services after release provided

by the local Community Services Boards. The pilot program is offered to program participants releasing to high opiate use areas of Richmond, Norfolk and southwest Virginia (Tazewell).

Challenges:

In addition to sizable accomplishments many challenges remain. The COVID 19 pandemic continues to require the Department to rethink how all services are provided and establish a “new normal” going forward. The agency will continue to be innovative while putting the welfare of probationers and staff as a first priority.

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 G.P.S. and the rising number of gang members are challenges.

Substance use disorder continues to be rampant among criminal justice involved offenders and community resources for treatment, particularly residential treatment, are extremely limited. Services in rural areas are also very limited.

Moving Forward:

With its many successes and 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. The Department continues 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 sanction, and
- 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 as sentencing option ▪ 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 unless it is a juvenile adjudication which is acceptable) ▪ No prior felony convictions under 18.2-248 or 18.2-248.1 ▪ Must be mentally and physically able to participate ▪ Judge imposes full sentence (min. 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: <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 as sentencing option ▪ 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, medication assisted treatment (Vivitrol)
Community Corrections Alternative Program (CCAP)	Community Residential Programs (CRP)
<ul style="list-style-type: none"> ▪ Available to all Courts as sentencing option effective 5/1/17 ▪ Code of Virginia 53.1-67.9 and 19.2-316.4 (completion is a condition of probation; therefore must be placed on active supervision during program and for 1 year after completion per code) ▪ Sentencing to CCAP may not be in addition to an active state responsible sentence ▪ Targets medium and high risk participants with intensive substance abuse or cognitive behavioral needs ▪ Current offense only must be nonviolent and not fall under 19.2-297.1 (prior record no longer considered or a factor in determining eligibility) ▪ Technical probation violators (as long as original offense is nonviolent) and some mental health needs may be eligible ▪ Request for evaluation made through probation officer prior to sentencing; referrals screened by the CCAP Referral Unit (CCAP RU) ▪ Any pending court proceedings will deem the referred participant ineligible by the CCAP RU unless ordered by multiple jurisdictions ▪ Program duration is 22-48 weeks depending on needs of the participant ▪ Community Service is a part of the program and Court may grant credit/compensation for hours completed ▪ Services Available: individualized case plans, treatment motivation programs, education, substance abuse education, cognitive restructuring, vocational training, discharge planning ▪ Locations: <ul style="list-style-type: none"> ➤ Appalachian CCAP ➤ Harrisonburg CCAP (men) 	<ul style="list-style-type: none"> ▪ Available statewide, but not as a sentencing option ▪ Code of Virginia 53.1-179 ▪ DOC managed resource for 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

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| <ul style="list-style-type: none"> ➤ Brunswick CCAP (men) ➤ Cold Springs CCAP (men) | <ul style="list-style-type: none"> ➤ Stafford CCAP (men) ➤ Chesterfield CCAP (women) |
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VADOC COMMUNITY CORRECTIONS REFERRAL GUIDE

NON-RESIDENTIAL OPTIONS

State Probation & Parole	Post Release Supervision
<ul style="list-style-type: none"> ▪ Available to all Courts as sentencing option ▪ 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"> ▪ Available to all Courts as sentencing option ▪ 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 Through Technology
<ul style="list-style-type: none"> ▪ Available in approved jurisdictions only ▪ 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"> ▪ DOC managed program ▪ Code of Virginia 53.1-131.2, 19.2-303, 19.2-295 ▪ 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	Mental Health Clinicians
<ul style="list-style-type: none"> ▪ DOC managed program ▪ 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: intensive reentry program, cognitive programs/groups, assistance with obtaining identification and other documentation, bonding eligibility letter, resource fairs, workforce preparation, classes regarding successful supervision in the community, discharge planning, medication assisted treatment (Vivitrol) 	<ul style="list-style-type: none"> ▪ DOC managed program ▪ Regional and District Mental Health Clinicians are assigned to each Probation and Parole District and CCAP facility and provide the following: <ul style="list-style-type: none"> ➤ Consultation and training to Probation Officers who supervise probationers with mental health issues ➤ Mental health screening to determine mental health needs and make supervision recommendations to DOC staff ➤ Assertive liaisoning with stakeholders to connect probationers with treatment resources in the community ➤ Facilitating programs related to mental health, such as medication management and coping skills ➤ Providing direct mental health contacts and intensive interventions for emergent cases

