



Virginia Department of Corrections

Offender Management and Programs

Operating Procedure 841.1

Inmate Programs

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Content Owner/Reviewer: Wendy Goodman
Administrator of Case Management &
Program Infrastructure

Signature Copy on File

5/31/23

Signature

Date

Signatory: H. Scott Richeson
Deputy Director of Programs, Education,
& Re-entry

Signature Copy on File

5/31/23

Signature

Date

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 July 2024 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.

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DEFINITIONS

Cognitive Counselor (Facilities) - Manages inmates in a cognitive community; plans, coordinates, implements, and evaluates the institution's approach to inmate re-entry within the cognitive community based on the principles of Evidence Based Practices (EBP). Provides additional EBP programming outside of cognitive communities at specific locations.

Cognitive Therapeutic Community (CTC) - A structured, residential substance use disorder treatment program that incorporates cognitive and behavioral programming to aid in the recovery from alcohol and other drug addictions.

Counseling Services Program - A structured service or activity facilitated by staff 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.

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

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

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 that is required to be provided by the DOC, e.g., *Thinking for a Change*, *Cognitive Behavioral Interventions for Substance Abuse (CBI-SA)*, and *Ready to Work*.

Mental Health and Wellness Services Program - A structured service or activity facilitated by Mental Health Clinicians 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 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.

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

Re-entry 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.

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.

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.

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 monitor of Evidence Based Practices (EBP) and skills development programs delivered to inmates in Department of Corrections (DOC) institutions.

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.

B. Programming Philosophy

1. The programs, offered at an institution are designed to support the 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-4F-01)
2. Programs and services related to substance use disorder treatment for inmates with drug and alcohol addiction problems to include monitoring and drug testing are provided at all institutions. (5-ACI-5E-11)
3. Institutions that house female inmates provide comprehensive counseling and assistance to pregnant inmates in keeping with their expressed desires in planning for their unborn children. (5-ACI-5E-10)

C. Programming Hours

1. All institutions provide a minimum average of 40 hours per week of inmate programming; see COV §53.1-32.1, *Classification system; program assignments; mandatory participation*.
 - a. Institution program hours are averaged across the DOC to determine compliance with COV §53.1-32.1, *Classification system; program assignments; mandatory participation*.
 - b. Programming hours can range from one hour per week for orientation programs to 40 hours per week for Cognitive Therapeutic Community (CTC) Programs; no individual program should exceed 40 hours per week.
 - c. The number of program hours provided at individual institutions vary due to operational missions, schedules, staffing, and space.
 - d. Programming may be a combination of career and technical education, work activities and employment, academic activities, counseling, alcohol and substance use disorder treatment, and activities that assist inmates to successfully transition back into to their communities and obtain gainful employment.
2. Staff should strive to exceed the minimum total of 40 hours per week requirement and provide as much EBP programming as possible; *Thinking for a Change* (T4C) must be a priority at all institutions.
3. The Deputy Director for Institutions or designee may address the minimum number of programming hours for each institution in the yearly objectives.)



II. Program Administration

- A. The Statewide Program Managers guide and monitor the operations of all counseling services programs.
 - 1. Staff must consult with a Statewide Program Manager when developing or revising a counseling service program.
 - 2. Staff 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 IPM or designee must ensure that all EBP and skills development program sections are available, maintained, and accurately entered in VACORIS.
 - 1. Program sections must include the program capacity, i.e., the maximum number of inmates that can be enrolled in the program section at one time, the start date, and end date for each offering.
 - 2. Program sections must have a beginning and ending date, unless the program is ongoing, to reflect what is offered at the institution.
 - 3. Ongoing programs, e.g., support groups, CTCs, and Intensive Re-entry Programs (IRP), etc., should be the only program sections entered into VACORIS with a continuous status.
- E. Staff participate in the formulation and evaluation of EBP and Skills Development Programs to ensure available programs meet the identified needs of the inmate population. (5-ACI-1A-05)
- F. The Counselor or another staff member must document an inmate's enrollment in an EBP and skills development program in VACORIS.
 - 1. Staff must keep an inmate's enrollment status current, accurately maintained, and will enroll and remove inmate participants within a week of the program's start and end date.
 - 2. Staff must enter the actual start and end date of the inmate's participation under the inmate enrollment details section of the *Offender Enrollment Page* in VACORIS.

III. Workforce Development Specialist (WDS)

The WDS facilitates workforce development experiences to prepare inmates and probationers/parolees for reentry employment; the WDS:

- A. Teaches employability, money management and career advancement skills utilizing contemporary workforce development materials and ensures that each participant completes a *Re-entry Employment Portfolio*, prior to program completion.
- B. Registers interested inmates with the *Virginia Workforce Connection-Virtual One Stop* (VWC-VOS) when they are within three weeks of release (5-ACI-5E-05)
 - 1. Inmates must sign the *Virginia Workforce Connection Virtual One Stop Permission* 841_F18 authorizing the WDS to enter their personal information into the VWC-VOS system to register the inmate.
 - 2. Sex offenders who do not have post-release internet restrictions imposed by the Court or a P&P Officer are eligible for registration.
 - a. Sex offenders with post-release internet restrictions imposed by the Court or a P&P Officer are ineligible for registration.
 - b. The WDS will contact the P&P Office supervising the inmate and request a review of the inmate's Court Order to confirm there are no special conditions restricting internet usage.



