



Virginia Department of Corrections

Inmate Management and Programs

Operating Procedure 841.1

Inmate Programs

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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.

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

Aftercare Program - A four-month residential aftercare center providing a supportive recovery housing community with groups that focus on maintaining recovery and relapse prevention skills for qualified inmates who have completed a residential drug treatment program.

Behavioral Correction Program (BCP) - Requires a court referral to CCS prior to sentencing, is a specific sentence into CTC that allows for the potential of a sentence suspension and release on Probation after an inmate's successful completion of a minimum of 24 months in CTC.

Case Plan (Inmate) - A case plan that outlines short term and long-term program needs based on an assessment of the inmate's individual criminogenic factors.

Central Classification Services (CCS) - Employees from the Offender Management Services Unit who review certain recommendations made by the Institutional Classification Authority and Multi-Disciplinary Team to render a final decision regarding inmate statuses and assignments.

Cognitive Counselor - Facilitates EBP programming at designated locations and directs program operations for specialized residential programs such as cognitive communities.

Cognitive Therapeutic Community (CTC) - A mandatory structured, residential substance use disorder treatment program that utilizes a community model and incorporates cognitive and behavioral programming to assist in the inmate change process.

Counseling Services Program - A structured service or activity facilitated by an employee of the DOC or other state agency, qualified volunteers, or contractors, offered to address identified criminogenic needs of inmates with the goal of promoting pro-social, law-abiding behaviors.

Counselor - Position responsible to provide a range of casework management services and re-entry assistance, programming, and guidance for inmates in a facility to enhance the security of the facility and promote inmates' long-term pro-social behaviors.

Evidence Based Practices (EBP) - Correctional decision making derived from research findings about practices proven to change inmate/probationer/parolee behavior thereby reducing the risk for recidivism.

Fentanyl Response Program (FRP) - A mandatory, intensive SUD intervention program that provides structure, education, peer support, and SUD programming to inmates with demonstrated fentanyl use while incarcerated.

ICA Hearing - An inmate case review conducted by the Institutional Classification Authority or Multi-disciplinary Team; these hearings may be either formal due process or informal hearings depending on the purpose of the review.

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

Institutional Classification Authority (ICA) - The institutional employee designated to conduct ICA hearings (annual, administrative, and/or interim reviews).

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.

Intensive Re-entry Program (IRP) - A cognitive community program that inmates with a moderate or high risk of general recidivism participate in during their last seven months of incarceration; participating inmates are transferred to the IRP closest to the locality of their release plan.

Mandated Program - A program required to be completed by an inmate based on identified needs.

Mental Health and Wellness Services Program - A structured service or activity facilitated by Mental Health staff employed by the DOC or other state agency, qualified volunteers, or contractors; that has been reviewed by the Mental Health and Wellness Services Steering Committee and approved by the Chief of Mental Health and Wellness Services. The program is offered to address the mental health needs of inmates.

Mental Health and Wellness Services Steering Committee - A group of selected Mental Health Clinicians that reviews issues as directed by the Chief of Mental Health and Wellness Services.



Mental Health Clinician - An individual with at least a master's degree in psychology, social work, or relevant human services field with knowledge, training, and skills in the diagnosis and treatment of mental disorders, which may include a Psychiatric Provider, Social Worker, or Registered Nurse.

Program Data Tool - Power BI tool that an IPM uses to verify that the correct inmates are assigned to a program's waiting list and enrolled in a program based on accurate risk/need profiles and time left to serve.

Residential Illicit Drug Use Program (RIDUP) - A four-month mandatory intensive residential substance use disorder (SUD) intervention program that provides structure, education, peer support, and SUD programming to inmates who experienced a recent overdose.

Restorative Housing Unit - A general term for special purpose bed assignments including restorative housing, and step-down statuses; usually a housing unit or area separated from full privilege general population.

- **Alt-GP Status** - General population bed assignments operated with increased privileges above RHU status but more control than full privilege general population for inmates making an informed voluntary request for placement and inmates assigned to the restorative housing unit for their own protection.
- **RHU-Restorative Housing (RHU) Status** - Special purpose bed assignments operated under maximum security regulations and procedures, and utilized under proper administrative process, for inmates requesting placement with informed voluntary consent, inmates needing confinement for their own protection, when there is a need to prevent imminent threat of physical harm to the inmate or another person, or the inmate's behavior threatens the orderly operation of the facility.
- **RH Step-Down 1 (SD-1), RH Step-Down 2 (SD-2) Status** - General population bed assignments operated with increased privileges above RHU status but more control than full privilege general population.

Sex Offender Services and Treatment Program - A structured service or activity that is offered to address specific issues of sex offenders with the goal of promoting pro-social, law-abiding behaviors. Sex Offender Programs must be facilitated by employees of the DOC or other state agency, qualified volunteers, or contractors who are certified as a Sex Offender Treatment Provider or otherwise qualified in accordance Operating Procedure 735.2, *Sex Offender Treatment Services (Institutions)*.

Skills Development Program - A structured service or activity facilitated by employees of the DOC or other state agency, qualified volunteers, or contractors, offered to increase inmate skills with the goal of promoting pro-social, law-abiding behaviors.

Timeline - A plan developed for each inmate within the first 180 days of entering a DOC institution and updated at their annual review to ensure that the appropriate EBP and skills development programs are provided so that the treatment needs of the inmate are addressed in chronological order and completed prior to release.

Unit Manager - Position responsible for ensuring the safe, secure, and orderly operation of a particular housing unit or group of housing units under their supervision.

Veteran - Anyone who has served in the armed services regardless of length of time or discharge classification.

Voluntary Substance Use Disorder Treatment (V-SUDT) - A voluntary substance use disorder program for inmates who request substance use disorder programming due to illicit drug use within the past 30 days.

Workforce Development Specialist (WDS) - A position that facilitates workforce development experiences to prepare incarcerated inmates, probationers, and parolees for re-entry employment.

PURPOSE

This operating procedure establishes protocols for the development, operation, and monitoring of Evidence Based Practices (EBP) and skills development programs delivered to inmates in Department of Corrections (DOC) institutions. (2-CO-3C-01)

PROCEDURE

- I. Inmate Programs (2-CO-4F-01)
 - A. DOC operations, programs, and services are founded on a well-established, contemporary body of evidence-based practices for inmate management designed to complement traditional security tools and to incorporate the following:
 1. Effective communication.
 2. Identification of inmate criminal risks and treatment needs.
 3. Development of case plan agreements to motivate inmate change.
 4. Establishment of effective incentives and sanctions.
 5. Provision of programs and services to address criminogenic needs.
 6. Re-entry Services.
 - B. Programming Philosophy
 1. Inmate programs are designed to support an institution's mission, taking into consideration the security level of the institution and the needs of the inmate population to include individual and family counseling, family planning and parental education, and community services. (5-ACI-5E-01; 2-CO-4B-04, 2-CO-4F-01)
 2. Employees will assign inmates to programs based on the inmate's individual treatment needs free from racial, ethnic, gender, and religious discrimination. (2-CO-3C-01)
 3. All institutions will provide monitoring and drug testing to support substance use disorder treatment programs and services. (5-ACI-5E-11; 4-ACRS-5A-08[I])
 4. Institutions housing female inmates will provide comprehensive counseling and assistance to pregnant inmates consistent with the inmate's expressed desires in planning for their unborn child. (5-ACI-5E-10)
 - C. Programming Hours
 1. Institutions must provide at a minimum an average of 40 hours per week of inmate programming; see COV §53.1-32.1, *Classification system; program assignments; mandatory participation*.
 - a. Programming hours are averaged across the DOC to determine compliance with COV §53.1-32.1, *Classification system; program assignments; mandatory participation*.
 - b. The number of programming hours at each institution varies due to operational missions, schedules, staffing, and space.
 - c. Programming hours can range from one hour per week for orientation programs to 40 hours per week for Cognitive Therapeutic Community (CTC) Programs; individual programs should not exceed 40 hours per week.
 - d. Programming may be a combination of career and technical education, work activities and employment, academic activities, counseling, substance use disorder treatment, and activities that assist inmates to successfully transition back into the community and obtain gainful employment.
 2. Employees should strive to exceed the minimum total of 40 hours per week requirement of total inmate programming and provide as much EBP programming as possible.



