

Status Report on Inmate Transitional and Re-entry Services

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



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Executive Summary

Each year, the Virginia Department of Corrections (VADOC) compiles the “Status Report on Inmate Transitional and Re-entry Services,” which reports on the efforts made by the VADOC and many other executive agencies to ensure that the transition of inmates from incarceration to the community is as smooth as possible. This report is produced per Item 381 of the 2019 Budget Bill:

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

In the spirit of collaboration and combining resources, the Commonwealth is able to provide services to inmates from the time of their arrest to their release into the community by consistently approaching re-entry needs. The state agencies involved in the 2021 Re-entry Report evaluated their various programs, services and collaborative efforts during FY2021. Through their evaluation, agencies reported the assets of their programs and any barriers. Overall, barriers reported include issues with funding, participation and access.

A number of pre and post release strategies were implemented throughout FY2021. Pre-release services were focused on mental health treatment, substance abuse treatment, employment training, life skills and education. Post-release services included assistance in acquiring clothing, food, housing, transportation, identification, medical health and employment. These services aim to facilitate an inmate’s seamless re-integration into the Commonwealth.

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

Department of Aging and Rehabilitative Services

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

Adult Protective Services Division

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

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

Pre-Release Services

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

DARS vocational rehabilitation counselors from around the state continue to serve on local Re-entry Task Forces, lending their expertise on employment for ex-inmates with disabilities. DARS also works with the Virginia Department of Corrections (VADOC) Pre-Release Centers, providing them with information on eligibility requirements for vocational rehabilitation services and contact information of local DARS Field Office around the state. DARS' Vocational Rehabilitation (VR) program continues to offer Federal Fidelity Bonding to VR consumers that requires bonding as a condition of employment.

DARS staff participates in a DOC workgroup that was legislatively mandated during the 2020 General Assembly session. This work group was tasked with reviewing current guidelines and developing recommendations that recognize and make accommodations for people with developmental disabilities in the state prison system both prerelease and after release. For additional information on the DARS Vocational Rehabilitation program contact Donna Bonessi, Director - Employment Services and Special Programs at Donna.Bonessi@dars.virginia.gov

Disability Determination Services (DDS) continues to participate in the SSI/SSDI Outreach, Access and Recovery (SOAR) Program in all regions of the Commonwealth. This program was designed to assist homeless individuals with severe mental, physical or a combination of both impairments to gain access to mainstream benefits such as Social Security and Medicaid. It is believed that this program benefits those with criminal backgrounds, but our current record keeping system does not allow us to substantiate this type of impact at this point. A total of 253 individuals benefited from the SOAR program for State Fiscal Year 2022.

DDS has maintained the cooperative agreement with the Department of Corrections which identified and formalized procedures that facilitated the timely entitlement to Supplemental Security Income (SSI) for disabled and aged inmates of the Virginia Department of Corrections system. These prerelease application procedures were implemented throughout the Commonwealth and allowed inmates to file for SSI benefits prior to their release, providing for a smoother transition back into the community. These pre-release procedures apply to the initial determination only and are not used during any appeals processes. A total of 179 inmates, who were pending release, had their applications processed last state fiscal year. Additional information on the DDS SOAR and Prerelease programs can be obtained by contacting Teresa Sizemore-Hernandez, Professional Relations Team Lead at Teresa.Sizemore-Hernandez@ssa.gov.

Employment/Job Training

DARS had 1142 ex-offenders with disabilities who applied for Vocational Rehabilitation (VR) services in federal fiscal year 2022. Of these applicants, 90% were found eligible for services. These services ranged from job training and job development to purchasing uniforms and equipment enabling these ex-offenders to start employment. Three hundred and sixty-five ex-offenders with disabilities became successfully employed after receiving VR services throughout 2022. The average hourly wage for those employed after closure from DARS was \$12.50 in 2022.

Virginia Alcoholic Beverage Control Authority

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

Virginia ABC's Education and Prevention division has a mission to eliminate underage and high-risk drinking by building the capacity for communities to educate individuals and prevent alcohol misuse. Virginia ABC offers programming for youth in elementary, middle, and high school; adults, including college students, parents and older adults; Virginia ABC licensees, health care providers, and prevention professionals. Programming includes conferences, free online trainings, grants, social media resources, statewide strategic planning, data, research and trend monitoring, publication series that spans all age groups and toolkit series, which help to build the capacity of prevention-minded organizations. In FY22, ten groups across the state were awarded Alcohol Education and Prevention grants totaling \$67,251 to help reduce underage and high-risk drinking in their communities. 371,884 individuals were reached from these grants.

Virginia ABC Education and Prevention coordinates Virginia's Office for Substance Abuse Prevention (VOSAP), formerly the Governor's Office of Substance Abuse Prevention (GOSAP), and the Virginia Higher Education Substance Use Advisory Committee (VHESUAC). VOSAP is collaborative of all state agencies that conduct underage substance use prevention and VHESUAC is a statewide strategic planning group for substance use prevention across Virginia's colleges and universities. All of these education and prevention efforts work to decrease the probability of underage alcohol use, unsafe drinking practices and alcohol-related consequences by increasing the capacity of Virginia's communities to combat these issues.

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

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

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

As we continue to adapt to the unprecedented circumstances brought on by the pandemic, Education and Prevention programming continues to be available online. Trainings and publications for all age groups will remain available online as we begin to phase back in in-person youth and adult programming, such as conferences and trainings, this upcoming fiscal year.

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

None at this time.

Department of Behavioral Health and Developmental Services

The Department of Behavioral Health and Developmental Services (DBHDS) is involved both directly and indirectly in the provision of behavioral health services to inmates leaving DOC custody with the goal of ensuring all individuals with behavioral healthcare needs have access to services. DBHDS operates eight adult inpatient mental health hospitals, providing services to adult inmates released to the community and those in need of acute mental health services. In FY21 a total of 12 individuals had completed their court imposed sentence and had served their time in the Virginia Department of Corrections but were

felt to be at risk of harm to self or others (due to mental illness) and in need of inpatient hospitalization. These individuals were committed to DBHDS custody rather than being released to the community. An integral part of the treatment for these individuals is the development of comprehensive discharge plans to address their re-entry needs to try to minimize the risk of reoffending.

In FY21 a total of 735 individuals were committed to DBHDS facilities from local & regional jails as being in need of emergency behavioral health services. An integral part of the treatment for these individuals also included the development of discharge plans that link the individual to behavioral health services both in the jail and in their home communities. An additional 801 individuals were admitted to DBHDS facilities in FY21 for the purpose of restoring their competency to stand trial. Ninety-nine percent of these admissions were from local/regional jails, and again, these individuals participated in discharge planning in order to link them to behavioral healthcare services both in the jail and in their communities.

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

Referral Source Code	Referral Source Description	FY19	FY20	FY21
11	Local Correctional Facility	4912	5561	5451
12	State Correctional Facility	445	403	395
13	Local Community Probation and Pre-Trial Services (formerly CDI)	625	6315	5324
14	Probation	10799	N/A	N/A
15	Parole	797	N/A	N/A
41	Probation & Parole	N/A	4014	3904
42	Federal Probation	N/A	203	1038

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

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

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

DBHDS has strong collaborative relationships with Department of Corrections (DOC), Department of Criminal Justice Services (DCJS), Department of Social Services (DSS), Department of Juvenile Justice (DJJ), Department of Medical Assistance Services (DMAS), Department of Veterans Services (DVS), State Compensation Board (SCB), and other state agencies as well as with local entities such as; CSBs, community corrections agencies, police and sheriffs offices and other local and statewide organizations and individual stakeholders, on issues pertaining to persons with behavioral health disorders and

intellectual disabilities with criminal justice involvement. Specific collaborations impacting individuals reentering from prison or jail include the statewide Cross Systems Mapping initiative, the statewide expansion of Crisis Intervention Teams, Jail Diversion, and Behavioral Health Dockets, the Mental Illness in Jails Annual Report, and the Annual Crisis Intervention Team Conference and Training.

Other specific efforts include:

1. Memorandum of Understanding between DOC, DBHDS, and CSBs remains in place.
2. Crisis Intervention Team (CIT) Statewide Expansion – This project is a collaborative effort among DCJS, DBHDS, local CSBs, police, sheriff, consumer and other service agencies.
 - a. There are now 39 local CIT initiatives developed and supported through Federal, State, and local funding.
 - b. 39 programs operate 38 CIT Assessment sites throughout the Commonwealth.
 - c. The CIT Assessment Site Coordinator at DBHDS provides technical assistance to the 38 CIT Assessment Sites. He also works with the CIT Coalition to attempt to bring uniformity to CIT operations.
3. 17 CSB Jail Diversion Program Initiatives continue to receive support and provide data on outcomes at all intercepts, including re-entry.
 1. DBHDS completed the Forensic Discharge Planning for Individuals with Serious Mental Illness (SMI) in Virginia Jails, a study commissioned by the General Assembly that examined resources needed to provide this service to anyone with SMI in local or regional jails in Virginia. New funding was approved for FY19 and FY20 to establish forensic discharge planning in two regional jails with high percentages of inmates with SMI. Those programs in Hampton Roads Regional Jail and Southwest Virginia Regional Jail are operational and serving individuals as they transition to the community after release from jail. Additionally in FY21, two CSBs received funding for programs serving the Arlington Detention Center and Roanoke City Jail. In FY22, an additional \$2,100,800 was appropriated to fund up to five jails with the highest percentages of SMI. Funding for programming was awarded to five CSBs serving the Richmond City Jail, Henrico County Jails, Virginia Beach Correctional Center, Prince William-Manassas Regional Adult Detention Center, and Middle River Regional Jail. In FY22, sixteen CSBs are providing forensic discharge planning services in eleven correctional facilities in the Commonwealth.
4. Behavioral Health Docket Expansion – In November 2016, The Chief Justice of the Supreme Court of Virginia issued Rule 1:25 that authorized the expansion of Behavioral Health and other Specialty Dockets and established procedures for application and development of new dockets. DBHDS partnered closely with the Office of the Executive Secretary (OES) on the development of statewide standards, and has provided training in conjunction with OES to the Courts, CSBs, and local and state probation and parole on implementation and best practices. In FY21, the Behavioral Health Docket Advisory Committee reviewed and approved 1 new docket, bringing the total to 14 total dockets in the Commonwealth of Virginia, with no additional docket

applications pending review. One training was provided to a newly approved docket in FY21 and two are currently on hold due to the COVID-19 pandemic. DBHDS provides partial funding to four of the operating Behavioral Health Dockets to support staffing and treatment services.

5. DBHDS and the State Compensation Board (SCB) collaborated on the development of the July 2020 annual Mental Illness in Jails Survey.
6. DBHDS collaborated with the State Compensation Board to facilitate sharing of data related to individuals served by the DBHDS Jail Diversion cohort. All parties were in agreement that the SCB LIDS data could be shared with DBHDS by way of uploading into a data warehouse. Steps were taken from FY15-FY17 to facilitate the development of an MOU and to discuss the logistics of making this data transfer possible. This MOU was finalized and the planning for the exchange of data began in FY17. Work on this continued into FY18, and the first successful data transfer took place. Since that time, DBHDS has begun accessing criminal justice outcome data on participants in the agency's CSB jail diversion programs for analysis.

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

2. Crisis Intervention Team Statewide Expansion
 - a. The annual CIT Conference and Training Symposium was scheduled for May 2020 for representatives of Virginia's 39 CIT programs and other stakeholders. The conference is a collaborative project with DBHDS, DCJS, and the Virginia CIT Coalition (VACIT). Unfortunately this conference was postponed until September 2021 due to the COVID-19 pandemic.
 - b. DBHDS is developing a CIT training program efficacy survey and completes an annual status report. Implementation of this survey has been slowed by the reduction of training as a result of the COVID-19 pandemic.
 - c. During the 2020 session, the General Assembly directed DBHDS to conduct a work group and draft a report regarding the expansion of CIT Assessment Sites to full services sites that include medical and psychiatric care. The report was drafted and submitted in October 2020.
3. In FY22, 17 CSB Jail Diversion Program Initiatives continue to receive support and provide data on outcomes at all intercepts, including re-entry.
4. DBHDS completed the Forensic Discharge Planning for Individuals with Serious Mental Illness (SMI) in Virginia Jails, a study commissioned by the General Assembly that examined resources needed to provide this service to anyone with SMI in local or regional jails in Virginia. New funding was approved for FY19 and FY20 to establish forensic discharge planning in two regional jails with high percentages of inmates with SMI. Those programs in Hampton Roads Regional Jail and Southwest Virginia Regional Jail are operational and serving individuals as they transition to

the community after release from jail. Additionally in FY21, two CSBs received funding for programs serving the Arlington Detention Center and Roanoke City Jail. In FY22, an additional \$2,100,800 was appropriated to fund up to five jails with the highest percentages of SMI. Funding for programming was awarded to five CSBs serving the Richmond City Jail, Henrico County Jails, Virginia Beach Correctional Center, Prince William-Manassas Regional Adult Detention Center, and Middle River Regional Jail. In FY22, sixteen CSBs are providing forensic discharge planning services in eleven correctional facilities in the Commonwealth.

5. DBHDS will continue to offer one-day Cross-Systems Mapping workshops to localities upon request.
6. DBHDS will continue efforts to collaborate with SCB around data sharing, and will continue to integrate the data from SCB into DBHDS's Data Warehouse for analysis. DBHDS plans to use the newly acquired data to measure criminal justice outcomes for its 17 Jail Diversion Programs.
7. DBHDS will continue to serve on the Behavioral Health Docket Advisory Committee established by the Chief Justice of the Supreme Court of Virginia, and will continue to partner with OES in providing training to localities that are starting new dockets.

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

At the local level and the state level, there continue to be challenges in coordination of care and information sharing between the behavioral health system and criminal justice agencies, including courts, prisons, corrections, and others, concerning individuals with behavioral health disorders. At a macro level, this is due in part to a patchwork of state level IT systems and software which are often incompatible, and a lack of IT resources and personnel, as well as staff with substantive knowledge, to develop appropriate and effective work-around to share macro information. Criminal justice information is housed in multiple systems, for example, jails use the local inmate data system, DOC uses CORIS and the state police manage Virginia Criminal Information Network and National Crime Information Center. While each has a willingness in theory to share information that is not sensitive or protected, it is difficult to find the time and resources to bring the necessary partners to the table to address access issues at either the macro or micro level.

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

which will provide criminal justice outcome data on participants in DBHDS's 17 jail diversion programs. Continued efforts will be made to facilitate sharing of data between DBHDS, LIDS, and DCJS through other avenues.

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

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

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

Law Enforcement

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

There are now 39 CIT initiatives across Virginia. 39 programs operate 38 CIT Assessment Sites, four of which have expanded capabilities through support from DBHDS to include 23 hour observation capabilities with medical and psychiatric supports. Data shows a significant decrease in officer involved time for those localities which have CIT Assessment Sites, thus freeing up officers to return to their duties of providing community policing. It is anticipated that the expanded services offered at the 23 hour capable sites will provide less restrictive care options thereby reducing the number of people in crisis who must be directed to inpatient hospital commitment as well.

Employment/Job Training

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

DBHDS provides limited employment/job training programs within its inpatient psychiatric facilities. Such services are offered to those in need of and who can benefit from employment/job skills training. In addition, DBHDS has long been a strong advocate for the hiring of peers (to include forensic peers) to

provide assistance, support, and guidance to others recovering from behavioral health disorders. DBHDS has successfully implemented a peer certification process, in collaboration with the Department of Health Professions and DMAS. Peer certification will elevate the role of peers with healthcare agencies and will create more job opportunities. As of June 30, 2021, Virginia Certification Board reported 665 Peer Recovery Specialists that currently hold an active credential.

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

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

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

Alcohol/ Drug Addiction

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

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

Mental Health

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

DBHDS funds 17 jail diversion programs to enhance mental health services to those involved in the criminal justice system.

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

Re-entry Focus Areas

Women

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

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

Veterans

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

No new specific efforts/initiatives specifically focused on veteran's needs.

Juveniles

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

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

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

Data and Information

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

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

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

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

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

Forensic Discharge Planning funds (\$1,600,000 in FY19 and FY20) were awarded to the above regional jails with high percentages of inmates with Serious Mental Illness. Funding was used to create staff positions through the Community Service Boards to provide discharge planning/case management services to individuals being released with SMI. In FY21, two CSBs serving the Hampton Roads Regional Jail began providing services at the Norfolk City Jail and Chesapeake City Jail as well. Additionally in FY21, two CSBs received funding for programs serving the Arlington Detention Center and Roanoke City Jail. These programs are currently operational. In FY22, an additional \$2,100,800 was appropriated to fund up to five jails with the highest percentages of SMI. Funding for programming was awarded to five CSBs serving the Richmond City Jail, Henrico County Jails, Virginia Beach Correctional Center, Prince William-Manassas Regional Adult Detention Center, and Middle River Regional Jail. In FY22, sixteen CSBs are providing forensic discharge planning services in eleven correctional facilities in the Commonwealth.

Department of Corrections

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

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

Virginia Serious and Violent Inmate Re-entry Program:

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

Barriers: The programs are small, serving only about 70 inmates per year. However, the program was underutilized this reporting period due to the COVID-19 pandemic. Inmates without post release supervision are not eligible to participate.

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

Reentry Councils:

Assets: Local Re-entry Councils help support inmates as they transition from incarceration back to society. Services include coordinating with local service providers, providing pre-release planning and transition support to inmates/probationers/parolees. The Councils are convened by the VADOC, non-profit organizations, some local Social Services agencies and other re-entry stakeholders. The initiative has been expanded to every locality in Virginia. Throughout the pandemic, Re-entry Council meetings in some localities were transitioned to a virtual platform which allowed for this work to continue.

Barriers: The Secretariat level position that coordinated these councils was eliminated with the change of administrations in January 2014. As initially conceived, coordination of the councils was assigned to the Department of Social Services and VADOC. However, participation of some local DSS has fallen off and in many localities primary coordination has fallen to the local Probation Districts and the VADOC. More local DSS involvement is needed in many of the councils.

The amount of time devoted by the partners to address re-entering inmates is not sufficient to meet the needs of this population. Local Probation Districts/VADOC must run the councils using existing resources.

Gaps: There is no funding for coordination of the Councils and it is handled by LDSS/VADOC staff in addition to a range of other duties. The program could benefit from a staff person at the Secretariat level to ensure cross-agency engagement and to provide coordination. Lack of funding and executive oversight ultimately limits the services that can be provided.

Faith Based Re-entry Program:

Assets: This faith-based re-entry program is operated by volunteers and coordinated by Prison Fellowship, a VADOC faith based services provider. The voluntary program uses a Christian curriculum to provide re-entry preparation programming to incarcerated inmates approaching release and mentoring upon transition to the community.

The program has a two level structure: Level 1 and Level 2 Academy. The Level 1 Academy has inmates come to class one or two days a week from their individual housing units for a year. The Level 2 Academy the inmates live together in an identified housing unit, attend class as required, and graduate at the end of one year.

Level 1 Academy: Sussex II State Prison has the only Level 1 Academy operational at this time with volunteers. The Level 1 Academies at Indian Creek Correctional Center and Coffeewood Correctional Center have not resumed programming at this time.

Level 2 Academy: Saint Bride's Correctional Center has resumed programming with volunteers. Fluvanna Correctional Center for Women was not able to launch because of the COVID pandemic and is currently working towards enrolling interested female inmates and determining a launch date with the facility.

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

Gaps: As the program is faith-based, inmates must volunteer for the program instead of being assigned. The capacity is only 80 inmates at St. Brides Correctional Center and is limited to 35 inmates at Fluvanna Correctional Center for Women. Enrollment is as follows for the Level 1 Academies: Sussex II State Prison, 45 inmates enrolled; Coffeewood Correctional Center 35 inmates enrolled (when in operation); and Indian Creek Correctional Center has 25 inmates enrolled (when in operation).

Virginia Department of Motor Vehicles (DMV):

Assets: The DMV has partnered with the Virginia Department of Corrections (VADOC) to develop innovative ways to provide inmates who are preparing for release with official state identification cards. The DMV Connect program has been fully implemented in all correctional facilities. DMV Connect is an outreach program where DMV personnel use portable equipment to process transactions for individuals and groups who may not otherwise have access to DMV. Examples include assisted living facilities, homeless shelters, VA hospitals, and areas hit by natural disasters. The program started in 2012 as a partnership with VADOC to serve incarcerated persons who are preparing for release by providing them with state identification cards. Identification is required for persons to obtain employment, housing, transportation, banking, and other necessary daily life activities. Inmates are now able to leave the correctional facilities with an official state identification card that will assist them in their transition and re-entry into society. As of September 2022, the DMV Connect program has successfully issued around 35,000 credentials to inmates leaving VADOC facilities. The DMV Connect Programs remains proactive with expansion of relevant services and prior to COVID-19 pandemic, had begun to offer Real-ID to inmates as well, in compliance with the domestic travel requirements for the Department of Homeland Security.

This year, in order to assist the July early releases authorized by the General Assembly, Connect met the challenge and issued over 1,000 IDs in the month of June alone, as well as increased numbers in May and July.

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

DMV has also worked collaboratively with VADOC to establish a Commercial Driver's License (CDL) program for inmates that are incarcerated. In the program, non-violent inmates who are eligible for a driver's license receive training by VADOC staff to obtain a CDL to operate a commercial motor vehicle. CDL holders may drive trucks to deliver products produced in the VADOC agribusiness program. DMV provides the training curriculum, testing, and licensure. This program helps keep VADOC costs lower since inmates are paid much lower wages than a private commercial motor vehicle operator. The program also provides inmates with a viable job skill that they can utilize upon release. As of September 2021, DMV successfully implemented the CDL program and issued 32 CDLs to inmates leaving VADOC facilities. There have been recent discussions on expanding this program in the future.

Virginia currently has the lowest three-year re-incarceration rate in the country. VADOC calculates a three-year re-incarceration rate for a release cohort approximately four years following the date of the most recent release in that cohort. This includes three years of follow-up plus an additional year for court records to be received and entered. Data available indicates that 12 inmates completed the DMV Connect

program and were released from a state responsible (SR) term of incarceration during FY2012. Of these 12 inmates, two (16.7%) returned to incarceration within three years following their release. There were 954 inmates who received IDs through the DMV Connect program and were released from SR term of incarceration during FY2013. Of these 954 inmates, 183 returned to incarceration within three years following their release. This recidivism rate (19.2%) is lower than the overall three-year re-incarceration rate for all SR released inmates during FY2013 of 22.4%. The DMV Connect ID program has had positive impact on inmate recidivism rates.

Barriers: None.

Gaps: None.

Social Security Administration:

Assets: The collaboration between the SSA and VADOC allows inmates to apply for replacement Social Security Cards 120 days before release. SSN cards are needed by inmates after release so they may obtain employment. The cards are also a form of identity verification used by DMV.

Barriers: It is overly restrictive for the SSA to only issue cards 90 days before the inmate is released from prison. This limited timeframe, given processing and mailing times, sometimes causes cards to arrive at the prison after the inmate has been released. The VADOC would like to be able to obtain cards earlier in the inmate's incarceration. The SSA has not been willing to lengthen the timeframe for VADOC applying the cards even though the VADOC holds SSN cards in secured and locked file rooms.

Gaps: None.

Virginia Department of Veterans Services (VDVS)

Assets: The Virginia Department of Veterans Services (VDVS) assists justice-involved veterans through diversion efforts in jurisdictions such as veteran treatment dockets, during incarceration, and upon release to connect veterans to services in the community. VDVS Benefits staff partners with the Virginia Department of Corrections (VADOC) to assist incarcerated veterans with benefits claims development and technical assistance, as needed. The VDVS Benefits staff respond to written inquiries from incarcerated veterans for assistance with initial claims, appeals, and other benefits related concerns. The VDVS Virginia Veteran and Family Support Justice Involved Services (JIS) program and VVFS Veteran Justice Specialists (VJS) provide resource connections, care coordination, and support to veterans and service members in the criminal justice system. The VVFS Veteran Justice Specialists were able to provide assistance pre-release to incarcerated veterans virtually during the COVID-19 pandemic. The VVFS Veteran Justice Specialists assisted incarcerated veterans via phone calls arranged by correctional facility counselors. Since in-person services have resumed, the VVFS Veteran Justice Specialists provide in-person services to veterans on probation and parole supervision. They are also scheduling in-person information sessions with veterans in VADOC correctional facilities.

