

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

CRIMINAL JUSTICE
Senator Evers, Chair
Senator Dean, Vice Chair

MEETING DATE: Tuesday, September 20, 2011

TIME: 10:45 a.m.—12:45 p.m.

PLACE: *Mallory Horne Committee Room, 37 Senate Office Building*

MEMBERS: Senator Evers, Chair; Senator Dean, Vice Chair; Senators Bennett, Hays, Margolis, and Smith

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Presentation by Kathy McCharen, Criminal Justice Analyst, Office of Economic and Demographic Research, on trends in drug crimes and prison admissions and sentencing for drug offenses.		Presented
2	Presentation by Mark Fontaine, Executive Director, Florida Alcohol and Drug Abuse Association, on substance abuse treatment in the criminal justice system.		Presented
3	Presentations by substance abuse treatment providers on substance abuse treatment before, during, and after incarceration.		Presented
4	Presentation by the Department of Corrections on substance abuse treatment programs.		Presented



Trends Related to New Commitments to Prison with a Drug Primary Offense

Office of Economic and Demographic Research, September 20, 2011

New Commitments

Offenders sentenced by the court to

- **Prison**

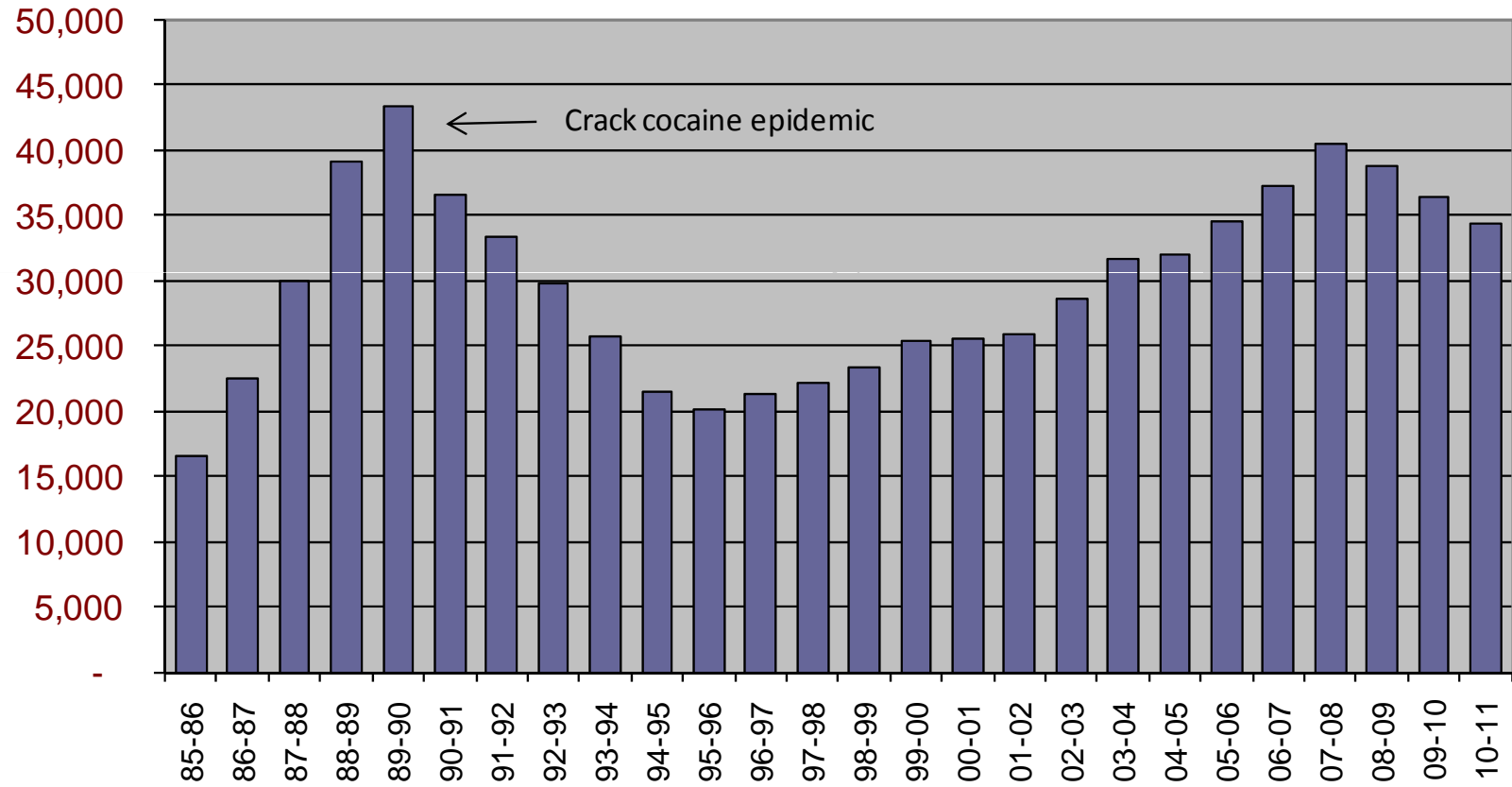
For—

- **Felony offense(s)**

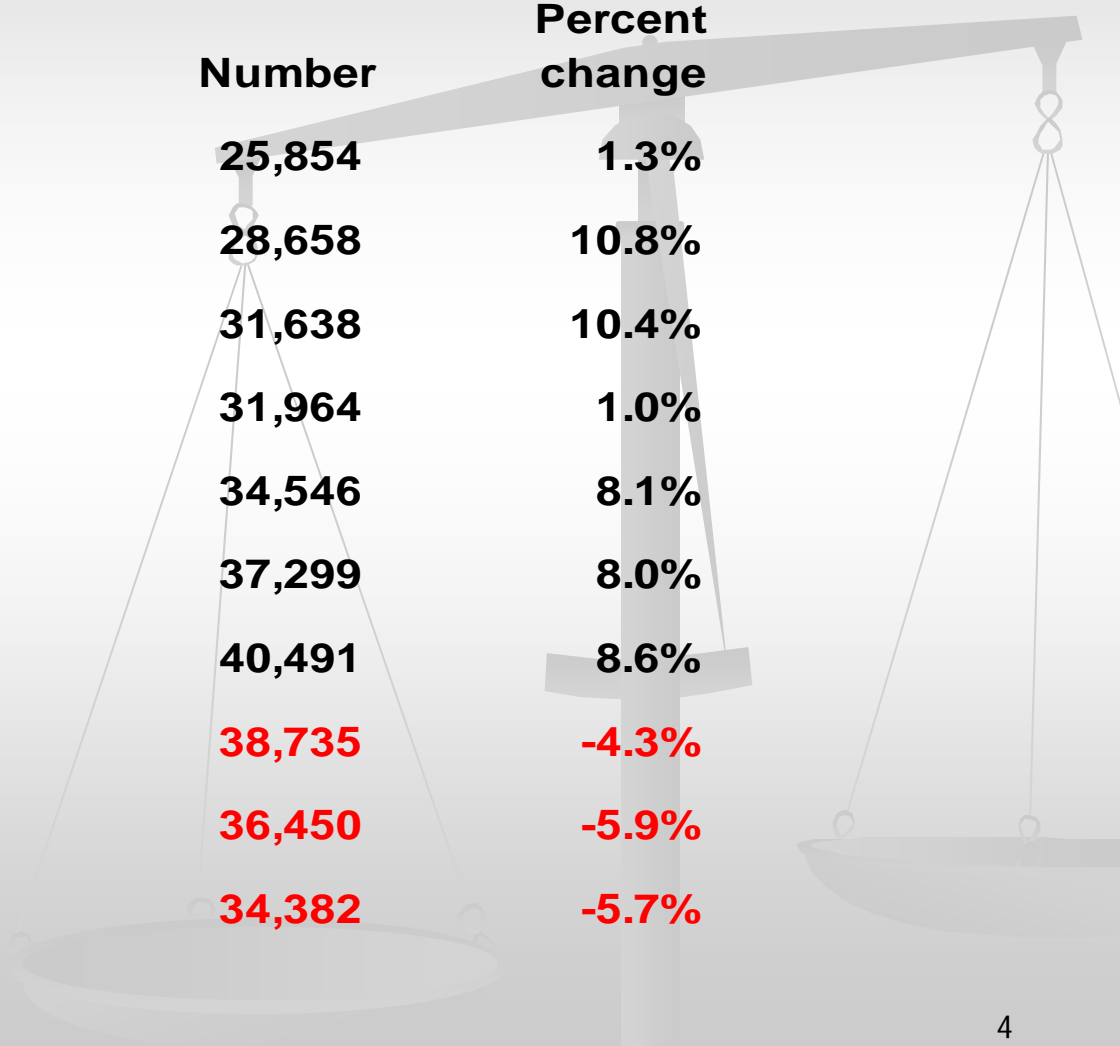
- **366 days or more**

**Prison “admissions” include some offenders
in addition to new commitments**

New Commitments



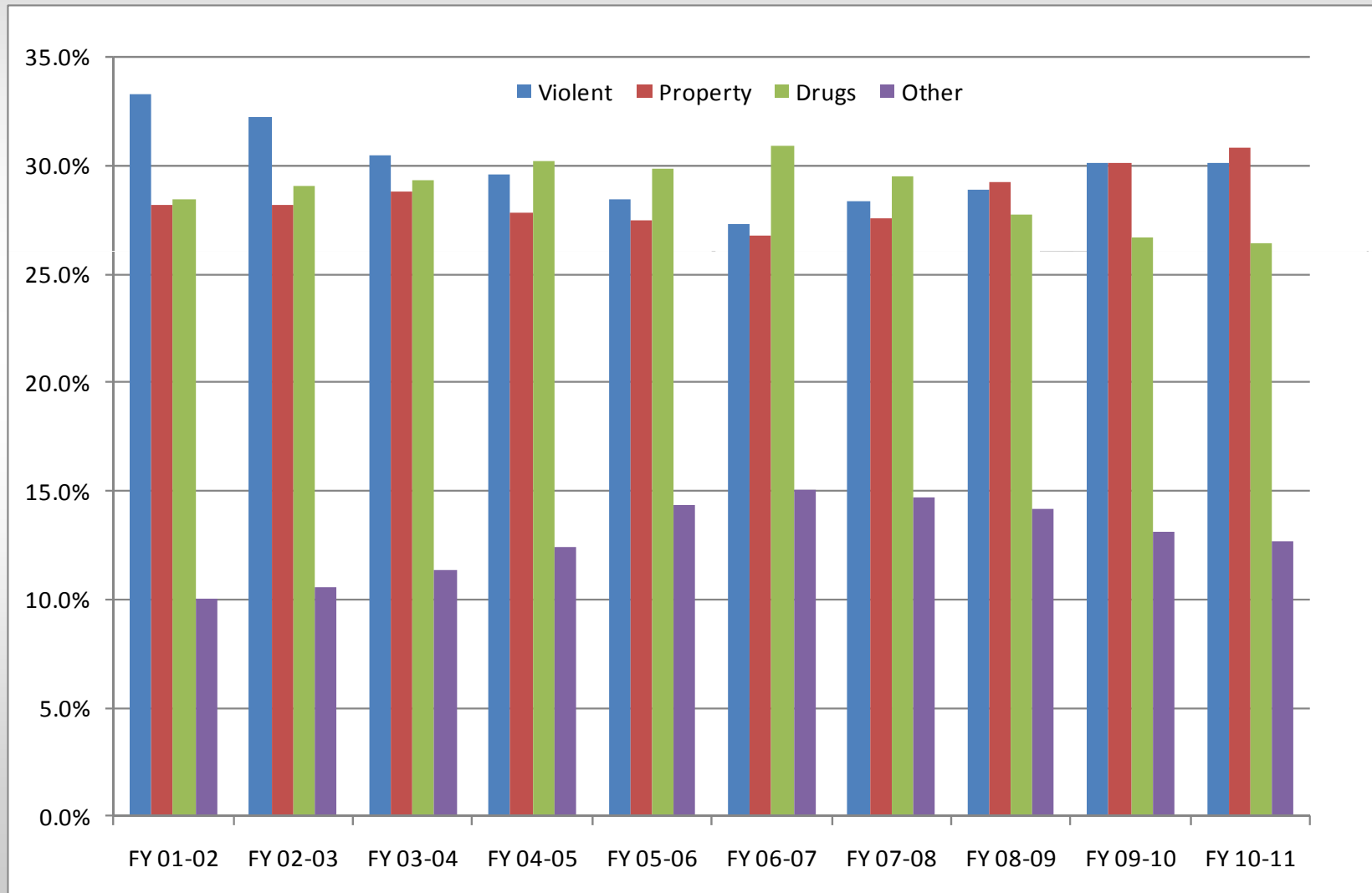
Recent new commitment trends



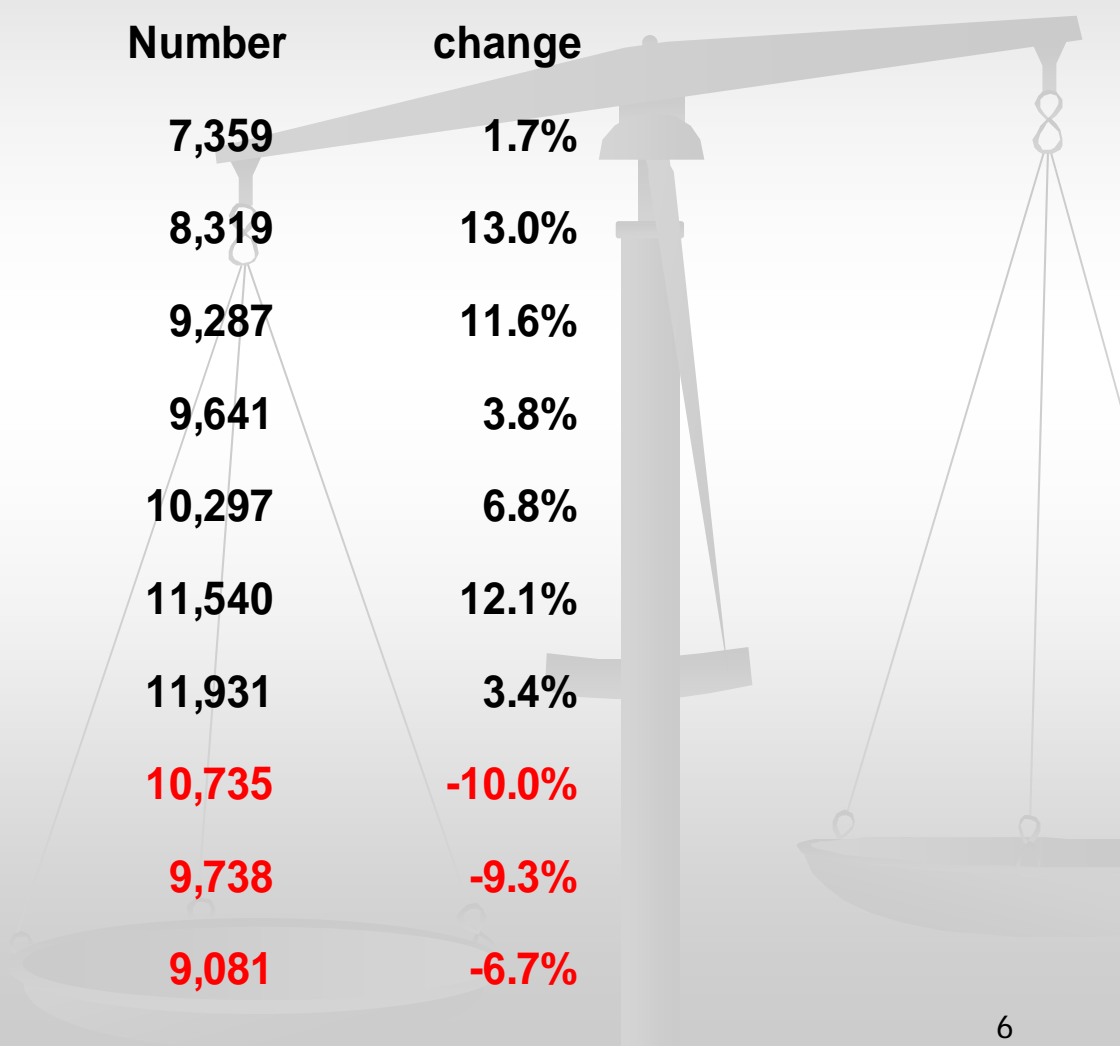
A faint background graphic of a balance scale is visible behind the table. The scale is tilted, with the right pan being higher than the left pan, suggesting it is currently empty or contains less weight.

	Number	Percent change
FY 01-02	25,854	1.3%
FY 02-03	28,658	10.8%
FY 03-04	31,638	10.4%
FY 04-05	31,964	1.0%
FY 05-06	34,546	8.1%
FY 06-07	37,299	8.0%
FY 07-08	40,491	8.6%
FY 08-09	38,735	-4.3%
FY 09-10	36,450	-5.9%
FY 10-11	34,382	-5.7%

New Commitments to Prison by Primary Offense Type

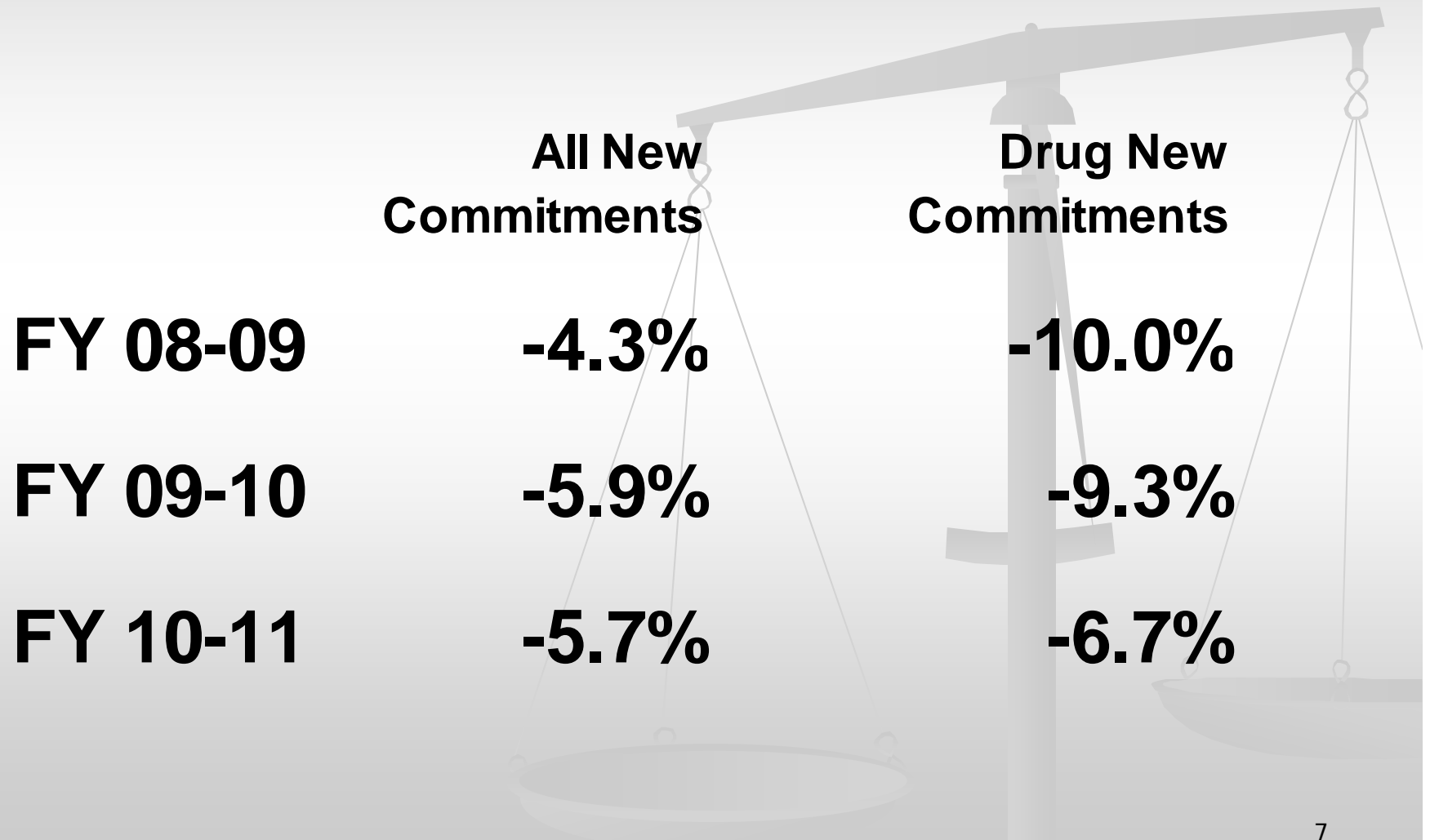


Recent Drug New Commitment Trends

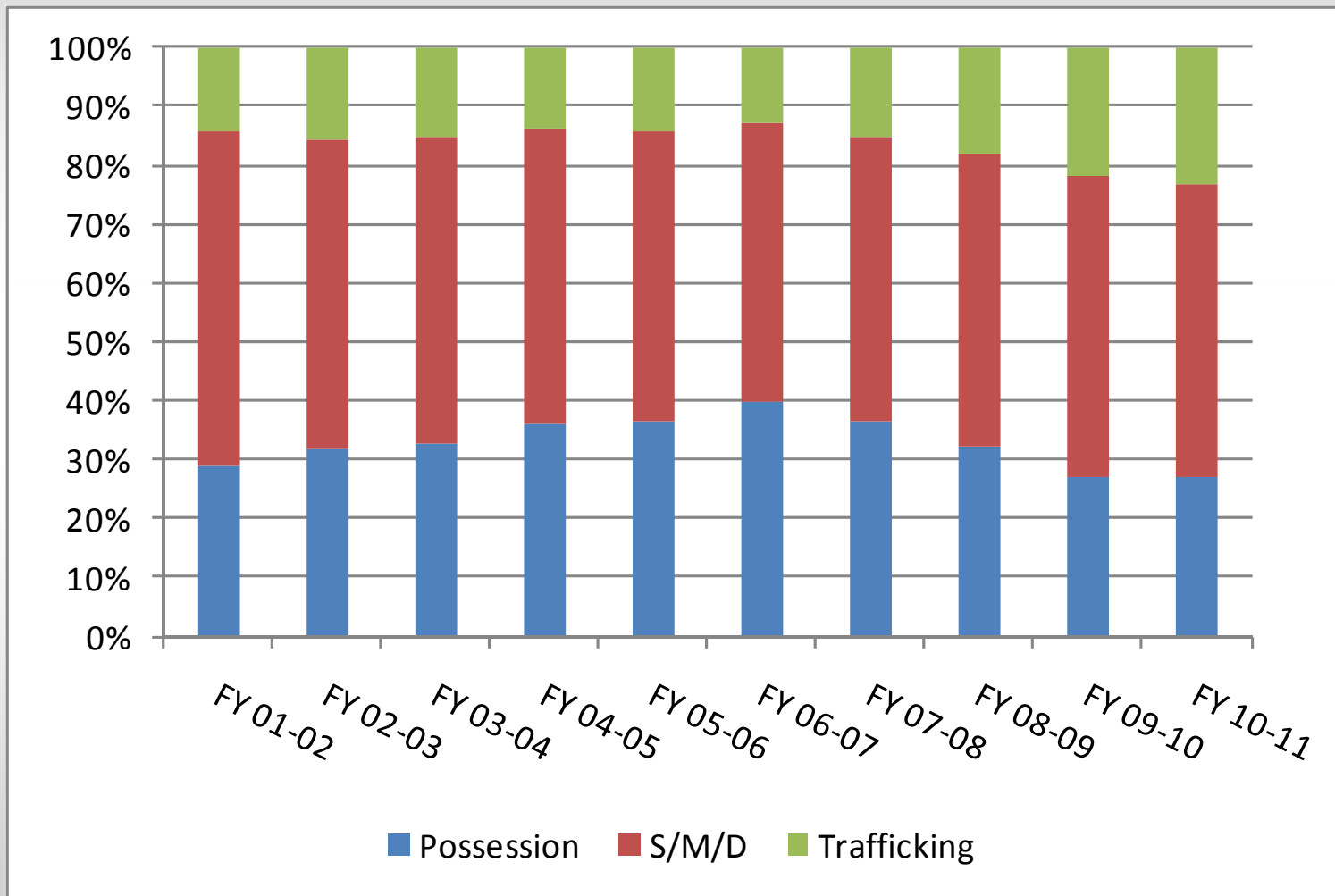


	Number	Percent change
FY 01-02	7,359	1.7%
FY 02-03	8,319	13.0%
FY 03-04	9,287	11.6%
FY 04-05	9,641	3.8%
FY 05-06	10,297	6.8%
FY 06-07	11,540	12.1%
FY 07-08	11,931	3.4%
FY 08-09	10,735	-10.0%
FY 09-10	9,738	-9.3%
FY 10-11	9,081	-6.7%

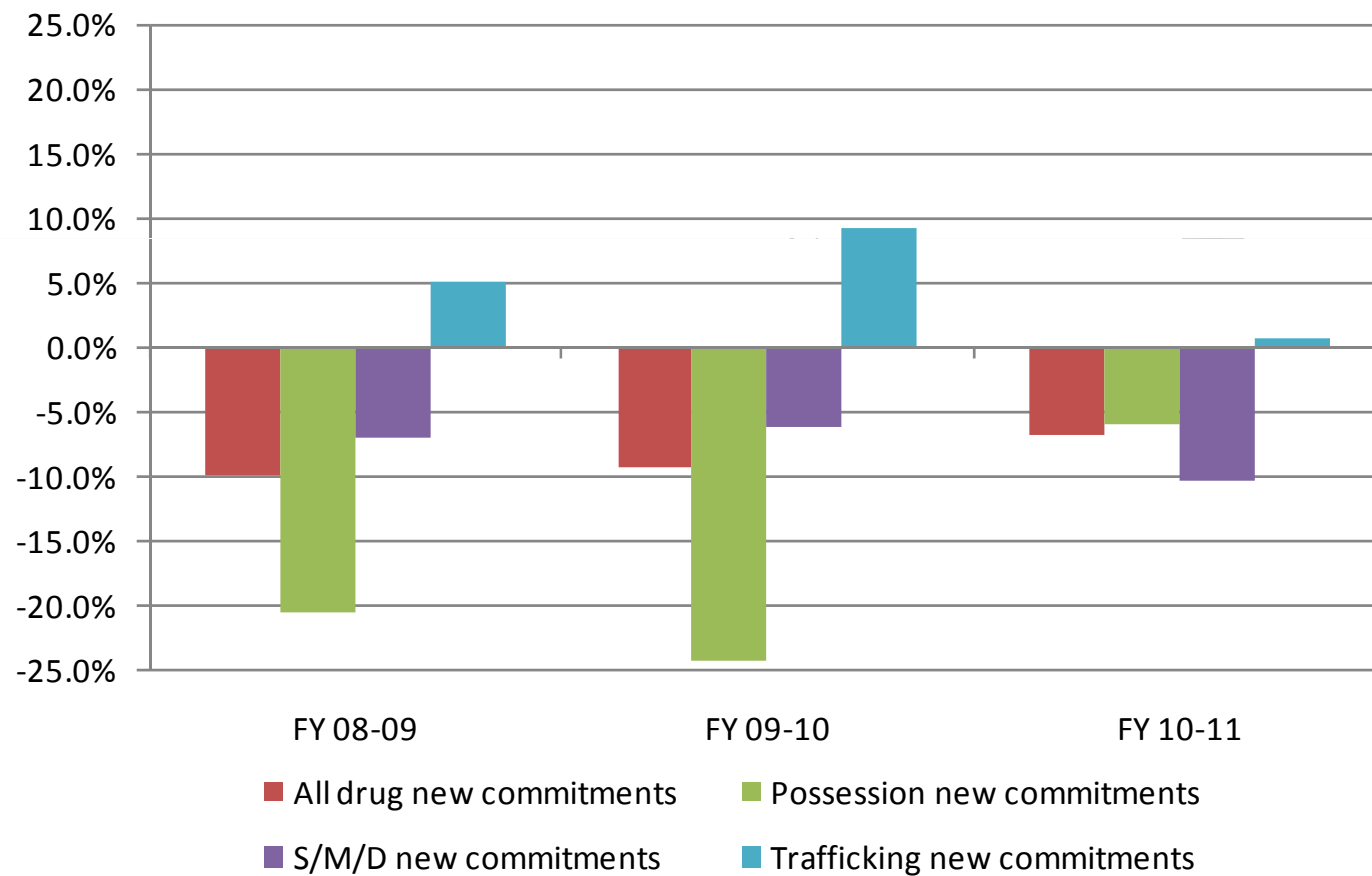
Three-Year Percent Change New Commitments and Drug New Commitments



