

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**

**2006**

December 31, 2006

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 2006 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 offenses 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 contained in this report, please feel free to contact my office.

Sincerely,

John W. Marshall

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## Executive Summary

In 1998, the Virginia General Assembly passed House Bill 664 and Senate Bill 317 enacting the Drug Offender Screening, Assessment and Treatment (DSAT) initiative. The DSAT legislation, subsequently amended in 1999, outlined specific substance abuse screening and assessment provisions that became effective for offenses committed on or after January 1, 2000. These provisions, contained in §§ 16.1-273, 18.2-251.01, 19.2-299, 19.2-299.2 and 19.2-123(B) [effective 07/01/2000], of the *Code of Virginia*\*, target three offender groups: juveniles, adult felons and adult misdemeanants. Because several different types of offenders are subject to the *Code* mandates, the initiative affects staff and clients of numerous agencies, including the Departments of Corrections (DOC), Juvenile Justice (DJJ), local community-based probation and pretrial services agencies administered by the Department of Criminal Justice Services (DCJS), the Commission on Virginia Alcohol Safety Action Program (VASAP) and the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS).

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 Interagency Committee, with representation from all affected agencies and the Virginia Criminal Sentencing Commission, is charged with ensuring the quality and consistency of the screening and assessment process across the Commonwealth. The Secretary of Public Safety serves as chairperson. The Interagency Committee serves to promote interagency coordination and cooperation. The Interagency Committee is required by § 2.2-223 to submit a report each year to the General Assembly.

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 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, utilizing other screening instruments and otherwise attempting to make this task more manageable for the fewer number of staff involved. The number and type of services available has decreased significantly.

\* NOTE: §§ 18.2-251, 252 and 254 were also amended to support screening and assessment in drug offense cases or where substance abuse was indicated.

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## 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, 19.2-299 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, the Department of Juvenile Justice, the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Virginia Criminal Sentencing Commission and the Virginia Alcohol Safety Action Program.

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, the House Courts of Justice, Senate Courts of Justice, House Appropriations and Senate Finance Committees of the Virginia General Assembly. This document represents the Interagency Committee's report for fiscal year 2006.

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## Background

During its 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 by improving the delivery of treatment services within the criminal and juvenile justice systems. 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 who received a sentence that includes probation supervision or participation in a local Alcohol Safety Action Program. 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, also fall under the screening and assessment requirements. As originally designed, 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 Departments of Corrections (DOC), 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 Alcohol Safety Action Programs (ASAP) 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 Court Service Units 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 2002, the Interagency Committee provided assistance to and has monitored 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. DMHMRSAS, in conjunction with the Interagency Committee, arranged for the Legal Action Center, a nationally recognized nonprofit organization specializing in confidentiality issues, to conduct training seminars that focused specifically on issues related to the new roles of criminal justice workers in screening and assessing offenders for substance abuse.

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 contained in the report *Implementation Evaluation of the Drug Offender, Screening and Treatment Initiative* (2002). Copies of the report are available from the DCJS Criminal Justice Research Center. 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, required specialized training and education in the field of substance abuse, and individuals in those positions received 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 the responsibilities of 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, 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, the agencies have continued their efforts



to address offenders' substance abuse needs by streamlining the process, 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 FY2006 are summarized throughout the remainder of this report.

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## Department of Corrections (DOC)

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 and diversion centers. DOC contracts many of its treatment services with CSBs and private vendors. On June 30, 2006, there were 54,110 offenders under active supervision and they are preponderantly adult felons. In FY 2006, DOC staff completed more than 17,480 screenings, but completed only 400 assessments. The loss of Regional Clinical Substance Abuse Supervisors 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 (nine) have a MOA with their respective CSBs for substance abuse treatment services. There are seven contractual vendors providing inpatient substance abuse services and 27 outpatient service providers plus 39 MOAs with CSBs for outpatient services. An estimated 17,000 offenders entered education or treatment services during 2006. However, the current DOC-DCC caseload exceeds 54,000 adult felon offenders.

Urinalysis screenings are done on a random basis, onsite in the district probation and parole offices, at day reporting centers and diversion programs. Samples are collected onsite and in the field with offsite laboratories completing the testing. In FY 2005, new and more precise testing guidelines were implemented to reduce costs. The six 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.

In addition to urinalysis of individuals in the programs, canine officers and drug dogs coordinate and conduct random searches of Community Correctional facilities, contract residential programs and institutions. Sixty-six such searches were conducted in FY 2006.

