

**Community Correction Alternative Programs
Virginia Department of Corrections**

FY2020 Report



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Authority

This report has been prepared and submitted to fulfill the requirements of Appropriations Act 1289 Item 399 Letter B of the Acts of Assembly of 2020. This provision requires the Virginia Department of Corrections (VADOC) to report information pertaining to the agency's opioid treatment programs in the detention and diversion centers to the Governor, the Chairmen of the House Appropriations and Senate Finance Committees by October 1st of each year.

Background

After significant evaluation, the Detention and Diversion Centers were converted to Community Corrections Alternative Programs (CCAP) in May 2017. The Code of Virginia establishes the authority and minimal eligibility criteria for CCAPs.¹ CCAPs are designed to offer circuit court judges an alternative incarceration option for non-violent felony offenders, at both initial sentencing and revocation proceedings. The Parole Board was later authorized to refer parole and post-release violators. To promote lasting public safety, CCAPs provide intensive cognitive interventions in a structured environment for those at higher risk of recidivism under VADOC care.

VADOC evaluates defendants for CCAP placement at the request of the judge. The probation and parole officer initiates the assessment upon conviction, by either plea or finding by the court, and upon the order of the court. The officer completes the initial screening to determine program eligibility as stipulated in the Code of Virginia.

Following the initial program eligibility screening, the officer completes the offender risk and needs assessment instrument (COMPAS), and forwards it along with the initial screening document to the VADOC CCAP Referral Unit. The CCAP Referral Unit determines suitability for program participation. A court imposed program placement is required, along with a suspended sentence followed by two years of probation supervision, contingent on successful CCAP completion.

Offender risk and treatment needs are 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, low risk offenders with higher treatment needs will be accepted if treatment resources are not available in the local community or all resources have been exhausted. For example, an offender who is lower risk but may need intensive drug treatment when there are no local resources may be accepted.

The needs of the participant will determine the duration of the CCAP. The COMPAS Risk Needs Assessment identifies specific criminogenic needs that contribute to the participant's criminal

¹ See Code of Virginia, §§19.2-297.1, 19.2-316.4, 53.1-67.7, and 53.1-67.8. Per §19.2-316.4(B)(2), the Department shall have the final authority to determine an individual's eligibility and suitability for the program.



behavior such as criminal thinking, criminal associates and peers, cognitive behavioral or Substance Abuse. Research based treatment interventions are utilized to address these needs. Male participants who have moderate treatment needs participate in the Stafford or the Harrisonburg CCAP. The Chesterfield Women’s CCAP is designated for female offenders. The moderate participants receive cognitive behavioral treatment, substance use disorder behavioral treatment, vocational and educational services as well as engaging in a work component.

Probationers who have higher treatment needs are assigned to Appalachian CCAP, Brunswick CCAP and Cold Springs CCAP. Female participants with higher treatment needs will also participate in the Chesterfield Women’s CCAP. Participants receive intensive cognitive behavioral treatment, intensive substance use disorder services, education services, vocational training such as welding and masonry as well as the core programming listed above for the moderate offenders. Participants will continue to be evaluated and more intensive services provided as needed. The table below provides the bed capacity for each CCAP site.

CCAP Facility	Appalachian	Brunswick	Chesterfield	Cold Springs	Harrisonburg	Stafford
Bed count	106	150	150	168	126	116

In 2019, 91% of those accepted into CCAP were identified to need intensive substance use disorder services. Cold Springs, Appalachian and Brunswick are dedicated to addressing intensive substance use disorder issues for males. Intensive CCAPs utilize a peer community model similar to therapeutic community programs; structure, accountability and support are essential ingredients to the program design. The community offers an opportunity to practice the skills and apply feedback. The phase system allows participants to progress through treatment on an individual basis. The phases consist of Phase I - orientation, Phase II – resocialization and recovery skills acquisition, Phase III - internalization and maturation, Phase IV - reentry. Female offenders receive gender responsive substance use disorder resources in conjunction with treatment conducted by the outpatient substance use disorder contract providers.

Program Data

Consistent with 42 other states, VADOC's official recidivism measure is the re-incarceration of offenders with a new state responsible sentence within three years of their release.² It takes at least 4 years for data to mature to derive a three-year rate. Since the CCAP was fully implemented in 2018, there has not been an adequate follow-up time to provide recidivism

² This recidivism measure is recommended by the Correctional Leadership Association (formerly known as ASCA). This is the measure with the largest impact on corrections as it involves a state responsible incarceration.



