Community Corrections Alternative Programs
Status of Opioid Treatment

FY2026 Report

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Authority

This report has been prepared and submitted to fulfill the requirements of Item 387-B of the 2025-2026 Acts of Assembly. This provision requires the Virginia Department of Corrections (VADOC) to annually report information pertaining to the agency's opioid treatment programs in the detention and diversion centers to the Governor, the Chairs of the House Appropriations and the Senate Finance and Appropriations Committees and the Department of Planning and Budget.

Background

After significant evaluation, the Detention and Diversion Centers were converted to Community Corrections Alternative Programs (CCAP) in May 2017. The Code of Virginia establishes the authority and minimal eligibility criteria for CCAPs.[1] This sentencing option is devised to reach the targeted population of non-violent felony defendants, either at initial sentencing and/or at probation revocation proceedings. The Virginia Parole Board is also authorized to refer parole and post-release violators to CCAP. The goal of the program is to provide a structured environment where participants acquire and practice the skills necessary to sustain positive behavioral changes and long-term recovery, contributing to lasting public safety. For the purposes of this report, when reference is made to a "probationer", it will also encompass a "parolee" and those under other forms of supervision. The table below provides the bed capacity for each CCAP site, reflecting the current total of CCAP capacity of 532 beds for males and 168 for females.

CCAP Site	Appalachian	Brunswick	Chesterfield	Cold Springs	Harrisonburg	Total
Bed count	106	150	168	150	126	700

The VADOC is committed to the use of evidence-based practices to promote prosocial behavior change for those under community supervision. In July 2024, the American Probation and Parole Association published National Standards for Community Supervision to serve as a guide for community corrections agencies to implement effective correctional practices.[2] These recognized standards have been utilized to develop the Community Corrections Alternative Programs to establish the appropriate target population and effective interventions leading to lasting recovery and increased public safety. These efforts have resulted in Virginia having the lowest or second lowest rate of recidivism in the country for the last nine years, and VADOC

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

[2] https://www.appa-net.org/eweb/docs/APPA/National_Standards_Community_Supervision_FINAL.pdf July 2024

currently holds the lowest recidivism rate in the nation at a 17.6% return rate for the FY2020 release cohort.[3] This is a success rate of 82.4%.

CCAP is designed for those probationers who are most in need of substance use disorder or cognitive behavioral services. An individual's stay in the CCAP program is determined by the intensity of his/her treatment needs and the progress made in treatment. Typically, stay in the program lasts 22 to 48 weeks.

The department utilizes the COMPAS-R risk and needs Assessment for probationers under community supervision, including CCAP. COMPAS-R is a validated fourth-generation risk and needs assessment that identifies the risk of recidivism and criminogenic needs that contribute to participants' criminal behavior. The department utilizes the Women's Risk and Needs Assessment Trailer (WRNA-T) which provides gender responsive needs scales that reflect women's different pathways to criminal involvement. These assessments are utilized to determine CCAP program eligibility.

Officers review the results of the COMPAS-R and collaborate with the probationer to prioritize their identified needs and to develop individualized case plans. 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 specific goals for each participant that target areas for change. Goals are typically limited to two or three per case plan and include tasks that specify 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 include programs and other interventions that have been proven to address the identified criminogenic needs.

As a part of VADOC's evidence-based approach, CCAP staff use Effective Practices in Correctional Settings II (EPICS II) skills as a criminal thinking intervention. EPICS II skills are used in daily interactions with probationers to develop rapport, increase motivation to change, and address skill deficits while holding the probationer accountable to probation compliance and law-abiding behaviors. According to a recent meta-analysis of 25 studies through 2021, probationers supervised by officers using EPICS II skills with higher fidelity saw greater reductions in recidivism compared to probationers supervised by less skilled officers, revealing the importance of staff training, coaching and support. "Officers who were untrained [in EPICS II] had rearrest rates three times higher and reconviction rates two times higher than officers who were trained and used skills with fidelity."[4] Officers also provide direct treatment services for cognitive programming such as Decision Points, and SAMSHA Anger Management. Substance use disorder treatment services are provided by contractors with expertise in providing programming to correctional

[3] 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.
[4] 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.

populations. While at CCAP participants also receive educational services and vocational training such as welding and masonry and participate in a work component of the program. CCAP offers mental health services to those with light needs and includes medication management and individual services. For gender responsive treatment services, a mental health professional offers mental health classes to include, Empowering the Hero Within, Seeking Safety, and Dialectical Behavior Therapy.

