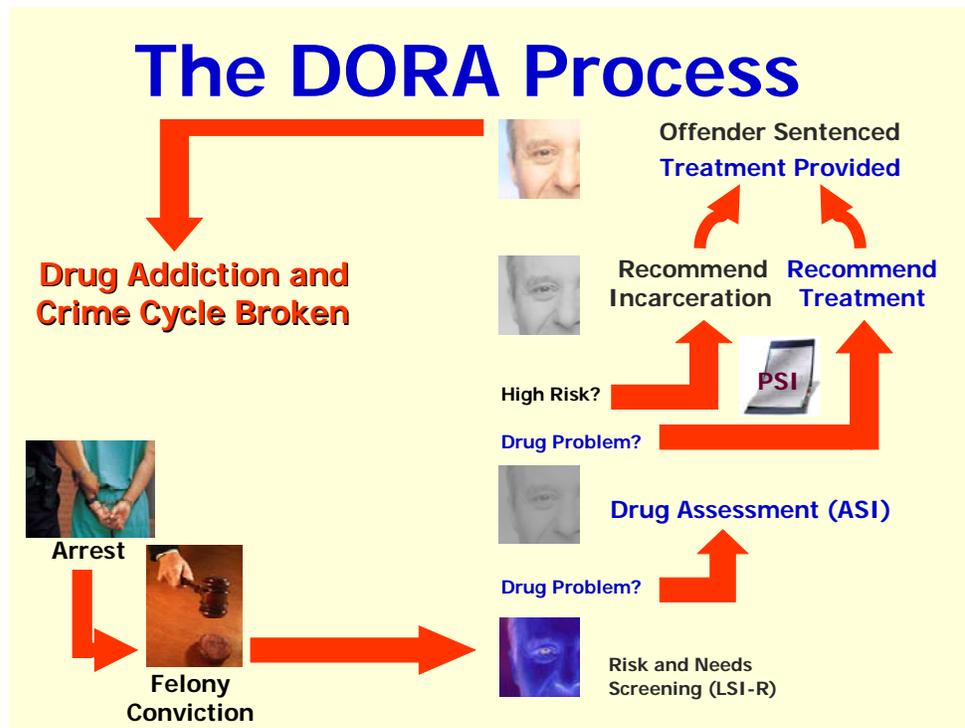


Drug Offender Reform Act

Smarter Sentencing + Smarter Treatment = Better Outcomes and Safer Neighborhoods



Report to the Utah Legislature

Commission on Criminal and Juvenile Justice

November 18, 2009

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Drug Offender Reform Act

FY'08 and FY'09 Statewide Implementation

Executive Summary

- DORA was implemented statewide beginning on July 1, 2007, and provided assessment and treatment during FY'08 and FY'09 to 1,417 moderate to high risk felony probationers and parolees who met the DORA criteria.
- The University of Utah Criminal Justice Center conducted a study on the FY'08 and FY'09 DORA participants which is summarized here.
- It is still too soon in the implementation of DORA to draw conclusions about the outcome (including the cost-avoidance potential of DORA), since almost three-quarters (74.4%) of the probationers and half (50.1%) of the parolees were still under parole or probation supervision at the end of the study period (June 30, 2009).

Supervision

- 71.0% of probationers and 67.1% of the parolees started supervision more than a year before the end of the study.
- Approximately 90% of probationers and parolees had contacts with their agents in the community, and their agents and treatment providers had contact with each other. Contacts in the community occurred about every 1.5 months, while contacts between agents and treatment providers occurred monthly.
- Approximately 40% of participants had no violations or convictions recorded while on supervision.

Treatment

- Both probationers and parolees had about two treatment admissions (including transfers between treatment levels) during DORA supervision, with an average of just over 220 days in treatment for both groups.
- Probationers were more likely to utilize higher levels of care (residential treatment—25% of probationers vs. 13% of parolees; intensive outpatient (IOP)—45% probationers vs. 28% parolees).
- Just over half of both groups completed at least one treatment admission during DORA.

Outcomes for those who exited supervision

- 41% of probationers and 23% of parolees who exited supervision had a successful completion.
- Factors associated with successful supervision completion for early completers were: lower LSI (risk) score at intake, older age at intake, more days in treatment during DORA, and utilizing less intensive treatment (e.g., outpatient instead of intensive outpatient).
- Average follow-up time from supervision end to end of the study was 159 days for probationers and 223 days for parolees. This includes time spent in prison for those who returned to prison as their exit status from DORA.
- 9% of probationers and 11% of parolees have had a new arrest since exiting supervision, while 2% of probationers and 4% of parolees have a new conviction.

Other Outcomes

- At the time of their final DORA treatment discharge, approximately 90% of both groups reported no alcohol use and over 75% reported no drug use in the previous 30 days.
- Over 60% of both groups became employed while in DORA treatment.
- DORA successful completion and reconviction rates are similar to a historical group of comparable probationers and parolees. DORA parolees returned to prison at a similar rate as the historical group, although there appears to be a slightly lower prison admission trend for DORA probationers.
- On the average, DORA probationers received shorter initial jail sentences than the historical control group (83 days for DORA vs. 112 for historical probationers).



