

Virginia Department of Corrections



Statewide Community-Based Corrections System

**Status Report
FY2026**

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Director**

Legislative Reference for Report

The Virginia Appropriations Act 2026, Item 384-A requires the Department of Corrections to report on the status of evidence-based practices in the community corrections system. The language requires that by September 1 of each year, the Department of Corrections shall provide a status report 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 is to include a description of the department's progress in implementing evidence-based practices in probation and parole districts, and its continual improvement.

Evidence Based Practices in Corrections

The Virginia Department of Corrections is committed to adherence to national evidence-based practices standards to create 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. This report provides a summary of evidence-based practices (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.¹ EBP required components in any corrections system include Risk and Needs Assessment; Case Plans; Qualifying Programming and Interventions; Incentives and Sanctions; and Fidelity of Practice (on-going staff training and coaching).

Ongoing data collection and continual process refinement is critical to maintain effective evidence-based practices. National research strongly demonstrates that to be effective,

¹ Virginia DOC's official recidivism measure is the re-incarceration of inmates with new State responsible sentence within three years of their release. VADOC waits at least four years for data to mature to derive a three rate.

these components of evidence-based practices must be implemented together and only implementing individual components while omitting others will not produce the same positive outcomes and may make individuals worse.

The following is an overview of core evidence-based practices that must be implemented in a community corrections system to reduce criminality.

Risk and Needs Assessment

The APPA standards recommend that community supervision agencies implement empirically validated risk and needs assessments that have been developed using actuarial statistical methods. The assessment should be third or fourth generation risk and needs assessments that incorporate both static and dynamic risk factors. The standards recommend that agencies develop written procedures that require those under supervision to receive an assessment within a specific timeframe, and that case plan and contact frequency requirements be established. Those supervisees who score low risk should be assigned to caseloads with minimal supervision requirements. In addition, agencies should consider utilization of specialized risk and needs assessment when assessing specific populations such as women and individuals convicted of certain crimes including sex offenses, intimate partner violence, domestic violence or violent crimes. If the community supervision officer's (CSO) judgment differs from the assessment, agencies should have procedures for a supervisor to review the override request and approve only when appropriate to limit their use.

The department utilizes the COMPAS R Risk Needs Assessment for supervisees under community supervision. COMPAS R is a validated fourth-generation risk and needs assessment that identifies the risk of recidivism and criminogenic needs which are used to determine supervision level and targets for case planning. All new cases are required to have a COMPAS R completed within an established time frame and minimal casework requirements are designated for all supervision levels (high, medium, and low) to include office contacts, home contacts, community contacts, employment contacts as well as the use of virtual contacts. For those supervisees at low risk for recidivism, they are referred to the Voice Verification Biometric Unit for supervision with minimal contact standards. In July 2023, the department also 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 utilized such as the

STABLE/ACUTE 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. For high-risk cases, SLRs are completed every six months and every 12 months for medium level cases. For all cases, a SLR can be completed for a significant change in the case such as a new arrest, program termination, continued substance use, or for continued abstinence, treatment completion, or maintaining full-time employment. The SLR will recommend raising the supervision level, maintaining the supervision level or lowering the supervision level/early discharge. Officers are required to adjust the supervision level based on the SLR 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. CSO 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 to include risk factors, criminogenic needs, specific responsivity factors, strengths and protective factors. The behavioral objectives should conform to the SMART model and focus on two to three objectives per case plan.

Officers review the results of the COMPAS R and collaborate with the supervisee to prioritize their identified needs and to develop individualized case plans for those whose supervision level is high or medium. The criminogenic needs include stabilization needs such as Residential Stability, Substance Use Disorder, Mental Health and Vocation/Education as well as those needs more closely correlated with recidivism such as Thinking and Attitudes, Associates and Peers, Personality and Cognitive Behavioral. Case plans include two or three goals in the target areas for change on each plan, and tasks which are the specific behavioral action steps to meet the goals. Both goals and tasks must be SMART (S-Specific, M-Measurable, A-Attainable, R-Relevant and T-Timely). Case plans will include programs and other interventions that have been proven to

address the identified criminogenic needs. Officers also provide referrals for other supervisee needs such as housing, food, medical, health insurance, employment assistance, educational services, and vocational training. The plans are reviewed during contacts between the officer and supervisee, and updates are made as needed.