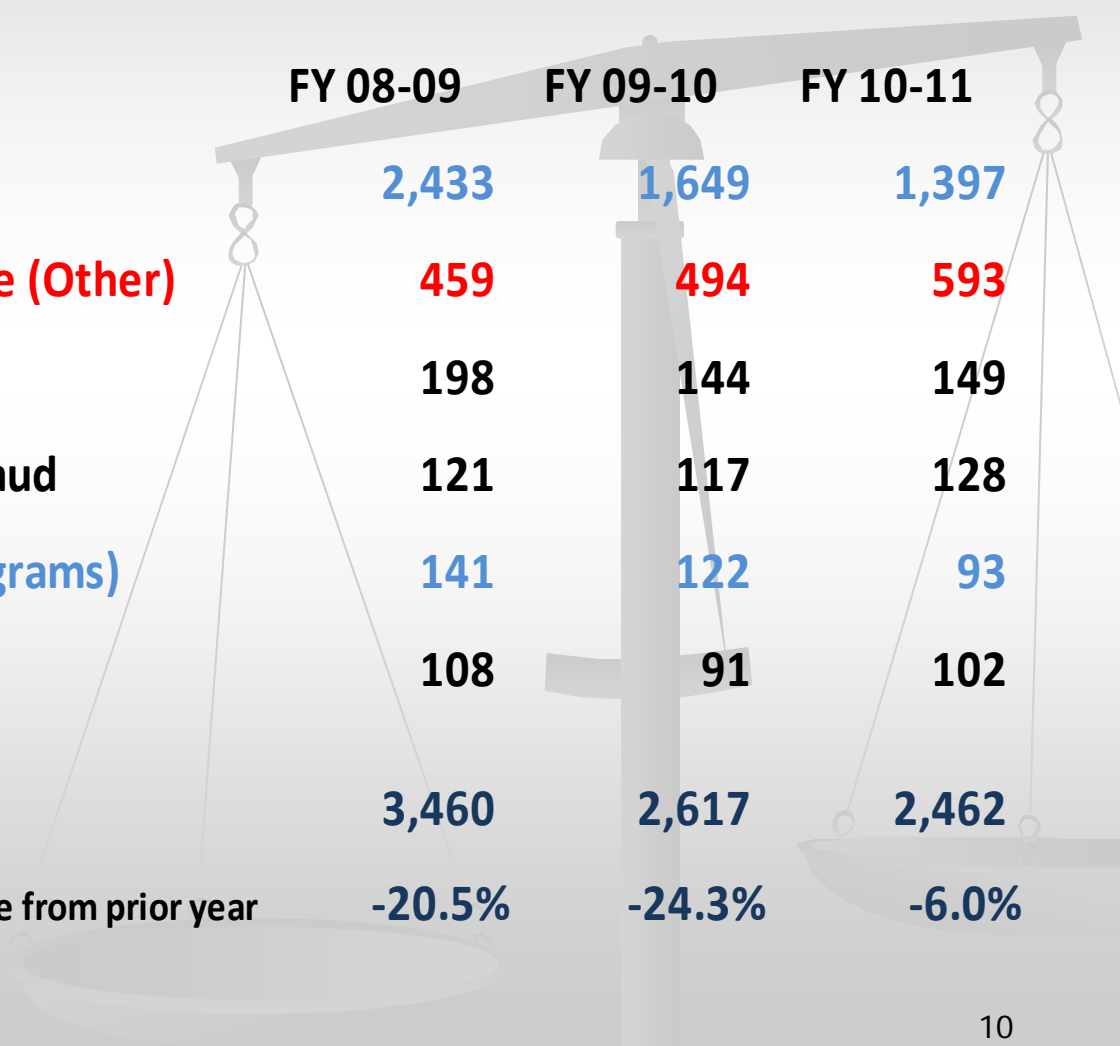
Drug Offenses by Type



Change in Drug New Commitments

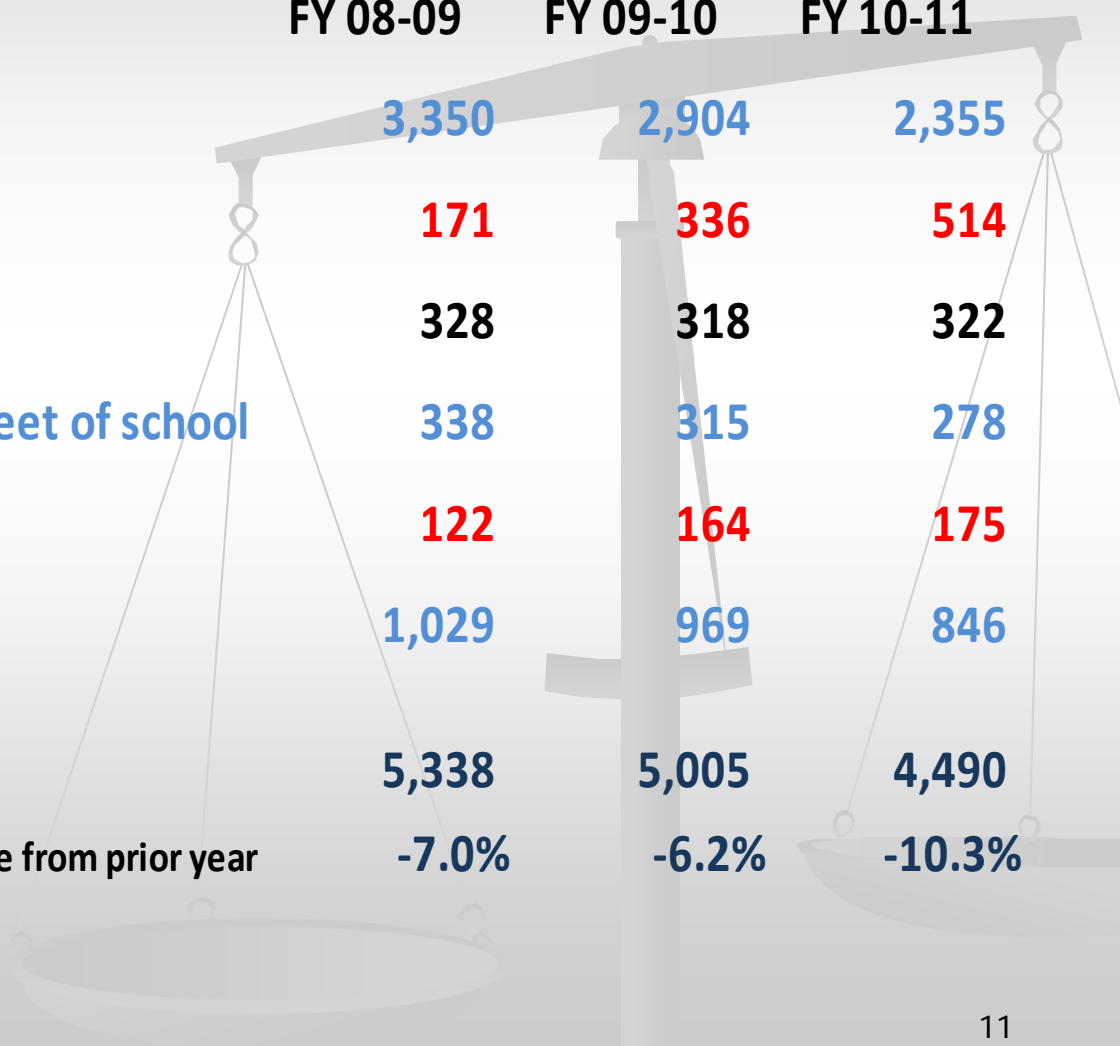


Possession Offenses



	FY 08-09	FY 09-10	FY 10-11
Cocaine possession	2,433	1,649	1,397
Possession of controlled substance (Other)	459	494	593
Methamphetamine possession	198	144	149
Obtain controlled substance by fraud	121	117	128
Possession of marijuana (over 20 grams)	141	122	93
All other possession offenses	108	91	102
ALL POSSESSION OFFENSES	3,460	2,617	2,462
Change from prior year	-20.5%	-24.3%	-6.0%

S/M/D Offenses

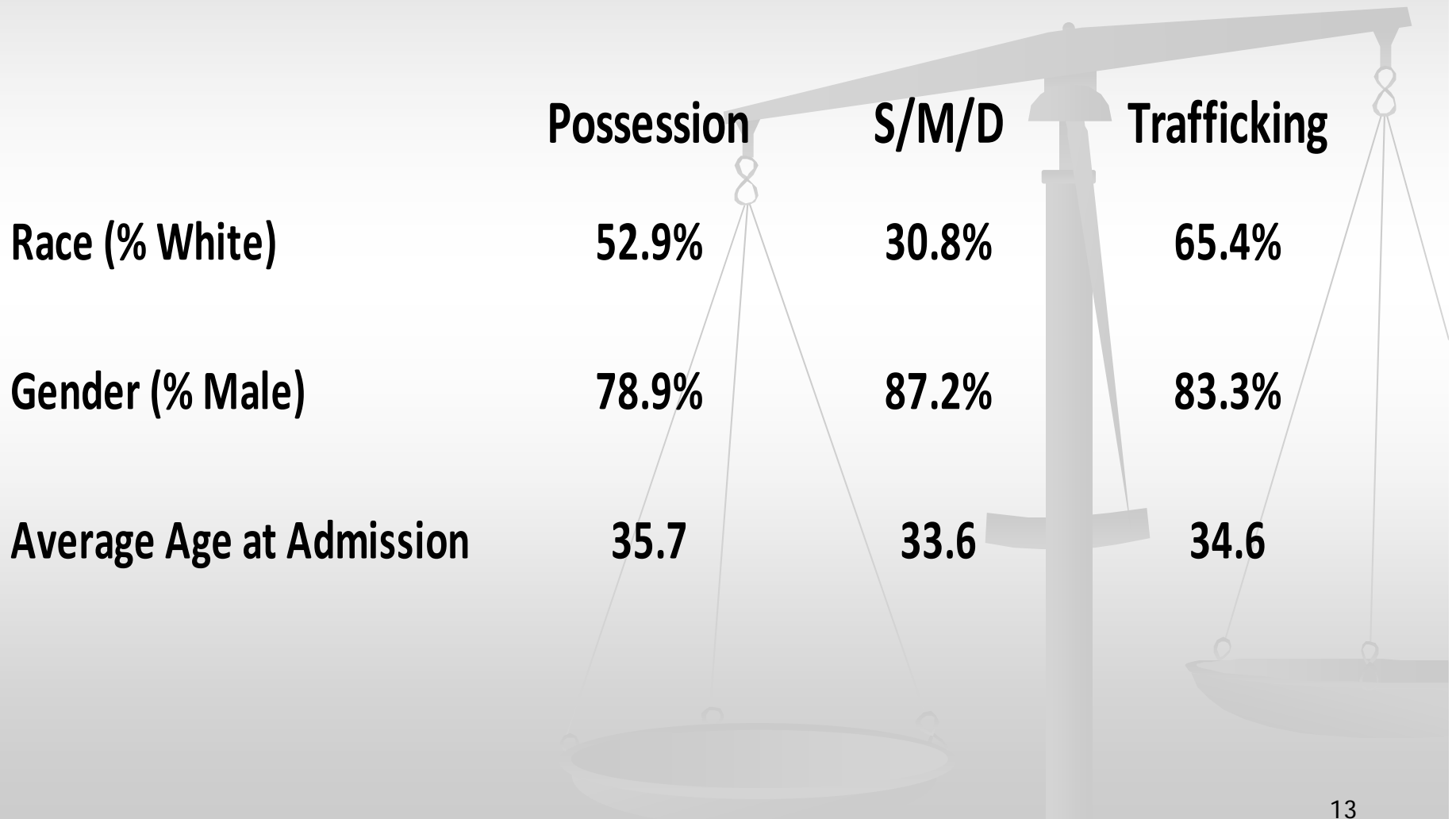


	FY 08-09	FY 09-10	FY 10-11
Cocaine S/M/D	3,350	2,904	2,355
S/M/D other Schedule I and II	171	336	514
S/M/D marijuana	328	318	322
Sell cocaine/heroin within 1,000 feet of school	338	315	278
S/M/D methamphetamine	122	164	175
All other S/M/D offenses	1,029	969	846
ALL S/M/D OFFENSES	5,338	5,005	4,490
Change from prior year	-7.0%	-6.2%	-10.3%

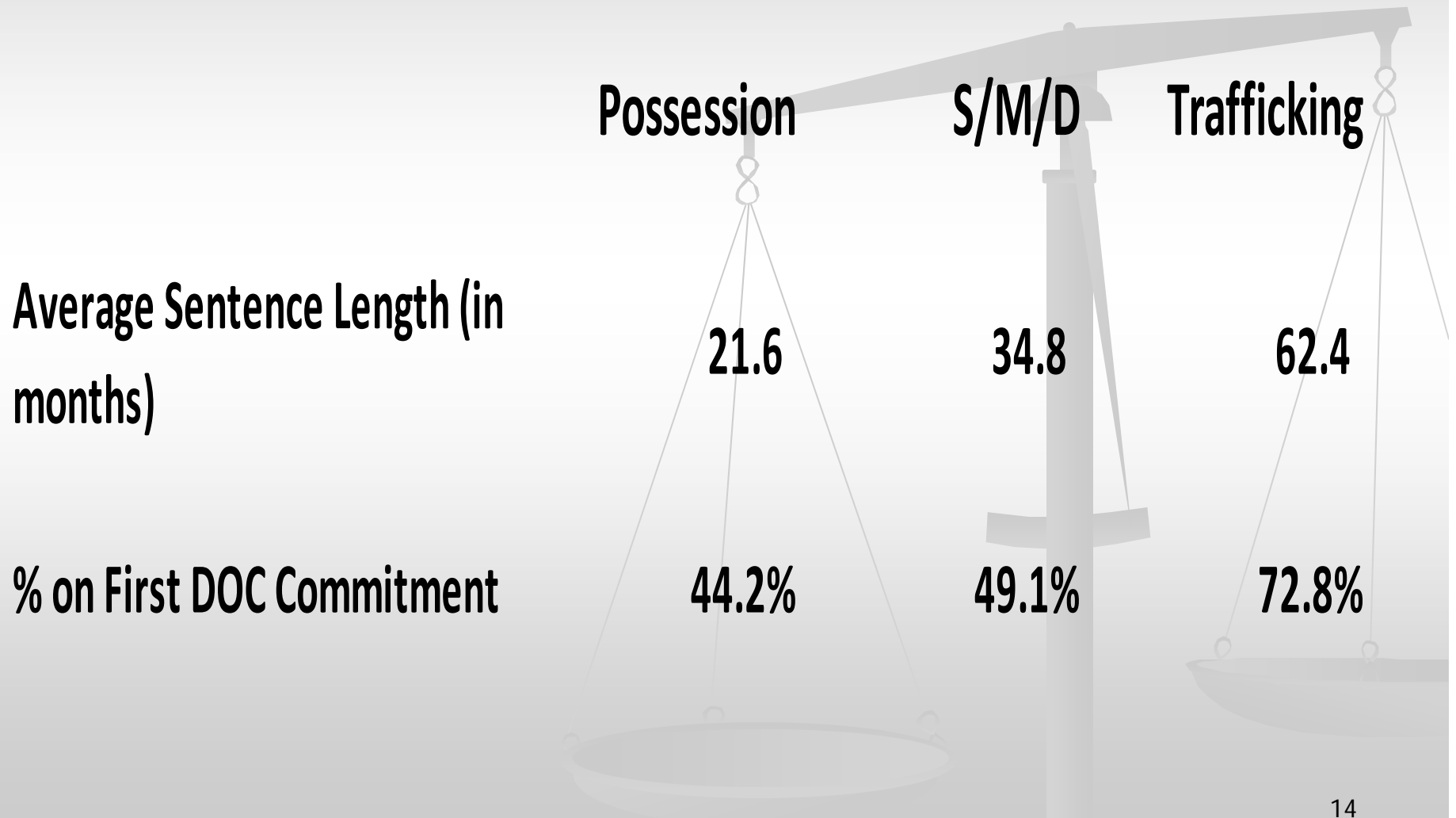
Trafficking Offenses

	FY 08-09	FY 09-10	FY 10-11
Trafficking heroin, oxycodone, hydrocodone, etc. At least 4 grams but less than 14 grams	452	697	845
Trafficking cocaine. At least 28 grams but less than 200 grams	613	485	419
Trafficking heroin, oxycodone, hydrocodone, etc. At least 14 grams but less than 28 grams	117	163	187
Trafficking heroin, oxycodone, hydrocodone, etc. At least 28 grams but less than 30 kilograms	107	138	170
Trafficking marijuana. At least 25 pounds but less than 2000 pounds.	140	144	119
All other trafficking offenses	510	490	388
ALL S/M/D OFFENSES	1,938	2,116	2,130
Change from prior year	-7.0%	9.2%	0.6%

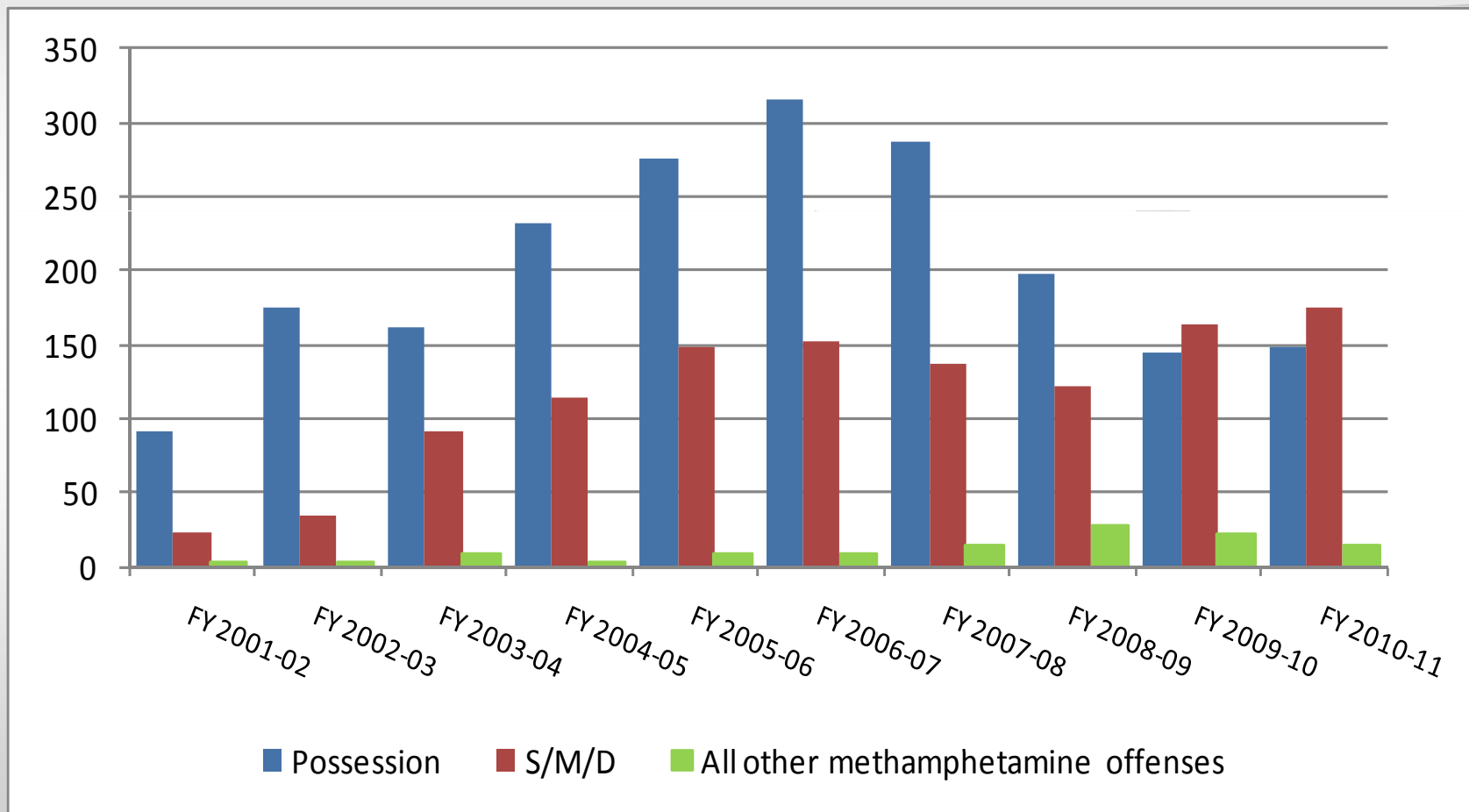
Characteristics of 2010-11 Drug New Commitments



Sentencing Characteristics of 2010-11 Drug New Commitments



Methamphetamine New Commitments



June 30, 2011 Prison Population with a Drug Primary Offense



Possession	2,786
S/M/D	9,215
Trafficking	6,777
All Drug Offenses	18,777
% of All Offenders	18.3%

For additional information

Florida Legislature, Office of Economic and Demographic
Research

edr.state.fl.us

COMMITTEE APPEARANCE RECORD

(Submit to Committee Chair or Administrative Assistant)

9/20/11

Date

Bill Number

Barcode

Name Kathy McCharen

Phone 487 8273

Address 111 W. Madison Suite 574

E-mail mccharen.kathy@leg.state.fl.us

Street

City

Tallahassee FL

State

Zip

Job Title Economist

Speaking: ☐ For ☐ Against ☒ Information

Appearing at request of Chair ☒

Subject Drug New Commitment Trends

Representing ^{leg.} Office of Economic and Demographic Research

Lobbyist registered with Legislature: ☐ Yes

☒ No

Pursuant to s. 11.061, *Florida Statutes*, state, state university, or community college employees are required to file the first copy of this form with the Committee, unless appearance has been requested by the Chair as a witness or for informational purposes.

If designated employee: Time: from _____ .m. to _____ .m.

Senate Criminal Justice Committee Presentation on Substance Abuse Treatment for Offenders

September 20, 2011

Drug Treatment for Offenders Works

- Research shows treatment for offenders decreases future drug use and criminal behavior
- Prison-bound offenders who receive treatment rather than incarceration see lower recidivism and reoffending rates
- Inmates who participate in drug treatment as part of work release are three times as likely to remain drug free
- Increases in admissions to treatment are associated with reductions in crime rates
- Increases in admissions to substance abuse treatment are associated with reduced incarceration rates

Florida Department of Corrections Contracted Drug Treatment

- Community Based Residential Substance Abuse
- Institutional Substance Abuse Treatment
- Transition Drug Treatment (some with work release)

Community Based Residential Substance Abuse

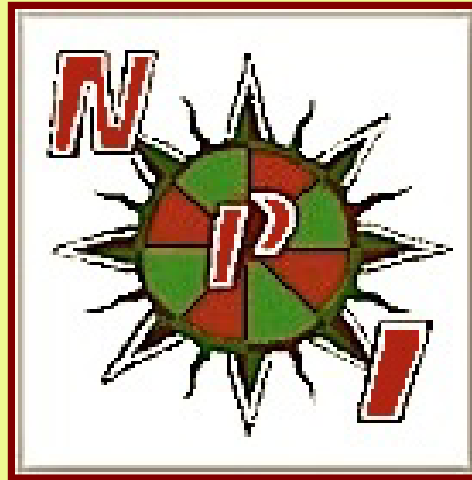
- Probationers with Continued Substance Abuse Problem
- Court Ordered
- 1,061 beds in 21 communities across Florida;
down from 1967 beds in 2003
- Short Term - 6 months (775 beds)
- Long Term - up to 18 months (286 beds)
- Upon employment- offender pays fines, restitution,
child support, partial cost of care

Institutional Drug Treatment

- New inmates screened at reception for substance abuse problem and drug history
- Inmates available for program 36 months prior to end of sentence
- 1,689 slots divided across 19 institutions
- All contracted except 45 DOC operated slots
- Two Models: Intensive Outpatient (4 to 6 months) & Residential Therapeutic Community (9 to 12 months)

Transitional Drug Treatment

- Step down from institution to community
- Includes intensive programming and job skills components
- 844 beds across seven programs
- Inmates available for program 36 months prior to end of sentence; community custody status
- Paired with Work Release Programs
- Contracted to community providers



Non-Secure Programs, Inc.

Kimberly Keeton Spence

To be eligible for admission:

1. The offender must be under the legal supervision of the Department of Corrections and court ordered into the treatment program.
2. The offender must have been screened to be in need of either short or long term residential substance abuse treatment and have sufficient time remaining on their period of supervision to allow them to meet successful completion requirements.

The following cases are inappropriate for treatment:

1. Offenders with a history of arson or fire-starting.
2. Offenders with a history of sexual offenses.
3. Offenders with a serious history of violence.