CCAPs utilize a peer community model for an intensive treatment milieu, where staff are the authorities. The peer model uses structure, accountability and support as essential ingredients to the program design. The peer community offers an opportunity to practice newly learned behaviors and receive feedback. The model also promotes the use of incentives and sanctions to reinforce prosocial behavior and address negative behaviors. When used with learning experiences, sanctions and incentives can be powerful tools in reshaping criminal behavior and recent research points to the success of both. "Supervision agencies should primarily focus on incentives over sanctions, as research demonstrates that reinforcing positive behaviors is generally more effective than punishing undesired behaviors.[5] A study from the Wyoming Department of Corrections indicated that use of both rewards and sanctions increased successful probation outcomes and reduced revocations."[6] CCAPs incorporate a variety of incentives for positive behavioral adjustment as well as abstinence of substance use while in the program. These incentives include, but are not limited to meal purchases, hiking, fishing, and enhanced family visitation.

CCAPs employ a phase system that allows participants to progress through treatment on an individual basis. The phases consist of Phase I - orientation, Phase II – resocialization and recovery skills acquisition, Phase III - internalization and maturation, and Phase IV - reentry. Female participants receive gender responsive substance use disorder curriculum in conjunction with treatment. Gender responsive curriculums include Helping Women Recover, and Seeking Safety, in addition to the voluntary program of A Woman's Way through the Twelve Steps. Throughout programing, participants are continually evaluated, and more intensive services are provided as needed.

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

[5] 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.
[6] 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.

of CCAP, probationers participate in services provided by a Workforce Development Specialist to include, Ready to Work courses, employment readiness seminars, and vocational certificate programs. During FY2024, community employment opportunities expanded to include Appalachian CCAP with 10 positions and Cold Springs CCAP with 20 positions for jobs at local businesses. These community employment positions are skilled positions focusing on probationers returning or relocating to those local areas. Each CCAP has an extensive annual quality improvement review to ensure fidelity to programming and other evidence-based practices.

CCAP also offers Medications for Opioid Use Disorder (MOUD). According to the Substance Abuse and Mental Health Administration (SAMSHA), MOUD is a key component of recovery for those with opioid use disorder.[7] MOUD in various forms is available for probationers through consultation between the prescriber and patient. Probationers will continue to receive intensive substance use disorder treatment at these facilities in addition to any prescribed medication. Furthermore, all CCAP probationers participate in the creation of a Discharge Summary and Continuing Care Plan. This is shared with the relevant probation district for continuity of care upon release. Finally, Recovery Navigators assist in care coordination, as well as post release continuum of care referrals for both programs and medication post release.

VADOC continues to implement an evidenced-based Peer Recovery Specialist initiative, where individuals with lived experience in recovery provide SUD support to community corrections and the CCAPs. In 2025, The State Opioid Response (SOR) Grant continued funding for Peer Recovery Specialist (PRS) services which support the CCAPs. This is implemented through three full-time, regional PRS employees, one for Western, Central, and Eastern Virginia. In addition, all CCAPs can contract with PRS vendors in their area. PRS services are provided while participants are actively in the program and continue post release within probation/parole supervision. During FY2026, one Chesterfield CCAP probationer was trained as a peer recovery specialist though SOR funding. Ten more Cold Springs CCAP probationers are currently being screened for SOR funded PRS training in FY2027. These participants will provide support to their peers, during the program.

In FY2025, VADOC completed production and released the *Recovery is Possible* video. This Opioid Abatement Authority funded project was created in collaboration with Bookend Creative. This video offers testimonials and educational information from incarcerated PRSs, SUD program participants, and staff members from across the Department. The video is now shown to all individuals intaking into VADOC. It provides key inspirational stories and critical information for how to access SUD services during incarceration. VADOC's awareness efforts continue to be

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

supported by mass information blasts through email, social media, written notification, and inmate tablet system regarding dangers of illicit drug use with an emphasis on fentanyl.

The VADOC continues to prioritize harm reduction efforts for returning citizens. Beginning in May of 2025, in partnership with the Virginia Department of Health, VADOC launched the Reentry Wellness Kit program. This program provides a wellness kit to every releasing inmate and CCAP participant, although participation is optional. 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, 532 Reentry Wellness Kits were distributed by the 5 CCAP locations.

