

SUBSTANCE ABUSE SERVICES COUNCIL

ANNUAL REPORT AND PLAN

to the Governor

and the

General Assembly



COMMONWEALTH OF VIRGINIA

2010

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COMMONWEALTH of VIRGINIA

Substance Abuse Services Council

P. O. Box 1797

Richmond, Virginia 23218-1797

John A. Gibney, Jr
Vice - Chair

October 15, 2010

To: The Honorable Robert F. McDonnell
Governor of Virginia
and
Members of the Virginia General Assembly:

Dear Governor McDonnell and Members of the General Assembly:

In accordance with § 2.2-2696 of the *Code of Virginia*, I am pleased to present the 2010 Annual Report of the Substance Abuse Services Council. The *Code* charges the Council “to recommend policies and goals” relating to substance abuse and also to coordinate public and private efforts to control substance abuse. To that end, the Council has selected three issues on which to comment.

First, the Council addresses the need for services related to prevention of substance abuse. Historically, the federal government has provided almost all funds for Virginia’s programs to prevent alcohol, tobacco and drug abuse. The federal programs that supported prevention efforts in Virginia schools and the Governor’s Office for Substance Abuse Prevention were not renewed by Congress, representing a loss of \$5.4 million. In addition, nearly \$5 million from the Master Settlement with major tobacco companies that had supported efforts targeted to preventing youth tobacco use have been redirected. The Council recommends that the General Assembly dedicate a source of funds for this purpose.

Second, the Council recommends the expansion of drug courts in the Commonwealth. National literature indicates that drug courts are effective in reducing substance abuse and recidivism among participants. More significantly, data from the Supreme Court of Virginia also show that drug courts work in Virginia. Further, drug courts save public money in the long run. The Council has supported drug courts in previous reports and continues to extend its support in this document.

Third, the Council endorses the work of the Virginia Prisoner and Juvenile Offender Re-Entry Council. Substance abuse treatment must be an integral part of the support inmates receive

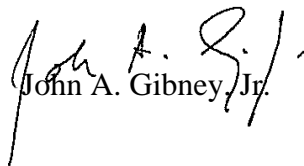
to rejoin society. Although the Virginia Prisoner and Juvenile Offender Re-Entry Council has just begun its work, we believe that it will thoroughly address the substance abuse needs of persons released from incarceration.

The Council wishes to express its gratitude to Senator Emmet W. Hanger, Jr., for continuing to chair the Joint Subcommittee to Study Strategies and Models for Substance Abuse Prevention and Treatment (SJR 73- 2010). Senator Hanger's subcommittee, in its third and final year, has undertaken a considerable amount of work, and the Council looks forward to learning of its concluding recommendations.

Finally, I must take this opportunity to address the very significant loss of our recent chair, Patty L. Gilbertson, who died August 13, 2010. Ms. Gilbertson was a member of the Council since 2002 and its chair since 2005. She brought considerable experience, knowledge, and energy to the position. She led the Council with intelligence, discipline, and humor and left a lasting imprint on how people with substance use disorders receive services. She will be missed for many years to come.

On behalf of the Council, I appreciate the opportunity to provide you with our annual report, which we hope will contribute toward improving the lives of Virginians affected by substance use disorders.

Sincerely,



John A. Gibney, Jr.

Cc: Hon. William A. Hazel, Jr., M.D.
Hon. Marla Graff Decker
Hon. Gerard Robinson
James W. Stewart, III
Harold Clarke
Patricia I. Wright, Ph.D.

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Substance Abuse Services Council 2010 Annual Report and Plan to the Governor and the General Assembly

EXECUTIVE SUMMARY

In its 2010 Annual Report, the Substance Abuse Services Council makes three recommendations to the Governor and the General Assembly:

Dedicated Funding for Prevention. The Commonwealth has lost over \$10 million in funding focused on prevention services in schools and communities. The Safe and Drug Free Schools and Communities Act (SDFSCA) funds (\$5.4 million) were not re-appropriated by Congress, and nearly \$5 million in Master Settlement Funds used by the Virginia Foundation for Healthy Youth to prevent tobacco use was reallocated to other purposes. Although the National Survey of Drug Use and Health indicates that nearly 16 percent of Virginia youth (ages 12-17) used alcohol in the last 30 days, no General Funds are currently appropriated by the General Assembly for prevention. Investment in prevention pays off at a ratio approaching \$1: \$10. The loss of the SDFSCA funds is resulting in loss of school-based programs that provide coordinated services for at-risk students and prevent substance abuse, bullying, violence, and gangs. These funds support community coalition building, training for school resource personnel, the Governor's Office for Substance Abuse Prevention, and other infrastructure necessary to sustain ongoing coordinated prevention efforts.

The Master Settlement Funds support programs targeted at preventing youth from tobacco use. These funds were reduced from \$13 million to \$8.2 million. These funds were also used to support enforcement of laws pertaining to underage access to tobacco products.

These reductions seriously undermine Virginia's capacity to support families, schools and communities in their efforts to raise youth to be healthy adults.

