

Office of the
Secretary of Public Safety

REPORT ON THE STATUS AND EFFECTIVENESS
OF OFFENDER DRUG SCREENING, ASSESSMENT
AND TREATMENT

To The General Assembly of Virginia

COMMONWEALTH OF VIRGINIA
2005

December 31, 2005

Members of the General Assembly:

This report on the Status and Effectiveness of Offender Drug Screening, Assessment and Treatment for fiscal year 2005 is submitted pursuant to requirements of §2.2-223 of the *Code of Virginia*.

Through legislation adopted in 1998, the General Assembly outlined specific provisions for screening and assessing offenders for substance abuse. Known as the Drug Offender Screening, Assessment, and Treatment (DSAT) initiative, the goal of this legislation was to reduce substance abuse and criminal behavior among offenders through coordinated identification and treatment within the criminal justice system. The provisions became effective for crimes committed on or after January 1, 2000. The Office of the Secretary of Public Safety (SPS) prepares and issues this report to provide data and information on these activities for the most recent fiscal year.

Within the Commonwealth, the state agencies with primary responsibility for offender screening, assessment and treatment are the Departments of Corrections, Juvenile Justice, Criminal Justice Services and Mental Health, Mental Retardation and Substance Abuse Services. Significant, but required, budget and staff reductions have affected each of the principal agencies involved in these activities. Despite the elimination of a substantial number of staff positions formerly devoted to this task, these agencies have continued efforts to address offender's substance abuse needs by maximizing the use of remaining resources. Nonetheless, cuts in funding since 2001 have resulted in the curtailment of this initiative from its original design.

If you have any questions regarding information contained in this report, please feel free to contact this office.

Sincerely,

John W. Marshall
Secretary of Public Safety

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Executive Summary

In 1998, Virginia's General Assembly adopted legislation enacting the Drug Offender Screening, Assessment, and Treatment (DSAT) initiative in the Commonwealth. The DSAT legislation, subsequently amended in 1999, outlined specific provisions for screening and assessing offenders for substance abuse. The goal of this legislation, which became effective for crimes on or after January 1, 2000, was to reduce substance abuse and criminal behavior among offenders through coordinated identification and treatment within the criminal justice system.

The provisions, contained in §§ 16.1-273, 18.2-251.01, 19.2-123(B), 19.2-299, and 19.2-299.2 of the *Code of Virginia*, target juvenile offenders, adult felons, and adult misdemeanants. The mandates, therefore, affect staff and clients of numerous agencies, including the Departments of Corrections (DOC), Juvenile Justice (DJJ) and Mental Health, Mental Retardation, and Substance Abuse Services (DMHMRSAS), the Commission on Virginia Alcohol Safety Action Program (VASAP) and local community-based probation and pretrial services programs administered by the Department of Criminal Justice Services (DCJS).

The Interagency Drug Offender Screening and Assessment Committee was created by § 2.2-223 (formerly § 2.1-51.18:3) to oversee the screening and assessment provisions contained in the *Code of Virginia*. The Secretary of Public Safety serves as chairperson. An interagency workgroup, composed of representatives of each member agency, was established to handle operational issues and to further promote coordination and cooperation.

Significant, but required, budget and staff reductions have affected each of the principal agencies. In response to cuts in funding since 2001, particularly the elimination of Substance Abuse Reduction Effort (SABRE) funds, agencies involved in screening and assessment activities have reexamined protocols and developed alternative strategies to maximize the use of remaining resources. Despite the elimination of a substantial number of staff positions formerly devoted to this task, agencies continued efforts to address offender's substance abuse needs by streamlining the process in some instances, utilizing other screening instruments and otherwise attempting to make this task more manageable with fewer staff. Nonetheless, cuts in funding since 2001 have resulted in the curtailment of this initiative from its original design.

In 2005, the Secretary of Public Safety appointed an Ad Hoc Steering Committee to assess the current status of the DSAT initiative, as well as future resources needed to achieve a comprehensive and coordinated screening, assessment, and treatment delivery process for substance-abusing offenders. Composed of designees from the Public Safety and Health and Human Services Secretariats, the Sentencing Commission, and a certified treatment provider, the Ad Hoc Steering Committee discussed strategies for identifying priorities and targeting potential funding sources. The following recommendations resulted from this process: 1) the DSAT Workgroup should be reorganized and expanded to include representatives of various local service providers, such as drug courts and local community-based probation programs; 2) the Secretary of Health and Human Resources should be added as Co-Chair of the Interagency Drug Offender Screening and Assessment Committee (under § 2.2-223); and 3) reevaluate the original screening and assessment design and prioritize funding based on existing infrastructures.

