



COMMONWEALTH of VIRGINIA

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August 22, 2024

MEMORANDUM

TO: The Honorable Patrick A. Hope
Chair, House Courts of Justice

The Honorable Mark Sickles
Chair, Health, Welfare and Institutions Committee


The Honorable L. Louise Lucas
Chair, Senate Finance and Appropriations

The Honorable Luke E. Torian
Chair, House Appropriations Committee

The Honorable Scott Surovell
Chair, Senate Judiciary Committee

The Honorable Barbara Favola
Chair, Rehabilitation and Social Services Committee

Michael Maul
Director, Department of Planning and Budget

FROM: Chadwick S. Dotson 

SUBJECT: FY 2024 Legislative Report, Budget Bill Item 384.A.
Statewide Community Based Corrections System

Attached is the Department of Corrections' submission of Item 384.A. as directed by the 2024 Budget Bill: By September 1 of each year the Department is directed to provide a status report on the Statewide Community-Based Corrections System for State-Responsible Offenders to the Chairs of the House Courts of Justice; Health, Welfare and Institutions; and Appropriations Committees and the Chairs of the Senate Judiciary; Rehabilitation and Social Services; and Finance and Appropriations Committees and to the Department of Planning and Budget.

cc: The Honorable Terrance C. Cole
Secretary of Public Safety and Homeland Security

Virginia Department of Corrections



Statewide Community-Based Corrections System

Status Report FY2024

Chadwick S. Dotson
Director



COMMONWEALTH of VIRGINIA

Department of Corrections

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Enabling Authority: Appropriations Act - Item 384A.

Description: Annual status report on the Statewide Community-Based Corrections System for State-Responsible Offenders.

Purpose: By September 1 of each year, the Department of Corrections shall provide a status report on the Statewide Community-Based Corrections System for State-Responsible Offenders to the Chairs of the House Courts of Justice; Health, Welfare, and Institutions; and Appropriations Committees and the Chairs of the Senate Judiciary; Rehabilitation and Social Services; and Finance and Appropriations Committees and to the Department of Planning and Budget. The report shall include a description of the department's progress in implementing evidence-based practices in probation and parole districts, and its plan to continue expanding this initiative into additional districts. The section of the status report on evidence-based practices shall include an evaluation of the effectiveness of these practices in reducing recidivism and how that effectiveness is measured.

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Introduction

Under the leadership of Director of Corrections Chadwick S. Dotson, during FY2024 the Virginia Department of Corrections (VADOC) has moved strongly forward to provide public safety in the Commonwealth. The agency utilized evidence-based programs and techniques to lower supervisee risks of criminality by raising their skills and abilities to adjust to law abiding life. For the eighth straight year, VADOC leads the nation with having the lowest or second lowest recidivism rate in the nation, with a current recidivism rate of 19%. This is a testament to the agency's commitment to improve long-term public safety by successfully reintegrating released inmates to our communities and effectively supervising probationers and parolees through a culture of safety, respect, accountability, and ethical behavior.

Below is a summary of key successes and challenges, with more detailed information covered in the report.

Successes:

- Community Corrections Alternative Program (CCAP) facilities offer circuit courts a sentencing alternative to prison for probationers who need intensive substance use disorder services. The CCAP provides treatment within the structure of a VADOC operated community residential facility while diverting participants from incarceration. Following intensive treatment, community employment opportunities are available to CCAP participants.

As a novel initiative during FY 2024, VADOC has partnered with Circuit Court judges to address the increasing need for residential treatment for individuals in local Recovery Court programs by starting a new program pathway within CCAP. Prior to this new pathway, Recovery Courts with limited local resources focused on outpatient treatment services only. Now, courts will be able to refer participants for intensive residential SUD services in CCAP as a continuum of care. The CCAP Recovery Court Pathway program lasts 24 weeks, providing a wide variety of services, including SUD programs, cognitive programming, anger management programming, vocational skills training, and education. These services are available at all five CCAP facilities in Virginia: Appalachian CCAP, Brunswick CCAP, Chesterfield Women's CCAP, Cold Springs CCAP, and Harrisonburg CCAP. Probation Officers provide regular participant progress reports to the court and video check-ins when requested.

- VADOC's sex offender containment model of community supervision has operated effectively and provided intensive GPS supervision, polygraph examinations, and treatment services to sex offenders, including the supervision of Sexually Violent Predator (SVP) conditional release cases on behalf of the Department of Behavioral Health and Developmental Services (DBHDS).
- VADOC utilizes EPICS II as an evidence-based intervention for probationers assessed as having medium to high-risk of recidivism. Probation officers are trained and coached in using EPICS II to guide their interactions in research techniques that motivate supervisees to make positive changes. The intervention has become an established business practice in community corrections.
- VADOC continues to improve the consistent use of supervision practices in its Probation and Parole Districts through the implementation of Community Operational Vulnerability Assessments conducted by teams of staff from other Probation and Parole Districts. The review examines policy compliance, probationer and parolee contacts, and the use of evidence-based practices to reduce recidivism.
- Probationers just released from prison are provided with brief cognitive-behavioral peer support groups to follow up prison treatment. These groups provide guidance during the critical period immediately following release.

