

**REPORT OF THE
VIRGINIA STATE CRIME COMMISSION ON**

**COURT SERVICES FOR
DRUG OFFENDERS**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



SENATE DOCUMENT NO. 30

**COMMONWEALTH OF VIRGINIA
RICHMOND
1995**



COMMONWEALTH of VIRGINIA

VIRGINIA STATE CRIME COMMISSION

General Assembly Building

December 13, 1994

TO: The Honorable George Allen, Governor of Virginia
and Members of the General Assembly:

Senate Joint Resolution 89, agreed to by the 1994 General Assembly, directed the Virginia State Crime Commission to study court services and alternatives to incarceration for drug offenders, and to submit its findings and recommendations to the Governor and the 1995 session of the General Assembly.

In fulfilling this directive, a study was conducted by the Virginia State Crime Commission in 1994. I have the honor of submitting herewith the study report.

Respectfully submitted,

A handwritten signature in cursive script that reads "Elmo G. Cross, Jr.".

Elmo G. Cross, Jr.
Chairman

EGC:sc

MEMBERS OF THE VIRGINIA STATE CRIME COMMISSION 1994

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Edgar S. Robb

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The Honorable Robert F. Horan, Jr.
Rev. George F. Ricketts, Sr.

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SJR 89:

COURT SERVICES FOR DRUG OFFENDERS

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Study of Court Services for Drug Offenders

I. Authority for Study

During the 1994 General Assembly session, Senator Edgar S. Robb of Charlottesville successfully patroned Senate Joint Resolution 89, directing the Virginia State Crime Commission to study court services for drug offenders and alternatives to incarceration. SJR 89 specifically requested that the Commission consider the effectiveness and efficiency of substance abuse treatment for drug offenders, and the role of substance abuse treatment in community corrections programs in lieu of incarceration. (See Appendix A.)

Code of Virginia § 9-125 establishes and directs the Virginia State Crime Commission "to study, report, and make recommendations on all areas of public safety and protection." Code of Virginia § 9-127 provides that "the Commission shall have the duty and power to make such studies and gather information in order to accomplish its purpose, as set forth in Code § 9-125, and to formulate its recommendations to the Governor and the General Assembly." Code of Virginia § 9-134 authorizes the Commission to "conduct private and public hearings, and to designate a member of the Commission to preside over such hearings." The Virginia State Crime Commission, in fulfilling its legislative mandate, undertook the study of court services for drug offenders.

II. Members Appointed to Serve

At the April 26, 1994 meeting of the Crime Commission, Chairman Elmo G. Cross, Jr., of Hanover selected Robert C. Bobb to serve as Chairman of the Law Enforcement Subcommittee, which was directed to conduct the study of court services for drug offenders. The following members of the Crime Commission were selected to serve on the subcommittee:

Robert C. Bobb, Chairman
Delegate Howard E. Copeland
Senator Elmo G. Cross, Jr.
Delegate Raymond R. Guest, Jr.
The Honorable Robert F. Horan, Jr.
Rev. George F. Ricketts, Sr.
Senator Edgar S. Robb
Delegate Clifton A. Woodrum

III. Executive Summary

Senate Joint Resolution 89 requested the Crime Commission to look at a number of issues related to the provision of substance abuse treatment services to offenders in community corrections. The Law Enforcement Subcommittee, chaired by Mr. Robert C. Bobb, met on June 7, July 26 and September 1, 1994, to receive information and develop recommendations to address the issues presented in SJR 89. The full Crime Commission received the report of the Law Enforcement Subcommittee on the SJR 89 study on December 13, 1994, adopted the report and its recommendations, and approved it for publication.

The issue of whether treatment really works to reduce recidivism, whether it is cost-effective, and which offenders would be best suited for community-based treatment was addressed by this study. Appendix B includes the report to the Commission from the Office of Substance Abuse Services that details the need for treatment, effectiveness data and related costs. Several independent studies of offenders who received appropriate substance abuse treatment revealed a decrease in crimes committed after treatment, and a decrease in the use of drugs.

While drug treatment cannot eliminate criminal recidivism, it can reduce the possibility of repeat offenses and increase the likelihood of offenders kicking the drug habit. Recommendation #1 encourages judges, prosecutors and community corrections officers to work cooperatively to place non-violent offenders, whenever appropriate and available, in community supervision and treatment as an alternative to incarceration.

One concern of the SJR 89 study was the use of regional facilities for the effective delivery of treatment services. Based on information brought to the Commission by the Office on Substance Abuse Services, services presently are being provided both regionally and locally, depending on the availability of resources. However, treatment providers, judges and community corrections officers have stressed during the course of this study that there are not nearly enough appropriate and affordable treatment services in the community in which to place offenders.

Recognizing the unavailability of state general funds to expand community treatment programs, Recommendation #2 encourages the Department of Corrections and the Office of Substance Abuse Services to prioritize funding requests for treatment programs, and to work cooperatively to seek federal grant funds to enhance treatment availability.

On December 12, 1994, Commission staff met with representatives from the Department of Corrections and the Office of Substance Abuse Services, along with the chairpersons of the State Judicial Education Committees, to discuss the need for

technical assistance and training for judges concerning alternatives to incarceration and drug treatment for offenders. In support of this proposed training, Recommendation #3 requests that staff from the Department of Corrections, the Office of Substance Abuse Services, and the Virginia State Crime Commission make technical assistance and training on drug treatment for offenders and community corrections alternatives to incarceration available on request to the regional meetings of the circuit court judges.

Recommendations:

1. The Virginia State Crime Commission supports the development of court-supervised community corrections placements for non-violent drug offenders in lieu of incarceration in a local or regional jail facility. Judges, prosecutors, defense counsel, law enforcement and community corrections officials are encouraged to work cooperatively to place non-violent drug offenders in need of substance abuse treatment in community corrections programs that promote treatment, education, job skills training and placement, and appropriate supervision as an alternative to incarceration.

2. Substance abuse treatment programs for offenders that provide counseling, drug education and drug testing must be comprehensive in their design and staffing, and must be adequately funded in order for community supervision to be successful. The Department of Corrections and the Department of Mental Health, Mental Retardation and Substance Abuse Services are encouraged to prioritize general fund requests for community supervision and treatment funds, and to work cooperatively to seek federal grant funds to further support these programs.

3. Staff from the Department of Corrections, the Office of Substance Abuse Services, and the Virginia State Crime Commission should make technical assistance and training on drug treatment for offenders and community corrections alternatives to incarceration available on request to the regional meetings of the circuit court judges.

IV. Background

The increasing number of drug-related crimes has not been stemmed by stepping up efforts in law enforcement, or by the courts imposing stricter sentences for drug offenders. Additionally, research indicates that drug treatment does reduce the rates of criminal recidivism and drug use among certain offenders. If dedicated efforts are made to place qualified offenders in adequately-funded drug treatment programs, then the result should be an observable decrease in criminal recidivism and drug use among this offender population. The purpose of Senate Joint Resolution 89 is identify means to utilize substance abuse treatment in community

corrections programs to reduce criminal recidivism and combat chemical dependency.

Drug Caseloads in Federal and State Courts

Drug-related criminal cases increased by 229 percent in the federal courts during the 1980's, according to a 1989 report by the Administrative Office of the U.S. Courts. The report, "Impact of Drug-Related Criminal Activity on the Federal Judiciary," revealed drug-related cases accounted for 24 percent of the criminal case filings and 44 percent of all criminal trials. This increase has put a tremendous burden on the federal courts and their limited resources. The report contends that, even without staff increases, federal courts were facing a \$270 million shortfall in minimum operational funds in fiscal year 1990. As increased funds are directed toward law enforcement and prosecution efforts, drug-related caseloads in the federal courts continue to increase despite the fact that commensurate funding has not been appropriated to the courts to manage the influx of new cases.

The federal probation system is feeling the burden as well, according to the report. Inadequate funding and staff make it difficult to supervise offenders in alternative programs and monitor their participation in treatment.

The effects of burgeoning drug caseloads in the federal system is mirrored at the state level. According to the National Association of Criminal Justice Planners, about 25 percent of state felony sentences in 1986 were for drug trafficking or possession offenses. The report, "Drug Trafficking: A Sentencing Perspective," based its findings on sentencing data from 39 large, urban jurisdictions. Additionally, 75 percent of drug traffickers were sent to either jail or prison in 1986, while the overall incarceration rate for all other felonies was 72 percent. The average prison term imposed for drug trafficking in 1986 was 60 months. When the defendant entered a guilty plea to a drug trafficking charge, he was more likely to get a shorter sentence, on the average 55 months. However, those persons convicted by a jury on the average received sentences of 155 months for drug trafficking. The incarceration rate for drug offenders convicted in state courts (41 percent) was second only to the incarceration rate for homicide convictions (46 percent.) In all, federal courts handled 13 percent of all drug trafficking cases in 1986-87. Although state and federal courts both convicted about 42 percent of drug offenders, the federal courts were more likely than state courts to sentence drug offenders to terms of incarceration. However, this may be due in part to the large number of drug conspiracy cases that are tried in federal courts.