DORA Annual Report Introduction

The Commission on Criminal and Juvenile Justice (CCJJ) and the Utah Substance Abuse and Anti-Violence Coordinating Council (USAAV) have the statutory responsibility to provide annual reports on the Drug Offender Reform Act (DORA) which was enacted by the 2007 Utah Legislature. This report provides an early look at the statewide implementation of DORA which began July 1, 2007 and continued through June 30, 2009. Offenders who were eligible for DORA during FY'08 and FY'09 were felony probationers or first-time parolees at moderate and high risk levels who had not been convicted of violent or sex offenses. The present report follows these offenders through FY'08 and '09. While it is too early to evaluate outcome information for these offenders, this report provides a look at DORA implementation and early trends.

DORA Philosophy

- Outcomes for felony offenders with substance abuse problems can be improved by providing them with appropriate treatment.
- Providing judges and Board of Pardons and Parole (BOPP) members with enhanced information about the treatment needs of offenders at the time of sentencing or release from prison will produce better treatment placements and smarter sentences.
- Closer collaboration between parole and probation agents and treatment providers will lead to higher rates of treatment and supervision completion for offenders.

DORA Pilot Study

Prior to the statewide implementation of DORA, a DORA Pilot was conducted in Salt Lake County. S.B. 1004 was passed during the 2005 First Special Legislative Session, with the project beginning on July 1, 2005. Offenders meeting DORA Pilot criteria were placed into appropriate community-based treatment and supervised by Adult Probation and Parole (AP&P) agents assigned to the DORA Pilot. A study of the DORA Pilot was conducted by the Utah Criminal Justice Center (UCJC) and can be found at www.law.utah.edu/ucjc/studies. Key findings from the Pilot study included the following:

- The DORA Pilot was successful in creating the proposed systemic changes (significantly more substance abuse assessments and treatment, treatment completion, and intensive supervision than comparisons).
- Foundations of the DORA Pilot (shorter time to supervision start, completing treatment during supervision, and having community-based probation officer contacts) were associated with greater likelihood of successful completion of probation.
- There was no significant difference in criminal recidivism among the DORA Pilot and comparison groups, with the lack of significant findings likely due to the small number who had exited probation and accrued a reasonable follow-up period.

DORA FY'08 and FY'09 Statewide Implementation Description

DORA was implemented statewide beginning on July 1, 2007 after the passage of S.B. 50 in the 2007 General Legislative Session. Some unique aspects of the Statewide DORA supervision model that differed from traditional AP&P supervision included a hand-off meeting with the offender, substance abuse assessor, AP&P agent, and treatment provider to discuss the treatment plan and consequences for program failure; regular communication between the AP&P agent and treatment provider(s); and pre-release planning for aftercare and living arrangements.

The goal of Statewide DORA, similar to the DORA Pilot, was to reduce the impact – and related costs – of substance abusing offenders on the criminal justice and treatment systems through decreasing substance abuse and criminal activity of offenders served through this innovative process.

Funding was provided by the Legislature beginning on July 1, 2007 (FY'08) to the Division of Substance Abuse and Mental Health (DSAMH), the Department of Corrections (DOC, AP&P), CCJJ, the Board of Pardons and Parole (BOPP), and the Utah State Courts to implement DORA statewide.

- Initial funding levels were \$8 million in FY'08 and \$9 million in FY'09. Due to state budget shortfalls, funding was reduced by approximately \$5.5 million over the two years.
- DSAMH contracted with the 13 Local Substance Abuse Authorities (LSAAs) across the state to provide substance abuse treatment to eligible offenders.
- Corrections created new parole and probation agent positions to provide enhanced supervision for DORA offenders and to work closely with treatment providers.
- Offenders were screened by DOC prior to parole or during the Pre-Sentence Investigation (PSI) process to determine their eligibility for DORA participation.
- Assessments of offenders who were DORA-eligible were conducted by substance abuse professionals to evaluate their need for treatment and identify the optimal type of program.
- Offenders were then ordered by the courts or BOPP to participate in DORA treatment as a condition of their probation or parole.
- Total state expenditures for DORA in FY'08 and '09:

DORA Eligibility Criteria

- Convicted of a felony or paroled from prison after July 1, 2007
- LSI risk assessment score between 16 and 35 and LSI indicated a substance abuse problem
- No convictions for violent or sex offenses
- No prior paroles

	FY'08	FY'09	Total
DSAMH	\$2,786,500	\$3,566,800	\$6,353,300
DOC	\$1,787,500	\$2,801,300	\$4,588,800
CCJJ	\$0	\$0	\$0
Courts	\$50,400	\$0	\$50,400
BOPP	\$36,000	\$40,500	\$76,500
	\$4,660,400	\$6,408,600	\$11,069,000

- Following budget cuts in FY'09, some LSAA's also used other funding sources to pay for treatment for DORA participants who had not completed treatment (approximately \$470,000).

