Virginia Department of Corrections

Authority, Inspection, and Auditing

Operating Procedure 030.3

Monitoring and Assessment of DOC Performance and Progress

Authority:
Directive 030, *Audits and Investigations*

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Content Owner:	Yulonda Evans Security Program Coordinator	*Signature Copy on File* Signature	7/26/22 Date
Reviewer:	Randall Mathena Director of Security & Correctional Enforcement	*Signature Copy on File* Signature	7/26/22 Date
Signatory:	A. David Robinson Chief of Corrections Operations	*Signature Copy on File* Signature	7/26/22 Date

REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, American Correctional Association (ACA) standards, Prison Rape Elimination Act (PREA) standards, and DOC directives and operating procedures.

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DEFINITIONS

Acute Care Unit - A designated treatment unit licensed to provide inpatient mental health and wellness services for inmates whose functioning is so severely impaired by a mental disorder that they meet the criteria for involuntary admission.

Community Corrections Alternative Program (CCAP) - A system of residential facilities operated by the Department of Corrections to provide evidence-based programming as a diversionary alternative to incarceration in accordance with COV §53.1-67.9, *Establishment of community corrections alternative program; supervision upon completion.*

Community Corrections Facility - A residential facility operated by the Department of Corrections to provide Community Corrections Alternative Programs.

Institution - A prison facility operated by the Department of Corrections; includes major institutions, field units, and work centers.

Institutional Program Manager (IPM) - The position at an institution that coordinates program activities, monitors VACORIS for accurate data entry, and ensures programs are being offered with fidelity.

Mental Health Residential Treatment Unit - A designated treatment unit where mental health and wellness services are provided to inmates who are unable to function in a general population setting due to a mental disorder but who typically do not meet the criteria for admission to an Acute Care Unit.

Operations Efficiency Measures - Data elements submitted on a periodic basic by operational units to report major developments in each department or administrative unit, major incidents, population data, assessment of staff and inmate/probationer/parolee morale, and major problems and plans for solving them; this data is used for assessing and documenting achievement of goals and objectives by the DOC and individual operational units.

Prison Rape Elimination Act (PREA) - Federal law, 34 U.S.C. Chapter 303, *Prison Rape Elimination*, and regulatory standards, 28 CFR Part 115, *Prison Rape Elimination Act National Standards*, proscribing background checks, training, reporting, and response requirements designed to eliminate sexual abuse and sexual harassment of inmates and CCAP probationers/parolees.

Sex Offender Residential Treatment Program - A structured residential treatment program providing the DOC's most intensive level of sex offender treatment to inmates identified as medium to high risk of sex offense recidivism.

Quality Improvement (QI) Plan - A document that provides guidance for the delivery of safe and quality health care through continuous improvements.

PURPOSE

This operating procedure provides for the monitoring and assessment of all areas of operations to ensure that the Strategic Plan is being accomplished in accordance with the Department of Corrections (DOC) mission, vision, goals, and objectives.

PROCEDURE

I. External Assessments and Accreditations

A. American Correctional Association

1. The Department of Corrections (DOC) operates in compliance with standards published by the American Correctional Association (ACA) Commission on Accreditation for Corrections.
2. Each of the following DOC organizational units are audited every three-years by a visiting committee appointed by the ACA.
   a. Headquarters is audited under the *Standards for Administration of Correctional Agencies*.
   b. Institutions and, when applicable, their associated work centers are audited under the *Performance-Based Standards and Expected Practices for Adult Correctional Institutions*. (5-ACI-1A-17)
   c. Field Units are audited under the *Performance-Based Standards for Adult Community Residential Services*.
   d. Community Corrections facilities are audited under *Performance-Based Standards for Adult Community Residential Services*.
   e. Probation and Parole (P&P) Offices are audited under *Performance-Based Standards for Adult Probation and Parole Field Services*.
   f. The Academy for Staff Development (ASD) and the training program are audited under the *Standards for Correctional Training Academies*.
   g. Virginia Correctional Enterprises (VCE) are audited under the *Performance-Based Standards for Correctional Industries*.
3. An Annual Report will be submitted to the Performance Based Standards & Expected Practices Accreditation Department. (5-ACI-1A-19)
   a. This report is due on the anniversary of the accreditation date.
   b. Where applicable, the agency must submit a completed *Significant Incident Summary* and *Outcome Measures Worksheet* with the required Annual Report.