Many state courts still are conducting business manually, without benefit of computer automation of docketing, noticing and case tracking, a factor which slows down case processing. Statewide automation of the courts would allow court personnel to process cases quickly and efficiently, and allow the courts to

electronically share information with other courts, and with treatment agencies and community corrections programs.

Community Corrections Programs and Alternative Placements

The Commonwealth of Virginia is divided into 39 probation and parole districts, where community corrections officers supervise offenders in a variety of programs. There are 29 Community Diversion Incentive (CDI) programs statewide that provide alternative placements for offenders. By the end of 1993, the Department of Corrections reported a 5.1% increase in the probation and parole caseload over the previous year. In all, 23,036 offenders were in supervised probation, 12,044 were in parole supervision and 4,656 were placed in CDI supervision. Of the 35,080 offenders in probation or parole supervision, 1,272 offenders were under intensive supervision, and 71 offenders were under home electronic monitoring. Day reporting centers are used when available to enhance community supervision over technical violators.

Examples of Court-Ordered Treatment Programs for Offenders

When the court qualifies an offender to participate in a community drug treatment program in lieu of incarceration, there are several components that must be in place for the program to be successful. Success is measured by an offender's consistent participation in treatment, with observable progress toward decreasing and eliminating illicit drug use, and failure to commit new offenses.

In Oakland, California, Municipal Court Judge Jeffrey Tauber has established the "F.I.R.S.T. Diversion Project," that allows eligible drug defendants to be diverted into a supervision and treatment program administered by the Probation Department. Criminal charges against the defendant are dismissed if he successfully completes the program. (It is not a necessary component of a alternative placement program that charges against the defendant be dropped. In other programs, the diversion occurs in the sentencing phase, after a guilty plea has been entered. The eligible defendant is allowed to participate in a community treatment and supervision program in lieu of jail time.)

The key element in the Oakland program, as in all drug court programs, is the expediting of the court process, which puts offenders in treatment programs as quickly as possible after their first court appearance. At arraignment, an eligible offender may be referred by the court to the diversion program, a process which typically occurs within a two day period. The defendant then is ordered to appear before the probation officer for a diversion orientation session within one hour of the grant of diversion. The defendant signs a diversion contract, which clearly spells out all of the conditions of the diversion, and the obligations of the court, the probation officer and the defendant. Routine progress report hearings are held to

monitor the defendant's progress until the program is completed. An "Incentives/Sanctions Point System" is used to enforce compliance with the program, and sanctions are applied or incentives awarded according to the defendant's accumulation of points under the program. Incentives may include a reduction in the diversion fee (from \$220 to \$50) or a reduction in the diversion term (from 24 to six months) if the offender complies with the program requirements. Sanctions imposed for noncompliance include time in custody, volunteer work and closer monitoring by the probation officer and court. Additionally, if an offender fails the program, an "immediate, measured judicial response" follows, that could result in a modification of the diversion program to make it more stringent, or a termination of the diversion program.

An evaluation of the program was conducted in 1991 by the Alameda County Data Processing Department, the Alameda County Probation Department and the Oakland-Piedmont-Emerlyville Municipal Court Clerk's Office. The study compared 130 participants in the drug court program (the "Speedy Diversion" group) between January 2 and February 8, 1991, with 130 control group participants who entered traditional diversion (the "Non-Speedy Diversion" group) between January 1 and March 8, 1990. Each of the participants was studied for eight months after the date of their original arraignments. The study found that the rate of recidivism for offenders in the Speedy Diversion group dropped by nearly half in 1991, based on the number of arrests for felony and misdemeanor offenses. Additionally, the Speedy Diversion defendants who were between the age of 31 and 45 showed nearly three times the improvement in the rate of recidivism than defendants between the age of 18 and 30 in the same program.

The Oakland F.I.R.S.T. Diversion Project planners had surmised that granting diversion soon after the initial arraignment would substantially increase the appearance rate at court hearings. In fact, in 1991, all 40 out-of-custody Speedy Diversion defendants appeared for their diversion hearings. (Under the present program in Oakland, all defendants are out-of-custody at the time of their diversion hearing, although under the old system, defendants may have been held in custody between the time of arraignment and the diversion hearing.) The defendants in Speedy Diversion also showed a 39% reduction in the number of bench warrants issued for failure to appear at court hearings during the eight month supervision period following the initial arraignment.

Based on the study results, the Oakland F.I.R.S.T. Diversion Project evaluators concluded that the reduced workload for the court, law enforcement agency, prosecutors and public defenders, based on the estimated 664 fewer arrests, would result in \$209,057 in projected savings in 1991. This was based on the Oakland Police Department's estimation that each arrest and booking costs the arresting agency about \$314.

Making the Offender Foot the Bill

More than one-half of the states, including Virginia, have statutes that allow state courts to assess a supervision fee to offenders in community corrections programs. The National Institute of Justice reports that many misdemeanor offenders, and even felony offenders, can afford to pay reasonable supervision fees. In 1994, the Virginia General Assembly amended Code of Virginia § 53.1-150 to assess one-time supervision fees, payable to the court in one lump sum or in installments, for offenders on probation, parole, work release, home electronic monitoring or in community diversion programs. Felons are assessed a fee of \$200 and misdemeanants are assessed a fee of \$50 under the statute. If the court determines that the fee would be too great a hardship in a given case, then the offender is exempted from paying the fee and instead must perform community service.

At least one state has taken the lead in creating an incentive for the local probation departments to enforce the collection of supervision fees. Since the 1970's, the Texas Legislature has enacted legislation to allow local probation departments to keep the supervision fees they collect. Under Virginia law, the supervision fees collected, which are paid to the local court clerk, are deposited in the general fund of the state treasury. In Texas, the fee assessed each defendant (a maximum of \$40 per month by law) goes to support local probation departments, which may use the funds to pay salaries, operating expenses and vendor fees for education and treatment services. If a local probation department in Texas has a surplus of funds at the end of the fiscal year, it can carry a sizable percentage of the surplus into the next fiscal year's operational budget.

Directives of SJR 89:

1. *Evaluate the potential use of regional drug abuse treatment units as a viable alternative for the treatment of drug offenders.*

The difference between regional and local treatment programs is purely operational, but regional treatment facilities would be best suited to residential treatment programs. Outpatient treatment and supervision, such as can be provided in day reporting centers, must be local to ensure that offenders can get to the programs frequently. Many offenders may not have personal transportation, and may not have a license to drive. An outpatient program or day reporting center that is more than 30 or 45 minutes from home is too far to expect a high level of offender compliance.

Not much research is available on the use of regional drug treatment units as compared to local drug treatment units. It is reasonable to assume that a regional approach would promote two objectives: comprehensive availability of treatment across the state, and economic efficiency of operation. Some programs, in fact, do operate regionally. For example, Henrico County often purchases residential services for offenders from the Richmond Community Diversion Incentive (CDI) program. Additionally, drug treatment services are offered in varying amounts from the 40 Community Services Boards, some of which have service areas that cover large geographical regions, such as the two-county area served by the Eastern Shore Community Services Board.

However, the programs and Boards primarily provide mental health and mental retardation services, and the amount of substance abuse services available in any given public program varies greatly. By law, the only services that the 40 Community Services Boards must provide is emergency services (Code of Virginia § 37.1-194.) The Board may provide other services, including substance abuse services, as deemed "necessary to provide a comprehensive system of services."

In many areas of the state, cities and counties already are working cooperatively to provide and share treatment services for the offender population. Roanoke, Richmond, Fairfax, Lynchburg, Norfolk and Charlottesville are just a few of the metropolitan communities that work cooperatively with surrounding counties and nearby towns to develop and provide services for chemically dependent persons. But in each of these areas, regional cooperation is not enough to answer a demand for treatment that far outstrips available resources. Communities that are attempting to develop alternative community placements for drug offenders to alleviate local and regional jail overcrowding are finding that program capacity falls short of projected need. These communities and others have indicated that, if treatment capacity were expanded, more offenders would be placed in intensive treatment and supervision programs in the communities instead of in

overcrowded local jails.

2. *Assess the effectiveness of drug abuse treatment and its accompanying effect on recidivism.*

Many of the evaluation studies conducted on the impact of substance abuse treatment have focused on how effective treatment can be in curbing drug abuse and preventing relapse. However, evaluation studies of how treatment of drug offenders can have an impact on criminal recidivism are less plentiful. It is logical to assume that, once a drug offender is treated successfully for his chemical dependency, the purpose behind his criminal activity (i.e., supporting a drug habit) would be eliminated.

The drug offenders who are most responsive to treatment, and who do not continue their criminal involvement after treatment, are those persons who have a means of support and who already have social skills. Those offenders who initially are successful in drug treatment, but eventually relapse back into drug use and commit new crimes, fail primarily because they do not have employable job skills or appropriate social skills.

The goal of the SJR 89 study was to look at the role of substance abuse treatment in the supervision and punishment of drug offenders, primarily in community corrections programs.

