

Virginia Department of Corrections



Statewide Community-Based Corrections System

Status Report FY2021

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Introduction

During FY2021, the Department of Corrections (DOC) has continued to apply evidence-based practices towards its community corrections supervision strategies and programs. For the fifth straight year, the DOC leads the nation with having the lowest, or second lowest recidivism rate, with a current recidivism rate of 23.9%. This is a testament to the agency's commitment to improving long-term public safety by successfully reintegrating productive citizens to our communities and effectively supervising parolees and probationers through a culture of respect, accountability, and ethical behavior.

Successes:

- During FY2021, the COVID-19 pandemic and the Governor's Emergency Orders have required major operational changes for community corrections. DOC set a high standard in complying with the Centers for Disease Control and Prevention (CDC) and the Virginia Department of Health's (VDH) guidance, and adapted its supervision techniques to ensure the welfare of our staff and probationers/parolees remained at the forefront. While some services were suspended due to safety precautions, the Department has utilized many innovative ways to safely administer community supervision. This includes electronic methods of conducting case openings and contacts with probationers/parolees, using drive-by methods for home contacts, and providing programming and mental health consults through tele-therapy applications. Officers donned full Personal Protective Equipment (PPE) for GPS installation and when administering drug tests.
- Throughout the pandemic, the Department has continued to provide programmatic services at the Community Corrections Alternative Program (CCAP) facilities. The programs offer a sentencing alternative to Circuit Courts for probationers who need intensive substance abuse treatment within the structure of a DOC operated community residential facility. Services in the CCAP operated utilizing social distancing and masks with a high level of sanitation and COVID-19 testing. Intake to the CCAP facilities was slowed to allow for smaller incoming groups of probationers to be quarantined as a prevention measure before being mainstreamed into programming.
- DOC continues to make great strides towards reducing the number of homeless releases from prison. This includes collaborating on community housing placements for those individuals with complex health care needs through regular contact with local social services agencies, the Department of Aging and Rehabilitative Services (DARS), Department of Medical Assistance Services (DMAS), local community services boards, local non-profit organizations, nursing homes and housing providers.
- DOC's sex offender containment model of community supervision has operated effectively and provided intensive GPS supervision, polygraph examinations and treatment services to sex offenders, including the supervision of Sexually Violent Predator (SVP) conditional release cases from the Virginia Center for Behavioral Rehabilitation (VCBR) on behalf of the Department of Behavioral Health and Developmental Services (DBHDS).
- The six cognitive behavioral counselor positions provided to community corrections as a pilot program have demonstrated significant success. Data shows these positions produced an increase in programmatic services at all six pilot districts while allowing probation officers to focus more on field supervision. The pilot is a model that should be replicated at all probation and parole districts.

- DOC has expanded the use of evidence-based interventions with medium to high-risk probation cases by training and coaching staff on the effective use of core correctional practices using the EPICS II research based model. It has now become an established business practice in community corrections.
- DOC continues to improve the consistency of its probation and parole districts through the implementation of Operational Assessment Reviews conducted by teams of staff from other probation and parole districts. The review examines policy compliance, probationer/parolee contacts, case-plan driven supervision and the use of evidence-based practices to reduce recidivism.
- DOC continues to operate Learning Teams in all community corrections units whereby staff meet together in small groups twice per month and utilize dialogue practices to resolve concerns, advance teamwork, create improved operations and better their intervention skills with probationers/parolees. The Learning Teams were suspended during some of the fiscal year due to the pandemic but resumed in the second quarter by leveraging virtual communications.
- Probationers just released from prison are provided with brief cognitive-behavioral peer support groups to follow up prison treatment. These groups provide guidance during the critical period immediately following release. During FY 2020 due to COVID-19, many of these groups were suspended and some were continued using virtual platforms.
- DOC continues to operate the Federal Fidelity Bonding Program for all justice-involved persons in Virginia to assist with employability. Expansion of bonding efforts include additional educational materials such as posters and videos that are available in all Probation and Parole districts to better inform probationers/parolees about the Virginia Bonding Program.
- Chief Probation Officers actively participate as co-conveners of Local Reentry Councils in most localities in Virginia, in partnership with the Virginia Department of Social Services (VDSS) or other non-profit organizations. Some of the councils have been temporarily suspended due to COVID-19.
- DOC's Voice Verification Biometrics Unit for low-level supervision continues to operate successfully. The recidivism data shows over-supervision of these cases not only does not reduce recidivism, but also can actually have an adverse reaction causing it to rise. Probationers/parolees are monitored through the use of biometric surveillance for voice, facial, and location verification, as well as routine automated interviews.
- In conjunction with the DBHDS and local Community Services Boards, the DOC offers a piloted medically assisted treatment (MAT) program for individuals reentering the community after completing substance use disorder treatment in prison or in a CCAP facility. The program operates in conjunction with counseling and provides Vivitrol to volunteering individuals to support their desistance from opiate use after release. The initial dose is provided within the correctional facility, with MAT services provided after release by the local Community Services Boards. The pilot program is offered to program participants released to high opiate use areas of Richmond, Norfolk and southwest Virginia (Tazewell).
- The State Opioid Response (SOR) grant funds a Peer Recovery Specialist (PRS) initiative that has been launched within the DOC. The funding allows for individuals with lived experience in recovery, as well as the criminal justice system, to complete the 72 hour DBHDS Peer Recovery Specialist Training and serve as a PRS. PRS groups support the ongoing needs of individuals with a diagnosis of opioid dependence, stimulant dependence or who have experienced an overdose.