Authority

The Interagency Drug Offender Screening and Assessment Committee was created by § 2.2-223 (formerly § 2.1-51.18:3) of the *Code of Virginia* to oversee the drug screening, assessment and treatment provisions of §§ 16.1-273, 18.2-251.01, 19.2-123(B), 19.2-299 and 19.2-299.2. The Interagency Committee is composed of representatives of the Directors or Commissioners of the Departments of Corrections, Criminal Justice Services, Juvenile Justice and 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 chairperson.

The Interagency Committee is required by § 2.2-223 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 2005.

Background

During the 1998 and 1999 sessions, the General Assembly adopted legislation to require many offenders, both adult and juvenile, to undergo screening and assessment for substance abuse problems. The framework of this broad initiative is outlined in §§ 16.1-273, 18.2-251.01, 19.2-123(B), 19.2-299 and 19.2-299.2 of the *Code of Virginia*. The goal of this legislation was to reduce substance abuse and criminal behavior among offenders through coordinated identification and treatment within the criminal justice system. Cuts in funding since 2001, however, have curtailed the drug screening, assessment and treatment (DSAT) initiative.

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 Departments of Corrections (DOC), Criminal Justice Services (DCJS), Juvenile Justice (DJJ) and Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), the Commission on the Virginia Alcohol Safety Action Program (VASAP) and the Virginia Criminal Sentencing Commission (VCSC). Responsibilities of the Interagency Committee are defined in § 2.2-223 of the *Code* and include: assisting and monitoring agencies to implement the provisions of the initiative, ensuring quality and consistency in the screening and assessment process, and promoting interagency collaboration. Representatives from each member agency comprise a workgroup, which meets on a more frequent basis to discuss operational issues related to this initiative.

To promote consistency in the screening and assessment process, the Interagency Committee established guidelines for conducting substance abuse screening and assessment, selected specific standardized screening and assessment instruments to utilize in this process, and developed protocols related to confidentiality. Informational presentations were conducted for judges, prosecutors, public defenders and defense attorneys. Seminars were organized to train more than 1,500 staff across agencies on the utilization of selected instruments. DMHMRSAS, in conjunction with the Interagency Committee, arranged for the Legal Action Center to conduct seminars specifically on confidentiality issues facing criminal justice professionals. To enhance interagency communication and cooperation, the Interagency Committee devised protocols for the exchange of information among agencies and service providers.

Implementation of the screening and assessment provisions began in 1999, when the General Assembly initially authorized a six-month pilot. A variety of implementation models were piloted and the most effective methods were chosen to implement statewide. Statewide implementation began January 1, 2000 and offenders who committed their crimes on or after January 1, 2000, were subject to screening and assessment provisions.

The Screening and Assessment Process

As originally designed, specified offenders undergo a substance abuse screening. If the screening reveals key characteristics or behaviors linked to drug use or alcohol abuse, the provisions call for a full assessment to be administered. Assessment is a thorough evaluation that provides a complete picture of the offender's substance abuse pattern and history, social and psychological functioning, and general treatment needs.

These statutes target juvenile and adult offenders. A screening is required for juvenile offenders adjudicated for a felony-level offense or a Class 1 or 2 misdemeanor drug offense; a screening is also required if a judge orders a pre-dispositional social history report in the juvenile's case. The Court Service Units (CSUs) of DJJ are responsible for screening and assessing juveniles. For adults, screening and assessment provisions apply to all felons convicted in circuit court, and a screening is now required as part of any pre-sentence investigation (PSI) that is prepared. DOC probation and parole offices screen and assess adult felons. Adult offenders convicted in general district court of a Class 1 misdemeanor drug offense are to be screened if ordered by the court. Local offices of VASAP are required to screen and assess these adult misdemeanants, unless an offender is ordered to probation supervision. In these instances, local community-based probation programs are responsible for conducting the screening and assessment. These local probation officers also screen and assess low-level felons who are ordered to participate in those programs. When approved by a locality's chief judge, pretrial services programs conduct screenings and assessments on pretrial defendants as part of the evaluation for pretrial release. DMHMRSAS conducts assessments and provides treatment to offenders via the regional Community Services Boards (CSBs).

