



# COMMONWEALTH of VIRGINIA

*Department of Corrections*

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## MEMORANDUM

**TO:** The Honorable Glenn Youngkin  
Governor of Virginia

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

The Honorable Barry D. Knight  
Chair, House Appropriations Committee

Michael Maul  
Director, Department of Planning and Budget

**FROM:** Harold W. Clarke

**SUBJECT:** 2022 Legislative Report, Community Corrections Alternative Programs  
Budget Bill Item 401.B

Attached please find the FY 2022 legislative report on the Community Corrections Alternative Programs system operated by the Virginia Department of Corrections (VADOC). The report is authorized by Item 401.B of the Budget Bill and is due October 1st of each year. The report is to be submitted to the Governor, the Chairs of the House Appropriations and the Senate Finance and Appropriations Committees, and the Department of Planning and Budget on the status of the program, including recidivism and illegal drug relapse of participants in the program.

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 at higher risk of supervision and services, but who do not require the secure prison setting.

cc: The Honorable Robert Mosier  
Secretary of Public Safety and Homeland Security

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

FY2022 Report

Harold W. Clarke, Director

October 1, 2022



**Enabling Authority: Appropriation Act - Item 401 B.**

**Description:** Annual status report of the Community Corrections Alternative Programs, including recidivism and illegal drug relapse of participants in the program.

**Purpose:** By October 1 of each year, the Department of Corrections shall provide a status report on the CCAP's to the Governor, Chairs of the House Appropriations and Senate Finance Committees and to the Department of Planning and Budget. The report shall include the status of opioid treatment within the detention and diversion.



## Authority

This report has been prepared and submitted to fulfill the requirements of Appropriations Act Item 401.B Acts of Assembly of 2022. 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 1<sup>st</sup> 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.<sup>1</sup> 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. For the purposes of this report, when reference is made to a "probationer", it will also encompass a "parolee" as both are also eligible for CCAP services.

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. 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 VADOC 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 support 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

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<sup>1</sup> 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.



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.

Multidisciplinary placement meetings have been utilized to review each participant's needs and to select which site would be best for meeting these needs. 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. CCAP participants gain skills in a community structure that includes a phased substance use disorder program, cognitive programming, educational courses, and vocational opportunities. 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. CCAP engagement includes an orientation process, journaling, and expanded reentry process with Alumni Aftercare peer groups.

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. Female participants with moderate treatment needs, 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 Site	Appalachian	Brunswick	Chesterfield	Cold Springs	Harrisonburg	Stafford
Bed count	106	150	168	150	126	116

Cold Springs, Appalachian and Brunswick are dedicated to addressing intensive substance use disorder issues for males. Intensive CCAPs utilize a peer community model like 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, and Phase IV - reentry. Female participants receive gender responsive substance use disorder curriculum in conjunction with treatment conducted by contracted provider.

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 because 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 was formed to guide program changes to meet the increasing demand for CCAP services. A CCAP Program Manager position was developed to offer oversight of the CCAP system, and to provide technical assistance with staff training and meeting targeted performance measures.

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 pandemic has also affected outside employment opportunities for CCAP participants; these activities were suspended starting March 2020 and resumed July 2021.

All CCAP sites include the VADOC Medication Assisted Treatment Reentry Initiative (MATRI). Participants interested in medication-assisted treatment (MAT) can receive up to two injections of long-acting injectable naltrexone (Vivitrol) in addition to substance use disorder programming received at CCAP. Long-acting injectable naltrexone blocks the effects of opioids and alcohol and reduces cravings for both classes of substance. Additionally, participants in the MATRI program are assigned a recovery support navigator (RSN) to coach the individual during their time at CCAP. The participant can remain in the program for the first twelve months post release and is assisted with case management tasks by the RSN during this time.

During FY2021, CCAP had eleven CCAP participants enrolled in MAT upon release, up from eight the previous year. 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. 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 (DBHDS). The SOR grant also allows VADOC to provide a two dose Narcan take home kit to probationers releasing from the CCAP sites. In FY2021, VADOC released 317 Narcan take home kits to releasing probationers.

