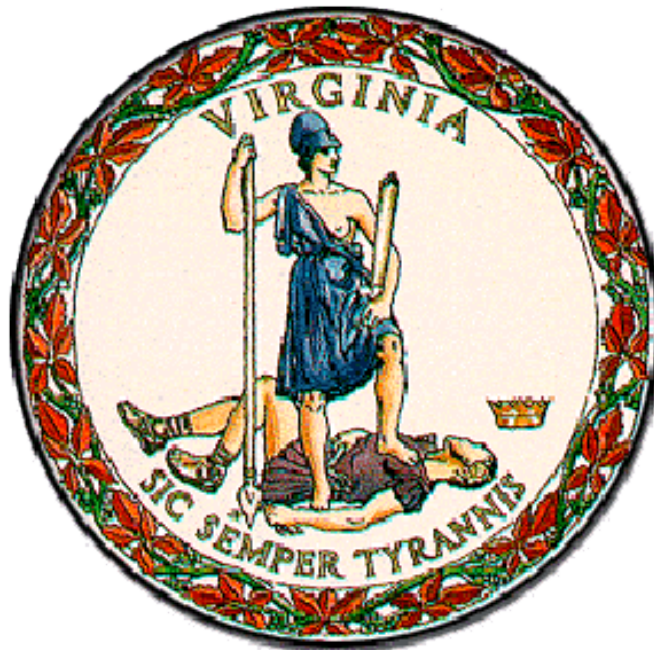


Status Report on Offender Transitional and Re-entry Services

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



November 2020

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Executive Summary

This report details the efforts made by the Virginia Department of Corrections (VADOC) and many other executive agencies to ensure that the transition of offenders from incarceration to the community is as smooth as possible. This report is produced per Item 391, Paragraph B, from Chapter 1289 of the 2020 Acts of Assembly:

B. The secretary shall continue to work with other secretaries to (i) develop services intended to improve the re-entry of offenders from prisons and jails to general society and (ii) enhance the coordination of service delivery to those offenders by all state agencies. The secretary shall provide a status report on actions taken to improve offender transitional and reentry services, as provided in § 2.2-221.1, Code of Virginia, including improvements to the preparation and provision for employment, treatment, and housing opportunities for those being released from incarceration. The report shall be provided to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees no later than November 15 of each year.

In the spirit of collaboration and combining resources, the Commonwealth is able to provide services to offenders from the time of their arrest to their release into the community by consistently approaching re-entry needs. The state agencies involved in the 2020 Re-entry Report evaluated their various programs, services and collaborative efforts during FY2020. Through their evaluation, agencies reported the assets of their programs and any barriers. Overall, barriers reported include issues with funding, participation, and access.

A number of pre and post release strategies were implemented throughout FY2020. Pre-release services were focused on mental health treatment, substance abuse treatment, employment training, life skills, and education. Post-release services included assistance in acquiring clothing, food, housing, transportation, identification, health care, and employment. These services aim to facilitate an offender's seamless re-integration into the Commonwealth.

The funding and policy barriers reported should be addressed in order to continue the facilitation of seamless re-entry services. Through evidence-based research, successful programs should be identified and replicated throughout the Commonwealth. An increase in accurate data collection is imperative to assist Virginia in its program evaluation techniques and fidelity measurements of statewide initiatives. This will ensure available funds are targeted toward effective programs and re-entry needs.

Department of Aging and Rehabilitative Services

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

Adult Protective Services Division

The Adult Protective Services Division (APSD) oversees local departments of social services—Adult Services (AS), Adult Protective Services (APS) and Auxiliary Grant (AG) activities. APSD also develops and interprets law, regulation, and policy for these programs. APSD regional consultants provide direct consultation, training and technical assistance to local AS/APS units. Home office and regional APSD staff participate in the following prisoner re-entry efforts:

- Provide information and consultation to VADOC re-entry staff on services and supports that may be available to re-entering prisoners, with the understanding that AS/APS/AG programs do not provide housing.
- Work with re-entry staff and other agencies to clarify and expedite applications, screenings and documentation for eligibility for Medicaid, AS, AG, long-term care and other benefits and supports.
- Provide information to local departments on prisoner re-entry, as well as their responsibilities and options in working with re-entering inmates.
- Monitor cases, which involve special-needs inmates and provide consultation and technical assistance to local AS and APS involved.
- Act as liaison between local AS/APS workers and VADOC release and re-entry staff on challenging cases, including confined offenders with special needs.
- Advocate for the safety and health of special needs inmates and the safety and security of the communities where they wish to locate.

Pre-Release Services

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

DARS vocational rehabilitation counselors from around the state continue to serve on local Re-entry Task Forces, lending their expertise on employment for ex-offenders with disabilities. DARS also works with VADOC Pre-Release Centers, providing them with information on eligibility requirements for vocational rehabilitation services and contact information of local DARS Field Office around the state. DARS staff also sit on the recently formed Juvenile Justice Reentry Task Force, which will design a comprehensive plan to aid juveniles released from the state's detention centers transition back to their respective communities. DARS' Vocational Rehabilitation (VR) program continues to offer Federal Fidelity Bonding to VR consumers that require bonding as a condition of employment.

DARS' Disability Determination Services (DDS) continues to participate in the SSI/SSDI Outreach, Access and Recovery (SOAR) Program in all regions of the Commonwealth. This program was designed to assist homeless individuals with severe mental, physical or a combination of both impairments to gain access to mainstream benefits such as Social Security and Medicaid. It is believed that this program benefits those with criminal backgrounds, but our current record keeping system does not currently allow us to

substantiate this type of impact. A total of 213 individuals benefited from the SOAR program for State Fiscal Year 2020.

DDS has maintained the cooperative agreement with the Department of Corrections, which identified and formalized procedures that facilitated the timely entitlement to Supplemental Security Income (SSI) for disabled and aged inmates of the Virginia Department of Corrections system. These prerelease application procedures were implemented throughout the Commonwealth and allowed inmates to file for SSI benefits prior to their release, providing for a smoother transition back into the community. These pre-release procedures apply to the initial determination only and are not used during any appeals processes. A total of 257 inmates, who were pending release, had their applications processed last state fiscal year. Additional information on the DDS SOAR and Prerelease programs can be obtained by contacting Teresa Sizemore-Hernandez, Professional Relations Coordinator at Teresa.Sizemore-Hernandez@ssa.gov.

Employment/Job Training

DARS had 1,072 ex-offenders with disabilities who applied for Vocational Rehabilitation (VR) services in federal fiscal year 2020. Of these 1,072 applicants, 931 were found eligible for services. An additional 230 ex-offenders who applied prior to FFY 2020 were found eligible to receive VR services in 2020. These services ranged from job training and job development to purchasing uniforms and equipment, which enabled them to start employment. 310 ex-offenders with disabilities became successfully employed after receiving VR services throughout the state fiscal year in 2020.

Virginia Alcoholic Beverage Control Authority

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

Virginia ABC's Education and Prevention section has a mission to decrease underage drinking and high-risk drinking in Virginia by collaborating with organizations across the Commonwealth who are equally devoted to alcohol education and prevention. Virginia ABC offers programming for youth in elementary, middle, high school and their parents, adults including college students and older adults, Virginia ABC licensees, health care providers, and prevention professionals. Programming includes conferences, free online training, grants, social media resources, statewide strategic planning, up to date data, research and trend monitoring, a publication series that spans all age groups, and a toolkit series, which helps to build the capacity of prevention-minded organizations. Additionally, Virginia ABC Education and Prevention coordinates Virginia's Office for Substance Abuse Prevention (VOSAP), formerly the Governor's Office of Substance Abuse Prevention (GOSAP), and the Virginia Higher Education Substance Use Advisory Committee (VHESUAC). VOSAP is collaborative of all state agencies that conduct underage substance use prevention and VHESUAC is a statewide strategic planning group for substance use prevention across Virginia's colleges and universities. All of these education and prevention efforts work to decrease the probability of underage alcohol use, unsafe drinking practices and alcohol addiction by increasing the capacity of Virginia's communities to combat these issues.

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

In an effort to decrease social providing and high-risk drinking, Virginia ABC is working to provide educational materials and training to those that are 21 and older by increasing knowledge of alcohol products and health and safety guidelines. Virginia ABC Education and Prevention along with Virginia ABC Enforcement are working to develop a program that will identify and recognize Virginia ABC licensed businesses that are upholding the highest level of compliance, public health, and public safety. Efforts are in place to develop a robust speaker's bureau as an added resource for community partners. Additionally, statewide needs assessments are being conducted for the licensee community and youth as an ongoing way to identify and develop programming that addresses the alcohol education and prevention needs of each audience.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

In order to adapt to circumstances brought on by the pandemic, Education and Prevention programming has been made available online. While trainings and publications for all age groups are regularly available online, youth and adult programming that is traditionally provided in-person is transitioning to an online format to continue to serve the Commonwealth in a safe and virtual manner.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

None at this time.

Department of Behavioral Health and Developmental Services

The Department of Behavioral Health and Developmental Services (DBHDS) is involved both directly and indirectly in the provision of behavioral health services to offenders leaving VADOC custody with the goal of ensuring all individuals with behavioral healthcare needs have access to services. DBHDS operates eight adult inpatient mental health hospitals, providing services to adult offenders released to the community and those in need of acute mental health services. In FY20 a total of six individuals had completed their court imposed sentence and had served their time in the Virginia Department of Corrections but were felt to be at risk of harm to self or others (due to mental illness) and in need of inpatient hospitalization. These individuals were committed to DBHDS custody rather than being released to the community. An integral part of the treatment for these individuals is the development of comprehensive discharge plans to address their re-entry needs to try to minimize the risk of reoffending.

In FY20 a total of 677 individuals were committed to DBHDS facilities from local & regional jails as being in need of emergency behavioral health services. An integral part of the treatment for these individuals also included the development of discharge plans that link the individual to behavioral health services both in the jail and in their home communities. An additional 747 individuals were admitted to DBHDS

facilities in FY20 for the purpose of restoring their competency to stand trial. Ninety-nine percent of these admissions were from local or regional jails, and again, these individuals participated in discharge planning in order to link them to behavioral healthcare services both in the jail and in their communities.

The following chart shows the number of individuals receiving services from Community Service Boards (CSBs) who are somehow justice involved. CSBs provide publicly funded (local and state funded) behavioral health and developmental services to individuals in need. DBHDS has provided training and technical assistance to CSBs on the Risk Need Responsivity model of risk management.

Referral Source Code	Referral Source Description	FY18	FY19	FY20
11	Local Correctional Facility	4720	4912	5661
12	State Correctional Facility	581	445	403
13	Local Community Probation and Pre-Trial Services (formerly CDI)	657	625	6315
14	Probation	11335	10799	N/A
15	Parole	764	797	N/A
41	Probation & Parole			4014
42	Federal Probation			203

*14 and 15 were changed to 41 and 42 in FY20

DBHDS also provides some targeted funding to CSBs who in turn provide direct services for jail diversion related initiatives. DBHDS facilitates development of local programs and provides technical assistance to programs housed in CSBs, which may serve offenders with behavioral health disorders re-entering from jail and prison.

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

DBHDS has strong collaborative relationships with Department of Corrections (DOC), Department of Criminal Justice Services (DCJS), Department of Social Services (DSS), Department of Juvenile Justice (DJJ), Department of Medical Assistance Services (DMAS), Department of Veterans Services (DVS), State Compensation Board (SCB), and other state agencies as well as with local entities such as; CSBs, community corrections agencies, police and sheriffs offices, and other local and statewide organizations and individual stakeholders, on issues pertaining to persons with behavioral health disorders and intellectual disabilities with criminal justice involvement. Specific collaborations impacting individuals reentering from prison or jail include the statewide Cross Systems Mapping initiative, the statewide expansion of Crisis Intervention Teams, Jail Diversion, and Behavioral Health dockets, as well as the Virginia Veterans and Family Support (VVFS) Program, the Mental Illness in Jails Annual Report, and the Annual Crisis Intervention Team Conference and Training.

Other specific efforts include:

1. Memorandum of Understanding between VADOC, DBHDS, and CSBs remains in place.

2. Crisis Intervention Team (CIT) Statewide Expansion – This project is a collaborative effort among DCJS, DBHDS, local CSBs, police, sheriff, consumer, and other service agencies.
 - a. There are now 38 local CIT initiatives developed and supported through federal, state, and local funding.
 - b. 38 programs operate 42 CIT Assessment sites throughout the Commonwealth.
 - c. The CIT Assessment Site Coordinator at DBHDS provides technical assistance to the 42 CIT Assessment Sites. He also works with the CIT Coalition to attempt to bring uniformity to CIT operations.
3. 18 CSB Jail Diversion Program Initiatives continue to receive support and provide data on outcomes at all intercepts, including re-entry.
4. DBHDS completed the Forensic Discharge Planning for Individuals with Serious Mental Illness (SMI) in Virginia Jails, a study commissioned by the General Assembly that examined resources needed to provide this service to anyone with SMI in local or regional jails in Virginia. New funding was approved for FY19 and FY20 to establish forensic discharge planning in two regional jails with high percentages of inmates with SMI. Those programs are operational and serving individuals as they transition to the community after release from jail.
5. Behavioral Health docket Expansion – In November 2016, The Chief Justice of the Supreme Court of Virginia issued Rule 1:25 that authorized the expansion of Behavioral Health and other Specialty dockets and established procedures for application and development of new dockets. DBHDS partnered closely with the Office of the Executive Secretary (OES) on the development of statewide standards, and has provided training in conjunction with OES to the Courts, CSBs, and local and state probation and parole on implementation and best practices. In FY20, the Behavioral Health docket Advisory Committee reviewed and approved applications from 2 dockets throughout Virginia bringing the total to 13 total dockets with two additional docket applications pending review. Three training were provided to dockets in FY20 and three are currently on hold due to the COVID-19 pandemic. DBHDS provides partial funding to four of the operating Behavioral Health dockets to support staffing and treatment services
6. DBHDS and the State Compensation Board (SCB) collaborated on the development of the July 2019 annual Mental Illness in Jails Survey.
7. DBHDS collaborated with the State Compensation Board to facilitate sharing of data related to individuals served by the DBHDS Jail Diversion cohort. All parties were in agreement that the SCB LIDS data could be shared with DBHDS by way of uploading into a data warehouse. Steps were taken from FY15-FY17 to facilitate the development of an MOU and to discuss the logistics of making this data transfer possible. This MOU was finalized and the planning for the exchange of data began in FY17. Work on this continued into FY18, and the first successful data transfer took place. Since that time, DBHDS has begun accessing criminal justice outcome data on participants in the agency’s CSB jail diversion programs for analysis.

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

1. Crisis Intervention Team Statewide Expansion
 - a. The annual CIT training and conference was scheduled for May 2020 for representatives of Virginia's 38 CIT programs and other stakeholders. The conference is a collaborative project with DBHDS, DCJS, and the Virginia CIT Coalition (VACIT). Unfortunately this conference was postponed until September 2020 due to the COVID-19 pandemic.
 - b. DBHDS is developing a CIT training program efficacy survey and completes an annual status report.
 - c. During the 2020 session, the General Assembly directed DBHDS to conduct a work group and draft a report regarding the expansion of CIT Assessment Sites to full services sites that include medical and psychiatric care. The report was drafted and submitted in October 2020.
2. 18 CSB Jail Diversion Program Initiatives will continue to receive support and provide data on outcomes at all intercepts, including re-entry.
3. Forensic Discharge Planning funds were issued to two regional jails with high percentages of inmates with Serious Mental Illness. These sites became fully operational in FY19.
4. DBHDS will continue to offer one-day Cross-Systems Mapping workshops to localities upon request.
5. DBHDS will continue efforts to collaborate with SCB around data sharing, and will continue to integrate the data from SCB into DBHDS's Data Warehouse for analysis. DBHDS plans to use the newly acquired data to measure criminal justice outcomes for its 18 Jail Diversion Programs.
6. DBHDS will continue to serve on the Behavioral Health docket Advisory Committee established by the Chief Justice of the Supreme Court of Virginia, and will continue to partner with OES in providing training to localities that are starting new dockets.

Please describe any past or current policy-level barriers to collaboration and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

At the local level and the state level, there continue to be challenges in coordination of care and information sharing between the behavioral health system and criminal justice agencies, including courts, prisons, corrections, and others, concerning individuals with behavioral health disorders. At a macro level, this is due in part to a patchwork of state level IT systems and software, which are often incompatible, and a lack of IT resources and personnel, as well as staff with substantive knowledge, to develop appropriate and effective work-around to share macro information. Criminal justice information is housed in multiple systems, for example, jails use the local inmate data system (LIDS), VADOC uses

CORIS, and the state police manage Virginia Criminal Information Network and National Crime Information Center. While each has a willingness in theory to share information that is not sensitive or protected, it is difficult to find the time and resources to bring the necessary partners to the table to address access issues at either the macro or micro level.

There also are various interpretations of the Health Insurance Portability and Accountability Act (HIPAA) with regard to sharing of information and the inconsistent interpretation of HIPAA often becomes a barrier to collaboration. Some communities have been able to overcome this at the individual (micro) level and share information regularly, but this appears to be the exception rather than the rule. SCB, DCJS and DBHDS have had discussions about ways to facilitate better access to data. These discussions continued into FY18 and steps were taken in FY18 to initiate data sharing. During FY20 data has been transferred monthly to DBHDS's data warehouse. This was the first step toward resolving the barrier, which will provide criminal justice outcome data on participants in DBHDS's 18 jail diversion programs. Continued efforts will be made to facilitate sharing of data between DBHDS, LIDS, and DCJS through other avenues.

During the 2020 legislative session of the General Assembly several bills were passed to address the barriers with information sharing between CSBs and local and regional jails. Specifically, mandating any healthcare provider who provided services within the last two years to a person committed to a local or regional jail shall, upon request, disclose information necessary to ensure the continuity of care with the exception of information protected under 42 CFR (substance use related information).

At the request of the JCHC, DBHDS worked with VADOC and SCB to create a uniform release of information form that can be used by state hospitals, VADOC facilities, jails, and CSBs. A report will be drafted that will include recommendations for implementation and any recommended code changes.

Please describe any past or current policy-level gaps in collaboration and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

DBHDS continues to advocate for a sufficient continuum of community based mental health and substance use services and access to the full range of supports for continuity of care including housing, mobile emergency services, crisis stabilization and Program of Assertive Community Treatment programs, detox centers, medication assisted treatment for opioid addiction, counseling, medications, and benefits restoration. While these resources may be difficult to put in place, local, regional and state partners continue to collaborate and understand each other's system needs and goals, more efficient utilization of current resources that can have a positive impact in addressing these missing assets.

Law Enforcement

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

There are now 38 CIT initiatives across Virginia. 38 programs operate 42 CIT Assessment Sites. Data shows a significant decrease in officer involved time for those localities which have CIT Assessment Sites, thus freeing up officers to return to their duties of providing community policing.

Employment/Job Training

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

DBHDS provides limited employment/job training programs within its inpatient psychiatric facilities. Such services are offered to those in need of and who can benefit from employment/job skills training. In addition, DBHDS has long been a strong advocate for the hiring of peers (to include forensic peers) to provide assistance, support, and guidance to others recovering from behavioral health disorders. DBHDS has successfully implemented a peer certification process, in collaboration with the Department of Health Professions and DMAS. Peer certification will elevate the role of peers with healthcare agencies and will create more job opportunities. Since 2017, 1,642 peers were certified through the Virginia Certification Board (VCB).

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

DBHDS will continue to collaborate with other agencies on addressing the new requirements for peer certification.

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

Alcohol/ Drug Addiction

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

State Opioid Response (SOR): 52.6 million dollars for Prevention, Treatment, and Recovery will be awarded from October 1, 2020-September 30 2022. These funds will enable the expansion of Medication Assisted Treatment (MAT) programs at the CSBs.

Virginia Comprehensive Opioid and Addiction Program (COAP) Grant: DBHDS and DCJS have partnered together to work on this grant. The goals are to develop a state wide plan that focuses on cross systems collaboration of criminal justice and behavioral health to engage individuals in substance use treatment and recovery at each point of contact within the criminal justice system and to expand the use of alternatives to incarceration to engage individuals in treatment and recovery. The planning phase involved facilitating mappings across the state to identify services and gaps and to develop a statewide

plan. The second phase involved implementation on of the identified services across the state. A training conference took place in October 2019 that outlined efforts being made across the state and highlighted specific programs that are being implemented that are utilizing evidence based practices. In FY20, four programs received grant funds to provide services to individuals with opioid use disorders that are involved in the criminal justice system.

Mental Health

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

DBHDS funds 18 jail diversion programs to enhance mental health services to those involved in the criminal justice system.

DBHDS convened a group of subject matter experts to develop a list of standards for the treatment of individuals with mental illness in Virginia's local and regional jails. This committee published its recommended minimum standards, and shared their report with the SJ47 Joint Subcommittee to Study Mental Health Services in Virginia in the 21st Century and the Joint Commission on Healthcare. During the 2019 legislative session of the General Assembly, a bill passed directing the Board of Local and Regional Jails (BOLRJ) to establish minimum standards for care in the jails in the Commonwealth. DBHDS is supporting the BOLRJ with this effort and is building upon the work that was done in 2018-2020.

Re-entry Focus Areas

Women

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

No new specific efforts/initiatives specifically focused on women's re-entry needs.

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

Any upcoming Cross-Systems Mapping sessions will include women's re-entry needs/issues.

Veterans

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

Assets: DBHDS continues to collaborate with Virginia Veterans and Family Support (VVFS) on veteran's mental health issues. DBHDS also collaborates with the Department of Veterans Services to enhance mental health care for veterans.

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

Any upcoming Cross-Systems Mapping sessions will include Veteran's re-entry needs/issues.

Juveniles

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

Assets: DBHDS continues to hold meetings with DJJ and local detention centers to discuss and address behavioral healthcare gaps for juveniles involved in the justice system. DBHDS funds several behavioral healthcare programs for juveniles in detention.

DBHDS provides training and consultative support to local detention centers and DJJ regarding re-entry, community supervision, and addressing mental health needs of detained juveniles. DBHDS also participates in DCJS-led training of school resource officers to increase understanding and improve interactions with adolescents in an effort to improve police-youth interactions and decrease arrests. DBHDS also provides clinical support and consultation to detention center staff and mental health staff to improve interactions and care.

Data and Information

Please describe any improvements or updates made to your agency's information system in the last year.

DBHDS continues to progress in the development of an electronic health record (EHR). The EHR is already in use in three facilities and will be brought on-line in the remaining DBHDS facilities over the next two years. The advent of the EHR will improve DBHDS' ability to share information with other providers and adhere to federal mandates regarding having accessible records. DBHDS has also created a data warehouse and via this warehouse DBHDS has begun to analyze data from various sources to better measure outcomes from our jail diversion programs. We are also in the process of developing a new database specifically for our forensic data, which will enable us to do more complete and accurate reporting.

What has been the impact to date of your agency's information system on the collaborative sharing of case-level information between agencies?

We have been able to acquire a significant amount of information from our jail diversion initiatives and will be in a position to report information more accurately concerning the clinical and criminal justice outcomes for these individuals going forward. Similarly, we are collecting data on the CIT Assessment Sites funded through DBHDS by the General Assembly and will be able to more accurately describe criminal justice and clinical outcomes for individuals who are served in the CIT Assessment Sites.

Please describe any legislative funding that your agency has received for re-entry-related initiatives? Please provide a brief description of the intended purpose of the funding and what the funding has been

used for to date, the total amount of funding that the grant will provide, and when the funding has/will terminate.

Forensic Discharge Planning funds (\$1,600,000 in FY19 and FY20) were awarded to two CSBs that serve regional jails with high percentages of inmates with Serious Mental Illness. Funding was used to create staff positions through the Community Service Boards to provide discharge planning/case management services to individuals with SMI being released from two regional jails. These programs are currently operational and received funding for FY21.

Department of Corrections

The Department of Corrections supervises about 90,000 offenders in its prisons, community corrections facilities, or on probation or parole.

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

Virginia Serious and Violent Offender Re-entry Program

Assets: This program transitions violent and sex offenders to the community from jails in Newport News, Fairfax, and Richmond City. These programs provide intensive services to offenders through contracts with the local Community Services Boards and non-profit agencies and also provide case-management services after release.

Barriers: The programs are small, serving only about 70 offenders per year. Offenders without post release supervision are not eligible to participate.

Gaps: The program is small and limited to three local communities.

Virginia Community Re-entry Program

Assets: This program utilizes the Local Re-entry Councils to help prepare offenders for re-entry. Services include coordinating with local service providers and providing pre-release planning and transition support to offenders. The Councils are convened by local Social Services agencies that partner with the VADOC, non-profits, and other re-entry stakeholders. The program has been expanded to every locality in Virginia.

Barriers: Primary coordination has been assigned to the local Department of Social Services (DSS). An increase in focus and time devoted to addressing re-entering offenders would improve meeting the needs of this population. Local DSS must run the councils using existing resources; level of participation and engagement of the local DSS and council members vary by locality.

Gaps: There is no funding for coordination of the Councils and DSS staff handle it in addition to a range of other duties. The program could benefit from a high-level staff person to provide leadership and coordination. Lack of funding ultimately limits the services that can be provided.

Faith Based Re-entry Program

Assets: This faith-based re-entry program is operated by volunteers and coordinated by Prison Fellowship, the VADOC's faith based services provider. The voluntary program uses a Christian curriculum to provide re-entry preparation programming to incarcerated offenders approaching release and mentoring upon transition to the community. The program operates at St. Brides Correctional Center and at Fluvanna Correctional Center for Women.

Barriers: Because of the faith-based nature, the program is voluntary and may appeal only to persons of Christian faith.

Gaps: As the program is faith-based, offenders must volunteer for the program instead of being assigned. The capacity is 80 offenders at St. Brides Correctional Center and 35 offenders at Fluvanna Correctional Center for Women.

Virginia Department of Motor Vehicles (DMV)

Assets: The DMV has partnered with the Virginia Department of Corrections (VADOC) to develop creative ways to provide offenders who are preparing for release with official state identification cards. The DMV Connect program has been fully implemented in all correctional facilities. DMV Connect is an outreach program where DMV personnel use portable equipment to process transactions for individuals and groups who may not otherwise have access to DMV. Examples include assisted living facilities, homeless shelters, VA hospitals, and areas hit by natural disasters. The program started in 2012 as a partnership with VADOC to serve incarcerated persons who are preparing for release by providing them with state identification cards. Identification is required for persons to obtain employment, housing, transportation, banking, and other necessary daily life activities. Offenders are now able to leave the correctional facilities with an official state identification card that will assist them in their transition and re-entry into society. As of March 2020, the DMV Connect program has issued nearly 30,000 credentials to offenders leaving VADOC facilities. The program is also able to provide duplicate drivers licenses for those that meet the criteria. The DMV Connect Program remains proactive with expansion of relevant services and prior to COVID-19 pandemic had begun to offer Real-ID to offenders as well, in compliance with the domestic travel requirements for the Department of Homeland Security Act, effective October 1, 2020 for U.S. Jurisdictions.

As a result of the coronavirus pandemic, DMV ceased in-person visits to all VADOC locations. Consequently, DMV Connect developed a remote process in which they are able to issue select credentials for those that are eligible. VADOC personnel submit applications for review and the Connect employees issue credentials. Since restrictions began in March 2020, DMV Connect remotely issued 606 credentials to individuals housed at VADOC locations.

In addition, DMV and VADOC collaborated to offer DMV Connect visits to Probation and Parole Offices to issue DMV IDs to offenders on probation and parole supervision who were not able to secure credentials prior to release. Visits have included Richmond Probation and Parole, Fredericksburg Probation and Parole, Roanoke Probation and Parole, and Norfolk Probation and Parole with additional visits scheduled for the future.

DMV has also worked collaboratively with VADOC to establish a Commercial Driver's License (CDL) program for offenders that are incarcerated. In the program, non-violent offenders who are eligible for a driver's license receive training by VADOC staff to obtain a CDL to operate a commercial motor vehicle. CDL holders may drive trucks to deliver products produced in the VADOC agribusiness program. DMV provides the training curriculum, testing, and licensure. The program provides offenders with a viable job skill that they can utilize upon release. As of September 2020, DMV successfully implemented the CDL program and issued 32 CDLs to offenders leaving VADOC facilities.