- c. A P&P Officer will confirm whether the inmate is required to register with the *Sex Offender and Crimes against Minors Registry*.
 - d. When an WDS provides VWC-VOS registration assistance to an inmate required to register with the *Sex Offender Registry*, the WDS must notify the Records Manager.
 - e. Designated staff must complete or update, when applicable, the inmate's *Sex Offender and Crimes Against Minors Registration Form* (SP-236); see Operating Procedure 735.1, *Sex Offender and Crimes against Minors Registration*.
- C. Links inmates to community workforce development agencies and organizations in the inmate's home plan community (5-ACI-5E-05)
- D. Ensures volunteers and other community resources are trained, orientated, monitored, and utilized to augment institution services by: (5-ACI-5E-05)
- 1. Securing subject matter expert guest speakers to enhance inmates' knowledge and skill acquisition.
 - 2. Creating linkages with community agencies and organizations that provide post-release inmate job development services and employer outreach.
 - 3. Establishing and operating a Re-Entry Employment and Resource Center, ensuring access for all inmates who are preparing for release, and equipping the center with information on current employment opportunities.
 - 4. Initiating, planning, and coordinating annual employability and resource fairs

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

- A. The DOC makes a distinction between EBP programs and skills development programs. A program must meet the following criteria to be considered an EBP program:
- 1. Address three or more 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 size
 - 6. Continue for an appropriate duration of time and frequency.
 - a. Residential programs, where inmates reside together and meet regularly, must be six months or longer.
 - b. Non-residential programs meet at least an hour per class but no more than three sessions per week.
 - 7. Ensure staff are appropriately trained.
 - 8. Be proven effective with criminal populations through independent research, or be identified, as promising based on EBP principles.
 - 9. Use identified objective measures for evaluations, e.g., *TCU Criminal Thinking Scale*.
- B. Prior to implementing a new EBP Program, staff must submit an *Initial EBP Program Description* 841_F10 for review and approval by staff responsible for the management of inmate EBP programs statewide.
- C. Counseling Services EBP Programs
- 1. When a counseling services program is mandated for all institutions, Headquarters staff will develop a model *Initial EBP Program Description* 841_F10.
 - a. Staff at the institution will have 30 days to complete the sections of the mandated program that are

- specific to institution implementation and will return the *Initial EBP Program Description* 841_F10 to the Statewide Program Manager.
- b. Programs with a model *Initial EBP Program Description* 841_F10 are pre-approved and can be added to VACORIS upon obtaining the signature of the Statewide Program Manager.
 - c. The Statewide Program Managers will ensure mandated counseling services programs are entered into VACORIS.
2. When staff implement a new EBP program specific to the institution, a staff member must complete and submit the *Initial EBP Program Description* 841_F10 to the Statewide Program Manager for review and approval at least 90 days prior to the proposed implementation date.
 - a. The Statewide Program Manager will review the *Initial EBP Program Description* 841_F10 and consult with the requesting staff member, as necessary.
 - b. After review, the Statewide Program Manager will forward the *Initial EBP Program Description* 841_F10 to the Administrator of Case Management and Program Infrastructure for final approval.
 3. Once the *Initial EBP Program Description* is approved and the counseling services program is entered in VACORIS, the Statewide Program Manager will notify the IPM or other appropriate staff member, so staff can create program sections and enroll inmates.
 4. Staff may have opportunities to offer VADOC-approved gender-responsive curriculum at female facilities. The Statewide Program Managers and Regional Cognitive Program Managers Guidance should provide guidance on these programs.
- D. Mental Health and Wellness Services EBP Programs (2-CO-4B-04; 2-CO-4F-01)
1. The Mental Health Clinician must consult with their immediate supervisor prior to submitting an *Initial EBP Program Description* 841_F10 to develop a new or modify an existing mental health and wellness services program.
 2. A mental health and wellness services EBP program must address one or more mental health factors, e.g., emotional stability, symptom management, medication management, mental health disorder, coping skills, self-care, impulse control, trauma resolution, mood disorder, personality disorder, family issues, thought disorder, sex offender specific issues, and/or criminogenic factors.
 3. During the development, implementation, or modification of a program, the Mental Health Clinician can contact the Mental Health Services Steering Committee (MHSSC), when needed, by sending an e-mail to the *MH Services Steering Committee* mailbox for a consultation.
 4. Mental health and wellness services EBP programs must be reviewed and approved as follows:
 - a. The Mental Health Clinician Senior at the institution will submit the *Initial EBP Program Description* 841_F10, electronically, to the appropriate Mental Health Clinical Supervisor (MHCS) for review and approval.
 - b. The MHCS will review and, if approved, forward the *Initial EBP Program Description*, electronically, to the MHSSC for review and approval.
 - c. Following review and approval, the MHSSC Chairperson will generate and sign a paper copy of the *Initial EBP Program Description* and will return the signed copy to the Mental Health Clinician Senior at the institution.
 - d. The Mental Health Clinician Senior will obtain the Facility Unit Head's signature and forward the *Initial EBP Program Description* 841_F10 to the MHCS for submission to the Chief of Mental Health and Wellness Services.
 - e. The Chief of Mental Health and Wellness Services will maintain the original *Initial EBP Program Description* 841_F10 and will return a copy to Mental Health Clinician Senior as authorization for the institution to deliver program.
 - f. The Chief of Mental Health and Wellness Services will ensure a directory of mental health and wellness services EBP programs is available and maintained 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 will 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 will generate and sign a paper copy of the *Initial EBP Program Description* and will return the signed copy to the Mental Health Clinician Senior or IPM.
3. The Mental Health Clinician or IPM will obtain the Facility Unit Head's signature and send the original *Initial EBP Program Description* to the Sex Offender Program Director who will review and if approved, forward the *Initial EBP Program Description* 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 will maintain the original approved *Initial EBP Program Description* and will forward a copy to the Mental Health Clinician Senior or IPM as authorization for staff to deliver the program.
5. The Sex Offender Program Director will ensure a directory of sex offender services EBP programs is available and maintained in VACORIS.