Community Corrections Snapshot—FY 2020

Program/Services	Probationers	Post Release/Parolees	Total	Allocation
Community Corrections Workload (June 2020 CORIS) – Excludes Out-of-State Interstate Compact	66,145	2,485	68,630	\$83,244,501
GPS Units	N/A	N/A	715	\$4,300,075
Voice Recognition 19,128 total cases 10,982 supervised by OLU 8,146 supervised by Districts	9,727 OLU	1,255 OLU	10,982 OLU	Funding included in the total funding for GPS Units Allocation above
10 Community Residential Programs (Bed Capacity)	N/A	N/A	195	\$4,991,595* ¹
Community Corrections Alternative Programs (CCAP)	N/A	N/A	FY20 capacity 816	\$19,151,464

Out-of-State Interstate Compact (VA cases transferred for supervision in other states)	6,339	514	6,853	Interstate Compact annual dues of approximately \$37,000* ²
Field Officers (Filled FTE June 2020 PMIS)	Senior Officers 170	Officers 630	Surveillance Officers 45	Total 845

*¹ Actual spend of \$4,991,595 is shown instead of Budget Allocation of \$3,163,556 because spending far exceeds allocation.

*² Interstate Compact dues are based on the each state's population size and not on the number of out-of-state cases. The cost of dues is included in the total Community Corrections Workload Allocation of \$83,244,501 shown at the top of this chart.

Treatment Services Budget

The Division of Operations, Community Corrections contracts for many specialized services including sex offender treatment, substance use disorder treatment and community housing programs. This effort makes evidence-based services and licensed service providers more readily available across the state. Further, it supports the Governor’s initiatives of increased privatization and use of women and minority vendors.

In FY2020, the Department of Corrections Community Corrections allocated the amounts (state funds) below for alcohol and other drug abuse services; sex offender assessment, treatment, polygraph; and a variety of non-residential and residential treatment services.

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	\$4,991,595*
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 Alternative Program Facilities

Community Correction Alternative Program (CCAP) are designed to offer Circuit Court judges a sentencing option that is a diversion from prison and that provides intensive, residential treatment in a Department of Corrections facility. Offenders sentenced under this option are technically probationers while they are serving their programmatic sentence in the facility. The sentencing option is for non-violent felony offenders, either at initial sentencing and/or at probation revocation proceedings. The Parole Board is also authorized to refer parole and post-release violators to CCAP.

Before acceptance into the program, the Department of Correction's must determine eligibility and suitability based on an assessment of each offenders risks and needs. 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. The research-based acceptance criteria is because individuals who are a low risk of recidivism can have their needs met effectively through community resources. On a case-by-case basis, offenders assessed as low risk but who have higher treatment needs may be accepted if treatment resources are not available in the local community or if other resources options 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 assessed needs of each participant. The participants will receive Cognitive Behavioral Treatment, substance abuse, vocational and educational services as well as engaging in a work component. Offenders needing intensive substance use disorder treatment, the majority of referrals, are assigned to specialized CCAP facilities that provide intensive treatment. These facilities also offer cutting-edge medically assisted treatment through a pilot program to support their progress in counseling at the time of release. Participants must volunteer to participate in the MAT portion of the program. The pilot program is a partnership with the Department of Behavioral Health and Developmental Services who will accept treatment of the offender once he/she transitions to post programming probation supervision. The MAT pilot includes offenders returning to home jurisdictions of Richmond, Tidewater or far southwest Virginia (Tazewell).

