

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**

**2011**



## COMMONWEALTH of VIRGINIA

Office of the Governor

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Secretary of Public Safety

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Substance Abuse Prevention

January 1, 2012

The Honorable Robert B. Bell, Chairman  
Virginia State Crime Commission  
1111 East Broad Street  
Suite B036  
Richmond, Virginia 23219

The Honorable David B. Albo, Chairman  
House Courts of Justice Committee  
General Assembly Building  
P.O. Box 406  
Richmond, Virginia 23218

The Honorable Lacey E. Putney, Chairman  
House Appropriations Committee  
PO Box 406  
General Assembly Building  
Richmond, Va. 23219

The Honorable Henry L. Marsh, Chairman  
Senate Courts of Justice Committee  
Senate of Virginia  
P.O. Box 396  
Richmond, VA 23218

The Honorable Charles J. Colgan, Chairman  
Senate Finance Committee  
10<sup>th</sup> Floor, General Assembly Building  
910 Capitol Street  
Richmond, Va. 23219

Dear Delegates Bell, Albo, and Putney and Senators Marsh and Colgan:

The Interagency Drug Offender Screening and Assessment Committee was created pursuant to § 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, Juvenile Justice,

the Department of Behavioral Health and Developmental Services, the Virginia Alcohol Safety Action Program (VASAP) and the Virginia Criminal Sentencing Commission.

The Interagency Committee is required to report on the status and effectiveness of offender screening, assessment, and treatment to the Virginia State Crime Commission and the House Courts of Justice, Senate Courts of Justice, House Appropriations, and Senate Finance Committees of the Virginia General Assembly by January 1 of each year. This document represents the Interagency Committee's report for the year 2011.

Due to significant budget cuts and staff reductions, the Committee has independently evaluated the effectiveness of offender screening, assessment, and treatment. The Committee respectfully requests the *Code of Virginia* be revised to include the elimination of the Interagency Drug Offender Screening and Assessment Committee effective in 2012.

Sincerely,

A handwritten signature in cursive script that reads "Erika C. Fischer". The signature is written in black ink on a white background.

Erika C. Fischer

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## Executive Summary

In 1998, Virginia's General Assembly passed House Bill 664 and Senate Bill 317 (HB664/SB317) 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), 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 Department of Juvenile Justice (DJJ), the Department of Corrections (DOC), 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 Behavioral Health and Developmental Services (DBHDS).

The Interagency Drug Offender Screening and Assessment Committee (the 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 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.

Significant 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 re-examined protocols and developed alternative strategies to maximize the use of remaining resources. Despite the elimination of a substantial number of staff positions formerly devoted to this task, 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 manageable for the fewer number of staff involved. The number and type of services available have decreased significantly.

The lack of resources has also greatly limited the ability to coordinate services across agencies. Thus, the Committee, or workgroup have evaluated the effectiveness of offender screening, assessment, and treatment independently and within in their own agency. It is recommended that due to budget cuts, legislation surrounding the DSAT Initiative (§§ 16.1-273, 18.2-251.01, 19.2-123(B), 19.2-299, and 19.2-299.2 of the *Code of Virginia*) should be eliminated from the *Code of Virginia*.

\* 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, Juvenile Justice, the Department of Behavioral Health and Developmental Services, the Virginia Alcohol Safety Action Program (VASAP) and the Virginia Criminal Sentencing Commission. The Secretary of Public Safety serves as chairperson.

The Interagency Committee is required by § 2.2-223 to report on the status and effectiveness of offender screening, assessment, and treatment to the Virginia State Crime Commission and the House Courts of Justice, Senate Courts of Justice, House Appropriations, and Senate Finance Committees of the Virginia General Assembly by January 1 of each year. This document represents the Interagency Committee's report for the year 2010.

