

**Utah Substance Abuse Advisory Council  
DORA Oversight Committee  
Statement in Response to DORA Issue Brief  
Social Services Appropriations Subcommittee  
January 29, 2014**

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Chairs and members of the Social Services Appropriations Subcommittee:

We are pleased to have the opportunity to provide a response to the DORA Issue Brief and to answer any questions you may have.

We are currently in the ninth year of implementation of Utah's Drug Offender Reform Act (DORA). During these nine years, despite challenges posed by funding cuts and the uncertainty of one-time funding, an exceptional team of Local Substance Abuse Authority treatment providers and Corrections Adult Probation and Parole (AP&P) agents have provided DORA-funded services to over 3,400 probationers and parolees with substance use disorders throughout Utah.

The primary reason we are here today is to address the findings of the 2013 DORA Statewide Report prepared by the Utah Criminal Justice Center at the University of Utah. This is the fifth and final annual report examining the impact of DORA on participants who entered services in FY 2008 and FY 2009, when DORA funding permitted statewide implementation, and includes 1,336 offenders (929 probationers and 407 parolees). The Statewide DORA Reports followed three years of reports examining the impact of the DORA Pilot Project in Salt Lake County. DORA has been evaluated since its very inception, making it among the most closely monitored, Legislatively-funded initiatives ever.

While past DORA Statewide reports included a comparison of DORA participants to a historical sample of offenders that would have qualified for DORA, the 2013 Report introduces a comparison of DORA participants to a matched group of probationers and parolees created by the Utah Department of Corrections to assess the impact of DORA on criminal justice outcomes.

The Issue Brief correctly states the 2013 Report concluded that after controlling for covariates, DORA did not have a significant impact on participants' post-exit recidivism when compared to statistically matched offenders on traditional probation and parole who were matched on criminal history and demographic variables available from the Department of Corrections data.

While these findings are not encouraging, it must be noted that the study did have some notable limitations, which were also addressed by the Utah Criminal Justice Center in the Report.

For example, the 2013 Report indicates "it is possible that the comparison group may have received similar types and levels of treatment services as the DORA group. DORA was implemented as a legislative and policy change, rather than a discrete criminal justice program. As such, it may be difficult to implement the model with fidelity and/or limit the diffusion of its treatment effects. For example, AP&P refers many of their supervisees to community-based treatment providers and resources." In fact, data obtained from the Division of Substance Abuse and Mental Health following the release of the 2013 Report indicates nearly 66 percent of probationers and 50 percent of parolees in the matched comparison group had received substance use disorder treatment in publicly-funded programs during their comparison supervision period, and likely from the same programs and providers serving the DORA participants. The numbers are even larger when comparison group offenders are examined for treatment participation beyond their comparison supervision period, with nearly 80 percent of parolees and 72 percent of probationers having received substance use disorder treatment at any time in their lives.

The 2013 Report also suggested "the introduction of DORA may itself have had an impact on the way that AP&P agents worked with all supervisees, not just DORA. It is also possible that AP&P practices in general have evolved to be more in line with the evidence-based principles of DORA as agents and treatment providers anecdotally shared experiences on what practices worked."

Finally, the 2013 Report states "the findings of the current report confirm those from previous years, and show that higher risk participants demonstrated worse outcomes than lower risk ones. As currently implemented, DORA may not have sufficient intensity or breadth of treatment targets to adequately address the dynamic needs of the high risk population it serves. DORA's exclusive focus on substance abuse, to the exclusion of other criminogenic risk factors, may be insufficient to reduce recidivism among a high-need group of offenders."

The Utah Criminal Justice Center also made a recommendation regarding future DORA analyses: "The current report provides an overview of the impact of DORA, which is a statewide policy initiative. As such, the analysis does not shed light on differential offender outcomes as a result of program-level differences by treatment provider and AP&P agency. Future analyses should consider the impact of program-level factors on offender outcomes, including: staff training, program philosophy, treatment fidelity, and targeting appropriate and sufficient criminogenic needs."

With the foregoing as background, the DORA Oversight Committee provides the following specific responses to recommendations in the Issue Brief:

1. The DORA Oversight Committee recommends continued funding for DORA in FY 2015. As you may recall, the DORA Oversight Committee originally reported to you that we would conduct a DORA summit for local programs to meet together to share best practices, procedures and protocols toward enhancing outcomes. During the past year, the Committee became aware of the Correctional Program Checklist (CPC) developed by the University of Cincinnati. We propose to implement the CPC process during the current year in lieu of the summit. This will enable a more structured, evidence-based approach to quality improvement and outcome enhancement.

Therefore, to improve DORA outcomes, the DORA Oversight Committee also recommends that you approve our request to utilize \$70,000 of the DORA funding appropriated for FY 2014 for the treatment of probationers to conduct a Correctional Program Checklist evidence-based assessment and quality improvement process of local DORA treatment and supervision services. We are confident that through this process we can improve outcomes, and we strongly believe that eliminating DORA completely will ultimately be much more costly for the state.

2. The DORA Oversight Committee recommends funding the full service model, including both treatment and intensive supervision. The statement in the 2013 Report that “DORA did not have a significant impact on participants when compared to similar offenders on traditional probation and parole” is taken out of context and should not be interpreted to mean the intensive supervision component was ineffective. In its annual reports, the Utah Criminal Justice Center has consistently found the DORA model to be sound. Additionally, national studies have identified adult intensive supervision combined with treatment as an effective strategy for reducing recidivism (when compared to regular supervision or deterrence-oriented intensive supervision).
3. Finally, the DORA Oversight Committee supports the intent language proposed to accompany the FY 2015 appropriation for DORA treatment and supervision. We are committed to remaining accountable to the Legislature regarding the best use of DORA appropriations and to ensuring the funding is utilized only for evidence-based substance use disorder treatment and correctional supervision strategies.

Thank you again for the opportunity to respond. We would now be happy to answer any questions you may have.

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The following is an additional statement prepared by the Utah Criminal Justice Center to address the design and limitations of the DORA Statewide evaluation completed by the Center in 2013:

The DORA Statewide evaluation completed by UCJC in 2013 was designed as an outcome evaluation using archival data (e.g., records administratively kept by DORA-participating agencies). As such, the comparison group had to be matched on variables that were both recorded and available for both DORA and traditional probationers/parolees. With respect to availability, for example, it was outside the scope of the UCJC study to obtain DSAMH treatment records on the matched comparison group. Variables that were included as predictors of recidivism were also restricted to those variables available in existing data for both groups. The study was designed as an “intent to treat” model, meaning that all DORA participants, regardless of the length or intensity of their participation, were included in the DORA group. The “intent to treat” design is a more conservative one, as it requires a measurable treatment effect across all participants, not just those who successfully complete the intervention.

The UCJC study was executed as designed, with the result that there were no measurable differences between DORA participants and the matched comparison group on post-exit recidivism. However, several factors that were outside of the scope of this analysis – if the comparison group received similar treatment, if a diffusion of intervention characteristics through the supervision and treatment agencies occurred, and if the treatment and supervision are following evidence-based principles (EBP) for reducing recidivism – would provide valuable context in understanding the functioning and effectiveness of the DORA model.