

***TRADING TIME FOR TREATMENT: SECOND-YEAR
EVALUATION OF THE DRUG OFFENDER
SENTENCING ALTERNATIVE (DOSA)***



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EXECUTIVE SUMMARY

This report presents findings from the second phase of the evaluation of the Drug Offender Sentencing Alternative (DOSA). DOSA provides the court an option of ordering reduced prison sentences for certain first-time, non-violent felony drug offenders in exchange for chemical dependency treatment. The legislative intent was to alleviate the fiscal burden of drug offenders on state prisons, and to reduce substance abuse and criminal recidivism.

The report describes changes in sentencing practices between the first 10 months of Fiscal Year 1996 (FY96) and the corresponding 10 months of FY97, including how criminal justice professionals view DOSA and other sentence options. It presents a final assessment of the fiscal impact of DOSA and the first year of DOSA implementation (FY96), including policies and procedures adopted by Department of Corrections (DOC), treatment services delivered to DOSA offenders, and significant implementation issues or problems. The report also presents preliminary findings on the impact of DOSA on criminal recidivism.

Changes in Sentencing Practices

Overall, sentencing alternatives used for DOSA-eligible offenders stayed relatively unchanged between FY96 and FY97. Statewide, Work Ethic Camp (WEC) was the most commonly used sentence option, while DOSA was the least frequently used sentence option. However, two major changes occurred. First, DOSA sentences declined substantially from FY96 to FY97. Second, conspiracy convictions increased considerably from FY96 to FY97.

Interviews with criminal justice professionals identified several factors that could have contributed to the infrequent use of DOSA, including: other available sentencing alternatives, culture and philosophies about crime and punishment, and plea agreements recommending other sentencing options.

DOSA Sentence Implementation

DOC provided chemical dependency assessment and intensive treatment services to most DOSA offenders. The majority of DOSA offenders admitted into intensive treatment programs successfully completed the treatment. Failure to complete intensive treatment was largely attributed to the limited amount of time left on offenders' prison sentences. Data on DOSA offenders' community-based Continuing Care were not available. The available data indicated that most DOSA offenders did not receive Continuing Care during the 12 months of community supervision.

Several significant policy and implementation issues or problems were identified during interviews with DOC officials and staff (Community Corrections Officers). First, DOSA legislation was unclear about violations and sanctioning, making it more difficult for DOC to implement DOSA sentences effectively. Second, additional staff training is needed that addresses DOSA sentence policies and implementation procedures. Third, effective communication and coordination among different divisions of the Department is needed to ensure that DOSA offenders receive prompt and full treatment, especially after their release from prison into community supervision. Fourth, DOSA offenders' Continuing Care, especially the community-based treatment, needs to be addressed, given that Continuing Care is a critical component of the recovery process. Finally, data on DOSA offenders' Continuing Care,

especially after release, were not available, so it is not clear what kinds of treatment services were actually delivered to DOSA offenders.

The Impact of DOSA in Reducing Substance Abuse and Criminal Recidivism

Data on DOSA and other DOSA-eligible offenders' substance use were not available, so it is impossible to directly assess the effect of treatment interventions on drug use. Due to this and other data limitations, the report provides a very limited and preliminary picture of the relationship between treatment interventions, substance abuse and recidivism.

A total of 31 new felony offenses were committed by the 398 at-risk offenders sentenced to DOSA, WEC, and Standard Range prison. About half of the reoffenses were drug-related. The average recidivism rate among the three groups of offenders was 6.8 percent. There were 15 other new felony offenses committed by offenders receiving conspiracy convictions. Nearly all these reoffenses were drug-related (93%). There were no significant differences in the rate of recidivism among the offenders receiving different sentence options.

Overall, DOSA-eligible offenders receiving treatment were slightly less likely to recidivate than offenders who received no treatment. Offenders receiving Continuing Care (mostly prison-based), following intensive treatment were significantly less likely to reoffend than those who did not receive Continuing Care.

Several data limitations prevented conclusive results on the impact of DOSA in reducing recidivism. These limitations included: the small sample size, offenders' short time "at-risk", and lack of data on arrests or misdemeanor offenses as indicators of recidivism. Future analyses are needed in order to overcome some of the limitations and generate more conclusive results on the effect of DOSA and treatment interventions in reducing recidivism and substance abuse.

Prison Bed Impact and Fiscal Savings from DOSA

The estimated net savings realized from DOSA in FY96 is approximately \$520,000, or 29 prison beds, adjusting for the cost of chemical dependency assessment and treatment that DOSA offenders received.

INTRODUCTION

This report presents findings from the second phase of the evaluation of the Drug Offender Sentencing Alternative (DOSA). DOSA, created by the 1995 Legislature, provides the court an option of ordering reduced prison sentences for certain first-time, non-violent felony drug offenders in exchange for mandatory drug treatment. The sentencing alternative is intended to reduce the fiscal burden of drug offenders on prisons and state resources while providing chemical dependency treatment in an attempt to reduce substance abuse and recidivism. The first report, completed in January 1997, evaluated the first year of DOSA implementation¹. The major issues addressed in the first report were as follows:

- Changes in sentencing practices before and after DOSA was enacted (Fiscal Years 1995 & 1996),
- Implementation of the DOSA sentence alternative, and
- Prison impact and savings from DOSA.

The Phase 1 evaluation examined 646 DOSA-eligible offenders sentenced between July 1, 1995 and April 30, 1996. This group of offenders was compared with offenders sentenced between July 1, 1994 and April 30, 1995, who would have been eligible for DOSA, had the law been in place.

The major findings from the Phase 1 evaluation are summarized below:

- Statewide, DOSA was the least commonly used sentence option for first-time drug offenders.
- Work Ethic Camp (WEC) sentences increased substantially from the pre-DOSA period (FY1995) to post-DOSA period (FY1996).
- Several factors were identified to have affected the extent that DOSA was used in FY96, including unfamiliarity with DOSA, availability of other sentencing options, and plea agreements recommending other options.
- Nearly all offenders sentenced to DOSA were chemically dependent; prison-based treatment services were administered to most DOSA offenders.
- The estimates indicated a savings of 34 prison beds annually at a net savings of about \$527,000.

This Phase 2 evaluation examines the same group of DOSA-eligible offenders identified in the first 10 months of Fiscal Year (FY)1996. It revisits some of the issues addressed in the Phase 1 report. Specifically, this report assesses the treatment implementation of DOSA sentences; examines the effectiveness of treatment in reducing criminal

¹ Rodney L. Engen and John C. Steiger, *Trading Time for Treatment: Preliminary Evaluation of the Drug Offender Sentencing Alternative (DOSA)*, Washington State Sentencing Guidelines Commission, January 1997. Copies of this report are available from Washington State Sentencing Guidelines Commission. Please direct the request to: Sentencing Guidelines Commission, 925 Plum St. SE Bldg. 4, 2nd Floor, PO Box 40927, Olympia, WA 98504-0927.

recidivism; and estimates the impact of DOSA on state resources. In addition, the report examines sentencing in the second year of DOSA, and describes changes in sentencing practices from the first year of DOSA implementation.

The analyses are presented in four chapters:

- Chapter 1 describes sentencing in FY97 and changes in sentencing practices from FY96 to FY97.
- Chapter 2 re-examines DOSA implementation.
- Chapter 3 evaluates the effectiveness of DOSA in reducing recidivism and presents preliminary findings on the impact of DOSA in reducing criminal recidivism.
- Chapter 4 presents the final assessment of the impact of DOSA on the state prison population and on state resources.

Sentencing Alternatives²

The Sentencing Reform Act of 1981 governs sentences for felony crimes in Washington State. The sentencing judge is required to order a specific term of incarceration within a standard range that reflects both the seriousness of the crime and the offender's prior criminal history, unless there are substantial and compelling reasons to sentence above or below the range. A standard range prison sentence (SR Prison) for first-time offenders convicted of heroin or cocaine delivery is a term between 21 and 27 months. Apart from the standard range sentence, these offenders may be eligible for any of the following alternatives:

- DOSA
- Work Ethic Camp (WEC)
- Exceptional sentence above or below the standard range

Data

Quantitative data on offenders were obtained from the Sentencing Guidelines Commission (SGC) database and the Department of Corrections' (DOC) Offender Based Tracking System (OBTS). The SGC database contains information on all felony sentences ordered by the Superior Courts, including sentencing information (current sentence type, current offense type, prior convictions), and basic demographic characteristics of offenders (sex, age, and race/ethnicity). The OBTS contains detailed information on each offender admitted to DOC, including custody classification, institutional placement, movements within DOC, chemical dependency assessment,

² For detailed information on the eligibility and sentencing guidelines, please refer to pp5-7 of the Phase 1 Report. First-time drug offenders convicted of an attempt, conspiracy or solicitation to manufacture or deliver narcotics (anticipatory offenses), who had no prior felonies or deferrals, are also eligible for the First-time Offender Waiver (FTOW). The same offender convicted of solicitation is also eligible for DOSA.

institutional infractions and sanctions, total length of stay in prison, and transfer to community custody. The SGC data were primarily used to analyze sentencing practices in FY97, and to identify the FY96 DOSA-eligible offenders who committed crimes again after release from their initial sentences. The OBTS was used to assess DOSA sentence implementation, for instance, treatment delivery to DOSA offenders, and to estimate the impact of DOSA treatment in reducing criminal recidivism and on state resources.

Qualitative data were also collected through telephone and personal interviews. Telephone interviews were conducted with Superior Court judges and prosecuting attorneys in selected counties. As subsequent analyses will show, several major changes occurred from FY96 to FY97 relative to sentence alternatives used. The interviews were conducted in an attempt to understand those changes. The assessment of DOSA sentence implementation was informed by telephone and personal interviews with DOC officials and the Community Corrections Officers in the Department's local community corrections drug unit offices. These interviews focused on the community supervision of DOSA offenders, including the Department's policies and procedures regarding DOSA offenders' Continuing Care, DOSA sentence violations and sanctions, and other significant implementation issues or problems. The counties selected for the interviews included: King, Pierce, Snohomish, and Spokane. These counties were chosen because they included the majority of the first-time drug offenders in the State.

CHAPTER 1 SENTENCING PRACTICES

This section examines the sentences of offenders eligible for DOSA during the first ten months of FY1997 (July 1, 1996 through April 30, 1997). It describes changes in sentencing practices between the first 10 months of FY97, and the corresponding 10 months of FY96. The analyses presented here address several questions:

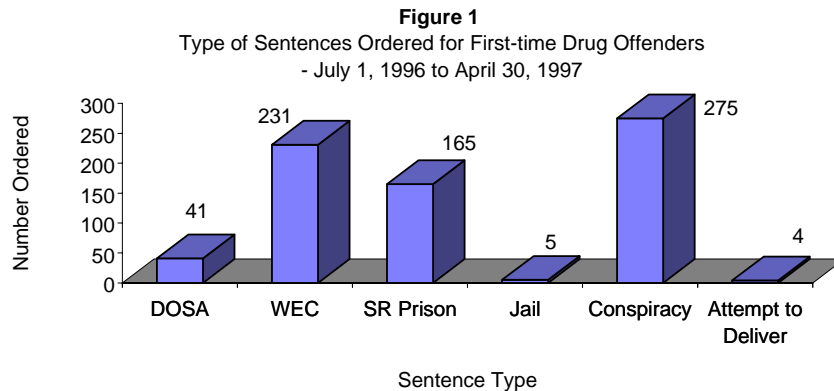
- How many drug offenders were eligible for DOSA in FY97, and who were they?
- Were there significant changes in sentencing practices from FY96 to FY97, and what were they?
- Why did those changes occur?
- How did courts in different counties use alternative sentencing options?