Virginia currently has the lowest three-year re-incarceration rate in the country. VADOC calculates a three-year re-incarceration rate for a release cohort approximately four years following the date of the most recent release in that cohort. This includes three years of follow-up plus an additional year for court records to be received and entered. Data available indicates that 12 offenders completed the DMV Connect program and were released from a state responsible (SR) term of incarceration during FY2012. Of these 12 offenders, two (16.7%) returned to incarceration within three years following their release. There were 954 offenders who received IDs through the DMV Connect program and were released from SR term of incarceration during FY2013. Of these 954 offenders, 183 returned to incarceration within three years following their release. This recidivism rate (19.2%) is lower than the overall three-year re-incarceration rate for all SR released offenders during FY2013 of 22.4%. The DMV Connect ID program has had positive impact on offender recidivism rates.

Barriers: Coronavirus safety requirements prevent the DMV Connect teams from entering VADOC facilities at this time.

Gaps: None.

Social Security Administration (SSA)

Assets: The collaboration between the SSA and VADOC allows offenders to apply for replacement social security (SSN) cards 120 days before release. Offenders must have SSN cards to obtain employment. The cards are also a form of identity verification used by DMV.

Barriers: The SSA will only issue cards 90 days before the offender is released from prison. This limited timeframe, given processing and mailing times, sometimes causes cards to arrive at the prison after the offender has been released. The SSA has not been willing to lengthen the timeframe.

Gaps: None.

Virginia Department of Veterans Services (VDVS)

Assets: The Virginia Department of Veterans Services (VDVS) assists justice-involved veterans through diversion efforts in jurisdictions with veterans dockets, during incarceration, and upon release to connect veterans to services in the community. VDVS benefits staff partners with VADOC to assist incarcerated veterans with benefits claims development and technical assistance as needed. The VDVS Virginia Veteran and Family Support Justice Involved Services (JIS) program provides resource connections, care coordination, and support to veterans and service members in the criminal justice system. In addition, VDVS participates in VADOC resource/re-entry fairs and other outreach initiatives

for justice-involved veterans. VDVS is also a member of the VADOC Incarcerated Veterans Quarterly Stakeholders group, which meets to discuss issues and services for incarcerated veterans. The VDVS Criminal Justice Director collaborates with VADOC to address gaps and barriers for justice-involved veterans. VDVS works closely with the VA, veteran service organizations (VSOs) and other local, state, and federal partners to provide a comprehensive network of services to justice-involved veterans. Virginia has developed a streamlined procedure for the compensation and pension (C&P) exam process for incarcerated veterans. The VDVS collaborates with the VA and VADOC to coordinate compensation and pension (C&P) exam requests for incarcerated veterans in VADOC correctional facilities. VDVS also works in partnership with the VA and VADOC on the Justice Involved Veterans with Special Needs workgroup to help coordinate discharge planning efforts for justice involved veterans with serious medical and/or mental health needs.

Barriers: Housing access for justice-involved veterans continues to be an issue, particularly for justice-involved veterans with serious medical and/or mental health needs. Many justice-involved veterans are not eligible for or able to access community housing or veteran-specific housing directly upon release from incarceration. Criminal history, HUD and housing policies, previous incarcerated status, and lack of affordable housing options are barriers for justice-involved veterans. The lack of housing options leaves justice-involved veterans competing for the same limited resources with other individuals who do not have a criminal history. Justice-involved veterans with complex medical and mental health needs face additional housing barriers due to lack of long-term care housing options and restrictive long-term care facility policies.

Gaps: Housing instabilities for justice-involved veterans diminish efforts to improve health outcomes and can increase the risk of re-offending.

U.S. Department of Veterans Affairs

Assets: The VADOC partners with the federal Veterans Affairs to allow medical and mental health examinations to be conducted on incarcerated veterans to determine if disability benefits are warranted. The VADOC welcomes VA health care examiners to examine offenders on site at the prison as needed for the VA to carry out its statutory requirement to provide compensation benefits to all veterans regardless of incarceration status. The VADOC has established a wage position to manage the Compensation and Pension (C&P) exam appointments and liaison with the VA and its contractors to assist with the completions of the exams. VADOC has developed procedure to allow both in-person exams and telehealth visits to assist with the exam process.

Barriers: The VA continues to work through internal issues with identifying providers willing to enter the correctional facilities to complete the C&P exams.

Gaps: It would be beneficial if the VA could provide disability determination examinations at the prisons. The VADOC has no issues with providing the VA access to prisons.

Virginia Department of Medical Assistance Services & Virginia Department of Social Services (Medicaid)

Assets: In collaboration with VADOC, DMAS and DSS have defined procedures for incarcerated offenders to apply for Medicaid prior to release from incarceration. When applications are accurately completed, offenders can get a Medicaid number the day of release, qualifying them for services upon release. DMAS established a central processing unit for the application intake and processing of Medicaid for offenders residing in VADOC facilities, Regional and Local Jails, and at the Department of Juvenile Justice. The Cover Virginia Incarcerated Unit (CVIU) also handles the processing of pre-release and re-entry applications for offenders upon release from facilities. Processes and procedures have been developed and implemented for the smooth transition of the offenders from incarceration to the community with the CVIU coordinating with local departments of social services. DMAS project staff continue to consult and adjust processes and procedures to meet the needs of all offender populations. In coordination with the vendor, DMAS created a web page for correctional staff that provides the Medicaid Application Process Guide and online updates to the application processes at the CVIU.

During the pandemic, the VADOC and DMAS have continued to apply/process Medicaid applications for offenders releasing from state correctional facilities.

Barriers: DMAS staff oversees the CVIU, but CVIU is staffed and managed under contract with a DMAS vendor. Due to the contractual agreements, DMAS manages the volume of applications in coordination with VADOC and jails to ensure compliance with federal and state regulations. DMAS project staff continue to meet regularly with all facility staff to ensure open communication and resolution of challenges.

Gaps: VADOC staff have experienced difficulty securing appointments with some community treatment providers prior to release due to the incarcerated offender's Medicaid aid category reflecting limited coverage while incarcerated. The community provider wants to bill Medicaid for their intake/assessment services; however, due to federal restrictions, they are unable to do so while the offender is incarcerated.

Assisting Families of Inmates (AFOI)

Assets: The VADOC offers an offender video visitation program at most prisons across the Commonwealth through the Department's partnership with community faith-based and non-profit organizations. Video visitation allows family members to meet with the offender via video conferencing at a cost lower than what the visitor typically spends traveling to a prison. Video visitation has expanded from the seven-visitation centers across the Commonwealth of Virginia to family and friends being able to participate in video visitation from home using a laptop or cell phone. This change has dramatically increased participation across VADOC facilities.

Barriers: Generally, facilities are limited to only one or two video visitation units per site for offender participation.

Gaps: The program is still in its initial implementation phase at the current sites. Approximately 20 facilities currently offer this expanded program.

Virginia Employment Commission

Assets:

Radford Office

The Radford VEC DVOP regularly attends and is a member of the New River Valley Re-entry Council. More than twenty agencies are active partners to include; Department of Corrections, Drug Courts (Pulaski, Montgomery County, Blacksburg), Virginia CARES, Social Services from six areas, Virginia Veterans and Family Support, and New River Valley Community Services just to name a few. Partners from the NRV Re-entry Council also provide monthly re-entry briefings and classes in the local jails. The Radford Center manager, staff and JVSG are very active in assisting ex-offenders in making a successful transition from prison to their community.

Bristol Office

The Bristol VEC maintains partnership with Virginia CARES, a Statewide Re-Entry Program working with the Department of Corrections, and Department of Correctional Education. The area Virginia CARES Staff work out of the Abingdon, VA People Incorporated Office. Virginia CARES Refers released individuals to the VEC for registration, job search, resume support, and job referrals. Virginia CARES assists with restoration of rights, establishes relationships with employers willing to hire ex-offenders, and provides supportive services as funding allows. Due to COVID-19, referrals for services are handled and delivered following Health and Safety Guidelines, with an emphasis on virtual appointments, telephone, and email. As restrictions relax, presumably throughout 2021, Bristol VEC staff will also support outreach activities in partnership with the SW VA Regional Jail System.

The Bristol VEC DVOP regularly attends resource fairs both virtually and when appropriate in person at the Marion Correctional Facility and speaks with returning citizens about employment post incarceration. In addition, the Bristol LVER partnered with the Department of Corrections and made a video that is shown statewide across the Department of Corrections and focuses on returning citizens who are Veterans. The video has helped bridge the outreach gap to prisons during the current pandemic.

Richlands Office

Prior to COVID-19, the Richlands VEC office attends the prison resource fairs at Keen Mountain and Pocahontas Correctional Centers. Bristol VEC DVOP assists the office with outreach to the Southwest Regional Jail Authority.

Wytheville Office

The Wytheville VEC office participates in the re-entry program with Bland Correctional Facility. DVOP/ISC personnel visits the prison twice a month to provide resources to the prison's veteran group. The Wytheville VEC office also attends the prisons resource fairs twice per year. Wytheville DVOP/ISC LVER Rob Myers are members of two local re-entry groups: the Highlands Community Re-entry Council

(Smyth County) and the Wythe/Bland Substance Abuse Coalition and Re-entry Group (Wythe and Bland Counties). The Wytheville VEC and JVSG staff are highly involved in assisting ex-offenders overcome their barriers to employment and obtain employment. At the present time, all the staff outreach from the Wytheville office has been placed on hold until further notice due to the pandemic. The re-entry program and resource fairs at Bland Correctional Facility along with the community re-entry groups are all going to reevaluate things after the first of the year.

Norton Office

The Norton VEC staff helps offenders conduct job searches, via supervised internet access, at Wallens Ridge State Prison located in Big Stone Gap, Virginia. Norton VEC JVSG Staff coordinate with the Wise County Circuit Court to work with offenders on a special Veteran's Court docket. This new program began in 2019 as an extension of the Drug Court docket to emphasize services for Veterans with significant barriers. The Norton VEC office also participates with the Virginia Department of Corrections Appalachian Re-Entry Council at Camp 18 on a monthly basis. All outreach activity was suspended effective February 2020 due to COVID-19.

Danville Office

The VEC Danville Office Veterans Representative participates bi-annually in the Re-entry Job Fair at Green Rock Correctional Center. In addition, staff participates in the annual Job Fair for Southwest Cares. The VEC Danville Office staff also works with transitioning offenders and makes referrals to Southwest Cares for any returning citizens needing assistance.

Lynchburg Office

Veteran representatives participate in monthly meetings with the Blue Ridge Re-entry Council. In addition, staff presents VEC Services and Job Seeker Services on a quarterly basis for the Peer Support Program at the Department of Corrections District 13 and Parole office.

Martinsville Office

Holds Re-Entry Job Fairs at the Green Rock Correctional Facility and participates on the Martinsville Community Re-Entry Council and the Patrick County Re-Entry Advisory Board. The VEC Martinsville Office participates in the annual local Re-entry Resource Fair and Job Fair as well as conducts Re-Entry workshops as needed.

South Boston Office

The Area 8 Re-Entry Council began collaborative meetings in November 2019 with multiple partners and created a referral process between the Probation & Parole Office and the Virginia Career Center. This Council discontinued meetings due to COVID and will re-establish virtually on October 28, 2020. In addition to Center partners, area resources such as Tri-County Community Action, food banks and housing assistance services are utilized externally. Due to COVID, the local Veterans Representative does not currently conduct monthly visits to the Farmville Office of Probation & Parole or do prison outreach; however, they will resume when safe. Efforts have begun to identify a local facility for Veterans to gather and access resources in South Boston, similar to the structure established in Farmville.

Hampton Office

Staff participates annually in the City of Hampton and Newport News Re-entry Job and Resources Fairs. The staff provides VEC and WIOA services (job fairs, hiring events, job search workshops, etc.) information to the jobseekers. The Hampton VEC JVSG staff conducts monthly Veterans Resources Workshops to transitioning veteran offenders at the City of Newport News Jail. The JVSG staff also attends monthly City of Newport News Re-entry Veterans Sub-Committee and Employment Meetings. During the meetings, the staff provides the committee with update on VEC and WIOA services (job fairs, hiring events, job search workshops, etc.) information to the committee.

Norfolk Office

Serves on the Re-entry Councils for Norfolk and Virginia Beach and provides input at the monthly meetings of the council. Every two to three-weeks staff attend the Re-Entry Planning Meeting and the Re-Entry Faith Based Meeting for Norfolk, and attend the Annual Re-Entry Summit meeting held once a year in September. Norfolk's LLVER is a member of the Department of Corrections Resource Fair Committee. VEC staff attended the Norfolk Homeless and Ex-Offender Stand-down at the Scope Arena providing VEC job seeker services to attendees. The Norfolk VEC JVSG staff provides services to the City of Virginia Beach Jail by servicing incarcerated veterans and assistance with registering in VWC, application, resume, and interviewing techniques.

Portsmouth Office

Serves on the Re-entry Councils for Portsmouth and Chesapeake and provides input at the monthly meetings of the council. The office serves the transitioning offenders monthly at the Chesapeake City Jail. The office provides information on the job search strategies, LMI and apprenticeship programs at Resource Fairs two times per year at Indian Creek, Deerfield, and St. Brides Correctional Facilities. Additionally, the office provides employment services monthly to the veteran population at Indian Creek Correctional Facility.

Roanoke Office

Staff provides Job Services presentations to the Western Virginia Regional Jail and to the Virginia Department of Corrections' probation and parole districts twice a year.

Fishersville and Harrisonburg Offices

Staff regularly provides outreach to market DVOP services to the state correctional facilities in the area. The RESEA Coordinator and the office manager for these offices are members of the Community Re-entry Council.

Charlottesville Office

Office participates in a monthly Job Fair conducted at the Albemarle Charlottesville Regional Jail.

Prince William and Alexandria Offices

During the first quarter of 2020, the Prince William VEC Office and Washington Alexandria Mercedes Benz Dealership launched an Education and OJT Program for X-Offenders Partnership. The initial phase of this program began in 2019, but fully developed in 2020. This effort led to the opportunity for The

Washington Area New Automobile Dealers Association (WANADA) to offer the Automobile Dealer Education Institute's Free NATEF Certified, 2-year technician-training program that combines structured classroom, shop and interactive curriculum teaching that leads to a full time paid on-the-job training.

Prince William Office

During the first quarter of 2020, The Virginia Employment Commission, Skill Source Group, FEC, and WIOA staff partnered with the Prince William Reentry Council and Stratford University, to host a Family Orientation Night for Returning Citizens. The VEC Prince William also conducted monthly visits to the Prince William County Detention Centers. VEC Workforce Services and JVSG Staff Members regularly attended these monthly sessions.

A VEC Prince William WSR is a member of the Prince William Reentry Council's Education and Reemployment Advisory Committee. Due to the pandemic, the Detention Center and Reentry Dorm in person activities are on hold for the remainder of the year. In anticipation of Reentry Council events cancellation for the remainder of the year, several members made a video to ensure returning citizens were aware that they could still receive services in the Greater Prince William County area. In July 2020 job services at the VCW resumed for returning citizens. The VEC job services staff continue to work with The Reentry Council to provide for citizens returning to the community. They are encouraged to contact the Prince William Virginia Career Works Center to schedule an appointment with the Skill Source Staff and/or virtual services.

Arlington and Alexandria Offices

Staff attend meetings of the Re-Entry Council and donate clothes to the Re-Entry Program at the Alexandria Jail for the clothes closet, providing interview clothes for reentering individuals. Work with the Offender Aid Restoration for individuals identified for release and partner with them to provide workforce services and community resources. Conduct assessment and mock interviews for those reentering the workforce.

Alexandria Office

The VEC Business Specialist worked with the Second Chance Program for job services, training for employment and with the Federal Bonding Program. All partners at this center are available to assist with providing services to re-establish the individual back into society, assisting with housing, transportation, obtaining a driver's license, food, and family services. The office also donates health and beauty aid items for the Second Chance Program.

WOTC

The WOTC State Coordinator presents the program to offenders who are within 30 days to 6 months of re-entry. Due to the pandemic, this program has been temporarily paused and will resume once precautions are lifted.

Department of Behavioral Health and Developmental Services & local Community Services Boards

Assets: VADOC has an agreement with DBHDS and the Association of Community Services Boards to address re-entry appointments for incarcerated offenders who are in need of continuing mental health services after release. In prison, qualified mental health clinicians provide re-entry assessments to the local Community Services Board (CSB) and make appointments for care prior to the offender's release.

Many local Probation and Parole Districts have agreements with their CSBs for offender treatment services.

Barriers: Funding does not follow the offender but is provided to the CSB, enabling each individual CSB to establish its own service priorities. In some jurisdictions, CSBs do not serve reentering offenders, do not prioritize offenders for timely services, and/or will not set appointments for offenders until after they are released from prison. Offender mental health treatment may be improved with consistent practices and services throughout the CSBs in Virginia.

During the Covid-19 pandemic, access to services has been more difficult. Most CSBs have adopted a system of “by appointment only” and then services are provided via telehealth platforms. This creates a barrier for individuals releasing from the VADOC who may not have access to a smart phone or computer at the time of release.

Gaps: See barriers.

PAPIS

Assets: This program is operated by a coalition of non-profit organizations across the Commonwealth that supports pre- and post-incarceration professional services. The programs are partially funded by a grant from the Department of Criminal Justice Services. This coalition also provides guidance that increases the opportunity for, and the likelihood of, the successful reintegration of formerly incarcerated adult offenders into the community. VADOC partners with PAPIS providers for services in some prisons and in some Probation and Parole Districts.

PAPIS programs work closely with local and regional jails, Department of Corrections facilities and probation and parole offices, local community-based probation and pretrial agencies, and local non-profit community organizations to provide a continuum of services that promote public safety and effectively utilize the justice system and community resources. These partnerships assist in the successful transition from facilities to communities. PAPIS programs are represented on community criminal justice boards, local reentry councils, and statewide reentry steering committees. These partnerships allow them to better coordinate with community providers and address gaps in reentry services in their areas.

PAPIS programs assess clients and develop individualized plans that address the individual clients’ needs, promote positive change in behavior, and mitigate risks to public safety. By either directly providing the assistance or through partnerships with various community organizations, PAPIS programs assist clients with numerous services in correctional facilities and the community.

Barriers: See “Gaps.”

Gaps: PAPIS providers are not located in all areas of the state and are not sufficiently funded to provide services to all offenders in need.

University of Virginia Darden Business School Entrepreneurial Program

Assets: This program operates at Dillwyn Correctional Center and Fluvanna Correctional Center. The program provides college-level entrepreneurial training to offenders in the last year before release. Dr. Gregory Fairchild, Associate Professor at UVA's Darden Business School, created this innovative program. Offenders selected for the program are those who have completed vocational training during incarceration. The program uses a business-planning curriculum taught by Dr. Fairchild and graduate students. A post-release mentorship phase using community business owners is currently being planned. In the past year the program was expanded to include a Financial Literacy program and a Capstone program that ties the two programs together.

Barriers: The program is not funded and is dependent on the volunteer work of Dr. Fairchild and his students.

Gaps: The program only operates at two prisons. It would be beneficial to increase access to this program.

Concurrent Enrollment program

Assets: This program brings together certain Career and Technical Education programs that are offered through the VADOC Division of Education and certain Community Colleges. Students who complete VADOC classes and programs also get credit for through the community college. These programs operate much the same way as the dual enrollment programs, which are offered through public high schools and local community colleges. Darden School Concurrent Enrollment for 2019 was a total of (35) for Buckingham/Dillwyn and a total of (50) for FCCW.

Barriers: Funding for these programs is dependent on outside resources and the willingness of the community colleges to participate.

Gaps: These programs are not offered at all facilities.

Other Institutions of Higher Education

Assets: Partnerships exist with other universities and colleges that assist with re-entry preparation in prisons or Probation and Parole Districts. These organizations include but are not limited to the following: Blue Ridge Community College, Southside Virginia Community College, Piedmont Community College, Germanna Community College, Rappahannock Community College, James Madison University Virginia Commonwealth University and Virginia State University. The VADOC had (278) in Higher Education in VADOC Consortium Programs (not including any independent college correspondence programs).

Barriers: The efforts are not funded and dependent on the resources and willingness of individual educational institutions.

Gaps: Not all prisons or Probation and Parole Districts have partnerships with universities or colleges.

Agribusiness Partnerships

Assets: VADOC has a number of external partnerships that involve the Department’s agribusiness operation. These partnerships provide incarcerated offenders with work training that may help them find employment after release. One initiative involves offenders who work with beef cattle on VADOC farms receiving training by Virginia Tech Vet School Veterinarians. Participants receive certificates upon completion. VADOC partners with Virginia Cooperative Extension with the assistance of the Department of Agriculture and Consumer Services to train offenders in the use of pesticides under the Virginia Pesticide Act. Participants can become a Registered Technician. In a new multiple agency partnership among the VADOC, Virginia Department of Health, and the U.S. Food and Drug Administration, incarcerated offenders who work in the prison Milk Plant and Dairy are provided with a special course that covers plant sanitation and milk pasteurization and includes mock inspections. Offenders receive a certificate for successful completion.

Barriers: None.

Gaps: The programs are small and limited to offenders who work in the specific agribusiness programs, but demonstrate how agencies can use their expertise to work together and prepare offenders for re-entry.

Department of Professional and Occupational Regulation

Assets: VADOC works with DPOR to provide offenders the training and Registered Apprenticeship programs for offenders seeking licenses in Barbering, Cosmetology, Plumbing, HVAC, and Electrical Trades. VADOC Maintenance provides on-the-job training for offenders in the Trade areas. Offenders install, repair, replace, and maintain the mechanical and electrical systems throughout correctional facilities in Virginia. The VADOC Wastewater Apprenticeship Program offers on-the-job training as well as classroom and computer coursework sanctioned by DPOR that qualifies offenders to take the licensing examination.

Barriers: No DPOR-regulated professions or occupations have “barrier crimes” that expressly prohibit entry due to a prior criminal conviction. Offenders are evaluated in accordance with the criteria enumerated in § 54.1-204 to determine whether a prior criminal history directly relates to the license sought by the applicant. However, due to the U.S. anti-terrorism act, there are crime-type barriers that prevent some offenders from working in public wastewater jobs after release; these are reviewed by VADOC on a case-by-case basis before entering the Wastewater Apprenticeship Program.

Gaps: The programs are small and the Wastewater Apprenticeship Program is only available to offenders at VADOC facilities with wastewater treatment plants.

Alexandria Collaboration for Recovery and Re-entry

Assets: This program is supported by a model of collaboration between the VADOC Probation and Parole District in Alexandria and the local CSB. The District has designated both a senior probation and parole officer and a probation and parole officer to collaborate with the CSB forensics team to provide rapid, intensive treatment, supervision, and support for probationers/parolees diagnosed with mental illness. The Substance Abuse and Mental Health Workgroup of the Governor’s Re-entry Council identified the program as a model worthy of replication in other localities.

Barriers: Funding is a barrier to expanding the program.

Gaps: The program is a model identified for replication but only exists in one locality.

Virginia Parole Board

Assets: The VADOC has an agreement with the Virginia Parole Board whereby offenders who are eligible for parole may be referred by the Parole Board to complete a VADOC Intensive Re-entry Program before being granted release. This practice helps ensure that long-term offenders receive re-entry preparation before release.

Barriers: As a result of the COVID-19 pandemic, the condition of reentry has been modified.

Federal Bonding Program Stakeholders

Assets: VADOC was designated as the Federal Bonding program coordinator in July 2011. The federal bonding program is an employer job-hire incentive that allows employers to hire at-risk job seekers with prior criminal convictions with limited liability to their business. The VADOC partnered with a number of agencies and employment stakeholders to develop and oversee its approach to providing the program. Stakeholders assisting VADOC in this effort include the following: Department of Aging and Rehabilitative Services, Northern Virginia Development Board SkillSource Group, Inc. and Virginia Career Works Center, Federal Bureau of Prisons, Department of Labor, Virginia Community College System, Department of Social Services, Boaz and Ruth, Department of Juvenile Justice, Offender Aid and Restoration of Richmond, Step-Up, Inc., Virginia Employment Commission and the Education and Training Corporation.

Barriers: None.

Gaps: None.

Collaborations to Reduce Homelessness

Assets: The VADOC makes continual efforts to reduce homelessness of reentering offenders by working with other state agencies and community groups. The VADOC participates on the Workgroup on Release of Special Needs Inmates facilitated by the Governor's Office. Partner stakeholders include Department of Social Services, local Social Services offices, the Richmond City Criminal Justice Agency, and Department of Behavioral Health and Disability Services. The workgroup developed a shared protocol for release of offenders with special needs, provided a blue print for use by communities that are planning for the return of these offenders, and established long-term public policies to address this growing population. VADOC staff regularly meets with the Housing Director for the Department of Veterans Services to discuss meeting the needs of the homeless veteran population.

Barriers: Community housing for violent offenders is extremely limited due to funding, community attitudes about perceived risk, public policy, and barrier crime laws. There are also tremendous barriers to placing offenders with health care needs in assisted living or nursing home care due to associated barrier crimes and an overall lack of available Medicaid/Medicare beds in the Commonwealth.

Gaps: There are huge gaps in community housing for violent offenders and offenders with mental or physical health care needs due to public policy, funding, and public perceptions.

Norfolk Re-entry Court Docket

Assets: Implemented as a pilot in 2011, the State's first re-entry court was funded through a federal grant to the Virginia Supreme Court and includes partnerships among VADOC Probation and Parole District #2, Norfolk Circuit Court, Norfolk Sheriff's office, Norfolk prosecutors, faith based organizations and community treatment providers. While the grant funding is no longer provided, the program continues through partnership services. It is modeled after the city's drug court and is designed to take 18 months to complete the community supervision and services. Re-entry Court participants make regular appearances before the judge and can receive immediate sanctions for misbehavior or recognition for appropriate behavior. The program is aimed at reducing recidivism and includes workshops on GED preparation, anger management, and employment skills. The program is voluntary and is generally part of sentencing for a probation violation. Once a participant completes the program successfully, both community supervision and Uniform Good Behavior are terminated.

Barriers: The program exists only in Norfolk City and is dependent on federal grant funding.

Gaps: The program exists only in Norfolk.

Probation/Parole Supervision

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

The VADOC implemented evidence based practices (EBP) in all its Probation and Parole Districts. VADOC is implementing EPICS II, Effective Practices in Correctional Setting, as a key element of EBP. EPICS II is a supervision technique that combines three skill sets: relationship building, bridging skills, and cognitive intervention skills. These skills are designed for correctional staff in regular interactions with offenders to help motivate and guide change. Relationship skills include active listening skills to establish rapport and enhance intrinsic motivation to change behavior. The bridging skills serve as a bridge between relationship and behavior change including the use of reinforcement, punishment and effective use of authority. The intervention skills are related to cognitive model, problem solving and relapse prevention. EPICS II offers a concrete and structured method for correctional staff to help an offender identify a problem and present steps to develop solutions for the problem. Implementation of EPICS II is based on a peer training and coaching model to develop staff competency. All current staff have been trained; all new staff receive EPICS II training as part of their Basic Skills training. Due to the COVID -19 pandemic, virtual training and coaching materials have been developed to continue to engage staff in the important use of these business practices.

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

VADOC currently has 23 Senior Re-entry Probation Officer positions to serve the Intensive Re-entry Programs. The role of these positions is to increase long-term public safety by helping to prepare incarcerated offenders for successful re-entry and reintegration into the community and bridging the gaps between prisons and community supervision. The Re-entry Probation Officers provide incarcerated offenders, family members and other stakeholders with opportunities to learn about and discuss community supervision issues and re-entry challenges before the offenders are released. The positions serve as a link to local community resources and with community stakeholders to enhance effective re-entry.

Probation and Parole District staff continue to implement Thinking for a Change peer support groups to provide continuity and support as offenders' transition from prisons to community supervision.

In 2019, we began a statewide rollout of EPICS II in our institutions for counselors, cognitive counselors, and treatment officers. This will provide additional tools to promote behavior change both inside the facility and in the community. While these efforts were suspended due to the pandemic, they are scheduled to resume virtual training and coaching in the institutions this fall.