Recommendation:

The Substance Abuse Services Council recommends that the Governor and the General Assembly find the necessary resources to support the goals and activities formerly supported by the federal Safe and Drug Free Schools and Communities Act funds and Master Settlement Agreement funding of the Virginia Foundation for Healthy Youth so that programs in schools and communities formerly supported by these funds can be resumed and the supporting infrastructure at the Department of Education and the Governor's Office for Substance Abuse Prevention can be retained.

Expand Drug Courts across the Commonwealth. The Drug Treatment Court Act (*Code of Virginia* § 18.2-254.1) set five goals for drug courts:

1. Reduce drug addiction and drug dependency among offenders;
2. Reduce recidivism;
3. Reduce drug-related court workloads;
4. Increase personal, familial, and social accountability; and
5. Promote effective planning and use of resources among criminal justice system and community agencies.

To date, 30 drug treatment courts have been established in the Commonwealth. Virginia has four types of courts: Adult Drug Treatment Courts (16); Juvenile Drug Treatment Courts (9), Family Drug Treatment Courts (3), and two DUI Treatment Courts. The Supreme Court of Virginia, the administrative authority for drug courts, has evaluated these programs. Its findings indicate that Virginia's drug courts are more effective and cost-efficient than incarceration, and correspond with findings reflected in national literature on drug courts. It is clear that participants in drug treatment courts are less likely to return to crime and less likely to abuse drugs than nonparticipants, and the cost savings to taxpayers are significant.

Recommendation:

The Substance Abuse Services Council strongly supports the expansion of drug courts and urges the Governor to make expansion of drug courts a priority for his administration.

Support for Prisoner and Juvenile Offender Re-entry Council. Governor McDonnell has re-constituted the Prisoner and Juvenile Offender Re-Entry Council, and its membership now reflects many agencies with special expertise in dealing with prisoners, treating substance abuse, or both. The Re-Entry Council has just begun its work, and its report is due to the Governor by December 31, 2010. The overall goal is to reduce recidivism, a task which will necessarily involve addressing the need for treatment for substance use disorders. A subcommittee focused on behavioral health has been established.

Recommendation:

The Substance Abuse Services Council supports the goals and objectives of the Virginia Prisoner and Juvenile Offender Re-Entry Council. We are hopeful that the Re-Entry Council will place special emphasis on the need for substance abuse treatment prior to release and in the community after release, and recommend that the Governor and General Assembly give priority to the Re-Entry Council's recommendations.

I. LOSS OF PREVENTION FUNDS THREATENS SCHOOL SAFETY, STUDENT PRODUCTIVITY AND HEALTH

The Council recommends that the General Assembly replace funds that had supported prevention efforts primarily in schools through the end of June 2010, due to the elimination of the federal Safe and Drug Free Schools and Communities Act (SDFSCA) and funds eliminated from the budget of the Virginia Foundation for Healthy Youth.

The elimination of the Safe and Drug Free Schools and Communities Act (SDFSCA) funds meant that \$5.4 million in prevention funding was lost beginning in state fiscal year 2010. These funds supported school-based prevention programs (\$4.03 million), the Governor's Office for Substance Abuse Prevention (\$1.08 million) and prevention-focused infrastructure at the Department of Education (\$0.3 million).¹ The implications for current and future prevention services in Virginia's schools as well as for the technical support and coordination of prevention efforts across the commonwealth are significant.

During the same period, the Virginia Foundation for Healthy Youth (formerly the Virginia Tobacco Settlement Foundation) lost 35% of its budget that was dedicated to tobacco use prevention (from nearly 13 million to \$8.2 million), resulting in significant reductions in program efforts targeted towards preventing tobacco use among youth.

The Department of Behavioral Health and Developmental Services indicates that of the approximately 41,000 individuals who received substance abuse treatment services in state fiscal year 2009 through community services boards, only about 10 percent were under the age of 18, but nearly half were between the ages of 25 to 44. Possibly many of these admissions could have been avoided if more prevention programs were available for youth. Virginia-specific data from the National Survey of Drug Use and Health indicate that nearly 16 percent of Virginia youth between the ages of 12 and 17 used alcohol in the month prior to the survey, and nearly 10 percent had "binged" (five or more drinks on the same occasion) on alcohol. This figure increases to over 19 percent when the age group is extended to 19 years of age.² Clearly additional prevention efforts are needed.

The National Institute on Drug Abuse has identified 16 research-based prevention principles. Principle 16 cites research that a savings of up to \$10 can be realized for every \$1 invested in prevention.³ As health care reform is implemented, the costs of not providing adequate prevention of alcohol and other drug abuse will become more evident,

¹ Burkholder, Jo Ann. Impact Brief on the Loss of Safe and Drug-Free Schools And Communities Act. Virginia Department of Education. August 27, 2009.

² Substance Abuse and Mental Health Services Administration, Office of Applied Studies, National Survey on Drug Use and Health, 2006 and 2007 (Table 94). Available at <http://oas.samhsa.gov/2k7/State/Virginia.htm>

³ Aos, S. et al. The Comparative Costs and Benefits of Programs to Reduce Crime. (vol. 4 (1-05-12010). Olympia, WA: Washington State Institute for Public Policy, May 2001; Hawkins et al. Preventing adolescent health-risk behaviors by strengthening protection during childhood. *Archives of Pediatric and Adolescent Medicine* 153:226-234. 1999. Cited in Lessons from Prevention Research, NIDA InfoFacts, National Institute on Drug Abuse, February 2004. Available at <http://www.drugabuse.gov/pdf/infofacts/Prevention04.pdf>

as untreated substance use disorders are linked to many physical illnesses that are costly to treat.