To support screening and assessment activities and to provide a level of "quality assurance," the General Assembly established specialized staff positions within both DJJ and DOC. Individuals in these positions, known as "Certified Substance Abuse Counselors (CSAC's)" or "Certified Substance Abuse Specialists (CSAS's)" require specialized training and education in the field of substance abuse and must receive certification from the state's Board of Professional Counselors. In addition, both DJJ and DOC established regional supervisor positions charged with the responsibilities of overseeing the screening and assessment program in their respective regions. It should be noted that, as a result of budget reductions, many of these DJJ specialist positions have been eliminated, while some of the DOC officers have been required to take on additional duties.

Sources of Funding

The DSAT initiative received funding from two primary sources in addition to existing general and grant funds. The 1999 General Assembly established a funding mechanism for the screening and assessment process in §18.2-251.02 of the *Code of Virginia*. This provision created the Drug Offender Assessment Fund, now the Drug Offender Assessment and Treatment Fund. This Fund consists of monies received from fees imposed on offenders convicted of certain drug charges. Offenders with felony or misdemeanor drug convictions are assessed fees of \$150 and \$75, respectively. The *Code* mandates that the Fund is subject to annual appropriation by the General Assembly to DJJ, DOC, and VASAP for implementing and operating the DSAT initiative. Prior to 2002, these funds were used, in part, to support the training of staff to administer the screening and assessment instruments. Previously, monies from the fund paid for six Certified Substance Abuse Counselors (CSAC) positions within DOC. DJJ has used a portion of the Drug Offender Assessment Fund to purchase its screening and assessing tools, which are proprietary; DJJ also used a portion of its funding to monitor offenders through drug testing and other operational services that support screening and assessment activities. In 2003, the General Assembly authorized DCJS to receive proceeds from this fund to support screening and assessment efforts of community-based probation and local pretrial services programs. The following year, legislation provided that this fund could be used by the Supreme Court of Virginia for the support of drug treatment court programs in the Commonwealth.

Additionally, general funds, first made available to agencies on July 1, 2000, through the Substance Abuse Reduction Effort (SABRE), provided a substantial source of funding for substance abuse treatment services for drug-involved offenders. A total of approximately \$12.3 million in SABRE funds was distributed to DJJ, DOC, and DCJS during fiscal year FY 2001 and FY 2002. During the 2002 legislative session, the General Assembly eliminated the SABRE initiative and its funding provisions, resulting in large-scale reductions in monetary support for substance abuse treatment services. This loss of funding, which became effective on July 1, 2002, substantially reduced the ability of agencies to provide substance abuse education and treatment services to offenders being screened and assessed under the DSAT *Code* provisions.

Program Evaluation

Per its legislative charge, the Interagency Committee implemented an evaluation process to examine the DSAT initiative in the Commonwealth. In 2000, the former Secretary of Public Safety directed the DCJS Criminal Justice Research Center to conduct this evaluation. The Criminal Justice Research Center developed a two-phase evaluation plan. Phase I, an assessment of program implementation during the first two and a half years of operation, was completed in 2002. The findings are contained in the report *Implementation Evaluation of the Drug Offender Screening, Assessment, and Treatment Initiative* (2002). Copies of the report are available from the DCJS Criminal Justice Research Center. Phase II of the evaluation plan was designed to examine program outcomes and the success of DSAT in achieving its objectives. Phase II of the evaluation was terminated in July 2003, due to budget constraints.

Status Report – FY 2005

Department of Corrections

Community Corrections extended the substance abuse screening, assessment, testing and treatment (DSAT) program to all offenders who committed a felony on or after January 1, 2000. This has been a major system undertaking. These activities were integrated into the Substance Abuse Effort (SABRE) initiative. As noted above, funding for substance abuse staff and services was significantly reduced in FY 2003.

In FY 2005, more than 18,145 screenings and 616 assessments were completed. The loss of Regional Clinical Substance Abuse Supervisors reduced the capacity to train and provide appropriate quality controls. Therefore, assessments, unless court-ordered, were generally provided by the licensed service providers.

Most Probation and Parole Districts, Day Reporting Programs and Facilities have a memorandum of agreement with their respective Community Service Boards (CSB's) for substance abuse treatment services. There are seven contractual vendors providing inpatient substance abuse services, and 24 outpatient service providers plus 39 memoranda of agreement with CSBs. An estimated 16,000 offenders entered education or treatment services during the year.

DOC institutions continue to operate prison therapeutic communities (TC) and have consolidated the women's TC programs at the Virginia Correctional Center for Women. As successful TC participants near release, they are screened for placement in the community-based contract facilities for a six-month residential transition therapeutic community stay. This program was expanded in FY 2005.