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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, treatment needs, and improving the delivery of substance abuse 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 offenders convicted in general district court of a Class 1 misdemeanor drug offense and who receive 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 dependence 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. 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 DOC, DJJ, local community-based probation and pretrial services agencies under the administration of the DCJS and DBHDS agency accomplishes this objective via the regional Community Services Boards (CSBs). For adult felons, screening, assessment and treatment falls under the purview of the DOC's probation and parole offices. By statute, local offices of VASAP may screen and assess adult misdemeanants, unless the offender is ordered to local community-based probation. To date local Alcohol Safety Action Programs 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. Screening, assessment and treatment of juvenile offenders is performed by court service units serving the juvenile and domestic relations court system or by DJJ institutional personnel.

In 1999, the General Assembly authorized a six-month period (July through December 1999) to test-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 to implement statewide. Statewide implementation began January 1, 2000, and offenders who committed their crimes on or after this date were subject to screening and assessment provisions.

The Committee was created by the 1999 General Assembly to oversee the implementation and subsequent administration of this program. The Committee is composed of representatives of DOC, DCJS, DJJ, the Commission on VASAP, DBHDS, and the Virginia Criminal Sentencing Commission. Under § 2.2-223, the 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 (the Fund).

Before required budget cuts in 2001, the Committee provided assistance to and has monitored agencies involved in screening and assessment activities. The Committee collaborated with agencies to develop screening and assessment policies and procedures, as well as protocols related to confidentiality. The 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 coordination among various agencies involved in the identification and treatment of substance-abusing offenders. In 1999 and 2000, members of the Committee conducted numerous informational presentations for judges, prosecutors, public defenders and defense attorneys and organized and facilitated seminars to train more than 1,500 staff across agencies on the utilization of selected screening and assessment instruments. DBHDS, in conjunction with the 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 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 Committee guided the development and enhancement of interagency Memorandums of Agreement (MOAs) and Memorandums of Understanding (MOUs) to promote the referral of offenders for treatment and to improve the delivery of treatment services for offenders.

Per its legislative charge, the 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. The Criminal Justice Research Center developed a two-phase evaluation plan. Phase 1, 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 2 of the evaluation plan was designed to examine program outcomes and the success of DSAT in achieving its objectives. However, due to subsequent budget cuts and uncertain legislative action, this evaluation was not carried out.

During its 1998 and 1999 Sessions, the General Assembly established 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” (CSACs), require specialized training and education in the field of substance abuse, and individuals in those positions receive certification from the state’s Board of Professional Counselors. These specialized CSAC personnel were to provide a level of “quality assurance” for the screening and assessment process. In addition, prior to 2002, both DOC and DJJ established regional supervisor positions charged with 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 (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, which are proprietary; and 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; however, DCJS has never been approved to access these funds. The following year, legislation provided that this Fund could be used by the Supreme Court of Virginia for the support of drug treatment court programs in the Commonwealth. [§ 18.2-254.1, *Code of Virginia*]

Many of the screening and assessment protocols described here were developed prior to the budget reductions in 2002. In response to budget cuts, agencies involved in screening and assessment activities have re-examined protocols and developed alternative strategies to maximize the use of remaining resources. Despite the elimination of a substantial number of staff positions formerly devoted to this task, the agencies have continued their efforts to address offender’s substance abuse needs by streamlining the process in some instances, utilizing other screening instruments and otherwise attempting to make this task more manageable for the fewer number of staff involved.

The activities of each participating agency during FY2010 are summarized throughout the remainder of this report.

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## Virginia Alcohol Safety Action Program (VASAP)

The Commission on VASAP does not utilize general fund dollars to provide ASAP services. Services including screening, assessments and urinalysis testing are funded completely from offender fees.

Individuals referred to any of the 24 local Alcohol Safety Action Programs (ASAP) are screened by case managers using the Commission approved screening tools. If the initial screening indicates a need for further assessment, individuals are referred to licensed treatment providers or persons certified by the Department of Health Professions to provide substance abuse treatment. It is significant to note that the number of individuals determined to be in need of mental health services in addition to alcohol education and treatment has been steadily increasing. Currently, approximately 70% of all ASAP referrals require a treatment assessment. Assessment and treatment services are provided by both private treatment providers and local community services boards.

