Drug Offender Reform Act

Smarter Sentencing + Smarter Treatment = Better Outcomes and Safer Neighborhoods

DORA Program Report to the Office of the Legislative Fiscal Analyst

September 1, 2012

Utah Substance Abuse Advisory Council ♦ DORA Oversight Committee

Purpose of the Report

The *DORA Program Report to the Office of the Legislative Fiscal Analyst* is submitted in compliance with the following intent language passed during the 2012 General Session of the Utah Legislature:

> The Legislature intends the DORA (Drug Offender Reform Act) program report to the Office of the Legislative Fiscal Analyst by September 1, 2012 regarding how it has implemented the five strategies intended to strengthen the DORA program recommended by the Utah Criminal Justice Center in its November 2011 Drug Offender Reform Act: DORA Statewide Report. If these strategies have not been implemented, the Legislature further intends the DORA program provide specifically why each recommendation has not been adopted.
> H.B. 2 – New Fiscal Year Supplemental Appropriations Act, Item 97, Lines 1104-1113

The 2011 DORA Statewide Report data include those eligible felony offenders who participated in DORA during the statewide implementation of the program from July 1, 2007 through June 30, 2009 (FY 2008 and FY 2009), and who entered DORA services on or after July 1, 2007. The offenders in the study have an 18-month (probationers) to two-year (parolees) post-supervision follow-up period. There are 1,336 offenders in the study sample, including 929 probationers and 407 parolees. The strategies recommended in the 2011 report are based upon the key factors found to be related to successful treatment completion, supervision completion, and longer time to recidivism, and fall into two main groups: 1) offender risk/needs, and 2) foundations of DORA. The five strategies follow, each accompanied by background information and the DORA Oversight Committee's responses to the Utah Criminal Justice Center's recommendations. The 2011 DORA Statewide Report may be found on the Utah Substance Abuse Advisory (USAAV) Council's website at: http://www.usaav.utah.gov/DORA/2011%20DORA%20Statewide%20Report.pdf.

The Five Strategies Recommended to Strengthen DORA

Strategy 1: **Examine ways to improve outcomes for high risk offenders.**

Strategy 2: **Begin serving a parolee population again if funding becomes available.**

Strategy 3: **Maintain the high quality of supervision intensity and access to treatment.**

Strategy 4: **Continue to implement strategies to increase time in treatment and likelihood of completion.**

Strategy 5: **Select probationers who have a drug conviction at their DORA-qualifying event if funding and slots are limited.**

Strategies, Background and Responses

Strategy 1: Offender Risk/Needs

Examine ways to improve outcomes for high risk offenders (higher LSI score, younger age, requiring higher treatment intensity).

Background

High risk offenders include parolees, those with higher Level of Service Inventory (LSI) scores, those requiring higher levels of treatment, and younger age. For example, the 2011 DORA Report found for "each point higher a probationer's LSI score was at intake, they were about 5% less likely to complete treatment." Also, lower LSI scores were related to increased likelihood of successful treatment completion for probationers and parolees, as well as successful completion of supervision for probationers. In addition, probationers who required higher levels of treatment (e.g., intensive outpatient vs. outpatient), were about two-thirds less likely to complete treatment successfully. Furthermore, requiring less intensive treatment (which indicates less severe substance abuse issues) was significantly related to successful treatment completion for probationers and successful supervision completion for both probationers and parolees. Finally, older age at DORA start was significantly related to successful completion of supervision for both probationers and parolees.

The 2011 DORA Report states that "although lower risk offenders do have higher success rates, generally, intensive programs [such as DORA] should be targeted toward higher risk individuals, even if they have less success than their low risk counterparts, as their decrease in recidivism due to programming is greater." The report also suggests that higher risk offenders may not be receiving the support they need in the current DORA model, and recommends that DORA supervision and treatment be examined and modified to better serve this population.