In addition, prior to the COVID-19 pandemic, VDVS participated in VADOC resource/re-entry fairs and other outreach initiatives for justice-involved veterans. VDVS staff currently participate in virtual reentry resource events and reentry council meetings. VDVS is also a member of the VADOC Incarcerated Veterans Quarterly Stakeholders group, which meets to discuss issues and services for incarcerated veterans. The

VDVS Criminal Justice Director collaborates with VADOC to address gaps and barriers for justice-involved veterans.

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

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

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

U.S. Department of Veterans Affairs:

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

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

Gaps: The VA needs to resolve its internal issues necessary to provide disability determination examinations at the prisons. The DOC is willing to make VA access to prisons as easy as possible to help further this.

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

Assets: In partnership with the VADOC, the Virginia Department of Medical Assistance Services (DMAS) has defined procedures for incarcerated inmates to apply for Medicaid prior to release; and if approved, qualify to receive Medicaid coverage once in the community. For incarcerated inmates on active Medicaid

while incarcerated, procedures were developed to transition the inmate from limited coverage to full benefit Medicaid at release. DMAS established a central processing unit, known as the Cover Virginia Incarcerated Unit (CVIU) to receive and process Medicaid applications for inmates residing in DOC facilities, local and regional jails, and at the Department of Juvenile Justice. Processes have been developed to aid the inmates transitioning from incarceration to the community, with the CVIU coordinating the transfer of the individual's Medicaid to the local departments of social services agencies. During the pandemic, the VADOC and DMAS have continued to apply/process Medicaid applications for inmates releasing from state correctional facilities.

Additionally, the VADOC was awarded funding under the State Opioid Response (SOR) program to begin mapping out the process necessary to expand the data exchange between the VADOC and DMAS to include its probationer/parolee population. This will aid in ensuring continuity of care for those individuals suffering from substance use disorders by identifying those probationers and parolees who are uninsured and referring them to the appropriate resources in order to obtain Medicaid and linkages with the proper community providers.

Barriers: Currently, the data exchanging system between VADOC and DMAS does not include Medicaid information for individuals under community supervision. Additional SOR funding is needed to support the necessary changes to the technical infrastructure for each agency's respective data management system.

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

Assisting Families of Inmates (AFOI):

Assets: The VADOC offers an inmate video visitation program at all prisons (to include Community Corrections Alternative Program facilities as of 10/16/2021) across the Commonwealth through the Department's partnerships with community faith-based and non-profit organizations. Video visitation allows family members to meet with the inmate via video conferencing at a cost lower than what the visitor typically spends traveling to a remote prison. Video visitation has expanded from the seven-visit centers across the Commonwealth of Virginia, to family and friends being able to participate in video visitation from home using a laptop or cell phone. This change has dramatically increased participation across DOC facilities.

Barriers: Although the program has expanded to all major facilities as well as all field units and work centers, and by 10/16/2021, to all CCAPs, most facilities are limited to only one or two video visitation units per site for inmate participation.

Gaps: There is a need to offer free video visitation and lack of funding currently prevents this. Efforts are being made by AFOI to raise funding to offer free video visits or offer video visits at a lower cost.

Partnership with Virginia Employment Commission:

Assets: The DOC's enhanced partnership with the Virginia Employment Commission assists probationers/parolees in securing stable employment. Through this strategic connection, individuals with previous criminal justice involvement are able to access job readiness training, a personalized resume, and referrals to current job listings. The Workforce Services division of the VEC is hyper focused on providing equal access to training and reemployment opportunities for everyone across the Commonwealth. Therefore, all probationers/parolees will have someone that “walks alongside them” in their pursuit for employment and a career to ensure that in addition to gaining employment, they also thrive and have success in that employment.

Local VEC representatives conduct site visits to DOC Correctional Centers to offer pre-release seminars and introduction to VEC services. They also attend Resource Fairs in the facilities, highlighting the work being done by VEC. Local VEC offices participate in Reentry Councils and serve as an ongoing resource to the DOC.

Barriers: Incarcerated individuals do not currently have access to the Virginia Workforce Connection site operated by the VEC. Access would allow for inmates to review current job postings and apply for current vacancies prior to release.

Gaps: Inmate access to a job portal system is planned to begin mid-November 2022.

WOTC

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

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

Assets: VADOC has an agreement with DBHDS and the Association of Community Services Boards to address re-entry appointments for incarcerated inmates who are in need of continuing mental health services after release. In prison, qualified mental health clinicians provide re-entry assessments to the local Community Services Board (CSB) and make appointments for care prior to the inmate’s release. Many local Probation and Parole Districts have agreements with their CSBs for inmate treatment services.

Barriers: Funding does not follow the inmate but is provided to the CSB, enabling each individual CSB to establish its own service priorities. In some jurisdictions, CSBs do not serve reentering inmates, do not prioritize inmates for timely services, and/or will not set appointments for inmates until after they are released from prison. These restraints create public safety issues when inmates have mental health needs. Reentering inmates would be better served if the funding were provided to Probation and Parole Districts to pay CSBs directly for specific services.

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

Gaps: See barriers.

University of Virginia Darden Business School Entrepreneurial Program:

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

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

Gaps: The program only operates at two prisons and is needed at more.

Concurrent Enrollment Program:

Assets: This program brings together certain Career and Technical Education programs that are offered through the DOC Division of Education and certain Community Colleges. Students who complete DOC classes and programs also get credit for through the community college. These programs operate much the same way as the dual enrollment programs which are offered through public high schools and local community colleges. Darden School Concurrent Enrollment for 2021 was (35) for Buckingham/Dillwyn and (59) for FCCW.

Barriers: Funding for these programs is dependent on outside resources and desire of Community Colleges to participate.

Gaps: These programs are not offered at all facilities.

Other Institutions of Higher Education:

Assets: Partnerships exist with other universities and colleges that assist with re-entry preparation in prisons or Probation and Parole Districts. These organizations include but are not limited to the following: Blue Ridge Community College, Southside Virginia Community College, Piedmont Community College, Germanna Community College, Rappahannock Community College, James Madison University Virginia Commonwealth University and Virginia State University.

Barriers: The efforts are not fully funded yet by the Federal Pell Grant program and dependent on the resources and motivation of individual educational institutions.

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

Agribusiness Partnerships:

Assets: VADOC has a number of external partnerships that involve the Department's agribusiness operation. These partnerships provide incarcerated inmates with work training that could help them find employment after release. One initiative involves inmates who work with beef cattle on VADOC farms

receiving training by Virginia Tech Vet School Veterinarians. Participants receive certificates upon completion. VADOC partners with Virginia Cooperative Extension with the assistance of the Department of Agriculture and Consumer Services to train inmates in the use of pesticides under the Virginia Pesticide Act. Participants can become a Registered Technician. In a new multiple agency partnership among the VADOC, Virginia Department of Health, and the U.S. Food and Drug Administration, incarcerated inmates who work in the prison Milk Plant and Dairy are provided with a special course that covers plant sanitation and milk pasteurization and includes mock inspections. Inmates will receive a certificate for successful completion.

Barriers: None.

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

Department of Professional and Occupational Regulation:

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

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

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

Alexandria Collaboration for Recovery and Re-entry:

Assets: This program is supported by a model of collaboration between the VADOC Probation and Parole District in Alexandria and the local CSB. The District has designated both a Senior Probation and Parole Officer a Probation and Parole Officer and our District MS, QMHP-A to collaborate with the CSB Forensics team to provide rapid, intensive treatment, supervision and support for probationers/parolees diagnosed with mental illness. In addition, Alexandria has established a Mental Health Initiative Docket, or MHID, in the Circuit Court for these cases. The Substance Abuse and Mental Health Workgroup of the Governor’s Re-entry Council identified the program as a model worthy of replication in other localities.

Barriers: Although the program was recommended for expansion by the Governor’s Re-entry Council, funding is the barrier.

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

Virginia Parole Board:

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

Barriers: As a result of the COVID-19 pandemic, the condition of reentry has been lifted for parole granted inmates by the Virginia Parole Board.

Gaps: The process is used for specific inmates at the discretion of the Parole Board.

Virginia Bonding Program Stakeholders:

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

Barriers: Although the Virginia Bonding Program has been well received by the community, one of the barriers is marketing, on a larger scale, to employers, former inmates and agencies that serve the reentry community.

Gaps: None

Collaborations to Reduce Homelessness:

Assets: The VADOC collaborates with community stakeholders, including the Department of Social Services, local Social Services offices, the Richmond City Criminal Justice Agency, OAR, CSBs, and the Department of Behavioral Health and Disability Services to develop a shared protocol for the justice-involved population. These groups continue to work on the blueprint for use by communities that are planning for the return of these inmates and established long-term public policies to address this growing population. As of recently, the VADOC has initiated conversations with other state agencies to enhance collaboration regarding homelessness and recovery housing. DOC staff regularly meets with the Housing Director for the Department of Veterans Services to discuss meeting the needs of the homeless veteran population.

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

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

Probation/Parole Supervision:

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

The VADOC has implemented evidence based supervision practices (EBP) in all its Probation and Parole Districts. One such strategy is EPICS II, Effective Practices in Correctional Settings (EPICS-II). EPICS II is a supervision technique that combines three skill sets: relationship building, bridging skills and cognitive intervention skills. These skills are designed to be used by correctional staff in regular interactions with probationers/parolees to help motivate and guide change. Implementation of EPICS II is based on a peer training and coaching model to develop staff competency. All current probation staff have been trained; all new staff receive EPICS II training as part of their Basic Skills training. In 2019, we began a statewide rollout of EPICS II in our institutions for counselors, cognitive counselors, and treatment officers. This will provide additional tools to promote behavior change both inside the facility and in the community.

Due to the COVID -19 pandemic, virtual training and coaching materials were developed and utilized to continue to engage staff in the use of these important business practices.

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

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

Probation and Parole District staff continue to implement Thinking for a Change peer support groups to provide continuity and support as inmates transition from prisons to community supervision. VADOC now has six Community Cognitive Counselors located in Petersburg, Chesterfield, Norfolk, Richmond, Staunton, and Manassas whose primary responsibilities are to provide evidence-based cognitive-behavioral programming, shown to be most effective at recidivism reduction, to probationers/parolees. Early indicators in 2021 suggest that those who participate in these cognitive-behavioral programs have increased successful supervision rates, and reductions in drug use during supervision. Community Cognitive Counselors are able to provide programming that includes *Thinking for a Change, Decision Points, Aggression Alternative Skills, Victim Impact, SAMHSA Anger Management, and Peer Support*. During the COVID-19 pandemic, several of these counselors used technology and innovative approaches to pilot virtual facilitation of these programs with probationers/parolees.

In 2021, VADOC engaged with a team of international researchers and Leesburg Probation and Parole to pilot a Community Corrections Report Card. The project, funded by National Institute of Corrections, is intended to validate a standardized community corrections report card or audit tool for eventual public domain use. The review includes a self-audit by each site as well as an external (virtual) review by an independent team member. This audit process allows community corrections agencies to assess their alignment with evidence-based practices for improved probationer/parolee outcomes.

The VADOC significantly expanded the presence of Mental Health and Wellness staff in Community Corrections with the addition of 22 District Mental Health Clinician positions to provide dedicated mental

health support to the 43 Probation and Parole Districts and 6 CCAP facilities. The April 2021 Recidivism report from the Research-Evaluation Unit emphasized that the addition of District Mental Health Clinicians 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 VADOC began utilizing SOARING, an implementation strategy to increase the use of evidence-based practices in daily interactions with those under DOC care, in partnership with George Mason University in 2013. SOARING includes three components: ELearning where staff complete modules to ensure understanding of the use of EBP's, observations where supervisors observe staff interactions with their clients and provide feedback on skill use, and a quality improvement process where the districts review their own data and develop plans to improve their outcomes. In 2019, we expanded to include an additional nine sites, which gives us 21 probation districts utilizing the SOARING model. In May 2021, SOARING sites reengaged with the eLearning and observation process despite the continued challenges of the pandemic.

VADOC engaged with external stakeholders on several interagency workgroups related to topics important to Probation and Parole Supervision. The HB659 workgroup examined ways to improve VADOC's approach to meeting the needs of those who are incarcerated or on community supervision and have intellectual or developmental disabilities. VADOC also participated in an interagency workgroup led by the Virginia Department of Social Services for the purpose of developing recommendations for implementation of local criminal justice diversion programs.

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

COVID-19 Pandemic resulted in significant shifts in business practices within Probation and Parole due to barriers created by the pandemic. Programs, services, and supervision practices became more reliant on virtual platforms to connect with probationers/parolees. Positive outcomes from this type of outreach occurred, such as reducing transportation and child care barriers that inhibit probationers/parolees from successfully participating in supervision.

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

Probation Officers continue to face challenges of higher caseloads and staff turnover. VADOC is successful in referring most low risk cases to electronic monitoring which maximizes the officer's time with those probationers/parolees who are medium and high risk.

Pre-release Services:

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

Case Management Services: The VADOC case-management services are in line with evidence-based practices. The COMPAS Risk and Needs Assessment instrument is fully implemented across the agency for facilities and probation districts. The Women's Risk and Needs Assessment-Trailer (WRNA-T) is used in all women's facilities and in nine Probation and Parole sites. Specialized screeners and tools such as the Static-99/Acute/Stable (for sex offenders) and the Correctional Mental Health Screeners for Men and Women are used to identify risk and needs for specialized populations and facilitate referrals for further

assessment and intervention. Each facility and Probation and Parole site has a COMPAS “Point Person” trained to provide additional technical support to staff for assessment and case planning. Yearly training is provided on assessment and case planning updates. Based on the results of the assessments for each inmate/probationer/parolee, an individualized Re-entry Case Plan is developed to guide his/her participation in programs that will help lower his/her risk of recidivism. During 2021, new E-Learning modules for staff were created on COMPAS and Case Planning so that staff training could continue on these foundational work requirements for counselors and probation/parole officers during COVID-19.

PAPIS Programs: The VADOC continues to use PAPIS (Pre-Release and Post-Incarceration Services) providers within the prisons where such services are available.

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

Intensive Re-entry Pods/Cognitive Community Programs: Consistent with its re-entry strategic plan, the VADOC operates Intensive Re-entry Programs at 16 prisons as well as re-entry pods at higher security prisons. Most recently, the VADOC modified the program criteria to align the program with risk, needs, responsiveness practices.

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

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

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

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

Thinking for a Change: The evidence-based cognitive behavioral program *Thinking for a Change* has been implemented in the prisons and follow-up peer support program implemented in community corrections

for those who are released. The authors of Thinking for a Change created a shortened version, Decision Points, used at locations such as work centers and field units, and community corrections programs where probationers/parolees are engaged in full-time work or school schedules.

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

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

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

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

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

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

Residential Community Facilities:

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

The Virginia Department of Corrections has partnership with 16 Community Residential Program (CRP) Vendors throughout the state, Central, Western and Eastern Region. There are 265 beds in total throughout the state. These beds are essential to the re-entry success of the VADOC. There are currently beds for both female and male inmates released to supervision.

VADOC spent \$4,075,846 in FY2021; however, that number was impacted by COVID. In non-COVID years, the VADOC would spend approximately \$5M annually. The Community Residential Program (CRP) are supported by the Code of Virginia (COV) sections §53.1-10; §53.1-177; §53.1-178.

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

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

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

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

Electronic/GPS Monitoring:

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

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

Employment/Job Training

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

VADOC signed a contract with Persevere in 2021 to offer a computer-coding program at Virginia Correctional Center for Women to teach computer coding to the female inmates of that facility in order to offer an outlet to future job opportunities in this growth industry. Students upon completion of the program are eligible for multiple industry credentials and job opportunities in a wide variety of coding vocations. The program includes staffing by the vendor to aide in seeking employment in the coding industry prior to and post release.

VADOC in 2021 is creating a mobile Commercial Driving License (CDL) program for a number of facilities to offer this credential to a number of inmates at a number of lower security institutions. The CDL will aide inmates post release to find positions in the transportation industry.

Virginia Correctional Enterprises:

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

VADOC Agribusiness work programs:

Agribusiness operations provide incarcerated inmates with skilled work training that should help them find employment after release. In one initiative, inmates who work with beef cattle on VADOC farms receive training from the Virginia Tech Vet School's veterinarians and participants receive certificates for "Beef Quality Assurance." The inmates learn the proper way to administer vaccines for heart health using

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

Wastewater Operations:

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

Workforce Development:

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

Food Services Work Program:

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

Virginia Bonding Program:

The program enhances inmate employability. VADOC was designated as Virginia's Federal Bonding Program coordinator in July 2011. The Virginia Bonding Program is an employer job-hire incentive that limits the liability of employers that hire at-risk job seekers with prior criminal convictions. The VADOC partnered with a number of agencies and employment stakeholders to develop and oversee its approach to providing the program. The VADOC provides Program Eligibility Letters to inmates after viewing a 20-minute Bonding Training Video. The letter acknowledges that they are bondable. Post release, the employer may contact VADOC to request the former inmate become bonded prior to hiring.

Career and Technical Education Live Work Program:

The programs work as an element of the Career and Technical Education programs to provide a simulated workplace providing custom work projects for the correctional facilities, state employees and non-profit organizations statewide. The live work program provides students the opportunity to work with clients and provide goods and services saving tax dollars for the state as well as provide additional funding back

to the program to continue its mission. Live Work programs include Welding, Print Production, Cosmetology, Barbering, Cabinetry, Upholstery, Small Engine Repair, Communications Arts and Design, Auto body Repair, Automotive Repair, Motorcycle Repair, Commercial Cleaning, Carpentry, Sheet Metal Fabrication, and Horticulture.

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

Barriers continue to be a lack of space for sufficient programming and staff resources. Another barrier is that most employers use the internet as a means to accept job applications and incarcerated inmates are unable to access the internet due to security issues. To work toward removing this barrier, the DOC is installing dedicated internet circuits to provide highly controlled limited bandwidth Internet access for Internet-enabled services for Field Technology Stakeholders in DOC Operations and Programs, Re-Entry & Education. As of June 2021, Field Technology Services team has completed setting up limited bandwidth, highly controlled and physically separate internet access for Inmate based services. Field Technology is in process of expanding to low bandwidth core services For DOC Operations like - online law libraries and For Education Services like - Online TABE, CTE - NCCER Online Testing, Online Optical Testing For Programs and Reentry - Drive to Work , DMV Learners Permit Testing, and Online Job Seeker Portal at DOC sites .

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

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

Alcohol and/or Drug Addiction:

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

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

For inmates assessed with a moderate need for SUD treatment, the Cognitive Behavioral Interventions for Substance Abuse (CBI-SA) program has been implemented throughout the VADOC. This curriculum was developed by the University of Cincinnati Correctional Institute (UCCI) and is specifically designed to target for individuals that score in the moderate to high need in the area of substance use. This curriculum is well suited for criminal justice-involved populations and relies on a Cognitive Behavioral Therapy (CBT) approach, consisting of 39 sessions lasting 1.5 hours each. CBI-SA places emphasis on skill building activities to assist with cognitive, social, emotional, and coping skill development. In addition, Recovery Route is a brief substance use disorder program also available at VADOC facilities.

The VADOC offers an Intensive Substance Use (ISU) program which is a dedicated pod at Green Rock Correctional Center consisting of 74 beds. The ISU program is a voluntary intervention for inmates who are actively struggling with drug usage. It provides an opportunity to request treatment for inmates who receive an infraction or self-admit active substance use within the past 30 days. The program is 9 months in length.

Probation and Parole Districts continue to contract for SUD treatment services with the local community services boards and/or private providers. Contracts require vendors to utilize evidence-based practices. Through an RFP in 2020, a new Outpatient Substance Use Contract has been established. This contract ensures that services are adhering to best practices and ethical standards. The VADOC has 28 different vendors on the contract.

The Chesapeake Probation and Parole Intensive Opioid Recovery (IOR) program is a State Opioid Response (SOR) grant funded initiative that is designed to offer intensive SUD services consisting of groups, treatment plans, individual sessions, discharge summaries and community-based referrals for additional services as needed. There are currently approximately 85 participants served by three full time Probation Officers and one Surveillance Officer, all of whom have additional knowledge, skills and training in addition and SUD treatment.

The VADOC has established a MATRI (Medical Assisted Treatment Reentry Initiative) pilot program that utilizes FDA-approved long acting injectable naltrexone and intensive SUD treatment. The program is offered to inmates who have completed intensive substance use disorders programs prior to release. As the inmate/probationer moves through treatment, they can voluntarily commit to the MATRI Program and work with a regional Recovery Support Navigator to ensure a continuum of care post release. Additionally, the VADOC launched an expansion of the MATRI program to allow use of oral buprenorphine, an FDA-approved medication for use in treatment of those with opioid use disorder. This pilot, which is funded by the State Opioid Response grant, allows probationers who are sentenced to CCAP to continue their oral buprenorphine prescribed by a community provider or provider at a Virginia jail. Probationers participating in this program will also receive intensive SUD programming and access to a regional Recovery Support Navigator.

VADOC is committed to addressing the opioid crisis in Virginia and since naloxone may counteract the life threatening effects of an opioid overdose, the VADOC has recently initiated a Narcan Take Home Initiative. The initiative provides Narcan to inmates releasing from the MATRI locations that voluntarily request it prior to release. Since the Narcan take home program began in September 2020, VADOC has released 492 two-dose Narcan kits to releasing inmates and probationers.

VADOC has also implemented a Peer Recovery Specialist (PRS) Initiative that is funded by the SOR grant and is available within the Probation and Parole Districts and CCAPs. Individuals with lived experience in recovery who have completed the 72-hour Virginia Department of Behavioral Health and Developmental Services (BDHDS) Peer Recovery Specialist Training are assigned to Probation and Parole Districts to offer recovery coaching to probationers with a history of opioid or stimulant use disorder or history of overdose. The recovery support is facilitated through group coaching and individual support as needed PRS's are hired as vendors with VADOC and are preferred to have a history of prior justice-involvement.

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

The VADOC has not received funding to reinstate the transitional substance abuse treatment programs that provide a halfway house for graduates discharging from the Cognitive Therapeutic Community programs following release. An intense Cognitive Therapeutic Community Program is needed at the lower level facilities to ensure this population receives necessary substance use programming. Funding is not available to staff such a program. Additionally, VADOC requires a statewide SUD Manager who would coordinate substance use disorder services for correctional centers and probation and parole, while

servicing as a point of contact for state and national substance use disorder specific councils, endeavors and grant opportunities. Currently, VADOC does not have funding for such a position.

The VADOC is currently working with DBHDS and the Virginia Association of Recovery Residences (VARR) to minimize gaps in available recovery housing for those on community supervision. This new and ongoing collaboration has great potential for the upcoming year.

Mental Health:

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

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

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

Funds from the Legislature supported additional positions in Sex Offender Services including two positions with Offender Management Services to screen for treatment needs and three regional positions to enhance the assessment and treatment of sex offenders statewide.

As a result of the statewide Medicaid expansion to incarcerated inmates through the Virginia Department of Medical Assistance Services (DMAS), VADOC is better equipped to expand on the continuity of care as inmates with identified mental health diagnosis transition into the community. District probation officers and community mental health clinicians have enhanced collaboration on reentry issues for inmates with mental health challenges that place them at greater risk of reoffending. During the pandemic, there has been a significant increase in the number of cases seen in the community via the use of tele behavioral health. Additionally, clinicians have begun collaborating with jails regarding discharge planning for probationers with mental health issues.

The pandemic has created an increase in anxiety, depression, and trauma symptoms even in those who were not previously diagnosed with a mental illness. In response, there has been a creative approach to accessibility of resources and services such as use of technology, workbooks, journaling, and the creation of an inmate warm line for inmates dealing with anxiety related to COVID-19. Additionally, a series of DVDs, called The Wellness Channel, were developed consisting of content from across disciplines including Mental Health, Reentry, Education, Health, and Operations to educate, inform, and provide programming. This has developed into delegating actual television channels for programming.

Other special initiatives are being piloted to address current specific risks and needs. For example, in order to bolster suicide prevention strategies, a pilot program conducting suicidal screening on tablets has been implemented. With the increased anxiety and stress resulting from the pandemic, there are more cases of individuals presenting with anxiety, depression, and suicidal ideation. A Peer Recovery Specialist training pilot was implemented in a women's facility to enhance the availability of support as well. Further, all major facilities have had security staff trained in the Crisis Intervention Teams (CIT) model.

