

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**

**2007**

December 31, 2007

To the Honorable Members of the General Assembly:

This report on the Status and Effectiveness of Offender Drug Screening, Assessment and Treatment for fiscal year 2007 is submitted pursuant to requirements of §2.2-223 of the *Code of Virginia*.

Through legislation adopted in 1998 and 1999, 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 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, Criminal Justice Services, Juvenile Justice, 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 offenders' 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 in this report, please feel free to contact my office.

Sincerely,

John W. Marshall

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## 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 related to drugs or alcohol. The goal of this legislation was to reduce substance abuse and criminal behavior among offenders by enhancing the identification of substance-abusing offenders and their treatment needs. Cuts in funding since 2001, however, have curtailed the implementation of the Drug Screening, Assessment and Treatment (DSAT) initiative.

The framework of this broad initiative is outlined in §§ 16.1-273, 18.2-251.01, 19.2-299 and 19.2-299.2 of the *Code of Virginia*. These statutes target all felons convicted in circuit court as well as those convicted in general district court of a Class 1 misdemeanor drug offense receiving a sentence that includes probation supervision or participation in a local Alcohol Safety Action Program (ASAP). In addition, a judge, at his or her discretion, may order screening and assessment for any other Class 1 misdemeanant if the court has reason to believe the defendant has a substance abuse or dependency problem. Juvenile offenders adjudicated for a felony or any Class 1 or 2 misdemeanor drug offenses, as well as any juvenile for whom a social history is ordered fall under the screening and assessment requirements.

As originally designed under the DSAT initiative, specified offenders are to undergo a substance abuse screening. If the screening reveals key characteristics or behaviors likely related to drug use or alcohol abuse, the provisions call for a full assessment to be administered. The 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.

Within the Commonwealth, the agencies with primary responsibility for offender screening, assessment and treatment are the Department of Corrections (DOC), the Department of Juvenile Justice (DJJ), local community-based probation and pretrial services agencies under the administration of the Department of Criminal Justice Services (DCJS) and the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). The latter agency accomplishes this objective via the regional Community Services Boards (CSBs). For adult felons, screening, assessment and treatment falls under the purview of DOC's Probation and Parole offices. By statute, local offices of the Virginia Alcohol Safety Action Program (VASAP) may screen and assess adult misdemeanants, unless the offender is ordered to local community-based probation. Experience to date has shown that local ASAPs have received few screening orders or referrals for misdemeanant offenders sentenced in Virginia's general district courts. In such cases, the local community-based probation agency is designated to perform the screening and assessment rather than the local ASAP. Local community-based probation agencies have handled the bulk of adult misdemeanants who have been screened and assessed. Screening, assessment and treatment of juvenile offenders is performed by Court Service Units (CSUs) serving the juvenile and domestic relations court system or by DJJ personnel.

In 1999, the General Assembly authorized a six-month period (July through December 1999) to pilot the implementation of the screening and assessment provisions. Nine DOC probation and parole districts, nine local ASAP agencies, nine local community-based probation agencies and seven DJJ CSUs participated in the pilot project. A variety of implementation models were piloted and the most effective methods were chosen for statewide implementation beginning January 1, 2000. Offenders who committed their crimes on or after January 1, 2000 were 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 from DOC, DCJS, DJJ, the Commission on VASAP, DMHMRSAS and the Virginia Criminal Sentencing Commission. 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 Offender Assessment Fund.

Before required budget cuts in beginning in 2001, the Interagency Committee provided assistance to and monitored the agencies involved with screening and assessment activities. The Interagency Committee collaborated with agencies to develop screening and assessment policies and procedures, as well as protocols related to confidentiality. The Interagency Committee approved the use of certain instruments for screening and assessing offenders for substance abuse problems. This was done to promote consistency in the screening and assessment process and to enhance the coordination among the various agencies involved in the identification and treatment of substance-abusing offenders. In 1999 and 2000, members of the Interagency Committee conducted numerous informational presentations for judges, prosecutors, public defenders and defense attorneys. The Interagency Committee organized and facilitated seminars to train more than 1,500 staff across agencies on the utilization of selected screening and assessment instruments.

To enhance interagency communication and cooperation, the Interagency Committee developed a protocol outlining specific procedures for the exchange of information among agencies and service providers. The protocol also included the creation of a one-page consent form which provides authorization for the exchange of information regarding an offender. The Interagency Committee guided the development and enhancement of interagency Memoranda of Agreement (MOA) and Memoranda of Understanding (MOU) to promote the referral of offenders for treatment and to improve the delivery of treatment services for offenders.