With the SOR grant, VADOC continues to implement the evidenced based Peer Recovery Specialist (PRS) initiative, which is available to provide PRS services to all six CCAPs. VADOC PRS vendors have both lived experience in recovery as well as the justice system and have completed the seventy-two-hour DBHDS PRS training. The PRS initiative supports those with opioid use disorder, stimulant use disorder, or a history of overdose. PRS engagement can decrease risk of overdose, promotes self-management which reduces overall stress on treatment systems, is cost effective, and increases engagement. Through this initiative, PRS groups are available to CCAP participants while actively in the program and post release continuing with probation/parole supervision.

## Program Data

Consistent with 42 other states, VADOC's official recidivism measure is the re-incarceration of inmates with a new state responsible (SR) sentence within three years of their release.<sup>2</sup> VADOC waits 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 period to provide a three-year rate; however, we can examine the six, twelve, and eighteen-month recidivism rate for FY2018 CCAP graduates and non-graduates. Recidivism was defined as any new State Responsible incarceration after the probationer was released from the CCAP.

The chart below displays the recidivism rate of CCAP graduates and non-graduates within six, twelve, and eighteen months of release. The twelve-month recidivism rate for CCAP graduates in FY2018 and FY2019 cohort was 8.8% and 9.7%, respectively. The FY2019 cohort, graduates and non-graduates, had a slightly higher six and twelve-month recidivism rate than the FY2018 cohort. Probationers who graduated from at least one CCAP program during the fiscal year were less likely to be incarcerated six, twelve, and eighteen months' post release from the CCAP than probationers who were removed from the program. CCAP staff are trained to utilize cognitive interventions in a progressive action system to address maladaptive behavior and minimize the need for unsuccessful discharges from the program.

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<sup>2</sup> 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.



Incarceration <sup>1</sup> After CCAP Release				
Months since Release	FY2018		FY2019	
	Graduate <sup>2</sup>	Non-Graduate <sup>3</sup>	Graduate <sup>2</sup>	Non-Graduate <sup>3</sup>
6	1.7%	34.5%	3.6%	37.6%
12	8.8%	40.8%	9.7%	41.6%
18	16.1%	47.9%		
24				
36				

<sup>1</sup> Incarceration is defined as any new state responsible (SR) term of incarceration after CCAP release. This include technical violations and those incarcerations for offenses committed prior to starting at a CCAP.

<sup>2</sup> All probationers who graduated from at least one CCAP program during the fiscal year were included as a graduate as long as they were no longer at a CCAP at the end of the fiscal year. If a probationer graduated from one program during the fiscal year and started another but was unable to graduate for any reason, the second end date was used as the release date.

<sup>3</sup> All probationers who started a CCAP program and ended for any reason during the fiscal year were included as long as they were no longer at the CCAP at the end of the fiscal year.

The following data was collected during FY2020 to ensure the time for measurement of relapse after graduation.

- Prior to entering the CCAP, 70% of graduates had positive tests for any illegal drugs.
- Prior to entering the CCAP, overall, 39% of graduates had a history of testing positive for opioids and varied from 32% to 45% 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.
- While participating in the program, most graduates (93%) had no positive drug test results. For those that did test positive, most of the results came upon initial entry into the program reflective of drug use prior to enrollment. 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, 76% of CCAP graduates had no positive drug tests. While 23% of CCAP graduates did have a positive drug test, only 12% 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%.<sup>3</sup> Due to the COVID-19 pandemic, there was a reduction in drug testing due to limited in person contacts with community supervision from March to June 2020.