Director of Corrections Harold Clarke has issued a strong edict to staff that VADOC will engage in organizational development to create a culture that establishes and supports offender change and re-entry preparation. The VADOC has made strong progress in creating more internal continuity among its prison and community corrections operations, which supports successful re-entry. A culture shift has occurred due to collaboration, training and role clarification. With the implementation of the Integrated Re-entry Model and the Healing Environment Initiative, a level of oneness has been created between community corrections and institutions. Learning Teams have been developed throughout the Department to ensure individuals are dialoguing at an enhanced level. In addition, the VADOC has trained all staff in the use of dialogue, which has enhanced collaboration and communication.

The position of the Dialogue and Business Practices Administrator provides leadership, direction, and organization to the development and implementation of effective cultural changes, communication strategies and decision-making; dialogue to support re-entry and the public safety mission.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

The VADOC began utilizing SOARING, an implementation strategy to increase the use of evidence-based practices in daily interactions with those under VADOC care, in partnership with George Mason University in 2013. SOARING includes three components: ELearning where staff complete modules to ensure understanding of the use of EBP's, observations where supervisors observe staff interactions with their clients and provide feedback on skill use, and a quality improvement process where the districts review their own data and develop plans to improve their outcomes. In 2019, we expanded to include an additional nine sites, which gives us 21 probation districts utilizing the SOARING model.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

As noted above, some positions have been received to assist with re-entry. Probation Officers continue to face challenges of higher caseloads and staff turnover. VADOC has been successful in referring most low risk cases to electronic monitoring which maximizes the officer's time with those offenders who are medium and high risk.

Pre-release Services

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

Case Management Services: The VADOC case-management services are in line with evidence-based practices. The COMPAS Risk and Needs Assessment instrument is fully implemented across the agency

for facilities and probation districts. Based on the results of the assessment for each offender, an individualized Re-entry Case Plan is developed to guide his/her participation in programs that will help lower his/her risk of recidivism. In 2019, VADOC participated in a validation study of the EBP COMPAS used in Community Corrections to ensure the instrument continues to provide accurate predictions of recidivism base on risk levels and identifies needs that will have the highest impact on preventing future criminal activity with targeted programming and interventions.

Re-entry Councils: VADOC Wardens, District Chief Probation Officers and their staff continue to be active participants in the Councils. VADOC Reentry staff provide coaching and support to these councils across the state.

PAPIS Programs: The VADOC continues to use PAPIS providers within the prisons where such services are available.

Re-entry Specialists: Reentry Specialists are assigned to inmates with pending release dates to assist with problematic release issues such as homelessness, medical issues that require assistance, specialized housing needs, and other issues that require focused time and attention to mitigate negative impacts upon release from incarceration. The Reentry Specialist attends reentry council meetings in the community, discharge-planning meetings in the institutions and attend the various job fairs that are held in the community.

Intensive Re-entry Pods/Cognitive Community Programs: Consistent with its re-entry strategic plan, the VADOC has fully implemented the Intensive Re-entry Programs at 16 prisons as well as re-entry pods at higher security prisons.

Work Release Program for Women Operated by Spectrum Health Systems, Inc.: In 2019 a work release program was implemented at State Farm Work Center for women. A Spectrum Health Systems, Inc operates the program. Work release is available for carefully screened female offenders in the last 90 days before release to better prepare them for law abiding re-entry. The program allows offenders to be employed in real world jobs and to save money for re-entry. While on work release, the participants return to the prison at night and continue programming related to effective transition.

Career Readiness/Life Skills Programs: Offender Workforce Development Specialists deliver career readiness portions of life skills training to offenders participating in the prison Intensive Re-entry Programs. Prison counselors deliver Life Skills programming that is not workforce development related. Topics include how to budget or locate housing.

Cognitive Therapeutic Community programs: VADOC continues to operate substance abuse cognitive therapeutic community programs for male offenders at Indian Creek Correctional Center and for female offenders at the Virginia Correctional Center for Women.

Veterans Re-entry Programs: Operating at Haynesville and Indian Creek Correctional Center are specialized re-entry preparation and support programs for veterans. These programs help address the unique needs of veterans and help them learn how to access available federal benefits. Several other institutions operate veteran pods that allow offenders to live together but do not provide veteran re-entry services. Veterans at these institutions will undergo re-entry through the designated Cognitive Community when they are within 12 months of release.

Thinking for a Change: The evidence-based cognitive behavioral program *Thinking for a Change* has been implemented in the prisons and follow-up peer support booster program implemented in community corrections for those who are released. The authors of *Thinking for a Change* created a shortened version, *Decision Points*, used at locations such as work centers and field units, and community corrections programs where offenders are engaged in full-time work or school schedules.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

During the past year, COVID-19 substantially reduced the ability to engage offenders in full-time programs and work opportunities. Keeping offenders and staff safe and following CDC and VDH sanitation and health guidelines is the top priority. Programming delivery consisted of individualized self-paced programming, small and reduced-size group programming with appropriate physical distancing and sanitation, and virtual platforms if available resources existed.

Resources for programs and post-release services remain a large barrier. Space in which to operate programs is now even more limited, as any space used must have adequate room for social distancing measures and must be sanitized before and after use. Access to adequate technology to meet the new demands for virtual instruction and programming is a tremendous barrier. Institutional staff do not have access to camera-enabled laptops for training and instruction, and inmates do not have access to web-enabled tablets to receive instruction, training, or participate in group programming.

VADOC continues to be forced to hold staff vacancies to make up for budget shortfalls. These vacancies impact the overall levels of safety, security, and ability to provide the critical programming that impacts recidivism reduction.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

Gaps continue to be limited resources for programming, limited community housing resources for placement of offenders without home plans, and lack of available jobs. Another critical gap is a lack of substance abuse programming at security level 1 (minimum custody) facilities. VADOC took steps to reduce gaps in the need for intensive substance abuse programming at CCAP programs by expansion of these programs to additional CCAP sites.

Residential Community Facility

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

The VADOC continues to contract for approximately 195 community residential program beds. These beds are essential to the re-entry success of the VADOC. There are currently beds for both female and male offenders released to supervision.

DMV Pilot Project

Governor Northam successfully amended his budget during the reconvened session to eliminate Virginia's practice of suspending driving privileges for failure to pay court fines and costs. As of July 1, 2019 individuals with suspensions solely for failure to pay court fines and costs will be able to get

their driver's licenses back without having to pay the costly reinstatement fee. To support this endeavor, VADOC implemented a plan to have DMV employees deliver on-site ID card services at pilot Probation and Parole Districts at District 1 Richmond, District 2 Norfolk and District 21 Fredericksburg. Neighboring District offices referred returning citizens to pilot sites by appointment. District pilot sites appointed Senior Reentry Probation Officers to be on site to manage appointments, meet customers, establish a space with social distancing, and disinfect space areas prior/post visit, provide masks to all persons entering the building, and provide Plexiglas partitions for DMV employees and customers.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Funding is the primary barrier in this area. There are community partners desiring to open housing programs but without startup funding these opportunities are minimal.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

A huge gap remains between the number of beds available and the offenders needing placement. There are interested parties willing to establish community residential/transitional programs, but they look to the VADOC for funding. Beds are critical in the eastern part of the state where residential programs do not exist for the VADOC.

Electronic/GPS Monitoring

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

Supervision through technology (such as automated self-reporting systems) continues to be a cost-effective manner of monitoring low risk offenders in the community. GPS Technology is also used for higher risk offenders to augment staff supervision practices.

Employment/Job Training

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

Virginia Correctional Enterprises: VADOC continues to operate correctional industry programs, many of which include on-the-job training in areas where offenders may find employment after release. Offenders work for VCE in prison jobs producing goods or services for sale to state agencies and other entities within government. Many of the skills that offenders in these jobs learn related to the manufacturing process, including upholstery, furniture building, printing, and commercial laundry, are transferable to jobs offenders may apply for following release from prison.

VADOC Agribusiness work programs: Agribusiness operations provide incarcerated offenders with skilled work training that should help them find employment after release. In one initiative, offenders who work with beef cattle on VADOC farms receive training from the Virginia Tech Vet School's veterinarians and participants receive certificates for "Beef Quality Assurance." The offenders learn the

proper way to administer vaccines for heart health using techniques that limit exposure of drugs to the beef. They also learn how to handle the cattle in a way that limits the stress on the animals. VADOC also partners with Virginia Cooperative Extension with the assistance of the Department of Agriculture and Consumer Services to train offenders in the use of pesticides under the Virginia Pesticide Act, and participants can become Registered Technicians. In a new multiple agency partnership among the VADOC, Virginia Department of Health and the U.S. Food and Drug Administration, incarcerated offenders who work in the prison Milk Plant and Dairy are provided with a special course that covers plant sanitation, milk pasteurization, and passing inspections. Offenders will receive a certificate for successful completion of this program.

Wastewater Operations: Offenders working in the VADOC wastewater treatment plants receive on-the-job training from work foremen in maintenance of wastewater plants, laboratory work and clerical skills. Offenders may become qualified as a licensed Wastewater Treatment Plant Professionals.

Workforce Development: The VADOC's workforce development program is operated in conjunction with its re-entry efforts. Staff provide career readiness preparation, assist in resume and portfolio development, and register offenders on the state employment network prior to release. Job Fairs involving employers from nearby communities are held twice per year at each re-entry program sites.

VADOC Food Services work program: VADOC is providing offenders who work in correctional facilities kitchens with the ServSafe Food Certification training and Foundations for Culinary Arts and Restaurant Management Level 1&2. Since being implemented in early 2011, over 13,800 offenders have passed the ServSafe exam and received the nationally recognized food industry certification. Since the Foundations program started in late 2012, 700 offenders have passed the Foundations for Culinary Arts and Restaurant Management Level 1 (a six-month course) and/or Level 2 (also a six-month course) nationally recognized food industry certification. In addition, the VADOC has converted the former vendor operated staff cafeteria at its headquarters to an offender food industry-training program. VADOC has also converted 17 staff dining halls at the facilities into offender food industry training programs. Offenders prepare and serve food for staff and visitors while participating in the ServSafe class and Foundations for Culinary Arts Levels 1 and 2. Participating offenders also learn skills that will help them manage a restaurant including sanitation, food supplies, waiting tables, food code, and working the cash register.

Federal Bonding Program: The program enhances offenders' employability. VADOC was designated as the Federal Bonding program coordinator in July 2011. The federal bonding program is an employer job-hire incentive that limits the liability of employers that hire at-risk job seekers with prior criminal convictions. The VADOC partnered with a number of agencies and employment stakeholders to develop and oversee its approach to providing the program. The VADOC provides letters to offenders acknowledging they are bondable and then the employer may contact VADOC to request the offender become bonded.

Career and Technical Education Live Work Program: The programs work as an element of the Career and Technical Education programs to provide a simulated workplace providing custom work projects for the correctional facilities, state employees and non-profit organizations statewide. The live work program provides students the opportunity to work with clients and provide goods and services saving tax dollars for the state as well as provide additional funding back to the program to continue its mission. Live Work programs include Welding, Print Production, Cosmetology, Barbering, Cabinetry,

Upholstery, Small Engine Repair, Communications Arts and Design, Auto body Repair, Automotive Repair, Motorcycle Repair, Commercial Cleaning, Carpentry, Sheet Metal Fabrication, and Horticulture.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Barriers continue to be a lack of space for sufficient programming and staff resources. Another barrier is that most employers use the internet as a means to accept job applications and incarcerated offenders are unable to access the internet due to security issues. To work toward removing this barrier, the VADOC is installing dedicated internet circuits to provide highly controlled internet access for internet-enabled services for Offender Technology Stakeholders in VADOC Operations and Programs, Re-Entry & Education. As of October 2018, Verizon has completed installing the circuits at 9 of the 35 locations thus far (River North, Lunenburg, Fluvanna, Augusta, Appalachian, Wallens Ridge, VCCW, Dillwyn, Coffeewood). Verizon has completed submitting and scheduling the requests for the remaining 24 sites and is installing the circuits on a weekly basis.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

The need for employing offenders in meaningful work within prisons exceeds the VADOC's resources.

Alcohol and/or Drug Addiction

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

For offenders assessed with a high need for substance abuse treatment, the VADOC continues to operate Cognitive Therapeutic Community Programs. They require longer duration and intensity of treatment for offenders than those offered to general population offenders who complete the intensive re-entry program.

Offenders assessed with a moderate need for substance abuse treatment, the Cognitive Behavioral Interventions for Substance Abuse (CBI-SA) program has been implemented throughout the VADOC. This curriculum was developed by the University of Cincinnati Correctional Institute (UCCI) and is specifically designed to target for individuals that are moderate to high need in the area of substance abuse and it is well suited for criminal justice population. The program places emphasis on skill building activities to assist with cognitive, social, emotional, and coping skill development.

Through a Federal Byrne grant the VADOC operates a web based substance abuse program at the Halifax Correctional Unit (Field Unit). The program allows offenders to work at their own pace with guidance from a cognitive counselor. The program also incorporates process groups to support the program. A Residential Substance Abuse Treatment Program (RSAT) is also grant funded at the Rustburg Correctional Unit (Field Unit). This program utilizes the Living in Balance curriculum, along with transitional reentry preparation.

Probation and Parole Districts continue to contract for substance abuse services with the local community services boards and/or private providers. Contracts require vendors to utilize evidence-based practices. Through an RFP in 2019, a new Outpatient Substance Use Contract has been

established. This contract ensures that services are adhering to best practices and ethical standards. The VADOC has 28 different vendors on the contract.

The VADOC drug testing continues both in prisons and in community corrections.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

The VADOC has established a MATRI (Medical Assisted Treatment Reentry Initiative) Program through the use of Vivitrol. The program is offered to those offenders in the Cognitive Therapeutic Community Programs or participants involved in the Community Corrections Alternative Programs (CCAP). As the client moves through treatment, they voluntarily commit to the MAT Program and work with a regional Recovery Support Navigator to ensure a continuum of care post release. VADOC is committed to addressing the opioid crisis in Virginia and since Naloxone may counteract the life threatening effects of an opioid overdose, the VADOC has recently initiated a Narcan Take Home Initiative. The initiative provides Narcan to offenders releasing from the MATRI locations that voluntarily request it prior to release.

This year, the VADOC has implemented a Peer Recovery Specialist Initiative within the Probation and Parole Districts. Individuals with lived experience in recovery who have completed the 72 hour DBHDS Peer Recovery Specialist Training are assigned to Probation and Parole Districts to offer recovery coaching for opioid dependent offenders. The recovery support is facilitated through group coaching. Due to the COVID19 pandemic, the program has transitioned to allow for virtual groups as well.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

The VADOC has not received funding to reinstate the transitional substance abuse treatment programs that provide a halfway house for graduates discharging from the Cognitive Therapeutic Community programs following release. An intense Cognitive Therapeutic Community Program is needed at the lower level facilities to ensure this population receives necessary substance use programming. Funding is not available to staff such a program.

Mental Health

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

VADOC continues to provide mental health screening and core services to offenders with varying types and degrees of mental health needs. VADOC has re-entry procedures related to mental health services that are outlined in Department Operating Procedure 820.2.

Mental Health Group Technicians have been hired to run psychoeducational groups and conduct therapeutic activities, which allows the clinicians to focus on other treatment needs such as discharge planning.

As a result of the statewide Medicaid expansion to incarcerated offenders through the Virginia Department of Medical Assistance Services (DMAS), VADOC is better equipped to expand on the continuity of care as offenders with identified mental health diagnosis transition into the community. District probation officers and community mental health clinicians have enhanced collaboration on

reentry issues for offenders with mental health challenges that place them at greater risk of reoffending. During the pandemic, there has been a significant increase in the number of cases seen in the community via the use of telehealth. Additionally, clinicians have begun collaborating with jails regarding discharge planning for probationers with mental health issues.

In response to the pandemic, there has been a creative approach to accessibility of resources and services such as use of technology and the creation of an offender warm line for offenders dealing with anxiety related to COVID-19. Additionally, a series of DVDs, called The Wellness Channel, were developed consisting of content from across disciplines including Mental Health, Reentry, Education, Health, and Operations to educate, inform, and provide programming.

In order to bolster suicide prevention strategies, a pilot program conducting suicidal screening on tablets has been implemented. With the increased anxiety and stress resulting from the pandemic, there are more cases of individuals presenting with anxiety, depression, and suicidal ideation.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

Resources for follow-up care are the critical issues. Often local CSBs will not make appointments for releasing offenders until the offenders have actually been released, and sometimes then offenders are waitlisted instead or turned down because their diagnosis is not severe enough. Given lack of community resources, this process can increase the risk of offenders with mental health issues who may deteriorate and/or not receive needed medication. CSBs are not mandated to provide services for offenders under community supervision unless they are in crisis, which is a service gap.

Finally, supportive housing for offenders with mental health issues is not readily available, especially if those offenders have special needs such as cognitive issues or a history of sex offenses.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

The prevalence of incarcerated offenders who have mental health issues continues to steadily increase, and is now at 31%. Emergent clinical issues, such as increasing trends in the occurrence of neurocognitive disorder, trauma history, and gender dysphoric disorder demand a higher level of specialized training and experience in working with these complex concerns. Staffing levels have not increased concurrently with acuity and complexity of clinical issues. Recruitment and retention of health care professionals remains a major challenge. In addition, the gaps between service and needs in the community have been widened by the focus on treatment for MAT and SMI, so that individuals who grapple with other SA and diagnoses are not eligible for this new programming where the bulk of current grant funds have been directed.

To manage these challenges, VADOC is focused on implementation of more group programming hours, and are hiring mental health technicians to run psycho-educational groups and activities. VADOC is piloting peer mentoring programs and telehealth to provide more services and a greater array of therapeutic options. We have increased our availability of "specialty" pods to reflect the risks and needs of our current population. A Mental Health Initiatives Administrator has been hired to help establish, support, manage, and/or track many of these Mental Health programs, projects, and initiatives. The additional support provided by the Mental Health Administrator will ensure proper implementation,

oversight, coaching, and follow-up to enhance the effectiveness of the initiatives. Another Mental Health Initiatives Administrator will be hired to focus specifically on the Western Region.

VADOC is conducting a staffing study to ascertain ideal staffing levels, and are bolstering recruitment packages.

The implementation of twenty-four clinicians in the community serving as liaisons and consultants to the Probation and Parole offices has helped to bridge the service gaps between community resources and supports after release from jail or prison. Additionally peer support groups are being piloted in Probation and Parole offices to support the needs of probationers with mental health issues.

Family Reunification

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

Within the past year, the VADOC has researched national best practices in regards to parenting programs. The findings have resulted in the continuation of *Inside Out Dads* for male offenders and *Partners In Parenting* for female offenders. Staff facilitation trainings have been offered throughout the Department to ensure parenting groups are established throughout the VADOC. The groups provide offenders the training and opportunity to practice skills to rebuild and maintain the vital relationships in their lives with their children, spouses or significant others, as well as extended family members.

DOC Re-entry Probation Officers offer re-entry seminars for offenders and families to help prepare them for the challenges and support needed by reentering offenders. VADOC Reentry Probation Officers offer re-entry seminars for offenders and families to help prepare them for the challenges and support needed by reentering offenders.

The VADOC continues its partnership with several faith-based and non-profit organizations to provide video visitation to families, which supports family reunification and continued social support/communication while the offenders are incarcerated.

The role of the Parenting Coordinator has expanded to a statewide manager to ensure resources, programming and partnerships are throughout the VADOC. Through grant funding from the Department of Juvenile Justice, the Building Family Bridges Program continues to offer parenting programs and services at three pilot sites in the VADOC. Thus far the grant-funded program has allowed the VADOC to research best practices regarding parenting curriculums, facilitate staff parenting trainings, initiate parenting groups and operate an Advisory Committee. The committee has created strong collaboration with community partners in the field of parenting/child trauma. VADOC policies are being reviewed to ensure they are in-line with best practices and trauma informed care training for staff is being reviewed for implementation. Finally, visiting practices are being examined and visiting rooms in the three pilot sites have been enhanced to ensure a safe atmosphere that will encourage family reintegration. For example, a no-contact booth at St. Brides Correctional Center was painted to appear like a school bus, which is less intimidating and more welcoming for young visitors.



Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

The VADOC is not funded for resources to facilitate extensive family reunification efforts, therefore is dependent on grant funds to cover such expenses.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

The video visitation program is under-utilized by families of incarcerated offenders. The VADOC is holding regular meetings with stakeholders to see how the program can be marketed more extensively.

Mentoring

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

The VADOC has a partnership with Prison Fellowship to operate 3 faith-based re-entry preparation programs that includes mentorship for the year following release. The mentoring is currently offered at State Farm, St. Brides, and Fluvanna Correctional Center for Women.

As noted previously in this report, this year the VADOC implemented a Peer Recovery Specialist Initiative within the Probation and Parole Districts. Individuals with lived experience in recovery who have completed the 72 hour DBHDS Peer Recovery Specialist Training are assigned to Probation and Parole Districts to offer recovery coaching for opioid dependent offenders.

The VADOC is currently developing a standardized Offender Peer Mentor Position that will allow long-term offenders to serve as Peer Mentors in VADOC specialized housing units such as Reentry and the Shared Allied Management (SAM) Units. This initiative will include an Offender Peer Mentor Handbook as well as structured training for the Offender Peer Mentors.

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

The VADOC is continually seeking volunteer mentors who are positive role models for offenders.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

It is difficult to recruit mentors, and VADOC largely depends on faith-based volunteer agencies. The Youthful Offender Program at Indian Creek Correctional Center would greatly benefit from a mentorship program; however, resources and volunteers are challenging to secure.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

The current mentorship program is small and exists at three prisons with approximately 100 participants.

Education

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

The Correctional Education unit of the VADOC provides academic and vocational programming to incarcerated offenders. In 2020 VADOC – Correctional Education has begun the process of offering remote CTE educational training due to the COVID-19 pandemic. This training has aided the 39 different Career and Technical Education (CTE) programs to continue its effort to allow students to complete. In 2020 we have expanded our CTE programs at a number of our correctional facilities including Sussex I, Red Onion, and Indian Creek to name a few. These program additions provide educational opportunities at these sites for reentry as well as learning opportunities for those incarcerated.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Correctional Education Recidivism studies prove that correctional education practices effectively reduce recidivism. Our Career and Technical Education programs' recidivism rate is currently 12.3%. Additional resources would aid returning citizens and provide an opportunity to participate in limited programming options. Waiting lists are long and some offenders reenter the community without having an opportunity to learn basic literacy skills or a vocational trade. There is no space or staff to offer more programming.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

Many offenders are released from prison without receiving educational and vocational services. VADOC has attempted, where possible to provide programming at alternate times at different facilities. VADOC has adopted an alternate school schedule at a number of facilities that provide more classroom time per week and fewer disruptions to the school day. VADOC has incorporated the BOOK program at facilities to assist in the completion of programs. An educational committee has submitted recommendations to provide more educational opportunities at lower level facilities. These recommendations are being examined for possible implementation.

Victim Services

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

The VADOC Victim Services Unit (VSU) provided direct assistance to 3,193 victims in FY2020. In addition to this contact, the automated notification system provided 7,749 phone calls, 5,469 emails and 7,699 letters. Over 2,100 new registrations were processed through the VADOC VINE Automated Notification System. The VSU continues to provide safety planning, community referrals and explanation of community supervision.

VADOC provides a facilitated Victim Offender Dialogue (VOD) process. This process is victim-initiated and victim-sensitive. After a series of preparation meetings with a trained facilitator, a face-to-face dialogue may occur between the victim/survivor and the offender responsible for the crime. Due to the extensive work of VOD Program facilitators, 26 dialogues have been completed and 7 letter exchanges have been completed, 3 VODs are in preparation, and one additional case is pending approval. VADOC currently has 11 active VOD facilitators.

The Victim Impact Program (VIP) seeks to provide offenders with a better insight into the harm they have caused their victims and the ripple effect of that harm throughout the community. The program is structured to hold offenders accountable and to foster empathy toward crime victims and survivors. VSU provided two, three-day trainings per year for new VIP facilitators in FY2020. Programming is currently limited due to the COVID-19 pandemic. However, prior to March 2020, VIP programming was active in 21 VADOC facilities and 3 Probation Districts. As a critical piece of the curriculum, crime victims travel to the VADOC sites and provide offenders with first-hand accounts of the impact crime has had on their lives. During 2019, VSU hosted 38 victim speaker presentations, and more than 400 offenders completed the program statewide. In December 2019, VSU staff presented to professionals from around the nation about the VADOC's success with the program at the National Center for Victims of Crime's annual conference in Denver, CO.

All registrations for the VADOC VINE system are coordinated through the VSU to ensure the most trauma-informed, evidence-based services for crime victims. VSU has continued to add victim data and contact logs to CORIS. Probation officers, correctional staff and management can determine a victim sensitive case by reviewing the "victim" alert in CORIS. More than 1,400 Victim and Stakeholder Surveys were distributed in FY2020.

CORIS access including the Victim Module was provided to the Attorney General's Victim Notification Program (OAG) and Virginia Parole Board (VPB) staff to allow them access to offender information and provide an improved, collaborative response to victims of crime during the post sentencing phase of the criminal justice system. VADOC remains the lead agency to receive, track, register and update the victim registration data.

In 2017, the VADOC Victim Services Unit welcomed six new positions that allowed for increased correctional-based victim services. Originally, five of the staff members were Regional Victim Advocates, who assist probation offices, facilities, local victim witness programs, and community stakeholders to provide information and referrals to victims. These staff members collaborate with existing local victim advocacy to assist victims with notification and questioning regarding offenders in the custody or supervision of the VADOC. Starting in 2020, VSU is piloting a change to four Regional Advocates to address consistent turnover in one of the five regions. The other new position is the Statewide Victim Impact Advocate, who provides ongoing training and assistance to facilitators of the Victim Impact:

Listen and Learn curriculum. The expansion of the unit in 2017 continues to yield increases in services provided statewide. Overall, in 2019, data showed a 28% increase in the number of victims served and 42% increase in victim travel reimbursements over the previous year. In August 2019, VSU staff presented about the success and efficacy of the Regional Victim Advocate initiative at the National Institute of Corrections' National Victim Service Providers Conference in Aurora, CO.

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

VADOC VSU Staff continue to serve on the VADOC Sex Offender Visitation Committee and the VADOC Kintsugi Committee, and the Program Assessment Steering Committee. VSU staff also assisted with VADOC's New Normal Task Force as part of the agency's response to the COVID-19 pandemic.

Victim Offender Dialogue (VOD) Program facilitator meetings and training will soon resume. These have been on hold due to the agency's travel and meeting restrictions during the COVID-19 pandemic. Three VOD cases are currently in the preparation phase, with a fourth pending approval.

Quarterly meetings and training for existing VIP facilitators will resume. These have been on hold due to the agency's travel and meeting restrictions during the COVID-19 pandemic. Staff will continue to work with VADOC sites to launch the program where facilitators have been trained in VIP. It is anticipated that the program will relaunch sometime in 2020, potentially utilizing virtual or hybrid approaches. Staff will continue to interview, recommend and accompany victim speakers to VIP classes to share the impact of crime on their lives.

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

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Lack of court-ordered supervision of the offender still creates a risk for victims. The VSU attends local and state victim advocacy meetings to provide feedback regarding observed barriers that can be managed at sentencing. VSU staff also presented at a training hosted by VVAN and the Action Alliance as part of their Basic Skills for New Victim Advocates.

Victims still struggle with threats and harassment from offenders. Social networking and the internet are used, along with traditional methods such as phone and letters. Some jurisdictions will not issue a protective order if the offender is incarcerated. Victims are referred to local law enforcement and prosecutors' offices for additional assistance. VADOC utilizes a 136B disciplinary infraction for offenders who communicate with a member of the general public with the intent to cause or instill the fear of death, injury, terrorism or intimidation. VSU staff communicate with the victim and/or local victim/witness program and then write the charge to be processed at the facility.

Restitution collection remains limited and offenders are released from supervision without completing these obligations.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

The COVID-19 pandemic has brought a variety of changes and obstacles. The VSU was able to quickly mobilize and transition staff to full-time telework while also preserving all necessary and statutory functions of the unit. The increased amount of emotional distress among crime victims during the pandemic and the additional crisis intervention the VSU staff have provided has been met with overwhelmingly positive feedback in these unprecedented times.