Challenges:

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

- Probation and parole districts continue to be confronted with large workloads, limiting the time and services that can be provided to probationers/parolees.
- Vacancies among probation officers is a critical issue that is reaching crisis proportions in some districts. Low compensation and heavy workloads make it difficult for DOC to attract and retain employees in the overall economy where many other options are available.
- Too many people still enter the community from prison without housing. Housing is particularly challenging for those with sexual and violent offenses. There is also a critical housing need for individuals who need assisted living, nursing home and/or geriatric care.
- Many individuals are released to state probation supervision from local jails without receiving proper reentry preparation, medication or housing planning. Many community service boards do not provide mental health treatment to certain types of probationers/parolees, such as those convicted of sex offenses or murder, contributing to a higher public risk and recidivism rate for released persons with mental health needs.
- Although criminal thinking is identified as the primary driver of recidivism, and research strongly supports cognitive-behavioral programs as an effective intervention, DOC is not funded to provide programming for the over 30,000 probationers/parolees with this need.
- The rising number of cases placed on GPS and the increased number of individuals with an identified gang affiliation require more intensive probation supervision at a time when probation/parole officer caseloads are already stretched.
- Substance use disorder continues to be rampant among probationers/parolees and community resources for treatment, particularly residential treatment and MAT, are extremely limited. Services in rural areas are also very limited.

Moving Forward:

With its many successes and despite the challenges, DOC is committed to creating lasting public safety by preparing probationers/parolees to reintegrate into law-abiding lives after their community supervision period is completed. The Department continues to see significant benefits from its organizational development and application of evidence-based business practices to create a learning organization with the culture to sustain both staff and probationer/parolee growth. By following evidence-based practices, the DOC will continue to:

- Identify probationer/parolee risks and needs and give priority to those who pose the greatest risk to public safety;
- Develop and update case plans that address identified risks and needs;
- Utilize research based services to respond to individual needs and reduce the risk of recidivism as resources allow;
- Quickly and appropriately respond to compliance and non-compliance with proportionate incentives and sanctions;
- Continue to evaluate our supervision practices and services and seek ways to improve our operations to achieve our goal of creating lasting public safety.

VADOC COMMUNITY CORRECTIONS REFERRAL GUIDE

RESIDENTIAL OPTIONS

Behavioral Correction Program	Youthful Offender Program						
<ul style="list-style-type: none"> ▪ Available to all Courts as a sentencing option ▪ Enacted by the 2009 General Assembly ▪ Targets participants with substance use needs ▪ Evaluation completed by probation officer prior to sentencing ▪ Non-violent (no charges as defined by 17.1-805 unless it is a juvenile adjudication which is acceptable) ▪ No prior felony convictions under 18.2-248 or 18.2-248.1 ▪ Must be mentally and physically able to participate ▪ Judge imposes full sentence (min. of 3 years to serve) ▪ Upon receipt of a Court Order, VADOC processes participant directly to a Therapeutic Community Program for a minimum of 24 months ▪ Locations: <ul style="list-style-type: none"> ➤ Indian Creek Correctional Center (men) ➤ Virginia Correctional Center for Women ▪ At program completion, the Judge has the option of suspending the balance of the sentence and releasing to probation; no court review or hearing is required ▪ If individuals refuse to participate or need to be removed for behavior, VADOC will notify the Court and probation district; participants will be reassigned to another prison to serve the remainder of their sentence with no further review, hearing or evaluation required. 	<ul style="list-style-type: none"> ▪ Available to all Courts as a sentencing option ▪ Code of Virginia 19.2-311 ▪ Targets participants who committed offense prior to age 21 ▪ No Class 1 Felony or assaultive misdemeanors ▪ Evaluation completed by probation officer prior to sentencing ▪ Mentally and physically able to participate ▪ Indeterminate commitment to VADOC for 4 years plus a suspended sentence ▪ Utilizes the Therapeutic Community structure ▪ Locations: <ul style="list-style-type: none"> ➤ Indian Creek Correctional Center (men) ➤ Virginia Correctional Center for Women ▪ If individual refuses to participate or is removed from the program, participant must be brought before the Court for a hearing; Judge may sentence as originally imposed, pronounce a reduced sentence, or impose such other terms and conditions of probation as appropriate ▪ Parole supervision for at least 1.5 years upon release ▪ Services Available: individualized reentry plans, education, Therapeutic Community, substance use education, cognitive and life skills, AA/NA, vocational training, anger management programs, parenting and family reintegration, resource/job fairs, discharge planning, medication assisted treatment (MAT) 						
Community Corrections Alternative Program (CCAP)	Community Residential Programs (CRP)						
<ul style="list-style-type: none"> ▪ Available to all Courts as sentencing option effective 5/1/17 ▪ Code of Virginia 53.1-67.9 and 19.2-316.4 (completion is a condition of probation; therefore must be placed on active supervision during program and for one year after completion per code; Order should sentence them to “complete CCAP” with no timeframe for completion specified) ▪ Sentencing to CCAP cannot be in addition to an active state responsible sentence exceeding 12 months (all sentencing events) ▪ Targets medium and high risk participants with intensive substance use or cognitive behavioral needs ▪ Only current offense must be nonviolent and not fall under 19.2-297.1 (prior record not considered for eligibility) ▪ Technical probation violators (as long as original offense is nonviolent) and some mental health needs may be eligible ▪ Evaluation completed by probation officer prior to sentencing; referrals screened by CCAP Referral Unit (CCAP RU) ▪ Any pending court proceedings will deem the referred participant ineligible by the CCAP RU unless ordered by multiple jurisdictions ▪ Program duration is typically 22-48 weeks depending on needs of the participant ▪ Community Service is a part of the program and Court may grant credit/compensation for hours completed ▪ Services Available: individualized case plans, treatment motivation programs, education, substance use education, cognitive restructuring, vocational training, medication assisted treatment (MAT), Narcan kits <p>Locations:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Appalachian CCAP (men)</td> <td style="width: 50%;">Harrisonburg CCAP (men)</td> </tr> <tr> <td>Brunswick CCAP (men)</td> <td>Stafford CCAP (men)</td> </tr> <tr> <td>Cold Springs CCAP (men)</td> <td>Chesterfield CCAP (women)</td> </tr> </table>	Appalachian CCAP (men)	Harrisonburg CCAP (men)	Brunswick CCAP (men)	Stafford CCAP (men)	Cold Springs CCAP (men)	Chesterfield CCAP (women)	<ul style="list-style-type: none"> ▪ Available statewide, but not as a sentencing option ▪ Code of Virginia 53.1-179 ▪ DOC managed resource for supervisees who lack a stable residence or need transition from incarceration ▪ Must meet the facility criteria ▪ 90 day length of stay ▪ Services Available: food and shelter, basic life skills, substance use education, individual/group counseling, job placement, discharge planning
Appalachian CCAP (men)	Harrisonburg CCAP (men)						
Brunswick CCAP (men)	Stafford CCAP (men)						
Cold Springs CCAP (men)	Chesterfield CCAP (women)						