The DOC-DCC funds one component of the total Therapeutic Community (TC) 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 TC program transition to upon completion of their institution-based sentences.

DOC-DCC programs state funding expenditures for FY 2006 were as follows: *Treatment Services* \$1,852,493; *Residential Transition Therapeutic Community* (Community Based 6 Month Phase) \$3,343,278; *Substance Abuse Testing* \$640,265; for a total Community Corrections Division expenditure of \$5,836,036. Approximately 17,000 offenders participated in

programs and services described in the aforementioned expenditures. Also, additional offenders were served by participating in self-help groups, such as Alcohol Anonymous.

A primary outcome measure for the Division of Community Corrections is ‘compliance with supervision plans.’ The most recent results (for Calendar Year 2005) show that the Successful Closure or Still-Active Rate for the cases opened for supervision in CY 2002 was 72.5%. This was the fifth consecutive year of improvement. Some of this success can be reasonably attributed to DSAT activity; however, effectiveness could be improved. DOC is in the process of introducing the concept of Evidence-Based Practices (EBP) into its programs and services. EBP protocols, procedures and forms are being piloted in four Probation and Parole Services District offices – Charlottesville District 9, Winchester District 11, Lynchburg District 13 and Williamsburg District 34. These EBP pilots are being conducted in partnership with Virginia Commonwealth University and Local Community Corrections Act Programs (LCCAP) in the above referenced communities. LCCA Programs are under the aegis of DCJS.

Each day an offender can be safely maintained in the community rather than being incarcerated approaches a per diem savings of about \$62. In addition, there is a cost reduction from less victimization, social service, law enforcement and other criminal justice costs plus a gain in tax and court-ordered financial obligation receipts. Benefits have to take the long view 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:

- replacement of clinical supervision staff who would have major impact on the capacity to provide clinical oversight to DOC’s CSACs;
- the need to continue funding from the Drug Offender Assessment and Treatment Fund which supports fourteen full-time equivalent employees dedicated to substance abuse services; and,
- continuing to increase the availability of EBP programs and services for offenders with substance abuse problems, as well as those with co-occurring mental disorders.

The Division of Operations includes 40 institutions across the state with a population in excess of 33,000. 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 for the most serious offenders to minimum security and work centers housing less violent offenders. About 11,000 offenders are released to the community annually.

There are five programming tiers to DOC institution-based substance abuse treatment services: Orientation, Psycho-Education, Substance Abuse Counseling, Support Programs, such as Alcohol Anonymous and Narcotics Anonymous, TC and TTC.

DOC Institutions continue to operate prison therapeutic communities (TC). As successful TC participants near release, they are screened for placement in the six DOC-DCC community-based TTCs mentioned earlier. This program was expanded in FY 2005. The TC and

TTC program designed to address substance addiction, criminal thinking and antisocial behaviors is an evidence-based treatment model. The program lasts at least 18 months including the institutional phase (12 months) and the community-based phase (six months).

The total capacity of the Institutional TCs is 1,567. The Institutional TCs include: Botetourt Correctional Center (capacity 352); Indian Creek Correctional Center (capacity 781); Lawrenceville Correctional Center (Private, capacity 160); and the Virginia Correctional Center for Women (capacity 274). The Residential TTCs include: Bethany Hall (Women, capacity 13); Gemeinschaft Home (Men, capacity 60); Hegira House (Men and Women, capacity 14); Serenity House (Men, capacity 63); and Rubicon (Men, capacity 34). The total capacity of the Residential TTCs is 184.

In September 2005, DOC submitted the *Report on Substance Abuse Treatment Programs* which addressed Institutional TC, Community-Based Residential 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 2006, DCJS provided localities over \$20.7 million in general funds to support operations in 37 community-based probation and 30 local pretrial agencies. The amount requested by localities to support the original DSAT initiatives of substance abuse testing, assessment, education and treatment totaled \$425,278 which was a 22.4% increase from FY 2005. Just over seventy-four percent (74.3%) of the funds requested (\$315,925) was dedicated to substance abuse testing supplies, equipment and analysis, an increase of a little over 5% from the previous year. Almost half (49.4 %) of the amount requested for substance abuse testing was from state general funds, 44.2% came from local cash matches, and an additional 6.4% came from supervision and intervention fees collected from offenders (subject to approval by DCJS pursuant to § 9.1-182 of the *Code of Virginia*). Twenty-three of 37 local probation agencies collected supervision and intervention fees last year. The remaining 25.7% (\$109,353) of the requested state and local funds was dedicated to substance abuse assessment, education and treatment services. Even with the increased funding, the majority of operating funds for local pretrial and community-based probation services is still dedicated to personnel costs.