D. Substance Use Assessment and Case Planning (5-ACI-6A-23, 5-ACI-6A-42; 4-ACRS-5A-08[I])

1. Employees must use the *Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)* or the *Women's Risk/Needs Assessment (WRNA)*, as appropriate to identify inmates who have substance use disorder needs. (5-ACI-6A-42)
 2. A Counselor must complete an initial assessment with 60 days of an inmate's transfer date, located on the transfer screen VACORIS, into a Reception Center or other institution for intake from a jail or other non-DOC facility; see Operating Procedure 820.1, *Inmate Case Management*.
 3. Employees should use the COMPAS and WRNA assessment to guide re-entry case plan and community case plan development as it relates to the inmate's substance use risk and treatment needs.
 4. A multidisciplinary clinical team that includes medical, mental health, and substance use disorder professionals should conduct further clinical assessments on an inmate when there is an indicated need such as residential placement. Assessments can be used to develop substance use specific treatment goals.
- E. Employees will provide information, education, appropriate treatment, referrals and resources to inmates with substance use disorders and will involve them in developing continuing care plans and discharge summaries as indicated. (5-ACI-5E-13, 5-ACI-6A-23, 5-ACI-6A-42; 4-ACRS-5A-08[I])

II. Program Administration**A. Statewide Program Managers will guide and monitor all counseling services programs.**

1. An employee must consult with a Statewide Program Manager when developing or revising a counseling service program.
2. Employees cannot offer or facilitate a program without an approved *Initial EBP Program Description 841_F10* or *Initial Skills Development Program Description 841_F11*.

B. The Chief of Mental Health and Wellness Services oversees and directs the implementation and assessment of all mental health and wellness services programs.**C. The Sex Offender Program Director oversees and directs the implementation and assessment of all sex offender services and treatment programs for institutions.****D. The Institutional Program Manager (IPM) or their designee must ensure all EBP and skills development program sections are available, maintained, and accurately entered in VACORIS.**

1. Each program section must include the maximum number of inmates that an employee can enroll in the program section at one time, and the start date and end date for each section unless the program is ongoing.
2. Programs should be designated as continuous or non-continuous based on the instructions in the approved initial program description.

E. Employees will participate in the formulation and evaluation of EBP and skills development programs to ensure that the programs offered at an institution meet the identified needs of the institution's inmate population. (5-ACI-1A-05)**F. The Counselor or a designated employee must:**

1. Document an inmate's program enrollment in VACORIS.
2. Keep an inmate's enrollment status current by enrolling and removing inmate participants within a week of the program's start and end date.
3. Enter the actual start and end date of the inmate's participation in the enrollment details section of the *Offender Enrollment* page in VACORIS.

III. Workforce Development Specialist (WDS)

The WDS facilitates workforce development experiences to prepare inmates for post-release employment; the WDS: (5-ACI-5E-05)

- A. Facilitates employability skills training and career advancement skills by utilizing contemporary workforce development materials and ensuring each participant completes a *Re-entry Employment Portfolio as requested* prior to program completion.
- B. Registers interested inmates within three weeks of their release with the *Virginia Workforce Connection-Virtual One Stop (VWC-VOS)*. Inmates must first sign the *Virginia Workforce Connection Virtual One Stop Permission 841_F18* authorizing the WDS to register them and enter the inmate's personal information into the VWC-VOS system.
- C. Secures subject matter experts as guest speakers to enhance inmates' knowledge and skill acquisition.
- D. Creates linkages with community agencies and other organizations that provide post-release inmate job development services and employer outreach.
- E. Establishes and operates a Re-Entry Employment and Resource Center for all inmates who are preparing for release and equips the center with information on current employment opportunities.
- F. Initiates, plans, and coordinates annual employability and resource fairs.

IV. Evidence Based Practices (EBP) Program Development and Approval

- A. To be considered an EBP program the program must meet the following criteria:
 1. Address criminogenic needs.
 2. Be experiential in nature; at least 25% thinking reports, rehearsals, role plays, homework, and activities.
 3. Be cognitive based to address criminal thinking.
 4. Incorporate social learning.
 5. Consist of group sizes with no more than 14 participants with 12 being the optimum group size.
 6. Continue for an appropriate duration of time and frequency.
 - a. Residential programs must be four months or longer.
 - b. Non-residential programs must meet for least one hour per class with no more than three sessions per week.
 7. Contain manualized curriculums that can be replicated and evaluated.
 8. Be facilitated by appropriately trained employees.
 9. Be proven effective with criminal populations through independent research or be identified as promising based on EBP principles.
 10. Use identified objective measures for evaluations, e.g., *TCU Criminal Thinking Scale*.
- B. Prior to implementing a new EBP Program, the employee must submit an *Initial EBP Program Description 841_F10* for review and approval by the appropriate authority.
- C. Counseling Services EBP Programs
 1. When a new counseling services program is mandated, a designated Statewide Program Manager must develop a model *Initial EBP Program Description 841_F10* for use at all institutions.
 - a. An institution employee will have 30 days to complete the sections of the *Initial EBP Program Description 841_F10* that are specific to institution implementation.
 - b. Once completed, the employee must return the completed program description to their Statewide



Program Manager.

- c. Mandated programs with a model *Initial EBP Program Description* 841_F10 are pre-approved and must be added to VACORIS once the Statewide Program Manager has signed the *Initial EBP Program Description* 841_F10.
 - d. Statewide Program Managers are responsible for ensuring all mandated counseling services programs are entered in VACORIS.
2. When an employee wants to implement a new institution specific EBP program, the employee must develop and submit an *Initial EBP Program Description* 841_F10 for Statewide Program Manager review and approval.
 - a. The employee must submit the *Initial EBP Program Description* 841_F10 at least 90 days prior to the proposed implementation date.
 - b. The Statewide Program Manager will review the *Initial EBP Program Description* 841_F10 and may consult with the requesting employee as necessary.
 - c. The Statewide Program Manager must forward all approved *Initial EBP Program Descriptions* 841_F10 to the Administrator of Case Management and Program Infrastructure for review and final approval.
 3. Once the *Initial EBP Program Description* is approved and the counseling services program is entered in VACORIS, the Statewide Program Manager must notify the IPM to create program sections and begin enrolling inmates.
 4. Employees may have an opportunity to offer a DOC-approved gender-responsive program at female institutions. A Statewide Program Manager should provide guidance on gender responsive programs.
- D. Mental Health and Wellness Services EBP Programs (2-CO-4B-04; 2-CO-4F-01)
1. Mental health and wellness services EBP programs must address one or more mental health factors. Mental health factors may include but are not limited to:
 - a. Emotional Stability.
 - b. Symptom Management.
 - c. Medication Management.
 - d. Mental Health Disorder.
 - e. Coping Skills.
 - f. Self-Care.
 - g. Impulse Control.
 - h. Trauma Resolution.
 - i. Mood Disorder.
 - j. Personality Disorder.
 - k. Family Issues.
 - l. Thought Disorder.
 - m. Sex Offender Specific Issues.
 - n. Criminogenic Factors.
 2. When developing, implementing, or modifying a mental health and wellness services program, the requesting Mental Health Clinician must:
 - a. Complete an *Initial EBP Program Description* 841_F10.
 - b. Consult with their immediate supervisor before submitting an *Initial EBP Program Description* 841_F10.
 - c. Request, at their discretion, a consultation with the Mental Health Services Steering Committee (MHSSC) by emailing their consultation request to the *MH Services Steering Committee* mailbox.



