REPORT OF THE
INTERAGENCY DRUG OFFENDER SCREENING
AND ASSESSMENT COMMITTEE

The Status and Effectiveness of Drug Offender Screening, Assessment, and Treatment

TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA

SENATE DOCUMENT NO. 22

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COMMONWEALTH of VIRGINIA

Office of the Governor

James S. Gilmore, III
Governor

Gary K. Aronhalt
Secretary of Public Safety

January 9, 2001

To: The Honorable James S. Gilmore, III, and
Members of the Virginia General Assembly

Pursuant to §2.1-51.18:3 of the *Code of Virginia*, I have the honor of submitting herewith, a report entitled "The Status and Effectiveness of Drug Offender Screening, Assessment, and Treatment." This document is the Interagency Drug Offender Screening and Assessment Committee's report for the year 2000.

I would like to express my appreciation to the General Assembly for its wisdom in instituting the requirement for drug screening and assessment, as well as establishing the Interagency Committee, which has worked tirelessly to implement this new program.

Sincerely,

Gary K. Aronhalt

Gary K. Aronhalt, Chairman
Interagency Drug Offender Screening and
Assessment Committee

Enclosure

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Executive Summary

Pursuant to legislation passed by the General Assembly during its 1998 and 1999 sessions, many adult and juvenile offenders must undergo screening and assessment for substance abuse problems. The screening and assessment provisions defined in §§16.1-273, 18.2-251.01, 19.2-299 and 19.2-299.2 of the Code of Virginia target all felons convicted in circuit court, Class 1 misdemeanor drug offenders ordered to supervision or programming, and juvenile offenders adjudicated for a felony, a Class 1 or 2 drug-related misdemeanor, a drug-related charge that is the juvenile's first offense or any other act for which the juvenile is ordered to undergo a social history investigation. Under the new law, offenders who commit their crimes on or after January 1, 2000, must undergo a substance abuse screening. If the initial screening reveals key characteristics or behaviors likely related to drug use or alcohol abuse, a comprehensive substance abuse assessment must be administered. The purpose of this legislation is to reduce substance abuse and criminal behavior among offenders by enhancing the identification of substance-abusing offenders and their treatment needs and by improving the delivery of substance abuse treatment services within the criminal justice system.

The Interagency Drug Offender Screening and Assessment Committee was created in 1999 under §2.1-51.18:3 to oversee the screening and assessment provisions contained in the Code of Virginia. Since its inception in 1999, the Interagency Committee has been active in the implementation and administration of the screening and assessment program. Initially, the Interagency Committee met weekly to discuss implementation plans for this ambitious new program. The Interagency Committee continues to meet at least monthly. The following is a summary of the Interagency Committee's activities during 1999 and 2000:

- Directed pilot testing in 36 Department of Corrections' probation and parole districts, local Alcohol Safety Action Program agencies, local community-based probation programs, pretrial services programs and Department of Juvenile Justice court service units from July through December 1999,
- Oversaw the expansion of the substance abuse screening and assessment program from pilot sites to implementation statewide in January 2000,
- Conducted numerous informational presentations for judges, prosecutors, public defenders and defense attorneys regarding the screening and assessment program,
- Organized and facilitated training seminars on the utilization of the state-approved screening and assessment instruments,
- Collaborated with agencies to develop screening and assessment protocols and policies,
- Developed confidentiality protocols and facilitated confidentiality training,
- Guided development and enhancement of interagency Memorandums of Agreement (MOAs) and Memorandums of Understanding (MOUs),
- Promoted the development/enhancement of contracts with private treatment providers,
- Began plans for automation of screening and assessment components,

- Integrated the screening and assessment program with the Substance Abuse Reduction Effort (SABRE), and
- Provided on-going assistance to agencies engaged in screening and assessment activities.

The agencies comprising the Interagency Committee have vigorously trained personnel in the administration of the state-approved screening and assessment instruments, including screening and assessment protocols and confidentiality regulations. To provide a broad-based understanding of federal confidentiality regulations pertaining to substance abuse assessment and treatment information, the Department of Mental Health, Mental Retardation and Substance Abuse Services, in conjunction with the Interagency Committee, sponsored two confidentiality workshops conducted by the Legal Action Center for a total of 188 staff across agencies. Staff training has focused largely on what is known as "training the trainers." This process targets key personnel for intensive instruction so that these individuals can train others to perform the screening and assessment tasks. To support the screening and assessment program, the General Assembly authorized specialized staff positions, known as certified substance abuse counselors, for the Department of Corrections and Department of Juvenile Justice and these agencies have actively recruited and hired individuals to fill these positions. Activities related to the training and hiring of staff through November 30, 2000, are summarized in Figure 1.

Figure 1
Training and Hiring Activities (1999-2000)

Agency	Staff Trained-Screening and Assessment	Staff Trained-Confidentiality Regulations	New Positions Approved by General Assembly	Staff Hired
Department of Corrections[1]	643	51	52	50
Virginia Alcohol Safety Action Programs	315	220[2]	0	NA
Local Community-based Probation Programs	205	46	0	NA
Department of Juvenile Justice	400	34	35	35
Community Services Boards	NA	34	0	NA
TOTAL	**1,563**	**385[2]**	**87**	**85**

[1] Department of Corrections data include positions funded through SABRE. All 42 positions provided by the original screening and assessment legislation have been filled.
[2] Data includes regular in-service training provided by the Virginia Alcohol Safety Action Program for its program staff.

Data reported for the first ten months of statewide implementation of the program reveal that a substantial portion of offenders entering the criminal justice system in Virginia have substance abuse problems related to drugs or alcohol. For over half (51.8%) of adult felons, the screening performed by a Department of Corrections probation officer indicated the need for a thorough assessment. Of the adult felons assessed, 85.5% were found to be in need of treatment services beyond substance abuse education programming. Experience to date has shown that

local Alcohol Safety Action Programs have received few screening orders or referrals for misdemeanant offenders sentenced in Virginia's general district courts. Local community-based probation programs, which have handled the bulk of adult misdemeanants subject to screening and assessment provisions, report that 42.0% of offenders in this group have required subsequent assessment, and more than two-thirds of those assessed need treatment services more extensive than substance abuse education. Data compiled by the Department of Juvenile Justice suggests that as many as one in five (20.0%) of juvenile offenders must have substance abuse assessments. These early program results are summarized in Figure 2.

Figure 2
Screening and Assessment Results (January-October 2000)

Agency	Offender Population	Screenings Completed	Assessments Required[1]	Percent of Offenders Requiring Assessment	Assessments Completed	Percent of Assessed Offenders Needing Treatment[2]
Department of Corrections	Adult felons	4,104	2,125	51.8%	2,007	85.5%
Virginia Alcohol Safety Action Programs	Adult misde-meanants	150	105	70.0%	94	95.0%
Local Community-based Probation Programs[3]	Adult misde-meanants	2,562	1,077	42.0%	787	65.6%
Department of Juvenile Justice	Juvenile offenders	4,198	838	20.0%	838	32.9%[4]
TOTAL		**11,014**	**4,145**		**3,726**	

[1] If the screening reveals key characteristics or behaviors likely related to drug use or alcohol abuse, a full assessment must be administered.
[2] Treatment is defined as services beyond substance abuse education.
[3] Data excludes October 2000.
[4] Data is based on classification produced by the juvenile screening instrument (SASSI).

Virginia's screening and assessment program became effective statewide on January 1, 2000, but the Interagency Committee's work is far from complete. Ensuring the quality of the screening and assessment process is an important goal of the Interagency Committee. Oversight is an ongoing activity. In addition, the Interagency Committee will continue to provide training workshops, educational seminars and informational presentations for agency staff, judges, Commonwealth's attorneys and defense attorneys. In an effort to improve the delivery of treatment services within the criminal justice system, the Interagency Committee is considering the development of a treatment/sentencing matrix as an additional tool for judges and correctional agencies. The matrix, a purely advisory tool, could provide judges and agencies with information regarding treatment services suitable for a defendant given the nature and severity of his addiction and the public safety objectives of the Commonwealth. In the upcoming biennium, the Interagency Committee will provide assistance to the Criminal Justice Research Center of the Department of Criminal Justice Services as it begin its comprehensive evaluation of the screening and assessment program.

Authority for Study

The Interagency Drug Offender Screening and Assessment Committee was created as specified in Code of Virginia §2.1-51.18:3 to oversee the drug screening, assessment and treatment provisions of §§16.1-273, 18.2-251.01, 19.2-299 and 19.2-299.2 for defendants convicted in the criminal and juvenile and domestic relations courts of the Commonwealth. The Interagency Committee is composed of representatives of the Directors or Commissioners of the Department of Corrections, the Department of Criminal Justice Services, the Department of Juvenile Justice, the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Virginia Alcohol Safety Action Program and the Virginia Criminal Sentencing Commission. The Secretary of Public Safety serves as chairman.

The Interagency Committee is required by §2.1-51.18:3 to report on the status and effectiveness of offender screening, assessment and treatment to the Virginia State Crime Commission and the House Courts of Justice, Senate Courts of Justice, House Appropriations, and Senate Finance Committees of the Virginia General Assembly by January 1 of each year. This document represents the Interagency Committee's report for the year 2000.

Background

During its 1998 and 1999 sessions, the General Assembly passed sweeping legislation that requires many offenders, both adult and juvenile, to undergo screening and assessment for substance abuse problems related to drugs or alcohol. The screening and assessment provisions, contained in §§16.1-273, 18.2-251.01, 19.2-299 and 19.2-299.2 of the Code of Virginia, target all felons convicted in circuit court as well as those offenders convicted in general district court of a Class 1 misdemeanor drug offense who receive a sentence that includes probation supervision or participation in a local Alcohol Safety Action Program. Juvenile offenders adjudicated for a felony or any Class 1 or 2 drug offense misdemeanor, as well as any juvenile for whom a social history is ordered, also fall under the screening and assessment requirements. Under the new law, offenders must undergo a substance abuse screening. If the screening reveals key characteristics or behaviors likely related to drug use or alcohol abuse, a full assessment must be administered. Assessment is a thorough evaluation. The assessment provides a complete picture of the offender's substance abuse pattern and history, social and psychological functioning, and general treatment needs.

Responsibility for conducting screenings and assessments is shared by several agencies. For adult felons, screening and assessment is to be conducted by the Department of Corrections' probation and parole offices. Local offices of the Virginia Alcohol Safety Action Program must ensure that a screening and, if indicated, an assessment is administered for adult misdemeanants, unless the offender is ordered to supervision under a local community-based probation program. In such cases, the local community-based probation program is responsible for the screening and assessment, rather than the local Alcohol Safety Action Program. Juvenile offenders are screened and assessed by the court service units serving the juvenile and domestic relations court system.

The screening and assessment process is not uniform for all offender groups but, rather, is designed to work within existing court processes. For adult felons, screening occurs prior to sentencing at the direction of the court or as part of a pre-sentence investigation report (PSI) if one is ordered. Otherwise, screening of adult felons takes place after sentencing, conducted either by Department of Corrections' institutional personnel or probation staff. Because nearly all adult misdemeanants are convicted and sentenced on the same day, screening for these offenders occurs after the sentencing hearing. In all cases, if the screening indicates the likely presence of a substance abuse problem, a full assessment must be completed. For juvenile offenders, when the court orders a social history investigation of an adjudicated juvenile or when the court orders an adjudicated juvenile to undergo a drug screening, a Department of Juvenile Justice probation officer administers the screening in sufficient time to complete, if necessary, the more extensive substance abuse assessment and to include the findings with the social history, if one has been ordered. Juvenile offenders adjudicated without a screening or a social history report receive screening and assessment services when beginning probation supervision in the community or prior to their transfer to a juvenile correctional facility.

During its 1998 and 1999 sessions, the General Assembly authorized and funded the creation of specialized staff positions within the Department of Corrections and Department of Juvenile Justice to support screening and assessment activities in those agencies. The newly-created full-time positions, known as "certified substance abuse counselors," or CSACs, require specialized training and education in the field of substance abuse, and individuals in those positions must receive certification from the state's Board of Professional Counselors. Both the Department of Corrections and the Department of Juvenile Justice were assigned a number of positions for adult probation and parole districts and each juvenile court service units. One-half of the juvenile justice positions are grant funded rather than supported through general fund appropriations. These CSAC positions, half of which were authorized in 1998 with the remainder approved in 1999, were designated to direct screening and assessment services in their respective districts and court service units. Having specialized CSAC personnel for districts and court service units around the Commonwealth provides a level of "quality assurance" for the screening and assessment process. In addition, both the Department of Corrections and Department of Juvenile Justice now have established regional supervisor positions charged with the responsibilities of administering and overseeing the screening and assessment program.

Only certain instruments have been approved for use in screening and assessing offenders for substance abuse problems. Using approved instruments promotes consistency in the screening and assessment process and enhances the coordination and cooperation among the various agencies involved in the identification and treatment of substance-abusing offenders. Adult offenders are screened for drug and alcohol problems with the 16-item Simple Screening Instrument (SSI). The Interagency Committee has developed a Spanish version of the SSI for Virginia's Spanish-speaking offenders. The assessment instrument for adult offenders is the Addiction Severity Index (ASI). A more detailed evaluation of an offender's substance abuse and its impact on his or her daily life, the ASI requires approximately one hour to administer. A different set of tools is used for the juvenile offender population. The juvenile instruments are designed for the ages and life-skill development of adolescent offenders. Juveniles are screened with the Substance Abuse Subtle Screening Instrument (SASSI) and assessed using the Child and Adolescent Functional Assessment Scale (CAFAS) in conjunction with the drug and alcohol scale of the Adolescent Problem Severity Index (APSI). A full assessment of a juvenile offender using these instruments can be completed in about an hour to an hour and a half.

The purpose of this legislation is to reduce substance abuse and criminal behavior among offenders by enhancing the identification of substance-abusing offenders and their treatment needs and by improving the delivery of substance abuse treatment services within the criminal and juvenile justice systems. The intent, then, is to interrupt the cycles of addiction and crime. To achieve this end, several goals have been established. These are the following:

- Identify substance-abusing offenders and their treatment needs,
- Improve the integration of criminal justice sanctions with treatment needs of substance-abusing offenders,
- Identify gaps in the substance abuse treatment network for offenders,
- Improve interagency collaboration and cooperation,
- Establish new or modify existing data systems to maintain screening, assessment and treatment information, and

- Offset taxpayer cost by using offender fees to cover the costs of screening and assessment and by requiring offenders to pay for their own treatment when possible.

Over time, identification of gaps in the existing treatment network can be addressed to further the development of a seamless system of substance abuse treatment services for offenders. The long-term goal is to reduce recidivism among offenders with identified substance abuse problems, thereby improving public safety.

The screening and assessment program is designed to be self-supporting. Offender fees are collected and deposited in the Drug Assessment Fund. Offenders convicted of drug crimes are assessed $150 for felonies and $75 for misdemeanors. These funds are used for hiring specialized personnel, training staff to administer the screening and assessment instruments, conducting drug testing, as well as automating the instruments and results. Because the instruments used for screening and assessing juvenile offenders are proprietary and must purchased, a portion of the Drug Assessment Fund monies are used for that purpose. Both the screening and assessment tools for adults are in the public domain and are available free of charge.

In 1999, the General Assembly authorized a six-month period (July through December 1999) to pilot test the implementation of the screening and assessment provisions. Nine Department of Corrections' probation and parole districts, nine local Alcohol Safety Action Program agencies, nine local community-based probation programs, and seven Department of Juvenile Justice court service units participated in the pilot project. A variety of implementation models were piloted and the most effective methods were chosen to implement statewide. Statewide implementation began January 1, 2000. Offenders who commit their crimes on or after January 1, 2000, are subject to screening and assessment provisions.

The Interagency Drug Offender Screening and Assessment Committee was created by the 1999 General Assembly to oversee the implementation and subsequent administration of this program. Chaired by the Secretary of Public Safety, the Interagency Committee is composed of representatives of the Department of Corrections, the Department of Criminal Justice Services, the Department of Juvenile Justice, the Commission for the Virginia Alcohol Safety Action Program, the Department of Mental Health, Mental Retardation and Substance Abuse Services, and the Virginia Criminal Sentencing Commission. Under §2.1-51.18:3, the Interagency Committee is charged with (i) assisting and monitoring agencies in implementing the drug screening, assessment and treatment provisions of §§16.1-273, 18.2-251.01, 19.2-299 and 19.2-299.2, (ii) ensuring quality and consistency in the screening and assessment process, (iii) promoting interagency coordination and cooperation in the identification and treatment of drug abusing or drug dependent offenders, (iv) implementing an evaluation process and conducting periodic program evaluations, and (v) making recommendations to the Governor and General Assembly regarding proposed expenditures from the Drug Assessment Fund. The activities of the Interagency Committee during 1999 and 2000 and those of each member agency, as well as the Committee's plans for the upcoming biennium, are detailed throughout the remainder of this report.

Activities during 1999 and 2000

Overview

Since its inception in 1999, the Interagency Committee has been active in the implementation and administration of the screening and assessment program. For several months after its creation, the Interagency Committee met weekly to discuss implementation plans for this ambitious new program. Since the program began statewide in January of this year, the Interagency Committee has continued to meet at least monthly.

In order to determine to most feasible approach for implementing the screening and assessment program on a statewide basis, representatives of the Interagency Committee recommended and the General Assembly approved a six-month period (July through December 1999) for pilot testing. The Interagency Committee planned and carried out the pilot program. Nine adult probation and parole district offices, nine local Alcohol Safety Action Programs, nine local community-based probation programs, two pretrial services programs and seven juvenile court service units participated in the pilot project. The pilot circuits represented large and small jurisdictions, urban and rural areas and different geographic regions of the state. The districts and programs that served as pilot sites are listed in Figure 3. In order to ensure that all personnel could be sufficiently trained, pilot testing was divided into two phases. Approximately half of the pilot sites began testing on July 1, 1999, while most of the remaining sites joined beginning in early October. A variety of implementation models were piloted and the most practicable methods were chosen to utilize statewide. Statewide implementation began January 1, 2000, for offenders who commit their crimes on or after January 1, 2000. The Interagency Committee oversaw the expansion of the program from selected pilot sites to operation statewide.