At the first meeting on this study, Dwight McCall from the Office of Substance Abuse Services presented research that supports substance abuse treatment as a successful tool in drug addiction rehabilitation. (See Appendix B.) Additionally, substance abuse treatment plays an important role in the successful management and supervision of drug offenders in the community.

A survey was conducted in Virginia by the Office of Substance Abuse Services two years ago to evaluate the program of the substance abuse treatment counselors that provide services in the local and regional jails. Not only did the treatment counselors and their supervisors believe that the program was successful in promoting rehabilitation, the jail sheriffs and administrators credited the substance abuse treatment program with enhancing their ability to manage the inmates and improve the overall environment of the jail.

In the community corrections setting, the same holds true. The Oakland Municipal Court drug offender supervision program requires offenders to participate in a comprehensive treatment program (which includes urine testing, group counseling, drug education and acupuncture.) Oakland has evaluated its program from the beginning and reports the following:

1. The re-arrest rate of offenders in community-based treatment dropped 48%. Figuring the cost of an arrest in Oakland at \$314, this decrease in the re-arrest rate results in a savings to local law enforcement.

2. Previously, two out of three offenders failed to make their court appearance following arraignment. The failure to appear rate has dropped dramatically in Oakland (at least 77%) primarily because drug offenders in need of treatment appear in court the day after arraignment. Previously, there was a four month wait between arraignment and the disposition hearing, during which time the vast majority of offenders were re-arrested for drug-related offenses.

This approach shifts a sizable supervision responsibility (both pre-trial and post-disposition) from the jail to community corrections officers. To place non-violent drug offenders in community supervision and treatment in lieu of jail, funding streams to community corrections and treatment agencies must be commensurate with the increased responsibility. Inadequate supervision and inadequate treatment may in fact lead to failure to comply for these offenders.

3. *Assess the cost savings of housing inmates in facilities other than (correctional) institutions.*

Placement in community supervision is far less expensive per offender than placement in a jail or state institution. There are always going to be concerns about public safety when offenders are not behind bars. However, substance-abusing offenders who do not have a record of violent offenses can be successfully supervised and treated in community corrections programs at a substantial savings to the state and to localities. (See Appendix C.)

4. *Assess the cost savings of locating treatment personnel and clientele in the same unit, and its accompanying effect on the success of the program.*

Primarily, treatment falls into one of two categories: inpatient or outpatient, or a combination of the two over time. In a community corrections setting, inpatient treatment for offenders may be best provided in a therapeutic community program. There are at least five of these operating in Virginia, located in Roanoke, Richmond, Tidewater and two in northern Virginia. In a therapeutic community, the clients live in a facility with supervisors and counselors and receive intensive treatment. Many work while in the program and are expected to make some fee payment toward the cost of treatment expenses. Successful participation in a therapeutic community program leads to the offender phasing into an outpatient treatment program and returning home to live.

Outpatient treatment and supervision can take a variety of forms. Home incarceration, electronic monitoring and day reporting centers all provide a more

intensive form of offender supervision than does traditional probation supervision. Day reporting centers are an exceptional means of keeping in regular contact with the offender and ensuring that he is participating in his treatment program. Acupuncture and urine testing can be accomplished at day reporting centers as well. Additionally, intensive supervision programs allow probation officers to more closely monitor a certain population of offenders in the community to ensure probation compliance and successful community supervision. (See Appendix D.)

5. *Assess (determine) the types of inmates (offenders) who would be suitable for community supervision and treatment.*

The type of offender best suited to intensive supervision and treatment in lieu of jail is the non-violent offender. However, the offenses committed by a drug addict who can be appropriately placed under community supervision are not limited to drug possession or purchasing offenses. Drug offenders also are responsible for breaking and entering offenses, and a variety of theft offenses, all because they are trying to support their drug habit. Judges who operate drug court programs have successfully expanded their participant base to include misdemeanants who are in need of drug treatment.

The Roanoke drug court program, as it is planned for implementation, will depend on the flexibility currently available under Code of Virginia § 18.2-251 to alternatively place appropriate offenders in community supervision and treatment programs in lieu of jail. However, some concerns have been raised that Code of Virginia § 18.2-251 is not broad enough to include some drug offenders who may be considered higher risk offenders than those persons traditionally adjudicated and sentenced under this section. As the Roanoke drug court program continues in its development, it will be determined through that program's experience whether Code of Virginia § 18.2-251 could be amended to support a drug court model.

Summary of Drug Court Project progress

A. Roanoke Drug Court Project: A team of judges, law enforcement officials, treatment providers, prosecutors, defense attorneys and community corrections officers has worked for a year to develop an implementation plan for a drug court program in the 23rd Judicial Circuit including Roanoke City, Roanoke County and Salem City. The team has addressed procedural issues, treatment needs and community supervision concerns, but now has determined that it must expand treatment capacity in order to ensure the success of the planned program. The multi-jurisdictional, multi-disciplinary team, headed by Roanoke Circuit Court Judge Diane Strickland, has applied for federal grant funds to support the program, but has not yet been approved for funding. Although there will be some drug court and community drug treatment funds available to Virginia through the 1995 federal crime bill, it will be difficult to compete for funds sufficient to support the planned

program in Roanoke. The team continues to seek funding, both at the federal and state level, to initiate its drug court program.

B. Lynchburg Drug Court Consideration: A team of criminal justice and treatment system professionals, similar to that of the Roanoke team, has been assembled in Lynchburg to consider the feasibility and efficacy of developing and implementing a drug court project in the Lynchburg/Bedford area. A chief concern is the availability of appropriate treatment and community supervision resources to support a drug court program. Another concern is the public acceptance of a program that places drug offenders in community treatment programs rather than in jail. The Lynchburg team, guided by staff from "The Partnership," a community drug abuse prevention coalition, will continue to study the feasibility of implementing a drug court program. Staff from the Virginia State Crime Commission, the Virginia Department of Corrections and the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services will provide technical assistance and support to the Lynchburg project as requested.

Additionally, other communities that may consider drug court programs will be provided technical assistance and support at their request by these three agencies.

V. Recommendations:

1. The Virginia State Crime Commission supports the development of court-supervised community corrections placements for non-violent drug offenders in lieu of incarceration in a local or regional jail facility. Judges, prosecutors, defense counsel, law enforcement and community corrections officials are encouraged to work cooperatively to place non-violent drug offenders in need of substance abuse treatment in community corrections programs that promote treatment, education, job skills training and placement, and appropriate supervision as an alternative to incarceration.

2. Substance abuse treatment programs for offenders that provide counseling, drug education and drug testing must be comprehensive in their design and staffing, and must be adequately funded in order for community supervision to be successful. The Department of Corrections and the Department of Mental Health, Mental Retardation and Substance Abuse Services are encouraged to prioritize general fund requests for community supervision and treatment funds, and to work cooperatively to seek federal grant funds to further support these programs.

3. Staff from the Department of Corrections, the Office of Substance Abuse Services, and the Virginia State Crime Commission should make technical assistance and training on drug treatment for offenders and community corrections alternatives to incarceration available on request to the regional meetings of the circuit court judges.

VI. Resources

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VII. Acknowledgements

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U. S. Department of Health and Human Services

Judge Diane Strickland
Roanoke Circuit Court, Twenty-Third Judicial Circuit

Judge William Sweeney
Bedford County Circuit Court

Task Force on Substance Abuse Services for Offenders
Scott Reiner and Dr. James May, Co-Chairs

Judge Jeffrey Tauber
Oakland Municipal Court (California)

Lloyd Young
Department of Criminal Justice Services

Appendix A

1994 SESSION

LD2319728

1 **SENATE JOINT RESOLUTION NO. 89**
2 **AMENDMENT IN THE NATURE OF A SUBSTITUTE**
3 **(Proposed by the Senate Committee on Rules**
4 **on February 4, 1994)**
5 **(Patron Prior to Substitute—Senator Robb)**

6 *Requesting continuation of the Crime Commission study of drug offender cases and*
7 *alternatives to prison and jail incarceration.*

8 WHEREAS, a substantial number of offenders housed in state correctional facilities have
9 admitted to or been identified as substance abusers; and

10 WHEREAS, many offenders are in correctional facilities for drug-related crimes; and

11 WHEREAS, increases in drug-related crimes continue to threaten the ability of our
12 criminal justice system to deal fairly and efficiently with other crimes; and

13 WHEREAS, pursuant to Senate Joint Resolution No. 262 (1993), the Virginia State Crime
14 Commission began collecting and analyzing data on drug cases in the juvenile, district and
15 circuit courts; and

16 WHEREAS, over the past decade the number of arrests for drug offenses has increased
17 by 49 percent; and

18 WHEREAS, despite increased efforts in law enforcement and more stringent sentencing,
19 the tide does not appear to have turned; and

20 WHEREAS, the state provides treatment in addition to education and other programs
21 for inmates, but, with the fiscal constraints currently hampering the flow of funds to all
22 state agencies, funds for programs are being stretched beyond their capability; and

23 WHEREAS, the abuse of drugs is directly tied to rates of recidivism, especially when
24 treatment has been in a controlled environment; and

25 WHEREAS, most inmates return to their original location when released and have no
26 access to any type of phasing system to give them the skills to deal with societal pressures;
27 and

28 WHEREAS, drug abuse treatment policy has generally shown that, after detoxification, a
29 person responds better to treatment in the least restrictive environment which allows him
30 to operate in the real world; and

31 WHEREAS, significant progress has been made in ascertaining ways to increase the use
32 of appropriate alternatives to incarceration for drug convictions; now, therefore, be it

33 RESOLVED by the Senate, the House of Delegates concurring, That the Virginia State
34 Crime Commission continue its analysis of drug-offender cases and study of alternatives to
35 incarceration. As part of its study, the Commission shall evaluate the potential use of
36 regional drug abuse treatment units as a viable alternative for the treatment of drug
37 offenders. The evaluation shall include, but not be limited to, an assessment of (i) the
38 effectiveness of drug abuse treatment and its accompanying effect on recidivism, (ii) the
39 cost savings of housing inmates in facilities other than institutions, (iii) the cost savings of
40 locating treatment personnel and clientele in the same unit and its accompanying effect on
41 the success of the program, (iv) the types of inmates who would be suitable for such a
42 program, and (v) the methods of incarceration, including the use of electronic monitoring.