SDFSCA funds supported infrastructure necessary to operate student assistance programs, which integrate behavioral health services, school services, and support services for children at-risk of using substances, dropping out or other issues that affect successful academic achievement. These funds supported other evidence-based prevention activities and services in schools and promoted safe and healthy learning environments. Some of the services and programs supported by these funds include:

- Conducting needs assessments
- Bullying prevention
- Suicide prevention
- Violence prevention
- Drug abuse awareness and education
- Support services for students at-risk of dropping out
- Early intervention services for students who are using alcohol or other drugs
- Anger-management and decision-making skills for students facing disciplinary action
- Gang prevention
- Training in conflict resolution for students
- School resource officers
- School crisis planning
- After-prom events
- Specialized school counselors
- School-assistance coordinators

SDFSCA funds also supported training for school administrators and teachers in leadership and management models that have positive effects on student attitudes towards school. Activities that foster positive student engagement with the community, such as mentoring, were supported by these funds. Many school divisions reported that these services and programs have had measurable positive effects on their student populations.⁴

The Governor's Office for Substance Abuse Prevention (GOSAP) is also supported by SDFSCA funds. GOSAP is authorized under Section 2.2-118 of the *Code of Virginia*, enacted by the 2000 Virginia General Assembly in order to "*to assist in the coordination of the substance abuse prevention activities of the Commonwealth, review substance abuse prevention program expenditures by agencies of the Commonwealth, and determine the direction and appropriateness of such expenditures.*"

Located in the Office of the Secretary of Public Safety, the Governor's Office for Substance Abuse Prevention is using remaining amounts of the Governor's discretionary portion of the SDFSCA funds to support grants to communities. In state fiscal year 2011, GOSAP

⁴ Cundiff, Arlene and Burkholder, Jo Ann. Safe and Drug-Free Schools and Communities Act (SDFSCA): Virginia's SDFSCA Program Efforts 2006----07, Office of Student Services, Virginia Department of Education. Available at: http://www.doe.virginia.gov/federal_programs/safe_drug-free/program_efforts.pdf

awarded \$514,405 to support 17 grants to communities. Some of the evidence-based programs supported by these grants include programs to strengthen families, prevent violence, provide students with mediation skills, and conduct community needs assessments.

GOSAP is also the home of the GOSAP Collaborative, a coalition of thirteen state agencies⁵ that supports an integrated infrastructure that assures that Virginia's limited prevention resources are used effectively by providing a forum to foster collaboration and collecting data on community need and program results. All of these activities are currently supported by SDFSCA funds remaining from the last grant and will not be replenished.

The loss of the SDFSCA funds also has implications for prevention infrastructure throughout the commonwealth for many years to come. School-based programs dependent of this resource will cease; GOSAP may be dismantled, and the talents of the personnel who are currently involved with implementing these programs at the state and local level will be diverted to other issues.

Currently, Virginia relies on two other sources of funding to support prevention services, the Virginia Foundation for Healthy Youth (VFHY) and the federal Substance Abuse Prevention and Treatment Block Grant (SAPT BG). No general funds are appropriated for prevention services.

The Virginia Foundation for Health Youth (VFHY) spends about \$8.1 million, funded by a portion of the Master Settlement Agreement, the state's share of a major class action suit against the four major producers of tobacco products. Its portion of the settlement has recently been reduced by about \$4 million. These funds support grants to localities, social marketing efforts (TV and radio advertisements and use of online media such as Twitter and Facebook), research and, until this year, support for enforcement of laws pertaining to underage access to tobacco products. Originally named the Virginia Tobacco Settlement Foundation, VFHY has expanded its focus to include childhood obesity.

The SAPT BG, administered by the Department of Behavioral Health and Developmental Services (DBHDS), supports community-based prevention and treatment services provided by community services boards. The federal statute and regulations governing the use of the SAPT BG require that at least 20 percent of the award be utilized for primary prevention, which means that the services, programs and activities must be targeted to persons who do not require treatment. In state fiscal year 2011, the amount set-aside for this purpose was \$8,647,464. Community services boards use these funds to support training in evidence-based prevention practices for their staff, after-school and summer prevention services, student assistance programs in schools, services targeted to at-risk children and their

⁵ GOSAP Collaborative Members include: The Department of Alcoholic Beverage Control, Department of Criminal Justice Services, Department of Education, Department of Fire Programs, Department of health, Department of Juvenile Justice, Department of Behavioral Health and Developmental Services, Department of Motor Vehicles, Department of Social Services, Governor's Office for Substance Abuse Prevention, Virginia National Guard, Virginia State Police, Virginia Foundation for Healthy Youth.

families, community-coalition building and community needs assessments. These funds are also used to support inspection of tobacco retailers to ensure compliance with laws prohibiting youth purchases through an agreement with the Department of Alcoholic Beverage Control.