- d. Initiate the review and approval process by submitting the completed *Initial EBP Program Description* 841_F10 to the Mental Health Clinician Senior.
 - i. The Mental Health Clinician Senior must review and forward all approved *Initial EBP Program Descriptions* 841_F10 to the Mental Health Clinical Supervisor (MHCS).
 - ii. The MHCS must review and forward all approved *Initial EBP Program Descriptions* 841_F10 by email to the MHSSC.
 - iii. The MHSSC Chairperson must sign a paper copy of the *Initial EBP Program Description* 841 and return the signed copy to the institution's Mental Health Clinician Senior.
 - iv. The Mental Health Clinician Senior must obtain the Facility Unit Head's signature and return the signed *Initial EBP Program Description* 841_F10 to the MHCS for submission to the Chief of Mental Health and Wellness Services.

3. The Chief of Mental Health and Wellness Services must retain the original *Initial EBP Program Description* 841_F10 and will return a copy to Mental Health Clinician Senior authorizing employees to deliver the program.
4. The Chief of Mental Health and Wellness Services must ensure a directory of the mental health and wellness services EBP programs is available and updated in VACORIS.

E. Sex Offender Services EBP Programs (2-CO-4B-04; 2-CO-4F-01)

1. The Mental Health Clinician Senior or IPM at the institution must submit the *Initial EBP Program Description* 841_F10 electronically to the Sex Offender Services Steering Committee for review and approval.
2. Following committee review and approval, the Sex Offender Services Steering Committee Chairperson must print, sign, and return a paper copy of the completed program description to the Mental Health Clinician Senior or IPM.
3. The Mental Health Clinician or IPM must obtain the Facility Unit Head's signature and send the original *Initial EBP Program Description* to the Sex Offender Program Director.
4. The Sex Offender Program Director must review and if approved, forward the *Initial EBP Program Description* to the Chief of Mental Health and Wellness Services for final review and approval.
5. If the Chief of Mental Health and Wellness Services approves the program, the Sex Offender Program Director must retain the original approved *Initial EBP Program Description* and forward a copy to the Mental Health Clinician Senior or IPM authorizing employees to deliver the program.
6. The Sex Offender Program Director must ensure a directory of sex offender services EBP programs is available and updated in VACORIS.

V. Skills Development Program Approval Process

- A. Skills development programs such as *Re-entry Money Smart*, *Canine Obedience*, special seminars, parenting programs, etc. improve an inmate's skill set, teach life skills, and offer support groups and programs. Skills development programs have not been empirically proven to reduce recidivism but offer promise in improving an inmate's ability to behave in a pro social manner.
- B. The Administrator of Case Management and Program Infrastructure or Chief of Mental Health and Wellness Services, as appropriate, must approve all skills development programs prior to implementation.
 1. The requesting employee must complete and submit an *Initial Skills Development Program Description* 841_F11 to the appropriate authority at least 90 days prior to the proposed implementation date.
 2. Once the Administrator of Case Management and Program Infrastructure or Chief of Mental Health and Wellness Services approves the program, an institution employee must enroll, complete, remove, monitor, and track the status of inmates assigned to the program in VACORIS.



C. Skills Development Programs for Counseling Services

1. Employees may request to implement a new skills development program once all priority counseling services programs applicable to the institution are consistently offered and the institution has sufficient resources available to offer the new program.
2. The employee must complete and submit the *Initial Skills Development Program Description* 841_F11 to a Statewide Program Manager.
3. The Statewide Program Manager will review the *Initial Skills Development Program Description* 841_F11 to ensure the program addresses a targeted need of the inmate population.
 - a. The Statewide Program Manager must forward all approved *Initial Skills Development Program Descriptions* to the Administrator of Case Management and Program Infrastructure for review and final approval.
 - b. Once the program is approved and entered in VACORIS, the Statewide Program Manager must notify the IPM that the new program has been entered in VACORIS and the IPM can create program sections and enroll inmates.
4. Programs with a model *Initial Skills Development Program Description* are pre-approved and can be added to VACORIS upon obtaining the signature of the Statewide Program Manager.

D. Skills Development Programs for Mental Health and Wellness Services (2-CO-4B-04; 2-CO-4F-01)

1. The requesting Mental Health Clinician must consult with their immediate supervisor prior to submitting an *Initial Skills Development Program Description* 841_F11 to develop or modify a mental health and wellness services skills development program.
2. During the development, implementation, or modification of a program, the requesting Mental Health Clinician may contact the MHSSC and request a consultation by sending an e-mail to the *MH Services Steering Committee* mailbox.
3. Programs to improve mental health stability and maximize baseline functioning that are facilitated by a Mental Health Clinician, qualified volunteer, or qualified contractor, must be approved and monitored as a mental health and wellness services skills development program.
4. Mental health and wellness services skills development programs, other than sex offender services programs, which are co-facilitated by counseling and mental health and wellness employees, must be reviewed, approved, and monitored as a counseling services program.
5. The Mental Health Clinician Senior must submit the *Initial Skills Development Program Description* 841_F11, electronically, to the appropriate MHCS for review and approval.
6. The MHCS will review and forward all approved *Initial Skills Development Program Descriptions*, electronically, to the MHSSC for review and approval.
7. Following review and approval, the MHSSC Chairperson must print and sign a paper copy of the *Initial Skills Development Program Description* and must return the signed copy to the Mental Health Clinician Senior.
8. The Mental Health Clinician Senior must obtain the Facility Unit Head's signature and forward the *Initial Skills Development Program Description* to the MHCS for submission to the Chief of Mental Health and Wellness Services.
9. The Chief of Mental Health and Wellness Services must retain the original *Initial Skills Development Program Description* and will forward an approved copy to the Mental Health Clinician Senior as authorization for the institution to deliver the program.
10. The Chief of Mental Health and Wellness Services must ensure a directory of mental health and wellness services skills development programs is available and updated in VACORIS.