Response

The DORA Oversight Committee will present proposed amendments to the DORA Implementation Guidelines for adoption by the USAAV Council. The current Guidelines are included as Attachment 1. The proposed amendments will require implementation of the following strategies targeted at improving outcomes for high risk offenders:

1. Adherence to the Division of Substance Abuse and Mental Health Justice Services Plan Principles, included as Attachment 2, to ensure DORA funding is utilized for evidence-based substance abuse treatment and supervision strategies;
2. Collaborative discharge planning that involves Adult Probation and Parole (AP&P), treatment providers, families, and other community supports;
3. Provision of housing and linkages with community-based treatment resources (e.g., case management, employment, education, transportation, etc.) for parolees when they are once again eligible for DORA-funded services and before they are released from prison;
4. Incorporation of approved medications into substance abuse treatment where appropriate; and
5. Review by the local DORA team of the combined LSI results and initial recommended level of treatment that may result in a modification of the supervision level and treatment modality for the individual.

Strategy 2: Offender Risk/Needs

Begin serving a parolee population again if funding becomes available ("bang for buck" is greatest with higher risk offenders, and parolees are the highest risk group).

Background

During the statewide implementation of DORA in FY 2008 and FY 2009, when the appropriations for the program were $8 million and $9 million, respectively, DORA served both probationers and parolees. When significant cuts were made to the DORA budget beginning in FY 2010, leaving approximately $3 million annually, the DORA Oversight Committee decided to eliminate parolees from the program due to the Utah Criminal Justice Center evaluations that showed parolees were less likely to be successful in DORA than probationers. As noted in the Background for Strategy 1, however, intensive programs such as DORA should be targeted toward higher risk individuals, even if they are less successful than the low risk individuals. The 2011 DORA Report noted the "data suggest that although, in general, parolees do worse than probationers on DORA outcomes (due in part to their higher risk), when they are able to succeed (e.g., complete treatment), the reduction in future offending is much greater."

The Oversight Committee's intent has always been to serve parolees again when funding became available. Toward this objective, at the July 14, 2011 meeting of the DORA Oversight Committee, members voted to have the Division of Substance Abuse and Mental Health and the Department of Corrections submit building block requests for the FY 2013 state budget to provide DORA-funded treatment and supervision services for approximately 200 parolees. The 2012 Legislature funded the Division of Substance Abuse and Mental Health building block request for $551,400 for DORA, with the original intent language indicating funds would be used to provide treatment for 200 parolees. In the final days of the Session, however, the intent language was changed to state the following:

> The Legislature intends that the FY 2013 appropriation increase of $551,400 for DORA be used to treat probationers, and that the DORA Oversight Committee, the Division of Substance Abuse and Mental Health, and the Department of Corrections, in cooperation with the Utah Association of Counties, study and develop recommendations to the Legislature for expansion of treatment and supervision models for DORA parolees in future years.
> H.B. 2 – New Fiscal Year Supplemental Appropriations Act, Item 97, Lines 1122-1129

Response

In response to the 2012 intent language, the DORA Oversight Committee will carefully examine the DORA program model as it has been applied to parolees, with attention to the characteristics of the parolees who have succeeded in DORA. The Committee will also conduct a review of the literature regarding possible new strategies for helping parolees succeed at both treatment and supervision.

Concurrent with the Oversight Committee's activities, the Department of Corrections and the Division of Substance Abuse and Mental Health are collaborating on a project that began on July 1, 2012, to provide continuing care for parolees released from prison in Weber, Salt Lake, and Utah Counties. The project will test the efficacy of strategies for supporting parolees in their transition from participation in a prison therapeutic community treatment program back into the community for one year following release.

The insights gained from this collaborative endeavor will be utilized to inform the design of effective treatment and supervision strategies for parolees participating in DORA.

Based upon the findings of the Oversight Committee's research and the collaborative Corrections/ Substance Abuse project, the Oversight Committee will develop a recommendation for funding needed to once again provide DORA services for parolees. In addition, the DORA Oversight Committee feels strongly that future appropriations should adhere to a formula that increases both supervision and treatment funding concurrently and proportionately so the DORA model will remain sound.

Strategy 3: Foundations of DORA

Maintain the high quality of supervision intensity and access to treatment.