V. Skills Development Program Approval**A. Skills development programs to improve an inmate's skill set, teach life skills, offer support groups, or programs, which have not been empirically proven to reduce recidivism, but offer promise in improving an inmate's ability to behave in a pro social manner.**

1. Prior to implementation, staff must receive approval for each new skills development program from staff responsible for the management of inmate skills development programs statewide.
2. Staff must complete and submit the *Initial Skills Development Program Description* 841_F11 at least 90 days prior to the proposed implementation date.
3. Skills development programs include *Re-entry Money Smart*, *Canine Obedience*, special seminars faith-based programs, etc.
4. Staff must enroll, complete, remove, monitor, and track inmates in programs and activities in VACORIS.

B. Counseling Services Skills Development Programs

1. Staff may request approval for a new skills development program once all mandated counseling services programs, applicable to the institution, are consistently offered and there are institution resources available to offer the new program.
 - a. Staff must complete and submit the *Initial Skills Development Program Description* 841_F11 to the Statewide Program Manager.
 - b. The Statewide Program Manager will review the *Initial Skills Development Program Description* to ensure the program addresses a targeted need of the inmate population.
 - i. The Statewide Program Manager, upon completion of their review, will forward the *Initial Skills Development Program Description* to the Administrator of Case Management and Program Infrastructure for approval.
 - ii. Once the skills development program is approved and the program is entered into VACORIS, the Statewide Program Manager will notify staff that the program has been entered into VACORIS so that staff can create program sections and enroll inmates.
 - c. 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.



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

1. The 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 Mental Health Clinician may contact the MHSSC by sending an e-mail to the *MH Services Steering Committee* mailbox for a consultation.
3. Programs facilitated by a Mental Health Clinician, qualified volunteers, or qualified contractors to improve mental health stability and maximize baseline functioning must be approved and monitored as a mental health and wellness services skill 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 staff, will be reviewed, approved, and monitored as a counseling services program.
5. The Mental Health Clinician Senior at the institution will submit the *Initial Skills Development Program Description* 841_F11, electronically, to the appropriate MHCS for review.
6. The MHCS will review and, if approved, forward the *Initial Skills Development Program Description*, electronically, to the MHSSC for review and approval.
7. Following review and approval, the MHSSC Chairperson will generate and sign a paper copy of the *Initial Skills Development Program Description* and will return the signed copy to the Mental Health Clinician Senior at the institution.
8. The Mental Health Clinician Senior will 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 will maintain 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 will ensure a directory of mental health and wellness services skills development programs is available and maintained in VACORIS.

D. 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 will 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 will 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 will obtain the Facility Unit Head's signature and return the signed *Initial Skills Development Program Description* to the Sex Offender Program Director who will 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 will maintain the original *Initial Skills Development Program Description* and forward a signed copy to the Mental Health Clinician Senior or IPM as authorization for staff to deliver the program.
5. The Sex Offender Program Director will ensure a directory of sex offender services programs is available and maintained in VACORIS.



E. 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 staff to ensure that all education programming is appropriate for the security level and mission of the institution.