Figure 3
Screening and Assessment Pilot Sites (July-December 1999)

Department of Corrections Parole and Parole District Offices:

- Alexandria (District 36)
- Leesburg (District 25)
- Lynchburg (District 13)
- Norfolk (District 2)
- Petersburg (District 7)
- Portsmouth (District 3)
- Radford (District 28)
- Roanoke (District 15)
- Virginia Beach (District 23)

Figure 3 (continued)

Virginia Alcohol Safety Action Programs (VASAP):

- Alexandria
- Chesterfield
- Danville and Halifax/Pittsylvania
- Fairfax
- Farmville
- Prince William
- Roanoke
- Virginia Beach

Local Community-based Probation Programs:

- Alexandria
- Chesterfield
- Danville and Halifax/Pittsylvania
- Fairfax
- Farmville
- Prince William
- Roanoke
- Virginia Beach

Pretrial Services Programs:

- Leesburg (Loudoun)
- Roanoke

Department of Juvenile Justice Court Service Units:

- Alexandria (Court Service Unit 18)
- Charlottesville (Court Service Unit 16)
- Lynchburg (Court Service Unit 24)
- Petersburg (Court Service Unit 11)
- Salem (Court Service Unit 23)
- Staunton (Court Service Unit 25)
- Williamsburg (Court Service Unit 9)

In addition to directing the pilot program and providing the requisite staff training in those sites, the Interagency Committee conducted many informational presentations throughout 1999 and 2000 for judges, Commonwealth's attorneys and defense attorneys regarding the screening and assessment legislation. In the fall and winter of 1999-2000, members of the Interagency Committee met with circuit court judges during their annual regional meetings. These regional meetings were as follows:

- Tidewater Region (Region 1), Norfolk, September 17, 1999
- Northern Region (Region 2), Arlington, October 22, 1999
- Central Region (Region 3), Richmond, September 10, 1999
- Southwest Region (Region 4), Abingdon, November 29, 1999
- South Central Region (Region 5), Lynchburg, September 24, 1999
- Shenandoah Valley/Charlottesville Region (Region 6), Harrisonburg, January 28, 2000

The Interagency Committee also presented at the circuit court judicial conference that took place in Richmond on May 17 and 18, 2000. This conference, held every spring, is one of two statewide circuit court conferences each year. Presentations were given to general district and juvenile and domestic relations court judges during their annual training conference in Virginia Beach in August 1999. The Interagency Committee briefed Commonwealth's attorneys by providing informational materials during the Commonwealth's Attorneys Association meeting in August 1999. Defense attorneys received a presentation during the Public Defenders Commission meeting on June 16, 1999, and the Virginia State Bar Association annual meeting on June 18, 1999.

The Interagency Committee has organized and facilitated numerous training seminars on the administration of the state-approved screening and assessment instruments. In all, over 1,560 staff across four agencies have been trained in the use of these tools to properly screen offenders for substance abuse problems.

In 1999, the Interagency Committee collaborated with member agencies as they developed agency protocols and procedures related to screening and assessment. Policy and procedure manuals were completed and in place at the time of statewide implementation. The issue of confidentiality became a focus of the Interagency Committee's activities during 2000. Although the flow of information from the substance abuse treatment program to the criminal justice system is critical, those planning or operating programs and research studies must keep in mind that Federal laws and regulations (42 CFR Part 2) protect information about all persons receiving alcohol and drug abuse treatment services. The Department of Mental Health, Mental Retardation and Substance Abuse Services as a member of the Interagency Committee and in cooperation with the Center for Substance Abuse Treatment arranged for the Legal Action Center, a nationally recognized organization specializing in confidentiality issues, to conduct two training events for which focused specifically on issues related to criminal justice referrals and the new roles of criminal justice system workers in the screening and assessment process. The events were held on November 14 in Roanoke and November 15 in Richmond. Training slots were allocated to all agencies involved in the screening and assessment program and, collectively, 188 personnel attended.

In order to increase collaboration and cooperation, the Interagency Committee served as a forum for the enhancement of interagency Memoranda of Agreement (MOAs) and Memoranda of Understanding (MOUs) among agencies involved in the screening and assessment of offenders, including the development of new MOAs and MOUs. A model MOA was developed by the Interagency Committee. The Interagency Committee has and will continue to work in an advisory role to encourage agencies to expand contracts with private providers to achieve the treatment delivery goals of the legislation.

Under the guidance of the Interagency Committee, planning is underway for the automation of the various components of the screening and assessment program. This will promote coordination among agencies and reduce the potential for duplication of activities and services.

With the passage of Governor Gilmore's Substance Abuse Reduction Effort (SABRE) legislation, the criminal justice system has been infused with additional monies for substance abuse treatment services for offenders. The Interagency Committee worked diligently in 2000 to integrate SABRE activities and funds into the screening and assessment program. All treatment mandates under SABRE are based on screening and assessment. With the enactment of SABRE, first-time offenders, those receiving a suspended sentence and those released from prison are required to undergo testing and treatment.

Pursuant to its legislative charge, the Interagency Committee has provided ongoing assistance to agencies throughout 1999 and 2000 on issues related to screening and assessment. As discussed above, several agencies within the Commonwealth share the responsibility for screening and assessing offenders. These agencies (Department of Corrections, Department of Criminal Justice Services, Virginia Alcohol Safety Action Program, and Department of Juvenile Justice) are each represented on the Interagency Committee. In addition, the Department of Mental Health, Mental Retardation and Substance Abuse Services, which provides treatment services to many offenders through local Community Service Boards (CSBs), serves on the Interagency Committee. The Virginia Criminal Sentencing Commission is also a member. Each of these agencies undertook a variety of activities and accomplished numerous tasks over the course of 1999 and 2000 in furtherance of the screening and assessment program. Detail from each agency is provided in the remainder of this chapter.

Department of Corrections

The Department of Corrections (DOC) is responsible for screening and assessing adult felons processed through Virginia's circuit courts (§18.2-251.01). Probation and parole officers and institutional staff play a key role not only in the screening and assessment of offenders but also in connecting offenders under supervision in the community or in correctional facilities with the substances abuse education and treatment services they need.

Program Education

The goal of program education is to provide information to judges, Commonwealths' attorneys and defense attorneys regarding the screening and assessment legislation approved by the General Assembly. Specifically, the Interagency Committee's informational presentations have included an overview of the selected screening and assessment instruments, the information that this will make available for judges to consider in making case dispositions, and the activities and resources required to implement this legislation. DOC, working with the Interagency Committee, assisted in a presentation at the circuit court judicial conference in Richmond on May 17 and 18, 2000. This conference, held every spring, is one of two statewide judges conferences each year. Presentation at this statewide judicial conference followed presentations made by representatives of the Interagency Committee at regional meetings of the circuit court judges in the fall and winter of 1999-2000. Additional meetings between DOC Community

Corrections staff and circuit court judges were held throughout the state on a regional and circuit basis. DOC developed an informational packet mailed to all circuit court judges in November 1999. The packet included a detailed overview of the Department's Drug Screening, Assessment and Treatment (DSAT) policy, DOC's action plans and copies of affected legislation. Model DSAT court order language, developed by DOC with the Interagency Committee, was included in the packet. DOC encourages the use of this court order language when the court sentences offenders to fulfill screening, assessment or treatment conditions.

Staff Positions

The Department of Corrections, Community Corrections has significantly expanded its substance abuse screening, assessment, testing and treatment staff capacity.

- Thirty (30) Senior Officer positions have been established as Certified Substance Abuse Counselors (CSAC);
- Twelve (12) additional positions were established to provide supervision services to drug offenders;
- Seven (7) Senior Officer positions have been established as Peer Group Support/Relapse Prevention Specialists;
- Two (2) Clinical Supervisor positions have been created to provide certification oversight;
- One (1) Contract Manager to oversee Memoranda of Agreements (MOA), private provider contracts and grants is being established;
- Hourly wage employees will be recruited and trained to utilize large scale testing machines to serve multiple sites in four (4) locations; and,
- An additional twenty-three (23) staff are in training to receive substance abuse counselor (CSAC) certification.

Staff Training

DOC's DSAT Overview informational packet was provided to all Community Corrections unit heads and managers in November 1999. Eighteen (18) staff received instructor training on administration of the Addiction Severity Index (ASI) assessment instrument on November 17 and 18, 1999, in Richmond. With this training, these 18 staff members became certified to train other DOC personnel in the administration of the assessment tool. Between December 1999 and November 2000 nearly 625 staff have been trained on a regional basis to administer the Simple Screening Instrument (SSI) and the Addiction Severity Index (ASI). Seventy-six (76) staff representing each probation and parole district and correctional center will receive training on the automated ASI assessment instrument in six (6) regional classes scheduled from December 4 through December 12, 2000.

Thirty-five (35) staff completed the Certified Substance Abuse Counselor (CSAC) didactic training class at the DOC Academy on June 16, 2000. A CSAC supervisor position has been added to oversee ongoing field training for this specialized staff, with a second supervisor

to be added in early 2001. Expansion of the didactic training required for certification as a CSAC from 220 to 300 hours has been proposed. The next class is in January 2001.

A Glossary of Treatment Services, an informational guide describing various types of substance abuse treatment and intervention services, was developed and issued to staff on August 28, 2000.

Development of Protocols and Procedures

Draft DSAT protocols were issued on January 19, 2000. Updated DSAT protocols were issued on July 13, 2000. These were distributed to all DOC personnel involved in the screening and assessment of offenders.

Confidentiality Issues

DSAT Protocol #9 was developed to embrace "Probationer/Client Confidentiality." The consent form to release and disclose substance abuse information was revised to incorporate Code of Federal Regulations 42, Part 2 (CFR 42, Part 2) requirements. DSAT Protocol #10 was developed to address the "Confidentiality of (Offender) Records". Five (5) Qualified Service Agreements (QSA) with urinalysis laboratory and external evaluators have been signed.

Fifty-one (51) Community Corrections' managers and supervisors were trained on substance abuse confidentiality during two seminars sponsored by the Department of Mental Health, Mental Retardation and Substance Abuse Services and conducted by the Legal Action Center in November 2000. Twenty-three (23) DOC staff members attended the session in Roanoke on November 14 and twenty-eight (28) attended the Richmond session on November 15, 2000.

Memoranda of Agreement (MOA) and Memoranda of Understanding (MOU)

A model MOA was developed by the Interagency Committee. Community Corrections has concluded thirty-three (33) MOA's with Community Services Boards. An MOA with the Gemeinschaft House/Piedmont House to conduct a residential transition pilot project was renewed July 1, 2000. Two (2) MOA's are being concluded with Virginia Tech and Radford University for on-site substance abuse treatment services to be conducted by graduate students.

Contract Development

DOC Community Corrections has the contracts in place for the following services:

- on-site hand-held urinalysis devices
- urinalysis confirmation

- on-site urinalysis machine test reagents
- fourteen (14) residential substance abuse treatment services
- twenty-two (22) outpatient substance abuse treatment services.

A grant/contract manager position is being established to oversee these and other contracts of the Department.

Automation Planning

The Department of Corrections' Center for Information Technologies is working to fully automate the Addiction Severity Index (ASI) instrument used to assess the extent of substance abuse problems presented by the offender. An automated version has been introduced to the field and training on its installation and use was provided to representatives from Community Corrections' operating units. These representatives will train other staff in the districts and centers to use the automated ASI.

DOC's objectives include the development of an offender database for use by authorized staff which will generate a variety of management reports.

Integration of SABRE Initiative

The Substance Abuse Reduction Effort (SABRE) has three (3) major components:

- Prevention,
- Enforcement, and
- Treatment.

For the DOC Community Corrections services, the focus is on testing and treatment services. For FY2001, the planned allocation of funds is as follows:

• Screening, Assessment and Treatment (General Fund)	$1,000,000
• Screening, Assessment and Treatment (Non-general Fund)	$ 600,000
• Substance Abuse Testing (General Fund)	$ 650,000
• Inpatient and Outpatient Treatment (General Fund)	$1,866,000
• Inpatient and Outpatient Treatment (VOI/TIS)	$1,070,000
• Inpatient and Outpatient Treatment (Pending Grant)	$1,500,000
• Residential Transition Therapeutic Community (General Fund)	$ 477,000
• Residential Transition Therapeutic Community (Pending Grant)	$1,800,000
• Peer Group Support and Relapse Prevention (General Fund)	$ 234,931
• Potential Total	$ 7,697,931

The additional funds provided by SABRE have allowed DOC to expand staffing levels as well as the number of placements and types of treatment services available for felony offenders. Thirty (30) staff have been recruited into Senior Probation Officer positions to serve as Certified Substance Abuse Counselors (CSAC). The DOC institutional therapeutic community (TC) capacity has been increased by 700 beds. Residential transition facilities for institutional TC graduates are operational at the Gemeinschaft Home in Harrisonburg for men and Rubicon in Richmond for women. A contract proposal to establish a residential transition center for men in Norfolk is under review. In addition, the standards for the five (5) phases of therapeutic community (TC) programs have been revised. Seven (7) Senior Probation Officer/CSAC positions have been allocated and filled in major metropolitan areas to provide peer group support and relapse prevention services to TC graduates and other probationers and parolees. Three (3) grants are being completed to provide treatment and residential transition services:

- Western Region I ($274,000)
- Treatment Services ($1,500,000)
- Residential Transition ($1,800,000).

As noted above, a grant/contract manager position will be established in 2001.

Interagency Assistance

DOC continues to work with the Interagency Committee on issues of mutual concern, particularly with regard to staff training. Assistance was provided to support the work of the DMHMRSAS in arranging the Substance Abuse Confidentiality workshops. Representatives from local community-based probation programs participated in ASI training. The DOC and the DCJS developed procedures to allow local pre-trial services and Probation and Parole Services to share screening and assessment information. This should reduce the duplication of screening and assessment activities across agencies.

The Glossary of Treatment Services was an interagency effort to standardize the understanding of services by field staff. A more comprehensive Reference Guide to services is under development.

Data Collection

Between January 1 and October 31, 2000, the information in Figure 4 was reported from 42 probation and parole districts, 10 Day Reporting Centers, six Diversion Centers, and five Detention Centers and the Boot Camp program. The data reveal that over half of adult felons convicted in the state's circuit courts require a comprehensive assessment. According the assessment results, a large majority of assessed offenders (85.5%) could benefit from treatment services beyond substance abuse education (e.g., residential treatment or group therapy).

Figure 4
Screening and Assessment Results (January-October 2000) for Adult Felons

Screenings Completed	Assessments Required[1]	Percent of Offenders Requiring Assessment	Assessments Completed	Percent of Assessed Offenders Needing Treatment[2]
4,104	2,125	51.8%	2,007	85.5%

[1] If the screening reveals key characteristics or behaviors likely related to drug use or alcohol abuse, a full assessment must be administered.
[2] Treatment is defined as services beyond substance abuse education.

Of an active caseload of 38,569 on October 31, 2000, probationers and parolees were receiving one or more of the substance abuse services listed in Figure 5. Generally, there was a significant increase over the June 30, 2000 participants. The increase in participation is largely attributed to Substance Abuse Reduction Effort (SABRE) funding.

Figure 5
Substance Abuse Services Received by Adult Felons on Probation and Parole

Service	Participants October 31, 2000	Participants June 30, 2000
Education	3,638	2,110
Detoxification	336	167
Inpatient	1,162	652
Outpatient	5,462	2,622
Self-Help (AA/NA)	4,875	2,562
Residential Transition*	53	25
Peer Group Support	673	431
Relapse Prevention	1,586	952

* These totals include both residential and aftercare participants on November 30, 2000.

Virginia Alcohol Safety Action Program

Under §19.2-299.2 of the Code of Virginia, local agencies of the Virginia Alcohol Safety Action Program (VASAP) around the Commonwealth are charged with screening and assessing offenders convicted in general district court of a Class 1 misdemeanor drug offense who receive a sentence that includes probation supervision or participation in a local alcohol safety action program (ASAP). However, for offenders ordered to enter programming under the local community-based probation agency, rather than the local alcohol safety action program, the local

community-based probation program is responsible for the screening and assessment. If a local community-based probation program not has been established for a locality, the local alcohol safety action program must conduct the screenings and assessments as ordered by the court.

Most drug offenders referred to VASAP are referred under §18.2-251 of the Code of Virginia. This group is served as part of VASAP's general operating procedures but is not counted in the VASAP number under §19.2-299.2.

Program Education

The Interagency Committee's informational presentations for judges, Commonwealths' attorneys and defense attorneys have included an overview of the selected screening and assessment instruments, the information that this will make available for judges to consider in making sanctioning decisions, and the activities and resources required to implement the legislation. Presentations conducted by VASAP personnel during three statewide judicial conferences were geared specifically to general district court judges. These presentations were given on June 18, 1999, in Virginia Beach, on April 11, 2000, in Richmond and on August 17, 2000, in Virginia Beach. In addition, local ASAP program staff provide specific information to judges in each judicial district regarding the screening and assessment instruments and their administration. State VASAP staff provide additional information at state-sponsored conferences and meetings.

Staff Positions

No additional staff positions were provided for VASAP as part of the screening and assessment initiative. However, staff is added as necessary at the local program level.

Staff Training

VASAP has provided several trainings for staff. Approximately 300 VASAP personnel have been trained to perform the legislative mandated screenings and assessments. Periodic updates are provided at the VASAP Annual Conference/Training in August of each year. Training activities are detailed in Figure 6.

Figure 6
Training of VASAP Staff

Date	Training Session	Staff Trained
8/15/99-8/18/99	VASAP Super Conference (Charlottesville)	126
10/6/99	ASAP Directors' Project Orientation (Richmond)	32
11/10/99	ASAP SSI Training (Wise)	12
5/25/00	New Case Managers (Richmond)	16
8/15/00	VASAP Super Conference-ASI Review (Hampton)	11

Development of Protocols and Procedures

The Commission on VASAP integrated screening and assessment protocols and policies into existing VASAP policies and procedures.

Confidentiality Issues

VASAP handles approximately 45,000 offenders annually. While all these offenders are referred by the courts, not all are referred under the screening and assessment requirements of §19.2-299.2. Nonetheless, most of the offenders referred to VASAP are screened and assessed. Protocols for screening and assessment of this population were integrated into existing Commission on VASAP policies and procedures.

Because VASAP has been in the substance abuse/probation arena for the past 25 years, it had in place extensive protocols and procedures for the confidentiality of offender information. It undertook a review and found that its existing protocols were appropriate to handle the new screening and assessment referral requirements.

Confidentiality training is part of the annual in-service training provided to relevant VASAP personnel. Additionally, 23 VASAP personnel attended the confidentiality workshops provided by the Legal Action Center in November 2000.

Memoranda of Agreement (MOA) and Memoranda of Understanding (MOU)

VASAP reviewed and revised its Memoranda of Agreement (MOA) and Memoranda of Understanding (MOU) with the Legal Action Center and requires their use by local programs.

Contract Development

The Commission reviewed and continues to utilize existing contracts with treatment providers.

Integration of SABRE Initiative

As the result of the SABRE initiatives, the Commission on VASAP incorporated the screening instrument as a parallel screening instrument with those already in use to later compare screening outcomes among the instruments used. The ASI was also completed for all appropriate drug referrals.

Interagency Assistance

During 1999, the Commission on VASAP was active in supporting the efforts of the screening and assessment project. In addition to providing staff to the Interagency Committee, the Commission provided qualified and experienced trainers to assist in training other agency staff in the proper administration of the Simple Screening Instrument (SSI). The Commission opened its Addiction Severity Index (ASI) training seminars to other agencies in order to ensure staff across agencies received adequate training on the administration of the assessment instrument in a timely fashion.

Data Collection

Although the Commission on VASAP collected screening and assessment data between January 1 and October 31, 2000, local ASAP agencies received few cases from the general district court referred under §19.2-299.2 (Figure 7). In the first ten months of 2000, ASAP programs around the Commonwealth received only 150 court orders for screening under this statute.

Figure 7
Screening and Assessment Results (January-October 2000) for Adult Misdemeanants Referred to VASAP under §19.2-299.2

Screenings Completed	Assessments Required[1]	Percent of Offenders Requiring Assessment	Assessments Completed	Percent of Assessed Offenders Needing Treatment[2]
150	105	70.0%	94	95.0%

[1] If the screening reveals key characteristics or behaviors likely related to drug use or alcohol abuse, a full assessment must be administered.
[2] Treatment is defined as services beyond substance abuse education.