E. Sex Offender Services Skills Development Programs (2-CO-4B-04; 2-CO-4F-01)

1. The Mental Health Clinician Senior or IPM at the institution must submit the *Initial Skills Development Program Description* 841_F11, electronically, to the Sex Offender Services Steering Committee for review and approval.
2. Following committee review and approval, the Sex Offender Services Steering Committee Chairperson must generate and sign a paper copy of the *Initial Skills Development Program Description* and will forward the signed copy to the Mental Health Clinician Senior or IPM.
3. The Mental Health Clinician or IPM must obtain the Facility Unit Head's signature and return the signed *Initial Skills Development Program Description* to the Sex Offender Program Director who must review and, if approved, forward the signed copy to the Chief of Mental Health and Wellness Services for final review and approval.
4. Following review and approval by the Chief of Mental Health and Wellness Services, the Sex Offender Program Director must retain the original *Initial Skills Development Program Description* and will forward a signed copy to the Mental Health Clinician Senior or IPM as authorization for employees to deliver the program.
5. The Sex Offender Program Director must ensure a directory of sex offender services programs is available and updated in VACORIS.

F. Education Programs

1. Academic, career, and technical education programs, as well as all other educational programs under the authority of Correctional Education, are exempt from approval through the process established in this operating procedure.
2. The Facility Unit Head, Principal, and Regional School Administrator should coordinate with institution employees to ensure that all education programming is appropriate for the institution's mission and security level.

G. Inmate Developed Programs

1. Inmate developed programs will follow the same process established in this operating procedure for submitting an initial program description to the Statewide Program Manager for approval.
 - a. To submit their proposal for a new skills-based program, an inmate must be infraction-free for two years.
 - b. An employee must complete the *Initial Skills Development Program Description* 841_F11 and send it to the IPM or designee.
 - c. The IPM or designee must review the *Initial Skills Development Program Description* 841_F11 and if the program is approved, the IPM or designee will forward the proposal to the Statewide Program Manager.
2. Inmate proposals for a topical seminar must include an outline and any support documents at the time the proposal is submitted to IPM or designee.
3. Institution employees must review, approve, administer, manage and document program sections, inmate enrollments, and inmate completions in VACORIS as required in this operating procedure for Counseling Services Programs.

VI. Priority of Counseling Services Programs

- A. Employees must enroll or place inmates on the waitlist for programs that meet the inmate's identified risk and needs.
 1. Inmates who have six months or less until their release are required to complete the following:
 - a. Interactive Journals.
 - i. *Re-entry Planning*, if not received as part of another program.
 - ii. *Citizenship* or Citizenship Seminars.



b. *Re-entry Money Smart*.

2. The IPM or designee must use the Program Data Tool to confirm that program enrollments and waitlists are limited to those inmates who meet the program's established risk and needs requirements.
3. Employees must comply with the male or female priority program matrix, as appropriate, when assigning inmates to a priority program; see Attachment 1, *Priority Program Matrix for Male Institutions* and Attachment 2, *Priority Matrix for Female Institutions*.

B. Decision Points

1. The *Decision Points* program is open-ended cognitive-behavioral program mandated at all locations.
 - a. Institution employees must deliver curriculum as designed and use a DOC approved pre and posttest.
 - b. Employees must enter the pre and posttest responses in the COMPAS or WRNA Alternative Screeners section of the Northpointe Suite within a week of the start date and again within a week after the end date.
2. Inmates who score a medium to high risk of *General Recidivism* and score *probable* on the COMPAS or WRNA *Cognitive Behavioral*, *Low Self Efficacy/Optimism*, or *Criminal Thinking Scale* should complete the *Decision Points* program.
3. The inmate's successful demonstration of understanding each step, as determined by the facilitator, is required prior to progression to the next step in the program

C. Thinking for a Change

1. The *Thinking for a Change* program is an EBP program implemented as a priority at all security level 2 and above male institutions
 - a. Employees must deliver the curriculum as designed and use the DOC approved pre and posttest.
 - b. Employees must enter the pre and posttest responses in the Alternative Screeners section of the Northpointe Suite within a week of the start date and again within a week after the end date.
 - c. Inmates with more than one year to serve who score *highly probable* on the COMPAS *Cognitive Behavioral Scale* and score as medium or high risk of *General Recidivism* should be enrolled.
2. The employee must verify the inmate has enough time to complete the program prior to release before enrolling an inmate in a program section.
3. The inmate should be enrolled and complete this program as soon as possible upon placement at their first permanent location to support their positive adjustment and to provide them with the opportunity to practice the skills learned in the program.
4. Inmates are not required to repeat *Thinking for a Change* during their current period of incarceration.
5. Upon program completion, the inmate should participate in *Thinking for a Change* peer support groups and booster sessions if available.
6. Employees at Field Units, institutions with cadre inmates, and institutions receiving inmates new to the DOC with less than 18 months to serve should use *Decision Points* for the inmate's cognitive-behavioral programming due to inmate work assignments or short time frames to serve prior to the inmate's release.

D. Ready to Work

1. The *Ready to Work* program assists inmates in improving their employment and job seeking skills.
 - a. Employees will place inmates who score *probable* or *highly probable* on the COMPAS or WRNA *Employment Expectations Scale* in the *Ready to Work* program.
 - b. The WDS must provide inmates not assigned to the program with training on soft skills and money management and must give each inmate a copy of the *Reentering Your Community Handbook*.



2. The program increases the inmate's future marketability for employment. The inmate will:
 - a. Create a resume
 - b. Learn how to conduct job searches
 - c. Completes job applications
 - d. Practices interviewing
 - e. Learn about the Work Opportunity Tax Credit
 - f. Practice dealing with rejection
 - g. Learn job retention skills
 3. At institutions where the number of cognitive community program inmates exceeds the capacity of the *Ready to Work* program, the WDS may assess an inmate's preparedness level for employment and, when appropriate, recommend a program exemption.
 - a. Cognitive community employees will consider the WDS's recommendation for a Ready to Work exemption for approval.
 - b. When considering an exemption, the WDS will review the inmate and confirm that the inmate:
 - i. Created an appropriate disclosure statement or response to the big question asked in job interviews, "Have you ever been convicted of a crime?"
 - ii. Prepared a quality resume.
 - iii. Completed a DOC career and technical education program with employability skills training.
 - iv. Has a history of demonstrated employment success in the community or an institution.
 - v. Has knowledge of community workforce development resources in their release plan area.
 - vi. Understands the function and value of the VWC-VOS or a similar internet jobseeker tool.
 - vii. Scored *unlikely* on the COMPAS or WRNA on the *Employment Expectations Scale*.
 4. The WDS can recommend an exemption for any inmate not entering the workforce post-release due to a disability or other source of income such as retirement, Social Security, pension, etc. The WDS should consult with the medical department to determine if there is a high probability that the inmate will receive Social Security Disability Income (SSDI).
 5. A cognitive community employee must document the inmate's exemption in the *Facility Notes/Re-entry Plan* section of VACORIS and must note the factors that contributed to this decision.
- E. Cognitive Behavioral Interventions for Substance Use (CBI-SUA)
1. CBI-SUA is a priority program at all security level 2 and above institutions that an employee must offer inmates who score *highly probable* on the COMPAS/WRNA *Substance Abuse Scale* and medium to high risk of recidivism.
 2. Inmates at security level 2 and above institutions who score low risk of recidivism and are highly probable for the Substance Abuse Scale *and* test positive for an illicit substance will be considered for CBI-SUA.
 3. Inmates must begin this program no less than one year prior to their release.
 4. Employees must deliver the CBI-SUA program curriculum as designed.
- F. Recovery Route
1. *Recovery Route* is a substance use disorder program based on the Substance Abuse and Mental Health Services Administration (SAMHSA) technical assistance publication for relapse prevention with justice-involved chemically dependent individuals.
 2. Inmates who score *probable* on the COMPAS or WRNA Substance Abuse Scale and medium to high risk of *General Recidivism* should complete this program.
 3. Inmates who score low risk of recidivism and are *probable* for the *Substance Abuse Scale* and test positive for an illicit substance will be considered for *Recovery Route*.

