

# **Virginia Department of Corrections**



## **Statewide Community-Based Corrections System**

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**Status Report FY2025**

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Director**

## **Legislative Reference for Report**

The Virginia Acts of Assembly (Chapter 725) Item 384-A requires that 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. The report also includes 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.

## **Evidence-Based Practices in Corrections**

The Virginia Department of Corrections (the “Department” or “VADOC”) is committed to adhering to national evidence-based practices (EBP) standards to promote public safety in Virginia communities by reducing probationer criminal risks and promoting prosocial behavior change. In fact, VADOC has had a leading role among corrections agencies in translating research into effective practices. In July 2024, the American Probation and Parole Association (APPA) published National Standards for Community Supervision to serve as a guide for community corrections agencies to implement effective correctional practices.<sup>1</sup> This report provides a summary of EBP core standards and how the Department has implemented these practices to ensure effective supervision. These efforts have resulted in Virginia having either the lowest or second lowest rate of recidivism in the country for the last nine years, with a current rate of 17.6% for the FY2020 cohort.<sup>2</sup> Effective evidence-based practices in any corrections system rely on the following core components: Risk and Needs Assessment, Case Plans, Qualifying Programming and Interventions, Incentives and Sanctions, and Fidelity of Practice (including ongoing staff training and coaching).

Continuous data collection and regular refinement of these components are essential to sustain effective implementation. National research consistently shows that for EBPs to be successful, all components must be applied together. Implementing individual components in isolation—or omitting others—fails to achieve the same positive outcomes and may even worsen outcomes for individuals.

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<sup>1</sup> [https://www.appa-net.org/eweb/docs/APPA/National\\_Standards\\_Community\\_Supervision\\_FINAL.pdf](https://www.appa-net.org/eweb/docs/APPA/National_Standards_Community_Supervision_FINAL.pdf) (June 2024).

<sup>2</sup> 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 in order to derive a three-year rate.

Below is an overview of the core evidence-based practices that must be implemented within a community corrections system to effectively reduce criminality.

### **Risk and Needs Assessment**

The APPA standards recommend that community supervision agencies use empirically validated risk and needs assessments developed through actuarial statistical methods. These assessments should be third- or fourth-generation tools that incorporate both static and dynamic risk factors. Agencies are advised to establish written procedures ensuring that individuals under supervision receive an assessment within a specified timeframe, and that case plans and contact frequency requirements are clearly defined. Low-risk supervisees should be assigned to caseloads with minimal supervision demands. Additionally, agencies should consider employing specialized risk and needs assessments for specific populations, such as women and individuals convicted of sex offenses, intimate partner violence, domestic violence, or other violent crimes. When a community supervision officer's (CSO) professional judgment conflicts with the assessment results, agencies should have procedures for supervisors to review and approve override requests only when appropriate, to limit their use.

The Department utilizes the Correctional Offender Management Profiling for Alternative Sanctions-Revised (COMPAS-R) risk needs assessment for supervisees under community supervision. COMPAS-R is a validated fourth-generation risk and needs assessment tool that identifies the risk of recidivism and criminogenic needs, which are used to determine appropriate supervision levels and targets for case planning. All new cases are required to have a COMPAS-R completed within an established timeframe, and minimum casework requirements are designated for all supervision levels (high, medium, and low), including office contacts, home contacts, community contacts, employment contacts, as well as the use of virtual contacts. Supervisees with a low risk for recidivism are referred to the Voice Verification Biometric Unit for supervision with minimal contact standards. In July 2023, the Department began utilizing the Women's Risk and Needs Assessment Trailer (WRNA), which provides gender responsive needs scales that reflect women's different pathways to criminal involvement. Other assessment tools are also utilized, such as the STABLE/ACUTE assessment for the sex offender population. If an officer requests to override the recommendation of the assessment tool, a supervisor must approve the request before the supervision level can be changed.

In addition, officers use the Supervision Level Review (SLR) as a periodic risk level re-assessment of the current circumstances of the supervisee. SLRs are completed every six months for high-risk cases, and every twelve months for medium-risk cases. For all cases, an SLR can be completed where there is a significant change in the case (e.g., a new arrest, program termination, continued substance use or continued abstinence, treatment completion, or maintaining full-time employment). The SLR will recommend raising, maintaining, or lowering the supervision level/early discharge. Officers are required to adjust the supervision level based on the results, or get approval from the supervisor for an override

### **Case Plans**

The APPA standards recommend that agencies have written procedures to ensure community supervision officers engage supervisees as active participants in the assessment, case planning, and

supervision process. CSOs should collaborate with supervisees to identify target behaviors for change, goals, solutions, and actions steps. The recommendations state that agencies should have written case plans for supervisees at medium, high, and intensive supervision levels. The content of the case plan should be driven by the assessment results and include risk factors, criminogenic needs, specific responsivity factors, strengths, and protective factors. The behavioral objectives should conform to the SMART model (Specific, Measurable, Attainable, Relevant, and Timely) and focus on two to three objectives per case plan.