VADOC COMMUNITY CORRECTIONS REFERRAL GUIDE

NON-RESIDENTIAL OPTIONS

State Probation & Parole	Post Release Supervision
<ul style="list-style-type: none"> ▪ Available to all Courts as sentencing option statewide ▪ Code of Virginia 53.1-145 ▪ Individuals convicted of a felony with suspended sentences ▪ Court ordered to participate in probation, parole, post release supervision or conditional pardon ▪ Level of supervision based upon assessed risk and needs ▪ Capacity to transfer supervision to other localities and states ▪ Monitors special conditions ordered by the Court ▪ Services: risk/needs assessment (COMPAS), referrals for treatment and services as needed, drug testing, home and field visits, various group program options, substance use screening and assessment, reentry services, resource directories in each jurisdiction, partnerships with community stakeholders 	<ul style="list-style-type: none"> ▪ Available to all Courts as sentencing option ▪ Code of Virginia 18.2-10, 19.2-295.2 ▪ Effective January 1, 1995, post-release supervision can be ordered by the Court for a period of 6 months to 3 years for which they are ineligible for parole ▪ Supervision provided by probation and parole officers upon release ▪ Court must also impose a suspended term of confinement of at least 6 months in addition to post-release supervision of not less than 6 months and not more than 3 years ▪ Violations of post release supervision are under jurisdiction of the Virginia Parole Board unless the person was sentenced under 19.2-295.2:1 regarding Failure to Register or Providing False Registry Information (18.2-472.1) which is handled by the Court
Drug Treatment Courts	Monitoring Through Technology
<ul style="list-style-type: none"> ▪ Available in approved jurisdictions only ▪ Code of Virginia 18.2-254.1 ▪ Targets non-violent participants with substance use disorder ▪ Specialized dockets within the existing structure of Virginia's court system offering judicial monitoring of intensive treatment and strict supervision ▪ Length of stay ranges from 12-24 months ▪ Immediate sanctions and incentives as a result of behavior ▪ Conducted in partnership with local community stakeholders ▪ Services: intensive supervision, drug testing, substance use education and treatment, sanctions and incentives 	<ul style="list-style-type: none"> ▪ VADOC managed program ▪ Code of Virginia 53.1-131.2, 19.2-303, 19.2-295 ▪ Voice recognition monitoring for low risk supervisees ▪ Global Positioning Satellite (GPS) Monitoring for high risk supervisees ▪ Code of Virginia 19.2-295 requires any person convicted of Failure to Register as a Sex Offender on or after July 1, 2006 shall be subject to electronic monitoring ▪ Participants are referred by the supervising officer for appropriate technology programs based upon risk and need
Reentry Programs	Mental Health Clinicians
<ul style="list-style-type: none"> ▪ VADOC managed programs ▪ Code of Virginia 2.2-221.1, 53.1-32.2 ▪ Targets participants committed to the VADOC for supervision and monitoring ▪ Reentry Senior Probation and Parole Officers implemented statewide ▪ Staff visit various institutions and jails to educate and prepare participants for reentry ▪ Services: intensive reentry program, cognitive programs/groups, assistance with obtaining identification & other documentation, bonding eligibility letter, resource fairs, workforce preparation, classes regarding successful supervision in the community, discharge planning, DMV IDs, medication assisted treatment (MAT), Narcan take home kits 	<ul style="list-style-type: none"> ▪ VADOC managed program ▪ Regional and District Mental Health Clinicians are assigned to each Probation and Parole District and CCAP facility and provide the following: <ul style="list-style-type: none"> ➤ Consultation and training for Probation Officers who supervise probationers with mental health issues ➤ Mental health screening to determine mental health needs and make supervision recommendations to VADOC staff ➤ Assistance in connecting probationers with treatment resources in the community ➤ Assistance in reentry planning and ensuring continuity of mental health services