Since programming for the CCAP programs was redesigned in 2017 to include opiate and other drug use treatment, there have been waiting lists for the CCAP programs and offender may serve time on the wait list either incarcerated in jail or at home in the community, depending on the discretion of the sentencing court. The Department currently has 816 CCAP beds with 5 facilities/programs for men and 1 facility for women.

CCAP Eligibility Criteria

The process of assignment to CCAP requires involvement of both the court and the Department of Corrections. The court must make the referral for a CCAP program assessment and the Department determines each prospective participant's eligibility. Upon conviction, the judge may order evaluation for participation in CCAP. Once all other pending charges in other jurisdictions have been satisfied, the Probation and Parole Officer will initiate an initial screening to determine whether the defendant is non-violent and does not have serious medical issues that require more care than the CCAP facility can provide. Once the initial eligibility is determined, the Officer completes a COMPAS Risk and Needs Assessment on the offender and forwards all information to the Department of Corrections CCAP Referral Unit. The CCAP Referral Unit determines suitability for program participation based on the offender's risk level and treatment needs and forwards the results back to the Officer for communication with the referring judge. If the offender meets acceptance criteria, the court may sentence the offender to the program by suspending a portion of the sentence on the condition of successful completion of CCAP with a period of at least two years supervised probation to follow.

CCAP operations are addressed by Code of Virginia §19.2-316.2, §19.2-316.3, §53.1-67.7, §53.1-67.8 and §19.2-297.1. The items below govern eligibility criteria for evaluation and intake. The prospective candidate:

- Must be sentenced by Circuit Court and/or sanctioned by the Virginia Parole Board,
- Cannot be in addition to state responsible sentence greater than 12 months,
- Must not be a violent felon offender as defined by §19.2-297.1, Code of Virginia,
- Must not have any incidents of self-injurious behavior or suicide attempts requiring outside medical intervention or homicidal ideation during the past 12 months, and
- May will not have any medication changes within 60 days of referral or intake, as assessed on a case-by case basis.

General medical and mental health considerations include whether the prospective participant is physically stable, not requiring daily nursing care, and able to perform the activities of daily living and program requirements.

- Does the 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?

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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. Policy 735.3 Supervision of Sex Offenders in the Community in the Department of Corrections Directives and Procedures guides how sex offenders are supervised in the community.

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 FY2020 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 715 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. Practice sessions and scoring exercises 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 FY2020 Probation and Parole Officers investigated 211 home plans for offenders being considered for conditional release, and of those on conditional release, 405 six month reports were submitted. The number currently being supervised under conditional release is 253, which is an increase of approximately 15% from FY2019. Of that number, 112 are "pure" conditional release, meaning that they have no criminal obligation. Also notable for FY2020 is the number of Emergency Custody Orders that were executed by Probation and Parole Officers. There were 54 Emergency Custody Orders obtained by Probation and Parole Officers. With the exception of two cases, all of those taken into custody were for technical violations, meaning that these offenders were returned to custody before any re-offense. Of the two aforementioned cases, both had absconded from supervision. One of these offenders was returned from Georgia and charged with Failure To Register and Leaving the State. The second offender was charged with Malicious Wounding and Robbery.

Sexually Violent Predators have been returning to court to have their SVP label removed and this has been occurring with greater frequency. In FY2020 12 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 Lynchburg, Roanoke, Richmond, and the Tidewater area. 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 4,472 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 24,571 persons on Sex Offender and Crimes Against Minors Registry
- About 4,472 are under Probation and Parole supervision

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.
- Department of State Police is assisted in their investigations of alleged non-registrants.
- Global Positioning by Satellite (GPS) is underway. GPS requires active staff follow-up to alerts. Voice recognition monitoring (Shadowtrack) is used for selected cases.
- All active sex offenders are initially assigned to Intensive Supervision with special instructions imposed to address specific behaviors.

