

Community Corrections Alternative Programs

FY2023 Report



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Authority

This report has been prepared and submitted to fulfill the requirements of Item 401 B of the 2023 2022 Acts of Assembly. This provision requires the Virginia Department of Corrections (VADOC) to annually report information pertaining to the agency's opioid treatment programs in the detention and diversion centers to the Governor, the Chairs of the House Appropriations and the Senate Finance Committees and the Department of Planning and Budget by October 1st of each year.

Background

After significant evaluation, the Detention and Diversion Centers were converted to Community Corrections Alternative Programs (CCAP) in May 2017. The Code of Virginia establishes the authority and minimal eligibility criteria for CCAPs.¹ This sentencing option is devised to reach the targeted population of non-violent felony defendants, either at initial sentencing and/or at probation revocation proceedings. The Parole Board is also authorized to refer parole and post-release violators to CCAP. The goal of the program is to provide a structured environment where participants acquire and practice the skills necessary to sustain positive behavioral changes and long-term recovery. For the purposes of this report, when reference is made to a "probationer", it will also encompass a "parolee" and those under post-release supervision as they are also eligible for CCAP services.

CCAP is designed for those probationers who are most in need of substance use disorder or cognitive behavioral services. The COMPAS Risk and Needs Assessment identifies specific criminogenic needs that contribute to participants' criminal behavior such as criminal thinking, criminal associates, and peers, cognitive behavioral and/or substance abuse. This assessment is utilized to determine CCAP program eligibility. Research based treatment interventions are utilized to address these needs. Participants receive intensive cognitive behavioral treatment, intensive substance use disorder services, education services, vocational training such as welding and masonry as well as engage in the work component of the program. The needs of the participant will determine the duration of CCAP, approximately 22 to 48 weeks.

CCAPs utilize a peer community model like therapeutic community programs; structure, accountability and support are essential ingredients to the program design. The community offers an opportunity to practice the skills and apply feedback. The phase system allows participants to progress through treatment on an individual basis. The phases consist of Phase I - orientation, Phase II – resocialization and recovery skills acquisition, Phase III - internalization and maturation, and Phase IV - reentry. Female participants receive gender responsive substance use disorder curriculum in conjunction with treatment conducted by a contracted provider. Gender responsive curriculums include Helping Women Recover, and Seeking Safety, in addition

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



to the voluntary program of A Woman’s Way through the Twelve Steps. Participants will continue to be evaluated and more intensive services provided as needed. The table below provides the bed capacity for each CCAP site.

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

According to the Substance Abuse and Mental Health Administration (SAMSHA), Medication Assisted Treatment (MAT) is a key component of recovery for those with alcohol use disorder and opioid use disorder.² Since 2018, CCAPs have included the VADOC Medication Assisted Treatment Reentry Initiative (MATRI) to initiate probationers on naltrexone (Vivitrol) therapy prior to re-entry to the community. The long-acting injectable naltrexone program is made possible by the Substance Abuse and Mental Health Services Administration’s (SAMHSA) State Opioid Response (SOR) grant, of which VADOC continues to remain a sub-recipient of funds through the Virginia Department of Behavioral Health and Developmental Services (DBHDS). In 2021, VADOC initiated a buprenorphine pilot program within (3) designated CCAP facilities for probationers with opioid use disorder. Probationers who are on Suboxone (or other oral buprenorphine products) in the community or jail will continue treatment while in CCAP. In 2023, this program expanded to all 6 CCAP sites and now offers a long-acting, injectable buprenorphine, Sublocade, rather than sublingual formulations. Probationers will continue to receive intensive substance use disorder services at these facilities in addition to MAT services.

In addition to naltrexone therapy, the SOR grant funds Peer Recovery Specialist (PRS) services and contingency management resources. VADOC continues to implement the evidenced based PRS initiative, where individuals with lived experience in recovery and in the justice system provide SUD support services to CCAP probationers. PRS services are provided while probationers are actively in the program and continue post release with probation/parole supervision. Under the NARCAN Distribution Program funded by the First Responder Grant, CCAP participants are offered a two-dose NARCAN (Naloxone) take-home kit prior to release as a harm reduction strategy to reverse the impact of overdose. Additionally, through the SOR grant, VADOC continues to implement a contingency management plan for CCAP participants engaged in MAT and Peer Recovery Support (PRS) services which offers positive reinforcement for completion of

² The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families.



MAT and PRS milestones.

Program Data

The program data shows that CCAP is providing effective treatment services for the high risk and high need target population with graduates showing reductions in both positive drug screens, especially for opioid users, and recidivism.

The data below describes the CCAP population and benefits of the program. It was collected during FY2021 to ensure the time for measurement of relapse after graduation.