Substance Use Disorder Services within Community Corrections (SUDS)

Substance use disorder services remain a significant need for those under supervision with the Virginia Department of Corrections. With approximately 65,500 supervisees within the Commonwealth of Virginia, the DOC has made substance use disorder treatment a priority for those individuals suffering from the disease of addiction. With a budget totaling \$2,920,200, services are provided to the districts for evidence-based treatment such as outpatient counseling, intensive outpatient counseling, individual counseling services and evidence-based assessments. Presently, 28 Probation and Parole districts receive services through contracted providers; 18 Probation and Parole districts utilize Memorandum of Agreements with their local Community Service Boards; and six Probation and Parole districts use both private contractors and Memorandum of Agreements. This collaboration ensures that credentialed (licensed and certified) professionals are providing treatment that is evidence-based, client-centered, individualized, and timely. Treatment planning and referrals are provided as part of the continuum of care for each person receiving treatment services. Support services and technical assistance is provided to the districts through in-person and virtual trainings.

In addition to the services provided through the use of private contractors and community services boards, the Department offers MAT services through the Medication Assisted Treatment Reentry Initiative (MATRI). This program allows for inmates and probationers/parolees to receive intensive substance use disorder (SUD) programming at the pilot sites and have the option to receive a naltrexone injection prior to release. Additionally, the inmate/probationer/parolee receives additional pre-release and post-release support from a Recovery Support Navigator (RSN) who can provide support for up to twelve months post release.

Peer support, which is considered a best practice in the field of substance use disorder, is also offered by the DOC. Since launching in 2019, Peer Recovery Specialists (PRS) provide peer support groups to the Probation/Parole Districts and the Community Corrections Alternative Programs (CCAPs) throughout the Commonwealth of Virginia. These services are offered to those supervisees who have a diagnosis of opioid dependency, stimulant dependency, or a history of overdose. Peer support is facilitated by those with lived experience either personally through their own disease or through the disease of a significant family member. DOC encourages past justice-involved individuals to participate in the program as a vendor.

Community Corrections Alternative Program (CCAP)

Community Corrections Alternative Programs (CCAPs) are designed to offer Circuit Court judges an alternative to incarceration that provides intensive, residential treatment in a controlled setting. A multi-disciplinary steering committee developed the program components based on evidence-based principles that promote targeted interventions for identified criminogenic needs. The goal of the program is to provide a structured environment where participants acquire and practice the skills necessary to sustain positive behavioral changes and long-term recovery. This sentencing option is devised to reach the targeted population of non-violent felony defendants, either at initial sentencing and/or at probation revocation proceedings. The Parole Board is also authorized to refer parole and post-release violators to CCAP.

Before acceptance into the program, the Department of Corrections must determine eligibility and suitability based on an assessment of each supervisee's risks and needs which are central to participation in the CCAP. The program accepts supervisees who have moderate to high criminal recidivism risks with significant treatment needs. The research based acceptance criteria supports some individuals who are deemed low risk of recidivism to address their needs more effectively through community resources. On a case-by-case basis, supervisees assessed as low risk but who have significant treatment needs may be accepted if treatment resources are not available in the local community or if all other resources options have been exhausted.

The programming duration, which is approximately 22 - 48 weeks, is determined by the assessed needs of each participant and their progress in acquiring the critical skills needed for successful community reentry. The participants receive cognitive-behavioral and substance use disorder treatment, vocational and educational services as well as an opportunity to engage in community employment if eligible. Supervisees needing intensive substance use disorder treatment, which are the majority of referrals, are assigned to specialized CCAP facilities that provide such treatment. These facilities also offer innovative medication assisted treatment (MAT) through a pilot program to support their progress. In 2021, VADOC has initiated a buprenorphine pilot program within designated CCAP facilities for supervisees with opioid use disorder. Supervisees who are on Suboxone (or other oral buprenorphine products) in the community or jail can continue Suboxone treatment while in CCAP. Supervisees will continue to receive intensive substance use disorder services at these facilities in addition to MAT services. Furthermore, all CCAP facilities have the Medication Assisted Treatment Re-entry Initiative (MATRI) pilot program in place to initiate supervisees on naltrexone (Vivitrol) therapy prior to re-entry to the community as well as offer Narcan (Naloxone) take-home kits prior to release.

When programming for the CCAPs began in 2017 to include opiate and other substance use disorder treatment, the demand for this service created waiting lists for program entry. Contingent on the discretion of the sentencing court, the supervisee would spend this wait time incarcerated or in the community. In February 2020, Brunswick CCAP, a new male intensive site, opened to address the increased demand for these services. The Department currently has 816 CCAP beds with five sites for men and one site for women. CCAPs continued to operate during the pandemic to provide these vital services to our community. Consequently, the current wait for CCAP entry has been reduced to less than two months.