The analyses are presented in two parts. Part A briefly describes sentencing options used for all DOSA-eligible offenders in the first 10 months of FY97. Part B compares sentencing practices between FY96 and FY97, including offender characteristics, types of offenses committed, and the use of sentencing options in different counties. Several aspects of changes in sentencing practices were examined between the two time periods:

- the frequency with which alternative sentencing options were ordered,
- the number and the types of offenses convicted,
- the average lengths of sentences imposed,
- sex and race of offenders who were given different types of sentences, and
- county use of alternative sentencing options.

Part A. Drug Offender Sentencing, FY 1997

Table 1 presents drug sentence options used in the first 10 months of FY 1997. Figure 1 displays the same results graphically.



In the first 10 months of FY 1997, a total of **721** first-time offenders were convicted of felony offenses involving the delivery of Schedule I or II narcotics (predominantly heroin and cocaine). Of these, 275 (38%) were convicted of conspiracy to manufacture or deliver narcotics; 4 convicted of attempt to deliver drugs. These anticipatory offenses were not eligible for DOSA or any other prison sentence, because they carry a standard range sentence of 0 to 12 months³. The subsequent analyses focus on the **442** non-anticipatory offenders in the sample.

Table 1
Total Sentences for First-time Offenders Convicted of Dealing Narcotics*
by Sentence Type - July 1, 1996 - April 30, 1997

Sentence Type	# Ordered	% of Total Eligible	% of Total Sentences
DOSA	41	9	6
WEC	231	52	32
SR Prison	165	37	23
Jail (Exceptional Sentence)	5	1	1
Total Eligible	442	100	62
Total Conspiracy	275	--	38
Convictions			
Attempt to Deliver	4	--	0
Total Sentences	721	100	100

*Offenses include Manufacture, Delivery, or Possession with Intent to Deliver Schedule I or II Narcotics, and anticipatory offenses (attempt, solicitation, conspiracy).

Consistent with FY96 findings, courts in FY97 largely relied on sentencing alternatives other than DOSA. More than half of all convicted drug offenders were sentenced to WEC (52%), followed by Standard Range prison sentences (37%). Nine percent (n=41) received DOSA sentences, and one percent (n=5) received jail sentences.

Of the 442 DOSA-eligible offenders, 378 (86%) were convicted of completed offenses, and the remaining convictions were solicitation to manufacture or deliver narcotics (n=64; 15%). Ninety-five percent (n=425) of the convictions involved the delivery of heroin or cocaine. Fourteen offenders were found to have committed their crimes in a protected zone (e.g. school zone), who would receive an additional 24 months of enhancement to their standard range sentences. Unlike the FY96 sample, where DOSA offenders received more enhancements than offenders with other sentence options, the FY97 sample showed that only 2 (14%) out of the 14 enhancements went to DOSA offenders. The remaining 12 enhancements went to offenders with standard range sentences.

³One of the eligibility criteria for DOSA is that the midpoint of standard range sentence is greater than 12 months. However, 2 offenders convicted of attempt to deliver drugs were sentenced to SR Prison; 2 others received Jail sentences. These 4 offenders were excluded from DOSA-eligible sample.

Similar to FY96 findings, offenders receiving SR Prison sentences were more likely than either DOSA or WEC offenders to be convicted of multiple offenses⁴ (See Table 2). While 32 percent (n=53) of those receiving SR Prison sentences were convicted of more than one count, only 15 percent (n=6) of DOSA, and 13 percent (n=29) of WEC offenders were convicted of multiple counts. The first evaluation found that offenders receiving jail sentences, either through FTOW or Exceptional sentences, were most likely to be convicted of multiple offenses. Although the “jail” offenders in the FY97 sample represented the largest proportion in the “multiple offense” category, it is difficult to interpret these findings, because there were very few jail sentences.

Table 2
Multiple Offenses by Sentence Type* for First-time Narcotics Offenders
- First 10 Months of FY97

	<u>Sentence Type</u>			
	DOSA	WEC	SR Prison	Jail
Multiple Offenses	6 (15%)	29 (13%)	53 (32%)	3(60%)
One Offense Only	35 (85%)	202 (87%)	112(68%)	2 (40%)
Total	41 (100%)	231 (100%)	165 (100%)	5 (100%)

*See Table 1

In sum, courts in FY97 predominantly used sentence options other than DOSA for first-time drug delivery offenders. Of all the 721 offenders in the sample, the largest proportion received anticipatory convictions (i.e. conspiracy to deliver narcotics). This group of offenders, therefore, was not eligible for DOSA, because the standard range sentence for anticipatory drug offenses is 0-12 months. Among the three prison sentence alternatives used for other DOSA-eligible offenders, WEC was the most popular option, followed by Standard Range prison sentence. DOSA was the *least commonly used* prison sentence alternative during the first 10 months of FY97.

Part B. Comparison of Sentencing Between FY96 and FY97

Sentencing Options Used

Figure 2 displays types of prison sentences ordered in the first 10 months of FY96 and FY97.

The aggregated results showed two major differences. First, DOSA sentences statewide dropped substantially from 15% (n=73) in FY96 to 9% (n=41) in FY97. This decrease was paralleled by an increase in WEC sentences (46% in FY96, 52% in FY97). Second, conspiracy convictions rose considerably in FY97 (See Table 3). The total number of conspiracy sentences reached 275 in FY97, a 70 percent increase from FY96 (n=162).

⁴The results were statistically significant at $p=0.001$.

Figure 2
Type of Sentences Ordered First-time Drug Offenders - First 10 months of FY96 and FY97

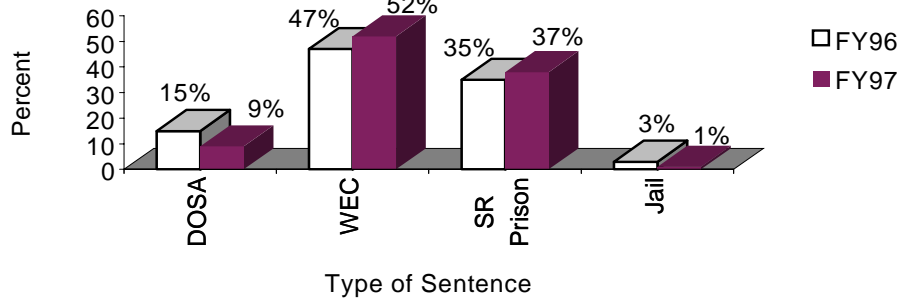


Table 3
Total Sentences for First-time Offenders Convicted of Dealing Narcotics*
by Sentence Type - First 10 Months of FY96 and FY97

Sentence Type	# Ordered		% of Total Eligible		% of Total Sentences	
	FY96	FY97	FY96	FY97	FY96	FY97
DOSA	73	41	15	9	11	6
WEC	225	231	47	52	35	32
Std. Range Prison	170	165	35	37	27	23
Jail	16	5	3	1	2	1
Total Eligible	484	442	100	100	75	62
Total Conspiracy Convictions	162	275	--	--	25	38
Attempt to Deliver	0	4			0	0
Total Sentences	646	721	100	100	100	100

*Offenses include Manufacture, Delivery, or Possession with Intent to Deliver Schedule I or II Narcotics, and anticipatory offenses (attempt, solicitation, conspiracy).

Lengths of Sentences Ordered

Table 4-A presents the median and the average (mean) lengths of sentences ordered among the different sentencing alternatives. The median lengths of sentences ordered in the two sample periods showed striking similarities. In both fiscal years, the median length of sentences under DOSA was considerably shorter than offenders receiving either WEC or SR Prison sentences.

Table 4-A
Comparison of Length of Sentences Ordered for DOSA-eligible Offenders
by Sentence Type in the first 10 month of FY96 & FY97

Sentence Type	Sentences Ordered		Median Sentence in Months		Mean Sentence in Months	
	FY96	FY97	FY96	FY97	FY96	FY97
DOSA	73	41	12	12.0	15.9	14.5
WEC	225	231	21	21.0	22.8	23
SR Prison	170	165	22.5	24.0	30.4	31.1
Jail	16	5	3	1.1	4.3	4.8
Total Eligible	484	442				

Despite the substantial differences in the average lengths of DOSA, WEC, and standard sentences, there were smaller differences in the actual amount of confinement time among the three groups of offenders in the FY96 sample (See Table 4-B). In particular, the differences were marginal between DOSA and WEC offenders. The disparity between lengths of sentences and lengths of stay in prison resulted because offenders sentenced under different options could earn different amounts of early release time⁵. In addition, the proportion of the total sentence that offenders typically spent in prison differed among DOSA, WEC, and standard range sentences. Data on the lengths of stay in prison for the FY97 sample were not available at the time this report was compiled. Nevertheless, it is reasonable to speculate that similar patterns of results are expected of the FY97 offenders, that is, larger differences in the lengths of sentences ordered, but smaller differences in the lengths of stay in prison among the three groups of offenders.

Table 4-B
Length of Stay for DOSA-eligible Offenders
by Sentence Type - the First 10 months of FY96

Sentence Type	Number Ordered	Median LOS* (Months)	Mean LOS (Months)
DOSA	73	7.9	9.2
WEC	225	8.6	9.8
SR Prison	170	14.0	18.8
Jail	16	2.5	3.6
Total Eligible	484		

*Actual lengths of stay in prison. All DOSA offenders completed their prison sentences (except one offender, who was never admitted to DOC); 15 WEC offenders did not have release dates or valid release dates; 53 standard range offenders had no release dates or valid release dates.

Offender Characteristics: Race and Sex

⁵ For detailed description of “good time” or “earned early release time”, please refer to page 14, the Phase 1 report.

This subsection consists of two analyses: type of offenses committed by sex and race and type of sentences ordered by sex and race.

In FY97, male offenders eligible for DOSA went up slightly from the previous year (FY96: n=513, 79%; FY97: n=613, 85%; see Table 5). However, no substantial differences were found in sentencing practices by sex in the two reference periods.

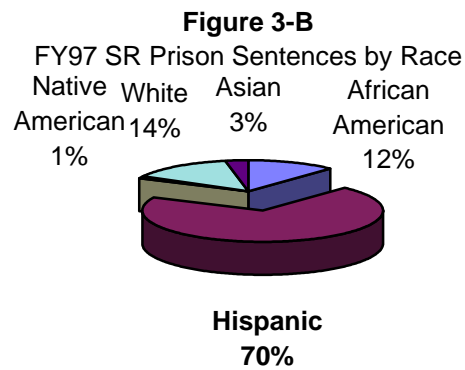
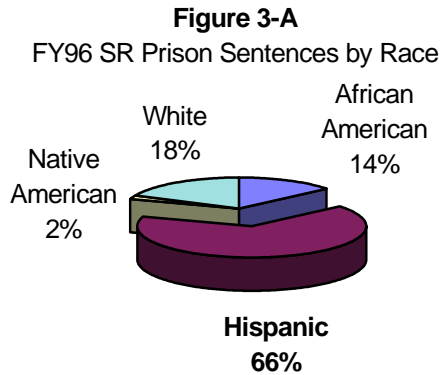
Table 5
Total Sentences for First-time Offenders Convicted of Dealing Narcotics,
by Offense Type, Race/Ethnicity*, and Gender*-July 1, 1996 to April 30, 1997

Race/ Ethnicity	Total Sentenced	FY 1996			Race/ Ethnicity	Total** Sentenced	FY 1997		
		Offense Type					Offense Type		
		Conspiracy to Deliver	Solicitation to Deliver	Completed Offense			Conspiracy to Deliver	Solicitation to Deliver	Completed Offense
African American	198(31%)	56(35%)	17(33%)	125(29%)	African American	208(29%)	115(42%)	20(31%)	73(19%)
White	158(24%)	56(35%)	11(22%)	91(21%)	White	147(21%)	59(21%)	5(8%)	83(22%)
Hispanic	275(43%)	48(30%)	22(43%)	205(47%)	Hispanic	321(45%)	78(28%)	35(55%)	208(55%)
Asian	N/A	N/A	N/A	N/A	Asian	25(3%)	12(4%)	3(5%)	10(3%)
Native American	11(2%)	0(0%)	1(1%)	10(2%)	Native American	16(2%)	11(4%)	1(2%)	4(1%)
Female	130(20%)	38(23%)	13(25%)	79(18%)	Female	108(15%)	52(19%)	4(6%)	52(14%)
Male	513(79%)	123(76%)	38(75%)	352(81%)	Male	613(85%)	223(81%)	60(94%)	326(86%)
Total	646	162	51	433	Total	721	275	64	378
	100%	100%	100%	100%		100%	38%	9%	53%

*FY96: Race/Ethnicity is missing in 4 cases. Offender's gender is missing in 3 cases.

