



# Operating Procedure

<b>Effective Date</b> January 1, 2016	<b>Number</b> 030.3
<b>Amended</b> 4/11/16, 1/11/17, 9/19/17, 1/10/18	<b>Operating Level</b> Department
<b>Supersedes</b> First Issue	
<b>Authority</b> COV §53.1-10	
<b>Subject</b> <b>MONITORING AND ASSESSMENT OF DOC PERFORMANCE AND PROGRESS</b>	
<b>ACA/PREA Standards</b> 4-4017, 4-4018; 4-APPFS-3D-08, 4-APPFS-3D-09; 2-CO-1F-05	
<b>Incarcerated Offender Access</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>FOIA Exempt</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Attachments</b> Yes <input checked="" type="checkbox"/> #2 No <input type="checkbox"/>
<b>Office of Primary Responsibility</b> Office of the Director	

## I. 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 Mission, Vision, goals, and objectives.

## II. COMPLIANCE

This operating procedure applies to all units operated by the Department of Corrections (DOC). Practices and procedures shall comply with applicable State and Federal laws and regulations, Board of Corrections policies and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

## III. DEFINITIONS

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

**Facility** - Any Community Corrections facility or institution

**Host Institution** - The supervising facility to which a specific Work Center is operationally attached

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

**Operations Efficiency Measures** - Data elements submitted on a periodic basis by operational units to report major developments in each department or administrative unit, major incidents, population data, assessment of staff and offender 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 (*Prison Rape Elimination Act of 2003, 42 U.S.C. §15609*) and regulatory standards proscribing background checks, training, reporting, and response requirements designed to eliminate sexual abuse and sexual harassment of incarcerated offenders.

## IV. EXTERNAL AUDITS

### A. American Correctional Association

1. In general, the Virginia Department of Corrections operates in accordance with standards published by the American Correctional Association (ACA) Commission on Accreditation for Corrections.
  - a. ACA accreditation is awarded for three year periods based on audits performed by a visiting committee appointed by the ACA. (4-4017)
2. The DOC Headquarters operates by and is audited under the *Standards for Administration of Correctional Agencies*.
3. DOC institutions
  - a. Major institutions operate by and are audited under the *Standards for Adult Correctional*

*Institutions. (4-4017)*

- b. Field Units operate by and are audited under *Performance-Based Standards for Adult Community Residential Services*.
- c. Work Centers operate by and are audited under the same standards as the host institution.
4. Community Corrections Facilities operate by and are audited under *Performance-Based Standards for Adult Community Residential Services*.
5. The Probation and Parole system operates by and is audited under *Performance-Based Standards for Adult Probation and Parole Field Services*.
6. The Academy for Staff Development and the DOC training program operate by and are audited under the *Standards for Correctional Training Academies*.

B. Prison Rape Elimination Act (PREA)

1. Certified auditors perform an audit of the facility's performance under the applicable PREA standards.
  - a. DOC institutions operate by and are audited under the *Prison Rape Elimination Act National Standards Subpart A - Standards for Adult Prisons and Jails*.
  - b. Community Corrections Facilities operate by and are audited under *Prison Rape Elimination Act National Standards Subpart C - Standards for Community Confinement Facilities*.
2. Audits are conducted every three years but focus on documentation from the previous 12 months unless the auditor asks for additional information.

C. Mental Health Facilities

1. All DOC acute mental health care, residential mental health care, and the Sex Offender Residential Treatment Program are licensed by the Virginia Department of Behavioral Health and Developmental Services (DBHDS).
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 licensed for Acute Care, Outpatient, and Residential Unit mental health services by the Virginia Department of Behavioral Health and Developmental Services (DBHDS).

D. The Virginia Department of Criminal Justice Services certifies the Academy for Staff Development and Corrections Officer training programs.

E. The Auditor of Public Accounts (APA) conducts an annual independent financial audit of the Department of Corrections including all facilities and operating units.