Governor Mark Warner's DUI Task Force Report of 2003 recommended that the Substance Abuse Services Council, in partnership with VASAP and the Virginia Department of Behavioral Health and Developmental Services develop a plan to identify and promote standardized assessment tools. These tools would be used by all service providers to help match individuals to appropriate intervention and treatment programs and to identify best practices for effective intervention with repeat offenders. Federal grant funding was provided and used to support training of screening and assessment tools and techniques for ASAP staff. Training was also provided to the treatment providers using the American Society of Addiction Medicine (ASAM) placement criteria in working with high risk DUI offenders. Staff members from the local ASAP programs and the contracted treatment providers continue to utilize the recommended screening and assessment tools.

The Commission on VASAP continues to explore best practices in the areas of screening and assessment especially when related to high risk offenders. Placing these offenders in the most appropriate level of intervention is critical to offender success and increased levels of highway safety.

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## Department of Criminal Justice Services (DCJS)

For FY 2011, DCJS provided localities over \$23 million in general funds to support operations in 37 community-based probation and 29 local pretrial agencies. Just over 90% of the total is dedicated to personnel costs and 6.9% to other operating costs only a portion of which supports drug testing.

The majority of local agencies have incorporated the questions in the Substance Screening Instrument (SSI) into their pretrial investigation or defendant and offender intake interview procedures. In FY2011, there were 3,269 defendants and 4,132 probationers screened.

As a general practice, the Addiction Severity Index (ASI), is no longer completed in-house. When assessments are indicated, local probation and pretrial services agencies must rely on referrals to private counseling services by contract or Community Service Boards (CSBs) who conduct their own assessments as part of substance abuse education or treatment services. In FY2011, there were 3,124 probationers assessed or evaluated for substance abuse problems.

During the past year, there were 36,511 offenders directly placed by courts on local community-based probation resulting in an Average Daily Caseload (ADC) of 20,880. Pretrial services agencies investigated 46,324 defendants and received 17,561 total placements on supervision for an ADC of 4,619.

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. It appears that only 14.7% of defendants and offenders placed under pretrial or local community based probation supervision (7,925 of 54,072) last year participated in substance abuse education and/or treatment. Based on the amounts reported in grant applications for these substance abuse services, it appears that defendants and offenders paid for the major portion of assessment and education and treatment services received.

During FY 2011, local pretrial and community-based probation agencies referred as follows:

- 6,875 defendants and 11,203 probationers for drug testing during their period of supervision.
- 383 defendants and 3,724 probationers to substance abuse education
- 923 defendants and 2,790 probationers to substance abuse counseling
- 6 defendants and 12 probationers into short-term detoxification
- 28 defendants and 59 probationers into inpatient treatment facilities ( 28+ days)

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## Department of Juvenile Justice (DJJ)

### Division of Community Programs

Budget reductions and the expiration of federal grant funding and elimination of the SABRE appropriations for treatment led to a drastic reduction in DJJ activities beginning in FY2003. All 32 substance abuse screening and assessment positions were abolished, effectively ending DJJ's capacity to continue to provide activities as required by the Code of Virginia under §16.1-273. As the Appropriations Act now relieves DJJ of meeting these requirements, DJJ withdrew from participation in revenue drawn from the Funds.

DJJ responded to the ongoing substance abuse issue of juveniles before the court in the following ways during FY2011:

- Court Service Units (CSUs) continued to perform substance abuse screening with available staff resources. There were 2,009 screenings and 302 assessments reported as completed in the DJJ automated caseload management system. DJJ continues to supply screening instruments (SASSI-A2) to its CSUs through General Funds. In addition, 4,287 urine drug screens were completed.
- The Division of Community Programs utilized \$58,886.75 of funds appropriated by the General Assembly to support substance abuse assessment and/or treatment for 93 juveniles in community-based outpatient settings.
- DJJ continued to provide support for monitoring substance abuse by juveniles on community supervision by allocating general funds of \$79,556 for the purchase of urine drug testing materials.
- All juveniles committed to the state received a substance abuse screening, assessment and indicated treatment services through the Division of Institutions.
- Juveniles released on parole supervision were eligible for funding for (primarily outpatient) substance abuse treatment services through the Department's transitional services program.