VI. Mandated Counseling Services Programs (2-CO-3C-01)

A. Thinking for a Change

1. The *Thinking for a Change* program is a mandated EBP program implemented as a priority at all institutions.
 - a. Staff must deliver the *Thinking for a Change* curriculum as designed.
 - b. Staff will use the *TCU Criminal Thinking Scales* as the pre and posttest for *Thinking for a Change*.
 - c. The pre and posttest responses must be entered into the COMPAS (WRNA for Female Institutions) other screening section of VACORIS within a week of the start date and again within a week after the end date.
2. Staff should enroll inmates who meet one of the following criteria in the *Thinking for a Change* program, upon their arrival at their first permanent institution assignment.
 - a. Any inmate with five years or less to serve on their sentence, has not already completed the program, and has a score of *highly probable* on the Cognitive COMPAS/WRNA *Cognitive Behavioral Scale* must be enrolled.
 - b. All Inmates with five years or more who meet the risk criteria and score *highly probable* on the COMPAS/WRNA *Cognitive Behavioral Scale* should be enrolled.
 - c. Inmates who score *unlikely* on the COMPAS/WRNA *Cognitive Behavioral Scale* are not required to complete *Thinking for a Change* unless a staff member, in their professional judgement, believes an override is necessary.
3. Staff should use the inmate's COMPAS/WRNA Risk of General Recidivism scores to determine program placement, prioritizing medium-to-high risk inmates.
4. Before enrolling an inmate in a program section, Staff must verify the inmate has enough time to complete the program prior to release.
5. Completion of this program should occur as soon as possible to support positive adjustment and give inmates the opportunity to practice skills learned in the program.
6. Upon program completion, inmates should participate in either *Thinking for a Change* peer support groups and/or booster sessions.

B. Decision Points

1. The Decision Points program is a five to seven session open-ended cognitive-behavioral program.
2. Staff will use the inmate's COMPAS (WRNA for Female Institutions) risk criteria of General Recidivism score to determine an inmate's program placement and for prioritizing medium-to-high risk inmates.
3. Inmates who meet the risk criteria and score *probable* on the COMPAS/WRNA *Cognitive Behavioral Scale* should complete the Decision Points program.
4. Staff 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.

C. Aggression Alternative Skills

1. *Aggression Alternative Skills* is a cognitive based program using the social skills found in the supplemental material of *Thinking for a Change*.
2. Inmates who score *probable* or *highly probable* on the COMPAS (WRNA for Female Institutions) *Negative Social Cognition Scale* meet the eligibility requirements for this program.
3. Staff will use the COMPAS/WRNA *Risk of General Recidivism* scores to determine program placement, prioritizing medium-to-high risk inmates.

D. Cognitive Behavioral Interventions for Substance Abuse (CBI-SA)

1. CBI-SA is a mandated program at all institutions that staff must offer inmates who score *highly probable* on the COMPAS (WRNA for Female Institutions) *Substance Abuse Scale*.
2. Staff will use the COMPAS/WRNA *Risk of General Recidivism* scores to determine program placement, prioritizing medium-to-high risk inmates.
3. Staff will give inmates within two years of release priority for enrollment, and the inmate will begin this program no less than 18 months prior to their release.
4. Staff must deliver the CBI-SA program curriculum as designed.

E. Recovery Route

1. Recovery Route is a substance use disorder program based on SAMHSA's technical assistance publication for relapse prevention with justice-involved chemically dependent individuals.
2. The Recovery Route Program is designed for individuals with a moderate need in substance use.
 - a. Inmates who meet the risk criteria above and score *probable* on the COMPAS (WRNA for Female Institutions) *Substance Abuse Scale* should complete this program.
 - b. Staff will use the COMPAS/WRNA *Risk of General Recidivism* scores to determine program placement, prioritizing medium-to-high risk inmates.
3. Staff at field units, institutions with cadre inmates, and institutions receiving inmates new to the DOC with less than 18 months to serve should use Recovery Route due to inmate work assignments or short time frames to serve prior to the inmate's release.

F. Cognitive Therapeutic Community (CTC) (2-CO-4B-04; 2-CO-4F-01)

1. The CTC utilizes a hierarchical structure within the community to create inmate accountability and responsibility through role modeling and confrontation of unhealthy lifestyles.
2. Staff should refer inmates who have medium to high substance use treatment needs combined with medium to high cognitive behavioral treatment needs to a CTCs.
 - a. The eligibility criteria for inmate assignment to a CTC includes the following:
 - i. A score of *highly probable* on the COMPAS/WRNA *Substance Abuse Scale* combined with a score of *probable* on the COMPAS/WRNA *Cognitive Behavioral Scale*.
 - ii. A score of *probable* on the COMPAS/WRNA *Substance Abuse Scale* plus a score of *highly probable* on the COMPAS/WRNA *Cognitive Behavioral Scale*.
 - iii. A documented history of substance use disorder history at the discretion of Central Classification Services
 - iv. A Behavioral Correction Program (BCP) Court Order
 - v. A Court Order to a CTC
 - b. Inmates will transfer to a CTC location 24-36 months prior to release to accommodate vocation and education programming.
 - i. Inmates will enter the CTC when they are within 6-12 months of release.