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

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

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

Traditionally, the treatment of mental health issues and the treatment of substance abuse have been separate; even falling under different units. The Re-Entry, Education and Programs Unit now includes both programming and Mental Health and Wellness. The Kintsugi Committee was formed to bring together the different disciplines to address co-occurring issues in a more comprehensive and coordinated manner. The recommendations include collaborations amongst disciplines as well as external stakeholders to provide integrated behavioral health services.

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

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

To manage these challenges, VADOC is focused on implementation of more group programming hours, and are hiring mental health technicians to run psycho-educational groups and activities. We are piloting peer mentoring programs and tele-behavioral health to provide more services and a greater array of therapeutic options. We have increased our availability of "specialty" pods to reflect the risks and needs of our current population. A Mental Health Initiatives Administrator has been hired to help establish, support, manage, and/or track many of these Mental Health programs, projects, and initiatives. The additional support provided by the Mental Health Administrator will ensure proper implementation, oversight, coaching, and follow-up to enhance the effectiveness of the initiatives. Another Mental Health Initiatives Administrator has been hired to focus specifically on the Western Region where the Diversionary Treatment Programs and high level security institutions are located.

VADOC conducted a staffing study to ascertain ideal staffing levels, based on published ratios. The Staffing Proposal has been approved by the Director and Deputies of VADOC, and is awaiting approval from the Legislature. We are working with the newly formed Health Services recruitment team to improve recruitment packages.

The implementation of twenty-four clinicians in the community serving as liaisons and consultants to the P&P offices has helped to bridge the service gaps between community resources and supports after release from jail or prison. Additionally peer support groups are being piloted in P & P offices to support the needs of probationers with mental health issues. Due to a recent change in DMAS policies, VADOC is taking responsibility for completing Universal Assessment Instruments (UAI) for inmates who require assisted living facilities (ALFs). Community Release Re-entry Specialists will complete these assessments for prison inmates and the District Mental Health Clinicians will complete them for State Responsible inmates in the jails and in the community.

Family Reunification:

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

VADOC has continued the implementation of the evidence-based curriculums, *Inside Out Dads* for male inmates and *Partners In Parenting* for female inmates. Parenting classes are offered on a voluntary basis to the inmate population. These programs are designed to enhance parent-child relationships and strengthen families. The programs educate and empower the inmate and provide new techniques for interacting with their children. While participating in the program, the inmate learns basic parenting techniques, effective communication skills, realistic expectations of children, alternative methods of discipline and co-parenting skills. Inmates practice providing positive affirmations to their children, stress management skills, and steps to reinforce positive behaviors. Staff facilitation trainings are offered throughout the Department twice a year, virtually, to ensure parenting groups are grown throughout the VADOC.

Following completion of a parenting curriculum, inmates are offered an opportunity to participate in a parenting peer support group. Circle of Parents is a nationwide program designed to provide peer-to-peer assistance based on the principles of family support, mutual self-help, and shared ideas. This program offers 92 lesson plans for parents, as well as a separate curriculum for their children. Virginia Correctional Center for Women served as the initial pilot site for Circle of Parents peer-led groups. The groups offer meaningful dialogue to help deepen parent-child relationships. Today, multiple sites are being trained to ensure active, parent-led peer groups are being offered within VADOC facilities statewide.

DOC Re-entry Probation Officers offer virtual and in-person re-entry seminars for inmates and families to help prepare them for the challenges and support needed by reentering inmates. DOC Reentry Probation Officers offer re-entry seminars for inmates and families to help prepare them for the challenges and support needed by reentering individuals.

The VADOC continues its partnership with several faith-based and non-profit organizations to provide a video visitation to families, which supports family reunification and continued social support/communication while the inmates are incarcerated. Since the increase in facility access to video visitation in 2020, video visits have increased by over 440%.

The Building Family Bridges Program continues to offer enhanced parenting programs and services at three pilot sites in the VADOC, State Farm Correctional Center, St. Brides Correctional Center, and Fluvanna Correctional Center for Women. Inmates in the program are provided specialized opportunities to connect with their children. Caregivers in the program are also given access to resources in their community through a partnership with Virginia Commonwealth University's Department of Social Work.

In addition, to foster family connections, the Building Family Bridges grant continues to allow parent inmates in the program the opportunity to create video messages to their children, and offers free video visit opportunities.

The transformation process of creating a child-friendly visitation environment for children is underway at the three pilot sites. Each facility took advantage of the opportunity to revamp their visitation room making it more child-friendly with colorful artwork throughout the space. Working with inmate parents who are also artists, each facility created their own vision and have been bringing it to life.

A focus of sustainability has been a major push over the past year. The Building Family Bridges Coordinator is considering the sustainability of grant efforts as the program expands.

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

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

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

Mentoring:

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

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

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

The VADOC developed a standardized Inmate Peer Mentor Position that allows long-term inmates to serve as Peer Mentors within VADOC specialized housing units such as Intensive Reentry Programs, Restorative Housing and the Shared Allied Management (SAM) Units. This initiative included a Peer Mentor Staff Manual , Initial Skills Development Program Description (IPD) as well as three interactive structured training DVDs for the Inmate Peer Mentors.

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

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

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

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

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

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

Education:

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

The Correctional Education unit of the VADOC provides academic and Career and Technical Education programming to incarcerated inmates. In 2021 VADOC – Correctional Education has continued the process of offering remote CTE as well as limited in-person educational training due to the COVID pandemic. This training has aided the 39 different Career and Technical Education (CTE) programs to continue its effort to allow students to complete. In 2021, we expanded our CTE programs at a number of our correctional facilities including Brunswick CCAP and a regional CDL Program via mobile trailer. These program additions provide educational opportunities at these sites for reentry as well as learning opportunities for those incarcerated.

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

Correctional Educations Recidivism studies proves that correctional education practices effectively reduce recidivism. Our Career and Technical Education programs' recidivism rate is currently 14.2%. The need for more resources would aide additional returning citizens in the opportunity to participate in limited programming options. Waiting lists are long and some inmates reenter the community without having an opportunity to learn basic literacy or a vocational trade. There is not space or positions to offer more programming. There are delays in students completing programs due to times out of class due to many reasons. This prevents them from completing programs and other inmates being enrolled.

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

Many inmates are released from prison without receiving educational and vocational services, some not even to the level of basic literacy. We have attempted, where possible to provide programming at alternate times at facilities where we could. We have adopted an alternate school schedule at a number of facilities that provide more classroom time per week and fewer disruptions to the school day. We have incorporated the BOOK program at facilities to assist in the completion of programs. An educational committee has submitted recommendations to provide more educational opportunities at lower level facilities. These recommendations are being examined for possible implementation.

Victim Services

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

The VADOC Victim Services Unit (VSU) provided direct assistance to 3,193 victims in FY2020. In addition to our contact, our automated notification system provided 7,749 phone calls, 5,469 emails and 7,699 letters. Over 2,100 new registrations were processed through the VADOC VINE Automated Notification

System. The VSU continues to provide safety planning, community referrals and explanation of community supervision.

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

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

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

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

In 2017, the VADOC Victim Services Unit welcomed six new positions which allowed for increased correctional-based victim services. Originally, five of the staff are Regional Victim Advocates, who assist probation offices, facilities, local victim witness programs, and community stakeholders to provide information and referrals to victims. These staff collaborate with existing local victim advocacy to assist victims with notification and questioning regarding inmates in the custody or supervision of the VADOC. Starting in 2020, VSU is piloting a change to four Regional Advocates to address consistent turnover in one of the five regions. The other new position is the Statewide Victim Impact Advocate, who provides ongoing training and assistance to facilitators of the Victim Impact: Listen and Learn curriculum. The expansion of the unit in 2017 continues to yield increases in services provided statewide. Overall, in 2019, data showed a 28% increase in the number of victims served and 42% increase in victim travel reimbursements over the previous year. In August, 2019, VSU staff presented about the success and efficacy of the Regional Victim Advocate initiative at the National Institute of Corrections' National Victim Service Providers Conference in Aurora, CO.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Re-Entry Focus Areas

Women:

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

VADOC continued the commitment made in 2019 to work towards the goal of using a gender-responsive, trauma-informed approach to the custody and care of all individuals in our women's facilities. In 2020, Virginia Correctional Enterprises designed and distributed inmate clothing to the women's institutions specifically designed for females. Correctional Technical Education continues to maintain training

opportunities for women inmates in non-traditional and living wage employment fields such as welding, electrical, HVAC, graphic communication and design, and business software applications. Agribusiness opportunities for women expanded to include certifications such as forklift operation and beef quality assurance, allowing women returning to rural communities' additional qualifications that potentially create self-support and family sustainability. The Transitional Women's Work Release Program at State Farm Work Center offers employment in community-based settings combined with classroom instruction to increase the likelihood of employment stability upon release from incarceration. The "Greener Pastures" program, located at State Farm Work Center, transitioned to an all-female work program in the fall of 2019. Women are taught valuable skills such as caring for horses, and in this process learn to care for themselves and others. They also, if chosen, gain teaching skills as trainers, and gain equestrian skills that can be transferred to self-sustaining jobs post-release. The opportunities provided through Correctional Technical Education, Agribusiness, Work-Release, and Equine skills are provided with the long-term goal of fostering financial independence and the ability for women to live with their children and families as the primary wage earner.

In 2020, the Fluvanna Correctional Center for Women, which, in addition to being an Intensive Reentry site, is the primary intake site for females, refined their procedures to create a more gender-responsive, trauma-informed approach to intake services.

Women have unique pathways to crime and therefore unique program needs, such as increased need for substance abuse, mental health, and trauma services. Although programming at all VADOC facilities was greatly reduced in 2020-21 due to COVID-19, VADOC continued to engage in training opportunities for staff designed to develop a gender-responsive approach to programs and services. In November of 2020, The Center for Gender and Justice provided virtual training to counseling services staff at the Fluvanna Correctional Center for Women in *Beyond Violence*, a curriculum designed for criminal justice-involved women who are both perpetrators and victims of violence. On June 29, 2021 the Center for Gender and Justice provided a virtual learning session to executive teams at all women's facilities on the *Gender Responsive Policy and Practice Assessment (GRPPA)*. The assessment is a process designed to help provide guidance to facilities on implementing research-based gender-responsive and trauma-informed policies, procedures, programs and services. Topics covered included change readiness, staffing, programs and services for women, intake and assessment, environment, and quality assurance. VADOC continues utilizing best practices through the incorporation of *Helping Women Recover* and *Beyond Trauma* curriculums in the Cognitive Therapeutic Community Program at the Virginia Correctional Center for Women. The Chesterfield Women's Community Corrections Alternative Program (CCAP) is engaging with program vendors to increase gender-specific women's programming to those who will be returning to their families and communities, with the goal of providing a greater understanding of the unique factors that led to their involvement in the criminal justice system, and skills to reduce future recidivism.

VADOC continues to ensure that staff is trained in trauma informed care practices. A four-hour SAMHSA Gains Center Training titled, "Being Trauma Informed" is part of all Basic Skills for institutional Counselors and Probation and Parole Officers. E-Learning modules in Gender Responsivity and Trauma-Informed Care are now available to all employees. In 2020, VADOC Mental Health Services changed their name to Mental Health and Wellness Services, changing the emphasis to health and wellness. Mental Health and Wellness Services provide programming to women in areas such as trauma resolution, Dialectic Behavioral Therapy, Emotional Regulation, and Coping and Stress. These approaches are designed to create resiliency in women and opportunities for generational change as many women return home to roles as primary caregivers for children and families with a better understanding of themselves and the impact of their experiences.

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

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

Veterans:

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

VADOC has a Veteran Programs Manager position that is designed to lead DOC efforts in support of incarcerated veterans. DOC also has a part-time Veteran Support Technician position to assist with the re-entry needs of inmates who are veterans and to manage the C&P exam appointments and liaison with the VA and its contractors to assist in the exam completions.

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

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

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

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

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

Funding for services is an issue. The incidence of PTSD is higher among veterans who need more treatment services, particularly mental health and physical health services. The VADOC is largely dependent on the volunteer support by community veterans to run programs. The VADOC has recently had three employees trained in PEER Support Specialists with the goal of starting PEER led support groups.

Data and Information:

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

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

In March of 2020, VADOC implemented the Community Corrections Program Module in VACORIS to improve tracking of program participation and outcomes for those under community corrections supervision. During 2020-21 Probation and Parole staff continued to receive training and support for utilization and increased data input related to community programs. Improvements were also made to the Administrative Response Matrix for Probation and Parole to improve overall functionality within the module.

VADOC developed a series of change requests to improve functionality of case planning in VACORIS. These change requests are currently in process and will be implemented as funding permits. VACORIS waitlist reports were modified to include Community Corrections Alternative Programs. New reports were created for the Community Corrections Program Module that allow for individualized and aggregate data collection of probationer/parolee program participation.

Grants:

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

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

Education Grants:

Each year, VADOC receives two federal pass-through education grants through the Virginia Department of Education for specific educational purposes. Educational achievement is a dynamic risk factor, which these grant funds help address. The Individuals with Disabilities Education Act (IDEA) grant provides funds to support special education services for incarcerated inmates under age 21 with a qualifying need for such services. The Strengthening Career and Technical Education for the 21st Century Act (Perkins V) provides funds to support career and technical education programs. Virginia's 2020 IDEA allocation was \$99,281 and the 2021 allocation is \$97,366 plus an additional \$1,119 in supplemental IDEA funding under the American Rescue Plan Act of 2021. The Perkins V total 2021 allocation is anticipated to be \$157,696, the same as 2020. Funding is federal and distributed on a formula basis annually.

Building Family Bridges:

In late 2018, VADOC received Second Chance Act grant from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to improve services for incarcerated parents and their minor children. The project, entitled Building Family Bridges, will implement a number of pre- and post-release strategies and activities to foster positive parent-child engagement, thereby strengthening relationships and reducing recidivism. Building Family Bridges includes training and parenting programs offered throughout VADOC facilities, as well as wrap around re-entry and transitional services for inmates and families in three pilot facilities. VADOC's award is \$667,829 with an initial end date of September 30, 2021. Due to COVID-19,

implementation of the project has slowed. VADOC has received a one-year, no-cost extension of the project through September 30, 2022.

Substance Abuse Services:

VADOC receives grants of federal pass-through funds through the Department of Criminal Justice Services (DCJS) supporting substance abuse programming for incarcerated inmates nearing the end of their sentences.

In 2017, VADOC initiated a Residential Substance Abuse Treatment (RSAT) program with grant funding at Rustburg Correctional Unit. The grant ended in 2021, however, DCJS awarded a new RSAT grant to VADOC to enhance and expand the program. The new grant, expected to be renewed annually through June of 2024, provides \$120,000 in federal funds to VADOC, with a \$40,000 cash match.

In 2019, the Department of Behavioral Health and Developmental Services (DBHDS) awarded VADOC federal pass-through State Opioid Response (SOR) grant funds for VADOC-specific strategies addressing opioid use and abuse. A second year of the grant was awarded for \$989,725, beginning in September 2020. Funds support five primary project areas: a Medication Assisted Treatment (MAT) Coordinator, the expansion of MAT, a Peer Recovery Coordinator and Peer Recover Specialist services, an Intensive Opioid Recovery pilot program in Chesapeake for probationers and parolees, and development of an interface between VADOC's inmate case management system and the Department of Medical Assistance Services to exchange data relating to Medicaid eligibility of probationers and parolees. Project funds continue through September 29, 2021 and are expected to be renewed for a third year beginning September 30, 2021.

Administrative Response Matrix:

VADOC continues work begun in 2016 under a federal Second Chance Act Innovations in Supervision Initiative grant of \$748,470 from the Bureau of Justice Assistance. Now integrated into VADOC's case management system, the Administrative Response Matrix (ARM) helps guide probation officers in designated pilot sites to select sanctions based upon an inmate's individual criminogenic risk/needs and the severity of the violation when responding to significant supervision events, and increase the use of incentives. Use brings consistency among officers and encourages utilization of evidence-based strategies. Project funds were initially awarded to continue through September 30, 2021. Due to COVID-19, the evaluation component of the project has been delayed. VADOC has been approved for a no-cost extension of the project through September 30, 2022.

Victim Services:

VADOC receives federal and state funding through the Department of Criminal Justice Services (DCJS) supporting legislated victim services, regional victim advocates, the Victim Impact Program, Victim Offender Dialogue, and other victim services. Advocates assist victims with safety planning and community-based referrals; the Victim Impact Program attempts to provide inmates with insight into the harm they have caused their victims and the ripple effect of that harm throughout the community; and the Victim Offender Dialogue is a victim-initiated process leading to a possible face-to-face dialogue between the victim/survivor and the inmate responsible for the crime. In FY2021, federal pass-through funding, plus VADOC's agency match, contributed significantly towards the development and implementation of a new victim notification system.

DCJS changed how VADOC receives funding for FY2022, combining the previous two awards into a single award. Due to reductions in funding to DCJS, funds awarded to VADOC have also been reduced. Funding continues to support a total of six positions, however, funding for training, supplies, and other supports has been eliminated. For FY2022, VADOC receives \$497,578 in federal and state pass-through funds.

Legislative Funding:

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

In FY2019, a total of six full-time cognitive counselor positions were added to Probation and Parole Districts located in Staunton, Richmond, Chesterfield, Norfolk, Manassas, and Petersburg. These positions are designed to provide programming that addresses criminal attitudes and thought patterns and improve prosocial skills. In addition, all Probation and Parole Districts now have increased access to VADOC mental health staff who provide assessments, consultation and support, and programming services. In 2016, the General Assembly provided funding for 22 additional District Mental Health Clinician positions, as well as funding for a program to pilot mental health peer recovery services to three Probation and Parole Districts. In 2021, some of this funding was reallocated to create two additional wage DMHC positions for the Central and Eastern regions. The General Assembly also approved the addition of five full-time positions to support Sex Offender Treatment Services, two for screening and three for treatment.

Department of Criminal Justice Services

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

Pre-release and Post-Incarceration Services (PAPIS)

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

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

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

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

Residential Substance Abuse Treatment

DCJS administers federal grant funding for the Residential Substance Abuse Treatment (RSAT) programs at Newport News Sheriff's Office, Norfolk Sheriff's Office, Western Virginia Regional Jail, and a Department of Corrections (DOC) facility. These programs received a combined total of \$451,123, which included a 25% local match. RSAT programs provide evidence-based residential substance use treatment and Medication Assisted Treatment (MAT) for incarcerated people to prepare them for reintegration into the community by incorporating reentry planning activities into treatment programs. The goal of the RSAT programs is to assist people in breaking the cycle of drug use by providing them with the treatment and resources needed to maintain sobriety once released into the community.

Comprehensive Opioid and Addiction Program (COAP)

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

Jail Mental Health Pilot Program

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

Hampton Roads Regional Jail, Middle River Regional Jail, Prince William Regional Detention Center, Richmond Sheriff's Office, and Western Virginia Regional Jail.

Addiction Recovery Grant Program (ARGP)

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

Department of Education

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

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

Department of Forestry

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

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

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

- Patrick Henry Correctional Unit in Henry County
- Camp 18 at Coeburn in Wise County
- Appalachian CCAP in Russell County

- Duffield Regional Jail in Scott County

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

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

Department of Housing and Community Development

The DHCD does not provide direct services to inmates.

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

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

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

Since June 2020 DHCD has operated the Virginia Rent Relief Program and has provided rental assistance to eligible individuals returning to their communities.

Department of Veterans Services

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

Assets: The Virginia Department of Veterans Services (VDVS) assists justice-involved veterans through diversion efforts in jurisdictions such as veteran treatment dockets, during incarceration, and upon release to connect veterans to services in the community. VDVS Benefits staff partners with the Virginia Department of Corrections (VADOC) to assist incarcerated veterans with benefits claims development and technical assistance, as needed. The VDVS Benefits staff respond to written inquiries from incarcerated veterans for assistance with initial claims, appeals, and other benefits related concerns. The VDVS Virginia Veteran and Family Support Justice Involved Services (JIS) program and VVFS Veteran Justice Specialists (VJS) provide resource connections, care coordination, and support to veterans and service members in the criminal justice system. The VVFS Veteran Justice Specialists were able to provide assistance pre-release to incarcerated veterans virtually during the COVID-19 pandemic. The VVFS Veteran Justice Specialists assisted incarcerated veterans via phone calls arranged by correctional facility counselors. Since in-person services have resumed, the VVFS Veteran Justice Specialists provide in-person services to veterans on probation and parole supervision. They are also scheduling in-person information sessions with veterans in VADOC correctional facilities.

In addition, prior to the COVID-19 pandemic, VDVS participated in VADOC resource/re-entry fairs and other outreach initiatives for justice-involved veterans. VDVS staff currently participate in virtual reentry resource events and reentry council meetings. VDVS is also a member of the VADOC Incarcerated Veterans Quarterly Stakeholders group, which meets to discuss issues and services for incarcerated veterans. The VDVS Criminal Justice Director collaborates with VADOC to address gaps and barriers for justice-involved veterans.

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

Barriers: Housing access for justice-involved veterans continues to be an issue, particularly for justice-involved veterans with serious medical and/or mental health needs. Many justice-involved veterans are not eligible for or able to access community housing or veteran-specific housing directly upon release from incarceration. Criminal history, HUD and housing policies, tenant screening policies, previous incarcerated status, and lack of affordable housing options are barriers for justice-involved veterans. The lack of housing options leaves justice-involved veterans competing for the

same limited resources with other individuals who do not have a criminal history. Justice-involved veterans with complex medical and mental health needs face additional housing barriers due to lack of long-term care housing options and restrictive long-term care facility policies.

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

Department of Juvenile Justice

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

The Virginia Department of Juvenile Justice (DJJ) enhances public safety by providing effective accountability measures and interventions that improve the lives of court-involved and committed youth. In FY 2022, DJJ operated 30 court services units (CSUs) and Bon Air Juvenile Correctional Center (JCC). As of June 30, 2022, DJJ audits and certifies the CSUs, including two locally operated units; 24 juvenile detention centers; the JCC; eight community placement programs (CPPs); nine detention reentry programs; and 15 group homes, shelter care facilities, and independent living programs.

To reach its goals for both youth and staff, DJJ has developed a balanced approach for serving youth and the community. These strategies will continue to guide the Department in fulfilling its mission: protecting the public by preparing court-involved and committed youth to be successful citizens and members of their communities.

- **Rehabilitate:** Expand, improve, and strengthen the services and supports provided to youth during their detention and/or commitment as well as upon their return home.
- **Replace:** Provide youth across Virginia with opportunities for rehabilitation in the least restrictive setting by expanding the statewide continuum of evidence-based services and alternative placements as well as replacing the large, old JCCs with smaller therapeutic correctional settings.
- **Sustain:** Sustain DJJ's transformation by maintaining safe, healthy, inclusive workplaces; continuing to recruit, retain, and develop a team of highly skilled and motivated staff; and aligning agency procedures, policies, and resources to support staff in meeting these transformation goals.

DJJ's ongoing transformational work will result in better returns on taxpayer investment through improved public safety and more robust rehabilitative opportunities for youth involved in the juvenile justice system. These changes are based on evidence and research on promoting success and reducing recidivism rates among court-involved youth.

As the Department continues to build upon the strength of its collaborative relationships, we continue to expand those partnerships as the need arises. DJJ partners with the Department of Social Services (VDSS), Office of Children's Services (OCS), Department of Behavioral Health and Developmental Services (DBHDS), Department of Medical Assistance Services (DMAS), Department

of Motor Vehicles (DMV), Department of Education (VDOE), Department of Aging and Rehabilitative Services (DARS), Community College Systems (VCCS), Department of Corrections (DOC), and a host of public and private providers to link juveniles returning to the communities after commitment with the highest and most appropriate levels of support. Expanded partnerships include partnering with DSS to serve committed youth aging out of foster care; partnering with DOC to serve youth transitioning to the DOC' community supervision; and partnering with DBHDS to serve confinement and transitional age youth (18-21) in need of mental health/substance services. Additionally, the Department continues to work with our community partners (e.g., local departments of social services, secure juvenile detention centers, and community-based non-profits) to provide step-down and wrap-around services for released juveniles.

