



Virginia Department of Corrections

Supervision and Management in the Community

Operating Procedure 930.2

Community Corrections Alternative Program Referral Unit

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REVIEW

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

The content owner reviewed this operating procedure in February 2025 and necessary changes are being drafted.

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.

Table of Contents

DEFINITIONS	3
PURPOSE	4
PROCEDURE.....	4
I. CCAP Referral Unit Organization and Mission.....	4
II. Community Corrections Alternative Program Eligibility Criteria.....	4
III. Orders.....	5
IV. Eligibility, Suitability, and Evaluation.....	5
V. Referral Process	6
VI. File Review for Intake.....	7
VII. Admission	8
REFERENCES.....	8
ATTACHMENTS	8
FORM CITATIONS	8



DEFINITIONS

Case Plan - A dynamic document used to guide the probationer's/parolee's progress in achieving their goals and treatment needs during supervision based on assessments of the probationer's/parolee's criminogenic factors; it is a mutually agreed contract between the probationer/parolee and supervising staff that outlines the requirements while on supervision, identifies probationer/parolee goals, outlines the activities necessary to achieve those goals, and sets time frames for completion. The P&P Officer's surveillance, verification, referral, and monitoring responsibilities are defined in conjunction with each probationer/parolee goal.

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.*

Correctional Offender Management Profiling for Alternative Sanctions (COMPAS-R) Community Corrections - The DOC approved risk/needs assessment, which consists of different versions for community corrections and institutions. COMPAS-R Community Corrections is a support system for supervision and case-management decisions, a database used in combination with VACORIS, a tool that assesses two critical risks, violence and recidivism, risk, and a tool for determining the criminogenic needs that are used to develop case plans and set programming.

Serious Mental Illness (SMI) - Psychotic Disorders, Bipolar Disorders, and Major Depressive Disorder; any diagnosed mental disorder (excluding substance use disorders) currently associated with serious impairment in psychological, cognitive, or behavioral functioning that substantially interferes with the person's ability to meet the ordinary demands of living and requires an individualized treatment plan by a qualified mental health clinician.

Psychological - *as relating to the mental and emotional state of an individual.*

Cognitive - *as relating to cognitive or intellectual abilities.*

Behavioral - *as relating to actions or reactions in response to external or internal stimuli that is observable and measurable.*

Sex Offender - An adult placed under or made subject to supervision as the result of the commission of a criminal offense and released to the community under the jurisdiction of Courts, paroling authorities, corrections, or other criminal justice agencies, and who is required to register as a sex offender in the sending state, or is under sex offender terms and conditions in the sending state, and who is required to request transfer of supervision under the provisions of the Interstate Compact for Adult Offender Supervision. *Note: If the individual is required to register as a sex offender in the sending state, the instant offense listed on the transfer request does not also have to be a sex offense to cause the offender to meet the Compact definition of sex offender.*

Virginia Criminal Information Network (VCIN) - A service facility under the management control of the Virginia Department of State Police used by the DOC to access computerized criminal history information.

Women's Risk/Needs Assessment-Trailer (WRNA-T) - The risk/needs assessment tool sanctioned by DOC for institutions and community corrections that includes gender-neutral risk/needs information, but also is inclusive of gender-specific factors such as mental health, child/adult abuse and/or victimization, relationship dysfunction, parental stress, and housing safety. Areas of strength such as self-efficacy, parental involvement, family support, and education are also assessed. The WRNA-T is used to develop gender-responsive case plans and identify programming needs designed to reduce recidivism of female probationers/parolees.

PURPOSE

This operating procedure provides for the organization of the Department of Corrections (DOC) Community Corrections Alternative Program (CCAP) Referral Unit and provides guidelines for the evaluation, acceptance, and placement of inmates/probationers/parolees referred for participation in the CCAP.