In recent years, there were enhancements to the pathways to enter CCAP. On July 1, 2024, a pathway was expanded from a limited pilot to all Recovery Courts in Virginia with access at all four intensive CCAP locations. In addition, a legislative change to §19.2-316.4 was enacted in FY2025, which allows Probation and Parole Officers to submit a referral for probationers with a technical violation for review of CCAP eligibility prior to sentencing. This change has expedited court processing by providing their determined eligibility at the time of sentencing and accelerated entry into CCAP.

Program Data

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

The data below describes the CCAP population and benefits of the program. This section includes all probationers who participated in a CCAP during FY23-FY25. Those who participated in more than one CCAP during a fiscal year had their last enrollment analyzed.

- The largest percentage of CCAP graduates in all three fiscal years scored ‘High’ risk on the COMPAS risk of general recidivism scale (48%, 55%, and 60%, respectively).
- Probationers who were removed from a CCAP without graduating were more likely to score ‘High’ risk on the COMPAS Risk of General Recidivism scale than CCAP graduates (FY23 64% and 48%, respectively) (FY24 59% and 55%, respectively) (FY25 69% and 60%, respectively).
- A smaller percentage of FY25 CCAP graduates (56%) scored ‘Highly Probable’ on the COMPAS Substance Abuse Needs scale than FY24 CCAP graduates (73%) and FY23 graduates (86%).
- Probationers who were removed from CCAP without graduating in FY23 and FY25 were more likely to score ‘Highly Probable’ on the COMPAS Cognitive Behavioral Needs scale than CCAP graduates (FY23 44% and 34%, respectively) (FY25 21% and 16%, respectively).

- Prior to enrolling into the CCAP location in which the probationer graduated, the percentage of graduates who had previously tested positive for opioids ranged from 47% (Brunswick Men's CCAP) to 72% (Appalachian CCAP).
- While enrolled in the CCAP, the majority of graduates had no positive drug test results (82% to 93%). This data reflects not only those in the intensive phase of the program but also those in the later phase who had the opportunity to participate in vocational opportunities outside the program in community sites.
- In the six months after graduating, the largest percentage of graduates had no positive tests (41%) and 18% of CCAP graduates tested positive for opioids. It should be noted that due to the chronic nature of addiction, the national average for relapse after one year of completing treatment is 40% to 60%, with the rate of relapse for those with opioid use disorder as high as 91%.[8]

During the period of this data collection, CCAP intensive substance use disorder services were provided by Spectrum Health Services at the male intensive sites. The table below displays phase completion for participants during FY2026. Chesterfield Women's CCAP also receives substance use disorder services from Spectrum Health Services with a focus on gender responsive needs. At Chesterfield Women's CCAP, they receive Criminal Conduct and Substance Abuse along with Helping Women Recover in Phase 2 of programming. Phase 1 consists of Orientation and Phase 3 consists of Community Employment. In FY2026, an effort to create a continuum of care was established through a counselor position at Harrisonburg CCAP with Spectrum Health Services who will provide services daily for probationers and participate in probationer progress meetings. Harrisonburg CCAP also receives supplemental SUD services provided by a vendor with a focus on aftercare and relapse prevention. This is due to Harrisonburg CCAP having a mission focused on Community Employment rather than intensive SUD services.

Spectrum Health Services Program Phase Completion FY2026

Spectrum Treatment Phase	Appalachian CCAP	Cold Springs CCAP	Brunswick CCAP	Total
Phase 1	144	228	236	608
Phase 2	132	212	243	587
Phase 3	129	199	213	541

CCAP participants continue to gain achievements in educational and vocational services while participating in active treatment.

[8] The national average for relapse data provided was gathered by the National Institute on Drug Abuse (NIDA, 2024). NIDA is the lead federal agency supporting scientific research on substance use and its consequences.

- During FY26, CCAP participants at Brunswick Men's CCAP earned the highest number of GEDs (20) followed by Chesterfield Women's CCAP (11).
- A total of 53 GEDs were earned by CCAP participants during FY2026.