V. FACILITY ASSESSMENTS

A. Security Readiness Assessment

1. *Security Readiness Assessment* documentation
  - a. The *Security Readiness Assessment* (Attachment 1) will be utilized to assist in evaluating the effectiveness of each institution's security systems. (4-4017)
  - b. The *Community Corrections Facilities Security Readiness Assessment* (Attachment 2) will be utilized to assist in evaluating the effectiveness of each Community Corrections Facility.
  - c. The *Security Readiness Assessment* documents are excluded from public disclosure under the Virginia Freedom of Information Act in accordance with COV §2.2-3705.2(6). Unauthorized dissemination, printing, or copying of any part of the document is prohibited.
2. Each Institution shall complete a self *Security Readiness Assessment* each year in accordance with the following schedule:

<u>Sections</u>	<u>Assessment Period</u>	<u>Report Due to Regional Administrator</u>
I – VI	June 1 thru July 31	August 15
VII – VIII	August 1 thru September 30	October 15
IX – XII	October 1 thru December 31	January 15

- a. The report to the Regional Administrator shall include:
    - i. A completed [Report of Self Security Readiness Assessment](#) 030\_F15
    - ii. A completed *Results Sheet* showing the results for each section completed
    - iii. A completed *Non-Compliance Report* addressing non-compliance items, if needed
    - iv. Completed *Audit Action Plan(s)* or variance/waiver request(s), if needed
  - b. The original *Security Readiness Assessment* documents should be retained on file at the facility.
  3. Each year during February and March, a regional team will conduct a *Security Readiness Assessment* at each facility using the same version of the *Security Readiness Assessment* as used for the preceding round of self assessments.
  4. Within 15 days of completion of the regional *Security Readiness Assessment*, the Facility Unit Head shall submit an [Audit Action Plan](#) 030\_F16 or [Procedure Variance Request](#) 001\_F4 to the Regional Administrator for each item found not in compliance.
  5. By June 1 of each year, the Regional Administrator shall submit to the Chief of Corrections Operations a letter outlining the approved *Audit Action Plan* for each item found not in compliance in the regional *Security Readiness Assessments*.
- B. Operations Efficiency Measures (4-4018)
1. Reports of Operations Efficiency Measures data are due at least quarterly to review summaries of the characteristics, movement, and status of the offender population and assess and document achievement of goals and objectives. (2-CO-1F-05)
  2. Operations Efficiency Measures reporting shall include major developments in each department or administrative unit, major incidents, population data, assessment of staff and offender morale, and major problems and plans for solving them.

## VI. PROBATION AND PAROLE ASSESSMENTS

### A. Safety and Security Assessments

1. The Chief P&P Officer or designee shall conduct and document a [Staff Safety and Security Assessment](#) 030\_F17 of the P&P Office annually. (4-APPFS-3D-09)
2. The *Staff Safety and Security Assessment* should be completed in February or March of each year
3. Staff assigned by the Security Operations Manager may perform a *Staff Safety and Security Assessment* of any P&P Office at any time.
4. Within 15 days of completion, the Chief P&P Officer shall submit the [Staff Safety and Security Assessment](#) 030\_F17 and an [Audit Action Plan](#) 030\_F16 for each item found not in compliance to the Regional Administrator.

### B. Case Supervision Assessments

1. Case Supervision Assessments - Assessments results will be used to enable staff and assessment teams to identify successful practices in case supervision that support DOC operating procedures, regulations, expected practices, and compliance with individual case plans.
  - a. The quality of case reviews and supervision will be assessed annually using [Community Operational Assessment Checklist](#) 030\_F18.
  - b. Assessments will be conducted by teams developed and lead by Chief P&P Officers as designated

by the Regional Administrator. The number of assessment team members will be decided by the team leader depending on the size of the P&P District case load.