- The majority of CCAP graduates in FY2021 scored high risk on the general recidivism scale (60%). FY2020 and FY2021 CCAP participants consistently scored higher risk on the COMPAS scales than FY2019 CCAP participants. In addition, 76% of CCAP graduates in FY2019 scored 'Highly Probable' on the substance abuse needs scale compared to 78% of the FY2020 CCAP graduates and 84% of the FY2021 CCAP graduates. This data indicates that those who are being referred and accepted into CCAP are those who are high risk and high need, the intended population.
- Prior to entering the CCAP, 72% of participants had positive tests for any illegal drugs.
- Prior to entering CCAP, the percentage of graduates who had previously tested positive for opioids ranged from 21% to 43% across different CCAP sites.
- While enrolled in the CCAP, most graduates had no positive drug test results (70% to 98%). For those that did test positive, most of the results came upon initial entry into the program reflective of drug use prior to enrollment. This data reflects not only those in the intensive phase of the program but also those in the later phase who had the opportunity to participate in vocational opportunities outside the program in community sites.
- Although COVID limited drug test data during this period, this data shows promising positive effects of CCAP programming on reducing opioid use post release. In the six months after program completion, 77% of CCAP graduates had no positive drug tests. While 23% of CCAP graduates did have a positive drug test, only 9% had a positive test for opioids. It should be noted that due to the chronic nature of addiction, the national average for relapse after one year of completing treatment is 40% to 60%, with the rate of relapse for those with opioid use disorder as high as 91%.³

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



During the period of this data collection, CCAP intensive substance use disorder services were provided by Spectrum Health Services at the male intensive sites. The table below displays phase completion for participants during FY2021. There is inconsistency in data reported for Brunswick CCAP Phase 1 completion which has been corrected going forward. Chesterfield Women’s CCAP was not receiving substance use disorder services from Spectrum Health Services during this time; however, these more intensive services were initiated with Spectrum in FY2022 with a focus on gender responsive needs.

Spectrum Health Services Program Phase Completion FY2021

Spectrum Treatment Phase	Appalachian CCAP	Cold Springs CCAP	Brunswick CCAP	Total
Phase 1	110	81	5	196
Phase 2	108	83	101	292
Phase 3	122	100	90	312

CCAP participants continue to gain achievements in educational and vocational services while participating in active treatment. During FY2023, 23 probationers were able to earn GED completion while in CCAP. In addition, probationers earned the following vocational certificates: 162 were Flagger Training Certification, 62 Forklift Safety, 53 OSHA certification, 16 OSHA Construction certification, and 107 ServSafe certifications. Fifty-Seven CCAP probationers completed Introduction to Computers. In vocational course completions, CCAP had 24 complete Masonry I and 20 complete Masonry II and 46 probationers completed the Welding vocational certification.

Recidivism data shows that CCAP graduates are much less likely to recidivate than those who have not completed the program. Consistent with 42 other states, VADOC's official recidivism measure is the re-incarceration of inmates with a new state responsible (SR) sentence within three years of their release.⁴ VADOC waits at least 4 years for data to mature to derive a three-year rate. Since the CCAP was fully implemented in 2018, there has not been an adequate follow-up period to provide a three-year rate; however, we can examine up to the thirty-six month recidivism rate for FY2018 CCAP graduates and non-graduates (probationers removed from the program prior to completion). Recidivism was defined as any new State Responsible incarceration after the probationer was released from the CCAP. Given the higher risk and higher need profiles of CCAP probationers, it would be anticipated that the recidivism rates for this population would be higher than the rates of the general probation population.

⁴ This recidivism measure is recommended by the Correctional Leadership Association (formerly known as ASCA). This is the measure with the largest impact on corrections as it involves a state responsible incarceration.



The chart below displays the recidivism rate of CCAP graduates and non-graduates within six, twelve, eighteen, twenty-four, and thirty-six months of release. The twelve-month recidivism rate for CCAP graduates in FY2018 and FY2019 cohort was 8.8% and 9.7%, respectively. The twelve-month recidivism rate for CCAP graduates in FY2020 cohort was 5.6% respectively. The FY2020 cohort, graduates, and non-graduates, had a slightly lower six and twelve-month recidivism rate than the FY2019 cohort. CCAP graduates during the fiscal year were less likely to be incarcerated six- and twelve-months post release from the CCAP than non-graduates. Graduates during FY2018 were less likely to be incarcerated 36 months post release from the CCAP than non-graduates. This data shows that CCAP non-graduates are nearly twice as likely to recidivate than graduates.