Background

The DORA model incorporates a more intensive level of supervision for participating offenders than the supervision provided for other probationers and parolees, as well as increased resources to ensure treatment services are available when needed. For example, the DORA Implementation Guidelines limit the supervision caseload to 45-53 offenders per DORA AP&P agent, while non-DORA supervision caseloads average 70. In addition, the DORA supervision model requires frequent communication and collaboration between the AP&P agent and the treatment provider to share information, create a treatment plan, monitor the offender's progress and any violations, enable immediate response to problems, provide positive reinforcement, and conduct coordinated pre-release planning for continuing care after release from supervision.

The DORA Oversight Committee has continued to ensure a high quality of supervision intensity and access to treatment, to the extent that funding has permitted. Intensive supervision and access to treatment services are key components of the DORA model, but both require sufficient and ongoing funding. Recent budget cuts have reduced the initial DORA appropriations by two-thirds, and have negatively affected both the ability to provide supervision and to ensure treatment is available as needed and consistent with the DORA model. This has resulted in a diluted implementation of DORA from FY 2010 to the present. As a result of the budget cuts, the Oversight Committee reduced DORA implementation from 13 Local Substance Abuse Authority areas to only six from FY 2010 through FY 2012: Cache County, Weber County, Davis County, Salt Lake County, Utah County, and Iron/Washington Counties. Within the available funding, four Local Authority areas (Weber, Davis, Salt Lake and Utah Counties) provide both DORA supervision and treatment services, while two areas (Cache and Iron/Washington Counties) have funding for treatment only. With the $551,400 appropriation increase for FY 2013, two additional Local Authority areas (Tooele and Four Corners) now receive funding for DORA treatment services, but do not have DORA supervision, as no funds were appropriated for this purpose.

Response

The original intent of DORA was to create a collaborative relationship between Department of Corrections AP&P agents and Local Substance Abuse Authority treatment providers to ensure supervision and treatment for offenders with substance abuse problems were delivered through a team approach. This has ultimately become the foundation and strength of the DORA program. For this

reason, the DORA Oversight Committee encourages the Legislature to make future funding and implementation decisions that respect this essential partnership. To facilitate this process, the DORA Oversight Committee will create a proposed formula for allocation of future DORA appropriations that will ensure adequate funding for both treatment and supervision services, and will prepare draft legislation for the 2013 General Session to amend the DORA statute accordingly.

Strategy 4: Foundations of DORA

Continue to implement strategies to increase time in treatment and likelihood of completion.

Background

Retention in treatment has been shown to be one of the most significant factors in a successful outcome. The 2011 DORA Report identified "more days in treatment during DORA" as significantly related to successful treatment completion for both probationers and parolees. More days in treatment during DORA was also a significant factor in successful completion of both probation and parole, and significantly related to longer time to recidivism for parolees.

In 2010, the Division of Substance Abuse and Mental Health developed a Justice Services Plan for the purpose of identifying common principles to govern treatment, supervision and judicial case processing for all justice-involved individuals needing substance abuse treatment in Utah. The plan was collaboratively developed with the Department of Corrections, Administrative Office of the Courts, Division of Juvenile Justice Services, USAAV Council, and other key stakeholders. The principles encompass the treatment and supervision strategies most likely to lead to successful outcomes.

Response

The DORA Oversight Committee will implement the following strategies toward increasing time in treatment and likelihood of treatment completion among DORA participants:

1. Require adherence to the Division of Substance Abuse and Mental Health Justice Services Plan Principles in providing DORA-funded services (see Attachment 2).
2. Focus on substance abuse as a chronic disease, not an acute condition. Retention in treatment, not necessarily treatment modality, is the key to successful, long-term outcomes.
3. Establish standards and evaluation measures for the initiation, engagement, and retention of DORA participants in treatment.
4. Improve gender responsivity by tailoring DORA services to the specific needs of male and female participants.
5. Model Utah County's unique approach to extending time in treatment by partnering with AP&P Treatment Resource Centers or other local provider agencies as a transitional step-down program after more intense treatment is completed.
6. Convene a statewide DORA summit for program administrators and providers to facilitate opportunities for state and local DORA teams to share what works well in their jurisdictions, what is unique to their programs, and how they have solved common problems.

7. Review by the local DORA team of the combined LSI results and initial recommended level of treatment that may result in a modification of the supervision level and treatment modality for the individual.

