



COMMONWEALTH of VIRGINIA

Department of Corrections

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DECISION MEMORANDUM

TO: The Honorable Ralph S. Northam, M.D

The Honorable Janet D. Howell
Chairman, Senate Appropriations and Finance

The Honorable, Luke E. Torian
Chairman, House Appropriations and Finance

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

FROM: Harold W. Clarke 

SUBJECT: Community Correction Alternative Programs

PURPOSE: This is the Annual Report in response to the 2020 Appropriations Act Item 399. B. requiring the Virginia Department of Corrections (VADOC) to report on the status of opioid treatment within the detention and diversion centers.

BACKGROUND: After significant evaluation, the detention and diversion centers were converted to evidence-based programming and renamed Community Corrections Alternative Programs in May 2017. Community Corrections Alternative Programs (CCAP) are designed to offer Circuit Court judges an alternative to incarceration for non-violent felony defendants, particularly those who can benefit from programming, at both initial sentencing and probation revocation proceedings. The Parole Board is also authorized to refer parole and post-release violators. To promote lasting public safety, CCAPs provide intensive cognitive interventions in a structured residential program for those probationers/parolees in higher need of close supervision and services, but who do not require the secure prison setting.

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

JUSTIFICATION: During the past fiscal year, VADOC has continued to enhance the Community Corrections Alternative Programs in order to meet the growing needs of the substance use disorder population during the pandemic. CCAPs now include an intake phase where participants are quarantined and receive additional assessments to ensure appropriate treatment intensity. Program duration is now determined by individual need, skill acquisition and program progress. Additionally, CCAPs have been included in the Medication Assisted Treatment Reentry Initiative and the Peer Recovery Specialist Initiative, both funded through the State Opioid Response grant.

While there have been many successes, the Department has also faced challenges. The COVID-19 pandemic had a significant impact on operations and other activities within the CCAPs, such as community employment. Throughout this challenging time, programming has continued at all CCAP locations. VADOC continues to excel in meeting the treatment needs of the participants by utilizing CDC guidelines to ensure their safety as well as the safety of the staff.

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

FY2021 Report



Harold W. Clarke, Director

October 1, 2021



Authority

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

Background

After significant evaluation, the Detention and Diversion Centers were converted to Community Corrections Alternative Programs (CCAP) in May 2017. The Code of Virginia establishes the authority and minimal eligibility criteria for CCAPs.¹ 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. 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.

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

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

Before acceptance into the program, the Department of Corrections must determine eligibility and suitability based on an assessment of each participant's risk and needs, which are central to participation in the CCAP. The program accepts participants who have moderate to high criminal recidivism risk with significant treatment needs. The research based acceptance criteria supports that some individuals who are deemed low risk to recidivate can address their needs more effectively through community resources. On a case-by-case basis, participants 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 resource options have been exhausted.

¹ See Code of Virginia, §19.2-297.1, 19.2-616.4, and 53.1-67.9. Per §19.2-316.4(B)(2), the Department shall have the final authority to determine an individual's eligibility and suitability for the program.



The needs of the participant will determine the duration of the CCAP, approximately 22 to 48 weeks. The COMPAS Risk and Needs Assessment identifies specific criminogenic needs that contribute to participants' criminal behavior such as criminal thinking, criminal associates and peers, cognitive behavioral and/or substance abuse. Research based treatment interventions are utilized to address these needs. Male participants who have moderate treatment needs participate in the Stafford or Harrisonburg CCAP. The Chesterfield Women's CCAP is designated for female participants. The moderate participants receive cognitive behavioral treatment, substance use disorder treatment, vocational and educational services as well as engage in a work component.

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

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

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

In FY2020, the VADOC designated 150 more beds for intensive drug treatment services in the CCAP with the opening of the Brunswick CCAP in February 2020. This expansion was critical since the CCAP is in high demand by the circuit courts. Due to the opioid epidemic in Virginia, CCAPs have become a resource for the communities in the Commonwealth, which lack the additional substance use disorder services to address the mounting needs. The increase in court referrals to CCAP resulted in a seven-month waitlist for placement at the intensive male sites at the start



of the fiscal year. A steering committee now guides program changes to meet the increasing demand for CCAP services. A CCAP Program Manager position was created to offer oversight of the CCAP system, and to provide technical assistance with staff training and meeting targeted performance measures.

Program Data

Consistent with 42 other states, VADOC's official recidivism measure is the re-incarceration of participants with a new state responsible sentence within three years of their release.² It takes at least 4 years for data to mature to derive a three-year rate. Since the CCAP was fully implemented in 2018, there has not been an adequate follow-up time to provide recidivism information for the current report. However, VADOC is currently tracking data on each CCAP graduate and will provide the recidivism information in the future when the data becomes mature. VADOC will continue to track intermediate measures aimed to examine the effectiveness of the program.

The following data was collected during FY 2019 to ensure the time for measurement of relapse after graduation.