B. Prison Rape Elimination Act (PREA)

1. The DOC operates in compliance with national standards published by the U.S. Department of Justice (DOJ) under the PREA.
2. Department of Justice (DOJ) certified auditors perform an audit, every three years, of each institution's and community corrections facility's performance under the applicable PREA standards.
   a. Institutions are audited under the National PREA Standards Subpart A - *Standards for Adult Prisons and Jails*.
   b. Community corrections facilities are audited under National PREA Standards Subpart C - *Standards for Community Confinement Facilities*.

C. Mental Health Facilities

1. All Acute Care Units, Mental Health Residential Treatment Units, and the Sex Offender Residential Treatment Program are licensed by the Virginia Department of Behavioral Health and Developmental Services (DBHDS); see Operating Procedure 730.3, *Mental Health Services: Levels of Service,* and Operating procedure 735.2, *Sex Offender Treatment Services (Institutions).*
2. Marion Correctional Treatment Center is accredited by the Joint Commission on Accreditation of

Health Care Organizations (JCAHO) as a Behavioral Health Care facility, and is licensed by the DBHDS to provide acute care, outpatient, and residential unit mental health services.

D. Other Certifications and Audits

1. The Virginia Department of Criminal Justice Services certifies the ASD and Corrections Officer training programs.
2. The Auditor of Public Accounts (APA) conducts an annual independent financial audit of the DOC including all facilities and operating units.

II. Security Vulnerability Assessments

A. Institutions

1. Staff designated by the Facility Unit Head will complete a self-assessment to evaluate the effectiveness of the institution's operations and security systems each year utilizing Attachment 1, *Security Vulnerability Assessment - Institutions.* (5-ACI-1A-17)
   a. Staff will complete the self-assessment in accordance with the following schedule:

Sections	Assessment Period	Report Due to Regional Administrator
I - X	June 1 thru July 31	August 15
XI - XV	August 1 thru September 30	October 15
XVI - XXI	October 1 thru December 31	January 15

   b. The Facility Unit Head or designee will report the results of the self-assessment to the Regional Administrator by the established deadline; the report must include:
      i. A completed *Report of Security Vulnerability Self-Assessment* 030_F15
      ii. A completed *Assessment Results* with each section completed; see Attachment 1, *Security Vulnerability Assessment - Institutions.*
      iii. A completed *Non-Compliance Report* indicating all non-compliance items, if needed; see Attachment 1, *Security Vulnerability Assessment - Institutions.*
      iv. Completed *Corrective Action Plan(s)* 030_F16 or *Procedure Variance Request(s)* 010_F11, if needed
   c. The Facility Unit Head or designee should retain the original *Security Vulnerability Self-Assessment* documents on file at the institution.
2. Regional Vulnerability Assessments
   a. Each year a Regional Assessment Team will conduct a *Security Vulnerability Assessment* at each institution using the same version of Attachment 1, *Security Vulnerability Assessment - Institutions* as used for the institution's self-assessment.
   b. The Regional Assessment Team will be drawn from a pool of pre-selected, qualified DOC staff from different regions than that of the institution undergoing the assessment.
      i. The team will be composed of between seven and ten members based on the institution assessed. The maximum number may be exceeded with the authorization of the sending Regional Administrator.
      ii. Composition of the assessment team will not be heavily weighted with staff from one specific institution.
      iii. Assessment team members should be from institutions of similar security levels as the institution assessed.
      iv. Reasonable efforts will be taken to ensure that the composition of the assessment team reflects a diverse assortment of institutional disciplines.
   c. Composition of assessment teams is subject to the approval by the Director of Security and Correctional Enforcement.

d. A Facility Unit Head, Assistant Facility Unit Head, or higher authority, will lead the team as the Regional Assessment Team Leader.
   i. The Regional Assessment Team Leader will be responsible for ensuring that local lodging information is provided to assessment team members.
   ii. Detailed information and guidance for travel and reimbursable expenses are in Operating Procedure 240.1, *Travel*.

e. Within 15 days of completion of the regional *Security Vulnerability Assessment-Institutions*, the Facility Unit Head must submit a *Corrective Action Plan* 030_F16 or *Procedure Variance Request* 010_F11 to the Regional Administrator for each item found not in compliance.