43 Technical assistance shall be provided by the Departments of Corrections and Mental
44 Health, Mental Retardation and Substance Abuse Services. All agencies of the
45 Commonwealth shall provide assistance to the Commission, upon request.

46 The Commission shall complete its work in time to submit its findings and
47 recommendations to the Governor and the 1995 Session of the General Assembly as
48 provided in the procedures of the Division of Legislative Automated Systems for the
49 processing of legislative documents.

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Appendix B

Testimony to be Offered
Before the Virginia State Crime Commission
Regarding SJR 89 - *Court Services for Drug Offenders*

Dwight McCall, Ph.D.
Research & Evaluation Associate

Office of Research and Evaluation

Department of Mental Health, Mental Retardation,
and Substance Abuse Services

June 7, 1994

Introduction

The following report will address four areas related to the treatment of substance abuse problems of consumers involved with the criminal justice system:

- (1) Need for treatment
- (2) Numbers of offenders currently in treatment
- (3) Cost of services provided
- (4) Treatment effectiveness

Where available, data will be presented at the national and state levels. State-level data will be restricted primarily to consumers receiving outpatient substance abuse treatment from Virginia's Community Services Boards (CSB) in FY 93. Substance abuse treatment of offenders directly or indirectly through the Department of Corrections is not included in this report.

Need for Treatment

The Institute of Medicine estimated that, in 1988, 5.5 million Americans (approximately 2% of the population) clearly or probably¹ needed treatment for substance abuse. Approximately two-fifths of those labelled as clearly needing treatment were under the supervision of the criminal justice system (CJS) (i.e., parolees, probationers, or inmates).

These data are supported by CJS-focused screening for substance abuse among offenders at the national and state levels.

National level

Arrestees. The Drug Use Forecasting (DUF) System, which detects substance use in arrestees in 22 cities via a voluntary, anonymous interview and urinalysis, found that approximately 60% of those assessed were using a drug other than alcohol at the time of their arrest.

Local jails. In a Bureau of Justice Statistics special report on *Drugs and Jail Inmates, 1989*, Harlow reported that 23% of all inmates in local jails were charged with drug offenses. Fifty-five per cent of those jailed acknowledged use of a major drug (cocaine/crack, heroin, PCP, LSD, or illegal methadone), and 30% reported having used one of these drugs during the month prior to their offense.

¹"Clear" need for treatment was defined as exceeding thresholds on three distinct criteria: illicit drug consumption at least three times a week, at least one explicit symptom of dependence, and at least one other kind of functional problem attributed to drug use.

"Probable" need for treatment was defined as exceeding the thresholds on two of the three above criteria, but not all three.

The increase in cocaine use among these offenders over time was striking; while 38% admitted use of cocaine in 1983, by 1989, the percentage had risen to 50%.

Among all inmates, the median age for first drug use varied from 16 years old for users of any drug to 20 years old for regular users of major drugs. The median age of first arrest for these offenders was 18 years old.

Among those acknowledging use of a drug in the month prior to the offense, 67.3% of the 51,337 cocaine/crack users had been incarcerated in the past, while 63.7% of the 44,550 users of other drugs reported previous incarceration. Further, 38.6% of the cocaine/crack users reported having committed their crime in order to obtain money to buy drugs; 12.9% of the other drug users reported this motivation.

State prisons. Chaiken's 1989 study found that 50% of all state prison inmates had used drugs regularly before their most recent arrest.

Probation and parole. A study of 106 intensive probation supervisees found that almost all had used some form of marijuana. Over 50% had used cocaine or crack and 67% were currently using some illicit drug.

State level

In Virginia, a recent (1992) survey of CSB-based substance abuse counselors in local jails produced an estimate that as many as 69% of all inmates were in need of substance abuse treatment. In the same survey, sheriffs estimated the need at 51-75% of their populations. These percentages would translate to approximately 7,000-10,500 inmates incarcerated at any one time in Virginia who are in need of substance abuse treatment. This statistic does not include persons in the community who are under the supervision of the criminal justice system.

Summary

There is an impressive body of empirical evidence to support the connection between most substance abuse and criminality. This seems to be especially true with certain drugs such as cocaine and opiates.

The exact nature and direction of the relationship between substance abuse and criminality is more ambiguous. Nurco² and his associates concluded that addiction acts as a "multiplier" of crime; that is, although criminal behavior often occurs before the

²Nurco, D. N., Ball, J. C., Shafer, J. W., & Hanlon, T. E. (1985). The criminality of narcotic addicts. Journal of Nervous and Mental Disorders, 173, 84-107.

onset of addiction, it appears that the level of criminal involvement intensifies markedly when addiction begins. The Institute of Health's study of substance abuse treatment framed the connection between these phenomena as reciprocal and synergistic, that is, one problem exacerbates the other. This perspective led Gerstein and Harwood, the authors of this study, to recommend that, even though substance abuse treatment appears to lessen criminal behavior, treatment of offenders should include close community surveillance by criminal justice agencies.

Numbers of Offenders Currently in Treatment

National level

In 1992, Peters and May surveyed 1,737 local jails and found that only 28% of these jails offered drug abuse treatment of any type and only 18% had funded treatment programs. Only 6.7% of the average jail inmate population was enrolled in drug abuse treatment at the time of the study. In Chaiken's³ 1989 study of state prison inmates, the author found that approximately 50% of all state prison inmates had used drugs regularly before their last arrest but the majority were receiving no specific treatment while incarcerated.

State level

In an attempt to respond to the problems associated with substance abusers in Virginia's jails, in 1989, the Department of Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS) set aside \$1,600,000 of new federal treatment funds to establish one position in each of the 40 community services boards (CSBs) to provide substance abuse services to jails in their catchment areas. This amount was increased in 1991 by an additional \$691,281 for CSBs indicating a need to further expand substance abuse services to criminal justice clients in jails and in community settings. These funds have provided for 54 clinician positions, serving 86 of the 94 (91.5%) local jails.

CSB outpatient substance abuse services include these jail-based services, plus services rendered to non-incarcerated offenders in the community. In total, approximately 36% of all consumers admitted to outpatient substance abuse treatment in Virginia's CSBs in FY 93 were referred by the criminal justice system. The total number of consumers treated (including admissions in FY 93 and prior years) in outpatient substance abuse services in FY 93 totalled 36,353. Thus, it can be estimated that approximately 13,000 CJS referrals were seen in this treatment modality alone in that year. No estimates of proportions of CJS-referred individuals are immediately available for other substance abuse treatment modalities.

³Chaiken, M. R. (1989). In-prison programs for drug-involved offenders. Washington, DC: National Insititute of Justice, U. S. Department of Justice.

Although the statewide proportion of CJS referrals in the outpatient substance abuse programs of the CSBs is approximately 36%, there is a great degree of variability among the forty CSBs with percentages ranging from 19.6% to 66.4%. A list of those percentages is provided in Appendix A.

There is concern on the part of CSB staff that these data under-estimate the actual number of consumers involved in the criminal justice system because many consumers do not acknowledge CJS referral or involvement at intake and their CJS status is not learned until after intake data is entered, if ever.

Even though these data reflect a large number of CJS-referred individuals receiving treatment through the CSBs, in a 1992 survey of substance abuse treatment in Virginia jails, counselors estimated that only 29% of those currently needing services were actually receiving them.

Costs of Services

In FY 93, the total CSB expenditures for the seven substance abuse services used most frequently by CJS-involved consumers (methadone detoxification, methadone maintenance, medical/social detoxification, outpatient treatment, case management, day treatment, and therapeutic community) totalled \$48,887,075. This represents 13.8% of the entire CSB expenditures of \$353,109,203.

No data reflecting the actual costs of substance abuse treatment for CJS-referred consumers are currently available. However, given the statewide proportion (36%) of CJS-referred consumers in CSBs noted above, it can be estimated that approximately \$9,348,122 of the total \$25,967,007 spent on outpatient substance abuse treatment in the CSBs was spent on this population. In the absence of data-based estimates of proportions of CJS-referred consumers in the other treatment modalities, it is not possible to estimate costs associated with treating these individuals in modalities other than outpatient. Table 1, however, provides a breakdown of total FY 93 expenditures (i.e., CJS and non-CJS) and unit costs for each service.