Recommendation:

The Substance Abuse Services Council recommends that the Governor and the General Assembly find the necessary resources to support the goals and activities formerly supported by the federal Safe and Drug Free Schools and Communities Act funds and Master Settlement Agreement funding of the Virginia Foundation for Healthy Youth so that programs in schools and communities formerly supported by these funds can be resumed and the supporting infrastructure at the Department of Education and the Governor's Office for Substance Abuse Prevention can be retained.

II. EXPAND DRUG COURTS ACROSS THE COMMONWEALTH

The Council recommends that the Commonwealth increase the number of drug courts in Virginia. Drug courts have proven to be effective in preventing relapse and recidivism and to provide significant long-term cost savings. Many—if not most—prisoners in Virginia prisons are there either because they were convicted of drugs offenses or because of other criminal conduct related to substance abuse. Drug courts have emerged as a viable alternative to incarceration for these inmates.

The Drug Treatment Court Act (§ 18.2-254.1 *Code of Virginia*) directs the Supreme Court to provide administrative oversight for drug treatment courts. The Supreme Court's duties include distributing funds, providing technical assistance, evaluating programs, and reporting to the General Assembly. The statute requires the establishment of an advisory body to establish standards and develop and implement planning, evaluate efficiency and effectiveness, and encourage interagency collaboration.

Of particular importance to this Report, the *Code* requires legislative action for localities to establish drug treatment courts, regardless of the source of funding. (Many drug courts are initially funded with federal grants which are time limited). Local drug courts are also required to establish local advisory committees.

The *Code* identifies five goals for drug treatment courts:

1. Reducing drug addiction and drug dependency among offenders;
2. Reducing recidivism;
3. Reducing drug-related court workloads;
4. Increasing personal, familial, and societal accountability; and
5. Promoting effective planning and use of resources among criminal justice system and community agencies.

Implementation of a drug court requires close collaboration among the judge, the Commonwealth's Attorneys, defense attorneys, drug court case managers, probation officers, law enforcement officers, drug court administrators, and addiction treatment professionals. Drug courts can focus on adults, juveniles or families in which one of the parents has a substance abuse problem.

Currently, 30 drug courts operate in Virginia. The map on the next page shows their locations. They fall into four categories: Adult Drug Treatment Courts, Juvenile Drug Treatment Courts, Family Drug Treatment Courts, and Driving Under the Influence Drug Courts.

Sixteen of the drug courts are Adult Drug Treatment Courts⁶ In 2009, the fifteen courts operating at that time admitted a total of 381 new participants. Adult courts either defer

⁶ Bristol, Charlottesville/Albemarle, Chesapeake, Chesterfield/Colonial Heights, Hampton, Henrico County, Hopewell/Prince George County, Loudoun County, Newport News, Norfolk, Portsmouth, Rappahannock Regional, Richmond City, Roanoke City/Salem City/Roanoke County, Staunton, and Tazewell County.

programs average 696 days in the program. Successful juveniles spent an average of 423 day in the drug court program, and participants in the Family court spent an average of 492 days. For the DUI court, the average number of days was 499 days. Most people who fail to complete are terminated from the program by the courts.

Arrest rates for participants in drug courts are consistently lower than those of non-participants. Twenty four months after completing the program, 27% of adults who completed the diversionary model of drug court had been re-arrested, compared to 40 % of non-participants. Among adults in the post-adjudication model, 25% of persons who completed were arrested, as compared to 39% of non-participants. Among juveniles, 40% of persons who completed had been re-arrested, as compared to 66% of non-participants. No data were available for the 24 month intervals for either the DUI court or the family courts. Significantly, the Supreme Court has found that people who do not complete drug court programs still have a lower recidivism rate than non-participants.

The cost of participating in drug court programs is substantially less than incarceration.¹⁰ The average annual cost per participant in the Adult Diversionary Court was \$6,031, and the average annual cost per Adult Post-Adjudication participant was \$11,322. These costs covered the costs of staffing, hearings, social and counseling services, and drug screens. In the DUI court, because so much of the cost is covered by participant fees, the cost-to-taxpayer is only \$48.54. The Juvenile cost was \$24,407 and the Family cost per participant was \$14,319. In contrast, the Department of Corrections average annual cost per prisoner ranged from \$14,097 at the work centers to \$25,994 at the Community Corrections Centers. Commitment to the Department of Juvenile Justice cost \$120,167 per juvenile per year.

The Substance Abuse Services Council first indicated support for drug treatment courts in the 2004 Annual Report and Plan and continued recommendations for support in the 2005 and 2008 Annual Reports and Plans.

Recommendation:

The Substance Abuse Services Council strongly supports the expansion of drug courts and urges the Governor to make expansion of drug courts a priority for his administration.

¹⁰ These costs are calculated only for successful completers and determine only cost-to-taxpayers, so revenues from fees, in-kind services, and private donations were excluded from calculation.

III. SUPPORT FOR PRISONER AND JUVENILE OFFENDER RE-ENTRY COUNCIL

The Council recommends that the Governor and the General Assembly support the work of the Virginia Prisoner and Juvenile Offender Re-Entry Council and especially its efforts to address the need for substance abuse treatment among offenders who are re-entering the community after a period of incarceration.