Urinalysis is done on a random basis, both on site and with laboratory testing. Samples are collected on site and in the field. In FY 2005, new and more precise testing guidelines were implemented and these guidelines reduced costs although data to determine how many tests were conducted is unknown. DOC Institutions conduct random sampling of its inmate population, as do the residential program vendors.

Canine officers and drug dogs coordinate and conduct random searches of Community Correctional facilities, contract residential programs and institutions. Eighty-eight searches were conducted in FY 2005.

The Governor and General Assembly approved approximately \$2.14 million replacement funding for expiring Byrne grants in the FY 2005 and FY 2006 biennium.

The major issues facing the Department of Corrections include:

- the loss of clinical supervision staff, which has had a major impact on the capacity to provide clinical oversight to DOC's Certified Substance Abuse Counselors (CSACs), as well as an inability to provide quality-controlled service delivery and offer training and technical assistance to field staff;

- the need to continue funding from the Drug Offender Assessment and Treatment Fund which supports 14 FTE dedicated to substance abuse services; and
- increase the availability of “evidence-based practices” programs and services for offenders with substance abuse problems as well as those with co-occurring mental disorders.

Department of Criminal Justice Services

For FY 2005, DCJS provided local units of government approximately \$17.9 million in general funds to support operations in 37 community-based probation and 30 local pretrial agencies, reflecting an increase of \$819,000 over the past two years. During FY 2005, the amount requested by localities to support the original DSAT initiatives of substance abuse testing, assessment, education, and treatment totaled \$347,426. This was more than double that of the previous year, due in part to additional general funds. Of that amount, \$241,376 (or 69%) was dedicated to substance abuse testing supplies, equipment and analysis. Forty-one percent of this amount was requested from state general funds, 42% from local cash match (not required), and 17% from supervision and intervention fees collected from offenders subject to approval by DCJS pursuant to § 9.1-182 of the *Code of Virginia*. Twenty-one of 37 local probation agencies collected supervision and intervention fees last year. The remaining 31% of funding devoted to DSAT initiatives include \$56,452 split between substance abuse education and treatment and \$45,098 for substance abuse assessment. For substance abuse education and treatment services, about 47% was from general funds, 42% from local cash match (not required), and 11% from offender fees. The majority of the amount for substance abuse assessment was to support a CSAC in one program devoted to preparing the Addiction Severity Index, the designated assessment tool.

Even with the increased funding, including the amount devoted to substance abuse testing, assessment, education, and treatment, the majority of operating funds for local pretrial and community-based probation services are still dedicated to personnel costs.

Our most recent information indicates that the SSI is incorporated into the investigation procedures of 18 of the 30 pretrial services agencies and that the majority of pretrial and local probation programs use it as part of the intake process following placement of defendants and offenders on pretrial or local probation supervision. The Addiction Severity Index, is, however, only completed in-house by one program, while the remaining 36 rely on referrals to private counseling services or Community Services Boards who conduct their own assessments as part of substance abuse education or treatment services.

During the past year, there were 36,677 offenders directly placed by courts on local community-based probation resulting in an average daily caseload (ADC) of 18,419. Pretrial services agencies investigated 48,872 defendants and received 16,944 placements on supervision for an ADC of 4,233.

While the provision of substance abuse services has not ceased, the lack of SABRE or other dedicated funding has severely hampered a systematic process for identifying defendants and offenders with substance abuse problems and paying for assessments and services.

During FY 2005, using grant funds, local cash match, supervision and intervention fees, and direct payments to providers for services by defendants and offenders, local pretrial and community-based probation agencies drug tested 6,825 defendants and 9,342 probationers during their period of supervision. In addition, 894 defendants and 3,068 probationers were provided substance abuse education; 775 defendants and 3,572 probationers were provided substance abuse counseling; and 58 defendants and 134 probationers were placed in short-term detox or in 28-day inpatient treatment facilities.

Department of Juvenile Justice

In FY 2003, budget reductions, expiration of federal grant funding and the elimination of the SABRE appropriations for treatment led to a drastic reduction of DJJ activities. All 32 substance abuse screening and assessment (CSAC) positions were abolished, effectively ending DJJ's capacity to continue to provide those activities as required in the *Code of Virginia* under §16.1-273. As the Appropriations Act now relieves DJJ of meeting the requirements, DJJ also withdrew from participation in revenue draw down from the Drug Offender Assessment and Treatment Fund.