- VADOC continues to operate the Federal Fidelity Bonding Program for all justice-involved persons in Virginia to assist with employability. Expansion of bonding efforts include additional educational materials such as posters and videos that are available in all Probation and Parole Districts to better inform probationers/parolees about the Virginia Bonding Program.
- Chief Probation Officers actively participate as co-conveners of Local Reentry Councils in most localities in Virginia, in partnership with the Virginia Department of Social Services (VDSS) or other non-profit organizations.
- VADOC applied for and won the competitive State Transformation in Action Recognition (STAR) Award from the Southern Legislative Conference for its innovative and evidence-based use of technology to supervise low level probationers in the community. These new tools have allowed for increased engagement with probationers despite safety challenges. VADOC's Voice Verification Biometrics Unit for low-level supervision continues to operate successfully. The recidivism data shows that cases assessed as low risk can be supervised with minimal contact and that over-supervision can have an adverse reaction causing their crime rate to increase. In this supervision program, probationers/parolees are monitored using biometric surveillance for voice, facial, and location verification, as well as routine automated interviews. Eight specialists are responsible for 11,000 cases, demonstrating the effective use of resources in this program.
- Medications for Opioid Use Disorder (MOUD) continue to be made available through VADOC Health Services for CCAP participants to ensure Medication Assisted Treatment is an option for probationers. Continuation of buprenorphine for those probationers entering with a prescription remains a standard practice throughout 2024. Referrals to MAT and MOUD providers is available through partnerships with substance use disorder treatment providers for all Probation and Parole Districts.
- VADOC continues to receive the State Opioid Response (SOR) grant which funds Peer Recovery Specialist services in the Probation and Parole Districts, as well as CCAPs. Two full time regional positions facilitate recovery support groups and offer direct services to probationers, while coaching the Peer Recovery Specialist vendors. PRS vendors are also funded through the SOR Grant and in 2024 nine Districts utilized these positions to support substance use disorder needs for probationers. To qualify for PRS support, an individual must have a history of opioid use disorder, stimulant use disorder or history of overdose.
- In 2024, VADOC was selected to serve as a mentor site for the Bureau of Justice Assistance (BJA) Comprehensive Opioid Stimulant and Substance Use Program (COSSUP) Peer Recovery Support Services Mentoring Initiative (PRSSMI) grant. Throughout the year, VADOC has met with leadership representing Wyoming DOC and Colorado DOC, in partnership with Altarum to provide technical assistance regarding PRS initiatives in corrections.
- Throughout the reporting period, Medicaid enrollments have been prioritized for inmates releasing from incarceration, as well as those on probation and parole. This effort ensures greater access to medical and behavioral health services, including substance use disorder services. VADOC developed a comprehensive training for staff to increase enrollment efforts. From July 1, 2023, to June 30, 2024, there were 6,454 inmates released from VADOC facilities. Twelve of these inmates were ineligible to apply for community Medicaid due to non-citizenship. The remaining 6,442 inmates were classified as the following: 5,144 inmates released had Medicaid (80%), 647 inmates had Medicaid in the past (10%), 190 inmates had submitted applications for Medicaid (3%), 55 inmates

refused Medicaid enrollment (1%), and 406 inmates have no record of being offered Medicaid (6%). VADOC will continue the provision of streamlining Medicaid enrollment efforts as it plays a vital role with reentry and ensures continuum of care for inmates and probationers in our custody.

- VADOC continues active engagement with the Governor’s Reentry Optimization Initiative led by the Chief Transformation Office of the Commonwealth of Virginia. Through this initiative, success factors are identified, and data collected in the areas of access to health care, employment, housing, mental health, substance use disorder treatment, and supervision levels for supervisees. Key performance metrics are tracked and reported through all levels of leadership. Workstreams operate in the areas of public safety, employment, benefits, and programming and implement initiatives designed to build strategies and best practices for scalability to improve supervisee success.
- The VADOC Operations Extradition/Fugitive Services Unit arrested a total of 428 wanted persons resulting in 878 cleared warrants. The Unit also assisted local, state and federal law enforcement agencies in the arrest of 148 fugitives, clearing 413 outstanding warrants in the process.
- On July 1, 2023, the Women’s Risk and Needs trailer (WRNA-T) was fully implemented in Community Corrections as an additional gender-specific set of assessment questions designed to identify needs at intake specific to women that impact recidivism and positive adjustment within communities.

Challenges:

In addition to sizable accomplishments, VADOC continually evaluates its operations and seeks to improve. The agency operates as a learning organization that continually strives to improve its operations based on evidence-based practices. VADOC will continue to be innovative towards the goal of lasting public safety.

- Probation and Parole Districts continue to be confronted with large workloads, limiting the time and services that can be provided to probationers/parolees.
- Vacancies among Probation Officers is a critical issue that is reaching crisis proportions in some districts. Low compensation and heavy workloads make it difficult for VADOC to attract and retain employees in the overall economy where many other options are available.
- Too many people still enter the community from prison without housing. Housing is particularly challenging for those with sexual and violent offenses. There is also a critical housing need for individuals who need assisted living, nursing homes, and geriatric care.
- Many individuals are released to state probation supervision from local jails without receiving proper reentry preparation, medication or housing planning.
- The rising number of cases placed on GPS and the increased number of individuals with an identified gang affiliation require more intensive probation supervision at a time when Probation and Parole Officer caseloads are already stretched.
- Substance use disorder continues to be a high treatment need among probationers/parolees and community resources for treatment, particularly residential treatment and medically assisted treatment, are extremely limited. Services in rural areas are even more limited than in metropolitan areas.

Moving Forward:

With its many successes and opportunities, VADOC is committed to creating lasting public safety by preparing probationers/parolees to reintegrate into law-abiding lives after their community supervision period is completed. VADOC continues to see significant benefits from its organizational development

and application of evidence-based business practices to create a learning organization with the culture that sustains staff and probationer/parolee growth. By following evidence-based practices, VADOC will continue to:

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

VADOC COMMUNITY CORRECTIONS REFERRAL GUIDE

RESIDENTIAL OPTIONS

Behavioral Correction Program	Youthful Offender Program
<ul style="list-style-type: none"> ▪ Available to all Courts as sentencing option ▪ Enacted by the 2009 General Assembly ▪ Targets participants with substance use needs ▪ Evaluation completed by probation officer prior to sentencing ▪ Non-violent (no charges as defined by 17.1-805 unless it is a juvenile adjudication which is acceptable) ▪ No prior felony convictions under 18.2-248 or 18.2-248.1 ▪ Must be mentally and physically able to participate ▪ Judge imposes full sentence (min. of 3 years to serve) ▪ Upon receipt of a Court Order, DOC processes participant directly to a Therapeutic Community Program for a minimum of 24 months ▪ Locations: <ul style="list-style-type: none"> ➢ Indian Creek Correctional Center (men) ➢ Virginia Correctional Center for Women ▪ At program completion, Judge has the option of suspending the balance of the sentence and releasing to probation; no court review or hearing is required ▪ If individual refuses to participate or is removed for behavior, DOC will notify the Court and probation district; participant will be reassigned to another prison to serve remainder of sentence with no further review, hearing or evaluation RQD 	<ul style="list-style-type: none"> ▪ Available to all Courts as sentencing option ▪ Code of Virginia 19.2-311 ▪ Targets participants who committed offense prior to age 21 ▪ No Class 1 Felony or assaultive misdemeanors ▪ Evaluation completed by probation officer prior to sentencing ▪ Mentally and physically able to participate ▪ Indeterminate commitment to DOC for 4 years plus a suspended sentence ▪ Utilizes the Therapeutic Community structure ▪ Locations: <ul style="list-style-type: none"> ➢ Indian Creek Correctional Center (men) ➢ Virginia Correctional Center for Women ▪ If individual refuses to participate or is removed from the program, participant must be brought before the Court for a hearing; Judge may sentence as originally imposed, pronounce a reduced sentence, or impose such other terms and conditions of probation as appropriate ▪ Parole supervision for at least 1.5 years upon release ▪ Services Available: individualized reentry plans, education, Therapeutic Community, substance use education, cognitive and life skills, AA/NA, vocational training, anger management programs, parenting and family reintegration, resource/job fairs, discharge planning, medication assisted treatment (MAT)
Community Corrections Alternative Program (CCAP)	Community Residential Programs (CRP)
<ul style="list-style-type: none"> ▪ Code of Virginia 53.1-67.9 and 19.2-316.4 (completion is a condition of probation; therefore, must be placed on active supervision during program and for 1 year after completion per code; Order should sentence them to “complete CCAP” with no timeframe for completion specified) ▪ Sentencing cannot be in addition to an active incarceration term of more than 12 months; eligibility is not impacted if participant receives one year or more for another case number ▪ Targets medium and high- risk participants with intensive substance use or cognitive behavioral needs ▪ Current offense only must be nonviolent and not fall under 19.2-297.1 (prior record not considered for eligibility) and not require GPS monitoring ▪ Effective July 1, 2024, Probation Officers can refer probationers to determine CCAP eligibility for Probation Violations prior to sentencing ▪ Evaluation completed by probation officer prior to sentencing; referrals screened by CCAP Referral Unit (CCAP RU) ▪ Program duration is typically 22-48 weeks depending on needs of the participant ▪ Community Service is a part of the program and Court may grant credit/compensation for hours completed ▪ Services Available: individualized case plans, treatment motivation programs, education, substance use education, cognitive restructuring, vocational training, medication assisted treatment (MAT), Narcan kits ▪ CCAP information video https://youtu.be/AJNlyiBN1P8 Locations: <ul style="list-style-type: none"> <li style="width: 50%;">➢ Appalachian CCAP (men) <li style="width: 50%;">➢ Harrisonburg CCAP (men) <li style="width: 50%;">➢ Brunswick CCAP (men) <li style="width: 50%;">➢ Chesterfield CCAP(women) <li style="width: 50%;">➢ Cold Springs CCAP (men) 	<ul style="list-style-type: none"> ▪ Available statewide, but not as a sentencing option ▪ Code of Virginia 53.1-179 ▪ DOC managed resource for supervisees who lack a stable residence or need transition from incarceration ▪ Must meet the facility criteria ▪ 90 day length of stay ▪ Services Available: food and shelter, basic life skills, substance use education, individual/group counseling, job placement, discharge planning

VADOC COMMUNITY CORRECTIONS REFERRAL GUIDE

NON-RESIDENTIAL OPTIONS

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

Substance Use Disorder Services within Community Corrections

VADOC continues to prioritize substance use disorder (SUD) services for those under community supervision. With a budget totaling approximately \$1,920,066 in FY2024, services are provided to the districts for evidence-based treatment including outpatient counseling, intensive outpatient counseling, individual counseling services and evidence-based assessments; along with three levels of Residential Substance Use Disorder Treatment services.

These levels include Partial Hospitalization, Low-Intensity Residential and High-Intensity Residential. SUD treatment services in the community are provided mainly by community services boards (CSB) and vendor partnerships. During FY2024, 40 Probation and Parole Districts received SUD treatment services through contracted providers while seven Probation and Parole Districts utilized memorandum of agreements (MOA) with their local CSB. Six Probation and Parole Districts used both private contractors and MOAs. Additionally, probationers/parolees also had access to community support/mutual self-help groups such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Celebrate Recovery groups facilitated by community volunteers.

Three Community Service Boards (CSB) also provided access to a Residential Level of Care. This collaboration ensures that credentialed (licensed and certified) professionals are providing treatment that is evidence-based, client-centered, individualized, and timely. Treatment planning and referrals are provided as part of the continuum of care for each person receiving treatment services. Support services and technical assistance are provided to the districts through in-person and virtual trainings. Both the private vendor contracts and MOAs are in line with current industry standard and best practices.

Additionally, VADOC continues to utilize Medication Assisted Treatment (MAT) through the use of Medications for Opioid Use Disorder (MOUD) in combination with counseling and substance use disorder treatment. The continuation of buprenorphine with a validated prescription is a standard practice for VADOC, ensuring probationers entering VADOC correctional centers continue with needed treatment. This includes all five CCAPs. All forms of MOUD are available to both inmates and probationers to ensure SUD needs are met. VADOC most recently incorporated the use of injectable buprenorphine at CCAPs; the long-acting medication is a practical approach over daily dosing. The Recovery Support Navigator (RSN) positions, which provide pre-release and post-release support and linkages to care, continue to serve as the center of communication for an inmate or probationer once released, as they connect various departments prior to release, and coordinate care post release. This includes coordinating with VADOC departments to include medical, pharmacy, treatment, programs, nursing, probation, and peer services. Once released, stakeholders are needed including treatment providers, family, probation and parole, medical providers, and social services.

VADOC continues to offer Peer Recovery Specialist (PRS) services provided by contract PRS vendors and VADOC PRS staff. Fully funded by the State Opioid Response (SOR) grant, the PRS initiative is designed to provide support services virtually or in person to state-responsible probationers who are within Probation and Parole Districts and or Community Corrections Alternative Programs (CCAPs). To qualify for these services, probationers must have a history of opioid and or stimulant use disorders, and or a history of overdose. Peer support is facilitated by those with lived experience, in long term recovery, and often with a history of criminal justice involvement. The SOR grant funding provides two full time regional PRS' and one part time regional PRS. These three positions are located within Probation and Parole Offices and CCAPs. All VADOC PRS positions and vendors are supervised by the Statewide Peer Recovery Specialist Coordinator.