CCAP Eligibility Criteria

The process of assignment to CCAP requires involvement of both the court and the Department of Corrections. Upon conviction, the judge may order an evaluation for participation in CCAP. Once all other pending charges in other jurisdictions have been satisfied, the Probation and Parole Officer will initiate an initial screening to determine whether the defendant is non-violent and does not have serious medical issues that require more care than the CCAP facility can provide. Once the initial eligibility is determined, the Officer completes a COMPAS Risk and Needs Assessment on the supervisee and forwards all information to the Department of Corrections CCAP Referral Unit. The CCAP Referral Unit determines suitability for program participation based on the supervisee's risk level and treatment needs and forwards the results back to the Officer for communication with the referring judge. If the supervisee meets acceptance criteria, the court may sentence the supervisee to the program by suspending all or a portion of the sentence on the condition that the supervisee is placed on active supervised probation throughout program duration and for one (1) year after program (at least two years of probation).

CCAP operations are addressed by Code of Virginia §19.2-316.4, §53.1-67.9, §19.2-297.1. The items below govern eligibility criteria for evaluation and intake. The prospective candidate:

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

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

Effective Practices in Correctional Settings II (EPICS) Summary for Research

Effective Practices in Correctional Settings II (EPICS II) was developed by Christopher Lowencamp, Phd., based on research that officers utilizing core correctional practices can affect a supervisee's behavior promoting lasting public safety. EPICS II is a set of skills used in daily interactions with supervisees to develop rapport, increase motivation to change, and address skill deficits while holding the supervisee accountable. In 2013, the Virginia Department of Corrections began to implement these skills with our probation officers. Officers receive training over three days and are assigned an EPICS coach to ensure they are able to perform the skills with fidelity. During the peer coaching process, the officer will review the skill steps and identify opportunities for skill use with their coach. Officers will then record themselves performing the skills. The Coach reviews these recordings to ensure the skill is performed with proficiency.

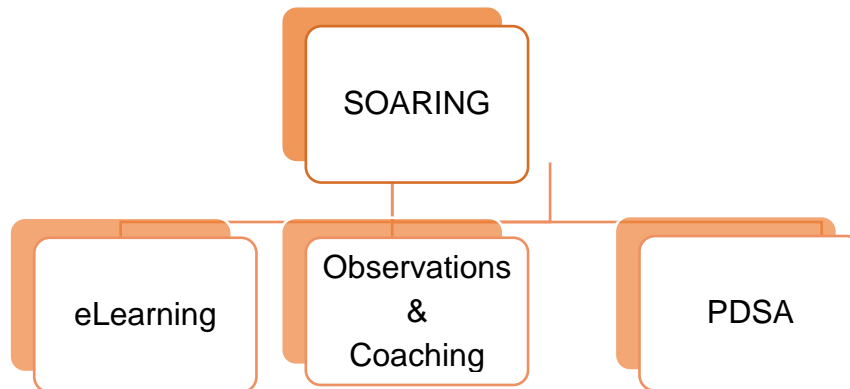
There are seven skills that officers are trained to utilize in EPICS II. Role Clarification establishes a supervision alliance while developing rapport. Behavioral Analysis leads probationers through a series of events utilizing the cognitive behavior chain. Probationers identify patterns of thinking errors, people, and emotions that contributed to their criminal behavior. There are two skills associated with this process: Explaining the Behavioral Analysis and Reviewing the Behavioral Analysis. Effective Use of Reinforcement emphasizes the benefits of prosocial behavior to increase motivation toward positive change. Effective Use of Disapproval emphasizes the consequences of negative behavior to increase motivation toward positive change. The Cognitive Model teaches a probationer how to examine their thinking around criminal behavior and develop replacement thoughts to support better future outcomes. Problem Solving teaches probationers how to approach a problem and develop an action plan for their chosen solution.

In 2018, we concluded the statewide implementation for EPICS II in all 43 Probation and Parole Districts. We are now in the sustainability phase where all new officers receive their training during basic probation officer training and must complete their EPICS II coaching process within the first twelve months of hire. Supervisors continue to work with officers to identify opportunities to use these skills after the coaching process is complete.

The Virginia Department of Corrections has also invested in the use of these important skills with our Community Corrections Alternative Programs (CCAPS) and our institutions. In the CCAPs, security, probation officers and treatment counselors receive EPICS II training and coaching. While the pandemic has presented many challenges for corrections, VADOC continued to train staff in the use of these vital skills by adapting to a virtual format for both training and coaching.

SOARING: Coaching Staff to Promote Use of Effective Skills

In partnership with George Mason University, the Virginia Department of Corrections utilizes Skills for Offender Assessment and Responsivity in New Goals & Effective Supervision (SOARING), a series of implementation strategies to increase the use of evidence-based practices (EBP's) in daily interactions between community probation and parole officers with their supervisees. SOARING enhances critical Probation Officer skills while managers learn important coaching and feedback practices as well as motivational approaches. Research shows that the use of core correctional practices in officer interactions can significantly reduce recidivism.



SOARING includes three components: 1) eLearning where staff complete modules to ensure understanding of the purpose and the use of EBP's, 2) observations where supervisors observe staff interactions with their supervisees and provide feedback on skill use, and 3) Plan Do Study Act (PDSA), a quality improvement process where the districts review their data and develop plans to improve their outcomes.

The initiative began with three pilot sites in 2013: Fairfax, Portsmouth, and Roanoke. In 2015, we expanded to include nine additional sites: Culpeper, Hampton, Leesburg, Lynchburg, Martinsville, Newport News, Richmond, Tazewell, and Virginia Beach. In 2019, we added nine more sites: Arlington, Ashland, Chesapeake, Chesterfield, Franklin, Harrisonburg, Staunton, Warsaw, and Wytheville, for a total of 21 probation districts utilizing the SOARING model.