** There were 4 male offenders convicted of attempt to deliver: 1 White, 1 Hispanic, 1 Asian, and 1 Native American.

Race distribution in the two sample periods also revealed similar patterns. Hispanic offenders comprised the largest single ethnic group in the DOSA-eligible sample (47% in FY96; 55% in FY97), followed by African American and White offenders. Similarly, sentencing practices by race in FY97 largely corresponded to those of FY96. First, in comparison to their overall representation in the sample, Hispanic offenders were more likely than other ethnic groups to receive completed offense convictions, and to a greater extent, to receive SR Prison sentences (See Figure 3-A & 3-B). They were less likely to receive conspiracy sentences. Second, in contrast to Hispanic and White offenders, African American offenders were more likely to receive DOSA and WEC sentences. African American offenders were least likely to receive standard range prison sentences. Third, White offenders were more proportionally represented among the sentence options used and type of offenses convicted.



Despite the overall similarities in sentencing practices, several differences surfaced. First, while no Asian Americans were found in the FY96 first-time drug delivery offender sample, thirteen (3%) Asian offenders were identified in the FY97 sample. Second, whereas African Americans were largely evenly distributed in type of offenses convicted in FY96 (See Table 5), they were considerably overrepresented in conspiracy convictions in FY97 (Total eligible: 29%; Conspiracy convictions: 42%). Meanwhile, White offenders receiving conspiracy convictions declined in FY97 (21%), as compared to FY96 (35%). Finally, in contrast to DOSA sentences in FY96, Hispanic offenders receiving this sentence option were on the rise in FY97 (See Table 6), although they were still underrepresented in DOSA sentences.

Table 6
Comparison of Type of Sentences Ordered for DOSA-eligible Offenders*
by Race and Gender-Between First 10 Month of FY96 & FY97

Race/ Ethnicity**	Total Eligible	FY1996 Type of Sentence				Race/ Ethnicity	Total Eligible	FY1997 Type of Sentence			
		DOSA	WEC	SR Prison	Jail			DOSA	WEC	SR Prison	Jail
African American	142(29%)	31(42%)	82(36%)	23(14%)	6(38%)	African American	93(21%)	12(29%)	59(26%)	20(12%)	2(40%)
Hispanic	227(47%)	17(23%)	95(42%)	112(66%)	3(19%)	Hispanic	243(55%)	19(46%)	107(46%)	116(70%)	1(20%)
Native American	11(2%)	3(4%)	4(2%)	3(2%)	1(6%)	Native American	5(1%)	1(2%)	3(1%)	1(1%)	0(0%)
Asian	N/A	N/A	N/A	N/A	N/A	Asian	13(3%)	0(0%)	8(3%)	5(3%)	0(0%)
White	102(21%)	22(30%)	44(20%)	31(18%)	5(31%)	White	88(20%)	9(22%)	54(23%)	23(14%)	2(40%)
Female	92(19%)	16(22%)	43(16%)	27(16%)	6(40%)	Female	56(13%)	7(17%)	33(14%)	14(8%)	2(40%)
Male	390(80%)	57(78%)	182(81%)	142(84%)	9(60%)	Male	386(87%)	34(83%)	198(86%)	151(92%)	3(60%)
Total	484	73	225	170	16	Total	442	41	231	165	5
	100%	100%	100%	100%	100%		100%	100%	100%	100%	100%

*Completed Offenses and Solicitations only.

**Race/Ethnicity and Gender are missing for 2 cases in FY96.

Consistent with FY96 calculations, percentages were calculated based on total number of eligible offenders.

It is beyond the scope of this report to examine whether or not racial discrimination existed in charging and sentencing, even though there were apparent racial disparities in sentencing practices in both time periods. In the Phase 1 report, the investigators observed that “regardless of the presence or absence of discrimination in individual cases,” aggregated disparity by race can occur as a result of county differences in sentencing practices and the geographic locations where offenders were convicted. For instance, if Hispanic offenders were concentrated in counties where DOSA was little used, the statewide aggregated data would result in a lower percentage of Hispanic offenders sentenced to DOSA than if they were proportionally distributed among counties. Likewise, if African-American offenders were largely convicted in counties where DOSA was often used, the analysis would show a higher proportion of African-American offenders sentenced to DOSA. This phenomenon appears to explain some of the changes in sentencing practices with respect to race between FY96 and FY97. For example, African Americans were found much more likely in FY97 to receive conspiracy convictions than in FY96. This outcome occurred potentially because King County had substantially more conspiracy convictions in FY97 than in FY96, and because the largest ethnic group of offenders in that county was African Americans (Figure 4-B).

Figure 4-A
FY97 - Type of Sentences Ordered in Major Counties

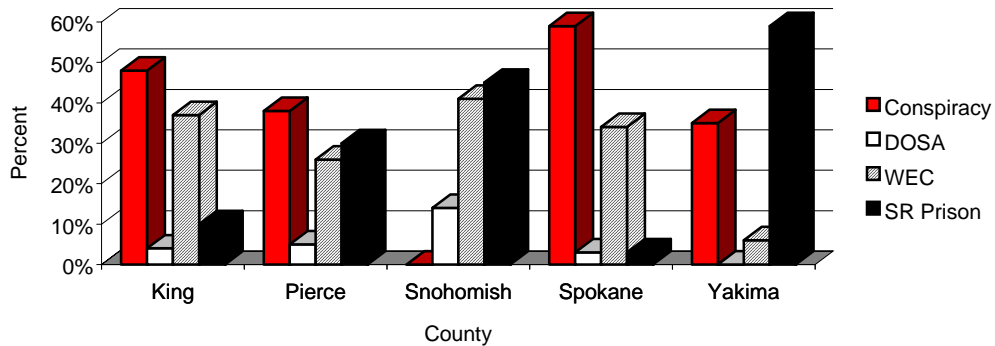
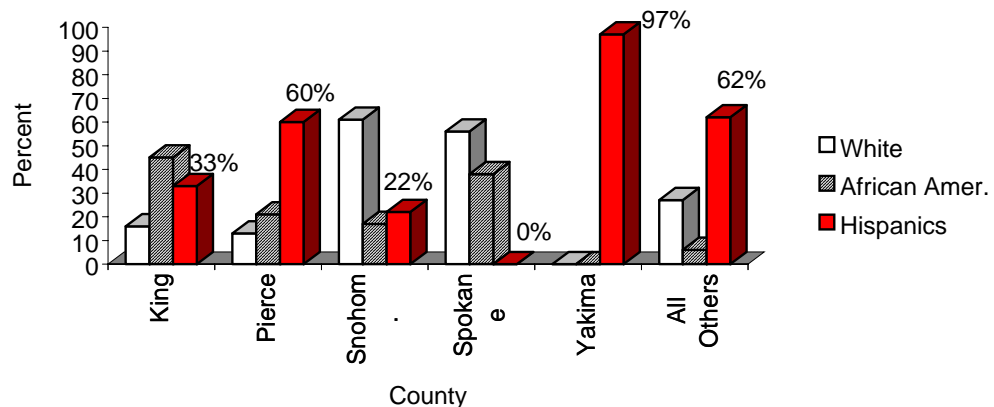


Figure 4-B
FY97 Race Distribution by County



County Differences

Table 7 presents distribution of type of offenses convicted by major counties.

As in FY96, the number of first-time drug delivery offenders sentenced in FY97 varied substantially from county to county. Half of all first-time drug offenders were sentenced in King County (n=364). Thirteen percent were sentenced in Pierce County (n=95). The proportion of total sentences represented by each county stayed unchanged from FY96 to FY97.

The FY96 data showed striking differences in conspiracy charges among the major counties. Specifically, 70 percent of all first-time narcotics delivery offenders in Spokane County were convicted of conspiracy to manufacture or deliver narcotics. Conspiracy convictions in other counties were shown to be: 44% in Pierce County, 37% in Yakima County, and 21% in King County.

Table 7
Comparison of Type of Offenses by County
Between the First 10 Month of FY96 and FY97

County	FY96				County	FY97			
	Total Sentences	Type of Offense				Total* Sentences	Type of Offense		
		Conspiracy to Deliver	Solicitation to Deliver	Completed Offense			Conspiracy to Deliver	Solicitation to Deliver	Completed Offense
King	317 49%	68 21%	27 9%	222 70%	King	364 50%	176 48%	46 13%	142 39%
Pierce	102 16%	45 44%	20 20%	37 36%	Pierce	94 13%	35 37%	12 13%	47 50%
Snohomish	23 4%	3 13%	0 0%	20 87%	Snohomish	23 3%	0 0%	0 0%	23 100%
Spokane	23 4%	16 70%	0 0%	7 30%	Spokane	32 4%	19 59%	0 0%	13 41%
Yakima	35 5%	13 37%	4 11%	18 51%	Yakima	35 5%	12 34%	6 17%	16 46%
All Others	146 23%	17 12%	0 0%	129 88%	All Others	173 24%	33 19%	0 0%	137 79%
State Total	646 100%	162 25%	51 8%	433 67%	State Total	721 100%	275 38%	64 9%	378 52%

*Including 4 offenders convicted of attempt to deliver drugs.

Although differences in conspiracy convictions by county remained in FY97, they seemed to be more evenly distributed in FY97. Again, Spokane County led other counties in conspiracy convictions with 59 percent (n=19), followed by King County with 48 percent (n=176). Thirty-seven percent were found in Pierce County (n=35), and 34 percent in Yakima County (n=12). One of the most conspicuous differences between FY96 and FY97 was seen in a substantial increase in conspiracy convictions in King County (Table 5: FY96=21%; FY97=48%). In Spokane County, however, the conspiracy sentences dropped from 70% in FY96 to 59% in FY97.

As expected, the increased conspiracy sentences in King County in FY97 led to a substantial decrease in completed offense convictions. In FY96, 70 percent (n=222) of all first-time drug dealers were convicted of completed delivery of narcotics. In FY97, the completed offense charges declined by 31 percent (n=142, 39%). DOSA sentences

also went down from 19 percent in FY96 to 9 percent in FY97. In contrast, Spokane County witnessed an 11 percent increase in completed delivery of narcotics in FY97, which was in direct proportion to the decline in conspiracy convictions in that county. Instead of a surge in DOSA sentences, WEC sentences in Spokane County rose to 84 percent (n=11) in FY97, from 14 percent (n=1) in FY96. As a matter of fact, Spokane County almost exclusively relied on WEC when they sentenced first-time drug delivery offenders (11 out of 13 offenders were sentenced under WEC) in FY97.