- ii. Inmates sentenced to the BCP will complete 24 months in the program as required by Court Order.
 - iii. CTCs are available at designated institutions; staff will enroll eligible inmates at those institutions into the CTC.
 - iv. Staff will refer inmates who are identified for CTC assignment at other institutions to a CTC and will recommend a transfer to a designated CTC institution; see Operating Procedure 830.5, *Transfers, Institution Reassignments*
3. Staff will complete a formal substance use disorder assessment on the inmate once the inmate is received at the CTC institution.
 - a. Staff must use a standard evidence-based substance use disorder screening and assessment instrument approved for use in the DOC.
 - b. Staff must conduct an Institutional Classification Authority (ICA) hearing prior to inmate admission into the CTC, with documentation provided in VACORIS specifying that the inmate has met the required eligibility criteria.

G. Ready to Work

1. The Ready to Work program is designed to assist inmates improve their employment and job seeking skills.
 - a. Staff will place inmates who score *probable* or *highly probable* on the COMPAS (WRNA for Female Institutions) *Employment Expectations Scale* in the Ready to Work program.
 - b. The WDS will provide all other inmates, not assigned to the program, with training on soft skills and money management and will give each inmate a copy of the *Reentering Your Community Handbook*.
2. The program's goal is to increase the inmate's future marketability for employment as the inmate creates resumes, conducts job searches, completes job applications, practices interviewing, learns about the Work Opportunity Tax Credit, practices dealing with rejection, and learns job retention skills.
3. At institutions with cognitive community programs 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 recommend a program exemption.
 - a. Cognitive community staff will consider and may approve the WDS's recommendation for a Ready to Work exemption.
 - b. When an exemption is being considered, staff will review the following factors to ensure the inmate:
 - i. Created an appropriate conviction statement and/or response to the job interview big question "Have you ever been convicted of a crime?"
 - ii. Prepared a quality resume.
 - iii. Completed a DOC career and technical education program that includes employability skills training.
 - iv. Has a history of demonstrated employment success in the community or institution.
 - v. Has knowledge of community workforce development resources in the area to which they will be released. (5-ACI-5E-05)
 - vi. Understands the function and value of the VWC-VOS or a similar internet jobseeker tool.
 - vii. Scored *unlikely* on the COMPAS (WRNA for Female Institutions) *Employment Expectations Scale*.
4. The WDS may recommend an exemption to cognitive community staff for any inmate not entering the workforce post-release due to a disability or other source of income, e.g., 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 staff member will document the inmate's exemption from the Ready to Work program in the *Facility Notes/Re-entry Plan* section of VACORIS and will note the factors that contributed to this decision.

VII. Veteran Groups (2-CO-3C-01)

- A. During inmate orientation, all institutions should provide information on veteran-related services offered in the institution as well as information on how inmates access such services.
- B. The Facility Unit Head at every institution must permit the establishment of a veteran group for inmates.
 1. Each veteran group must have a designated veteran sponsor to serve as a liaison between the veteran group, DOC administration, and external veteran-related civic organizations.
 - a. The Facility Unit Head or designee should select a staff member to serve as the veteran group sponsor.
 - b. The designated veteran group sponsor will:
 - i. Coordinate group meetings; the veteran groups should meet at least twice per month.
 - ii. Coordinate the election process and selection of inmates to serve as the group's board members.
 - iii. Approve the group's constitution and by-laws.
 - iv. Ensure every inmate participating in the group has a *Certificate of Release or Discharge from Active Duty* (DD-214).
 - v. Assist inmates in the group with obtaining the necessary forms related to securing veteran benefits, compensation, and pension, and/or other eligible veteran-related services if needed.
 2. A constitution and a set of by-laws established by the group's members and approved by the designated sponsor, governs all veteran groups; these documents include but are not limited to the following information:
 - a. Mission Statement
 - b. Purpose
 - c. Membership
 - d. Meetings
 - e. Group Member Responsibilities
 - f. Board Members Duties
 - i. Board member positions include the President, Vice President, Secretary, Sergeant of Arms, and Program Coordinator.
 - ii. The board will meet with the veteran group designated sponsor twice a month, separately from the regularly scheduled group meeting.
 3. Veteran groups observe Memorial Day and Veterans Day.
 - a. The observation of these two holidays does not have to take place on the day celebrated by the nation.
 - b. All verified veterans are eligible to attend Memorial Day and Veterans Day events at the institution.
 - c. The institution will provide light refreshments, i.e., cookies and juice for these celebrations.
- C. Every veteran group should develop, maintain, and update a resource guide of various veteran-related services and support agencies for group members. (5-ACI-5E-05)
- D. Veteran groups should include philanthropic practices into their operation. The group members will select their charity of choice; the Facility Unit Head must review and approve the group's selection.
- E. When staff receive an inmate's medical records from the Veterans Administration (VA) or the National Archives, staff must provide the inmate with their records.
 1. A veteran inmate's medical record is necessary to support the inmate's claim for benefits from the VA.