Officers review the results of the COMPAS-R assessment and collaborate with supervisees to prioritize their identified needs and develop individualized case plans for those classified as high- or medium-risk. Criminogenic needs include stabilization areas such as residential stability, substance use disorder, mental health, and vocation/education, as well as factors more closely linked to recidivism, including thinking and attitudes, associates and peers, personality, and cognitive-behavioral patterns.

Case plans consist of goals—target areas for change, limited to two or three per plan—and tasks, which are specific behavioral steps designed to achieve these goals. Both goals and tasks must adhere to the SMART criteria. Plans also incorporate programs and interventions proven to address the identified criminogenic needs.

Additionally, officers provide referrals to address other supervisee needs, such as housing, food, medical care, health insurance, employment assistance, educational services, and vocational training. Case plans are reviewed regularly during officer-supervisee contacts, with updates made as needed.

### **EBP Programming/Interventions**

The APPA standards recommend that agencies establish written procedures, implement best practices, and provide training focused on evidence-based behavior change strategies. This includes treatment models delivered by service providers contracted for referral services. These interventions should actively engage supervisees in skill training with guided practice. VADOC carefully selects programming that meets the criteria outlined below and is grounded in a comprehensive body of scientific research, rather than relying on isolated studies.

- The Department emphasizes the use of evidence-based interventions to address identified needs, promoting long-term behavior change. Cognitive counselors provide direct treatment services for cognitive programming such as Thinking for a Change, Decision Points, and SAMSHA Anger Management. Treatment services are also provided by contract providers for substance use disorder and sex offender treatment services, which are required to follow requirements to provide effective programming to the population. To be considered an EBP program for the VADOC, the program must meet the following criteria: Address criminogenic needs as noted above with cognitive based interventions
- Be experiential in nature (at least 25% skill practice using thinking reports, rehearsals, role plays, homework, and activities)

- Incorporate social learning
- Continue for an appropriate duration of time and frequency
- Be facilitated by appropriately trained employees utilizing manualized curricula that can be replicated and evaluated
- Be proven effective with criminal populations through independent research or be identified as promising based on EBP principles
- Use identified objective measures for evaluations

Officers also utilize core correctional practice skills such as Effective Practices in Correctional Settings II (EPICS II). EPICS II is a set of skills used in daily interactions with supervisees to build rapport, increase motivation to change, address skill deficits, and hold supervisees accountable. According to a new meta-analysis of 25 studies through 2021, probationers supervised by officers using skills with higher fidelity saw greater reductions in recidivism compared to clients of low fidelity officers, revealing the organizational need for consistent coaching and feedback. Officers who were untrained had rearrest rates three times higher and reconviction rates two times higher than officers who were trained and used skills with fidelity.<sup>3</sup> Further details on the implementation of these practices are included later in this report.

### **Incentives and Sanctions**

The APPA standards recommend agencies establish written procedures that incorporate incentives and sanctions for individuals on probation. Incentives should be used as reinforcement of the supervision process to support behavior change and compliance. “Supervision agencies should primarily focus on incentives over sanctions, as research demonstrates that reinforcing positive behaviors is generally more effective than punishing undesired behaviors.<sup>4</sup> A study from the Wyoming Department of Corrections indicated that use of both rewards and sanctions increased successful probation outcomes and reduced revocations.”<sup>5</sup> Incentives or positive reinforcements can include verbal praise, waived fines and fees, and even reductions in supervision periods. Sanctions or negative reinforcements can include verbal warnings, increased supervision visits, curfew, and even jail time. Responses to behavior should adhere to the principles of swiftness, certainty, fairness, transparency, and consistency.

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<sup>3</sup> The Impact of Community Supervision Officer Training Programs on Officer and Client Outcomes: A Systematic Review and Meta-Analysis” Ryan M. Labrecque, Jill Viglione and Michael Caudy JUSTICE QUARTERLY 2023, VOL. 40, NO. 4, 587–611.

<sup>4</sup> The Pew Charitable Trusts. 2020. “Policy Reforms Can Strengthen Community Supervision.” Accessed May 3, 2024. <https://www.pewtrusts.org/en/research-and-analysis/reports/2020/04/policy-reforms-can-strengthen-community-supervision>.

<sup>5</sup> Diaz, Carmen L., Staci Rising, Eric Grommon, Miriam Northcutt Bohmert, and Evan Marie Lowder. 2022. “A Rapid Review of Literature on Factors Associated with Adult Probation Revocations.” Corrections: 1-28.

The Department follows the principles of behavior response as listed above. Guidance is provided to officers for the use of both graduated sanctions and progressive incentives to support prosocial behavior change. The response should be proportional to the probationer's risk and needs, the severity of the violation behavior, and in consideration of any other pertinent factors. In the Department, early discharge from supervision is considered annually for each case under community supervision and utilized as a case management tool to reward successful behavior and positive adjustment when all criteria have been met. Cases with a probation period of two years or more must serve half their supervision period before becoming eligible for early discharge, and those on parole must serve two-thirds of their term before they are eligible. Officers must obtain supervisor approval before submitting any early discharge requests. If the request is denied, the supervisee may instead be placed on the Voice Verification Biometric Unit, which offers minimal reporting requirements as a reward for positive adjustment.