The Chesapeake Probation and Parole Office continues to offer the Intensive Opioid Recovery (IOR) program where probationers with opioid use disorder on community supervision can access specialized probation supervision. This includes three SOR funded positions; one full time Senior Probation Officer, one Probation Officer, and a wage PRS. Both probation officers have advanced training and knowledge in the treatment of SUDs. This program utilizes evidenced based cognitive behavioral programs, specialized probation supervision, and peer recovery supports to provide support to these probationers with opioid use disorder. Everyone placed on supervision with Chesapeake Probation and Parole is assessed for the program within 24-48 hours and referrals for community-based MAT are made from this assessment, usually within three days. The program is staffed by one Senior Probation and Parole Officer, two Probation Officers who have advanced education and training in substance use disorders. Additionally, the Chesapeake IOR program allows for one part time Peer Recovery Specialist who is stationed at the office and provides peer recovery support services to probationers in the program.

In FY2024, VADOC was asked to serve as a mentor site for the Bureau of Justice Assistance (BJA), Comprehensive Opioid Stimulant and Substance Use Program (COSSUP). This technical assistance (TA) grant, highlighted Peer Recovery Specialist success the Department has experienced. Throughout the grant, VADOC has coached Wyoming DOC and Colorado DOC regarding the implementation and expansion of PRS' working in both probation and parole and correctional centers.

In 2024, VADOC enhanced continuing care services with the addition of seven MAT Social Worker positions, six of which are contracted and funded through the Opioid Abatement Authority. These positions are stationed in correctional centers and responsible for coordination of care for inmates on an MOUD and/or engaged in SUD treatment programs. These positions will assist with post release treatment referrals and communication to the probation and parole districts at the time of release.

Community Corrections Alternative Program

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

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

As a novel initiative during FY 2024, VADOC has partnered with Circuit Court judges to address the increasing need for residential treatment for individuals in local Recovery Court programs by starting a new program pathway within CCAP. Prior to this new pathway, Recovery Courts with limited local resources focused on outpatient treatment services only. Now, courts will be able to refer participants for intensive residential SUD services in CCAP as a continuum of care. The CCAP Recovery Court Pathway program lasts 24 weeks, providing a wide variety of services, including SUD programs, cognitive programming, anger management programming, vocational skills training, and education. These services are available at all five CCAP facilities in Virginia: Appalachian CCAP, Brunswick CCAP, Chesterfield Women's CCAP, Cold Springs CCAP, and Harrisonburg CCAP. Probation Officers provide regular participant progress reports to the court and video check-ins when requested.

The programming duration, which is approximately 22-48 weeks, is determined by the assessed needs of each participant and their progress in acquiring the critical skills needed for successful community reentry. The participants receive cognitive-behavioral, and substance use disorder treatment, vocational and educational services as well as an opportunity to engage in community employment if eligible. Supervisees needing intensive substance use disorder treatment, which are the majority of referrals, are assigned to specialized CCAP facilities that provide such treatment. These facilities also offer Medication Assisted Treatment (MAT). VADOC offers Medications for Opioid Use Disorder (MOUD), including buprenorphine in injectable form. All forms of MOUD are available at the discretion of Health Services. Supervisees will continue to receive intensive substance use disorder services at these facilities in addition to medication to ensure the gold standard for treatment. Furthermore, all CCAP facilities offer Narcan (Naloxone) take-home kits prior to release.

VADOC currently has 700 CCAP beds with four sites for men and one site for women. CCAPs have continued to operate with a less than one month wait for program entry, for these vital services for our community.

CCAP Eligibility Criteria

The process of assignment to CCAP requires involvement of both the court and VADOC. Upon conviction, the judge may order an evaluation for participation in CCAP. The Probation and Parole Officer will initiate an initial screening to determine whether the defendant is non-violent and does not

have serious medical issues that require more care than the CCAP facility can provide. Once the initial eligibility is determined, the officer completes a COMPAS Risk and Needs Assessment on the supervisee and forwards all information to VADOC CCAP Referral Unit. The CCAP Referral Unit determines suitability for program participation based on the supervisee's risk level and treatment needs and forwards the results back to the officer for communication with the referring judge. If the supervisee meets acceptance criteria, the court may sentence the supervisee to the program by suspending all or a portion of the sentence on the condition that the supervisee is placed on active supervised probation throughout program duration and for one (1) year after program (at least two years of probation).

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

The prospective candidate:

- Must be sentenced by Circuit Court and/or sanctioned by the Virginia Parole Board.
- As of July 1, 2024, § 19.2-316.4 allows for when a defendant who has not been charged with a new criminal offense and who may be subject to a revocation of probation based on technical violations, the Probation and Parole Officer may refer the defendant to VADOC for CCAP evaluation prior to sentencing.
- CCAP is also an option for Recovery Courts as a part of the continuum of care. Recovery Court participants in CCAP will engage in Substance Use Disorder Treatment, Cognitive Programming, Anger Management, Educational and Vocational Services in about 24 weeks. At completion, they will reenter the Recovery Court program. Recovery Court participants will still need to be evaluated for eligibility and suitability for the program.
- CCAP is designed to be an alternative sentencing option where the defendant should have minimal incarceration prior to entry.
- Individuals will be eligible for CCAP consideration/placement on any one case number for which CCAP is ordered by a Circuit Court with an active incarceration term of 12 months or less.
- Eligibility for CCAP will not be impacted if a sentence on a separate case number, within the same order or on additional orders, makes an individual state responsible (one year or more).
- If the order does not clearly designate a specific case number for the CCAP obligation, and the order totals one year or more, they will be deemed ineligible for CCAP.
- Current offense must be a non-violent felony as defined by §19.2-297.1, Code of Virginia.
- Must not have any incidents of self-injurious behavior or suicide attempts requiring outside medical intervention or homicidal ideation during the past 12 months.
- Must not have any medication changes within 30 days of referral or intake, as assessed on a case-by-case basis.