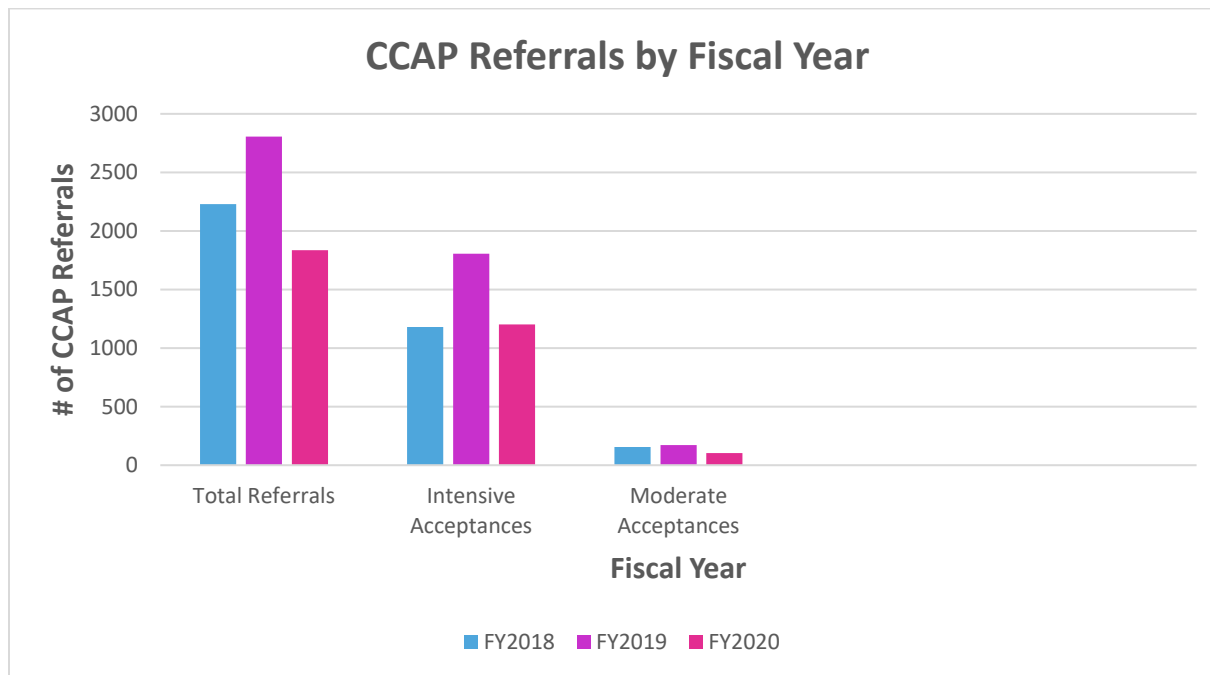
information for the current report. However, VADOC is currently tracking data on each CCAP graduate and will provide the recidivism information in the future when the data becomes mature. VADOC will continue to track intermediate measures aimed to examine the effectiveness of the program.

The following data was collected during FY 2018 to ensure the time for measurement of relapse after graduation. It should be noted that the program was in transition from the Detention and Diversion Center to the Community Corrections Alternative Programs throughout this reporting period.

- Prior to entering the CCAP, 61% of offenders had positive tests for any illegal drugs.
- Prior to entering the CCAP, overall, 35% of offenders had a history of testing positive for opioids, and varied from 27% to 47% across different CCAP sites. As the program participants with substance use disorder needs have increased, especially those with opioid dependence, it is anticipated the statistics of those with positive drug tests before entering CCAP will continue to increase in subsequent years.
- During the CCAP enrollment, the majority of offenders (overall 96%) had no positive drug test results. This data reflects not only those in the intensive phase of the program but also those in the later phase who had the opportunity to participate in vocational opportunities outside the program in community sites.

A review of CCAP Referral Data for FY 2018, 2019 and 2020 reveals the trend toward increasing need for CCAP services. Due to the COVID 19 pandemic, there was a reduction in court proceedings which resulted in a significant decline in CCAP referrals from March through June 2020.

- As the court referrals have increased, CCAP has continued to adapt to meet the needs of the target population: 59% of those referred to CCAP were accepted in FY 2018; 70% of those referred were accepted in FY 2019; and 71% of those referred were accepted in FY 2020.
- The percentage of accepted referrals requiring intensive services has continued to increase each year: 88% of referrals were accepted for intensive services in FY 2018; 91% in FY 2019; and 92% in FY2020.



FY2020 Community Corrections Alternative Programs Summary

This has been a great year of growth for the Community Corrections Alternative Programs. In FY2020, the General Assembly provided funding to add 125 beds for intensive drug treatment services in the CCAP. This expansion was critical because the CCAP is in high demand by the circuit courts. As a result of the opioid epidemic in Virginia, CCAPs have become a resource for the communities in the Commonwealth which lack the additional substance use disorder services to address the mounting needs. The increase in court referrals to CCAP resulted in a seven-month waitlist for placement at the intensive male sites. In February 2020, CCAP expanded to include Brunswick CCAP, a third male facility that provides intensive substance use disorder services. A steering committee now guides program changes to meet the increasing demand for CCAP services. A CCAP Program Manager position was created to offer oversight of the CCAP system, and to provide technical assistance with staff training and meeting targeted performance measures.

CCAP includes VADOC Medication Assisted Treatment Reentry Initiative (MATRI). Participants interested in medication-assisted treatment (MAT) are assigned a recovery support navigator (RSN) to coach the individual during the last 60 days of enrollment in the CCAP. The RSN collaborates with the community services board, probation officer, and the offender's support system to establish post release access to medication and treatment, ensuring a continuation of services. Prior to release, individuals receive an initial injection of naltrexone, commonly known as Vivitrol, which blocks the effects of opioids. This model minimizes potential for overdose since offenders are most at risk two weeks post release. The participant is encouraged to remain in



the program for the first year after release. During FY2020, the VADOC had eight CCAP participants enrolled in MAT upon release. Four were from Stafford CCAP and four were from Chesterfield Women's CCAP. As this is a new initiative, the VADOC looks forward to growing the program in the year to come.

In response to the COVID 19 pandemic, the CCAP system adapted to include intakes from both the community and local jails at two moderate sites, Stafford and Harrisonburg. This model allows for a quarantine period per CDC guidelines and assessment completion prior to placement at the intensive site. Virtual substance use disorder assessments and screeners, such as the Addiction Severity Index and the Texas Christian University Drug Screen 5, are conducted by the substance abuse treatment providers. The pandemic has also impacted outside employment opportunities for CCAP participants; these activities have been suspended since March 2020. VADOC continues to evaluate and modify programming to enhance the CCAP model.

CCAPs serve a vital role in the criminal justice system. Alternatives to prison such as substance use disorder treatment programs may be more appropriate for some offenders. CCAP offers that alternative for some probationers at higher risk of recidivism. With a focus on addressing individual treatment needs, CCAPs provide interventions that promote lasting behavior change, which increase public safety and save lives.