EBP Programming/Interventions

The APPA standards recommend written procedures, practices and training on established practices that use behavior change strategies and programs that are evidence-based to include treatment models by service providers with whom supervision agencies contract for referral services. These interventions should engage supervisees in skill training with directed practice. Not all programs are evidence-based; in fact, many programs that seem strong on the surface may not be evidence-based. VADOC ensures its programming meets the criteria identified below and is based on a body of science not just single research 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. Contract providers also provide treatment services for substance use disorder and sex offenders that follow requirements to ensure effective programming to these populations. To be considered an EBP program for the Virginia Department of Corrections, the program must meet the following criteria:

- Address criminogenic needs 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
- Facilitated by appropriately trained employees utilizing manualized curriculums 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 develop rapport, increase motivation to change, and address skill deficits while holding the supervisee 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.² 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”.³ A study from the Wyoming Department of Corrections indicated that use of both rewards and sanctions increased successful probation outcomes and reduced revocations. 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.

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 probationers’ risk and needs, the

² 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.

³ 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>.

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. Officers must request approval from their supervisor before submitting a case for early discharge. If the request is not granted, as an alternative, the supervisee can be placed on the Voice Verification Biometric Unit, which has minimal reporting requirements to reward the 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 CSO and for providing performance feedback. Job descriptions for staff should include behavior change duties, core correctional practices and evidence-based responsibilities.

All staff in the Virginia Department of Corrections 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 to include 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. Officers' job descriptions contain the use of evidence-based practices and feedback is included in performance reviews.

For additional feedback and coaching opportunities on the use of supervision practices, each district has an annual Community Operational Assessment (COVA), a quality assurance process,

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. For any scoring element with a result of 70% or higher, it is deemed an Area of Success. For any scoring element with a result below 70%, it is deemed an Area of Need, and an action plan must be developed to improve performance in that area.

The Virginia Department of Corrections remains committed to utilizing effective supervision practices to increase public safety. The agency has a team dedicated to keeping up with correctional science and continually modifying practices and working to increase fidelity of staff practices to keep VADOC cutting edge in the nation. The department continually reviews existing practices and incorporates correctional innovations to meet the dynamic needs of the service population.

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) uses technology to provide professional community supervision services to probationers who have been assessed as low risk. The use of technology to supervise low risk probationers is an evidence-based practice that helps probationers maintain the positive portions of their lives (employment, family responsibilities) while reporting to probation virtually. The approach has the added benefit of requiring less staff time and allows VADOC to divert staff time to high-risk probationers who need intensive staff involvement.

The outstanding work of VADOC's VVBU was recognized in 2023 when the VVBU was awarded 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.

Primary responsibilities of the unit are to supervise all probationers and parolees whose COMPAS assessment scores are low. Cases are transferred from the probation district to the VVBU for biometric supervision, using facial and voice recognition technology facilitated through an app-based technology service. This technology is currently provided by a contracted company,

Shadowtrack.

Currently, the VVBU supervises approximately 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, supervision through the VVBU serves as a cost saving measure for VADOC.

The VVBU has utilized Shadowtrack technology to introduce and implement safer means of communication with the districts. The application is designed to allow officers to connect with probationers/parolees placed on the Shadowtrack program through state issued cell phones. Officers have access to every probationer/parolee assigned to their district currently enrolled in Shadowtrack and can communicate via instant messaging, text notification, voice messaging or virtual calls, eliminating 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 transferred to the VADOC database, CORIS, thus documenting and preserving notes for court and historic purposes.