Strategy 5: Offender Risk/Needs

Select probationers who have a drug conviction at their DORA-qualifying event if funding and slots are limited. (Those probationers will have better success rates; however, if slots are available for both, general offenders [who also have an assessed need for substance abuse treatment] may have a worse success rate than drug offenders, but still demonstrate significant pre/post changes in criminal justice involvement.)

Background

During the FY 2006 through FY 2008 DORA Pilot in Salt Lake County, the initial eligibility criteria included only offenders with felony drug offenses. Due to the limited implementation period for the pilot (three years), however, and the need to admit offenders to treatment and have sufficient follow-up times for offenders completing DORA, the eligibility criteria were revised the first year with a statutory change to allow all felony offenders[1] to participate. The eligibility criteria have remained substantially the same since this change in 2007.

The 2011 DORA Statewide Report indicates 53 percent of probationers and 44 percent of parolees had at least one drug charge at their DORA qualifying conviction. The Report also found that probationers with a drug conviction at their DORA qualifying conviction had a 1.7 times increase in their chances of successfully completing probation. Having a drug conviction was also significantly related to longer time to recidivism for probationers.

Response

During FY 2013, the DORA Oversight Committee, in conjunction with the Utah Criminal Justice Center, will conduct additional research to determine what variables contributed to this finding and will recommend adjustments to the DORA Implementation Guidelines (eligibility criteria) accordingly.

[1] Exceptions include the following: immigration holds, U.S. Marshal holds, probable commitments to prison based on Sentencing Guidelines, more than one prior parole, and sex offenders.

Attachment 1

DORA 3:* Guidelines for the Implementation of DORA-Funded Services for Probationers

Last Revised by USAAV Council on January 10, 2012

DORA Criteria

- Offender must currently be in DORA-funded treatment and supervision or convicted of a felony offense on or after July 1, 2007 (cannot be pled to a misdemeanor)
- Parolees will not be accepted for new DORA admissions
- Offender's total score on the Level of Service Inventory-Revised (LSI-R) must fall within the range of 16 to 35
- To participate in DORA-funded treatment, the assessment must indicate treatment is needed
- Offender officially becomes a DORA client upon entry into treatment and initiation of treatment services

The DORA Process

- Offender is pre-screened to eliminate those not eligible for DORA-funded services
- Offender is screened by AP&P utilizing the LSI-R
- Offenders who are screened and meet the DORA criteria are assessed by the Local Substance Abuse Authority agency utilizing a comprehensive substance abuse assessment, including but not limited to the Addiction Severity Index (ASI) and the American Society of Addiction Medicine (ASAM) Criteria, to determine level of treatment needed
- Release of information form is obtained from the offender to participate in DORA-funded services and in the evaluation
- Pre-Sentence Investigation Report prepared by AP&P will identify if the offender is eligible for DORA-funded services and recommend a level of treatment and a treatment program based on the assessment by the Local Substance Abuse Authority agency and a level of supervision as indicated by the LSI-R
- Substance abuse treatment order is to be included in the Judgment and Commitment issued by a Utah court
- DORA offender to be case managed by AP&P DORA agent in consultation with treatment provider
- Outcomes measurement will be administered by the treatment agency and overall outcomes to be tracked by CCJJ and the University of Utah Criminal Justice Center
- Research indicates longer treatment episodes are more effective for corrections involved individuals (at least 6-9 months). Treatment lengths of stay will take this research into consideration.

DORA Screening Process

- Pre-screen to eliminate the following, who are **not** eligible for DORA-funded services:
  - Immigration holds
  - U.S. Marshal holds
  - Probable commitments to prison based on Sentencing Guidelines
  - More than one prior parole
  - Sex offenders
- DORA Screening:
  - Ordered by a Utah court for those convicted of a felony offense
  - Conducted by AP&P and included in the Pre-Sentence Investigation Report
  - Assessment conducted with a comprehensive substance abuse assessment, including but not limited to the ASI and ASAM Criteria, if indicated by the screening, if DORA criteria are met, and as funding allows

