

Reentry System



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DOC Offender Population

- 58,000 offenders supervised in the Community on Probation and Parole
- 37,800 incarcerated state responsible offenders
 - 30,400 in DOC prison facilities
- 600 offenders participating in Detention or Diversion Programs

Long Term Public Safety

- DOC's recidivism rate of 23 % is impressive and ranks Virginia 2nd lowest in the nation but many victims still remain
 - Over 90% of offenders are released from prison
 - DOC has shifted its organizational culture from a primary focus on *risk control* (external controls that work only as long as they are in place) to include *risk reduction* through offender change
 - Risk control creates *short term* public safety
 - Risk reduction creates *long term* public safety

Reentry Initiative

In 2010 DOC began a major emphasis to increase public safety by better preparing offenders for reentry preparation

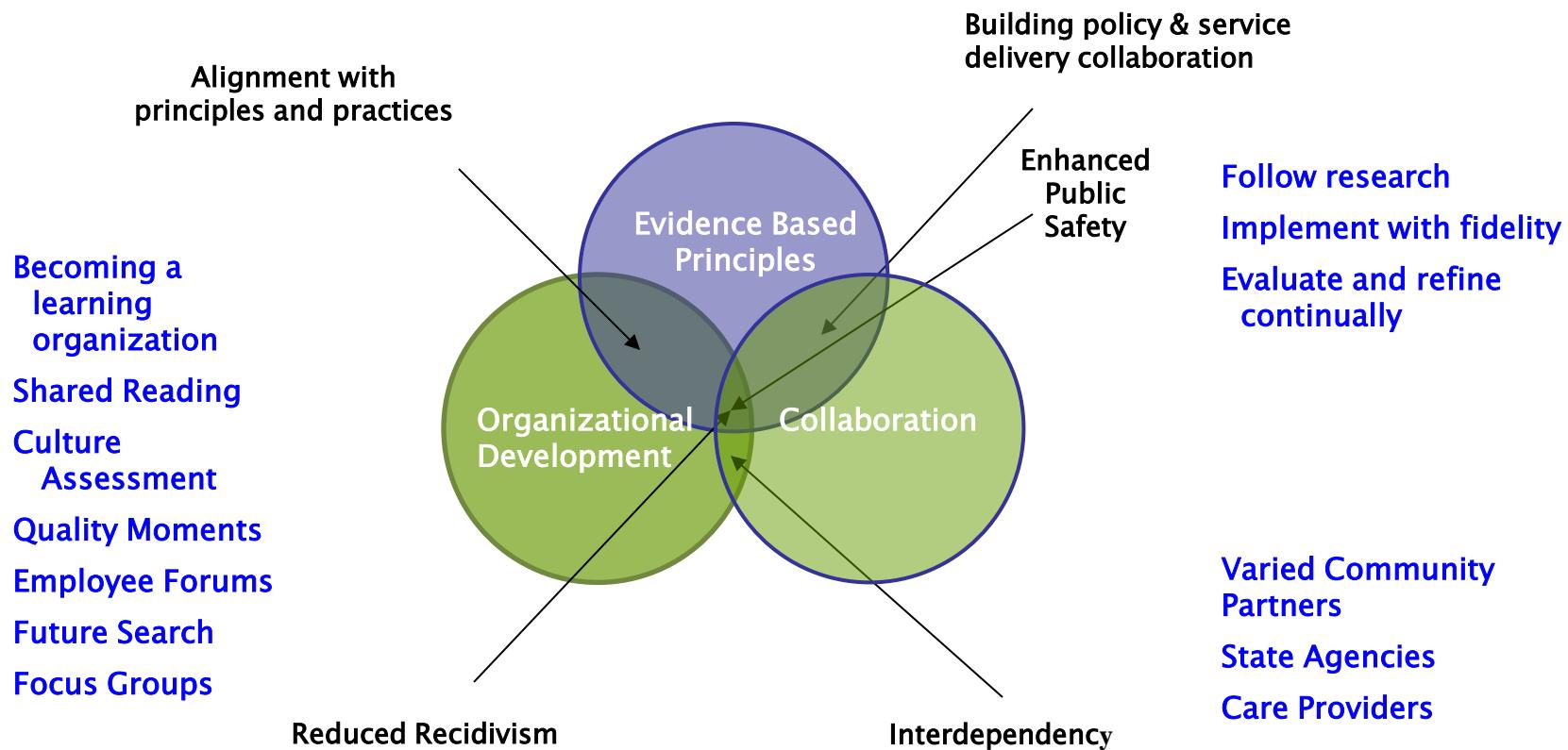
2010 – 2014 *Virginia Adult Reentry Initiative*