The VVBU has assisted with the expansion of Shadowtrack technology usage throughout the 43 probation and parole districts. Currently all 43 districts utilize Shadowtrack for digital check-ins, which expedites face to face appointments and reduces the workload for front office staff by notifying assigned officers when probationers/parolees have arrived. The digital check-in provides the probation officer (PO) with more time to focus on one-on-one interaction, as a preliminary questionnaire is completed prior to the appointment.

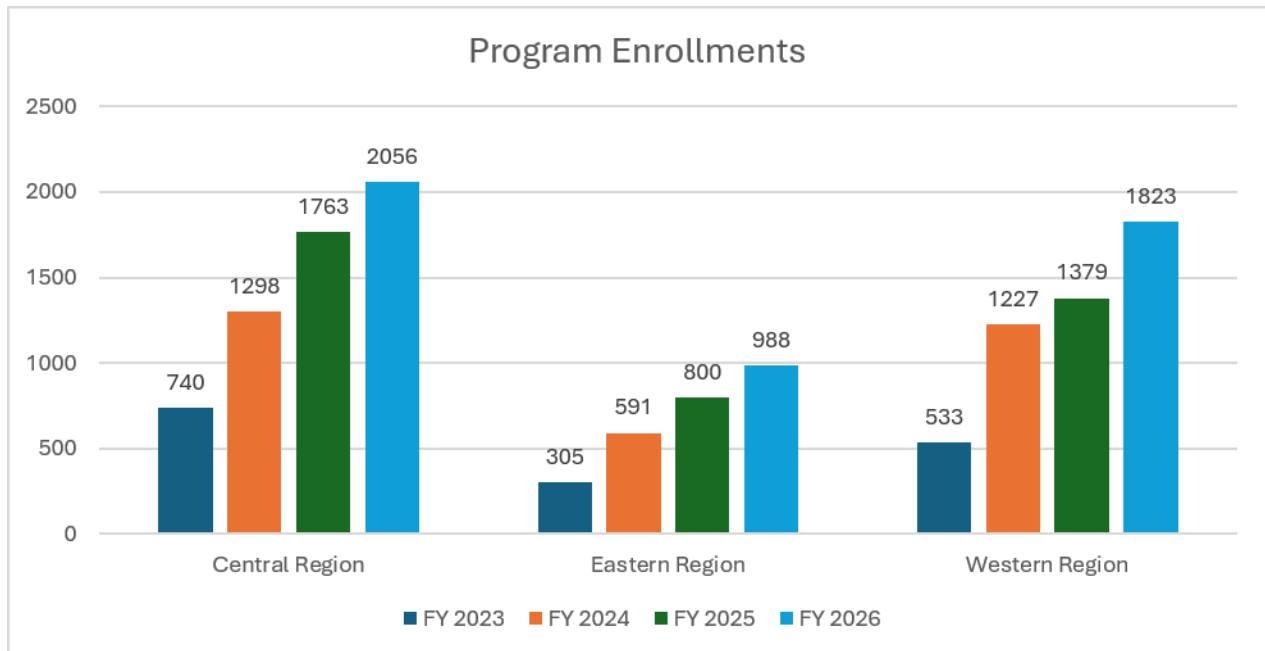
In addition, the VVBU assists the districts with implementing Color Code program drug testing. Districts can enroll probationers/parolees directly on Color Code through Shadowtrack, which then enables reporting notifications to be sent and documented directly through Shadowtrack technology. The Shadowtrack system advises the probationer/parolee of required drug test report dates and times via text or phone call or the probationer/parolee is required to perform a daily

check-in on their smart phone through the Shadowtrack application.

Based on the last statistics provided by VADOC research team, the VVBU has a 1.4% recidivism rate. The VVBU assists in lowering district caseloads by an average of 22%, which equates to almost 9 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. Evidence-based curriculum such as SAMHSA Anger Management, Decision Points and Victim Impact as well as Peer Support groups are utilized to support those who completed cognitive-behavioral coursework while incarcerated. These programs are administered in group settings using both virtual and in-person facilitation to reduce common barriers to programming such as work conflicts and transportation issues. Recent data show that program enrollments for the cognitive-behavioral programs facilitated by the Community Corrections Cognitive Counselors have increased during each fiscal year. The chart below provides enrollment numbers for FY2023, FY2024, FY2025 and FY2026 by region. The data demonstrates a significant increase in the number of supervisees receiving needed services across all regions.