Per its legislative charge, the Interagency Committee implemented an evaluation process to examine DSAT activities across the Commonwealth. The Secretary of Public Safety's Office directed the DCJS Criminal Justice Research Center to conduct the evaluation of this initiative. The Criminal Justice Research Center developed a two-phase evaluation plan. Phase One, an

assessment of program implementation during the first 2½ years of operation, began in 2001. DCJS reviewed the development of state and local protocols guiding DSAT implementation, examined the utility of the screening and assessment tools, described variations in operations across state agencies and localities, assessed adherence to *Code of Virginia* directives and identified obstacles faced by agencies charged with screening, assessing and treating offenders. This evaluation of DSAT implementation was completed in 2002. The findings are presented in the report *Implementation Evaluation of the Drug Offender, Screening, and Treatment Initiative* (2002). Phase Two of the evaluation plan was designed to examine program outcomes and the success of DSAT in achieving its objectives.

During its 1998 and 1999 sessions, the General Assembly established specialized staff positions within DOC and DJJ 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 receive certification from the state's Board of Professional Counselors. These specialized CSAC personnel were to provide a level of quality assurance for the screening and assessment process. In addition, prior to 2002, both DOC and DJJ established regional supervisor positions charged with responsibility for overseeing the screening and assessment program in their respective regions. In 2002, reductions in funding forced DJJ to cut all of their CSAC positions. Due to the constraints on personnel, CSACs at DOC have had to assume a variety of offender supervision and caseload management duties.

The screening and assessment legislation also established the Drug Offender Assessment Fund, now the Drug Offender Assessment and Treatment Fund (§ 18.2-251.02). Offender fees are collected and deposited into the Fund. Offenders convicted of drug crimes are assessed \$150 for felonies and \$75 for misdemeanors. 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 also paid for six CSAC positions within DOC. DJJ has used a portion of the Fund to purchase its screening and assessing tools 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 [vid. § 18.2-251.4, *Code of Virginia*] in the Commonwealth.

Many of the screening and assessment protocols described here were developed prior to the budget reductions experienced in 2002. In response to cuts in funding since 2002, particularly the elimination of Substance Abuse Reduction Effort (SABRE) funds, agencies involved in screening and assessment activities have 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 offenders' substance abuse needs by streamlining the process in some instances, utilizing other screening instruments and otherwise attempting to make this task more manageable for the fewer number of staff involved.

The activities of each participating agency during FY2007 are summarized throughout the remainder of this report.

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## Department of Corrections (DOC)

The Department of Corrections (DOC) provides a tiered substance abuse services approach to address varying offender treatment needs based on the severity of the problem. DOC is organized into two primary operating divisions: Community Corrections and Operations.

The Division of Community Corrections (DOC-DCC) encompasses adult probation and parole services, day reporting centers, detention and diversion centers. It contracts for many of its treatment services with CSBs and private vendors. On June 30, 2007, there were 56,964 offenders under active supervision. They are preponderantly adult felons. In FY 2007, DOC staff completed more than 18,879 screenings, but only 310 assessments. The loss of Regional Clinical Substance Abuse Supervisors due to budget cuts in previous years has reduced DOC's ability to train and provide appropriate quality controls for staff to provide assessment services. Therefore, unless court ordered, assessments were generally provided by licensed service providers outside of DOC.

Most Probation and Parole Districts (43), Day Reporting Programs (12) and Community Corrections Facilities (9) have a MOA with their respective CSBs for substance abuse treatment services. There are seven contractual vendors providing inpatient substance abuse services, and 26 outpatient service providers plus 43 MOAs with CSBs for outpatient services. An estimated 17,000 offenders entered education or treatment services during the year. However, the current DOC-DCC caseload exceeds 57,000 adult felon offenders.

Urinalysis screenings are done on a random basis, both on-site in the district probation and parole offices, and at day reporting and diversion centers. Samples are collected on site and in the field with off-site laboratories completing the testing. In FY 2005, new and more precise testing guidelines were implemented. These guidelines reduced costs. The eight contractual Community Residential Programs (CRP), which are not substance abuse treatment facilities, also conduct substance abuse testing. DOC institutions also conduct random urinalysis sampling of inmates. Urinalysis results indicate a variety of illegal substances are being used. Cocaine and marijuana continue to be discovered most often. Results from community-based programs indicate some regional issues, including methamphetamine as a problem along the I-81 corridor.

In addition to urinalysis of individuals in the programs, canine (K-9) officers and drug dogs coordinate and conduct random searches of Community Correctional facilities, contract residential programs and institutions. Sixty-three such searches were conducted in FY 2007.

The DOC-DCC funds one component of the total Therapeutic Community Program. This six-month residential transition therapeutic community (TTC) program is the community residential phase of the program that successful participants of the twelve-month institution-based therapeutic community (TC) program transition to upon completion of their institution-based sentences.