- The majority of CCAP graduates in FY2020 scored high risk on the general recidivism scale (56%). FY2019 and FY2020 CCAP participants consistently scored higher risk on the COMPAS scales than FY2018 CCAP participants. In addition, 59% of CCAP graduates in FY2018 scored 'Highly Probable' on the substance abuse needs scale compared to 76% of the FY2019 CCAP graduates and 78% of the FY2020 CCAP graduates. CCAP substance use disorder services are provided by Spectrum Health Services at the male intensive sites listed in the table below with phase completion for participants during FY2020. It should be noted that the Brunswick CCAP did not open until February of 2020. Chesterfield Women's CCAP was not receiving substance use disorder services from Spectrum Health Services during this time.

### Spectrum Health Services Program Phase Completion FY2020

Spectrum Treatment Phase	Appalachian CCAP	Cold Springs CCAP	Brunswick CCAP	Total
Phase 1	177	265	41	483
Phase 2	135	288	29	452
Phase 3	151	267	10	428

In spite of COVID restrictions, 13 probationers were able to earn GED completion while in CCAP in FY2022. In vocational certificates that were earned by probationers: 38 were Flagger Training Certification, 18 Forklift Safety, 50 OSHA certification, and 30 ServSafe certifications. Forty-five CCAP probationers completed Introduction to Computers. In vocational course completions, CCAP had 12 complete Masonry I and 9 complete Masonry II. In addition, 40 probationers completed the Welding vocational certification.

A review of CCAP Referral Data for FY2018, 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 FY2018;

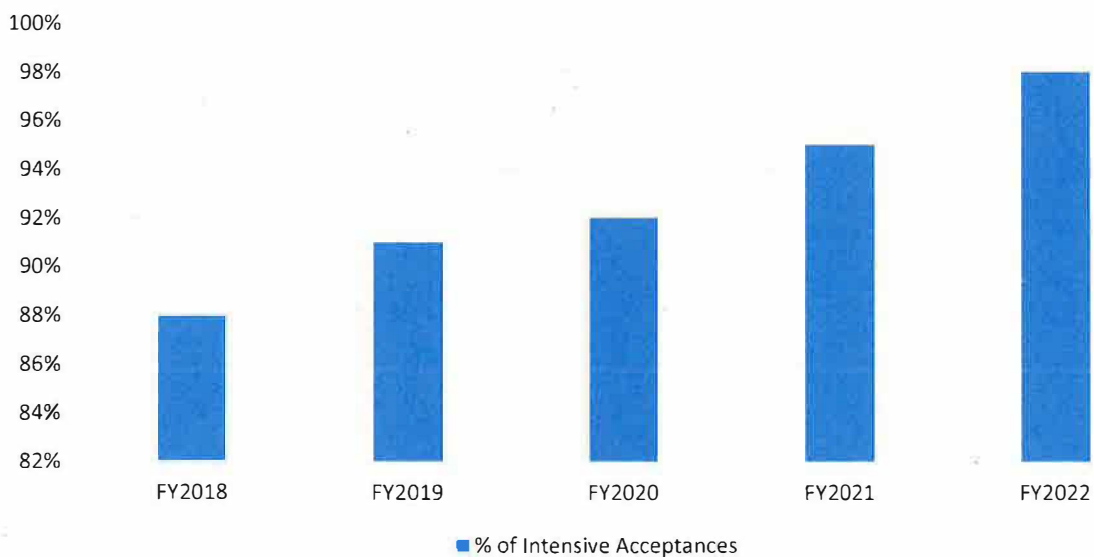
<sup>3</sup> The national average for relapse data provided was gathered by the National Institute on Drug Abuse (NIDA). NIDA is the lead federal agency supporting scientific research on substance use and its consequences.



70% of those referred were accepted in FY2019; 71% of those referred were accepted in FY2020; in FY2021 69% of those referred were accepted; and in FY2022 73% 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 FY2018; 91% in FY2019; and 92% in FY2020. In FY2021, data reveals that 95% of males were placed in intensive substance use disorder services during that time. The trend has continued in FY2022 with 98% of males and nearly 100% of females placed in intensive substance use disorder services once entering the program. Demonstrating our greatest population is those with intensive needs.