Table 1

FY 93 Expenditures for Seven Primary Substance Abuse Services Rendered to Criminal Justice System-Referred Consumers⁴

<u>Service</u>	<u>Total Expenditures</u>	<u>Unit Costs</u>
Outpatient	\$25,967,007	\$46/hr.
Case Management	\$5,816,950	\$42/hr.
Methadone detox.	\$358,759	\$19/hr.
Methadone maintenance	\$2,390,353	\$37/hr.
Day treatment	\$3,149,681	\$61/day
Med./social detox.	\$5,850,475	\$135/day
Therapeutic community	\$5,353,850	\$51/day

These costs can be compared to the costs associated with drug-related crimes which are estimated by Harwood and associates to be \$4.3 billion nationally. This figure includes: \$2.6 billion in lost property, \$1.7 billion in victims' lost work time, \$150 million in property damage, and \$50 in medical care costs.

On a per-offender basis, the costs associated with not providing treatment are graphically demonstrated by data from the Treatment Outcome Prospective Study (Table 2).

Table 2

Economic Impacts of Drug Abusers One Year before Treatment and One Year after Leaving Treatment⁵

<u>Impact Category</u>	<u>Before Treatment</u>	<u>After Treatment</u>
Crime-related costs		
1. Costs to victims	\$1,802	\$1,236
2. Criminal justice	3,926	3,049
3. Crime career/productivity	9,534	9,804
Costs to society (sum of 1, 2, & 3)	\$15,262	\$14,089

If these numbers are applied to CJS-referred consumers treated in Virginia's CSBs, it can be estimated that the reduced costs to society per year (\$1,173), multiplied times approximately 13,000 offenders treated in FY 93, results in a net benefit of up to \$15,249,000.

⁴Source: Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (1994). Community services boards annual statistical report: Fiscal year 1992-1993. Richmond, VA.

⁵Source: Hubbard, R. L., Marsden, M. E., Rachal, J. V., Harwood, H.J., Cavanaugh, E. R., & Ginzburg, H. M. (1989). Drug Abuse Treatment: A National Study of Effectiveness. Chapel Hill, NC: University of North Carolina Press.

Further, according to the Virginia Department of Corrections, it costs approximately \$35 per day to keep an offender in a local jail, and approximately \$44 per day to keep an offender in a state prison.

Treatment Effectiveness

With respect to both the general population and to the CJS population in particular, the contention that "Nothing works" has been voiced. There is a growing body of empirical evidence, however, which challenges this idea.

The Institute of Medicine commissioned a committee of experts to review the effectiveness of, and funding for, drug treatment in the United States. The committee summarized its 1989 findings in this way:

- * No single treatment "works" for a majority of the people who seek treatment.
- * Each of the treatment modalities for which there is a baseline of adequate studies can be said to work for many of the people who seek that treatment, and...
- * Enough individuals do find the right treatment, and stay with it long enough, to make the current aggregate of treatment programs worthwhile.⁶

In literature specific to the criminal justice system, the question of whether treatment "works" has measured treatment outcome in terms of reductions in substance use and criminal behavior following treatment. Several national and large, single program-based studies have reported significant reductions in substance use and criminal behavior related to treatment. In addition, recently compiled data from outpatient treatment in Virginia's CSBs demonstrate important positive changes in substance abusers from the time of intake to the time of discharge.

National level

Of the three major treatment modalities---outpatient methadone detoxification or maintenance, residential treatment (including therapeutic communities), and outpatient drug-free treatment---residential treatment has received the most attention in terms of measuring treatment outcome, especially with criminal justice system-involved clients. Lipton, Falkin, and Wexler found that more than 40% of those treated in therapeutic communities maintained favorable outcomes one year after completing treatment,

⁶Gerstein, D. R. & Harwood, H. J. (Eds.). (1990). Treating drug problems. Vol. 1. Washington, DC:National Academy Press.

even when judged by the most stringent criteria, that is, no illicit drug use or crime for one year. An evaluation of *Stay'n Out*, a New York program treating primarily opiate and cocaine abusers, evidenced better outcomes in their treated offenders than in comparable offenders who received no treatment.⁷ In Oregon, the *Cornerstone* program has treated both alcohol and other drug abusers. A three-year follow-up study showed superior outcomes in treated parolees as compared to treatment dropouts and untreated parolees with substance abuse problems.⁸

In a recent study, the Treatment Outcome Prospective Study (TOPS) summarized data collected on over 11,000 drug abusers who entered treatment in 1979-1981 and found major declines in drug use and criminal activities following treatment. All three major modalities---outpatient methadone, residential treatment (including, therapeutic community), and outpatient drug-free treatment---demonstrated positive impact on substance use (Figures 1a, 1b, & 1c), predatory criminal activity (Figure 2), and suicide indicators (Figure 3).⁹

In terms of identifying which types of treatment are most effective, these graphs show no clear difference between the modalities on these outcome measures. There is a growing belief, however, that optimal outcome is enhanced when the consumer is matched to the appropriate type and level of treatment on the basis of consumer characteristics. For a more detailed review of the parameters associated with each type of treatment, I would refer you to the Institute of Medicine's 1990 report *Treating Drug Problems* and the TOPS study, sponsored by the National Institute on Drug Abuse, whose results were published in 1989 in *Drug Abuse Treatment: A National Study of Effectiveness*.

Two key factors which seem to enhance positive treatment outcomes in the CJS population include:

- * Retention in treatment and concomitant length of stay,

⁷Lipton, D. S., Falkin, G. P., & Wexler, H. K. (1992). Correctional drug abuse treatment in the United States: An overview. In C. G. Leukefeld & F. M. Tims (Eds.), Drug abuse treatment in prisons and jails. (Research monograph 118, pp. 8-30). Rockville, MD: National Institute on Drug Abuse.

⁸Field, G. (1985). The *Cornerstone* program: A client outcome study. Federal Probation, 49, 50-55.

⁹Source: Hubbard, R. L., Marsden, M. E., Rachal, J. V., Harwood, H. J., Cavanaugh, E. R., & Ginzburg, H. M. (1989). Drug abuse treatment: A national study of effectiveness. Chapel Hill, NC: University of North Carolina Press.

- * Regular supervision by CJS personnel, including urinalysis.

Only 20-30% (depending on treatment modality) of clients treated over 90 days committed a crime in the year after treatment. Wheeler and Rudolph found that reductions in recidivism for offender drug abusers were directly related to the number of urine screens and visits with a probation or parole officer.¹⁰

Other factors which have shown statistically significant but functionally smaller impact on treatment outcome include four offender characteristics (age at admission to treatment, age at first addictive use, drug and psychological problem severity, and criminal history), and three treatment characteristics (quality of clinical management, clinical competence, and matching of consumer to correct treatment modalities).

State Level

The Department of Mental Health, Mental Retardation, and Substance Abuse Services has recently completed data collection for the first year of its Evaluation of Community-based Consumer Outcomes (ECCO) project. Consumers referred by the criminal justice system during FY 93 constituted the target population for the ECCO FY 94 substance abuse project.

In order to produce uniform statewide data, only outpatient substance abuse treatment was evaluated since this is the only treatment modality provided by all forty CSBs. It should be noted that the following data reflect only those consumers both admitted and discharged from outpatient treatment in FY 93.

Two measures of treatment outcome were available. These indicators measure treatment completion status and level of substance use; no data are currently available on during- and post-treatment criminal recidivism. Efforts are currently underway to expand the range of outcome measures.

Treatment Completion. The first outcome measure involves the clinician's report of whether a consumer completed treatment successfully or not.¹¹ Overall, 45.0% of all consumers completed treatment successfully while 50.0% did not (5% were unclassifi-

¹⁰Wheeler, G. R. & Rudolph, A. S. (1990). Drug testing and recidivism of Houston felony probationers. Perspectives, 14, 36-43.

¹¹Successful completion of treatment is defined as having been discharged by the clinician after completing treatment rather than the consumer's leaving treatment prior to this determination or being terminated by the program for administrative reasons.

able). Interestingly, 57.0% of CJS consumers were successful while only 37.0% of the non-CJS consumers were categorized as successful. It should be noted, however, that these proportions were skewed by the inclusion of Alcohol Safety Action Program (ASAP) treatment outcomes in the CJS group. Among ASAP consumers, 83.9% were categorized as successful while only 43.0% of non-ASAP CJS consumers were successful. Note, however, that this proportion is still higher than that of non-CJS consumers.

Level of Use at Intake and Discharge. The second outcome measure involves self-reported levels of substance use at intake and at discharge. Naturally, the self-report nature of these data leave open to question their accuracy. Further, there is little scientific data to show whether self-report is more distorted in CJS consumers than in non-CJS consumers, but common sense would lead one to suspect that court pressure might produce lower self-reported use in CJS consumers.