DORA Supervision Model for Davis, Salt Lake, Utah and Weber Counties

- Maximum agent caseload of 53 DORA offenders
- AP&P will follow the Standards of Supervision for DORA CASELOADS developed by the Utah Department of Corrections (attached), with additional requirements outlined below:
- Start of Treatment
  - Hand-off meeting with offender, assessor, agent and provider
  - Release of information
  - Review treatment plan
  - Discuss consequences of program failure/success
- During Treatment
  - Frequent communication on offender's progress/violations

DORA Supervision Model for Cache, Iron and Washington Counties

- AP&P will follow the Standards of Supervision outlined by the Utah Department of Corrections (attached), with possible modifications made in collaboration with the Local Substance Abuse Authority agency (treatment provider)
- Random, frequent, and observed urinalysis tests conducted by the Local Substance Abuse Authority during treatment phases

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* DORA 3 will be implemented in the following Counties only: Cache, Davis, Iron, Salt Lake, Utah, Washington and Weber.

    - Case management team approach
    - Random, frequent, and observed urinalysis tests
    - Immediate response to problems
    - Positive reinforcement
- Conclusion of Treatment
    - Pre-release planning for aftercare and living arrangements
    - Consequence of unsuccessful completion and alternatives
    - A face-to-face meeting will be held with AP&P and the treatment provider to develop the treatment discharge plan, including continued supervision

DORA Treatment Model

- Offender is assessed for treatment need according to ASAM Patient Placement Criteria
- Cognitive Behavioral Therapies, or other science-based therapies, are used for treatment of offenders
- Criminogenic factors are addressed in conjunction with substance abuse
- Treatment provider reports to AP&P:
    - Non-compliance with treatment within 24 hours
    - Treatment completion within 24 hours
    - UA results weekly or within 24 hours for positive tests
    - Weekly updates on progress in treatment (either via weekly staff meeting [urban] or through written or oral reports delivered to the AP&P agent [rural])
- Discharge planning includes a formal plan for recovery support and transition services, as well as a plan for continued AP&P supervision. Discharge summaries include this coordinated plan.

DORA Funding Mechanism

- Following approval of the Local Substance Abuse Authority plan by the USAAV Council, the Division of Substance Abuse and Mental Health will award funds to Local Substance Abuse Authorities
- Where appropriate, Local Substance Abuse Authorities will contract with treatment providers
- DORA funds may not be used to pay for mental health services for seriously and persistently mentally ill (SPMI) offenders

Attachments: Standards of Supervision DORA CASELOADS
Standards of Supervision

CDr01/02.10 Procedure: Standards of Supervision DORA CASELOADS

A. Drug Offender Reform Act (DORA) caseloads are comprised of probationers with an LSI score of 16 to 35 who have been assessed for treatment with the DORA program and court ordered to complete treatment under DORA. DORA caseloads are established to provide closer, coordinated supervision of drug offenders. DORA focuses on close, collaborative relationships with treatment providers in a mutually supportive role.

B. DORA supervision should require a minimum of one face to face contact in the office every month, and one field contact with the offender every month. If the offender is unemployed, they should report to the office twice a week; reporting their employment contacts until employment is found. In addition to the above:

1. Agents conduct a face to face handoff meeting with the treatment provider, and the offender at the beginning of treatment. The purpose of the meeting is to convey to the offender that their treatment will be a team approach, outline expectations in treatment, and probation, and to resolve any concerns that exist at the beginning of treatment.

2. Conduct a minimum of two formal contacts with the treatment provider per month. Attending established treatment team meetings or other meetings to review offender progress, and to address problem areas. All treatment provider contacts should be documented in F-Track.

3. Have regular informal contacts with the treatment provider as needed by phone, email, and in person.

4. Ensure regular UAs are taken and documented in F-Track. The UA can be taken by the treatment provider or AP&P. UA frequency should be determined collaboratively, between treatment providers and

AP&P staff. At least two UAs should be taken and documented per month.

5. Response to offender violations should be created collaboratively with treatment providers and in a manner that is consistent with the mission of the department.

6. Supervision contact screens must include a DORA screen accept or deny. This entry should have sufficient information to outline clearly the reasons for denial or acceptance.