Substance Use Disorder Services

The VADOC continues to prioritize substance use disorder (SUD) services for those under community supervision. With a budget totaling approximately \$1,500,000 in FY2026, evidence-based treatment services provided to supervisees include outpatient counseling, intensive outpatient counseling, individual counseling services, peer support, and assessments. Additionally, three levels of residential substance use disorder treatment services are provided including partial hospitalization, low-intensity residential and high-intensity residential treatment.

SUD treatment services in the community are provided by Medicaid funded community providers, community services boards (CSBs), and vendor partnerships. During FY2026, of Virginia's 43 probation and parole districts, 23 received SUD treatment services through contracted providers. Eleven (11) probation and parole districts utilized memorandum of agreements (MOA) with their local CSBs. Nine (9) districts exclusively referred supervisees to Medicaid funded providers. One (1) district utilized an MOA with the Virginia Department of Health for PRS services. Three (3) community service boards (CSBs) also provided access to a residential level of care. Additionally, probationers and parolees 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. All probation and parole districts work closely with local

CSBs and treatment providers to refer individuals to Medicaid or insurance funded treatment as appropriate.

These collaborations ensure 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 continues to utilize Medication Assisted Treatment (MAT). This is defined as Medications for Opioid Use Disorder (MOUD) in combination with counseling and substance use disorder treatment. The continuation of MOUD with a validated prescription is a standard practice for VADOC, ensuring probationers entering VADOC correctional centers continue with needed treatment. This includes all five Community Corrections Alternative Programs (CCAPs). All forms of MOUD are available to both inmates and probationers to ensure SUD needs are met. 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 or parolees once released. Community stakeholders are engaged including treatment providers, family, probation and parole staff, medical providers, and social services to ensure a smooth transition back into the community through a collaborative approach.

During FY2026, to ensure that returning citizens who were on an MOUD while incarcerated receive effective continuity of care upon release, the VADOC expanded its OAA (Opioid Abatement Authority) funded social work initiative (formerly called MAT Social Workers) by adding five additional positions. As subject matter experts within correctional centers, SUD Social Workers provide direct individual and group support, coordinate care across Health Services, Treatment, and Operations. Critically, they facilitate referrals and warm handoffs to community-based services following release. This ensures that inmates leaving the Department on a MOUD have an appointment with a community provided scheduled when they release. SUD Social Workers provided direct care to 752 unique individuals in FY 2026.

During FY2026, the Department maintained three full-time regional PRS positions that provided direct recovery support, consultation, and program assistance across probation and parole districts,

CCAPs, correctional centers, and community-based reentry settings. These State Opioid Response (SOR) Grant funded Peer Recovery Specialists (PRSs) worked directly with individuals with opioid use disorder, stimulant use disorder, histories of overdose, and other recovery support needs. They also delivered community-based REVIVE training and supported probation and parole staff in engaging individuals who struggle with SUD. During FY2026, the Department's SOR-funded PRSs connected approximately 900 probationers and parolees with peer supports, delivered 65 REVIVE trainings, and provided PRS services across 10 probation and parole districts and CCAPs. During FY2026, PRS employees and contracted vendors facilitated 17 weekly recovery group sessions statewide, including 14 groups led by VADOC employees and 3 groups led by vendors. These services supported approximately 400 probationers and parolees through group or individual recovery support. All VADOC PRS employment positions are supervised by the Statewide Peer Recovery Specialist Coordinator.