Department of Criminal Justice Services

Local community-based probation programs around the Commonwealth are responsible for screening and assessing adult misdemeanants ordered to supervision under one of the programs without participation in ASAP (§19.2-299.2). The Department of Criminal Justice Services (DCJS) oversees and provides funding for the state's 38 local community-based probation and 28 pretrial services programs. During the first 10 months of 2000, nearly all of the screening and assessment of adult misdemeanants has been performed by local community-based

probation programs and not ASAP agencies. This is direct result of the types of sanctions imposed for Class 1 misdemeanor drug crimes. When ordering probation supervision and/or programming in these cases, general district court judges have utilized the options available through the local community-based probation programs in their localities.

Program Education

DCJS representatives attended three statewide judicial conferences. Presentations conducted by DCJS personnel were geared specifically to general district court judges. These presentations were given on June 18, 1999, in Virginia Beach, on April 17, 2000, in Richmond and on August 17, 2000, in Virginia Beach.

Staff Training

Three introductory screening (SSI) and assessment (ASI) sessions were conducted for program directors in October through December 1999. Approximately 205 local probation and pretrial program staff have been trained on the SSI and ASI tools through DOC and Community Service Board (CSB) certified trainers from 1999 through early 2000. About 35-40 pretrial program staff were trained specifically on the SSI during May and June of 2000 through services provided by the VASAP Commission. Forty-six local probation and pretrial services staff received confidentiality training through the Legal Action Center on November 14 and 15, 2000.

Development of Protocols and Procedures

The first DCJS protocol was drafted on December 16, 1999. The protocol was amended on December 22, 1999. Final approval for the protocol was provided on July 1, 2000. DCJS worked with other members of the Interagency Committee to develop consistency in protocol formats across agencies involved in the implementation of the screening and assessment initiative. In addition, DCJS developed a detailed monthly reporting form for utilization by local community-based probation and pretrial services programs.

Confidentiality Issues

Local probation and pretrial services program staff have expressed concern over confidentiality issues associated with the screening and assessment initiative. Local programs which have designated staff (but not all staff) performing screening and assessment activities are concerned about confidentiality requirements which restrict the sharing of treatment information between supervision and in-house assessment staff without a consent form signed by the offender. This issue will continue to be discussed in the upcoming year.

Memoranda of Agreement (MOA) and Memoranda of Understanding (MOU)

Local programs are responsible, pursuant to the Protocol Manual, for developing MOA and MOU with treatment service providers. DCJS has initiated discussions with VASAP in an attempt to develop a statewide MOU for VASAP to provide standardized drug education services for a standardized fee of $75 to $100.

Contract Development

Contract development is a local program responsibility.

Automation Planning

DCJS is examining the feasibility of integrating the screening instrument for adults (SSI) into the existing pretrial services/community corrections database as an enhancement. DCJS is also testing the automated version of the adult assessment instrument (ASI) developed by DOC and examining whether it should be integrated into existing DCJS software or remain a separate package.

Integration of SABRE Initiative

Between July and November of 2000, DCJS reviewed and approved budgets submitted by 38 local probation and 28 pretrial services programs for the expenditure of SABRE funds.

Interagency Assistance

During 1999 and 2000, DCJS provided substantial guidance and assistance to local community-based probation and pretrial services programs during the implementation of the screening and assessment initiative. The Department facilitated training for over 200 program personnel on the administration of the screening and assessment instruments, and arranged for confidentiality training for 46 program staff members.

One of the statutory changes made to bail legislation in 2000 now permits the preparation of a voluntary drug or alcohol screening at the initial court hearing. The intent of this amendment was to provide early identification of defendant substance abuse problems to assist courts in setting conditions of bail that would help defendants with their substance abuse problems while on release awaiting trial. Another goal was to provide the DOC's probation and parole offices with SSI results, criminal history record information and the pretrial investigation reports on felony defendants. It was hoped that this information would assist state probation and parole offices in scheduling comprehensive assessments for felony cases that, through plea agreements, are often convicted and sentenced on the same day. To date, eleven of the 27 operating pretrial programs have been approved by chief general district court judges to prepare

SSIs as part of the pretrial investigation. One court has not approved the procedure. At this time seven of the approved pretrial programs have able to establish agreements with DOC probation and parole offices to share defendant substance abuse findings and pretrial investigation information.

DCJS has and will continue to cooperate with the other agencies of the Interagency Committee to develop protocols and procedures to support the screening and assessment process and to promote interagency collaboration.

Data Collection

The data presented below is based on reports from 34 of 38 local probation programs. Of the reporting programs, Virginia Beach has had limited activity during the first quarter of FY2001. Accomack, Arlington County and Chesapeake have not started services or have not received orders for screenings. Suffolk City has been delinquent since January and the city manager has been notified of non-compliance and funds designated for that program have been frozen. Norfolk has been delinquent in reporting for the past three months.

As described above, pretrial services programs have been authorized since July 1, 2000, to prepare a voluntary drug or alcohol screening at the initial court hearing. The change provides early identification of defendant substance abuse problems to assist courts in setting conditions of bail and provides DOC's probation and parole offices with SSI results, criminal history record information and the pretrial investigation reports on felony defendants. Fourteen of 27 operating pretrial programs have been approved to perform substance abuse screenings as part of pretrial investigations. Although pre-trial screening is not required by §§18.2-251.01 or 19.2-299.2, this data is included below since many pretrial services programs are now actively involved in the screening and assessment process.

For adult misdemeanants screened by local community-based probation programs, more than one in four (42%) required a full assessment (Figure 8). The relatively low rate at which the required ASI assessments are completed (73.1% for probationers; 25.3% for pre-trial cases) reflects the backlog of Community Service Boards (CSBs) which are conducting assessments under agreements and of the local probation/pretrial services infrastructure, much of it due to the increase in pretrial screenings.

Figure 8
Screening and Assessment Results (January-September 2000) for Adult Misdemeanants in Local Community-based Probation or Pretrial Services Programs

	Screenings Completed	Assessments Required[1]	Percent of Offenders Requiring Assessment	Assessments Completed	Percent of Assessed Offenders Needing Treatment[2]
Local Community-based Probation Placements	2,562	1,077	42.0%	787	65.6%
Pre-Trial Arraignments/ Placements (effective 7/1/00)	3,178	861	27.1%	218	37.6%
TOTAL	**5,740[3]**	**1,938**		**1,005**	

[1] If the screening reveals key characteristics or behaviors likely related to drug use or alcohol abuse, a full assessment must be administered.
[2] Treatment is defined as services beyond substance abuse education.
[3] In addition, 268 offenders were transferred to other programs before screening, refused the screening or were "no shows" for the scheduled screening.

Department of Juvenile Justice

The Department of Juvenile Justice (DJJ) is responsible for screening and assessing juvenile offenders. All juveniles adjudicated not innocent for a crime that would be a felony or a Class 1 or 2 drug misdemeanor if committed by an adult are required to undergo a screening. Additionally, any juvenile for whom a predispositional social history has been ordered and, as of July 1, 2000, first time drug offenders also must be screened. Should the screening indicate a high probability of substance dependence, the juvenile shall undergo a full substance abuse assessment (§16.1-273). The instruments employed for screening and assessing juveniles for substance abuse problems are different than the tools used for the adult offender population. The juvenile instruments are designed for the ages and life-skill development of adolescent offenders.

Program Education

The Court Service Unit Directors, substance abuse specialists (CSACs) and their supervisors attended a day-long training session on this initiative. This training included information pertaining to the legislative mandate, implementation procedures, as well as specific

details regarding the screening and assessment instruments and their administration. Upon completion of this training, the above-referenced personnel were tasked with providing this information for the judiciary in their respective districts. Each district involved designated judges in the development and implementation of the initiative. The substance abuse program staff at DJJ's central office provided additional technical assistance and education to judges as requested and needed.

Staff Positions

The §16.1-273 mandate has been accomplished through the establishment of specialized probation officer positions funded through a 1999 appropriation allocation and grant funds provided by the Department of Criminal Justice Services. It should be noted that no Drug Offender Assessment Fund dollars are being utilized for staff positions.

In January 1999, DJJ established specialized probation officer positions, with the working title of Substance Abuse Specialists in 16 court service units (one in each court service unit). Through $600,000 in grant funds and $100,000 allocated by the Drug Offender Assessment Fund, the department established and supported an additional 16 substance abuse specializes and three regional substance abuse coordinator positions in October 1999. These positions continued to be funded through grant funds. The grant funds support the state share of salaries for the substance abuse specialists in three locally-operated court service units in Northern Virginia. The three regional clinical supervisors are responsible for monitoring and enhancing the agency's substance abuse screening and assessment activities. These positions are assigned to the department's regions (one in each region) with the primary responsibility of providing oversight and technical assistance to the court service units in that assigned region. They assist court service unit directors and supervisors with the development and implementation of screening and assessment policies and procedures. They also provide clinical supervision for designated staff to meet the initial and continuing education requirements as described by the Board of Professional Counselors for certified substance abuse counselor status. With the implementation of the SABRE initiative, these regional substance abuse coordinators have also assumed responsibility for assisting with the implementation and monitoring of treatment services funded through SABRE.

Staff Training

The Department sponsored drug screening and assessment initiative update meetings on April 18 and 20, 2000, for all court service unit directors and supervisors, as well as the CSU substance abuse specialist. The field staff were briefed on the newly developed agency procedures, approved forms, and on resource availability.

Each substance abuse specialist has been appropriately trained and certified to conduct the screening using the Substance Abuse Subtle Screening Inventory (SASSI) and the assessment instruments, the Child and Adolescent Functional Assessment Scale (CAFAS) in conjunction with the drug and alcohol scale of the Adolescent Problem Severity Index (APSI).

Approximately 400 additional department personnel have been trained to administer the screening instrument. The additional staff is utilized to conduct the screening procedures in the absence of a substance abuse specialist as needed. Geographical or volume considerations may also necessitate the need to use additional staff persons to conduct the screening procedures.

In addition to the above referenced training on the state-approved instruments, DJJ is requiring that all substance abuse specialists be certified as substance abuse counselors. Several of the court service units experienced difficulty in securing a certified substance abuse counselors to fill the probation officer positions. DJJ then developed a significant substance abuse training initiative. In collaboration with the Mid-Atlantic Addiction Technology Transfer Center, this initiative provided participants with all of the didactic education necessary to meet the initial requirements for substance abuse counselor certification. This training has been made available to substance abuse specialists not yet certified and selected probation officers who will serve as backup for the designated CSU substance abuse specialist. Twenty-three substance abuse specialist and probation officers completed the full six-month course of study (approximately 220 hours). Already certified substance abuse specialists were given the opportunity to participate in selected classes provided through this training program and were also approved and funded for attendance at other selected substance abuse conferences and training sessions.

Development of Protocols and Procedures

This procedure applies to all Department operated court service units and to the Division of Community Programs at the DJJ Central Office. In each court service unit there shall be a substance abuse specialist who shall coordinate or conduct drug screenings and who shall conduct substance abuse assessments in accordance with this procedure. The substance abuse specialist shall also collect and maintain identifying information on each juvenile who undergoes a drug screening or assessment, as well as the screening and assessment findings. In accordance with § 16.1-273 of the Code of Virginia, each substance abuse specialist shall be a certified substance abuse counselor or be working under the supervision of a certified substance abuse counselor.

When the court orders a social history investigation of an adjudicated juvenile, or when the court orders an adjudicated juvenile to undergo a drug screening as provided for in §16.1-273, a probation officer who has been trained to administer the Substance Abuse Subtle Screening Inventory (SASSI) shall administer the SASSI in sufficient time to complete, if necessary, the more extensive substance abuse assessment and to include the findings with the social history. If the initial screening indicates that the juvenile has a high probability for having a substance dependence disorder, a substance abuse assessment using both the Child and Adolescent Functional Assessment Scale (CAFAS) and the Drug/Alcohol component of the Adolescent Problem Severity Index (APSI) shall be administered in sufficient time to include the findings with the social history report. Only appropriately trained persons shall be authorized to administer the CAFAS or the APSI. A urine drug test may also be administered as part of the assessment procedure, using department approved drug testing methods.

If the drug screening was ordered as part of the social history investigation, the results of the screening and of any indicated drug assessment shall be included as an attachment to the social history report. In the body of the Social History, it shall be noted that the screening or assessment was completed and that the results are included as an attachment to the report. The Substance Abuse Specialist shall maintain the actual testing materials (SASSI, APSI and CAFAS forms) in a separate file from the juvenile's CSU file. A copy of the signed consent forms shall be included in this file. These materials shall be maintained in a secure location and shall be retained and disposed of in accordance with regulations issued by The Library of Virginia as referenced in standards 6 VAC 35-150-140 (3).

When the court commits a juvenile on whom a drug screening or substance abuse assessment has been conducted, the results of the screening and assessment shall be sent to the Reception and Diagnostic Center as part of the commitment package, and shall include copies of the SASSI profile and the APSI and CAFAS forms, as applicable.

Confidentiality Issues

Forty DJJ staff attended the DMHMRSAS sponsored substance abuse confidentiality workshop as described previously in this report. Participants obtained the most current information related to confidentiality issues when conducting substance abuse screening and assessments and communicating with treatment providers. The material and information obtained through this workshop was used to strengthen existing departmental protocols.

DJJ has developed confidentiality protocols that comply with federal regulations. The results of a drug screening or a substance abuse assessment shall be considered confidential under federal confidentiality guidelines concerning the records of substance abuse clients (42 CFR Part 2). DJJ personnel shall obtain the juvenile's signature on the Consent for Release of Information Form, prior to releasing this information unless otherwise specified in this procedure or the federal regulations. While parental consent is not legally required (see § 54.1-2969 of the Code of Virginia), court service unit staff is encouraged to solicit such approval as indicated by signature on the consent form. Information may be shared, without consent, with other court service units or Department of Juvenile Justice staff (e.g., the Reception and Diagnostic Center) that have a reasonable need for this information. When screening and assessment reports are disclosed, they should be clearly marked as "CONFIDENTIAL" and accompanied by the following statement:

> "This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any

use of the information to criminally investigate or prosecute any alcohol or drug abuse patient."

This statement shall accompany any release of information, even when not requiring written consent. DJJ personnel will inform the juvenile that once the juvenile's case is closed to supervision, this consent will automatically expire, and information related to the screening or assessment will not be released without a new consent form signed or a valid court order. DJJ personnel are to inform the juvenile of the right to decline or revoke the consent, and that this information will be relayed to the court for further possible action.

Memoranda of Agreement (MOA) and Memoranda of Understanding (MOU)

For details regarding the development of MOA and MOU, see the "Integration of SABRE Initiative" section below

Contract Development

For details regarding DJJ's in developing contracts, see the "Integration of SABRE Initiative" section below.

Automation Planning

No later than 30 days after completing a screening or assessment, the CSU substance abuse specialist shall enter the following information into the Department's Substance Abuse Screening and Assessment Data Base available on the automated Juvenile Tracking System:

- juvenile's identifying information;
- offense data;
- court disposition (when available);
- results of the SASSI screening; and
- results of the assessment, if applicable.

Integration of SABRE Initiative

Substance Abuse Reduction Effort (SABRE) funds are utilized to provide treatment services for juveniles who are found to have abused or become dependent on alcohol or other illegal substances. DJJ received through appropriation from the General Assembly $1.17 million for state fiscal year 2001 and $2.34 million for state fiscal year 2002 for the purchase of substance abuse treatment services. Two methods are being utilized to secure these services.

Court service units have been given the option of developing Memorandums of Agreement (MOA) with public sector substance abuse treatment providers, in most cases the Community Services Board (CSB), to secure the services of dedicated staff to serve referrals from the unit. DJJ has also implemented a competitive Request for Proposals (RFP) process seeking to select qualified substance abuse treatment providers to perform services on a fee basis. Providing these two options expands the Department's ability to solicit appropriate treatment providers for this population.

As of October 31, 2000, 27 MOAs have been approved. These MOAs cover 24 court service units, with some court service units having agreements with more than one Community Services Boards, due to variations in CSU jurisdictions and CSB catchment areas. The MOAs became effective on October 1, 2000. The RFP process has also been completed. Contracts have been issued to 21 public, private-non-profit, and private-for profit vendors. Services purchased through the RFP process became available in November 2000.

The Department has also submitted a $300,000 grant application to DCJS. These funds will be utilized to supplement the $1.17 million appropriation from the General Assembly and continue and assist with funding the MOAs and fee-for-service activities as needed.

Each of these options includes the following scope of service:

- **Educational group/brief motivational intervention** – These services shall typically take place in a group format and are appropriate for juveniles with the least severe level of substance abuse problems.
- **Intensive Outpatient Program (IOP)** – This type of program will meet at least three times weekly for approximately three (3) hours per session. Services delivered within this program shall include individual, group and family-based interventions. This level of service shall be for juveniles with significant substance use disorders.
- **Individual, Group and Family Counseling** – These services are for juveniles with a range of problem severity and the exact configuration of services is based on the development of an individualized service plan.
- **Relapse Prevention Group** – These services shall typically take place in a group format with the focus on services on learning structured relapse prevention skills for juveniles who have completed other substance abuse treatment services, including those being supervised on parole after completing treatment in a juvenile correctional center.
- **Urine Drug Screening** – Shall be provided in accordance with the Treatment Provider's procedures.

Data Collection

Between January 1 and October 20, 2000, the information in Figure 9 was reported from 35 court service units in DJJ's three administrative regions.

Figure 9
Number of Screenings and Assessments (January-October 2000) for Juvenile Offenders by DJJ Region

DJJ Region	Screenings Submitted	Assessments Submitted
Region 1	1,109	301
Region 2	1,090	167
Region 3	1,999	370
TOTAL	**4,198**	**838**

Overall, as shown in Figure 10, one in five juvenile offenders screened required further assessment.

Figure 10
Screening and Assessment Results (January-October 2000) for Juvenile Offenders

Screenings Completed	Assessments Required[1]	Percent of Offenders Requiring Assessment	Assessments Completed	Percent of Offenders Needing Treatment[2]
4,198	838	20.0%	838	32.9%[3]

[1] If the screening reveals key characteristics or behaviors likely related to drug use or alcohol abuse, a full assessment must be administered.
[2] Treatment is defined as services beyond substance abuse education.
[3] Data is based on classification produced by the juvenile screening instrument (SASSI).

Department of Mental Health, Mental Retardation and Substance Abuse Services

The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) has developed for review and implementation by the members of the Interagency Drug Offender Screening and Assessment Committee:

- A model Memorandum of Agreement between criminal justice agencies and service providers,
- Model Qualified Service Agreements,
- Model Release of Information forms,

- Guidance for confidentiality of offender substance abuse information and records management,
- Model protocols governing use of all the above.

DMHMRSAS provided technical assistance regarding confidentiality of offender treatment records, use of the Addiction Severity Index assessment tool, use of qualified service agreements and memorandum of agreements to a meeting of the Chiefs of the Local Probation and Parole Officers.

DMHMRSAS has developed a Substance Abuse Services Reference Guide that is intended for use in the SABRE Protocol Manual and will assist the judiciary, probation and parole offices, local community-based probation agencies and local ASAPS in making appropriate treatment referral decisions.