Since victims of sexual and domestic violence have been disproportionately impacted by the COVID-19 pandemic, VSU continues to work closely with crime victims as release approaches, giving them the information and referrals they need to plan for their safety. VSU also collaborates with local probation offices to determine the safety and suitability of proposed home plans. Further, by giving sexual and domestic violence victims a voice during the reentry process, these crime victims are often able to provide information that allows Probation and Parole Officers to more effectively supervise the offenders on their caseloads. VSU training of new counselors and probation officers continues to emphasize the importance of asking questions, reviewing relevant information, and reaching out to VSU when appropriate, to ensure that offenders are not being released to live with their crime victims. This communication and teamwork creates greater public safety for all involved: the victim, the offender, and the wider community, and is especially critical during the COVID-19 pandemic.

After budget language was passed on April 22, 2020 creating an Inmate Early Release Plan for incarcerated offenders, a multitude of questions and concerns started coming in from across the state. VSU served as VADOC's ambassadors in ensuring that crime victims and advocates had timely and accurate information about the early release of offenders during COVID-19. To strengthen knowledge of local stakeholders regarding details of the Inmate Early Release Plan, VSU developed and hosted three statewide virtual seminars, providing information to Victim/Witness Assistance Programs and Commonwealth's Attorneys in May 2020. This gave allied professionals an opportunity to ask questions, alleviating confusion, fear, and the many assumptions that had been made about the plan. VSU also continues to develop new training materials and adapt current training modules to hybrid and virtual formats.

There have been significant changes to our Victim Services Unit to address the lack of staffing and resources for post-release victim assistance and notification. With the addition of six positions funded by a federal VOCA grant in 2017, our Regional Victim Advocates averaged over 700 victims served per year, per advocate. The new regional positions allow for proactive communication to assist victims with information and provide referrals regarding the correctional and re-entry phases of the criminal justice process. Regional advocates work in collaboration with existing victim resources to improve information, services and referrals to victims. They also serve as a liaison for the victim during all phases of VADOC custody and supervision.

Since there had never been regional victim advocate positions in VADOC prior to 2017, the VSU was tasked with integrating the positions into the mainstream operations of the VADOC. The VSU continues to regularly conduct presentations and trainings throughout the agency to educate and spread awareness regarding the needs of crime victims in the Commonwealth. This awareness has created a dialogue and opened the door to invaluable departmental collaborations statewide to assist in the safe reintegration of offenders back into the community. Additionally, VSU has worked with other units to integrate the VSU's functions and victims' rights and needs into VADOC policy.

Re-Entry Focus Areas

Women

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

In 2019, VADOC made a commitment to working towards the goal of using a gender-responsive, trauma-informed approach to the custody and care of females within our women's facilities. In October of 2019 State Farm Work Center was converted to a female facility, bringing all remaining VADOC-incarcerated women from the Eastern Region to the Central Region so that an administration with a specialized focus on the specific needs of women could be developed, along with enhanced opportunities for gender-specific programming and vocational and educational opportunities that would increase the earning potential for women upon release from incarceration.

In October of 2020, VADOC will receive staff training on gender responsiveness and trauma-informed care from Dr. Barbara Bloom and Dr. Stephanie Covington, internationally recognized for their development of the National Institute of Corrections' research on the principles of gender-responsive programming for incarcerated women.

VADOC expanded opportunities for women to engage in non-traditional vocational, educational, and maternal/child health including the following:

- Welding, Electrical and HVAC Services, Digital Imagery, and Business Software Applications. The Welding Program graduated the first two females in the summer of 2020 despite program restrictions due to COVID-19.
- The Darden Business School at the University of Virginia's Entrepreneur classes for women to increase their financial literacy and ability to be successful businesswomen upon release from incarceration.
- The women's work-release program at State Farm, which offers employment in community-based settings combined with classroom instruction to increase the likelihood of employment stability upon release from incarceration. Additional partnerships are being explored with J. Sergeant Reynolds Community College to increase college coursework offerings.
- The "Greener Pastures" program, located at State Farm Work Center, transitioned to an all-female work program in the fall of 2019. This program provides a home for retired racehorses that would otherwise be euthanized. Women are taught invaluable skills in caring for horses, and in this process learn to care for themselves and others. They also, if chosen, gain teaching skills as trainers themselves, and gain equestrian skills that can be transferred to self-sustaining wage jobs post-release. These opportunities are provided with the long-term goal of fostering financial independence and the ability for women to live with their children and families as the primary providers of their homes.
- The "Mothering From Within Program" at Fluvanna Correctional Center for Women provides incarcerated females who are pregnant (or mother of an infant) both traditional OB/GYN medical care onsite, and specialized services in breastfeeding/lactation, Doula support (birth educator/partner), and support for postpartum separation and child placement.

The nationally recognized Adverse Childhood Experiences (ACES) screening tool is being piloted at Central Virginia Correctional Unit to help mental health practitioners understand the impact of childhood trauma on toxic stress, and emotional and physical health problems in adult incarcerated women.

VADOC has Intensive Re-entry Programs and Cognitive Substance Abuse Therapeutic Community Programs for women that include gender-responsive curricula.

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

VADOC is expanding gender-specific curricula for women including women's interactive journaling programs in trauma and substance abuse and a brief-intervention trauma curriculum specifically for women. Planning is underway for fall of 2020 to train FCCW counseling staff to receive training from the Center for Gender and Justice on a curriculum designed specifically for women with histories of violence and aggression.

During the spring and summer of 2020, extensive renovations were made to a vacant house on the property of Virginia Correctional Center for Women. Planning is underway to use this property as a family reintegration house to allow women, as part of their reentry process, to promote family bonding and practice parenting skills while still having the support of VADOC staff who can help problem-solve and provide additional teaching of family and life skills. Designs were also developed for an on-site nursery for incarcerated mothers. Ability to provide these programs is contingent upon available funding in the future.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Funding for programs, services and post release special needs of women is lacking, including a lack of funding for family reintegration and nursery programs and services.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

There are few specialized services for women leaving prison. Gaps include reentry transitional housing for women in localities near their families and children, trauma counseling, substance abuse care, childcare, and transportation. VADOC discussed preliminary plans for residential reentry centers for women that would address these needs in Southwest Virginia, Tidewater, and Central Virginia but no funding exists for these programs at this time.

Veterans

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

VADOC has a Veteran Programs Manager position that is designed to lead VADOC efforts in support of incarcerated veterans. VADOC has also created a part-time Veteran Support Technician position to assist

with the re-entry needs of offenders who are veterans and to manage the C&P exam appointments and liaison with the VA and its contractors to assist in the exam completions.

All prisons have been directed to establish a Veterans Group where security issues and numbers allow, and where volunteers are available to support the program. The groups are to be voluntary and supported by veteran volunteers in the community. Established programs are currently operating at 21 correctional facilities. Twelve facilities have established, or are in the process of establishing, a designated Veterans' Housing Unit that would allow the incarcerated veterans to live with one another and assist each another with peer-specific issues.

The VADOC utilizes the Veterans Re-Entry Search Services. This is a website sponsored by the VA to assist agencies in identifying veterans. Over the last calendar year approximately 200 additional incarcerated veterans have been identified. This enhances the Department's ability to strategically link them with veteran-specific organizations that will assist with their re-entry needs.

The VADOC works with a wide range of internal and external stakeholders that focus on assisting the needs of justice-involved veteran. The Department participates on the Governors' Coordinating Council on Homelessness- Veterans Committee (GCCHVC) whose goal is to prevent veteran homelessness. Additionally, VADOC is a member of the Virginia Military and Veterans Coordinating Committee (VMMCC) that is currently focusing on reducing veteran suicides. They are leading the Governor's Challenge for suicide prevention.

The VADOC has an established MOU with the American Legion to open additional American Legion Posts within correctional facilities. This will help with several veterans' issues including the Compensation and Pension application process, increase comradery and enhance current re-entry initiatives. Currently, there is one established American Legion Post and two additional facilities in the negotiation process of starting American Legion Posts.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Funding for services is an issue. The incidence of PTSD is higher among veterans who need more treatment services, particularly mental health and physical health services. The VADOC is largely dependent on the volunteer support by community veterans to run programs.

Please describe any past or current gaps and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

The VADOC has hired a part-time Veteran Advocate that assists with scheduling the C&P exams.

Data and Information

Case Information

Please describe any improvements or updates made to your agency's information system in the last year.

VADOC continues to update VACORIS to improve operational efficiencies and outcome tracking associated with re-entry efforts.

In March of 2020 VADOC implemented the Community Corrections Program Module in VACORIS to improve tracking of program participation and outcomes for those under community corrections supervision.

VADOC developed a series of change requests to improve functionality of case planning in VACORIS. These change requests are currently in process and will be implemented as funding permits.

VADOC created and implemented additional data fields in VACORIS to identify returning citizens who are homeless, and homeless offenders on community-based supervision. Policy revisions were made to create common definitions for identifying homelessness.

Please describe any grant funding that your agency has received for re-entry-related initiatives. Please provide the title of the grant, a brief description of the grant project and what the funding is being used for, the total amount of funding that the grant will provide, and when the funding has/will terminate.

VADOC has a number of formula and discretionary grants contributing to the agency's re-entry-related initiatives. Funds are primarily federal and received as either pass-through or direct awards.

Education Grants: Each year, VADOC receives two education grants through the Virginia Department of Education for specific educational purposes. Educational achievement is a dynamic risk factor, which these grant funds help address. The Individuals with Disabilities Education Act (IDEA) grant provides funds to support special education services for incarcerated offenders under age 21 with a qualifying need for such services. The Strengthening Career and Technical Education for the 21st Century Act (Perkins V) provides funds to support career and technical education programs. Virginia's 2019 IDEA allocation was \$100,279 and the 2020 allocation is \$99,281. The Perkins V total 2020 allocation is anticipated to be \$157,696, the same as 2019. Funding is federal and distributed on a formula basis annually.

Building Family Bridges: In late 2018, VADOC received Second Chance Act grant from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to improve services for incarcerated parents and their minor children. The project, entitled Building Family Bridges, will implement a number of pre- and post-release strategies and activities to foster positive parent-child engagement, thereby strengthening relationships and reducing recidivism. Building Family Bridges includes training and parenting programs offered throughout VADOC facilities, as well as wraparound re-entry and transitional services for offenders and families in three pilot facilities. VADOC's award is \$667,829 with an end date of September 30, 2021. Due to COVID-19, implementation of the project has slowed. VADOC anticipates requesting a one-year, no-cost extension of the project in April 2021; OJJDP has indicated support for the extension.

Substance Abuse Services: VADOC receives grants of federal funds through the Department of Criminal Justice Services (DCJS) supporting two substance abuse programs for incarcerated offenders nearing the end of their sentences. The Web-Based Substance Abuse Program (WBSAP) utilizes an innovative web-based program at Halifax Correctional Unit. For the fourth and final year of the grant (October 1, 2019-September 30, 2020), the project received \$36,898 in federal funds. VADOC provided a \$12,300 cash match. Due to the changes in the web-based program's ownership and method of delivery, VADOC will be unable to continue offering the program in its current form past February 2021 when the service contract expires.

A Residential Substance Abuse Treatment (RSAT) program is located at Rustburg Correctional Unit. For its fourth and final year of RSAT funding, VADOC receives \$88,671 in federal funds, providing \$29,557 in cash match. Funding is anticipated to continue for a fourth year at the same level, with an end date of June 30, 2021. Project funds continue through August 31, 2021.

In 2019, the Department of Behavioral Health and Developmental Services (DBHDS) awarded VADOC \$805,906 in federal State Opioid Response (SOR) grant funds for VADOC-specific strategies addressing opioid use and abuse. Funds support four primary project areas: a Medication Assisted Treatment (MAT) Coordinator, the expansion of MAT, Peer Recover Specialist services, and implementation of an Intensive Opioid Recovery pilot program. Project funds for the first year continue through September 29, 2020 and are expected to be renewed for a second year beginning September 30, 2020.

Administrative Response Matrix: VADOC continues work begun in 2016 under a federal Second Chance Act Innovations in Supervision Initiative grant of \$748,470 from the Bureau of Justice Assistance. Now integrated into VADOC's case management system, the Administrative Response Matrix (ARM) helps guide probation officers in designated pilot sites to select sanctions based upon an offender's individual criminogenic risk/needs and the severity of the violation when responding to significant supervision events, and increase the use of incentives. Use brings consistency among officers and encourages utilization of evidence-based strategies. Project funds continue through September 30, 2021. Due to COVID-19, the evaluation component of the project has been delayed. VADOC anticipates requesting a one-year, no-cost extension of the project in early 2021.

Victim Services: VADOC receives federal and state funding through the Department of Criminal Justice Services (DCJS) supporting legislated victim services, regional victim advocates, the Victim Impact Program, Victim Offender Dialogue, and other victim services. Advocates assist victims with safety planning and community-based referrals; the Victim Impact Program attempts to provide offenders with insight into the harm they have caused their victims and the ripple effect of that harm throughout the community; and the Victim Offender Dialogue is a victim-initiated process leading to a possible face-to-face dialogue between the victim/survivor and the offender responsible for the crime.

VADOC receives an annual grant of federal and state funds for one position. Federal funding for six additional positions and related expenses is competitively awarded. For FY2021, VADOC receives \$98,582 (federal plus state funds) for the one position, and \$600,000 in federal funds (with a \$150,000 in-kind match) for the remainder. Annual funding is anticipated to continue for the one position. Future funding for the remainder of the program after this fiscal year is dependent upon ongoing federal allocations and DCJS award determinations.

Please describe any legislative funding that your agency has received for re-entry-related initiatives? Please provide a brief description of the intended purpose of the funding and what the funding has been used for to date, the total amount of funding that the grant will provide, and when the funding has/will terminate.

In FY2019, a total of six full-time cognitive counselor positions were added to Probation and Parole Districts located in Staunton, Richmond, Chesterfield, Norfolk, Manassas, and Petersburg, Virginia. These positions are designed to provide programming that addresses criminal attitudes and thought patterns and improve pro-social skills. In addition, all Probation and Parole Districts now have increased access

to VADOC mental health staff members who provide assessments, consultation and support, and programming services.

Department of Criminal Justice Services

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

Pre-release and Post-Incarceration Services (PAPIS)

DCJS administers funding for Pre-release and Post-Incarceration Services (PAPIS) programs. PAPIS programs currently receive a state appropriation for re-entry services totaling \$2,286,144, and serve 96 of the 133 jurisdictions in Virginia. The nine PAPIS programs are Northwestern Regional Adult Detention Center (Winchester), Colonial Community Corrections (Williamsburg), Northern Neck Regional Adult Detention Center (Westmoreland), OAR-Arlington, OAR-Fairfax, OAR-Jefferson Area, OAR-Richmond, STEP-UP (Tidewater), and Virginia CARES (seven locations mainly located in the southern and western parts of Virginia).

PAPIS programs work closely with local and regional jails, Department of Corrections' prisons and probation and parole offices, local community-based probation and pretrial agencies, and local non-profit community organizations to provide a continuum of services that promote public safety and effectively utilize the justice system and community resources. These partnerships assist in the successful transition from facilities to communities. PAPIS programs are represented on community criminal justice boards, local reentry councils, and statewide reentry steering committees. These partnerships allow them to better coordinate with community providers and address gaps in reentry services in their areas.

PAPIS programs assess clients and develop individualized plans that address the individual clients' needs, promote positive change in behavior, and mitigate risks to public safety. By either directly providing the assistance or through partnerships with various community organizations, PAPIS programs assist clients with numerous services in correctional facilities and the community.

According to FY20 data, the state funded prerelease reentry services for 1,797 new individuals and 2,700 existing clients. These services included mental health treatment, substance use disorder treatment, cognitive behavioral therapy, life skills, and transition case planning. For FY20, the state funded post-release services for 1,512 new individuals and 1,953 existing clients. These services included mental health treatment, substance use disorder treatment, cognitive behavioral therapy, life skills, transition case planning, clothing assistance, food assistance, housing assistance, transportation assistance, identification and vital record assistance, medical health (Medicaid) assistance, employment readiness, and employment placement.

Residential Substance Abuse Treatment

DCJS administers federal grant funding for the Residential Substance Abuse Treatment (RSAT) programs at Newport News Sheriff's Office, Norfolk Sheriff's Office, Western Virginia Regional Jail, and a

Department of Corrections (DOC) facility. These programs received a combined total of \$451,123, which included a 25% local match. RSAT programs provide evidence-based residential substance use treatment and Medication Assisted Treatment (MAT) for incarcerated people to prepare them for reintegration into the community by incorporating reentry-planning activities into treatment programs. The goal of the RSAT programs is to assist people in breaking the cycle of drug use by providing them with the treatment and resources needed to maintain sobriety once released into the community.

Comprehensive Opioid and Addiction Program (COAP)

DCJS administers federal grant funds for the Comprehensive Opioid and Addiction Program (COAP). DCJS partners with the Department of Behavioral Health and Developmental Services to improve cross systems collaboration between criminal justice and behavioral health sectors. Alleghany Highlands Community Services Board, Loudoun County Community Corrections, Mount Rogers Community Services, and Richmond Behavioral Health Authority were awarded a combined total of \$792,000 to plan and implement evidence-based programs for individuals with opioid use disorders involved in the criminal justice system. These programs begin planning for reentry while individuals are incarcerated and assist them in transitioning into the community with housing assistance, transportation assistance, substance abuse services, mental health services, and connection to Medicaid.

Jail Mental Health Pilot Program

The Jail Mental Health Pilot Program was established in the 2016 Appropriations Act as a \$2,500,000 grant pilot program to provide mental health services and transitional services at six local or regional jails. Reentry planning includes wraparound services for psychiatric medications and appointments, housing assistance, transportation assistance, employment assistance, and connection to Medicaid. The goal is to promote a smooth transition to supports in the community such as probation officers, community service boards, and doctors. The six grant recipients are Chesterfield Sheriff's Office, Hampton Roads Regional Jail, Middle River Regional Jail, Prince William Regional Detention Center, Richmond Sheriff's Office, and Western Virginia Regional Jail.

Addiction Recovery Grant Program (ARGP)

The Addiction Recovery Grant Programs provides state funds to four local and regional jails to support their recovery programs. Franklin County Sheriff's Office, Newport News Sheriff's Office, Norfolk Sheriff's Office, and Riverside Regional Jail each receive \$38,400. Some of these programs utilize ARGP funding for reentry services, such as substance abuse treatment and housing in the community.

Department of Education

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

School divisions and the DOE SOP maintain student information systems that collect demographic data about all enrolled students, including those in detention educational programs. The data meet

federal and state reporting requirements including students' schedules, grades, teachers, and test scores. The data system enables the sharing of student information to facilitate re-enrollment and placement in schools upon release and preparation of re-entry plans prior to release. Timeliness in providing information from students' records to agencies and school divisions is crucial to the preparation of students' enrollment plans upon release and academic course planning when the juvenile is admitted to a correctional facility. Training to reinforce enrollment regulation procedures and designating personnel within agencies to work with re-entry and re-enrollment have facilitated the timely receipt of student information for transition planning.

Department of Forestry

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

The Virginia Department of Forestry (VDOP) maintains work release agreements with facilities in the Department of Corrections, as well as three regional jail authorities. Through these agreements, the agency provides specialized training and supervision of inmate crews that support wild land fire suppression operations, helps with grounds maintenance, and provides other assistance.

VDOP trained inmates in forest fire fighting at the following Department of Corrections facilities during FY 2020:

- Patrick Henry Correctional Unit in Henry County
- Camp 18 at Coeburn in Wise County
- Appalachian CCAP in Russell County
- Duffield Regional Jail in Scott County

Because of the small number of fires and the COVID pandemic during the second half of FY2020, we did not utilize any of the trained inmates during this fire season. Offenders from the Albemarle County/Charlottesville regional jail who have assisted with lawn care, landscaping, and maintenance at the agency's headquarters in Charlottesville are currently not participating in the program because of the COVID pandemic. However, we anticipate resuming the program once it is safe to do so.

The training and skills learned through this collaborative effort are applicable to a number of career disciplines and can be of benefit to the inmates upon release.

Department of Housing and Community Development

The DHCD does not provide direct services to offenders.

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

DHCD organizes and staffs the Governor’s Coordinating Council on Homelessness (GCCH), which coordinates services from a range of agencies that are targeted to preventing and ending homelessness. DHCD also serves on the GCCH’s Solutions Committee, which has included in the past the coordination of efforts related to the intersection between criminal justice and homelessness systems. When requested the committee responds to local and regional requests to support efforts focused on reducing homelessness and recidivism, addressing services for behavioral health and substance abuse disorders; sharing best practices and initiatives from the state and national levels that address homelessness and recidivism reduction; and facilitate and promote Virginia’s goal of reducing chronic homelessness. The Solutions Committee has been in a holding pattern for the past year because of a focus on permanent supportive housing efforts through the Permanent Supportive Housing Steering Committee that is an interagency effort at the state level. In the coming months, the steering committee will be exploring how to support efforts to improve outcomes of returning residents.

DHCD’s Homeless and Special Needs Housing (HSNH) unit continues to work with its providers to remove barriers to services. In years' past, emergency shelters may have required individuals to pass a background check prior to accessing emergency shelter but DHCD-HSNH has worked with providers to remove this requirement. Now, all emergency shelters and all other service providers receiving funding from DHCD must follow a low-barrier, housing first approach. Additionally, we support housing search and location efforts for homeless prevention and rapid re-housing providers, which includes advocacy and outreach aimed at encouraging landlords to remove barriers to permanent housing such as criminal background checks.

Department of Veterans Services

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

Assets: The Virginia Department of Veterans Services (VDVS) assists Justice-Involved Veterans through diversion efforts in jurisdictions such as veteran dockets, during incarceration, upon release, and while on probation and/or parole supervision to connect veterans to services in the community. VDVS Benefits staff partners with VADOC to assist incarcerated veterans with benefits claims development and technical assistance, as needed. The VDVS Virginia Veteran and Family Support Justice Involved Services (JIS) program provides resource connections, care coordination, and support to veterans and service members in the criminal justice system. In addition, VDVS participates in VADOC resource/reentry fairs and other outreach initiatives for Justice-Involved Veterans. VDVS is also a member of the VADOC Incarcerated Veterans Quarterly Stakeholders group, which meets to discuss issues and services for incarcerated veterans. The VDVS Criminal Justice Director collaborates with VADOC to address gaps and barriers for justice-involved veterans. VDVS works closely with the U.S. Department of Veterans Affairs (VA), veteran service organizations (VSOs) and other local, state, and federal partners to provide a comprehensive network of services to Justice-Involved Veterans. Virginia has developed streamlined procedures

for the compensation and pension (C&P) exam process for incarcerated veterans. The VDVS collaborates with the VA and VADOC correctional facilities. VDVS also works in partnership with the VA and VADOC on the Justice-Involved Veterans with Special Needs workgroup to help coordinate discharge planning efforts for Justice-Involved Veterans with serious medical and mental health needs.

Barriers: Housing access for justice-involved veterans continues to be an issue, particularly for justice-involved veterans with serious medical and/or mental health needs. Many justice-involved veterans are not eligible for or able to access community housing or veteran-specific housing directly upon release from incarceration. Criminal history, HUD and housing policies, previous incarcerated status, and lack of affordable housing options are barriers for justice-involved veterans. The lack of housing options leaves justice-involved veterans competing for the same limited resources with other individuals, who do not have a criminal history. Justice-involved veterans with complex medical and mental health needs, face additional housing barriers due to lack of long-term care housing options and restrictive long-term care facility policies. The COVID-19 pandemic has increased barriers to not only housing; but, also has created substantial challenges for justice-involved veterans to connect to employment, DMV identification, and treatment services.

Gaps: Housing instabilities for justice-involved veterans diminish efforts to improve health outcomes and can increase the risk of re-offending.

Department of Juvenile Justice

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

The Department of Juvenile Justice (DJJ) operates and is responsible for the vast majority of local Court Service Units (often known as juvenile probation offices) across the Commonwealth, as well as the state-operated Bon Air Juvenile Correctional Center (JCC). The Department's mission – to protect the public by helping court involved youth become productive citizens – is best accomplished through individually tailoring the right mix of accountability and rehabilitation to meet the identified risk and need levels for every youth who walks through DJJ's doors, and making sure that data, research, and evidence-based practices inform the interventions and services provided. Over the last several years, the Department has undertaken a rigorous self-analysis to make sure that resources are used effectively, and getting good outcomes for the youth, families, and communities served. This analysis led to the development of an ambitious plan to transform DJJ's work to get better outcomes for the children, families, and communities.

The transformation efforts break down into three core initiatives: (1) Safely Reduce the use of the large and aging juvenile correctional facilities; (2) Reform correctional and treatment practices within the facilities and with youth returning to communities; and (3) Develop a plan to ultimately

Replace DJJ's two facilities with smaller, regional, treatment oriented juvenile correctional centers, and a statewide continuum of local alternative placements and evidence-based services.

These principles have been instrumental in guiding the Department in meeting its fundamental goals of reducing the risk of reoffending for court-involved youth, improving and promoting the skills and resiliencies necessary for young people to lead successful lives in their communities, and improving public safety for citizens throughout the Commonwealth. With the ongoing implementation of several transformation efforts, a fourth strategy has been added: (4) Sustain the Transformation Plan by maintaining safe, healthy, inclusive workplaces; continuing to recruit, retain, and develop a team of highly skilled and motivated staff; and aligning procedures, policies, and resources to support the team in meeting the goals of transformation.

In FY2019, there were 321 juveniles released from commitment, the majority of whom were placed on juvenile parole supervision through court service units (CSUs). DJJ understands the unique needs of juveniles transitioning back to the community and has been developing specific programs and services to address these needs. Community based funding provides short-term services to support and assist the youth's re-entry to the community. The use of these contracted services is guided by the youth's level of risk and need. Resources are focused on those youths at greatest risk of re-offending and whose offense pattern represents a particular risk to community safety. Services include modalities based on cognitive-behavioral principles and community-based interventions that build upon treatment provided during confinement. Services, interventions, and strategies address the criminogenic needs identified by the Department's risk assessment instrument, the Youth Assessment & Screening Instrument (YASI), and included in each youth's Comprehensive Re-entry Case Plan (CRCP).

As the Department continues to build upon the strength of its collaborative relationships, DJJ continues to expand those partnerships as the need arises. DJJ partners with the Department of Social Services (VDSS), Office of Children's Services (OCS), Department of Behavioral Health and Developmental Services (DBHDS), Department of Medical Assistance Services (DMAS), the Department of Motor Vehicles (DMV), Department of Education (VDOE), Department of Aging and Rehabilitative Services (DARS), Community College Systems (VCCS), the Department of Corrections (DOC) and a host of public and private providers to link juveniles returning to the communities after commitment with the highest and most appropriate levels of support. Expanded partnerships include: partnering with DSS to serve committed youth aging out of foster care; partnering with VADOC to serve youth transitioning to the VADOC community supervision; and partnering with DBHDS to serve confinement and transitional age youth (18-21) in need of mental health/substance services. Additionally, the Department continues to work with community partners (e.g., local departments of social services, secure juvenile detention centers, and community based non-profits) to provide step-down and wrap-around services for released juveniles.

Other specific collaborative efforts include:



Transportation to Juvenile Correctional Centers (JCCs) and Other Placements for Visitation

The Department's partnership with AFOI, James River Transportation, and VanGo Transportation continues to provide transportation to families visiting Bon Air, the Community Placement Programs (CPPs), and other placements. To help reduce the spread of COVID-19, Bon Air and other facilities stopped visitation in March 2020, which also paused utilization of transportation services. From 7/1/19 – 6/30/20 there were 935 riders. One hundred and eleven (111) of those riders were new families. Transportation was suspended in March due to visitation restrictions imposed with the onset of COVID-19.

Family Engagement

DJJ continues to strengthen its efforts to improve family involvement. The Family Engagement Workgroup, a collaboration between Bon Air's Student Government Association (SGA), family members of youth committed to Bon Air, and DJJ staff continued to meet monthly until the onset of COVID-19. Face-to-face meetings were cancelled between March – July 2020. In August 2020, the meetings reconvened using a virtual platform to continue to address the goals set forth in an action plan that reinforces family engagement and connectivity.

Although face-to-face meetings were canceled, the Family Engagement Coordinator and the Family Advocate continued to be available for families of committed youth. The Family Advocate's experience as the parent of a youth formerly involved in DJJ provides families with a platform to feel safe and heard, and to provide feedback on policies that may result in unintentional consequences.