#### **Fidelity of Practice - Staff Training and Coaching**

The APPA standards recommend agencies should have written procedures and training that clearly establish the CSO's role as a combination of behavioral change agent and enforcement agent, using incentives, sanctions, and other behavior responses to encourage prosocial change. Comprehensive training and skill development of new and existing staff should include assessment, case plans, enhancing intrinsic motivation, increasing positive reinforcement, effective violation response, skill building with individuals on supervision, core correctional practices, and field work. Training should be reinforced with coaching of the CSO and providing performance feedback. Job descriptions for staff should include behavior change duties, core correctional practices, and evidence-based responsibilities.

All VADOC staff receive core communication training as a foundation for supervisee engagement. Basic Core Correctional Practices training for new probation officers covers all the essential training topics listed above, including application of the Risk Needs Responsivity Model and awareness of the stages of change. Officers are trained in Effective Practices in Correctional Settings II (EPICS-II) through peer coaching to increase understanding and utilization of the effective supervision practices. The Department also promotes supervisor coaching through staff interactions and case reviews to identify opportunities to engage supervisees in prosocial change. In addition, data dashboards and reports are provided to increase efficiency. Officer job descriptions include the use of evidence-based practices, and feedback is provided in performance reviews.

For additional feedback and coaching opportunities on the use of supervision practices, each district has an annual Community Operational Assessment (COVA), which is a quality assurance process that is conducted by an external team. A percentage of cases are reviewed in the following areas: Risk Needs Assessment and Re-assessment, Case Planning, EPICS II, Incentives, Sanctions, Minimum Supervision Contacts, and Case Reviews. Any scoring element with a result of 70% or higher is deemed an "Area of Success," while any scoring element with a result below 70% is deemed an "Area of Need," and an action plan must be developed to improve performance in that area.

VADOC is committed to employing effective supervision practices that enhance public safety. The agency maintains a dedicated team that stays current with advances in correctional science, continuously refining practices and improving staff fidelity to ensure the VADOC remains at the forefront nationally. The Department regularly reviews existing practices and integrates innovative correctional strategies to address the evolving needs of the populations it serves.

The sections of this report that follow focus on individual service areas within community corrections that work together to provide comprehensive services to meet probationer needs for change.

## **The Voice Verification Biometric Unit**

The Voice Verification Biometric Unit (VVBU) provides professional community supervision services to low-risk probationers through the use of technology. This evidence-based approach allows probationers to maintain important aspects of their lives—such as employment and family responsibilities—while reporting virtually. By leveraging technology, the VVBU reduces staff time spent on low-risk cases, enabling the Department to focus more resources on high-risk probationers who require intensive supervision.

The outstanding work of VADOC's VVBU was recognized in 2023, when it received the competitive State Transformation in Action Recognition (STAR) Award from the Southern Legislative Conference, honoring its innovative and evidence-based use of technology to effectively supervise low-level probationers.

The primary responsibility of the unit is to supervise all probationers and parolees who receive low scores on the COMPAS assessment. These cases are transferred from the probation district to the VVBU for biometric supervision, which utilizes facial and voice recognition through an app-based technology platform. This service is currently provided by a contracted company, Shadowtrack.

The VVBU currently supervises approximately 11,000 low-level probationers and parolees, who are monitored by surveillance specialists using biometric verification technology. This technology-based supervision model offers two key benefits. First, as caseloads continue to grow across Virginia's 43 Probation and Parole Districts, the VVBU absorbs supervision of low-risk individuals, reducing the burden on district staff. This enables probation and parole officers to focus their efforts on higher-risk cases that require more intensive oversight. Second, because it is less staff-intensive, supervision through the VVBU serves as a cost-saving measure for VADOC.

The VVBU has partnered with Shadowtrack to implement safer and more efficient communication methods between officers and supervisees. The Shadowtrack application enables officers to connect with probationers and parolees through video calls, chat, text messages, and voice messaging. Using state-issued cell phones, officers can access and communicate with all individuals in their district enrolled in the Shadowtrack program via instant messaging, notifications, voice messages, and virtual meetings—eliminating the need for in-person contact in the district office or community. Additionally, the application tracks and records the supervisee's phone location within the Shadowtrack platform. All

communications and actions within the app are automatically transferred to the Department's CORIS database, ensuring documentation is preserved for both court and historical record-keeping.

The VVBU has played a key role in expanding the use of Shadowtrack technology across all 43 probation and parole districts. Currently, every district utilizes Shadowtrack for digital check-ins, which streamlines the appointment process by notifying assigned officers when a probationer or parolee has arrived. This reduces the workload on front office staff and helps to expedite face-to-face meetings. Additionally, the digital check-in includes a preliminary questionnaire completed prior to the appointment, allowing probation officers to dedicate more time to meaningful one-on-one interactions.