During FY2026, VADOC expanded access to lifesaving naloxone through the deployment of six Opioid Abatement Authority (OAA) grant funded Narcan dispensing boxes in probation and parole districts across the Commonwealth. This expansion built on the success of the initial pilot launched in March 2025, when two unmonitored naloxone boxes were deployed at the District 43 offices in Tazewell and Buchanan, Virginia. During the first year of operation, those pilot boxes dispensed 912 boxes of naloxone, demonstrating both the need for accessible overdose reversal medication and the effectiveness of low barrier distribution in probation and parole settings.

The six additional, OAA funded, unmonitored, wall mounted dispensing boxes make Narcan available free of charge and without stigma to individuals under supervision, those returning to the community after incarceration, families, staff, and other community members who may be positioned to respond to an overdose. Since the six boxes were deployed in May FY2026, 421 Narcan kits have been dispensed. This initiative strengthens overdose prevention during the high-risk reentry period, reduces barriers to accessing naloxone, and supports VADOC's broader commitment to reducing overdose deaths, supporting recovery, and improving public safety.

The VADOC continues to prioritize harm reduction efforts for returning citizens. Beginning in May of 2025, in partnership with the Virginia Department of Health, the VADOC launched the Reentry Wellness Kit program. This program provides a wellness kit to every releasing inmate and CCAP participant. The Reentry Wellness Kits contain essential overdose response and health

supplies such as Narcan, medication destruction packs, illicit drug test strips, and links to community resources. During FY2026, 5,399 Reentry Wellness Kits were distributed.

Virginia's statewide overdose data shows meaningful progress while also reinforcing the need to sustain this work. Drug overdose deaths among Virginia residents peaked in 2021 at 2,622 deaths. In 2024, Virginia reported 1,548 drug overdose deaths, a 37% decrease from 2023, and preliminary 2025 data showed 1,196 drug overdose deaths, an additional 23% decrease from 2024. Fentanyl and related synthetic opioids remain the central threat, involved in approximately 68% of Virginia's 2024 overdose deaths. This progress is significant, but the Department's approach recognizes that reduced overdose deaths do not eliminate the underlying disease burden, the risk of fentanyl exposure, or the need for continued treatment access.

The VADOC also co-chairs two monthly interagency work groups to continue to advance best practices in SUD treatment, strengthen awareness of community resources and enhance case management for jails, community providers, and returning citizens across the Commonwealth. The Department will continue to follow the direction of the current Administration as we refine and expand these critical cross-agency efforts.

Mental Health and Wellness Services

Recognizing the increased risk of recidivism among individuals with mental health impairment, in 2016 the Virginia General Assembly approved funding for 20 full-time mental health positions for Community Corrections. The District Mental Health Clinicians (DMHCs) have been tremendously successful in contributing to the effective supervision of probationers and parolees with mental health concerns since the VADOC implemented these positions in 2017. By embedding agency mental health staff into P&P District offices, the VADOC distinguished itself from many other DOCs in other states with this unique approach to addressing the mental health needs of individuals on community supervision.

Consistent mental health support is linked to better rehabilitation outcomes, reduced recidivism rates, and successful reintegration into society. The DMHCs stabilize probationers' mental health and wellbeing, which is a key factor in their overall success. The Community Mental Health & Wellness program currently consists of a total of 25 DMHC positions under the supervision of three Regional Mental Health Clinicians (RMHCs) and the statewide Mental Health Clinical

Supervisor (MHCS) for Community Corrections. In addition to the P&P Districts, the DMHCs also provide coverage for the five Community Corrections Alternative Programs (CCAPs). The past nine years have demonstrated which P&P Districts require a dedicated DMHC, and VADOC intends to request six additional DMHC positions (2 additional DMHCs per region) to continue contributing to the VADOC's mission of public safety. The table below summarizes our efforts in FY2026.