Foster Care Children

The DJJ and the VDSS entered into a memorandum of agreement (MOA) setting forth guidance for the local departments of social services and requirements for DJJ on how to effectively manage committed juveniles who were in foster care immediately prior to commitment and who will be released prior to their 18th birthday. The MOA has been revised to enroll youth who age out of foster care while in commitment into Fostering Futures. Fostering Futures provide independent living resources to support youth over the age of 18 as they return to the community.

Licenses and Identification Cards

The partnership with DMV has expanded to include remote driver knowledge testing at Bon Air JCC and state ID issuance at juvenile detention centers (JDCs). With remote driver knowledge testing, committed juveniles take proctored tests with DJJ employees on-site, eliminating the need to transport juveniles to DMV. This service stopped during COVID-19 as well. In August 2020, DJJ partnered with the VADOC to provide an opportunity for paroled youth to secure state issued IDs at sites in the community. In September 2020, DMV resumed services at Bon Air JCC with COVID-19 restrictions in place.

Reenrollment

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

Community Placement Programs (CPPs)

DJJ and local detention centers have collaborated to serve more youth in the local communities. The programs are highly structured, disciplined residential programs in the JDCs for committed juveniles. CPPs are located regionally across the state so that residents will be closer to their home communities, making visitation easier for families. In FY 2017, the CPP average daily population (ADP) was 70, and there were 2,590 visitors. In FY2018, the ADP increased to 81 youth, and the number of visitors increased to 4,006. In FY2019, ADP and visitors increased again to 86 youth with 4,347 visitors at the CPPs. In FY2020, both ADP and visitors increased again to 94 youth with 4,499 visitors at the CPPs. Visitation was greatly impacted during the COVID-19 pandemic. As in-person visitation dropped, video and telephone visitation increased slightly; however, overall visitation was lower during the months of March through June of FY 2020. CPPs focus on addressing specific treatment needs and risk factors and developing competency in the areas of education, job readiness, and life and social skills. Services provided focus on risk factors that can be changed using cognitive behavioral techniques and tailoring services to meet individual needs. Programs use the Youth Assessment and Screening Instrument (YASI) for case planning to address criminogenic need areas. We have developed partnerships at the following JDCs to serve both male and female juveniles: Blue Ridge JDC, Chesapeake JDC, Chesterfield JDC, Merrimac JDC, Lynchburg JDC, Rappahannock JDC, Shenandoah Valley JDC, Virginia Beach JDC, Prince William JDC, and Northern Virginia JDC.

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

Medicaid Applications

HB2183 required The Department of Medical Assistance Services to convene a workgroup to identify and develop a process to streamline Medicaid applications for individuals incarcerated in DJJ, VADOC, and local jails. As a result the Cover Virginia Incarcerated Unit (CVIU) was developed. Medicaid applications for juveniles over the age of 18 are streamlined through the CVIU prior to release.

Re-entry Evaluation

Child Trends, a research organization out of Bethesda Maryland, has been awarded a grant through the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to evaluate DJJ's re-entry reform efforts. The goal of this evaluation is to provide meaningful feedback and recommendations to DJJ as well as to other juvenile justice systems interested in implementing similar reform efforts.

Year one of the grant was spent planning for the evaluation, developing qualitative protocols and procedures for the evaluation pilot, and reviewing DJJ's BADGE manual to develop the administrative data request. Year two of the grant focused on interviewing stakeholders to include staff, youth, and families. The findings were shared with DJJ staff and will be used to guide further work in the future.

The last two years of the grant will focus on a deeper dive into findings and focus on youth released from DJJ commitment during the reentry transformation. The evaluation will also seek further information to determine how COVID-19 has affected the role of staff and youth as they transition to the community.

Please describe any past or current policy-level barriers to collaboration and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Length of Stay (LOS) Guidelines

DJJ and the Board of Juvenile Justice (Board) determined the need to review national research and DJJ data to inform a decision-making process regarding possible revision of the LOS guidelines. DJJ found that the average actual LOS of youth committed to DJJ was much higher than national averages and those of comparable states. The average actual LOS for youth released from DJJ between FY2013 and FY2014 was 18.2 months (15.6 months for indeterminate commitments and 29.8 months for determinate commitments). Data from the 2011 Census of Juveniles in Residential Placement show the estimated national average LOS was 8.4 months, less than half of DJJ's actual average LOS. Additionally, it was found that youth in direct care in Virginia stay much longer than what research suggests is the best practice. In general, research shows that youth incarceration fails to reduce recidivism and can, in certain instances, be counterproductive. DJJ's recidivism data

(controlling for risk and offense) for youth released from direct care showed the probability of rearrests within one year increased by 2.4% for every additional month of LOS. The probability of rearrests within one year increased by 33.3% if the youth's LOS was longer than 15 months compared to youth with an LOS of 10 months or less. The Board aligned its LOS guidelines with research and best practices to ensure that juveniles are not held in direct care for durations that are counterproductive to success upon returning to the community.

Under the former LOS guidelines, 12-18 months was the most commonly assigned LOS for indeterminate direct care admissions. Under the current LOS guidelines, 5-8 months is the most commonly assigned LOS. The average LOS for youth released with indeterminate commitments decreased from 14.1 months in FY2015 to 13.4 months in FY2016, 10.8 months in FY2017, 8.0 months in FY2018, and 7.3 months in FY2019. The overall direct care LOS for all releases, regardless of commitment or placement type, was 14.2 months in FY2020.

Prior to the LOS revision, 49.6% of indeterminately committed youth were released early (i.e., prior to their projected early release date), 41.3% were released on time (i.e., within their projected LOS range), and 9.1% were released late (i.e., after their projected release date). Following the LOS revision, 76.4% of youth were released on time, 13.2% were released late, and 10.5% were released early.

DJJ will continue to monitor commitment orders and examine trends for assessing the impact of the Board's changes to the LOS guidelines and of the ongoing establishment of the continuum of care for committed youth.

JCC Behavior Management

Beginning in May 2015, the JCCs began implementing the Community Treatment Model (CTM) program to promote juvenile rehabilitation while decreasing inappropriate behaviors during commitment. The main tenets of the model include a highly structured interactive program with meaningful and therapeutic activities while using consistent staffing and a team approach on each housing unit. Similar approaches, when adopted in other states, have resulted in improved behavior within the facilities and decreased reoffending upon return to the community. The CTM uses a relationship-oriented approach that helps residents identify and resolve negative behaviors that contribute to their criminogenic risk. The CTM offers a demanding, carefully crafted, multi-layered treatment experience that challenges the youth and helps them make lasting behavior changes and prepare for successful transitions back to the community. By integrating elements of trauma-informed care within the CTM, resilient residents can work to improve self-regulation, decision-making, and moral reasoning to become healthy adults and citizens.

The CTM is the facility's unit-centric behavior management program, and includes principles and methods employed to correct a resident's inappropriate behavior in a constructive, therapeutic, and safe manner. The CTM helps residents achieve positive behavior through the implementation of program expectations, treatment goals, resident and staff safety and security, and the resident's

Personal Action Plan (PAP) and Comprehensive Re-entry Case Plan (CRCP). The CTM shall be implemented through staff training and development, DJJ procedures and manuals, staff supervision and oversight, and staff coaching. The following are various techniques that shall be used by staff as appropriate consistent therapeutic structured activities (TSAs), to include mutual help groups (MHGs), residential engagement (teaching, role-modeling, and mentoring), group facilitation (check-ins, circle-ups, and therapy groups), phase system, including privileges, behavior support contracts, disciplinary process, verbal interventions, and personal restriction in accordance with VOL IV-4.1-2.26.

Throughout FY 2019 and FY 2020, Bon Air JCC ramped up its training efforts in regards to achieving the fidelity of the CTM. A new version of the CTM manual was disseminated to staff on August 27, 2019, with an effective date of September 16, 2019. A team of Residential Services subject matter experts led three, all-day training sessions to ensure understanding of the CTM manual components. The training sessions were conducted on August 19 and 26, 2019, as well as September 23, 2019. Since these initial training sessions, Bon Air has implemented an additional week of CTM training for RSI new hires. A one-day CTM training session was added to the annual in-service requirement. Residential staff members lead this in-service session.

To accompany the updated CTM manual and ensure residents were aware of all changes that directly affected them, a new Resident Handbook was published in both English and Spanish on August 29, 2019, with an effective date of September 16, 2019, to coincide with the manual revisions. Both versions of the manual were sent to parents as well as posted on the DJJ website for reference.

CTM Toolkits

Additionally, leadership at Bon Air is always working to coach staff and provides them with the best resources to improve residents' lives. Such a resource was completed in FY 2020: The Toolkits Vol. I and II. The toolkits are a compilation of lesson plans, which can be implemented during Mutual Help Groups (MHGs). The lesson plans target skills, which many residents will need for successful reentry into the community. Some of these areas include problem solving skills, recognizing and building healthy relationships, anger management skills, and many others. The toolkits take into account the youth's various learning styles and ability levels. This resource will help guide staff to become more effective group leaders. A training module is currently under construction.

Staff Mentoring Program

Another coaching method for staff at Bon Air JCC is the Resident Specialist I (RSI) mentoring program. The mentoring program fosters growth and understanding for new hires to ensure they are comfortable and competent in their job duties. Mentoring also creates a sense of support and connection among peers in the workplace. Each RSI is assigned a senior direct care staff as a mentor. Ideally, the mentor and mentee shift assignments coincide in a way that allows maximum and most effective communication and implementation of the program. Not only do new hires receive the benefit of support in their current roles, but they are also encouraged to grow within

the agency and work towards additional opportunities after achieving mastery as an RSI. This strengthens the workforce at Bon Air by having experienced staff staying on for the long term.

Fatherhood Program

In alignment with the agency's goal of developing and fostering growth of productive citizens, Bon Air JCC implemented several additional programs. In May 2019, Bon Air JCC collaborated with the Virginia Family and Fatherhood Initiative to provide mentoring services to young fathers. The Virginia Family and Fatherhood Initiative has a significant and successful community presence and teaches from an evidence-based curriculum addressing a list of topics that men face daily. The program began with an enrollment of 13 residents. In FY 2020, eight residents graduated from the program, and Bon Air JCC hosted a graduation ceremony to celebrate the residents' accomplishment. Since then, one additional cohort of residents has begun the same journey, and Bon Air looks forward to sustaining this program for additional cohorts in the future.

Family Engagement

In an effort to be more inclusive with families, a family engagement committee was established and is composed of parents of committed youth as well as members of reentry and residential staff. There are often youth representatives who also attend the monthly meetings. Through this group, a Family Orientation Packet was created and the draft is in the final stages. The packet contains information that guides families through each step of their child's commitment to include components of the CTM in which their children will participate while at Bon Air JCC.

Further fostering family connections and engagement, Bon Air hosted two family day events. One event occurred on September 15, 2019, to kick off the 2019 school year with 351 visitors in attendance and another was hosted on December 15, 2019, with a theme of "A Holiday Storybook Celebration" and 402 visitors in attendance.

Re-entry Procedures

DJJ had numerous re-entry procedures governing fragmented parts of the re-entry process across several operational divisions. To address this problem, DJJ created a unified re-entry process and set of procedures, which it continues to review and strengthen.

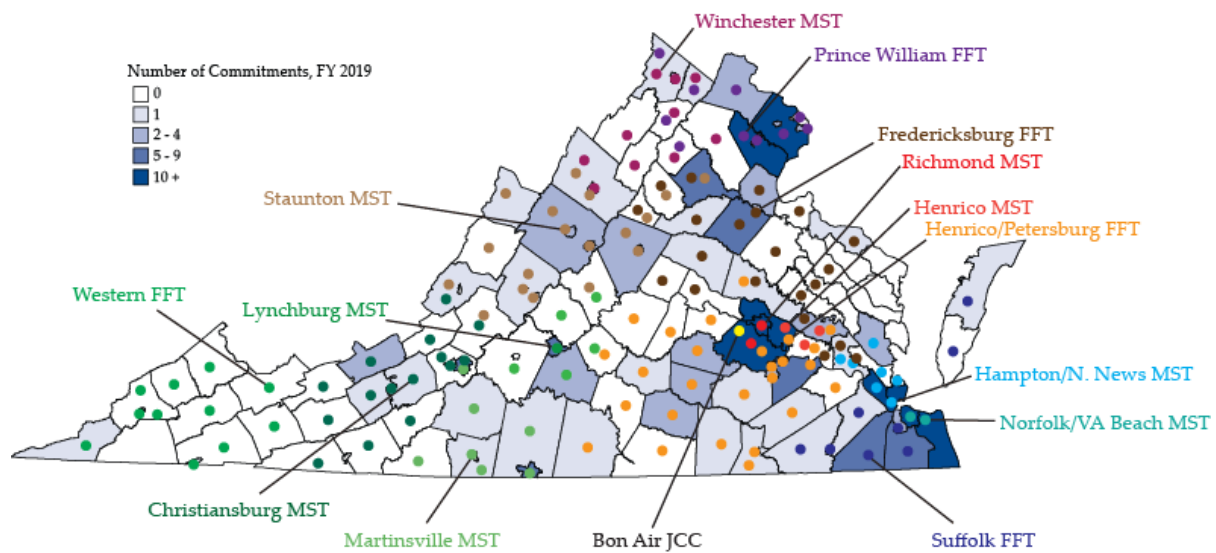
Please describe any past or current policy-level gaps in collaboration and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

Family Based Services/Service Matching

Beginning in January 2017, DJJ adopted a new regionalized service delivery model utilizing two contracted companies, AMIkids (AMI) and Evidence-Based Associates (EBA), to serve as Regional Service Coordinators (RSCs). The RSCs have responsibility for processing service referrals submitted by parole officers. In May 2017, both RSCs began working with the Department to build the infrastructure necessary to develop and implement evidence-based family interventions. Two

program models that have been proven to produce positive outcomes with youth involved with delinquency, Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT), were adopted and added to the service menu with 12 MST and FFT (10 new, 2 existing) teams statewide. Each of the new MST and FFT teams were launched during an ambitious sixty-day roll out and began receiving referrals between October 1, – November 30, 2017. In addition to the DJJ’s initial cohort of MST and FFT teams, independent of the DJJ’s launch, Horizon Behavioral Services (Community Service Board located in Lynchburg) relaunched an MST team that had been dormant for a number of years, and Life Push launched a FFT team in Danville. While launched outside of DJJ’s project, those teams will also be available to receive referrals from the Department. Finally, during late FY 2019 and early 2020, DJJ launched a new FFT team in Abingdon to serve 14 traditionally underserved communities in Southwest Virginia (counties of Bland, Wythe, Grayson, Smyth, Washington, Buchanan, Dickenson, Russell, Tazewell, Lee, Scott, Wise, and the cities of Bristol and Norton). The addition of the FFT in Southwest Virginia brings the total number of MST and FFT teams in Virginia to 15. Given a 90-minute catchment area, the MST or FFT model is now available to 129 of Virginia’s 133 cities and counties. The map below displays the localities reached by MST or FFT. These teams are expected to continue to grow in FY2021 as several additional provider agencies have recently been trained in the models as part of the Department of Social Services’ implementation of the Family First Preventions Services Act (FFPSA).

FY 2020 Availability of MST/FFT



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

Educational Programming

During the 2018-2019 school year (SY), the Division of Education continued to use the Personalized Learning Model, in which students’ educational paths, curriculum, and instruction are tailored to their experiences, learning pace, and individual goals. This strategically transformed the delivery of

instructional services provided to both high school and post-secondary students and moved away from the traditional “stand and deliver” teaching style. This model includes digital curriculum delivered through a system that actively tracks and reports the progress of the student. Teachers are facilitators who support learners at their varying levels of readiness, ability, and pace.



Graduation Rates

In the 2018-2019 SY, 39 students received their Virginia high school diploma, 15 students received Penn Foster diplomas for completing an equivalent online high school curriculum, and 17 students earned their GED®. 87.27% of eligible high school seniors graduated in the 2018-2019 school year.

Virginia Tiered Systems of Support (VTSS)

VTSS is a data-driven decision-making framework for establishing the academic and behavioral supports for students to be successful. VTSS aligns academics, behavior, and social-emotional wellness into a single decision-making framework to establish the supports needed for schools to be effective learning environments for all students. Positive Behavioral Interventions and Supports (PBIS) is the behavioral component of VTSS. PBIS, a data-driven decision-making framework for establishing the academic and behavioral supports for students to be successful. PBIS identifies proactive strategies for defining, teaching, and supporting appropriate student behaviors to create a positive classroom and school environment. Empirically validated interventions are utilized to implement the six essential features of PBIS, including facility-wide adoption and implementation conditions, universal behavioral expectations, systematic behavior communication, and teaching, positive reinforcement systems, instructional and function-based responses to problem behavior, and strategies for defusing aggressive or escalating behavior. PBIS ultimately impacts the very culture of the facility to shift attention to positive behavior and successful learning systems for residents, allowing them to contact success across settings, which will help increase the number of opportunities available when transitioning back into the public. The 2018-2019 SY encompassed a full school year of PBIS Tier 1 implementation. The total number of referrals out of class due to disruptive behavior decreased by 68%, and the total duration of time spent out of class decreased by 79% compared to the previous school year. 85% of school weeks averaged 2 or less referrals out of class, with 4 of those weeks having 0 referrals out of class. Education staff collectively had an average score of 73% on the classroom fidelity tool related to Tier 1 strategies.

Technology in Education

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

Post-secondary Programming

The Yvonne B. Miller Post-Secondary programs provide continuing education and/or job training skills to increase student's efforts in securing and sustaining a viable career. The Division of Education is committed to being at the forefront of innovative programming that will lead to quality technical/vocational education and academic achievement. Through partnerships with community businesses, schools and other agencies, the Division of Education was able to expand the number of post-secondary programs and increased the number of awarded certifications/credentials this year.

This year at Bon Air, the Division of Education introduced a new Welding Simulator class and the Heavy Machine Operator Simulator class that train students on how to operate a bulldozer, backhoe, and forklift. Classroom simulations are one of the most effective methods of training today. Simulation training provides a virtual environment that mirrors actual work conditions. Students are provided real-world scenarios where they have to navigate through basic and complex situations using newly taught skills.

Through the partnership with the Virginia Department of Labor, the Division of Education was able to provide a structured work environment where students gained specific work skills through on-the-job training while earning pay. Establishing Registered Apprenticeship Programs at Bon Air is a valuable experience for students to effectively help them transition back into the community with employability skills and work as a productive citizen. The current apprenticeship programs at Bon Air include Barbering, Graphic Design & Sign Writer, Upholstery, and Industrial Sewing Machine Operator.

The Division of Education supports the Community Placement Programs (CPPs) by providing resources and opportunities to the post-secondary students for the purpose of continuing education after receiving a high school diploma or GED. Through partnerships with community businesses and schools, as well as collaboration with CPP staff, DJJ assesses the needs of students; supports research jobs and college programs in each locality, and explores appropriate program options for post-secondary students.

Transition

Education Transition Specialists work collaboratively with the Department of Aging and Rehabilitation (DARS) to ensure Students with Disabilities have the opportunity to access the Pre-Employment Transition Services (Pre-ETS) while attending school. Education Transition Specialists

also work with students and families to complete Federal Student Aid (FAFSA®) applications, apply for scholarships, and explore a variety of career opportunities.

Standardized Disposition Matrix (SDM) Implementation Rollout

The Department's data shows, historically, similarly situated youth can be treated differently in Virginia's juvenile justice system based on their race or geographic location within the Commonwealth. The Department has partnered with the Annie E. Casey Foundation (Casey) and the National Council on Crime and Delinquency (NCCD) to develop a SDM, a data-driven tool to help make fair and objective dispositional recommendations based on the youth's risk-level and offense severity. The SDM tool ensures the most intense interventions are reserved for youth with the highest risk of future delinquency and ensures low risk youth are diverted or receive alternative dispositions, which do not require probation or formal court involvement. This ensures that youth with similar characteristics will have similar and appropriate decisions made at their case dispositions. DJJ has completed a 6-month pilot of the SDM in five jurisdictions during the spring of 2019. Training of staff and stakeholders along with plans for local implementation began in July. The tool was implemented statewide across all court service units in January 2020.

Central Admission and Placement (CAP) Unit

The CAP Unit was established upon the closure of the Reception and Diagnostic Center (RDC). The unit's core functions include the receipt and review of all commitment packets; the coordination of the admission, orientation, and assessment process; and the completion of referrals to non-JCC placements. For youth in non-JCC placements, the CAP Unit maintains case management responsibilities throughout their direct care stay and acts as a liaison between the CPPs, other alternative placements, and CSUs. In order to sustain the work of the CAP Unit, a cross-divisional work group was established to review and revise policy, procedure, and practice to reflect the new model and improve the efficiency, effectiveness, and fidelity of this process. This group worked diligently and developed three significant proposals that were further refined to include several specific elements to further explore and develop in order to foster transformation efforts. To address immediate change, an efficiency workgroup was established. The CAP Efficiency Workgroup used the six sigma method to identify areas which could be streamlined thereby expediting the process of a juvenile's placement in treatment facilities. After determining the areas of necessary change, the workgroup developed proposals for ways these processes could be implemented expediently within the agency. As a result, by March 2020, DJJ saw a noticeable decrease in the amount of time between a juvenile's commitment and their placement in a treatment facility. The original cross-divisional workgroup was disbanded and the CAP Transformation Steering Committee was developed to make progress in the larger goals presented in the original three proposals. These actions will help sustain our current improved processes and work to develop new ones for the continual improvement of the CAP unit and the agency as a whole.

Medication-Assisted Treatment (MAT)

In response to the growing opiate epidemic across the nation, DJJ Health Services began implementation of MAT, designed to help alleviate withdrawal symptoms and psychological cravings by normalizing brain chemistry and body functions, with Naltrexone—specifically, Vivitrol—as the primary agent. The chief physician completed the buprenorphine waiver training and received a waiver number from the Drug Enforcement Agency, which is required to prescribe narcotic medications in a non-opioid treatment program setting.

In the program, the physician and primary therapist consult to create a plan for discussing MAT as a treatment component option with appropriate residents. Identified residents participate in the 12-week Cannabis Youth Treatment program during their direct care stay, and in most cases, MAT begins a month prior to release. Health Services and transition staff developed a list of community providers to continue care of MAT residents once released. Thus far, two youth have enrolled in the MAT program.

Since July of 2019, six residents have been identified as appropriate for the MAT program. One of the residents has successfully completed treatment and is currently on probation. The other residents are still in custody and are in various stages of the program.

To ensure low security residents with high SUD needs are not automatically assigned to Bon Air, DJJ is expanding services. We have been successful in coordinating with one of our CPPs who is willing to offer these services through the given provider. The provider has agreed to offer comprehensive substance abuse therapy, psychiatric care, and medication-assisted therapy to include Vivitrol injections. We are considering expanding services to interested CPP units through telemedicine.

Department of Social Services

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

The Department of Social Services is committed to ensuring that Virginia's most vulnerable residents have access to the services and benefits to help them find permanent solutions to life's many challenges. The Department is responsible for administering a variety of programs, including Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Adoption, Child Care Assistance, Refugee Resettlement Services, Child Protective Services, Child Support Enforcement, and conducting Medicaid and Family Access to Medical Insurance Security eligibility determinations. The Department's goal is to promote the well being of our citizens through the delivery of essential services and benefits to ensure families are strengthened, and individuals achieve their highest level of self-sufficiency. Accordingly, VDSS has worked to include support for returning citizens as a standard element of its core functions rather than a separate initiative.

VDSS is integrating the "Protective Factors" framework throughout agency programs as a case management strategy to improve outcomes when working with children and families. The

“Protective Factors” framework provides a foundation for increasing parental resilience, understanding the importance of social connections, understanding where to obtain concrete support in times of need, gaining knowledge of parenting and child development, and understanding the social and emotional competence of children. Ex-offenders and juveniles returning home to their families and communities can face daunting challenges. This case management strategy focuses on working with the entire family to overcome challenges that impede family re-unification.

In order to support individuals being released from the Department of Corrections or Department of Juvenile Justice who may have serious medical conditions, individuals apply for Medicaid as a part of their pre-release planning. Pre-release planning permits individuals who are completing their term of confinement to apply for Medicaid and have their eligibility determined prior to release. Eligibility is to be determined based on the living arrangement anticipated upon release. Individuals who are determined to meet all Medicaid eligibility requirements are to be enrolled in the appropriate Medicaid coverage beginning with the date of release.

Local Departments of Social Services

Virginia’s local departments of social services support re-entry in a variety of ways. Local human services directors serve as co-conveners, members of convener teams and members of local re-entry councils. Numerous agencies have staffs who are engaged in prisoner outreach and LDSS staff process applications for services and benefits from incarcerated individuals and returning citizens.

Human Services

The VDSS public assistance programs serve as a safety net for limited income individuals and families. Included in those served are victims of crime, individuals previously incarcerated and family members of victims and offenders. The array of programs carried out within the social services system support safe stable nurturing environments and relationships where adults, children and families can thrive. The community services of the agency facilitate a collaborative community based approach among service providers, businesses and community organizations that supports family strengthening and positive outcome efforts for families.

Services and benefits delivered through the Virginia’s state supervised and locally administered social services system and through community partners include:

- **Services Programs**
 - Child Welfare
 - Adoptions
 - Foster Care
 - Prevention
 - Child Protection

- Family/Domestic Violence Prevention
 - Regulation of Day and Residential Care for Adults and Children
 - Child Support Enforcement
- **Public Assistance Programs**
 - Supplemental Nutritional Assistance Program (SNAP)
 - Supplemental Nutritional Assistance Program Employment Training (SNAPET)
 - Medicaid
 - Family Access to Medical Insurance Security (FAMIS)
 - Temporary Assistance for Needy Families (TANF)
 - Unemployed Parents (UP)
 - Auxiliary Grants
 - Energy Assistance
 - Child Care
- **Community and Volunteer Services**
 - 2-1-1 VIRGINIA
 - Community Service Block Grant Program (CSBG) & Community Action Network
 - Family and Children's Trust Fund (FACT)
 - Family/Domestic Violence Prevention
 - Refugee Resettlement
 - Volunteerism
 - AmeriCorps/Community Service
 - Virginia Community Re-entry Initiative
 - Fatherhood
- **Community Action Agencies**
 - **For Children and Youth**
 - Head Start, Literacy Programs, Dropout Prevention, Summer Youth Employment Programs, College Counseling and Placement, Nutrition and Food Programs, Substance Abuse Education, Prevention and Counseling
 - **For the Working Poor**
 - Child Care, Adult Education, Job Training and Placement, Small Business Development, Budget Counseling, Financial Education, Free Income Tax Preparation including Earned Income Tax Credit
 - **For the Poor in Crisis**
 - Homeless Shelters, Domestic Violence Programs and Shelters, Transitional Housing, Energy Crisis Assistance, Emergency Food, Clothing and Services, Eviction Prevention
 - **For the Elderly**
 - Meals-on-Wheels, In-Home Care Programs, Senior Centers and Day Care, Transportation, Volunteer Services
 - **For the Entire Family**

- Family Development Support, Nutrition Education, Parenting Education, Health Clinics, Weatherization Assistance, Home Ownership Programs, Individual Development Accounts, Community Centers
- **For the Entire Community**
 - Housing Development and Renovation, Economic Development, New Business Ventures, Safety and Crime Prevention, Consumer Education, Neighborhood Improvement, Pre and Post Incarceration Services

Division of Child Support (DCSE)

The Division of Child Support Enforcement engages families for success through the operation of programs that offer progressive, holistic, family-centered approaches that promote the well being of children. Through collaboration with community partners and other governmental agencies, the Division helps parents overcome obstacles that inhibit their ability to provide the emotional and financial support their children need to grow and thrive.

The Division of Child Support Enforcement supports Prisoner Re-entry by providing pre-release information and post-release direct assistance to returning citizens in pre-release programs and resource fairs at state prisons, regional and local jails, and DJJ facilities; and by partnering with government agencies and community organizations to plan and provide offender transition and re-entry services. The Division of Child Support Enforcement provides parents information about child support services, re-entry services, and guidance on how to best navigate the child support system upon release.

Family Strong Re-entry Program

The Family Strong Re-entry Program is designed to assist noncustodial parents facing barriers related to current incarceration and prior criminal convictions. The participants work closely with a Case Manager to address barriers limiting their ability to support their children. The Case Manager will connect the participant with community resources and assist the participant with finding stable employment, obtaining orders based on current ability to pay and successfully reintegrating into society and their children’s lives. Parents currently incarcerated in the Virginia state prison system and local or regional jails are offered, pre-release, general information about child support processes, specific information about their cases and the opportunity to immediately participate in the Family Strong Re-entry Program upon release.