SOARING Coaches and staff have one cycle (four months) to complete all 6 eLearning modules: 1) Risk/Need Responsivity, 2) Engagement & Motivation, 3) Case Planning, 4) Problem Solving, 5) Desistance, and 6) Criminal Lifestyle. Each Module has three sections: Basic, Intermediate and Advanced.

Once eLearning is completed, staff will enter the observation phase. The observation cycles are as follows: January 1st through April 30th, May 1st to August 31st, and September 1st to December 31st. During each cycle, a SOARING coach will observe an officer conducting three to five officer/supervisee interactions. The following skills will be observed during the interactions: Working Relationship, Role Clarification, COMPAS Assessment, Reviewing the Behavioral Analysis, Case Planning, Case Plan-Driven Supervision, Effective Use of Reinforcement, Effective Use of Disapproval, Cost-Benefit Analysis, Cognitive Model, and Problem Solving. Once the observation is complete and the supervisee has exited, the Coach will provide immediate feedback to the officer following a structured feedback model being sure to anchor their coaching. Coaches score each skill utilized during the interaction in an observational database. Data is provided to the districts after each cycle, which includes both district and officer level data to promote skill proficiency. EBP Managers assist district staff in understanding their data and selecting opportunities to utilize the PDSA Quality Improvement Process.

All three waves completed the eLearning phase with 100% compliance. All new staff begin eLearning as part of the Basic Skills classes and complete all modules within the first six months of hire. As for the observational phase, we achieved an 85% observation rate for all eligible staff in the cycle that concluded in December 2019. SOARING observations were suspended in March of 2020 due to the pandemic but are resuming for all waves September 1, 2021.

Sex Offender Supervision

Sex offender supervision continues to employ an enhanced supervision model for all sex offenders in the Commonwealth. A team approach is used and the team is most often comprised of a Senior Probation and Parole Officer, a Sex Offender Supervision Probation and Parole Officer, and a Surveillance Officer. DOC's Operating Procedure 735.3-Supervision of Sex Offenders in the Community directs the supervision of sex offenders in the community.

Experts in the field recommend a sex offender specialist-staffing ratio of 40 to 1 in order to appropriately address public safety needs. There were no additional positions allocated for FY2021 for sex offender supervision.

The Code of Virginia mandates that any offender convicted of Failure To Register on or after July 1, 2006 be placed on GPS. The Department has experienced steady growth in this area and at the end of June had averaged 744 units.

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

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

The Sexually Violent Predator (SVP) civil commitment process continues to grow. The impact of this growth is felt by Community Corrections when these SVP's are granted conditional release. In FY2021 Probation and Parole Officers investigated 156 home plans for offenders being considered for conditional release, and of those on conditional release, 547 six month reports were submitted. The number currently being supervised under conditional release is 273, which is an increase of approximately 8% from FY2020. Of that number, 134 are "pure" conditional release, meaning that they have no criminal obligation. Also notable for FY2021 is the number of Emergency Custody Orders that were executed by Probation and Parole Officers. There were 48 Emergency Custody Orders obtained by Probation and Parole Officers. With the exception of two cases, all of those taken into custody were for technical violations, meaning that these offenders were returned to custody before any re-offense. Of the two aforementioned cases, both had absconded from supervision. One of these offenders was apprehended after 12 hours. The other offender absconded for 54 days. This offender was arrested and charged with Rape, Abduction With The Intent to Defile and Possession of a Firearm by a Convicted Felon.

Sexually Violent Predators have been returning to court to have their SVP label removed and this has been occurring with greater frequency. In FY2021, 14 offenders had this label removed. The Department no longer supervises them and their only remaining obligation is to update their registry information with the Virginia State Police.

There continues to be a clustering of sexually violent predators in certain jurisdictions. These offenders have a very difficult time securing housing. In limited areas of the Commonwealth, there are landlords who are willing to rent to these offenders. A few of these cities are Lynchburg, Roanoke, Richmond, and

the Tidewater area. As stated above, these offenders require a higher level of supervision and the increasing numbers in the aforementioned jurisdictions impact resources in those districts. In these identified areas are a total of eight Senior Sex Offender Supervision Specialist Officers and two Probation and Parole Officers dedicated to the monitoring of these SVP cases.

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

Currently, there are about 4,651 adult probation and parole offenders who are required to register on the Sex Offender and Crimes Against Minors Registry. The Department of Corrections continues to be proactive in their supervision and monitoring of this difficult population. Probation and Parole Officers and the Virginia State Police frequently collaborate in their efforts to ensure these offenders are properly registered with the Sex Offender and Crimes Against Minors Registry.

Supervising Sex Offenders

Large Population:

- About 24,998 persons on Sex Offender and Crimes Against Minors Registry
- About 4,651 are under Probation and Parole supervision

Supervision and Monitoring are Labor Intensive:

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

Treatment Can Reduce Risks:

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

Mental Health and Wellness Services

Despite COVID-19 related restrictions that have continued into FY2021, the VADOC Community Mental Health (CMH) staff has maintained a high level of outreach to supervisees on community supervision. Additionally, the CMH staff has continued the process of assigning Community Mental Health Codes to classify State Responsible (SR) inmates released from VADOC facilities and jails. This effort has created a more accurate system for monitoring the mental health needs of supervisees in the community and capturing recidivism data related to mental health. The April 2021 Recidivism report from the Research-Evaluation Unit emphasized that the addition of District Mental Health Clinicians to support the P&P Districts has contributed to the steady convergence of re-incarceration rates between inmates with mental health impairment and those with no identified mental health impairment since 2016.