FY26 GEDs Earned by CCAP Participants*	
CCAP	Number of GEDs Earned
Appalachian CCAP	10
Brunswick CCAP	20
Chesterfield Women's CCAP	11
Cold Springs CCAP	10
Harrisonburg CCAP	2
Total	53

- A total of 162 CTE courses were completed by CCAP participants during FY2026.
- Appalachian CCAP earned the most industry certificates during FY2026 with 243 out of the 301 earned across all CCAPs.

In addition, probationers earned the following vocational certificates: 23 earned Career Readiness Certificate, 202 were Flagger Training Certification, 90 Forklift Safety, 72 Forklift Operation Certification, 80 OSHA certification, 26 OSHA 10 training certification, and 53 ServSafe certifications. Twelve CCAP probationers completed the Introduction to Computers. In vocational course completions, CCAP had 39 completed Masonry I, 28 completed Masonry II, 52 probationers completed the Welding vocational certification, 6 probationers completed the Commercial Driver License vocational certification. Research conducted by VADOC on the FY2020 cohort of inmates and CCAP probationers revealed a recidivism rate of 11.1% for those who completed their GED while in a DOC facility and 9.5% for those who obtained a Career and Technical Education certificate while in a DOC facility. This data reflects the importance of educational and vocational services in promoting lasting public safety.

The chart below reflects "Enders" and "Graduates." Enders include all individuals who left CCAP, both graduates and removals. Removals can happen for a variety of reasons to include administrative discharge, medical discharge, mental health discharge, and disciplinary discharge. When examining probationers who left a Community Corrections Alternative Program (CCAP) during FY2025, almost three-quarters (73%) graduated. Of the 803 CCAP enders in FY2026, almost three-fourths (73%) graduated.

Annual Completion Rate of CCAP Participants			
	Enders*	Graduates**	Completion Percentage
FY23+	416	290	70%
FY24+	536	401	75%
FY25+	683	498	73%
FY26++	803	584	73%
*Each supervisee is counted once per fiscal year. CCAP enders are those supervisees who were transferred from a CCAP to a location that is not a CCAP during the fiscal year. If transferred from a CCAP to a location that is not a CCAP during the fiscal year but then transferred back to the CCAP and located there at the end of the fiscal year, the supervisee is not counted as an ender for that fiscal year. If a supervisee spent less than 14 days at a CCAP location and was removed due to medical or psychological/mental health reasons they are not counted as an ender.			
**Graduates are those supervisees who were transferred from a CCAP to a location that is not a CCAP with a transfer reason of 'Graduated'.			
+VirginiaCORIS data as of July 31, 2025.			
++VirginiaCORIS data as of July 12, 2026.			

Recidivism data shows that CCAP graduates are much less likely to recidivate than those who have not completed the program. Consistent with 31 other states, VADOC's official recidivism measure is the re-incarceration of inmates with a new State Responsible sentence within three years of their release. VADOC waits at least four years for data to mature to derive a three-year rate. Since the CCAP was fully implemented in 2018, FY18-FY21 CCAP participants are the only groups with mature three-year rates; however, we can examine the six, 12, and 18-month recidivism rates for FY22 CCAP graduates and non-graduates and the six and 12-month recidivism rates for FY23 CCAP graduates and non-graduates Recidivism was defined as any new State Responsible incarceration after the probationer was released from the CCAP. CCAP participants likely would have been sentenced to State Responsible incarceration initially if CCAPs were not an option. Given the higher risk and higher need profiles of CCAP probationers, it would be anticipated that the recidivism rates for this population would be higher than the rates of the general probation population.

The chart on page 12 displays the recidivism rate of CCAP graduates and non-graduates within six, twelve, eighteen, twenty-four, and thirty-six months of release. FY2021 CCAP graduates had lower 12–36-month recidivism rates compared to the other fiscal years examined. FY2020 CCAP

graduates had lower six-month (1.5%), 24-month (16.4%), and 36-month (25.8%) recidivism rates than the other fiscal years with mature data. The FY2020 non-graduates also had lower recidivism rates than the non-graduates from the other fiscal years examined. FY2021 CCAP graduates had a 12-month recidivism rate was 4.5% which is lower compared to the other fiscal years examined. The recidivism rates for all six cohorts are likely to be lower due to courts shutting down or operating in a limited capacity. The recidivism rates for the FY19-FY22 cohorts were impacted more by the COVID-19 pandemic than the FY2018 cohort.[1]

[1] For further explanation of the impact of COVID-19 on recidivism rates, see VADOC Recidivism: FY2020 State Responsible Releases.