Family Reunification

The VDSS Family Engagement process is part of the agency’s Children’s Services Practice Model. Family engagement is a relationship focused decision-making approach that involves and empowers both the family and the community in the decision making process related to family stabilization and permanency for children. Re-entry related Family Engagement activities include:

- Family Partnership Meetings – Child Protection, Prevention and Foster Care workers actively seek out family members, including those individuals, who have experienced incarceration, to participate in meetings where decisions regarding the safety, placement and future of children and families served by the local Department of Social Services are made. The Family

Services Division and VDSS Domestic Violence program develop resources, protocols and training for how best to work with families for whom Domestic Violence has been identified as an issue. This includes how to engage non-offending parents and extended family members in identifying issues, ensuring family safety and improving the likelihood the service referrals will be appropriate; how to engage the offending parent and help them take responsibility for their actions; and activities around how to prepare for Family Partnership Meetings so that offending parents are able to safely participate in case decision making. It expected result is that fewer fathers with a history of domestic violence and/or criminal charges will be excluded from participation as a result of these resources.

- Virginia Birth Father Registry has provided services to assist individuals who have experienced incarceration or are currently incarcerated to register with the Virginia Birth Father Registry in order to protect their parental rights.
- Child Protective Services has grantees that work with individuals who have experienced incarceration to reduce child abuse and neglect and prevent child abuse.
- The Permanency Regional specialists provide guidance on working with family members of children in foster care including individuals who have been incarcerated. Although these family members may not be suitable for placement, they may be able to provide support to another family member.

Victim Services

The Office of Family Violence funds 58 local domestic violence programs, all of which provide shelter or emergency housing. Shelters play a crucial role in victim safety when an offender is released. The temporary safety victims experience while the offenders are incarcerated ends with their release. All domestic violence programs offer safety planning to victims. Shelter options are included in most of the safety plans. Shelters have also been utilized when survivors of domestic violence themselves are released from incarceration.

Most domestic violence programs offer consistent comprehensive services for victims and their children. Services include, but are not limited to hotline, advocacy, crisis intervention, information and referrals, children's services, support groups, emergency transportation, and coordination of services. Some collaborative agreements have brought domestic violence advocates into jails and prisons for victims support groups and batterer intervention.

Domestic violence programs often lead local Coordinated Community Response Teams that bring together non-profit service providers, court personnel, law enforcement and social services to improve the system response to domestic and sexual violence in their localities.

Memorandum of Understanding

The Virginia Department of Social Services, Virginia Department of Aging and Rehabilitative Services and the Virginia Department of Corrections entered into a Memorandum of Understanding to identify the roles and responsibilities of each agency regarding the release of homeless offenders with medical conditions and/or mental disabilities to ensure their continuity of care.

Protocol for Re-entry Planning for Offenders with Special Needs

The Virginia Departments of Social Services, Virginia Department of Corrections, Behavioral Health and Developmental Services (DBHDS) and Department for Aging and Rehabilitative Services/Adult Protective Services Division developed and approved a recommended protocol to plan release by VADOC of a homeless offender with medical conditions or mental disabilities or DBHDS of a civilly committed sexually violent predator (SVP) into the community without a home plan.

Virginia Employment Commission

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

VEC staff collaborates with workforce system partners to provide pre-release information sessions for local jails and prisons throughout the Commonwealth. These information sessions include job market information; how to prepare for interviews; Work Opportunity Tax Credit (WOTC) opportunities; where to obtain training; referrals to pre-employment supportive services; workshops, etc. The VEC provides instruction on resume writing and effective job search techniques. The goal is to provide information and assistance prior to release.

Staff also works with community agencies and other organizations established to assist ex-offenders. These organizations assist the VEC staff in scheduling pre-release information sessions. Representatives may also meet with ex-offenders in VEC offices and other one-stop locations to provide one-on-one help to ex-offenders.

VEC Veterans' Services staff also works with the Department of Labor ETA VETs Program to provide "stand down" services for homeless vets who are ex-offenders. They collaborate with businesses to offer job opportunities and services. During the activity, barbers offer free haircuts. Clothing and personal care supplies are also provided. Organizations provide information on housing, transportation, training, employment, and other services.

In light of the recent pandemic, many services are being offered virtually and telephonically when in person provision is not possible.

Please describe any past or current policy-level barriers to collaboration and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

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

Employment/Job Training

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

The VEC initiated a statewide initiative to provide virtual job fairs to electronically connect job seekers and employers. The kick-off session was held in July with thousands of individuals registered to attend and hundreds of employees participating in hiring. The event was so successful that subsequent statewide events and regional sessions will be held across the state beginning in October 2020. The employer connections and job openings recruited at these events can be used to assist ex-offenders who are entering the workforce secure employment opportunities.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers have been implemented over the past year?

Historically, lack of funding has been the VEC's primary barrier. Currently the social distancing and limited gathering requirements reduced the number of customers in the field offices. The VEC has deployed various techniques to ensure continued service delivery such as virtual job fairs, telephonic assistance, and email correspondence.

Education

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

Beyond the information sessions for transitioning offenders mentioned above and group training about resume writing and effective job search techniques, the VEC Job Services program does not provide training. However, as noted below, if the transitioning offender is a veteran, our Jobs for Veterans State Grant may be able to fund job training.

Women

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

The VEC does not differentiate our services based on the gender of our clients.

Veterans

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

VEC Disabled Veteran Outreach Program staff collaborates with local jails and prisons throughout the Commonwealth to provide pre-release information sessions for veterans. Further, this program provides intensive services to veterans who have significant barriers to employment. The definition of significant barriers includes incarceration. The services are wide-ranging based on individual needs, and can include housing assistance, job training, and case management.

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

The VEC continues to expand the Veterans Services programs. We are currently in the process of hiring additional Vet Representatives to maintain and expand the intensive services described above.

Virginia Indigent Defense Commission

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

The Virginia Indigent Defense Commission on behalf of the 25 Public Defender Offices

Alexandria Public Defender Office

Staff members from this office serve on the city's re-entry taskforce that is led by the Adult Probation and Parole office. The task force is a collaboration of City and state agencies and private entities that work together to identify resources and services for those citizens returning to the community following incarceration in order to aid them in making a productive transition. We also work with the re-entry committee at the Alexandria Detention Center called the forensic team, part of a taskforce that works with mentally ill individuals being released to the community from the local jail. This task force designs treatment alternatives for mentally ill clients as an alternative to incarceration. This group is part of the larger Mental Health Diversion Committee that addresses diversion alternatives for mentally ill clients at all stages in the criminal justice process. The Public Defender and the Sentencing Advocate are members of the Mental Health Diversion Committee.

The Mental Health Diversion Committee oversees the CIT program and the forensic team. In coordination with the Commonwealth's Mental Health Initiative, the Public Defender and the Chief Deputy Commonwealth's Attorney are notified when an individual with mental health issues is arrested and both work closely with the forensic team to develop a treatment plan that will quickly release the individual from the jail. When advised of these cases, we are able to watch for these people at advisement, at which time we are appointed as counsel. We can then work with these clients at the earliest possible time to assist them in being successful while on release. This allows for a seamless transition through all stages of the case. Early diversion of those who could be safely managed in the community results in better outcomes and less jail days. It also eases the process of re-entry upon completion of the criminal case.

The Alexandria Circuit Court's Treatment Court began last August and we designated an attorney from our office to focus on representing our clients in Treatment Court. She is in Treatment Court weekly and participates in all stages of the program. Since the COVID-19 emergency, the Treatment Court meetings and hearings have been through video conferencing. Outpatient treatment options have been limited.

Our detox phase one program has only recently re-opened with limited number of individuals allowed in the program. The Treatment Court coordinator re-applied for a grant and is awaiting the decision.

The Deputy Public Defender serves on the Correctional Services Advisory Board to the Sheriff. The Board is composed of representatives from various criminal justice agencies and from the business community as well as citizen representatives. Its mission is to provide input on programming at the jail that can ease the transition of those leaving custody to the community and to enhance inmate rehabilitation efforts. The Board recommends and supports innovative programming at the jail to include college courses for inmates offered through the local community college. The courses offer an introduction to college and the opportunity for inmates to begin their college careers, which they can resume on campus once they are released. GED and Life Learning Classes resumed in May via video conferencing. Many programs have been temporarily suspended during the COVID-19 emergency.

Barriers: Housing continues to be a significant issue for many clients returning to the community. During the COVID-19 emergency, our shelters have been full with waiting lists up to 3 weeks. Lack of stable housing can be a significant barrier to successful re-entry. We continue to work with other agencies and the CSB to address difficulties in securing housing for our clients. Public housing is often denied to our clients because of their criminal histories. Sex offenders are constantly denied housing and are usually placed in one hotel.

Arlington Public Defender Office

We continue to urge police to refine their policies in making charging decisions regarding mentally ill clients whose criminal conduct is the result of psychosis. We encourage police to refrain from seeking warrants for people who can be managed and stabilized through the mental health system. Tragic consequences can and do result from the escalation of trauma and panic that can result from the force employed in an arrest.

Since 2015, the Office of the Public Defender (OPD) has been working with the Arlington Department of Human Services (DHS) to create bond diversion plans to divert defendants who are mentally ill from pretrial detention following the Sequential Intercept Map at intercept 2.5. OPD is involved with DHS for OPD clients' jail diversion at the magistrate level under the Post-Booking Magistrate Project ("PBMP") following the Sequential Intercept Map at intercept 2. We have had numerous successful jail diversions of people with mental illness at the magistrate or bond level. Through coordination between the magistrate or judge, the CSB and the OPD, we have been able to monitor cases of people who were diverted by the magistrate or judge so that we are aware of them prior to the court date to make sure the process of meeting with counsel for the first time is seamless. Communication and coordination in these cases is crucial, which is why the OPD, DHS, and jail mental health staff engage in weekly Forensic Staffing Calls. These calls, which typically span 1-2 hours, consist of all parties' tracking updates about a shared caseload.

Due to COVID-19, DHS bond diversion programming was halted from March 2020 to September 2020. However, DHS has received recent approval to resume their diversion programs on September 15, 2020.

In the meantime, OPD mitigation staff members have been creating diversion plans, for mentally ill and/or substance dependent clients. In doing so, we have been able to divert a number of clients from jail, with personal recognizance bonds and plans for treatment.

Beginning September 2020, Arlington officially has a Behavioral Health docket, geared toward seriously mentally ill individuals who are facing legal charges. The program features both a pre-plea and post-plea track to ensure true diversion when possible. The OPD is one of the programs primary stakeholders, as our office will likely be a primary referral source. The OPD Mitigation Specialist will serve on the docket team, as a liaison and advocate for OPD clients. Additionally, the Mitigation Specialist will assist with re-entry planning for clients who are preparing to leave the jail and begin the program. In its first year, the Arlington docket will be permitted to have a total of 10 participants.

The OPD currently partners with the Sheriff's Office to hold bi-weekly Re-entry Discharge Planning Meetings. In addition to the aforementioned offices, representatives from the local shelters, DHS and District 10 Probation and Parole also join these meetings to discuss resources for incarcerated individuals whose release dates are approaching.

DHS, OPD, the CA's office, and Arlington Police Department have begun meeting for a monthly Trespassers Alternative Group, in which we brainstorm ways to divert homeless clients who were regularly in contact with law enforcement for trespassing charges. Over time, the group evolved to include discussion of a Co-Responder Model, in which a DHS clinician engaged in regular ride-alongs with police to identify clients who may be in need of mental health intervention. This was in an attempt to regularly intervene before clients get to the point of arrest. Since the beginning of 2020, a specific DHS clinician has been tasked with completing police ride-alongs several days a week. Given the new component, the group is now titled Project Bridge, as a reflection in attempting to close gaps in system interventions.

In 2011, Arlington created Project Exodus for clients with severe mental illness ("SMI") reentering society from jail and prison. Since then, the project has been established as a program. The OPD serves as a steering committee member and as a source of referrals. During the creation of the program, the OPD assisted in creating the Memorandum of Agreement among committee members and developing eligibility criteria. The Probation Department and the Department of Human Services meet with specific clients prior to their release to set up a plan together, which involves an agreement for therapeutic engagement. Once released, the probationer meets with both a clinician from DHS and his/her probation officer, in a collaborative effort to ensure that the client receives the appropriate supports for meeting obligations of probation. Once a month, the whole Project Exodus team meets and reviews program client progress.

In 2017, Arlington purchased the RNR Simulator Tool from George Mason University's Center for Advancing Correctional Excellence, and created a Risk Need Responsibility Group. The goal was to enhance positive outcomes for persons with mental illness reentering the community through the use of evidence-based practices. The group was comprised of DHS, OPD staff, CA's office, JDR probation, District 10 State Probation and CCU's local probation. The RNR Simulator Tool officially went "live" in

September 2018. Since it went live, the tool has been used to ensure proper programming dosages for Bond Diversion clients. Due to the recent implementation of a Behavioral Health docket, for which clients will also be assessed with the RNR tool, the RNR Group no longer holds regular meetings.

Additionally, staff from OPD attend meetings for the Mental Health Criminal Justice Committee (MHCJRC), the Community Service Board Mental Health sub-committee, and Drug Treatment Court. All of these programs address alternatives or diversions at parts of the traditional criminal justice system or intercept model and re-entry programming. These stakeholders work together to assist in re-entry or diversion from the criminal justice system including but not limited to Crisis Intervention Training, diversion of defendants who are mentally ill from different intercepts of the criminal justice system, addressing treatment for substance addiction and housing first.

In 2017, Arlington agreed to transition 6 shelter beds into diversion beds for SMI/Criminal Justice involved homeless individuals. These beds are housed in the Residential Program Center (RPC Shelter) and make up the Re-entry Programming Unit (RPU). At this time, the RPU runs 12 groups Monday-Saturday. Participants typically spend 3-9 months in the program, at which time a focus is placed on the strengthening of pro-social community engagement.

In 2017, Arlington started the Arlington Addiction Response Initiative "AARI" to address opioid addiction in the community. OPD staff attends monthly meetings with representatives from local hospitals, treatment centers, sheriff, police, school and DHS. OPD continues to advocate for diversion and treatment instead of entry or incarceration in the criminal justice system for opioid substance addiction.

Bedford Public Defender Office

At this time there exists no formal re-entry program at the Blue Ridge Regional Jail in Bedford. The Amherst Regional Jail has the Interfaith Outreach life skills improvement course that is twice a day for six weeks covering such topics as anger management, parenting skills, dealing with issues of substance use and abuse, and life skills of all kinds. The program is limited to Virginia Department of Corrections inmates who will never actually be transferred to VADOC custody (inmates with sentences under two years) but the program administrator hopes to expand the program to local inmates and to other facilities within the BRRJ system as soon as funding will allow.

Barriers: A major barrier to the effectiveness of this program is the lack of incentive for inmates to participate. At the VADOC such programs are mandatory but that is not the case within the regional jail systems. While the regional re-entry coordinator would like to somehow make such programs mandatory, this office would prefer the carrot (additional time suspended for participation) to the stick (a new and onerous condition of release). It also seems clear that VADOC could support these programs immeasurably by, for instance, increasing good time credits for inmate participation.

Starting in 2017 the Bedford Office of the Public Defender officially joined the Blue Ridge Re-Entry Council (BRRC) and has a representative present at each meeting so far this year. The BRRC is

comprised of representatives from the Department of Social Services, Probation and Parole, Horizon, Johnson Medical Center, School Board, Family Preservation Service of VA Humankind, Interfaith Outreach, Blue Ridge Regional Jail Authority, Dillwyn Correctional Facility, and various other local community service organizations to include residential treatment programs, homeless shelters, and veteran's affairs.

Through this group, our Mitigation Specialist, Renee Burkey, now receives updates on programs/admissions, upcoming job fairs, transportation assistance, available housing, food banks, and free adult education classes. Ms. Burkey is on BRRC and DSS Director Andy Crawford's email chain for these regular updates.

As Bedford does not have any specialty dockets at this time, this office has strived to work with the Commonwealth Attorney's office in recognizing and treating cases where the offense is laden with severe underlying mental health and or substance use disorder issues as pseudo-mental health or drug court cases. Ms. Burkey will meet with the often-incarcerated individual to assess their particular needs, develop a treatment plan and get the proper services set in place. This office follows their progress, will alter the plan accordingly, and provide updates of services and progress to the Commonwealth Attorney and the Court. Even after we the desired goal of either an amended or dismissed charge is attained, Ms. Burkey will continue to keep up with the client to ensure their needs are continuing to be met for successful re-entry.

In addition to the above, the Bedford Public Defender's Office works with both Probation and Parole and Court Services Unit to identify alternatives to incarceration on the sound theory that avoiding an "exit" precludes any need for re-entry. The lawyers in this office are also trained to advise their clients that a probation officer is better viewed as a resource than as jailer. In our experience this can increase the level of communication between the probationer and the officer and often serves to encourage probation officers to assist released offenders with such things as life skills counseling when difficulties arise, rather simply punish the released offenders.

Charlottesville Public Defender office

"Healthy Transitions" was initiated by collaboration between the District 9 Probation Office, and Region Ten Community Services. Initially this program was donation funded and has since been receiving ongoing funding by the localities we serve, Charlottesville and Albemarle County. Our office had experienced challenges referring clients (who have the opportunity to avoid a felony conviction) into this program as the program was initially designed to assist clients on supervised probation following a felony conviction and/or returning to the community from prison/jail. This limitation was corrected in 2014 by amending the program requirements to allow individuals under misdemeanor or pre-conviction probation to participate while they are under the supervision of Offender Aid and Restoration (OAR). This is important as clients with federal disability benefits can lose these important benefits, which are critical to their ongoing success in treatment, if they incur a felony conviction.

Mental Health and Wellness Coalition provides medication management and counseling services to clients without Medicaid, insurance, or funds to afford these services elsewhere. These services continue to be available through community funding (\$100,000 grant provided by the Charlottesville-Albemarle Community Foundation). The Mitigation Specialist is the office representative and serves on both the Steering and Programs Committees. The “Navigators” for this program have assisted several of our clients in becoming productively engaged with service providers in our community, significantly improving client outcomes in court and allowing client favorable disposition agreements, but, more importantly, improvement in clients’ quality of life in the community.

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

The “Local Inmate Workforce Program” continues to be successful, giving local inmates the opportunity to work in the community for local government and receive credit towards court costs and fines based on a minimum wage reimbursement schedule. This provides no cost services to the community and provides valuable work experience, job skills, work references, etc. to inmates. One major benefit of the program is that the payment of court costs enables inmates to keep their drivers licenses, something that can significantly improve their chances of successful re-entry into the community. Additionally, some inmates who have done well in the workforce program have been able to obtain full-time paid employment while still in jail and they can continue that employment after their re-entry into the community. Our office was very involved in the process of developing the workforce program. This year the program continues to grow and VDOT has praised the program and helped increase its capacity by using inmates to do more road repair work, freeing up VDOT staff time to address higher priority needs. Our local jail has been given another 24 bed unit to house the growing number of participants. This program is continuing to prosper under the progressive jail administration.

Progress continues to be made on how probation violation cases are handled through collaboration with community stakeholders working within Evidence Based Decision Making (EBDM) workgroups. Our office actively participated in revising procedures for handling probation violations, in collaboration with judges, Commonwealth’s Attorneys, probation officers, court staff and others. The above process is still ongoing, although new initiatives have been recently announced through the District 9 Probation Office. These initiatives involve inmates released from prison and address their counseling needs while under probation supervision. Our office is

participating through EBDM channels. Previous treatment options offered by probation (VAPTO) were very much “one size fits all”. Newer alternatives are much more progressive and promise to be much more effective. Our criminal justice planner and partners with Region Ten CSB are cutting edge at collecting data to research and support these efforts, and we are surprised by the number of incarcerated individuals with a serious mental illness.

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

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

Both serve on the Therapeutic docket Steering Committee. Ray Szwabowski serves on the Community Criminal Justice Board (CCJB) and the Offender Aid and Restoration (OAR) Board of Directors. Ray has (this year) been instrumental in coordinating student interest in indigent defense through UVa Law School and in recruiting and supporting law student interns. He was able to connect this summer’s interns with a special training put on by Gideon’s Promise, which created a very unique and much appreciated opportunity for them.

Our local CCJB is extensively studying jail population data to examine recidivism rates as part of our Evidence Based Decision Making work. We are finding that the data shows some unexpected results, which we think and hope will lead to improvements in how we as a local criminal justice community do a better job of addressing and reducing recidivism.

Our Therapeutic docket is going strong, although our office and our clients have faced challenges and delays in contacts with collateral support agencies due to COVID-19 concerns. We were recently awarded ongoing funding via a successful grant application. We have been increasingly successful in diverting some candidates with serious felonies (via creative plea negotiations), who clearly are in need of mental health support and services and clearly need the level of services the docket offers. Housing remains one of our clients’ biggest challenges, but our collaboration with Home to Hope, a Charlottesville based program, has proven very helpful in offering client support and housing possibilities.

Retired Judge Bob Downer, who presided over our Therapeutic docket, received our Citizens’ Advisory Committee Gideon Award this year as he has consistently shown much empathy and concern for clients with mental health challenges and is such a strong advocate for alternatives to incarceration.

Our office organized a March for Justice as part of the national movement of Black Lives Matter to Public Defenders where we advocated for racial justice and fairness in the criminal justice system.

Our attorneys have done an outstanding job of getting our clients released on Home Electronic Incarceration, which has offered our clients opportunities to show the courts they can steer their lives on successful tracks. Our jail administration has been very receptive to this alternative. This success is also a testament to the cooperation with and receptivity we have developed with our local prosecutors in response to COVID concerns.

Chesapeake Public Defender Office

Our office is a stakeholder that participates in the Mental Health/ Criminal Justice committee that meets with the Sheriff, Police, CSB, CWA magistrate, dispatchers, and community. It discusses current community needs of the mentally ill individuals involved in the criminal justice system and new programs. It oversees the crisis intervention training the police department and 911 staff, as well as the crisis intervention assessment center. It provides an alternative for the police when dealing with mental health involved offenders. Judge MacDonald, chief Judge of the General District Court, heads up a behavioral health docket. The office remains involved with the mental health criminal justice committee. The Chesapeake Correctional Center offers a re-entry program for inmates close to their release dates.

The Hampton Roads Regional Jail started a Forensic Advisory Team to address the mental health needs of this population. Many agencies are involved including local Public Defender Offices and CSBs. It also has a CORE program, Community Oriented Re-entry.

Our office actively participates in Drug Court with the CSB, police department, Probation and Parole, and the CWA in the circuit court. Because many drug-involved cases are often dual diagnosed, Drug Court often identifies and makes referrals for mental health treatment as well as substance abuse treatment. Drug Court often uses resources to assist participants in maintaining a stable healthy lifestyle. The number of drug court participants has significantly expanded.

Danville Public Defender Office

The COVID-19 pandemic brought about a lot of changes to various programs that we have worked with through the years. The programs remain in operation; however, they have either slowed down their acceptance rates or placed all new admissions on hold temporarily.

The Alpha program briefly stopped accepting new people as a result of the pandemic. Recently they have started accepting new people and in fact have encouraged us to recommend more people to participate in the program. The Alpha program is a local substance abuse program. The in jail portion of the program is 4 months long and is held at the Danville City Jail. The outpatient part of the program is 9 months long and held at Danville Pittsylvania Community Services.

We have continued to work closely with Probation and Parole, both Adult and Juvenile, to identify and implement appropriate services that are beneficial to our clients so that we may provide the

Judge alternatives to incarceration at sentencing. This has allowed our judges to fashion sentences that are appropriate to the crimes and tailored to the individual allowing for both punishment and rehabilitation.

There are several faith-based programs our office uses regularly. The Truth House is a 3-4 month substance abuse program for women in Danville. The Bridge Ministry is an 18-month program for men in Buckingham. The Hope Center is a fairly new substance abuse program in the Axton area. Previously, they only provided services to men. This year they began providing services for women. It's a 12-month program that includes a work component.

Probation and Parole has continued to monitor former clients who are placed on probation following conviction and/or release from incarceration. The judges of every court are utilizing probation and parole on some level depending on the needs of the particular individual. The individual probation officers work closely with our client to identify and refer them to agencies or groups within the community that can provide counseling, treatment, and other rehabilitative services that may be beneficial or necessary for clients. Probation and Parole have continued providing substance abuse classes in house, and a trained Probation Officer leads these classes.

A new program for 2020 is the Incarceration Doesn't Define Us (IDDU) program. It is open to men and women, but only Danville residents. It's a readiness program that's being run by Ashtyn Foddrell, the new community engagement liaison with the Danville Police Department. She's partnering with other members in the community to help individuals who are recently released from incarceration (within 3 years) find jobs, housing and educational opportunities. It's an 8-week program. They will start a new class every 8 weeks.

We are able to identify services that are beneficial to our clients at the time of sentencing. Unfortunately there is little that we can do to help our client's transition or implement these services upon release from incarceration. We try to educate our clients as to the benefits of these services prior to sentencing with the hope that they will follow through upon release. Additionally we inform them of the consequences for failing to comply with any of their terms of probation. Appropriate funding for probation and parole is lacking. There are fewer probation officers this year and it seems as if there are fewer services available through probation and parole to assist our clients.

The largest impact of pre-trial release is that it allows the Judge to release our clients prior to trial. Release is the main objective for many clients. However, release serves an additional benefit in that it allows our clients to recover from choices they have made and hopefully avoid lasting consequences. Release allows them to return to their jobs in many cases and resume their life at home. It allows them to begin treatment programs and enter appropriate counseling programs immediately rather than postponing it until the end of a period of active incarceration. Financially, the condition of pre-trial release is frequently used in situations where individuals request a reduced or lowered bond amount.

Fairfax Public Defender Office

Fairfax County Public Defender attorney and staff have continued to cooperate and collaborate with various agencies and boards in Fairfax County. Our Mitigation Specialists participate in and are part of the steering committee for the Fairfax County Re-Entry Counsel. They have helped organize the Fairfax County Adult Detention Center's Resource Fair in cooperation with the Fairfax County Sheriff's Office. This Fair is held at the Fairfax Adult Detention Center and is typically twice a year. However, this year it was postponed due to COVID-19 and is tentatively scheduled for spring 2021. This Fair includes over a dozen organizations and governmental agencies that gather in the jail and meet with inmates to discuss programs and services that are available upon their release from the jail. The DMV, NAMI, the Fairfax CSB and the Office of the Public Defender are a few of the organizations represented.

The Office continues to be active members of the Criminal Justice Advisory Board, the Community Criminal Justice Board, and the Council to End Domestic Violence. We have a partnership with the Juvenile and Domestic Relations District Court's Transformation Team which is a team aimed at diverting children away from the juvenile system before they reach intake.

Fairfax County has a Veteran's Treatment docket, a Drug Treatment Court in Circuit Court and a Mental Health Treatment docket in General District. The Public Defender's Office continues to be a primary stakeholder of all of these programs. The Veteran's Treatment docket has graduated multiple classes and currently has 20 participants, with two set to graduate in October; Drug Court has 23 participants, with three set to graduate in October; and the Mental Health docket has 14, with three set to graduate in October.

The office has partnered with many different county agencies, including the Fairfax County Sheriff's Department, the Community Services Board, local police departments and Commonwealth Attorneys' office in helping propel the Diversion First efforts. At this point, hundreds of public defender clients have already been moved from the jail and into the community by connecting them with mental health services through the Merrifield Center. In 2019, 387 people were diverted from the criminal justice system through the efforts of Diversion First. Since its inception in 2015, nearly 1,700 people have been diverted from potential arrest because of the combined efforts of all stakeholders in Diversion First. While all of them are not clients, most of them likely would have been but for Diversion First. This has resulted in significant savings to the County but more importantly, provided necessary treatment to a population that is very often unable to connect with the proper people to receive the appropriate treatment. Additionally, the Diversion First efforts have provided additional resources at all stages of the process. This means that we can use these same resources to get our clients out of jail on bail and to ensure that they have services when they re-enter the community. For example, 33% of incarcerated individuals with a behavioral health diagnosis were linked with CSB services within six months of release. While the program is still in the data collection stage, it is clear that these combined efforts will reduce recidivism in the long run. With all the additional programs, re-structuring, and new services offered through the

Merrifield center, and the CSB, the office has also held numerous trainings for attorneys and staff to get up-to-date information on programs and services available to our clients once their court cases have concluded. We continue to build relationships with these professionals within our community to further the future success of our clients.