NPI	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6:30AM	WAKE-UP	WAKE-UP	WAKE-UP	WAKE-UP	WAKE-UP		
7:00AM	B-FAST/BRK	B-FAST/BRK	B-FAST/BRK	B-FAST/BRK	B-FAST/BRK		
7:30AM	CLEAN UP	CLEAN UP	CLEAN UP	CLEAN UP	CLEAN UP	WAKE-UP	WAKE-UP
8:00AM	MEN/Meditation WOMEN/Exercise	MEN/Meditation WOMEN/Exercise	MEN/Meditation WOMEN/Exercise	MEN/Meditation WOMEN/Exercise	MEN/Meditation WOMEN/Exercise	B-FAST/BRK	B-FAST/BRK
8:30AM	MEN/Exercise WOMEN/Meditation	MEN/Exercise WOMEN/Meditation	MEN/Exercise WOMEN/Meditation	MEN/Exercise WOMEN/Meditation	MEN/Exercise WOMEN/Meditation	CLEAN UP	CHURCH (Optional)
9:00AM	LIFE SKILLS	PSYCH-ED PHASE I & II	LIFE SKILLS	EXPERIENTIAL OR PROCESS	EXPERIENTIAL OR PROCESS	BREAK	↓↓
10:00AM	↓↓	↓↓	↓↓	↓↓	↓↓	FAMILY GRP.	BREAK
10:30AM	BREAK	BREAK	BREAK	↓↓	↓↓	↓↓	BRUNCH
11:00AM	PROCESS PHASE I & II	PROCESS PHASE I & II	PROCESS PHASE I & II	BREAK	BREAK	↓↓	BRK/CLEAN
12:00PM	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	FREE TIME
12:30PM	BRK/CLEAN	BRK/CLEAN	BRK/CLEAN	BRK/CLEAN	BRK/CLEAN	BRK/CLEAN	↓↓
1:00PM	FILM GRP/ STAFFING	MRT/AUTO-BIO	FACILITY CLEAN UP	PSYCH-ED PHASE I & II	PSYCH-ED PHASE I & II	VISITATION	↓↓
2:30PM	↓↓	BREAK	BREAK	BREAK	BREAK	↓↓	↓↓
3:00PM	BREAK	MRT/AUTO-BIO	FACILITY CLEAN UP	CO-DEPENDENCY	RECREATION	BREAK	↓↓
3:30PM	FILM PROCESS	↓↓	↓↓	↓↓	↓↓	↓↓	↓↓
4:30PM	BREAK	BREAK	BREAK	BREAK	IN DORM	IN DORM	IN DORM
5:00PM	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER
5:30PM	BRK/CLEAN	BRK/CLEAN	BRK/CLEAN	BRK/CLEAN	BRK/CLEAN	BRK/CLEAN	BRK/CLEAN
6:30PM	GED LEVEL I & II	WOMEN/CASELOAD	COMMUNITY	GED LEVEL I & II	CASELOAD	AA MEETING	↓↓
7:30PM	↓↓	BIG BOOK STUDY	STUDY HALL IN DORM	↓↓	FACILITY GRP OR BIG BOOK STUDY	MOVIE NIGHT	NA MEETING
9:00PM	REFLECTIONS	REFLECTIONS	REFLECTIONS	REFLECTIONS	REFLECTIONS	REFLECTIONS	REFLECTIONS
9:30PM	CLEAN UP	CLEAN UP	CLEAN UP	CLEAN UP	CLEAN UP	CLEAN UP	CLEAN UP
10:00PM	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK
10:30PM	LIGHTS OUT	LIGHTS OUT	LIGHTS OUT	LIGHTS OUT	↓↓	↓↓	LIGHTS OUT
11:30PM					LIGHTS OUT	LIGHTS OUT	

***Groups that are bolded are to be counted toward counseling hours, plus individual, on ITC sheet.

NPI	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6:30AM	WAKE-UP	WAKE-UP	WAKE-UP	WAKE-UP	WAKE-UP		
7:00AM	B-FAST/BRK	B-FAST/BRK	B-FAST/BRK	B-FAST/BRK	B-FAST/BRK		
7:30AM	CLEAN UP	CLEAN UP	CLEAN UP	CLEAN UP	CLEAN UP	WAKE-UP	WAKE-UP
8:00AM	GET READY	GET READY	GET READY	GET READY	GET READY	B-FAST/BRK	B-FAST/BRK
8:15AM	Job Search for Females or Employment					CLEAN UP	CHURCH (Optional)
9:00AM						BREAK	↓↓
10:00AM						FAMILY GRP.	BREAK
10:30AM						↓↓	BRUNCH
11:00AM						↓↓	BRK/CLEAN
12:00PM	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH	FREE TIME
12:30PM	BRK/CLEAN	BRK/CLEAN	BRK/CLEAN	BRK/CLEAN	BRK/CLEAN	BRK/CLEAN	↓↓
1:00PM	GET READY	GET READY	GET READY	GET READY	GET READY	VISITATION	↓↓
1:15PM	Job Search for Males or Employment					↓↓	↓↓
3:00PM						BREAK	↓↓
4:30PM						IN DORM	IN DORM
5:00PM	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER	DINNER
5:30PM	BRK/CLEAN	BRK/CLEAN	BRK/CLEAN	BRK/CLEAN	BRK/CLEAN	BRK/CLEAN	BRK/CLEAN
6:30PM	GED LEVEL I & II	WOMEN/CASELOAD	COMMUNITY	GED LEVEL I & II	CASELOAD	** AA MEETING	↓↓
7:30PM	↓↓	PROCESS PHASE III & IV/ AFTERCARE	PSYCH-ED PHASE III & IV	↓↓	FACILITY GRP OR ISSUE PHASE III & IV	OUTSIDE MEETING	OUTSIDE MEETING/ NA MEETING
9:00PM	REFLECTIONS	REFLECTIONS	REFLECTIONS	REFLECTIONS	REFLECTIONS	REFLECTIONS	REFLECTIONS
9:30PM	CLEAN UP	CLEAN UP	CLEAN UP	CLEAN UP	CLEAN UP	CLEAN UP	CLEAN UP
10:00PM	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK	BREAK
10:30PM	LIGHTS OUT	LIGHTS OUT	LIGHTS OUT	LIGHTS OUT	↓↓	↓↓	LIGHTS OUT
11:30PM					LIGHTS OUT	LIGHTS OUT	

**** Only attend inside AA meeting, if not attending outside meeting that night.**

*****Groups that are bolded are to be counted toward counseling hours, plus individual, on ERC sheet.**

SAMPLE OF Level 1 & 2 GROUP TOPICS COVERED IN TREATMENT

"We"
 Disease Concept.
 Progression &
 Dependence
 Personality Inventory
 Problem Solving
 Experiential Group
 "Days of Wine &
 Roses"
 Codependency Part I
 Twelve Steps &
 Traditions
 Process of Recovery
 Surrender,
 Resistance, &
 Compliance
 ABC's of Emotion
 Part I
 ABC's of Emotion
 Part II
 Experiential Groups
 "Bill W."
 Codependency Part II
 Character Defects
 Step One
 Cravings
 Anger Management
 Part I
 Anger Management
 Part II
 "28 Days"

Codependency Part III
 Values Clarification
 Johari's Window
 Stress Management Part I
 Stress Management Part II
 "Clean & Sober"
 Codependency Part IV
 Psychopharmacology I
 Psychopharmacology II
 Process of Relapse
 Assertiveness Part I
 Assertiveness Part II
 "Pay It Forward"
 Codependency Part V
 Sexuality in Recovery
 Shame & Guilt
 Spirituality vs. Religion
 Healthy Relationships Part I
 Healthy Relationships Part II
 "The Story of Us"
 Codependency Part VI
 Job Readiness & Resume
 Building
 Boundaries
 HIV/AIDS
 Grief
 Money Management
 "The Lost Weekend"
 Codependency Part VII
 Communication Skills
 Defense Mechanisms

Criminal Thinking Part I
 Criminal Thinking Part II
 "Losing Isaiah"
 Codependency Part VIII
 Open and Hidden Pressures to
 Drink/Use
 Practical Problem Solving and
 Goals
 Parenting Skills I
 Parenting Skills II
 Domestic Violence I
 Domestic Violence II
 Time Management
 Coping Skills for Anger and
 Resistant
 Forgiveness
 Relapse Prevention Part I
 Today's Living
 Issues Group
 Relapse Prevention Part II
 Physical and Emotional Self
 Care
 Life Style Changes
 Fear
 "How is That Funny"
 Sponsorship
 Recovery Programs &
 Resources

Group Room



Recreational Garden



Male Dorm



Male Bathroom





Institutional Substance Abuse Treatment

Working Behind the Walls

Presented by Shelia Randolph
The Unlimited Path, Inc.

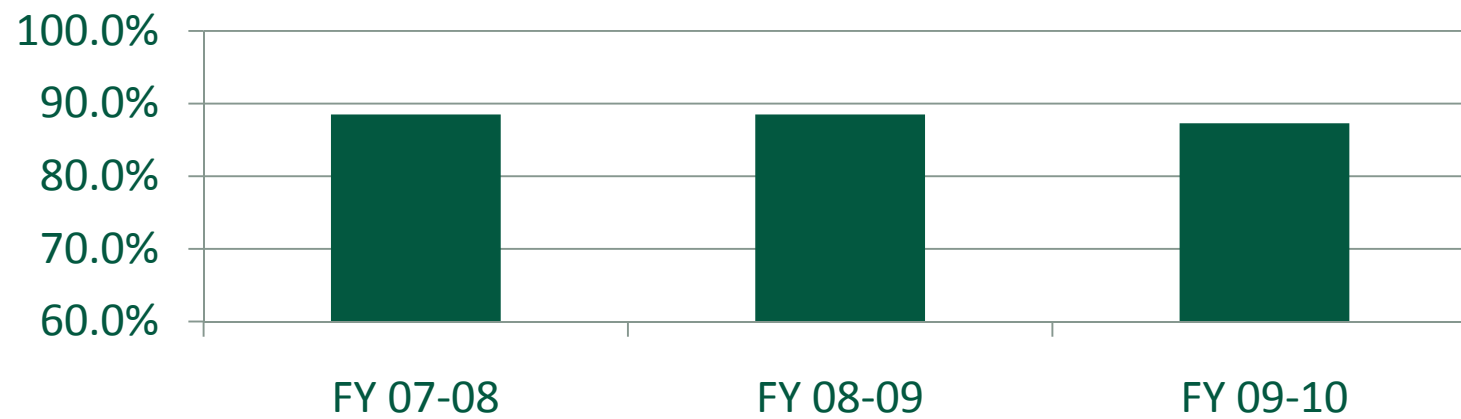
Intensive Outpatient Programming – Behind the Walls

Program Duration	Number of Institutions	Number of Inmates Served
4 to 6 month duration	12	760 males 120 females

There are currently two community providers of intensive outpatient programming. The Unlimited Path of Central Florida and Community Education Centers. Both providers have agreed to increase our intensive outpatient slots from 20 per counselor to 25 per counselor.

Number of Inmate Slots with Increase	=	More Services
1000 males 145 females		

Intensive Outpatient Success Rates



Services Provided In Intensive Outpatient

Targeting Offenders who have High/Moderate Risks and Needs

Enrollees are typically higher custody levels

Evidence-based programs are utilized:

- Texas Christian University Mapping-Enhanced Counseling
- Living In Balance by Hazelden
- Money Smart by FDIC
- Anger Management from SAMSHA
- InsideOut Dads, etc.
- Victim Impact: Listen and Learn
- Within My Reach by PREP



Making a better community.

Family Initiative:

Where possible with institutional support, family visitation and family therapy has begun with our intensive outpatient programs. A counselor meets with the offender and his family members to discuss re-entry issues and resolve old disputes. Treatment means more and there is less wiggle room for the offender when “telling his story” when families participate!

Residential Therapeutic Community— Behind the Walls

Program Duration	Number of Institutions	Number of Inmates Served
9 to 12 month duration	4	544 males

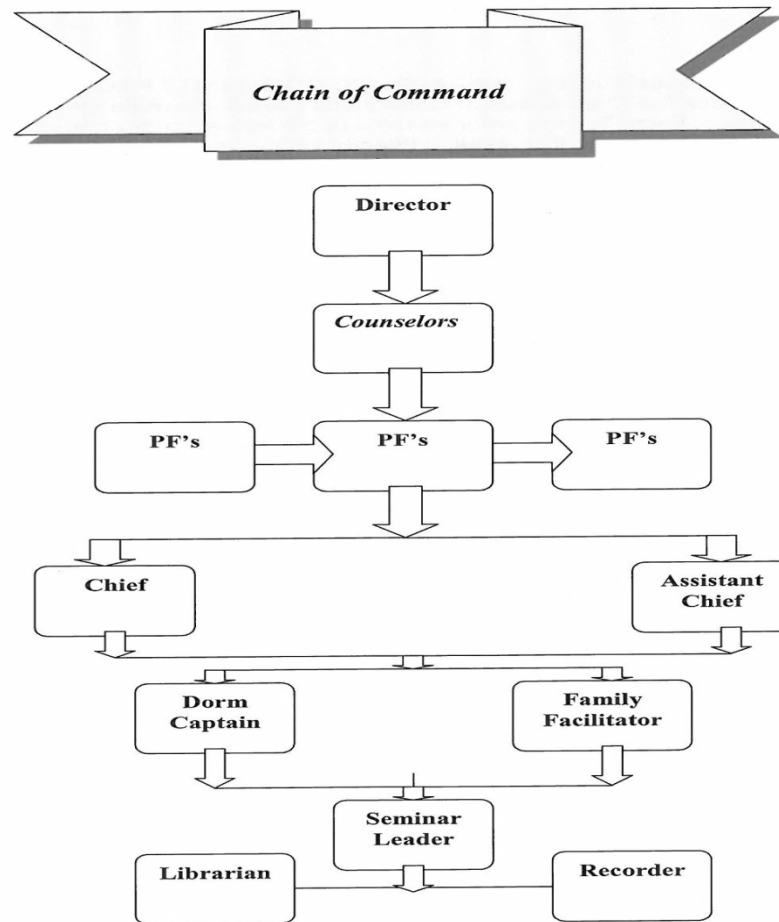
There are currently two community providers of Residential Therapeutic Communities. The Unlimited Path of Central Florida and Community Education Centers.



Residential Therapeutic Communities

Targeting Offenders
who are in last 18
months of sentence

Enrollees are all
provided Thinking for a
Change curriculum
proven to change
antisocial thinking
patterns along with the
other evidenced-based
curriculums previously
mentioned for Intensive
Outpatient.



Voluntary Literacy – Added Value



Successes

Substance Abuse Treatment is an integral part of the re-entry movement

Linkages with Community Resources Greatly Improved

Serving Offenders at the End of their Sentence

Able to Contact/Continually Support the Offender Upon Release

Need Principle: What We Need to Treat

By assessing and targeting criminogenic needs for change, agencies can reduce the probability of recidivism:

Criminogenic
Antisocial Attitudes
Antisocial Friends
Substance Abuse
Lack of Empathy
Impulsive Behavior

- **Pennsylvania Parole Violator Study*:**
- **• Successes and failures did not differ in difficulty in finding a place to live after Release**
- **• Successes & failures equally likely to report eventually obtaining a job**

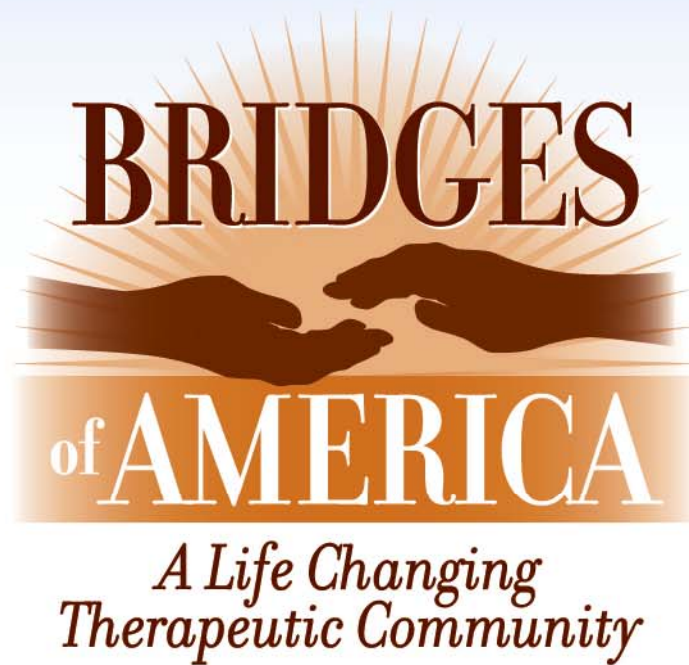
*Conducted by Pennsylvania Dept. of Corrections

Source: Ed Latessa, Ph.D, U. of Cincinnati, Second Chance Reentry Conference, 2011, Understanding the Risk and Needs Principles and their Application to Offender Reentry

Who We Need to Treat Behind the Walls



Bureau of Research & Data Analysis, Florida Department of Corrections



Transition Drug Treatment Centers

Cecilia Denmark



Our Clients – A Recurring Profile



- Non-violent criminals
- History of drug use
- Uneducated
- Unskilled
- Mistake-prone
- 2 yrs or fewer remaining on sentence



BRIDGES

of AMERICA

The Bridge Program



Holistic approach to each individual

- Substance abuse treatment
- Education
- Family development
- Faith
- Life skills training
- Counseling
- Job training

BRIDGES

of AMERICA

Transition to the Workplace

Employment & Re-entry education

Industry Skills Training

- Culinary Arts Certification
- A+ Computer Certification
- Electrician program

Partnerships

- Community partners
- Bridges-to-Business
- Technical institute training programs



BRIDGES

of AMERICA

Securing Employment



- **Develop**
valuable skills
- **Learn responsibility**
and accountability
- **Earn savings**
- **Send money home**
to support families

BRIDGES

of **AMERICA**

How They Re-enter

- Changed and motivated
- Prepared with life skills and financial savings
- Reconnected to family and community
- Productive, contributing members of society

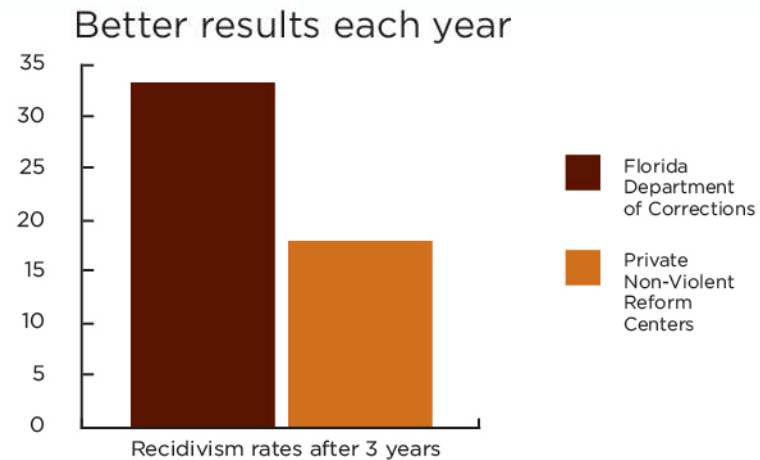
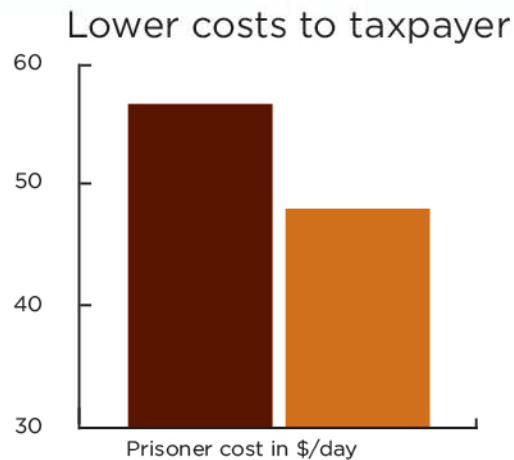


BRIDGES

of AMERICA

What it Means to the State

Tax Savings. Public Safety. Reduced Criminal Behavior.



82%

Success Rate - Those who complete community drug treatment recidivate at far lower rates within 3 years

BRIDGES

of **AMERICA**

Reality House

A Transitional Drug Treatment and
Work Release Program for Inmates



**Florida Department of
Corrections**



85 Bed Correctional Drug Treatment Program, 28 Bed Work Release Program



In operation since 1989, Inmates included in
Tomoka Correctional Institution's bed count

Drug Treatment, Life Skills, GED, Vocational Training, Job Placement



The culinary arts training program prepares inmates for work release and a career



Inmates enter work release with a food manager certification and up to 9 hours of college credit



Reality House Benefits

- Public protected
- Drug treatment provided
- Educational and vocational development
- Transition/community engagement - work release, job skills, job placement
- Cost comparable to a prison bed
- Improved recovery outcomes
- 2 year recidivism rates = 4.8% (DOC data)



The Transition House, Inc.



The Transition House, Inc.

Programs

- US Department of Veterans Affairs
 - Homeless Male Veterans 44 Bed Program
 - Homeless Female Veterans with Children Program
 - Emergency Shelter Grant Program
 - Supportive Services for Veterans and Families Program

Veterans Re-Entry Program



75% of all Veteran referrals that The Transition House, Inc. receives originate from Florida DOC

Employment, Education, Vocational, and Life Skills Counseling and Case Management



Group and Individual Counseling



Fully self sustained long term residential
treatment facility



Recreation and healthy living habits



Strong sense of community and family



Housing

TTHI offers long term residential treatment in our group facilities and also permanent supportive housing in our numerous supportive housing properties scattered throughout Central Florida



Education

TTHI encourages and assists clients to return to school to complete their education and/ or acquire a new trade



Permanent Supportive Housing



Permanent Supportive Housing



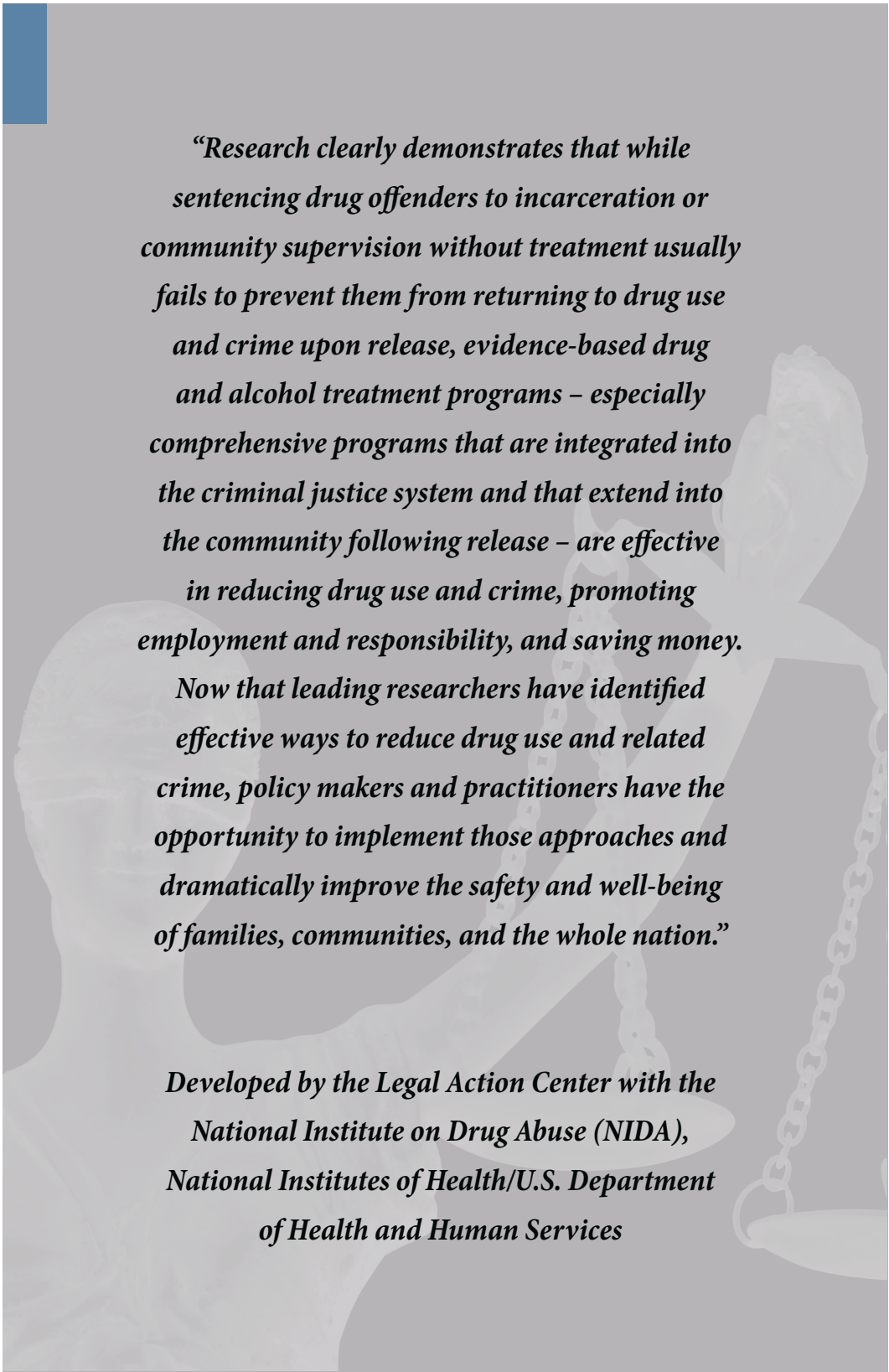
Permanent Supportive Housing



THE EFFECTIVENESS OF
SUBSTANCE ABUSE TREATMENT WITH
CRIMINAL JUSTICE CLIENTS:

A SUMMARY OF RESEARCH FINDINGS



A faint, grayscale background image of a person's head and shoulders, wearing a hood and handcuffs, is visible behind the text. The person's face is partially obscured by the hood.

“Research clearly demonstrates that while sentencing drug offenders to incarceration or community supervision without treatment usually fails to prevent them from returning to drug use and crime upon release, evidence-based drug and alcohol treatment programs – especially comprehensive programs that are integrated into the criminal justice system and that extend into the community following release – are effective in reducing drug use and crime, promoting employment and responsibility, and saving money. Now that leading researchers have identified effective ways to reduce drug use and related crime, policy makers and practitioners have the opportunity to implement those approaches and dramatically improve the safety and well-being of families, communities, and the whole nation.”

*Developed by the Legal Action Center with the
National Institute on Drug Abuse (NIDA),
National Institutes of Health/U.S. Department
of Health and Human Services*

DRUG TREATMENT- CRIMINAL JUSTICE

- Research demonstrates that providing treatment to individuals involved in the criminal justice system decreases future drug use and criminal behavior while improving social functioning.

(NIDA Topics in Brief, March 2009)

- Prison-bound people who receive treatment rather than incarceration see lower recidivism and reoffending rates than those who receive a prison sentence.

(Justice Policy Institute Fact Sheet, February 2, 2007)

- Investigators found that prisoners who participated in drug abuse treatment during a work-release program were three times as likely as untreated peers to remain drug-free up to 5 years.

(NIDA Research Findings, Vol. 20., No. 5, April 2006)

- Increases in admissions to substance abuse treatment are associated with reductions in crime rates. Increased admissions to drug treatment are associated with reduced incarceration rates. Substance abuse treatment prior to contact with the justice system yields public safety benefits early on. Community-based drug treatment programs reduce the chance that a person will become involved in the criminal justice system after release from prison.


(Justice Policy Institute, January 2008)

- Every dollar spent on drug treatment in the community is estimated to return \$18.52 in benefits to society in terms of reduced incarceration rates and associated crime costs to taxpayers.

(Washington State Institute for Public Policy, 2006)

- Research results of 66 evaluations of incarceration-based drug treatment programs consistently found that therapeutic communities were effective interventions in reducing post-release offending and drug use.

(Journal of Experimental Criminology, December 2007)

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- A five-year study of the Drug Treatment Alternative-to-Prison Program (DTAP) in Brooklyn, New York found that DTAP participants had a 26% lower re-arrest rate and 67% lower recidivism rate two years after completing the program than a matched group who went through the standard judicial system. The study also revealed the cost-effectiveness of the program: the average cost of assigning an individual in DTAP was \$32,975 compared to an average cost of \$64,338 for incarceration. (Justice Policy Institute Fact Sheet, February 2, 2007)
 - The Maryland Alcohol and Drug Abuse Administration (ADAA): The state's substance abuse treatment department reported the following benefit from drug treatment programs: "Arrest rates during both funded and non-funded treatment were about 75% lower than arrest rates during the two years preceding treatment. Arrest rates were reduced by half or more during treatment in most levels of care." (Justice Policy Institute Fact Sheet, February 2, 2007)
 - Delaware Work Release study sponsored by NIDA, those who participated in prison-based treatment followed by aftercare were seven times more likely to be drug free after 3 years than those who received no treatment. Moreover, nearly 70 percent of those in the comprehensive drug treatment group remained arrest-free after 3 years - compared to only 30 percent in the no-treatment group.
(NIDA, February 8, 2006)
 - Drug abuse treatment can be incorporated into criminal justice settings in a variety of ways. These include treatment as a condition of probation, drug courts that blend judicial monitoring and sanctions with treatment, treatment in prison followed by community-based

treatment after discharge, and treatment under parole or probation supervision. Outcomes for substance abusing individuals can be improved by cross-agency coordination and collaboration of criminal justice professionals, substance abuse treatment providers, and other social service agencies. By working together, the criminal justice and treatment systems can optimize resources to benefit the health, safety, and well-being of individuals and the communities they serve. (NIDA Report, September 2006)

- For offenders eligible for treatment under the first year of California's Substance Abuse and Crime Prevention Act of 2000 (SACPA), \$2.50 was saved for every \$1.00 invested in drug treatment.

(SACPA Evaluation report at UCLA, 2006)

- A UCLA Study finds that the average \$1,583 cost of substance abuse treatment is offset by monetary benefits such as reduced costs of crime and increased employment earnings totaling \$11,487. Among other findings, there was a reduction in the cost of victimization and other criminal activities averaged \$5,676.