Other specific collaborative efforts include:

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

The Department's partnership with Assisting Families of Inmates (AFOI) and James River Transportation, continues to be available to provide transportation to families visiting Bon Air, the Community Placement Programs (CPPs), and other placements. Safety procedures in response to the pandemic required that Bon Air and other facilities suspend visitation in March 2020, which also suspended utilization of transportation services. It is our intent to resume services in November 2022.

Since June 2021, AFOI has continued to partner with DJJ to offer funds through a HEARTY Grant (Health Encouragement and Assistance in Reentry for Thriving Youth) that addresses transition service gaps that cannot be met by the department, thereby reducing risk factors. HEARTY may be used to help youth maintain their physical and mental health by paying for prescriptions, medical care, and health insurance co-pays. Funding may also be used to support educational goals, equipment, transportation, and other reentry needs. The targeted population is youth returning to or residing in the Richmond metropolitan area, with some assistance available for youth outside of the Richmond area HEARTY funding is supported through grant opportunities with the Nunnally and Jenkins Foundations.

Family Engagement

DJJ continues to strengthen its efforts to improve family involvement. The Family Engagement Workgroup, a collaboration between Bon Air's Student Government Association (SGA), family members of youth committed to Bon Air, and DJJ staff continue to meet monthly using a virtual platform to continue to address the goals set forth in an action plan that reinforces family engagement and connectivity. Although face-to-face meetings were canceled, the Family Engagement Coordinator continues to be available for families of committed youth. The Family Advocate's experience as the parent of a youth formerly involved in DJJ provides families with a platform to feel safe and heard, and to provide feedback on policies that may result in unintentional consequences.

Foster Care Children

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

Licenses and Identification Cards

The partnership with DMV has expanded to state ID issuance at juvenile detention centers (JDCs) in addition to issuing state IDs at Bon Air JCC. This service was suspended during the pandemic but has recently resumed at Bon Air JCC. DJJ continues to partner with the DOC to provide opportunities for paroled youth to secure state issued IDs at sites in the community.

DMV services have resumed at BAJCC. DMV services were offered at least twice a year throughout 2021 & 2022. The goal is to increase DMV services to at least once per quarter as COVID restrictions lessen. When practicable, our education department provides driver's education as a part of the 10th grade Health and Physical Education curriculum.

Medicaid Applications

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

Reenrollment

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

Community Placement Programs (CPPs)

DJJ and local detention centers have collaborated to serve more youth in the local communities. The programs are highly structured, disciplined residential programs in the JDCs for committed juveniles. CPPs are located regionally across the state so that residents have the opportunity to be closer to their home communities whenever possible, making visitation easier for families. The CPP average daily

population (ADP) increased from 70 in FY 2017 to 81 youth in FY 2018, 86 youth in FY 2019, and 94 youth in FY 2020. The pandemic had a severe impact on CPPs in FY 2021 as numbers decreased to 74 youth; however, the CPP population remained stable in FY 2022 at 75 youth. CPPs focus on addressing specific treatment needs and risk factors and developing competency in the areas of education, job readiness, and life and social skills. Services provided focus on risk factors that can be changed using cognitive behavioral techniques and tailoring services to meet individual needs. Programs use the Youth Assessment and Screening Instrument (YASI) for case planning to address criminogenic need areas. We have developed partnerships at the following JDCs to serve direct care youth: Blue Ridge JDC, Chesterfield JDC, Merrimac JDC, Lynchburg JDC, Rappahannock JDC, Shenandoah Valley JDC, Virginia Beach JDC, Prince William JDC, and Northern Virginia JDC. We ended our contract with Lynchburg JDC at the end of FY22 and we will no longer contract with Northern Virginia after December 2022. Merrimac has a designated program specifically designed to meet the needs of female youth. Our other partners are designed for male youth but are open to accommodate females as needed on a case-by-case basis.

Monitoring of CPPs and Services for Quality

DJJ's Quality Assurance (QA) unit partners with the CPPs and cross-divisionally to ensure continuous quality improvement (CQI) for committed youth within the CPPs. The QA unit collaborates with DJJ's Research Unit to obtain data on annual CPP performance measures. Baseline annual monitoring reviews were conducted between FY19 and FY21 to inform goals and action steps within CQI plans. QA implemented a quarterly monitoring process in FY22. Monitoring activities consist of onsite visits, observations, youth case reviews, service tracking, and CQI planning meetings. Additional activities based on program needs may include interviews with the youth, families, and staff, stakeholder surveys, facilitation of problem-solving meetings, and/or a structured monitoring visit with a team of QA staff. Monitoring reports with findings and recommendations are completed at the end of each of quarter and upon completion of structured monitoring visits.

Alternatives to Secure Confinement and Expanded Step-Down Options

The continuum of direct care placements has expanded to the current options of Bon Air JCC, 7 community placement program sites, 9 detention reentry programs, 9 residential treatment centers, and 15 group homes, for a total of 41 non-correctional center treatment placement options for youth. In fact, the average number of youth in non-JCC alternative placements increased from about 1% of the total direct care population in FY 2014 to 46% in FY 2022. Of the 162 youth released from direct care in FY 2022, 54% did not enter a JCC.

In addition to residential programs that serve as alternative environments for youth in direct care status, there have also been efforts to expand access to programming for parole youth in need of residential placements or housing following release from direct care. During FY 2021, Regional Service Coordinators (RSCs) contracted with 29 independent living or step down options statewide, including apartment based programs. These options include, the Apartment Living Program and The Summit House, a contracted transitional living center added by DJJ in 2018 as a residential parole option for young men aged 18 and older.

Monitoring of RSCs and Services for Quality

The RSCs and DJJ staff have also focused on instituting continuous quality improvement activities, facilitating outreach to Direct Service Providers (DSPs) and other internal and external stakeholders, and establishing multi-agency partnerships. During FY22, DJJ's QA unit and RSC staff continued to implement a tiered approach to quality improvement with a focus on monitoring providers for adherence to evidence-based principles. Key quality assurance activities included completion by the RSCs of 136 compliance reviews and 37 quality assurance reviews (QARs), with DJJ's QA unit participating in most QARs. Staff also continued to engage DSPs and internal and external stakeholders in collaborative learning opportunities. This included a series of virtual provider fairs and training events. During FY22, the QA unit provided CQI guidance and recommendations to the RSCs on the quality of DSP monthly reports, RSC quarterly reports, QAR process, and data collection files. DJJ's Research unit queried and presented data on the RSC performance measures with recommendations for improvement. The QA unit facilitated meetings to develop goals and action steps for RSC CQI plans to address the recommendations from the performance measures.

Quality Assurance Implementation of an Evaluative Tool

The QA unit spearheaded a contract with Vanderbilt University to implement the Standardized Program Evaluation Protocol (SPEP™), which is a validated, data driven evaluative tool for determining how well an existing program matches to research evidence for the effectiveness of reducing the recidivism of juvenile offenders. SPEP™ will assist DJJ in its mission to establish sustainable performance improvement and maximize positive youth outcomes. In partnership with Vanderbilt University, a team of DJJ staff earned their Level I SPEP™ Specialist certificate in June 2022 following a cycle of SPEP™ training, with Merrimac CPP and Virginia Beach CPP as volunteer pilot sites. Staff from the QA unit are currently participating in Level II SPEP™ training with Vanderbilt University to become SPEP™ trainers in an effort to sustain SPEP™ in Virginia. Level II training includes the training a new cohort of Level I SPEP™ Specialists; individuals in that training include DJJ staff and RSC staff. Chesterfield CPP, Prince William CPP, one unit at Bon Air JCC, and the Rappahannock Area Office on Youth are currently partnering with the QA unit for their SPEP™ review.

Quality Assurance Response to the Joint Legislative Audit and Review Commission (JLARC) Report on Virginia's Juvenile Justice System

QA monitors the integrity and success of contracted interventions, including JDCs that provide direct care admission and evaluation services, CPPs, detention reentry programs, and the RSC Service Delivery Model. Additionally, the QA unit collaborated with Bon Air JCC to implement and facilitate CQI activities and plans for each housing unit. In response to the JLARC report issued in December 2021, the QA unit restructured and identified new CQI activities. A QA position was created to work directly with the CPPs for contract monitoring and oversight of compliance to the contract. Additional CQI activities include streamlining communication, conducting learning sessions with the CPPs, and redesigning the quarterly monitoring process to ensure consistency in data-driven monitoring activities across programs. The QA unit anticipates all CPPs going through a baseline SPEP™ review by the end of FY23. Another QA position was created to collaborate with Bon Air JCC to focus QA efforts by providing additional guidance and technical assistance for all services offered to youth within the program. Additional Bon Air JCC activities

include a SPEP™ review of Aggression Replacement Training (ART™) and piloting SPEP™ within one housing unit.

Evidence-Based Practices (EBP) Implementation and Practice Improvements Within Court Service Units

In addition to efforts designed to implement evidence-based programs and improve the quality of contracted services, DJJ has also worked to implement evidence based principles and embed evidence-based practices internally within our court service units. DJJ strives to achieve a balanced and evidence-based approach in its probation and parole practices, focusing on public safety, accountability, and competency development. DJJ uses a risk-based system, with those youth classified as the highest risk to reoffend receiving the most intensive supervision and intervention. Probation officers serve as the primary interventionists, and provide skill coaching using cognitive-behavioral strategies to teach new skills and new ways of thinking. They also coordinate services, including individual and family counseling, career readiness training, substance abuse treatment, and other community-based services. These programs and services are funded through CSA, Medicaid, Virginia Juvenile Community Crime Control Act (VJCCCA), or DJJ. CSUs purchase services from a statewide network of approved public and private DSPs, primarily through DJJ's RSC Service Delivery Model.

As part of the overall agency transformation, DJJ focuses on providing the appropriate interventions to youth to match their identified needs. With implementation support, coaching, and technical assistance from DJJ's Practice Improvement and Services Unit, CSUs are actively implementing the eight evidence-based principles, with emphasis on the Risk-Need-Responsivity (RNR) model. Chief among the internal evidence-based practices that DJJ has implemented is the adoption of EPICS as our statewide model of intervention. EPICS, which stands for Effective Practices in Community Supervision, is a model that was developed by the University of Cincinnati Corrections Institute, and is in use in all 30 state-operated CSUs. The initial EPICS training and ongoing coaching is intended to help probation officers become more effective in their roles by learning a model, a structure, and techniques for more deliberately incorporating cognitive-behavioral and other core correctional practices into their day-to-day interactions. Staff learn to focus on addressing the individual criminogenic risk factors that contribute to the initiation and continuation of delinquent behavior. Particular emphasis is placed on relationship skills; building motivation; cognitive-behavioral interventions; pro-social modeling; structured skill building; restructuring criminal thinking; practicing problem solving; and effective use of authority, sanctions, and incentives. With the utilization of EPICS, staff are trained to use their time with each youth to focus on the individual's competencies most likely to reduce their risk of reoffending.

During FY 2022, focus has continued to be placed upon staff coaching and skill development. A supervisory and peer coaching model is utilized that includes the submission of audio taped role plays for review, fidelity coding, and feedback. During the pandemic, and continuing into the current fiscal year, coaching supports have included booster sessions, beginning with a virtual session entitled "Maintaining Purpose and Connection During a Time of Social Distancing". The session included strategies for maintaining meaningful engagement and quality purposeful interactions during remote interactions.

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

Fostering Responsible Parents in Virginia

DJJ is collaborating with the DSS to offer a curriculum that promotes responsible parenting, healthy marriage, and fatherhood groups. The DSS, Division of Child Support Enforcement, received a grant award from the federal Department of Health and Human Services to offer the curriculum to youth aging out of foster care and youth placed at Bon Air JCC. The curriculum is anticipated to begin early 2023.

Re-entry Evaluation

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

Year one of the grant was spent planning for the evaluation, developing qualitative protocols and procedures for the evaluation pilot, and reviewing DJJ's BADGE manual to develop the administrative data request. Year two of the grant focused on interviewing stakeholders to include staff, youth, and families. The findings were shared with DJJ staff and will be used to guide further work in the future. The remaining years of the grant will focus on a deeper dive into findings and focus on youth released from DJJ commitment during the reentry transformation. The evaluation will also seek further information to determine how COVID-19 has affected the role of staff and youth as they transition to the community.

Protective Factors Study

DJJ has partnered with UMass Medical School, the University of California Berkley, and the Council of State Governments Justice Center to participate in a study: "Optimizing Supervision and Service Strategies to Reduce Reoffending: Accounting for Risks, Strengths, and Developmental Differences". The study, which is funded by the National Institute of Justice (NIJ), is designed to inform juvenile probation agencies how to prioritize their use of limited resources to improve youths' success. DJJ is one of three state juvenile justice systems participating, with the other two systems located in Pennsylvania and Wisconsin. The evaluators are examining which risk and protective factors are most important to address and using which services. The focus will be on integrating the risk-need-responsivity and positive youth development approaches with youth of different ages.

Five CSUs are participating as initial implementation sites. In each of those sites intake, probation, and parole officers have begun administering a self-reported protective factors study to youth in conjunction with each risk assessment completed. Staff have also begun entering a broader array of services, including free services and pro-social activities that have not traditionally been recorded in the youth's record.

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

Length of Stay (LOS) Guidelines

The current LOS guidelines, 6-9 months is the most commonly assigned LOS. The average LOS for youth released with indeterminate commitments decreased from 14.1 months in FY 2015 to 13.4 months in FY 2016, 10.7 months in FY 2017, 8.2 months in FY 2018, and 7.3 months in FY 2019. The LOS for youth released with indeterminate commitments increased in FY 2020 to 8.2 months and 10.3 months in FY 2021 before decreasing to 8.9 in FY 2022. The overall direct care LOS for all releases, regardless of commitment or placement type, was 16.9 months in FY 2022.

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

JCC Behavior Management

Beginning in May 2015, the JCCs began implementing the Community Treatment Model (CTM) program. The CTM is the facility's unit-centric behavior management program, and includes principles and methods employed to correct a resident's inappropriate behavior in a constructive, therapeutic, and safe manner. The CTM is implemented through staff training and development, DJJ procedures and manuals, staff supervision and oversight, and staff coaching. The following are various techniques that are used by staff, as appropriate: consistent therapeutic structured activities (TSAs) to include mutual help groups (MHGs), residential engagement (teaching, role-modeling, and mentoring), group facilitation (check-ins, circle-ups, and therapy groups), and a phase system that includes leveled privileges, behavior support contracts, a disciplinary process, verbal interventions, and personal restrictions in accordance with VOL IV-4.1-2.26.

The CTM helps residents achieve positive behavior through the implementation of program expectations, treatment goals, resident and staff safety and security, and the resident's Personal Action Plan (PAP) and Comprehensive Re-entry Case Plan (CRCP). Similar approaches, when adopted in other states, have resulted in improved behavior within the facilities and decreased reoffending upon return to the community. The CTM uses a relationship-oriented approach that helps residents identify and resolve negative behaviors that contribute to their criminogenic risk. By integrating elements of trauma-informed care within the CTM, resilient residents can work to improve self-regulation, decision-making, and moral reasoning to become healthy adults and citizens.

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

day CTM training session was added to the annual in-service requirement. This in-service session is led by Residential Services staff.

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

In FY 2021, another revision of the CTM manual was underway with plans to release in FY 2022 accompanied by a training module and an updated Resident Handbook. Residential Services also established and filled two new positions in FY 2021 to serve as Residential Practice Improvement Coaches (RPICs) to help ensure constant and consistent fidelity to the CTM through hands-on and on-the-spot coaching and other staff support. The RPICs developed a comprehensive CTM fundamental training. They facilitate three days of this training for each class of facility new hires. In addition to the CTM Fundamental Training, the RPICs also host CTM Retreats for Bon Air JCC leadership.

CTM Toolkits

Additionally, leadership at Bon Air are always working to coach staff and provide them with the best resources to improve residents' lives. Such a resource was completed in FY 2020, The Toolkits Vol. I and II. The toolkits are a compilation of lesson plans which can be implemented during Mutual Help Groups (MHGs). The lesson plans target skills which many residents will need for successful reentry into the community. Some of these areas include problem solving skills, recognizing and building healthy relationships, anger management skills, and many others. The toolkits take into account the youth's various learning styles and ability levels. This resource will help guide staff to become more effective group leaders. A training module, to include an e-course and a follow up questions and answers panel, has been developed and implemented to support staff in the effective use of the toolkits. Toolkits continue to be an important tool used to develop appropriate programming for residents.

Staff Mentoring Program

Another coaching method for staff at Bon Air JCC is the Resident Specialist I (RSI) mentoring program. The mentoring program fosters growth and understanding for new hires to ensure they are comfortable and competent in their job duties. Mentoring also creates a sense of support and connection among peers in the workplace. Each RSI is assigned a senior direct care staff as a mentor. Ideally, the mentor and mentee shift assignments coincide in a way which allows maximum and most effective communication and implementation of the program. Not only do new hires receive the benefit of support in their current roles, but they are also encouraged to grow within the agency and work towards additional opportunities after achieving mastery as an RSI. This strengthens the workforce at Bon Air by having experienced staff staying on for the long term. In FY 2022, a workgroup expanded the mentoring program to include Community Coordinators and RSIs. There are intentions to add the revised program to the CTM procedure manual and implement it in FY23.

Fatherhood Program

In alignment with the agency's goal of developing and fostering growth of direct care youth, Bon Air JCC collaborated with the Virginia Family and Fatherhood Initiative to provide mentoring services to young fathers beginning in May 2019. The Virginia Family and Fatherhood Initiative has a significant and successful community presence and teaches from an evidence-based curriculum addressing a list of topics that men face daily. The program began with an enrollment of 13 residents. In FY 2020, two cohorts of residents participated in the program. Unfortunately, during FY 2021 the grant funding for this program was discontinued; however, Bon Air leadership plans to reconvene the fatherhood program by the end of FY23 for residents who have children. The Lion Heart Foundation offers a similar curriculum for young fathers. The curriculum will include homework assignments from parenting workbooks and open dialogue about the importance of fatherhood. The current staffing shortage is an obstacle to successfully restarting a fatherhood program.

Reducing Isolation in Youth Facilities (RIYF)

Since FY 2018, the primary training focus has been trauma-informed care and group facilitation, keeping aligned with best practices in addressing trauma. Bon Air JCC has reduced the use of punitive isolation. In FY 2018, the DJJ received a grant to participate in a national cohort sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP)/Center for Coordinated Assistance to states through the Council of Juvenile Correctional Administrators focused on the reduction of isolation in youth facilities. Prior to this partnership, Bon Air was already making great strides in the reduction of punitive isolation, but the newly established workgroup helped focus the initiative to promote continued success. Over the last six years, Bon Air JCC has seen a steady decline in the use of isolation. Specifically, from FY 2015 to FY 2019, there was a 92% reduction in the use of punitive isolation; simultaneously, there was a 60% decrease in the rate of aggressive incidents per youth. FY 2020 was the season of messaging for RIYF via emails, posters, and digital messaging boards. Messages educated staff regarding the importance of building rapport with residents, the negative impacts of punitive isolation, and data to bolster the awareness that safety is being maintained while engaging in isolation reduction efforts.

During FY 2021, data was more difficult to maintain due to periods of quarantine and medical isolation stemming from COVID-19. However, progress on this initiative has not stopped. Recent data from FY21 indicates a 98% reduction in punitive isolation since the start of the initiative in FY2015. As a continuation of reduction efforts, a residential workgroup has developed an Intensive Intervention Program (IIP). The IIP is an extension of CTM that allows the Classification and Treatment Services Team (CTST or Treatment Team) to provide a concerted and focused dosage of a variety of interventions to bring residents to their normal level of behavioral functioning. Interventions through the IIP focus on skills building, replacement behavior strategies through clinical therapy, and education. IIP will assist direct care staff with implementing additional strategies that avoid punitive isolation. The IIP was piloted in two units during FY22. Efforts are ongoing to determine the strengths and weaknesses of the implementation process. The IIP Workgroup is assessing the ability to integrate the program successfully across all units in light of current staffing challenges.

Family Engagement

In an effort to be more inclusive with families, a family engagement committee was established and is composed of parents of committed youth as well as members of reentry and residential staff. There are often youth representatives who also attend the monthly meetings. This group was tasked with developing a Family Orientation Packet. The packet was to help guide families through each step of their child's commitment to include components of the CTM in which their children will participate while at Bon Air JCC. In FY22, the Family Orientation Packet was finalized and published in both print and on the DJJ website for easy access to families. The Family Orientation Packet is disseminated to families along with the intake packets.

Further fostering family connections and engagement, Bon Air typically hosts at least one campus-wide family day event. In 2019, the facility was able to host two such events with tremendous success; however, COVID-19 forced cessation of all large events. Visitation was suspended periodically throughout the pandemic, but Residential Services worked diligently to increase other communication opportunities. Throughout FY 2021, residents were permitted unlimited letter writing materials as well as increased phone calls at no charge and video visitations. As case numbers decreased towards the end of FY 2021, we were able briefly to reopen in-person visitation with strict protocols including masking, social distancing, and no physical contact. Inasmuch as possible, visitation sessions were held in smaller groups and in an outdoor setting to further promote COVID precautions. Visitation at Bon Air JCC has resumed one day per week effective August 2022. Two visitation sessions are offered every Sunday at this time. As COVID continues to decline, the JCC has plans of resuming visitation twice per week on Wednesdays and Sundays. The JCC also continues to provide video visitation for residents.

Reentry Procedures

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

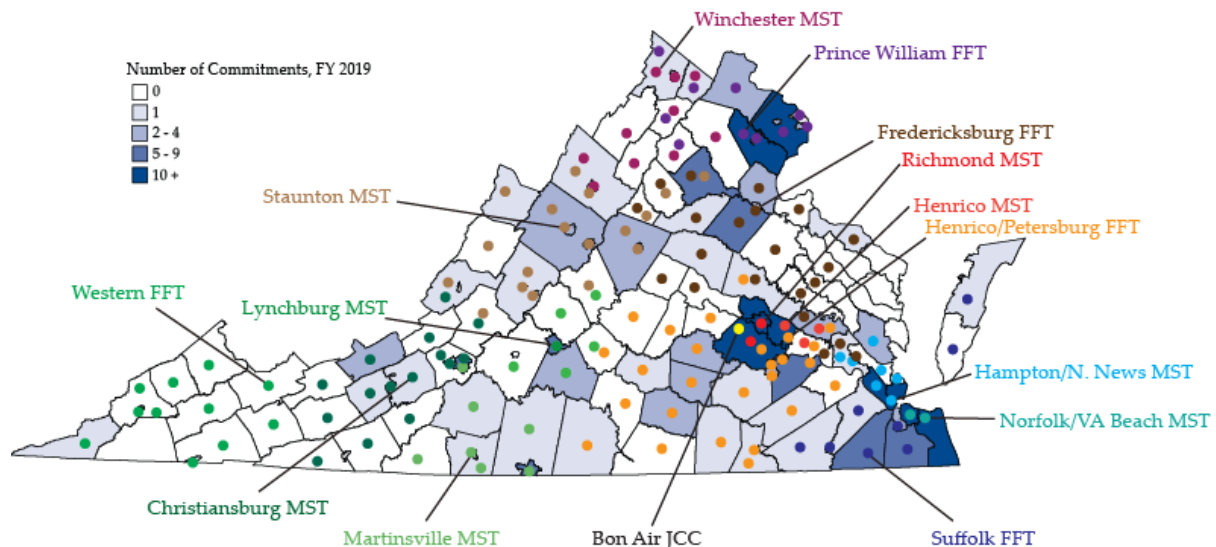
Please describe any past or current policy-level gaps in collaboration and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

Family Based Services/Service Matching

Beginning in January 2017, DJJ adopted a new regionalized service delivery model utilizing two contracted companies, AMIkids (AMI) and Evidence-Based Associates (EBA), to serve as Regional Service Coordinators (RSCs). The RSCs have responsibility for processing service referrals submitted by parole officers. In May 2017, both RSCs began working with the Department to build the infrastructure necessary to develop and implement evidence-based family interventions. Two program models that have been proven to produce positive outcomes with youth involved with delinquency, Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT), were adopted and added to the service menu with 12 MST and FFT (10 new, 2 existing) teams statewide. Each of the new MST and FFT teams were launched during an ambitious sixty-day roll out and began receiving referrals between October 1 and

November 30, 2017. In addition to the DJJ’s initial cohort of MST and FFT teams, independent of the DJJ’s launch, Horizon Behavioral Services (Community Service Board located in Lynchburg) relaunched an MST team that had been dormant for a number of years, and Life Push launched a FFT team in Danville. While launched outside of DJJ’s project, those teams are also available to receive referrals from the Department. During late FY 2019 and early 2020, DJJ launched a new FFT team in Abingdon to serve 14 traditionally underserved communities in southwest Virginia (counties of Bland, Wythe, Grayson, Smyth, Washington, Buchanan, Dickenson, Russell, Tazewell, Lee, Scott, Wise, and the cities of Bristol and Norton). The addition of the FFT team in southwest Virginia brought the total number of MST and FFT teams in Virginia to 15 and given a 90-minute catchment area, provided access to either the MST or FFT model in 129 of Virginia’s 133 cities and counties. The map below displays the localities reached by the original 15 MST or FFT teams. The teams have continued to grow rapidly during FY 2021 and FY 2022 as several additional provider agencies have been trained in the models as part of the DSS’ implementation of the Family First Prevention Services Act (FFPSA). Those new teams are not depicted on the below map, but on an as needed basis can be utilized by DJJ in areas where there is limited capacity or service gaps. In addition to collaboration with the DSS, DJJ has been part of cross-agency planning efforts under the leadership of the DMAS that allowed for Medicaid funding to be utilized for MST and FFT beginning January 1, 2022.