	2025 3rd Quarter	2025 4th Quarter	2026 1st Quarter	2026 2nd Quarter
Direct Mental Health Contacts				
VADOC Facility & Jail/Court Inmates	1965	1652	1913	1677
CCAP Probationers	447	381	538	478
<i>Total Direct MH Contacts</i>	2412	2033	2451	2155
Intensive Treatment Interventions				
VADOC Facility, Jail/Court Inmates, & CCAP Probationers	266	182	177	143
Community Mental Health Codes Assigned	4865	4721	5921	7855
Release Summary Reviews	1218	816	1217	1005
Case Consultations				
Probation Officers	4034	3087	4280	3988
Institutional/Other VADOC Staff	1800	1113	1753	1884
Local & Regional Jail Staff	535	443	511	528
Community Partners (CSBs, Private Providers, CRPs, DARS, DSS, Other Housing Resources, & Other Community Resources)	1209	811	1389	1177
State Hospitals	521	548	550	565
Local Hospitals/ERs	114	113	110	88
Court-Related Contacts	155	152	151	168
Reentry Councils	72	53	69	58
<i>Total Case Consultations</i>	8440	6320	8813	8456

Community Corrections Alternative Program

Community Corrections Alternative Programs (CCAPs) provide Circuit Court judges an alternative to incarceration for probationers and 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 who have moderate to high criminal recidivism risk with significant treatment needs. The evidence-based acceptance criteria support some individuals who are deemed low risk of recidivism to address their needs more effectively through community resources, such as an individual with a high need for SUD treatment. On a case-by-case basis, supervisees assessed as low risk with 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 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 Medications for Opioid Use Disorder (MOUD). These medications are 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 FY2020, CCAP graduates had a six-month recidivism rate of 1.5% compared with 26.9% for non-graduates. The significant difference between these cohorts continues for this fiscal year with a thirty six-month recidivism rate of 25.7% for CCAP graduates and 48.5% for non-graduates. In the six months after graduating, 49% of graduates had no positive tests for opioids and only 16% of CCAP graduates tested positive for opioids. CCAPs have continued to operate with less than one month's wait for programming entry, for these vital services for our community. 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 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 following describe eligibility conditions for prospective candidates in the CCAP:

- 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) 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 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%. 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.
- ***Behavioral Analysis*** leads probationers through a series of events utilizing the cognitive behavior chain. Probationers identify patterns of thinking errors, people, and emotions that contributed to their criminal behavior.

- ***The Cognitive Model*** teaches a probationer how to examine their thinking around criminal behavior and develop replacement thoughts to support better future outcomes.

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.

Sex Offender Supervision and Treatment Model

The VADOC utilizes a specialized team-based model for supervising sex offenders, designed to provide enhanced oversight and promote public safety. Each supervision team generally includes a Senior Probation and Parole Officer, dedicated Sex Offender Supervision Officers, and a Surveillance Officer. Guided by Operating Procedure 735.3, the Department uses an integrated strategy combining intensive probation, GPS monitoring, certified sex-offender treatment services, and polygraph examinations to monitor compliance and document progress. This approach reflects VADOC's commitment to evidence-based practices that support accountability and treatment engagement.

National recommendations from the American Probation and Parole Association advise staffing ratios of 20:1 for the highest-risk cases and approximately 50:1 for moderate- to high-risk offenders. VADOC traditionally aims for a 40:1 ratio to balance manageable caseloads with the level of supervision necessary to maintain community safety. GPS tracking remains a central component of supervision, particularly for sex offenders. Pursuant to Virginia statute, any individual convicted of Failure to Register on or after July 1, 2006, must be placed on GPS monitoring. As of June 2026, the Department supervised 731 individuals on GPS units.

To guide case management and assess risk, VADOC employs nationally supported instruments including the Static-99R, STABLE-2007, and ACUTE-2007. Together, these assessments provide insight into both historical and dynamic factors related to sexual reoffending, allowing officers to determine an overall recidivism risk score. VADOC maintains three certified trainers to instruct staff on the proper administration of the STABLE-2007 and ACUTE-2007 instruments. The Department also oversees five statewide contracts for sex-offender assessment and treatment, as well as five polygraph vendors. During the past fiscal year, assessment and treatment expenditures across all districts totaled \$1,584,164.89. Of note is the increase in supervisees who use the internet to commit offenses, many of which involve offenses against minors. Additionally, annual polygraph costs were \$291,450.00. Supervisees are encouraged to contribute co-payments based on financial capacity, a system in place since FY2028; therefore, these figures do not necessarily reflect the full cost of services delivered.