Incarceration ¹ After CCAP Release						
CCAP Graduates ²						
Months Since Release						
	Number of Graduates	6	12	18	24	36
FY2018	640	1.7%	8.8%	16.1%	22.2%	28.4%
FY2019	632	3.6%	9.7%	17.9%		
FY2020	805	1.5%	5.6%			
CCAP Non-Graduates ³						
Months Since Release						
	Number of Non-Graduates	6	12	18	24	36
FY2018	142	34.5%	40.8%	47.9%	50.7%	54.9%
FY2019	149	37.6%	41.6%	43.0%		
FY2020	134	26.9%	30.6%			

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

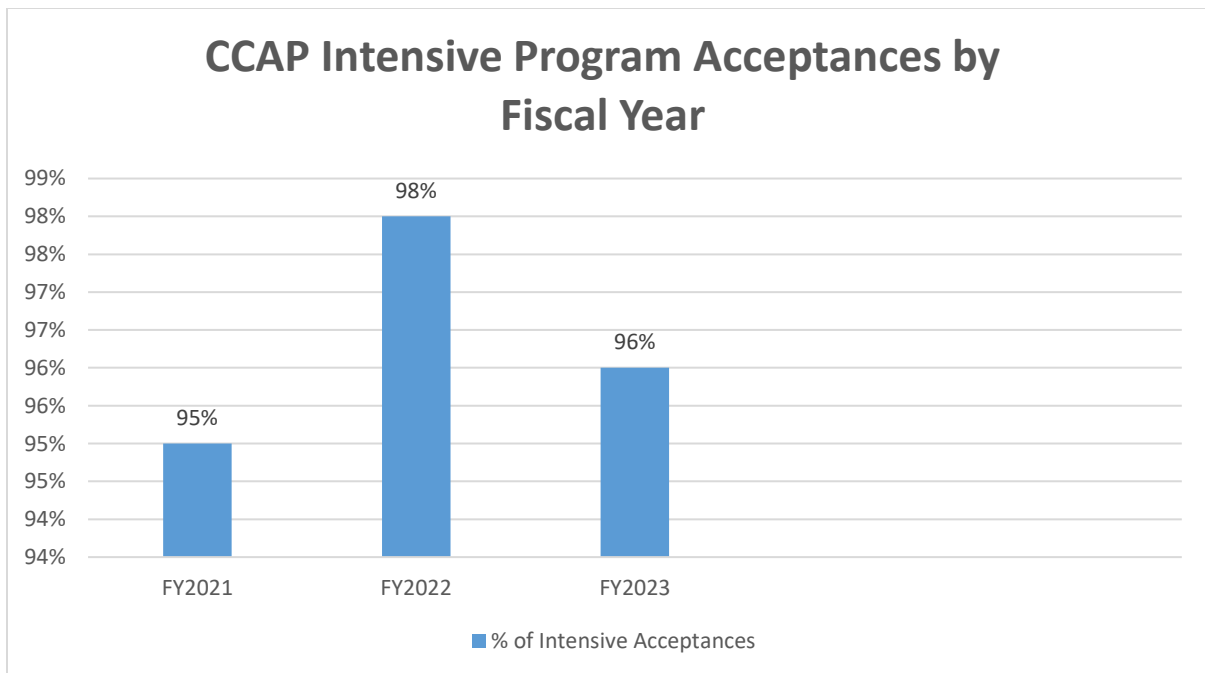
² All probationers who graduated from at least one CCAP program during the fiscal year were included as a graduate as long as they were no longer at a CCAP at the end of the fiscal year. If a probationer graduated from one program during the fiscal year and started another but was unable to graduate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

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

A review of CCAP Referral Data for FY2021, 2022 and 2023 revealed the trend toward increasing need for CCAP services. Due to the COVID 19 pandemic, there was a reduction in court proceedings which resulted in a significant decline in CCAP referrals from March through June 2021. However, CCAP referrals have been slowly but steadily increasing since 2021. The cases accepted continue to reflect the target population of higher risk and higher need probationers.



- As the court referrals have increased, CCAP has continued to adapt to meet the needs of the target population: in FY2021 69% of those referred were accepted; in FY2022 73% of those referred were accepted, and in FY2023, 81% of those referred were accepted.
- The percentage of accepted referrals requiring intensive services has continued to increase each year: In FY2022, 98% of males and nearly 100% of females were placed in intensive substance use disorder services. In FY2023, 95.6% of males and nearly 100% of females were placed in intensive substance use disorder services.