### Division of Institutions

DJJ institutions provide substance abuse treatment services at five of its six juvenile correctional centers, excluding the Reception and Diagnostic Center (RDC), to residents meeting appropriate criteria. When residents arrive at RDC they receive a series of evaluations, psychological tests, and substance abuse screening. Subsequent to testing, a treatment and evaluation team meets and makes initial treatment recommendations and assigns an appropriate substance abuse treatment need (mandatory, recommended, or applicable) prior to residents being transferred to a correctional center.

Substance abuse treatment services at the five correctional centers (Beaumont, Bon Air, Culpeper, Hanover, and Oak Ridge) are administered through the Cannabis Youth Treatment Program (also known as MET / CBT 5 & 7). This program is evidence-based with emphasis on motivation to change, goal setting, drug and alcohol refusal skills, relapse prevention, problem solving, anger awareness and control, effective communication, addiction/craving coping skills, depression management, and managing thoughts about drug use. Individualized treatment

planning also allows the Behavioral Services Unit (BSU) to administer therapies for residents with co-occurring disorders and/or other debilitating clinical issues via individual, group, or family therapy. Treatment course for residents in this program generally ranges from three to four months.

Generally, residents assigned to substance abuse treatment programs are housed in self-contained units where they receive individual and group therapy with other residents requiring the same program. Currently, Beaumont, Bon Air, and Hanover JCC residents housed in these units also receive aggression replacement training parallel to substance abuse treatment services. While Culpeper residents may also receive aggression replacement training, services are provided in a different format, and not according to their housing unit.

#### Beaumont JCC

Beaumont has two and a half BSU positions and one BSU clinical supervisor assigned to substance abuse treatment services. The majority of residents with a substance abuse treatment need receive services in a self-contained unit (24 bed maximum capacity) or an eight bed unit, both located within the medium security building. Residents who are unable to enter the medium security building or who are housed in specialized units due to a variety of safety/security and/or other mental health related reasons are offered substance abuse treatment services either in the general population or within the specialized housing unit when deemed appropriate. Beaumont houses males approximately 17-20 years of age.

#### Bon Air JCC

Bon Air houses both males and females and has two BSU positions with two BSU clinical supervisors assigned to substance abuse treatment services. The foundation of treatment services for Bon Air's male population is the same as those administered at Beaumont. Females housed at Bon Air receive substance abuse treatment services in a residential program addressing individual, group, and family therapies with emphasis on relapse prevention; psycho-education; emotional, physical, and sexual trauma; grief and loss; co-occurring disorders; and gender-specific issues. Treatment course is generally six months. Bon Air houses males approximately 16 to 17.5 years of age and females of all ages up to 21.

#### Culpeper JCC

Culpeper has one BSU staff member and one BSU clinical supervisor assigned to substance abuse treatment services. Substance abuse treatment services are provided several times a week with residents culled from the general population. Satellite substance abuse services are provided within specialized housing units as needed. Culpeper houses males aged 18.5-21 years of age.

#### Hanover JCC

Hanover has one BSU clinical supervisor assigned to provide substance abuse treatment services. Treatment is provided within a self-contained unit. Satellite substance abuse services are provided within specialized housing units as needed. Hanover houses males of all ages up to 21.

Oak Ridge JCC

Oak Ridge serves 40 males of all ages up to 21 with developmental disabilities. Residents who require substance abuse services receive a modified version of MET / CBT 5 & 7 and individualized treatment planning as appropriate. Services are provided by one assigned BSU staff member.

JCC Programs:

Substance Abuse Services Expenditures:	\$931,906
Total Division Expenditures:	\$77,508,285

In FY 2010, eighty-eight percent (88%) of the 608 residents admitted to JCC's had a mandatory (38%) or recommended (50%) substance abuse treatment need. In FY 2011, eighty-eight percent (88%) of the 569 residents admitted to JCC's had a mandatory (34%) or recommended (54%) substance abuse treatment need.