- Prior to entering the CCAP, 70% of participants had positive tests for any illegal drugs.
- Prior to entering the CCAP, overall, 39% of participants had a history of testing positive for opioids, and varied from 27% to 50% across different CCAP sites. As the program participants with substance use disorder needs have increased, especially those with opioid dependence, it is anticipated the statistics of those with positive drug tests before entering CCAP will continue to increase in subsequent years.
- At Chesterfield Women's CCAP, 91% of participants did not test positive for any drugs during enrollment. After graduation, 55% had no positive drug tests in the six-month follow up period after completion of CCAP
- During the CCAP enrollment, the vast majority of participants (88% to 98%) had no positive drug test results. This data reflects not only those in the intensive phase of the program but also those in the later phase who had the opportunity to participate in vocational opportunities outside the program in community sites.
- In the six months after program completion, 55% of CCAP graduates had no positive drug tests. While 45% of CCAP graduates did have a positive drug test, only 18% had a positive test for opioids. It should be noted that due to the chronic nature of addiction, the national average for relapse after one year of completing treatment is 40% to 60%, with the rate of relapse for those with opioid use disorder as high as 91%.³

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

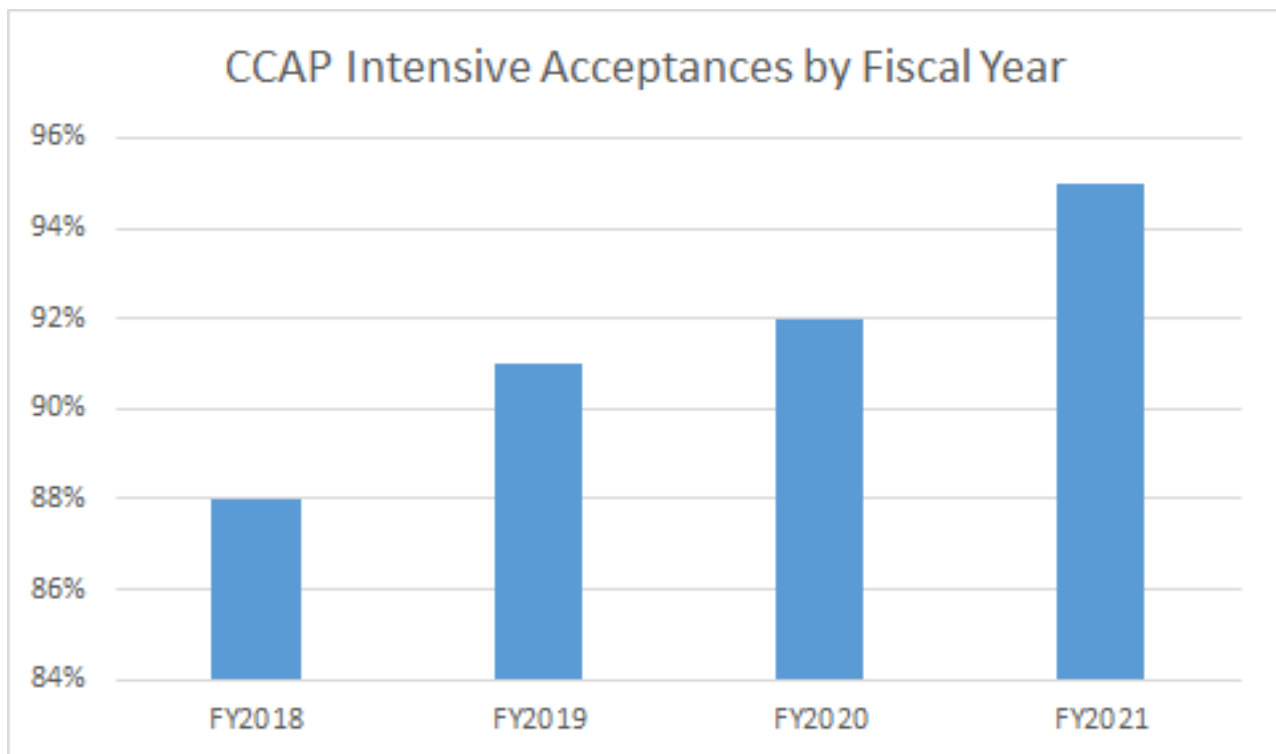
³ The national average for relapse data provided was gathered by the National Institute on Drug Abuse (NIDA). NIDA is the lead federal agency supporting scientific research on drug use and its consequences.



- The majority of CCAP graduates in FY2019 scored high risk on the general recidivism scale (57%). FY 2019 CCAP participants consistently scored higher risk on the COMPAS scales than FY2018 CCAP participants. This data indicates that those who are being referred and accepted into CCAP are those who are high risk and high need, the intended population.

A review of CCAP Referral Data for FY 2018, 2019 and 2020 revealed the trend toward increasing need for CCAP services. Due to the COVID 19 pandemic, there was a reduction in court proceedings which resulted in a significant decline in CCAP referrals from March through June 2021.