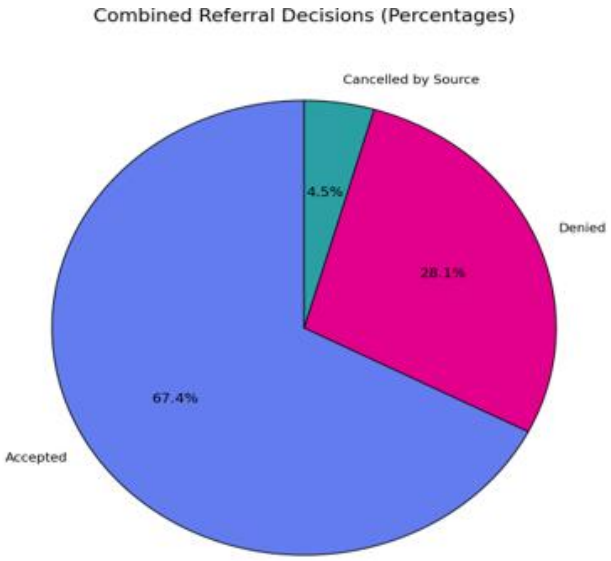
State Responsible (SR) Incarceration* After CCAP Release						
CCAP Graduates**						
		Months Since Release				
	Number of Graduates	6	12	18	24	36
FY2018	640	1.7%	8.8%	16.1%	22.2%	28.4%
FY2019	632	3.6%	9.7%	17.9%	23.3%	35.0%
FY2020	805	1.5%	5.6%	10.8%	16.4%	25.7%
FY2021	493	1.8%	4.5%	8.7%	15.4%	23.9%
FY2022	243	2.9%	7.4%	14.4%		
FY2023	301	2.3%	8.0%			
CCAP Non-Graduates***						
		Months Since Release				
	Number of Non-Graduates	6	12	18	24	36
FY2018	142	34.5%	40.8%	47.9%	50.7%	54.9%
FY2019	149	37.6%	41.6%	43.0%	46.3%	52.3%
FY2020	134	26.9%	30.6%	34.3%	38.1%	48.5%
FY2021	37	29.7%	32.4%	35.1%	43.2%	51.4%
FY2022	24	33.3%	41.7%	41.7%		
FY2023	121	37.2%	47.1%			
* Incarceration is defined as any new state responsible (SR) term of incarceration after CCAP release. This includes technical violations and incarcerations for offenses committed prior to starting at a CCAP.						
** All probationers who graduated from at least one CCAP program during the fiscal year were included as a graduate as long as they were no longer at a CCAP at the end of the fiscal year. If a probationer graduated from one program during the fiscal year and started another but was unable to graduate for any reason, the second end date was used as the release date.						
***All probationers who started a CCAP program and ended for any reason during the fiscal year were included as long as they were no longer at the CCAP at the end of the fiscal year.						

This data shows that CCAP non-graduates are nearly twice as likely to recidivate than graduates. Most recent data trends from FY2023 show that CCAP non-graduates are nearly 40% more like to recidivate than graduates after twelve months.

A review of CCAP Referral Data for FY2024, FY2025, and FY2026 revealed the trend toward increasing need for CCAP services. The cases accepted continue to reflect the target population of higher risk and higher need probationers.

- As the court referrals have increased, CCAP has continued to adapt to meet the needs of the target population: in FY2024, 73% of those referred were accepted, in FY2025 74.8% of those referred were accepted, and in FY2026 70.6% of those referred were

accepted. In FY2026, 71.4% of the males that were referred were accepted and 67.1% of females referred were accepted.



- The percentage of accepted referrals requiring intensive services has continued to increase each year: In FY2026, 98.3% of males and nearly 100% of females were placed in intensive substance use disorder services. In FY2025, 95.2% of males and nearly 100% of females were placed in intensive substance use disorder services. In FY2024, 95.8% of males and nearly 100% of females were placed in intensive substance use disorder services.
- Referrals for CCAP have continued to increase. In FY2024, VADOC processed 1,906 referrals with 1,502 being males and 404 were females. In FY2025, VADOC processed 2,000 referrals with 1,629 for males and 371 for females. In FY2026, VADOC processed 1,942 referrals with 1,568 for males and 374 for females.