Additionally, the VVBU supports districts in implementing drug testing notifications using the Color Code program. Districts can now enroll probationers and parolees directly in Color Code through the Shadowtrack platform, enabling automatic reporting notifications to be sent and documented within the system. The Shadowtrack system delivers notifications via text or phone call to inform supervisees of their required drug test date and time or requires them to perform a daily check-in through the Shadowtrack app on their smartphone.

The latest statistics provided by the VADOC research team indicate that the VVBU has a 1.4% recidivism rate. The VVBU assists in lowering district caseloads by an average of 22%, which equates to almost nine total hours per week saved per officer.

## **Community Corrections Cognitive Counselors**

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 because it is specific to the criminal justice field. Prior to community corrections cognitive counselor positions being funded, probation and parole districts had no resources or community providers able to meet this primary need of probationers. In FY2023, VADOC received legislative funding for 26 cognitive counselor positions in community corrections. Since that time, these positions have demonstrated success in targeting probationers who require cognitive-behavioral programming to reduce their criminality. Recent data shows that program enrollments for the cognitive-behavioral programs facilitated by the community corrections cognitive counselors have increased dramatically. The table below shows the enrollment numbers from the FY2023 third and fourth quarters compared to the enrollment numbers for the FY2025 third and fourth quarters. The data shows a significant increase in the number of supervisees receiving needed services, thanks to the expansion of these positions.

	Jan-June 2023	Jan-June 2025	Change	
	Total Enrollments	Total Enrollments	Number of Enrollments	Percent Change
<b>Aggression</b>				
Alternative Skills	30	56	26	87%
<b>Decision Points</b>	390	1084	694	178%
<b>SAMHSA Anger Management</b>	88	359	271	307%
Thinking for a Change (T4C)	4	17	13	325%
<b>T4C Peer Support</b>	135	274	139	103%
<b>Victim Impact</b>	32	52	20	63%
<b>Total</b>	<b>679</b>	<b>1842</b>	<b>1163</b>	<b>171%</b>

## Substance Use Disorder Services

VADOC prioritizes substance use disorder (SUD) services for those under community supervision. With a budget totaling approximately \$1,920,200 in FY2025, services are provided to the districts for evidence-based treatment including outpatient counseling, intensive outpatient counseling, individual counseling services, and evidence-based assessments. Three levels of residential substance use disorder treatment services are also available, which 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 FY2025, 40 probation and parole districts received SUD treatment services through contracted providers, and 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 CSBs 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 training. Both the private vendor contracts and MOAs are in line with current industry standards and best practices.

Additionally, VADOC utilizes Medication Assisted Treatment (MAT), an evidence-based approach, to treat substance use disorders. MAT involves using prescription medications in combination with counseling, therapy, and other support services. The continuation of Medications for Opioid Use Disorder (MOUD) with a validated prescription is a standard practice for VADOC, ensuring probationers entering VADOC correctional centers (and CCAPs) continue to receive treatment. The Recovery Support Navigator (RSN) positions, which provide post-release support and linkages to care, continue to serve as a center of communication for probationers/parolees once released. Community stakeholders, including treatment providers, family members, probation and parole staff, medical professionals, and social services—are actively involved in a collaborative approach to support a smooth transition back into the community.

VADOC continues to offer Peer Recovery Specialist (PRS) services provided by contract PRS vendors and VADOC PRS staff. Partially 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 or Community Corrections Alternative Programs (CCAPs). To qualify for these services, probationers must have a history of opioid and stimulant use disorders, or a history of overdose. Peer support is facilitated by those with lived experience who are in long-term recovery, and who often have history of criminal justice involvement. The SOR grant, along with DOC funding, provides three full-time regional PRS employment positions, which are located within probation and parole offices and CCAPs. All VADOC PRS employment positions are supervised by the Statewide Peer Recovery Specialist Coordinator.

In FY2025, the Chesapeake Probation and Parole Office continued to offer the Intensive Opioid Recovery (IOR) program, which provides specialized probation supervision to probationers with opioid use disorders. This program has three SOR funded positions: one full time senior probation officer, one probation officer, and one wage PRS. These probation officers possess advanced training and knowledge in the treatment of SUDs. The program utilized evidence-based cognitive behavioral programs, specialized probation supervision, and peer recovery support, but the program was decommissioned at the end of FY2025. Since Medicaid expansion, treatment for opioid use disorder has become broadly available in the Chesapeake area. Most eligible probationers and parolees prefer to seek counseling and MOUD from a single Medicaid provider, which led to a decline in census and a decision to reallocate resources. VADOC was able to absorb the probation officers to retain their expertise in the district.

In 2025, VADOC continued to provide continuum of care services through seven MAT social worker positions, six of which are contracted through Spectrum Health Services and funded through the Opioid Abatement Authority. These positions are stationed in correctional centers and are responsible for coordination of care for inmates on an MOUD. In FY2025, more than 618 unique individuals were

supported by a MAT social worker in the VADOC. These positions assist with post-release treatment appointments and communication to the probation and parole districts at the time of release.