The development of the *Pretrial Services Manual* by DCJS resulted in the adoption of a standard procedure for conducting pretrial investigations which included the substantive questions from the screening instrument for substance abuse problems used with defendants (the Substance Screening Instrument (SSI)). This standardized investigation procedure is being taught in Basic Skills Training for use as part of the intake interview process following direct placement of defendants and offenders on pretrial or local probation supervision. The Addiction Severity Index (ASI) is, as a general practice, no longer completed in-house according to FY 2006 grant submissions. When assessments are indicated, agencies must rely on referrals to contract private counseling services or CSBs who conduct their own assessments as part of substance abuse education or treatment services. There is no longer a widespread use of the ASI as there was during the DSAT and SABRE initiatives.

During the past year, there were 37,823 offenders directly placed by courts on local community-based probation resulting in an average daily caseload (ADC) of 19,548. Pretrial services agencies investigated 48,821 defendants and received 18,267 total placements on supervision for an ADC of 4,677.

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 for paying for assessments and services.

During FY 2006 local pretrial and community-based probation agencies drug tested 7,468 defendants and 11,044 probationers during their period of supervision. In addition, 851 defendants and 3,409 probationers were provided substance abuse education; 1,071 defendants and 4,157 probationers were provided substance abuse counseling; and 50 defendants and 99 probationers were placed in short-term detox or inpatient treatment facilities. It appears that only 9,638 or 17.2% of the 56,090 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 total amount reported in grant applications for these services, defendants and offenders paid for the major portion of assessment and treatment services received.

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## Virginia Alcohol Safety Action Program (VASAP)

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

Clients referred to any of the 24 local ASAP 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 DMHMRSAS 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 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. For the past two years, federal grant funding has been provided for training on screening and assessment tools and techniques for ASAP staff. This training was held at the Summer Institute for Addiction Studies at the College of William and Mary. Research has been conducted to select assessment instruments and best practices in working with repeat offenders and drunk drivers. The third phase of the process will focus upon providing training to treatment providers on the selected instruments.

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## Department of Juvenile Justice (DJJ)

Budget reductions, expiration of federal grant funding and the elimination of the SABRE appropriations for treatment led to a drastic reduction in DJJ activities 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 also withdrew 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 2006:

- CSUs continued to perform substance abuse screenings with available staff resources. There were 957 screenings and 205 assessments completed. DJJ continues to supply screening instruments (SASSI) to its CSUs. These numbers represent approximately 10% of the number of screenings and assessments completed annually during the period of full implementation;
- the Division of Community Programs utilized \$219,492 in state general funds to place 39 juveniles in residential substance abuse treatment and aftercare services;
- DJJ continued to provide support for monitoring of 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 out-patient) substance abuse treatment services through the Department's transitional services program; and,
- the 2006 General Assembly appropriated \$200,000 for the provision of substance abuse treatment to juveniles under community supervision for FY 2007.



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

DMHMRSAS service capability (assessment and treatment) for offenders with alcohol and other drug abuse problems continually remains limited due to the level of state funding for community substance abuse services and the SABRE budget reduction experienced in 2002. This reduction has led to increased gaps in the Substance Abuse Services Continuum. CSBs have reported a decrease in service capacity over recent years. The 2005 Community Services Board Profile Reviews indicate that all 40 CSBs reported that they served criminal justice offenders with substance abuse problems. Ten boards reported that the level of services had stayed the same. Ten boards reported that the level of services has increased and 20 boards reported that the level of services has decreased.