2. If an inmate needs copies of their medical record to support a claim for benefits, staff will provide the inmate with such copies at no cost.
- F. Any inmate who wishes to become a member of the institution's veteran group is required to secure a copy of their DD-214.
 1. Staff will 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. Staff may contact the statewide Veterans Program Manager to assist with the review of a DD214 and to provide guidance and assistance on the process.
- G. Staff must allow inmates to retain their own DD-214, military medical records, and documents, other than a military identification card, related to their military service.

VIII. Intensive Re-entry Programs (2-CO-3C-01)

- A. The DOC provides IRPs at designated institutions; see Attachment 1, *Intensive Re-entry Program Locations* to Operating Procedure 820.2, *Inmate Re-entry Planning*.
- B. The goal of the IRP is to prepare inmates for release by removing any potential barriers and working with inmates to emphasize all potential inmate assets.
- C. Intensive Re-entry Program
 1. The IRP is an intensive institution-based cognitive community program for inmates who are within seven months of their release dates.
 - a. Each IRP housing unit will staff a minimum of one Counselor for case management, at least one Cognitive Counselor, and one Treatment Officer in addition to the Corrections Officers assigned to housing unit security posts.
 - b. The re-entry cognitive community program is like a CTC in that each member of the community encourages and assists other community members in the completion of their programming needs.
 - c. The re-entry cognitive community program focuses on cognitive restructuring mainly and on meeting the special re-entry needs of each participating inmate, prior to their release.
 - d. Incentives and sanctions are one of the tools staff use as an external motivation strategy when working with inmates in the cognitive community; see Attachment 1, *Cognitive Community Programs Incentives and Sanctions for Intensive Re-entry*.
 2. Inmates who meet the criteria of moderate and high risk of general recidivism on the COMPAS are transferred to an institution, appropriate to the inmate's assigned security level, and closest to their home plan.
 3. Staff will enroll inmates in the IRP no later than seven months prior to the inmate's release where the inmate is provided programming that may include but is not limited to:
 - a. Process Groups (six sessions)
 - b. PREPS
 - c. Making it on Supervision
 - d. Parenting
 - e. Other programs as indicated on the inmate's *Re-entry Case Plan* such as:
 - i. *Thinking for a Change* for inmates who score *highly probable* on the COMPAS/WRNA *Cognitive Behavioral Scale*.
 - ii. *Cognitive Behavioral Interventions for Substance Abuse* for inmates who score *probable* or *highly probable* on the COMPAS/WRNA *Substance Abuse Scale*.
 4. The Virginia Parole Board may require inmates granted parole or pardoned to complete an IRP as a



condition of their release, regardless of their general risk of recidivism on the COMPAS (WRNA for Female Institutions).

D. High Security Intensive Re-entry Programs

1. Designated high security level institutions offer *Intensive Re-entry Programs* for inmates who do not meet the security requirements at lower security level institutions.
2. Staff should review inmates housed at high security level institutions that offer *Intensive Re-entry Programs* within thirty-six months of the inmate's release to determine if the inmate is eligible and suitable for assignment to an intensive re-entry institution.
3. Inmates releasing from *Intensive Re-entry Programs* at high security level institutions must complete:
 - a. *Ready to Work*
 - b. *Process Groups* (six sessions)
 - c. Other programs as indicated on the inmate's *Re-entry Case Plan* such as:
 - i. *Thinking for a Change* for inmates who score *highly probable* on the COMPAS/WRNA *Cognitive Behavioral Scale*.
 - ii. *Cognitive Behavioral Interventions for Substance Abuse* for inmates who score *highly probable* on the COMPAS (WRNA for Female Institutions) *Substance Abuse Scale*.

E. Intensive Re-entry Program Refusal

1. Staff will charge inmates who refuse to participate in residential cognitive community re-entry programming or who are removed due to disruptive, non-participatory, or non-compliant behavior with offense code 119e, *Refusal to participate in or removal from a residential cognitive community program*.
 - a. Staff must complete a *Progressive Action Log 841_F26* when issuing a *Disciplinary Offense Report (DOR)* for offense code 119e, *Refusal to participate in or removal from a residential cognitive community program*.
 - b. Upon completion, staff will upload the *Progressive Action Log 841_F26* as an external document and will submit the *Progressive Action Log* with the DOR in VACORIS.
2. Inmates who refuse to participate in non-residential re-entry programming or are removed due to disruptive, non-participatory, or non-compliant behavior will be charged with offense code 200, *Refusing to work or refusing to attend school or other program assignments mandated by procedure or by law, or failure to perform work or program assignment as instructed*.
3. Inmates found guilty of offense code 119e will receive a mandatory penalty of 90 days loss of accumulated good time.
4. The ICA will conduct a formal ICA hearing on any inmate found guilty of offense code 119e or 200 and will reduce the inmate's good time class level to Class Level IV, effective the date of the DOR; see Operating Procedure 830.3, *Good Time Awards*.
 - a. staff will utilize Override #7 *Refusal of or removal from any required educational, program, vocational, or work assignment must result in an automatic override to Level IV* regardless of the inmates' Class Level score.
 - b. This override will flag the inmates' file, so the inmate does not earn good time until completing the specified program.