Other highlights in this area include:

- Unmonitored Narcan Dispensing Boxes were installed in District 43 probation and parole offices in March of 2024. Since that time, 407 two-dose Narcan kits have been dispensed.
- Throughout the past two years, Narcan/Naloxone two-dose take home kits were made available to inmates/probationers at the time of release. This is made possible through an ongoing partnership with the Virginia Department of Health. Since the inception of this project, over 2600 kits have been dispensed. These kits can save lives. In May 2025, VADOC expanded the Narcan Take Home Kit initiative to Reentry Wellness Kits. All inmates released from VADOC correctional centers are provided with a kit containing Narcan, medication destroyer pack, testing strips, wound care kits, hygiene items, and more. These resources will ensure individuals returning to community supervision will have the necessary supplies for a smooth transition.
- The VADOC co-chairs and hosts the Executive Order 26, “Reentry to Recovery: Crushing the Fentanyl Epidemic” workgroup. This interagency collaboration continues to bring best practices in SUD treatment and case management to jails, community providers, and returning citizens across the Commonwealth.
- The number of Fentanyl overdoses in Virginia has dropped by 58.8% since January of 2022. This resounding success has been the result of tireless work across Virginia’s many committed state agencies, government officials, and private industry partners. VADOC is proud to be a key part of this statewide stand against the Fentanyl crisis.

## Mental Health and Wellness Services

One of Governor Youngkin's goals, outlined 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 transitioning from incarceration to community in order to ensure mental health stability and increase public safety. The table below summarizes the professional activities in FY2025 that supported this mission.

	2024 3 <sup>rd</sup> Quarter	2024 4 <sup>th</sup> Quarter	2025 1 <sup>st</sup> Quarter	2025 2 <sup>nd</sup> Quarter
<b><u>Direct Mental Health Contacts</u></b>				
VADOC facility inmates	947	1086	1134	1997
Jail/court inmates	2631	2471	2821	
CCAP Probationers	416	382	342	447
	<b>3994</b>	<b>3939</b>	<b>4297</b>	<b>2444</b>
<b><u>Intensive Treatment Intervention</u></b>				
Facility inmates	298	342	291	331
Jail or court inmates	485	442	336	
CCAP Probationers	27	40	20	
	<b>810</b>	<b>824</b>	<b>647</b>	
<b>Community Mental Health Codes Assigned</b>	6341	5452	5408	6051
<b>MH-9 / Release Summary reviews</b>	1095	1190	1281	1059
<b><u>Case Consultations</u></b>				
Probation Officers	5694	5425	5248	4339
Institutional/Other VADOC staff	2632	2029	1892	1619
Local & Regional Jail staff	1066	908	755	518
Community Services Boards (CSBs)	1048	892	1004	1199

*Private Providers	425	394	468	
*Community Residential Placements (CRPs)	270	285	235	
*Housing Resources (other than CRPs)	285	274	382	
*Other Community Resources	560	586	572	
*State Hospitals	591	572	579	438
*Local Hospitals/ERs	132	175	195	139
DJJ (All court-related contacts Q2 2025 only)	14	28	17	206
Reentry Councils	247	154	149	84

Due to the wide variation in mental health resources available across the communities and districts of the Commonwealth, community mental health staff must demonstrate significant flexibility, adaptability, resourcefulness, and strong professional relationship-building to ensure continuity of care for individuals transitioning from incarceration back into the community. As part of ongoing quality improvement efforts, the Department reviewed data from FY2024 through the first quarter of CY2025 and identified the need to revise data collection and reporting processes. These changes aim to more accurately and consistently reflect the diverse and flexible roles of community mental health staff, particularly District Mental Health Clinicians (DMHCs)—in supporting their probation districts and capturing clearer service trends.

As such, beginning in the second quarter of CY2025, several categories of direct contacts and types of consultations were combined to improve the accuracy and efficiency of tracking. Direct mental health contacts were redefined as substantive face-to-face contacts with probationers and now exclude interactions such as logistical contacts and contacts for provision of general information. Additionally, case consultations are now measured by the number of cases reviewed rather than by the number of interactions with community resources or VADOC staff. Intensive contacts have been redefined to focus on the severity and level of care required for each case. Time demand is no longer considered a factor, as it does not necessarily correlate with case severity. As a result, overall contact and consultation numbers decreased in the second quarter of CY2025; however, this is not an indication of decreased effort or involvement, but an indication of narrowing the focus in reporting to the most substantive aspects of the DMHC roles, as well as to the most informative, useful, and consistently measurable data.

VADOC also aims to more accurately track the services provided, the need for those services, and eliminate frequency and proficiency of communication as a factor in the data. As such, the following discussion of data trends will exclude that from the second quarter of CY2025 (although that data is provided).

