

# **Community Corrections Alternative Programs**

**FY2024 Report**



**Chadwick S. Dotson**  
**Director of Corrections**

**October 15, 2024**



## Authority

This report has been prepared and submitted to fulfill the requirements of Item 387 B of the 2024 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 each year.

## Background

After significant evaluation, the Detention and Diversion Centers were converted to Community Corrections Alternative Programs (CCAP) in May 2017. The Code of Virginia establishes the authority and minimal eligibility criteria for CCAPs.<sup>1</sup> This sentencing option is devised to reach the targeted population of non-violent felony defendants, either at initial sentencing and/or at probation revocation proceedings. The Parole Board is also authorized to refer parole and post-release violators to CCAP. The goal of the program is to provide a structured environment where participants acquire and practice the skills necessary to sustain positive behavioral changes and long-term recovery, contributing to lasting public safety. 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 thinking and attitudes, associates and peers, cognitive behavior, and/or substance use. 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 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

---

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



bed capacity for each CCAP site. It should be noted that Stafford CCAP was closed in February 2024, bringing the current total of CCAP capacity to 532 for males and 168 for females.

CCAP Site	Appalachian	Brunswick	Chesterfield	Cold Springs	Harrisonburg	Stafford (closed February 2024)
Bed count	106	150	168	150	126	116

Community Corrections Alternative Programs also offer Medication Assisted Treatment (MAT) services. According to the Substance Abuse and Mental Health Administration (SAMSHA), MAT is a key component of recovery for those with alcohol use disorder and opioid use disorder.<sup>2</sup> Beginning in 2018, with State Opioid Response (SOR) grant funding, CCAPs were included in the VADOC Medication Assisted Treatment Reentry Initiative (MATRI). This initiative offered probationers long-acting injectable naltrexone (Vivitrol) therapy prior to re-entry to the community. In 2021, VADOC expanded MAT services to include buprenorphine for probationers with opioid use disorder. Probationers who are on Suboxone (or other oral buprenorphine products) in the community or jail continue treatment while in CCAP. Beginning in FY2024, the VADOC phased out the MATRI protocol as an initiative since medications for opioid use disorder (MOUD) fall under the standard treatment guidelines within Health Services. VADOC now offers a long-acting injectable buprenorphine, Sublocade, as well. MOUD in various forms are available for probationers through consultation between the prescriber and patient. Probationers will continue to receive intensive substance use disorder treatment at these facilities in addition to MAT services. Furthermore, recovery navigators continue to support CCAP participants engagement in MAT both within the program and in the community after release. Recovery Navigators assist in care coordination, as well as post release continuum of care referrals.

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 Call probationers. VADOC Regional PRS employees support community corrections, along with the CCAPs. During FY2024, the central region PRS position has been reallocated to the Chesterfield CCAP. Although this position is currently parttime, a request to elevate the position to fulltime is being considered. In addition, all CCAPs are able to utilize SOR funds to contract with PRS vendors in their area. PRS services are provided while probationers are actively in the program

---

<sup>2</sup> 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.



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, Narcan education is provided to all probationers as part of the Reentry Resource Packet. This packet contains a wealth of information, including SUD treatment resources, Narcan distribution sites, and instructions on how to administer Narcan. Additionally, through the SOR grant, VADOC continues to implement a contingency management plan for CCAP participants engaged in MAT and Peer Recovery Support (PRS) services which offers positive reinforcement for completion of MAT and PRS milestones.

## 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 FY2022 to ensure the time for measurement of relapse after graduation.

- CCAP graduates were more likely to score 'High' risk as compared to 'Medium' or 'Low' on the COMPAS Risk of General Recidivism scale in all three fiscal years: 56% for FY2020, 60%, for FY2021 and 56% for FY2022. The largest percentage of graduates scored 'Highly Probable' on the COMPAS Substance Abuse Needs scale: 78% in FY2020, 84% in FY2021, and 79% in FY2022. This is appropriate as the program is designed for high risk and high need probationers.
- Probationers who were removed from CCAP without graduating were more likely than CCAP graduates to score 'High' risk on the COMPAS Risk of General Recidivism scale. In FY2022, 77% of non-graduates scored 'High' risk compared to 56% of graduates. In addition, non-graduates were more likely to score 'Highly Probable' on the COMPAS Cognitive Behavioral Needs scale than CCAP graduates with 39% in FY2020 and 50% in FY2022.