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

Effective Practices in Correctional Settings II (EPICS)

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

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

In 2018, statewide implementation of EPICS II was completed in all 43 Probation and Parole Districts. The evidence-based intervention is now in the sustainability phase where all new officers receive training during their basic skills training and must complete their EPICS II coaching process within the first twelve months of hire. In 2024, EPICS training was adapted due to significant vacancies of probation and parole officers in the districts. Staff are now trained on four skills (Role Clarification, Effective Use of Reinforcement, Effective Use of Disapproval and Problem Solving) during Basic Skills. An Advanced EPICS Practitioner training track was developed to provide an opportunity for officers to learn advanced skills such as the Behavioral Analysis and Cognitive Model. VADOC has also invested in the use of these important skills with CCAPs where a treatment milieu is created when security, probation officers and treatment counselors all receive EPICS II training. Supervisors continue to work with officers to identify opportunities to use these skills after the coaching process is complete.

Voice Verification Biometric Unit

The Voice Verification Biometric Unit provides professional supervision services within VADOC. The VVBU provides a comprehensive system of supervision, services and sanctions to assist adult offenders in leading law-abiding lives, resulting in enhanced public safety. VADOC applied for and won the competitive State Transformation in Action Recognition (STAR) Award from the Southern Legislative Conference for its innovative and evidence-based use of technology to supervise low level probationers in the community.

Primarily responsibilities of the unit are to monitor those probationers/parolees placed on supervision through the contracted Shadowtrack Company in conjunction with VADOC Probation and Parole. The unit provides surveillance and investigation of supervisees who are assessed at a low level of risk and are placed on the Shadowtrack program. The Shadowtrack program utilizes telephone services to facilitate a monthly check in procedure.

Currently the program is comprised of over 11,000 low level probationers/parolees assigned to surveillance specialists on the Voice Verification Biometric Unit. Utilizing the technology-based supervision service for low level probationers/parolees serves a dual benefit. First, as caseload numbers are increasing throughout the 43 Probation and Parole Districts in Virginia, the unit takes on supervision of the low-level probationers/parolees, thus decreasing the caseload numbers within the districts. This allows district probation and parole officers to concentrate their time on direct supervision of higher-level cases that need more attention. Second, as a less staff intensive method, Shadowtrack serves as a cost saving measure for VADOC.

The VVBU has worked to introduce and implement a safer communication means to the districts through the Shadowtrack company. The application has been designed to allow officers to connect with probationers/parolees placed on the Shadowtrack program, through video meetings, chat, text message and voice messages. By using state issued cell phones, the officers have access to every probationer/parolee assigned to their district currently assigned to Shadowtrack through a cell phone and can communicate through chat, text, voice messaging or video, which eliminates the need for face-to-face contact either in the probation and parole district or the community. In addition, the probationer/parolees phone location is obtained and documented within the Shadowtrack platform. All communication and or actions within the application are transfer to VADOC database, CORIS, thus documenting and preserving notes for court and historic purposes.

The VVBU helped the Shadowtrack company in developing the drug testing notification system being used throughout the state in the probation and parole districts. By developing drug testing calendars for each individual district, templates are created identifying frequency of required drug tests per week/month of assigned probationers/parolees. The Shadowtrack system will either send notifications through text or phone calls advising of the required report date and time for said drug test directly to the probationer/parolee phone, or the probationer/parolee will be required to perform a daily check-in on their smart phone through the Shadowtrack application.

VVBU is currently working on implementing a district wide Shadowtrack enrollment for all probationers/parolees to assist with streamlining check-in procedures for both existing probationer and parole cases and new cases.

Based on the last statistics provided by VADOC research team, the VVBU has a 1.2% recidivism rate.

Sex Offender Supervision

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

Experts in the field recommend a sex offender specialist-staffing ratio of 40 to 1 to appropriately address public safety needs. Last year, several positions were funded to help get closer to the recommended specialist-staffing ratio.

The Code of Virginia mandates that any offender convicted of Failure To Register on or after July 1, 2006 be placed on GPS (global positioning systems). In FY2024, VADOC changed GPS vendors. Although VADOC utilizes GPS for a variety of populations, the overwhelming use of GPS is for sex offenders. At the end of June 2024, we had a total of 776 individuals on GPS units.

In February 2013, VADOC contracted with Dr. Robin Wilson to train specialists on the scoring and use of the STABLE-2007 and the ACUTE-2007. These two instruments are sex offender risk assessments designed to be used and scored by Community Supervision Officers. Approximately 200 officers were trained, four staff were trained as trainers, thus ensuring sustainability. Specialists began using these risk assessment tools in May 2013. Training of new specialists has continued. Practice sessions and scoring exercises have been conducted to ensure fidelity. In FY2024, Dr. Robin Wilson trained an additional four staff as STABLE-2007 and the ACUTE-2007 trainers.

There are five contracts statewide providing sex offender assessment and treatment and seven vendors providing polygraph services. A total of \$1.92 million was allocated for assessment, treatment, and polygraph in all districts. This figure does not incorporate the co-payment that was implemented for these services in FY2008.

The Sexually Violent Predator (SVP) civil commitment process continues to grow. The impact of this growth is felt by Community Corrections when these SVP's are granted conditional release. In FY2024 Probation and Parole Officers investigated 102 home plans for offenders being considered for conditional release, and of those on conditional release, 425 six-month reports were submitted. The number currently being supervised under conditional release is 262. Of that number, 142 are "pure" conditional release, meaning that they have no criminal obligation. Also notable for FY2024 is the number of Emergency Custody Orders that were executed by Probation and Parole Officers. There were 69 Emergency Custody Orders obtained by Probation and Parole officers. Three sexually violent predators absconded from supervision during this reporting period and all but one has been returned to custody. In 2024, there was the implementation of Virginia Code 37.2-912 that states "any person placed on conditional release pursuant to this chapter who tampers with or any way attempts to circumvent the operation of his GPS equipment is guilty of a Class 6 felony." This law was supported by VADOC to help assist in the apprehension and prosecution of Sexually Violent Predators who abscond.