3. Mandatory Standard Vulnerability Reassessments
   a. When the Regional Assessment Team determines that an institution is non-compliant with three or more mandatory standards, the Regional Assessment Team will conduct a follow-up Security Vulnerability Assessment within six months using Attachment 2, *Mandatory Standards Vulnerability Reassessment - Institutions*.
   b. Failure to correct all deficiencies related to mandatory standards may be referred to the Chief of Corrections Operations for further action.
4. By December 31 of each year, Regional Administrators must submit to the Chief of Corrections Operations or designee a letter outlining the approved *Corrective Action Plan* for each item found not in compliance in the regional *Security Vulnerability Assessment.*

B. Community Corrections Alternative Programs (CCAP)

1. Staff designated by the Facility Unit Head will complete a self-assessment to evaluate the effectiveness of the each CCAP's operations and security systems each year utilizing Attachment 3, *Security Vulnerability Assessment - Community Corrections Alternative Programs*.
   a. Staff will complete the self-assessment in accordance with the following schedule:

Sections	Assessment Period	Report Due to Regional Administrator
I - V	June 1 thru July 31	August 15
VI	August 1 thru September 30	October 15
VII - XII	October 1 thru December 31	January 15

   b. The Facility Unit Head or designee will report the results of the self-assessment to the Regional Administrator by the established deadline, the report must include:
      i. A completed *Report of Security Vulnerability Self-Assessment (CCAP)* 030_F31
      ii. A completed *Results Sheet* with each section completed; see Attachment 3, *Security Vulnerability Assessment - Community Corrections Alternative Programs.*
      iii. A completed *Best Practices, Non-Compliance Report, Compliant with Deficiencies Report,* and *Non-Applicable Report*, if needed; see Attachment 3, *Security Vulnerability Assessment - Community Corrections Alternative Programs.*
      iv. Completed *Corrective Action Plan(s)* 030_F16 or *Procedure Variance Request(s)* 010_F11/waiver request(s), if needed
   c. The Facility Unit Head or designee should retain the original *Security Vulnerability Self-Assessment* documents on file at the facility.
2. Regional Vulnerability Assessments
   a. Each year during February to June, a Regional Assessment Team will conduct a *Security Vulnerability Assessment* at each CCAP using the same version of Attachment 3, *Security Vulnerability Assessment - Community Corrections Alternative Programs* as used for CCAP self-assessments.
   b. The Regional Assessment Team will be drawn from a pool of pre-selected, qualified DOC staff

from different regions than that of the CCAP undergoing the assessment.

i. Composition of the assessment team will not be heavily weighted with staff from one specific facility.

ii. Assessment team members should be from facilities of similar security levels (CCAPs, Field Units, and Work Centers) as the CCAP being assessed.

iii. Reasonable efforts will be taken to ensure that the composition of the assessment team reflects a diverse assortment of institutional disciplines.

iv. The Assessment Team Leader will be responsible for ensuring that local lodging information is provided to the Assessment Team.

c. For CCAPs, composition of assessment teams is subject to the approval of the Regional Administrator - Community of the region supplying the team members.

d. A Facility Unit Head or Assistant Facility Unit Head/Chief of Security will lead the team as the Regional Assessment Team Leader.

i. Assessment Teams members will include at least one of each of the following:

(a) Regional Administrator or Regional Manager
(b) Assistant Facility Unit Head/Chief of Security
(c) Lieutenant
(d) CCAP P&P Officer or other non-security staff member

ii. Detailed information and procedures for travel and reimbursable expenses are in Operating Procedure 240.1, *Travel*.

3. Within 15 days of completion of the regional *Security Vulnerability Assessment*, the Facility Unit Head must submit a *Corrective Action Plan* 030_F16 or *Procedure Variance Request* 010_F11 to the Regional Administrator for each item found not in compliance.

4. By December 31 of each year, Regional Administrators must submit to the Chief of Corrections Operations a letter outlining the approved *Corrective Action Plan* for each item found not in compliance in the regional *Security Vulnerability Assessment.*

III. Safety and Security Vulnerability Assessments-P&P Offices

A. The Chief P&P Officer or designee will conduct and document an annual *Staff Safety and Security Vulnerability Assessment* 030_F17 for the P&P Office. (4-APPFS-3D-09)

1. The Chief P&P Officer or designee should complete the *Staff Safety and Security Vulnerability Assessment* in February or March of each year.

2. The Chief P&P Officer must submit the *Staff Safety and Security Vulnerability Assessment* 030_F17 and a *Corrective Action Plan* 030_F16 for each item found not in compliance to the Regional Administrator - Community within 15 days of assessment completion.

B. The Director of Security and Correctional Enforcement may assign staff to perform a *Staff Safety and Security Vulnerability Assessment* of any P&P Office at any time.

IV. Community Operational Vulnerability Assessments

A. Community Operational Vulnerability Assessments (COVA) enable staff to identify successful practices in case supervision that support DOC operating procedures, regulations, expected practices, and progress with individual case plans.