Several trends in the data from the third quarter of CY2024 to the first quarter of CY2025 emerged upon examination. Direct mental health contacts with probationers continued to increase each quarter, which has been a trend since significant increases began to appear in the fourth quarter of CY2023 and seem indicative of increasing engagement and communication with the probation population by DMHCs. Intensive intervention data also indicates a spike in intensive cases from the second quarter of 2024 through the fourth quarter of CY2024, and then a drop in the first quarter of CY2025. While no definitive conclusions can be drawn, it is possible that this is the result of increased efficacy in connecting those with needs with appropriate services (mental health treatment, SUD treatment, housing, etc.), as well as improved training allowing probation staff to prevent cases from reaching a crisis point. Next year's data will need to be examined to determine if this is a long-term trend. Consultations regarding Community Residential Placements (CRP) and other housing resources continue to increase since the second quarter of CY2024, indicating DMHCs continue to be increasingly involved in attaining housing resources for probationers in and returning to their districts. Additionally, mental health coding numbers continue to remain high, reflecting the ongoing focus on identifying probationers and those transferring to community corrections with mental health treatment needs.

## **Community Corrections Alternative Program**

Community Corrections Alternative Programs (CCAPs) provide circuit court judges an alternative to incarceration for probationers that provides intensive, residential treatment in a controlled setting. 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.

VADOC operates five CCAP facilities in Virginia: Appalachian CCAP, Brunswick CCAP, Chesterfield Women's CCAP, Cold Springs CCAP, and Harrisonburg CCAP. VADOC currently has 700 CCAP beds, with four sites for men and one site for women.

Before acceptance into the program, based on a court referral, 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 individuals with moderate to high risk of criminal recidivism who have significant treatment needs. Evidence-based acceptance criteria also allow for the inclusion of some low-risk individuals in order to more effectively address specific needs through community resources, such as those requiring intensive substance use disorder (SUD) treatment. On a case-by-case basis, low-risk supervisees with substantial treatment needs may be accepted if local treatment resources are unavailable, or if all other resource options have been exhausted.

As a novel initiative during FY 2024, VADOC 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. Probation officers provide regular participant progress reports to the court and video check-ins when requested.

The CCAP 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 treatment, substance use disorder programs, vocational training, and academic educational services, as well as an opportunity to engage in community employment (if eligible). Supervisees needing intensive substance use disorder treatment, which are most referrals, are assigned to specialized CCAP facilities that provide such treatment. These facilities also offer MOUD, which is available under the guidance and 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 Reentry Wellness Kits, which include Narcan and other harm reduction and self-care supplies, prior to release.

Evaluation of data trends for this high-risk, high-needs population has shown the effectiveness of CCAP services for those who complete the program. In FY2019, CCAP graduates had a six-month recidivism rate of 3.6%, compared to 37.6% for non-graduates. The significant difference between these cohorts continues for this fiscal year with a 36-month recidivism rate of 35% for CCAP graduates, and 52.3% for non-graduates.<sup>6</sup> In the six months after graduating, a large percentage of graduates had no positive tests (65%), and only 10% of CCAP graduates tested positive for opioids. CCAPs have continued to operate with less than a one-month wait for program entry. The programs have proven to be an asset for sentencing courts, an effective intervention for individuals, and a benefit to overall community public safety.

#### *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 the VADOC CCAP Referral Unit. The CCAP Referral Unit determines suitability for program participation based on the supervisee's risk level and treatment needs and then forwards

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<sup>6</sup> Consistent with 34 other states, VADOC's official recidivism measure is the re-incarceration of inmates with a new state-responsible (SR) sentence within three years of their release. VADOC waits at least four years for data to mature in order to derive a three-year rate.

the results 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 the program duration, and for one year after program completion (at least two years of probation).

CCAP operations are governed by *Virginia Code §§ 19.2-316.4, 53.1-67.9, and 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.
- A probation and parole officer may refer a defendant for evaluation prior to sentencing where the defendant has not been charged with a new criminal offense and may be subject to a revocation of probation based on technical violations.
- CCAP is an option for recovery courts as a part of the continuum of care. Recovery court participants in CCAP will engage in SUD treatment, cognitive programming, anger management, and educational and vocational services over the course of approximately 24 weeks. At completion, they will reenter the recovery court program. Recovery court participants 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 Code § 19.2-297.1.
- Prospective candidates must not have any incidents of self-injurious behavior or suicide attempts requiring outside medical intervention or homicidal ideation during the past 12 months.
- Prospective candidates 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) is an evidence-based cognitive-behavioral intervention tool used by probation officers in VADOC. EPICS II is a set of skills that probation officers are trained to use in daily interactions with supervisees to increase motivation to change and address skill deficits while holding the supervisee accountable for appropriate behaviors. In 2013, VADOC began implementing these skills with probation officers. Officers receive training and are assigned an EPICS coach to ensure that 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 and receive performance feedback to make them more effective in producing public safety outcomes.

Research has shown that officers who use EPICS skills with their supervisees reduce recidivism by 30%.<sup>7</sup> There are specific skills that officers are trained in that must be applied to achieve these results.

***Role clarification*** establishes for the supervisee that probation officers are there to help and to hold them accountable to court and community standards.

***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.

***Problem Solving*** teaches probationers how to approach a problem and develop an action plan for their chosen solution.

***The Cognitive Model*** teaches a probationer how to examine their thinking around criminal behavior and develop replacement thoughts to support better future outcomes. ***Behavioral Analysis*** helps identify patterns of thinking, people, and emotions that contribute to their criminal behavior

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 in 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.