FY2026 Community Corrections Alternative Programs Summary

During FY2026, VADOC continued to review the CCAP referral process and practices to reduce barriers for program acceptance for probationers in need of this intervention. As we have expanded opportunities for the co-occurring population[9], there is a continuing increase for

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

mental health services in CCAP. VADOC is working to address this need; however, there are currently limited staffing resources for this special population.

The CCAP Referral Unit partnered with VADOC IT team to develop a new referral tracking system using Power Apps. All active cases were successfully migrated into the platform. This new application provides a uniform data structure that should enhance reporting capabilities moving forward.

In FY2026, as an effort to expand vocational offerings across CCAP, Brunswick CCAP offered a program which trained 9 probationers in welding certification. Additionally, CCAPs have continued to expand community engagement opportunities to increase reentry outcomes. This has included probationers participating in community job fairs, local churches offering baptisms, and assisting in clean-up efforts at local parks and schools.

During this cycle, CCAPs engaged in a variety of earned incentives to reinforce prosocial behavior for those with substance use disorders. CCAPs rewarded probationers for remaining substance free while in CCAP through cookouts, fishing trips, family days, hikes, and special-order meals. These incentives promote a culture of recovery and highlight the importance of recognizing the probationer efforts to remain sober.

In FY2026, efforts have continued to increase a smooth transition from the program back into the community for participants. CCAP probation staff assist probationers to find housing and resources to establish a stable re-entry plan. In FY2026, Appalachian CCAP established a pilot program with District #43 Tazewell where CCAP probationers releasing to this district were supervised by one Probation Officer who was connected and knowledgeable of the work of CCAP. This pilot has demonstrated success with the Probationer Officer offering regular reports to CCAP about probationer progress and visiting regularly to establish rapport with CCAP probationers prior to completion. By working with local probation and parole districts, probationers who are relocating can establish strong recovery and reentry planning, maintain their employment, all increasing their likelihood of success.

Another component for a stable reentry plan for CCAP participants continued to be MOUD services. In FY2026, 620 CCAP participants were on some form of MOUD. This is an increase of 442 participants over FY2025. Of those noted, 155 received Suboxone, 275 received Brixadi, 185 received Oral Naltrexone, and 5 received Vivitrol.

An education campaign for both internal and external stakeholders to increase awareness of the important services that Community Corrections Alternative Programs has continued in FY2026. The activities have included presentations at conferences and training events, CCAP education and referral training for new probation officers, internal newsletter articles, along with updated reference material. Chief Probation & Parole Officers and other department staff continue to dialogue with the Judiciary, commonwealth attorneys and defense attorneys to highlight CCAP

program offerings and current data trends, as well as solicit feedback on the program and referral processes.

In May 2026, the Community Corrections Alternative Program was selected as a finalist for the 2026 State Transformation in Action Recognition (STAR) award at the Southern Legislative Conference (SLC) in Lexington, Kentucky. While CCAP did not win the award, there was positive feedback from legislators from several states on the significant impact the program has had on fostering recovery and lasting public safety.

Conclusion

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

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

- Probation reform limiting court referrals, potentially omitting probationers who have nowhere else to receive lifesaving treatment.
- The rise in need for mental health services consistent with the demand for expand eligibility to address the needs of those with co-occurring disorders.
- The need to improve program graduation rates for those with high cognitive behavioral needs.
- The need to address barriers to case acceptance for individuals who require physical health care, medications, and mental health stability services and other issues that require 24-hour medical coverage at CCAP. This also limits CCAP ability to manage the increased demand for SUD withdrawal management. These barriers have impacted the female population more significantly than the male population.
- Utilization of Recovery Navigators to support the continuum of SUD care within the CCAPs and post release.
- The need to create a more community focused environment at CCAP locations through physical and cultural changes.

This annual review shows that CCAP programs serve as an effective alternative to incarceration, reducing criminality and substance use to include opioid use among a high risk, high need population. Recidivism of graduates is significantly less than that of non-graduates and only 18% of graduates in this high-risk group returned to opioid use within a six-month period after completion. Participants learn and practice pro-social behaviors, relapse prevention strategies, and acquire job skills, leading to a successful transition back to the community. With a focus on addressing individual treatment needs, CCAPs provide the skills required for lasting behavioral change and increasing public safety, ultimately saving lives and making communities safer.