- Established a system wide approach
- Evidence based, national models

2014 – 2018 *Recidivism Reduction Strategic Plan*

- Continues growth and to address challenges

Integrated Re-entry Model



Reentry Model

- Reentry is not a single program but embedded in DOC as a way of doing business
 - Learning organization
 - Extensive staff training in communication
 - Learning teams
 - Management reviews
- DOC's multi-component system of programs and services is built according to research on recidivism reduction
- Reentry begins with first contact with DOC

Empirical Risk and Needs Assessment

- DOC uses COMPAS (Northpointe, Inc.)
- Over 120 questions, validated
- Conducted at reception and annually thereafter
- Measures *static* factors that cannot change (examples)

Number of arrests Early onset	Non-compliance Violence	Prison Misconduct Gang Indicators
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- Measures *dynamic* factors that can change with programming to reduce criminal risk (examples)

Criminal thinking Education level Low Empathy	Substance abuse Antisocial personality Depression	Family criminality Employment history Self-efficacy
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Case Plan, Timeline, Notes

- Reentry Case Plan
 - Based on the risk/needs assessment dynamic
 - Reentry timeline sequences programs
 - Updated annually based on progress
- Automated system of case files seamlessly ties together prisons and probation and parole

Reentry Programs

Programs offered throughout incarceration

- Education
 - Academic education
 - Vocational trades
 - Some higher education
- Thinking for a Change program
 - cognitive restructuring, social skills development, and development of problem solving skills
 - Follow up programming in community after release

Reentry Programs

DOC operates a consistent track of *intensive* reentry programming 12 months before release

- 16 medium/minimum security prisons located strategically within 50 mile radius of Virginia communities
- Offenders transferred to program closes to release home area
- Evidence based cognitive community model addresses criminal thinking and practice
- Specially trained Treatment Officers (Correctional Officers) provide programming while on post
- Reentry Probation Officers provide a bridge between prison and community corrections

Reentry Programs

- Intensive reentry programs also include *services* to support reentry:
 - Workforce development; career readiness; bonding
 - Life Skills
 - Family reentry seminars and weekly contact visiting
 - Job Fairs with community employers
 - Identity documents
 - Extensive home planning
 - MATRIX substance abuse program
- Local Reentry Council Involvement; faith based volunteers, mentors

Reentry Programs

- Reentry programs for special populations:
 - Intensive Substance Abuse Therapeutic Community
 - Sex offender
 - Veterans pods
 - Specialized programs for female offenders
 - High security and low security programs
 - Mental health
 - Geriatric
- Continuity of care continues post release in probation and parole

Reentry Preparation through Work

Work Program Certifications fully utilize resources with DOC foreman delivering training during prison work supervision

- VA Correctional Enterprises
- ServSafe, Food Service
- Wastewater Treatment Plant
- Agribusiness Pesticide Training
- Agribusiness beef cattle vet certificate
- Agribusiness dairy plant certification
- Commercial Drivers License
- OSHA certification
- Environmental/Construction Services



Administrative Segregation Step Down Program



Therapeutic Modules allow out of cell secure group programming

Security Chairs allow a step down process before unrestrained group setting



Key Indicators for Red Onion State Prison

Year	Grievances	Informal Complaints	Incident Reports
2011 (Restrictive Housing)	1,800	8,628	569
2012	1,727	5,158	301
2013	1,469	3,926	292
2014	557	2,558	183
2015 (As of June 1)	239	754	89

Step Down Program Outcomes

- The Step Down Program includes a reentry phase so that DOC takes the risk, not the community.
 - In 2011 there were 59 releases from SL S
 - In 2014 there were 6 releases from SLS
- In 2013 DOC was awarded the ***State Transformation in Action*** award from the Southern Legislative Conference



Interagency Collaborations

Collaborations are critical to support reentry

Department for Aging and Rehabilitative Services

Department of Behavioral Health and Developmental Services

Department of Criminal Justice Services

Department of Health

Department of Motor Vehicles

Department of Social Services

Department of Transportation

Department of Veterans Services

Virginia Employment Commission

U.S. Department of Veterans Affairs

U.S. Social Security Administration

Collaboration with the Virginia Parole Board

- Board requires many parole granted offenders to complete DOC reentry programs before release; provides a further testing period
- DOC provides briefings to the Board on DOC operations, programs, policies
- Board reviews DOC's risk and needs assessment and other file information for consideration in case reviews

Conclusion

DOC has accomplished much in its reentry system development

Challenges remain:

- Housing for sexual and violent offenders
- Nursing home level care for geriatric and ill offenders
- Mental health services lacking in community corrections
- Serious lack of resources for cognitive programming
- Gang members and substance abuse