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<sup>7</sup> "The Importance of Staff Practice in Delivering Effective Correctional Treatment: A Meta-Analytic Review of Core Correctional Practice" Craig Dowden and D.A. Andrews Int J Offender Ther Comp Criminal 2004;48; 203  
DOI:10.1177/0306624X032557765

## **Sex Offender Supervision and Treatment Model**

An enhanced supervision team model is used for all sex offenders. 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 Community Corrections*, directs the supervision of sex offenders. The VADOC supervision model uses a combined approach of intensive probation and GPS supervision, treatment by contracted sex offender certified therapists, and polygraphy to confirm compliance and progress in treatment.

The National Institute of Corrections (NIC) recommends a staffing ratio of 40 to 1 for high-risk cases. The American Probation and Parole Association (APPA) recommends a staffing ratio of 20 to 1 for the highest-risk offenders, and a ratio of 50 to 1 for moderate- to high-risk cases. The Department has traditionally strived for a staffing ratio of 40 to 1 to appropriately address public safety needs.

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). Although VADOC utilizes GPS for a variety of populations, the overwhelming use of GPS is for sex offenders. At the end of June 2025, there was a total of 763 individuals on GPS units.

VADOC utilizes widely supported sex offender assessment tools, the STABLE-2007 and ACUTE-2007. VADOC currently has four staff certified to provide Stable-2007 and Acute-2007 training. These two instruments are sex offender risk assessments designed to be used and scored by community supervision officers. There are five contracts statewide providing sex offender assessment and treatment, and six vendors providing polygraph services. A total of \$1,917,200 was allocated for assessment, treatment, and polygraphs 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 SVPs are granted conditional release. In FY2025, probation and parole officers investigated 127 home plans, versus 102 home plans for FY2024 for offenders being considered for conditional release, and of those on conditional release, 470 six-month reports were submitted. The average number of SVP cases supervised for FY2025 is 254; the number currently being supervised under conditional release is 231. Of that number, 119 are "pure" conditional release, meaning that they have no criminal obligation. Also notable for FY2025 is the number of Emergency Custody Orders that were executed by probation and parole officers: 66. Two sexually violent predators absconded from supervision during this reporting period, and one has been returned to custody. Code § 37.2-912 (effective in 2024) provides that "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. Sex offenders can have a difficult time obtaining housing. The residences of SVPs must be approved by the court, which adds additional consideration in securing housing. In limited areas of the Commonwealth, there are landlords who are willing to rent to these offenders. These cities include 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, there are a total of 15 Senior Sex Offender Supervision Specialist Officers, and three probation and parole officers dedicated to the monitoring of these SVP cases.

This population is 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 the Department of Behavioral Health and Developmental Services (DBHDS). Sex offender cases tend to be some 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 (e.g., the use of GPS and SVP cases). 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 4,179 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 its supervision and monitoring of this difficult population. Probation and parole officers and the Virginia State Police (VSP) frequently collaborate in their efforts to ensure these offenders are properly registered with the Sex Offender and Crimes Against Minors Registry. One way many districts collaborate with VSP is to conduct a yearly registration meeting with VSP and the sex offenders to review registration requirements, as well as to update any necessary changes to their registry information.

## **Community Residential Programs**

The Community Residential Programs (CRP) are open to releasing inmates, probationers, and parolees who do not have a suitable home plan. If a probationer is already in the community and their current residence is not suitable for their success while on probation, parole, or post-release supervision, probation officers may refer individuals for the CRP. VADOC contracts with community vendors to provide CRP housing and currently has 10 residential providers across the state of various sizes and eligibility criteria.

Participants receive supervised housing for up to 90 days, with a probation officer-initiated option to extend housing for up to six months. CRPs offer a range of services based on case-management and community referral processes. Services include life skills training, financial assistance, transportation