Confidentiality

To integrate public safety objectives and the delivery of appropriate treatment services for substance abusing offenders, information must flow between the treatment program and the criminal justice system. Although the flow of information from the substance abuse treatment program to the criminal justice system is critical, those planning or operating programs and research studies must keep in mind that Federal laws and regulations protect information about all persons receiving alcohol and drug abuse prevention and treatment services (42 U.S.C. §§290dd-3 and ee-3 and 42 Code of Federal Regulations, Part 2). These laws and regulations prohibit disclosure of information regarding patients who have applied for or received any alcohol or drug abuse-related services, including assessment, diagnosis, counseling, group counseling, treatment, or referral for treatment,

Since Virginia has expanded its efforts to identify and treat offenders with substance abuse problems through the screening and assessment program and the SABRE initiative, the Interagency Committee has identified the confidentiality of substance abuse patient records as a major training need to support this initiative, eliminate problems and facilitate the appropriate exchange of information between criminal justice and substance abuse treatment agencies. Criminal justice system workers who have supervisory responsibility for offenders with substance abuse problems are taking on new roles in the screening, assessment and referral process and are not familiar with Federal laws and regulations that protect information about all persons receiving alcohol and drug abuse prevention and treatment services (42 U.S.C. §§290dd-3 and ee-3 and 42 Code of Federal Regulations, Part 2). In addition new workers in Virginia's treatment system also need adequate training in confidentiality related to referrals from the criminal justice system.

The DMHMRSAS as a member of the Interagency Committee in cooperation with the Center for Substance Abuse Treatment (CSAT) arranged for the Legal Action Center, a nationally recognized company specializing on confidentiality issues to conduct two training events for supervisors which focused specifically on issues related to criminal justice referrals and the new roles of criminal justice system workers in the screening and assessment process.

The events were held on November 14 in Roanoke and November 15 in Richmond. Training slots were allocated to Community Services Boards, local community-based probation agencies, Department of Juvenile Justice court services units, Department of Corrections probation and parole offices and local Alcohol Safety Action Programs. In all, 188 individuals from these organizations attended these events. The number of individuals trained represents only a fraction of those who need and require the information. DMHMRSAS has obtained approval from the Center for Substance Abuse Treatment to develop state and local trainers in Confidentiality Issues. This "Train the Trainers" initiative will take place in the spring of 2001.

Virginia Criminal Sentencing Commission

While not having direct responsibility for the screening and assessment of offenders, the Virginia Criminal Sentencing Commission (VCSC) has served an advisory role on the Interagency Committee. The VCSC oversees the system of sentencing guidelines utilized in Virginia's circuit courts. The sentencing guidelines are one tool used by the judiciary when developing sentencing decisions for felony offenders before the court. The guidelines are voluntary. Judges are free to depart from the guidelines recommendations and need only to cite a reason for the departure on the guidelines form. The nature of the guidelines system in Virginia allows judges to use their discretion when formulating sanctions for criminal defendants to account for the circumstances of each offender, such as drug or alcohol addiction. Judges can tailor a "package" of sanctions they feel is most appropriate for each case. These sanctions can include a variety of elements including incarceration, inpatient or outpatient treatment, supervision, drug testing, and education. In this way, Virginia's sentencing guidelines allow for the integration of treatment and other services into the criminal sanctioning process.

Changes to the Guidelines Forms

At the request of the Interagency Committee, the VCSC revised the cover sheet of the sentencing guidelines form. The change appears on forms that became effective July 1, 2000. The new guidelines cover sheet has two additional check boxes not contained on previous versions of the form. The first check box is marked by the guidelines preparer if the offender has received a substance abuse screening per 18.2-251.01. The second check box is marked if the offender has received a full substance abuse assessment. These boxes are displayed below.

Substance Abuse Screening and Assessment §18.2-251.01: ❑ Screening Completed ❑ Assessment Completed

The addition of these check boxes to the cover sheet serves two functions. First, these boxes inform the sentencing judge in a direct way whether or not the offender has undergone screening and assessment. If the judge, in his review of the guidelines forms, sees that the offender has been screened or assessed, the judge can examine the results of these procedures. Screening and assessment, then, becomes another tool for judges as they consider sanctions for substance abusing offenders. These check boxes serve a second function by providing the Interagency Committee with valuable information regarding screening and assessment activities. The Interagency Committee can use VCSC data to determine the proportion of felony offenders who receive screening and assessment services prior to sentencing and the areas of the state where this approach is most prevalent. VCSC data reveal that nearly one-third (31.3%) of felony offenders subject to screening and assessment provisions (offense date on or after January 1, 2000) have been screened prior to sentencing, but only one in seven (15.0%) offenders received the full assessment before the sentencing hearing (Figure 11). While probation officers and Commonwealth's attorneys are both authorized to complete guidelines worksheets for the court, probation officers have prepared nearly all (98%) of the guidelines forms in which the screening or assessment check box is marked. Commonwealth's attorneys do not appear to be utilizing these check boxes. This is most likely the result of plea agreements between the Commonwealth and defendants, since pre-sentence reports are generally not prepared in those cases.

Figure 11
Use of Check Boxes Provided on Sentencing Guidelines Cover Sheet

Cases Received Through	Screening Completed		Assessment Completed		Total Number of Guidelines Cases
	Number	Percent of Total	Number	Percent of Total	
December 11, 2000	520	31.3%	250	15.0%	1,664

The rate at which felony offenders are screened and assessed prior to sentencing varies from jurisdiction to jurisdiction. The rate of pre-sentence screening ranges from a reported low of 0% to a high of 82.5% across Virginia's 31 judicial circuits (Figure 12). Information such as this may prove useful during the evaluation of the screening and assessment program planned for the next biennium.

Figure 12
Use of Check Boxes Provided on Sentencing Guidelines Cover Sheet By Circuit*

Circuit	Screening Completed		Assessment Completed		Total Number of Guidelines Cases
	Number	Percent of Total	Number	Percent of Total	
1	35	25.5%	15	10.9%	137
2	40	23.3%	2	1.2%	172
3	26	25.0%	16	15.4%	104
4	11	33.3%	4	12.1%	33
5	13	56.5%	3	13.0%	23
6	15	51.7%	12	41.4%	29
7	15	22.1%	4	5.9%	68
8	9	22.0%	7	17.1%	41
9	16	41.0%	3	7.7%	39
10	5	21.7%	2	8.7%	23
11	11	55.0%	3	15.0%	20
12	14	48.3%	7	24.1%	29
13	46	29.7%	26	16.8%	155
14	5	11.9%	4	9.5%	42
15	8	11.3%	5	7.0%	71
16	8	25.0%	5	15.6%	32
17	8	32.0%	2	8.0%	25
18	23	44.2%	13	25.0%	52
19	25	53.2%	18	38.3%	47
20	5	21.7%	1	4.3%	23
21	7	30.4%	5	21.7%	23
22	16	61.5%	7	26.9%	26
23	21	28.4%	14	18.9%	74
24	39	48.1%	17	21.0%	81
25	5	9.4%	3	5.7%	53
26	31	41.9%	19	25.7%	74
27	3	8.6%	0	0.0%	35
28	0	0.0%	0	0.0%	39
29	4	20.0%	2	10.0%	20
30	4	40.0%	2	20.0%	10
31	52	82.5%	29	46.0%	63

* Cases received through December 11, 2000.

Future Activities

The screening and assessment program is an ambitious program that few other states have undertaken. The Interagency Committee, created by §2.1-51.18:3 of the Code of Virginia, is a permanent entity charged with implementing and administering screening and assessment activities in the Commonwealth. Virginia's program became effective statewide on January 1, 2000, but the Interagency Committee's work is far from complete. Several activities are planned for the next biennium.

Continued Oversight

Ensuring the quality of the screening and assessment process is an important goal of the Interagency Committee. In order to fulfill this goal, continued oversight is crucial. For the Interagency Committee, oversight is an ongoing activity. The program, with less than a year of statewide implementation, is in its infancy. As potential problem areas are identified, the Interagency Committee devises solutions in a cooperative effort to address them. For example, the Interagency Committee is concerned about the response of general district court judges to the screening and assessment program. It appears that general district court judges in many localities have not embraced screening and assessment to the extent of circuit court and juvenile and domestic relations court judges. The Interagency Committee is currently looking at this issue. Over the next two years, the Interagency Committee will work to guide the program to maturity.

Continued Training and Education

Related to oversight and quality assurance is continued training and education of all persons involved in screening and assessment activities. The Interagency Committee understands that training and education does not end with statewide implementation. As agencies experience turnover, new staff will require training. As new judges come to bench, those judges will need to be briefed on the screening and assessment program. It is also important, however, that existing staff receive "refresher" courses to maintain skill levels over time. The Interagency Committee has organized and facilitated numerous presentations, seminars and workshops during 1999 and 2000 and will continue to perform this important function in the years to come.

Development of Treatment/Sentencing Matrix

One of the Interagency Committee's goals is to improve the integration of substance abuse treatment services and criminal sanctioning. By breaking the cycle of addiction and crime

among substance-abusing offenders, the Interagency Committee seeks to reduce the rate of recidivism among this population. In an effort to improve the delivery of treatment services within the criminal justice system, the Interagency Committee is considering the development of a treatment/sentencing matrix as an additional tool for judges and correctional agencies. The matrix, a purely advisory tool, could provide judges and agencies with information regarding treatment services suitable for a defendant given the nature and severity of his addiction and the public safety objectives of the Commonwealth. The state of Colorado uses a matrix, based on addiction severity and criminal risk, to prioritize offenders in need of services for the limited treatment resources available. If the Interagency Committee determines that a treatment/sentencing matrix could serve as a useful tool for judges and correctional agencies, it will be incorporated into the screening and assessment program package.

Program Evaluation

Throughout 1999 and 2000, the Interagency Committee has stressed the importance of a comprehensive evaluation of the screening and assessment program. Evaluation is crucial in determining the success of the program in achieving its goals and affecting change. An evaluation can also identify potential areas for improvement of the program. The Secretary of Public Safety, the chairman of the Interagency Committee, has asked DCJS' Criminal Justice Research Center to conduct a thorough evaluation of the program.

The Criminal Justice Research Center has provided the Interagency Committee with a preliminary evaluation plan. The plan describes two phases of evaluation. First, an assessment of program implementation (Phase 1) is scheduled to begin upon the approval of the plan by the Interagency Committee and authorization for the hiring of research staff. Two research staff positions are to be dedicated to the evaluation project. While the plan was originally planned to begin in October 2000, funding/hiring delays have affected the timeline. A report on Phase 1 of the project is anticipated by July 2001. The proposed workplan for the implementation evaluation is shown in Figure 13.

A second phase of evaluation is planned to assess program impact (Phase 2). The implementation study will be used to identify appropriate impact measures, and to determine feasible data collection strategies for Phase 2. Findings from the Phase 1 evaluation may also lead to program changes that should occur prior to any impact assessment. Therefore, an appropriate timeline and workplan for Phase 2 is to be developed upon completion of Phase 1.

Figure 13
Phase 1 Evaluation Plan:
Assessing Implementation of the Drug Screening and Assessment Treatment Program

Activity	Timeframe	Responsible Party
Review existing background information on project, including relevant legislation, screening and assessment protocols and instruments, and available reviews of program progress.	August – November 2000	• Interagency Drug Screening and Assessment Committee • DCJS Researchers
Hire 2 P-14s to staff project	October 2000	• DCJS
Compile comprehensive list of all agencies/offices that are responsible for screening and assessment referrals, administration, and treatment.	October 2000	• DCJS Researchers • Agency Directors or Representatives
Develop interview/survey instrument, as appropriate, to collect process information regarding implementation in localities.	November 2000	• DCJS Researchers
Select representative local agencies/offices for site visits and process data collection.	November 2000	• DCJS Researchers (perhaps in consultation with Committee and/or Agency Directors or Representatives)
Identify any supplementary databases, maintained at the state or local level, that may provide information regarding the implementation process.	December 2000 – February 2001	• DCJS Researchers • Agency Directors or Representatives
Obtain supplementary databases as needed.	December 2000 – February 2001	• DCJS Researchers • Agency Directors or Representatives
Conduct site visits to selected agencies/offices, and initiate data collection process.	December 2000 – February 2001	• DCJS Researchers
Conduct follow-up phone interviews with sites, as necessary, to complete interview/survey process.	December 2000 – March 2001	• DCJS Researchers
Code interview/survey data as appropriate.	December 2000 – April 2001	• DCJS Researchers
Enter interview/survey data into statistical database.	January – April 2001	• DCJS Researchers
Perform analyses on supplementary databases.	February - May 2001	• DCJS Researchers

Figure 13
Phase 1 Evaluation Plan:
Assessing Implementation of the Drug Screening and Assessment Treatment Program

Activity	Timeframe	Responsible Party
Perform analyses on interview/survey data.	May 2001	• DCJS Researchers
Compile findings.	May 2001	• DCJS Researchers
Develop conclusions and recommendations for future program development.	May 2001	• DCJS Researchers
Write report and circulate for appropriate review.	April - May 2001	• DCJS Researchers • Agency Directors or Representatives • Interagency Drug Screening and Assessment Committee • Secretary of Public Safety
Deliver final report to Committee.	June 1, 2001	• DCJS Researchers
Distribute final report.	July 2001	• DCJS • Secretary of Public Safety • Interagency Drug Screening and Assessment Committee

Appendices

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Legislation

§ 18.2-251.01. Substance abuse screening and assessment for felony convictions.

A. When a person is convicted of a felony, not a capital offense, committed on or after January 1, 2000, he shall be required to undergo a substance abuse screening and, if the screening indicates a substance abuse or dependence problem, an assessment by a certified substance abuse counselor as defined in § 54.1-3500 employed by the Department of Corrections or by an agency employee under the supervision of such counselor. If the person is determined to have a substance abuse problem, the court shall require him to enter a treatment and/or education program, if available, which, in the opinion of the court, is best suited to the needs of the person. This program may be located in the judicial district in which the conviction was had or in any other judicial district as the court may provide. The treatment and/or education program shall be licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services or shall be a similar program which is made available through the Department of Corrections if the court imposes a sentence of one year or more or, if the court imposes a sentence of twelve months or less, by a similar program available through a local or regional jail, a community corrections program established pursuant to § 53.1-180, or an ASAP program certified by the Commission on VASAP. The program may require the person entering such program under the provisions of this section to pay a fee for the education and treatment component, or both, based upon the defendant's ability to pay.

B. As a condition of any suspended sentence and probation, the court shall order the person to undergo periodic testing and treatment for substance abuse, if available, as the court deems appropriate based upon consideration of the substance abuse assessment.

§ 19.2-299. Investigations and reports by probation officers in certain cases.

A. When a person is tried in a circuit court (i) upon a charge of assault and battery in violation of §§ 18.2-57, 18.2-57.1 or § 18.2-57.2, stalking in violation of § 18.2-60.3, sexual battery in violation of § 18.2-67.4, attempted sexual battery in violation of § 18.2-67.5, or maiming or driving while intoxicated in violation of § 18.2-51.4 or § 18.2-266, and is adjudged guilty of such charge, the court may, or on motion of the defendant shall, or (ii) upon a felony charge, the court may when there is a plea agreement between the defendant and the Commonwealth and shall when the defendant pleads guilty without a plea agreement or is found guilty by the court after a plea of not guilty, direct a probation officer of such court to thoroughly investigate and report upon the history of the accused, including a report of the accused's criminal record as an adult and available juvenile court records, and all other relevant facts, to fully advise the court so the court may determine the appropriate sentence to be imposed. The probation officer, after having furnished a copy of this report at least five days prior to sentencing to counsel for the accused and the attorney for the Commonwealth for their permanent use, shall submit his report in advance of the sentencing hearing to the judge in chambers, who shall keep such report confidential. The probation officer shall be available to testify from this report in open court in the presence of the accused, who shall have been advised of its contents and be given the right to cross-examine the investigating officer as to any matter contained therein and to present any additional facts bearing upon the matter. The report of the investigating officer shall at all times

be kept confidential by each recipient, and shall be filed as a part of the record in the case. Any report so filed shall be sealed upon the entry of the sentencing order by the court and made available only by court order, except that such reports or copies thereof shall be available at any time to any criminal justice agency, as defined in § 9-169, of this or any other state or of the United States; to any agency where the accused is referred for treatment by the court or by probation and parole services; and to counsel for any person who has been indicted jointly for the same felony as the person subject to the report. Any report prepared pursuant to the provisions hereof shall without court order be made available to counsel for the person who is the subject of the report if that person is charged with a felony subsequent to the time of the preparation of the report. The presentence report shall be in a form prescribed by the Department of Corrections. In all cases where such report is not ordered, a simplified report shall be prepared on a form prescribed by the Department of Corrections.

B. As a part of any presentence investigation conducted pursuant to subsection A when the offense for which the defendant was convicted was a felony, the court probation officer shall advise any victim of such offense in writing that he may submit to the Virginia Parole Board a written request (i) to be given the opportunity to submit to the Board a written statement in advance of any parole hearing describing the impact of the offense upon him and his opinion regarding the defendant's release and (ii) to receive copies of such other notifications pertaining to the defendant as the Board may provide pursuant to subsection B of § 53.1-155.

C. As part of any presentence investigation conducted pursuant to subsection A when the offense for which the defendant was convicted was a felony drug offense set forth in Article 1 (§ 18.2-247 et seq.) of Chapter 7 of Title 18.2, the presentence report shall include any known association of the defendant with illicit drug operations or markets.

D. As a part of any presentence investigation conducted pursuant to subsection A, when the offense for which the defendant was convicted was a felony, not a capital offense, committed on or after January 1, 2000, the defendant shall be required to undergo a substance abuse screening pursuant to § 18.2-251.01.

§ 19.2-299.2. (Effective October 1, 2000) Alcohol and substance abuse screening and assessment for designated Class 1 misdemeanor convictions.

A. When a person is convicted of any offense committed on or after January 1, 2000, under Article 1 (§ 18.2-247 et seq.) or Article 1.1 (§ 18.2-265.1 et seq.) of Chapter 7 of Title 18.2, and such offense is punishable as a Class 1 misdemeanor, the court shall order the person to undergo a substance abuse screening as part of the sentence if the defendant's sentence includes probation supervision by a local community-based probation program established pursuant to Article 2 (§ 53.1-180 et seq.) of Chapter 5 of Title 53.1 or participation in a local alcohol safety action program. Whenever a court requires a person to enter into and successfully complete an alcohol safety action program pursuant to § 18.2-271.1 for a second offense of the type described therein, or orders an evaluation of a person to be conducted by an alcohol safety action program pursuant to any provision of § 46.2-391, the alcohol safety action program shall assess such person's

degree of alcohol abuse before determining the appropriate level of treatment to be provided or to be recommended for such person being evaluated pursuant to § 46.2-391.
The court may order such screening upon conviction as part of the sentence of any other Class 1 misdemeanor if the defendant's sentence includes probation supervision by a local community-based probation program established pursuant to Article 2 (§ 53.1-180 et seq.) of Chapter 5 of Title 53.1, participation in a local alcohol safety action program or any other sanction and the court has reason to believe the defendant has a substance abuse or dependence problem.

B. A substance abuse screening ordered pursuant to this section shall be conducted by the local alcohol safety action program. When an offender is ordered to enter programming under the local community-based probation program established pursuant to Article 2 (§ 53.1-180 et seq.) of Chapter 5 of Title 53.1, rather than the local alcohol safety action program, the localcommunity-based probation program shall be responsible for the screening. However, if a local community-based probation program has not been established for the locality, the local alcohol safety action program shall conduct the screening as part of the sentence.