There continues to be a clustering of sexually violent predators in certain jurisdictions. These offenders have a very difficult time securing housing. In limited areas of the Commonwealth, there are landlords who are willing to rent to these offenders. A few of these cities are Lynchburg, Roanoke, Richmond, and several cities in the Tidewater area. As stated above, these offenders require a higher level of supervision and the increasing numbers in these jurisdictions impact resources in those districts. In these identified areas are a total of 14 Senior Sex Offender Supervision Specialist Officers and three probation and parole officers dedicated to the monitoring of these SVP cases.

This population continues to be a high risk and high demand type of case by supervision standards. By statute, these cases are monitored by GPS and have demanding conditional release plans that involve collaboration with the Office of the Attorney General and DBHDS. Sex offenders in general continue to be one of the most demanding cases under supervision.

The sex offender specialist staff must monitor offender behavior, verify, and modify living arrangements as needed, work closely with sex offender treatment providers and polygraph examiners, and cope with victim trauma. There have been several legislative and procedural changes over the years that have resulted in increased demands on an officer's case management duties. These would include such things as GPS and SVP cases. In 2024, the Virginia State Police replaced the Sex Offender Verification (SOV) System with the Virginia Sex Offender Management System (VSOMS) which resulted in training staff in the use of a much more "specialized" computer program. Training efforts are geared toward keeping the officer up to date on legislative changes, technology and evidence-based supervision and treatment practices. The supervision of sex offenders is constantly evolving, and officers need to be exposed to the most current research and training.

Currently, there are about 4,136 adult probation and parole offenders that are required to register on the Sex Offender and Crimes Against Minors Registry. VADOC continues to be proactive in their supervision and monitoring of this difficult population. Probation and Parole Officers and the Virginia State Police frequently collaborate in their efforts to ensure these offenders are properly registered with the Sex Offender and Crimes Against Minors Registry.

Supervising Sex Offenders

Large Population:

- About 24,7753 persons are on the Sex Offender and Crimes Against Minors Registry that is operated by the Virginia State Police.
- About 4,136 are under Probation and Parole supervision.

Supervision and Monitoring are Labor Intensive:

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

Treatment Can Reduce Risks:

Regional Peer Supervision groups meet periodically to discuss effective case supervision, treatment, polygraph, and monitoring procedures. Members can include probation and parole officers, qualified Sex Offender Treatment providers and polygraph examiners.

Mental Health and Wellness Services

One of the Governor’s Goals delineated in 2022 encapsulates the primary mission and purpose of the Community Mental Health and Wellness staff: Promote the mental health continuum of care for inmates transiting from incarceration to community in order to ensure mental health stability and increase public safety. The table below summarizes the professional activities in FY2024 that supported this mission.

	2023 3 rd Quarter	2023 4 th Quarter	2024 1 st Quarter	2024 2 nd Quarter
<u>Direct Mental Health Contacts</u>				
VADOC facility inmates (virtual/in person)	467 / 278	421 / 301	490 / 310	433 / 318
Jail/court inmates (virtual/in person)	906 / 694	1083 / 740	1335 / 964	1318 / 1009
CCAP Probationers (virtual/in person)	5 / 315	26 / 283	9 / 321	15 / 347
<u>Intensive Treatment Intervention</u>				
VADOC facility inmates (virtual/in person)	134 / 93	151 / 110	121 / 89	217 / 167
Jail or court inmates (virtual/in person)	234 / 135	169 / 127	191 / 173	208 / 193
CCAP Probationers (virtual/in person)	4 / 20	3 / 28	5 / 73	4 / 19
Community Mental Health Codes Assigned	4914	10,837	11,557	6431
MH-9 (Release Summary) reviews	1067	1249	1281	1207
<u>Case Consultations</u>				
Probation Officers	4363	4931	5709	5484
Institutional/Other VADOC staff	2434	2455	2071	2453
Local & Regional Jail staff	305	433	558	655
Community Services Boards (CSBs)	698	923	954	956
*State Hospitals	469	504	679	765
*Local Hospitals/ERs	111	113	122	138
*Private Providers	311	406	535	496
*Community Residential Placements (CRPs)	94	81	106	205
*Housing Resources (other than CRPs)	163	214	158	304
*Other Community Resources	1695	633	635	594
DJJ	6	17	36	19
Reentry Councils	116	163	145	169

Across the Commonwealth, there is great variability in the capacity of Community Services Boards and Behavioral Health Authorities, the availability of Medicaid providers, and the availability of other mental health resources in the community to meet the mental health needs of VADOC supervisees. Two changes in the data reporting have been made since last year to better capture the amount of effort from District Mental Health Clinicians (DMHCs) to fill these service gaps in support of their Probation and Parole Districts. First, the Community MHSSC established clear guidelines established to define what constitutes intensive treatment interventions. Defined criteria included: emergent cases requiring hospitalization or consideration of hospitalization to address suicidality/danger to self or others; case management assistance due to homelessness or lack of financial resources to meet basic needs; cases requiring multiple follow-up meetings for adequate monitoring; CCAP cases requiring participation in Facility Review Committee meetings due to mental health or behavioral issues. This change enabled the DMHCs to report more accurately on the intensive cases that take up a disproportionate amount of their professional time. The total number of documented intensive treatment interventions increased from 1,098 in FY2023 to 2,668 in FY2024. Additionally, while the total number of direct contacts with facility (prison only) probationers stayed relatively consistent with 3,033 in FY2023 and 3,018 in FY2024, there was a substantial increase in the total number of direct contacts with jail/court probationers that comprise the majority of Probation and Parole District caseloads from 5,272 in FY2023 to 8,049 in FY2024.

The additional challenges for probationers with mental health issues (e.g., shortage of mental health treatment providers, substance use disorder, homelessness, difficulty navigating complex systems) further increase the obstacles to successful community transition. Subsequently and by necessity, the DMHCs have become involved in activities extending beyond mental health-specific interventions into holistic case management and resource coordination to assist their respective Districts. To illustrate these extra duties more accurately, the second change to data reporting was to break out the individual Case Consultation categories instead of combining them into a single number (indicated by asterisks in the table above).