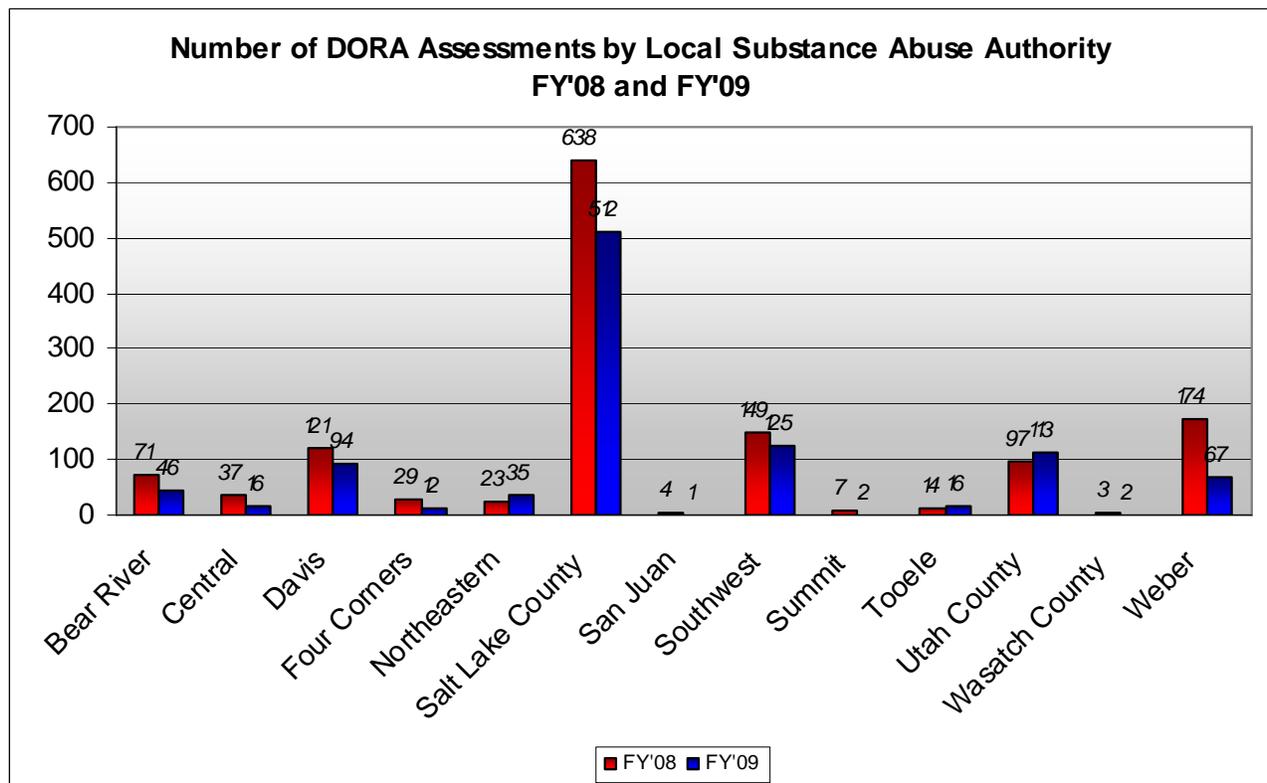
FY'08 and FY'09 DORA Substance Abuse Assessments and Pre-Sentence Investigations (PSI)

Corrections reported that a total of 1,434 DORA PSI's were completed in the two fiscal years—1,064 in FY'08 and 370 in FY'09.

- Corrections recommended DORA for 854 of these individuals and 98.2% of these offenders were sentenced to probation by the courts.
- Only 57 (4.0%) of the offenders who went through the DORA PSI process were recommended by Corrections for a prison sentence and 23 were actually sentenced to prison.

DSAMH reported that the local authorities conducted a total of 1,367 DORA-funded substance abuse assessments in FY'08 and 1,041 in FY'09.

- Residential or inpatient treatment was recommended in 15.5% of the cases, intensive outpatient treatment in 35.7%, and outpatient treatment in 40.1% of the cases.
- No treatment was recommended for 5.1% and the information was not collected in another 3.6% of the cases.
- Almost half (47.8%) of the assessments were done by Salt Lake County, followed by Southwest (11.4%), Weber County (10.0%), Davis County (8.9%), and Utah County (8.7%).