In FY2026, officers completed 145 home plan investigations for Sexually Violent Predators (SVPs) under consideration for conditional release, compared to 127 the previous year. Officers also submitted 427 six-month reports for individuals already under supervision. The average number of SVP cases managed in FY2026 was 226, with 206 individuals currently under conditional release; 121 of these cases include individuals with no remaining criminal obligation. During this period, officers obtained 46 Emergency Custody Orders and two Sexually Violent Predators who absconded were located and apprehended within hours of cutting their GPS bracelets. Virginia Code § 37.2-912 requires that any individual placed on conditional release as a Sexually Violent Predator be continuously monitored electronically using GPS or a similar device, ensuring constant oversight of their whereabouts. Tampering with or attempting to circumvent this monitoring is classified as a Class 6 felony; this law has significantly strengthened the tools available for supervising, apprehending, and prosecuting those who abscond.

Housing availability continues to pose challenges for sex offenders, particularly those attempting to secure independent living arrangements. In limited areas of the Commonwealth—including Lynchburg, Roanoke, Richmond, and parts of the Tidewater region—certain landlords routinely rent to this population, providing a critical resource for placement. Supervision demands in these regions remain significant, supported by fourteen Senior Sex Offender Supervision Specialist Officers and three Probation and Parole Officers dedicated to SVP monitoring.

Sex offender and SVP cases continue to be among the most complex and demanding within community supervision due to stringent case requirements, collaboration with treatment and polygraph providers, and the continuing challenge in locating suitable living arrangements. Legislative changes, technological advancements, and evolving evidence-based practices continue to significantly impact the breadth of duties assigned to supervision staff. VADOC invests in ongoing training to ensure officers remain informed on current laws, best-practice research, and emerging tools that support effective supervision.

As of the current reporting period, 4,462 adult probation and parole offenders are required to register with the Sex Offender and Crimes Against Minors Registry, an increase from 4,179 the previous year. VADOC maintains active collaboration with the Virginia State Police to ensure compliance with registry requirements. Many districts conduct annual registration meetings with offenders and State Police representatives to review statutory requirements and update registry information, reflecting the Department's proactive approach to managing this high-risk population.

Community Residential Programs

The Community Residential Programs (CRP) are open to all eligible inmates, probationers, and parolees who in need of housing support and approved by VADOC. 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, they can ask their Probation Officer about the Community Residential Program. The VADOC is funded for 189 CRP beds and often the need for residential housing is higher.

The Community Residential Program aims to provide a smooth transition back into the community with structured housing if a stable home and family support are not readily available. Participants receive supervised housing for up to 90 days, with an option to extend for up to six months with VADOC approval. CRPs offer a range of services, including 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. Placement can be arranged by prison staff assisting individuals with reentry release plans or probation staff.

The Virginia Department of Corrections partners with 8 Residential Community Program (CRP) providers, managing 10 houses statewide. The Department is currently funded for 189 beds to accommodate men, women, violent offenders, non-violent offenders, and sex offenders. The programs typically have a 90-day stay. Four supervisees could fill one bed during the fiscal year.

The Virginia Department of Corrections (DOC) Community Residential Program (CRP) is supported by the Code of Virginia (COV) sections §53.1-10, §53.1-177, and §53.1-178. §53.1-178 of the COV serves as the legal basis for these standards, directing the DOC to prescribe standards for the development, operation, and evaluation of programs and services. CRP vendors are selected through a state procurement bid process.

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 serves 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, needed by probationers. 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 moving strongly forward with evidence-based supervision and programming in community corrections and stays abreast of current research. The programs have demonstrated success as VADOC currently boasts the lowest recidivism rate in the nation, with a 3-year post-release measure 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 towards practices that work and efficiently utilizes limited resources to achieve desired outcomes.