DOC-DCC programs state funding allocations for FY 2007 were as follows: Treatment Services \$1,966,521; Residential Transition Therapeutic Community (Community- Based 6



Month Phase V) \$3,625,707; Substance Abuse Testing \$838,575. Community Corrections' allocations totaled \$6,430,803. Approximately 17,000 offenders participated in programs and services describe in the aforementioned expenditures. Additional persons were served by participating in self-help groups, such as Alcohol Anonymous.

Effectiveness could be improved. DOC is in the process of introducing the concept of Evidence-Based Practices (EBP) into programs and services. EBP protocols, procedures and forms are being piloted in five demonstration Probation and Parole Services District offices – Charlottesville District 9, Winchester District 11, Lynchburg District 13 , Williamsburg District 34 and Tazewell District 43. These EBP pilots are being conducted in partnership with Virginia Commonwealth University and Local Community Corrections Act Programs (LCCAP) in the above communities. LCCAPs are under the aegis of DCJS. An EBP survey and site review process is being developed and will be used to strengthen EBP in these programs as well as in the two new DRPs in Winchester and Tazewell which are just starting up. The five Diversion and four Detention Centers, all of which provide substance abuse services, completed a program review and are in the process of revamping their services. Two facilities - Chesterfield / Richmond (Women) and White Post (Men) - have introduced cognitive communities into their programming and the length of stay has increased to five to seven months.

Finally, DOC is modifying the purpose of their Memoranda of Agreements (MOA) as the agency renews and re-issues service arrangements. Alcohol and other drug service outpatient and residential service contracts are being modified to require that the contractual services be EBP.

Each day an offender can be safely maintained in the community rather than being incarcerated approaches a per diem savings of about \$62.55. In addition, there is a cost avoidance from less victimization, social service, law enforcement and other criminal justice costs plus a gain in tax and court-ordered financial obligation receipts. Calculations of benefits must consider the long-term data of how offenders did throughout their stay in the correctional system and after final discharge from supervision.

The major issues facing the DOC-DCC include:

- The replacement of clinical supervision staff that would have major impact on the capacity to provide clinical oversight to DOC's Certified Substance Abuse Counselors (CSAC), to enhance quality control service delivery and to offer training and technical assistance to field staff.
- The need to continue funding from the Drug Offender Assessment and Treatment Fund which supports fourteen full-time equivalent employees (FTE) dedicated to substance abuse services.
- Increased availability of EBP programs and services for offenders with substance abuse problems, as well as those with co-occurring mental disorders. This needs to accommodate a projected annual growth rate of about 4%.

The DOC-Division of Operations includes 49 institutions plus four special housing units across the Commonwealth with a population in excess of 34,000. Incoming prisoners are

typically screened for substance abuse during reception and classification with about 80% indicating some substance abuse history. The facilities range from maximum security, housing the most serious offenders, to minimum security and work centers housing less violent offenders. Almost 13,000 offenders were released to the community in FY 2007.

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 five DOC-DCC community-based TTC mentioned earlier. This program was expanded in FY 2005. The TC and TTC program addresses substance addiction, criminal thinking and antisocial behaviors is an evidence-based treatment model. The program lasts at least eighteen months including the institutional phase (twelve months) and the community-based phase (six months). This is the only institutional substance abuse program which receives designated state funding. In FY 2007, DOC's total expenditures for TCs were approximately \$ 4,000,000.00.

In September 2005, the Department of Corrections submitted *Report on Substance Abuse Treatment Programs* which addressed Institutional Therapeutic Communities (TC), Community-Based Residential Therapeutic Communities (TTC) and contractual Residential Substance Abuse Treatment. The findings from these studies suggest that DOC's substance abuse treatment programs – when properly funded and implemented – are able to reduce recidivism for the substance abusing offender population.

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## Department of Criminal Justice Services (DCJS)

For FY 2007, DCJS provided localities more than \$20.5 million in general funds to support operations in 37 community-based probation and 30 local pretrial agencies. About 91% of the funds are dedicated to personnel costs and less than 5% to other operating costs only a portion of which supports drug testing.

The majority of local agencies have incorporated the questions in the Substance Screening Instrument (SSI) into their pretrial investigation or defendant and offender intake interview procedures.

The Addiction Severity Index (ASI), as a general practice, is no longer completed in-house. When assessments are indicated, local probation and pretrial services agencies must rely on referrals to private counseling services by contract or CSBs who conduct their own assessments as part of substance abuse education or treatment services.

During the past year, there were 39,136 offenders directly placed by courts on local community-based probation resulting in an Average Daily Caseload (ADC) of 20,406. Pretrial services agencies investigated 49,718 defendants and received 18,530 total placements on supervision for an ADC of 4,905.