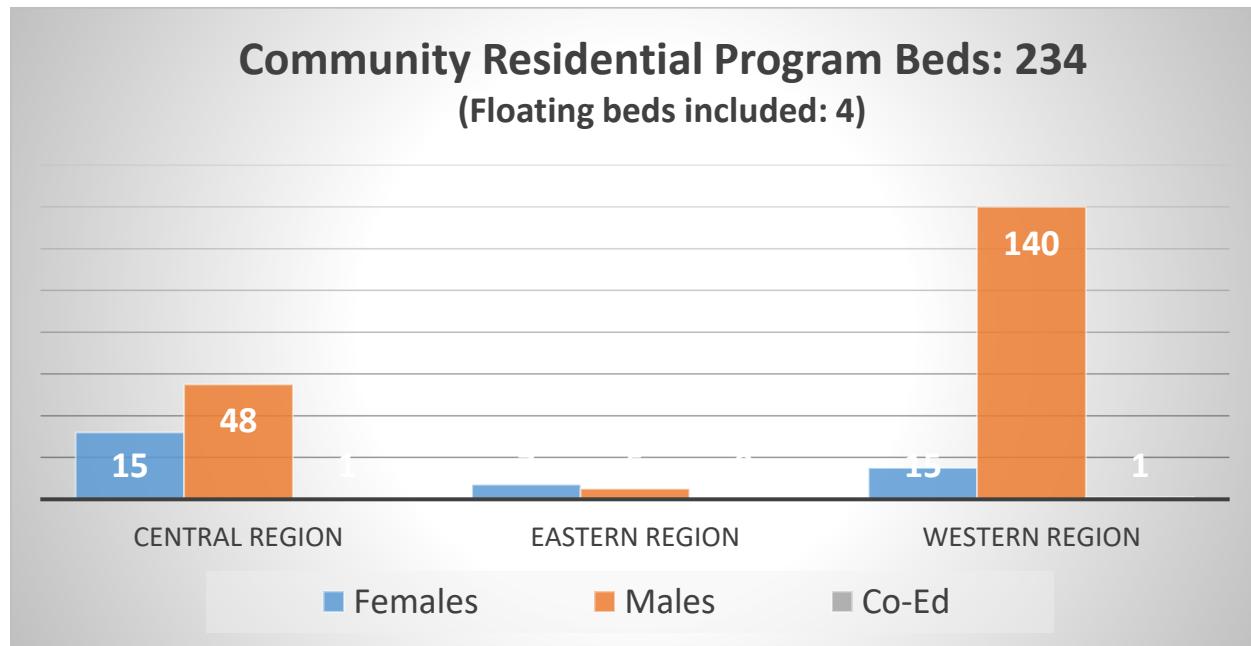
support, employment coaching, referrals for education, medical services, basic counseling, substance abuse education, job placement, discharge planning, group and individual counseling, mental health services, and random drug testing.

**Eligibility:**

Inmates being released without a solid home plan, as well as probationers or parolees already in the community who have no history of violence, and who are mentally and physically capable, meet the facility's criteria, and are eligible for admission.

Placement can be arranged at any Community Residential Program, regardless of jurisdiction, offense, or availability, across the Central, Eastern, and Western Regions. An inmate or probationer should contact a counselor or probation officer to check availability. All referrals for bed placement must come from VADOC staff (counselor, probation/parole, or community release personnel).

VADOC partners with 10 CRP providers, managing 12 houses statewide. A total of 234 beds are available to accommodate men, women, violent offenders, non-violent offenders, and sex offenders.



The VADOC Community Residential Program (CRP) is governed by Virginia Code §§ 53.1-10, 53.1-177, and 53.1-178. Invitations for CRP bids are issued every five years; however, if housing is needed, VADOC will entertain a new solicitation and invitation for bid.

## Local Reentry Councils

As of 2025, 43 Local Reentry Councils are active across the Commonwealth. These councils serve as collaborative bodies that bring together a broad range of local partners to support the successful reintegration of individuals released from prisons and jails. While VADOC plays a significant role in facilitating and supporting these councils, as local bodies, the Councils must support those returning to the community. Reentry councils have been built on partnerships and collaborations among local organizations and agencies coordinating services to meet the needs of individuals reentering the community.

Councils meet regularly on a monthly, bi-monthly, or quarterly basis, depending on the needs and capacity of the local area. Each council determines its focus based on local needs and resources, or lack of resources. Areas of focus include employment and job placement, housing, behavioral health and substance use services, family reunification, and transportation. Councils tailor their efforts to the specific needs of the probation and parole districts they serve.

Over the past year, councils across Virginia have coordinated a range of impactful events. Job fairs and resource fairs have been held to connect individuals with employment and services. Community forums and outreach initiatives have been sponsored to build awareness and strengthen partnerships. Reentry Councils are made up of a wide network of cross-sector stakeholders, including:

- Local Community Services Boards (CSBs)
- Local Departments of Social Services
- Local and regional jails
- Nonprofit and faith-based organizations
- Virginia Career Works and workforce development boards
- Public housing authorities
- Probation and parole officers
- Local courts and judicial representatives
- Law enforcement agencies
- Individuals with lived experience
- Educational institutions (adult education, community colleges, etc.)
- Local employers and business leaders

A key challenge facing many councils is ensuring consistent engagement from all stakeholder groups. While several councils have strong, sustained participation, others continue to experience variability in attendance and follow-through. VADOC remains committed to fostering collaboration, strengthening

local ownership, and providing technical assistance to ensure that each council has the structure and support needed to succeed.

Reentry Councils remain a vital component of Virginia's reentry strategy. Through cross-agency coordination, community involvement, and sustained leadership, these councils play a crucial role in improving public safety, reducing recidivism, and promoting positive outcomes for returning citizens. VADOC will continue to support their growth and effectiveness in the year ahead.

## **Conclusion**

VADOC is advancing confidently with evidence-based supervision and programming in community corrections. This progress is reflected in VADOC's achievement of the lowest recidivism rate in the nation, with a 3-year post-release rate of 17.6%.

Much progress has been made, and challenges encountered with the criminal justice population provide frequent opportunities to refine practices. VADOC's commitment to evidence-based practices provides a compass for continued improvements based on developing science, technology, and data analysis. Evidence-based practices ensure the agency directs valuable staff time toward practices that work and achieve efficient use of limited resources.

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