DJJ has responded to the ongoing substance abuse issues of juveniles before the court in the following ways during FY 2005:

- A significant number of Court Service Units continue to perform substance abuse screenings with available staff resources. During FY2005, there were 2,445 screenings and 280 assessments completed. DJJ continues to supply screening instruments (Substance Abuse Subtle Screening Inventory [SASSI]) to its Court Service Units. This number of screening represents approximately 25% of the number completed annually during the period of full implementation. The number of assessments is approximately 8% of the number completed during full implementation.
- DJJ continues to provide support for monitoring of substance use for juveniles on community supervision by allocating some limited general funds for the purchase of urine drug testing materials.
- All juveniles committed to the state receive a substance abuse screening, assessment and as needed, treatment services through the Division of Institutions.
- Juveniles released to parole supervision are eligible for funding for (primarily out-patient) substance abuse treatment services through the Department's transitional services program.
- The Division of Community Programs supported the placement of a limited number of juveniles on probation for residential substance abuse treatment through general fund allocations.

Virginia Alcohol Safety Action Program

The Commission on VASAP does not expend any monies from the Drug Offender Assessment and Treatment Fund, as alcohol safety action program services including screening, assessments and urinalysis testing are funded totally from offender fees.

Department of Mental Health, Mental Retardation and Substance Abuse Services

DMHMRSAS's service capability of assessment and treatment for offenders with alcohol and other drug abuse problems was significantly impacted by the SABRE budget reductions experienced in FY 2002. The system has resulted in a significant loss in its capacity to serve referrals from the criminal justice system.

While many Community Service Boards (CSB's) continue to have written agreements with the Probation and Parole Districts and Day Reporting Programs for substance abuse treatment services, the system is no longer able to provide dedicated personnel to meet the need of the criminal offender with substance abuse issues as a priority or special population. However, the DMHMRSAS services system continues to provide assessment and treatment services to criminal justice offenders on a first come, first served basis along with its normal general population. The average waiting time for services is increasing and system-wide, the CSB waiting list for consumers needing substance abuse services has risen to over 3,284. An additional indication of the reduction in capacity is a reduction in the number of substance abuse cases served by the Community Services Boards from 2002 (59,895) to 2005 (52,963). This comes at a time when a review of 2002 National Household Survey on Drug Use and Health (formerly the National Household Survey on Drug Use) data suggests that the use of illicit substances (e.g., cocaine and heroin) and the non-medical use of prescription pain relievers and stimulants, particularly among youths and young adults, are increasing. In addition, alcohol use has been increasing steadily since 1990, with youth accounting for much of the increase. Adolescent use nearly doubled from 2.2 million in 1990 to 4.1 million in 2000, with gender distribution about equal. Further, as Virginia's population ages, there will be increasing demand for specialized substance abuse services for older persons with substance use disorders.

Treatment capacity is a critical element to the provision of services to offenders. The ability to connect individuals to treatment programs as soon as possible following identification of the need for substance abuse treatment services is critical. In addition, the substance abuse literature on treatment outcomes indicate that engagement in a treatment process over an extended period of time, which the criminal justice system is uniquely positioned to do, is the single most important factor in successful recovery. Due to the reduction of treatment capacity, the substance abuse services system no longer can provide treatment services on demand and in a timely manner.

Secretary of Public Safety

As noted above, in response to cuts in funding, agencies involved in screening and assessment activities have re-examined protocols and developed alternative strategies to maximize the use of remaining resources. Despite the elimination of a substantial number of staff positions formerly devoted to this task, the agencies have continued their efforts to address offender's substance abuse needs by streamlining the process in some instances, utilizing other screening instruments and otherwise attempting to make this task more manageable with fewer staff.

In 2005, the Secretary of Public Safety appointed an Ad Hoc Steering Committee to assess the current status of the DSAT initiative, as well as future resources needed to achieve a comprehensive and coordinated screening, assessment, and treatment delivery process for substance-abusing offenders. Composed of designees from the Public Safety and Health and Human Services Secretariats, the Sentencing Commission, and a certified treatment provider, the Ad Hoc Steering Committee discussed strategies for identifying priorities and targeting potential funding sources. The following recommendations resulted from this process:

- The DSAT Workgroup should be reorganized and expanded to include representatives of various local service providers, such as drug courts and local community-based probation programs;
- The Secretary of Health and Human Resources should be added as Co-Chair of the Interagency Drug Offender Screening and Assessment Committee (under § 2.2-223); and
- The DSAT Workgroup should reevaluate the original screening and assessment design and prioritize funding based on existing infrastructures.