The percentage of CJS-referred consumers acknowledging daily use of substances at admission was 21.4%; this percentage dropped to 6.5% at discharge. By comparison, 45.4% of non-CJS-referred consumers reported daily use at intake, while 22.3% admitted to this level of use at discharge. Conversely, while 23.9% of the CJS referrals claimed no use at admission, this percentage rose to 30.6% at discharge, another indicator of reduced use which can be attributed to treatment.

Thus, although only a small percentage of CJS-referred consumers achieved total abstinence while in treatment, a large number of daily users were able to reduce their use during this period. Although this outcome may not, on the surface, appear to support the contention that treatment is effective, this outcome is in keeping with the findings of the Committee on Drug Problems of the National Institute of Health which concluded that:

- * Full recovery, marked by abstinence and the absence of any criminal activity, is a realistic expectation for only a fraction of those treated.
- * For the larger percentage of offenders treated for their substance abuse problem, partial recovery, involving both reduced drug use and criminal activity, is the most realistic expectation.
- * Unfortunately, for a small fraction of those treated, no recovery in either area is to be expected.¹²

¹²Gerstein, D. R. & Harwood, H. J. (1990). Treating drug problems. Vol 1. Washington, DC: National Academy Press.

Summary

Not surprisingly, there is strong, data-based evidence to support the contention that there is a connection between substance abuse and criminal behavior.

In contrast to the criticism that "nothing works" to change the behavior of substance-abusing criminals, there is growing empirical evidence to show that certain types of treatment are effective with many offenders in reducing both substance use and recidivism. In fact, in Virginia, there is some evidence that CJS-referred consumers have better outcomes from substance abuse treatment than non-CJS-referred consumers.

Substance abuse treatment of offenders has significant costs, but these must be compared to the costs associated with not providing such treatment and alternative dispositions of offenders.

Appendix A
Percentage of Outpatient Substance Abuse Consumers
Referred by the Criminal Justice System
by CSB in FY 1993

<u>CSB</u>	<u>CJS Percentage</u>
ALEXANDRIA	N/A
ALLEGHENY-HIGHLANDS	N/A
ARLINGTON	52.1
BLUE RIDGE	26.7
CENTRAL VIRGINIA	44.5
CHESAPEAKE	64.0*
CHESTERFIELD	N/A
COLONIAL	58.1
CROSSROADS	28.7
CUMBERLAND MOUNTAIN	32.1
DANVILLE-PITTSYLVANIA	43.9
DICKENSON	66.4
EASTERN SHORE	50.8*
FAIRFAX-FALLS CHURCH	59.8*
GOOCHLAND-POWHATAN	23.9
HAMPTON-NEWPORT NEWS	54.7*
HANOVER	N/A
HARRISONBURG-ROCKINGHAM	43.5
HENRICO AREA	19.6
HIGHLANDS	39.5
LOUDOUN CO.	28.6
MID. PENN.-N.N.	32.5*
MT. ROGERS	40.0
NEW RIVER VALLEY	30.0
NORFOLK	55.8*
NORTHWESTERN	44.3*
PIEDMONT REGIONAL	28.4
PLANNING DISTRICT 1	64.4
PLANNING DISTRICT 19	47.0
PORTSMOUTH	52.0*
PRINCE WILLIAM	44.3*
RAPPAHANNOCK AREA	41.8
RAPPAHANNOCK-RAPIDAN	49.3
REGION TEN	36.2*
RICHMOND	36.8*
ROCKBRIDGE AREA	57.3
SOUTHSIDE	21.6
VALLEY	23.0
VIRGINIA BEACH	41.0*
WESTERN TIDEWATER	44.2*

*Data collected at state level but not verified at local level.

Figure 1a
 Changes in Prevalence of Regular Heroin Use (clients treated three months or longer)

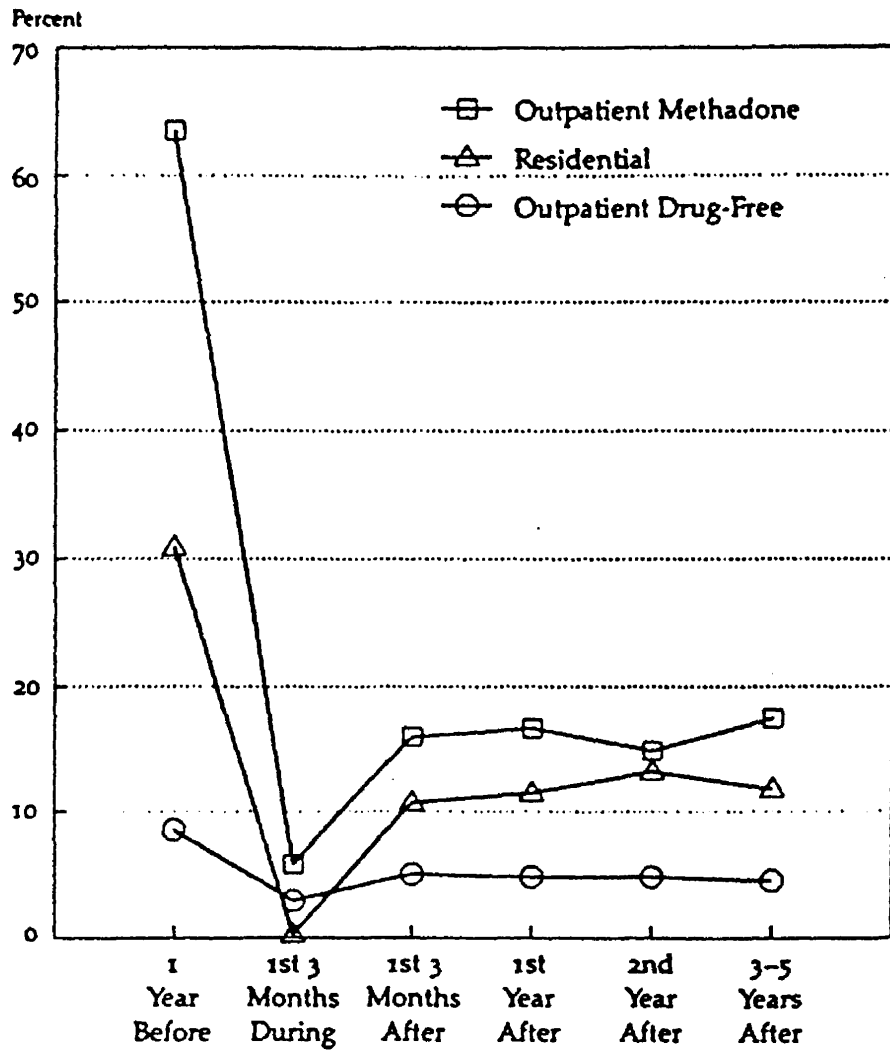


Figure 1b
Changes in Prevalence of Regular Cocaine Use (clients treated three months or longer)

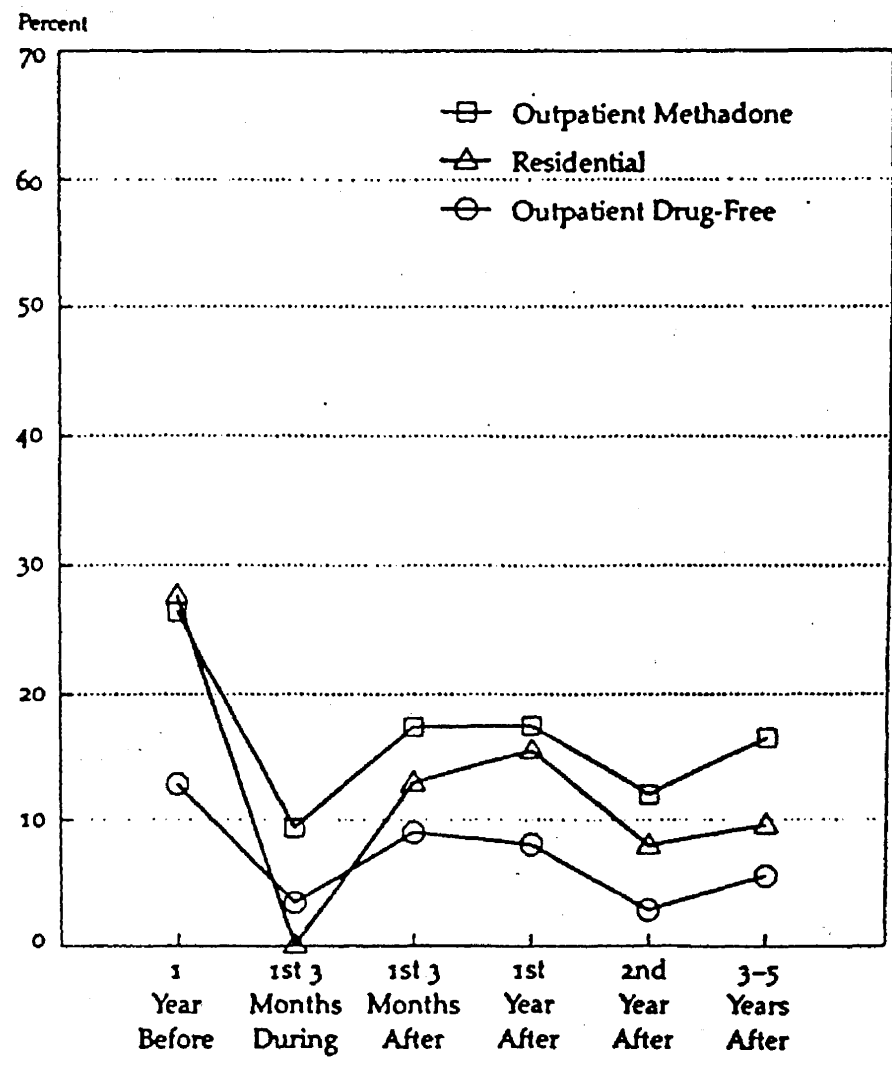


Figure 1c
 Changes in Prevalence of Regular Nonmedical Psychotherapeutic Use
 (clients treated three months or longer)