C. If the screening indicates that the person has a substance abuse or dependence problem, an assessment shall be completed and if the assessment confirms that the person has a substance abuse or dependence problem, as a condition of a suspended sentence and probation, the court shall order the person to complete the substance abuse education and intervention component, or both as appropriate, of the local alcohol safety action program or such other treatment program, if available, such as in the opinion of the court would be best suited to the needs of the person. If the referral is to the local alcohol safety action program, the program may charge a fee for the education and intervention component, or both, not to exceed $300, based upon the defendant's ability to pay.

§ 16.1-273. Court may require investigation of social history and preparation of victim impact statement.

A. When a juvenile and domestic relations district court or circuit court has adjudicated any case involving a child subject to the jurisdiction of the court hereunder, except for a traffic violation, a violation of the game and fish law or a violation of any city ordinance regulating surfing or establishing curfew violations, the court before final disposition thereof may require an investigation, which (i) shall include a drug screening and (ii) may include the physical, mental and social conditions, including an assessment of any affiliation with a youth gang as defined in § 16.1-299.2, and personality of the child and the facts and circumstances surrounding the violation of law. However, in the case of a juvenile adjudicated delinquent on the basis of an act committed on or after January 1, 2000, which would be a felony if committed by an adult, or a violation under Article 1 (§ 18.2-247 et seq.) or Article 1.1 (§ 18.2-265.1 et seq.) of Chapter 7 of Title 18.2 and such offense would be punishable as a Class 1 or Class 2 misdemeanor if committed by an adult, the court shall order the juvenile to undergo a drug screening. If the drug screening indicates that the juvenile has a substance abuse or dependence problem, an assessment shall be completed by a certified substance abuse counselor as defined in § 54.1-3500 employed by the Department of Juvenile Justice or by a locally operated court services unit or by

an individual employed by or currently under contract to such agencies and who is specifically trained to conduct such assessments under the supervision of such counselor.

B. The court also shall, on motion of the attorney for the Commonwealth with the consent of the victim, or may in its discretion, require the preparation of a victim impact statement in accordance with the provisions of § 19.2-299.1 if the court determines that the victim may have suffered significant physical, psychological or economic injury as a result of the violation of law.

Confidentiality Release/Consent Form

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION:
CRIMINAL JUSTICE SYSTEM REFERRAL

I, _____, hereby consent to
(Name of offender)

communication between _____

and _____

to release the following indicated information:
(Check all that apply)

Substance abuse Screening and Assessment results;
Notice of progress in treatment or lack thereof;
Notice of any positive drug screening tests;
Written outline of treatment plan;
Results of final court disposition;
Notice of any absences;
Written summary of my response to treatment at the conclusion of services;
Summary of criminal history, correctional status, and instant offense;
Information to include; emotional, mental and physical health, medical records, school records, test scores academic, behavior memoranda, all court records, employment records (past and present) any military history;

_____
(Other specified information)

for the purpose of:

Pre-Trial Supervision;
Treatment/Educational Services;
Pre/Post Sentence Investigation;
Treatment Assessment;
Probation/Parole Supervision;
Court/Parole Board Reports;

Other specified purpose; _____
(Treatment service consent may only have one purpose checked per form)

I understand that all information generated or obtained through my participation in substance abuse treatment **is protected** by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may redisclose only in accordance with the above mentioned regulations and/or the resolution of the court proceedings under which I was mandated into treatment and/or through this consent for the release of confidential information. This information includes but is not limited to: substance abuse screening/assessment results; treatment plan; attendance at treatment sessions, progress in treatment or lack thereof; results of any positive drug screening tests if conducted by the treatment provider; and summary of my response to treatment at the conclusion of services. _____
(Initials of Offender)

I understand that information generated or obtained through the processing of my case through the criminal justice system **that is not related to my participation in substance abuse treatment is not protected** under federal confidentiality regulations and may used by the courts in sentencing, the parole board in releasing decisions, other criminal justice agencies and the Department of Corrections in the investigation, and supervision of my case during probation, incarceration, post release supervision and/or parole to include any application for supervision transfer to a member of the interstate compact. _____
(Initials of Offender)

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective release from probation, or parole or other court proceeding under which I was mandated into treatment. I attest to having read, or been read this document and fully understand same. I request that all such persons/agencies accept a photocopy of this document and release information that is checked above and is consistent with the purpose stated in this document.

Projected termination date of consent _____

_____ _____
(Date) (Signature of offender)

_____
(Signature of authorized representative, if required)

Draft 01/03/2001

Screening and Assessment Instruments for Adult Offenders

Simple Screening Instrument for AOD Abuse
Self-Administered Form

Directions: The questions that follow are about your use of alcohol and other drugs. Your answers will be kept private. Mark the response that best fits for you. Answer the questions in terms of your experiences in the past 6 months.

During the last 6 months...

1. Have you used alcohol or other drugs? (Such as wine, beer, hard liquor, pot, coke, heroin or other opiates, uppers, downers, hallucinogens, or inhalants)
   ___ Yes ___ No

2. Have you felt that you use too much alcohol or other drugs?
   ___ Yes ___ No

3. Have you tried to cut down or quit drinking or using alcohol or other drugs?
   ___ Yes ___ No

4. Have you gone to anyone for help because of your drinking or drug use? (Such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors, or a treatment program.)
   ___ Yes ___ No

5. Have you had any health problems? For example, have you:
   ___ Had blackouts or other periods of memory loss?
   ___ Injured your head after drinking or using drugs?
   ___ Had convulsions, delirium tremens ("DTs")?
   ___ Had hepatitis or other liver problems?
   ___ Felt sick, shaky, or depressed when you stopped?
   ___ Felt "coke bugs" or a crawling feeling under the skin after you stopped using drugs?
   ___ Been injured after drinking or using?
   ___ Used needles to shoot drugs?

6. Has drinking or other drug use caused problems between you and your family or friends?
   ___ Yes ___ No

7. Has your drinking or other drug use caused problems at school or at work?
   ___ Yes ___ No

8. Have you been arrested or had other legal problems? (Such as bouncing bad checks, driving while intoxicated, theft, or drug possession.)
   ___ Yes ___ No

9. Have you lost your temper or gotten into arguments or fights while drinking or using other drugs?
   ___ Yes ___ No

10. Are you needing to drink or use drugs more and more to get the effect you want?
    ___ Yes ___ No

(Continued on next page)

11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs?
    ___ Yes ___ No

12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone?
    ___ Yes ___ No

13. Do you feel bad or guilty about your drinking or drug use?
    ___ Yes ___ No

The next questions are about your lifetime experiences.

14. Have you ever had a drinking or other drug problem?
    ___ Yes ___ No

15. Have any of your family members ever had a drinking or drug problem?
    ___ Yes ___ No

16. Do you feel that you have a drinking or drug problem now?
    ___ Yes ___ No

Thanks for filling out this questionnaire.

PATIENT/CLIENT RATING SCALE

0	NOT AT ALL
1	SLIGHTLY
2	MODERATELY
3	CONSIDERABLY
4	EXTREMELY

Name/ID No.: _____ Date: _____
Place/Location: _____

Items 1 and 15 are not scored. The following items are scored as 1 (yes) or 0 (no):

___ 2	___ 7	___ 12
___ 3	___ 8	___ 13
___ 4	___ 9	___ 14
___ 5 (any items listed)	___ 10	___ 16
___ 6	___ 11	

Total score: ___ Score range: 0–14

Preliminary interpretation of responses:

Score	Degree of Risk for AOD Abuse
0–1	None to low
2–3	Minimal
≥4	Moderate to high: possible need for further assessment

Addiction Severity Index 5th Edition

Clinical/Training Version

A. Thomas McLellan, Ph.D.
Deni Carise, Ph.D.
Thomas H. Coyne, MSW

Remember: This is an interview, not a test

≈Item numbers circled are to be asked at follow-up.≈
≈Items with an asterisk are cumulative and should be rephrased at follow-up.≈

INTRODUCING THE ASI: Introduce and explain the seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychiatric. All clients receive this same standard interview. All information gathered is confidential; explain what that means in your facility; who has access to the information and the process for the release of information.

There are two time periods we will discuss:

1. The past 30 days
2. Lifetime

Patient Rating Scale: Patient input is important. For each area I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.

The scale is:
0 - Not at all
1 - Slightly
2 - Moderately
3 - Considerably
4 - Extremely

Inform the client that he/she has the right to refuse to answer any question. If the client is uncomfortable or feels it is too personal or painful to give an answer, instruct the client not to answer. Explain the benefits and advantages of answering as many questions as possible in terms of developing a comprehensive and effective treatment plan to help them.

Please try not give inaccurate information!

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems)
3. X = Question not answered.
   N = Question not applicable.
4. Terminate interview if client misrepresents two or more sections
5. When noting comments, please write the question number.
6. Tutorial/clarification notes are preceded with "•"

HALF TIME RULE: If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.

EVIDENCE RATINGS:
⇒ Last two items in each section.
⇒ Do not over-interpret.
⇒ Denial does not warrant misrepresentation.
⇒ Misrepresentation = overt contradiction in information.

Probe, cross-check and make plenty of comments!

HOLLINGSHEAD CATEGORIES:

1. Higher execs, major professionals, owners of large businesses.
2. Business managers if medium sized businesses, lesser professions, i.e., nurses, opticians, pharmacists, social workers, teachers.
3. Administrative personnel, managers, minor professionals, owners/proprietors of small businesses, i.e., bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent.
4. Clerical and sales, technicians, small businesses (bank teller, bookkeeper, clerk, draftsperson, timekeeper, secretary).
5. Skilled manual - usually having had training (baker, barber, brakeperson, chef, electrician, fireman, machinist, mechanic, papermanger, painter, repairperson, tailor, welder, police, plumber).
6. Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator).
7. Unskilled (attendant, janitor, construction helper, unspecified labor, porter, including unemployed).
8. Homemaker.
9. Student, disabled, no occupation.

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers = Morphine, Diluaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiornol
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Xanax, Miltown, Other = ChloralHydrate (Noctec), Quaaludes Dalmane, Halcion
Cocaine:	Cocaine Crystal, Free-Base Cocaine or "Crack and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis:	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstacy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippits, Poppers) Glue, Solvents, Gasoline, Toluene, Etc

Just note if these are used:	Antidepressants, Ulcer Meds = Zantac, Tagamet, Asthma Meds = Ventolin Inhaler, Theodur, Other Meds = Antipsychotics, Lithium

ALCOHOL/DRUG USE INSTRUCTIONS:

The following questions refer to two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days.

⇒30 day questions only require the number of days used.
⇒Lifetime use is asked to determine extended periods of use.
⇒Regular use = 3+ times per week, binges, or problematic irregular use in which normal activities are compromised.
⇒Alcohol to intoxication does not necessarily mean "drunk", use the words "to feel or felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule, 3+ drinks in one sitting, or 5+ drinks in one day defines "intoxication".
⇒ How to ask these questions:
→ "How many days in the past 30 have you used ___?"
→ "How many years in your life have you regularly used ___?"

Addiction Severity Index, Fifth Edition Department of Corrections (Clinical Training Versi

GENERAL INFORMATION

VACCIS# or VSP#

SS# - -

G4. Date of Admission / /

G5. Date of Interview: / /

G6 Time Begun: (Hour: Minutes) :

G7. Time Ended: (Hour:Minutes) :

G8. Class: 1. Intake 2. Follow-up

G9. Contact Code: 1. In person
2. Telephone (Intake ASI must be in person)

G10. Gender: 1. Male 2. Female

G11. Interviewer Code No./ Initials:

Offender Name

Address 1

Address 2

( )

City State Zip Code Telephone Number

G14. How long have you lived at this address? Years / Months

G15. Is this residence owned by you or your family? 0-No 1-Yes

G16. Date of birth: (Month/Day/Year) / /

G17. Of what race do you consider yourself?
1. White (not Hisp) 5. Asian/Pacific 9. Other Hispanic
2. Black (not Hisp) 6 Hispanic-Mexican
3. American Indian 7. Hispanic-Puerto Rican
4. Alaskan Native 8. Hispanic-Cuban

G18. Do you have a religious preference?
1. Protestant 3. Jewish 5. Other
2. Catholic 4. Islamic 6. None

G19. Have you been in a controlled environment in the past 30 days?
1. No 4. Medical Treatment
Jail. 5. Psychiatric Treatment
Alcohol/Drug Treat. 6. Other:
•A place, *theoretically*, without access to drugs/alcohol

G20. How many days?
•"NN" if Question G19 is No. Refers to total number of days detained in the past 30 days.

ADDITIONAL TEST RESULTS

PROBLEMS	SEVERITY PROFILE 0	1	2	3	4	5	6	7	8	9
MEDICAL										
EMP/SUP										
ALCOHOL										
DRUGS										
LEGAL										
FAM/SOC										
PSYCH										

GENERAL INFORMATION COMMENTS

(Include the question number with your notes.)

See PSI, Pages 1.6.7

M1. * How many times in your life have you been hospitalized for medical problems? ☐☐

- Include O.D.'s and D.T.'s. Exclude detox, alcohol/drug, psychiatric treatment and childbirth (if no complications). Enter the number of *overnight* hospitalizations for medical problems

M2. How long ago was your last hospitalization for a physical problem? ☐☐ Yrs. ☐☐ Mos.

- If no hospitalizations in Question M1, then this is coded "NN".

M3. Do you have any chronic medical problems which continue to interfere with your life? 0 - No 1 - Yes ☐

- *If "Yes", specify in comments.*
- A chronic medical condition is a serious physical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities.

M4. Are you taking any prescribed medication on a regular basis for a physical problem? 0 - No 1 - Yes ☐

- *If Yes, specify in comments.*
- Medication prescribed by a MD for medical conditions; *not psychiatric medicines*. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems.

M5. Do you receive a pension for a physical disability? 0 - No 1 - Yes ☐

- *If Yes, specify in comments.*
- Include Workers' compensation, exclude psychiatric disability.

M6. How many days have you experienced medical problems in the past 30 days? ☐☐

- Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.)

For Questions M7 & M8, ask the patient to use the Patient Rating scale.

M7. How troubled or bothered have you been by these medical problems in the past 30 days? ☐

- Restrict response to problem days of Question M6.

M8. How important to you now is treatment for these medical problems? ☐

- If client is currently receiving medical treatment, refer to the need for *additional* medical treatment by the patient.

INTERVIEWER SEVERITY RATING

M9. How would you rate the patient's need for medical treatment? ☐

- Refers to the patient's need for *additional* medical treatment.

CONFIDENCE RATINGS

Is the above information significantly distorted by:

M10. Patient's misrepresentation? 0 - No 1 - Yes ☐

M11. Patient's inability to understand? 0 - No 1 - Yes ☐

MEDICAL COMMENTS

(Include question number with your notes)

Offender:

See PSI, Page 8

E1. Education completed: Yrs. Mos
- GED = 12 years, note in comments.
- Include formal education only

2 Training or Technical education completed: Mos.
- Formal/organized training only. For military training, only include training that can be used in civilian life (i.e., electronics, computers)

E3. Do you have a profession, trade, or skill? 0 - No 1 - Yes
- Employable, transferable skill acquired through training.
- If "Yes" (specify) _____

E4. Do you have a valid driver's license? 0 - No 1 - Yes
- Valid license; not suspended/revoked.

E5. Do you have an automobile available for use? 0 - No 1 - Yes
- If answer toE4 is "No", then E5 must be "No". Does not require ownership, only requires availability on a regular basis.

E6. How long was your longest full time job? Yrs. Mos.
- Full time = 35+ hours weekly; does not necessarily mean most recent job.

E7. Usual (or last) occupation?
(specify) _____
(use Hollingshead Categories Reference Sheet)

E8. Does someone contribute to your support in any way? 0 - No 1 - Yes
- Is patient receiving any regular support (i.e., cash, food, housing) from family/friend. Include spouse's contribution; exclude support by an institution.

E9 Does this constitute the majority of your support? 0 - No 1 - Yes
- If E8 is "No", then E9 is "N".

E10. Usual employment pattern, past three years?
1. Full time (35+ hours)
2. Part time (regular hours)
3. Part time (irregular hours)
4. Student
5. Service
6. Retired/Disability
7. Unemployed
8. In controlled environment
- Answer should represent the majority of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents the current situation.

E11. How many days were you paid for working in the past 30?
- Include "under the table" work, paid sick days and vacation.

EMPLOYMENT/SUPPORT COMMENTS
(Include question number with your notes)

Offender:

See PST Page 7

For questions E12-17: How much money did you receive from the following sources in the past 30 days?

E12 Employment?
- Net or "take home" pay, include any "under the table" money

E13 Unemployment Compensation?

E14 Welfare?
- Include food stamps, transportation money provided by an agency to go to and from treatment.

E15 Pensions, benefits or Social Security?
- Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation

E16 Mate, family, or friends?
- Money for personal expenses, (i.e. clothing), include unreliable sources of income. Record *cash* payments only, include windfalls (unexpected), money from loans, legal gambling, inheritance, tax returns, etc.)

E17 Illegal?
- *Cash* obtained from drug dealing, stealing, fencing stolen goods, illegal gambling, prostitution, etc. *Do not* attempt to convert drugs exchanged to a dollar value

E18 How many people depend on you for the majority of their food, shelter, etc.?
- Must be regularly depending on patient, do include alimony/child support, do not include the patient or self-supporting spouse, etc.

E19 How many days have you experienced employment problems in the past 30 ?
- Include inability to find work if they are actively looking for work, or problems with present job in which that job is jeopardized.

For Questions E20 & E21, ask the patient to use the Patient Rating scale.

E20 How troubled or bothered have you been by these employment problems in the past 30 days?
- If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems.

In that case an "N" response is indicated.

E21 How important to you now is counseling for these employment problems?
- Stress help in finding or preparing for a job, not giving them a job

INTERVIEWER SEVERITY RATING

E22 How would you rate the patient's need for employment counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

Patient's misrepresentation? 0-No 1-Yes

E24 Patient's inability to understand? 0-No 1-Yes

EMPLOYMENT/SUPPORT COMMENTS

(Include question number with your notes)

Offender:

See PSI, Page 7

ALCOHOL/DRUGS

Route of Administration Types:

1. Oral 2. Nasal 3. Smoking 4. Non-IV injection 5. IV

Use usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe.

		Past 30 Days	Lifetime (years)	Route of Admin
D1	Alcohol (any use at all, 30 days)			
D2	Alcohol - to intoxication			
D3	Heroin			
D4	Methadone			
D5	Other Opiates/Analgesics			
D6	Barbiturates			
D7	Sedatives/Hypnotics/ Tranquilizers			
D8	Cocaine			
D9	Amphetamines			
D10	Cannabis			
D11	Hallucinogens			
D12	Inhalants			
D13	More than 1 substance per day (including alcohol)			

D14. According to the interviewer, which substance(s) is/are the major problem? ☐☐

- Interviewer should determine the major drug or drugs of abuse. Code the number next to the drug in questions 01-12, or "00" = no problem, "15" = alcohol & one or more drugs, "16" = more than one drug but no alcohol. Ask patient when not clear.

D15. How long was your last period of voluntary abstinence from this major substance? ☐☐ Mos.

- Last attempt of at least one month, not necessarily the longest. Periods of hospitalization/incarceration *do not count*. Periods of antabuse, methadone, or naltrexone use during abstinence *do count*.
- "00" = never abstinent

D16. How many months ago did this abstinence end? ☐☐ Mos.