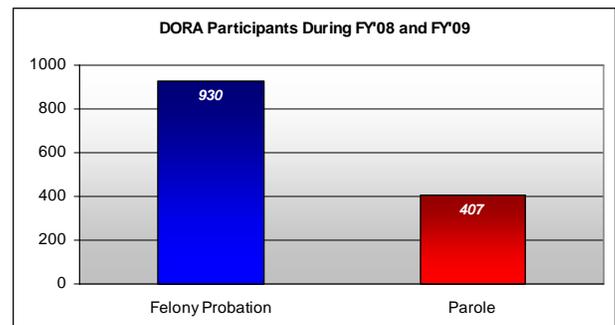
FY'08 and FY'09 UCJC DORA Report

CCJJ has an ongoing contract with the University of Utah Criminal Justice Center (UCJC) to provide research on DORA. As part of this contract, UCJC has completed a review of the statewide implementation of DORA which began on July 1, 2007. The report covers FY'08 and FY'09 participants and processes. While it is too soon to draw conclusions about outcomes, the report provides valuable information on the program. The following information is extracted from this report, which can be found at http://www.law.utah.edu/_studyfiles/109/109.pdf.

The report is based on data extracted from three systems—DSAMH's statewide collection from the LSAA's, Corrections' offender tracking system, and the Criminal History Repository maintained by the Department of Public Safety. Obtaining complete information on the participants required a match to be made between the DSAMH and Corrections systems.

Participant Description

- As of October 12, 2009, 1,417 individuals had DORA records in DSAMH's data base and 1,419 in Corrections' system.
- Researchers were able to match records between Corrections and the Division of Substance Abuse and Mental Health on 1,337 offenders (94.4% of the DSAMH clients) who participated in the statewide implementation of DORA during FY'08 and FY'09. Efforts to improve the match are continuing.
 - 407 (30.4%) of the offenders in the study were parolees—68.6% men and 31.4% women—and 930 (69.6%) were felony probationers—69.5% men and 30.5% women.
 - 23.1% of the parolees were members of a minority compared to 16.7% of the probationers.
 - The average age at the start of supervision for the parolees was 33.9 years and for the probationers was 30.4 years.
 - 55.0% of the probationers and 76.7% of the parolees had been in substance abuse treatment prior to their DORA treatment admission.



Criminal History

- Parolees had an average of 16.1 lifetime arrests prior to the their DORA participation, including the arrest leading to DORA, compared to 10.3 arrests for probationers.
- 88% of the parolees had been convicted prior to the conviction that led to their DORA participation compared to 52.5% of the probationers.
- The tables to the right show the types of offenses committed by the offenders leading to their DORA participation.

Offenses Leading to DORA Participation

	Probation	Parole
Drug	53.5%	43.7%
Person	7.4%	10.6%
Property	31.2%	38.8%
DUI	16.3%	13.5%

Most Serious Conviction Leading to DORA Participation

	Probation	Parole
1 st Degree	0.3%	2.5%
2 nd Degree	13.1%	29.0%
3 rd Degree	86.6%	68.6%

Offenders may be counted more than once in the first table, if they had more than one offense type in the DORA conviction.

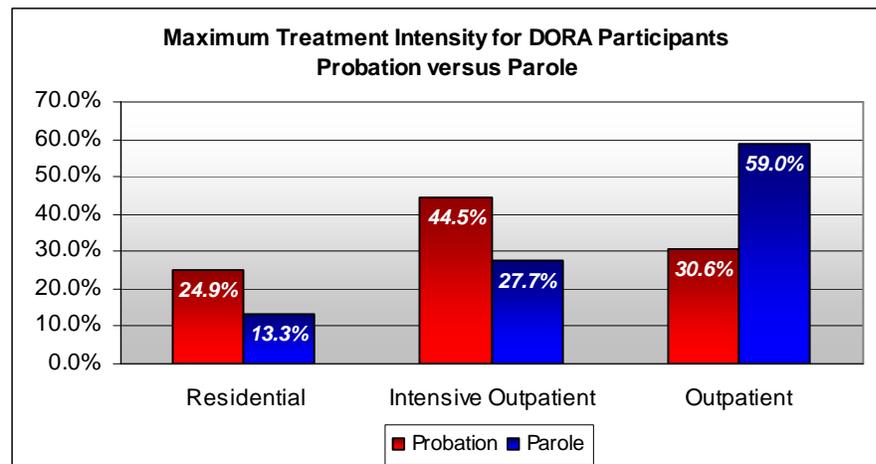
- At the time of starting supervision, parolees had an average Level of Service Inventory Risk score of 26.6, representing a high risk of recidivism and probationers of 22.9, representing a moderate level of risk of recidivism.

Supervision

- Almost three-quarters (74.4%) of the probationers and half (50.1%) of the parolees were still under parole or probation supervision at the end of the study period. Since both probation and parole have three year terms, this is not surprising.
- 71.0% of the probationers and 67.1% of the parolees started DORA supervision more than one year before the end of the study. By June 30, 2009, the probationers had been on probation for an average of 449 days and the parolees for 441 days.
- DORA offenders had contact with their agents, on the average, once every two to three weeks, in the agent's office or in the community. Over 90% of both groups had contacts between agents and offenders outside the office setting, at the rate of around one every 6 weeks.
- One of the main goals of the DORA approach is to increase contact between agents and treatment providers. The report shows that around 90% of offenders had agent-treatment provider contacts (92.0% for probationers, 88.0% for parolees).