Franklin Public Defender Office

Our Mitigation Specialist continues to work closely with Juvenile Probation and Adult Probation and Parole to help provide services for our clients. With her previous experience as being a Probation Officer, she has formed relationships with local jail staff and is able to assist our clients with questions in regards to mental health services, and Probation and Parole, providing clients detailed instructions as to their obligations and the ramifications of revocation hearings.

The Public Defender's office continues to participate with 5th Judicial District Community Corrections Program. Our mitigation specialist serves on the Community Criminal Justice Board, attending quarterly meetings. Additionally, the 5th Judicial Circuit is actively planning the construction of a Drug Court Program. Our mitigation specialist, along with two attorneys from our office is currently participating in trainings with the National Drug Court Institute to grow this effort.

Since COVID-19, our office has diligently fought for our clients to be in the least restrictive settings as possible while awaiting trial. During this time, we have secured other electronic monitoring programs outside of Western Tidewater Regional Jail to give our clients other resource options. Our mitigation specialist also collaborated with the National Association of Criminal Defense Lawyers (NACDL) to provide trainings to lawyers across the country to assist in the Pardon Project. This project assists incarcerated individuals with clemency petitions, especially during the COVID-19 pandemic. This project also expands to Virginia through the Virginia Redemption Project.

Barriers: Being a rural community program availability, options, and funding have tended to be limited. During the pandemic, many programs and services were unavailable to our clients. Even now, many services do not desire any transfers due to the possibility of COVID-19 exposure.

Fredericksburg Public Defender Office

This office serves clients in Fredericksburg, and King George, Stafford and Spotsylvania Counties. The Fredericksburg office currently employs twenty full-time attorneys. The court support staff includes two full-time Investigators, an Adult Mitigation Specialist, a Juvenile Mitigation Specialist, and a Paralegal.

Our office plays an active role on the Community Criminal Justice Board and regularly interacts with a variety of government and private support agencies in the jurisdictions we serve. Each of our localities participates in the Rappahannock Regional Adult and Juvenile Drug Courts to address substance abuse issues. The heroin and opioid crisis are straining the resources available to the

Drug Court but funding issues prohibit further expansion of this specialty court. Overall, the availability of free and low cost inpatient substance abuse treatment is a continual barrier. The Veteran's Treatment docket, which began in the Spotsylvania Circuit Court, has recently expanded to include participants from all other jurisdictions. This office works closely with the Veteran's Administration and VVFS (Virginia Veterans and Family Support) to help serve our veteran clients' needs and provide services.

This office also attends meetings of the Rappahannock Domestic Violence Council (RDVC). It is helpful to have a representative attend in order to keep our attorneys informed about the latest local domestic violence initiatives and to provide feedback to the RDVC team members from the defense perspective. We also have a representative attend meetings of the FUSE program (a multidisciplinary agency group which stands for Frequent User Systems Engagement), which targets the most frequent users of the jail, hospital, and Thurman Brisben Homeless Shelter to provide supportive housing and wrap around, services.

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

The Juvenile Mitigation Specialist previously attended a three-day training initiative, entitled "Re-Imagining Juvenile Justice." The Department of Juvenile Justice administered the training program. It was designed to illustrate the ways in which juvenile clients differ from their adult counterparts, and it also aimed to create enhanced modes of communication amongst the juvenile service providers in the city of Fredericksburg as well as Spotsylvania, Stafford, King George, and Caroline counties. The service providers present at the training program included representatives from juvenile probation offices, the Rappahannock Area Community Services Board, the Office on Youth, juvenile shelter programs, and employees from different school districts. The Juvenile Mitigation Specialist also attends a monthly Community Collaborative for Youth and Families meeting. The meeting is held at the local United Way, and it aims to educate its members on current problems that juveniles may face within the community. Moreover, service providers use the time at the meeting to discuss newly developed resources and important upcoming events. The service providers present at the meeting include individuals from the same organizations who attended the Re-Imagining Juvenile Justice training.

Our attorneys and support staff regularly interact with representatives of the RACSB regarding clients with mental health and substance abuse issues. The attorneys and staff in our office have previously received a two-day long Mental Health First Aid training session. A team from the RACSB presented the training. The training provided information, which is useful when dealing with mentally ill clients, especially those who are preparing to be released from jail. This training will be refreshed as pandemic restrictions are lifted. The RACSB has caseworkers assigned to the

Rappahannock Regional Jail to assist clients with mental health issues and coordinate services as they transition back to the community.

The Sunshine Lady House, a crisis stabilization treatment facility is available to assist clients in need for up to 14 days. In addition, a local private agency, Micah Ministries, provides services to the chronically homeless population in Fredericksburg. Our office has an on-line Sentencing Alternative Library. The Sentencing Alternative Library is a collection of documents containing information about alternative sentencing programs and additional resources that may be helpful for incarcerated or recently released clients. The information is accessible to the entire office and allows for information to be easily shared.

Halifax Public Defender Office

The Office provides public defender services for Halifax, Mecklenburg and Lunenburg Counties. There are no specific re-entry task forces; rather, most of the efforts directed toward re-entry come from the Probation and Parole office and the court services units, which cover the three counties Piedmont Court Services for Mecklenburg and Lunenburg, Halifax/Pittsylvania Court Services for Halifax. The Public Defender is a member of the local community justice board for Halifax County, which, among other functions, identifies individuals in the system who would benefit from rehabilitation programs and makes such programs available.

The community justice board is run and chaired by Halifax/Pittsylvania Court Services, and has for several years been working to improve what we have identified as reentry programs, although they may be referred to by different titles. The board itself consists of representatives from law-enforcement agencies, Commonwealth's Attorney's offices, judges from all levels, Probation and Parole, and the defense bar (the Public Defender).

A substantial part of the Mitigation Specialist's responsibilities involves re-entry by finding rehabilitation programs – primarily drug and alcohol programs—for clients upon their release from incarceration, or sometimes as an alternative to incarceration. The local governments have few resources beyond those provided by the counties' behavioral health programs, which means that the Mitigation Specialist must find programs outside of the area that are available for free or for minimal cost. The Mitigation Specialist took advantage of offers from Medicaid to receive training in how to apply for Medicaid assistance and how to submit applications for our clients who seek that support. She also received a number of face coverings to distribute to our clients.

Hampton Public Defender Office

The Hampton Public Defender's office participates, as a sitting member, in the Drug Court Committee and the Public Defender attends all committee meetings along with other local agencies such as the Community Services Board, the Commonwealth Attorney's Office, the Sheriff's Office, and other local officials to provide sentencing alternatives that includes drug

treatment and counseling to reduce recidivism and incarceration. The City of Hampton continues to maintain a Veteran's Track of the Drug Court and the Public Defender sits on the policy-making committee of that board. The goal of the program is to provide alternative sentencing to veteran's that includes medical care, counseling, and mentoring to avoid recidivism and incarceration.

The Public Defender's office is working closing with the Circuit Court to establish an independent Veteran's Court apart from the Drug Court track. The new Veteran's Court will serve all veterans who are eligible without requiring a substance abuse issue. The office works closely with the VA Justice Outreach worker to secure treatment for veteran clients.

In 2020 the General District Court was granted funding for the establishment a Mental Health Diversion Court. This is a joint effort between the District Court, the Commonwealth's Attorney and the CSB, and the Public Defender. The hope is that this program will divert low-level offenders with mental health issues away from convictions and incarceration, and towards necessary treatment. The hope is that providing services to this needy population will prevent recidivism and get resources to those who need it. We have had several clients enter the program, but due to the COVID-19 pandemic and court closures, it's too early to tell how the program is going to serve our clients.

The Public Defender sits on the Community Criminal Justice Board. The purpose of the CCJB is to enable the cities of Hampton and Newport News in combination to develop pre-trial court services, and community-based corrections programs consistent with the Comprehensive Community Corrections Act (CCCA) and Pretrial Services Act (PSA).

The Hampton Sr. Mitigation Specialist continues to participate in the Re-Entry Council in Hampton. The Council meets once a month. Due to the COVID-19 pandemic, the council has not met since February 2020. At the start of the pandemic, the goal of our office was to have all clients released on bond, which meant the Mitigation Specialist had to rely heavily on the connections, and contacts she made through the re-entry council. Those contacts were instrumental in finding several housing placements.

The pandemic has limited so many of our available resources. She was able to coordinate a housing option through the LGBT Life Center in Norfolk, which is a new housing resource for us. She has been working closely with the new Intake Coordinator at the Salvation Army Adult Rehabilitation Center in Virginia Beach. She is now able to perform the screening in the jail or by video, which eliminates that need for the client to have a telephone interview with the program. She has assisted with the development of the new intake forms and has coordinated entry for several clients. Prior to the pandemic we were communicating to the Step-Up program the names of clients needing their services post release. Their agency provides employment, housing and advocacy services to persons in the jails with 60 days or less left on their sentence and to persons recently released from incarceration. The goal of this collaboration is to ensure that services are in place when a client is released.

The Mitigation Specialist has established a direct line of communication with the CSB jail services department. Our office still utilizes the CORE services provided by the CSB staff. We often recommend the program to our Judges as an alternative to VADOC placement. The COVID pandemic has caused many obstacles for clients with Severe Mental Illness (SMI) to obtain housing. The services now provided by CORE are limited and services provided for reentry have been severely cut.

We continue to work closely with the VA Medical Center's Outreach Specialist to have all clients who are veterans screened and/or connected with services upon their release or as an alternative to incarceration.

Our Mitigation Specialist has become familiar with recent changes to the Center for Child and Family Services programs. They now offer numerous outpatient programs for Substance abuse, mental health and life skills. They have provided our clients with virtual treatment sessions and have provided a much-needed service during the pandemic.

Barriers: Free or low cost long-term residential treatment programs (six months or more) are still scarce. Lack of funding for these programs is an ongoing problem. An ongoing barrier with our Sheriff's department is that they will not transport our Veterans to the VAMC for screenings and the VAMC programs will not screen someone that is incarcerated.

Leesburg/Warrenton Public Defender Office

The Mitigation Specialist, Kelly Williams sits on the Loudoun Re-entry Council. Kelly is trying to increase communication with the re-entry team at the jail and this relationship is getting stronger. Additionally she served on the Disability Response Team (through the ARC of Loudoun), which assists individuals with ID/DD. The office works closely with jail mental health and medical staff.

The office continues to have community programs come into the office to educate them as to the services they can offer our clients. The office is active in all bench bar groups. They continue membership and participation with JDAI, DART and the CCJB. They are part of the Circuit Court Judge run Law Camp program for high school students. It has been a part of the legal education program in the local high schools. There is now a Drug Court up and running in the Circuit Court, meeting each Wednesday to access, review and manage participants. Additionally, there is now a Mental Health docket in General District Court meeting every Friday to access and manage participants. The office has partnered with the ARC, local organization that assists Intellectually Disabled Individuals and with Pinnacle, an MAT program that assists clients with rehab and re-entry. Twice a year attorneys go in to meet and talk with kids at the Douglas School - a school for teens who cannot function in a regular public school setting due to either behavioral, mental health or emotional issues.

The Warrenton office Mitigation Specialist, Jessica Compton, covers Fauquier and Rappahannock Counties. Jessica has been working with the community to find and utilize programs both in the community and those in surrounding areas as well to utilize to assist clients and cases. Jessica is working with the community organization PCR and attends monthly meetings to obtain new information about services offered to our clients and community such as PATH Foundation, CAYA, Verdun, Mental Health Association, CHADD, and many others. Jessica has also continued scouting and reviewing rehabilitation facilities such as, McShin Foundation, Life Center of Galax, Mount Regis Center, Guest House and Bethany Hall, that would be available to clients and working with them to provide services to clients in preparation for sentencing and re-entry. Jessica has started working with newer programs that have come to the area as well, Spirit works and Sex-Drugs-God. There have been several clients to be successfully placed as a referral and/or recommendation of our office. Jessica has continued building a relationship with the local CSB, Mental Health Institutions, Hospitals, Rehabilitation Centers, Schools, and Adult Educational services as well to work with them as the need for services and treatment is ongoing throughout their case through pre and post disposition.

Warrenton PD's office sits on meetings for the Path Foundation, PCR, Re-entry counsel, and is working with the courts in a new program being developed to assist in decreasing recidivism in the court system. Further Jessica continues working with the Adult and Juvenile Probation offices to foster a stronger relationship and are working together for client's interest.

Lynchburg Public Defender Office

The Lynchburg Public Defender's Office continues its efforts to expand client opportunities for successful reentry. This Office works with Probation and Parole officers to identify appropriate service and treatment options. The Public Defender's Office is committed to improving bail advocacy and challenging long standing bad practices, in particular, the overuse of secured bonds.

Our Mitigation Specialist, Leigh Lively, collaborates closely with Blue Ridge Regional Jail (BRRJ) medical staff on behalf of clients experiencing mental illness to ensure that their needs are addressed. Further, Leigh is certified to assist clients with obtaining Medicaid benefits, and has successfully worked with the BRRJ's Director of Nursing to have Medicaid cover the costs of substance abuse treatment programs.

The Lynchburg Office partners with several community organizations. They include:

Central Virginia Continuum of Care: This is an organizing group for people who are serving individuals experiencing homelessness. They meet as a whole quarterly, but smaller task committees meet monthly. Our Office is on the advocacy and outreach committee that meets monthly. This committee works on increasing the visibility of services provided in our community for people experiencing homelessness as well as addressing gaps in services.

Blue Ridge Reentry Council: This group consists of providers working with individuals exiting incarceration. We have belonged to this group for a year and a half. The Council meets monthly

to discuss available resources in the community for those leaving incarceration. In these meetings, we are able to have face-to-face conversations with service providers in critical fields such as substance abuse, homelessness, mental health, housing, social services, and elderly and aging population.

Central Virginia Addiction and Recovery Resources Coalition: This group is new to the community, and we are excited to begin working with them. Our participation in this group will allow us to continue to address gaps in resources for substance abuse treatment in our area. They are still in the development phase, but were recently awarded a grant in order to implement new services to impact addiction.

Domestic Abuse Response Team: The Lynchburg Office serves on this team of area stakeholders whose goal is to evaluate and develop collaborative approaches to domestic abuse cases.

Adult Services Management Team: This group consists of local agencies who are involved with individuals within the Adult Protective Services (APS) system. This is a collaboration between law enforcement, service providers, and legal representation in order to address the ongoing needs of the most vulnerable clients through APS.

There are several other organizations that our Office has been able to partner with on an individual basis: the Roanoke Rescue Mission, the Oxford House, the Gateway Program, etc. Having such specific programs available when needed greatly aids us in being able to tailor the needs of our clients to the available services.

Martinsville Public Defender Office

The Re-Entry Council meets at Community Fellowship church every 1st Tuesday of the month. Due to the coronavirus, meetings were suspended. They have resumed via Zoom. Our Mitigation Specialist is on the Re-Entry Council and she met with Gayle Clary, Community Outreach Coordinator, for the Department of Medical Assistance Services in reference to signing up clients incarcerated for medical benefits. She provided our office with materials that can be distributed to our clients to help them get signed up as well. Contact information and contact persons for all three of our local jails was provided to Ms. Clary so that she could coordinate with them opportunities for her to help sign up those incarcerated.

Construction of the new Henry County jail continues, with an anticipated completion date in 2021. The plans for greatly expanded services to inmates there include a first-ever work release program and additional educational opportunities for inmates that are almost non-existent now. A mental health wing is also planned, one of very few in local jails in Virginia. There was no discussion of specific re-entry initiatives, but the educational trainings and counseling services will certainly provide much-needed assistance leading up to release.

The Mobility Management program, offered through the Southern Area Agency on Aging (Ms. Mandy Folman, Mobility Manager), offers a voucher program, the Miles 4 Vets program and the Mile 2 Volunteer Driver Program for in town and out of town transportation needs for not only the elderly but also for anyone in need of their transportation services.

Due to the pandemic, counseling and GED services at the local jails were suspended. The local Clean Start program (except in the jail) continues to operate and a substance abuse counselor from the local CSB will provide services at the Martinsville jail and Henry County jail after pandemic restrictions are lifted. The City jail and the jail annex have iPads available to inmates, who can access online certificate programs to complete in preparation for release. The City jail also offers GED instruction, mental health counseling and anger management but those services are temporarily suspended due to COVID-19.

Our Mitigation Specialist has established a mechanism whereby incarcerated people can get their Federal benefits reinstated, either while they are incarcerated or upon release. She is now communicating with the Social Security Administration after all three jail administrators welcomed such an effort and agreed to assist with implementation.

Our office utilizes several programs geared towards substance abuse for both women and men. Locally, we have the HOPE Center program located in Axton, VA. It is an 8 to 12-month Christian based 12-step program for those seeking help with alcohol and substance abuse addictions. The women's facility is now open in Pittsylvania County. The Truth House located in Danville, Va. has been very helpful with the placement of female clients who are on probation or will be on probation upon sentencing. This, too, is a substance abuse program that helps female individuals in their recovery. We have discontinued referrals to Bridge Ministry programs. EIP (electronic incarceration program) is available through all three local jails but with widely differing eligibility criteria. The City allows the most inmates out on HEM, and Henry County the least. There was substantial use of EIP, particularly early on in the pandemic, to release folks from jail on GPS ankle monitors. We continue to make referrals for the Jail Diversion program, operated through our local community services board.

Resources in our small community are always limited. There is only one local program for juveniles, a halfway house for boys that is ordered for juveniles in lieu of detention (pre- and post-dispositional) or commitment to DJJ. This facility (ANCHOR Group Home) is the process of extending their operating hours to cover weekends is ongoing. There is no equivalent resource for juvenile females.

Two of our local jails have no GED instruction and no group substance abuse programs such as the Clean Start program in the City. This is anticipated to change upon completion of the construction of the new Henry County jail in 2021.

Barriers: The barriers continue to be resources (funding) for services for clients. The budget impact of the pandemic on localities is not yet fully known but it will be substantial. Additional barriers are Commonwealth's Attorneys who are not as committed to rehabilitation and re-entry opportunities as other jurisdictions' prosecutors are. With the dramatic changes occurring in criminal justice reform, there may be additional opportunities to expand access to services and alternatives to incarceration.

Newport News Public Defender Office

This office is involved in re-entry as a part of sentencing if the disposition of the case allows it. There is an excellent Mitigation Specialist who is very active in securing alternative dispositions and sentencing plans to include substance abuse treatment and counseling, housing, mental health care and financial aid to those who qualify. She works very closely with the clients who continue to seek her support even after the case has been closed.

The Mitigation Specialist II is a participant in the newly developed collaboration between the VIDC and Virginia Health Care Foundations for the purpose of becoming proficient in the Medicaid application process. This collaboration was developed so that Mitigation Specialists can learn the essential information needed to assist clients and their families apply for Medicaid/FAMIS health insurance. Thousands of Virginians are newly unemployed as a result of the COVID-19 pandemic, eligible for Medicaid and need health insurance. The Mitigation Specialist II is a member of the Medication Assisted Treatment (MAT) Planning Committee, which is comprised of community partners from the medical, mental health, local jail and reentry field. This committee is working to develop a MAT program within the Newport News City Jail. This program would begin the process of recovery from opioid addiction while incarcerated. This program will allow for community providers to establish a more seamless transition for the participants back into the community having an already established MAT plan and direct linkage to community resources that will continue to provide those services. The Mitigation Specialist II and a designated Deputy Public Defender are members of the Behavioral Health docket for the Newport News General District Court. Designed to reduce recidivism and improve the quality of life for our mentally ill population the Mitigation Specialist II and the Deputy Public Defender were involved as a part of the planning committee for this Specialty docket and continue to attend Behavioral Health docket case meetings and hearings twice per month. Both remain active participants as members of the Behavioral Health docket Board and meet quarterly. The Mitigation Specialist II works in conjunction with the Newport News Sheriff's Department Reentry Program to assist clients with obtaining State Identification Cards while incarcerated. The Mitigation Specialist II works closely with Hampton Newport News CSB jail staff and NNCJ staff, both for the purpose of diversion from incarceration as well as development of treatment options that will best serve the client prior to release and upon release. The Mitigation Specialist II established strong relationships with the Newport News City jail and jails in the surrounding jurisdictions to obtain information and arrange program interview calls in order to assist clients with obtaining sentencing alternatives and post release services. The Mitigation Specialist works closely with Hampton/Newport News CSB staff, private providers, as

well as local and state treatment facilitates, to address mental health and substance abuse treatment needs early in order to minimize interruption of services, including medication, counseling, benefits, housing, and case management during a client's time of incarceration and upon re-entry.

Due to the changes in program accessibility and availability as a result of the COVID-19 pandemic, the Mitigation Specialist maintains contact with programs statewide to ensure that current procedures and protocols for screening are provided to clients and the court. The Mitigation Specialist II utilizes Webinars and online trainings to stay current on therapeutic resources for clients exiting jail. The Mitigation Specialist II was part of the planning committee for the VIDC Mitigation Specialist Conference which was conducted via ZOOM this year and assisted in the development of a statewide resource directory accessible by all Mitigation Specialists in the state. The public defender personally attends every drug court staffing session to monitor the progress of the clients this office refers to that program.

Norfolk Public Defender Office

Re-entry has many connotations and presents in various manners in Norfolk Courts and jails. Norfolk is extremely progressive in its programming and attempts to mitigate recidivism, as well as make more positive transitions for those going from custody to the community.

There are numerous programs within the Norfolk City jail and Hampton Roads Regional jail that support mental health programming, substance abuse, GED classes and work release. There is no work release program for the females, but males in Norfolk have the opportunity to work in the community. In both facilities Norfolk inmates are housed trustee jobs, or work within the jail (landscaping, kitchen laundry) are available. These programs had to be suspended for a time during the pandemic, but both have resumed with the proper mandates of social distancing and mask wearing.

There are diversionary dockets within the Norfolk Court system, both at the GDC and Circuit levels. GDC has a competency docket which has been extraordinarily successful in ensuring clients do not languish in custody awaiting mental health treatment. Often clients are transitioned back into the community with stability in their meds, social workers, and even housing. We are working on obtaining grants for a Behavior Health docket in GDC to expand the competency docket to allow it to also be a dispositional docket. To do so, the team required forty hours of training, which we successfully completed in the fall of 2019. The pandemic has resulted in a suspension of this effort; however, we will aggressively seek the creation of this docket once it is reasonable to do so.

Circuit Court had the very first Mental Health docket. We also have a Drug Court, veteran's track of drug court and a Re-Entry docket.

These dockets all screen participants through a Therapeutic docket admissions committee. This committee includes representatives from probation, CSB, commonwealth's office and the Public Defender's office. Our mitigation specialist sits on this committee. An historic barrier to

participation is getting qualified applicants. Drug Court has been over capacity for most of this year, as well as in years' past. Mental health docket has its ebbs and flows, currently having a reasonable population. Re-Entry docket has the least number of participants, but has increased by 1/3 just in the past three months. Prior criminal history is often a disqualifier, but most often it may be due to a client having probation in another jurisdiction. We have been mildly successful in obtaining the proper orders from other jurisdictions that allow for participation. For example: the sentencing order in a sister jurisdiction must state that the suspended time there is conditioned upon successful completion of Norfolk Drug Court if eligible. Dual diagnosis used to be a major bar of participants, but with the same committee screening all participants they are able to place the participants in a diversionary docket, with the proviso that if they find they are better suited for one of the others, they will be transferred. Having staff at each of these dockets has improved communication about their inclusion, and resulted in higher populations of applicants. Our mitigation specialist sits on the TDAC committee as noted, but also attends mental health docket each week. An APD II attends drug court each week, and the Public Defender attends GDC mental health docket and the Circuit Re-Entry docket each session. This fosters additional collaboration among all groups involved. It streamlines much of the process and allows for faster addressing of potential issues before resulting in violation.

Collaboration continues to be a major reason for success in Norfolk. Although we were not awarded the EBDM grant, the committee has continued to meet for the past five (5) years. This has also increased the Norfolk Criminal Justice Board, for many of the EBDM participants now sit on this board. The Norfolk PD sits on this board. Juvenile Court has also aggressively sought diversionary dockets. The PD office has representatives at the planning and grant writing meetings for the planned juvenile diversionary dockets. A recent opening of a Family justice center which centralizes all services necessary to assist clients in areas of domestic violence, sexual abuse, homelessness, substance abuse and so on. These services are all in one place, and new shelters have opened. Many agencies are pro-active in providing services, and publicizing these services provided at annual forums. These directly benefit our client population and give cautious optimism that recidivism is reduced and quality of life increased.

Petersburg Public Defender Office

The Petersburg office is connected with community partners to support returning citizens who are in need of re-entry services in the local area. When resources are limited in the immediate area, the Petersburg office identifies and partners with agencies outside of the local community to meet the needs of returning citizens.

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

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

The Petersburg office also works diligently with the probation department; providing services for adults and juveniles, seeking out and developing suitable alternatives to confinement; and, identifying needs and services for adult and juvenile offenders as they return home. We continue to network and to build rapport with professionals in the community and to explore alternative options for our clients to ensure they are provided the best resources available with the hope that the effort might have the effect of reducing recidivism.

The Petersburg office has implemented many different measures to assist our clients through this pandemic. Our office has worked with the Commonwealth attorney office and various programs to ensure our clients receive a bond so that they are not exposed, and spreading this deadly virus.

Portsmouth Public Defender Office

Our Mitigation Specialist actively searches for alternative programs prior to sentencing. She works closely with privately run programs to determine eligibility requirements and to screen potential candidates. Because the state run programs have become so limited we are becoming more reliant on private resources when searching for alternatives to incarceration.

We continue to be active in the Drug Court Program, and our office stays involved throughout the screening process, as well as throughout the client's period of probation. We attend weekly drug court dockets to aid clients and advocate for their best interests. Over the course of the past few months, our drug court team has made efforts to take a more active role in identifying and helping out clients who are struggling with the rigorous requirements of this program. We strive to remain active in the client's recovery process to advocate for services.

Portsmouth Behavioral Health Care received a grant (Mental Health in Jails Pilot Program or C.O.R.E – community oriented release) for re-integrating inmates with mental health issues from jail facilities back into the communities with services in place. We actively participated in planning and hiring for this program. We continue to work with Behavioral Health Care and Hampton Roads Regional Jail Authorities to identify individuals, who are in need of, and who meet the “legal” criteria for those suitable to the program.

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

of clients coming through the criminal justice system. Internally, we have created a mental health team to become more adept at identifying clients with mental health challenges and to work more closely with family members and other agencies to find ways to overcome the many issues that arise in cases involving clients with mental health disabilities or challenges. Our mitigation specialist does bi-monthly visits with all clients who are identified as having mental health issues and who are held in custody. Additionally, she reviews and speaks with the treating facility (for each client) 24-48 hours before the client's court date, in order to be able to inform the Court of the status and progress of each client. We make every effort to reach out and coordinate efforts to involve family members and treatment facilities prior to release of clients.

Pulaski Public Defender Office

Re-entry services within our four jurisdictions remain limited but have improved from the previous year. New River Valley Regional Jail is not providing discharge-planning services for inmates. If clients are on probation, probation officers will assist with a discharge plan. Our local Re-Entry Council has partnered with community resources, such as, DSS, DARS, New River Valley Community Services, Veterans Affairs, and VA Cares to assist with discharge planning. Bland Correctional Facility (BCF) continues to do discharge planning for offenders being released from their facility.

Re-Entry Council continues a partnership with Department of Corrections in renting Manna House, a home for offenders returning to community who are homeless. Manna House can house up to six residents and currently has no vacancies. Manna House opened in August of 2019 and is currently operating with the assistance of the Department of Corrections, community resources, and grant funding. Residents have access to all necessities in home, including personal hygiene items. Residents sign a "lease" and are able to live rent-free for three months. Probation Officers and VA Cares work with individuals during this time to obtain employment and save money to move out of the home and be independent. The residents must obtain their own food and share maintenance of the home. Probation officers oversee the home to ensure the home is cared for and residents are the following rules. COVID-19 has extended the stay for current residents due to limited employment opportunities and restrictions.