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 FY2024. Chesterfield Women's CCAP also receives substance use disorder services from Spectrum Health Services with a focus on gender responsive needs. At Chesterfield Women's CCAP, they receive Criminal Conduct and Substance Abuse along with Helping Women Recover in Phase 2 of programming. Phase 1 consists of Orientation and Phase 3 consists of Community Employment. Harrisonburg CCAP also receives supplemental SUD services provided by a vendor with a focus on aftercare and relapse prevention. This is due to



Harrisonburg CCAP having a mission focused on Community Employment rather than intensive SUD services.

### Spectrum Health Services Program Phase Completion FY2024

Spectrum Treatment Phase	Appalachian CCAP	Cold Springs CCAP	Brunswick CCAP	Total
Phase 1	141	139	118	398
Phase 2	111	134	126	371
Phase 3	95	128	111	334

CCAP participants continue to gain achievements in educational and vocational services while participating in active treatment. During FY2024, 49 probationers were able to earn GED completion while in CCAP. In addition, probationers earned the following vocational certificates: 82 earned Career Readiness Certificate, 288 were Flagger Training Certification, 149 Forklift Safety, 73 OSHA certification, 15 OSHA Construction certification, and 156 ServSafe certifications. Twenty-One CCAP probationers completed Introduction to Computers. In vocational course completions, CCAP had 30 completed Masonry I, 25 completed Masonry II, 42 probationers completed the Welding vocational certification, 8 probationers completed Warehouse Logistics Training through PIVA Plugged in Virginia, 6 probationers completed the Commercial Driver License vocational certification.

The chart below reflects “Enders” and “Graduates.” Enders include all individuals who left CCAP both graduates and removals. Removals can happen for a variety of reasons to include administrative discharge, medical discharge, mental health discharge, and disciplinary discharge. When examining probationers who left a Community Corrections Alternative Program (CCAP) during FY2023, over two-thirds (69%) graduated. The annual completion percentage in FY2024 was slightly higher than FY2023. Of the 553 CCAP enders in FY2024, almost three-fourths (73%) graduated.



Annual Completion Rate of CCAP Participants			
	Enders*	Graduates**	Completion Percentage
FY2023	422	290	69%
FY2024	553	401	73%

\*Each supervisee is counted once per fiscal year. CCAP enders are those supervisees who were transferred from a CCAP to a location that is not a CCAP during the fiscal year. If transferred from a CCAP to a location that is not a CCAP during the fiscal year but then transferred back to the CCAP and located there at the end of the fiscal year, the supervisee is not counted as an ender for that fiscal year.

\*\*Graduates are those supervisees who were transferred from a CCAP to a location that is not a CCAP with a transfer reason of 'Graduated'.

Recidivism data shows that CCAP graduates are much less likely to recidivate than those who have not completed the program. Consistent with 34 other states, VADOC's official recidivism measure is the re-incarceration of inmates with a new State Responsible sentence within three years of their release. VADOC waits at least four years for data to mature to derive a three-year rate. Since CCAP was fully implemented in 2018, FY2018 and FY2019 CCAP participants are the only groups with mature three-year rates; however, the six, twelve, and eighteen-month recidivism rates can be examined for FY2020 CCAP graduates and non-graduates as well as the six and twelve-month recidivism rates for FY2021 CCAP graduates and non-graduates. Recidivism was defined as any new State Responsible incarceration after the probationer was released from the CCAP. CCAP participants likely would have been sentenced to State Responsible incarceration initially if CCAPs were not an option. 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.