The Office of the Inspector General for DMHMRSAS recently released *Report #129-06 – Review of Community Services Board Substance Abuse Outpatient Services for Adults*. Below are excerpts from the report in reference to services delivery to criminal justice offenders based on Probation and Parole Office Survey responses:

<b>Probation and Parole Office Survey Responses</b>
<b>Areas of Strength of the CSBs</b>
<ul style="list-style-type: none"> <li>• Cooperation between agencies</li> <li>• Ease of referral</li> <li>• Quality of services even if offerings are limited and/or basic</li> </ul>
<b>Areas of Weakness of the CSBs</b>
<ul style="list-style-type: none"> <li>• Wait time for access to services for newly referred clients</li> <li>• CSB staff turnover and vacancies</li> <li>• Lack of resources for program expansion</li> </ul>
<b>Areas of Greatest Need for the System</b>
<ul style="list-style-type: none"> <li>• Expansion of the range and capacity of substance abuse services, including inpatient/residential treatment, intensive outpatient and detox services</li> <li>• Increased access to housing and supported living arrangements</li> <li>• Services to sex offender population</li> </ul>

<b>RELATIONSHIP BETWEEN COMMUNITY SERVICES BOARDS AND PROBATION AND PAROLE (P&amp;P) OFFICES</b>		
<b>Probation and Parole Survey Responses</b>	<b>Yes</b>	<b>No</b>
My CSB provides substance abuse (SA) treatment services at the P&P office	42%	58%
The P&P contracts and pays for SA services from CSBs	48%	52%
The P&P operates its own SA services	43%	58%

Many CSBs continue to have written agreements with Drug Courts, Probation and Parole Districts and Day Reporting Programs for substance abuse treatment services. However, the system is no longer able to provide adequate personnel to meet the needs of the criminal justice offender with substance abuse issues. Nevertheless, the CSB services system continues to provide assessment and treatment services to criminal justice offenders on a first come, first serve basis along with its normal general population. Implementation of “drop in” or waiting list groups is being offered by some CSBs as an immediate opportunity for offenders to receive support, education and engagement while waiting for treatment. Presently the wait time for offenders to access treatment in the state is an average of 25.4 days and 28.8 days for Probation and Parole Offices. The substance abuse literature on treatment outcomes has shown that the ability to connect individuals to treatment programs as soon as possible following their seeking treatment is critical. In addition, this same body of literature also indicates 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, missing invaluable opportunities to effectively treat citizens’ needs and their ability to redirect their lives in positive ways.

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Appendix A  
Relevant Statutes

**§ 2.2-223. Interagency Drug Offender Screening and Assessment Committee.**

The Secretary shall establish and chair an Interagency Drug Offender Screening and Assessment Committee to oversee the drug screening, assessment and treatment provisions of §§ [16.1-273](#), [16.1-278.1](#), [16.1-278.8](#), [18.2-251.01](#), [18.2-251](#), [18.2-252](#), [19.2-299](#) and [19.2-299.2](#) for defendants convicted in the criminal courts of the Commonwealth. The Committee shall include the Directors or Commissioners of the Department of Corrections; Department of Criminal Justice Services; Department of Juvenile Justice; Department of Mental Health, Mental Retardation and Substance Abuse Services; the Virginia Alcohol Safety Action Program; and the Virginia Criminal Sentencing Commission. The Committee shall have the responsibility to: (i) assist and monitor agencies in implementing the above-listed *Code of Virginia* sections, (ii) ensure quality and consistency in the screening and assessment process, (iii) promote interagency coordination and cooperation in the identification and treatment of drug abusing or drug dependent offenders, (iv) implement an evaluation process and conduct periodic program evaluations, and (v) make recommendations to the Governor and General Assembly regarding proposed expenditures from the Drug Assessment Fund. The Committee shall report on the status and effectiveness of offender drug screening, assessment and treatment to the Virginia State Crime Commission and the House Committees on Courts of Justice and Appropriations, and the Senate Committees on Courts of Justice and Finance by January 1 of each year.

**§ 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.

**§ 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-based corrections program established pursuant to § [9.1-174](#), 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.

**§ 18.2-251.02. Drug Offender Assessment and Treatment Fund.**

There is hereby established in the state treasury the Drug Offender Assessment and Treatment Fund which shall consist of moneys received from fees imposed on certain drug offense convictions pursuant to subdivisions A 10 and A 11 of § [17.1-275](#) and § [16.1-69.48:3](#). All interest derived from the deposit and investment of moneys in the Fund shall be credited to the Fund. Any moneys not appropriated by the General Assembly shall remain in the Drug Offender Assessment and Treatment Fund and shall not be transferred or revert to the general fund at the end of any fiscal year. All moneys in the Fund shall be subject to annual appropriation by the General Assembly to the Department of Corrections, the Department of Juvenile Justice, and the Commission on VASAP to implement and operate the offender substance abuse screening and assessment program; the Department of Criminal Justice Services for the support of community-based probation and local pretrial services agencies; and the Office of the Executive Secretary of the Supreme Court of Virginia for the support of drug treatment court programs.