IX. 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; see Attachment 2, *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; see Attachment 3, *Canine Obedience Training Programs*.

X. Reception and Classification Centers Programming

- A. The primary role of Reception and Classification Center staff is to provide orientation, assessment, evaluation, and classification to facilitate an inmate's initial assignment to a permanent institution.
- B. Reception and Classification Center staff are not generally required to provide mandated programming, but staff must consider the programmatic needs of the inmate cadre.
 - 1. If a cadre inmate has not been able to complete the mandated programs while assigned to another institution, EBP and/or mandated programs must be available.
 - 2. Staff must make re-entry services available to cadre inmates.

XI. Field Unit and Work Center and Programming

- A. Inmates assigned to a Field Unit or Work Center must participate in institution or community work activities.
- B. The WDS or other designated staff member will offer *The Road to Success*, a Security Level 1 Re-entry Program, to inmates within four months of their scheduled release date. (4-APPFS-2C-04)
- C. Staff should offer additional programming for the benefit of the inmate population, as staffing and resources allow.

XII. Program Materials and Digital Video Discs (DVDs)

- A. The Facility Unit Head or designee must approve all program materials and DVDs, not associated with an approved statewide curriculum, to enter the institution.
- B. The following staff will review DVDs in their designated area for compliance with the *Specific Criteria for Publication Disapproval*; see Operating Procedure 803.2, *Incoming Publications*.
 - 1. The IPM or designee will initially review DVDs for use in treatment and counseling services programs and other non-religious programs, e.g., NA and/or AA, voluntary, Veterans Association, etc.
 - 2. The Chaplain will initially review DVDs for use in religious services.
 - 3. The correctional education Principal or designee will initially review DVDs for use in educational programs and for placement in the library.
- C. Staff will review DVDs for their compatibility with the DOC's mission of preparing the inmate to become a productive citizen upon re-entry into their community not from a theological or any other personal position.
- D. Upon completion of their initial review, the Chaplain and Principal, as appropriate, will forward the DVD to the IPM or designee for review for approval or disapproval.
- E. The IPM or an equivalent staff member designated by the Facility Unit Head must review and approve all materials and DVDs staff use in educational, counseling, and religious programs.
 - 1. The IPM or designee will disapprove the DVD if the DVD contains inappropriate or questionable material.
 - 2. The IPM or designee will 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 will disapprove the DVD.
 - 3. The Facility Unit Head or Assistant Facility Unit Head will make the final decision on whether a DVD will be approved or disapproved for use in institution programs when the Chaplain, Principal, or Institutional Investigator disagree.



- F. The IPM or designee should maintain a list like the *Disapproved Publication List* of all DVD disapproved for use in institution programs.
1. The IPM or designee should document their review and the *Specific Criteria for Publication Disapproval* violated; see Operating Procedure 803.2, *Incoming Publications*.
 2. The 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.

XIII. Program Quality and Fidelity

- A. The Facility Unit Head will ensure the IPM, or other appropriate staff member, administratively monitors the institution's EBP and Skills Development Programs on a regular basis.
- B. The IPM or other appropriate staff member is responsible for ensuring the quality and fidelity of all EBP and Skills Development Programs at the institution and for ensuring that Counselors or other persons qualified by either formal education or training provide counseling services. (2-CO-4F-01)
1. The IPM or designee will continually monitor each program to ensure fidelity to the program model.
 2. The IPM or designee will continually monitor each program to ensure VACORIS accurately reflects program activity.
- C. Each month, the IPM or designee will conduct fidelity reviews on eight percent of the inmate population using the *Institution Fidelity Review Guidelines* 841_F19.
1. The IPM or designee should take the following steps to document and follow-up on fidelity reviews:
 - a. Document each case reviewed in VACORIS as an *Institutional Fidelity Review* note.
 - b. Review COMPAS/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 staff and their supervisors, as needed, to resolve and correct identified issues.
 - e. Contact Headquarters staff, e.g., Statewide Program Manager, Statewide EBP Manager, Classification Staff, 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 staff training needs.
 - i. Assist supervisors with staff development plans.
 2. The IPM or designee will check the VACORIS programs sections, monthly, to ensure program wait list, enrollment, and completions or removals are accurate in VACORIS.
 3. The IPM or designee will check to ensure that 95% of the inmate population has a current *Re-entry Timeline*, COMPAS (WRNA for Female Institutions) assessment, and *Re-entry Case Plan*.
- D. The DOC supports and engages in research activities relevant to its programs, services, and operations and the Facility Unit Head at each institution is encouraged to cooperate with research efforts conducted by DOC or other entities approved by DOC to evaluate program fidelity and effectiveness. (5-ACI-1F-13; 2-CO-1F-10)