The Office of National Drug Control Policy indicates that 50 percent of all persons incarcerated in the United States are clinically dependent on drugs, and nearly one-third of State prisoners committed their crimes under the influence of drugs.¹¹ In Virginia, a report from the Joint Legislative Audit and Review Commission (JLARC) indicated that most of the \$613 million cost of untreated substance abuse in the commonwealth was borne by the public safety system, due to the link between substance abuse and crime.¹² Data from the Department of Behavioral Health and Developmental Services (DBHDS) indicates that almost 40% of referrals to community services boards for substance abuse treatment come from the criminal justice system. Yet, the JLARC report indicates that only about 40 percent of prison inmates in the custody of the Department of Corrections participate in high-intensity substance abuse treatment while incarcerated, and local jails, community – based probation officers, state probation and parole units, and court services units report that they are not able to obtain adequate substance abuse treatment services for their clients.¹³ Currently, Virginia is not able to address the critical needs of this population, even though the systemic payoff in terms of reduced crime, victimization and cost of incarceration and supervision, would be significant.

Executive Order Number Eleven (2010) reconstituted the Virginia Prisoner and Juvenile Offender Re-Entry Council¹⁴ “with the aim of promoting re-entry strategies for adult and juvenile offenders.” The membership of the Re-Entry Council consists of agencies with special expertise in drug treatment and in dealing with inmates. The agency members include the Departments of Behavioral Health and Developmental Services, Corrections, Criminal Justice Services, Education, Health, Juvenile Justice, Medical Assistance Services, and Social Services. In addition, the Virginia Sheriff’s Association also has been invited to participate.

The overall goal of the Re-entry Council is to reduce offender recidivism, and the Executive Order calls for the Council to develop strategies to be implemented both while offenders are incarcerated and when they are released. An editorial published in the *Richmond Times Dispatch* (May 14, 2010) notes that the issues of mental health and addiction must be addressed if this goal is to be achieved. The Re-Entry Council has convened by the Secretary of Public Safety and will establish workgroups and subcommittees to develop strategies to assist offenders with jobs, housing, substance abuse

¹¹ Office of National Drug Control Policy, National Drug Control Strategy, 2010, p. 49. Available at <http://www.whitehousedrugpolicy.gov/publications/policy/ndcs10/ndcs2010.pdf>

¹² Joint Legislative Audit and Review Commission. Mitigating the Cost of Substance Abuse in Virginia, House Document No. 19 (2007), p. 87.

¹³ Joint Legislative Audit and Review Commission, op. cit., p. 88.

¹⁴ Formerly known as the Virginia Prisoner Re-entry Policy Academy.

treatment, medical care, and mental health services, with specific inclusion of women, juveniles and veterans. A workgroup for this topic has been established and has just begun its work. The initial plan is to be submitted to the Governor no later than December 31, 2010 with an annual update.

Of the six functions identified for the Re-Entry Council, the first two are of particular interest to the Substance Abuse Services Council:

1. Identify barriers that exist in each members' department or agency that may impede successful transition of offenders returning to their communities; and develop and implement procedures to overcome such barriers, to include job training, education, housing, and **substance abuse treatment** (emphasis added).
2. Improve collaboration and coordination of transitional services, including providing cross-training; sharing information among state agencies; and developing policies, procedures, and programs with well-defined, performance-based outcomes that enhance re-entry management.

Recommendation:

The Substance Abuse Services Council supports the goals and objectives of the Virginia Prisoner and Juvenile Offender Re-Entry Council, and is hopeful that the Re-Entry Council place special emphasis on the need for substance abuse treatment prior to release and in the community after release. Further, the Council recommends that the Governor and General Assembly give priority to the Re-Entry Council's recommendations.

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APPENDICES

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Appendix A
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Funding Sources and Location of Virginia's Drug Treatment Court Programs					
Locality	*Funding Source(s) by Percentage	CSB	Region	Model	*Total Capacity
Albemarle County, Charlottesville	63% State, 37% Local	Region 10	1	Adult(felony)	50-60
Albemarle County, Charlottesville	100% Federal		1	Family	15
Rappahannock Regional	45% State, 33% Local, 22% Existing Agency Funds	Rappahannock Area	1	Adult(felony)	75
Fredericksburg, Stafford, Spotsylvania & King George (Rappahannock Regional)	75% State, 21% Local, 4% Existing Agency Funds		1	Juvenile	20
Fredericksburg, Stafford, Spotsylvania (Rappahannock Regional)	100% Participant Fees		1	DUI (misd.)	300 or more
Staunton	90% Federal, 10% Local	Valley Community	1	Adult(felony)	20
Loudoun	100% Local	Loudoun County	2	Adult(felony)	20
Fairfax	100% Existing Agency Funds	Fairfax-Falls Church	2	Juvenile	12
Prince William	100% Federal	Prince William	2	Juvenile	12
Alexandria	100% Existing Agency Funds	Alexandria	2	Family	15
Roanoke City, Salem City & Roanoke Co.	100% State	Blue Ridge Behavioral Health Care	3	Adult(felony)	80
Lee, Scott, & Wise Counties	100% Local	Planning District 1	3	Juvenile	At least 20
Chesterfield	30% State, 60% Federal, 8% Local	Chesterfield	4	Adult(felony)	65
Chesterfield	40% State, 60% Local		4	Juvenile	25
Henrico County	65% State, 33% Local, 2% Participant fees	Henrico Area	4	Adult(felony)	No Maximum
Hopewell, Prince George & Surry	100 % Local	District 19	4	Adult(felony)	15-20
Richmond	70% State, 10% Federal, 20% Local	Richmond Behavioral Health Authority	4	Adult(felony)	75-100
Richmond	Closed June 2007		4	Family	
Richmond	42% State, 25% Federal, 25% Local, 8% Private Foundation		4	Juvenile	14