FY 2022 Availability of MST/FFT



RSC Model Process Evaluation

In addition to partnering with Child Trends for an evaluation of reentry practices, DJJ has also partnered with Child Trends to conduct a multi-year process evaluation of the Regional Service Coordination (RSC) model. The project, which is supported by a grant awarded to Child Trends by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and managed by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice, is evaluating four main aspects of implementation of the RSC model: adherence, responsiveness, access / dosage, and youth outcomes.

A core focus of the evaluation will be understanding the extent to which the RSC model is being implemented as intended. Child Trends will examine how the results of the Youth Assessment & Screening instrument (YASI) are being used to develop case plans, how youth are matched to services that will address their assessment-driven needs, and how RSCs are assessing and monitoring the quality of services being delivered by their sub-contracted direct service providers. In terms of responsiveness, Child Trends will examine the extent to which services are individualized and aligned with the needs of each youth, as identified by the YASI, how many youth are connected to services to address the three highest priority needs specifically identified for each youth, and will conduct a mapping analysis to identify whether there are “service deserts”. For the access / dosage portion of the study, Child Trends will conduct analyses to examine youths’ degree of participation in individual services, in terms of hours and duration of services, and whether the service data identify groups of particular services that tend to be delivered together. Finally, for the youth outcomes portion of the study, Child Trends will conduct analyses to explore if and how implementation of the RSC model is associated with recidivism reductions and positive youth development outcomes. The team will also use multiple data sources in this evaluation, including DJJ’s administrative data, as well as qualitative data collected from a wide array of stakeholders. A key focus will be identifying the extent to which implementation varies by youth characteristics (e.g., gender, age, race/ethnicity) and urbanicity of the CSU.

In addition to producing study results, Child Trends will also develop a number of resources for practitioners. These resources will include info-graphics and training materials. Child Trends will also develop a public-facing, interactive map-based service directory that can be hosted on DJJ’s website and accessed by parole officers and stakeholders. The Practice Improvement and Services Unit is actively working with Child Trends on this web-based resource which is expected to be ready for deployment during FY 2023.

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

Workforce Development

DJJ is expanding its efforts to connect juveniles to career opportunities in industry recognized trade programs. The expanded efforts include partnerships with community colleges, trade schools and mobile training programs. One partnership involves C-Tech programming. C-Tech is a hands-on portable technology training program with built in security features designed specifically for secure environments such as Bon Air and local detention centers. C-Tech offers certification in the areas of Telecommunications, Network Cabling, and Grounding and Bonding.

To support youth in accomplishing their career goals, DJJ has developed a Workforce Development Center within Bon Air that is staffed by a newly hired Workforce/Career Development Coordinator. In addition to the Coordinator, DJJ has also hired a Community Engagement Business Developer to seek partnerships with organizations willing to train and hire youth released from commitment.

After release to the community, committed youth continue to need support and resources to accomplish and sustain long-term career opportunities. To meet this need, DJJ through the Regional Services Coordinators, AMIkids Virginia and Evidence-Based Associates (EBA), established contracts with multiple community-based providers to support wraparound “education to employment” services for youth in the community under the supervision of DJJ. These combined efforts will increase the likelihood of juveniles achieving continued success in the community.

Educational Programming

During the 2021-2022 school year, the Division of Education continued to use the personalized learning approach to tailor the educational programming around the unique needs of students. The delivery of instructional services for middle school, high school and post-secondary students has been strategically transformed from a facilitator approach of a digital curriculum to a blended learning model. The blended learning model encompasses a combination of direct instruction, digital curriculum, and hands-on activities. A system of student data collection is implemented to help teachers track skill mastery of the prescribed curriculum, and to determine the supports and interventions necessary to meet those requirements. During the 2021-2022 school year, 77% of courses were taught by licensed and properly endorsed teachers.

Graduation Rates

In the 2020-2021 SY, 17 students received their Virginia high school diploma, 1 student received a Penn Foster diploma for completing an equivalent online high school curriculum, and 16 students earned their GED®. For the 2020-2021 school year, 80.0% of eligible high school seniors graduated.

Technology in Education

The Division of Education continues to improve and expand technology resources in educational programs. It is a focus area for the Division of Education to seamlessly integrate technology during instruction to increase student engagement and success. To implement the blended learning model, teachers have access to the learning management system/online curriculum and courses, Edgenuity, while providing direct teaching and support. Ongoing collaboration and efforts between education leaders, Instructional Technology Resource Specialist, and the Information Technology Team ensures a thoughtful process in implementation as well as monitoring projects and timelines. Increased support and resources for staff is provided to improve technology proficiency and effective use of technology.

Post-Secondary Programming

The Division of Education is dedicated to providing high school graduates the opportunity to enroll in educational and workforce training programs. Through our partnerships with community businesses, colleges and other agencies, we are able to offer our students the opportunity to earn college credits, industry credentials, and workplace skills. We also provide wonderful enrichment opportunities to help students build talents, skills, and confidence.

Workforce Development Training Programs

1. Through the partnership with the Virginia Department of Labor, the Division of Education offers apprenticeship programs to provide a structured work environment for students to gain specific work skills through on-the-job training while earning pay. DJJ implemented two registered apprenticeship programs at Bon Air JCC during the 2021-2022 school year: Barbering and Industrial Sewing Machine Operator.
2. Through the partnership with the Community College Workforce Alliance, the Division of Education is able to offer students workforce training courses that will better equip them to secure and maintain employment. The Division of Education offers a variety of industry certification courses in the areas of manufacturing, information technology, logistics, and skill trades. A total of 41 certifications were awarded during the 2021-2022 school year. The Division of Education offers two simulation-training programs, Welding and Heavy Machine Operator (bulldozer, backhoe, and forklift). Both programs provide job training and/or lead to industry certifications. Reynolds Community College is the issuing agent for the forklift certification. Eight students earned their forklift certification during the 2021-2022 school year.

College Courses

1. Through the partnership with Reynolds Community College, the Division of Education offers students an opportunity to enroll in the Career Studies Certificate Program in the area of Small Business and Entrepreneurship. For the 2021-2022 SY, 17 students successfully completed courses earning a total of 89 college credits. There were a total of 2 students who completed the requirements of the program.
2. Through the partnership with University of Virginia, the Division of Education offers students an opportunity to take a course called "Connecting Lives through Literature." In this course, Bon Air JCC students were partnered with UVA students to explore and have in-depth discussions on the great works of literature. Students who successfully completed this course were awarded college credits. For the 2021-2022 SY, four students successfully completed this course. Through the partnership with Virginia Commonwealth University, the Division of Education offers students an opportunity to take courses in the Advanced Media Production Technologies Certification Program. This course leads to a micro certification curriculum that prepares students for the audio, video and film set production industry. For the 2021-2022 SY, three students completed the program earning a certificate and digital badge.

Students with Disabilities (SWDs), English Learners (EL), and Gifted

Since 2016, the total number of youth at Yvonne B. Miller High School, located at the Bon Air JCC, has intentionally decreased each year because of the agency's transformation initiative. Despite the overall decline, the percent of students identified with disabilities compared to the total student population has remained consistent from 2016 through 2021, about 38%-43%. During 2022, the percentage is now closer to 50%. This includes both special education students and those students covered under Section 504. The Individuals with Disabilities Education Act (IDEA) grant provides federal funds, which are used for the sole purpose of providing additional supports to students who qualify under IDEA for special education services. During 2021, the grant allocation was \$174,440 and for 2022 it is \$172,563. Yvonne B. Miller High

School's special education department uses VA IEP, the State online IEP management program, to exchange special education documents expeditiously with public schools, who participate, when students return to their local school divisions.

Students who meet the criteria for English Learners (ELs) has been within 1% to 5% over the past couple of years. Title III Part A federal grant funds are available to support the needs of the ELs. The Title III Part A allocation for 2021 was \$1,354.43 and for 2022 the allocation is \$1,243.32.

Yvonne B. Miller High School uses a screening and referral process to identify students who may qualify for the gifted program. Students who come to Bon Air JCC already identified as gifted and/or students found eligible for gifted through the screening and referral process has been less than 1% of the total student population for the past 6 years.

Transition

As part of the "The Profile of a Virginia Graduate," the Virginia Department of Education (VDOE) expects students to align knowledge, skills, and personal interests with career opportunities and attain productive workplace skills, qualities, and behaviors prior to graduation. The education Transition Specialists work collaboratively with the Department of Aging and Rehabilitative Services (DARS) to ensure Students with Disabilities have the opportunity to access the Pre-Employment Transition Services (Pre-ETS) Pathways Program while attending school. All students have access to Virtual Job Shadowing (VJS), which is an online program that allows students an opportunity to research and explore a number of careers and then virtually "shadow" people working in those careers through a typical workday. The education Transition Specialist assists and supports students as they complete online lessons, career assessments, career planning, cover letters and resumes on VJS. During the 2021-2022 SY, 175 students accessed the VJS program, 97 of those students were students with disabilities. The education Transition Specialists also work with students and families to complete federal Student Aid (FAFSA®) applications, college applications, and apply for scholarships.

Central Admission and Placement (CAP) Unit

The CAP Unit was established upon the closure of the Reception and Diagnostic Center (RDC). The unit's core functions include the receipt and review of all commitment packets; the coordination of the admission, orientation, and assessment process; and the completion of referrals to non-JCC placements. For youth in non-JCC placements, the CAP Unit maintains case management responsibilities throughout their direct care stay and acts as a liaison between the CPPs, other alternative placements, and CSUs.

In order to sustain the work of the CAP Unit, a cross-divisional work group was established to review and revise policy, procedure, and practice to reflect the new model and improve the efficiency, effectiveness, and fidelity of this process. This group developed three big-picture proposals. To address immediate change, the CAP Efficiency Workgroup was established to identify areas that could be more quickly streamlined to expedite a juvenile's placement process. After determining the areas of necessary change, the workgroup developed proposals for ways these processes could be implemented expeditiously within the agency. The original cross-divisional workgroup was disbanded, and the CAP

Transformation Steering Committee was developed to make progress in the larger goals presented in the original three proposals. The committee continues to develop implementation plans to further improve and sustain streamlined processes. These sustainable strategies were presented to the Director in FY 2022. Some of the proposed changes have been implemented and others are projected for future implementation by the end of FY24.

Medication-Assisted Treatment (MAT)

In response to the growing opiate epidemic across the nation, DJJ Health Services offers MAT. MAT reduces cravings for opioids and blocks the receptor sites in the brain that enable someone to experience the effects of opioids. There are multiple options available for MAT agents. However, because our population has already detoxed from opioids, DJJ has only utilized Vivitrol. Vivitrol is a long-acting injection form of the drug naloxone. Naloxone is the drug that is used to reverse opioid overdose. This medication does not contain any opioids.

Residents are screened at intake for opioid use disorder (OUD) by our Behavioral Services Unit (BSU) (mental health providers). When the BSU identifies a youth with OUD and sufficient risk factors, they refer the resident to a medical provider for an MAT evaluation. The provider and primary therapist consult to create a plan for discussing MAT as a treatment component option with the resident. Identified residents participate in the 12-week Cannabis Youth Treatment program during their direct care stay, and in most cases, MAT begins prior to release. The probation officer and the transition specialist work together to set up follow up care for the resident using our resource guide containing MAT providers who will treat our youth.

DJJ has created an effective working relationship with The Master's Center. This provider will accept our Anthem policy to provide telehealth and in-office MAT to our residents in CPPs. Residents in CPP go through a similar process to those at Bon Air JCC, however they are referred to the Master's Center for the MAT evaluation and provision of care.

Department of Social Services

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

The Department of Social Services is committed to ensuring that Virginia's most vulnerable residents have access to the services and benefits to help them find permanent solutions to life's many challenges. The Department is responsible for administering a variety of programs, including Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Energy Assistance Program (EAP), Adoption, Child Care Assistance, Refugee Resettlement Services, Child Welfare Services (child protection, prevention, foster care, and adoption) Child Support Enforcement, and conducting Medicaid and Family Access to Medical Insurance Security eligibility determinations. The Department's goal is to promote the well-being of our citizens through the delivery of essential services and benefits to ensure families are strengthened, and individuals

achieve their highest level of self-sufficiency. Accordingly, VDSS has worked to include support for returning citizens as a standard element of its core functions rather than a separate initiative.

VDSS is integrating the "Protective Factors" framework throughout agency programs as a case management strategy to improve outcomes when working with children and families. The "Protective Factors" framework provides a foundation for increasing parental resilience, understanding the importance of social connections, understanding where to obtain concrete support in times of need, gaining knowledge of parenting and child development, and understanding the social and emotional competence of children. Ex-inmates and juveniles returning home to their families and communities can face daunting challenges. This case management strategy focuses on working with the entire family to overcome challenges that impede family reunification.

In order to support individuals being released from the Department of Corrections or Department of Juvenile Justice who may have serious medical conditions, individuals who are not currently a Medicaid member may apply for Medicaid as a part of their pre-release planning. Pre-release planning permits individuals who are completing their term of confinement to apply for Medicaid and have their eligibility determined prior to release. An individual may apply for Medicaid up to 45 days before their expected release date. The Cover Virginia Incarcerated Unit (CVIU) calls this a "Reentry Application." Eligibility is to be determined based on the living arrangement anticipated upon release. Individuals who are determined to meet all Medicaid eligibility requirements are to be enrolled in the appropriate Medicaid coverage beginning with the date of release.

For individuals who have Medicaid prior to incarceration, standard Medicaid is not fully closed when the individual becomes incarcerated; however, the type of Medicaid coverage will change. During incarceration, coverage shifts from community coverage, which is typically full-benefit coverage, to Incarcerated Coverage, which is a limited-benefit coverage, and will cover only Medicaid-covered services that are provided during an inpatient hospital admission of 24-hours or more.

Local Departments of Social Services

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

Local DSS Family Engagement

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

- Family Partnership Meetings – Child Protection, In-Home Services and Foster Care workers actively seek out family members- including those individuals who have experienced incarceration- to participate in meetings where decisions regarding the safety, placement and future of children and families served by the local Department of Social Services are made. The Family Services Division and VDSS Domestic Violence program develop resources, protocols and training for how best to work with families for whom Domestic Violence has been identified as an issue. This includes how to engage non-offending parents and extended family members in identifying issues, insuring family safety and improving the likelihood the service referrals will be appropriate; how to engage the offending parent and help them take responsibility for their actions; and activities around how to prepare for Family Partnership Meetings so that offending parents are able to safely participate in case decision making. The expected result is that more parents with a history of domestic violence and/or criminal charges will be included in participation as a result of these resources.
- The Virginia Birth Father Registry provides services to assist individuals who have experienced incarceration or are currently incarcerated to register with the Virginia Birth Father Registry in order to protect their parental rights.
- The Family Services Division provides federal and state funding grants to community partners that work with individuals who have experienced incarceration as part of efforts to reduce child abuse and neglect and prevent child abuse.
- The Family Services Division provides federal and state funding grants to community partners to promote family wellbeing and child abuse prevention awareness.
- The VDSS Regional Practice Consultants provide guidance to local departments of social services on working with family members of children at risk of entering and in foster care including individuals who are or have been incarcerated. The goal is to involve all parents in decision making for their children. Additionally, relatives who have previously been incarcerated are included as members of the child’s team. Although these family members may not be able to provide a foster care placement, they may be able to provide support to another family member.

Human Services

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

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

- **Services Programs**
 - Child Welfare
 - Adoptions
 - Foster Care
 - Prevention and In-Home Services
 - Child Protection and State Hotline
 - Family/Domestic Violence Prevention
 - Regulation of Day and Residential Care for Adults and Children
 - Child Support Enforcement
- **Public Assistance Programs**
 - Supplemental Nutrition Assistance Program (SNAP)
 - Supplemental Nutrition Assistance Program Employment Training (SNAP-ET)
 - P-EBT in partnership with the VA Dept. of Education
 - Medicaid
 - Family Access to Medical Insurance Security (FAMIS)
 - Temporary Assistance for Needy Families (TANF)
 - Unemployed Parents (UP)
 - Auxiliary Grants
 - Energy Assistance Program (EAP)
 - Child Care Subsidy Program (CCSP)
- **Community and Volunteer Services**
 - 2-1-1 VIRGINIA
 - Community Service Block Grant Program (CSBG) & Community Action Network
 - Refugee Resettlement
 - Immigrant Services
 - Volunteerism
 - AmeriCorps/National Service
 - Faith-Based
 - Substance Use Disorder
- **Community Action Agencies**
 - **For Children and Youth**
 - Head Start, Literacy Programs, Dropout Prevention, Summer Youth Employment Programs, College Counseling and Placement, Nutrition and Food Programs, Substance Use Disorder Education, Prevention and Counseling
 - **For the Working Poor**
 - Child Care Subsidy, Adult Education, Job Training and Placement, Small Business Development, Budget Counseling, Financial Education, Free Income Tax Preparation including Earned Income Tax Credit
 - **For the Poor in Crisis**
 - Homeless Shelters, Domestic Violence Programs and Shelters, Transitional Housing, Energy Crisis Assistance, Emergency Food, Clothing and Services, Eviction Prevention
 - **For the Elderly**
 - Meals-on-Wheels, In-Home Care Programs, Senior Centers and Day Care, Transportation, Volunteer Services
 - **For the Entire Family**

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

Division of Child Support (DCSE)

The Division of Child Support Enforcement engages families for success through the operation of Family Engagement Services (FES) program. FES offers a progressive, holistic, family-centered approach that promotes the well-being of children by ensuring they have the financial and family support they need to grow and thrive. FES works closely with parents to identify and overcome barriers that limit their ability to support their child through collaboration with community partners and other governmental agencies. These partnerships assist with increasing the frequency and amount of child support payments, creating greater cooperation between parents and fostering greater family self-sufficiency.

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

Family Strong Re-entry Program

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

Office of Innovation and Strategic Initiatives (OISI)

The Office of Innovation and Strategic Initiatives (OISI) began collaborating with VADOC in October 2021 to strengthen connections between VDSS and probation/parole districts for the benefit of supporting Reentry Councils. Composed of probation/parole district leadership, community organizations, and several LDSS, the Reentry Councils support individuals (and their families) recently released from state

correctional facilities and jails. This support includes increasing awareness and providing assistance accessing social services benefits, education and workforce development assistance, housing placement and support, mental health assistance, and much more.

OISI collaborated with the Statewide Reentry Services Program Manager to review past Council survey results and explore materials to include in a manual to be distributed to all Reentry Councils across the Commonwealth. Throughout the winter and early spring of 2022, OISI participated in several work group sessions with representatives from VADOC, LDSS, the VDSS Office of Community and Volunteer Services, the VDSS Division of Benefit Programs, the Office of Economic Opportunity, and Council leadership to create a Reentry Council Guide. The Reentry Council Guide provides suggestions and best practices for creating and maintaining Councils.

In addition to the work to support Reentry Councils, over the summer, approximately 4,000 individuals were released to local communities due to changes in legislation relative to service credits. To assist LDSS in serving these individuals, OISI distributed resources including but not limited to the Reentry Council Guide and the [Reentry Resource Packet](#) to LDSS. The VDSS Division of Benefit Programs also supported the VADOC in April 2022 and provided updated information on benefit programs (SNAP, TANF, EAP, Medical Assistance, and the CCSP) for inclusion in the Reentry Resource Packet. VDSS additionally participated in a VADOC led interagency workgroup focused on the successful release and support of the estimated 4,000 individuals. OISI continues to encourage communication between the parole/probation districts and LDSS. A Reentry Council Lunch and Learn is scheduled for October 27, 2022 and will be co-hosted by OISI, the VADOC Statewide Reentry Services Program Manager, and other LDSS and VADOC representatives leading Councils in two different districts. This session aims to encourage collaboration between LDSS and VADOC to lead Councils to provide a stronger network of support for individuals reentering communities.

Victim Services

The Office of Family Violence funds 53 local domestic violence programs, all of which provide shelter or emergency housing. Shelters play a crucial role in victim safety when an inmate is released. The temporary safety victims experience while the inmates are incarcerated ends with their release. All domestic violence programs offer safety planning to victims. Shelter options are included in most of the safety plans. Shelters have also been utilized when survivors of domestic violence themselves are released from incarceration.

Domestic violence programs offer consistent comprehensive services for victims and their children. Services include, but are not limited to hotline, advocacy, crisis intervention, information and referrals, children's services, support groups, emergency transportation, and coordination of services. Some collaborative agreements have brought domestic violence advocates into jails and prisons for victims support groups and batterer intervention. A small subset of domestic violence service providers also work with people formerly incarcerated, offering batterer intervention programs as conditions of their release, by court order, and/or on a voluntary basis.

The Office of Family Violence also funds 8 community-based organizations that provide population specific services to address the unique needs of those often underserved by mainstream programs, ensuring greater access to safety planning and advocacy services for survivors of violence.

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

Memorandum of Understanding

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

Protocol for Re-entry Planning for Inmates with Special Needs

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

Virginia Employment Commission

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

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

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

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

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

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

Employment/Job Training

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

The VEC initiated a statewide initiative to provide virtual job fairs to electronically connect job seekers and employers. The employer connections and job openings recruited at these events can be used to assist ex-inmates who are entering the workforce secure employment opportunities.

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

Historically, lack of funding has been the VEC's primary barrier, particularly in regards to staffing. Restrictions that were in place during the pandemic were a large barrier to serving the public, however the VEC has deployed various techniques to ensure continued service delivery such as virtual job fairs, telephonic assistance, and email correspondence. Those efforts continue post-pandemic to ensure that the VEC is reaching as many job seekers as possible.

Education

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

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

Women

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

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

Veterans

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

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

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

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

Assets:

Radford Office

The Radford VEC DVOP regularly attends and is a member of the New River Valley Re-entry Council. More than twenty agencies are active partners to include; Department of Corrections, Drug Courts (Pulaski, Montgomery County, Blacksburg), Virginia CARES, Social Services from six areas, Virginia Veterans and Family Support, and New River Valley Community Services just to name a few. Partners from the NRV Re-entry Council also provide monthly re-entry briefings and classes in the local jails. The Radford Center manager, staff and JVSG are very active in assisting ex-inmates in making a successful transition from prison to their community. The Radford VEC works closely with our WIOA partners for referrals for training and OJT's. We promote hiring of returning citizens in our informational packet for businesses. VEC delivers services following Health and Safety Guidelines, with an emphasis on Virtual Appointments, Telephone, and Email where feasible.

Bristol Office

Bristol VEC maintains partnership with local Probation & Parole Staff, and also, Virginia CARES, a Statewide Re-Entry Program working with the Department of Corrections. Virginia CARES Staff visit Bristol VEC at least monthly, and refer released individuals to the VEC for Registration, Job Search, Resume assistance, and Partner Programs. Bristol VEC Staff are also members of the Highlands Community Collaboration Council, a multi-partner coalition connecting Justice Involved Job Seekers with Employment Assistance and other supportive Resources. VEC Staff can deliver services In-Person or virtually, supported by Telephone, Text, and Email.