7. For offenders who are employed, agents shall verify employment on a monthly basis by review of paycheck stub and/or contacting employers by telephone or in person.

C. DORA agents and staff are to ensure the F-Track file has the appropriate DORA workload selected, that DORA supervision contact entries are used as required, and that the program screen is accurate with start/stop dates and exit types for treatment.

1. Probation case loads should not exceed more than 53 probationers.

2. Once a DORA offender has completed DORA funded treatment, the offender should be transferred to a non-DORA caseload for further supervision. DORA offenders should not be transferred to standard supervision if the DORA agent’s caseload does not exceed 53 probationers. If the DORA agent’s caseload exceeds 53 probationers, after consultation with the treatment provider, those who have been actively participating in recovery services the longest can be transferred to regular probation supervision.

STANDARDS OF SUPERVISION					
SUPERVISION LEVEL (Based on LSI-R	Office Visit Requirements	Field Visit Requirements	Reassessment Requirements	Termination Minimums (For non-violent, non sex offenders who have completed all special conditions).	Other Requirements
Low (0-13)	Reasonable effort to ensure one face-to-face contact every 90 days at the office or residence.		When circumstances occur that may increase risk factors.	6 Months	
Moderate (14-23)	Reasonable effort to ensure one face-to-face contact every 30 days at the office or residence, with at least one contact at the offender's residence every 60 days.		After 9 months of supervision and yearly thereafter, or when circumstances occur that may reduce or increase risk factors.	12 Months	
High (24-40)	Reasonable effort to ensure one fact-to-face contact every 30 days.	Reasonable effort to ensure one face-to-face contact every 30 days.	After 6 months of supervision and when events or circumstances occur that may reduce or increase risk factors.	18 Months	If unemployed, contact should be increased to 2 a week until offender is employed.
Intensive (41-54)	High standards plus 2 visits per month for first 90 days or until stabilized in employment, payments, treatment, attitude, overall compliance.	High standards plus 2 visits per month for first 90 days or until stabilized in employment, payments, treatment, attitude, overall compliance.	After 90 days of supervision and when events or circumstance occur that may reduce or increase risk factors.	24 Months	Curfew for first 120 days or until stabilized in employment, payments, treatment attitude, and overall compliance. See above for # of contacts while unemployed.
Sex Offender	Reasonable effort to ensure one face-to-face contact every 30 days for the first 12 months unless LSI score indicates the intensive standard.	Reasonable effort to ensure one face-to-fact contact every 30 days for first 12 months unless LSI score indicates the intensive standard.	After 1 year of supervision if standard is lower than high and supervision requirements are met or when events or circumstance occur that may reduce or increase risk factors.	Minimum of 18 months supervision and successful completion of treatment at least 6 months prior to termination request.	Minimum of high standards for first 12 months.
Parole Transition	According to LSI or override standards.	According to LSI or override standards.			On "parole transition" for first 60-120 days of parole or until stabilization is demonstrated.

Attachment 2

Utah Division of Substance Abuse and Mental Health
Justice Services Plan Principles

A significant amount of research has been conducted to determine ways in which systems can provide services for substance using individuals involved in the justice system. Meta-analysis of this research provides basic principles which, when implemented across systems, show significant reductions in substance use and criminal behavior through cost-effective means. The following are these basic principles:

1) Assess for risk and need, then provide services targeted to the specific level of risk and needs identified.

2) Treatment needs to be of sufficient dosage/duration to affect behavior change.

3) Treatment should be multi-dimensional rather than addressing addiction alone.

4) Emphasis should be placed on the use of evidence-based practices (EBPs). EBPs are those practices which, based on research findings and expert or consensus opinion about available evidence, are expected to produce a specific clinical outcome (measurable change in client status).

5) Treatment quality, including treatment fidelity and program integrity, should be consistently monitored.

6) Measure progress.

7) Treatment, supervising agency and criminal justice agency must make every effort to coordinate and communicate either by MOUs or releases of information from every client.

8) There should be a balance of incentives and sanctions.

9) Recovery management strategies should be used across treatment and justice systems statewide.

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DORA
Utah's Drug Offender Reform Act