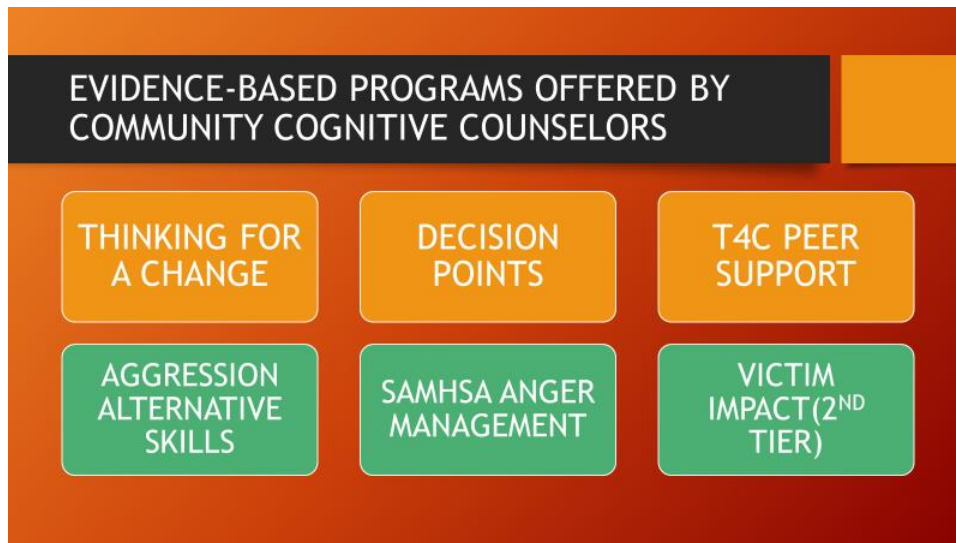
Cultivating and nurturing relationships with community stakeholders who are vital to successful reentry efforts also remains an integral practice for the Community Corrections Mental Health and Wellness staff. These relationships have resulted in smoother transitions for inmates released from incarceration to community supervision, as well as prevented re-incarceration by steering the probationers towards treatment and resources instead of violations that returned prisoners to jail. On November 28, 2023, VADOC Community Corrections staff hosted the second semi-annual Building Bridges Co-Occurring Community Treatment Summit on Criminal Justice Populations. The theme of this Summit was Partners in the Continuity of Care. Participants represented the interconnected agencies who are integral to meeting the needs of our shared client population—VADOC, Community Services Boards/Behavioral Health Authorities (CSBs/BHAs), Local and Regional Jails, and the Department of Behavioral Health and Developmental Services (DBHDS). Like the inaugural Summit in January 2023, this was a hybrid event held in-person at sites linked virtually via Zoom across the state. The six sites for the November Summit included: the Virginia Public Safety Training Center (DJJ) in Hanover; Northern Virginia Community College (NOVA) in Annandale; Christopher Newport University in Newport News; Tidewater Community College in Virginia Beach; Central Virginia Community College in Lynchburg and Southwest Virginia Higher Education Center in Abingdon. All participants had the opportunity to participate in regional dialogues at their respective sites with the goal of generating new ideas for collaborating locally after the Summit to improve service delivery for Virginia citizens who struggle with the compound effects of co-occurring substance use disorder, mental illness, trauma histories, and involvement in the criminal justice system. Featured speakers included: VADOC Director Chadwick S. Dotson; Secretary of Health and Human Resources John Littel; Virginia Association of Community Services Boards Jennifer Faison; DBHDS Commissioner Nelson Smith; Dr. R. Kelly Crace, Director for the Center for Mindfulness and Authentic Excellence (CMAX) at William & Mary; and Mr. Ricky Johnson, Marine Veteran and North

Carolina Certified Peer Support Specialist.

In March of FY2023, VADOC was selected nationally as one of ten Criminal Justice-Mental Health Learning Sites by the Council of State Governments (CSG). In this role, the Community MH&W staff works closely with the CSG Justice Center to provide peer-to-peer learning and mentoring opportunities to other states interested in setting up mental health services in community corrections. The program also provides the opportunity to learn best practices from other states to refine and enhance our VADOC policies and procedures. In recognition of Mental Health Month, on May 30, 2024, the senior Community Mental Health staff (MHCS, Regional MH Clinicians, and CWCCAP Senior MH Clinician) presented a national webinar in the Ask the Expert Series hosted by the CSG Justice Center and the U.S. Department of Justice's Office of Justice Programs' Bureau of Justice Assistance.

Community Corrections Cognitive Counselors

In FY2023, VADOC received legislative funding to expand the number of Cognitive Counselors within Community Corrections from 7 to 26 positions. Cognitive-behavioral programming and approaches are highly correlated with recidivism reduction in corrections science and research. This type of programming is typically unavailable for supervisees in community-based settings such as Community Services Boards. Prior to these positions being funded, probation and parole districts had no positions allocated for cognitive-behavioral programming. VADOC currently has 19 positions filled that cover 25 Districts. Implementation support for the positions includes onboarding support from district field staff, monthly meetings with statewide program staff, program facilitation coaching and support, and training on evidence-informed cognitive curricula. Preliminary data from January 2024 showed participation in cognitive programming doubled in programs facilitated by these position as well as reductions in drug positivity rates for program participants.



Interstate Compact for Adult Offender Supervision

As of June 30, 2024, there are 5,032 Virginia probationers and parolees transferred to other states via the Interstate Compact for Adult Offender Supervision and 2,526 out-of-state cases are under supervision in Virginia. Virginia currently ranks among the top four states in volume of transferred cases.

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

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

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

The rules of the Compact have the force and effect of federal law and are enforceable in federal courts. Accordingly, the demands and liability for non-compliance are significant. The “Interstate Compact Bench Book for Judges and Court Personnel” is available on the ICAOS website at www.interstatecompact.org. The Compact established a commission composed of representatives from each state and a national office of full-time staff. The Interstate Commission oversees the day-to-day oversight of the compact between the states. It promulgates rules to achieve the goals of the compact, ensures an opportunity for input and timely notice to victims and to jurisdictions where defined inmates are authorized to travel or to relocate across state lines and establish a system of uniform data collection, provides access to information on active cases by authorized criminal justice officials, and coordinates regular reporting of Compact activities to heads of state councils, state executive, judicial, and legislative branches and criminal justice administrators. The Commission monitors compliance with the rules governing interstate movement of those under supervision, initiates interventions to address and correct noncompliance, and coordinates training and education regarding Interstate Compact regulations.