(Health Services Research, 2006)

- Nearly two decades of treatment research finds that substance abuse treatment, especially when it incorporates evidence-based practice, results in clinically significant reduction in alcohol and other drug use and crime, and improvement in health and social function, for many clients. (Treatment Research Institute at the University of Pennsylvania, 2005)

- A study of adult drug courts in Washington State found that five of the six drug courts reduced recidivism by 13%.

(Justice Policy Institute Fact Sheet, February 2, 2007)

A SUMMARY OF RESEARCH FINDINGS

Enhancing prisoner reentry through access to prison-based and post-incarceration aftercare treatment: experiences from the Illinois Sheridan Correctional Center therapeutic community (2009)

In an attempt to enhance dramatically the access of Illinois' prison inmates to substance abuse treatment services within prison and following their release, the Sheridan Correctional Center was opened in 2004 by the Illinois Department of Corrections as a fully-dedicated substance abuse treatment prison operating under a therapeutic community design. During the first 5 years of implementation and operation, the program has improved the rate of aftercare admission and completion through enhanced pre-release planning and coordination, the development of community-based partnerships, and a transformation of the parole model and, in doing so, has overcome many of the barriers to effective offender re-entry. The analyses illustrate how aftercare admission and completion has improved during the course of implementation, and what factors appear to predict aftercare entry and completion. The article discusses the implications of how this improved access to aftercare impacts upon post-release outcomes (i.e., recidivism).

Olson, David, et. al., *Enhancing prisoner reentry through access to prison-based and post-incarceration aftercare treatment*. Journal of Experimental Criminology, Volume 5, Number 3, September 2009, pp 299–321.

Treating Offenders with Drug Problems: Integrating Public Health and Public Safety (2009)

Research demonstrates that providing treatment to individuals involved in the criminal justice system decreases future drug use and criminal behavior while improving social functioning. Blending the functions

of criminal justice supervision with drug abuse treatment and support optimally serves both public health and public safety concerns.

Treating Offenders with Drug Problems: Integrating Public Health and Public Safety, NIDA Topics in Brief, March 2009

Substance Abuse Treatment and Public Safety (2008)

The Justice Policy Institute policy brief—the last in a series that examines the impact of positive social investments on public safety—found that:

- Increases in admissions to substance abuse treatment are associated with reductions in crime rates. Admissions to drug treatment increased 37.4% and federal spending on drug treatment increased 14.6% from 1995 to 2005. During the same period, violent crime fell 31.5%. In California, where Proposition 36 diverted thousands of people from prison and jail to treatment, violent crime fell at a rate that exceeded the national average. In Maryland, where policymakers have been working to implement various approaches to diverting prison-bound people to treatment, the counties that relied on drug treatment were more likely to achieve significant crime rate reductions than those that relied on drug imprisonment.
- Increased admissions to drug treatment are associated with reduced incarceration rates. States with a higher drug treatment admission rate than the national average send, on average, 100 fewer people to prison per 100,000 in the population than states that have lower than average drug treatment admissions. California, in particular, experienced decreases in incarceration rates when jurisdictions increased the number of people sent to drug treatment.

- Substance abuse treatment prior to contact with the justice system yields public safety benefits early on. Research has shown that drug treatment programs improve life outcomes for individuals and decreases the likelihood that a drug-involved person will be involved in the criminal justice system.
- Substance abuse treatment helps individuals transition successfully from the criminal justice system to the community. Community-based drug treatment programs reduce the chance that a person will become involved in the criminal justice system after release from prison.
- Substance abuse treatment is more cost-effective than prison or other punitive measures. The Washington State Institute for Public Policy (WSIPP) found that community-based drug treatment is extremely beneficial in terms of cost, especially compared to prison. Every dollar spent on drug treatment in the community is estimated to return \$18.52 in benefits to society in terms of reduced incarceration rates and associated crime costs to taxpayers.

Substance Abuse Treatment and Public Safety, Justice Policy Institute, January 2008

Does incarceration-based drug treatment reduce recidivism? A meta-analytic synthesis of the research (2007)

This research synthesized results from 66 published and unpublished evaluations of incarceration-based drug treatment programs using meta-analysis. Incarceration-based drug treatment programs fell into five types: therapeutic communities (TCs), residential substance abuse treatment (RSAT), group counseling, boot camps specifically for drug offenders, and narcotic maintenance programs. The effectiveness of each of these types of interventions were examined in reducing post-release offending and drug use, as well as whether differences in research findings can be explained by variations in methodology,

sample, or program features. The results consistently found support for the effectiveness of TC programs on both outcome measures, and this finding was robust to variations in method, sample, and program features. Support was also found for the effectiveness of RSAT and group counseling programs in reducing re-offending, but these programs' effects on drug use were ambiguous. A limited number of evaluations assessed narcotic maintenance or boot camp programs; however, the existing evaluations found mixed support for maintenance programs and no support for boot camps.

Mitchell, Ojmarrh Mitchell, et. al., *Does incarceration-based drug treatment reduce recidivism? A meta-analytic synthesis of the research*. Journal of Experimental Criminology, Volume 3, Number 4, December 2007, pp 353 –375.

Effectiveness of Correctional Rehabilitation:

A Review of Systematic Reviews (2007)

The effects of correctional interventions on recidivism have important public safety implications when offenders are released from probation or prison. Hundreds of studies have been conducted on those effects, some investigating punitive approaches and some investigating rehabilitation treatments. Systematic reviews (meta-analyses) of those studies, while varying greatly in coverage and technique, display remarkable consistency in their overall findings. Supervision and sanctions, at best, show modest mean reductions in recidivism and, in some instances, have the opposite effect and increase reoffense rates. The mean recidivism effects found in studies of rehabilitation treatment, by comparison, are consistently positive and relatively large. There is, however, considerable variability in those effects associated with the type of treatment, how well it is implemented, and the nature of the offenders to whom it is applied. The specific sources of that variability have not been well explored, but some principles for effective treatment have emerged. The rehabilitation treatments generally found effective in research do not

characterize current correctional practice, and bridging the gap between research and practice remains a significant challenge.

Lipsey, Mark W. Lipsey & Francis T. Cullen. *The Effectiveness of Correctional Rehabilitation: A Review of Systematic Reviews*. Annual Review of Law and Social Science. Vol. 3: 297-320 (Volume publication date December 2007)

Effective Investments in Public Safety: Drug Treatment (2007)

Prison-bound people who receive treatment rather than incarceration see lower recidivism and reoffending rates than those who receive a prison sentence.

- Washington State Drug Courts and Sentencing Alternatives: A study of adult drug courts in Washington State found that five of the six drug courts reduced recidivism by 13%. Furthermore, a review of Washington's Drug Offender Sentencing Alternative (DOSA) program found a 25% lower recidivism rate in DOSA participants than in DOSA-eligible non-participants. They found that over a three year period the re-conviction rate for any felony for DOSA participants was 30.3 percent, compared to 40.5 percent for non-participants. Furthermore, a 2005 study by the WSIPP found that benefits to taxpayers for the DOSA program were between \$7 and \$10 per dollar spent.
- Brooklyn, New York DTAP: A five-year study of the Drug Treatment Alternative-to-Prison Program (DTAP) in Brooklyn, New York found that DTAP participants had a 26% lower re-arrest rate two years after completing the program than a matched group who went through the standard judicial system. Moreover, the recidivism rate (percentage returning to prison) was 67% lower for DTAP participants than individuals in the comparison group. The study also revealed the cost-effectiveness of the program: the average cost of assigning an individual in DTAP was \$32,975 compared to an average cost of \$64,338 for incarceration.

- The National Treatment Improvement Evaluation Study: A U.S. Department of Health and Human Services study of thousands of clients receiving drug and alcohol treatment in federally-funded treatment facilities, analyzed the criminal behavior of clients before and after treatment. The study reports that, after treatment, the number of clients selling drugs decreased 78% while the number of people arrested for any crime declined by 64%.
- The Maryland Alcohol and Drug Abuse Administration (ADAA): The state's substance abuse treatment department reported the following benefit from drug treatment programs: "Arrest rates during both funded and non-funded treatment were about 75% lower than arrest rates during the two years preceding treatment. Arrest rates were reduced by half or more during treatment in most levels of care." In Baltimore City alone, arrests for offenses such as theft, burglary and robbery were 55% lower for those who completed treatment than those who did not.

Effective Investments in Public Safety: Drug Treatment, Justice Policy Institute Fact Sheet (February 2, 2007)

Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs and Crime Rates (2006)

The Washington State Institute on Public Policy estimated that treatment-oriented programs for those people arrested for drug offenses provided \$11,563 in average benefits per participant. In comparison, drug treatment in prison offered only \$7,835 in average benefits per participant.

Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs and Crime Rates, Washington State Institute for Public Policy (2006)

An Examination of Drug Treatment Programs Needed to Ensure Successful Re-entry (2006)

Delaware Work Release study sponsored by NIDA, those who participated in prison-based treatment followed by aftercare were seven times more likely to be drug free after 3 years than those who received no treatment. Moreover, nearly 70 percent of those in the comprehensive drug treatment group remained arrest-free after 3 years - compared to only 30 percent in the no-treatment group.

An Examination of Drug Treatment Programs Needed to Ensure Successful Re-entry – Testimony Before the Subcommittee on Crime, Terrorism, and Homeland Security, Committee on the Judiciary, United States House of Representatives, NIDA, February 8, 2006

Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide (2006)

Drug abuse treatment can be incorporated into criminal justice settings in a variety of ways. These include treatment as a condition of probation, drug courts that blend judicial monitoring and sanctions with treatment, treatment in prison followed by community-based treatment after discharge, and treatment under parole or probation supervision. Outcomes for substance abusing individuals can be improved by cross-agency coordination and collaboration of criminal justice professionals, substance abuse treatment providers, and other social service agencies. By working together, the criminal justice and treatment systems can optimize resources to benefit the health, safety, and well-being of individuals and the communities they serve.

Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide; NIDA September 2006
www.drugabuse.gov/DrugPages/cj.html

A systematic review of drug court effects on recidivism (2006)

Drug courts have been proposed as a solution to the increasing numbers of drug involved offenders entering our criminal justice system, and they have become widespread since their introduction in 1989. Evaluations of these programs have led to mixed results. Using meta-analytic methods, we systematically reviewed the extant evidence on the effectiveness of drug courts in reducing future criminal offending. Fifty studies representing 55 evaluations were identified, including both experimental and quasi-experimental comparison group designs. The overall findings tentatively suggest that drug offenders participating in a drug court are less likely to reoffend than similar offenders sentenced to traditional correctional options. The equivocation of this conclusion stems from the generally weak methodological nature of the research in this area, although higher quality studies also observed positive results. Furthermore, the evidence tentatively suggests that drug courts using a single model (pre- or post-plea) may be more effective than those not employing these methods. These courts have a clear incentive for completion of the drug court program.

Wilson, David, et. al., *A systematic review of drug court effects on recidivism*. Journal of Experimental Criminology, Volume 2, November 4, November 2006, pp 459 –487.

Proposition 36 Cost-Benefit Analysis Justifies Investments in Treatment (2006)

For offenders eligible for treatment under the first year of California's Substance Abuse and Crime Prevention Act of 2000 (SACPA), \$2.50 was saved for every \$1.00 invested in drug treatment. Three conclusions result from the cost analyses: SACPA substantially reduced incarceration costs: From the perspective of state and local government, continued funding for SACPA is justified; SACPA resulted in greater cost savings for some eligible offenders than for others; and SACPA can

be improved. The savings from SACPA are largely due to reductions in jail and prison time. Cost increases were primarily due to subsequent arrests and convictions and drug treatment. Probation and parole cost changes were modest, as were increases in healthcare costs and contributions from taxable earnings.

California Department of Alcohol and Drug Programs:

<http://www.adp.cahwnet.gov/sacpa/prop36.shtml>

SACPA Evaluation report at UCLA:

http://www.uclaisap.org/Prop36/documents/SACPA_COSTANALYSIS.pdf

Benefit–Cost in the California Treatment Outcome Project: Does Substance Abuse Treatment “Pay for Itself”? (2006)

Every dollar spent on substance abuse treatment generates \$7 in monetary benefits for society. A UCLA Study finds that the average \$1,583 cost of substance abuse treatment is offset by monetary benefits such as reduced costs of crime and increased employment earnings totaling \$11,487. The study examined costs of medical care, mental health services, criminal activity, earnings and related costs of government programs such as unemployment and public aid. Among other findings: 1) Treatment costs of clients who began with outpatient care totaled \$838 compared to \$2,791 for those who began in residential care; 2) Reduction in the cost of victimization and other criminal activities averaged \$5,676. “Even without considering the health and quality-of-life benefits to drug treatment clients themselves, spending taxpayer dollars on substance abuse treatment appears to be a wise investment,” said Susan Ettner, lead author and professor of general internal medicine and health services research at UCLA’s David Geffen School of Medicine and School of Public Health.

Ettner, S. L., D. Huang, et. al., *Benefit-cost in the California treatment outcome project: does substance abuse treatment “pay for itself”?*
Health Serv Res 41(1): 192-213, 2006

Treatment During Work Release Fosters Offenders' Successful Community Reentry (2005)

Addiction treatment for prisoners during the pivotal time when they are returning to the community has a strikingly persistent benefit and may create a 'turning point' that helps them stay off drugs and out of trouble, NIDA researchers have concluded after tracking the progress of more than a thousand released offenders. The investigators found that prisoners who participated in drug abuse treatment during a work-release program were three times as likely as untreated peers to remain drug-free up to 5 years. Treatment during work release delayed relapse and resulted in more drug-free time during the follow-up period. Attendance at continuing weekly group sessions following completion of work-release treatment further enhanced outcomes up to 3 years.

Butzin, C.A., et.al. *Treatment during transition from prison to community and subsequent illicit drug use*. Journal of Substance Abuse Treatment 28 (4):351-358, 2005.

http://www.nida.nih.gov/NIDA_notes/NNvol20N5/Treatment.html

Predicting The Effect Of Substance Abuse Treatment on Probationer Recidivism (2005)

Data from this research are for almost 134,000 drug-involved individuals sentenced to probation in Florida between July 1995 and June 2000. Nearly 52,000 of these individuals received non-residential substance abuse treatment while 81,797 did not. Results suggest that non-residential treatment reduced both the expected numbers of individuals who recidivated (i.e., were arrested) and the expected total numbers of arrests in the 12 and 24 months following placement on supervision. At a time when state and Federal budgets are stretched, it seems that the provision of treatment might yield a number of societal and criminal justice system benefits both in terms of improvements in public safety and potential cost savings. Treatment, although not free, is, on average, substantially less expensive than incarceration and the

financial and personal (e.g., victim impact) benefits of avoiding future crimes are difficult to overestimate.

Lattimore, Pamela K., et. al., *Predicting The Effect Of Substance Abuse Treatment on Probationer Recidivism*, Journal of Experimental Criminology, Volume 1, Number 2, July 2005, pp 159 – 189.

The Economic Benefits of Drug Treatment: A Critical Review of the Evidence for Policy Makers (2005)

The Treatment Research Institute at the University of Pennsylvania, the National Rural Alcohol and Drug Abuse Network (NRADAN) and the Alcohol and Drug Problems Association of North America (ADPA) have joined together to publish this document that reviews hundreds of studies relating to the cost effectiveness of treatment services for people with alcohol and other drug abuse problems. Nearly two decades of treatment research finds that substance abuse treatment, especially when it incorporates evidence-based practice, results in clinically significant reduction in alcohol and other drug use and crime, and improvement in health and social function, for many clients. Economic studies across setting, populations, methods, and time periods consistently find positive net economic benefits of alcohol and other drug treatment that are relatively robust. The primary economic benefits occur from reduced crime and post-treatment reduction in health care costs.

Belenko, Steven, Ph.D., et.al., *The Economic Benefits of Drug Treatment: A Critical Review of the Evidence for Policy Makers*, Treatment Research Institute at the University of Pennsylvania, 2005 http://www.adpana.com/EconomicBenefits_2005Feb.pdf

Task Force Recommendations: Mental Health, Substance Abuse and Domestic Violence in Oklahoma (2005)

A blue-ribbon panel convened by Oklahoma's governor and attorney general has put on paper what advocates have been telling policymak-

ers for years: investing in addiction, mental-health, and domestic-violence services can save taxpayers billions of dollars each year. The task force last month issued a 31-page report that details \$8 billion in “hard” and “soft” costs associated with untreated, under-treated, and un-served addiction, mental health and domestic violence. The groups also makes five key recommendations for addressing what the panel called “an escalating health and public-policy crisis which, if not dealt with soon, will deepen in both intensity and gravity.” The task force called for: making prevention, early intervention, treatment, and recovery-support services available to those in need; identifying people in the criminal-justice system with addictions and major mental illnesses soon after their entry, with referrals to more cost-effective programs; treat, monitor, rehabilitate, and supervise these populations; establishing minimum state standards for mandatory training of addiction, mental-health, and domestic violence service-providers; increasing the number of trained professionals and paraprofessionals working in these fields; further study of the needs of offenders and others in custody who need addiction and mental health services, as well as improved data collection on sexual assault.

Oklahoma Governor’s and Attorney General’s Blue Ribbon Task Force, 2005.

www.odmhsas.org/web%20page%20publications/BR.pdf

Cost-Effectiveness of Connecticut’s In-Prison Substance Abuse Treatment October (2004)

Although national figures suggest that 80 percent of prison inmates have serious alcohol or drug problems, only 15 percent receive substance use dependence treatment while incarcerated. In fact, less than 5 percent of state prison budgets are allocated for substance use dependence treatment programs which implies that most prisons do not have financial support to incorporate substance use dependence treatment into their system of care. This study compared four different levels of treat-

ment for substance use dependence for 831 adult offenders. Effectiveness was measured by comparing post-release rearrest rates for those who received treatment while incarcerated, versus those who did not receive such treatment in prison. Offenders who attended higher level programs, which provided more intense treatment (ranging from outpatient sessions three times a week to residential treatment), were less likely to be rearrested than those who attended level one programs, which consisted of weekly drug and alcohol education sessions. In addition, cost-effectiveness analyses suggested that the cost of these programs was significantly less than the cost of reincarceration, which implies that investment in prison substance use dependence treatment programs, particularly those that offer outpatient or more intensive services, will likely yield favorable returns on investment.

Daley M, Love, et. al. *Cost-Effectiveness of Connecticut's In-Prison Substance Abuse Treatment*. Journal of Offender Rehabilitation, 39(3), pp.69-92. October 2004
<http://www.rwjf.org/research/researchByArea.jsp?title=Alcohol%20and%20Drug%20Addiction%20Prevention%20and%20Treatment&detailID=1664>

OPPAGA Information Brief: Correctional Substance Abuse Programs, While Few, Are Reasonably Efficient and Effective (October 2004)

Approximately 75% of inmates who are assigned to a treatment program complete it. Program completers recidivate 3% less than those who need treatment but do not participate in a program. This percentage results in approximately \$1.6 million savings for the State. The gap between treatment need and availability is widening; in Fiscal Year 2003-04, the department served 4,715 inmates in its primary treatment programs and 14,350 inmates identified as needing treatment were released without it. The Substance abuse treatment programs at Florida's correctional institutions are reasonably efficient and

effective. The three types of programs serve different treatment needs, and merging them would not be beneficial.

OPPAGA Information Brief, Report #04-69, October 2004.

<http://www.oppaga.state.fl.us/reports/pdf/0469rpt.pdf>

From SAMHSA Office of Applied Studies (April 2004)

The Services Research Outcome Study (SROS) is a follow-on to the 1990 Drug Services Research Survey (DSRS). The SROS provided for a five year post-discharge follow-up of a broadly representative sample of approximately 3,000 drug clients treated during 1989 to 1990. The study ascertained their behavior up to five years after the 1989-1990 treatment episode, and will analyze treatment results in light of the type and cost of treatment services the clients received. Pre-treatment variables included demographic characteristics, prior treatment history, criminal justice history, social support, and addiction severity. Treatment variables included duration of treatment episodes, key services received, program staffing, ownership, resource base, and costs. Post-treatment variables include: employment; criminal justice status, such as probation or incarceration; and further treatment episodes. The Services Research Outcomes Study (SROS), the first nationally representative study of substance abuse outcomes, confirms that both drug abuse and criminal behavior are reduced following drug abuse treatment: inpatient, outpatient, and residential.

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. Services Research Outcomes Study, DHHS Publication No. (SMA) 98-3177

Treatment or Incarceration? National and State Findings on the Efficacy and Cost Savings of Drug Treatment Versus Imprisonment (2004)

A report documenting how drug treatment is more cost-effective than incarceration is presented. Findings are: treatment can be less expen-

sive than imprisonment; treatment can be cost effective; treatment can reduce substance abuse and recidivism while building communities; and promising treatment models exist in Maryland and around the country.

McVay, Doug, et. al., *Treatment or Incarceration? National and State Findings on the Efficacy and Cost Savings of Drug Treatment Versus Imprisonment*, Justice Policy Institute, 2004
<http://www.nicic.org/Library/019786>

A Meeting of the Minds: Researchers and Practitioners Discuss Key Issues in Corrections-Based Drug Treatment (January 2003)

Responses generated from a discussion of 18 “nationally recognized” researchers and practitioners are supplied. The following sections are contained in this report: introduction; comments from the workgroups on four dimensions of correctional drug treatment (e.g., screening and assessment, state of practice of prison-based drug treatment, treatment effectiveness, and prisoner reentry into society); comments from the general session regarding research gaps, promotion strategies, and general principles of effective correctional drug treatment; and conclusion.

Moore, Gretchen & Daniel Mears, *A Meeting of the Minds: Researchers and Practitioners Discuss Key Issues in Corrections-Based Drug Treatment*, Urban Institute, 2003
http://www.urban.org/UploadedPDF/410619_NIDA3_MeetingRpt.pdf

Drug Treatment in the Criminal Justice System: The Current State of Knowledge (January 2003)

The challenges of providing drug treatment in correctional facilities are examined. An executive summary and the following six chapters comprise this report: prison growth, drug abuse, and treatment in the criminal justice system; screening and assessment for drug treatment in the criminal justice system; drug treatment in the criminal justice system (e.g., defining treatment, drug treatment, modalities and services, cost, treatment prevalence, and programming issues); drug treatment

effectiveness; post-release drug treatment; and barriers (political, resource, assessment, administrative and organizational, and programmatic) to drug treatment.

Mears, Daniel, et. al., *Drug Treatment in the Criminal Justice System: The Current State of Knowledge*, Urban Institute, 2003.
http://www.urban.org/UploadedPDF/410618_NIDA1_KnowledgeRpt.pdf

From the Office of National Drug Control Policy (April 2003)

In addition to stopping drug use, the goal of treatment is to return the individual to productive functioning in the family, workplace, and community. Measures of effectiveness typically include levels of criminal behavior, family functioning, employability, and medical condition. Drug treatment reduces drug use by 40 to 60 percent and significantly decreases criminal activity during and after treatment. Research shows that drug addiction treatment reduces the risk of HIV infection and that interventions to prevent HIV are much less costly than treating HIV-related illnesses. Drug injectors who do not enter treatment are up to six times more likely to become infected with HIV than injectors who enter and remain in treatment. Treatment can improve the prospects for employment, with gains of up to 40 percent after a single treatment episode. Although these effectiveness rates hold in general, individual treatment outcomes depend on the extent and nature of the patient's presenting problems, the appropriateness of the treatment components and related services used to address those problems, and the degree of active engagement of the patient in the treatment process.

<http://www.whitehousedrugpolicy.gov/treat/effectiveness.html>

Residential Substance Abuse Treatment for State Prisoners: Implementation Lessons Learned (April 2003)

The Residential Substance Abuse Treatment (RSAT) for State Prisoners Formula Grant Program encourages States to develop substance abuse treatment programs for incarcerated offenders. This NIJ Special Report

summarizes the results of a National Evaluation of RSAT and process evaluations of 12 local sites across the country. Findings include that RSAT has been responsible for substantial increases in the number of residential and nonresidential treatment slots available for offenders with substance abuse problems and the number of staff trained to work in substance abuse treatment programs.

Lana D. Harrison and Steven S. Martin, *Residential Substance Abuse Treatment for State Prisoners: Implementation Lessons Learned*, U.S. Department of Justice Office of Justice Programs April 2003
<http://www.ncjrs.org/pdffiles1/nij/195738.pdf>

**Residential Substance Abuse Treatment for State Prisoners:
 Breaking the Drug-Crime Cycle Among Parole Violators (May 2003)**

Idaho has found a way to deal with the many parolees who are returned to prison because their abuse of alcohol and drugs contributes to their committing a new offense. To break this drug crime nexus, the Residential Substance Abuse Treatment (RSAT) program at the South Idaho Correctional Institution began to target parole-violating inmates with substance abuse problems. To identify the program's strengths and weaknesses, researchers conducted a 15-month evaluation of the program's process. The evaluation identified several "do's" and "don'ts" that may be instructional for other correctional facilities grappling with similar problems.

Stohr, Mary K. Stohr, et. al., *Residential Substance Abuse Treatment for State Prisoners: Breaking the Drug-Crime Cycle Among Parole Violators*, NCJRS, May 2003.
<http://www.ncjrs.org/pdffiles1/nij/199948.pdf>

**From the Office of National Drug Control Policy –
 Drug Treatment in the Criminal Justice System (March 2001)**

Drug abuse among correctional populations is a pervasive problem affecting between 60% and 80% of offenders under supervision. By

requiring drug testing at the State and Federal levels, providing models of successful drug treatment programs, providing financial support for research and prevention, and looking to the future for a long-term commitment, the Federal Government will provide the basis for effective treatment programs for offenders to become productive, positive members of society.

<http://www.whitehousedrugpolicy.gov/publications/pdf/94406.pdf>

TRIAD Drug Treatment Evaluation Project (September 2000)

The Federal Bureau of Prisons undertook an evaluation of its residential drug abuse treatment program by assessing the post-release outcomes of inmates who had been released from BOP custody. The evaluation, conducted with funding and assistance from the National Institute on Drug Abuse, reveals that offenders who completed the drug abuse treatment program and had been released to the community for three years were less likely to be re-arrested or to be detected for drug use than were similar inmates who did not participate in the drug abuse treatment program. The findings for recidivism and drug use three years after release are consistent with the positive results in the preliminary report based on six months following release. Drug treatment provided to incarcerated offenders reduces the likelihood of future criminal conduct and drug use as well as increasing the employment rate among women. This study is consistent with the results of other evaluations of prison drug treatment; however, these findings are bolstered by the use of multiple treatment sites, a rigorous research design, a large sample size, and the opportunity to examine the effects of drug treatment on men and women separately.

Pelissier, Bernadette, et. al., *TRIAD Drug Treatment Evaluation Project*, Federal Bureau of Prisons, Office of Research and Evaluation September 2000

<http://www.bop.gov/orepg/oretriad.html>



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TAB 32 ✓

COMMITTEE APPEARANCE RECORD

(Submit to Committee Chair or Administrative Assistant)

9-20-11

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Appearing at request of Chair ☐

Subject DRUG TREATMENT

Representing FLORIDA ALCOHOL + DRUG ABUSE ASSOCIATION

Lobbyist registered with Legislature: ☒ Yes ☐ No

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TAB 3



THE FLORIDA SENATE
COMMITTEE APPEARANCE RECORD

(Submit to Committee Chair or Administrative Assistant)

9-20-11

Date

Bill Number

Barcode

Name Kimberly Spence

Phone

Address Non Secure Programs, Inc.

E-mail

Street

Job Title President

City

State

Zip

Speaking: ☐ For ☐ Against ☒ Information

Appearing at request of Chair ☐

Subject Resident Treatment facility

Representing

Lobbyist registered with Legislature: ☐ Yes

☒ No

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If designated employee: Time: from .m. to .m.

S-001 (04/14/10)

? TAB 3
With Kimberly Spence

THE FLORIDA SENATE
COMMITTEE APPEARANCE RECORD

(Submit to Committee Chair or Administrative Assistant)

9/20/11

Date

Bill Number

Barcode

Name Gwen Powell Jones

Phone

Address

Street

E-mail

City

State

Zip

Speaking: ☐ For ☐ Against ☒ Information

Appearing at request of Chair ☐

Subject

Representing

Lobbyist registered with Legislature: ☐ Yes

☒ No

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If designated employee: Time: from .m. to .m.