Information obtained through telephone interviews in the second phase of the evaluation helped to explain some of the noted differences in sentencing outcomes at the county level. For example, the investigators were informed that the substantial rise in drug conspiracy convictions in King County was largely attributed to how the prosecutor's office handled the overwhelming drug caseloads. In FY97, the prosecutor was more willing to use less serious conspiracy charges for minor offenders such as "middlers" or "cluckers"⁶. The process seemed to work well in disposing of drug caseloads quickly in King County. In Spokane County, however, the reduction in conspiracy convictions in FY97 was significantly attributed to the fact that the prosecution was less willing to use conspiracy in plea bargaining if evidence supported completed delivery of drugs.

Table 8 compares changes in type of sentencing alternatives used in FY96 and FY97. Overall, WEC was used more frequently in most counties in FY97 than in FY96. Snohomish was the only county where WEC sentences declined. Standard Range prison sentence was the most commonly used sentence option in Yakima County in both sample periods. DOSA was never used in either FY96 or FY97. WEC was used in only 2 cases out of the 44 first-time drug delivery offenders the Yakima County convicted in the two years combined.

⁶ Individuals who play a facilitating role in drug transactions, without being directly involved in exchanging drugs or money. See discussion on page 21 of the Phase 1 report.

Table 8
 Comparison of Type of Sentences Ordered for DOSA-eligible Offenders*
 by County between First 10 Months of FY96 and FY97

County	FY96					County	FY97				
	Total Eligible	DOSA	WEC	SR Prison	Jail		Total Eligible	DOSA	WEC	SR Prison	Jail
King	249	48	163	29	9	King	188	16	136	35	1
	51%	19%	65%	12%	4%		43%	9%	72%	19%	1%
Pierce	57	2	19	30	6	Pierce	59	5	24	27	3
	12%	4%	33%	53%	11%		13%	8%	24%	46%	3%
Snohomish	20	1	12	7	0	Snohomish	23	3	9	10	1
	4%	5%	60%	35%	0%		5%	3%	9%	10%	1%
Spokane	7	2	1	3	1	Spokane	13	1	11	1	0
	1%	29%	14%	43%	14%		3%	8%	85%	8%	0%
Yakima	22	0	0	22	0	Yakima	22	0	2	20	0
	5%	0%	0%	100%	0%		5%	0%	9%	91%	0%
All Others	129	20	30	79	0	All Others	137	16	49	72	0
	27%	16%	23%	61%	0%		31%	12%	36%	53%	0%
State Total	484	73	225	170	16	State Total	442	41	231	165	5
	100%	15%	46%	35%	3%		100%	9%	52%	37%	1%

*Completed Offenses and Solicitations only.

In sum, the number of first-time drug delivery offenders sentenced in each county stayed relatively unchanged in FY96 and FY97. King County had the largest concentration of first-time drug convictions. However, several major changes took place in sentencing practices at the county level. King County witnessed a large increase in convictions of conspiracy to manufacture or deliver narcotics in FY97. This increase appeared to have affected the overall sentencing outcomes within the county and in the state as a whole. Statewide, the total number of offenders eligible for DOSA declined in FY97, despite the fact that other major counties did not experience the change. This phenomenon emerged because King County had the largest proportion of first-time drug convictions. Within the county, convictions of completed offenses of manufacturing or delivering narcotics dropped considerably from FY96 to FY97. DOSA sentences also went down substantially. Although WEC was commonly used in most counties, Spokane County almost exclusively relied on WEC in sentencing first-time drug delivery offenders in FY97. In Yakima County, no DOSA sentences were ordered in either fiscal year, and WEC was also a rare option. Standard range prison sentence was used for nearly all offenders eligible for DOSA in that county.

Why Not DOSA?

The small number of DOSA sentences in FY96 was attributed, in part, to the fact that DOSA was a newly created sentencing alternative, and that its implementation was at the beginning phase. The Phase 1 evaluation found that unfamiliarity with the DOSA sentencing option, and uncertainty about how the law would be executed, affected the extent that DOSA was used. Thus, the diminished use of DOSA in FY97 is surprising. It is generally expected that in the second year after enactment, there would be an enhanced awareness of DOSA as a sentence option, and increased working knowledge about how DOSA should be implemented. Therefore, one would expect more DOSA sentences in FY97, rather than fewer.

Interviews with judges and attorneys in the Phase 1 evaluation provided insight into why DOSA was used infrequently. Interviews conducted for the Phase 2 evaluation shed even more light on the issue. Both sets of interviews, in tandem with the quantitative data on FY97 first-time drug offenders, revealed several common parameters important in understanding why DOSA was used even less frequently in FY97.

Other Available Alternatives

Phase 1 interviews identified other available sentencing alternatives, including WEC, as an important factor that contributed to the small number of DOSA sentences imposed in FY96. The same interpretation was obtained in the second phase interviews. More than any other single issue, judges and prosecuting attorneys pointed to WEC as a preferred alternative to DOSA. The analyses of offenders in both sample periods (FY96 & FY97) empirically supported the information obtained from the interviews. WEC was found to be the most commonly used prison sentence alternative for DOSA-eligible offenders. When asked why WEC was used so extensively, almost all judges interviewed said that, in contrast to DOSA, WEC legislation is simple and flexible, and defendants and their attorneys prefer WEC because it involves less confinement time.

Attorneys prefer WEC rather than DOSA because the former is easier to implement. Quite a few judges and DOC officials pointed out that the process to follow through a DOSA sentence is cumbersome and time consuming. For example, if a DOSA offender violates a condition after release, DOC can impose only a jail term up to 60 days as an administrative sanction for the violation, but must notify the court and prosecutor. The court may order the offender back to prison for the remainder of the standard range sentence, but DOC cannot. In contrast, DOC can sanction violations of WEC conditions by returning the offender to prison for the remainder of the sentence without a court order. Some judges said they also preferred WEC over DOSA because DOC can enforce WEC conditions effectively without having to return to the court. Both judges and prosecuting attorneys felt that WEC will continue to be the preferred prison sentence for defendants and their attorneys, as long as these differences remain.

To defendants and defense attorneys, WEC is preferred to DOSA because it involves less prison time. The defendant's primary concern is almost always "How soon can I get out?" So, when given an opportunity to negotiate the terms of a guilty plea, the defendant would bargain for the shortest possible confinement time. Although DOSA reduces the standard range sentence by half, the intensity of the sentence requirements⁷, the uncertainty about a successful completion of treatment programs, and the possibility of serving additional prison time due to failure to comply with the sentence conditions, make defendants and their attorneys steer clear of DOSA, unless it is the only option available. Although WEC offenders receive a standard range sentence, if they complete all requirements successfully in the 120- to 180-day program, they are released into community custody earlier than DOSA offenders, because they are credited with 3 days for each day in the program. Many WEC offenders, as a result, end up spending less time in prison than DOSA offenders.

Ambiguity of DOSA Legislation

Another hurdle to DOSA's use is the lack of clarity of the DOSA legislation. Judges, prosecuting attorneys, and DOC officials interviewed for the Phase 2 evaluation pointed out that the law was somewhat ambiguous, which affected their certainty about how a DOSA sentence would be implemented. One area of ambiguity, they said, lies in how DOSA sentence violations would be handled. While the law says that a DOSA violator may be returned to prison to serve additional time, it is unclear what kinds of violations would justify such a sanction. Moreover, the legislation's provisions have been interpreted differently by the court, prosecuting attorneys' offices, and DOC. For instance, some judges felt that a portion of the remaining sentence could be imposed on a violator; others felt that all the remaining sentence would have to be imposed. Apparently, this problem has raised concern about potential inconsistencies in the process of implementing DOSA sentences. Interviewees in the Phase 1 evaluation also indicated that DOSA's credibility might be undermined if no consistent and effective sanctions were imposed for DOSA non-compliance.

Culture and Philosophies

Recognizing that drugs are a driving force in many crimes, all judges interviewed for the Phase 1 and Phase 2 reports believe that simple incarceration for drug offenders, particularly drug addicts, does not prevent criminal activities. Instead, they are in favor of an approach that holds offenders accountable for their crimes while providing treatment for their drug addiction, as DOSA is intended to do. In most cases, however, judges know little at the sentencing time about offenders' chemical dependency status, their needs, and amenability to treatment. Collecting that kind of pre-sentence information requires additional cost and time, given the large drug caseloads the attorneys and the court must handle. So the sentencing judge, even in cases where

⁷ Reduced sentence under DOSA is conditioned upon successful completion of intensive chemical treatment programs in prison and of the 12-months Continuing Care programs while in community supervision.

he/she is in favor of imposing DOSA on certain offenders, is not able to make the best informed sentencing decision.

Even if judges believe in the use of a rehabilitative sentencing alternative like DOSA for certain drug offenders, it does not guarantee DOSA would be used. As the Phase 1 evaluation pointed out, the philosophies and beliefs of prosecuting attorneys may influence their charging decisions and sentencing recommendations to the court. Judges interviewed in both phases of the evaluation agreed that if there was an agreement between the prosecution and the defense attorney on a sentencing recommendation, they usually honor the agreement, unless it was clearly unfair and inappropriate. All judges interviewed said DOSA was seldom recommended to them by attorneys, and some of them described the judicial role in sentencing as more “passive” than “creative,” at least in cases with plea agreements.

Successful completion of treatment is not only desirable for relapse prevention, but a key element of DOSA sentences. Therefore, the effectiveness or perceived effectiveness of treatment would also affect whether or not DOSA is used. During the interviews with judges, observations were made that some DOSA offenders “wasted” a great deal of time in jail before trial and in prison while waiting to be classified by DOC after sentencing, time that would count toward offenders’ prison sentences. As a result, those offenders may not be able to complete treatment programs, and therefore will not receive the full benefit of treatment for their drug addiction, which was the intent of DOSA legislation. This lack of timely and successful treatment for DOSA offenders may have cast doubt on the effectiveness of DOSA sentences, which may, in turn, affect prosecuting attorneys’ and judges’ charging and sentencing decisions.

Plea Negotiation

Both qualitative and quantitative data in FY96 and FY97 showed the impact of plea bargaining in determining charging and sentencing decisions. Due to the tremendous caseloads that the courts must handle, plea negotiation is used by attorneys to expedite caseload processing. A plea agreement is negotiated between the defense and the prosecution, where the defendant enters a guilty plea in exchange for a lesser charge and/or a reduced sentence. In FY96, 93 percent of first-time drug delivery offenders pleaded guilty. In FY97, 95 percent pleaded guilty. One of the most common concessions made through plea bargaining in drug cases is to charge conspiracy to deliver rather than completed delivery. DOSA was rarely used in plea negotiation.

It is important to keep in mind the respective goals of prosecutors and the defense attorneys in order to understand why DOSA is not a popular choice in plea negotiation. As the Phase 1 report described, the primary goal of prosecutors is to obtain the conviction, and to obtain longer incarceration through a standard range sentence. Since DOSA is essentially a rehabilitative alternative with reduced prison time, the prosecution, more often than not, would be unwilling to recommend it to the court. On the other hand, the defense attorney’s main objective is to obtain the shortest possible sentence for his/her client. Interviews with attorneys in phase 1 and judges in phase 2

showed that neither the prosecution nor the defense is likely to propose a DOSA sentence during plea bargaining, nor to recommend a DOSA sentence to the judge, because there were other sentencing alternatives with better incentives available. Those alternatives include conspiracy charges and WEC. The FY97 data showed a continuing trend towards WEC as the most popular prison sentence alternative. The proportion of conspiracy convictions was very high, at least when compared with the FY96 sample (FY96: 25%; FY97: 38%).