Treatment

- All offenders in this study, by definition, had at least one treatment admission recorded in the DSAMH data system. Offenders may have more than one treatment admission since moving from one provider to another or from one treatment level to another is counted as an admission. Admissions are classified as "Residential," "Intensive Outpatient," "Outpatient," or "Detoxification," depending on the treatment modality selected for the participant.
- The average number of treatment admissions for the offenders was 1.7 for parolees and 2.1 for probationers.
- The parolees spent an average of 221 days in treatment and probationers 227 days in treatment. (Not all offenders had been released from treatment at study end so this figure may increase as followup time increases.)
- Probationers were sent to more intensive treatment than parolees, with almost a quarter of probationers receiving residential treatment, compared to 13% of parolees.



- More than 90% of both groups had some type of treatment discharge (93.2% of probationers and 92.4% of parolees). Discharges may be final discharges from treatment or may represent a change in the level of treatment.
- Over 50% of both probationers and parolees completed at least one treatment admission (53.2% of probationers and 54.3% of parolees).
- At study end, 16.8% of the probationers and 11.1% of the parolees were active in some level of treatment.
- Discharge assessment information was available for all DORA participants who had exited at least one treatment admission during supervision (Probation N = 867, Parole N = 376).
- At their final discharge from treatment during the study period, three-quarters of offenders reported no drug use in the previous 30 days (compared to approximately half reporting no use of their primary substance at intake).
- About a quarter of both probationers and parolees improved their employment status from treatment intake to final discharge.
- Corrections records show a similar improvement, with nearly all parolees, and over half of probationers, gaining some form of employment while active on supervision.
- Of those who had a re-assessment on the LSI between 300-400 days following probation (N = 290) or parole (N = 117) start, average risk scores dropped about 2.5 points for probationers and 5 points for parolees, with both groups' average scores at one year follow-up falling within the "Moderate" range.

Outcomes

- While the majority of the offenders were still on probation or parole by June 30, 2009, some outcome information is available.

- Note that the statutory term of both probation and parole in Utah is three years and the offenders in this study have a maximum of two years under supervision. Successful completions of supervision may take many years, while failures can happen quickly.

Supervision Outcomes

	Probation	Parole
Still on Supervision	74.4%	50.1%
Successful Completion	10.5%	11.6%
Prison Admission	6.3%	37.1%
Unsuccessful Discharge	5.1%	0.0%
Neutral Discharge	3.5%	1.2%

- Close to 10% of both groups have successfully completed supervision, well in advance of the three year term.
- Combining supervision and treatment outcomes showed that 8.9% of the probationers and 10.0% of the parolees completed both supervision and at least one treatment admission successfully.
- Parolees were much more likely than probationers to be sent to prison after starting DORA. 37.1% of the parolees had been returned to prison by the study end compared to 6.3% of the probationers.

- Parolees' much higher rate of prison admission is expected and reflects the different status of these two groups of offenders. Only 2% of parolees who had more than one type of negative event such as a parole violation did not have a prison admission compared to 13% of probationers.
- Less than 10% of both groups had a new criminal conviction while they were under supervision (8.9% probationers, 7.6% parolees). The majority of the new convictions were for drug or property crimes, with the most common level of new offense being a 3rd degree felony.
- A logistic regression analysis was conducted on the offenders who had exited supervision, either unsuccessfully or successfully, with separate analyses for probationers and parolees.
- The analysis on probationers yielded 5 significant predictors which explained about 80% of successes and failures. Probationers with lower LSI scores, with drug charges, who were older, who spent more days in treatment, and/or were admitted to less intensive treatment were more likely to succeed on probation.

Factors Significantly Related to Early Probation Success

 - Lower LSI Risk Score at intake
 - Having a drug charge as part of the DORA qualifying conviction
 - Older age at DORA start
 - More days in treatment during DORA
 - Admission to less intensive levels of treatment
- The finding showing that less intensive treatment is predictive of success may be a result of the short time frame in this followup—offenders needing more intensive treatment may take more time to move through both the treatment and supervision systems but may ultimately be successful.
- Very similar results were found for parolees, although the model was less predictive, correctly classifying 50% of the successes and 95% of the failures, rather than 80% as for the probationers.
- The same factors predicted success and failure for parolees, with the exception of having a drug charge as part of the DORA qualifying conviction.