The pandemic necessitated the CMH staff's transition to predominantly tele-behavioral health (TBH) interventions to continue meeting the needs of supervisees in the P&P Districts and CCAP facilities. The target population for CMH staff also expanded to include previously unidentified or undiagnosed probationers/parolees experiencing psychological symptoms and stressors associated with the pandemic. The District and Regional Mental Health Clinicians have successfully utilized virtual methods (primarily phone calls) to handle the increased workload. Starting in late 2020, the monthly CQI reporting for the CMH staff included a distinction between virtual and in-person contacts. In the fourth quarter of 2020 and first quarter of 2021, 91% of the supervisee contacts were virtual. In the second quarter of 2021, 87% of the contacts were virtual. The Community Mental Health Supervisor is investigating a ShadowView application (ShadowTrack) that is being implemented in the P&P Districts for virtual home visits to determine if this technology can be utilized securely as an additional option when TBH services are appropriate. During the next few months, the CMH staff will be collaborating closely with District and CCAP staff to determine the optimal hybrid balance of in person versus virtual services to continue meeting the needs of supervisees, supporting the P&P District/CCAP staff, and consulting with internal and external stakeholders. The table below provides the number of CMH contacts in each of these areas for FY2021.

	2020 3 rd Quarter	2020 4 th Quarter	2021 1 st Quarter	2021 2 nd Quarter
Direct Mental Health Contacts				
• VADOC facility inmates	1223	1189	1225	1017
• Jail or court inmates	2043	1759	2071	2260
Intensive Treatment Intervention (emergent cases)				
• VADOC facility inmates	54	71	56	43
• Jail or court inmates	97	173	220	95
Community Mental Health Codes Assigned	1780	1795	1828	1773
MH-9 (Release Summary) reviews	838	806	715	599

Case Consultations				
Probation Officers	4268	3951	4227	4077
Institutional/Other VADOC staff	1076	921	1241	1532
Local & Regional Jail staff	269	207	166	196
Community Services Boards (CSBs)	845	747	548	508
Other (including state hospitals, private providers, CRPs, DJJ)	1422	1250	1234	1087

Interstate Compact for Adult Offender Supervision

On June 30, 2021, Virginia probationers and parolees transferred 6,050 to other states via the Interstate Compact for Adult Offender Supervision and 2,215 out-of-state cases under supervision in Virginia. Virginia currently ranks among the top four states in volume of transferred cases.

From 1937 until 2002, the Interstate Compact for the Supervision of Parolees and Probationers provided the sole statutory authority for regulating the transfer of adult parole and probation supervision across state boundaries.

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

The new Compact was enacted in June 2002 with 35 member states. In 2004, Virginia joined the Compact when Governor Mark Warner signed the Interstate Compact for Adult Offender Supervision (ICAOS) into law as approved by the General Assembly. All 50 states are members of this interstate agreement, as are the District of Columbia, Puerto Rico, and the U.S. Virgin Islands.

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

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

The Compact also requires the establishment of a state council that includes members of the executive, legislative and judicial branches of government, a representative of crime victims, and the Compact Administrator. Virginia’s Council members are James Parks, Director of Offender Management Services at Virginia Department of Corrections who serves as the Compact Administrator/Commissioner, Amigo Wade, Director, Division of Legislative Services, The Honorable Lee Harris, Jr., Judge, Henrico Circuit Court; and Shelly Shuman-Johnson, Director, Henrico Victim/Witness Program. A web-based Interstate Compact Offender Tracking System (ICOTS) was introduced for use by all the member jurisdictions in 2008. This has enabled the computerized transfer of cases and supporting documentation. The Virginia Interstate Compact Office of the Virginia Department of Corrections continues to provide substantial oversight, case management, field training, and technical assistance related to the transfer of probationers and parolees into and out of Virginia.

Operations Extradition/Fugitive Services Unit

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

FY2021 accomplishments for this unit include:

- A total of 409 wanted persons were arrested, resulting in 1,046 cleared warrants.
- The Unit assisted local, state, and federal law enforcement agencies in the arrest of 430 fugitives, clearing 1,079 outstanding warrants in the process.
- The unit served as a resource for local, state and federal law enforcement agencies and provided investigative information about specific cases 2,441 times. The unit continues to receive letters of commendation from law enforcement throughout the Commonwealth recognizing the assistance DOC provided in the search and apprehension of wanted persons.
- The Unit successfully completed 117 out-of -state extraditions without incident.
- Over 58 case transfers were completed and documented in the Department's offender management system, VACORIS.
- Members from the unit are also assigned to the United States Marshal Service Violent Fugitive Task Force in order to locate and apprehend additional dangerous fugitives. In FY2021, these Task Force Members assisted with 430 arrests of Violent Fugitives.
- During FY2021, this unit targeted fugitives wanted by the DOC that have a history of violence against persons and are considered dangerous. Fugitives meeting this criteria were added to the DOC's Most Wanted website. As a result of this revised initiative, this unit was responsible for the capture of 14 Most Wanted Fugitives.

Education Services

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

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

Educational programs are offered statewide in:

- Community Corrections Alternative Programs
- Correctional Centers
- Correctional Field Units
- Two Probation and Parole Districts

Most probation and parole districts refer probationers to community resources for education needs. Education programs are geared toward preparing returning citizens to successfully rejoin their respective communities. Both individuals served and communities benefit.