PROCEDURE

- I. CCAP Referral Unit Organization and Mission
 - A. The CCAP Referral Unit is an element of Central Classification Services within Offender Management Services.
 - B. The mission of the CCAP Referral Unit is to serve as the interface between Probation and Parole (P&P) Districts and CCAP to evaluate inmates/probationers/parolees for participation in CCAP. The duties of the CCAP Referral Unit are as follows:
 1. Accept all CCAP Referral Investigations for completion by assigned CCAP Referral Unit staff.
 2. Review VACORIS Offender Page information (particularly *PSI*, *Facility Notes*, *Supervision Notes*, violations, and criminal record databases) to determine eligibility for CCAP.
 3. Review COMPAS/WRNA-T assessment/Supervision Level Review (SLR) to determine suitability.
 4. Work closely with referring P&P Officers and jail staff to gather additional information as needed.
 5. If the inmate/probationer/parolee is not deemed eligible, suitable, and acceptable for CCAP, explore other potential program/placement options with the referring P&P Officer.
 6. Enter the *Accepted/Denied* decision in the VACORIS investigation, indicate the *Denial Reason(s)* if needed, and upload a letter documenting the CCAP Referral Unit decision for presentation to the referring authority.
 7. Enter a CCAP Sentencing Outcome Investigation in VACORIS for accepted cases.
 8. Track the disposition of inmates/probationers/parolees accepted into CCAP.
 9. Once notification is obtained that the inmate/probationer/parolee is sentenced to CCAP, the CCAP Referral Unit will add a "Pending CCAP Intake" alert in VACORIS, along with the disposition or order which should be attached in the Offender Notes section. The CCAP Referral Unit will coordinate with CCAP staff, P&P District staff, Community Release Unit staff, Court and Legal staff, and institution and/or jail staff for efficient bed management and scheduling intake.
- II. Community Corrections Alternative Program Eligibility Criteria
 - A. Status - Inmates/Probationers/Parolees who have been convicted of a felony and placed on supervised probation/post release supervision, or parolees on parole for whom probable cause has been found for a parole/post release supervision violation other than a new felony or a Class 1 or 2 misdemeanor.
 - B. Offenses - The current felony offense and/or underlying offense for violations must be nonviolent as defined in COV §19.2-316.4, *Eligibility for participation in community corrections alternative program; evaluation; sentencing; withdrawal or removal from program; payment of costs*, which references COV §19.2-297.1, *Sentence of person twice previously convicted of certain violent felonies*. Those inmates/probationers/parolees who have been convicted of a sex offense may be considered on a case-by-case basis. Inmates/probationers/parolees that require GPS supervision will not be approved for intake into CCAP.
 - C. Pending matters - Inmates/Probationers/Parolees with pending criminal matters can be referred to CCAP for program eligibility determination on a case-by-case basis, but it may need to be resolved prior to acceptance. If the pending criminal matter is extraditable out of state or a federal detainer, they will not be approved for CCAP. If the inmate/probationer/parolee is accepted and sentenced to CCAP, but a new extraditable out of state criminal matter or federal detainer arises, it will need to be resolved prior to CCAP

intake.

D. Age - Must be a minimum of 18 years of age or older.

E. Health - The inmate/probationer/parolee must be physically, emotionally, and mentally (with approved Americans with Disability Act (ADA) accommodations) suitable for program participation.

III. Orders

A. A Circuit Court and/or the Virginia Parole Board (VPB) must order inmates/probationers/parolees into CCAP. 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 term of 12 months or less. Eligibility for CCAP will not be affected if a sentence on a separate case number, within the same order or on additional orders, makes an individual state responsible. 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.

B. CCAP is designed to be an alternative sentencing option where the defendant should have minimal incarceration prior to entry.

IV. Eligibility, Suitability, and Evaluation

A. The CCAP Referral Unit must develop and maintain a written pamphlet; see Attachment 1, *CCAP Pamphlet*, listing specific established eligibility and suitability criteria and CCAP capabilities. This document must be distributed to each relevant referral agency. (4-ACRS-6A-12)

B. The DOC prohibits discrimination in accepting referrals based on disability, race, creed, political views, or national origin. Each CCAP will be designated to serve probationers/parolees of one gender; parallel programs are operated so that there is no discrimination in accepting referrals based on gender. (4-ACRS-6B-02)

C. Medical and mental health suitability considerations include:

1. No incidents of self-injurious behavior or suicide attempts requiring outside medical intervention or homicidal ideation during the past 12 months.
2. Will not require access to 24-hour nursing care and must be able to perform the activities of daily living and program requirements.
3. Inmates/Probationers/Parolees requesting ADA accommodations will be evaluated individually for suitability.
4. Potential program participants with psychotropic medication changes within 30 days of referral or intake and will be assessed in accordance with the CCAP Limited Psychotropic Self-Medication Program; see Operating Procedure 940.4, *Community Corrections Alternative Program*. Approval of any medication changes are at the discretion of the CCAP Referral Unit and the receiving CCAP.
5. A mental health referral can be sent via email to the appropriate Regional Mental Health Clinician (RMHC) with a copy to the Community Mental Health Clinical Supervisor if there are suitability questions for mental health concerns after reviewing available documentation, e.g., psychiatric hospitalization within the past 12 months, a diagnosis of Serious Mental Illness (SMI), or psychotropic medication prescribed for SMI.