The increased use of conspiracy convictions in FY97 had important implications for DOSA sentences. First, the number of conspiracy convictions would directly affect the number of offenders eligible for DOSA, because the standard range sentence for conspiracy convictions precludes offenders from DOSA consideration. Although there was a greater number of convicted first-time drug offenders in FY97 than in FY96, the total number of offenders eligible for DOSA went down in FY97, an apparent impact of the increased number of conspiracy convictions. It is highly likely that the diminished use of DOSA was related to the reduced number of offenders eligible for DOSA in FY97. Second, the increased use of conspiracy convictions in FY97 indicated that both prosecutors and defense attorneys were willing to plea bargain through charges of 'conspiracy to deliver', rather than through a particular prison sentence like DOSA. While 95 percent of all first-time drug offenders eligible for DOSA pleaded guilty in FY 1997, more than one third (38%) of total sentences were conspiracy convictions. Only 6 percent were DOSA, making it the least frequently used sentence alternative.

CHAPTER 2 DOSA IMPLEMENTATION

The Phase 1 report reviewed the policies and procedures adopted by the Department of Corrections (DOC) to implement DOSA sentences. It presented an overview of the chemical dependency treatment programs, preliminary findings on treatment placement, and completion rates of DOSA offenders sentenced in the first ten months of FY96. The Phase 2 evaluation revisits these issues and presents final analyses of treatment assessment, program placement, and delivery of treatment services to DOSA offenders. It reviews policies and procedures adopted by DOC since the Phase I evaluation to implement *community-based* treatment and supervision of DOSA offenders. Finally, the report summarizes significant implementation issues and problems, especially those pertaining to community-based treatment and supervision.

Data

Assessment of DOSA sentence implementation was accomplished by using both quantitative and qualitative information collected from DOC. Data on DOSA offenders' chemical dependency (CD) assessment, program placement, and completion rates of treatment while in prison were obtained from DOC's OBTS database. When the Phase I evaluation was conducted, information regarding DOSA offenders' participation in and completion of chemical dependency treatment was incomplete, because not all DOSA offenders had completed their prison sentences. Some had not been placed in treatment yet; others were still in treatment. For the purpose of this Phase 2 evaluation, a data rematch with the OBTS system was performed. The match updates several key data elements since the Phase 1 evaluation, including:

- the outcomes of the chemical dependency assessments for DOSA, and other DOSA-eligible offenders;
- the offenders' placement and completion rates of institutional treatment;
- the offenders' institutional infractions;
- the offenders' *actual*⁸ release dates from prison.

The evaluation of DOSA, particularly the implementation of community-based treatment and supervision, was also supplemented by personal and telephone interviews of DOC administrators and Community Corrections Officers (CCOs). Most personal interviews were conducted at the staff meetings of local community corrections drug surveillance offices, where the investigators met with the CCOs to discuss DOSA implementation issues. The majority of the CCOs interviewed had supervised DOSA offenders, so they were able to offer first-hand observations.

Implementation of Institutional Treatment

⁸ Most offenders in the sample were still in prison at the time the Phase 1 evaluation was performed. The *estimated* release dates were used in Phase 1 report wherever applicable, rather than the actual release dates.

Chemical Dependency Assessment

The key to entry into appropriate treatment programs is to assess offenders' chemical dependency status, including diagnosis, stage of dependency, and other characteristics of the offender. The Department's Chemical Dependency Treatment Program offers chemical dependency services⁹ that include screening, assessment, Intensive Inpatient and Intensive Outpatient treatment in prison, and Continuing Care. The CD treatment plan designed for DOSA offenders contains three major components: CD assessment (upon intake at DOC), Intensive Inpatient/Outpatient treatment in prison, and Continuing Care (during prison confinement and in community supervision). As part of DOSA implementation, DOC adopted a policy that gives top priority to DOSA offenders, both in assessment and placement into treatment. This policy is meant to ensure that DOSA offenders enter into treatment quickly and have sufficient time to complete treatment before their sentences end.

Table 10 presents findings of chemical dependency assessments of DOSA, and other DOSA-eligible offenders sentenced between July 1, 1995 and April 30, 1996. Figure 5 presents the results graphically.

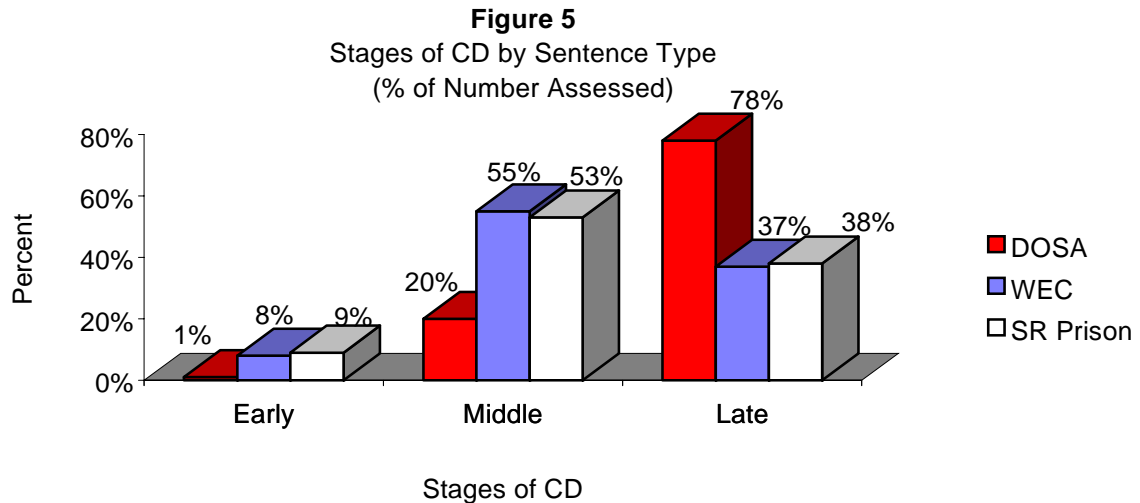
Of the 73 DOSA offenders, 71 had been assessed. One offender was never admitted to DOC. The other was released without ever receiving assessment. Of those who were assessed, 69 (97%) were diagnosed as chemically dependent.

Table 9
Stages of Chemical Dependency of DOSA-eligible Offenders by Type of Sentence

Sentence Type	Number Sentenced	Number Assessed	Stage of Chemical Dependency (CD) (% of number assessed)				Total CD (% of number sentenced)
			Not CD	Early	Middle	Late	
DOSA	73	71	2 3%	1 1%	14 20%	54 78%	69 95%
WEC	225	57	5 9%	4 8%	28 55%	19 37%	52 23%
Standard Range	170	57	6 11%	5 9%	29 53%	21 38%	51 30%
Total	468	185	13 7%	10 5%	71 38%	94 51%	172 37%

About a quarter of WEC (n=57, 23%), and a third of SR Prison offenders (n=57, 34%) received CD assessment. An overwhelming majority (about 90%) of those assessed

⁹ See Appendix J of Phase 1 report for detailed description of each service.



were found to be chemically dependent. However, it is difficult to determine if the assessment reflects the actual prevalence of drug addiction among the non-DOSA offenders, because only a minority of them were assessed. It is reasonable to assume that the assessment data might have underestimated the number of non-DOSA offenders who were addicted to drugs, because some of the individuals who were not assessed may be chemically dependent. On the other hand, the percentage of drug addiction reported for WEC and SR Prison sentences may be inflated. As the Phase 1 report pointed out, the most severe drug problems are more likely to be detected at the screening stage, and those offenders are more likely to be assessed subsequently than those who do not have an apparent drug or alcohol problem. The results of CD Screening (SASSI¹⁰) seemed to support this interpretation. Sixty-one percent of WEC, and fifty-two percent of SR Prison offenders received the CD Screening, considerably higher than those who received the CD assessment. The screening showed a *smaller* proportion of non-DOSA offenders who were potentially chemically dependent (84% of WEC and 62% of SR Prison sentences) than what was found with the CD assessments.

The analyses of the severity of drug addictions showed that among all those offenders who were assessed, DOSA offenders had more serious addiction problems than either WEC or SR Prison offenders. Of those who were assessed as being chemically dependent, 78 percent of DOSA offenders were “late stage¹¹” dependent, as opposed to 37 percent of WEC, and 38 percent of SR Prison sentences. These individuals, according to the treatment counselors interviewed for the Phase 1 report, were chronically addicted to drugs. If not treated, their addictions would pose serious risks to their health and their lives. The assessment data presented here empirically support the Department’s policy to give treatment priority to DOSA offenders.

¹⁰ Subtle Alcohol Substance Screening Inventory. SASSI is the initial CD screening administered to offenders prior to a CD assessment. It is considered less reliable on a case-by-case basis than the full assessments. See Appendix J of Phase 1 report.

¹¹ Counselors interviewed for Phase 1 report characterized “late stage” dependency as severe addiction beyond the individual’s control, such that the individual would need intensive treatment to stop using drugs (See pp35-36 of Phase 1 report).

Treatment Admission

According to the Department's treatment plan, DOSA offenders assessed as being chemically dependent would receive intensive treatment while in prison, through either the Intensive Inpatient (IIP) or Intensive Outpatient (IOP) program. The core of these programs is the intensive therapy. Table 10 presents the findings on these treatment services delivered to DOSA-eligible offenders.

Table 10
Chemical Dependency Program Admission by Type of Sentences

Sentence Type	Total Assessed	Total CD	Primary Treatment Modality (% of Total Assessed)			
			Intensive* Inpatient	Intensive* Outpatient	Other* Treatment	No Treatment
DOSA	71	69	23 32%	40 56%	4 6%	5 7%
Standard Range	57	51	18 32%	29 51%	4 7%	7 12%
WEC	57	52	0 0%	0 0%	47 90%	5 9%
Total	185	172	41 22%	69 37%	55 30%	17 9%

*Offenders receiving CD Education and MRT only.

Twenty-three DOSA offenders were admitted into the Intensive Inpatient Program; forty were placed in the Intensive Outpatient Program; and four received other treatment (e.g. Treatment Orientation or MRT¹²). Five offenders assessed as "late stage" dependent did not receive any treatment. Lack of intensive treatment for DOSA offenders was largely attributed to the limited amount of time left on the offenders' prison sentences. For instance, the Phase 1 evaluation found that four offenders, who had not been in treatment at the time when data were collected, had less than three months remaining to serve in prison. It is still not clear whether this was due to delays after their admission into DOC (e.g. waiting for classification at the reception center, for CD screening or assessment, and for transfer to treatment facilities), to credit for pre-sentence jail time, or to other causes.

Analyses of non-DOSA offenders showed that 90 percent (n=47) of WEC¹³ offenders assessed (n=57) received educational intervention (CD Education or MRT) in prison,

¹² The program consists of a systematic, cognitive-behavioral approach to treating offenders focusing on several treatment issues, including reinforcement of positive behavior, positive identity formation, and enhancement of self-concept, etc. See Appendix I of the Phase 1 report.

¹³ Until April 1, 1997, intensive treatment was not available to WEC offenders due to the limited amount of time they serve in prison, and the program's emphasis on work, not on treatment. Treatment available to WEC offenders typically was a 6-8 week educational program.

and five received no treatment, including three identified as chemically dependent. Eighty-one percent of SR Prison counterparts who were assessed (n=46) were given the intensive treatment, while eight did not receive any treatment. Nearly all those receiving intensive treatment were assessed as being either “middle stage” or “late stage” drug addicts.