4. Employees at field units, institutions with cadre inmates, and institutions receiving inmates new to the DOC who have less than 18 months to serve should offer a *Recovery Route* program due to inmate work assignments and short time frames to serve prior to the inmate's release.

VII. Veteran Groups

- A. The Facility Unit Head must allow inmate veterans to establish an inmate veteran group at the institution.
 1. During inmate orientation a designated employee must provide inmates with information on the veteran services offered at the institution and how an inmate can access these services.
 2. The Facility Unit Head or designee must designate an employee as the group sponsor to coordinate between the inmate veteran group, DOC administration, and external veteran-related civic organizations. The group sponsor:
 - a. Coordinates group meetings, veteran groups should meet at least twice per month.
 - b. Coordinates the election process and the selection of inmates to serve as the group's board members.
 - c. Approves the group's constitution and by-laws.
 - d. Ensures every group participant has a *Certificate of Release or Discharge from Active Duty* (DD-214).
 - e. Assists group participants in obtaining the necessary forms to secure veteran benefits, compensation, pension, and other eligible veteran-related services.
 3. A constitution and a set of by-laws established by the participants and approved by the group sponsor governs the group; the constitution and by-laws must include the following:
 - a. Mission Statement.
 - b. Purpose.
 - c. Membership.
 - d. Meetings.
 - e. Group Member Responsibilities.
 - f. Board Member Duties.
 - i. Board member positions include the President, Vice President, Secretary, Sergeant of Arms, and Program Coordinator.
 - ii. The veteran group sponsor must meet with the board twice a month in addition to regularly scheduled group meetings.
 4. Memorial Day and Veterans Day
 - a. Veteran groups are authorized to observe these two holidays.
 - b. The observance does not have to take place on the day designated by the federal government.
 - c. All verified veterans are eligible to attend Memorial Day and Veterans Day events.
 - d. Institution employees must provide light refreshments, i.e., cookies and juice for these celebrations.
- B. A resource guide of various veteran-related services and support agencies is available to the inmate veteran. (5-ACI-5E-05)
- C. Veteran groups should incorporate philanthropic practices into their operation.
 1. Group members must select a charity of their choice and notify the group sponsor.
 2. The Facility Unit Head must review and approve the group's selected charity.
- D. To become a member of the veteran group, the inmate must secure a copy of their DD-214.
 1. An employee must upload a copy of the DD214 as an external document to VACORIS Military Records.



2. If a DD214 appears altered or fraudulent, the veteran group sponsor can request that the inmate apply for a new DD214.
 3. The veteran group sponsor may contact the statewide Veterans Program Manager to assist with the review of a DD214.
- E. Employees must allow inmates to receive and retain their own DD-214, military medical records, and other documents related to their military service.
1. When an inmate's military medical record is received from the Veterans Administration or the National Archives, the receiving employee must forward the record to the inmate.
 2. The military medical record is necessary to support a veteran inmate's claim for benefits from the Veterans Administration.
 3. If an inmate requests copies of their medical record to support a claim for benefits, an employee must provide the inmate with such copies at no cost.
 4. When an inmate's military identification card (ID) is received at the institution, the receiving employee must forward the ID to the records office. The employees must not give an inmate their military ID.

VIII. Animal Programs

- A. The purpose of the *Companion Animal Visitation Program* is to facilitate the treatment of inmates by aiding the inmate in times of depression, loneliness, and grief in accordance with Attachment 3, *Companion Animal Visitation Programs*.
- B. The general purpose of the *Canine Obedience Training Program* is to improve and increase inmate empathic response and promote positive pro-social interactions as the inmate provides obedience training to canines from an outside rescue agency in accordance with Attachment 4, *Canine Obedience Training Programs*.

IX. Residential Programs

A. Intensive Re-entry Program (IRP)

1. An IRP is an intensive, institution-based cognitive community program available at institutions listed on Attachment 1, *Intensive Re-entry Program Locations* to Operating Procedure 820.2, *Inmate Re-entry Planning*.
2. Employees use incentives and sanctions as an external motivation strategy for inmates in the cognitive community; see Attachment 5, *Cognitive Community Programs Incentives and Sanctions for Intensive Re-entry*.
3. The goal of the IRP is to provide a structured housing unit designed to prepare inmates for successful release based on the community model focusing on re-entry and post-release services.
4. Inmates who meet the criteria of medium or high risk of *General Recidivism* on the COMPAS are transferred to an IRP institution, appropriate to the inmate's assigned security level, and closest to the inmate's home plan.
5. Counselors must enroll an inmate in an IRP seven months prior to their release. The IRP may include but is not limited to the following:
 - a. Citizenship Seminars.
 - b. Process Groups (six sessions).
 - c. PREPS.
 - d. Making it on Supervision.
 - e. Parenting.
 - f. Ready to Work.



- g. Other programs as indicated on the inmate's case plan such as:
 - i. *Thinking for a Change* for inmates who score *highly probable* on the COMPAS/WRNA *Cognitive Behavioral Scale*.
 - ii. *Recovery Route* for inmates who score *probable* on the COMPAS/WRNA *Substance Abuse Scale*.
 - h. Inmates who will release from a security level 4 and above institution will receive re-entry services at their current institution to include:
 - i. Ready to Work.
 - ii. *Citizenship Journal*.
 - iii. *Re-entry Planning Journal*.
 - iv. *Re-entry Money Smart*.
 - v. Other programs as indicated on the inmate's COMPAS and case plan.
 - 6. The Virginia Parole Board may require inmates who are granted parole or pardoned to complete an IRP or other programming regardless of the inmate's general risk of recidivism on the COMPAS or WRNA as a condition of the inmate's release.
 - 7. To remove an inmate from an IRP, an employee must submit a Disciplinary Offense Report (DOR) and complete a *Progressive Action Log 841_F26* in accordance with Attachment 6, *Intensive Re-entry and Substance Use Disorder Treatment Program Removals*.
- B. Substance Use Disorder Treatment Programs (5-ACI-6A-23)**
- 1. Cognitive Therapeutic Community (CTC) Programs (2-CO-4B-04; 2-CO-4F-01)
 - a. CTC programs are mandatory for inmates who have a pattern of substance abuse and meet the CTC eligibility and suitability criteria provided on Attachment 7, *Residential Substance Use Disorder Treatment Programs Assignment Guide*.
 - b. CTC programs utilize a hierarchical structure within a community to create inmate accountability and responsibility through role modeling and confrontation of unhealthy lifestyles.
 - c. Each CTC program has a written treatment philosophy within the context of the total corrections system, goals, and measurable objectives that are reviewed at least annually and updated, as needed. (5-ACI-5E-12)
 - i. Employees will use a coordinated approach to deliver services as documented in treatment planning conferences and VACORIS. (5-ACI-5E-14).
 - ii. CTC programs provide for an appropriate range of primary treatment services that includes, at a minimum, the following: (5-ACI-5E-13)
 - (a) Inmate diagnosis.
 - (b) Identified problem areas.
 - (c) Individual treatment objectives.
 - (d) Treatment goals.
 - (e) Counseling needs.
 - (f) Alcohol and drug education plan.
 - (g) Relapse prevention and management. (5-ACI-6A-42)
 - (h) The provision of peer support groups as an adjunct to treatment.
 - iii. CTC programs provide incentives for targeted treatment programs to increase and maintain the inmate's motivation for treatment. (5-ACI-5E-15)
 - d. CTC Program Admission Process
 - i. A CCS employee must transfer inmates approved to participate in the CTC program to a CTC institution 24-36 months prior to release to accommodate vocation and education programming.
 - (a) Transfers to a CTC based on court order must be prioritized.
 - (b) Transfers to a CTC must take priority for those inmates enrolled in a vocational program.
 - ii. Once an inmate is received at the CTC designated institution, a CTC employee must complete a formal substance use disorder assessment on the inmate using a DOC approved instrument.