Data are not available regarding subsequent substance use by residents treated for substance abuse. However, re-arrest rates and reconviction (for any offense; not limited to substance-related offenses) are available for these youth. In order to track reoffending for 12 months after release, as well as the time necessary for court proceedings, the most recent rearrest rates are for JCC releases in FY 2010, and the most recent reconviction rates are for JCC releases in FY 2009.

The 12-month re-arrest rate for females released from JCCs in FY 2010 who participated in the Residential Substance Abuse Treatment (RSAT) Program was 25.1%. For female participants released in FY 2009, the reconviction rate was 13.5%.

The 12-month re-arrest rate for residents with a substance abuse treatment need released from JCCs in FY 2010 was 47.1%. For residents with a substance abuse treatment need released in FY 2009, the reconviction rate was 36.7%.

DJJ institutions should continue to implement evidence-based programming: Cannabis Youth Treatment (MET / CBT 5 & 7); individualized treatment plans for residents with co-occurring disorders, and RSAT (gender-specific treatment programming for female residents). Re-entry systems and collaboration with community resources and families should continue to be strengthened to ensure smooth transition of residents to the community.

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## Department of Corrections (DOC)

The Department of Corrections (DOC) provides a tiered substance abuse services approach to address varying offender treatment needs based on the severity of the problem. DOC has two areas of field operations including community corrections settings (i.e., Probation and Parole and detention/diversion centers) and prison facilities. Although consistent services are provided in all areas of the operations there are some differences due to the setting and offender liberty status.

In Community Corrections DOC contracts for many of its treatment services with CSBs and private vendors. As of June 30, 2011, there were approximately 58,208 offenders under active supervision. They are preponderantly adult felons. An estimated 80% of those under active supervision, which would equate to 46,566 probationers/parolees, have some history of substance abuse. Most Probation and Parole Districts (43) and Community Corrections Facilities (7) have either an MOA or contract services for substance abuse services. There are 29 contracted service providers plus 28 MOAs with CSBs for outpatient services.

The COMPAS Risk/Needs Assessment instrument was implemented for use by Community Corrections staff statewide by October of 2010 (43 P&P Districts and 3 Detention Centers and 4 Diversion Centers). New probation and parole officers hired after this time receive a brief introduction to COMPAS and a two-hour online training program during basic skills. A one-way interface between COMPAS and VACORIS was implemented in December 2010, and a two-way interface was implemented in May of 2011. Demographic information for active offenders is pushed into COMPAS from VirginiaCORIS and risk/needs information is being sent from COMPAS to the VirginiaCORIS assessment and case plan modules.

Urinalysis screenings are done on a random basis, in the District Probation and Parole Offices, Detention and Diversion programs, and eleven Community Residential Programs. Samples are collected on site and in the field with off-site laboratories completing the testing or the use of handheld testing devices.

In general over 300,000 substance abuse tests are conducted annually. Urinalysis results indicate a variety of illegal substance and being used. Marijuana, cocaine and opiate represent the three substances most often resulting in a positive screen. Results from community-based programs continue to indicate some regional issues, including methamphetamine as a problem along the I-81 corridor. Positive screens for benzodiazepines, suboxone, buprenorphine are also fairly prevalent. In July 2011, an interface between the DOC offender management system VirginiaCORIS and the Division of Consolidated Lab Services (DCLS) was completed. This will provide for more complete and timely data as the process matures.

In addition to urinalysis of individuals in the programs, the use of drug canines continues in Community Corrections. They have participated in special operations, and make unannounced visits to Diversion Centers and Detention Centers. These visits were expanded to contract adult community residential centers and to Probation and Parole district offices.



Community Corrections has introduced the concept of Evidence-Based Practices (EBP) into our programs and services. EBP incorporates a cognitive behavioral approach identified by research to be effective in altering criminal behaviors, producing pro-social outcomes, and reducing overall recidivism. With the addition of ten (10) new EBP sites, the number of P&P Districts and Detention and Diversion Centers that are using Evidence Based Practices has risen to 21 (the P&P Districts include Alexandria, Bedford, Charlottesville, Chesapeake, Fredericksburg, Harrisonburg, Henrico, Lynchburg, Newport News, Norfolk, Petersburg, Portsmouth, Richmond, Roanoke, Tazewell, Williamsburg, and Winchester, the Detention and Diversion Centers include Chesterfield, Harrisonburg, Stafford, and White Post). The FY2011 EBP implementation schedule brings the percentage of community-supervised offenders exposed to Evidence Based Practices to approximately 50%. An EBP roll out plan includes initiating EBP implementation in all 43 Districts and Detention and Diversion Centers by April 2012.