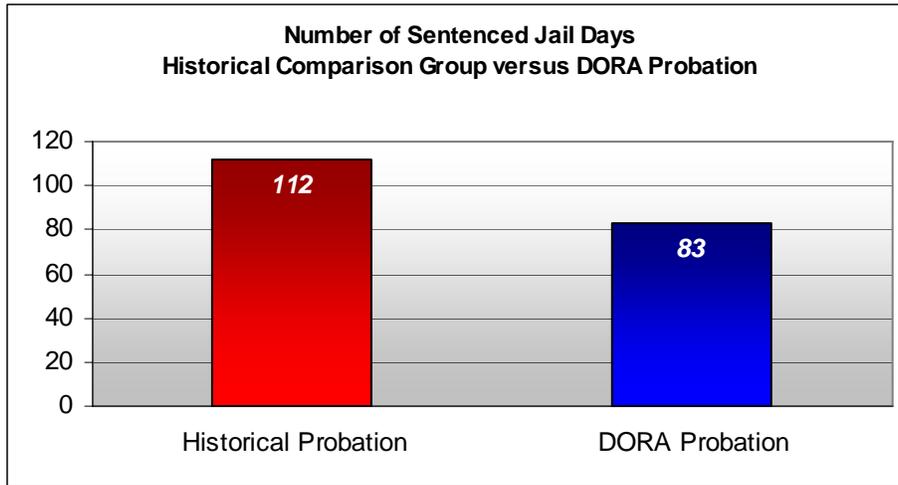
Factors Significantly Related to Early Parole Success

 - Lower LSI Risk Score at intake
 - Older age at DORA start
 - More days in treatment during DORA
 - Admission to less intensive levels of treatment

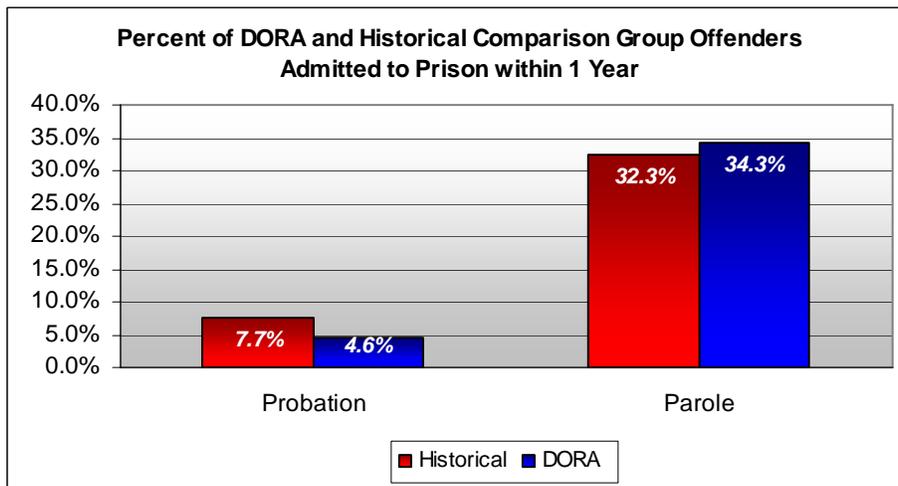
Historical Comparison Groups

- Historical comparison groups of felony probationers and parolees was identified using Corrections' Otrack database. These offenders met the DORA criteria and started probation or parole between FY'02 and FY'07 (the time period just prior to statewide implementation).
- More than 9,000 felony probationers and 1,500 parolees were included in the historical comparison groups. The comparison groups were similar to the DORA offenders on age and LSI risk scores, although DORA parolees were more likely to be women than the historical parole group.
- The historical felony probation comparison group received an average jail sentence of 112 days (including those who received 0 days), with 65.3% receiving some jail sentence. Note that previous research has shown time actually served in jail is generally about one-third less than sentenced time.

- The statewide DORA participants received an average of 83 days with 60.3% receiving a jail sentence.



- The comparison groups were compared to the DORA offenders on prison admissions. This comparison shows a slight trend for DORA felony probationers to enter prison at a lower rate than historical controls:
 - Within 1 year, 7.7% of the historical felony probationers were in prison, compared to 4.6% of the DORA probationers.
- However, DORA parolees appear to be returning to prison at the same rate as the historical group:
 - Within 1 year, 32.3% of the historical parolees were in prison, compared to 34.3% of the DORA parolees.



- Finally the two groups were compared on new convictions received within one year after supervision start. These rates were almost identical for historical controls and DORA participants—historical parolees 10.2% and DORA parolees 8.8%; historical probationers 7.8% and DORA probationers 7.6%.

Comparisons of DORA, Drug Court, and Other Criminal Justice Populations

DSAMH provided data on individuals receiving substance abuse treatment through the LSAA's throughout the state during FY'08 and FY'09 who were referred through DORA, Drug Court, or other types of criminal justice referrals.

- DORA participants were admitted to more intensive levels of treatment than Drug Court participants or other criminal justice referrals.
 - DORA participants were more likely than Drug Court to be admitted to residential treatment.
 - DORA participants were more likely than either Drug Court or Other Court participants to be admitted to intensive outpatient treatment.
- DORA participants were older than either Drug Court or Other Court clients and were less likely to be female than Drug Court.
- The most commonly reported drug of choice for both DORA and Drug Court participants was methamphetamine, while other Court Involved clients were more likely to report alcohol as their primary drug of choice.