The following information should be included with the mental health referral:

- a. Name of referring P&P Officer
- b. Inmate's/probationer's/parolee's physical location
- c. Court date and notification if there is a time sensitive deadline for response
- d. Copy of the completed *Program Eligibility Brief Screening for Community Corrections Alternative Program 930_F5*
- e. Summary of inmate's/probationer's/parolee's mental health information, including diagnosis,

psychotropic medications, whether medications have stopped, started, or changed in the past 30 days, and an explanation of the CCAP Referral Unit's specific concern to be addressed.

6. If after review of the documentation provided by the CCAP Referral Unit, the RMHC will advise the CCAP Referral Unit if the inmate/probationer/parolee is suitable for CCAP or if further assessment is needed. When there is sufficient reason to assess the inmate/probationer/parolee in person, the RMHC will determine if the mental health referral is forwarded to a District Mental Health Clinician (DMHC).
7. Screening by the CCAP Referral Unit is comprised primarily of a record review and inmate/probationer/parolee self-report. If changes occur after the initial screening it may affect entry into the CCAP.
8. Inmates/Probationers/Parolees with sex offenses are screened on a case-by-case basis with the guidance of the Sex Offender Screening Assessment Unit. Inmates/probationers/parolees that require GPS/electronic monitoring supervision will be denied.
9. After arrival to CCAP, all probationers/parolees that are identified with potentially problematic mental health concerns must be assessed by a Community Mental Health Clinician who will make a recommendation as to whether these probationers/parolees can continue in the CCAP in accordance with Operating Procedure 940.4, *Community Corrections Alternative Program*.

V. Referral Process (4-ACRS-6A-11)

A. Order for Referral

1. Probation cases - Prior to sentencing or following a finding that a probationer's probation should be revoked, the Court should order the DOC to screen the probationer for suitability for participation in the CCAP. The Court's order may be based on a motion by the defense, Commonwealth's Attorney, or the Court's own motion. The DOC then has 45 days to determine suitability.
2. Parole cases – Parole violators may be referred to CCAP by the VPB, Parole Examiner, or the Preliminary Parole Violation Hearing Officer, with the violator's consent, and following a finding of probable cause that the parolee has violated one or more parole conditions. The DOC then has 45 days to determine suitability.
3. New conviction cases - Following conviction and prior to sentencing, the Court should order the DOC to screen the defendant for suitability for participation in the CCAP. The Court's order may be based on a motion by the defense, Commonwealth's Attorney, or the Court's own motion. The DOC then has 45 days to determine suitability.
4. Unless ordered by the Court, a change in the custodial status is not required during the evaluation period.

B. Once an inmate/probationer/parolee has been ordered for evaluation to the CCAP, the P&P Officer will submit the referral through VACORIS unless there are known pending matters. *CCAP Referral District Checklist 930_F6* is offered as a guide to the referral process. The referring P&P Officer must:

1. Complete the *Program Eligibility Brief Screening for Community Corrections Alternative Program 930_F5* and send it as an email attachment to the CCAP Referral Unit. This document must not be uploaded into VACORIS.
2. If a COMPAS-R or WRNA-T has not been completed for the inmate/probationer/parolee, then a COMPAS-R or WRNA-T will need to be completed as part of the CCAP Referral. If a CCAP Referral is based off a new charge or a violation (Technical or Condition #1) and there is a completed COMPAS-R/WRNA-T, then a SLR needs to be completed by P&P District staff. (4-ACRS-2A-07)
3. Complete a VCIN check no more than 14 days prior to the CCAP referral being submitted to determine that no outstanding warrants, unsatisfied incarceration obligations, or detainers exist. CCAPs will not intake probationers/parolees until all pending Court matters are resolved.
4. Submit an investigation as a CCAP referral in VACORIS at least five business days prior to the scheduled sentencing date.