Appendix A
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Hanover	65% Federal, 35% Local	Hanover County	4	Juvenile	15
Norfolk	66% State, 28% Local, 6% Participant fees	Norfolk	5	Adult(felony)	50
Portsmouth	100% State	Portsmouth Dept. of Behavioral Healthcare Services	5	Adult(felony)	75
Suffolk	75% Federal, 25% Local	Western Tidewater	5	Adult(felony)	40
Chesapeake	100% Federal	Chesapeake	5	Adult(felony)	5
Hampton	95% State, 4.5% Local, .5% Participant Fees	Hampton-Newport News	5	Adult(felony)	60
Newport News	73% State, 13% Federal, 13% Local, 1% Participant fees		5	Adult(felony)	55
Newport News	100% State		5	Juvenile	25
Newport News	100% Existing Agency Funds		5	Family	20
Planning Courts (pending approval from the General Assembly)					
Tazewell (SB 678)	100% Existing Agency Funds, FY 2008 Federal Grant \$200,000	Cumberland Mountain	3	Adult(felony)	15
Franklin County (SB 775, HB 1156)	100% Existing Agency Funds	Piedmont	3	Juvenile	6-12 slots
Chesterfield (SB 391, HB 876)	Supported by participant fees	Chesterfield	4	DUI	

*Report on Evaluation of Virginia's Drug Treatment Courts Prepared for the Virginia General Assembly, December 2007
FY2008 Staunton, Loudoun County and Tazewell received Drug Court Discretionary Grant
Program Awards

Established Dates-Virginia Drug Treatment Courts			
Year	Locality	Court Model	Development Stage
Sep-95	Roanoke	Adult (felony)	Operational
Jul-97	Charlottesville	Adult (felony)	Operational
Mar-98	Richmond City	Adult (felony)	Operational
Oct-98	Rappahannock Regional	Adult (felony)	Operational
Nov-98		Juvenile	Operational
Nov-98	Norfolk	Adult (felony)	Operational
Nov-98	Newport News	Adult (felony)	Operational
Mar-99	Richmond City	Juvenile	Operational
May-99	Rappahannock Regional	DUI	Operational
Sep-00	Chesterfield County	Adult (felony)	Operational
Jan-01	Portsmouth	Adult (felony)	Operational
Sep-01	Alexandria	Family	Operational
Mar-02	Newport News	Juvenile	Operational
Jul-02	Charlottesville	Family	Operational
Sep-02	Richmond City	Family	Operational -6/2008
Sep-02	Hopewell	Adult (misdemeanor)	Operational
Sep-02	Lee and Scott Co.	Juvenile	Operational
Jan-03	Henrico	Adult (felony)	Operational
Feb-03	Hampton	Adult (felony)	Operational
Apr-03	Fairfax County	Juvenile	Operational
May-03	Hanover County	Juvenile	Operational
May-03	Staunton	Adult (felony)	Operational
Jun-03	Colonial Heights	Juvenile	Operational
May-04	Suffolk	Adult (felony)	Operational
May-04	Prince William Co	Juvenile	Operational
May-04	Loudoun	Adult (felony)	Operational
2005	Tazewell County	Adult (felony)	Planning
	Franklin County	Juvenile	Planning
	Chesterfield County	DUI	Planning

<http://leg2.state.va.us/dls/h&sdocs.nsf/execsummaryreport/RD402005> (Courts identified through 2004)

COMMONWEALTH OF VIRGINIA



OFFICE OF THE GOVERNOR

THE VIRGINIA PRISONER AND JUVENILE OFFENDER REENTRY COUNCIL

Importance of Issue

Section 2.2221.1 of the *Code of Virginia* directs the Secretary of Public Safety to establish an integrated system for coordinating the planning and provision of offender transitional and reentry services among state, local, and nonprofit agencies in order to prepare offenders for successful transition into their communities upon release from incarceration. This code section also requires the Secretary to ensure that a system is in place for improving opportunities for treatment, employment and housing while individuals are on subsequent probation, parole or post-release supervision.