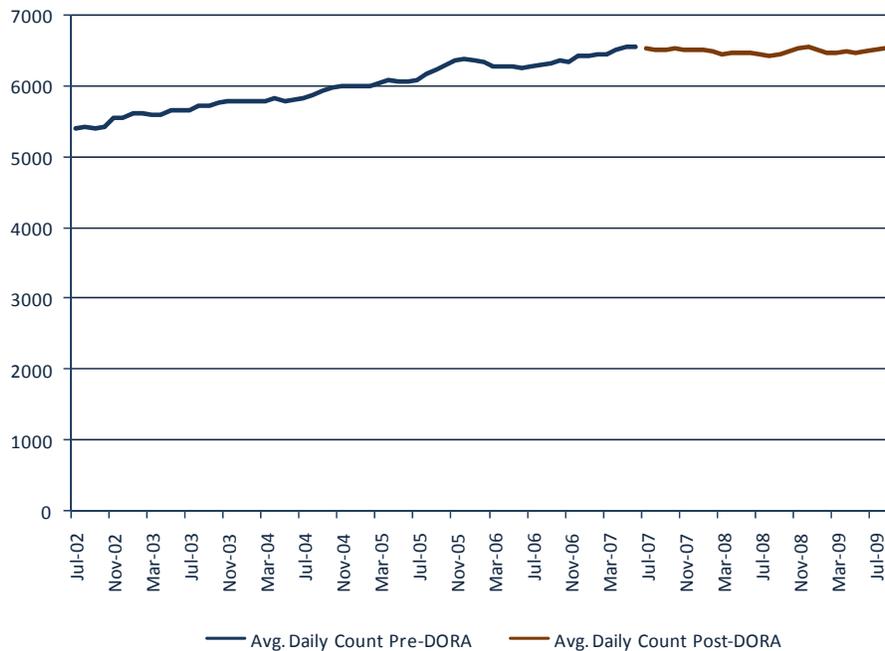
Comparisons of DORA, Drug Court, and Other Court Involved Clients Reported to DSAMH FY'08 and FY'09			
	DORA	Drug Court	Other Court Involved
Number of Admissions	3165	6993	27122
Percent in Detox	0.9%	4.4%	6.9%
Percent in Residential	16.5%	12.0%	16.8%
Percent in Intensive Outpatient	32.0%	29.9%	19.3%
Percent in Outpatient	50.6%	53.7%	56.9%
Primary Drug of Choice	Meth—36.4%	Meth—36.2%	Alcohol—37.3%
Median Age	30	28	28
Percent Female	31.7%	40.5%	32.7%

Corrections System Impacts

Corrections provided data on trends in their system, prior to the statewide implementation of DORA and post-DORA implementation. It is important to note that many factors affect the Corrections system, so changes seen here cannot be attributed solely to DORA. It is also important to note that budget constraints limited the full implementation of DORA which reduced its potential impact. It was originally estimated that full implementation of DORA would cost approximately \$17 million a year. About half of this amount was initially appropriated for FY'08 and FY'09, and then the funding was cut by about \$6 million to address budget shortfalls in FY'08 and FY'09. Because of these limitations, it is difficult at this time to draw conclusions about systems impacts of DORA.

The following chart shows the average prison incarcerated population in Utah by quarter since July 2002. Growth in this population has slowed since DORA implementation, however, this trend had begun prior to DORA's start.

**Average Daily Incarcerated Count
July 2002 through September 2009**

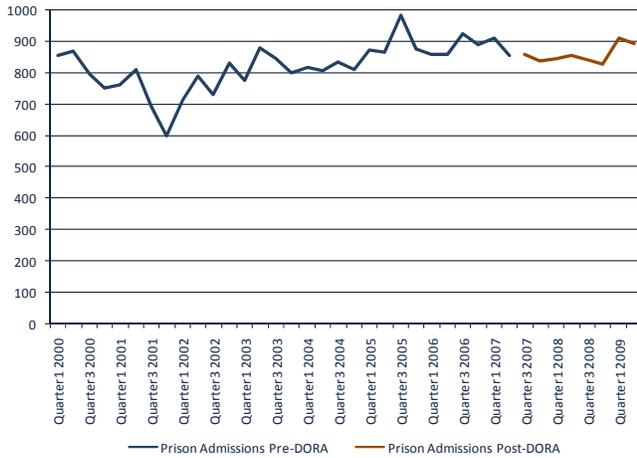


The following set of charts shows prison admissions pre- and post-DORA.

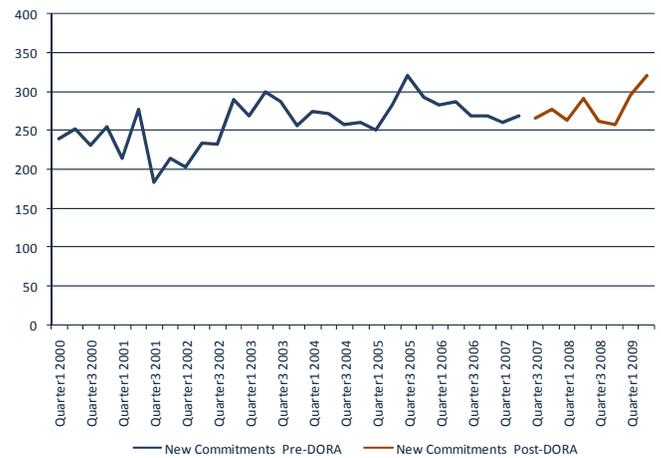
- The pre-DORA total prison admissions trend predicts Q2 2009 admissions of 937. The actual Q2 2009 admissions were 891.
- However, the admissions had begun to decline prior to DORA implementation and appears to be very similar to the trend seen between the end of 2005 and the beginning of DORA in the third quarter of 2007.
- These charts also show that new commitments to prison have begun to increase again in 2009, while probation and parole violation admissions have decreased slightly.