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. Only 17.2% of defendants and offenders placed under pretrial or local community based probation supervision last year participated in substance abuse education and/or treatment. Based on the amounts reported in grant applications for these substance abuse services, it appears that defendants and offenders paid for the major portion of assessment and education and treatment services received.

During FY 2007, local pretrial and community-based probation agencies referred:

- 8,283 defendants and 11,304 probationers for drug testing during their period of supervision.
- 851 defendants and 4,069 probationers to substance abuse education.
- 1,285 defendants and 3,742 probationers to substance abuse counseling.
- Thirteen defendants and 21 probationers into short-term detox.
- Thirty-three defendants and 74 probationers into inpatient treatment facilities (28+ days).

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## Virginia Alcohol Safety Action Program (VASAP)

The Commission on the Virginia Alcohol Safety Action Program does not expend funds from the Drug Offender Assessment and Treatment Fund. All VASAP services, including screening, assessments and urinalysis testing are completely funded from offender fees.

Clients referred to any of the 24 local ASAP programs are screened by case managers using the Commission approved screening tools. If the initial screening indicates a need for further assessment, clients are referred to treatment providers licensed by the DHMMRSAS or certified by the Department of Health Professionals. It is significant to note that the number of individuals determined to be in need of mental health services in addition to alcohol education and treatment has been steadily increasing. Assessment and treatment services are provided by both private treatment providers and local CSBs.

Former Governor Warner's DUI Task Force Report of 2003 recommended that the Substance Abuse Services Council, in partnership with VASAP and DMHMRSAS, develop a plan to identify and promote a standardized assessment tool. This tool could be used by all service providers to help match individuals to appropriate intervention and treatment programs and to identify best practices for effective intervention with the repeat offenders. During 2005 and 2006 federal grant funding was provided and used to support training on a screening and assessment tool and techniques for ASAP staff. This training was held at the Summer Institute for Addiction Studies at the College of William and Mary. Also during 2005 and 2006, research was conducted to select assessment instruments and best practices in working with repeat offenders and hard core drinking drivers. This year, regional training was provided to 75 ASAP treatment providers on assessment tools proven effective for repeat offenders. During this six hour training session, treatment providers were introduced to assessment instruments and given practical information on administering the Comprehensive Drinker Profile (CDP). The fourth phase of the process is currently in the planning stage and will continue with effective assessment and intervention for repeat offenders.

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## Department of Juvenile Justice (DJJ)

Budget reductions, the expiration of federal grant funding and elimination of the SABRE appropriations for treatment led to a drastic reduction in DJJ activities starting in FY 2003. All 32 substance abuse screening and assessment 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 Appropriation Act now relieves DJJ of meeting the requirements, DJJ has also withdrawn from participation in revenue drawn from the Drug Offender Assessment Fund.

DJJ has responded to the ongoing substance abuse issues of juveniles before the court in the following ways during FY 2007.

- CSUs continued to perform substance abuse screenings with available staff resources. There were 2,232 screenings and 275 assessments completed. DJJ continues to supply screening instruments (SASSI) to its CSUs.
- The Division of Community Programs utilized \$81,631 of funds appropriated by the General Assembly to support substance abuse treatment for 88 juveniles in community-based outpatient settings and a few placements in residential substance abuse treatment.
- DJJ has continued to provide support for monitoring substance use for juveniles on community supervision by allocating general funds (\$75,000) for the purchase of urine drug testing materials.
- All juveniles committed to the state received a substance abuse screening, assessment and as needed, treatment services through the Division of Institutions.
- Juveniles released on parole supervision were eligible for funding for (primarily outpatient) substance abuse treatment services through the Department's transitional services program.

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## Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)

The Commonwealth's Community Services Board system of care continues to struggle to provide services to offenders as a result of the loss of SABRE dollars and the severe demand for services. The Office of Substance Abuse Services (OSAS) has partnered with the Virginia Sheriffs' Association and Institute, the Virginia Association of Regional Jails and the Community Services Boards in developing a working relationship to explore means to meet the needs of this incarcerated population suffering with drug or alcohol addictions and assessing the additional needs of these citizens of the Commonwealth.

OSAS continues to work with local CSBs and established a forum of jail-based contacts to meet on a quarterly basis to share program concerns and networking strategies about what is working or not working in their respective areas.

OSAS is working with the Sheriff's Association and the Virginia Association of Regional Jails to develop a survey to be used by both organizations in collecting data that addresses the percentage of the population participating in each facility; the availability of the program on a continuing basis to recidivists regardless of the facility to which they may be committed; and the overall efficacy of the program. Once this information is received by the OSAS, reviewed and tabulated, a report of its findings will be developed and submitted to the General Assembly.