Our mitigation specialist participates in bi-monthly Re-Entry Council Meetings and serves on the Community Support Committee, the Housing Committee, and the Steering Committee. The mitigation specialist attending these meeting benefits our office by keeping us apprised of available resources in our area.

Our office participates in Pulaski County Drug Court and Radford City Drug Court. Our mitigation specialist and an assigned attorney attend each drug court and treatment team meeting. The Pulaski Drug Court has graduated five participants during the past year.

The Pulaski Public Defender's Office continues to provide referrals for mental health services and substance abuse treatment. Our community utilizes our community service board, New River Valley Community Services, the Bridge program, mental health referrals, and inner-office attorney trainings. The Wytheville, Virginia area has acquired ARISE, an intensive outpatient treatment

program for substance abuse. ARISE is expanding into other jurisdictions in the New River Valley but Covid-19 has postponed this expansion temporarily. Oxford House has opened a female house, a male house, and a family house in the New River Valley and is seeking more houses in the jurisdictions we serve. The Step House has opened, providing housing for substance abusers in recovery, similar to Oxford House. We have referred and placed one client in this home.

Family Reunification has been postponed during COVID-19 due to being unable to physically meet in person. Literacy Volunteers has begun a new program in the jail assisting parents that are incarcerated with recording the parent reading a book to a child as a way to connect the parent with their child while they are incarcerated. The child receives the book along with the recording of their parent.

Barriers: Homelessness remains an issue in our area due to only having a seasonal homeless shelter. Our Office is able to refer to the Roanoke Rescue Mission if client is willing to go that far away. New River Community Action partnered with the United Way to provide a winter overnight shelter, "Our House" which serves the community from November to March and they are hopeful that they will be able to offer this service this year.

Employment services provided by Career Support Systems, Virginia Employment Commission, DARS, VA Cares, and Veterans Affairs-Employment assist individuals with work and clothing needed for employment. Literacy Volunteers assists individuals with resume writing, GEDs, and basic computer skills.

Juvenile re-entry services remain limited to those services offered by the Court Services Unit. The Office continues to work closely with juvenile probation officers in discussing services, referrals, and options within the community. The New River Valley Juvenile Detention Home offers a post-dispositional program. Very few of our juvenile clients receive commitments to the Department of Juvenile Justice that are not suspended. Very few juveniles are transferred to be tried as adults.

Richmond Public Defender Office

The Public Defender's office participates in Richmond's Community Criminal Justice Board. The purpose of the Richmond Community Criminal Justice Board (RCCJB) is to allow the Richmond City Council greater flexibility and involvement in responding to the problem of crime in the City; to provide more effective protection to the citizens of the city of Richmond; to promote efficiency and effectiveness in the delivery of community criminal justice; to permit the City of Richmond through this Board, to establish policies that structure programs which will assist judicial officers in discharging their duties and meet the needs of selected adult offenders; and to approve funding sources that support programs engaging in pre - and post-trial services

The Public Defender's office is a member of the Juvenile Justice Collaborative Advisory Committee that meets to facilitate process and systems improvements among stakeholder agencies through collaboration that will result in improved outcomes for the youth and families of Richmond. This

started as a Juvenile Detention Alternatives Initiative, but has expanded to include a broader vision of creating a comprehensive system that helps delinquent and at-risk youth become law-abiding citizens while maximizing community safety and strengthening families. The Public Defender serves on the steering committee for the larger collaborative. We continue to participate in weekly JADI meetings to review the status of juveniles held in detention, to secure their release as soon as possible through detention review hearings and placement in appropriate settings.

We represent all juveniles placed into the Juvenile Behavioral Health docket, formerly the juvenile drug court. We participate in pre-court staffing meetings to discuss our client's progress and attempt to minimize the imposition of sanctions.

Public Defenders also represent adults placed into the Richmond Adult Drug Treatment Court. For clients with felony charges, Drug Court may serve as an alternative to incarceration following a conviction, a violation of probation or as a predicate for dismissal. We attend staffing meetings before each docket, to discuss each client's progress and reach a consensus on any sanctions.

We work closely with the local Division of Adult Probation, which runs the Daily Reporting Center as an alternative to incarceration for clients who are in General District Court or Circuit Court. DAP also provides pretrial supervision to clients who are not incarcerated prior to trial, including Home Electronic Monitoring. We confer with the program administrators whenever an issue arises between the courts and the program.

We refer clients in need of mental health and substance abuse services to Richmond Behavioral Health Authority, Richmond's CSB. RBHA has recently introduced a rapid entry system for client's who are not incarcerated to quickly receive services. Treatment in one of their programs, both inpatient and outpatient, is frequently presented at sentencing as an alternative to incarceration.

In General District Court, the Mental Health docket serves individuals who are in need of mental health services. Clients are assessed, assigned a case manager and specific services are provided, based upon their individual needs. We are present at the pre-court staffing meeting where the client's progress is discussed and then appear in court with our clients. Richmond's sheriff has said that the jail is being used as a mental hospital and this docket has enabled us to keep clients out of jail and provide them with services and supervision.

In Circuit Court, the Public Defender's office is working with the Commonwealth's Attorneys, DAP, District One Probation, RBHS, the CCJB and other stakeholders to develop a Mental Health docket. We have implemented the pilot program with only 10 participants. This is being done without any additional funding. The goal is to produce data to show that participation in the docket reduces recidivism and increases community safety, in order to obtain funding from state and federal sources to expand the scope of the program.

The Richmond Sheriff's Office recently received a grant to start a Mental Health Pilot Program inside the jail. The program gives individuals (only males for now) with mental health disorders the

opportunity to work with Licensed Clinical Social Workers, Reentry Coordinators and upon their release, a Community Case Manager, to reduce their recidivism rates. Individuals participate in Cognitive Behavioral Therapy and Trauma based groups, as well as one-on-one therapy. Participants live in their own pod in the jail, out of the general population. The grant pays for medications, housing, food vouchers, transportation and works with individuals to complete their applications for disability benefits. Clients with a mental health diagnosis can be court ordered into the program.

We refer our recently released clients to Opportunity, Alliance and Reentry in Richmond, (OAR). OAR serves individuals who have been released from incarceration within the past six months. They offer a range of services including re-entry case management, job preparation, resume writing, computer skills, bus tickets, advocacy, obtaining driver's license and state identification card (birth certificate and social security card), resume writing, addiction recovery meetings, multiple classes (anger management, parenting, responsibility, life skills) and more.

The executive director of OAR convenes the Richmond Regional Reentry Council, which meets quarterly to cover reentry issues such as Education/Employment, Housing, Health/Substance Abuse, Juvenile Justice, etc. The City of Richmond has its own Reentry Council, which includes the public defender, which meets monthly to examine best practices in reentry, employment/education and housing.

Our mitigation specialist and an attorney participate in the Trauma Informed Community Network, to support and advocate for trauma informed practices in the community and in the court system. Trauma informed is defined as: "An organization, system, or community that incorporates an understanding of the pervasiveness of trauma and its impact into every aspect of its practice or programs. It emphasizes physical and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild/maintain a sense of control and empowerment."

The office has been working closely with a charitable bail fund recently created in Richmond. We identify clients held in jail on low cash bonds and refer them to the charitable bail fund. The fund posts the cash bond for our client and helps to ensure they appear for their court date.

We are also cooperating with the Virginia Holistic Justice Initiative, to help our clients receive services to address their underlying risk factors. Criminal convictions are typically only one of numerous obstacles our clients must face. Homelessness, mental illness, substance abuse and lack of education are all circumstances that can contribute towards recidivism. In connection with VHJI, we are able to help our clients receive classes, treatment, therapy and housing from among the various providers in the city. VHJI works as case manager, ensuring appointments with the providers are made and kept by our clients.

Annually, about a dozen attorneys in our office participate in Project Homeless Connect at the Richmond Convention Center. Project Homeless Connect matches clients with volunteers in a one-of-a-kind partnership to assist chronically homeless adults connect to as many on-site services as

possible in one day. Public defenders are one of more than 40 service providers who come to a single location for a day, providing dedicated healthcare, dental and vision screenings, mental health interviews, case management, social security applications, identification services, employment resources (including for veterans), shelter and housing assessments, and much more.

Barriers: Our largest barrier is a lack of service providers. For our clients who lack health insurance, locating mental health and substance abuse services is extremely difficult. RBHA is the only provider and they are unable to treat all of our clients. The entire city of Richmond is suffering from a severe shortage of housing for the homeless. Until the city opens a cold weather shelter in the winter, there is no available housing for a large number of our clients.

Roanoke Public Defender Office

We utilize and work with Pre-Trial Services in an effort to keep as many of our clients out on bond as is appropriate under the circumstances. When issues affecting Pre-Trial Services arise we are usually included as one of the stakeholders that are invited to provide input and or to be apprised of new developments.

We make use of Drug Court and have done so since 1995 when it was established as the first Drug Court in the Commonwealth. We make use of it not only in drug cases but also in other cases arising from drug use. As Public Defender I serve on the Drug Court Advisory Board and attend meetings when possible.

District 15, Probation and Parole has a Re-Entry Council which includes Total Action for Progress, Virginia Cares, Veterans Affairs, Blue Ridge Behavior Healthcare and Court Community Corrections. Jackie Holdren, our Mitigation Specialist, attends quarterly meetings. The District 15 Probation Office has a mental health specialist to whom we refer new probationers when consent has been obtained, and with whom we consult for active probationers.

This office participates in the Roanoke Valley Mental Health/Criminal Justice Task Force, which has been a very active group involving Judges, defense attorneys, prosecutors, police officers, deputies, probation officers, clerks, magistrates, and representatives from the community services board and the local state hospital. We develop goals and discuss issues involving individuals with mental health problems who come into contact with law enforcement and the criminal justice system.

The Roanoke City General District Court has an established a Therapeutic docket to assist defendants with mental health problems through closely monitored supervision and sentencing alternatives.

A number of our clients make use of the Rescue Mission, the main facility in Roanoke providing actual living quarters for the homeless. In the appropriate cases, both before and after conviction, we make our clients aware of the services offered at the mission. The mission also provides an 18-

month residential drug and alcohol treatment program, the only such long term, residential treatment program in Roanoke. We utilize their program frequently.

We have developed contact with the Veterans' Justice Outreach program at the VA Medical Center in Salem. The program serves veterans through the provision of services to veterans involved in the criminal justice system. The program can address housing needs, medical needs, referrals for employment, mental health treatment, substance abuse treatment, etc. The Program Coordinator for the Homeless Veterans Reintegration Program is a valuable resource for the veterans we represent.

Virginia Cares assists inmates recently released from incarceration. They assist with job readiness classes, transportation issues; resume assistance, mock interviews, obtaining birth certificates and identification and rights restoration. We have occasionally made use of their service. We have referred clients to them and they occasionally testify on behalf of our clients.

TAP (Total Action for Progress) provides numerous services that are relevant to but not necessarily directed at former inmates. They assist those in need with educational needs, including but not limited to GED classes, employment, car purchases, clothing, child care, domestic violence and crisis intervention, housing, fatherhood services, housing and homeless services, restoration of rights and resume assistance. We refer clients to TAP when the need arises. The area now has Discharge Planners, through our CSB, working our local jails.

Blue Ridge Behavioral Healthcare, our CSB, began utilizing a Discharge Planner in 2016. As an employee of BRBH, the Discharge Planner meets with inmates identified by the jail's medical department as having a mental health diagnosis or substance abuse diagnosis. The DP also responds to referrals by the Court or at our request to develop a discharge plan for those with a mental illness and/or a substance abuse issue. The plan usually addresses housing, clothing, financial and medical needs along with treatment recommendations. The inmate's feedback is included in the plan. Transportation will be provided, if needed, from the jail to the first place specified in the plan. The process to develop a plan is started one to two months prior to discharge and the individual is seen two to five times before finalizing a discharge plan.

Staunton Public Defender Office

Numerous programs continue to function in the Staunton/Augusta region to provide practical and effective re-entry services to the community.

The committees formed during the EBDM process continue to meet, and continue to produce useful improvements in the areas of pretrial release, continuity of mental health services for people released from jail, and accurate risk assessment for domestic violence victims.

The most significant advance since last year has been the implementation of a high-functioning system for insuring that jail inmates receive adequate mental health treatment, and most

importantly, that the mental health services are continued without a break after their release. Jail mental health workers insure that released inmates have a 30-day supply of medications, and a prearranged intake appointment with the local Community Services Board. The Mental Health Rapid Assessment Tool, which has led to the speedy identification and removal of mentally ill inmates from the jail and into appropriate treatment, continues to be widely used.

Grants have allowed the local community services board, and the local community corrections agency, to contract for significant local housing units targeted at jail releases who would otherwise be homeless. This initiative has been a great success. Domestic violence assessments are being implemented to identify the most at risk offenders for increased supervision, and restoration of driving privileges has been very successful, reducing recidivism and jail population, as well as collecting significant unpaid fines for the state and returning drivers to legal, and insured, status. In addition to our active Drug and DUI Court dockets, we have received funding to double the size of our therapeutic docket, which has produced significant results in reducing the recidivism of repeat offenders with serious mental health diagnoses.

This office has made a priority of improving its pretrial and bail advocacy, based on the overwhelming data correlating even a slight delay in release of low-risk arrestees with higher recidivism, and increase in risk level. We make full use of newly revised Virginia risk assessment tools to argue for the early release of our clients on bail, with pre-trial supervision if necessary. The public defender has assisted in trainings for local judges and prosecutors on the data underlying the recommendations of the new VPRAI.

A comprehensive reentry program continues to be run through the efforts of a committee overseen by the local Probation and Parole office (District 12). This office was actively involved in that process. Numerous local stakeholders in the broadly defined criminal justice field sat on the committee. In addition to this office, representatives from the CSB, the misdemeanor probation office, the jail and local VADOC facilities, ex-offenders, and local churches and community groups took part. Housing and employment were identified as key initial factors in the success of recent releases. Consequently, representatives from local shelters and housing programs, and state and private employment services were involved in the process.

Grants have been received to triple the number of hours of mental health services at the local jail for all inmates, with the establishment of a mental health ward for the most severely impaired who can't be released to the community. Active Drug and DUI court programs in the area also have significantly contributed to reducing recidivism among a traditionally intransigent abuser population. Representatives from this office sit on the boards of both programs. Efforts by this office helped revive a defunct Juvenile Restorative Justice Program, supervised by staff from the local misdemeanor probation office. The program targets young first offenders, and has statistics to show that participants have a significantly lower recidivism rate compared to traditional juvenile probation.

The local re-entry council, which includes two members from the Public Defender office, continues to hold open house type events in the local community to try to identify recent releases, and make them aware of the various educational, housing, mental health, substance abuse, and employment services that are available locally. In addition, the local prison has begun holding periodic reentry fairs, to introduce soon to be released prisoners to the same services. The local jail holds mandatory reentry counseling for all inmates nearing release. In addition to the above needs, the simple possession of proper identification has been identified as a key element to successful transition. Thus, a program has been established with the goal of insuring each released inmate has at least a state ID card. This is vital to getting housing, meds, etc.

An active Restorative Justice program continues to divert appropriate first-time and young offenders out of the criminal justice system and jails at an early stage.

Suffolk Public Defender Office

Both the Public Defender and the Mitigation Specialist have joined the Western Tidewater Reentry Council, a group of stakeholders with representatives from the Community Services Board, the Probation Department, and a few private practice mental health providers. The goal of the council is to assist those returning citizens, particularly those with mental health needs, in obtaining necessary and available services to increase their chance for reentry success.

The Mitigation Specialist attends bi-monthly mental health support meetings at the Western Tidewater Regional Jail. The focus is on clients either awaiting trial, or awaiting transfer to a state hospital for either forensic evaluation or restoration services. For local inmates pending release, the Mitigation Specialist will occasionally be involved in setting up the home plan for the client.

The only other area where our efforts can be classified as being involved in re-entry involves assistance in getting proper state ID. The Mitigation Specialist has assisted numerous clients obtain their birth certificates, which is often a prerequisite to getting a state issued picture ID.

The Mitigation Specialist is currently on the reentry committee with the District 6 Probation and Parole Office to assist our clients on reentry services. The Mitigation Specialist is working closely with the WTRJ to assist them with re-entering inmates back into the community.

The 5th Judicial Circuit has been approved for Drug Court. The Suffolk Public Defender's Office played a major role in the approval of the new Drug Court. We are hoping the first person will enter into Drug Court in January of 2021.

Virginia Beach Public Defender Office

Staff members from this office serve on the Juvenile Detention Alternatives Initiative ("JDAI committee") – more specifically, the Public Defender serves on the executive committee. The committee includes representatives from various agencies (including the Commonwealth's Attorney's Office, City Attorney's Office, Court Services Unit, Department of Social Services, and Police Department) and meets quarterly. Specific approaches of the initiative include working to reduce unnecessary delays at each step of the juvenile court process, providing alternatives to

detention for youth whose risk can be moderated by program participation, and ensuring proper conditions for youth in custody. Reentry issues are also an important part of this group. Another attorney, from the juvenile court team, serves as part of the working group that implements the recommendations of the executive committee.

This past year the Public Defender continues to work with the Circuit Court (and many others) in our drug court program – as an alternative to lengthy incarceration periods for severely addicted individuals. Our drug court has been active for about two years, currently has ten participants, and will double in size when the pandemic restrictions are decreased. Most of the participants have entered the program directly from a period of incarceration. Drug court meets weekly to monitor the progress of the participants. Similarly, our office is involved with developing and implementing, again in Circuit Court, a mental health program/court to aid clients in remaining on their medications and avoiding recidivism. Pandemic restrictions at the courthouse have stalled this program for now but it is expected to resume before the end of the year. We are also involved with the GDC mental health docket that ensures that clients with mental health issues are seen, evaluated, and transported, if needed, as quickly as possible to the hospital.

Our office participated in the Forensic Discharge Planning Group this year with a goal of facilitating both continuing treatment and community placement of the mentally ill defendant who is about to be released from a jail setting. To that end, our office was directly involved in setting up a discharge treatment program for the mentally ill offender as part of a circuit court disposition. The program links the defendant to services. A representative of the Virginia Beach Department of Human Services picks him up from the jail on his release date. He is taken to both his probation and his psychiatric appointments. The intent is to make sure that he remains on his mental health medication. All needs are appropriately addressed.

Additionally, the office is very involved in discharge planning, in general -- both as noted above and with our Mitigation Specialist and her services. The intent is to make sure that we have the client properly situated so that he has the best possible chance for success upon release.

Our Mitigation Specialist has created an advocacy resource folder that is full of programs as alternatives to incarceration with computer links for use by attorneys. Many of the juvenile resources are evidence-based practices and some are from evidence-based mapping. The reentry goals are reviewed by our Mitigation Specialist in the search for alternatives to incarceration and for continued treatment and services after reentry. Additionally, our Mitigation Specialist attends some of the Virginia Beach adult correctional services staff meetings and this, along with ongoing reviews and discussions with Adult Probation & Parole and Juvenile Court Service Unit staff, helps refine our use of their services to support any reentry treatment goals and service plans.

Finally, an attorney in our office, who functions as our mental health expert, has been involved in multiple programs/organizations that focus on reentry. Our office remains heavily involved in mental health reentry in both the general district and circuit court arenas. The focus is on making

certain that there is access to services from the jail to the CSB/DHS portal. Access to prescriptions, transportation, and placement is the focus of the attorneys and Mitigation Specialist in our office. We have also worked to try and make certain that everyone who needs treatment or evaluation does so in a timely fashion through both the general district and circuit court mental health programs.

In the past, the office has participated in a “Reentry Town Hall Meeting” sponsored by the Virginia Beach Reentry Council. Although there was no “Town Hall Meeting” held this year, I have reaffirmed to the Reentry Council our continued interest in actively assisting them with any of their ongoing programs concerning reentry.

Winchester Public Defender Office

The Public Defender is a member of several regional boards, workgroups and committees looking at various issues affecting mental health, substance abuse, and re-entry in the areas served by the Office of the Public Defender. The workgroups and committees are the Northern Shenandoah Valley Re-Entry Council, the Northern Shenandoah Valley Substance Abuse Coalition, and the Juvenile Court Best Practices Committee. In addition, the Public Defender is a member of the Community Criminal Justice Board and the ASAP Board, and serves as vice-chairman for both boards. These groups help foster collaborative efforts with other agencies such as DSS, Probation and Parole, Pre-Trial Services, the regional and local jails, court personnel, local hospitals, and private mental health and substance abuse treatment providers. These groups meet monthly and/or quarterly and explore how to access various services in the community. The major barriers involve funding and fragmentation of services. These groups have addressed these barriers by meeting regularly and sharing information among the various participants concerning available services.

The Northern Shenandoah Valley Re-Entry Council continues to meet every other month. It has created a website to assist offenders reentering the community and also has developed a “Pocket Resource Guide” with information on local service providers to aid those re-entering the community from jail or prison. The Council continues efforts to reach out to the faith-based community to help with a mentoring program. A major barrier for the Council has been a lack of resources and coordination.

The Public Defender serves on the board of the Northern Shenandoah Valley Substance Abuse Coalition to address the heroin epidemic that has gripped the Northern Shenandoah Valley (NSVSAC). The organization has incorporated as a non-profit corporation and has received 501(c)(3) status from the Internal Revenue Service. The organization is made up of representatives from all sectors of the community affected by substance abuse, including law enforcement, the local Community Services Board, private substance abuse treatment providers, the local school systems, the court system, local hospital system, and concerned citizens. The Public Defender was a part of the effort to establish a drug treatment court to serve the City of Winchester and Counties of

Clarke and Frederick. That drug treatment court was approved by the Virginia Supreme Court in April 2016, and held its first docket in August 2016. The Coalition was successful in obtaining initial funding from the three localities and Valley Health Systems to start the court. The drug treatment court also was awarded a planning and implementation grant from the Bureau of Justice Assistance in September 2016 in the amount of \$350,000. That grant ended in 2019 and federal grant funds from HIDTA (High Intensity Drug Trafficking Area) have been used to cover treatment costs since expiration of the BJA grant. The Drug Treatment Court also receives grant funding through the Virginia Supreme Court for a case manager position. In addition, the Coalition was awarded grants from the local United Way and Regional Rotary Clubs to assist drug court participants with housing, transportation and peer support. The Court is currently serving 26 clients and hopes to expand to 40-45 clients within the next 12 months. The Court has commenced 18 participants to date and is helping many others as they work their way through the program. Barriers to efforts to maintain the drug treatment court are the cost of treatment and housing, and sustainable and adequate resources for the future.

The Public Defender has been a part of the effort to start a Drug Treatment Court program in the Page County Circuit Court. The application has been submitted to the Virginia Supreme Court and training through the National Drug Court Institute is scheduled for September 29-30, 2020. A grant application to the Bureau of Justice Assistance for implementation funds has been submitted and is awaiting a response. The Court is expected to begin its docket by the end of 2020. An Assistant Public Defender will be assigned to serve as the defense representative on the drug treatment court team. Barriers are the cost of treatment and housing, and sustainable and adequate resources for the future.

In September 2018, the NSVSAC was awarded a \$1,000,000 grant from the AETNA Foundation to develop a diversionary program called the Law Enforcement Overdose Intervention Program. This program employs a dedicated law enforcement officer from the Winchester Police Department, a case manager/counselor, and a peer recovery specialist. The goal of the program is to engage with non-violent substance users immediately upon their arrest and divert them into treatment and counseling services. If the individual is compliant with treatment services, the charge can be dismissed and not pursued. The program was recently expanded and is now serving probationers facing revocation proceedings. The program offers more intense treatment services than traditional probation can offer. If the probationer is successful, the probation matter will be dismissed. The program is currently serving 11 participants.

The Public Defender has been in recent talks with the Winchester Commonwealth Attorney's office and Northwestern Community Services Board about starting a mental health docket in the Winchester General District Court. Those discussions are ongoing and hopefully will bring much needed services and help to non-violent defendants suffering with mental illness.

The Juvenile Court Best Practices Committee continues to meet and address various needs of juveniles and their families. The Public Defender's Office participates with the Committee and has

attended programs sponsored by the committee. The Juvenile Court Best Practices Committee has implemented a system of referrals using court orders for those organizations under the jurisdiction of that Court. Barriers to these efforts include sustainable and adequate resources for the future.

Virginia Parole Board

Please describe any collaborative efforts made by your agency within the last year and the impact of these efforts.

The Virginia Parole Board serves a population of approximately 3,000 offenders currently eligible for discretionary parole and geriatric conditional release review and a population of approximately 2,847 offenders who are on supervision in the community.

As of September 10, 2020 there were 2,433 incarcerated discretionary parole eligible offenders (1,645 of those offenders are currently discretionary parole, with 788 of them becoming discretionary parole eligible sometime after September 10, 2020). Furthermore, there are approximately 450 additional parole eligible offenders that were recently determined eligible per the *Fishback* legislation (HB33) and the “juvenile at the time of the offense, and served over 20 years” legislation (HB35). The Parole Board serves a population of 1,350 geriatric conditional release eligible offenders, many of whom are also discretionary parole eligible. Per Department of Corrections, of the 34,000+ currently incarcerated offender population, almost 13,000 of those offenders either are or will become geriatric conditional release eligible during the course of their incarceration.

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

On September 15, 2020, the Parole Board had 2,847 offenders on parole supervision (on mandatory parole, discretionary parole, or post release supervision) in the community. The Parole Board works in cooperation with the Department of Correction’s local probation and parole offices to ensure public safety and to respond quickly to warrant requests.

The Department of Corrections continues to allow the Virginia Parole Board access to its resources and facilities. The VADOC also provides training to board members on various aspects of the Department’s operations including but not limited to offender programs, community releases, sex-offender treatment, offender’s medical and mental healthcare, interstate compact procedures, criminal records, and sentenced-time computation. The Parole Board provides training to VADOC employees as well. The Parole Board’s Victim Services Coordinator works collaboratively with the Department of Corrections Victim Services Unit.

As the Virginia Parole Board and the VADOC review geriatric offenders for parole consideration, the primary barrier to release is the lack of any public assisted living/nursing home facilities willing and able to assume care of this population.

The Special Investigations Unit (SIU) for the Parole Board is responsible for conducting pardon investigations for the Secretary of the Commonwealth and Governor's office. The SIU conducts simple pardon, conditional pardon and absolute pardon investigations. The SIU also conducts special parole interviews and investigations for parole and geriatric eligible offenders. This unit is currently composed of seven individuals with a combined total of 200 years of investigative experience.

The Parole Board also supervises those Individuals on a period of court-ordered post-release supervision. The Parole Board determines the appropriate outcome for those individuals who have violated the terms of court ordered post-release supervision. Often these individuals are struggling after having been released onto mandatory parole from a period of incarceration. Often these individuals have committed "technical" infractions for example, testing positive for drugs. The Parole Board expedites its review of these violations to ensure those individuals that can be diverted into an alternative to incarceration (e.g., the Community Corrections Alternative Program) are done quickly and in a manner that best ensures their successful overall re-entry.

Data and Information

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

Pursuant to Virginia Code Section 53.1-136(6), the Virginia Parole Board is required to report monthly decisions. The Parole Board website posts 5 full prior calendar years of decisions in addition to decisions made during the current calendar year.

The CORIS system changes are necessary. However, these changes typically require modification by the vendor of CORIS under its contract with VADOC. The Parole Board is currently working with the CORIS Project Management team to resolve issues and incorporate other enhancements, and streamline processes in the system.

Conclusion

This overview of re-entry services shows many varied and effective collaborations in the Commonwealth in the past year. Not all agencies experienced notable changes during the reporting period; however, relationships focused on effective offender-reintegration continue to be strengthened. The result of this increased collaboration has been an innovative and creative use of resources available to those individuals transitioning to the community.

Through collaboration and combining resources, the Commonwealth is able to provide services to offenders from the time of their arrest to their release into the community. To continue the facilitation of this seamless re-entry process, funding and policy barriers must be addressed in a timely manner. The most successful programs should be identified and replicated throughout the Commonwealth.

An increase in accurate data collection is imperative for program evaluation techniques and fidelity measurements of statewide initiatives. This will ensure available funds are targeted toward effective programs and re-entry needs. Performance measurement tools are an integral part of successfully incorporating the most effective resources into our facilities and communities to have positive and significant impact on adult offender and juvenile re-entry.