Treatment Can Reduce Risks:

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 Community Mental Health (CMH) staff continues to make significant contributions to the successful management of mental health offenders under community supervision, including probationers, parolees, and CCAP participants. The CMH staff is comprised of the following positions: one Mental Health Clinical Supervisor (MHCS); three Regional Mental Health Clinicians (Central, Eastern, and Western); twenty-two District Mental Health Clinicians (DMHCs) distributed among the 43 Probation & Parole Districts and five Men's Community Corrections Alternative Program (CCAP) facilities; and a full time Psychology Associate at the Chesterfield Women's CCAP facility.

The increasing numbers of State Responsible 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, mental health offenders who spend all of their incarceration time in local jails have almost double the re-incarceration rate of mental health offenders incarcerated in DOC facilities (VADOC Recidivism Report, December 2018). The vast majority of the caseload for CMH staff consists of Jail Only offenders.

A crucial project completed in FY2020 was the creation of CMH Codes, analogous to the Mental Health Codes used to classify DOC incarcerated offenders, which enables the CMH staff to assign mental health codes to Jail Only and other probationers who were not previously incarcerated in a DOC institution. Additionally, CORIS reports can be generated by the probation and parole district which provides a vital tool for identifying and tracking mental health offenders in the community. The CMH staff began assigning CMH codes to offenders in March 2019. During FY2020, the CMH codes were assigned to a total of 9,975 offenders. This represents 77% of the total 12,907 SR releases for the fiscal year. The utilization of CMH codes will continue 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 addition to being standout employees in carrying out their core job duties, the CMH staff dedicated substantial time to strengthening relationships with jails, Community Services Boards, Re-entry Councils, and various other community-based coalitions and organizations to support successful re-entry for the men and women on DOC supervision. The CMH staff also arranged for all DOC mental health professional staff to participate in Medicaid training provided by the Re-Entry Unit in June 2020 as a specific means of supporting MH offenders' successful re-entry to the community. Training on disability applications is being developed for all MH Services staff and will be provided before the end of the calendar year.

A comparison of services and activities performed by the Community Corrections MH staff in FY2019 and FY2020 is presented below. All data reported represents the number of individual contacts unless otherwise specified.

	FY2019 <i>(7/1/18 – 6/30/19)</i>	FY2020 <i>(7/1/19 – 6/30/20)</i>
Direct Mental Health Contacts (including referrals for MH screenings, assessments, diagnostic clarification, or treatment recommendations; short-term interventions or monitoring)		
• DOC facility offenders	2494	3929
• Jail or court offenders	5264	7564
Intensive Treatment Intervention (emergent cases)		
• DOC facility offenders	243	170
• Jail or court offenders	437	369
Community MH Codes Assigned	2951	9875
MH-9 (Release Summary) reviews	2910	3328
Mental Health Groups	245	181
Case Consultations/Meetings		
• Regional MH Clinicians	2869	2775
• District MH Clinicians	5423	5587
• Probation Officers	12,588	14,016
• Institutional/Other VADOC staff	2471	2941
• Local & Regional Jail staff	1587	1192
• Community Services Boards (CSBs)	2603	2758
• Other, including state hospitals, private providers, Community Release Placements (CRPs), DJJ	2171	3462
• Re-Entry Councils or other re-entry focused meetings	398	571
• Mental Health Trainings provided	115	126
• Other Professional Meetings/Committees	1147	1508

The COVID-19 pandemic necessitated the CMH staff's transition to predominantly telework and tele-behavioral health (TBH) interventions to continue meeting the needs of probationers in the P&P Districts and CCAP facilities. The target population for CMH staff expanded to include previously unidentified or undiagnosed probationers experiencing psychological symptoms and stressors associated with the Coronavirus. This was in addition to the normal target population of identified MH probationers released from prisons and jails, sentenced to probation from court, and referred from CCAPs. There was an overall increase in the workload of CMH staff, who increased the frequency of regular contacts with probationers to supplement services in the community that became limited or unavailable from CSBs, service providers, and other agencies that suspended accepting referrals due to COVID-19 restrictions. Although the last several months have presented some significant challenges for the CMH staff, a very positive outcome has been the recognition of tele-behavioral health as an essential and effective means of service delivery. The data presented below illustrate that CQI markers were maintained and in some cases substantially increased after TBH and teleconferencing became standard procedures for doing business.