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

A. Unless waived by the court and the defendant and the attorney for the Commonwealth, when a person is tried in a circuit court (i) upon a charge of assault and battery in violation of § [18.2-57](#) 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 driving while intoxicated in violation of § [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 not set forth in subdivision (iii) below, 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, or (iii) the court shall when a person is charged and adjudged guilty of a felony violation, or conspiracy to commit or attempt to commit a felony violation, of §§ [18.2-46.2](#), [18.2-46.3](#), [18.2-61](#), [18.2-63](#), [18.2-64.1](#), [18.2-64.2](#), [18.2-67.1](#), [18.2-67.2](#), [18.2-67.2:1](#), [18.2-67.3](#), [18.2-67.4:1](#), [18.2-67.5:1](#), [18.2-355](#), [18.2-356](#), [18.2-357](#), [18.2-361](#), [18.2-362](#), [18.2-366](#), [18.2-368](#), [18.2-370](#), [18.2-370.1](#), or § [18.2-370.2](#), or any attempt to commit or conspiracy to commit any felony violation of §§ [18.2-67.5](#), [18.2-67.5:2](#), or § [18.2-67.5:3](#), 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, any information regarding the accused's participation or membership in a criminal street gang as defined in § [18.2-46.1](#), 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 made available only by court order and shall be sealed upon final order by the court, except that such reports or copies thereof shall be available at any time to any criminal justice agency, as defined in § [9.1-101](#), 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. For the purposes of this subsection, information regarding the accused's participation or membership in a criminal street gang may include the characteristics, specific rivalries, common practices, social customs and behavior, terminology, and types of crimes that are likely to be committed by that criminal street gang.

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. 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 9 (§ [9.1-173](#) et seq.) of Chapter 1 of Title 9.1 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 9 (§ [9.1-173](#) et seq.) of Chapter 1 of Title 9.1, 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 9 (§ [9.1-173](#) et seq.) of Chapter 1 of Title 9.1, rather than the local alcohol safety action program, the local community-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.



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Appendix B  
Treatment Services Reference Guide

**SUBSTANCE ABUSE SERVICES REFERENCE GUIDE**

**GENERALLY AVAILABLE COMMUNITY SERVICES**

<b>SERVICE</b>	<b>PROGRAM DESCRIPTION</b>
<b>EMERGENCY SERVICES</b>	
Crisis Stabilization	Services available 24 hours per day and seven days per week that provide crisis intervention and stabilization.
<b>INPATIENT SERVICES</b>	
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.
<b>RESIDENTIAL SERVICES</b>	
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 and Community Re-Entry phases, which include employment as an integral part of the program. Length of stay based on progress.
<b>OUTPATIENT AND CASE MANAGEMENT SERVICES</b>	
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)	Provide crisis treatment; individual and family counseling; life, parenting, and communication skills; case management activities and coordination with other required services; and 24- hour 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	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; and enhancing community integration.
<b>DAY SUPPORT SERVICES</b>	
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.
<b>ADJUNCT SERVICES</b>	
Drug/Alcohol Testing	Unannounced, random sampling throughout treatment and supervision period.
Relapse Prevention	Open enrollment group of at least twelve 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**

<b>SERVICE</b>	<b>PROGRAM DESCRIPTION</b>
<b>DOC RESIDENTIAL (INSTITUTIONAL )</b>	
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, a highly structured residential program for TC graduates. Preferred stay of six months. Gradual release process based on responsible behavior. Includes employment and development of peer support group skills.
<b>DOC RESIDENTIAL (COMMUNITY)</b>	
Detention Center	Four to six 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	Four to six month minimum-security facility designed for those who do not require long term incarceration but who may not do well in a community setting without intervention. Provides remedial education (GED), substance abuse education, and 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	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.
<b>DOC OUTPATIENT (COMMUNITY)</b>	
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	<p><b>Barrett Juvenile Correctional Center</b> - Treatment services 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.</p> <p><b>Bon Air Juvenile Correctional Center</b> – 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.</p>
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**SPECIALIZED VASAP SERVICES**

Substance Abuse Intensive Education	A twenty-hour program for first time drug offenders which usually consists of a combination of monitoring and substance abuse education. It focuses on offenders making an accurate evaluation of their alcohol/drug use and appropriate behavior changes. Alcohol/drug testing at every session.
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