- c. Assessment Teams will include at least one member from each:
    - i. Regional Manager
    - ii. Re-entry and Programs Unit
    - iii. Deputy Chief P&P Officer
    - iv. Senior P&P Officer
    - v. P&P Officer
  - d. Assessments results will be reported to the Chief P&P Officer using [Community Operation Assessment Summary 030\\_F19](#).
2. Assessment Teams 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 caseload.
  3. The Assessment Team leader may request additional files for review if the team needs additional information to complete a thorough assessment.
  4. Regional Managers will complete the [Community Operational Assessment Regional Overview 030\\_F22](#) by October 1<sup>st</sup> and forward it to the Regional Administrator for review and final approval annually. The *Community Assessment Regional Overview* will be submitted to the Chief of Corrections Operations by November 1, annually.
- C. Operations Efficiency Measures data should be reported at least quarterly to monitor operations and programs and assess and document achievement of goals and objectives. (4-APPFS-3D-08, 4-APPFS-3D-09)

## VII. OTHER ASSESSMENTS

### A. Annual Program Evaluations

1. Each program offered in a facility shall be based on a need identified in the offender population and evaluated annually to determine if that need is met. (see Operating Procedure 841.1, *Offender Programs and Services*)
2. Programs shall be evaluated using evidence based practices as applicable to determine:
  - a. Was the need met?
  - b. Does the need still exist?
  - c. Can the program be improved?
  - d. Did the program meet the success criteria listed in the *Initial Program Description (IPD)*?
  - e. Did the evaluation match the approved IPD's evaluation plan?

B. Program Fidelity Assessments are conducted as needed by the Program Research and Evaluation Unit and the Re-entry and Programs Unit.

### C. Case Reviews

1. Institutional Program Managers have responsibility to review the offender case work performed by institutional counselors. (see Operating Procedure 830.1, *Facility Classification Management*)
2. Probation and Parole Supervisors have responsibility to review the offender case work performed by P&P Officers. (see Operating Procedure 920.2, *Supervision of Offenders in the Community*)

D. Health Care Reviews and Quality Assurance (see Operating Procedure 701.1, *Health Services Administration*)

1. Each facility will establish an internal review and quality assurance program as an internal system

- for assessing the achievement of health care goals and objectives and that documents findings.
2. Program changes are implemented, as necessary, in response to findings.
  3. The Chief Physician and the Chief Dentist will manage a peer review program for physicians and dentists.
- E. Internal Audit - The Internal Audit Unit conducts the following types of audits: (see Operating Procedure 030.2, *Internal Audit*)
1. Financial audits are reviews of the accounting and reporting of financial transactions to verify that there are sufficient controls over financial management and use of resources.
  2. Compliance audits assess the degree of a unit's adherence to laws, regulations, policies, and procedures.
  3. Operational audits examine the use of unit resources to evaluate whether those resources are being used in the most efficient and effective ways to fulfill the unit's mission and objectives.
  4. Special projects are those assignments conducted to meet a specific purpose or identified need.
  5. Information Technology audits assess the controls related to information systems and the use of those systems.
  6. State Fraud, Waste, and Abuse Hotline audits and investigations are referred to DOC from the Office of State Inspector General who manages the program.

#### VIII. REFERENCES

Operating Procedure 030.2, *Internal Audit*  
Operating Procedure 701.1, *Health Services Administration*  
Operating Procedure 830.1, *Facility Classification Management*  
Operating Procedure 841.1, *Offender Programs and Services*  
Operating Procedure 920.2, *Supervision of Offenders in the Community*  
*Performance-Based Standards for Adult Community Residential Services*  
*Performance-Based Standards for Adult Probation and Parole Field Services*  
*Standards for Administration of Correctional Agencies*  
*Standards for Adult Correctional Institutions*  
*Standards for Correctional Training Academies*

#### IX. FORM CITATIONS

[Procedure Variance Request](#) 001\_F4  
[Report of Self Security Readiness Assessment](#) 030\_F15  
[Audit Action Plan](#) 030\_F16  
[Staff Safety and Security Assessment](#) 030\_F17  
[Community Operational Assessment Checklist](#) 030\_F18  
[Community Operational Assessment Summary](#) 030\_F19  
[Community Operational Assessment Regional Overview](#) 030\_F22

#### X. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years from the effective date.

*The office of primary responsibility reviewed this operating procedure in January 2017 and necessary changes have been made.*

*The office of primary responsibility reviewed this operating procedure in January 2018 and necessary changes have been made.*

*Signature Copy on File*

*11/16/15*

Harold W. Clarke, Director

Date