- iii. Employees at the CTC designated institution must enroll eligible inmates in the CTC program at that institution when the inmate is within 6-12 months of release.
 - e. To remove an inmate from a CTC, an employee must submit a DOR and complete a *Progressive Action Log 841_F26* in accordance with Attachment 6, *Intensive Re-entry and Substance Use Disorder Treatment Program Removals*.
2. Fentanyl Response Program (FRP)
- a. The *FRP* is designed to educate participants about the danger of fentanyl use and to provide intensive programming to assist inmates in making a different behavioral choice.
 - b. Employees must refer eligible and suitable inmates to an *FRP* by submitting a *Fentanyl Response Program (FRP) Referral 841_F30* within two business days following the date of incident for review by the FRP referral team in accordance with Attachment 7, *Residential Substance Use Disorder Treatment Programs Assignment Guide*.
 - i. Security level W-3 inmates are referred to *FRP*.
 - ii. Security level 4-6 inmates are referred to High Security *FRP*.
 - iii. The program is a minimum of 4 months but can be extended based on an inmate's behavior and participation.
 - iv. Upon successful completion of the *FRP*, an employee must refer inmates to the aftercare program based on the inmate's need and security level.
 - c. To remove an inmate from an *FRP*, an employee must submit a DOR and complete an *Aftercare /FRP/RIDUP Progressive Action Log 841_F31* in accordance with Attachment 6, *Intensive Re-entry and Substance Use Disorder Treatment Program Removals*.
3. Residential Illicit Drug Use Program (RIDUP)
- a. *RIDUP* provides inmates who experience an overdose with substance use disorder treatment in a secure setting.
 - b. Employees must refer eligible and suitable inmates to a *RIDUP* by submitting a *RIDUP Admission Screening 841_F29* and associated IIRs for review in accordance with Attachment 7, *Residential Substance Use Disorder Treatment Programs Assignment Guide*.
 - i. Due to the chronic nature of substance use disorders with a risk of overdose, assignment to the *RIDUP* supersedes all other program assignments to include VCE, DCE, College, and Re-entry.
 - ii. Upon successful completion of the *RIDUP*, an employee must refer inmates to the aftercare program based on the inmate's need and security level.
 - c. To remove an inmate from a *RIDUP*, an employee must submit a DOR and complete an *Aftercare /FRP/RIDUP Progressive Action Log 841_F31* in accordance with Attachment 6, *Intensive Re-entry and Substance Use Disorder Treatment Program Removals*.
4. Voluntary Substance Use Disorder Treatment (V-SUDT) Program
- a. An inmate may voluntarily request assignment to a *V-SUDT* program, or an employee may offer an inmate who meets the eligibility and suitability criteria the opportunity to request program assignment in accordance with Attachment 7, *Residential Substance Use Disorder Treatment Programs Assignment Guide*.
 - b. An employee must witness the inmate sign and date the *Substance Use Voluntary Admission 841_F9* and Attachment 8, *V-SUDT Program Contract* and will forward the signed documents to the inmate's Counselor.
 - c. Inmates who successfully complete the *V-SUDT* program and do not receive a 122 a-d, f or a 145c conviction are eligible for the following:
 - i. After twelve-months - 122a-d, f and 145c convictions overturned in VACORIS to remove the offense from the inmate's list of convictions.
 - ii. After program completion – Security level reviewed for a decrease.
 - iii. Twelve-months after program completion - Visitation and phone privileges taken due to 122 a-

- d, f and 145c convictions restored.
- iv. Twelve-months after program completion - Good Time Class Level IV reviewed for advancement to an appropriate Class Level.
- v. Future sanction calculations for a new 122 a-d, f or 145c conviction will not include prior 122 a-d, f and 145c convictions received over the past two years.
- vi. Institutional assignment reviewed for transfer to an appropriate institution. The ICA must escalate their recommendations for transfer in VACORIS to CCS for a final decision.
- d. Inmates who did not successfully complete the *V-SUDT* program or were removed from the *V-SUDT* program, and who voluntarily admit to continued substance use may reapply 90 days after program removal for reassignment to a *V-SUDT* program.
 - i. To remove an inmate from a *V-SUDT* program, an employee must submit a DOR and complete a *V-SUDT* Program Progressive Action Log 841_F27 in accordance with Attachment 8, *Intensive Re-entry and Substance Use Disorder Treatment Program Removals*.
 - ii. An employee will consider the inmate's application and reassignment to a *V-SUDT* program on a case-by-case basis.
- e. Inmates who successfully completed a *V-SUDT* program and voluntarily admit to continued substance use may reapply for reassignment to a *V-SUDT* program. An employee will consider the inmate's application and reassignment to a *V-SUDT* program on a case-by-case basis.

X. Enhanced Sanctions Exception Request

- A. Inmates convicted of any drug-related offense will temporarily lose all visitation (in-person, video, contact, and non-contact) and telephone privileges, except with an attorney or member of the clergy; see Attachment 6, *Enhanced Sanctions Guide* to Operating Procedure 861.1, *Inmate Discipline*.
- B. Any inmate who successfully completes the *FRP*, *RIDUP*, or *V-SUDT* program is allowed to request a review to have their enhanced sanctions lifted.
- C. If an inmate is scheduled for aftercare program participation, the request cannot be submitted until aftercare obligations are completed.
- D. The request for a review must be initiated by the eligible inmate.
- E. Once the request is received by a program employee, the employee must complete the *Request for Exception to Enhanced Sanctions* 841_F32 and forward the original to the Facility Unit Head.
- F. The Facility Unit Head must send the *Request for Exception to Enhanced Sanctions* 841_F32 to the Regional Administrator for initial approval.
- G. If approved, the *Request for Exception to Enhanced Sanctions* 841_F32 must be forwarded to the Deputy Director for Institutions for final approval.
- H. Once the Deputy Director for Institutions approves the *Request for Exception to Enhanced Sanctions* 841_F32, the Deputy Director for Institutions or a designee must notify the Operations Support Manager who must remove any VACORIS alert and the visitation restriction.