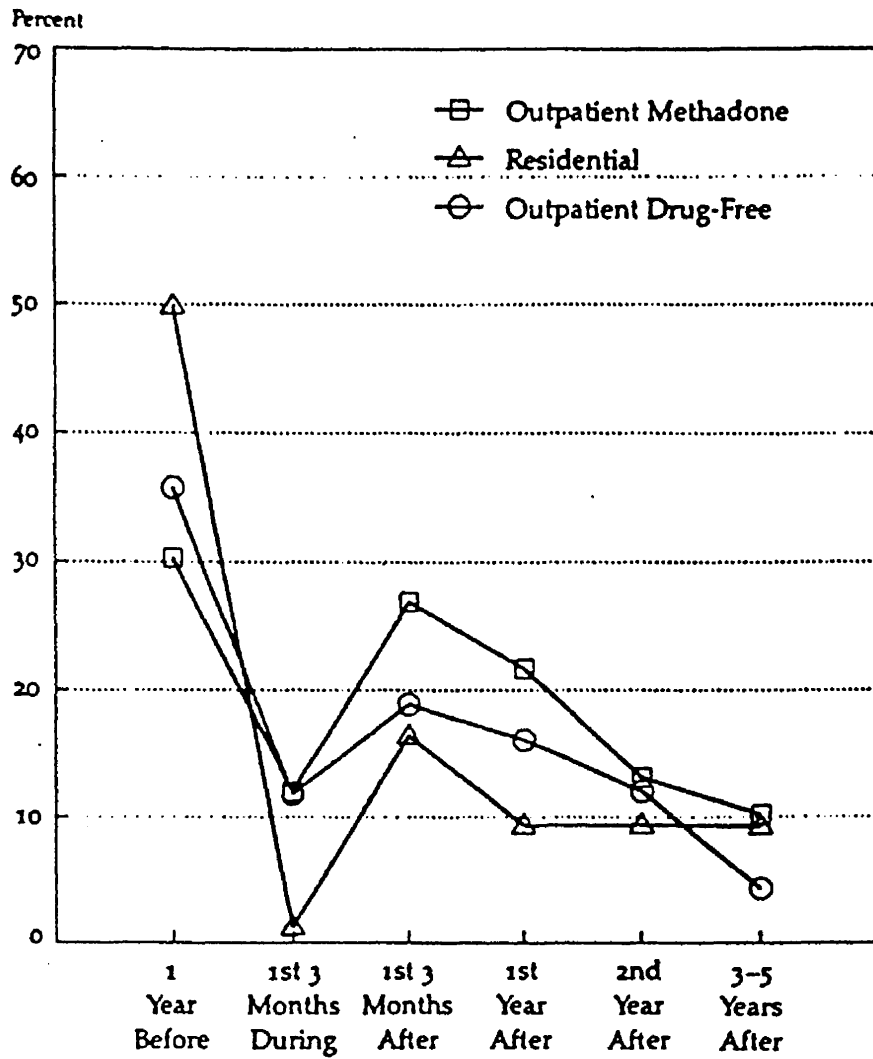


Figure 2
 Changes in Prevalence of Predatory Crime (clients treated three months or longer)

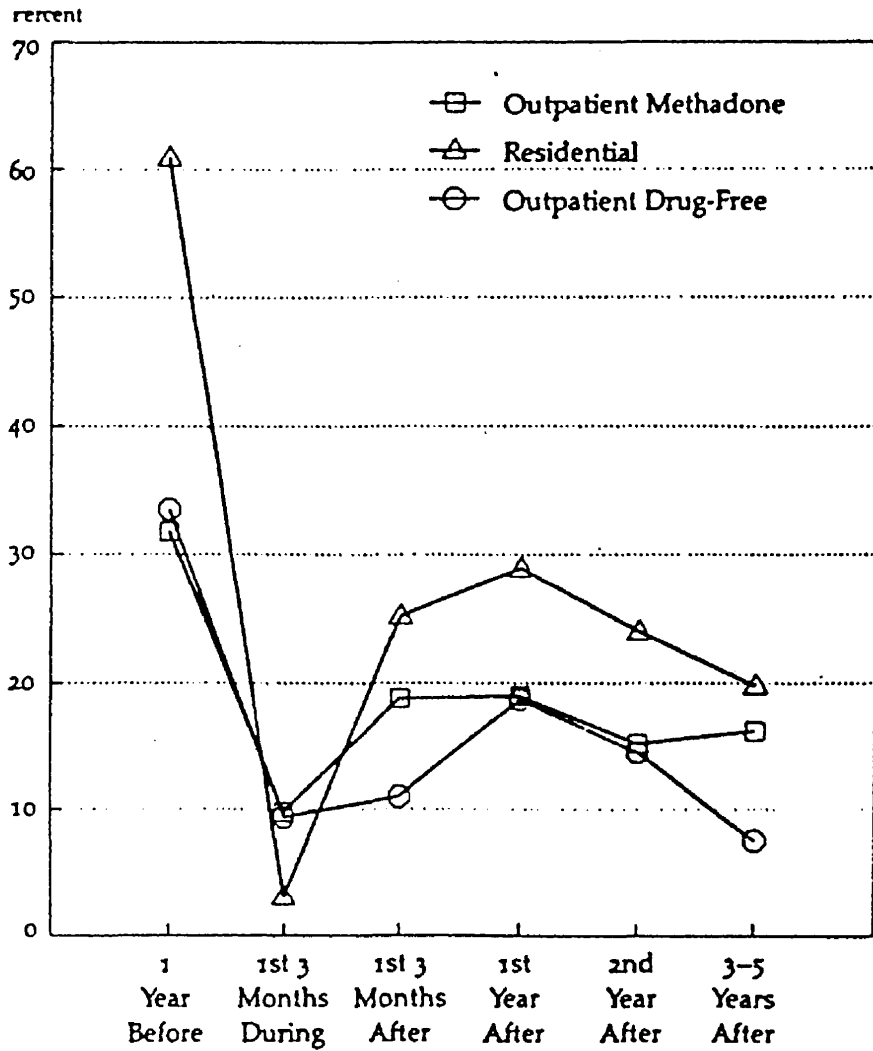
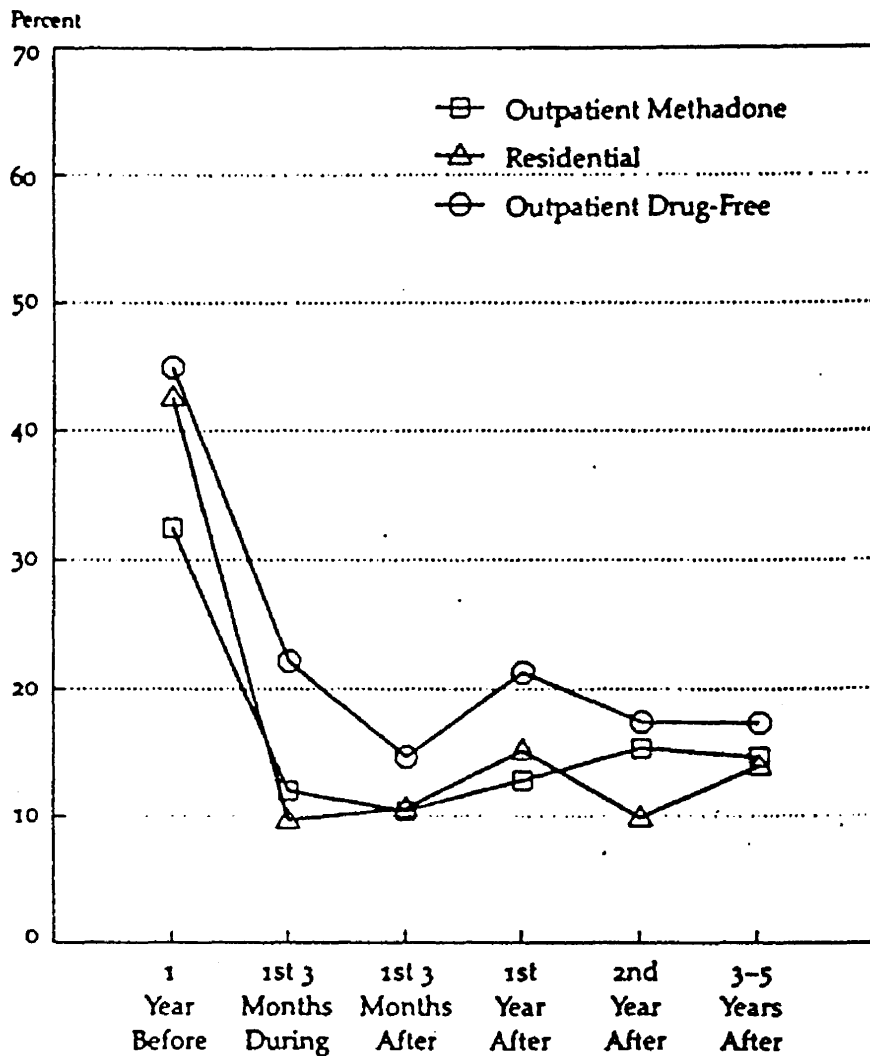