S-001 (04/14/10)

THE FLORIDA SENATE

COMMITTEE APPEARANCE RECORD

(Submit to Committee Chair or Administrative Assistant)

TAB 3

9/20/11
Date

Bill Number

Barcode

Name Shelia Randolph
Address PO Box 3716
Lake City, FL 32056
City State Zip

Phone 386-752-2385
E-mail SheliaRandolph@aol.com
Job Title President

Speaking: ☒ For ☐ Against ☐ Information
Subject Institutional substance abuse
Representing The Unlimited Path

Appearing at request of Chair ☐

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (04/14/10)

THE FLORIDA SENATE

COMMITTEE APPEARANCE RECORD

(Submit to Committee Chair or Administrative Assistant)

new

8 TAB 3

09-20-11
Date

Bill Number

Barcode

Name DARRYL L. LEE
Address 564 521 W. Bay St
JAX FL 32202
City State Zip

Phone 904 674-4256
E-mail _____
Job Title _____

Speaking: ☒ For ☐ Against ☐ Information
Subject INS Substance Abuse
Representing The Unlimited path

Appearing at request of Chair ☐

Lobbyist registered with Legislature: ☐ Yes ☒ No

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If designated employee: Time: from _____ .m. to _____ .m.

S-001 (04/14/10)

THE FLORIDA SENATE

COMMITTEE APPEARANCE RECORD

(Submit to Committee Chair or Administrative Assistant)

TAB 3



9/20/11

Date

Bill Number

Name Cecilia Denmark

Address 2001 Mercy Drive

Street Orlando FL 32808

City State Zip

Barcode

Phone 754-581-2960

E-mail cdenmark@bridgesofamerica.org

Job Title DIRECTOR

Speaking: ☐ For ☐ Against ☒ Information

Subject Substance Abuse Treatment for Offenders

Representing FADAA/BRIDGES OF AMERICA

Appearing at request of Chair ☐

Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (04/14/10)

THE FLORIDA SENATE

COMMITTEE APPEARANCE RECORD

(Submit to Committee Chair or Administrative Assistant)

TAB 3



Date

Bill Number

Name Chet Bell SMA Beh. Healthcare

Address 1220 Willy Ave

Street Daytona Beach FL 32114

City State Zip

Barcode

Phone 386 234-1764

E-mail cbell@smabehcare.com

Job Title CEO

Speaking: ☒ For ☐ Against ☐ Information

Subject Corrections Sub Abuse Tx

Representing _____

Appearing at request of Chair ☐

Lobbyist registered with Legislature: ☐ Yes ☐ No

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If designated employee: Time: from _____ .m. to _____ .m.

S-001 (04/14/10)

THE FLORIDA SENATE

COMMITTEE APPEARANCE RECORD

(Submit to Committee Chair or Administrative Assistant)

TAB 3



9/20/11

Date

Bill Number

Barcode

Name Robert HAFEN

Phone 407-892-5700 x102

Address 3800 5th Street

E-mail bob@thetransitionhouse.org

Street

St Cloud

FL

State

34769

Zip

Job Title COD

Speaking: ☒ For ☐ Against ☐ InformationAppearing at request of Chair ☐

Subject Reentry / TRANSITION BEDS FOR DOC INMATES

Representing The Transition House, INC

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (04/14/10)

NEW

THE FLORIDA SENATE

COMMITTEE APPEARANCE RECORD

(Submit to Committee Chair or Administrative Assistant)

TAB 3

9/20/2011

Date

Bill Number

Barcode

Name Ronald L. Gavin

Phone 727-320-2661

Address 5229 1st Av. No.

E-mail

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State

33710

Zip

Job Title

Speaking: ☒ For ☐ Against ☐ InformationAppearing at request of Chair ☐

Subject Corrections Sub Abuse Tx

Representing

Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (04/14/10)

Community-Based Substance Abuse Treatment
and Rehabilitation For Non-Violent Offenders

Cost-Effectiveness and Community Benefit Report

SEPTEMBER 2011

A Cost-Effective Solution for Privatized
Non-Violent Rehabilitation

Private, Community-Based Solutions for Non-Violent Prisoner Reform

PROFILE: OUR PRISONS TODAY – A REVOLVING DOOR OF RECIDIVISM

Look at Florida's 102,000 offenders – roughly half are non-violent offenders and 26.5% of 2010 admissions were for drug charges. If left untreated or in state-run programs, non-violent prisoners are twice as likely to return to prison within three years.* At an average of over \$53/day per prisoner, this cycle continues to tap Florida taxpayers and public safety.

- Florida Department of Corrections budget, FY 2011/12 - \$2.277 billion
- The largest group of prison admissions in the last 5 years were drug crimes - 26-30%.**
- Approximately 75% of state, federal and jail inmates meet criteria for either mental health or substance use problems, contributing to higher corrections costs.***
- 33% of non-violent and drug offenders repeat offend within three years.†

33%
of Non-violent
Drug Offenders
**Repeat Within
3 Years†**

Drug Treatment Reduces Recidivism, Reduces Cost to Taxpayers.

NON-VIOLENT PRISONER REFORM PROGRAMS WORK

Community and faith-based reform programs across Florida are providing a cost-effective option for non-violent prisoners to finish their prison terms while receiving treatment and skills that help reduce repeat behavior.

These programs are designed for non-violent offenders as a cost-saving alternate to traditional prison. Through educational, treatment and intervention strategies, these programs help successfully divert prisoners with mental health and/or co-occurring substance abuse disorders from reentering the criminal justice system.

PRISONERS WHO COMPLETE THESE PROGRAMS BECOME EMPLOYED, CONTRIBUTING MEMBERS OF SOCIETY.

82% **Success Rate** - Those who complete community drug treatment recidivate at far lower rates within 3 years†

Re-entry programs help individuals transfer back into society by providing education and services that are proven to reduce repeat offenses and save taxpayer money:

- Drug treatment
- Adult basic education and GED training
- Food and nutrition
- Employment programs
- Mental health counseling
- Parenting and family development
- Life skills training

*Florida Department of Corrections. Substance Abuse – Community Programs FY 2008-2009

** DOC 2009-2010 Agency Statistics

***Substance Abuse and Mental Health Services Administration (SAMHSA). Behavioral Health and Justice Involved Populations, 2011.

†2009 Florida Prison Recidivism Study

Tax Savings. Public Safety. Reduced Criminal Behavior.

SUPPORT PRIVATE DRUG TREATMENT & EDUCATION PROGRAMS

The Florida Department of Corrections knows these programs work and save the state an average of \$2,700 per inmate per year. Yet state prisons lack adequate availability in existing programs.^{††}

- 82% of inmates with a substance abuse problem leave prison without receiving treatment.^{†††}
- Florida Corrections only has 2,500 treatment slots available for the thousands who need it.^{††}

PRIVATE, COMMUNITY BASED TREATMENT CENTERS ARE THE SOLUTION.

SAVINGS

Every 1% reduced recidivism = \$8 million in savings over a three year period.[†]

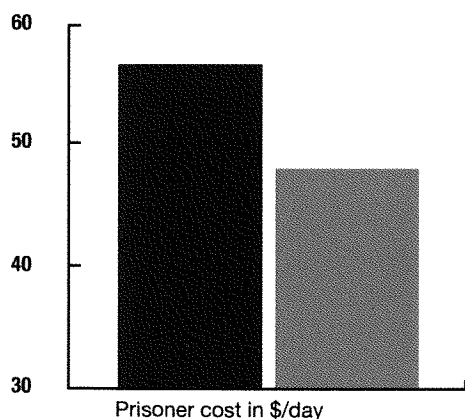
REDUCTION

Community-based programs show an average 15% reduced recidivism.[†]

Reduced
recidivism
saves
\$40
million/year

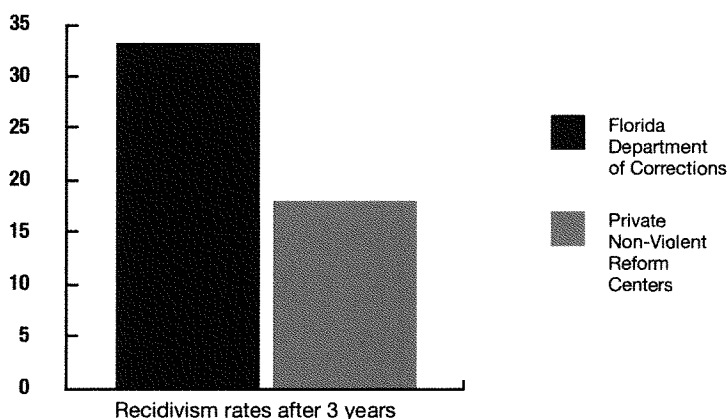
Rehabilitative Model Trumps the Punitive Model – in Cost & Effectiveness.

LOWER COSTS TO TAXPAYER



Community-based programs provide effective diversion programs at a nearly 20% reduction in per-prisoner cost.*

BETTER RESULTS EACH YEAR



Treatment and education programs reduce recidivism rates.[†]

*Florida Department of Corrections. Substance Abuse – Community Programs FY 2008-2009

†2009 Florida Prison Recidivism Study

††2008/09 Florida Department of Corrections Annual Report

†††Florida Department of Corrections



SMART JUSTICE COUNCIL

Chair: Lori Costantino-Brown • Executive Director: Mark Flynn

Partnering Private Business with the Criminal Justice System...

Mission: To expand business and community involvement in partnership with all branches of government to effect a transformation of the criminal justice system in Florida.

Objective: To improve public safety and reduce state expenditures while improving outcomes from the time of arrest and custody through reentry job placement, thus lowering the system's financial impact on taxpayers.



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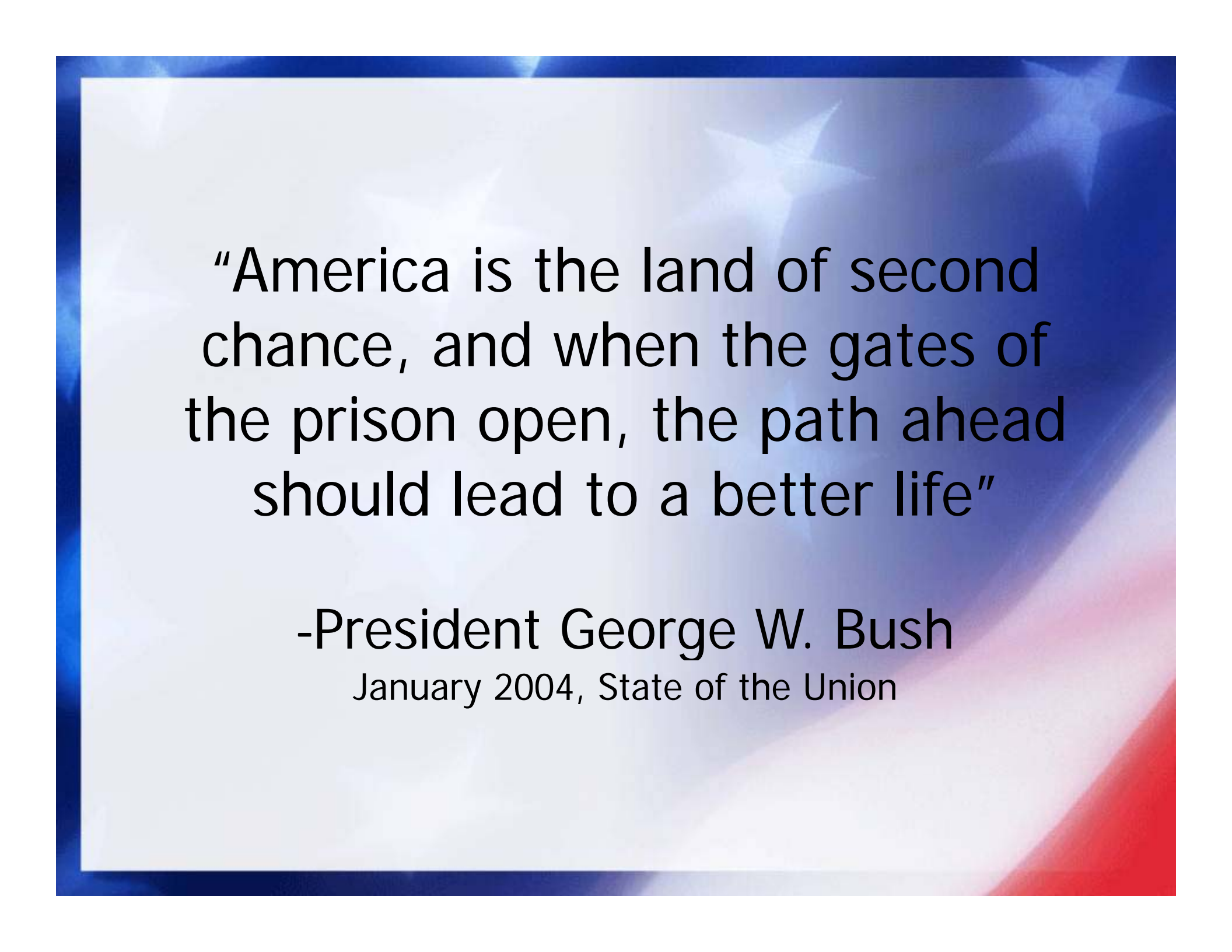
Senate Criminal Justice Committee

The seal of the Department of Corrections, State of Florida, is a circular emblem. It features a central compass rose with eight points. Overlaid on the compass rose is a map of the state of Florida. In the center of the compass rose is a circular logo containing the letters 'DC'. The words 'DEPARTMENT OF CORRECTIONS' are written in a circle around the top half, and 'STATE OF FLORIDA' is written around the bottom half.

Substance Abuse & Treatment Services

20 September 2011

Daniel G. Ronay, CCE
Chief Deputy Secretary

The background of the slide is a stylized American flag. It features a blue field with white stars in the upper left and a red and white striped field in the lower right. The stars are large and slightly blurred, giving a sense of depth. The stripes are also blurred and flow diagonally across the frame.

"America is the land of second chance, and when the gates of the prison open, the path ahead should lead to a better life"

-President George W. Bush
January 2004, State of the Union



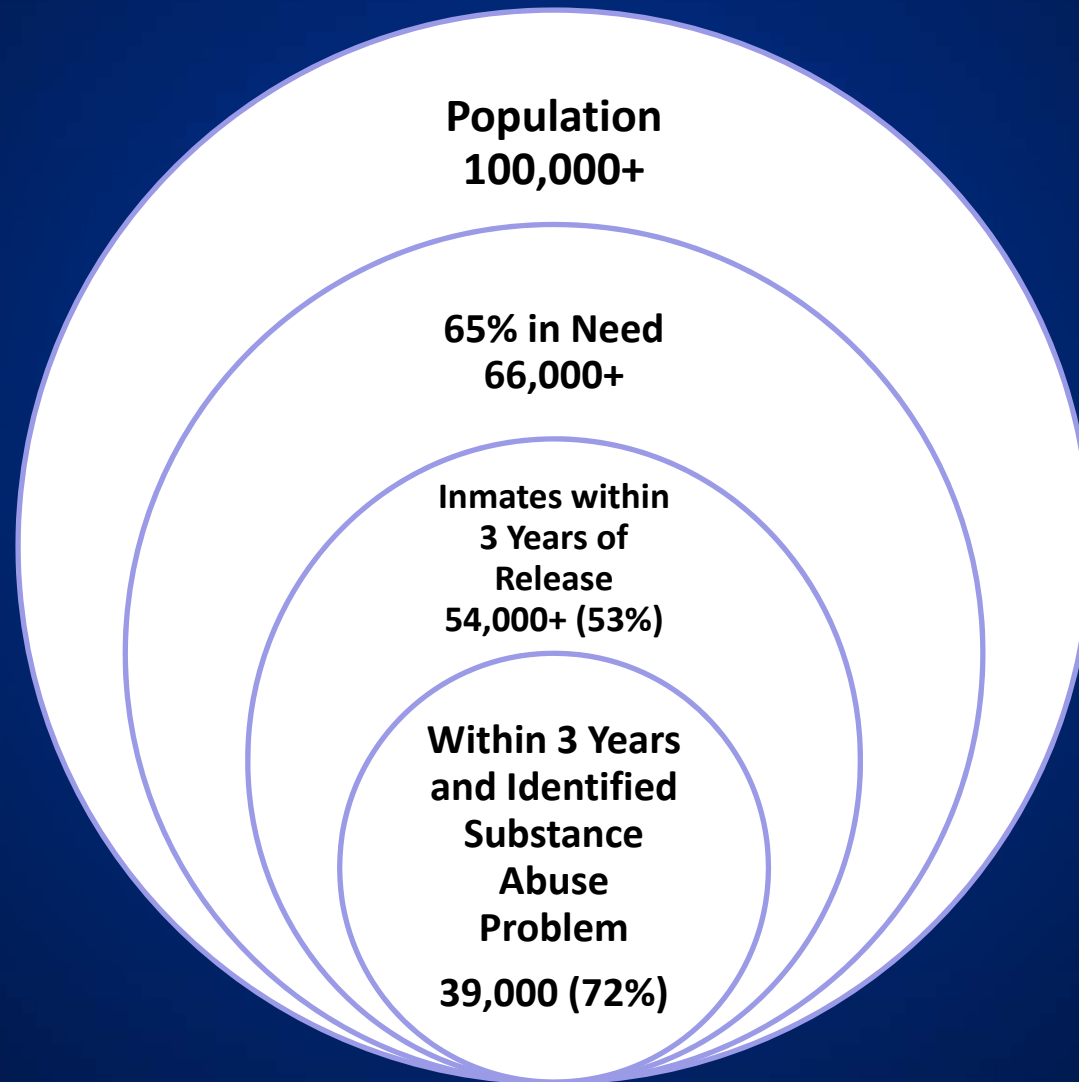
Incarceration



“ In a world of limited resources, attention should paid to **when** treatment is made during the period of incarceration.”



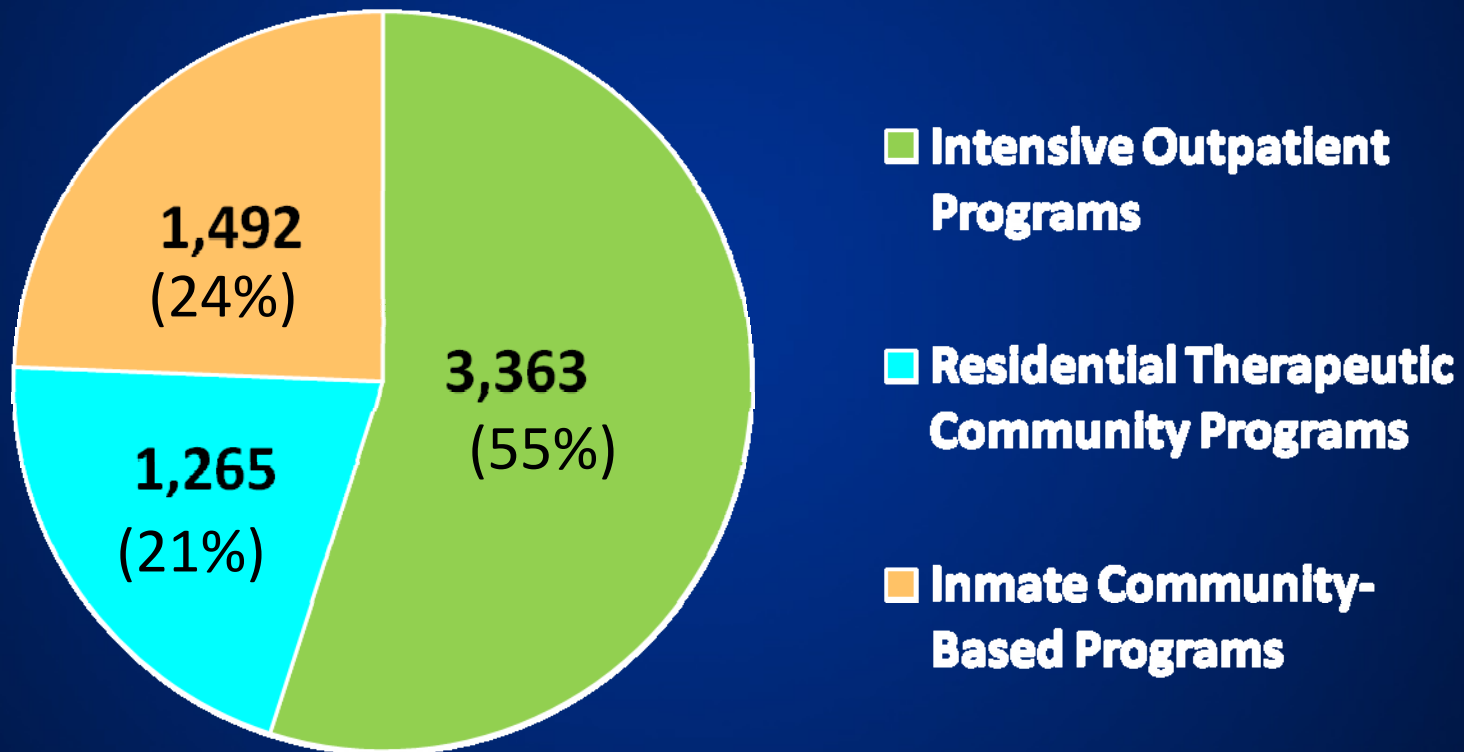
Institutional Substance Abuse Need





Inmates Served in Treatment FY2010 - 11

Number/Percentage By Program Type



Total Inmates Served = 6,120



Current In-Prison Resources

Prison Programs

- 19 Prisons
 - 3 Female
 - 16 Male

- 1,689 Beds
 - 165 Female
 - 1,524 Male

26 Sites

Community-Based Programs

- 7 Facilities
 - 3 Female
 - 4 Male

- 844 Beds
 - 256 Female
 - 588 Male

2,533 Beds



In-Prison Substance Abuse Treatment Resources Efforts to Expand Behind the Fence

July 1,
2011

- 19 Prisons
- 1,689 Beds

November
2011

- Re-classed Pre-Screeners
- Added 5 Prisons, 268 Beds
- Caseload Increases = 150 Beds

Current
Efforts

- Proviso (800 Beds)
- To add 4 Prisons, 544 Beds



In-Prison Substance Abuse Treatment Resources

Efforts to Expand Inmate Community-Based Programs

July 1,
2011

- 7 Facilities
- 844 Beds

Current
Efforts

- Proviso (800 Beds)
- To add 300 RTC Beds

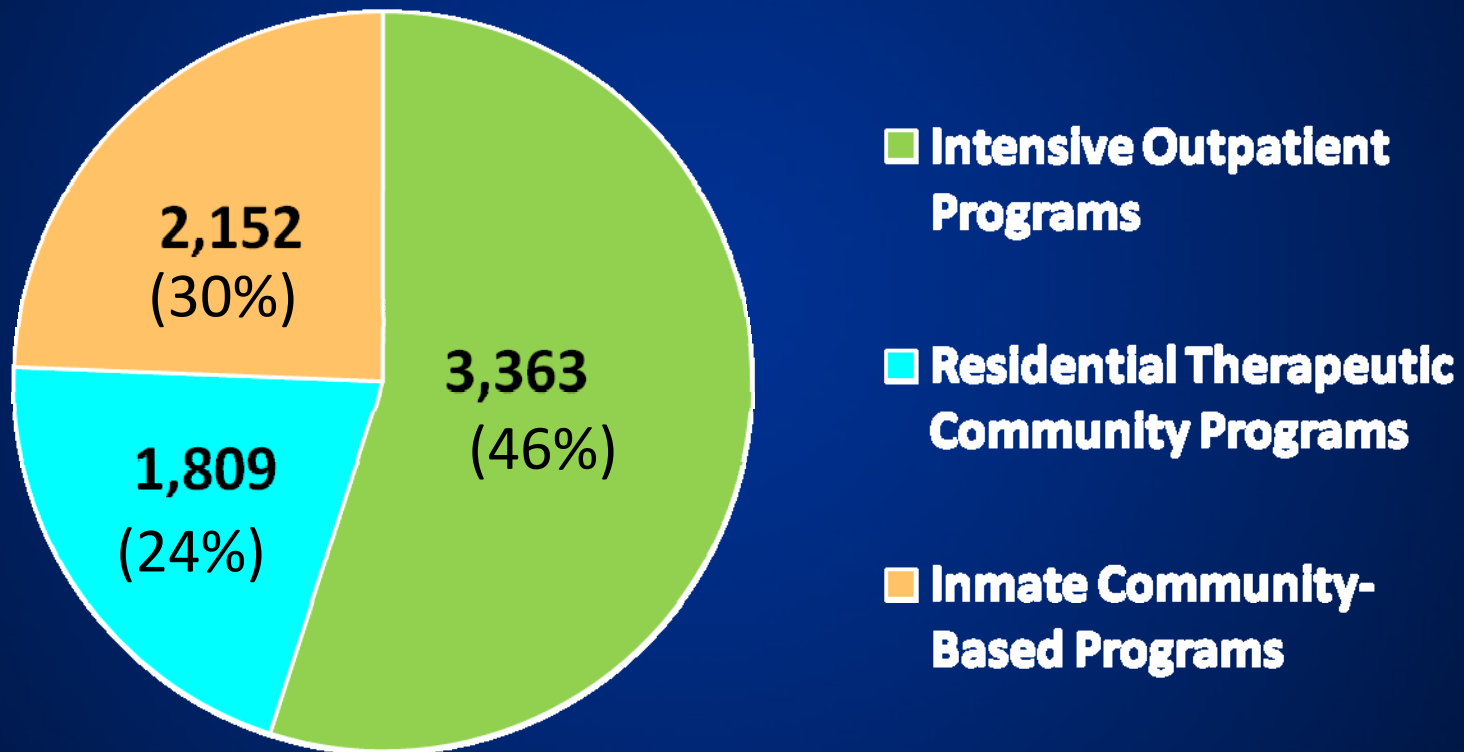
Current
Efforts

- Proviso (800 Beds)
- To add 14 WRC & 1,000 Slots



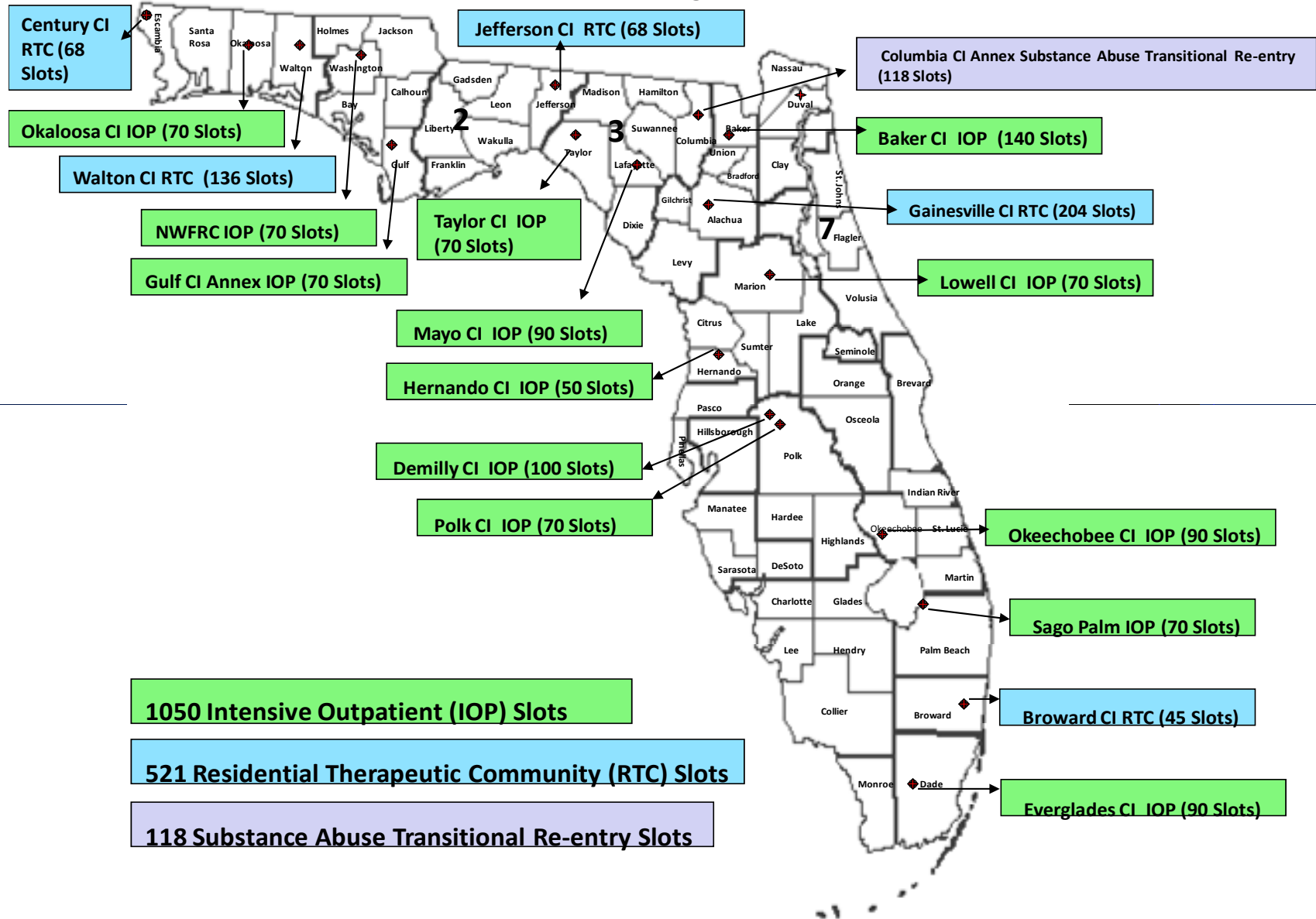
Inmates Served in Treatment With Proviso Adopted