Wytheville Office

The Wytheville VEC office participates in the re-entry program with Bland Correctional Facility. DVOP/WP personnel visit the prison once or twice a month to provide resources to the prison's veteran group. The Wytheville VEC office (JVSG/WP) also attends the prisons resource fairs twice per year. Wytheville DVOP Billie Neel is a member of two local reentry groups: the Highlands Community Re-entry Council (Smyth County) and the Wythe/Bland Substance Abuse Coalition and Re-entry Group (Wythe and Bland Counties). WP staff will attend these meetings as time allows. The Wytheville WP and JVSG staff are highly involved in assisting ex-inmates overcome their barriers to employment and obtain employment. At the present time, some of the outreach that staff from the Wytheville office were participating in has been placed on hold until further notice due to the pandemic. The re-entry program and resource fairs at Bland Correctional Facility along with the community re-entry groups are all going to reevaluate things after the first of the year.

Danville Office

The VEC Danville Office Veterans Representative participates bi-annually in the Re-entry Job Fair at Green Rock Correctional Center. In addition, staff participates in the annual Job Fair for Southwest

Cares. The VEC Danville Office staff also works with transitioning inmates and makes referrals to Southwest Cares for any returning citizens needing assistance.

South Boston Office

The Area 8 Re-Entry Council holds collaborative meetings with multiple Partners and created a referral process between The Probation & Parole Office and the Virginia Career Works Center; which are next door neighbors. This Council continued to meet quarterly and hold Family Reunification Events every Quarter. The South Boston VEC office attends Orientation sessions twice weekly in Halifax. We also attend orientation sessions weekly in Prince Edward County. Partners such as Tri-County Community Action, DSS, Southside Behavioral Health, One-Stop partners, food banks and housing assistance services are utilized collectively. The DVOP has reinstated visits to the South Boston office twice a week to visit with Veterans qualified for that program.

Lynchburg Office

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

Martinsville Office

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

Hampton Office

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

Norfolk Office

Serves on the Re-entry Committee's for Norfolk and Virginia Beach and provides input at the monthly meetings of the council. Norfolk's LLVER is a member of the Department of Correction Center Resource Fair Committee. The staff attends the Annual Re-Entry Summit held once a year in September. Norfolk's LLVER is a member of the Hampton Roads Re-Entry Council and Virginia Department of Correction Resource Fair Committee. In the fall and spring, the Norfolk Staff participates at the St. Brides and Indian Creek Correctional Centers Resource Fairs. The Virginia Department Correction Resource Fair is in the planning stage for the upcoming Job Fair in April 2023. The Norfolk Office Workforce Wednesday Virtual Hiring Events, the staff target employers to hire former incarcerated. VEC Staff participates in the Norfolk Homeless Stand-down at the Scope Arena.

Portsmouth Office

Serves on the Re-entry Councils for Portsmouth and Chesapeake and provides input at the monthly meetings of the council. The office serves the transitioning inmates monthly at the Chesapeake City Jail.

The office provides information on the job search strategies, LMI and apprenticeship programs at Resource Fairs two times per year at Indian Creek, Deerfield, and ST Brides Correctional Facilities. Additionally, the office provides employment services monthly to the veteran population at Indian Creek Correctional Facility.

Roanoke Office

Staff provide Job Services presentations to the Western Virginia Regional Jail and to the Virginia Department of Corrections' probation and parole districts twice a year. In addition the VEC Veteran Rep is a member of Roanoke Valley Re Entry Council which meets monthly and VEC WSR Joseph Brown is on the Franklin Country Re Entry Council which also meets monthly.

Fishersville and Harrisonburg Offices

Staff regularly provide outreach to market Wagner Peyser and Disabled Veteran Outreach Specialist to the local State Correctional Facilities in the area. The Office Manager for these offices is a member of the Community Re-entry Councils.

Charlottesville Office

The office participates in a monthly Job Fair conducted at the Albemarle Charlottesville Regional Jail. In addition, the office participates in re-entry planning with other community agencies

Prince William Office

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

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

Arlington and Alexandria Offices

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

Alexandria Office

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

Fredericksburg Office

The Fredericksburg office attends the monthly meeting of the Reentry Council and works closely with Virginia Cares, People Inc. as well as FailSafe. We receive referrals and hold classes in resume writing and job search for individuals referred from these organization. Quarterly we attend a community resource fair along with Adult Ed., DMV, and Social Service so we can provide a single location for all returning citizens to receive assistance.

Norton Office

The Norton office works closely with Jennifer Jesse and Seekqumarie Hawkins (VA DOC Workforce Development Specialist) and gives regular presentations on VEC services to returning citizens at local DOC facilities from Pocahontas Correctional Center to Camp 18 DOC Coeburn VA. The Norton VEC also works in the same capacity with Federal Correctional Facility USP LEE. Additionally, the Norton VEC partnered with VA DOC for a returning citizen Job Fair in July 2022. Furthermore, the office also coordinates with the Norton parole officers and assist returning citizens with resumes job search and interview coaching in the DOC District #18 area.

WOTC

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

Virginia Indigent Defense Commission

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

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

Alexandria Public Defender Office

Staff from this office serve on the City's re-entry taskforce that is led by the Adult Probation and Parole office. The task force is a collaboration of City and state agencies and private entities who work together to identify resources and services for those citizens returning to the community following incarceration in order to aid them in making a productive transition. Staff from this office also serve on the City's Community Criminal Justice Board (CCJB) and the Behavioral Health Alliance, a CCJB subcommittee that addresses diversion alternatives for individuals with mental illness at all stages of the criminal justice process. Early diversion of those individuals who may be safely managed in the community results in better outcomes and less jail days.

The Behavioral Health Alliance oversees the CIT program and the Forensic Team, a group of treatment providers through the Community Services Board. The Forensic Team coordinates with the Commonwealth's Attorney's Mental Health Initiative to identify individuals whose mental illness contributed to the alleged offense. The Public Defender and the Chief Deputy Commonwealth's Attorney are notified when an individual with mental health issues is arrested and both work closely with the Courts and the Forensic Team to develop a treatment plan that will quickly release the individual from the jail. The Public Defender's representation at the earliest possible moment protects the rights and dignity of the accused.

The Alexandria Circuit Court's Treatment Court began in August of 2019. One attorney is designated from our office to represent our clients that choose to participate in this program. The attorney attends weekly staff meetings and court hearings. For most of the COVID-19 emergency, the Treatment Court meetings and hearings were conducted through video conferencing; however, participants have returned to in-person court. The actual treatment provided to participants is also in person though there are virtual options for those unwell or with some other reason for not appearing in person. The Treatment Court celebrated has had three more graduates this year. The Treatment Court utilized last year's grant money well and continues to grow in participants, some of whom come from other jurisdictions.

The Public Defender serves on the Correctional Services Advisory Board to the Sheriff. The Board is composed of representatives from various criminal justice agencies and from the business community as well as citizen representatives. Its mission is to provide input on programming at the jail that can ease the transition of those leaving custody to the community and to enhance inmate rehabilitation efforts. The Board recommends and supports innovative programming at the jail to include college courses for inmates offered through the local community college. The courses offer an introduction to college and the opportunity for inmates to begin their college careers, which they can resume on campus once they are released.

Housing continues to be a significant issue for many clients returning to the community. During the COVID-19 emergency, our shelters have been full with waiting lists up to 3 weeks and there are still wait lists as of October 2022. Lack of stable housing can be a significant barrier to successful re-entry. We continue to work with other agencies and the CSB to address difficulties in securing housing for our clients. Public housing is often denied to our clients because of their criminal histories. Sex offenders are constantly denied housing and are usually placed in one hotel.

Arlington Public Defender Office

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

Since 2015, the Office of the Public Defender (OPD) has been working with the Arlington Department of Human Services (DHS) to create bond diversion plans to divert defendants who are mentally ill from pretrial detention following the Sequential Intercept Map at intercept 2.5. OPD is involved with DHS for OPD clients' jail diversion at the magistrate level under the Post-Booking Magistrate Project ("PBMP") following the Sequential Intercept Map at intercept 2. We have had numerous successful jail diversions of people with mental illness at the magistrate or bond level. Through coordination between the

magistrate or judge, the CSB and the OPD, we have been able to monitor cases of people who were diverted by the magistrate or judge so that we are aware of them prior to the court date to make sure the process of meeting with counsel for the first time is seamless. Communication and coordination in these cases is crucial, which is why the OPD, DHS, and jail mental health staff engage in weekly Forensic Staffing Calls. These calls, which typically span 1-2 hours, consist of all parties' tracking updates about a shared caseload.

Due to COVID-19, DHS bond diversion programming was halted from March 2020 to September 2020. However, DHS has received recent approval to resume their diversion programs on September 15, 2020. In the meantime, OPD mitigation staff have been creating diversion plans, for mentally ill and/or substance dependent clients. In doing so, we have been able to divert a number of clients from jail, with personal recognizance bonds and plans for treatment.

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

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

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

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

In 2017, Arlington purchased the RNR Simulator Tool from George Mason University's Center for Advancing Correctional Excellence, and created a Risk Need Responsibility Group. The goal was to enhance positive outcomes for persons with mental illness reentering the community through the use of evidence-based practices. The group was comprised of DHS, OPD staff, CA's office, JDR probation, District 10 State Probation and CCU's local probation. The RNR Simulator Tool officially went "live" in September 2018. Since it went live, the tool has been used to ensure proper programming dosages for Bond Diversion clients. Due to the recent implementation of a Behavioral Health Docket, for which clients will also be assessed with the RNR tool, the RNR Group no longer holds regular meetings.

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

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

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

Bedford Public Defender Office

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

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

Starting in 2017 the Bedford Office of the Public Defender officially joined the Blue Ridge Re-Entry Council (BRRC) and has a representative present at each meeting so far this year. The BRRC is comprised of representatives from the Department of Social Services, Probation and Parole, Horizon, Johnson Medical Center, School Board, Family Preservation Service of VA Humankind, Interfaith Outreach, Blue

Ridge Regional Jail Authority, Dillwyn Correctional Facility, and various other local community service organizations to include residential treatment programs, homeless shelters, and veteran's affairs.

Through this group, our Mitigation Specialist, receives updates on programs/admissions, upcoming job fairs, transportation assistance, available housing, food banks, and free adult education classes.

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

Our office partners occasionally with Roanoke Rescue Mission, the Oxford House, and many local drug treatment and housing programs. Along with substance abuse treatment plans, we also work with Horizon Behavioral Health and Blue Ridge Behavioral Health by referring our clients there once they're released for continued mental health services.

Celebrate Recovery is now offered in Bedford and Amherst Jails. This program is a religious-based program offered to incarcerated men and women that focuses on addictions, past-trauma, codependency, etc. Once clients are released, Celebrate Recovery meetings are held throughout our community and our mitigation specialist encourages our clients to continue with this program.

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

Charlottesville Public Defender office

The COVID-19 pandemic has only exacerbated the major shortage of both programming and stable, affordable housing options in our area, creating a huge barrier to successful reentry. The CSB is responsible for connecting clients to services. Region Ten CSB is contending with staffing shortages and financial constraints which have left many of the pre-pandemic programming options shuttered, with no word when or even if they will re-open. It is not uncommon for clients to be left waiting in limbo at the Albemarle-Charlottesville Regional Jail for a bed to become available in an inpatient facility in order to satisfy the treatment conditions of their bonds.

Our Therapeutic Docket Program continues to be successful and most participants are doing well, especially given the numerous challenges this population faces. The "navigators", a staffing role provided by community partner, Partner for Mental Health, continue to serve a critical role in the successes of our clients by helping to overcome barriers to service. Our General District Court judge is committed to the docket and cares deeply about program participants, and our community partners

have stepped up with enthusiasm, contributing mightily to the docket's success. The Drug Court program remains robust, offering treatment services to individuals struggling with substance use disorders.

Here in Charlottesville and throughout the county, the major shortage of affordable and available housing remains a significant barrier. The transition from jail back into the community is also more difficult than ever. In-person visiting in ACRJ remains closed, leaving incarcerated individuals unable to see their families on anything other than a video screen for months or even years. Incarcerated individuals are allowed tablets with which to video chat with their loved ones, but the cost for use is prohibitive for the majority of our clients. These tablets are also the only form in which books from outside of the jail library can be acquired. Sending physical books into the jail is still not allowed at this point, leaving clients bored, frustrated, and unable to engage in activity which would productively occupy their time and set themselves up for successful reentry. In an effort to combat these challenges. Our local community corrections program, OAR, has begun partnering with other shareholders in order to offer a weekly "One Stop Shop" of reentry services and referrals to additional programs.

Our attorneys, office staff, and our community have done an outstanding job of facilitating the release of more clients than ever on Home Electronic Incarceration as an alternative to jail. This has allowed some of our clients the opportunity to show the courts that they can be successful outside of a carceral setting. Reentry presents a multitude of challenges, but programs like HEI can help to mitigate these challenges and make the process easier on the individual and the community. We look forward to continuing to collaborate with our community partners, the Commonwealth Attorneys and community corrections in order to expand and improve upon the services available to reentering populations in this district.

Chesapeake Public Defender Office

Our office is a stakeholder that participates in the Mental Health/Criminal Justice committee that meets with the Sheriff, Police, CSB, CWA magistrate, dispatchers, and community. It discusses current community needs of the mentally ill individuals involved in the criminal justice system and new programs. It oversees the crisis intervention training the police department and 911 staff, as well as the crisis intervention assessment center. It provides an alternative for the police when dealing with mental health involved offenders.

Judge Bedois, chief Judge of the General District Court, heads up a behavioral health docket. The office remains involved with the mental health criminal justice committee.

The Chesapeake Correctional Center offers a re-entry program for inmates close to their release dates. The Hampton Roads Regional Jail started a Forensic Advisory Team to address their mental health populations many needs. Many agencies are involved including local Public Defender Offices and CSBs. Prior to COVID, it also established a CORE program, Community Oriented Re-entry.

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

Danville Public Defender Office:

We have mostly rebounded from the pandemic. Most facilities have lifted restrictions. However, some facilities have closed their doors.

The Alpha program has resumed fully. The in-jail portion of the program is now 6 months long and is held at the Danville City Jail. The outpatient part of the program is now 6 months long and held at Danville Pittsylvania Community Services. We still work closely with Probation and Parole, both Adult and Juvenile, to identify services that may benefit our clients or be an alternative to incarceration.

The Bridge Ministry is an 18-month program for men in Buckingham. They have changed their admissions criteria somewhat and seem to be focused on people with first time / less serious offenses.

The Hope Center is a substance abuse program currently in the Henry County and Pittsylvania County area. It's a 12-month program that includes a work component. However, due to some issues with reporting, our judges seem unlikely to sentence our clients to the program.

The Roanoke Rescue Mission is also an inpatient recovery program that is available to our clients. Our judges are hesitant to use it because they don't think it's a secure facility. However, it's still a good option for those who just want or need treatment, not necessarily in lieu of an active sentence.

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

The Incarceration Doesn't Define Us (IDDU) program was a new program that started in 2020. It is open to men and women but only Danville residents. It's a job readiness program that's being run by Ashtyn Foddrell, who is the community engagement liaison with the Danville Police Department. We haven't had many clients participate in this program but I think it could be helpful to some clients.

Epic Health Partners is an outpatient treatment program that offers evidence-based substance use treatment. They are located in Danville, Martinsville, and Richmond. Epic offers additional services such as crisis stabilization, mental health skill building, psychiatric services, and outpatient therapy. They can also help with connecting clients to housing resources if needed, but the clients must have mental health or substance use issues in order for Epic to assist with housing. Epic accepts Medicaid and can help clients sign up for Medicaid if needed.

Brightview is an outpatient substance-use treatment program located in Danville that offers medication-assisted treatment (MAT), individual counseling, group therapy, and care coordination and peer support. Brightview can provide assistance with organizing transportation to and from their facility (this has no cost if client lives in city of Danville). Brightview can also assist clients with food stamp needs, employment, child support, and Medicaid. Brightview accepts most commercial insurances as well as Medicaid and Medicare. They also accept walk-ins on weekdays until 3pm.

The Life Center of Galax, located in Galax, is a 45-60 day inpatient substance use program. The Life Center accepts Medicaid and can conduct assessments over the phone to determine if clients are

eligible. They have a treatment team made up of doctors, psychiatrists, psychologists, nurses, and counselors. The Life Center also includes an introduction to AA and NA meetings, as well as Celebrate Recovery which is a Christian-based recovery meeting. This program also offers outpatient treatment, though we usually use them for the inpatient component.

Fairfax Public Defender Office

The Fairfax County Public Defender attorneys and staff have continued to cooperate and collaborate with various agencies and boards in our jurisdiction. Our Mitigation Specialists are part of the Fairfax Reentry Council, which is composed of several local organizations, nonprofits, and community leaders. Through the combined efforts of its members, the Council aims to provide avenues of support and resources for returning citizens. In years past, the Reentry Council has worked in cooperation with the Fairfax County Sheriff's Office to organize a Resource Fair in the Detention Center. This fair provides a space for inmates to connect with a number of governmental agencies and local organizations and learn about what services are available to them upon their release. Unfortunately, COVID-19 has continued to impact the Council's planning and coordination efforts but we hope to plan in-person fairs in the near future.

Prior to the Fall of 2022, OAR of Fairfax offered numerous classes within the Fairfax Adult Detention Center that taught inmates skills to aid their reentry. The Fairfax County Sheriff's Office has since terminated its contract with OAR and ceased operations of the Alternative Incarceration Branch, Community Labor Force, and Work Release Program. This leaves incarcerated clients with little opportunity to prepare for their reentry and transition back into the community. Our Mitigation Specialists hope to work together with the Reentry Council to advocate for the importance of these resources and reaffirm Fairfax County's commitment to setting up support structures for returning citizens.

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

Fairfax County has a Veteran's Treatment Docket, a Drug Treatment Court in Circuit Court and a Mental Health Treatment Docket in General District. The Public Defender Office continues to be a primary stakeholder of all of these programs. The Veteran Treatment Docket has graduated multiple classes and currently has 17 participants; Drug Court has 18 participants; and the Mental Health Docket has 22 participants.

The office has partnered with many different county agencies, including the Fairfax County Sheriff's Department, the Community Services Board, local police departments and Commonwealth Attorneys' office in helping propel the Diversion First efforts. At this point, hundreds of public defender clients have already been moved from the jail and into the community by connecting them with mental health services through the Merrifield Center.

Since 2016, over 2,600 people have been diverted from potential arrest because of the combined efforts of the stakeholders in Diversion First. While all of them are not clients, most of them likely would have been but for Diversion First. This has resulted in significant savings to the County but, more importantly, provided necessary treatment to a population that is very often unable to connect with the proper people to receive the appropriate treatment. Additionally, the Diversion First efforts have provided

additional resources at all stages of the process. This means that we can use these same resources to get our clients out of jail on bail and to ensure that they have services when they re-enter the community. For example, there has been a 35% decrease in the jail behavioral health population with misdemeanor charges.

It is clear that these combined efforts will reduce recidivism in the long run. With all the additional programs, re-structuring, and new services offered through the Merrifield center, and the CSB, the office has also held numerous trainings for attorneys and staff to get up-to-date information on programs and services available to our clients once their court cases have concluded. We continue to build relationships with these professionals within our community to further the future success of our clients.

Fauquier Public Defender's Office:

The Fauquier Public Defender's Office covers Fauquier and Rappahannock Counties. The Office works with the community to find and utilize programs both in the community and those in surrounding areas to assist clients' reentry into a productive life beyond the confines of incarceration. These programs, which include substance abuse rehabilitation programs such as the Boxwood Recovery Center, The McShin Foundation, The Life Center of Galax, Mount Regis Center, Pyramid Healthcare Center, National Capital Atlantic, and The Bridge Ministry are toured and inspected by the Fauquier Public Defender's Office to ensure that they can adequately form a basis for rehabilitation and reentry. To reduce the risk of overdose and death, NARCAN and Fentanyl Test Strips are also made available.

The Office similarly partners with and utilizes programs orientated toward mental health recovery and treatment, including the PATH Foundation, CAYA, Verdun, Mental Health Association, CHADD, the S.E.E. program and many others in the community on behalf of our clients to address the underlying factors that resulted in their intersection with Virginia's criminal justice system.

Beyond assisting clients reentering communities via these rehabilitative programs, the staff of the Fauquier Public Defender's Office works with the Partnership for Community Resources (PCR) group and currently co-chairs the organization. The PCR strives to strengthen, support, raise public awareness, and enhance the collaboration and communication between community-based organizations, churches, and government, concerning health and human service needs of our community. This assists the community in being more aware of what needs are not being met in the community as well as spreading the resources that are available. Through this, Mental Health has become a much bigger conversation and education about it has become more of a priority for our community as well as resources for mental health assistance.

In partnership with other community actors, the Public Defender's Office was instrumental in assisting the creation of a cold weather shelter for people in the community to provide a warm place to stay, showers, toiletries and access to more resources for those individuals and families that are either affected by homelessness or without power during extreme weather events. In addition to the cold weather shelter, the Fauquier Public Defender's Office also works with Habitat for Humanity on construction of new affordable housing options in the community.

In addition to leading the Partnership for Community Resources Group, the Fauquier Public Defender's Office works to increase services for juveniles and families through the creation of a Family Treatment

Court which is currently in development through a partnership with the Juvenile and Domestic Relations Court and other local criminal justice actors. To promote a productive and easy reentry to the work force the Public Defender's Office assists reentering clients with a variety of employment-oriented services, including assisting client with securing drivers' licenses, educating them on employment opportunities in our community, and formalizing payment plans to assist with any court ordered costs.

In bridging the gap between incarceration and reentry, the Fauquier Public Defender's Office works with clients and employers, as well as the Sherriff's Office, to secure approval for Work-Force and Work-Release assignments for inmates preparing for release. The Office also assists recently released clients in securing transportation to and from Adult Court Services, State Probation, the Virginia Alcohol Safety Action Program, and other court ordered requirements.

Through the Public Defender's Office's assistance, underlying criminogenic facts such as mental health, substance abuse, employment, housing, and food security are addressed to reduce rates of recidivism throughout our community.

Franklin Public Defender Office

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

The Public Defender's office continues to participate with the 5th Judicial District Community Corrections Program. Our mitigation specialist serves on the Community Criminal Justice Board, attending quarterly meetings, and currently serves as Secretary. The 5th Judicial Drug Court launched in January 2022. The Public Defender's Office is excited about this resource. Currently, our mitigation specialist and senior attorney are completing training to establish the District's behavioral docket as well. Strides are continually being made to create new opportunities for our clients to become successful, law abiding citizens.

Fredericksburg Public Defender Office

Our office serves clients in the City of Fredericksburg, and King George, Stafford and Spotsylvania Counties. The Fredericksburg office currently employs twenty-three full-time attorneys. The court support staff includes two full-time Investigators, and two full-time Mitigation Specialists and a Paralegal. The paralegal is specifically assigned responsibilities to include coordinating program evaluations and processing for clients who are working for bond or sentencing option, including seeking out and building relationships with new programs and treatment options as appropriate.

Each of our localities participates in the Rappahannock Regional Adult and Juvenile Drug Courts to address substance abuse issues. The Veteran's Treatment Docket which began in the Spotsylvania Circuit Court has expanded to include participants from all other jurisdictions. This office works closely with the Veteran's Administration and VVFS (Virginia Veterans and Family Support) to help serve our veteran clients' needs and provide services. Our office has also been a stakeholder and participating in the planning and implementation of the first Mental Health Docket in the area. This Docket has been initiated in the Spotsylvania Circuit Court and is staffed by one of our attorneys, and is still being

established. Our office has also been in talks with the Fredericksburg Commonwealth's Attorney's Office about establishing a General District Court level mental health diversion docket.

Our office plays an active role on the Community Criminal Justice Board and regularly interacts with a variety of government and private support agencies in the jurisdictions we serve. This office also attends meetings of the Rappahannock Domestic Violence Council (RDVC). Additionally, an attorney representative from the office sits on the Board of the Fredericksburg Area HIV Aids Support Services, which focuses on assisting LGBTQ clients and community members with housing, medical care, trans care, and other needs to stabilize and be safe and healthy in the community.