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. In FY2019, CCAP graduates had a six-month recidivism rate of 3.6% compared with 37.6% for non-graduates. The significant difference between these cohorts continues for this fiscal year with a thirty six-month recidivism rate of 35% for CCAP graduates and 52.3% for non-graduates. In FY2020, CCAP graduates had a recidivism rate of 1.5% compared with non-graduates at 26.9%. The recidivism rates for all four cohorts are likely to be lower due to courts shutting down or operating in a limited capacity. The recidivism rates for the FY2019, FY2020, and FY2021 cohorts were impacted more by the COVID-



19 pandemic than the FY2018 cohort. This data shows that CCAP non-graduates are nearly twice as likely to recidivate than graduates.

Incarceration <sup>1</sup> After CCAP Release						
CCAP Graduates <sup>2</sup>						
		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%	23.3%	35.0%
FY2020	805	1.5%	5.6%	10.8%		
FY2021	493	1.8%	4.5%			
CCAP Non-Graduates <sup>3</sup>						
		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%	46.3%	52.3%
FY2020	134	26.9%	30.6%	34.3%		
FY2021	37	29.7%	32.4%			
<p><sup>1</sup> 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.</p> <p><sup>2</sup> All probationers who graduated from at least one CCAP program during the fiscal year were included as a graduate as long as they were no longer at a CCAP at the end of the fiscal year. If a probationer graduated from one program during the fiscal year and started another but was unable to graduate for any reason, the second end date was used as the release date.</p> <p><sup>3</sup> All probationers who started a CCAP program and ended for any reason during the fiscal year were included as long as they were no longer at the CCAP at the end of the fiscal year.</p>						

A review of CCAP Referral Data for FY2021, 2022, 2023, and 2024 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 2020. However, CCAP referrals have been steadily increasing since 2021. The cases accepted continue to reflect the target population of higher risk and higher need probationers.

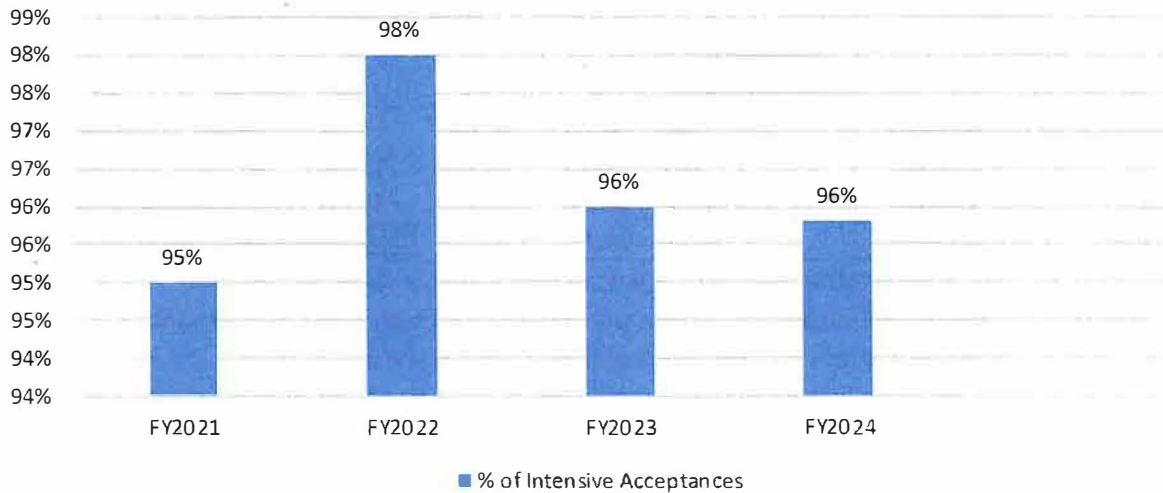
- As the court referrals have increased, CCAP has continued to adapt to meet the needs



of the target population: in FY2021 69% of those referred were accepted; in FY2022 73% of those referred were accepted; in FY2023, 81% of those referred were accepted, and in FY2024, 73% of those referred were accepted. In FY2024 80% of the males that were referred were accepted and 77% of females 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. In FY2024, 95.8% of males and nearly 100% of females were placed in intensive substance use disorder services

### CCAP Intensive Program Acceptances by Fiscal Year



- 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. In FY2024, VADOC processed 1906 referrals with 1502 being males and 404 were females.
- On July 1<sup>st</sup>, 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.