Number/Percentage By Program Type



Total Inmates Projected to Be Served = 7,324

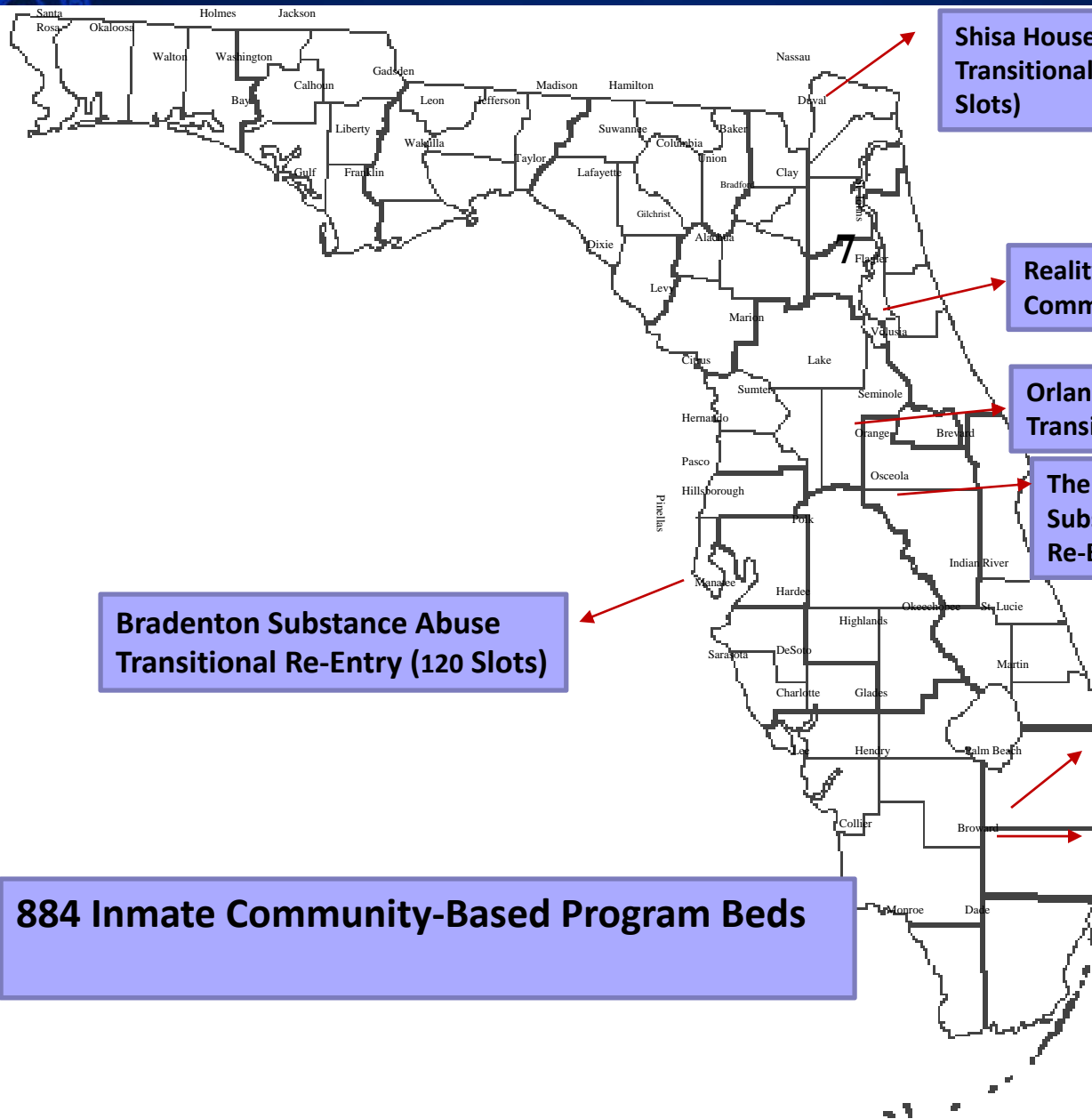
In-Prison Substance Abuse Programs (Behind The Fence)



9.14.11



Inmate Community-Based Programs



Shisa House Substance Abuse Transitional Re-Entry (15 Slots)

Reality House Therapeutic Community (85 Slots)

Orlando Substance Abuse Transitional Re-Entry (136 Slots)

The Transition House Substance Abuse Transitional Re-Entry (155 Slots)

Bradenton Substance Abuse Transitional Re-Entry (120 Slots)

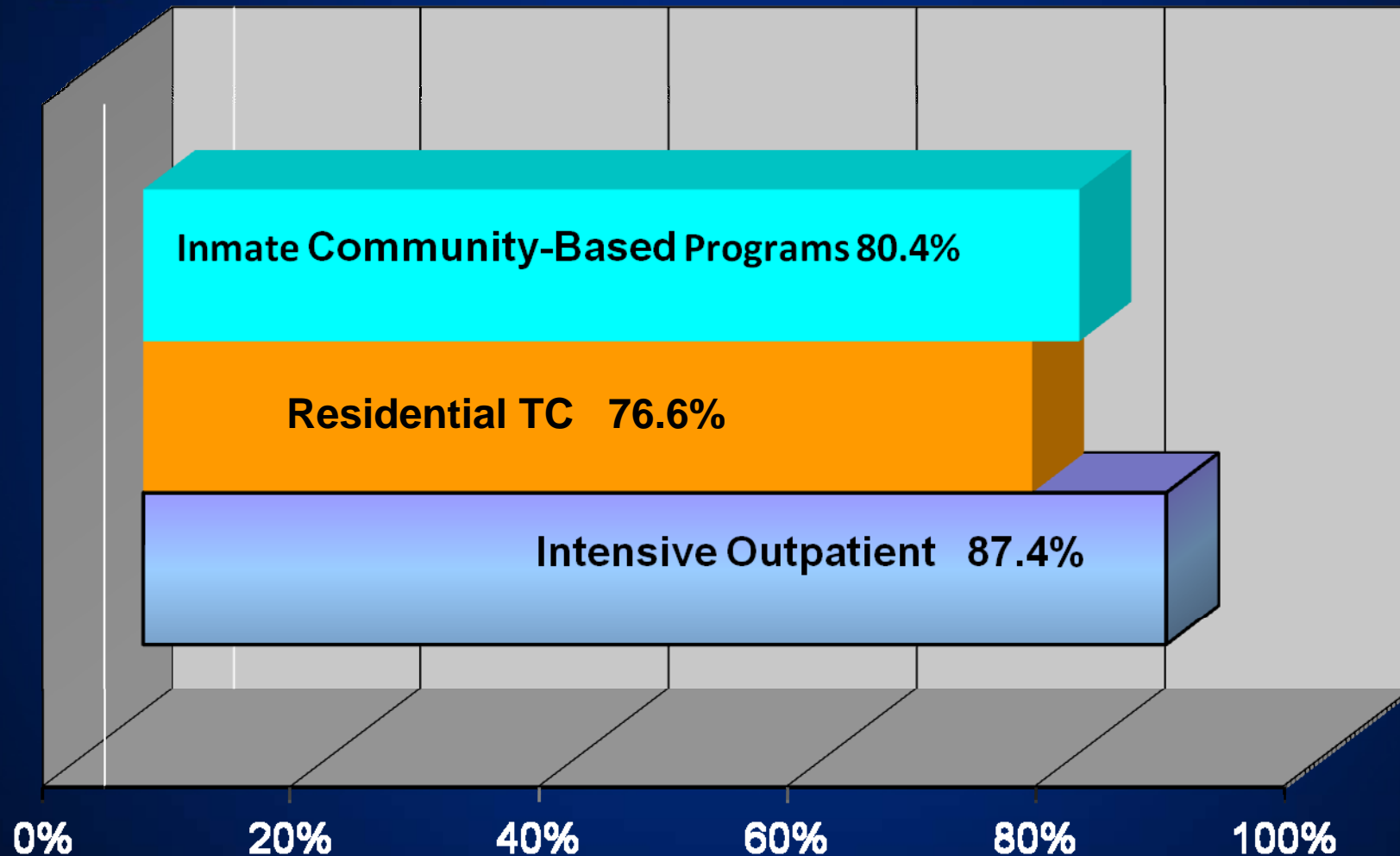
Pompano Substance Abuse Transitional Re-Entry (212 Slots)

Hollywood Substance Abuse Transitional Re-Entry (121 Slots)

884 Inmate Community-Based Program Beds



Inmate Substance Abuse Treatment Programs FY09-10 Program Completion Rates



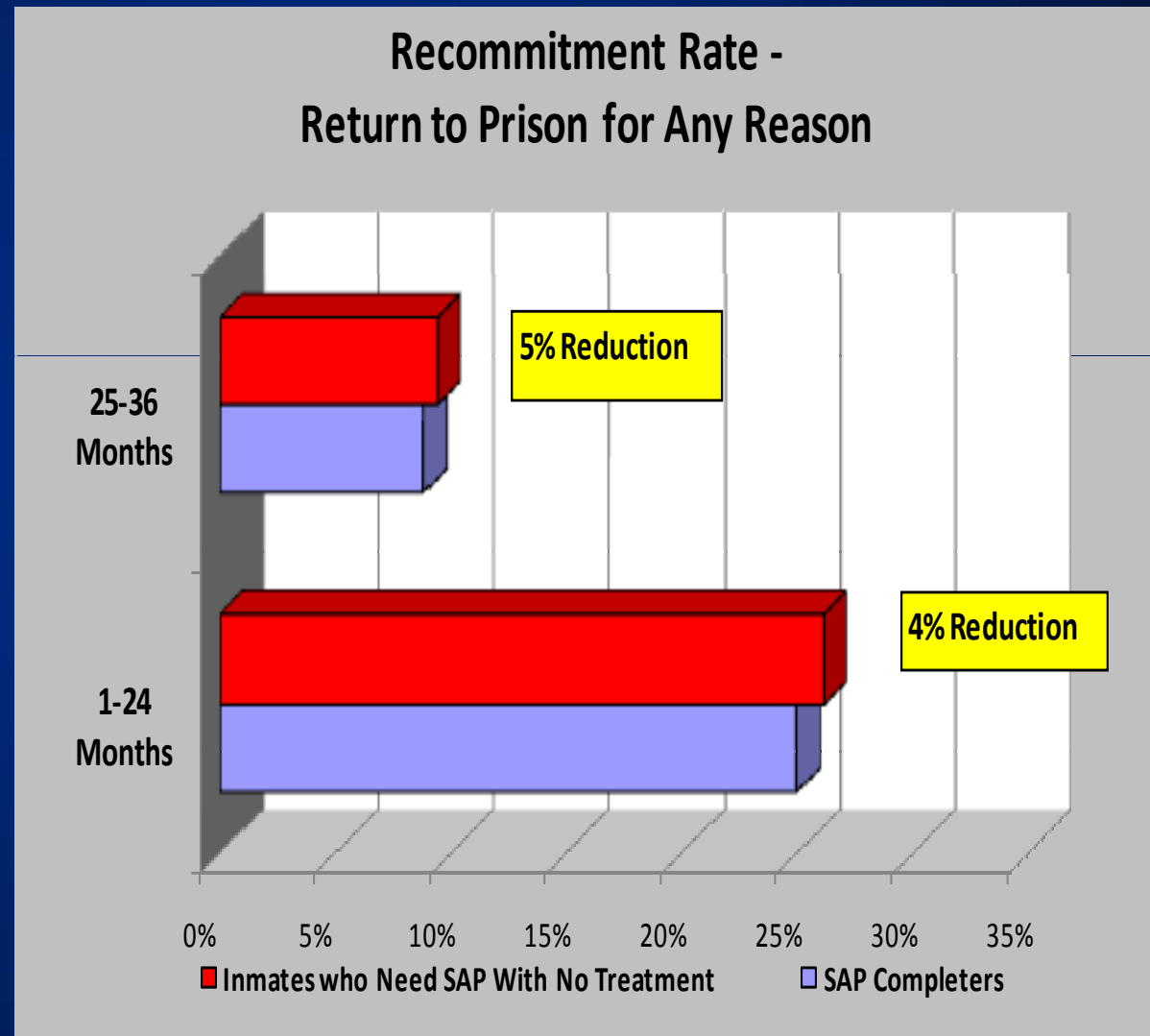
*Statistics compiled by the Bureau of Research & Data Analysis

2009-10 program data



Treatment Impact on Prison Admissions In-Prison Reccommitment Rate

At 36 months out of prison, those who completed substance abuse treatment are recommitted to prison at a rate 5% less than inmates having substance abuse problems who did not receive treatment.



*Statistics compiled by the Bureau of Research & Data Analysis

2006-07 recommitment data



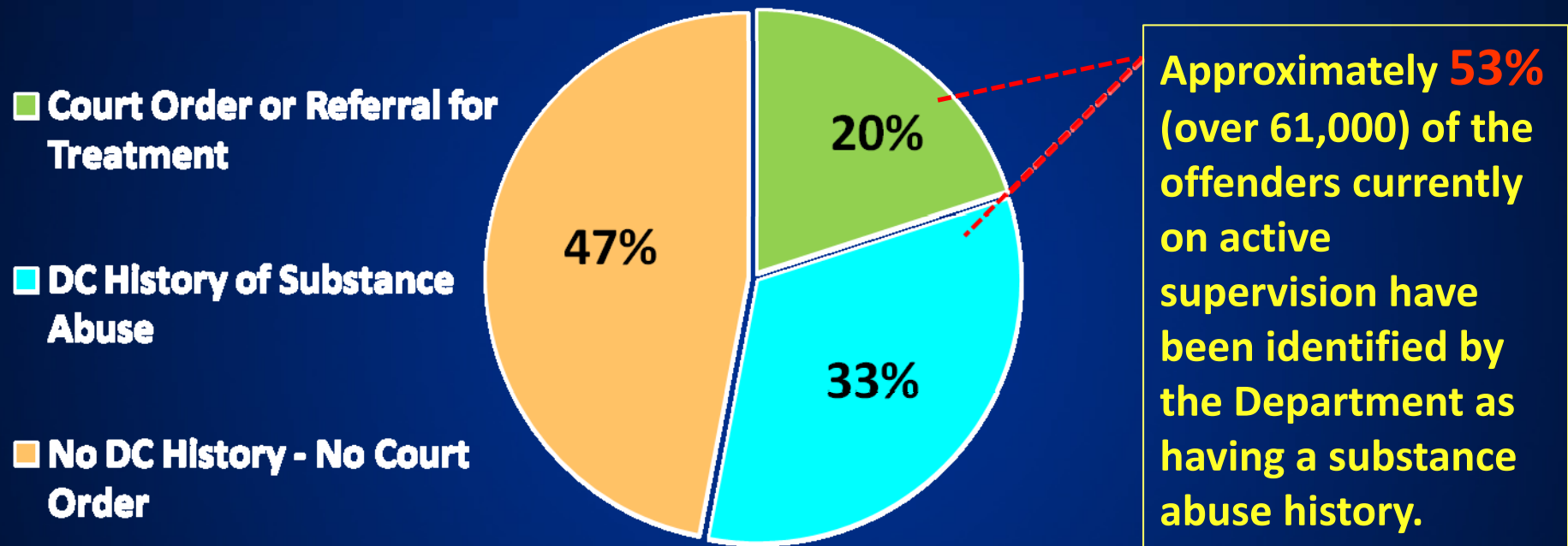
Pre & Post Incarceration



“Helping to smooth this transition - through **connections** to **community-based treatment**, perhaps immediately upon release - could reduce the likelihood of recidivism and the resumption of drug abuse.”



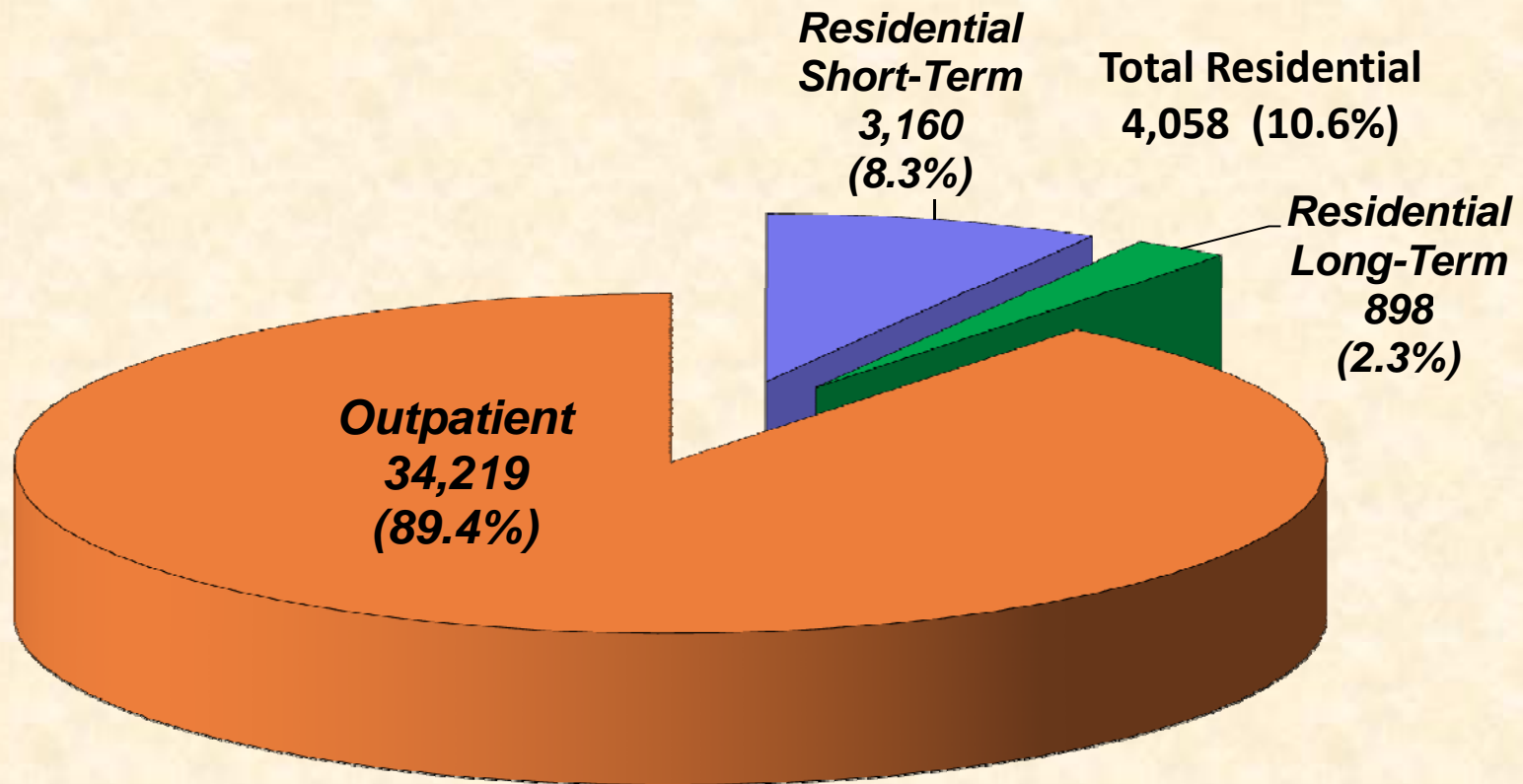
Community Corrections Need



Total Offenders on Active Supervision = 117,292



Total Offenders Participating in Community-Based Substance Abuse Programs FY 2009-10 Offenders



**Total Offenders Participating in Community—Based
Substance Abuse Programs = 38,277**



Current Community Corrections Resources (Residential)