In addition to the intensive therapy of the inpatient and outpatient programs, the Department’s comprehensive treatment plan includes several other elements: chemical dependency education, Moral Reconciliation Therapy (MRT), Dependable Strengths Articulation Process¹⁴ (DSAP), and Continuing Care¹⁵ that focuses on relapse prevention.

Table 11 presents numbers and percentages of DOSA offenders who received these treatment components.

Table 11
Treatment Services Delivered to DOSA Offenders by
Primary Treatment Program

Treatment Component	Primary Treatment Program (% by Program)		
	Intensive Inpatient	Intensive Outpatient	Other Treatment
CD Education	3(13%)	32(80%)	4(80%)
Moral Reconciliation (MRT)	13(57%)	20(50%)	3(75%)
Intensive Therapy	23(100%)	40(100%)	0(0%)
Dependable Strengths	0(0%)	0(0%)	0(0%)
Continuing Care	7(30%)	17(43%)	1(25%)
Total in Program	23 100%	40 100%	4 100%

Percentages represent offenders in each primary treatment program who received each component of treatment.

Of the 63 DOSA offenders who received intensive treatment, 35 (56%) received CD education; 33 (52%) received MRT; and 24 (38%) received Continuing Care. The four offenders who received no primary, but other treatment, received either MRT (n=3) or Continuing Care (n=1). Seven offenders had never been admitted into any treatment programs prior to being released from prison.

¹⁴ “An 18-hour modality designed to help offenders identify and articulate who they are at their personal best to recognize their unique personal strengths and to identify appropriate and viable employment opportunities that they are best suited to perform”. See Appendix I of the Phase 1 Report.

¹⁵ Services consist of CD treatment according to a prescribed plan in a non-residential setting. Offenders admitted into this program must have completed Intensive Outpatient or Intensive Inpatient treatment.

Treatment Completion Rates

All DOSA offenders who were placed in the Intensive Inpatient Program successfully completed the treatment (See Table 12). Of the 40 offenders placed in the Intensive Outpatient Program, 28 (70%) successfully completed the treatment. The main reasons given for failure to complete treatment were institutional transfer (5 cases) and rule violations (4 cases). What remains unknown are the causes for the five institutional transfers, and the reason(s) why a transfer might have interrupted the treatment intervention. One likely consequence of the transfers was additional delays, which could have prevented the offenders from completing the treatment.

Table 12
Program Completion and Discharge by DOSA
Primary Treatment Program

Treatment Modality	Offenders Admitted	Offenders Completed	<u>Reasons for non-completion</u>		
			Rule Violators	Institutional Transfer	Unknown
Intensive Inpatient	23	23 100%	0 0%	0 0%	0 0%
Intensive Outpatient	40	28 70%	4 10%	5 13%	3 8%
Total Admitted	63 100%	51 81%	4 6%	5 8%	3 5%

Percentages represent offenders in each primary treatment program who received each treatment component.

Eighty-nine percent (n=42) of SR Prison offenders who were placed in the intensive treatment programs (n=46) successfully completed the treatment. Five did not. It is not clear why these offenders did not complete the treatment. Unlike DOSA offenders, time should not have been a factor for this group of offenders, because they served much longer prison terms than DOSA or WEC offenders. In most these cases, the reason for failure to complete treatment was not given.

Community Custody/Supervision and Continuing Care

DOSA offenders are required to serve 12 months in community custody and community supervision (run concurrently), following prison release. During this time, they are also required to participate in appropriate outpatient substance abuse treatment. As part of the Department's treatment process, DOSA offenders assessed as chemically

dependent are supposed to receive Continuing Care during the entire 12 months of community supervision. The program consists of CD treatment according to the prescribed plan. Among other things, Continuing Care focuses on relapse prevention.

The Department has established a treatment referral process¹⁶ that would electronically inform all concerned parties (Classification Counselor, CCO, treatment program staff, etc.) of the offenders' continuing CD treatment needs. Ideally, the referral process is accomplished before the offender's release from prison. If this referral is delayed, the offender is required to participate in treatment for only the amount of time left on supervision. Once the offender is placed in treatment, the CD counselor is supposed to document monthly status reports indicating compliance, progress, attendance and any pertinent details about the offender's participation in treatment.

In the Division of Community Corrections, there are currently 16 Work Release sites¹⁷ (two are not yet in operation) where Continuing Care services are provided. To the extent that the offender is unable to access any of those sites, contract community-based providers would be used. The Department selected and trained several agencies to provide Continuing Care to DOSA offenders. A treatment protocol¹⁸ has also been developed to address DOSA offenders' Continuing Care needs.

However, evaluating the actual implementation of the policies and procedures outlined above proved difficult. Data on DOSA offenders' community-based treatment are not available, so it is not clear what kinds of treatment services were actually delivered to DOSA offenders, or to what extent the treatment protocol was *consistently* implemented throughout the Department. These issues remain to be examined in the Phase 3 evaluation.

Despite the Department's policy to expedite DOSA offenders' placement into community-based treatment, it appears that the Continuing Care referral plan was not cohesively enforced, at least in some counties. Interviews with Community Corrections Officers revealed that substantial delays occurred in some cases. In two instances, for example, the CCOs reported that the offenders' entry into treatment was delayed simply because they were not aware the offenders were sentenced to DOSA. Once the CCOs found out that they were DOSA offenders, they were placed in treatment. Two CCOs noted that their offenders were initially not in treatment, because they did not know what types of treatment the offenders were supposed to receive. The files they received did not provide sufficient information. In one other case, the offender did not receive treatment because the CD counselor was temporarily absent from the facility and no replacement was scheduled. There was also evidence to suggest that the Department's policy to prioritize DOSA offenders' treatment has not been consistently implemented in all counties. In at least one county, the investigators were informed that DOSA offenders were treated just like other drug offenders in program placement. One DOSA

¹⁶ Appendix A.

¹⁷ See page 43 of Appendix A. Three community based contract providers conduct CD treatment for DOC: Pierce County Alliance, Lakeside, and Recovery Associates.

¹⁸ See Appendix A.

offender had to wait for weeks to schedule an intake interview with the CD counselor prior to entering treatment. It is not entirely clear whether these delays reflect a lack of available resources in some areas, or a lack of an integrated Continuing Care mechanism in the Department. Information gathered for this report seems to support both scenarios.

DOSA Sentence Violations and Sanctions

If a DOSA offender violates a condition, sanctions may be imposed. DOC may either impose sanctions administratively, or notify the sentencing court for a hearing. If the court finds that the offender willfully committed the violation, the court can return the offender to prison for the remaining half of the standard range. As noted previously, the law is vague in defining what constitutes a DOSA violation, and in particular, what types of violations warrant additional prison time. The Department has adopted a policy, consistent with the DOSA legislation, of filing a DOSA Notice of Violation (DOSA NOVA) to notify the court and the prosecuting attorney when an offender fails to comply with the sentence conditions. However, the Department's position is that, unless CD treatment is terminated by the treatment provider, every effort should be made to retain the offender in treatment and in the recovery process.

What is a DOSA sentence violation? Presumably, if an offender does not comply with conditions imposed as part of the sentence, that would count as a violation. By law, the conditions of a DOSA sentence would include: intensive treatment in prison and outpatient Continuing Care in the community after prison release; no use of illegal drugs; submitting to urinalyses (UAs); reporting (to the CCO, for instance); and paying Legal Financial Obligations (LFOs). Additional conditions may be imposed as the court deems necessary.

The Department has developed a Sanction Grid¹⁹ that provides general guidelines for administratively sanctioning violations of conditions of community supervision for all offenders under supervision by DOC. The Sanction Grid is used by CCOs as a guide in selecting sanction options. Actions may range from treatment to jail time based on the seriousness of infractions and the status of offenders. A common form of sanction used by CCOs was through a Stipulated Agreement. Most CCOs interviewed indicated that they used a stipulated agreement for first or minor violations. The conditions of such an agreement could include participation in additional treatment, increased frequency of reporting to the officer, and increased frequency of submitting to UAs, or others. For instance, the first positive U.A. may result in the offender's participation in an inpatient treatment program or more frequent submissions to UA.

When asked to describe a *typical* violation of a DOSA condition, the Community Corrections Officers identified drug use (including positive UA) or failure to complete treatment.

¹⁹ Appendix B

As noted earlier, neither the court nor the Department's policy defines the circumstances when a DOSA offender should be returned to prison. This issue, in effect, was left to the discretion of supervising CCOs. Interviews indicated that, although each CCO might have his/her unique way of handling certain situations, they generally followed some common practices:

- Adhere to the Department's policy to make sufficient effort to keep the offender in treatment;
- Consider other factors, such as the offender's history of violation, amenability, how far the offender had been in treatment, and the crime for which the DOSA sentence was imposed, etc.

For example, if a violation occurred when the offender had already completed a substantial amount of treatment, the officer might use other sanctions than recommending returning the violator to prison, in order to keep the offender in treatment.

Of the 73 DOSA sentences under study, eight DOSA NOVAs were filed by the Department with sentencing courts and prosecutors. The most common violations were relapse (e.g. drug use) and failure to complete treatment. Data are not available on the courts' decisions on the violations, so it is not clear how many of the offenders were actually returned to prison.

Policy and Implementation Issues/Problems

Several significant DOSA policy and implementation issues or problems surfaced during the data collection process for this report. Some were already addressed in the Phase 1 report, and in the previous sections of this report. Those discussed below were identified by DOC officials, Community Corrections Officers, and the investigators during the telephone and personal interviews.

- Most DOC officials and CCOs interviewed agreed that the DOSA legislation was useful for addicted offenders, because it provided resources for treatment which, otherwise, was not available to them. However, they shared deep frustration about the lack of clarity of the legislation, particularly regarding violations. As noted earlier, the law does not explicitly define what constitutes a violation of a DOSA sentence, and what infractions justify returning the violator to prison. DOC's ability to handle DOSA violations is restricted when offenders are in Post-Release Supervision (PRS). By law, DOSA offenders are required to serve 12 months in concurrent Community Custody and Community Supervision. During Community Custody, DOC can sanction DOSA violations administratively, for instance, by holding a disciplinary hearing. The violator can be sanctioned to up to 90 days confinement by the hearings officer. Once the offender is on PRS status, DOC does not have authority to impose sanctions that would cause a loss of liberty for offenders. If incarceration is desired for a violation, only the court can take actions which may include imposing additional prison time. Both the Department officials and the CCOs

indicated that the procedures and the paperwork they are required to prepare for a court hearing is cumbersome and time-consuming. In some cases, the court was unable to act or act promptly on violations. Some offenders who violated treatment requirements, for instance, got away without effective sanctions.

