**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 2022 and necessary changes are being drafted._

_The content owner reviewed this operating procedure in March 2023 and necessary changes are being drafted._

**COMPLIANCE**

This operating procedure applies to all units operated by the Virginia Department of Corrections. Practices and procedures must comply with applicable State and Federal laws and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.
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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 (WRNA) - 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 is used to develop gender-responsive case plans and identify programming needs designed to reduce recidivism of female inmates/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 P&P Offices 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, Substance Abuse Information, etc.) SRA, CAIS, and LIDS to determine eligibility for CCAP.


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.

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 schedule the inmate/probationer/parolee for intake, notify the jail/assigned P&P Officer/Case Management Counselor of their prospective intake date, and schedule for transfer to the appropriate CCAP facility in VACORIS. The CCAP Referral Unit will coordinate with CCAP facility staff, P&P District staff, Community Release Unit, Court and Legal, institutions and/or jails for efficient bed management and scheduling intake.

II. Community Corrections Facilities 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.

C. Pending matters- Inmates/probationers/parolees will not be referred to CCAP for program eligibility determination until all known pending matters have been resolved. If any of the pending matters subsequently result in the imposition of a state responsible sentence, the inmate/probationer/parolee will not be eligible for CCAP.
D. Orders- A Circuit Court and/or the Virginia Parole Board (VPB) must order inmates/probationers/parolees into CCAP, which cannot be in addition to felony incarceration greater than 12 months.

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

F. Health- The inmate/probationer/parolee must be physically, emotionally, and mentally suitable for program participation.

III. 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 program 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 facility 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. Potential program participants will not have any medication changes within 60 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 facility.

4. 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 60 days, and an explanation of the CCAP Referral Unit’s specific concern to be addressed.

5. If after review of the documentation provided by the CCAP Referral Unit, to include the PSI if available and communication with the referring P&P Officer, 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).

6. Screening by the CCAP Referral Unit is comprised primarily of a record review and inmate/probationer/parolee self-report. Such screening will not guarantee that a CCAP referral is appropriate, particularly if an inmate/probationer/parolee is not screened again prior to CCAP intake. After arrival to CCAP, all probationers/parolees that are identified with potentially problematic mental
health concerns must be assessed by a DMHC 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*.

**IV. 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. Evaluate the candidate by completing the Substance Abuse Information offender page in VACORIS.

3. Ensure that a current EBP Community Corrections COMPAS/WRNA risk assessment and Case Supervision Review (if applicable) are available in VACORIS. *(4-ACRS-2A-07)*

4. 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. CCAP facilities will not intake probationers/parolees until all pending court matters are resolved.

5. 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.**

**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 the program and upload a letter documenting the CCAP Referral Unit’s decision for presentation to the referring agency. (4-ACRS-2A-08)**

**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 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.

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 45 days of the court or VPB decision, as all acceptances are tracked.

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 referring P&P Officer must provide each inmate/probationer/parolee with a Community Corrections Alternative Program Pre-Admission Manual; see Attachment 2.

I. The referring P&P District staff must upload the sentencing order or Parole Board order and enter the order and supervision conditions into VACORIS.

J. For inmates/probationers/parolees accepted to participate in CCAP, the CCAP Referral Unit staff will upload the acceptance letter in VACORIS. The acceptance letter will include information regarding programming options that are available after the inmate/probationer/parolee has been assessed at their receiving CCAP facility.

V. File Review for Intake

A. Prior to an inmate’s/probationer’s/parolee’s arrival, CCAP facility 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 effect suitability.

B. CCAP facility staff at the receiving CCAP facility must run a VCIN/NCIC prior to any transportation from facility to facility, to determine if any pending court matters or warrants may exist. Any pending matters will be addressed prior to transportation being scheduled.

C. CCAP facility 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 program.

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 program, the referring P&P Officer and the CCAP Referral Unit must be notified via email.

VI. Admission

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

B. Promptly after arrival at a CCAP facility, a CCAP facility 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.

C. A probationer/parolee assigned to one CCAP facility may be transferred to another CCAP facility 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 facility.

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 CCAP facilities will submit transfer requests to the CCAP Referral Unit for review and approval/denial of the recommended transfer. (4-ACRS-5A-
D. 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*