XI. Reception and Classification Center, Field Unit, and Work Center Programming

- A. Reception and Classification Centers
 - 1. Reception and Classification Center employees are not generally required to provide priority programming but must make EBP priority programs available to cadre inmates.
 - 2. If a cadre inmate was not able to complete a priority program while assigned to another institution, an employee must make the priority program available to the cadre inmate.
- B. Field Unit, and Work Center Programming

1. Inmates assigned to a field unit or work center must participate in institution or community work activities. (4-APPFS-2C-04)
2. The roving Cognitive Counselor or other designated employee must offer *The Road to Success*, a security level 1 re-entry program, to inmates within four months of their scheduled release date. Inmates who do not complete *Road to Success* must complete *Re-entry Planning* and *Re-entry Money Smart* prior to release.
3. Employees should offer *Decision Points* and *Recovery Route* as the substance use and cognitive programs at all field units and work centers.
4. Field Unit, and Work Center employees must ensure that *Citizenship* is completed prior to release.
5. Employees may utilize peer mentors to provide approved peer-led programming.
6. Employees should offer additional programming for the benefit of the inmate population, as staffing and resources allow.

XII. Peer Mentors Selection and Training

- A. Peer Mentors are authorized to lead small group programming on the approved topics listed on Attachment 9, *Approved Interactive Journaling Programs* and to assist employees in facilitating all counseling services programs.
- B. Inmates must meet the following requirements to be selected and trained as a Peer Mentor, the inmate must:
 1. Be serving at least 10 years.
 - a. Discretion subject to the Facility Unit Head or designee's approval.
 - b. Priority must be given to inmates with life or lengthy sentences.
 2. Be infraction free for the past two years.
 3. Comply with all institutional grooming and bed standards.
 4. Role model pro-social thinking and behavior.
 5. Demonstrate leadership skills according to program structure and employee guidance.
 6. Display empathy toward program members.
 7. Demonstrate effective written and strong verbal communication skills.
 8. Be able to facilitate groups.
 9. Be approved by employees to work in programming.
- C. Peer mentors who facilitate peer-led programs must conduct themselves in a manner that supports the safety and security of all employees, volunteers, interns, and inmates.
 1. Peer mentors must facilitate peer-led programs in areas monitored by camera.
 2. An employee must be in the general vicinity of the program area to ensure participants are discussing content that is in alignment with the program materials.
 3. Inmate participation in peer-led programming must be voluntary.
 4. To ensure program quality and fidelity Counselors must be willing to provide coaching and feedback to selected Peer Mentors.
 5. Counselors or a designee must track peer-led programs in VACORIS
 - a. Peer-led programs must be listed under the specific counseling services program and titled as Peer-Led followed by the specific program or journal name.
 - b. Counselors must follow current program requirements for documenting inmate enrollments and completions.



- D. Counselors may offer inmates who successfully complete a counseling services program and have demonstrated strong understanding of the core concepts of the program the opportunity to become a Peer Mentor and assist employees by co-facilitating future program sections.
- E. Peer Mentors who will facilitate Interactive Journal Programs must complete *Interactive Journal Facilitator Training for Peer-Led Groups*. Other programs may have additional training requirements.
- F. Peer Mentors who facilitate a peer-led program must offer the following mandatory programs at all locations that utilize peer-led groups for inmates who score medium or high risk of *Recidivism* and score *Probable or Highly Probable* on the *Reentry Cognitive Behavioral Scale of COMPAS* and are waitlisted for cognitive programming.
 - 1. *Basic Cognitive Skills for Men*.
 - 2. *Women's Cognitive Skills*.
 - 3. Other approved elective programs found on Attachment 9, *Approved Interactive Journaling Programs*.

XIII. Program Materials and Digital Video Discs (DVDs)

- A. The Facility Unit Head or designee must approve all program materials and DVDs to enter the institution unless the item is associated with an approved statewide curriculum.
- B. The following employees must conduct an initial review of the DVDs for compatibility with the DOC's mission of preparing inmates to become productive citizens upon re-entry and not from a theological or any other personal position and for compliance with the *Specific Criteria for Publication Disapproval*; see Operating Procedure 803.2, *Publications, Commercially Distributed Photographs, and Media Files*.
 - 1. IPM or designee - Review DVDs for treatment and counseling services programs and other non-religious programs.
 - 2. Chaplain - Reviews DVDs for use in religious services.
 - 3. Principal or designee - Reviews DVDs for use in educational programs and for placement in the library.
- C. The Chaplain and Principal must forward approved DVDs to the IPM, or an equivalent employee designated by the Facility Unit Head. The IPM or equivalent employee will conduct a final review and approve or disapprove the DVD for employee use in educational, counseling, and religious programs.
 - 1. The IPM or designee must disapprove any DVD containing inappropriate or questionable material.
 - 2. The IPM or designee must forward DVDs that may contain gang-related material, symbols, gestures, or threats to the Institutional Investigator for further review. If the Institutional Investigator determines the DVD contains gang-related material, the IPM or designee must disapprove the DVD.
 - 3. When the IPM, Chaplain, Principal, or Institutional Investigator disagree, the Facility Unit Head or Assistant Facility Unit Head must make the final decision on whether a DVD will be approved or disapproved for use in institution programs.
- D. The IPM or designee must maintain a list of all DVDs disapproved for use in institution programs.
 - 1. The IPM or designee must document their review and note the *Specific Criteria for Publication Disapproval* violated; see Operating Procedure 803.2, *Publications, Commercially Distributed Photographs, and Media Files*.
 - 2. The disapproved DVD list should be available on the institution's Local Operating Procedure (LOP) page of the Virtual Library to aid in the consistent application of the review criteria.

XIV. Program Quality and Fidelity

- A. The Facility Unit Head must ensure the IPM, or other appropriate employee, administratively monitors the institution's EBP and Skills Development Programs on a regular basis.



- B. The IPM or designee is responsible for ensuring the quality and fidelity of all the institution's EBP and Skills Development Programs and for ensuring that Counselors or other persons qualified by either formal education or training provide counseling services. (2-CO-4F-01)
1. Each month, the IPM or designee must conduct fidelity reviews on eight percent of the inmate population using the *Institution Fidelity Review Guidelines* 841_F19.
 2. The IPM or designee should take the following steps:
 - a. Document each case reviewed in VACORIS as an *Institutional Fidelity Review* note.
 - b. Review COMPAS or WRNA assessments for accuracy.
 - c. Establish a file for documentation related to the fidelity review for future reference and discussion with the Statewide Program Manager and Statewide EBP Manager.
 - d. Work with employees and their supervisors, as needed, to resolve and correct identified issues.
 - e. Contact Headquarters employees, e.g., Statewide Program Manager, Statewide EBP Manager, Classification employees, etc. as needed to obtain assistance.
 - f. Provide or coordinate necessary training to address ongoing issues.
 - g. Keep the Facility Unit Head or designee informed regarding the status of fidelity reviews.
 - h. Provide feedback to Unit Managers or other supervisors on employee training needs.
 - i. Assist supervisors with employee development plans.
 3. The IPM or designee must check the VACORIS programs sections, monthly, to ensure program wait list, enrollment, and completions or removals are accurate.
 4. The IPM or designee must check to ensure that 95% of the inmate population has a current timeline, COMPAS or WRNA assessment, and case plan.
- C. The DOC supports and engages in research activities relevant to its programs, services, and operations. The Facility Unit Head at each institution is encouraged to cooperate with DOC approved research efforts to evaluate program fidelity and effectiveness. (5-ACI-1F-13; 2-CO-1F-10)