## CCAP Intensive Acceptances by Fiscal Year



- 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. In FY2022, VADOC processed 634 referrals with 464 being males and 170 were females.
- On July 1st, 2021, new legislation went into effect that limits the sentences imposed on technical violations for those under probation supervision, impacting referrals to CCAP. According to data from the Virginia Sentencing Commission from FY2017 to FY2021, 1,578 cases were sentenced to CCAP as a result of a probation violation. Approximately 50% of those cases were technical violations.



## **FY2022 Community Corrections Alternative Programs Summary**

During FY2022, CCAPs continued to adapt to meet the needs of their target population. A review of the referral process and practices was conducted to reduce barriers for program acceptance for probationers in need of this intervention. The CCAP Referral Unit collaborated with the VADOC Health Services Unit to broaden the scope of services available at all the CCAP's, by expanding eligibility for those taking medications by adding directly observed treatments.

Substance use disorder resources were expanded at Chesterfield Women's CCAP this fiscal year with Spectrum Health Services to specifically address the needs of the female population. The gender responsive curriculums include Helping Women Recover, and Seeking Safety, in addition to the voluntary program of A Woman's Way through the 12 Steps. Enhancement to current substance use disorder programming was created during FY2022 by the introduction of tracks of treatment based on level of care for the individual's needs and progress throughout the program. The Department has also added several new vocational programs to CCAP sites to include a Chainsaw Certification and Computer Literacy as well as resuming the Forestry training at Appalachian CCAP.

Community employment opportunities resumed in July 2021 after being suspended in March 2020 to reduce risk to the probationers from the COVID-19 pandemic. This is an opportunity for those who need financial stability to support their desired home plan, on the job training, and to apply the skills learned from vocational training. Community employers partnered with CCAP offer a variety of work opportunities to include technical and skilled labor, as well as customer service. Probationers can gain employment experience while earning income to support successful reentry in this phase of the program.

During FY2022, CCAP had twelve participants receive at least one Vivitrol injection and were enrolled in Medication Assisted Treatment upon release, up from eleven in FY2021. Four were from Harrisonburg CCAP, and Brunswick, Chesterfield, Cold Springs, and Stafford each had two. In FY2022, the MATRI program expanded to allow an additional dose of long-acting injectable naltrexone to be administered prior to release from CCAP. Of the twelve CCAP participants who received their first Vivitrol injection prior to release, three were able to receive a second Vivitrol injection as part of a MATRI expansion that took place within the last year. During this year, one CCAP participant completed MATRI treatment, that is, she received her first Vivitrol injection at Chesterfield Women's CCAP, and received twelve Vivitrol injections post release, in addition to participating in substance use disorder treatment.

In FY2022, two participants accepted to CCAP from local and regional jails were referred to the buprenorphine continuation program and remain in the program currently, with the expectation that CCAP will continue to receive additional referrals for continuation of buprenorphine due to education efforts throughout the previous and current years. This buprenorphine



pharmacotherapy pilot, in addition to the long-acting injectable naltrexone expansion are both made possible by the Substance Abuse and Mental Health Services Administration's (SAMHSA).

State Opioid Response (SOR) grant, of which VADOC continues to remain a sub-recipient of funds through the DBHDS. Additionally, through the SOR grant, VADOC continues 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.

VADOC partners with the Virginia Department of Health to utilize separate grant funds to purchase two dose Narcan kits for probationers upon release from CCAP sites. In FY2022, VADOC released one hundred sixty-nine Narcan take home kits to releasing probationers.

An education campaign for both internal and external stakeholders has been underway to increase awareness of the important services that Community Corrections Alternative Programs provide in FY2022. The activities have included a video for the public, webinars for internal and external stakeholders, internal newsletter articles, updated e-learning module for probation and parole officers, along with updated publications. Chief Probation & Parole Officers met with the Judiciary in their area to review CCAP updates with new literature and solicited feedback on the program and referral processes.

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.