Short-Term Residential Substance Abuse Programs

16

Circuits



Either Male/Female

Female Only

Male Only

775

Beds



536 Beds

88 Beds

151 Beds

Long-Term Residential Substance Abuse Programs

5

Circuits



Either Male/Female

Female Only

Male Only

286

Beds



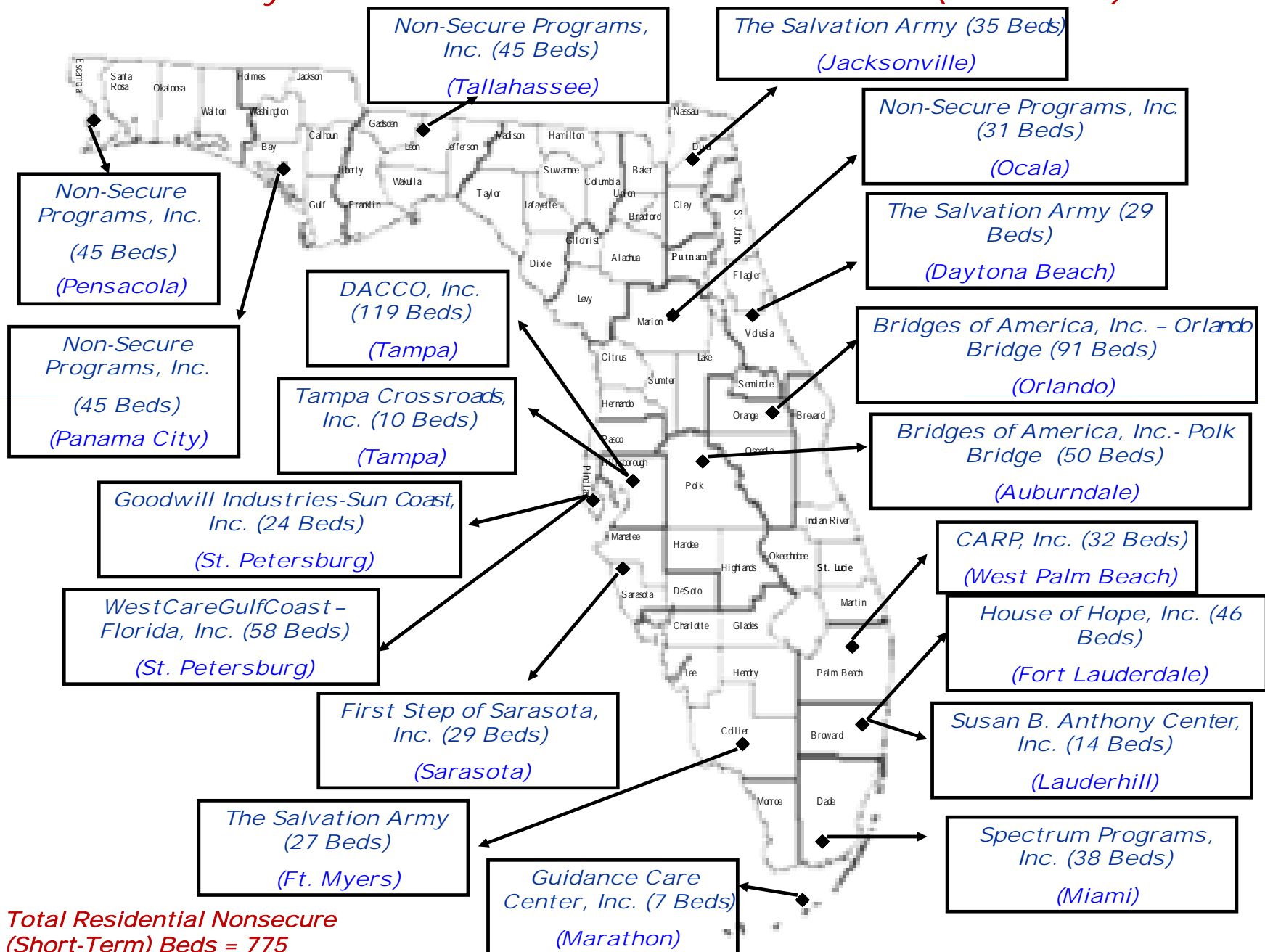
280 Beds

6 Beds

0 Beds

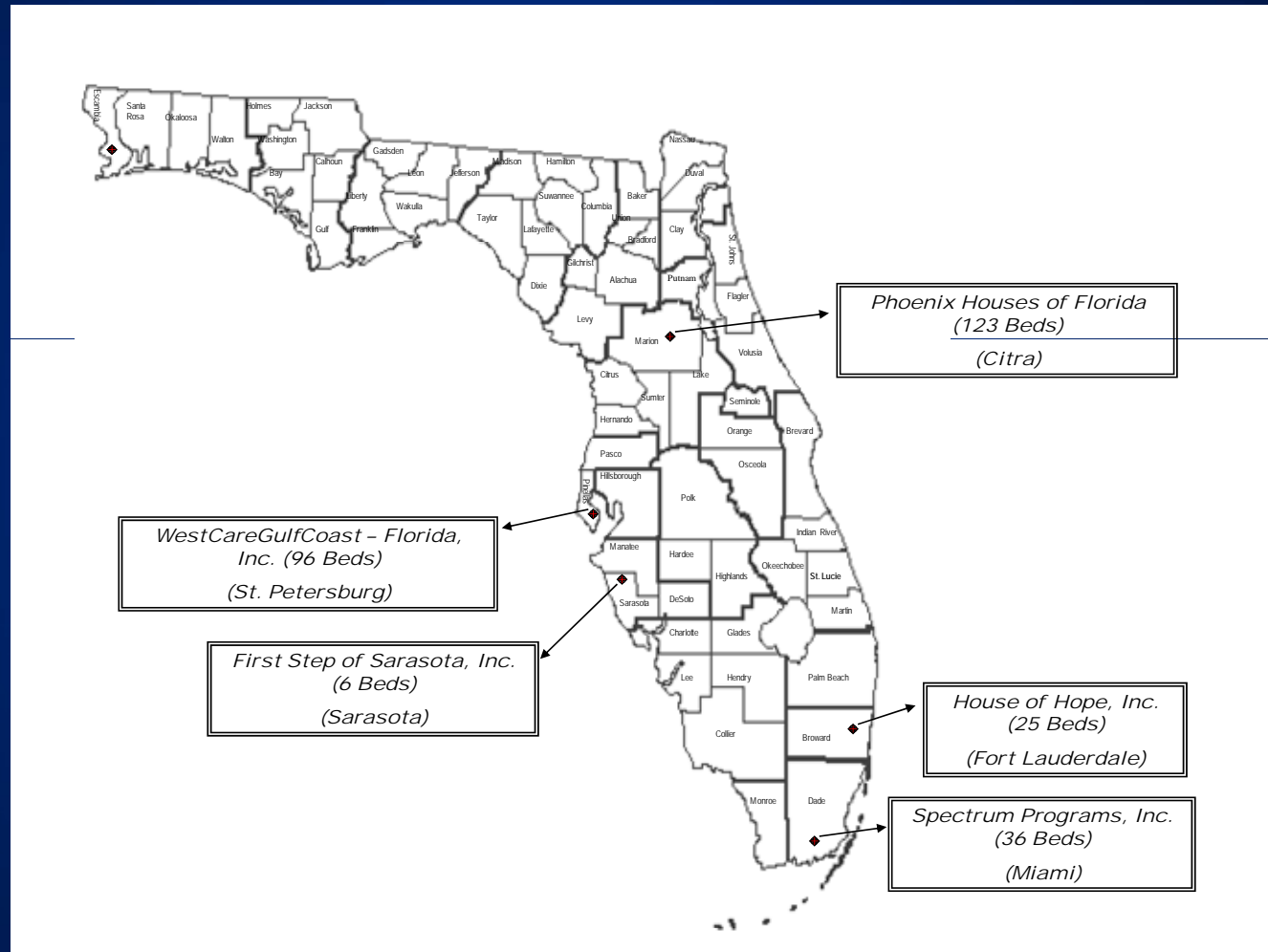
Treatment Beds = 1,061

Community Corrections Funded Residential Nonsecure (Short-Term) Beds





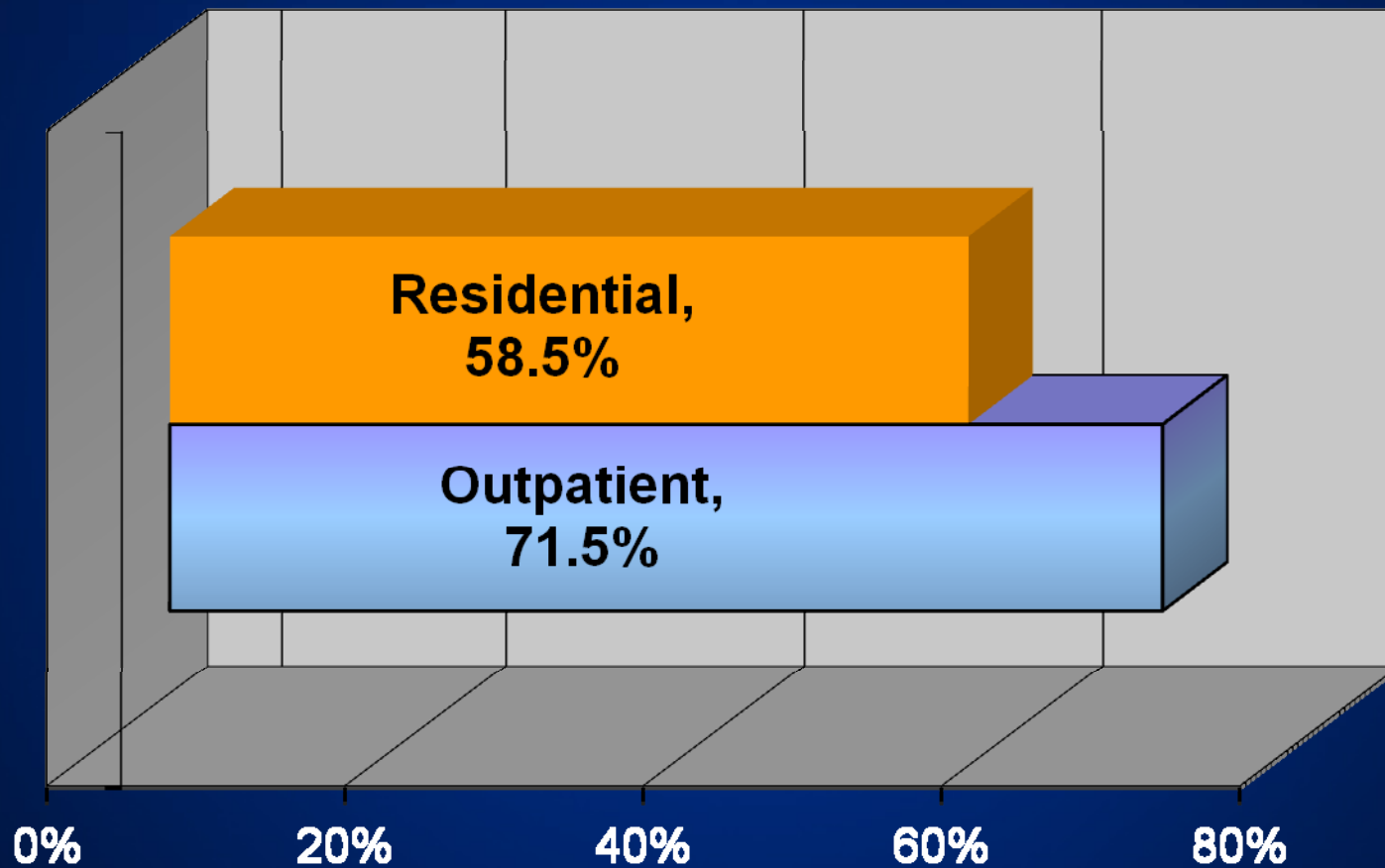
Community Corrections Residential Long-Term Substance Abuse Funded Treatment Beds FY2011-12



Total Residential Long-Term Beds = 286



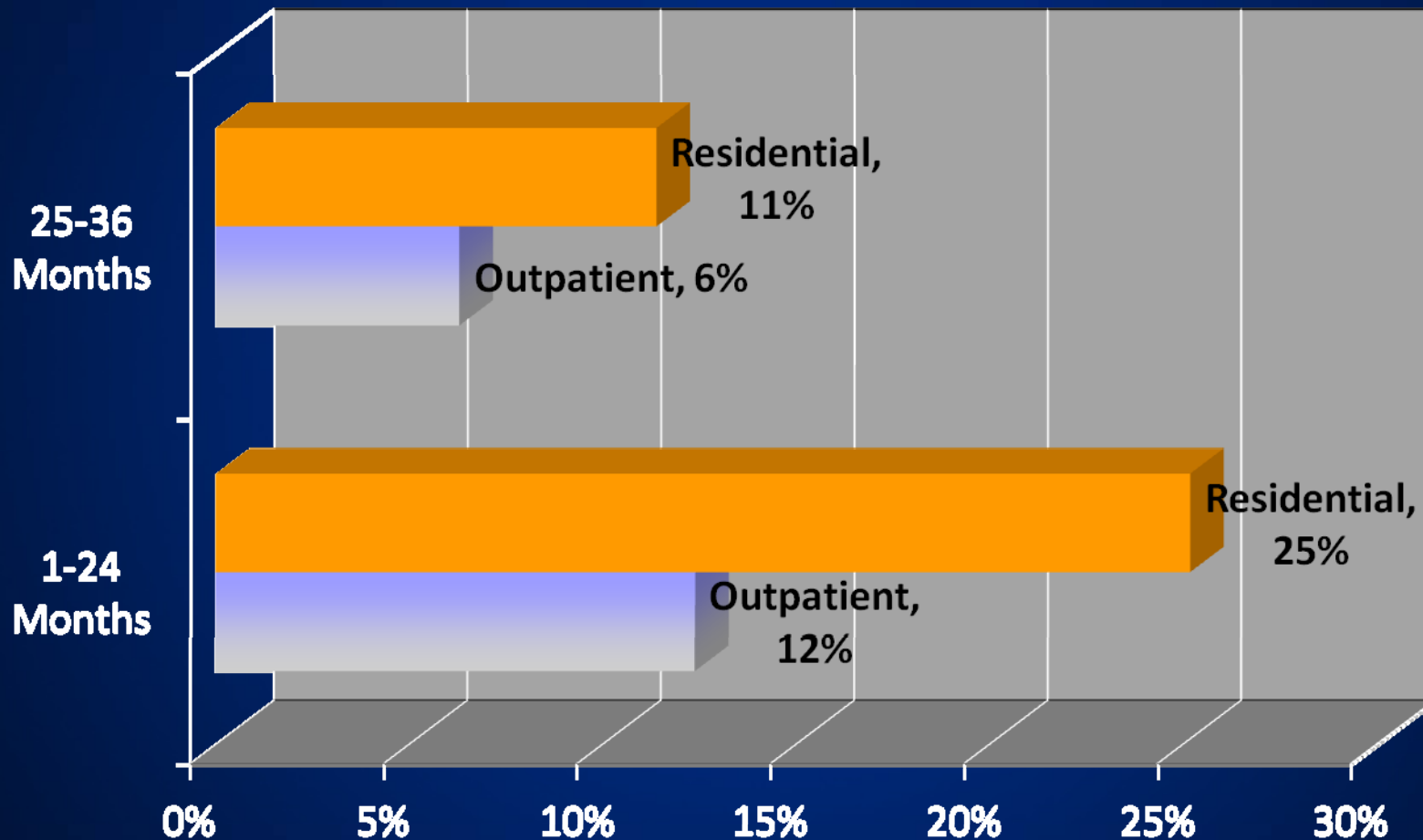
Community Corrections Substance Abuse Treatment Programs FY09-10 Program Completion Rates



*Statistics compiled by the Bureau of Research & Data Analysis



Community Corrections Substance Abuse Treatment Programs Program Completers Return to Department of Corrections (Either Community Supervision or Prison)





Vision & Strategies





Recidivism Factors

Males

1. Prior Commitments



2. Supervision After Release



3. Disciplinary Reports



7. Substance Abuse



8. # of Drug Offenses

Females

1. Prior Commitments



2. Supervision After Release



3. Substance Abuse



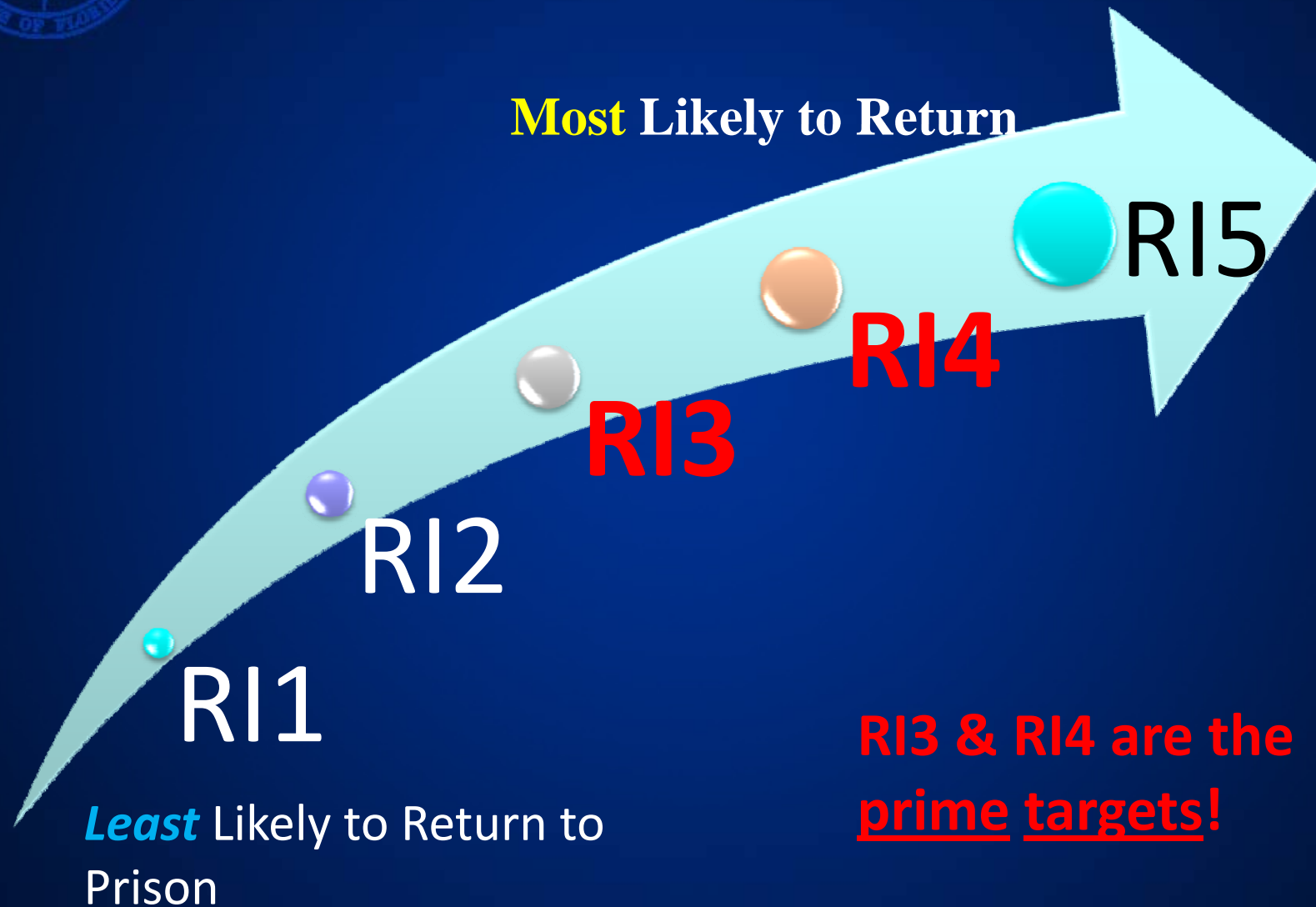
4. # of Theft/Fraud Offenses



5. # of Drug Offenses



Recidivism Index (RI)





Goals

Validate Risk
Assessment
Tool

Treat To
Level of
Need

Maximize
Services
Through
Sound Case
Management



Goals

Increase Inmate
Treatment Beds

Maintain
Residential Beds
for Probationers

Collaborate With
Judiciary
Towards
Reducing
Incarceration For
Minor Drug
Related Offenses



Goals

Increase and
Strengthen
Partnerships
With
Stakeholders &
Providers

Programming
and Treatment
to be
Evidenced
Based

Reduce
Waiting Lists

Reduce
Recidivism

Reduce Relapse



Resources

William Carr, JD Asst Secretary , Reentry

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Kim Riley, Bureau Chief of Substance Abuse

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**Office of State Courts Administrator
and
Florida Department of Corrections**

Recommendations for Alternative Sentencing Program

December 1, 2010

**Lisa Goodner, State Courts Administrator
Walter A. McNeil, Secretary**

CONTENTS

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EXECUTIVE SUMMARY

In 2010, the Florida Legislature directed the Department of Corrections and the Office of the State Courts Administrator to jointly develop recommendations to enact a statewide Alternative Sentencing Program for new nonviolent offenders who would be sentenced to prison, but could be diverted. Offenders would be eligible for this program if, at a minimum, his or her primary offense was a third-degree felony; the offender's total sentence points score is between 22.1 and 44 points; the offender has not been convicted or previously convicted of a forcible felony as defined in section 776.08, Florida Statutes, excluding any third-degree felony violation under Chapter 810, Florida Statutes; and the offender's primary offense does not require a minimum mandatory sentence.

The principal goal of Alternative Sentencing Program is to impose alternative sentences that utilize community supervision, programs, and resources to equip an offender with the skills necessary to choose and maintain a crime free lifestyle. Thus, Alternative Sentencing Programs represent a framework of sentencing options available to judges in lieu of prison. The framework includes four critical components that must be in place to ensure the success of Alternative Sentencing Programs: coordination among stakeholders, identification of eligible offenders and risk assessment, adequate funding of community-based services and resources, and probation services. Examples of programs that can be used within the Alternative Sentencing Program framework include the pilot Prison Diversion Program, the pilot post adjudicatory treatment based drug court program, probation restitution centers and specialized supervision programs with special conditions available to address individual offender needs and/or public safety including substance abuse treatment, mental health treatment, sex offender treatment, curfews, and electronic monitoring.

In addition to potentially better outcomes for the offender, there are cost efficiencies to be gained by keeping less serious offenders out of the prison system. Using Fiscal Year 2009-10 data, the average annual cost for a prison bed is \$19,469. The majority of this per diem is the cost of providing 24/7 care, custody and control.

By contrast, the Department of Corrections would not incur the cost of incarceration of an offender who is serving an alternative sentence in the community. The annual cost of the community supervision of an offender ranges from \$1,865 for probation services to \$12,312 for probation services with six

months of intensive residential services for offenders with co-occurring substance abuse and mental health issues.¹

Many alternative community-based sanctions currently exist and can be utilized by the courts. However, the Department of Corrections and the Office of the State Courts Administrator recommend incrementally enacting additional options for statewide Alternative Sentencing Program for new nonviolent offenders. This approach may be accomplished through the expansion of services provided by the three existing Probation and Restitution Centers. Specifically, these centers should be funded to provide day reporting services.

In FY 2008-09, Probation and Restitution Centers served 502 offenders in Jacksonville, Pensacola, and Orlando. To achieve maximum cost savings, these centers must significantly increase their capacities and courts must order offenders into the enhanced Probation and Restitution Centers and/or to other alternative sentences.

The expansion of Probation and Restitution Center services should be part of a three-year pilot project with the first year serving as an implementation year and the second year as a continued implementation and study year. If the pilots are proven to be successful and save prison costs, the program may be expanded statewide in the third year. A measured approach to implementation with achievable program outcomes will provide for system accountability and increase the likelihood of achieving the desired results.

While savings could be considerable, it is impossible to determine the precise cost savings because the Alternative Sentence Program is designed to be offender specific and there is no universal program that will serve every individual. In Fiscal Year 2009-10, there were 5,318 inmates that could have been considered for an Alternative Sanction Program. Based on these figures, and if resources were made available, it is estimated that 1,063 additional offenders² may be diverted

¹ Costs to the court system are not included in this analysis as they are considered to be minimal. With the exception of cases that may be assigned to a post adjudicatory drug court or other problem-solving court docket, additional judicial review of these cases would only be required for violations of probation. If the Legislature contemplates a significant use of problem-solving courts, there would be additional costs to the court system that must be considered. However, significant savings could still likely be achieved.

² We have determined that a more conservative estimate of 1,063 is more appropriate to use in this analysis, rather than 5,318 inmates sentenced to prison in lieu of community supervision. This is based on the lowest drug court expansion utilization rate identified in the October 2010 OPPAGA report "Without Changes Expansion Drug Courts Unlikely to Realize Expected Savings" and represents 20% of the eligible offenders identified above. Because sentencing decisions are necessarily individual in nature, it is impossible to predict how many of the 5,318 inmates identified would actually be sentenced to an Alternative Sentencing Program.

from prison and served utilizing an alternative sanction. It costs the State of Florida more than \$20 million to imprison 1,063 offenders for one year. If the same number of offenders were diverted into an Alternative Sentence Program (community based sanction), savings for the State of Florida could range from \$7,395,291 to \$18,712,998 for sentences varying from state probation supervision to intensive residential treatment.³

³ At the offender level, this represents a cost savings of between \$6,957 and \$17,603.

BACKGROUND

Legislative Intent

As part of its budget-making authority, the Legislature provides specific legislative intent for projects, reports, and recommendations through proviso directives. The recommendations contained in this report fulfill the requirements of the proviso language found in the 2010 General Appropriations Act (HB 5001) under the Community Corrections Program:

Pursuant to sections 944.012(6)(c), 921.00241 and 775.082(11), Florida Statutes, the Office of State Courts Administrator (OSCA) and the Department of Corrections (DC) shall jointly develop recommendations to enact a statewide Alternative Sentencing Program for new nonviolent offenders who would be sentenced to prison, but could be diverted. An offender would be eligible for the program if, at a minimum, his or her primary offense was a third-degree felony; the offender's total sentence points score is between 22.1 and 44 points; the offender has not been convicted or previously convicted of a forcible felony as defined in section 776.08, F.S., excluding any third-degree felony violation under chapter 810, F.S.; and the offender's primary offense does not require a minimum mandatory sentence. This program would be for new convictions and is not intended to be used as an early release initiative. The Alternative Sentencing Program recommendations will include the use of local law enforcement, day reporting centers, community-based services, DOC community correction supervision and Global Positioning Systems (GPS) to track offenders. The OSCA/DOC shall submit its Alternative Sentencing Program's recommendations, including all related costs and savings, to the President of the Senate and the Speaker of the House of Representatives no later than December 1, 2010.

Alternative Sentences and Alternative Sentencing Programs

Alternative Sentencing Programs target individuals who may be better sanctioned and rehabilitated in the community. The principal goal of Alternative Sentencing Programs is to impose alternative sentences that utilize community supervision, programs and resources to equip an offender with the skills necessary to choose and maintain a crime free lifestyle. Thus, Alternative Sentencing Programs represent a framework of sentencing options available to judges in lieu of prison. The framework includes four critical components that must be in place to ensure the success of Alternative Sentencing Programs:

1. Coordination among stakeholders,
2. Effective identification of eligible offenders and risk assessment,
3. Adequate funding of community-based services and resources, and
4. Probation services.

An Alternative Sentencing Program is much more than the treatment an offender receives. An Alternative Sentencing Program is not a predetermined program. Sentencing conditions are imposed based on the identified needs of the offender and available community resources. An Alternative Sanction Program is a roadmap to success that relies on solid partnerships and community based services to provide for the adequate supervision of offenders. While in these programs offenders are closely supervised, receive treatment consistent with their needs, and understand that violations will result in incarceration. Individuals must assume personal responsibility for their behavior notwithstanding the influence of environmental conditions and circumstances.

In addition to potentially better outcomes for the offender, there are cost efficiencies to be gained by keeping less-serious offenders out of the prison system. The average cost for a prison bed is \$53.34 per day. The majority of this per diem is the cost of providing 24/7 care, custody and control. By contrast, the Department of Corrections would not incur the cost of incarceration of an offender who is serving an alternative sentence in the community.

Alternative Sentencing Strategies Have Proven to be Successful

The Legislature's interest in examining alternative sentencing programs as a mechanism to reduce prison costs is timely. This approach has generated national dialogue as success stories have been reported from across the country. The State of Texas is a prominent example. Texas aggressively used alternative sentencing and parole reforms to lower its incarceration and crime rates.⁴ The following table illustrates their success.

Year	Incarceration rate per 100,000 residents	Serious crimes per 100,000 residents
2004	704	5038
2008	639	4492
% Change	-9.20%	-10.80%

Reforms passed in 2005 and 2007 allowed Texas to avoid building 17,332 prison beds by investing in programs of graduated sanctions that offer less costly alternatives.

The initial investment was certainly significant. Among a \$241 million package, the State spent \$26 million for more substance abuse treatment in jail, \$110 million to build residential treatment centers in halfway houses for former prisoners, and \$30 million to create short-term detention centers. The immediate payoff of this investment was the ability to avoid spending \$550 million to build new prisons. Ongoing annual cost savings are estimated to exceed \$200 million.

The Texas story shows that it is not necessary to increase incarceration in order to reduce crime. Texas has a solid reputation as a law-and-order state and has the nation's fourth highest incarceration rate. Yet, like in Florida, Texas prisons are not filled with the worst offenders. Two-thirds of inmates were in Texas prisons for nonviolent offenses. Many of these offenders meet the threshold qualifications for an alternative sentence.

⁴ Information regarding the successes of Texas was derived in part from a presentation entitled "Thinking Outside the Cell: 10 Truths About Texas Criminal Justice" by Mark A. Levin, Esquire. Mr. Levin is the director of the Center for Effective Justice, part of the Texas Public Policy Foundation. Other information was taken from an article in the *Arizona Republic* dated April 18, 2010 and entitled "Arizona Aims to Cut Prison Costs; and in Texas a New Approach."

In 2009, there were 100,894 inmates in Florida's prison system and an additional 157,222 offenders on community supervision. The most recent available data for Texas is from 2008 and shows a prison population of 171,249 inmates. There are an additional 427,080 offenders on probation.

To compare the two states, for every inmate in a Florida prison, there are approximately 1.5 offenders on probation. In Texas, for every inmate in prison, there are approximately 2.5 offenders on probation. If, like Texas, Florida were to increase its number of offenders on alternative sentences as opposed to prison sentences it, too, would likely see substantial cost savings.⁵

⁵ We note that Florida does not utilize a parole system in the same fashion as Texas. In 1983, sentencing guidelines were enacted, thereby effectively abolishing parole for those offenders who were sentenced for crimes committed on or after October 1, 1983. Currently, all inmates who committed a capital felony murder prior to May 25, 1994, and all inmates who committed all other capital felonies, including sexual battery prior to October 1, 1995, are also parole eligible.

CURRENT FLORIDA PRISON DIVERSION OPTIONS

Various alternative sentencing options exist in Florida for select nonviolent individuals. With adequate additional resources, the options and programs listed below can be integrated into an Alternative Sentencing Program to serve additional offenders in lieu of prison.

Recently Instituted Prison Diversion Programs

During the 2009 Session, the Florida Legislature enacted laws and programs aimed toward diverting low-risk offenders from prison with alternative sentences.

- A. Senate Bill 1726 expanded the court's authority to use post-adjudicatory and pretrial treatment-based drug court programs for certain nonviolent felons who have substance abuse addictions. \$19 million was allocated at the local and state levels to fund these drug court programs.

As of November 18, 2010, these expansion programs have served 651 offenders. Of these offenders, 553 remain successfully in the program. Approximately \$1,697,178 has been spent on this program to date resulting in an average cost of \$3,069 per successful offender.

- B. Senate Bill 1722 required courts to sentence certain nonviolent felony offenders who score no more than 22 points to a non-state prison sanction unless the court makes a written finding that the offender could endanger the public.

Senate Bill 1722 also created a Prison Diversion Program for nonviolent offenders who score no more than 48 points, or the offender's total sentence points score is 54 points and 6 of those points are for Violation of Probation, Community Control, or other community supervision, and do not involve a new violation of law. Offenders in this program must be sentenced to community supervision and may be required to participate in a residential, nonresidential, or day-reporting program with substance abuse treatment, employment opportunities, and other program components designed to assist offenders from recidivating. The Department of Corrections was appropriated \$700,143 to establish a pilot.

The pilot was established in Hillsborough and Pinellas counties. From commencement of operations on September 1, 2009, through October 31,

2010, the program has served 121 offenders. Of these offenders, 21 were subsequently admitted to prison.

Community Based Supervision Programs

In 2009, the Department of Corrections supervised more than 157,000 individuals through its Community Corrections operations. Comprehensive community supervision comprises a multitude of human resources, programs, automation and communication systems, and specialized supervision approaches to ensure all offenders sentenced to state supervision in our communities are complying with the conditions of supervision as ordered by the sentencing authority and that willful violations are reported to the sentencing authority in a timely manner. The following is a brief summary of the programs and operations that make up this area of the Department of Corrections.

Probation

Probation is a court-ordered term of community supervision under specified conditions for a specific period of time that cannot exceed the maximum sentence for the offense. The probationer is required to abide by all conditions ordered by the court. Violation of these conditions may result in revocation by the court and imposition of any sentence which it might have imposed when originally placing the offender on probation. The probationer is generally required to pay the cost of supervision to the State of Florida, and may face additional conditions including payment of restitution, court costs and fines, public service and various types of treatment, including substance abuse treatment, mental health treatment, and anti-theft or anger management counseling. A probation sentence could be used for offenders sentenced under 44 points who do not appear to be a threat to the community. For offenders who may have the potential to be a threat to the community, the court could order a split sentence, with the probation portion of the sentence to follow a jail or short prison term. The court may also order probation supervision with a period of jail time as a special condition.