Each year, approximately 13,500 adult and 500 juvenile offenders are projected to be released from incarceration. The Commonwealth of Virginia seeks to improve public safety by fostering a successful transition of these offenders into their communities; and by reducing the rates at which they returned to prison. In order to reduce recidivism, improve public safety, and reduce the number of crime victims, consistent with Virginia Code § 53.132.2, we must ensure that offenders released from incarceration have been adequately prepared to return to their communities. This preparation includes equipping offenders to find employment; providing educational opportunities; ensuring treatment for mental health and substance abuse issues; and assisting offenders reintegrate into a stable home environment. Successful integration of offenders requires collaboration, coordination, and partnership among state and local agencies, community supervision agencies, service providers, faithbased organizations, law enforcement agencies, courts, communities, and family members. Accordingly, I am taking the following measures:

Amending and Renaming the Virginia Prisoner Reentry Policy Academy

By virtue of authority vested in me as Governor under Article V, Section 1 of the Constitution of Virginia, and Sections 2.2103 and 2.2104 of the *Code of Virginia*, I hereby direct the Office of the Secretary of Public Safety to amend and alter the Virginia Prisoner Reentry Policy Academy, originally established pursuant to Executive Order 97(October 2009) which is set to expire December 31, 2010. The Virginia Prisoner Reentry Policy Academy shall be renamed the **Virginia Prisoner and Juvenile Offender Reentry Council** with the aim of promoting reentry strategies for adult and juvenile offenders.

The Virginia Prisoner and Juvenile Offender Reentry Council (the Council) shall be chaired by the Secretary of Public Safety or her designee and comprised of the following Executive Branch representatives or their designees:

- Secretary of Commerce and Trade
- Secretary of Education
- Secretary of Health and Human Resources
- Secretary of Transportation
- Senior Economic Advisor to the Governor
- Commonwealth's Attorneys' Services Council
- Department of Behavioral Health and Developmental Services
- Department of Corrections
- Department of Correctional Education
- Department of Criminal Justice Services
- Department of Education
- Department of Health
- Department of Housing and Community Development
- Department of Juvenile Justice
- Department of Medical Assistance Services
- Department of Planning and Budget
- Department of Professional and Occupational Regulation
- Department of Rehabilitative Services
- Department of Social Services
- Department of Veterans Services
- Virginia Employment Commission
- Virginia Indigent Defense Commission
- Virginia Parole Board

The Governor may appoint additional members as he deems appropriate. The Secretary of Public Safety shall invite additional participation by the Attorney General of Virginia, General Assembly, Supreme Court, Virginia Sheriffs Association, Virginia Association of Chiefs of Police, faith-based organizations, and Community Advocacy Groups. All Executive Branch agencies of the Commonwealth shall participate in activities of the Council upon request. Support staff will be provided by the Office of the

Secretary of Public Safety, Office of the Secretary of Health and Human Resources, Office of the Secretary of Education, and other agencies as the Secretary of Public Safety may designate.

The Council shall have the following functions:

1. Identify barriers that exist in each member's department or agency that may impede successful transition of offenders returning to their communities; and develop and implement procedures to overcome such barriers, to include job training, education, housing, and substance abuse treatment.
2. Improve collaboration and coordination of transitional services, including providing cross-training; sharing information among state agencies; and developing policies, procedures, and programs with well-defined, performance-based outcomes that enhance re-entry management.
3. Establish partnerships between community colleges and the business sector to promote employment and transitional jobs for released offenders.
4. Engage local agencies, community-based social service providers, community organizations, faith-based organizations, as well as other stakeholders, in promoting successful reentry policies and programs.
5. Submit a status report of actions taken to improve offender transitional and re-entry services to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees no later than December 15 of each year.
6. Meet at the call of the Secretary of Public Safety or her designee and as provided in procedures adopted by the Council.

The Prisoner Reentry Coordinator, in working with the Council, shall develop a long-term strategic plan for achieving the goal of reducing offender recidivism for those released from incarceration. The plan shall set out comprehensive strategies to be employed while offenders are incarcerated and to continue following their release. It shall have measurable objectives and establish specific outcome performance measures. The plan shall identify methods of improving communication, sharing of information, and collaborating between state and local agencies. Such a plan shall be submitted to the Governor for approval no later than December 31, 2010, and shall be updated by December 31 of each succeeding year.

The Council shall establish work groups and subcommittees to implement the provisions of the strategic plan and other reentry reforms of the Commonwealth to assist offenders with jobs, housing, substance abuse treatment, medical care, and mental health services, with specific inclusion of women, juveniles, and veterans. Additionally, the Governor's Reentry Council and the appropriate work group shall work collaboratively

with the Juvenile Reentry Advisory Group established by the Virginia Commission on Youth on improving the success and safety of juveniles returning to their community.

Effective Date of the Executive Order

This Executive Order shall be effective upon its signing and shall remain in full force and effect unless amended or rescinded by further executive order.

Given under my hand and under the Seal of the Commonwealth of Virginia this _____ th day of May 2010.

Robert F. McDonnell, Governor

Attest:

Secretary of the Commonwealth

§ 2.2-2696. Substance Abuse Services Council.

A. The Substance Abuse Services Council (the Council) is established as an advisory council, within the meaning of § 2.2-2100, in the executive branch of state government. The purpose of the Council is to advise and make recommendations to the Governor, the General Assembly, and the State Board of Behavioral Health and Developmental Services on broad policies and goals and on the coordination of the Commonwealth's public and private efforts to control substance abuse, as defined in § 37.2-100.