Additionally, three Community Corrections Facilities – Harrisonburg Diversion Center, White Post Diversion Center, and Chesterfield Detention /Diversion Center have incorporated EBP procedures and treatment programming. However, all Community Corrections Facilities offer substance abuse programming and treatment. Finally, we are modifying the “Purpose” in our MOA and as we renew and re-issue service arrangements. Alcohol and other drug service outpatient and residential service contract are being modified to require that the contractual services be EBP.

DOC continues to be an active partner in the interagency Virginia Prisoner Reentry Policy Academy supported by the National Governors Association and will work closely with the participating agencies and non-governmental organizations on this important initiative.

Prison operations, as of June 2011, included 43 institutions across the State with a population of 37,503 state responsible offenders incarcerated in the VADOC, prisons, or local jails. Incoming prisoners are typically screened for substance abuse during reception and classification. The facilities range from maximum security housing the most serious offenders, to minimum security and work centers housing less violent offenders. Over 12,152 offenders were released to the community in FY2011.

The COMPAS Risk/Needs Assessment instrument was fully implemented for use in the prisons in April of 2011. Staff, in general, received web ex trainings but a subset of staff that serve as COMPAS coaches received a more extensive one day training. As mentioned previously, DOC completed the interfacing of COMPAS with CORIS in May of 2011. COMPAS contains a substance abuse screening scale. Screening results indicate that over 70% of the incarcerated population may have a substance abuse treatment need.

The prisons have substance abuse programs in their correctional centers facilitated by trained and/or certified DOC staff. The prison system is reviewing programs to ensure they are evidence based and if not (such as the current psycho-educational program) they will be eliminated or replaced. The goal is to make certain that all current and future DOC programs will be reviewed for fidelity and adherence to EBP.

As part of EBP integration, the DOC reviewed the Matrix Model (a registered evidence-based substance abuse program) and has chosen the model as its primary outpatient substance abuse intervention. The intervention consists of relapse-prevention groups, education groups, social-support groups, individual counseling, and urine and breath testing delivered over a 16-week period.

For the incarcerated population, the DOC already has in place intensive substance abuse treatment programs called Therapeutic Community (CTC) Programs. The CTC program is an evidence-based, residential treatment model designed to address substance addiction, criminal thinking and anti-social behaviors. There are approximately 1,450 CTC beds.

To further augment substance abuse services, the DOC offers a Behavioral Correction Program (BCP) as a sentencing option for Judges presiding over Circuit Courts. This program was enacted by the General Assembly in 2009. The program is designed for offenders with substance abuse needs. Under this sentencing option, judges have the ability to place offenders directly into the DOC substance abuse Cognitive Therapeutic Communities at Indian Creek Correctional Center and Virginia Correctional Center for Women.

Moreover, the DOC has integrated the “Thinking for a Change” cognitive-behavioral curriculum at the male and female Cognitive Therapeutic Community programs. The DOC has expanded and begun statewide implementation of “Thinking for a Change” curriculum in correctional centers and several probation & parole districts. Although not a substance use specific treatment intervention, this curriculum will assist offenders with substance abuse issues to more realistically view the consequences of their drug/alcohol use, examine thinking that underlies their substance use, and consequently be more amenable to treatment interventions. Lastly, the DOC is currently engaged in a rigorous training regimen to teach and educate staff to deliver this curriculum to offenders after they leave their reception center and are transferred to a major institution. Offenders that are assessed as having a cognitive behavioral treatment need will participate in “Thinking for a Change” while incarcerated in a DOC facility.