- C. The CCAP Referral Unit will perform a timely evaluation of each referral based on specific established eligibility, suitability, and acceptability criteria and the inmate's/probationer's/parolee's level of risk. If the inmate/probationer/parolee is classified as low risk, the CCAP Referral Unit staff will consult with the referring P&P Officer to determine community resources that would benefit the inmate/probationer/parolee. Those with low risk and high needs will be accepted on a case-by-case basis.
- D. CCAP Referral Unit staff must enter in VACORIS, for review by the referring P&P Officer, notification of the inmate's/probationer's/parolee's acceptance or denial into CCAP and upload a letter documenting the CCAP Referral Unit's decision for presentation to the referring agency. (4-ACRS-2A-08)
 - 1. The acceptance letter will include information regarding programming options that are available once the probationer/parolee has been assessed at the receiving CCAP.
 - 2. The acceptance or denial letter is intended for use by the sentencing Court only and should not be used by any other Court as a means to sentence the individual to CCAP.
 - 3. If another Court would like a CCAP Evaluation, a new CCAP Referral is required.
- E. The referring P&P Officer must notify the referring agency of the CCAP acceptance or denial of the inmate/probationer/parolee using the CCAP Referral Unit response letter. (4-ACRS-6A-10)
 - 1. If the Court orders the inmate/probationer/parolee into CCAP, it will be in accordance with COV §19.2-316.4, Eligibility for participation in community corrections alternative program; evaluation; sentencing; withdrawal or removal from program; payment of costs.
 - 2. A sentence to CCAP should not be imposed in addition to an active sentence to a state correctional facility; see the *Orders* section of this operating procedure for additional content.
 - 3. The VPB may sanction eligible parole violators directly to CCAP.
- F. The CCAP Referral Unit will enter a CCAP Sentencing Outcome Investigation in VACORIS requesting the disposition from the referring P&P District for all accepted referrals.
- G. The referring P&P District staff must respond to the CCAP Sentencing Outcome Investigation within 30 days of the Court or VPB decision, as all acceptances are tracked. The CCAP Sentencing Outcome Investigation should not be closed until the case is finalized.
- H. If the inmate/probationer/parolee is sentenced to CCAP, the CCAP Referral Unit staff will verify the inmate/probationer/parolee is ready for intake with the jail, assigned P&P Officer, or Case Management Counselor. The CCAP Referral Unit will add a "Pending CCAP Intake" alert in VACORIS, along with the disposition or order, which should be attached in the Offender Notes section.
- I. If the inmate is already state responsible and has a custody responsibility date in VACORIS, the CCAP Referral Unit will forward a copy of the order to the Detainer Unit if the order states that they are to be held for a bed-to-bed transfer.
- J. The referring P&P Officer must provide each inmate/probationer/parolee with a *Community Corrections Alternative Program Pre-Admission Manual*; see Attachment 2.
- K. The referring P&P District staff must upload the sentencing order or Parole Board order and enter the order and supervision conditions into VACORIS once the order becomes available.

VI. File Review for Intake

- A. Prior to an inmate's/probationer's/parolee's arrival, CCAP staff must review the available case record to verify suitability for program participation and to ensure there have been no changes since the referral and acceptance that would affect suitability.
- B. CCAP staff at the receiving CCAP must run a VCIN/NCIC prior to any transportation from CCAP to CCAP, to determine if any pending Court matters or warrants may exist. Any pending criminal matters will be addressed prior to transportation being scheduled.

C. CCAP staff must verify that the appropriate authorization order is available and that there are no active pending charges, detainers, or other unsatisfied incarceration obligations to interfere with the inmate's/probationer's/parolee's participation in the CCAP.

D. When the authorization order is incorrect or there are active pending charges, detainers, or other unsatisfied incarceration obligations that would prevent the inmate/probationer/parolee from participating in the CCAP, the referring P&P Officer and the CCAP Referral Unit must be notified via email.

VII. Admission

A. Probationers/parolees will be assigned to a CCAP that is providing intake. The CCAP Referral Unit and the receiving CCAP must coordinate the date for admission with the referral agency and jail or other facility housing the inmate/probationer/parolee, if applicable.

B. Once the transfer into CCAP has been confirmed, the CCAP Referral Unit will close out the "Pending CCAP Intake" alert in VACORIS.

C. Promptly after arrival at a CCAP, a CCAP P&P Officer must obtain the probationer's/parolee's participation in the analysis of their problems, the setting of the objectives, and establishing a *Case Plan* to be completed in the CCAP.

D. A probationer/parolee assigned to one CCAP may be transferred to another CCAP as needed for bed space or other management considerations or to provide services to the probationer/parolee that are not available at the original/intake CCAP.

1. Transfers will be considered to address programming needs documented in the *Case Plan* or to address previously unidentified needs.

2. The Facility Unit Heads or designees of the respective CCAPs will submit transfer requests to the CCAP Referral Unit for review and approval/denial of the recommended transfer. (4-ACRS-5A-06)

E. For additional information related to CCAP operations; see Operating Procedure 940.4, *Community Corrections Alternative Program*.

REFERENCES

COV §19.2-297.1, *Sentence of person twice previously convicted of certain violent felonies.*

COV §19.2-316.4, *Eligibility for participation in community corrections alternative program; evaluation; sentencing; withdrawal or removal from program; payment of costs.*

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

Operating Procedure 940.4, *Community Corrections Alternative Program.*

ATTACHMENTS

Attachment 1, *CCAP Pamphlet*

Attachment 2, *CCAP Pre-admission Manual*

FORM CITATIONS

Program Eligibility Brief Screening for Community Corrections Alternative Program 930_F5

CCAP Referral District Checklist 930_F6