- DOC officials and staff pointed out that effective community supervision of DOSA offenders was made more difficult because the DOSA legislation, particularly the provisions of sentence violations, is interpreted differently by different authorities (e.g. the Attorney General's Office, DOC, and the county Prosecuting Attorney's Office). They indicated that they constantly found themselves in situations where they were uncertain of the Department's role in handling DOSA violations. For instance, it was not entirely clear to them when the Department is required to impose sanctions administratively, and when the sanctioning rests with the court. Do the Court and the Department have simultaneous jurisdiction, given that the statute says the Court shall impose one year of concurrent Community Custody and Community Supervision? If so, who handles a violation first? Are administrative confinement sanctions for DOSA violators tied to their earned "good time"? If not, what limitations would the Department have in imposing a DOSA Community Custody confinement sanction? It is apparent that, to date, some of these and other related questions have not been clarified.
- Another problem associated with concurrent community custody and supervision is that the current DOC computer system does not allow the supervising officers to track DOSA offenders. The CCOs are supposed to keep track of offenders' compliance with conditions of community supervision in the Department's OBTS system. However, they could not record DOSA offenders' violations and sanctions, because those offenders essentially have two statuses simultaneously. Apparently, this problem has contributed to the lack of readily accessible information regarding DOSA offenders' Continuing Care.
- It appears that an effective communication mechanism has been lacking among the relevant components of the Department. Some policies or procedures may not have been effectively communicated to CCOs or other concerned parties. Interviews with CCOs indicated that many DOSA supervising officers did not fully understand the implementation policies or procedures, particularly regarding violations and treatment (e.g. how and where to send DOSA offenders to treatment; how to handle disciplinary hearings against violations; and what sanctions are available for DOSA violations). Some officers reported instances where they did not know whom to ask about problems or questions of DOSA supervision. Sometimes problems were not resolved quickly. At other times, questions were left unanswered for months. The CCOs also pointed out that more coordination and communication are needed between CD treatment staff and CCOs to keep track of the offenders' compliance with treatment requirements, and between the Division of Prisons and the Division of Community Corrections in order to expedite transfer of DOSA offenders from prison

to community-based treatment²⁰. Lack of coordination between different programs was also noted during the interviews with DOC program administrators. For instance, the Department's Chemical Dependency Program is supposed to receive a copy of any DOSA NOVA filed by staff in DCC²¹, to facilitate communication between the Department and the court, and to track the court's decisions on violations. To date, the Chemical Dependency Program has not received any. It appears that a number of sources may have contributed to the problems described here, including: (1) lack of effective staff training that addresses DOSA sentence policies and implementation procedures; (2) ambiguity of the DOSA legislation, especially relating to violations; and (3) the small number of offenders sentenced to DOSA, making it difficult for CCOs to gain experience in this program.

- While DOC has been mostly successful in delivering intensive treatment to DOSA offenders, it is not clear whether the Department has been able to implement fully the established Continuing Care protocol either in prison or in the community. As mentioned earlier, data on individual DOSA offenders' Continuing Care are not readily accessible. The available data suggest that most DOSA offenders did not receive Continuing Care²², and most of those who were placed in a Continuing Care program did not complete the treatment. Interviews with the Department's administrators indicated that several factors may have contributed to the lack of DOSA offenders' Continuing Care, including: (1) the programs are fairly new, and the implementation is still at the beginning phase. Prior to DOSA, there were no Continuing Care programs in place in the Department. (2) For the most part, community-based contract providers have not been established. The Department is still in the process of identifying agencies that may provide Continuing Care to DOSA offenders in outlying areas. In a related matter, the Department has made considerable effort to address treatment delivery to monolingual Spanish speaking offenders by trying to recruit additional bilingual CD counselors across several states. DOC administrators indicated that the recruiting effort had not been very successful, largely because there were not many bilingual counselors available. There was only one bilingual CD counselor²³ at Airway Heights at the time most of the DOSA offenders were admitted into DOC (also the time when they were supposed to be assessed). The shortage of CD staff for Spanish-speaking offenders might have delayed their CD assessment and entry into treatment, leaving them insufficient time to complete treatment. The limited data on Continuing Care showed that only six out of seventeen Hispanic DOSA offenders were placed in a Continuing Care program while in prison, three of whom successfully completed treatment. None of the Hispanic offenders received Continuing Care after release.

²⁰ DOC's ongoing reorganization is intended to address problems like this, which are not limited to DOSA cases.

²¹ 200.700 DCC Directive

²² Summary statistics obtained from DOC showed that 24 DOSA offenders received Continuing Care while in incarceration. Seven received Continuing Care in the community, of which, 5 received the service at DOC Work Release sites, and 2 by community-based contract providers. Forty-eight DOSA offenders were already off community supervision. Sixteen are still in the community.

²³ There are currently 4 bilingual CD counselors at the following facilities: AHCC, CRCC, Ratcliff (DOC Work Release site for female offenders), and Pine Lodge.

Without adequate Continuing Care, an integral part of the recovery process, the effectiveness of DOSA in reducing recidivism and substance abuse may be compromised.

- The Department has shown substantial assistance and cooperation in providing data throughout the course of this evaluation. However, the investigators have encountered difficulty in obtaining complete and accurate data on DOSA offenders' treatment, especially after release. It appears that the Department does not have an efficient mechanism to gather, store, and retrieve data on DOSA offenders' treatment or sentence violations after prison release. Moreover, interviews with CCOs indicated that DOSA offenders' compliance with treatment and other conditions may not have been recorded consistently or in a timely fashion, so it is highly likely that the data, even if readily accessible, are at best incomplete or of questionable accuracy. This problem arose partly due to the limitations of the current DOC computer system as described previously. Meanwhile, the Department needs to increase its effort to monitor closely DOSA offenders' community supervision by ensuring that *all* CCOs and other relevant individuals follow the Department policies or procedures, for instance, to document DOSA offenders compliance with treatment and other conditions in the Department's database system. Without reliable, complete, and up-to-date information on DOSA offenders' Continuing Care, it is difficult to assess the effectiveness of treatment in reducing recidivism and chemical dependency, or to assess the impact of DOSA on state resources, another component of this evaluation.

CHAPTER 3. CRIMINAL RECIDIVISM

The relationship between crime and drug use is well documented. Data from the Drug Use Forecasting program (DUF)--conducted in 23 U.S. cities--indicate that a high proportion of arrestees test positive for drug use. For example, 1996 DUF data show that the percent of adult male arrestees testing positive for drug use ranges from 48 to 80 percent, with Portland, Oregon at 66 percent.²⁴ The proportion of drug users among those incarcerated is higher than arrestees, drug-using felons account for a disproportionate share of repeat offenders, and untreated felons relapse to drug use and criminal activities within a short time frame.²⁵

Given the strong association between drugs and crime, the DOSA legislation seems a promising effort to deal with the substance abuse of criminal offenders. In a comprehensive review of drug-abuse treatment programs in the criminal justice system, Lipton(1995)²⁶ finds that treatment is logical and cost-effective, and that institutions are a convenient intervention point for treatment, given the large numbers of drug users processed by the system, and the fact that they are in custody. His review of drug-treatment programs indicates that the cost of treatment is paid for in two to three years by savings in crime-related and drug-use associated costs.

This section of the report focuses on the effectiveness of treatment in reducing crime, a major policy objective of the DOSA legislation. The primary questions addressed include:

- How many offenders are convicted of new felonies?
- What type of felony offenses are involved?
- How does recidivism vary by sentencing and treatment alternatives?

In addition to criminal recidivism, another important objective of the DOSA legislation is the reduction of substance abuse. Due to lack of accessible data on drug-testing results, we cannot directly assess the effect of treatment programs on drug use. To gain some limited insight into this policy objective, we look at drug and other types of offenses separately.

The analyses are presented in two parts. Part A sets out the measurement issues involved in the analysis, including the population of interest and the difficulties in

²⁴ U.S. Department of Justice (1997), Sourcebook of Criminal Justice Statistics, Table 4.31, Washington, DC: US GPO.

²⁵ Wexler, H.K., Lipton, D.S., and Johnson, B.D (1988), "A Criminal Justice System Strategy for Treating Cocaine-Heroin Abusing Offenders in Custody," pp. 8-82 in Issues and Practices Paper in Criminal Justice, Washington, DC: US GPO. No. 1988-202-045; Lipton, D.S. (1995), "The Effectiveness of Treatment for Drug Abusers Under Criminal Justice Supervision," "NIJ Research Report, Washington, DC; Lipton, D.S. (1992), "Correctional drug abuse treatment in the United States: an overview," pp. 8-30 in C.G. Leukefeld and F.M. Tims (eds.), Drug Abuse Treatment in Prisons and Jails, NIDA monograph 118, HHS, Rockville, MD: US GPO.

²⁶ See FN 2.

measuring recidivism. Part B documents how many offenders were convicted of new felonies, what types of felonies are involved, and how recidivism varies by sentencing and treatment options.

Part A. Measurement Issues

Offender Population

There are several groups of offenders used in this analysis. First, offenders convicted in the first 10 months of FY96 (7/1/95 to 4/31/96) comprise the widest group for the analysis. The FY96 offenders are the only group for which enough time has elapsed from prison release to measure recidivism.²⁷ Second, DOSA-eligible offenders are the main focus of the analysis.²⁸ This group of offenders has the most similar institutional experience in that all went to prison, but they also vary in experience by the type of treatment they did or did not receive in prison. In order to assess the effectiveness of DOSA, those sentenced to DOSA are compared to offenders receiving WEC and standard-range prison sentences.²⁹ Third, as discussed in Chapter 2, offenders from each of the DOSA-eligible groups received treatment--DOSA, WEC and SR Prison. Since the impact of chemical dependency treatment on crime is a critical issue, another part of the analysis involves comparing those who received treatment with those who did not. Finally, in addition to the DOSA-eligible offenders, it is useful for comparative purposes to look at those convicted of conspiracy to deliver drugs, as that option appears to be a growing sentencing alternative for drug offenders.

Measuring Recidivism

Recidivism is defined as any new felony conviction of an offender, excluding escapes from institutions.³⁰ The time clock for each offender starts at his or her release into the community and continues through until the date of reoffense, or the end of FY 1997--June 30, 1997. There are several problems with this measure of recidivism. First, one would like to include misdemeanor convictions, and perhaps arrests, as indicators of propensity to reoffend.³¹ Second, the most serious measurement issue is that the amount of time in the community does not provide an ideal measure of recidivism. Thirty-six months is the preferred length of time to fully measure recidivism, which includes 24 months of "time at risk" in the community and another 12 months for

²⁷In future analyses, with the passage of time, DOSA-eligible offenders sentenced in FY97 should be included to provide a larger sample size and additional statistical power.

²⁸DOSA-eligible offenders sentenced to jail are excluded, as their numbers are small and data are not available for them.

²⁹The best comparisons are between DOSA and WEC offenders due to the similar length of stay in prison. Since we are not controlling for sentence length, it is more difficult to assess the pattern of standard-range offenders, as many fewer of them have been released from prison.

³⁰Included as reoffenses are four escapes from community corrections that resulted in felony sentences. Two felony convictions for Escape 1 are not counted as the "clock" beginning at release into the community had not started.

³¹It would be useful to have data on arrests and misdemeanor convictions for this analysis, but these data are not collected by the SGC and are difficult to obtain from other databases.

criminal justice processing.³² For this analysis, all offenders are not out of confinement, and time at risk is much less than 36 months.

Table 13 shows the at risk population for this analysis. The population includes 398 out of the 462 DOSA-eligible offenders sentenced in the first 10 months of FY96. WEC offenders comprise 52.5 percent of this group, SR prison, 29.4 percent and DOSA, 18.1 percent. Excluded from the analysis are 64 offenders not yet released from prison during the time frame, including 51 with SR prison, 12 with WEC and one with a DOSA sentence. Overall, 85 percent of DOSA-eligible and conspiracy offenders were released from confinement by June 30, 1997. Nearly all FY96 DOSA offenders had been released from prison--72 out of 73 (one was never admitted to DOC), as had 92.9 percent of those sentenced to WEC. However, only 68.8 percent of offenders with standard-range prison sentences were out of prison.