The Compact also requires the establishment of a state council that includes members of the executive, legislative and judicial branches of government, a representative of crime victims, and the Compact Administrator. Virginia’s Council members are James Parks, Director, Offender Management Services at VADOC who serves as the Compact Administrator/Commissioner, Amigo Wade, Director, Division of Legislative Services, The Honorable Lee Harris, Jr., Judge, Henrico Circuit Court and Shelly Shuman-Johnson, Director, Henrico Victim/Witness Program.

A web-based Interstate Compact Offender Tracking System (ICOTS) was introduced for use by all the member jurisdictions in 2008. This has enabled the computerized transfer of cases and supporting documentation. The Virginia Interstate Compact Office of VADOC continues to provide substantial oversight, case management, field training, and technical assistance related to the transfer of probationers and parolees into and out of Virginia.

Operations Extradition/Fugitive Services Unit

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

FY2024 accomplishments for this unit include:

- A total of 428 wanted persons were arrested, resulting in 878 cleared warrants.
- The Unit assisted local, state, and federal law enforcement agencies in the arrest of 148 fugitives, clearing 413 outstanding warrants in the process.
- The Unit served as a resource for local, state and federal law enforcement agencies and provided investigative information about specific cases 2,353 times. The Unit continues to receive letters of commendation from law enforcement throughout the Commonwealth recognizing the assistance VADOC provided in the search and apprehension of wanted persons.
- The Unit successfully completed 150 out-of-state extraditions without incident.
- Over 30 case transfers were completed and documented in VADOC's inmate management system, VACORIS.
- Members from the Unit are also assigned to the United States Marshal Service Violent Fugitive Task Force in order to locate and apprehend additional dangerous fugitives. In FY2024, these Task Force Members assisted with arrests of 334 violent fugitives.
- During FY2024, this Unit targeted fugitives wanted by VADOC that have a history of violence against persons and are considered dangerous. Fugitives meeting these criteria were added to VADOC's Most Wanted website. As a result of this revised initiative, this Unit was responsible for the capture of 12 Most Wanted Fugitives.

Community Residential Programs

VADOC's Community Residential Program (CRP) is available in some jurisdictions statewide for probationers and parolees who lack a housing release plan. The goal of the CRP is to provide a seamless transition to the community for those who lack a viable home plan. Currently the VADOC is funded for 199 beds.

CRPs support supervisees during their immediate release period or in a period of homelessness during supervision. Program participants receive supervised housing for up to 90 days, with an extension also possible. In FY2023, CRPs were required to provide monthly data reports on services provided including life skills programs, financial assistance, assistance with transportation, employment coaching, educational assistance, medical assistance, basic counseling, substance abuse education, job placement, discharge planning, group/individual counseling, mental health services and random urinalysis testing.

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

All referrals for CRP bed utilization must come directly from VADOC personnel. VADOC contracts with 10CRP vendors throughout the state. The current regional distribution of beds is:

- Total beds Central Region: 86
- Total beds Eastern Region: 12
- Total beds Western Region: 95
- TOTAL BEDS STATE-WIDE: 199

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

Code of Virginia §53.1-10; §53.1-177; §53.1-178 are the legal basis for CRP operation since they direct VADOC to prescribe standards for the development, operation, and evaluation of programs and services.

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

Reentry Councils

Re-entry Councils bring together community service organizations and reentry stakeholders such as law enforcement, local human services, non-profit organizations, faith-based groups, and the business community to coordinate support for criminal justice-involved individuals and families. The Councils work as a network to enhance services, remove barriers, strengthen collaboration, and support initiatives that foster family reintegration and community engagement. The Councils are a successful support system to help people involved in the criminal justice system engage with their local communities to reduce recidivism, enhance public safety, and support a better way of life.

The Reentry Councils are not the sole responsibility of VADOC but are owned by each community. Reentry Councils were initially conceived as a joint effort facilitated by the Department of Social Services and VADOC. Probation Chiefs and local social services directors were to serve as co-chairs. Over time, and impacted by COVID, some councils have drifted into other models or have fallen off. VADOC is currently working to help local communities re-invigorate the Councils and get the model back on track post COVID. Many councils continue to successfully meet, thrive and assist criminal-justice involved individuals. Below is a list of potential partners for local Reentry Councils:

Examples of Reentry Council partners include:

- Adult Education Providers
- Behavioral Health Providers (Mental Health and Substance Abuse)
- Child & Family Services
- Commonwealth Attorney Office
- Employment Service Agencies
- Faith-Based Organizations
- Financial Literacy and Support Programs
- Food Banks and Food Pantries
- Foster Care Services
- Goodwill
- Jails (Local & Regional)
- Justice Involved individuals
- Legal Resources
- Local Agencies
- Medicaid — Managed Care Organizations (MCOs (MCOs)
- Peer Support Groups
- Police Departments
- Post-Secondary Education (community colleges/universities)
- Probation and Parole Office (local, state, and federal)
- Public Health Department
- Public School System
- Recovery Support
- Salvation Army
- Senior Services
- Support Programs (housing, transportation, employment, financial, etc.)
- Temporary Staffing Agencies
- Veteran’s Services
- Workforce Investment Opportunity Act (WIOA) Providers:
 - Virginia Economic Development Partnership
 - Workforce Development Board

Conclusion

During FY2024, the Virginia Department of Corrections has moved strongly forward to provide evidence-based probation and parole supervision and program services. Through a steadfast commitment to evidence-based practices and an unyielding dedication to safety measures, VADOC achieved critical outcomes of great significance. Notably, for the eighth consecutive year, VADOC is a national leader with one of the lowest recidivism rates in the country. Presently, it stands as the second lowest, boasting an impressive rate of 19%. This public safety achievement directly translates into a reduction in criminal activity, a greater number of probationers and parolees leading productive lives, and an overall enhancement of safer communities for Virginians. While this rate is impressive, the VADOC strives to continually improve its supervision and program services to reduce victimization and improve public safety further.