## FY2024 Community Corrections Alternative Programs Summary

During FY2024, VADOC continued to review the CCAP 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 expedite the process. As VADOC has expanded opportunities for the co-occurring population<sup>3</sup>, there is a continuing increase for mental health services in CCAP. VADOC is working to address this need; however, there are currently limited staffing resources for this special population.

There have been several enhancements to the pathways to enter into CCAP in FY2024. In January 2024, a pilot was initiated for Recovery Courts to offer a continuum of care within CCAPs for participants in Recovery Courts in Southwest Virginia. The initial pilot was conducted at Appalachian CCAP and Chesterfield Women's CCAP. On July 1, 2024, this pathway expanded to all Recovery Courts in Virginia and includes all CCAPs. In addition, a legislative change to §19.2-316.4 was passed in FY2024, to take effect in FY2025, which allows Probation and Parole Officers to submit a referral for probationers with a technical violation for review of CCAP eligibility prior to sentencing. This change will expedite court processing by providing their determined eligibility at the time of sentencing which will accelerate entry into CCAP. In FY2024, the extensive quality assurance assessment was expanded to include all CCAP locations and continues to increase consistency and fidelity across the programs.

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. During FY2024, community employment opportunities have expanded to include Appalachian CCAP with 10 positions and Cold Springs CCAP with 20 positions. These community employment positions are skilled positions focusing on probationers returning or relocating to those local areas. 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 FY2024, efforts have continued 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 vendors in their area.

---

<sup>3</sup> 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.



Another component for a stable reentry plan for CCAP participants continues to be MOUD services. In FY2024, 18 CCAP participants participated in the buprenorphine continuation program. Of these, 14 received Sublocade and 4 received Suboxone. This is an increase from 12 participants in FY2023. Furthermore, 12 CCAP participants received Vivitrol in FY2024, and 9 received Oral Naltrexone. In addition, the VADOC trained 296 releasing probationers in REVIVE! (the Narcan administration education training) and issued 296 NARCAN take home kits upon release in FY 2024, as compared to 245 in FY2023.

An education campaign for both internal and external stakeholders has been underway to increase awareness of the important services that Community Corrections Alternative Programs has continued in FY2024. The activities have included presentations at conferences and training events, webinars for internal and external stakeholders, internal newsletter articles, updated e-learning module for probation and parole officers, along with updated reference material. In FY2024, the VADOC developed a marketing campaign to educate staff, inmates, and probationers on the deadly impacts of fentanyl. It included the *One Pill Can Kill* video featuring four Virginia families who lost a loved one due to fentanyl poisoning. The video was shared with employees, inmates, probationers, and Virginians. This video recently earned a National Capital Emmy Award. Funding for this video was made possible from State Opioid Response Grant. In addition, six unique posters were developed targeted to the inmate/probationer population designed to bring awareness to the risk of overdose associated with fentanyl. The posters were released to all correctional centers and probation districts. The VADOC's awareness efforts were further supported by mass information blasts through email, social media, written notification, and inmate tablet system regarding dangers of illicit drug use with an emphasis on fentanyl. 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 lifesaving treatment.



- Rise in need for mental health services and staff as VADOC expands eligibility to address the needs of those with co-occurring disorders.
- Vocational opportunities for female probationers to obtain employment with a living wage when they return to the community.
- Further improve graduation rates for those with high cognitive behavioral needs.
- Barriers to referral acceptance such as physical health, medications, need for follow up care and mental health stability to include 24-hour medical coverage at CCAPs to address the increased need for withdrawal management.
- Utilization of Recovery Navigators to support the continuum of SUD care within the CCAPs and post release.

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 significantly less than that of non-graduates and only 10% 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.