	2019 3 rd Qtr.	2019 4 th Quarter	2020 1 st Quarter	2020 2 nd Quarter
Direct Mental Health Contacts				
• DOC facility offenders	797	743	840	1549
• Jail or court offenders	1779	1927	1865	1993
Intensive Treatment Intervention (emergent cases)				
• DOC facility offenders	40	46	42	42
• Jail or court offenders	98	105	75	91
Community Mental Health Codes Assigned	2336	2145	2987	2507
MH-9 (Release Summary) reviews	890	774	902	762
Case Consultations				
Probation Officers	3486	3307	3210	4013
Institutional/Other VADOC staff	683	614	733	911
Local & Regional Jail staff	315	319	315	243
Community Services Boards (CSBs)	732	697	668	661
Other, including state hospitals, private providers, CRPs, DJJ	719	792	882	1069

High profile incidents of racial violence also permeated the last few months of FY2020. This led to increased awareness that there is a need to develop the cultural competence of all MH staff in order to competently address the experience of racial trauma and recognize the effects of institutional racism on our offenders. The impact of these social justice issues on mental health is even bigger for the probationers than it is for the incarcerated offender population, who still have some degree of shelter until they are released to the community.

Interstate Compact for Adult Offender Supervision

On June 30, 2020, there were 6,552 Virginia offenders transferred to other states via the Interstate Compact for Adult Offender Supervision and 2,435 out-of-state cases under supervision in Virginia. Virginia currently ranks among the top four states in volume of transferred offenders.

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

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

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

Operations Extradition/Fugitive Services Unit

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

FY2020 accomplishments for this unit include:

- **675** persons wanted by this agency were arrested clearing **1,471** warrants.
- Assisted local, state, and federal law enforcement agencies in the arrest of **297** fugitives clearing **726** outstanding warrants in the process.
- This unit was contacted by local, state and federal law enforcement agencies asking for informational assistance **1,956** times.
- For FY2020 this unit successfully completed **101** out of state extraditions without incident.
- For FY2020 this unit completed over **3,198** case location status-coding changes in Virginia CORIS, due to circumstances such as case capture, placement on probation, etc.
- 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 FY2020 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 FY2020 these Task Force Members affected **293** Arrests of Violent Fugitives.
- During FY2020, 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 **(19)** 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.

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 Programs
- Correctional Centers
- 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 FY2020, the academic programs in major institutions averaged 1,231 hours of instruction and the CTE programs in the major institutions averaged 1,254 hours of instruction. The Academic programs in the Correctional Field Units averaged 833 hours of instruction and the CTE programs averaged 533 hours of instruction for fiscal year 2019. In fiscal year 2019, the three Detention and Diversion Centers had hours of Academic instruction that averaged 705 hours of Academic Instruction, The one Detention Center that offered Vocational Programs had 792 hours of Instruction. Data was impacted by Covid.

The CCAP facilities had the following overall enrollments and completions:

Program	Enrollments	Completions
Academic ABE/GED	502	7
Career & Technical Ed.	192	128

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

At the start of FY2020 technology upgrades were required by VADOC and GEDTS that prohibited testing. Additionally, due to COVID 19 we were unable to provide GED Testing to candidates during the months of March through July, affecting the number of students that were able to complete the program.

In community corrections DOC continues to build community relationships to identify and link returning citizens to resources that can assist them in completing their GED while under supervision. DOC is also working 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.