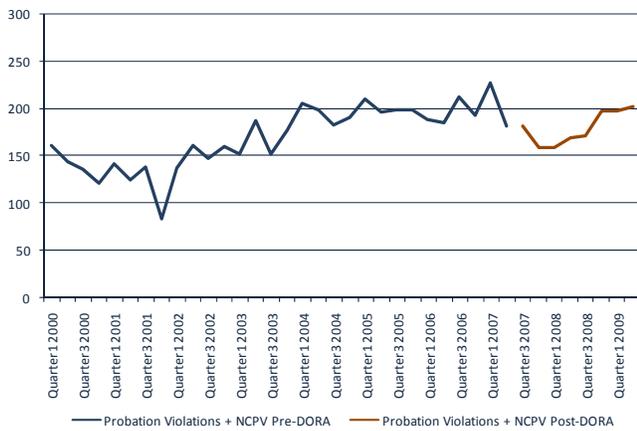
Total Prison Admissions By Quarter
January 2000 through June 2009



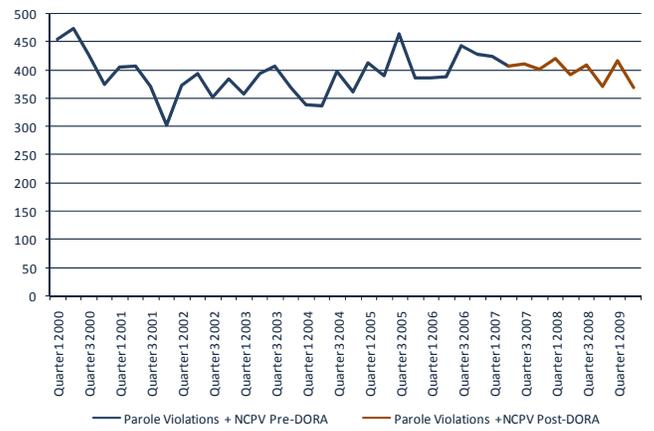
Total New Commitment Prison Admissions By Quarter
January 2000 through June 2009



Total Probation Violation (Including New Commitments w/Probation Violation) Prison Admissions By Quarter
January 2000 through June 2009



Total Parole Violation (Including New Commitments with Parole Violation) Prison Admissions By Quarter
January 2000 through June 2009





Appendix A

Implementation Guidelines





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

Last Revised by USAAV Council on August 25, 2009

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
 - Obvious commitments to prison
 - 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
 - Case management team approach
 - Random, frequent, and observed urinalysis tests

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

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

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

Last Revised by USAAV Council on August 25, 2009

- 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
- Offender's treatment episode will be fully funded, even in the unlikely event the offender is released from supervision
- 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-face 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.



Appendix B

FY'10 Implementation Plan





DORA SFY 2010 Plan

SFY 2010 Local Authority Area Treatment and Supervision Plan				
Local Authority Areas	FY 2010 Proposed Treatment Allocation	FY 2010 Approximate Treatment Slots Served*	FY 2010 Estimate of Probation Admissions**	FY 2010 DORA AP&P Agents***
Bear River (Cache County)	\$124,378	38	48	0
Weber County	\$330,690	100	79	2
Salt Lake County	\$909,679	276	157	4
Davis County	\$249,479	76	87	2
Utah County	\$292,587	89	96	2
Southwest (Washington County and Iron County)	\$185,887	56	107	0
Total	\$2,092,700	635	574	10

*Based on a cost per admission per year of approximately \$3,285.
 **Based on unduplicated admissions FY 2008 Q2 through FY 2009 Q2, except for Weber and Utah Counties, which are based on FY 2008 Q2 through FY 2008 Q4. Reduced by the percent of offenders in each area who were parolees between 7/1/2007 and 12/31/2008.
 ***Funds will include one DORA supervisor and UA tech time in the four counties where agents are identified. Allows each DORA agent to maintain a supervision caseload of 53 individuals.

Estimated Number of DORA Participants Currently in Treatment Who May or Will be Carried Over to SFY 2010*			
Local Authority Areas	Probationers	Parolees	Total
Bear River	13	7	20
Weber County	2	1	3
Davis County	42	3	45
Salt Lake County	53	18	71
Utah County	24	4	28
Southwest Utah	22	3	25
	156	36	192

*Source: Local Substance Abuse Authority SFY 2010 DORA Plans



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