- If D15 = "00", then D16 = "NN".
- "00" = still abstinent

D17. • How many times have you had: Alcohol DTs? ☐☐

- *Delirium Tremens* (DTs): Occur 24–48 hours after last drink, or significant decrease in alcohol intake, shaking, severe disorientation, fever, hallucinations, they usually require medical attention.

Overdosed on Drugs? ☐☐

- *Overdoses* (OD): Requires intervention by someone to recover, not simply sleeping it off, include suicide attempts by OD

ALCOHOL/DRUGS COMMENTS

(Include question number with your notes)

Offender:

See PSI, Page 8

How many times in your life have you been treated for :

(D19) * Alcohol abuse? ☐☐

How many of these were detox only:

(D20) Alcohol? ☐☐

How much would you say you spent during the past 30 days on:

(D23) Alcohol? ☐☐☐☐☐

How many times in your life have you been treated for :

(D20) * Drug abuse? ☐☐

- Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period).

How many of these were detox only:

(D22) * Drugs? ☐☐

- If D19 = "00", then question D21 is "NN"
  If D20 = "00", then question D22 is "NN"

How much would you say you spent during the past 30 days on:

(D24) Drugs? ☐☐☐☐☐

- Only count actual *money* spent. What is the financial burden caused by drugs/alcohol?

(D25) How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? • Include AA/NA ☐☐

How many days in the past 30 have you experienced:

(D26) Alcohol problems? ☐☐

For Questions D28-D30, ask the patient to use the Patient Rating scale. The patient is rating the need for additional substance abuse treatment.

How troubled or bothered have you been in the past 30 days by these:

(D28) Alcohol problems? ☐

How important to you now is treatment for these:

(D30) Alcohol problems? ☐

How many days in the past 30 have you experienced:

(D27) Drug problems? ☐☐

- Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to

For Questions D29-D31, ask the patient to use the Patient Rating scale. The patient is rating the need for additional substance abuse treatment.

How troubled or bothered have you been in the past 30 days by these:

(D29) Drug problems? ☐

nportant to you now is treatment for these:

(D31) Drug problems? ☐

INTERVIEWER RATING

How would you rate the patient's need for treatment for:

D32 Alcohol problems? ☐

D33 Drug problems? ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

D34 Patient's misrepresentation? 0-No 1-Yes ☐

D35 Patient's inability to understand? 0-No 1-Yes ☐

ALCOHOL/DRUGS COMMENTS

(Include question number with your notes)

Offender:

See PSI, Page 8

LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system? 0 - No 1 - Yes ☐
- Judge, probation/parole officer, etc.

Are you on parole or probation? 0 - No 1 - Yes ☐
- Note duration and level in comments

How many times in your life have you been arrested and charged with the following:

L3 • Shoplift/Vandal	☐☐	L10 • Assault	☐☐
L4 • Parole/Probation Violations	☐☐	L11 • Arson	☐☐
L5 • Drug Charges	☐☐	L12 • Rape	☐☐
L6 • Forgery	☐☐	L13 • Homicide/Mansl.	☐☐
L7 • Weapons Offense	☐☐	L14 • Prostitution	☐☐
L8 • Burglary/Larceny/B&E	☐☐	L15 • Contempt of Court	☐☐
L9 • Robbery	☐☐	L16 • Other: _____	☐☐

- Include total number of counts, not just convictions. Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult.
- Include formal charges only.

L17 • How many of these charges resulted in convictions? ☐☐
- If L3-16 = 00, then question L17 = "NN".
- Do not include misdemeanor offenses from questions L18-20 below.
- Convictions include fines, probation, incarcerations, suspended sentences, guilty pleas, and plea bargaining.

How many times in your life have you been charged with the following:

L18 • Disorderly conduct, vagrancy, public intoxication? ☐☐

L19 • Driving while intoxicated? ☐☐

L20 • Major driving violations? ☐☐
- Moving violations: speeding, reckless driving no license, etc.

L21 • How many months were you incarcerated in your life? ☐☐ Mos.
- If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated.

L22. How long was your last incarceration? ☐☐ Mos
- Of 2 weeks or more. Enter "NN" if never incarcerated

L23. What was it for? ☐☐
- Use code 03-16, 18-20. If multiple charges, choose most severe. Enter "NN" if never incarcerated

L24. Are you presently awaiting charges, trial, or sentence? 0 - No 1 - Yes ☐

What for? ☐☐
- Use the number of the type of crime committed 03-16 and 18-20
- Refers to Q. L24. If more than one, choose most severe.

LEGAL COMMENTS

(Include question number with your notes)

Offender:

See PSI, Pages 1-4, Criminal History Attachment

LEGAL STATUS (cont.)

L26. How many days in the past 30, were you detained or incarcerated? ☐☐
- Include being arrested and released on the same day

L27. How many days in the past 30 have you engaged in illegal activities for profit? ☐☐
- Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross checked with Question E17 under Employment/Family Support Section.

For Questions L28-29, ask the patient to use the Patient Rating scale.

L28. How serious do you feel your present legal problems are? ☐
- Exclude civil problems

L29. How important to you now is counseling or referral for these legal problems? ☐
- Patient is rating a need for *additional* referral to legal counsel for defense against criminal charges.

INTERVIEWER SEVERITY RATING

L30. How would you rate the patient's need for legal services or counseling? ☐

CONFIDENCE RATINGS

Is the above information significantly distorted by:

L31. Patient's misrepresentation? 0 - No 1 - Yes ☐

L32. Patient's inability to understand? 0 - No 1 - Yes ☐

LEGAL COMMENTS
(Include question number with your notes)

Offender: _____

See PSI, Pages 1-4

FAMILY HISTORY

Have any of your blood-related relatives had what you would call a significant drinking, drug use, or psychiatric problem? Specifically, was there a problem that did or should have led to treatment?

Mother's Side	Alcohol	Drug	Psych.
H1. Grandmother	☐	☐	☐
H2. Grandfather	☐	☐	☐
H3. Mother	☐	☐	☐
H4. Aunt	☐	☐	☐
H5. Uncle	☐	☐	☐

Father's Side	Alcohol	Drug	Psych.
H6. Grandmother	☐	☐	☐
H7. Grandfather	☐	☐	☐
H8. Father	☐	☐	☐
H9. Aunt	☐	☐	☐
H10. Uncle	☐	☐	☐

Siblings	Alcohol	Drug	Psych.
H11. Brother	☐	☐	☐
H12. Sister	☐	☐	☐

0 = Clearly No for any relatives in that category X = Uncertain or don't know
1 = Clearly Yes for any relatives in that category N = Never was a relative

- In cases where there is more than one person for a category, record the occurrence of problems for *any* in that group. Accept the patient's judgment on these questions.

FAMILY HISTORY COMMENTS

FAMILY/SOCIAL STATUS

F1. Marital Status:
1-Married 3-Widowed 5-Divorced
2-Remarried 4-Separated 6-Never Married
• Common-law marriage = 1. Specify in comments.

F2 How long have you been in this marital status (Q #F1)?
• If never married, then since age 18.
Yrs. Mos.

F3. Are you satisfied with this situation? 0-No 1-Indifferent 2-Yes
• Satisfied = generally liking the situation.
• Refers to Questions F1 & F2.

F4. Usual living arrangements (past 5 years):
1-With sexual partner & children
2-With sexual partner alone
3-With children alone
4-With parents
5-With family
6-With friends
7-Alone
8-Controlled Environment
9-No stable arrangement
• Choose arrangements most representative of the past 5 years. If there is an even split in time between these arrangements, choose the most recent arrangement.

F5. How long have you lived in these arrangements?
• If with parents or family, since age 18.
• Code years and months living in arrangements from Question F4.
Yrs. Mos.

F6. Are you satisfied with these arrangements? 0-No 1-Indifferent 2-Yes

Do you live with anyone who:

Has a current alcohol problem? 0-No 1-Yes

F8. Uses non-prescribed drugs? 0-No 1-Yes
(or abuses prescribed drugs)

F9. With whom do you spend most of your free time?
1-Family 2-Friends 3-Alone
• If a girlfriend/boyfriend is considered as family by patient, then they must refer to them as family throughout this section, not a friend.

F10. Are you satisfied with spending your free time this way? 0-No 1-Indifferent 2-Yes
• A satisfied response must indicate that the person generally likes the situation. Referring to Question F9.

F11. How many close friends do you have?
• Stress that you mean *close*. Exclude family members. These are "reciprocal" relationships or mutually supportive relationships.

Would you say you have had a close reciprocal relationship with any of the following people:

F12. Mother
F13. Father
F14. Brothers/Sisters
F15 Sexual Partner/Spouse
F16 Children
F17 Friends

0 = Clearly No for all in class X = Uncertain or "I don't know"
1 = Clearly Yes for any in class N = Never was a relative
• By reciprocal, you mean "that you would do anything you could to help them out and vice versa".

FAMILY/SOCIAL COMMENTS
(Include question number with your notes)

Offender:

See PSI, Page 5

Have you had significant periods in which you have experienced serious problems getting along with:

	0 - No 1 - Yes	
	Past 30 days	In Your Life
F18 Mother		
F19 Father		
F20 Brother/Sister		
F21 Sexual Partner/Spouse		
F22 Children		
F23 Other Significant Family (specify)_____		
F24 Close Friends		
F25 Neighbors		
F26 Co-workers		

- "Serious problems" mean those that endangered the relationship.
- A "problem" requires contact of some sort, either by telephone or in person. If no contact code "N"

Has anyone ever abused you?

	0- No 1-Yes	
	Past 30 days	In Your Life
F27. Emotionally? • Made you feel bad through harsh words.		
F28. Physically? • Caused you physical harm.		
F29. Sexually? • Forced sexual advances/acts.		

How many days in the past 30 have you had serious conflicts:

F30 With your family? ☐☐

For Questions F32-35, ask the patient to use the Patient Rating scale.

How troubled or bothered have you been in the past 30 days by:

F32 Family problems ? ☐

How important to you now is treatment or counseling for these:

F34 Family problems
- Patient is rating his/her need for counseling for family problems, not whether they would be willing to attend. ☐

How many days in the past 30 have you had serious conflicts:

F31 With other people (excluding family)? ☐☐

For Questions F32-35, ask the patient to use the Patient Rating scale.

How troubled or bothered have you been in the past 30 days by:

F33 Social problems? ☐

F35 Social problems
- Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems ☐

INTERVIEWER SEVERITY RATING

F36. How would you rate the patient's need for family and/or social counseling? ☐

CONFIDENCE RATING

Is the above information significantly distorted

F57 Patient's misrepresentation? 0-No

F58 Patient's inability to understand? 0-No 1-Yes

FAMILY/SOCIAL COMMENTS

(Include question number with your notes)

Offender:

See PSI, Page 5

How many times have you been treated for any psychological or emotional problems:

P1. In a hospital or inpatient setting? ☐☐

P2. Outpatient/private patient? ☐☐

- Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days.
- Enter diagnosis in comments if known.

P3. Do you receive a pension for a psychiatric disability? 0-No 1-Yes ☐

Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have:

	0-No 1-Yes Past 30 Days	Lifetime
P4. Experienced serious depression-sadness, hopelessness, loss of interest, difficulty with daily function?	☐	☐
P5. Experienced serious anxiety/ tension-uptight, unreasonably worried, inability to feel relaxed?	☐	☐
P6. Experienced hallucinations-saw things/ heard voices that others didn't see/hear?	☐	☐
P7. Experienced trouble understanding, concentrating, or remembering?	☐	☐

Have you had a significant period of time (despite your alcohol /Drug use) in which you have:

	0-No 1-Yes Past 30 Days	Lifetime
P8. Experienced trouble controlling violent behavior including episodes of rage, or violence? • Patient can be under the influence of alcohol / drugs.	☐	☐
P9. Experienced serious thoughts of suicide? • Patient seriously considered a plan for taking his/her life. Patient can be under the influence of alcohol/drugs.	☐	☐
P10. Attempted suicide? • Include actual suicidal gestures or attempts. • Patient can be under the influence of alcohol / drugs.	☐	☐

P11. Been prescribed medication for any psychological or emotional problems? ☐ ☐

- Prescribed for the patient by a physician. Record "Yes" if a medication was prescribed even if the patient is not taking it.

P12. How many days in the past 30 have you experienced these psychological or emotional problems? ☐☐

- This refers to problems noted in Questions P4-P10

For Questions P13-P14, ask the patient to use the Patient Rating scale

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days? ☐

- Patient should be rating the problem days from Question P12.

P14. How important to you now is treatment for ☐

PSYCHIATRIC STATUS COMMENTS

(Include question number with your comments)

Offender:

See PSI, Page 8

PSYCHIATRIC STATUS (cont.)

The following items are to be completed by the interviewer:

the time of the interview, the patient was: **0-No 1-Yes**

P15. Obviously depressed/withdrawn ☐

P16. Obviously hostile ☐

P17. Obviously anxious/nervous ☐

P18. Having trouble with reality testing, thought disorders, paranoid thinking ☐

P19. Having trouble comprehending, concentrating, remembering ☐

P20. Having suicidal thoughts ☐

INTERVIEWER SEVERITY RATING

P21 How would you rate the patient's need for psychiatric/psychological treatment? ☐

CONFIDENCE RATING

above information significantly distorted by:

P22 Patient's misrepresentation? 0-No 1-Yes ☐

P23 Patient's inability to understand? 0-No 1-Yes ☐

G50. Expected treatment modality most appropriate for patient.

Inpatient / residential
Intensive outpatient (more than six hours a week) ☐
Outpatient
Methadone Maintenance
Not placed, treatment not needed
X

G12. Special Code

1. Patient terminated by interviewer ☐
2. Patient refused
3. Patient unable to respond (language or intellectual barrier, under the influence, etc.)

N. Interview completed.

Offender: _____

See PSI, Page 8

PSYCHIATRIC STATUS COMMENTS

(Include question number with your notes)

SASSI

ADOLESCENT FORM

If a statement is TRUE or MOSTLY TRUE for you, fill in the square in the column headed T: that is.

If a statement is FALSE or MOSTLY FALSE for you, fill in the square in the column headed F: that is.

Please try to answer all questions

T	F	
■	☐	Fill in this way.
☐	☒	Not like this.

T	F	
☐	☐	MOST PEOPLE MAKE SOME MISTAKES IN THEIR LIFE.
☐	☐	AT LEAST ONE OF MY PARENTS WAS OFTEN VERY SAD, ANXIOUS, OR UNHAPPY WHEN I WAS A CHILD
☐	☐	I HAVE NEVER BEEN IN TROUBLE WITH THE PRINCIPAL OR WITH THE POLICE
☐	☐	I AM ALWAYS WELL BEHAVED IN SCHOOL.
☐	☐	NO ONE HAS EVER CRITICIZED OR PUNISHED ME.
☐	☐	I HAVE NOT LIVED THE WAY I SHOULD.
☐	☐	I CAN BE FRIENDLY WITH PEOPLE WHO DO MANY WRONG THINGS
☐	☐	I DO NOT LIKE TO SIT AND DAYDREAM*
☐	☐	SOMETIMES I HAVE A HARD TIME SITTING STILL
☐	☐	AT TIMES I FEEL WORN OUT FOR NO SPECIAL REASON*.
☐	☐	EVERYTHING SEEMS TO BE TURNING OUT JUST LIKE THE BIBLE SAID IT WOULD
☐	☐	I HAVE HAD DAYS, WEEKS, OR MONTHS WHEN I COULDN'T GET MUCH DONE BECAUSE I JUST WASN'T UP TO IT.
☐	☐	I ALWAYS LISTEN CAREFULLY TO PEOPLE THAT ARE OLDER THAN ME.
☐	☐	I LIKE TO OBEY THE RULES
☐	☐	I HAVE WANTED TO RUN AWAY FROM HOME
☐	☐	I OFTEN FEEL THAT STRANGERS LOOK AT ME AS IF I AM WEIRD
☐	☐	I OFTEN FEEL SICK TO MY STOMACH.
☐	☐	I HAVE TRIED TO STAY AWAY FROM PEOPLE I DID NOT WISH TO SPEAK TO.
☐	☐	SOME CROOKS ARE SO CLEVER THAT I HOPE THEY GET AWAY FROM THE POLICE
☐	☐	MY SCHOOL TEACHERS HAVE HAD SOME PROBLEMS WITH ME*.
☐	☐	I HAVE NEVER DONE ANYTHING DANGEROUS JUST FOR FUN.
☐	☐	I HAVE SOMETIMES DRUNK TOO MUCH BEER OR OTHER ALCOHOLIC DRINK
☐	☐	MUCH OF MY LIFE IS BORING
☐	☐	SOMETIMES I WISH I WERE MORE IN CHARGE OF THE WAY I BEHAVE AND FEEL.
☐	☐	I BELIEVE THAT PEOPLE SOMETIMES GET CONFUSED.
☐	☐	SOMETIMES I AM NO GOOD FOR ANYTHING AT ALL*.
☐	☐	I BREAK MORE RULES THAN MOST PEOPLE MY AGE.

T	F	
☐	☐	IF SOME FRIENDS AND I WERE IN TROUBLE TOGETHER, I WOULD RATHER TAKE ALL THE BLAME THAN TELL ON THEM
☐	☐	SWEARING AND CURSING HAVE BECOME A SERIOUS PROBLEM IN OUR SCHOOLS AND MUST BE STOPPED
☐	☐	I THINK THERE IS SOMETHING WRONG WITH MY MEMORY*
☐	☐	I HAVE BEEN TEMPTED TO HIT SOMEONE
☐	☐	I ALWAYS FEEL SURE OF MYSELF
☐	☐	I HAVE NEVER BROKEN AN IMPORTANT RULE
☐	☐	THERE HAVE BEEN TIMES WHEN I HAVE DONE THINGS I DIDN'T REMEMBER LATER
☐	☐	I THINK CAREFULLY ABOUT EVERYTHING I DO
☐	☐	I HAVE USED ALCOHOL OR "POT" TOO MUCH OR TOO OFTEN
☐	☐	NEARLY EVERYONE ENJOYS BEING PICKED ON AND MADE FUN OF
☐	☐	SOME OF MY FRIENDS HAVE BAD REPUTATIONS
☐	☐	MOST PEOPLE WILL LIE TO GET WHAT THEY WANT
☐	☐	MOST PEOPLE WILL LAUGH AT A JOKE AT TIMES
☐	☐	I ALMOST ALWAYS KNOW WHAT TO SAY
☐	☐	I AM OFTEN RESTLESS OR JUMPY
☐	☐	I SMOKE CIGARETTES REGULARLY
☐	☐	AT TIMES I HAVE BEEN SO FULL OF PEP THAT I FELT I DIDN'T NEED TO SLEEP FOR DAYS AT A TIME
☐	☐	I HAVE SOMETIMES JUST SAT ABOUT WHEN I SHOULD HAVE BEEN WORKING*
☐	☐	I OFTEN FEEL ANGRY BECAUSE PEOPLE DON'T TREAT ME RIGHT
☐	☐	I CAN BE DEPENDED ON TO DO THE THINGS I AM SUPPOSED TO
☐	☐	AT LEAST ONCE A WEEK I TAKE MEDICINE FOR A STOMACH ACHE
☐	☐	I HAVE NEVER FELT SAD OVER ANYTHING
☐	☐	I AM USUALLY HAPPY*
☐	☐	I HAVE NEGLECTED SCHOOL WORK BECAUSE OF DRINKING OR USING DRUGS
☐	☐	I HAVE TAKEN A DRINK IN THE MORNING TO STEADY MY NERVES OR TO GET RID OF A HANGOVER
☐	☐	I HAVE OFTEN FELT BAD OR SCARED BECAUSE OF THE DRINKING OR DRUG USE OF SOMEONE IN MY FAMILY
☐	☐	SOMETIMES I FEEL THAT MY DRUG USE OR DRINKING IS KEEPING ME FROM GETTING WHAT I WANT OUT OF LIFE
☐	☐	I RARELY TALK ABOUT MY REAL FEELINGS OR WORRIES WITH EITHER MY FRIENDS OR MY FAMILY.