XV. Annual Program Evaluations (5-ACI-1A-17)

- A. Designated employees will identify the specific needs of the inmate population annually to ensure that the necessary programs and services, to include programs and services that meet the needs of inmates with specific types of problems, are available and to determine the program's contribution to the institution's mission and to the mission of the DOC. (5-ACI-1F-12, 5-ACI-5E-04, 5-ACI-5E-12; 2-CO-1A-23)
- B. Each EBP program must address a specific need of the inmate population.
1. EBP programs are evaluated using evidence-based practices to determine:
 - a. If the need met?
 - b. If the need still exists?
 - c. If the program can be improved?
 - d. If the program met the success criteria listed on the *Initial EBP Program Description*?
 - e. If the evaluation matches the approved *Initial EBP Program Description*'s evaluation plan?
 2. Counseling Services EBP Program Evaluations
 - a. Designated employees must use a web-based survey platform to analyze and conduct an annual evaluation of each Counseling Services EBP program.
 - b. Designated employees must enter all Counseling Services EBP programs currently offered at an institution into the web-based survey platform at the beginning of each calendar year.
 - c. Designated employees must enter all new Counseling Services EBP programs started during the year into the web-based survey platform immediately upon program approval.

- d. The Research Unit must provide a link to the survey platform to designated employees during the first month of each calendar year to gather documentation for program evaluations throughout the year.
 - e. Upon completion and collection of online forms from the survey platform, the Research Unit must provide Statewide Program Managers digital packets of the evaluation forms to be reviewed and signed.
 - f. Statewide Program Managers must review the packet and obtain signatures from designated employees responsible for program evaluation and the institution's Facility Unit Head.
 - g. The annual evaluation period for Counseling Services EBP programs is from January 1 to December 31 of each year and employees must have all programs offered during the previous year entered in the web-based survey platform by February 1st of each year.
3. Mental Health and Wellness Services EBP Program Evaluations
- a. The Mental Health Clinician Senior must complete the *Annual EBP Program Evaluation 841_F12* for each mental health and wellness services program and will submit the completed evaluation to the MHSSC.
 - b. The Mental Health Clinician Senior or IPM must complete the *Annual EBP Program Evaluation 841_F12* for each sex offender services program and will submit the completed evaluation to the Sex Offender Services Steering Committee.
 - c. The annual evaluation period for Mental Health and Wellness programs is from October 1st of the previous year to September 30th of the current year and employees must submit the completed evaluations by November 1st of the current year.
 - d. The Mental Health Clinician Senior or IPM, as applicable, must review each program in VACORIS and ensure that the enrollment status and end dates are accurate.
 - e. The Facility Unit Head must ensure that the responsible employee for each mental health and wellness services and sex offender services program forwards the signed *Annual EBP Program Evaluations* to the appropriate authority responsible for reviewing EBP and skills development programs at the institution.
- C. Skills Development Program Evaluations
1. Counseling Services Skill Development Programs
 - a. Designated employees must enter all Counseling Services Skills Development programs currently offered at an institution into the web-based survey platform at the beginning of each calendar year.
 - b. Designated employee must enter all new Counseling Services Skills Development programs started during the year into the web-based survey platform immediately upon program approval.
 - c. The Research Unit must provide a link to the survey platform to designated employees during the first month of each calendar year to be used to gather information for program evaluations throughout the year.
 - d. Upon completion and collection of online forms from the survey platform, the Research Unit must provide Statewide Program Managers digital packets of the evaluation forms to be reviewed and signed.
 - e. Statewide Program Managers must review the packet and obtain signatures from designated employees responsible for program evaluation and the institution's Facility Unit Head.
 - f. The IPM must review each program's information in VACORIS and ensure that the enrollment status, program ending status, and end dates for counseling services programming are accurate.
 2. Mental Health and Wellness Skills Development Program Evaluations

The Facility Unit Head must ensure that by November 1st of each year, the responsible employee for each for mental health and wellness services and sex offender services program forwards the *Annual Skills Development Program Evaluation* to the Chief of Mental Health and Wellness Services, or Sex

Offender Program Director, respectively.

D. Program Discontinuation

1. Counseling Services EBP and Skills Development Programs

- a. When an employee discontinues a counseling services EBP or a Skills Development Program, the employee must indicate this decision by checking the “No” box in the appropriate section of the web-based survey platform.
- b. The IPM or designee must ensure that all program sections have zero enrollment and are no longer active in VACORIS prior to requesting program discontinuation.
- c. The Statewide Program Manager must mark the program inactive in VACORIS and will remove the counseling services program from the institution’s listing of programs.

2. Mental Health and Wellness Services EBP and Skills Development Programs

- a. When the Mental Health Clinician Senior discontinues a mental health and wellness services EBP or Skills Development Program, the Mental Health Clinician Senior must indicate this decision by checking the “No” box in the appropriate section of the *Annual EBP Program Evaluation 841_F12* or *Annual Skills Development Program Evaluation 841_F13*
- b. The Mental Health Clinician Senior must forward the *Annual EBP Program Evaluation 841_F12* or *Annual Skills Development Program Evaluation 841_F13* to the MHSSC, the Mental Health Clinical Supervisor, and the Chief of Mental Health and Wellness Services.
- c. The Chief of Mental Health and Wellness Services or designee must mark the program inactive in VACORIS and will remove the program from the institution’s listing of programs.

3. Sex Offender Services EBP and Skills Development Programs

- a. When a Mental Health Clinician or the IPM discontinues a sex offender program, the Mental Health Clinician or the IPM must indicate this decision by checking the “No” box in the appropriate section of the *Annual EBP Program Evaluation 841_F12* or *Annual Skills Development Program Evaluation 841_F13*.
- b. The Mental Health Clinician or the IPM must forward the *Annual EBP Program Evaluation 841_F12* or *Annual Skills Development Program Evaluation 841_F13* to the Sex Offender Services Steering Committee and the Sex Offender Program Director.
- c. The Sex Offender Program Director or designee must mark the program inactive in VACORIS and will remove the program from the institution’s listing of programs.

E. EBP and Skills Development Programs are evaluated by the American Correctional Association during the institution’s triennial audit. (5-ACI-1A-17)

XVI. Reporting Requirements

- A. The Research Unit must produce a summary report of all counseling services programs and will forward the report to the Administrator of Case Management and Program Infrastructure. The Administrator of Case Management and Program Infrastructure must review the summary report and will forward the report to the Deputy Director of Programs, Education, and Re-entry by April 1 of each year.
- B. The MHSSC must produce a summary report of all mental health and wellness services programs and will forward the report to the Chief of Mental Health and Wellness Services by March 1 of each year.
- C. The Sex Offender Services Steering Committee must produce a summary report of all sex offender services programs and will forward the report to the Sex Offender Program Director by March 1 of each year.

REFERENCES

COV §53.1-32.1, *Classification system; program assignments; mandatory participation*



Operating Procedure 735.1, *Sex Offender and Crimes against Minors Registration*
Operating Procedure 735.2, *Sex Offender Treatment Services (Institutions)*
Operating Procedure 803.2, *Publications, Commercially Distributed Photographs, and Media Files*
Operating Procedure 820.1, *Inmate Case Management*
Operating Procedure 820.2, *Inmate Re-entry Planning*
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ATTACHMENTS

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