Figure 3
 Changes in Prevalence of Suicidal Indicators (clients treated three months or longer)



Appendix C



Ron Angelone
~~XXXXXXXXXXXX~~
DIRECTOR

COMMONWEALTH of VIRGINIA

Department of Corrections

P O BOX 26963
RICHMOND, VIRGINIA 23261
(804) 674-3000

October 7, 1994

MEMORANDUM

TO: Dana Schrad, Staff Attorney
Virginia State Crime Commission

FROM: Drew Molloy *Drew*
Special Programs Manager

RE: Requested Information

Regarding your request for information I offer the following:
FY1992 Evaluation for ISP, ISP Guide, SF collections for
FY1993-94, and some brief information on Day Reporting Centers.

Day Reporting Centers

Fairfax DRC: \$375,000 appropriation, General Fund
Richmond DRC: \$375,000 appropriation, General Fund
Norfolk DRC: \$375,000 appropriation, General Fund
Appalachian
Intervention Ctr.: \$298,761, CSAT grant
Peninsula DRC: \$340,166, DCJS grant (1 year)

Fairfax DRC was initiated in August, 1993, when the program began accepting referrals. The Appalachian Intervention Center in Abingdon was initiated in March, 1994, when the program began accepting offenders. It appears that Richmond DRC will begin operation this month. Norfolk anticipates a start up date of January 1, 1995.

Basically DRCs are "one stop shopping" programs where all offender services are provided on-site. All will utilize agreements with their CSBs to provide substance abuse programming at the DRCs. Fairfax, Richmond, and Norfolk will contract with DCE for educational programs (via appropriations in their budgets). Other programming: life skills, vocational assistance, employment assistance, OAR services, and community service. Fairfax is now looking at service to a wide array of offenders, not just violators. That holds true for Abingdon. The other programs will concentrate on technical violators. Each is involved in providing transportation, either through their own vans or tickets for public transportation.

It is estimated that the following number of offenders will be served yearly at each program:

Fairfax	300-400
Richmond	300
Norfolk	300-400
Peninsula	400 (serves 2 probation/parole districts)
Appalachian	250-300

If you require additional information please don't hesitate to call.

/tvk

Supervision Fees Collected FY94 From Probation and Parole Districts

<u>Month</u>	<u>Amount Collected</u>
July	76,984
August	82,131
September	78,842
October	78,182
November	75,888
December	77,742
January	77,034
February	78,542
March	88,448
April	75,728
May	74,600
June	71,940
	<hr/>
	<hr/>
Total Collected FY94	936,061

Figures provided by the Virginia Department of Corrections, 1994

CLIENT PER CAPITA DAILY COSTS BY PROGRAM TYPE

PROGRAM	CLIENT PER CAPITA DAILY COSTS	
Institutions	\$44.37	
Probation & Parole Supervision	\$2.10	1
Intensive Probation & Parole Supervision	\$3.22	2
Home Electronic Monitoring	\$2.94	2
Community Diversion Incentive Program	\$10.07	4
Boot Camp (SITC)	\$99.44	2
Pre-Release Centers	\$32.00	
Local Jail Facilities	\$28.48	5
Jail Contract Bed Program	\$14.00	

Notes:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> 1. Excludes supervision fees and P&P headquarters support services. 2. Cost for 10/91 - 9/92. 3. Cost of monitoring only; excludes supervision cost. 4. Based on \$4,200 paid by the State, for clients with sentences > 2 years, divided by the average length of stay in FY93 of 417 days. | <ul style="list-style-type: none"> 5. Based on the cost of \$8,950 per client graduating, divided by 90 days (program length) for 1992. 6. Average local and state prisoner reimbursement to jails by State including salaries. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Appendix D

Executive Summary: Excerpted from
"Intensive Supervision Program (ISP): FY 1992 Evaluation
Client Characteristics and Supervision Outcomes"

Virginia Department of Corrections
September, 1993

Project Title:	Fiscal Year 1992 Intensive Supervision Program Evaluation
Project Manager:	Judith S. Thrash Lead Evaluation Analyst Research, Evaluation & Certification Unit
Program Manager:	John T. Britton Manager Research, Evaluation & Certification Unit
Project Staff:	Anthony L. Guenther Paula Symonette Joanne Terlep

EXECUTIVE SUMMARY

The Intensive Supervision Program (ISP) offers an alternative to incarceration which protects the public safety by providing a combination of close supervision coupled with the matching of community resources to identified client needs. The program, which has been in operation since 1985, was expanded and formally adopted in 1986 and expanded again in 1990. By the end of 1992, Home Electronic Monitoring (HEM) was an option in nine Probation and Parole Districts.

Although evaluation of ISP is continuing, this report includes 1) characteristics of ISP clients, 2) a measure of the percent of successful terminations from the program and 3) tracking of the clients from program termination to May, 1993.

Client Characteristics

The distribution of ISP clients by race is comprised of 57% Black, 38% White and 5% Other. As a group, clients have an average age of 31 years. Their offenses are for property crimes (37%), followed by drug crimes (27%), crimes against the person (26%), and other offenses (10%).

Differences by regions occur not only by size of caseload, but client characteristics as well. The Central Region has the greatest concentration of offenders who have been convicted of crimes against person. By contrast, the Western Region's largest group is comprised of property offenders. The Northern Region has a higher concentration of drug offenders, while the Eastern Region has a greater percentage of property offenders. The regions differ by race as well. The Northern and Eastern Regions report a higher percentage of "Other Races" than do the Central and Western Regions.

Program Termination

Since program inception, the successful ISP termination rate has increased from 39.7% of the total ISP population in FY87 to 47.5% of the total ISP population in FY92.

Of the 1,270 program terminations during FY92, 603 terminated successfully and 480 terminated unsuccessfully. There were 187 terminations that were neither successful nor unsuccessful and were, for the most part, transfers to another Probation and Parole District.

Of the 603 successful terminations, 66% were employed at the time of termination. This may be compared to the 13% employed among unsuccessful terminations.

Of the 428 clients referred for drug treatment, 169 terminated successfully and 217 terminated unsuccessfully from ISP, underscoring the difficulty in providing treatment for these types of clients.

The data on 419 clients arrested while on ISP suggest that these offenses pose no more than a minimal threat to public safety. Only 19% were arrested for crimes against the person, and 13% for drug-related offenses, while 28% had property-related offenses and the balance (40%) were arrested for other (non-violent) crimes.

The data indicate that there is a disproportionately greater number of drug referrals in proportion to drug offenders for the Central Region and a disproportionately smaller number of referrals in the Eastern Region.

Offender Tracking

Tracking of the offenders revealed that of the 603 successful terminations, 51% had been fully discharged from supervision as of May, 1993. This statistic suggests that should clients successfully complete ISP, they stand a good chance of survival on the street. Approximately 35% of the successful terminations were still on active supervision. By contrast, the FY92 Releases from DOC institutions reported 36% as having been discharged from supervision and 40% still on active supervision.

Recommendations

ISP continues to be a cost-effective community alternative. The annual operating cost difference between housing an inmate in a DOC facility and supervising an ISP client is approximately \$13,500, based on the fiscal data provided in this evaluation. The close supervision provided by ISP, in combination with effective use of community resources, provides additional support for the offenders when they leave an institution and return to the community. The findings of this evaluation suggest that, by providing funds to maintain this level of close supervision and increase the amount of services and treatment provided by ISP, the number of clients successfully completing ISP increases. Further, the tracking of the successful ISP terminations provides additional support for the funding of ISP.

It is recommended that an analysis be conducted of the Risk/Needs tool now being used to determine if it has validity for identifying clients appropriate for placement in ISP. Data collected for FY93 will include Risk/Needs Assessment information. It is expected that the FY93 evaluation will contain useful information pertaining to the validity of the Risk/Needs assessment instrument.

It is also recommended that the Program Managers review success rates of drug offenders in an effort to identify a relationship between drug treatment program characteristics, availability of programs, and success rates.

Finally, it is expected that the FY93 evaluation will contain more useful information on HEM once that option has been more widely exercised.