Name _____ _____ Age _____ Sex _____ Marital Status _____

Last school completed _____ Date _____

PLEASE CONTINUE ON REVERSE SIDE

*These items are taken from the Psychological Screening Inventory. Copyright 1968 by Richard I. Lanyon, Ph.D. and are used here by permission.

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For each item below, circle the number which reflects how often you have experienced the situation described.

The numbers represent the following categories:
0 = Never 1 = Once or Twice 2 = Several Times 3 = Repeatedly

ALCOHOL

0 1 2 3 1. DRANK ALCOHOL DURING THE DAY?

0 1 2 3 2. TAKEN A DRINK OR DRINKS TO HELP YOU TALK ABOUT YOUR FEELINGS OR IDEAS?

0 1 2 3 3. TAKEN A DRINK OR DRINKS SO YOU WOULDN'T FEEL TIRED OR TO GIVE YOU A LIFT WHEN YOU HAVE TO KEEP GOING?

0 1 2 3 4. HAD MORE TO DRINK THAN YOU INTENDED TO?

0 1 2 3 5. GOTTEN SICK FROM DRINKING? (E.G., VOMITING, DIZZINESS, HEADACHE)

0 1 2 3 6. GOTTEN INTO TROUBLE IN SCHOOL, AT HOME, ON THE JOB, OR WITH THE POLICE BECAUSE OF DRINKING?

0 1 2 3 7. BECOME VERY SAD OR FELT "DOWN" AFTER HAVING SOBERED UP?

0 1 2 3 8. ARGUED WITH YOUR FAMILY OR FRIENDS BECAUSE OF YOUR DRINKING?

0 1 2 3 9. HAD A STRANGE EXPERIENCE WHEN DRINKING (SUCH AS SEEING SOMETHING NOT REALLY THERE) THAT CAME BACK WHEN YOU HADN'T BEEN DRINKING FOR A WHILE?

0 1 2 3 10. LOST FRIENDS BECAUSE OF DRINKING?

0 1 2 3 11. FELT REALLY NERVOUS OR SHAKY AFTER HAVING SOBERED UP?

0 1 2 3 12. TRIED TO KILL YOURSELF WHILE DRUNK?

OTHER DRUGS

0 1 2 3 1. TAKEN DRUGS TO IMPROVE YOUR THINKING AND FEELING?

0 1 2 3 2. TAKEN DRUGS TO HELP YOU FEEL BETTER ABOUT A PROBLEM?

0 1 2 3 3. TAKEN DRUGS TO BE MORE AWARE OF YOUR SENSES (E.G., SIGHT, HEARING, TOUCH, ETC.)?

0 1 2 3 4. TAKEN DRUGS SO YOU COULD ENJOY SEX MORE?

0 1 2 3 5. TAKEN DRUGS TO HELP YOU FORGET THAT YOU FEEL HELPLESS AND WORTHLESS?

0 1 2 3 6. TAKEN DRUGS TO FORGET SCHOOL, WORK OR FAMILY PRESSURES?

0 1 2 3 7. GOTTEN INTO TROUBLE WITH THE POLICE BECAUSE OF DRUGS?

0 1 2 3 8. GOTTEN REALLY STONED OR WIPED OUT ON DRUGS (MORE THAN JUST HIGH)?

0 1 2 3 9. TRIED TO TALK A DOCTOR INTO GIVING YOU SOME PRESCRIPTION DRUG (E.G., TRANQUILIZERS, PAIN KILLERS, DIET PILLS, ETC.)?

0 1 2 3 10. SPENT YOUR SPARE TIME BUYING, SELLING, TAKING, OR TALKING ABOUT DRUGS?

0 1 2 3 11. USED ALCOHOL AND OTHER DRUGS AT THE SAME TIME?

0 1 2 3 12. CONTINUED TO TAKE A DRUG OR DRUGS TO AVOID THE PAIN OF WITHDRAWAL?

0 1 2 3 13. FELT YOUR DRUG USE HAS KEPT YOU FROM GETTING WHAT YOU WANT OUT OF LIFE?

0 1 2 3 14. BEEN ACCEPTED INTO A TREATMENT PROGRAM BECAUSE OF YOUR DRUG USE?

SASSI Substance Abuse Subtle Screening Inventory

ADOLESCENT MALE PROFILE

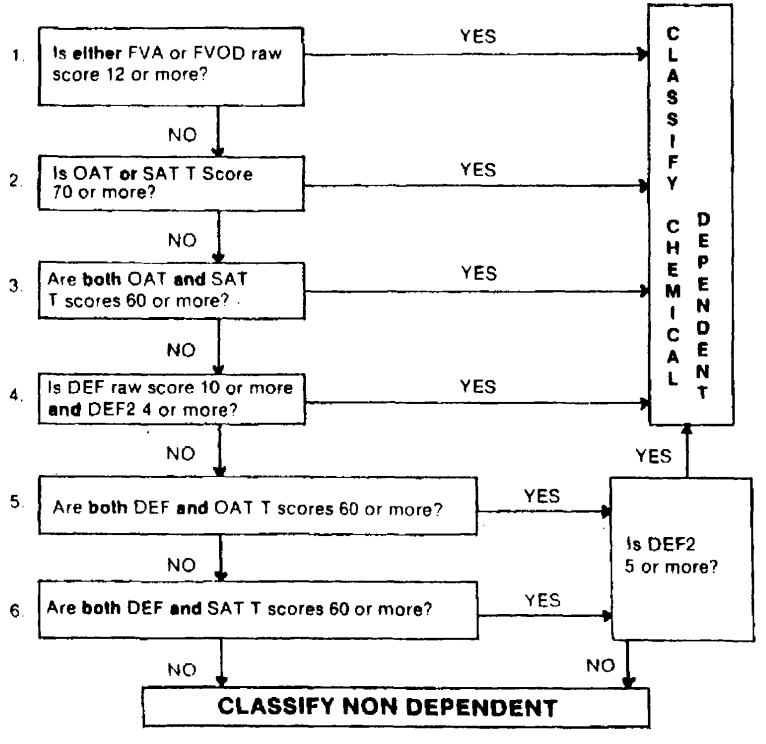
092992 M

Name _____ Age _____ Date _____

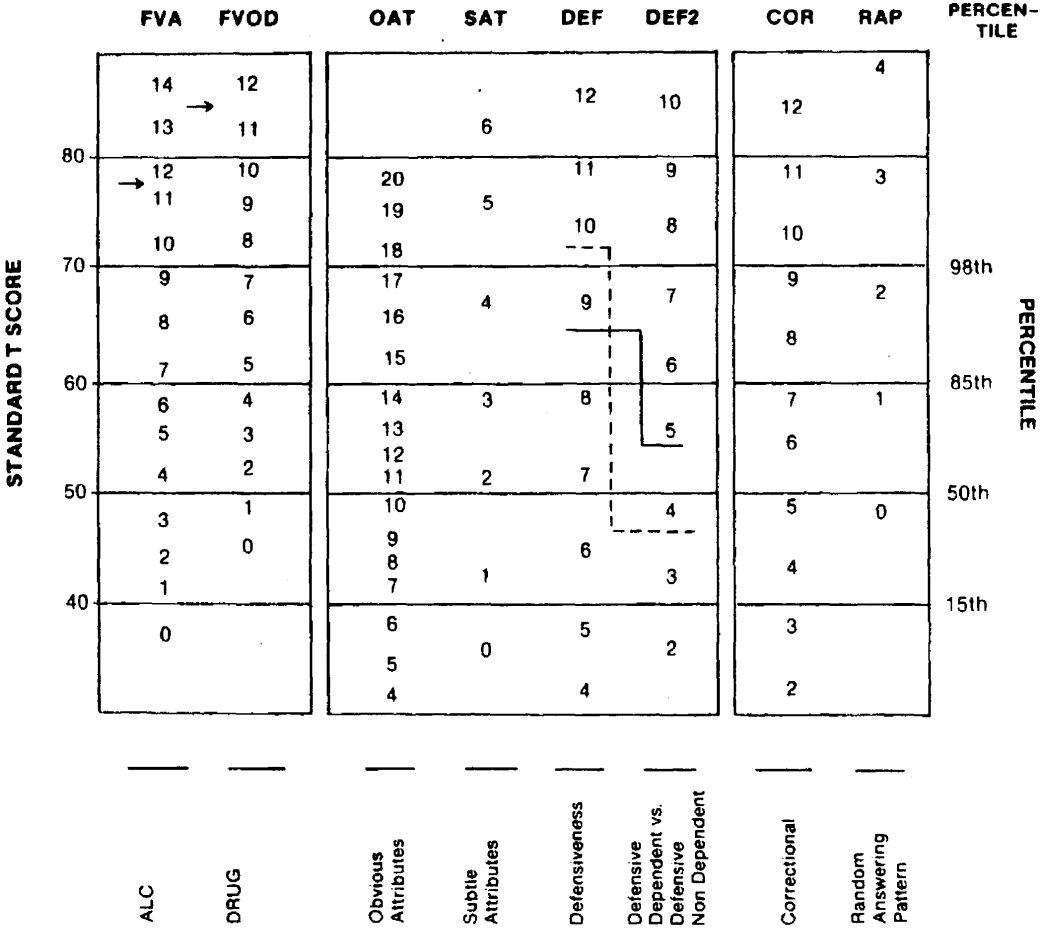
Marital Status _____ Occupation _____ Location _____

Education _____

Decision Rules for the Adolescent SASSI



COMMENTS:



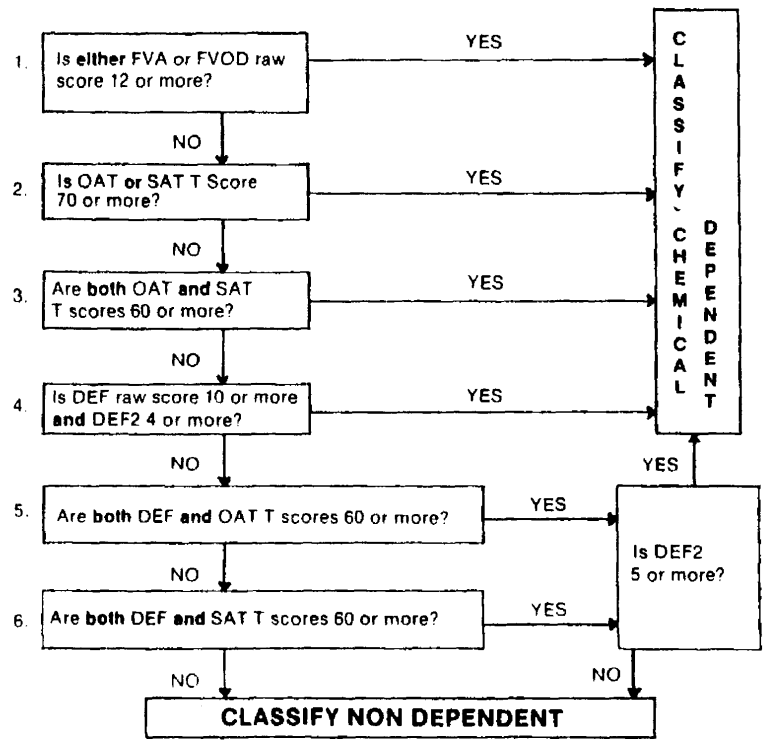
SAS ɔstance Abuse Subtle Screening Inventory ADOLESC :EMALE PROFILE 092992 F

Name _____ Age _____ Date _____

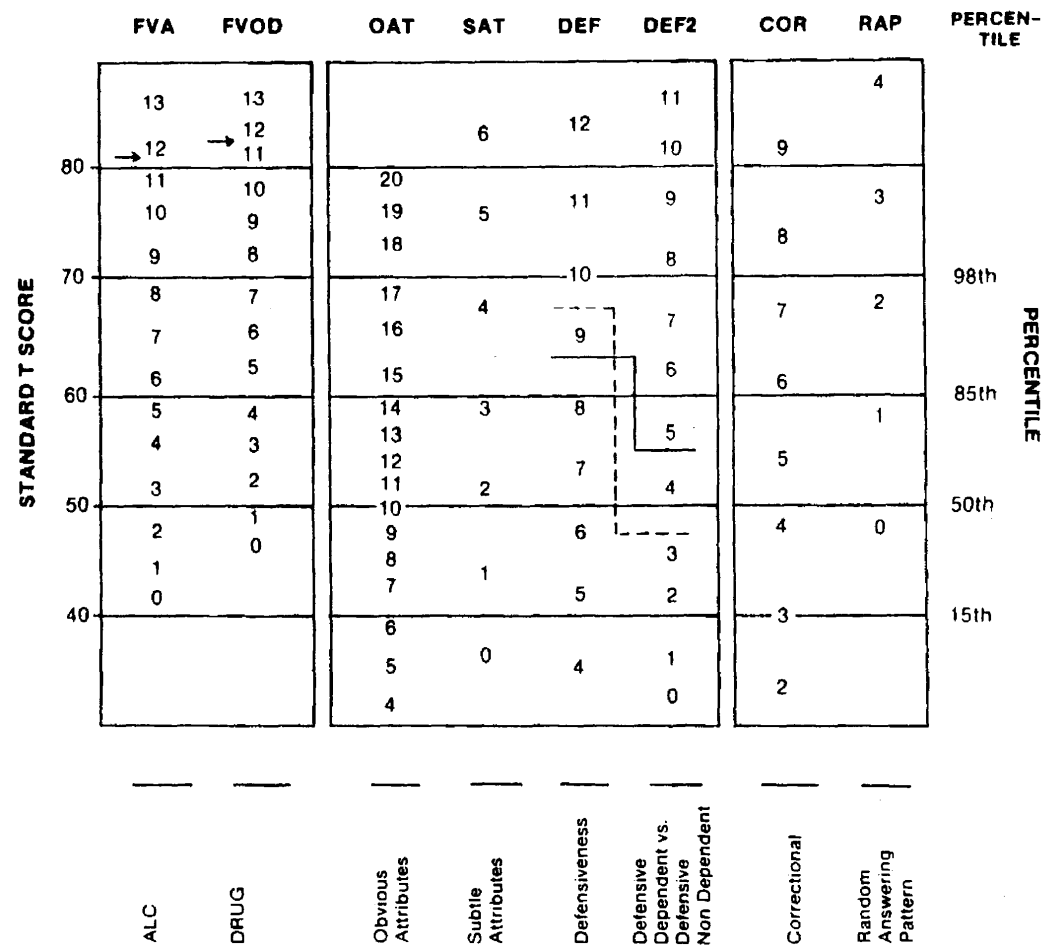
Marital Status _____ Occupation _____ Location _____

Education _____

Decision Rules for the Adolescent SASSI



COMMENTS:



The ***Child and Adolescent Functional Assessment Scale (CAFAS)*** used by the Department of Juvenile Justice to assess juvenile offenders for substance abuse problems cannot be reproduced here due to copyright restrictions.

The ***Drug/Alcohol scale of the Adolescent Problem Severity Index (APSI)***, also used by the Department of Juvenile Justice in the assessment of juvenile offenders, is provided on the following page.

Drug/Alcohol Scale of the Adolescent Problem Severity Index (APSI)

DRUG and / or ALCOHOL USE

Name:	DOC : ___|___|_____
Juvenile # ___ ___ ___ ___ ___ ___ ___ ___ ___ ___	

___ 1. How many of the people you hang out with or spend time with SMOKE CIG .? **0** = None **1** = Some **2** = Most **3** = All

___ 2. How many of the people you hang out with or spend time with DRINK ALC.? **0** = None **1** = Some **2** = Most **3** = All

___ 3. How many of the people you hang out with or spend time with DO DRUGS ? **0** = None **1** = Some **2** = Most **3** = All

___ 4. Do you smoke cigarettes ? **0** = Never **1** = Sometimes **2** = Often **3** = Daily

___ 5. How old were you when you started smoking regularly (3 or more time a week) **0** = N/A

___ 6. How many packs of cigarettes do you smoke daily ? **0** = None **1** = < 2 **2** = 2 to 1 **3** = > 1

Age of First Use **0** = N/A **1** = 15-18 **2** = 12-14 **3** = < 12	**Drug** ?	**Times Used Past Year *** **0** = N/A **1** = 1-5 **2** = 6-19 **3** = 19-40 **4** = 41 or more	**Drug** ?	**Times Used Prior Month *** **0** = N/A **1** = 1-3 **2** =4-8 **3** = 9-30 **4** = 31 or more	**Amount generally used**
7. ____	**Alcohol**	**8.** ____	**Alcohol**	**9.** ____	_____
10. ____	**Marijuana**	**11.** ____	**Marijuana**	**12.** ____	_____
13. ____	**Cocaine**	**14.** ____	**Cocaine**	**15.** ____	_____
16. ____	**Crack**	**17.** ____	**Crack**	**18.** ____	_____
19. ____	**Inhalants**	**20.** ____	**Inhalants**	**21.** ____	_____
22. ____	**Stimulants**	**23.** ____	**Stimulants**	**24.** ____	_____
25. ____	**Depressants**	**26.** ____	**Depressants**	**27.** ____	_____
28. ____	**Hallucinogen**	**29.** ____	**Hallucinogen**	**30.** ____	_____
31. ____	**Opiates**	**32.** ____	**Opiates**	**33.** ____	_____

Composite Scores: Alcohol (7+8+9) ____ **Marijuana (10+11+12)** ____ **Other Drugs (sum of 13-33)** ____

D/A = drugs or alcohol **1** = Within last 12 months* **2** = No * excluding incarceration

___ **34.** Have you used D/A before or during school?
OR Have you missed or been in trouble at school or work because you were high or hung-over?

___ **35.** Have you driven a car or done other dangerous things after using D/A?

___ **36.** Have you gotten into arguments about your D/A use with family or friends?

___ **37.** Have you gotten into trouble (including this incident) for things you have done while you were using D/A?

___ **38.** Did you ever have to use more D/A to get the same effect than you did when you first started ?
OR Did you get less high / drunk using the same amount than when you first started ?

___ **39.** Have you ever tried to cut down or stop using D/A or wanted to ?

___ **40.** When you stopped using D/A (incarcerated, etc.) did you have withdrawal symptoms?
OR Have you ever had to use D/A to keep yourself from getting withdrawal symptoms?

___ **41.** Did you ever start using D/A and end up using more or longer than you meant to?

___ **42.** When you were using D/A, did you spend a lot of time thinking about using or making sure you had enough D/A around?

___ **43.** Did you give up activities (friends, jobs, hobbies school, or other) because you were using D/A ?

___ **44.** Did you keep using D/A even though you knew it was causing you problems at school, with friends or family, the law, or your health?