B. Probation and Parole

1. Staff will assess the quality of case reviews and supervision annually using the *Community Operational Vulnerability Assessment Checklist* 030_F18 and Attachment 4, *Community Operational Vulnerability Assessments Scoring Guide*.

a. Teams developed and lead by Chief P&P Officers as designated by the Regional Administrator will conduct assessments. The team leader will decide the number of assessment team members

depending on the size of the P&P District caseload.

b. Assessment Teams will include at least one staff member from each:
   i. Regional Manager
   ii. Programs, Education and Re-entry Unit
   iii. Deputy Chief P&P Officer
   iv. Senior P&P Officer
   v. P&P Officer

c. Staff will report assessment results to the Chief P&P Officer using *Community Operational Vulnerability Assessment Summary* 030_F19.

2. Assessment team members will review 5% of the active cases randomly selected from supervision levels medium, elevated, and high.
   a. Do not include absconders or cases on supervision in other states.
   b. At least 40 cases will be reviewed from a P&P District's caseload.
3. The Assessment Team Leader may request additional files for review if the team needs additional information to complete a thorough assessment.
4. The *P&P District Community Operational Vulnerability Assessment Tally Sheet* 030_F26 may be used to compile information from *Community Operational Vulnerability Assessment Checklists* 030_F18 for entry on the *Community Operational Vulnerability Assessment Summary* 030_F19.
5. Regional Managers will complete the *P&P District Community Operational Vulnerability Assessment Regional Overview* 030_F22 by December 31 and forward it to the Regional Administrator for review and final approval annually. The *P&P District Community Operational Vulnerability Assessment Regional Overview* will be submitted to the Chief of Corrections Operations by January 15, annually.

C. Community Corrections Alternative Programs (CCAPs)

1. Staff will assess the quality of case reviews and supervision annually using the *CCAP (WRNA) Community Operational Vulnerability Assessment Checklist* 030_F32 for female sites, the *CCAP (RNA) Community Operational Vulnerability Assessment Checklist* 030_F33 for male sites and Attachment 5, *CCAP Community Operational Vulnerability Assessments Scoring Guide*.
   a. A Superintendent, as designated by the Regional Administrator, will develop and serve as the Assessment Team Leader to conduct the assessment. The Assessment Team Leader will decide on assessment team members.
   b. Assessment Teams will include at least one staff member from each:
      i. Regional Manager
      ii. CCAP Program Manager
      iii. Assistant Facility Unit Head/Chief of Security
      iv. Senior P&P Officer
      v. P&P Officer
   c. Staff will report assessments result to the Superintendent using the *CCAP Community Operational Vulnerability Assessment Summary* 030_F34
2. Assessment team members will review 25 CCAP cases randomly selected from the site. The probationer/parolee must have entered the CCAP at a minimum of 6 months prior to the assessment and may have already returned to the community.
3. The Assessment Team Leader may request additional files for review if the team needs additional information to complete a thorough assessment.
4. The *CCAP (WRNA) Community Operational Vulnerability Assessment Tally Sheet* 030_F35 or the *CCAP (RNA) Community Operational Vulnerability Assessment Tally Sheet* 030_F36 will be used to compile information from the *CCAP (WRNA) Community Operational Vulnerability Assessment Checklist* 030_F32 or the *CCAP (RNA) Community Operational Vulnerability Assessment Checklist*

030_F33 for entry on the *CCAP Community Operational Vulnerability Assessment Summary* 030_F34.

5. Regional Managers will complete the *CCAP Community Operational Vulnerability Assessment Overview* 030_F37 by December 31 and forward it to the Regional Administrators for review and final approval annually. The *CCAP Community Vulnerability Assessment Regional Overview* will be submitted to the Chief of Corrections Operations by January 15, annually.

V. Vulnerability Assessment Disclosure

A. *Vulnerability Assessment* documents are excluded from public disclosure under the Virginia Freedom of Information Act (FOIA) in accordance with COV §2.2-3705.2(14b), *Exclusions to application of chapter; records relating to public safety*.

B. Unauthorized dissemination, printing, or copying of any part of the document is prohibited.

C. Staff will refer all requests for Vulnerability Assessments to the DOC FOIA Office.

VI. Other Assessments

A. Annual Program Evaluations

Programs offered in a facility are based on the specific needs of the inmate population; these programs are analyzed and evaluated annually to determine if the programs and services offered at a facility address the needs of the inmate population; see Operating Procedure 841.1, *Inmate Programs*.

B. Program Fidelity Assessments

The Fidelity and Program Quality Assurance Unit and the Programs, Education and Re-entry Unit conduct program fidelity assessments as needed.