Drug Offender Probation

Drug Offender Probation is an intensive form of community supervision, which emphasizes treatment of drug offenders in accordance with individualized treatment plans. Implemented in 1992 for chronic substance abusers, the program includes elements of substance abuse treatment monitoring and random drug testing. Contacts are made by correctional probation senior officers to ensure offenders remain drug free. The courts may consider ordering Drug Offender

Probation for sentences that score less than or equal to 44 points when the offender has been identified as having a history of substance abuse. In addition to inpatient or outpatient substance abuse treatment and frequent drug testing, some courts impose a curfew, requiring drug offender probationers to be at home during certain hours, e.g. 7PM – 7AM. The curfew reduces the offender's chance of frequenting establishments that sell alcohol or illegal drugs.

Sex Offender Probation

Sex Offender Probation is a form of intensive supervision provided to offenders with an offense committed in violation of Chapter 794, section 800.04, section 827.071, section 847.0135(5), or section 847.0145, Florida Statutes. Sex Offender Probation requires sex offenders to comply with several standard conditions of supervision including but not limited to a mandatory curfew (generally from 10PM – 6AM), residence restrictions if the victim was under 18, active participation in sex offender treatment, no contact with the victim, no contact with children if the victim was under 18, employment restrictions if the victim was under 18, prohibited use of the internet, polygraph examination, driving logs, etc. In addition, offenders meeting the Jessica Lunsford Act criteria are required to comply with Global Positioning Satellite (GPS) electronic monitoring requirements. If the sex offender scores less than or equal to 44 points, the court may order Sex Offender Probation or order as part of a split sentence.

Community Control

Community Control is a form of intensive supervision that includes probation officers monitoring the offender on weekends and holidays. Also known as “house arrest”, offenders sentenced to community control may not leave their residence unless approved by their probation officer, except for work purposes, treatment, community service work and religious services. Community Control is the most intensive form of community supervision available. The Community Control program was created in 1983 to alleviate prison overcrowding. If the offender scores less than or equal to 44 points, the court may order Community Control with special conditions including substance abuse treatment or mental health treatment. The court may also impose a form of electronic monitoring as a special condition of Community Control in order to assist the probation officer with enhanced monitoring of the offender's curfew compliance or location. If the offender has a current or prior conviction for a violent offense, and is placed on electronic monitoring, the department is required by section 948.10(6), Florida Statutes, to use Global Positioning Satellite (GPS) electronic monitoring which actively monitors and identifies the offender's location with timely reports.

In addition to straight supervision or split sentences, the court may also order a combination of supervision types, beginning with the more restrictive, e.g. Community Control (up to 2 years maximum), followed by a period of regular supervision or Drug Offender Probation. This can also be ordered as a split sentence.

The following table provides a breakdown of the number of offenders sentenced to each type of community based supervision.

Supervision Population by Type

June 30, 2010

Supervision Type on June 30, 2010	
ORIGINAL SENTENCE	
PROBATION TOTAL	111,162
Felony Probation	100,554
Misdemeanor Probation	3,836
Administrative Probation	2,679
Sex Offender Probation	4,093
DRUG OFFENDER PROBATION TOTAL	16,607
COMMUNITY CONTROL TOTAL	10,705
Community Control	10,511
Community Control - Sex Offender	194
PRETRIAL INTERVENTION TOTAL	9,321
Pretrial Intervention	5,913
Pretrial Intervention - Drug Court	3,408
ORIGINAL SENTENCE TOTAL	147,795

POST - PRISON RELEASE	
PAROLE TOTAL	2,116
Florida Parole	448
Other State Parole	1,665
Unknown Parole	3
CONDITIONAL RELEASE TOTAL	2,768
CONTROL RELEASE TOTAL	66
Control Release	58
Administrative Control Release	8
ADDICTION RECOVERY TOTAL	165
OTHER POST - PRISON RELEASE TOTAL	18
POST - PRISON RELEASE TOTAL	5,133
GRAND TOTAL	152,928

Treatment Options

In addition to probation, an offender can be ordered to comply with various treatment programs. When an offender is referred for any type of treatment, the treatment provider performs an assessment or evaluation initially to determine the severity of the problem and level of treatment the offender requires. Such treatment may include the following.

Outpatient Substance Abuse Treatment Programs

These community-based contracted programs provide individual, group and or family counseling sessions and activities for offenders who are ordered by the court or releasing authority to participate in treatment. Outpatient services are provided on a variety of intensity levels statewide based on individual offender needs. These therapeutic activities and interventions focus on changing the

offenders' behaviors to assist them in their recovery from substance abuse and successful termination from community supervision. Offenders continue to reside and work in the community while participating in treatment. All programs are licensed by the Department of Children and Families.

Residential Substance Abuse Treatment Programs

Contracted community-based residential treatment programs consists of an intensive treatment component (ITC) followed by an employment re-entry component (ERC). These components focus on changing the offenders' behaviors to assist them in their recovery from substance abuse, gaining meaningful employment, successful re-entry back into the community and successful termination from community supervision.

The program targets court-ordered offenders who fail outpatient treatment, or who are evaluated and determined to need this level of structured environment. All programs are licensed by the Department of Children and Families.

The following residential services are offered:

- Nonsecure Substance Abuse Treatment (6 month program)
- Long-term (Secure) Treatment Program (12 to 18 month program) need long term rehabilitation in a controlled environment.

Nonresidential Substance Abuse Treatment Programs

Outpatient treatment provides therapeutic activities for offenders while they maintain residence and employment in the community. The focus of the programs is on treatment and the provision of ancillary services. Outpatient services are provided to offenders on a variety of intensity levels statewide (i.e., education classes, outpatient treatment, intensive outpatient treatment, and day or night treatment).

- Drug Education Group - Structured education course (i.e., usually weekly group meeting for approximately 12 weeks). This service allows offenders to receive drug education, and also serves as a screening tool to identify offenders who have a substance abuse problem.
- Outpatient Treatment - Therapeutic treatment activities for offenders in a nonresidential setting with a minimum of one individual, group or family session every two weeks. The program generally consists of 16 weeks of

weekly group sessions. Outpatient services allow offenders to receive drug treatment with minimal disruption to daily life activities.

- **Intensive Outpatient Treatment** - A treatment program that includes two or more group, individual or family sessions per week. The program is approximately sixteen weeks in length. This treatment modality provides services at a level that is more intense than outpatient treatment but less restrictive than day or night treatment.
- **Day/Night Treatment** - An intensive nonresidential program offering treatment activities during the day or night, which allows offenders to reside at home, maintain full time employment or attend an educational program. The program provides for consecutive hours of treatment activities at minimum frequency of four days per week, for a period of four weeks. Each offender has a minimum of six hours per week of individual, group or family counseling. The Day/Night treatment program may also include four weeks of reentry treatment where the required treatment activities are gradually decreased. This program is appropriate for those offenders not adapting well in less restrictive treatment and who requires a higher intensity of services.

Nonresidential Treatment Programs (Including Mental Health, Sex Offender Treatment, Anger Management, etc.)

Various other nonresidential programs are available to meet the therapeutic needs of offenders.

- **Group Counseling** - Structured, open ended group counseling programs for various clinical issues, based on the specific needs of the offenders referred for treatment (i.e., living skills, sexual addictions, anger management, parenting, family counseling, etc.).
- **Individual Counseling** - Individual counseling session may be provided to offenders as needed.

Probation and Restitution Centers

Probation and Restitution Centers (PRC) exist in Jacksonville, Pensacola, and Orlando. If these programs were expanded to include day treatment services, they could help provide an organized and comprehensive approach to alternative

sentencing. Specific recommendations in this regard will be addressed later in the report.

The PRC program is a highly structured community-based residential prison diversion program. The length of stay in the program is based on individual offender/resident needs and program design. Offenders/residents participate in group counseling and case management sessions. The social learning environment provides offenders/residents with continuous peer support and challenges in daily living skills. The major learning themes are criminal thinking patterns, life skills, budgeting, personal responsibility and accountability, and employment readiness or skills training. Offenders/residents prepare for re-entry into the work environment and transition into the community. The program provides a sentencing alternative and a resource for supervised offenders who are experiencing difficulty complying with their conditions of supervision and meeting their court-ordered financial obligations. The program also provides transition assistance to recently released inmates.

The PRC program consists of two (2) phases. Phase I, the Intensive Programming Component Phase (IPC) and Phase II, the Work Component Phase (WCP). The total time in the PRC Program is based on the individual offender needs and cannot exceed twelve (12) months, unless otherwise stipulated by court order. During the WCP offenders/residents will begin to make payments on their court-ordered financial obligations and pay a daily subsistence fee to the Contractor.

The PRC program provides services to offenders under supervision with the Department of Corrections and recently released inmates in need of transition services. Services provided shall minimally include:

- A facility which provides housing and bedding in a clean, safe environment;
- Staff to operate the facility and programs;
- Three nutritious, balanced meals per day;
- Cognitive-behavioral evidence based curriculum and group activities aimed at correcting criminal thinking errors;
- Cognitive-behavioral evidence based curriculum and group activities aimed at increasing life skills;
- Curriculum and group activities that address money management/budgeting skills;
- Job search development, job placement and job retention skills services;

- Substance use/abuse/dependence educational groups; and
- Referrals for any needed ancillary services to include, but not be limited to, psychological, physical or substance abuse treatment.

In order to be eligible for participation in the PRC program, an offender must meet the following criteria:

- Be under the legal supervision of the Department and court-ordered into the program by the sentencing court or releasing authority or referred by the probation officer. This includes offenders on interstate compact. In addition, eligible participants include individuals who are in need of transition re-entry services and have recently been released (within the previous ninety (90) days) from incarceration in a Department facility;
- Have no limitations on their ability to secure and maintain employment;
- Have a completed Community Supervision Referral Form DC5-404 or electronic equivalent on file, with Section I completed by the Department.
- Meet the Contractor's Department-approved admission criteria.

The following offenders/residents are ineligible for assignment to a PRC:

- Conviction for Sexual Battery pursuant to s. 784.011, F.S.;
- Convicted of or currently charged with a capital or life felony;
- Currently has a mental or physical health condition that requires services not available at the PRC; or
- Physically unable to work;
- Individuals with any additional limitations, as determined by the Department that would preclude service effectiveness.

Correctional Probation Officers are encouraged to consider offenders meeting eligibility and sentencing criteria for referral to the PRC program when preparing Presentence Investigations or violation reports for technical violations of the conditions of supervision or release. Offenders can also be referred by the Court, the Parole Commission, the State Attorney, and/or defense counsel.

Resources Available to Assist with Supervision

Various resources are available to assist probation officers in their supervision of offenders. These tools are critical to ensuring public safety and compliance with the individual terms of probation.

Electronic Monitoring

Electronic monitoring has been authorized in Florida since 1987. Used on its own or to supplement other probation services, in many respects electronic monitoring intensifies the level of supervision because of its ability to constantly monitor the actual location of an offender. There are two types of electronic monitoring available, global positioning and radio frequency systems:

- 1) **Global Positioning System (GPS)** refers to a form of electronic monitoring through satellite tracking, offering increased surveillance and a higher level of protection to victims. GPS provides inclusionary and exclusionary boundaries, two-way communication with the victim or the offender, location mapping for archive retrieval, immediate tamper notification, remote laptop tracking with a wireless modem for constant communication with the Surveillance Data Center, and other innovative features. With the use of Global Positioning System (GPS) and the wireless communications network, the GPS tracking system allows the Department of Corrections to monitor an offender's movement. The current cost of the equipment and services is \$8.94 per day, per offender.
- 2) **Radio Frequency (RF)** refers to a type of electronic monitoring system that utilizes a bracelet attached to the offender that is electronically tethered to a receiver with phone communication capability that provides offender monitoring during the hours of home confinement. This system monitors the offender's presence or absence from the home. The current cost of the equipment is \$1.97 per day, per offender.

Offenders Tracked by Electronic Monitoring – June 2010

The following table provides a breakdown of the number of offenders monitored through specific electronic means.

Supervision Type / Device Type	Sex Offenders**	Others	Total
Radio Frequency	10	74	84
Probation	6	16	22
Community Control	1	43	44
Post Prison	3	15	18
Active Global Positioning	1,551	932	2,483
Probation	1,251	383	1,634
Community Control	153	440	593
Post Prison	147	109	256
Total	1,561	1,006	2,567
*Includes Active and Active-Suspense offenders.			
**Based on primary offense.			

Drug Testing and Screening

The Department of Corrections has a comprehensive, random drug testing program to monitor offender's drug usage while on community supervision. Testing is used as both an identification and screening tool and a monitoring technique. The following is a description of the drug testing methodologies used by the department:

- On-Site Screen – The advantages of this testing methodology are that the results are known immediately, it is cost effective, and it is a useful intervention and confrontation tool. On-site drug testing devices are only

screening tools. Therefore, if an offender denies a positive test, a laboratory confirmation test must be conducted on the urine sample prior to any court hearing.

- Laboratory Urinalysis – The laboratory is certified by the federal, Substance Abuse and Mental Health Services Administration (SAMHSA). Upon the request of the Department, the contracted laboratory can conduct an initial screening test on a urine sample; provide laboratory confirmation testing on positive specimens utilizing the Gas Chromatography/Mass Spectrometry (GC/MS) confirmation test. The laboratory can test a specimen for multiple drugs, and the laboratory urinalysis is more expensive than the on-site test.
- Breath/Alcohol – The breath alcohol on-site measures at a .02 percent level within 30 seconds when an offender blows into it. The screening test is a cost-effective test with immediate results.

RECOMMENDATIONS TO ENACT A STATEWIDE ALTERNATIVE SENTENCING PROGRAM

Suggested Framework

There are four critical components that must be in place to ensure the success of alternative sentencing programs: coordination among stakeholders, effective identification of eligible offenders and risk assessment, adequate funding of community-based services, and probation services:

1. **Coordination Among Stakeholders** - Successful alternative sentencing programs capitalize on coordination between many entities. In Florida this means active partnerships between the judiciary, the state attorney's office, the public defender's office, local law enforcement, treatment providers and resources available in the community for offenders on supervision, and the Department of Corrections. This multifaceted approach will ensure public safety and provide clear and sustaining opportunities for offenders to successfully complete their term of supervision.

Coordination also includes ensuring that each stakeholder group understands its role:

- **Role of the Department of Corrections** - The Department of Corrections assumes the role of supervising the offender in the community, making referrals to treatment ordered by the court, monitoring compliance with all conditions of supervision and reporting non-compliance of these conditions to the court. In addition, the Department of Corrections assumes the role of contracting with local community-based providers for the required criminal justice treatment needs and monitoring the contracts. Finally, the Department of Corrections must ensure that the various forms of electronic monitoring will be used appropriately in tandem with probation services. Monitoring parameters must be strictly and swiftly enforced with the safety of the community as a paramount concern.
- **Role of the Courts** - The court system will continue its constitutional adjudicative function. The Florida State Courts System must also ensure that judges are properly educated regarding the appropriate use

of alternative sentences. Judges should be encouraged to utilize these sentences.

- **Role of Local Law Enforcement** - Law enforcement must be an active partner in the Alternative Sentencing Program effort. They should exercise their authority (per section 948.06, Florida Statutes) in conducting warrantless arrests for Violation of Probation for all new law violations in order to achieve an immediate and consistent response. This will assure the judiciary that if these offenders are charged with a new law violation, they will not be released into the community until the judge has had the opportunity to review the violation and made a decision.
- **Role of Community Providers** - Community providers must agree to serve this offender population. They must also play an integral role in the early identification of local service gaps and the reasonable costs associated with filling these gaps.

2. **Effective Identification of Eligible Offenders and Risk Assessment -**

Identifying offenders who would achieve the greatest success in an Alternative Sentencing Program is critical to achieving success and maximizing cost savings. In order to identify and assess offenders eligible for these alternative sentencing programs, the following actions must occur:

- a) State Attorney must prepare Criminal Punishment Code score sheet to determine the defendant's total point score;
- b) If points are 54 or less, the defendant's criminal history should be reviewed for violent offenses that would exclude the offender from the prison diversion program;
- c) If points are less than or equal to 44, review defendant's substance abuse history and criminal history to determine if eligible for post-adjudicatory drug court treatment program, if available;
- d) If points are less than or equal to 44, review defendant's substance abuse history and criminal history to determine if appropriate for one of the "Community Based Supervision Programs" sentences described below, along with appropriate special conditions to address individual offender needs and public safety concerns.

Once eligible offenders are identified, an evidence-based risk assessment should be conducted on each individual in order to determine eligibility for certain diversion programs, identify individual offender treatment needs, assess the offender's risk to public safety, and provide the judge with appropriate sentencing alternatives.

3. **Adequate Funding of Community Based Services** – Alternative sentencing programs provide offenders with the treatment and services necessary to choose and maintain a crime free lifestyle. Community based services are a critical component to this model. Local gaps in services must be identified and funded to ensure that offenders receive treatment that is consistent with their identified risks and needs. Ideally, all such services will include evidence-based practices.

Any new Alternative Sentencing Program should complement existing programs and services. This includes drug, mental health and other problem-solving courts. These programs should not be in competition with one another for services or funding.

4. **Probation Services** – The Department of Corrections will supervise these cases and work with community-based treatment providers to ensure the offender is in compliance with treatment requirements and other court ordered requirements. An increase in the number of offenders sentenced to community supervision (in lieu of prison) will increase probation officers' caseloads. If the majority of alternative sentences result in Drug Offender Probation or Community Control sentences, there may be a need to request additional positions since these caseloads have statutory restrictions to caseload ratio (Drug Offender Probation is 50:1 and Community Control is 25:1). If the majority of the alternative sentences include electronic monitoring, additional funding may be needed to provide this service and positions to supervise these additional offenders.

To enact a Statewide Alternative Sentencing Program, the Office of State Courts Administrator and the Department of Corrections recommend that this framework be utilized as follows:

Year One

- a) Contracting for the creation and ongoing implementation of an evidence-base risk and needs assessment. The risk and needs

assessment would be conducted pre-sentencing by personnel outside of the courts and corrections system.

- b) Developing a comprehensive listing of available resources in all judicial circuits, regardless of funding source, that could be utilized as an alternative to prison.
- c) Educating judges on the currently available alternatives within the circuit.
- d) Identifying “service gaps” in the judicial circuits where alternatives do not currently exist. Seek funding as necessary to ensure that an adequate service array is in place.
- e) Establishing three (3) Day Reporting Centers to be co-located with the current Probation and Restitution Centers (PRC). These centers are not currently funded by the state. Day Reporting Centers are one-stop centers that provide offenders counseling, education, employment, and treatment services. The Day Reporting Centers are staffed with counselors who provide an assessment to identify offender needs, monitor the offender’s progress at the center, and work with the probation officer to assist the offender with services or resources needed in order to improve the offender’s chance of succeeding and complying with conditions of supervision. Offenders are required to report for varied days/hours, depending on their needs and progress.
- f) Ensuring that electronic monitoring is properly incorporated. Electronic monitoring includes the use of newer technologies such as Secure Continuous Remote Alcohol Monitoring (SCRAM). SCRAM is an automated alcohol-monitoring device that uses transdermal testing to measure the amount of alcohol in a person’s body, known as transdermal alcohol content (TAC). When alcohol is consumed, ethanol migrates through the skin and is excreted through perspiration. SCRAM measures TAC levels by taking a sample of one’s perspiration.

Traditional methods of measuring alcohol consumption commonly employ a portable or stationary device, such as a Breathalyzer, which measures blood alcohol content (BAC). BAC relies upon fuel cell technology and provides a one-time view of a person’s alcohol consumption. SCRAM, on the other hand, allows for continuous testing regardless of the location of the person under supervision, which increases the sampling detection. Moreover, whereas the BAC

burnoff rate is relatively high, dissipating within a few short hours after a last drink, TAC levels remain high for a much longer duration, increasing the possibility of detection of alcohol consumption. The SCRAM device also measures body temperature as a means of determining whether the bracelet has been removed or tampered with so as to block perspiration from being read by the device.⁶

Secure Continuous Remote Alcohol Monitoring is not currently funded in the Department of Corrections. If funding were made available to contract for SCRAM services, this would enhance the Department of Corrections ability to monitor those offenders who have history of alcohol related offenses.

Year Two

- a) Collecting data from Day Reporting Centers and analyzing the impact to the prison population
- b) Transferring recurring General Revenue from Institutions to continue funding expanded community-based operations.
- c) Providing additional community corrections positions to provide proper community supervision for the increased workload.

Year Three

- a) Continuing analysis of Day Reporting Centers and expansion to judicial circuits with service gaps.

⁶ Secure Continuous Remote Alcohol Monitoring (SCRAM) Technology Evaluability Assessment
<http://www.ncjrs.gov/pdffiles1/nij/secure-continuous-remote-alcohol.pdf>. Last accessed November 30, 2010.

CURRENT ELIGIBLE POPULATION

HB 5001 enumerates the criteria eligible for the Alternative Sentencing Program. An offender would be eligible for the program if:

- at a minimum, his or her primary offense was a third-degree felony;
- the offender's total sentence points score is between 22.1 and 44 points;
- the offender has not been convicted or previously convicted of a forcible felony as defined in section 776.08, Florida Statutes, excluding any third-degree felony violation under Chapter 810, Florida Statutes; and
- the offender's primary offense does not require a minimum mandatory sentence.

During Fiscal Year 2008-09 there were 6,265 unique inmates that fit these criteria. The counties with the highest number of inmates fitting the criteria were Polk (616), Hillsborough (532), Orange (348), Broward (349), and Bay (311).

The number of potentially eligible offenders dropped during Fiscal Year 2009-10, with 5,318 inmates that fit the criteria. The counties with the highest number of inmates fitting the criteria were Polk (432), Hillsborough (410), Orange (314), Pasco (307), and Pinellas (298).

It is important to note that the actual number of offenders supervised in an Alternative Sentencing Program would be lower than indicated by these figures. Successful Alternative Sentencing Programs are collaborative efforts. They require local consensus among stakeholders regarding program eligibility. While eligibility criteria are delineated in statute, each case must still be reviewed by the state attorney and the courts to ensure that an offender does not pose a risk if supervised in a community setting. This will also ensure that deference is paid to victims, if any.

COST ANALYSIS

The following analysis contemplates statewide implementation of additional alternative sentencing programs and services, including day reporting centers. Cost savings are represented in a wide range due to the difficulty in forecasting what sorts of individualized sentences might be imposed based on offender need. Cost savings are limited in part by the qualifying criteria outlined in proviso. If the legislature were to consider expanding these criteria (for example, by extending the very end of the sentencing score beyond 44 points) more offenders may be served resulting in significant additional savings.

During Fiscal Year 2009-10, 5,318 offenders who met the proviso criteria were sentenced to prison at an annualized cost of \$103,536,673, using the Fiscal Year 2009-10 per diem rate of \$53.34. Based on these figures, and if resources were made available, we estimate that 1,063 additional offenders⁷ may be diverted from prison and served utilizing an alternative sanction.

These resources could then be redirected because of the savings generated through a correlating reduction in prison bed use. However, it is critical to note that there would be a natural delay between the implementation of additional options for an alternative sentencing program and the correlating reduction in the necessary number of prison beds. In other words, maximum cost savings may not be realized until the fiscal years following program implementation.

While savings could be considerable, it is impossible to determine the precise cost savings because the Alternative Sentencing Program is designed to be offender specific and there is no “one size fits all” program that will serve every individual. Furthermore, the revocation rate for program failures cannot be discerned. We do know that it costs the State of Florida more than \$20 million to imprison 1,063 offenders for one year. If these prisoners were to be diverted into an Alternative Sentencing Program (community based sanction), savings for the state of Florida could range from \$7,395,291 to \$18,712,998 for sentences varying from state probation supervision to intensive residential treatment.⁸

⁷ We have determined that a more conservative estimate of 1,063 would be more appropriate to use in our analysis, instead of 5,318 inmates sentenced to prison in lieu of community supervision. This is based on the lowest drug court expansion utilization rate identified in the October 2010 OPPAGA report “Without Changes Expansion Drug Courts Unlikely to Realize Expected Savings” and represents 20% of the eligible offenders identified above. Because sentencing decisions are necessarily individual in nature, it is impossible to predict how many of the 5,318 inmates identified would actually be sentenced to an Alternative Sentencing Program.

⁸ At the offender level, this represents a cost savings of between \$6,957 and \$17,603.

Additional consideration must be made regarding the risk assessment. Ideally, such an assessment would be performed by an entity external to the court and the Department of Corrections. This would ensure that each offender receives a data tested and reliable assessment conducted by the appropriate professionals. There of course would be additional costs associated with this sort of risk assessment provision. Using a cost estimate from the Department of Juvenile Justice, who implemented an evidence-based risk and needs assessment in 2005, the cost for designing the instrument was approximately \$500,000 and the annual operating costs are approximately \$69,000.

The following chart provides a detailed analysis of the range of costs associated with alternative sentences. For comparative purposes, each one of the options below represents a 12 month sentence. For instance, the option of supervision with six months of intensive residential substance abuse co-occurring program would be two parts; six months of intensive treatment and supervision followed by six months of probation supervision. The contracted rate of intensive residential treatment is added to the per diem rate for supervision for the first six-month period and then is added to the supervision only rate for the second six-month period.

Cost of Supervision	Contract Rate	Per Diem FY 09-10	Daily Total	Annual Cost	Annual Difference In comparison to Prison () = Savings
State Prison (average)		\$53.34	\$53.34	\$19,469.10	
State Supervision		\$5.11	\$5.11	\$1,865.15	(\$17,603.95)
with electronic monitoring (GPS)	\$8.94	\$5.11	\$14.05	\$5,128.25	(\$14,340.85)
with 3 mo. requirement to report at a day reporting center, followed by 9 months of Supervision	\$15.00 ⁹	\$5.11	\$20.11 @ 3 months \$5.11 @ 9 months.	\$3,215.15	(\$16,253.95)
with participation in probation and restitution center	\$40.75 ¹⁰	\$5.11	\$45.86	\$16,738.90	(\$2,730.20)
with 6 mo. nonresidential substance abuse treatment, followed by 6 months of Supervision	\$1.97 ¹¹	\$5.11	\$7.08 @ 6 months \$5.11 @ 6 months	\$2,225.66	(\$17,243.44)
with 6 mo. residential substance abuse program, followed by 6 months of Supervision	\$48.35	\$5.11	\$53.46 @ 6 months \$5.11 @ 6 months	\$10,713.20	(\$8,755.90)

⁹ Calculated based on averages from other states. Will vary depending upon services provided.

¹⁰ Includes employment assistance, life skills programming, and some substance abuse and education programming.

¹¹ Assumes 50% offender co-pay.

Cost of Supervision	Contract Rate	Per Diem FY 09-10	Daily Total	Annual Cost	Annual Difference In comparison to Prison () = Savings
with long-term residential substance abuse program	\$54.66	\$5.11	\$59.77	\$21,816.05	\$2,346.95
with 6 mo. outpatient mental health treatment, followed by 6 months of Supervision	\$3.49 ¹²	\$5.11	\$8.60 @ 6 months \$5.11 @ 6 months	\$2,503.82	(\$16,965.28)
with 6 mo. intensive residential substance abuse co-occurring program, followed by 6 months of Supervision	\$58.18	\$5.11	\$63.29 @ 6 months \$5.11 @ 6 months	\$12,512.09	(\$6,957.01)

¹² Assumes 50% offender co-pay.

COMMITTEE APPEARANCE RECORD

(Submit to Committee Chair or Administrative Assistant)

TAB 4
✓

Bill Number_____
Barcode20 Sep 2011
Date

Name DANIEL G. RONAY

Phone _____

Address 501 S CAL HOUN

E-mail _____

Street

T

FL

Job Title Chief Deputy Secretary

City

State

Zip

Speaking: ☐ For ☐ Against ☒ InformationAppearing at request of Chair ☐

Subject Substance Abuse in FDOC

Representing FDOC

Lobbyist registered with Legislature: ☒ Yes ☐ NoPursuant to s. 11.061, *Florida Statutes*, state, state university, or community college employees are required to file the first copy of this form with the Committee, unless appearance has been requested by the Chair as a witness or for informational purposes.

If designated employee: Time: from _____ .m. to _____ .m.