At this time, staff are entering data into VirginiaCORIS, the offender management system. This system will enable the DOC to generate numerous custom reports and to capture valuable data to provide accurate outcome measures. Screening, assessment, referral and program outcome data that are entered will enhance DOC’s capabilities to be able to provide more timely and accurate reporting.

The major issues the DOC is facing related to substance abuse services are:

- Limited resources for clinical supervision to ensure program fidelity, provide technical assistance, and enhance outcomes.
- Limited staff resources for programming.
- Limited availability of EBP treatment services in Community Corrections for offenders with substance abuse problems.
- Limited special resources for offenders with co-occurring mental disorders.
- Limited evaluation resources.

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## Department of Behavioral Health and Developmental Services (DBHDS)

The Department of Behavioral Health and Developmental Services (DBHDS) provides substance abuse treatment services through 40 community services boards (CSBs) across the Commonwealth. In fiscal year 2011, DBHDS allocated \$40,136,681 in federal funding and \$47,629,130 in state general funds to the CSBs to provide community-based substance abuse treatment services to the residents of their respective catchment areas. CSBs, which are entities of local government, provided an array of substance abuse services to 36,769 individuals. Of those, about 42 % are referred by some aspect of the criminal justice system.

DBHDS has not mandated specific screening or assessment instruments, but does promote the use of specific evidence-based tools by providing access to training and through other initiatives.

The purpose of conducting a screening is to evaluate the possible existence of a problem for which further assessment is indicated. It does not establish definitive information about diagnosis and possible treatment needs. Screening for substance abuse usually occurs through a brief interview and/or the use of a screening instrument. A list of screening instruments is posted on the DBHDS webpage at [www.dbhds.virginia.gov/Screeners.htm](http://www.dbhds.virginia.gov/Screeners.htm). Although the instruments on this site were selected to address the needs of Medicaid providers, these screening instruments are appropriate for a variety of populations including the adults and adolescents served by the criminal justice system. After screening, if it is determined that further assessment is recommended to determine diagnosis and treatment needs, the Addiction Severity Index (ASI) and Comprehensive Drinkers Profile (CDP) are two instruments recommended for assessment. DBHDS encourages CSBs to utilize the American Society of Addiction Medicine Patient Placement Criteria, Second Edition Revised (ASAM-PPC-2R) to determine the appropriate intensity of treatment. The ASAM assists in the standardization of placement and duration of treatment for persons with substance use disorders.

DBHDS provides funding to 11 jail programs through general fund appropriations (\$1,253,626) and three jail programs with federal block grant funds (\$391,792)<sup>1</sup> to offer substance abuse treatment services. The treatment services are intended to insure connection to community services upon release from jail, and increase compliance with community-based treatment plans.

DBHDS' strategic plan for substance abuse, *Creating Opportunities for People in Need of Substance Abuse Services – An Interagency Approach to Strategic Resource Development*, was developed in conjunction with the departments of Corrections (DOC), Juvenile Justice (DJJ) and Criminal Justice Services (DCJS). Among its 17 initiatives is a proposal to expand access to identification and intervention for offenders with substance use disorders in community correctional settings. The full report is available at [www.dbhds.virginia.gov/documents/omh-sa-InteragencySAReport.pdf](http://www.dbhds.virginia.gov/documents/omh-sa-InteragencySAReport.pdf).

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<sup>1</sup> These amounts are included in the federal and general fund totals provided in the first paragraph.

As a member of the Virginia Prisoner and Juvenile Offender Re-Entry Council, DBHDS is working with DJJ, DOC, DCJS and the Virginia Association of Community Service Boards (VACSB) to develop a model Memorandum of Agreement that will enhance access to services for offenders in the community who are transitioning back into the community or under community supervision with a local probation and parole office. CSBs also partner with adult, juvenile and family drug treatment court programs to provide treatment services, including screening, assessment, and treatment.

DBHDS has partnered with the Commission on Virginia Alcohol Safety Action Programs (VASAP) to provide training to VASAP providers on the CDP to address repeat offenders and hard core drinking drivers. Many local ASAP programs also use CSBs as their major treatment provider.

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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.