C. Case Reviews

1. A Unit Manager, Institutional Program Manager (IPM), or other designated Counselor Supervisor in an institution completes a *COMPAS/Case Plan Fidelity Review* on each Counselor, quarterly; see Operating Procedure 820.1, *Inmate Case Management*.
2. P&P Supervisors conduct case reviews on probationer/parolee case work performed by P&P Officers; see Operating Procedure 920.1, *Community Case Opening, Supervision and Transfer*.

D. Health Care Reviews and Quality Assurance; see Operating Procedure 701.2, *Health Services Continuous Quality Improvement Program*.

1. The Chief Physician, Chief Psychiatrist, Chief of Mental Health and Wellness Services, and the Chief Dentist manage a peer review program for DOC medical, psychiatric, mental health, and dental staff.
2. The Health Services Unit systematically plans, implements, monitors, and assesses all health care services provided to inmates and CCAP probationer/parolees through the Continuous Quality Improvement (CQI) Program.

E. Internal Audits

The Internal Audit Unit conducts the following types of audits; see Operating Procedure 030.2, *Internal Audit*.

1. Financial Audits
2. Compliance Audits
3. Operational Audits
4. Special Projects
5. Information Technology (IT) Audits
6. State Fraud, Waste, and Abuse Hotline Audits and Investigations

F. Operations Efficiency Measures (5-ACI-1A-18)

1. Operations efficiency measures are key indicators of a safe and effective DOC operations.
2. Research Unit staff develop, collect and report on the operations efficiency measures at least biannually.
3. Operational Unit Heads are required to submit measurements that are not available in agency databases quarterly to the Research Unit for compilation in the report.

G. DOC Strategic Plan

H. The Research Unit collects, analyzes, and reports annually on any updates to the performance measurements provided in the DOC Strategic Plan.

REFERENCES

28 CFR Part 115, *Prison Rape Elimination Act National Standards*

34 U.S.C., Chapter 303, *Prison Rape Elimination*

COV §2.2-3705.2(14b), *Exclusions to application of chapter; records relating to public safety*

COV §53.1-67.9, *Establishment of community corrections alternative program; supervision upon completion*

Operating Procedure 030.2, *Internal Audit*

Operating Procedure 240.1, *Travel*

Operating Procedure 701.2, *Health Services Continuous Quality Improvement Program*

Operating Procedure 730.3, *Mental Health Services: Levels of Service*

Operating procedure 735.2, *Sex Offender Treatment Services (Institutions)*

Operating Procedure 820.1, *Inmate Case Management*

Operating Procedure 841.1, *Inmate Programs*

Operating Procedure 920.1, *Community Case Opening, Supervision and Transfer*

Performance-Based Standards and Expected Practices for Adult Correctional Institutions

Performance-Based Standards for Adult Community Residential Services

Performance-Based Standards for Adult Probation and Parole Field Services

Performance-Based Standards for Correctional Industries

Standards for Administration of Correctional Agencies

Standards for Correctional Training Academies

ATTACHMENTS

Attachment 1, *Security Vulnerability Assessment - Institutions*

Attachment 2, *Mandatory Standards Vulnerability Reassessment - Institutions*

Attachment 3, *Security Vulnerability Assessment - Community Corrections Alternative Programs*

Attachment 4, *Community Operational Vulnerability Assessments Scoring Guide*

Attachment 5, *CCAP Community Operational Vulnerability Assessments Scoring Guide*

FORM CITATIONS

Procedure Variance Request 010_F11

Report of Security Vulnerability Self-Assessment 030_F15

Corrective Action Plan 030_F16

Staff Safety and Security Vulnerability Assessment 030_F17

Community Operational Vulnerability Assessment Checklist 030_F18
Community Operational Vulnerability Assessment Summary 030_F19
P&P District Community Operational Vulnerability Assessment Regional Overview 030_F22
P&P District Community Operational Vulnerability Assessment Tally Sheet 030_F26
Report of Security Vulnerability Self-Assessment (CCAP) 030_F31
CCAP (WRNA) Community Operational Vulnerability Assessment Checklist 030_F32
CCAP (RNA) Community Operational Vulnerability Assessment Checklist 030_F33
CCAP Community Operational Vulnerability Assessment Summary 030_F34
CCAP (WRNA) Community Operational Vulnerability Assessment Tally Sheet 030_F35
CCAP (RNA) Community Operational Vulnerability Assessment Tally Sheet 030_F36
CCAP Community Operational Vulnerability Assessment Overview 030_F37