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

Our attorneys and support staff regularly interact with representatives of the RACSB regarding clients with mental health and substance abuse issues. The attorneys and staff in our office have received training from RACSB jail based support services about new evaluation processes and programs. And the RACSB has caseworkers assigned to the Rappahannock Regional Jail to assist clients with mental health issues and coordinate services as they transition back to the community.

Barriers: Housing and transportation. Transportation is particularly problematic with little to no public transit, and expensive private carriers that are outside our client's resources.

Halifax Public Defender Office

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

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

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

assistance and how to submit applications for our clients who seek that support. She also received a number of face coverings to distribute to our clients.

Hampton Public Defender Office

The Hampton Public Defender's office participates, as a sitting member, in the Drug Court Committee and the Public Defender attends all committee meetings along with other local agencies such as the Community Services Board, the Commonwealth Attorney's Office, the Sheriff's Office, and other local officials to provide sentencing alternatives that includes drug treatment and counseling to reduce recidivism and incarceration. The City of Hampton continues to maintain a Veteran's Track of the Drug Court and the Public Defender sits on the policy making committee of that board. The goal of the program is to provide alternative sentencing to veteran's that includes medical care, counseling, and mentoring to avoid recidivism and incarceration. The office continues to advocate for progressive change within the Drug Court and Veteran's Court programs, as many of their practices are quite harmful to clients and the goal of curbing recidivism.

In 2020 the General District Court was granted funding for the establishment a Mental Health Diversion Court. This is a joint effort between the District Court, the Commonwealth's Attorney, the CSB, and the Public Defender. The program diverts low-level offenders with mental health issues away from convictions and incarceration, and towards necessary treatment. The hope is that providing services to this needy population will prevent recidivism and get resources to those who need it. As services have reopened we have had several clients enter the program. As it is a year-long program, we have yet to see anyone graduate, but early returns are very promising.

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

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

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

The Mitigation Specialist has established a direct line of communication with the CSB jail services department. Our office still utilizes the services provided by the CSB's Forensic Discharge Planning (FDP) staff. We often recommend the program to our Judges as an alternative to DOC placement. The COVID

pandemic continues to present some obstacles for clients with Severe Mental Illness (SMI) to obtain housing. The services now provided by the FDP have been very helpful with housing and/or hotel's for SMI clients upon release.

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

Our Mitigation Specialist has become familiar with recent changes to the Center for Child and Family Services programs. They now offer numerous outpatient programs for Substance abuse, mental health and life skills. They have provided our clients with virtual treatment sessions and have provided a much-needed service during the pandemic. The MS has established a good rapport with the Director of the REAL LIFE program in Richmond. This program offers reentry services to both male and female clients. The MS visited the program prior to recommending it to our clients. We have placed four female clients and one male client in the program. To date, all but one have been successful in the program. She has also utilized the Supreme Reentry program in the metro Richmond area. While this program does not offer as many services as REAL LIFE, they do offer a clean-living environment and employment assistance. One of the local programs that we have used for many years, Youth Challenge, has been removed from our list of available programs as they no longer offer free, low cost programming or scholarships. They now charge a significant amount for services and do not accept insurance or Medicaid.

We continue to use REAL LIFE as our go-to program. This year we have referred about 15 clients to the program. Transportation to the program has been challenging but our office has pulled together financially to help two clients take the train to the program.

We have recently been referring many clients to Virginia CARES (Community Action Reentry System) in Newport News. They offer re-entry services that include housing referrals, employment assistance and other life skills programs for returning citizens.

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

Loudoun County Public Defender Office:

The Mitigation Specialist, Kelly Williams, continues to sit on the Loudoun Reentry Advisory Council. During the pandemic, the Reentry Advisory Council dissolved and Kelly volunteered to assist with restructuring it and getting it up and running again. She has strong relationships with the jail reentry case worker as well as with the jail medical and mental health staff. She serves on the Loudoun Disability and Justice Coalition (formerly, the Disability Response Team) which assists individuals with ID/DD who become involved in the criminal legal system. She has also learned how to assist our clients with applying for Medicaid benefits which has proved to be beneficial for them when seeking substance abuse and mental health treatment as well as general medical care. She has put together a "How To" guide to assist clients with accessing resources within the community upon their release and an expungement packet for clients use.

The office continues to have community programs come into the office to educate them as to the services they can offer our clients. The office is active in all bench bar groups. They continue membership and participation with JDAI, DART and the CCJB. They are part of the Circuit Court Judge

run Law Camp program for high school students. It has been a part of the legal education program in the local high schools.

We continue to be members of the treatment and advisory team for all specialty docket in Loudoun County, these dockets include a Drug Court in Circuit Court, a Mental Health docket in GDC and now a Veterans docket in GDC. Each of these specialty courts and teams meet weekly.

The office has partnered with the ARC, local organization that assists Intellectually Disabled Individuals and with Pinnacle, a M.A.T. program that assists clients with rehab and re-entry. Twice a year, attorneys go in to meet and talk with kids at the Douglas School - a school for teens who cannot function in a regular public school setting due to either behavioral, mental health or emotional issues.

Lorie O'Donnell has joined the Affordable and Special Needs Housing Coalition. This Coalition's goal is to bring additional resources to Loudoun County for the homeless individuals calling Loudoun home and to provide resources for those who need assistance in keeping or maintaining their homes.

Lorie and Ellie Shahin are a part of the Beat the Odds foundation that provides scholarships for Loudoun County high school seniors. This foundation raises money and awards it to high school seniors who have overcome severe obstacles in their young lives, many are clients or the children of clients.

Lynchburg Public Defender Office:

The Lynchburg Public Defender's Office continues its efforts to expand client opportunities for successful re-entry. We continue to expand our efforts in addressing the reentry needs of our clients through the development of individual plans and the addition of a human services based internship program. When addressing the biopsychosocial needs of our clients, our goal is to de-institutionalize and successfully reintegrate them into the community.

Through our long-standing participation in the Blue Ridge Re-Entry Council, as well as continued networking efforts, the Lynchburg Office partners with several community organizations to cover the following principal needs for re-entry:

Housing: Our office works with the Central Virginia Continuum of Care. This organization is the main organizing body for addressing housing and homelessness in and around our area. We consistently work with our local CSB, Horizon Behavioral Health, to refer clients experiencing homelessness for placement on various housing voucher lists. Additionally, our mitigation specialists will aide our clients in finding affordable and secure housing. Our main emergency shelter provider recently downsized leaving a significant number of clients without access to any shelter. In the last year we have seen an increase in clients experiencing homelessness and housing instability.

Mental Health: Our main source for mental health services is through our CSB, Horizon Behavioral Health. We begin addressing our client's mental health needs while they are incarcerated. Routinely we advocate for them to receive their medication and also refer them to community organizations upon their release. We continue to use telehealth services when available for clients who might not otherwise be able to access care.

In the past year, we have been diligently working on the development of the Behavioral Health Docket in the Lynchburg General District Court. This docket is designed to immediately divert individuals suffering from serious mental illness from incarceration to the proper treatment/services to treat their mental health conditions through continuous case management and supervision.

Substance Use: As with all offices throughout the IDC, our Mitigation Specialists continuously work with various inpatient, outpatient, and recovery organizations. In order to ensure our client's successful re-entry through recovery, we individually assess their level of service needs. With the addition of a new outpatient substance use treatment provider, we have been able to quickly link clients to services. Our office has been able to continuously aid in expansion and reform of the Adult Drug Treatment Court.

Employment: We partner with local employment agencies through our office's participation in the Blue Ridge Re-Entry Council. As many of our clients are attempting to navigate the workforce with prior felony convictions, organizations such as Virginia Career Works, VEC, and Lynchburg Community Action Group, are critical in connecting clients to employment opportunities.

Health care: As of this year, our entire mitigation specialist team is certified to facilitate Medicaid applications. In addition, our local jails have begun enrolling individuals who are incarcerated into Medicaid. However, individuals who are incarcerated only qualify for partial hospitalization coverage through Medicaid. Our office has successfully worked with the Blue Ridge Regional Jails to release and expand Medicaid coverage upon re-entry.

Financial Services: Upon exit from incarceration, our clients face many financial challenges. These challenges can be deposits for rental properties, utility payments, and fines and court costs to name a few. In our area we are fortunate enough to have a service provider that recognizes these challenges and will assist our clients with a financial pledge to aid clients in addressing those needs. Through Interfaith Outreach, we have been able to help clients obtain funding for recovery homes, move into secure housing, and keep their utilities in place. This organization also runs a program in our local jails entitled Progressive Release which will begin addressing the various challenges individuals face when being released from incarceration.

Martinsville Public Defender Office

The Re-Entry Council meets at Community Fellowship church every 1st Tuesday of the month. Due to the coronavirus, meetings were suspended; however, they have since resumed in person. Our Mitigation Specialist is on the Re-Entry Council and she continues to pursue information regarding programming that will benefit our clients.

Construction of the new Henry County Adult Detention Center was completed in March 2022 and inmates were moved into the 400-bed facility April 2022. The facility has a medical and dental area. There is a nurse on duty 24/7, a doctor four hours a week, a nurse practitioner 12 hours a week, a dental room and a back hall of offices for the doctor and nurses. There are six holding cells, so if someone is really sick they can keep them away from the other inmates. The facility is complete with a pharmacy, laboratory and x-ray machine which will reduce hospital costs and emergency room costs as well as better care for the inmates. Healthcare at the jail is now provided by a contract services provider. There are plans for educational programs and certification programs through Patrick & Henry Community College. The Henry County Adult Detention Center has a state-of-the-art kitchen equipped as well as any in the region for inmates who want to learn culinary arts, with the goal of teaching them a trade; so that hopefully, they will not become repeat offenders. Piedmont Community Services now has an office inside the jail and are ready to assist inmates immediately. The jail will eventually offer a work release program. Many of these programs have not been implemented, as the jail has had staffing and other issues.

The Mobility Management program, offered through the Southern Area Agency on Aging offers a voucher program, the Miles 4 Vets program and the Mile 2 Volunteer Driver Program for in town and out of town transportation needs for not only the elderly but also for anyone in need of their transportation services. Counseling and GED services at the local jails have resumed with a combination of in person and via Zoom.

The local Clean Start program (except in the jail) continues to operate and a substance abuse counselor from the local CSB will provide services at the Martinsville jail and Henry County Adult Detention. The City jail has iPads available to inmates, who can access online certificate programs to complete in preparation for release. The City jail also offers GED instruction, mental health counseling and anger management classes.

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

Our office utilizes several programs geared towards substance abuse for both women and men. Locally, we have the HOPE Center program with two locations (Axton, Virginia and Brosville, Virginia). It is an 8 to 12-month Christian based program for those seeking help with alcohol and substance abuse addictions. The women's facility is now open in Pittsylvania County.

EIP (electronic incarceration program) is available through all three local jails but with widely differing eligibility criteria. There has been an influx of suboxone treatment facilities in our local area. Groups Recover Together, Martinsville Treatment Center and Brightview are a few that our clients have been utilizing. These programs have helped with the ever-growing opioid addiction population that has ravaged our communities. They offer respectful, accessible and affordable treatment to our clients. The City allows the most inmates out on HEM, and Henry County the least. There was substantial use of EIP, particularly early on in the pandemic, to release folks from jail on GPS ankle monitors. We continue to make referrals for the Jail Diversion program, operated through our local community services board and currently being housed in the new Henry County Adult Detention.

The Piedmont Drug Treatment Court is operational as of February 2022. The Public Defender is a participant in the Drug Treatment Court Advisory Committee. While the DTC currently only serves Henry County, plans for the future are to expand to cover the entire 21st Circuit.

Pretrial Services and Local Probation have finally been funded and are commencing services. They are not yet providing reports to the Judges yet, as they are still staffing up and training new staff.

Reversion of the City of Martinsville is ongoing, with no certainty as to whether reversion will occur at all. There will be a referendum in the City of Martinsville at some point. If the referendum to revert is passed, further proceedings could be determined by a 3-Judge panel. It remains to be seen what impact reversion has on overall services. There is ongoing litigation between the City of Martinsville and Henry County about reversion.

Resources in our small community are always limited. Localities have been awarded significant ARPA funds to offset the effect of the pandemic and our localities are beginning to see opioid settlement money arrive, a little at a time. There is only one local program for juveniles, a half-way house for boys that is ordered for juveniles in lieu of detention (pre- and post-dispositional) or commitment to DJJ. This facility (ANCHOR Group Home) is the process of extending their operating hours to cover weekends is ongoing. ANCHOR has finally been approved as a Shelter Care facility. There is no equivalent resource for juvenile females.

Barriers continue to be resources (funding) for services for clients. Additional barriers are Commonwealth's Attorneys who are not as committed to rehabilitation and re-entry opportunities as other jurisdictions' prosecutors are. With the dramatic changes occurring in criminal justice reform, there may be additional opportunities to expand access to services and alternatives to incarceration.

Newport News Public Defender Office

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

The Mitigation Specialist II is a participant in the newly developed collaboration between the VIDC and Virginia Health Care Foundations for the purpose of becoming proficient in the Medicaid application process. This collaboration was developed so that Mitigation Specialists can learn the essential information needed to assist clients and their families apply for Medicaid/FAMIS health insurance. Thousands of Virginians are newly- unemployed as a result of the COVID-19 pandemic, eligible for Medicaid and need health insurance.

The Mitigation Specialist II was a member of the Medication Assisted Treatment (MAT) Planning Committee which was comprised of community partners from the medical, mental health, local jail and reentry field. This committee worked to develop a MAT program within the Newport News City Jail. This program allows clients to begin the process of recovery from opioid addiction while incarcerated. This program allows for community providers to establish a more seamless transition for the participants back into the community having an already established MAT plan and direct linkage to community resources that will continue to provide those services.

The Mitigation Specialist II and a designated Deputy Public Defender are members of the Behavioral Health Docket for the Newport News General District Court. Designed to reduce recidivism and improve the quality of life for our mentally ill population the Mitigation Specialist II and the Deputy Public Defender were involved as a part of the planning committee for this Specialty Docket and continue to attend Behavioral Health Docket case meetings and hearings twice per month. Both remain active participants as members of the Behavioral Health Docket Board and meet quarterly.

The Mitigation Specialist II works in conjunction with the Newport News Sheriff's Department Reentry Program to assist clients with obtaining State Identification Cards while incarcerated. The Mitigation Specialist II works closely with Hampton Newport News CSB jail staff and NNCJ staff, both for the purpose of diversion from incarceration as well as development of treatment options that will best serve the client prior to release and upon release. The Mitigation Specialist II established strong relationships with the Newport News City jail and jails in the surrounding jurisdictions to obtain information and

arrange program interview calls in order to assist clients with obtaining sentencing alternatives and post release services. The Mitigation Specialist works closely with Hampton/Newport News CSB staff, private providers, as well as local and state treatment facilities, to address mental health and substance abuse treatment needs early in order to minimize interruption of services, including medication, counseling, benefits, housing, and case management during a client's time of incarceration and upon re-entry.

The Mitigation Specialist continues to represent the VIDC on the board of the Behavioral Health Docket and participates in the weekly hearings. Due to the changes in program protocols and screening processes as a result of the COVID-19 pandemic, the Mitigation Specialist maintains contact with programs statewide to ensure that current procedures and protocols for screening are provided to clients and the court. Updating the Mitigation Resource directory as new programs develop is also a duty of the Mitigation Specialist.

The Mitigation Specialist II continues to utilize Webinars and online training to stay current on therapeutic resources for clients exiting jail. The Mitigation Specialist II was part of the planning committee for the VIDC Mitigation Specialist Conference which occurred in September 2022 and is a current Mitigation regional leader for the Hampton Roads area to assist new hires or current MS by answering questions regarding work related issues and serving as a contact to disseminate information to other MS.

The Mitigation Specialist II continues to participate as one of the planning Advisory Council Members on the recently established Peninsula Advisory Council. This council was created for the purpose of enhancing professional networking and collaboration with other agencies in the Virginia Peninsula. This council provides the opportunity to learn about new programs, initiatives and events in our area. This council provides a mechanism for acquiring services for clients reentering the community through a network of various service providers.

The public defender personally attends every drug court staffing session to monitor the progress of the clients this office refers to that program.

Norfolk Public Defender Office

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

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

There are diversionary dockets within the Norfolk Court system, both at the GDC and Circuit levels. GDC has a competency docket which has been extraordinarily successful in ensuring clients do not languish in custody awaiting mental health treatment. Often clients are transitioned back into the community with stability in their meds, social workers, and even housing. We are working on obtaining grants for a Behavior Health docket in GDC to expand the competency docket to allow it to also be a dispositional docket. To do so, the team required forty (40) hours of training which we successfully completed in the fall of 2019. The pandemic has resulted in a suspension of this effort; however, we will aggressively seek the creation of this docket once it is reasonable to do so.

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

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

Petersburg Public Defender Office

The Petersburg office is connected with community partners to support clients who are in need of re-entry services in the local area. When resources are limited in the immediate area, the Petersburg office identifies partners with agencies outside of the local community to meet the needs of our clients. Our mitigation specialist, Jeanelle Johnson, is particularly adept at identifying new programs that could benefit our clients. She does a great job of establishing and, more importantly, maintaining and nurturing relationships outside the office. Our investigator, Joanne Pena, has made similar connections as well.

Despite our efforts to maintain a Mental Health Court docket in Petersburg, the program has been put on hold temporarily. Our fledgling Drug Court program was sidetracked by COVID. Now that COVID has essentially passed, we will reinvest our resources into getting this program started. The new and improved CCAP program has been utilized by our office as warranted to ensure that appropriate services, especially in the area of re-entry from the Department of Corrections, are identified.

The Petersburg office continues to work closely with the Riverside Regional Jail reentry program to identify our clients who are in need of immediate services such as housing and other essential needs. We utilize the work release program to ensure our clients are able to obtain and maintain employment. We routinely request (and our requests are most often granted) that the Courts authorize work release for our clients, irrespective of the types of convictions the client might have.

The Petersburg office also works diligently with the probation departments (both District 7 probation and Petersburg Community Corrections) to provide services for adults and juveniles, seeking out and developing suitable alternatives to confinement, and identifying needs and services for adult and juvenile offenders as they return home. Our office has an excellent rapport with Court Services, which serves the juvenile court exclusively. We continue to network and to build rapport with other local professionals in the community and to explore alternative options for our clients to ensure they are provided the best resources available with the hope that the effort might have the effect of reducing recidivism.

Portsmouth Public Defender Office

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

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

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

While Portsmouth has still not received funding for a mental health docket, the Portsmouth office took on a leading role in establishing an informal mental health docket. The Portsmouth office works closely with the GDC Court personnel, appointed doctors and DBHS to streamline mental health cases, and to more effectively meet the needs of clients with mental health issues. Additionally, our mitigation specialist has developed a direct line of communication with Eastern State, Central State and DBHS to more effectively recognize and address the mental health needs of clients coming through the criminal justice system. Internally, we have created a mental health team to become more adept at identifying clients with mental health challenges and to work more closely with family members and other agencies to find ways to overcome the many issues that arise in cases involving clients with mental health disabilities or challenges. Our mitigation specialist does bi-monthly visits with all clients who are identified as having mental health issues and who are held in custody. Additionally, she reviews and speaks with the treating facility (for each client) 24-48 hours before the client's court date, in order to

be able to inform the Court of the status and progress of each client. We make every effort to reach out and coordinate efforts to involve family members and treatment facilities prior to release of clients.

Pulaski Public Defender Office

Re-Entry services within our four jurisdictions remain limited but have improved from previous years. Lewis Gale Medical Center has added a Substance Treatment/Psychiatric department, which is helpful for local clients needing detox. New River Valley Regional Jail and New River Valley Community Services (NRVCS) have partnered to add a substance abuse program and eventually a peer program in jail. NRVCS has added two additional jail clinicians to help assess inmates' current needs, as well as future needs once released from the facility. By increasing the number of clinicians, the wait time to be seen by clinicians is shorter and wait lists move quicker. NRVCS will assess clients for mental health and substance use treatment needs before discharge. This is especially helpful to our clients if this is a condition of release for probation or bond. The client can be given an appointment to be seen by doctor, counselor, or case manager at this time. Transportation barriers can be worked out at this time also. Clients can be placed into treatment programs based on choice or needs. Our local Re-Entry Council has partnered with community resources, such as, DSS, DARS, New River Valley Community Services, Veterans Affairs (State and Federal Agencies), NRV Community Action, and VA Cares to assist with discharge planning. Bland Correctional Facility provides inmates psychiatric care with a physician on premises and continues to do discharge planning for offenders being released.

Re-Entry Council continues to partner with local agencies in the community to assist clients with reentering the community. This partnership has increased awareness of the needs for services for this underserved population. Manna House continues to house inmates originally from the community that are homeless leaving jail, no matter what their previous convictions may have been. This is a partnership with the DOC and Re-Entry Council. The DOC partnership helps Re-Entry Council to save donated money from local churches as long as a DOC inmate is housed here. Residents of Manna House are allowed to stay for 90 days for no charge and are required to sign a lease, which probation assists with. In that ninety days, residents are required to access public transportation, secure employment and save money for future homes. COVID stalled a few residents and they were allowed to stay longer than 90 days. These residents have since moved out. The longest resident in home has been there for one year and is ready to move into the community. The benefit of allowing a long-term resident to stay longer is allowing the long-term resident to assist new residents with a scheduling for meal planning, budgeting, house cleaning, yard work, and how to access public transportation.

The Manna House is furnished with donated items and purchased items donated by private individuals and churches. Residents have access to all necessities in the home, including personal hygiene items. Probation Officers and VA Cares work with individuals during this time to obtain employment and save money to move out of the home and be independent. A local church hosts a monthly dinner with residents in the home. Church members volunteer their time and provide transportation for residents. Residents are offered an opportunity to attend services with church members and transportation is provided for them by volunteers.

Our mitigation specialist continues to attend bi-monthly Re-Entry Council Meetings and serves on the Community Support Committee, Housing Committee, and Steering Committee. The mitigation specialist

attending these meetings benefits our office by keeping us abreast of what resources are available and upcoming in our area.

Re-Entry Council plans a family reunification dinner bi-annually to assist families with various needs for their loved one who is returning home. This dinner hosted is by a local probation office and is held at New River Valley Community Services. The food is donated by various community supporters each year. A small resource fair, comprised of community resources, can give families awareness of new resources available to them. It also allows the family to meet with agencies in a different setting. This past year's dinner was cancelled due to COVID but will resume next year.

Our office participates in Pulaski County Drug Court, Radford City Drug Court, and Wythe County Treatment Court currently. Our mitigation specialist and assigned attorney attend each drug court and treatment team meeting. To date, the Pulaski County Drug Court has graduated 31 participants. The Pulaski Commonwealth Attorney's Office is working towards the goal of establishing a Veterans Docket in Pulaski General District Court and will begin training on October 6, 2022. One attorney and mitigation specialist will participate in this docket.

The Pulaski Public Defender's Office continues to provide referrals for mental health services and substance abuse treatment. Our community utilizes our community service board, New River Valley Community Services, for adult and adolescent intensive outpatient treatment, residential substance abuse treatment, Bridge program, mental health referrals, and inner-office attorney trainings.

Unfortunately, homelessness remains an issue in our area due to no homeless shelters. We are no longer able to refer clients to the Roanoke Rescue Mission, if the client is not from the Roanoke area. New River Community Action continues to partner with the United Way to provide a winter overnight shelter which serves the community from November to March. Community Action assists clients with the first 2 weeks of rent for Oxford House, hotel rooms, and locating affordable housing.

Our area has four Oxford Houses in our jurisdiction. Oxford House has a total of six homes in and around the NRV. One of them being a mother and child home. This has been helpful to our office for homeless clients with no place to live following their release from jail. We have utilized this housing for drug court participants too.

Employment services are provided by Career Support Systems, Virginia Employment Commission, and DARS. VA Cares assists with work clothing that is needed. Literacy Volunteers assists with resume writing and basic computer skills.

Re-Entry services are offered by the court services unit. NRVCs is looking into placing discharge planners in the jail. These plans were halted during COVID. NRVCs has resumed discussions to move forward with this service. The office continues to work closely with juvenile probation officers in discussing services, referrals, and options within the community. The New River Valley Juvenile Detention Home offers a post-dispositional program. Very few of our juvenile clients receive commitments to the Department of Juvenile Justice that are not suspended. Very few juveniles are transferred to be tried as adults in the jurisdictions covered by our office.