Note: Any 1 of #s 34-37 is consistent with diagnosis of Substance Abuse
Any 3 of #s 38-44 is consistent with diagnosis of Substance Dependence (cannot be classified as both)

If you had to pay for all the drugs or alcohol that you used in the month just before you were locked-up, how much would the drugs or alcohol have cost ? $_____ **45.** Drugs $_____ **46.** Alcohol

_____ **47.** Do any members of your household have a drug or alcohol problem? **0** = No **1** = Yes Who ? _____

_____ **48.** Are you allowed to drink at home (excluding small amounts on special occasions)? **0** = No **1** = Yes

_____ **49.** *How reliable an informant do you think the youth was* ? 1= Under-reported Use **2** = Reliable **3** = Over-reported

Model Memorandum of Agreement (MOA)

MEMORANDUM OF AGREEMENT

I. **PARTIES TO THE AGREEMENT:** This agreement entered into this ___ day of _____1999, by _____ (Community Services Board) hereinafter called the "Treatment Provider" and _____(Probation and Parole, CCCA, VASAP, Court Services Unit), hereinafter called the "Purchasing Agency".

II. **PERIOD OF AGREEMENT:** From _____, 2000 through _____2001 and renewable in accordance with paragraph VIII. I.

III. **PURPOSE:** Treatment Provider to provide substance abuse education and treatment services to offenders (referrals) under the supervision of the court referred by the Purchasing Agency.

IV. **SCOPE OF SERVICES:**

A. Treatment Provider will:

1. Provide notice of receipt of referral to Purchasing Agency within five working days.
2. Open a case file that uniquely identifies referrals from the Purchasing Agency.
3. Develop a treatment plan on each referral that addresses major problem areas of the referrals as identified by the ASI and other assessment procedures.
4. Provide a summary and estimate of time necessary to carry out the treatment plan to Purchasing Agency.
5. Place treatment notes in each referral's file that reflects actions taken to address the treatment plan for each treatment session.
6. Notify Purchasing Agency of any absences from scheduled sessions, within 24 hours of occurrence or the next business day.
7. Notify Purchasing Agency of referral's failure to meet goals and objectives of their treatment plan and/or need to revise the plan if it requires substantially different provision of services and time necessary to provide them within five working days of such determination.
8. Notify Purchasing Agency of any positive drug or alcohol tests, if Treatment Provider conducts such testing, within 24 hours of occurrence or the next business day.
9. Provide written summary of the referrals response to treatment within ten working days of completion.
10. Record, maintain and provide upon request statistical data as specified in Appendix A of this agreement.
11. Designate a contact person who shall be responsible for the administration of this contract

B. Purchasing Agency will provide:

1. At time of referral, copies of any screening and assessment on each referral conducted by the Purchasing Agency.
2. At time of referral, summary of the referrals correctional status, criminal history, and appropriate information regarding the instant offense.
3. Results of any positive drug or alcohol tests if they conduct such testing.
4. Participation of appropriate staff in case review sessions.
5. Payment for services rendered, as specified in section VI of this document.
6. Results of any sanctions applied to offender, which affects participation in treatment.
7. Results of the court disposition of referral's case.
8. Assistance to Treatment Provider in conducting evaluations of the treatment process.
9. A contact person who shall be responsible for the administration of this contract

V. CROSS TRAINING:

A. Cross training for line staff providing services under this agreement will be conducted to insure they are aware of the requirement of this agreement. The respective contact persons for the Treatment Provider and the Purchasing Agency shall conduct such training.

B. Cross training opportunities will be conducted periodically to enhance the service provided clients. This training will be scheduled as mutually agreed upon by the Treatment Provider and the Purchasing Agency.

VI. PRICING AND PAYMENT TERMS:

A. (Select applicable section)

If the Purchasing Agency does not have funds to offset the cost of treatment services, Treatment Provider agrees to provide services to Purchasing Agency referrals following a review of DSM IV dependence criteria for adults or abuse criteria for adolescents and federally mandated populations (e.g. pregnant women, women with dependent children) to determine the service priority of each individuals case. Upon admission referrals will receive services that are no different than other clientele of the Treatment Provider, and as provided in the scope of work of this document.

Purchasing Agency agrees to pay (the Treatment Provider $___ per referral) (the Treatment Provider's unit costs as specified in attachment B) for services as stated in the Scope of Services. Payment to the Treatment Provider will be made quarterly on a reimbursement basis. This amount shall be reduced by any payments for treatment services by offenders if the total collected exceeds the actual unit cost of service provided. The Treatment Provider will submit an invoice that indicates number served by name, units of services delivered and any offender payments no later than the 5th day of the month following the end of the quarter. The quarters shall be July -- September, October -- December, January – March, April – June.

B. If Treatment Provider conducts drug and alcohol tests, Purchasing Agency agrees to pay $ per drug test and $ per alcohol test. Payment will be based on receipt of monthly testing log, which identifies each individual and the date tested.

VII. OFFENDER PAYMENTS:

All referrals capable of paying will be charged according to the Treatment Providers sliding fee scale, which will be paid directly to the Treatment Provider. If the offender is determined to be financially unable to pay Treatment Providers fees, services will not be denied. The Treatment Provider will be responsible for the collection of this fee through their normal means. The Purchasing Agency may assist Treatment Provider through appropriate consultation with referrals, if fees are not paid in a timely fashion.

VIII. TERMS AND CONDITIONS:

A. **AUDIT:** If compensation is received from Purchasing Agency, the Treatment Provider shall retain all books, records, and other documents relative to this agreement for five *(5)* years after final payment, or until audited by the Commonwealth of Virginia, whichever is sooner. The Purchasing Agency, its authorized agents, and/or state auditors shall have full access to and the right to examine any of said materials during said period. If Treatment Provider receives no compensation for services rendered under this agreement, the normal audit procedures of the Treatment Provider will apply.

B. **APPLICABLE LAWS AND COURTS:** This solicitation and any resulting agreement shall be governed in all respects by the laws of the Commonwealth of Virginia and any litigation with respect thereto shall be brought in the courts of the Commonwealth. The Treatment Provider shall comply with all applicable federal, state and local laws, rules and regulations.

C. **AVAILABILITY OF FUNDS:** It is understood and agreed between the parties herein that both parties shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.

D. **CANCELLATION OF AGREEMENT:** The parties to this agreement may terminate this agreement, in part or in whole, without penalty, upon 30 days written notice. Any agreement cancellation notice shall not relieve the Treatment Provider of the obligation to deliver and/or perform on all outstanding orders issued prior to the effective date of cancellation nor relieve the Purchasing Agency from paying for services rendered prior to the date of cancellation.

E. **CHANGES TO THE AGREEMENT:** The parties may agree in writing to modify the scope of the agreement. An increase or decrease in the price of the agreement resulting from such modification shall be agreed to by the parties as a part of a written agreement to modify the scope of the agreement.

F. **CONFIDENTIALITY:** The Provider and the Purchasing Agency will jointly ensure that offender information is handled in accordance with procedures established by the Federal Confidentiality Regulations, 42 C.F.R., Part 2. In addition, both parties agree to adhere to all other Federal and State laws and regulations regarding confidentiality

of offender information. The parties will have offenders sign the appropriate release of information documents.

G. **DEFAULT:** If compensation is provided to Treatment Provider for services rendered, failure to deliver goods or services in accordance with the agreement terms and conditions, shall be cause for Purchasing Agency, after due oral or written notice, to procure treatment services from other sources and hold the Treatment Provider responsible for any resulting additional purchase and administrative costs. This remedy shall be in addition to any other remedies, which the Purchasing Agency may have.

H. **DRUG FREE WORKPLACE:** The Treatment Provider acknowledges and certifies that it understands that the following acts by the Treatment Provider, its employees, and/or agents performing services on state property are prohibited:

1. The unlawful manufacture, distribution, dispensing, possession or use of alcohol or other drugs; and
2. Any impairment or incapacitation from the use of alcohol or other drugs except the use of drugs for legitimate medical purposes.

The Treatment Provider further acknowledges and certifies that it understands that a violation of these prohibitions constitutes a breach of agreement and may result in default action being taken by the Commonwealth in addition to any criminal penalties that may result from such conduct.

I. **RENEWAL OF AGREEMENT:** This agreement may be renewed by upon written agreement of both parties. The maximum term of the agreement with all renewals shall not exceed five years. Any changes in the terms of the agreement and the pricing will be negotiated at the time of renewal and included in the renewal document signed by the parties.

TREATMENT PROVIDER:	PURCHASING AGENCY:
By: _____	By: _____
Title: _____	Title: _____
Date: _____	Date: _____

10/28/99

* Key Element

SUBSTANCE ABUSE SERVICES REFERENCE GUIDE*

GENERALLY AVAILABLE COMMUNITY SERVICES

SERVICE	PROGRAM DESCRIPTION
EMERGENCY SERVICES	
Crisis Stabilization	Services, available 24 hours per day and seven days per week, that provide crisis intervention, stabilization
INPATIENT SERVICES	
Community Based Medical Detoxification	24-hour staff monitored medical setting detox, supervised by health care professionals and medical backup. Referral to continuing care and Case Management included.
RESIDENTIAL SERVICES	
Intensive	24-hour supervision of up to 30 days . Treatment includes: group and individual counseling, SA education, discharge planning, follow-up care plan, case management and drug/alcohol screens.
Social Detoxification (Highly Intensive Services)	24-hour staff monitored social setting detoxification. Referral to continuing care and Case Management services included.
Halfway House	24-hour supervision. Group and individual counseling, self help, vocational, occupational, educational and SA education services. Discharge planning, follow-up care plan, case management and drug/alcohol
Supervised Services	Less intensive residential services which may include: supervised apartments and domiciliary Care
Long-Term Habilitation, Therapeutic Community	Multi Phase approach over time, Highly structured residential program designed to habilitate drug users through development of individual accountability, pro-social values and attitudes usually consists of Re-socialization, Maturation Role Modeling, Community Re-Entry phase which includes employment is an integral part of the program Length of stay based on progress.
OUTPATIENT AND CASE MANAGEMENT SERVICES	
Education	Usually consists of Didactic groups which may address the following: Addictive Process, Physiological and psychological effects of Addiction and Substance Abuse, Effects of Substance Abuse on Others, Addiction and Criminality, Behavior Change, Denial and Defense Mechanisms, Twelve Step/Support Programs, Recovery, HIV/AIDS Prevention, Relapse Prevention and the treatment process.
Outpatient	Provided to consumers on an hourly schedule, on an individual, or family basis, and usually in a clinic or similar facility or in another location.
Intensive Substance Abuse Outpatient Services	Intensive outpatient services include multiple group therapy sessions during the week as well as individual and family therapy, consumer monitoring, and case management
Intensive In-home (adolescents)	These services provide crisis treatment; individual and family counseling; life, parenting, and communication skills; case management activities and coordination with other required services; and 24 hour per day emergency response.
Motivational Treatment	A course of motivational treatment may involve a single session, but more typically four or eight sessions; and it may be repeated, if necessary, as long as repetition is clinically indicated.
Methadone Detoxification	Outpatient treatment combined with the administering of methadone.
Methadone Maintenance	Outpatient treatment combined with the administering of methadone as a substitute narcotic drug .
Case Management	Services include: identifying and reaching out to potential consumers; assessing needs and planning services; linking the individual to services and supports; assisting the person directly to locate, develop or obtain needed services and resources; coordinating services with other providers; enhancing community integration;
DAY SUPPORT SERVICES	
Day Treatment/Partial Hospitalization	Provides structured programs of mental health, mental retardation, or substance abuse treatment, activity, or training services, generally in clusters of two or more continuous hours per day, multiple days per week to groups or individuals in a non-residential setting.
ADJUNCT SERVICES	
Drug/Alcohol Testing	Unannounced, random sampling throughout treatment and supervision period.
Relapse Prevention	Open enrollment group at least 12 weeks of offenders who have completed an SA treatment program. Includes education in identifying high-risk drug use situations and opportunities to plan a strategy to cope with and manage these high-risk situations.
Self Help	Participants organize, form and conduct groups to assist and support each other to maintain Sobriety and sustain recovery.

SPECIALIZED DOC SERVICES

SERVICE	PROGRAM DESCRIPTION
DOC RESIDENTIAL (INSTITUTIONAL)	
Therapeutic Community	Minimum one year highly structured institutional learning program designed to habilitate drug users through development of individual accountability, pro-social values and attitudes. Services include Re-socialization, Maturation Role Modeling, and Community Re-Entry skill development.
Transitional Therapeutic Community	Phase V- Highly structured residential program for TC graduates. Preferred stay of 6 months. Gradual release process based on responsible behavior. Includes employment and development of peer support group skills.
DOC RESIDENTIAL (COMMUNITY)	
Detention Center	4 to 6 months military style regimen for those who do not perform well in the community but who do not require long term incarceration. Provides structure and discipline, Remedial education (GED), life skills development and Substance abuse education. Work on public projects is an integral part of the program. Intensive Supervision upon release
Diversion Center	4 to 6 month minimum-security facility designed for those who do not require long term incarceration but who may not do well in community setting without intervention. Provides remedial education (GED), substance abuse education, life skills, e.g., job readiness, Parenting and other special topic groups. Employment in private sector and community service is an integral part of the program. Intensive Supervision upon release
Boot Camp	120-day military- style regimen. Provides Basic education services (GED), Substance abuse education and Life Skills development. Public service work while at Camp is an integral part of the program. Intensive Supervision is provided upon release.
DOC OUTPATIENT (COMMUNITY)	
Peer Support Groups	Treatment support groups for TC graduates offered as a support and maintenance program. Led by former TC program participants following an established format. Facilitated by trained Probation and Parole Officers. Includes personal sharing, problem solving, group planning, continued behavior change, social support and helping self by helping others.

SPECIALIZED DJJ SERVICES

DJJ RESIDENTIAL (INSTITUTIONAL)	
Therapeutic Community	**Barrett Juvenile Correctional Center** - Treatment services at Barrett Juvenile Correctional Center are modeled after a traditional therapeutic community but have been modified to meet the needs of the juvenile population. The DJJ LEADER behavioral management program has also been integrated into this specialized treatment program. Cadets spend at least six months at Barrett completing their treatment services. **Bon Air Juvenile Correctional Center** – This six-month program is designed to provide intensive residential substance abuse treatment services for female juvenile offenders. It addresses substance abuse, co-existing disorders, and gender specific issues.

SPECIALIZED VASAP SERVICES

Substance Abuse intensive Education	A 20-hr. program for first time for first time drug offenders. Usually consists of a combination of monitoring and substance abuse education. Focuses on offenders making an accurate evaluation of their alcohol/drug use and appropriate behavior changes. Alcohol/drug testing at every session.

Department of Criminal Justice Services Monthly Report Form

FORM-DCJS:SSI/ASIMR 100100

MONTHLY REPORT FOR SUBSTANCE ABUSE SCREENING (SSI) & ASSESSMENT (ASI)

Locality _____ PSA ____ CCCA Month _____ Year _____

	Misdemeanants		Felons	
	Month	**YTD**	**Month**	**YTD**
1. Total SSI's Ordered by Court (a+b)				
a. Conviction				
b. Deferred Proceeding				
2. Total SSI's Prepared (a+b+c)				
a. At Pretrial Investigation (Start 07-01-00)				
b. At Pretrial Placement				
(For pretrial supervision placements not Screened (SSI) at initial bail hearing / first appearance)				
c. At Probation Placement				
(NOTE: Felon Placements DO NOT REQUIRE a court order for screening.				
3. Total # Transferred To Other Programs				
a. Pretrial defendants				
b. Local probationers				
Misdemeanor & Felon Defendants & Offenders are to be screened before transfer				
4. Total SSI's Not Completed (a+b)				
a. Refusals (Pretrial Defendants)				
b. "No Shows" (Probationers)				
5. # SSI/Pretrial Investigation Felon Reports to State Probation (Start 07/01/00)				
6. # SSI Reports to ASAP				
7. Total # ASI's Needed as Indicated per SSI (a+b) (Score of ≥4)				
a. Pretrial Defendants (07/01/00)				
b. Local Probationers				
8. Total # ASI's Completed **Include transfers-in**				
a. Pretrial Defendants (07/01/00)				
b. Local Probationers				

(NOTE: The # ASI's Completed may not equal # Needed as Indicated in # 7 a+b, above)

	Misdemeanants		Felons	
	Month	YTD	Month	YTD

9. Of # ASI's Completed in 8 above, Severity Rating Scores for ALCOHOL [ETOH]
Include transfers-in, those prepared by MOU/MOA with CSB or by contract.

a. Total Scoring 0-1				
1) Pretrial Defendants				
2) Probationers				
b. Total Scoring 2-3				
1) Pretrial Defendants				
2) Probationers				
c. Total Scoring 4-5				
1) Pretrial Defendants				
2) Probationers				
d. Total Scoring 6-7				
1) Pretrial Defendants				
2) Probationers				
e. Total Scoring 8-9				
1) Pretrial Defendants				
2) Probationers				

(Defendants/Offenders scoring ≥ 4 require placement in Treatment = 11 b below)

10. Of # ASI's Completed in 8 above, Severity Rating Scores for DRUGS
Include transfer-in, those prepared by MOU/MOA with CSB or by contract.

a. Total Scoring 0-1				
1) Pretrial Defendants				
2) Probationers				
b. Total Scoring 2-3				
1) Pretrial Defendants				
2) Probationers				
c. Total Scoring 4-5				
1) Pretrial Defendants				
2) Probationers				
d. Total Scoring 6-7				
1) Pretrial Defendants				
2) Probationers				
e. Total Scoring 8-9				
1) Pretrial Defendants				
2) Probationers				

(Defendants/Offenders scoring ≥ 4 require placement in Treatment = 11 b below

	Misdemeanants		Felons	
	Month	YTD	Month	YTD
11. Total # Placements Requiring Education or Treatment According to ASI (Of # 9 & # 10 above)				
a. Total Alcohol/Drug Education	_____	_____	_____	_____
1) Pretrial Defendants	_____	_____	_____	_____
2) Probationers	_____	_____	_____	_____
b. Total Alcohol/Drug Treatment	_____	_____	_____	_____
1) Pretrial Defendants	_____	_____	_____	_____
2) Probationers	_____	_____	_____	_____
12. Total # New Placements in S/A Services <u>of those Screened and Assessed</u>				
a. Total Alcohol/Drug Education	_____	_____	_____	_____
1) Pretrial Defendants	_____	_____	_____	_____
2) Probationers	_____	_____	_____	_____
b. Total Alcohol/Drug Treatment	_____	_____	_____	_____
1) Pretrial Defendants	_____	_____	_____	_____
2) Probationers	_____	_____	_____	_____
13. Total Number of Placements in # 12 Identified as Having an Alcohol or Drug Problems <u>NOT</u> Revealed As a Result of a Screening and Assessment [SSI/ASI]. Include "Overrides" and those Screened/Assessed following a positive drug or breath test.				
a. Defendants	_____	_____	_____	_____
b. Offenders	_____	_____	_____	_____
14. Total Number of Persons , in # 12 above, Successfully Completing Drug Education or Treatment AND Supervision				
a. Alcohol/Drug Education	_____	_____	_____	_____
1) Pretrial Defendants	_____	_____	_____	_____
2) Probationers	_____	_____	_____	_____
b. Alcohol/Drug Treatment	_____	_____	_____	_____
1) Pretrial Defendants	_____	_____	_____	_____
2) Probationers	_____	_____	_____	_____
15. Total Number of Persons, in # 12 above, Successfully Completing Supervision BEFORE Completing Education or Treatment.				
1) Pretrial Defendants	_____	_____	_____	_____
2) Probationers	_____	_____	_____	_____