- As the court referrals have increased, CCAP has continued to adapt to meet the needs of the target population: 59% of those referred to CCAP were accepted in FY 2018; 70% of those referred were accepted in FY 2019; and 71% of those referred were accepted in FY 2020; in FY 2021 69% of those referred were accepted.
- The percentage of accepted referrals requiring intensive services has continued to increase each year: 88% of referrals were accepted for intensive services in FY 2018; 91% in FY 2019; and 92% in FY2020. In FY 2021, data reveals that 95% of males were placed in intensive substance use disorder services during that time.





The COVID-19 pandemic has had a significant impact on referrals to the Community Corrections Alternative Programs during this reporting period. In FY2021, VADOC received 341 referrals to CCAP for males and 58 for females.

FY2021 Community Corrections Alternative Programs Summary

In FY2021, the sentencing language of “successful completion of CCAP” was introduced to the judiciary. This language allowed program progress and skill acquisition to be the determiner of CCAP completion, rather than a time benchmark. Multidisciplinary placement meetings have been introduced in order to review each male participant's needs for their CCAP progress and which site would be best for meeting these needs. Female participants' needs are determined during the intake phase and recommendations are made for programming offered to meet these needs. Skill acquisition is gained through the therapeutic community structure of a multiphase level substance use disorder program. CCAP skill acquisition also includes cognitive programming, educational courses, and vocational opportunities. In addition, the resuming of the community employment opportunities in July 2021 has added skills to be gained concerning engagement with employees and maintaining of consistent employment. Enhancements to the CCAP engagement include an orientation process with additional journaling and expanded reentry process with inclusion of journals and Alumni Aftercare peer groups. All participants who complete substance use disorder services have a discharge summary completed recording their program progress as well as any recommendations for continuation of services and after care.

In response to the COVID 19 pandemic, the CCAP system adapted to include intakes from both the community and local jails at two moderate sites, Stafford and Harrisonburg. This model allows for a quarantine period per CDC guidelines and assessment completion prior to placement at the intensive site. The substance use disorder treatment providers conduct virtual substance use disorder assessments and screeners, such as the Addiction Severity Index and the Texas Christian University Drug Screen 5. The pandemic has also affected outside employment opportunities for CCAP participants; these activities were suspended starting March 2020, and resumed July 2021. Enhancement of the intake process also includes two journals for participants to begin engagement in treatment as well as the multidisciplinary placement meetings to determine needs.

Additionally, CCAP includes the VADOC Medication Assisted Treatment Reentry Initiative (MATRI). Participants interested in medication-assisted treatment (MAT) are assigned a recovery support navigator (RSN) to coach the individual during their time at CCAP. Prior to release, individuals have the opportunity to receive an injection of naltrexone which blocks the effects of opioids. The participant is encouraged to remain in the program for the first twelve months after release and is assisted by the RSN during this time. During FY2020, CCAP had eleven CCAP participants enrolled in MAT upon release, up from eight the previous year. Four were from Appalachian CCAP, four were from Chesterfield Women's CCAP, and two were from Brunswick CCAP. Additionally, one individual from Chesterfield Women's CCAP in FY2021 completed the



full MATRI program to include receiving their first naltrexone injection at the CWCCAP site and continuing with treatment for 12 months post release.

MAT offerings at CCAP expanded in March, 2021 to include an additional FDA-approved medication for treatment of opioid use disorder, the buprenorphine pharmacotherapy pilot program allows individuals who are sentenced to CCAP and taking oral buprenorphine in the community or jail prior to entry at CCAP, to continue taking oral buprenorphine while they are at CCAP. There were no referrals for the oral buprenorphine program in FY2021; however, with a concentrated effort to educate stakeholders regarding this new program, more referrals are projected in FY2022. This MAT expansion is made possible by the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response (SOR) grant, of which VADOC is a sub-recipient through the Virginia Department of Behavioral Health and Developmental Services.

The SOR grant allows VADOC to provide a two dose naloxone take home kit to probationers releasing from the CCAP sites. In FY2021, VADOC released 317 naloxone take home kits to releasing probationers. Additionally through the SOR grant, VADOC was able to implement a contingency management plan for CCAP participants engaged in MAT and Peer Recovery Support (PRS) services which offers positive reinforcement for completion of MAT and PRS milestones.

As a sub-recipient to SOR grant funding, the VADOC has implemented a Peer Recovery Specialist (PRS) initiative, which provides PRS services to all six (6) Community Corrections Alternative Program's (CCAP). PRS vendors have both lived experience in recovery as well as the criminal justice system, and have completed the 72-hour Virginia Department of Behavioral Health and Developmental Services Peer Recovery Specialist training. The PRS initiative supports those with opioid dependency, stimulant dependency or a history of overdose. Through this initiative, PRS groups are available to CCAP participants while actively in the program and post release continuing with probation/parole supervision.

Community Corrections Alternative Programs serve a vital role in the criminal justice system, as a resource for substance use disorder treatment programs and other interventions for those at higher risk of recidivism. With a focus on addressing individual treatment needs, CCAPs provide the skills required for lasting behavioral change, increasing public safety and ultimately saving lives.