Richmond Public Defender Office

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

The Public Defender's office is a member of the Juvenile Justice Collaborative Advisory Committee which meets to facilitate process and systems improvements among stakeholder agencies through collaboration that will result in improved outcomes for the youth and families of Richmond. This started as a Juvenile Detention Alternatives Initiative, but has expanded to include a broader vision of creating a comprehensive system that helps delinquent and at-risk youth become law-abiding citizens while maximizing community safety and strengthening families. The Public Defender serves on the steering committee for the larger collaborative. We continue to participate in weekly JADI meetings to review the status of juveniles held in detention, to secure their release as soon as possible through detention review hearings and placement in appropriate settings.

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

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

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

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

In General District Court, the Mental Health Docket serves individuals who need mental health services. Clients are assessed, assigned a case manager and specific services are provided, based upon their individual needs. We are present at the pre-court staffing meeting where the client's progress is discussed and then appear in court with our clients. Richmond's sheriff has said that the jail is being

used as a mental hospital and this docket has enabled us to keep clients out of jail and provide them with services and supervision. In Circuit Court, the Public Defender's office participates in the Mental Health Docket.

The Richmond Sheriff's Office operates a Mental Health Pilot Program inside the jail. The program gives individuals (only males for now) with mental health disorders the opportunity to work with Licensed Clinical Social Workers, Reentry Coordinators and upon their release, a Community Case Manager, to reduce their recidivism rates. Individuals participate in Cognitive Behavioral Therapy and Trauma based groups, as well as one on one therapy. Participants live in their own pod in the jail, out of the general population. The grant pays for medications, housing, food vouchers, transportation and works with individuals to complete their applications for disability benefits. Clients with a mental health diagnosis can be court ordered into the program.

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

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

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

Annually, about a dozen attorneys in our office participate in Project Homeless Connect at the Richmond Convention Center. Project Homeless Connect matches clients with volunteers in a one-of-a-kind partnership to assist chronically homeless adults connect to as many on-site services as possible in one day. Public defenders are one of more than 40 service providers who come to a single location for a day, providing dedicated healthcare, dental and vision screenings, mental health interviews, case management, social security applications, identification services, employment resources (including for veterans), shelter and housing assessments, and much more.

Barriers: Our largest barrier is a lack of service providers. For our clients who lack health insurance, locating mental health and substance abuse services is extremely difficult. RBHA is the only provider and they are unable to treat all of our clients. The entire city of Richmond is suffering from a severe

shortage of housing for the homeless. Until the city opens a cold weather shelter in the winter, there is no available housing for a large number of our clients.

Roanoke Public Defender Office

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

We make use of Drug Court and have done so since 1995 when it was established as the first Drug Court in the Commonwealth. We make use of it not only in drug cases but in other cases arising from drug use. As Public Defender I serve on the Drug Court Advisory Board and attend meetings when possible. District 15, Probation and Parole has a Re-Entry Counsel which includes Total Action for Progress, Virginia Cares, Veterans Affairs, Blue Ridge Behavior Healthcare and Court Community Corrections. Jackie Holdren, our Mitigation Specialist, attends quarterly meetings. The District 15 Probation Office has a mental health specialist to whom we refer new probationers when consent has been obtained, and with whom we consult for active probationers.

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

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

A number of our clients make use of the Rescue Mission, the main facility in Roanoke providing actual living quarters for the homeless. In the appropriate cases, both before and after conviction, we make our clients aware of the services offered at the mission. The mission also provides an 18 month residential drug and alcohol treatment program, the only such long term, residential treatment program in Roanoke. We utilize their program frequently.

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

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

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

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

Staunton Public Defender Office

The most important development locally in diverting people out of the jail has been pursuit of funding for a Crisis Stabilization Unit that will provide an alternative to jailing citizens facing mental health or substance abuse crises. A subcommittee of the local Criminal Justice Board, under the leadership of the local CSB, has tentatively secured an initial \$1.5 million grant to secure a suitable property and begin an initial build-out. The Public Defender participates in that subcommittee.

The Staunton-Augusta-Waynesboro (SAW) community has been chosen as one of three Virginia localities to participate in an 18-month EBDM project to develop procedures for implementing an updated pre-trial risk assessment tool to be used state-wide. In coordination with a State Team, and with technical assistance from the Center for Effective Public Policy, a collaborative team of stakeholders from across the local criminal justice community meet once a month at the Public Defender's Office to develop procedures in line with VCJC's "Key Components of a Pretrial Justice System." The goal is to provide guidance for use of a reliable Pre-trial Safety Assessment (PSA) at the earliest possible stage in the detention of accused suspects. The Public Defender serves as "Project Champion."

The Augusta County Pre-Charge Diversion Program has expanded to include felonies as well as misdemeanors. A \$600,000 grant was received from the U.S. Department of Justice, which has enabled the hiring of permanent staff, obtaining office space, and most importantly, providing for treatment, job training, and housing assistance for vulnerable clients, without charging them criminally. The Public Defender serves on the advisory board of that program. The program has expanded to accept referrals from the community at large, in addition to law enforcement referrals.

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

Jail mental health workers continue to try to insure that released inmates have a 30 day supply of medications, and a prearranged intake appointment with the local Community Services

Board. The Mental Health Rapid Assessment Tool, which has led to the speedy identification and removal of mentally ill inmates from the jail and into appropriate treatment, continues to be widely used. Lack of affordable housing, and specifically the lack of landlords willing to accept the available funding for stable housing, continues to be the single biggest obstacle to breaking the cycle of recidivism.

Domestic violence assessments are being implemented to identify the most at risk offenders for increased supervision, and restoration of driving privileges has been very successful, reducing recidivism and jail population, as well as collecting significant unpaid fines for the state and returning drivers to legal, and insured, status. In addition to our active Drug and DUI Court dockets, we have received funding to double the size of our Therapeutic Docket, which has produced significant results in reducing the recidivism of repeat offenders with serious mental health diagnoses.

This office has made a priority of improving its pretrial and bail advocacy, based on the overwhelming data correlating even a slight delay in release of low-risk arrestees with higher recidivism, and increase in risk level. We make full use of newly revised Virginia risk assessment tools to argue for the early release of our clients on bail, with pre-trial supervision if necessary. The public defender has assisted in trainings for local judges and prosecutors on the data underlying the recommendations of the VPRAI. Counsel from the Public Defender's Office and local prosecutors are present at virtually all First Appearances, and judges make use of pre-trial risk assessments to review bail at those first appearances.

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

Efforts by this office to revive a defunct Juvenile Restorative Justice Program, supervised by staff from the local misdemeanor probation office, have met with some success. The program targets young first offenders, and has statistics to show that participants have a significantly lower recidivism rate compared to traditional juvenile probation.

The local re-entry council, continues to hold open house type events in the local community to try to identify recent releasees, and make them aware of the various educational, housing, mental health, substance abuse, and employment services that are available locally. In addition, the local prison has begun holding periodic reentry fairs, to introduce soon to be released prisoners to the same services. The local jail holds mandatory reentry counseling for all inmates nearing release.

Suffolk Public Defender Office

Both the Public Defender and the Mitigation Specialist are members of the Western Tidewater Reentry Council, a group of stakeholders with representatives from the Community Services Board, the Probation Department, and a few private practice mental health providers. The goal of the council is to

assist those returning citizens, particularly those with mental health needs, in obtaining necessary and available services to increase their chance for reentry success.

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

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

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

The 5th Judicial Circuit Drug Court is up and running, serving clients from Suffolk, Isle of Wight, and Southampton County. Several participants have phased up to Phase II, with one participant soon to be the first to phase up to Phase 3.

Grant funding has been secured and we expect a Behavioral Health Docket to be instituted in Suffolk General District Court in November 2022. The BHD will have a mental health clinician assigned to it.

Virginia Beach Public Defender Office:

Staff from this office serve on the Juvenile Detention Alternatives Initiative (“JDAI committee”) – more specifically, the chief public defender serves on the executive committee and an assistant public defender is part of the work group. The committee includes representatives from various agencies (including the Commonwealth’s Attorney’s Office, City Attorney’s Office, Court Services Unit, Department of Social Services, and Police Department) and meets quarterly. Specific goals of the initiative include working to reduce unnecessary delays at each step of the juvenile court process, providing alternatives to detention for youth whose risk can be moderated by program participation, and ensuring proper conditions for youth in custody. Reentry issues are also an important part of this group. Another attorney, from the juvenile court team, serves as part of the working group that implements any of the recommendations of the executive committee.

This past year the office continues to work with the Circuit Court (and many others) in our drug court program – as an alternative to lengthy incarceration periods for severely addicted individuals. Our drug court has been active for about three years, currently has eight participants, and will double in size when the pandemic restrictions are decreased. Most of the participants have entered the program directly from a period of incarceration. Drug court meets weekly to monitor the progress of the participants. Similarly, our office is involved with developing and implementing, again in Circuit Court, a mental health program/court to aid clients in remaining on their medications and avoiding recidivism. Pandemic restrictions at the courthouse have continued to delay this program but it is hoped to resume

soon. We are also involved with the GDC mental health docket that ensures that clients with mental health issues are seen, evaluated, and transported, if needed, as quickly as possible to the hospital.

Our office participated in the Forensic Discharge Planning Group this year with a goal of facilitating both continuing treatment and community placement of the mentally ill defendant who is about to be released from a jail setting. Towards that end, our office was directly involved in setting up a discharge treatment program for the mentally ill offender as part of a Circuit Court disposition. The program links the defendant to needed services. When released from the jail, clients are picked up by a representative of the Virginia Beach Department of Human Services. They are then taken to both probation and psychiatric treatment appointments. The intent is to make sure that he or she remains on their mental health medication. Other needs are also appropriately addressed.

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

Our Mitigation Specialists have created an advocacy resource folder that is full of programs as alternatives to incarceration with computer links for use by attorneys. Many of the juvenile resources are evidence-based practices and some are from evidence-based mapping. The reentry goals are reviewed by our Mitigation Specialists in the search for alternatives to incarceration and for continued treatment and services after reentry. Additionally, our Mitigation Specialists attend some of the Virginia Beach adult correctional services staff meetings and this, along with ongoing reviews and discussions with Adult Probation & Parole and Juvenile Court Service Unit staff, helps refine our use of their services to support any reentry treatment goals and service plans. Additionally, our newest mitigation specialist has brought a wealth of knowledge and contacts for additional programs, statewide, that address and treat addiction and mental health issues.

Finally, an attorney in our office, who functions as our mental health expert, has been involved in multiple programs/organizations that focus on reentry. Our office remains heavily involved in mental health reentry in both the general district and circuit court arenas. The focus is on making certain that there is access to services from the jail to the CSB/DHS portal. Access to prescriptions, transportation, and placement is the focus of the attorneys and Mitigation Specialist in our office. We have also worked to try and make certain that everyone who needs treatment or evaluation does so in a timely fashion through both the general district and circuit court mental health programs. We are trying very hard to make sure that no one slips through the cracks.

In the past, the office has participated in a "Reentry Town Hall Meeting" sponsored by the Virginia Beach Reentry Council. – a collaboration between Adult Probation and the Virginia Beach Human Services Department. COVID has certainly created problems for the Reentry Council and created problems for holding their regular meetings. Although there has been no "Town Hall Meeting" held this year, I have reaffirmed to the Reentry Council our continued interest in actively assisting them with any of their ongoing programs concerning reentry. In that regard, I am scheduled to address the group in a

few weeks on the topic of “Navigating the Court System” and answering any questions that they might have.

Winchester Public Defender Office

The Public Defender and/or an attorney from the Office is a member of several regional boards, workgroups and committees looking at various issues affecting mental health, substance abuse, and re-entry in the areas served by the Office of the Public Defender. The workgroups and committees are the Northern Shenandoah Valley Re-Entry Council, the Northern Shenandoah Valley Substance Abuse Coalition, the Community Criminal Justice Board, ASAP Board, and the Advisory Committees for the Northwestern Regional Adult Drug Treatment Court, Page County Adult Drug Treatment Court and the Winchester-Frederick County Behavioral Health Docket. These groups help foster collaborative efforts with other agencies such as DSS, Probation and Parole, Pre-Trial Services, the regional and local jails, court personnel, local hospitals, and private mental health and substance abuse treatment providers. These groups meet monthly and/or quarterly and explore how to access various services in the community. The major barriers involve funding and fragmentation of services. These groups have addressed these barriers by meeting regularly and sharing information among the various participants concerning available services.

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

The Public Defender served as President of the Board of Directors of the Northern Shenandoah Valley Substance Abuse Coalition to address the heroin epidemic that has gripped the Northern Shenandoah Valley (NSVSAC). The organization was incorporated as a non-profit corporation in 2015 and has received 501(c)(3) status from the Internal Revenue Service. The organization is made up of representatives from all sectors of the community affected by substance abuse, including law enforcement, the local Community Services Board, private substance abuse treatment providers, the local school systems, the court system, local hospital system, and concerned citizens.

The Public Defender was a part of the effort to establish the drug treatment court to serve the City of Winchester and Counties of Clarke and Frederick. That drug treatment court was approved by the Virginia Supreme Court in April 2016, and held its first docket in August 2016. The Coalition was successful in obtaining initial funding from the three localities and Valley Health Systems to start the court. The drug treatment court also was awarded a planning and implementation grant from the Bureau of Justice Assistance in September 2016 in the amount of \$350,000. That grant ended in 2019 and federal grant funds from HIDTA (High Intensity Drug Trafficking Area) have been used to cover treatment costs since expiration of the BJA grant. The Drug Treatment Court also receives grant funding through the Virginia Supreme Court for a case manager and peer recovery specialist. In addition, the Coalition was awarded grants from the local United Way and Regional Rotary Clubs to assist drug court participants with housing, transportation and peer support. The Court has served a total of 98 participants through September 2022. The Court has commenced 41 participants to date and is helping many others as they work their way through the program. Barriers to efforts to maintain the drug treatment court are the cost of treatment and housing, and sustainable and adequate resources for the future.

The Public Defender was part of the effort to start a Drug Treatment Court program in the Page County Circuit Court. That program was approved by the Virginia Supreme Court and held its first docket in August 2021. The Court received an implementation grant from the Bureau of Justice Assistance. An Assistant Public Defender is assigned to serve as the defense representative on the drug treatment court team. Barriers are the cost of treatment and housing, and sustainable and adequate resources for the future.

In September 2018, the NSVSAC was awarded a \$1,000,000 grant from the AETNA Foundation to develop a diversionary program called the Law Enforcement Overdose Intervention Program. This program employs a dedicated law enforcement officer from the Winchester Police Department, a case manager/counselor, and a peer recovery specialist. The goal of the program is to engage with non-violent substance users immediately upon their arrest and divert them into treatment and counseling services. If the individual is compliant with treatment services, the charge can be dismissed and not pursued. The program was expanded to serve probationers facing revocation proceedings. The program offers more intense treatment services than traditional probation can offer. If the probationer is successful, the probation matter will be dismissed. To date, the program has served 33 participants and commenced 7 participants.

The Public Defender was also part of an effort to start a behavioral health docket in the Winchester and Frederick County General District Courts. An application to the Virginia Supreme Court was approved and the Court held its first docket in April 2022. This program will bring much needed services and help to non-violent defendants suffering with mental illness. Barriers to the program include sustainable and adequate resources for the future, and securing licensed mental health providers to serve the participants in the program.

The Mitigation Specialist has established a strong working relationship with the mental health staff at the Northwest Regional Adult Detention Center and RSW Regional Jail to ensure best service provision to clients suffering from SMI while incarcerated. The Mitigation Specialist navigates VA Medicaid, specifically, CVIU (Cover Virginia Incarcerated Unit) and is adept at aiding incarcerated clients with Medicaid applications so that they're eligible for inpatient MH/SUD treatment throughout the state. She also assists clients with changing incarcerated type Medicaid to community-based which is required for some programs so that these individuals have active health insurance when re-entering the community. The Mitigation Specialist has established a collaborative relationship with the Sinclair Health Clinic, the local free medical clinic, that employs a holistic approach, including embedded MH support, among other services, for those who are uninsured or have VA Medicaid. She also has established relationships with multiple SUD providers in the area, including a new, local, OP/MAT center which has aided in multiple successful outcomes in court. The Mitigation Specialist also works closely with numerous probation officers to collaborate on plans to address clients' needs upon release from incarceration.

Virginia Parole Board

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

The Virginia Parole Board serves a population of approximately 3,200 inmates currently eligible for discretionary parole and geriatric conditional release review and a population of approximately 2,774 probationers/parolees who are on supervision in the community.

As of September 30, 2022 there were 2,577 incarcerated discretionary parole eligible inmates (1,836 of those inmates are currently eligible for discretionary parole, with 741 of them becoming discretionary parole eligible sometime after September 30, 2022). Furthermore, there are approximately 381 additional parole eligible inmates that were recently determined eligible per the Fishback legislation (HB33) and the “juvenile at the time of the offense, and served over 20 years” legislation (HB35). The Parole Board serves a population of 1,487 geriatric conditional release eligible inmates, many of whom are also discretionary parole eligible. Per Department of Corrections, of the 29,000+ currently incarcerated inmate population, almost 5,153 of those inmates either are or will become geriatric conditional release eligible during the course of their incarceration.

Absent extenuating circumstances, the Parole Board grants parole conditioned upon the successful completion of the VADOC re-entry program. Due to the challenges faced by COVID-19 in 2020, VADOC discontinued normal re-entry programming. As such, the Parole Board allowed probationers/parolees to receive re-entry programming upon release and at the discretion of their probation officers. The VADOC places the probationer/parolee in the program as soon as space is available.

On September 30, 2022, the Parole Board had 2,413 probationers/parolees on parole supervision (on mandatory parole, discretionary parole, or post release supervision) in the community. The Parole Board works in cooperation with the Department of Correction’s local probation and parole offices to ensure public safety and to respond quickly to warrant requests.

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

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

The Special Investigations Unit (SIU) for the Parole Board is responsible for conducting pardon investigations for the Secretary of the Commonwealth and Governor’s office. The SIU conducts simple pardon, conditional pardon and absolute pardon investigations. The SIU also conducts special parole interviews and investigations for parole and geriatric eligible inmates. This unit is currently composed of eleven retired law enforcement officers with over a combined total of 200 years of investigative experience. For calendar year 2022 (through September 30th), the unit has completed 17 simple, 276 conditional, and 15 absolute pardon investigations.

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

Data and Information

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

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

The CORIS system has some inadequacies for which changes are necessary. However, that system cannot generally be changed by VADOC IT staff and the changes require modification by the vendor of CORIS under its contract with VADOC. The Parole Board is currently working with the CORIS Project Management team to resolve the inadequacies and incorporate other enhancements and streamline processes in the system.

Virginia State Police

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

Data and Information

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

The Department of State Police continues to improve the Computerized Criminal History System (CCH). The Department maintained the focus on complete and accurate reporting of criminal history information to the Central Criminal Records Exchange (CCRE) with the continuation of the Unapplied Criminal History Reports. These reports notify agencies such as law enforcement, Commonwealth’s Attorney’s Offices, and the courts of criminal history information that has not been applied to the criminal history record due to discrepancies or missing data. These agencies are requested to review the information in the reports and take corrective action to update the arrest information.

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

Criminal history information received by the CCRE is made available for criminal justice and non-criminal justice purposes. This includes access to firearm purchase background checks, pre-sentencing and parole reviews, employment background checks, and the administration of criminal justice practices. In addition, the Department of State Police shares criminal history information nationally with the Federal Bureau of Investigation (FBI), through the Interstate Identification Index (III) and the National Instant Criminal Background Check System (NICS). Furthermore, the Department of State Police continues to provide criminal investigative file information to the FBI's National Data Sharing Exchange (N-DEX), which allows criminal justice agencies nationwide access to criminal investigative data. In addition, recidivism reports are prepared and shared with local and state criminal justice agencies as part of the rehabilitation program(s) evaluation process. There have been no significant changes to the collaborative sharing of case-level information in this reporting period.

Please describe any past or current barriers and how these barriers have been addressed. What efforts or initiatives aimed at removing or managing these barriers, in order to maximize your agency's current information system, have been implemented over the past year?

In late 2020, the Department began working with the Virginia Criminal Information Network (VCIN) vendor, Computer Projects of Illinois (CPI), to build the Orphan Disposition File (ODF). The ODF is a hot file, a database that can be queried through the VCIN system, and contains court disposition information received by the Central Criminal Records Exchange (CCRE) that has not been applied to the criminal history record. The disposition information in this file contains those dispositions that do not have corresponding arrest booking information on the criminal history record. In addition, to ensure that firearm purchase disqualification information is made accessible nationwide, any disposition information in the ODF that is a disqualifier for the purchase of a firearm is electronically sent to the Federal Bureau of Investigation and the National Instant Criminal Background Check System (NICS) for inclusion in the NICS Indices. This project was deployed for active use in the fourth quarter of 2021.

System Information

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

During this reporting period, several updates were made to the CCH system, streamlining and improving electronic workflow processes. Updates included deploying the Orphan Disposition File, adding additional purpose codes for background checks, adjustments to batch files with partner agencies, and Uniform Statute Table updates. The CCH team, along with our information technology partners, continue to monitor system activity for optimal performance improvements.

What has been the impact to date of your agency's information system on the agency's ability to track inmate characteristics and outcomes?

The CCH system collects inmate demographic information from fingerprint based arrest bookings submitted to the CCRE. This information is used to establish inmate criminal history records. Other sources of information that submit to an inmate's record include court dispositions, correctional and probation status, and local inmate data. Throughout the year, various law enforcement agencies, and the Virginia Department of Corrections, use this information to perform recidivism studies to evaluate the effectiveness of rehabilitation programs. In addition, court disposition information that is submitted to the CCRE electronically on a weekly basis, tracks the outcome of the judicial process and is reported

on the criminal history record. An inmate's pardon and restoration of civil rights and firearms rights information submitted to the CCRE is also reflected on the criminal history record. All of this information provides additional data on the inmate after the judicial process is complete.

Please describe any past or current gaps in your agency's information system and how these gaps have been addressed. What efforts or initiatives aimed at minimizing these gaps have been implemented over the past year?

The Department continues to monitor and identify gaps in the current CCH system and focus on better reporting of court information to the CCRE to enhance the quality of data received. The Department of State Police, Criminal Justice Information Services (CJIS) Division, has hosted meetings with the Virginia Supreme Court's Office of the Executive Secretary (OES) to continue collaboration and discussions on court processes and data submitted to the Computerized Criminal History System. These meetings have resulted in fruitful discussion and feedback on how to resolve the identified disposition data quality issues. This ongoing collaboration will continue to work towards the objective of capturing accurate and complete criminal history information.

Have there been any changes to the "master plan" for improved data systems? If so, please describe them below and include the lead agency and that agency's single point of contact.

The CCH system roadmap, developed in early 2019, was used to address CCH system gaps and enhancements. On June 20, 2022, the Department of State Police contracted with a vendor to build the new Criminal and Rap Back Information System (CRIS) based on the requirements outlined in Senate Bills 1339 and 1406 from the 2021 Legislative Session. CRIS will provide many levels of functionality to include automated expungement processes and interfaces for the courts and booking agencies to submit error corrections for criminal history information. The single point of contact for this project is Ken Allen, CJIS Projects Manager, at the Department of State Police.

Have there been any changes/updates to data elements related to inmates (e.g., whether an inmate is on probation/parole, whether the inmate committed a misdemeanor or felony, etc.) that can be identified by your agency? Please describe any new data element(s) that provide additional inmate-related information.

The Department of State Police continues to receive fingerprint-based arrest booking information and criminal court information that is reported on the criminal history record. Furthermore, correctional commitment booking, correctional status, and probation information is received electronically and reported on the criminal history record. This information provides a comprehensive historical account of inmate movement within the correctional system. These data elements have remained the same within this reporting period.

Conclusion

This overview of re-entry services shows many varied and effective collaborations in the Commonwealth during fiscal year/calendar year 2020. Not all agencies experienced notable changes during the reporting period; however, relationships focused on effective inmate-reintegration continue to be strengthened. The result of this increased collaboration has been an innovative and creative use of resources available to those individuals transitioning to the community.

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

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