Adult Programs/Services in Prison:

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

During parts of FY2020 and all of FY2021, in-person classroom instruction was impacted by COVID, which affected our data. Distance learning packets were distributed at our facilities to continue educational services.

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

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

Community Residential Programs (CRPs)

The Community Residential Program with VADOC is available statewide for all eligible inmates, probationers, and parolees. The CRP are identified as any group home or halfway house, or other physically unrestricting facility used for the housing, treatment, or care of adult inmates operated by VADOC through contracts with local providers.

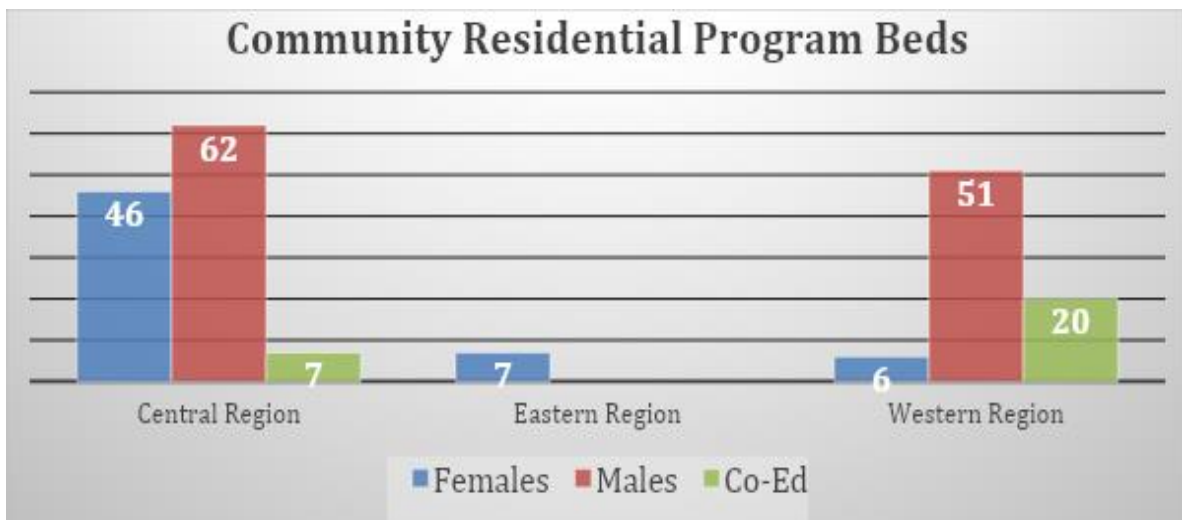
The Program is designed to provide community supervision programs to support Probationers/Parolees in their re-entry journeys. Program participants receive supervised housing for up to 90 days, an extension is also possible. Moving Forward, in FY2022, all CRPs will be required to provide monthly Data Reports which outline all programs offered or referred to the participants, to include but no limited to, life skills, financial assistance, assistance with transportation employment coaching, referrals for educational assistance, medical assistance, basic counseling, substance abuse education, job placement, discharge planning, group/individual counseling, medical health, mental health services and offer random urinalysis testing.

CRP's may be used for any inmate, probationer, parolee or post release supervisee, or other person placed under the supervision (conditional release) or investigation of the VADOC as needed for graduated release, program participation, or to resolve crisis situations.

All referrals for VADOC CRP bed utilization must come directly from VADOC personnel. The court nor the jail can refer a person to the Community Residential Program with the expectation VADOC will incur the cost. Most probationer/parolees are eligible for the Community Residential Program. The goal of the Community Residential Program is to provide a seamless transition to the community, regardless of whether the elements of a stable home and family support is not readily available.

The Virginia Department of Corrections has contracted with 17 Community Residential Program (CRP) Vendors throughout the state, Central, Western and Eastern Region. There are 199 beds in total throughout the state.

- Total beds Central Region: 115
- Total beds Eastern Region: 7
- Total beds Western Region: 77
- TOTAL BEDS STATE-WIDE: 199



The Programs typically have a 90-day stay; 4 supervisees could potentially fill one bed during the fiscal year.

DOC spent \$4,075,846 in FY2021 but that number was impacted by COVID. In a non-COVID year, the DOC would spend approximately \$5M annually.

The Virginia Department of Corrections (DOC) Community Residential Program (CRP) is supported by the Code of Virginia (COV) sections §53.1-10; §53.1-177; §53.1-178.

§53.1-178 of the COV are the legal basis for these standards since they direct the DOC to prescribe standards for the development, operation and evaluation of programs and services.

Currently CRP programs are under-funded and too many people still enter the community from prison without housing. Housing is particularly challenging for those with sexual and violent offenses. There is also a critical housing need for releases who need assisted living, nursing home and geriatric care.

Conclusion

During FY2021 the DOC has faced many challenges due to COVID-19. In spite of these unusual circumstances, the agency's community corrections system has continued to provide excellent supervision and program services. DOC's focus on evidence based practices and its relentless pursuit of safety practices produces critical outcomes. For the fifth year in a row, the DOC has led the nation with one of the lowest recidivism rates; it currently ranks as second lowest with a rate of 23.9%. This rate translates into fewer crimes being committed, more probationers/parolees living productive lives and increased public safety for Virginia communities.