- Referrals for CCAP have continued to increase. In FY2022, VADOC processed 634 referrals with 464 being males and 170 were females. In FY2023, VADOC processed 1360 referrals with 1077 being males and 283 were females.
- On July 1st, 2021, new legislation went into effect that limits sentences imposed on technical violations for those under probation supervision, impacting referrals to CCAP. According to data from the Virginia Sentencing Commission from FY 2017 to FY2021, 1,578 cases were sentenced to CCAP on a probation violation. Approximately 50% of those cases were technical violations. Therefore, courts are unable to refer many individuals with significant treatment needs, which decreases public safety and leaves probationers at risk of overdose and death without treatment.

FY2023 Community Corrections Alternative Programs Summary



During FY2023, CCAPs continued to review the referral process and practices to reduce barriers for program acceptance for probationers in need of this intervention. The CCAP Referral Unit has reduced the requirements for Probation Officers to submit referrals which will expediate the process. These changes include removal of previous COVID-19 and medication restrictions. As we have expanded opportunities for the co-occurring population⁵, there is a continuing increase for mental health services in CCAP. Virginia DOC is working to address this need; however, there are currently limited staffing resources for this special population.

There have been several enhancements to the CCAPs in FY2023. The department has added new vocational programs to CCAP sites to include a CDL and Warehouse Logistics Training. All intensive sites completed an extensive quality assurance assessment to increase consistency and fidelity across the programs. In addition, several Recovery Celebrations or “graduations” have been held where former participants who have returned to the community and maintained recovery return to share with the current population. These events were held at Brunswick CCAP and Chesterfield Women’s CCAP.

After completing the SUD treatment phase of the program, participants are eligible to engage in the community employment phase. Community employment provides an opportunity for those who need financial stability to support their desired home plan, acquire job skills, and apply the skills learned from vocational training. Community employers partnered with CCAP offer a variety of work opportunities to include technical and skilled labor, as well as customer service. Probationers can gain employment experience while earning income to support successful reentry in this phase of the program.

In FY2023, efforts have been made to increase a smooth transition from the program back into the community for program participants. CCAP probation staff assist probationers to find housing and resources to establish a stable re-entry plan. By working with local probation and parole districts, probationers who are relocating can maintain their employment increasing their likelihood of success.

Another component for a stable reentry plan for CCAP participants can be MAT services. During FY2023, CCAP had six participants receive at least one Vivitrol injection while in the CCAP and were enrolled in Medication Assisted Treatment upon release. Three were from Brunswick CCAP, 1 was from Stafford CCAP and 1 was from Chesterfield Women’s CCAP. During this year, three CCAP participants received at least 12 Vivitrol injections, completing the MATRI program. They received a first Vivitrol injection in a CCAP and received all subsequent Vivitrol injections in the community while participating in substance use disorder treatment and/or ongoing counseling. In FY2023, twelve participants from local and regional jails

⁵ According to SAMHSA, people with [substance use disorders](#) are at particular risk for developing one or more primary conditions or chronic diseases. The coexistence of both a mental illness and a substance use disorder, known as a [co-occurring disorder](#), is common among people in treatment.



that were accepted into CCAP are participating in the buprenorphine continuation program. This is an increase from two participants in FY2022. In addition to the MAT services, VADOC trained 245 releasing probationers in REVIVE! (the Narcan administration education training) and issued 245 NARCAN take home kits upon release in FY 2023, as compared to 169 in FY2022.

An education campaign for both internal and external stakeholders has been underway to increase awareness of the important services that Community Corrections Alternative Programs provide in FY2023. The activities have included a video for the public, webinars for internal and external stakeholders, internal newsletter articles, updated e-learning module for probation and parole officers, along with updated publications. Chief Probation & Parole Officers and other department staff continue to dialogue with the Judiciary, commonwealth attorneys and defense attorneys to highlight CCAP program offerings and current data trends, as well as solicit feedback on the program and referral processes.

Conclusion

Community Corrections Alternative Programs serve a unique and vital role in the criminal justice system, as a resource for substance use disorder treatment and cognitive behavioral interventions for those at higher risk of recidivism and higher need for treatment services in a structure environment.

The DOC will continue to strongly move forward over the next year addressing challenges such as:

- Probation reform limiting court referrals, potentially omitting probationers who have nowhere else to receive life saving treatment.
- Rise in need for mental health services as we expand eligibility to address the needs of those with co-occurring disorders.
- Need for more vocational opportunities for female probationers to obtain employment with a living wage when they return to the community.

This annual review shows that CCAP programs serve as an effective alternative to incarceration, reducing criminality and substance use to include opioid use among a high risk, high need population. Recidivism of graduates is half the rate of non-graduates and only 9% of graduates returned to opioid use within a six-month period after completion. Participants learn and practice pro-social behaviors, relapse prevention strategies, and acquire job skills, leading to a successful transition back to the community. With a focus on addressing individual treatment needs, CCAPs provide the skills required for lasting behavioral change and increasing public safety, ultimately saving lives.