XIV. Annual Program Evaluations

- A. Staff should identify the specific needs of the inmate population, at least 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. (5-ACI-5E-04; 2-CO-1A-23)
- B. EBP Program Evaluations (5-ACI-1A-17)



1. Each EBP program must address a specific need of the inmate population; EBP programs are evaluated using evidence-based practices to determine:
 - a. Was the need met?
 - b. Does the need still exist?
 - c. Can the program be improved?
 - d. Did the program meet the success criteria listed on the *Initial EBP Program Description*?
 - e. Did the evaluation match the approved *Initial EBP Program Description*'s evaluation plan?
 2. Designated staff will analyze and conduct a written annual evaluation of each EBP program offered at the institution to determine the program's contribution to the institution's mission and to the mission of the DOC. (5-ACI-1F-12)
 - a. Designated staff will complete the *Annual EBP Program Evaluation* 841_F12 for each counseling services program; the completed evaluation must be submitted to the Statewide Program Manager.
 - b. The Mental Health Clinician Senior will complete the *Annual EBP Program Evaluation* 841_F12 for each mental health and wellness services program; the completed evaluation must be submitted to the MHSSC.
 - c. The Mental Health Clinician Senior or IPM will complete the *Annual EBP Program Evaluation* 841_F12 for each sex offender services program; the completed evaluation must be submitted to Sex offender Services Steering Committee.
 3. The annual evaluation period for EBP programs is from October 1 of the previous year to September 30 of the current year; staff must submit the completed evaluations by November 1st of the current year.
 4. The IPM and Mental Health Clinician Senior, as applicable, will review each program in VACORIS and ensure that the enrollment status and end dates are accurate in VACORIS.
 5. EBP programs other than sex offender services programs, which are co-facilitated by Counseling and Mental Health Staff, will follow the counseling services program evaluation process.
 6. The Facility Unit Head must ensure that the responsible person for each program area, counseling services, mental health and wellness services, and sex offender services, forwards the signed *Annual EBP Program Evaluations* to the appropriate staff member responsible for reviewing EBP Programs and Skills Development Programs at the institution.
- C. Skills Development Program Evaluations (5-ACI-1A-17)
1. Staff will analyze and conduct a written annual evaluation of each Skills Development Program offered at the institution using the *Annual Skills Development Program Evaluation* 841_F13, to determine the program's contribution to the institution's mission. (5-ACI-1F-12)
 - a. The IPM will 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 in VACORIS.
 - b. Skills Development Programs, other than sex offender services programs, which are co-facilitated by Counseling and Mental Health Staff, will follow the counseling services program evaluation process.
 2. The Facility Unit Head will ensure that by November 1st of each year, staff responsible for each program area, counseling services, mental health and wellness services, and sex offender services, forwards the *Annual Skills Development Program Evaluation* to the Statewide Program Manager, 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 staff discontinue a counseling services EBP or a Skills Development Program, staff will

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 IPM or designee will ensure that prior to requesting program discontinuation all program sections have zero enrollment and are no longer active in VACORIS.
 - c. The IPM or designee will forward the *Annual EBP Program Evaluation* 841_F12 or *Annual Skills Development Program Evaluation* 841_F13 to the Statewide Program Manager who will send a copy to the Regional Administrator.
 - d. The Statewide Program Manager will mark the program inactive in VACORIS and will remove the counseling services program from the institution listing.
 - e. The Statewide Program Manager will forward the *Annual EBP Program Evaluation* 841_F12 or *Annual Skills Development Program Evaluation* 841_F13 to the Administrator of State Programs and Case Management Services.
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 will 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 will 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 will mark the program inactive in VACORIS and will remove the program from the institution listing.
 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 will 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 will 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 will mark the program inactive in VACORIS and will remove the program from the institution’s listing.
- E. EBP and Skills Development Programs are evaluated by the American Correctional Association during the institution’s triennial audit. (5-ACI-1A-17)

XV. Reporting Requirements

- A. The Statewide Program Managers will 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 will review the summary report and will forward the report to the Deputy Director of Programs, Education, & Re-entry by April 1 of each year.
- B. The MHSSC will 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 will 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, *Incoming Publications*

Operating Procedure 820.2, *Inmate Re-entry Planning*

Operating Procedure 830.3, *Good Time Awards*

Operating Procedure 830.5, *Transfers, Institution Reassignments*

ATTACHMENTS

Attachment 1, *Cognitive Community Programs Incentives and Sanctions for Intensive Re-entry*

Attachment 2, *Companion Animal Visitation Programs*

Attachment 3, *Canine Obedience Training Programs*

FORM CITATIONS

Initial EBP Program Description 841_F10

Initial Skills Development Program Description 841_F11

Annual EBP Program Evaluation 841_F12

Annual Skills Development Program Evaluation 841_F13

Virginia Workforce Connection Virtual One Stop Permission 841_F18

Institution Fidelity Review Guidelines 841_F19

Progressive Action Log 841_F26