B. The Council shall consist of 30 members. Four members of the House of Delegates shall be appointed by the Speaker of the House of Delegates, in accordance with the principles of proportional representation contained in the Rules of the House of Delegates, and two members of the Senate shall be appointed by the Senate Committee on Rules. The Governor shall appoint one member representing the Virginia Sheriffs' Association, one member representing the Virginia Drug Courts Association, one member representing the Substance Abuse Certification Alliance of Virginia, two members representing the Virginia Association of Community Services Boards, and two members representing statewide consumer and advocacy organizations. The Council shall also include the Commissioner of Behavioral Health and Developmental Services; the Commissioner of Health; the Commissioner of the Department of Motor Vehicles; the Superintendent of Public Instruction; the Directors of the Departments of Juvenile Justice, Corrections, Criminal Justice Services, Medical Assistance Services, and Social Services; the Chief Operating Officer of the Department of Alcoholic Beverage Control; the Executive Director of the Governor's Office for Substance Abuse Prevention or his designee; the Executive Director of the Virginia Foundation for Healthy Youth or his designee; the Executive Director of the Commission on the Virginia Alcohol Safety Action Program or his designee; and the chairs or their designees of the Virginia Association of Drug and Alcohol Programs, the Virginia Association of Alcoholism and Drug Abuse Counselors, and the Substance Abuse Council and the Prevention Task Force of the Virginia Association of Community Services Boards.

C. Appointments of legislative members and heads of agencies or representatives of organizations shall be for terms consistent with their terms of office. All other appointments of nonlegislative members shall be for terms of three years, except an appointment to fill a vacancy, which shall be for the unexpired term. The Governor shall appoint a chairman from among the members.

No person shall be eligible to serve more than two successive terms, provided that a person appointed to fill a vacancy may serve two full successive terms.

D. The Council shall meet at least four times annually and more often if deemed necessary or advisable by the chairman.

E. Members of the Council shall receive no compensation for their services but shall be reimbursed for all reasonable and necessary expenses incurred in the performance of their

duties as provided in §§ 2.2-2813 and 2.2-2825. Funding for the cost of expenses shall be provided by the Department of Behavioral Health and Developmental Services.

F. The duties of the Council shall be:

1. To recommend policies and goals to the Governor, the General Assembly, and the State Board of Behavioral Health and Developmental Services;
2. To coordinate agency programs and activities, to prevent duplication of functions, and to combine all agency plans into a comprehensive interagency state plan for substance abuse services;
3. To review and comment on annual state agency budget requests regarding substance abuse and on all applications for state or federal funds or services to be used in substance abuse programs;
4. To define responsibilities among state agencies for various programs for persons with substance abuse and to encourage cooperation among agencies; and
5. To make investigations, issue annual reports to the Governor and the General Assembly, and make recommendations relevant to substance abuse upon the request of the Governor.

G. Staff assistance shall be provided to the Council by the Office of Substance Abuse Services of the Department of Behavioral Health and Developmental Services.

(1976, c. 767, § 37.1-207; 1977, c. 18; 1978, c. 171; 1979, c. 678; 1980, c. 582; 1984, c. 589; 1990, cc. 1, 288, 317; 1998, c. 724; 1999, c. 614; 2005, cc. 713, 716; 2009, cc. 424, 554, 813, 840.)

§ 2.2-2697. Review of state agency substance abuse treatment programs.

A. On or before December 1, 2005, the Council shall forward to the Governor and the General Assembly a Comprehensive Interagency State Plan identifying for each agency in state government (i) the substance abuse treatment program the agency administers; (ii) the program's objectives, including outcome measures for each program objective; (iii) program actions to achieve the objectives; (iv) the costs necessary to implement the program actions; and (v) an estimate of the extent these programs have met demand for substance abuse treatment services in the Commonwealth. The Council shall develop specific criteria for outcome data collection for all affected agencies, including a comparison of the extent to which the existing outcome measures address applicable federally mandated outcome measures and an identification of common outcome measures across agencies and programs. The plan shall also include an assessment of

each agency's capacity to collect, analyze, and report the information required by subsection B.

B. Beginning in 2006, the Comprehensive Interagency State Plan shall include the following analysis for each agency-administered substance abuse treatment program: (i) the amount of funding expended under the program for the prior fiscal year; (ii) the number of individuals served by the program using that funding; (iii) the extent to which program objectives have been accomplished as reflected by an evaluation of outcome measures; (iv) identifying the most effective substance abuse treatment, based on a combination of per person costs and success in meeting program objectives; (v) how effectiveness could be improved; (vi) an estimate of the cost effectiveness of these programs; and (vii) recommendations on the funding of programs based on these analyses.

C. All agencies identified in the Comprehensive Interagency State Plan as administering a substance abuse treatment program shall provide the information and staff support necessary for the Council to complete the Plan. In addition, any agency that captures outcome-related information concerning substance abuse programs identified in subsection B shall make this information available for analysis upon request.

(2004, c. 686, § 37.1-207.1; 2005, c. 716.)

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2010 MEMBERSHIP ROSTER**

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