Table 13
FY96 DOSA-Eligible Offenders at Risk by Sentence Type (Through June 30, 1997)

FY 96 Sentence Type	# DOSA-Eligible Offenders	# Offenders at Risk	% of All Offenders at Risk	% of Sentence Type at Risk
DOSA	73	72	18.1	98.6
WEC	225	209	52.5	92.9
Std. Range Prison	170	117	29.4	68.8
Total-DOSA Eligibles	468	398	100.0	85.0

As seen in Table 14, DOSA offenders have been out of prison for the longest amount of time, followed by WEC and then standard-range offenders. For offenders who did not recidivate, the average time at risk in the community through June 30, 1997, was 11.1 months for DOSA, 9.6 months for WEC, and 7.2 months for those receiving a standard-range prison sentence. The differences in time at risk are statistically significant ($F=16.36$, $p<.001$). For offenders who committed new felonies, the average time until reoffense was 3.7 months for DOSA, 4.4 months for WEC and 6.2 months for standard-range prison sentences. The differences are not statistically significant. Note that a large number of DOSA offenders would still be under community supervision by the Department of Corrections, as they have a mandatory 12 months of community supervision. Fewer WEC offenders would be under community supervision.

³² Barnoski, B. (1997), "Washington State Juvenile Court Recidivism Estimates: Fiscal Year 1994 Youth," Olympia, WA: Washington State Institute for Public Policy.

Table 14
FY96 DOSA-Eligible Offenders in the Community--Length of Time at Risk

FY 96 Sentence Type	<u>No Reoffense</u>	<u>Reoffenders</u>
	Mean # Months at Risk (thru 6/30/97)	Mean # Months until Reoffense
DOSA	11.1	3.7
WEC	9.6	4.4
Std. Range Prison	7.2	6.2

As shown in Table 14, the time frame we are measuring recidivism within is much less than the desired 36 months. Since a longer time frame is not possible for this Phase 2 evaluation, the figures must be considered very preliminary and very likely an underestimate of true recidivism. While there is evidence that serious drug offenders may return to substance abuse and criminal behavior within a short time period, the time frame for measuring recidivism for these DOSA-eligible offenders is too short to generate conclusive findings.

Part B. Analysis of Criminal Recidivism

DOSA-Eligible Offenders

Table 15 shows the number of new felony convictions, the number of offenders convicted of new felonies and the recidivism rate for DOSA-eligible offenders at risk. Through FY97 there were 31 new felony convictions involving 27 offenders. Four offenders were convicted of two felonies.³³ Overall, 6.8 percent of the offenders at risk were convicted of new felonies. As would be expected due to the shorter time in the community, offenders with standard-prison sentences had fewer offenses and a lower recidivism rate, 3.4 percent, as opposed to 7.7 percent for WEC and 9.7 for DOSA offenders. Since DOSA offenders had the highest average time at risk in the community, their higher rate would be expected. The differences in recidivism rates are not statistically significant.

Table 15
New Felony Convictions of FY96 Offenders by Sentence Type (Through June 30, 1997)

FY 96 Sentence Type	# New Felony Convictions	# Offenders Convicted of New Felonies	Offender Recidivism Rate
DOSA	8	7	9.7%
WEC	18	16	7.7%
Std. Range Prison	5	4	3.4%
Total-Dosa Eligibles	31	27	6.8%

³³ Two WEC offenders , one DOSA offender and one SR prison offender were each convicted of two new felonies.

Table 16 shows the offense categories of the 31 new felony convictions for the FY96 offenders. There were 15 offenses specifically related to drugs, approximately 48.3 percent, while other offenses comprised 51.7 percent of the offenses. Some of the “other” offenses may have involved drugs, but it is not possible to determine this from our data.

Table 16
New Felony Offenses through June 30, 1997, FY96 DOSA-Eligible Offenders

Drug-related Offenses	#	%*	Non-drug Related Offenses	#	%*
Possession	5	16.1	Assault/domestic violence	3	9.7
Conspiracy	4	12.9	Property	4	12.9
Solicitation	1	3.2	Robbery	2	6.5
Delivery	5	16.1	Possession Firearm	2	6.5
			Harassment	1	3.2
			Escape from CC	4	12.9
Total	(15)	(48.3)	Total	(16)	(51.7)

*Percent of total new felony offenses.

While there is no relationship between type of sentence and recidivism seen in the data, Table 17 indicates a pattern between the type of sentence and new drug convictions. Overall, 48 percent of the felony reconstructions for FY96 DOSA-eligible offenders were drug-related. Only three out of the seven DOSA reoffenders were convicted of a drug-related felony-- 42.9 percent. However, the majority of WEC reoffenders--10 out of 16 or 62.5 percent-- were convicted of new drug-related felonies. Since the numbers are so small, only with time will one be able to ascertain if this pattern holds.

Table 17
New Drug-related Convictions of FY96 Offenders (Through June 30, 1997)

FY 96 Sentence Type	# New Drug-related Felony Offenses	# Offenders Convicted of New Drug-related Felonies	Drug-related Reoffenders--% of Sentence Type
DOSA	3	3	42.9
WEC	11	10	62.5
Std. Range Prison	1	1	25.0
Total-Dosa Eligibles	15	14	51.9

In other studies, substance-abuse treatment in prisons has been shown to reduce criminal recidivism.³⁴ Consistent with this, DOSA- eligible offenders who received drug treatment (whether or not as part of a DOSA sentence) were slightly less likely to commit new crimes; however, the difference was not statistically significant. As seen in Table 18, approximately 5.2 percent of FY96 offenders who received treatment were

³⁴ Field, G. (1992), “Oregon prison drug treatment programs,” pp.142-155 in C.G. Leukefeld and F.M. Tims (eds.), Drug Abuse Treatment in Prisons and Jails, NIDA monograph 118, HHS, Rockville, MD: US GPO; Wexler et al. (1992), see FN 2.

convicted of new felonies compared to 8.3 percent of those who did not receive treatment. A separate analysis of offenders completing treatment versus those who did not revealed no significant differences in reoffenses, as did an analysis of those receiving intensive versus other types of treatment.

Table 18
FY96 DOSA-Eligible Offenders--Treatment Status and Recidivism Rate

Treatment Status	#	# of Reoffenders	Recidivism Rate
Received Any Treatment	192	10	5.2%
Received No Treatment	206	17	8.3%

Research on drug treatment also shows the importance of length of treatment and follow-up care as a critical variable in reducing criminal recidivism.³⁵ FY96 DOSA-eligible offenders receiving intensive treatment who also received continuing care had significantly lower recidivism rates than those who did not receive continuing care (Chi-square=4.874, $p < .05$). In fact, none of those receiving continuing care reoffended.

Conspiracy Convictions

As discussed in the first chapter of this report, a felony conviction for conspiracy is a major sentencing option for first-time offenders involved in the delivery of Schedule I or II narcotics. Given the increasing number of conspiracy convictions, it is useful to look at the behavior of the FY96 conspiracy offenders and assess possible patterns of recidivism among this group. However, it is difficult to make comparisons between conspiracy and DOSA-eligible offenders, and caution is recommended. First, as described earlier, those convicted of conspiracy may be a qualitatively different type of offender, e.g., a minor offender, “middler” or “clucker” in the drug delivery process. Second, the experience and environment of conspiracy offenders during confinement is quite different from DOSA-eligible offenders, as they do not enter the prison system, but serve their sentence in jail. Third, conspiracy offenders most likely received no substance abuse treatment of any kind in jail.

Table 19 shows the new felony convictions of FY96 conspiracy offenders. Through FY97 there were 15 new felony convictions involving 14 offenders; one offender was convicted of two felonies. Assuming that all 162 offenders were at risk, the recidivism rate is 8.6 percent, very similar to DOSA and WEC offenders. While data on release date from jail are unavailable, the average length of sentence for the FY96 conspiracy offenders was 4.5 months, thus it is highly likely that all conspiracy offenders were out of confinement.³⁶

³⁵ Wexler et al. (1992), see FN 2.

³⁶ The latest date of sentence for conspiracy offenders in this group was April 30, 1996. An offender sentenced at this date with an average 4.5 month sentence and no good time credit would have been out of jail August 15, 1996. The maximum sentences for conspiracy offenders in the FY96 group were

Table 19
New Felony Convictions of FY96 Conspiracy Offenders (Through June 30, 1997)

FY 96 Sentence Type	# Offenders at Risk	# New Felony Convictions	# Offenders Convicted of New Felonies	Offender Recidivism Rate	# Offenders Convicted of New Drug-related Felonies	% Drug-related Felonies
Conspiracy Convictions	162	15	14	8.6%	13	92.9%

Nearly all conspiracy reoffenders (13 out of 14, or 92.9 percent) were convicted of new drug-related felonies, a much larger proportion than DOSA-eligible offenders. The offenses were as follows: 4 possession, 3 delivery, 4 conspiracy, 3 solicitation and 1 property. Thus, conspiracy reoffenders recidivate at a similar rate to other offenders, but primarily for drug offenses. Given their reconviction for drug-related crimes, one can speculate that these offenders are strong candidates for substance-abuse treatment.

Summary

In summary, the short time at risk and the small sample size for this analysis make it impossible to generate any real conclusions. There are some patterns in the data. WEC offenders, none of whom received intensive treatment, were somewhat more likely to be reconvicted of drug-related offenses. DOSA-eligible offenders receiving treatment were somewhat less likely to recidivate than those who do not receive treatment. DOSA-eligible offenders who received continuing care, in addition to intensive drug treatment, were significantly less likely to reoffend. Offenders convicted of conspiracy were reconvicted nearly exclusively for drug offenses. For future analyses, we will continue to track the FY96 and FY97 offenders in order to evaluate the effect of sentencing type and drug treatment on criminal recidivism, and also on substance abuse.

checked against sentencing dates and indicate that all offenders would have been released from jail, even assuming they served the full sentence with no good time credit.

CHAPTER 4 THE IMPACT OF DOSA ON STATE RESOURCES

The Phase 1 evaluation provided a preliminary assessment of the impact of DOSA on state resources in FY96. The assessment was based on estimated reduction of DOSA offenders' length of stay in prison, and on how much time they would have served in prison, had DOSA not been in place. Three alternative assumptions³⁷ were developed. DOSA savings were calculated by comparing the estimated time served under DOSA with an estimated length of stay under each alternative assumption. The difference in length of stay between the two estimates represented the reduction in prison bed space due to DOSA, and the fiscal savings were based on these bed savings.

This section of the report presents a final assessment of the impact of FY96 DOSA on state resources. The methodology used to estimate prison population and fiscal savings is almost identical to what was reported in the Phase 1 evaluation. One major difference between the Phase 1 and the current assessment is that, instead of the offenders' *estimated* lengths of stay in prison, the estimates presented in this report are based on the offenders' *actual*³⁸ lengths of stay. As noted previously, at the time the Phase 1 report was conducted, most DOSA and other non-DOSA offenders had not completed their prison sentences. Thus, their actual time served in prison was unknown. The data rematch with DOC OBTS database performed for the Phase 2 evaluation provides more current information on the status of the offenders' prison custody.

Methodology

The estimates of the impact of DOSA on prison population and fiscal savings were based on the assumptions made in the Phase 1 report:

Assumption 1: "DOSA offenders would have been sentenced to the *midpoint* of the standard range, rather than half of the midpoint".

Assumption 2: "DOSA offenders would have received a sentence at the same relative point in the standard range as the average drug offender with a standard prison sentence".

Assumption 3: "DOSA offenders would have been sentenced to WEC, or received standard range prison terms, in the same proportions, and for the same average sentence lengths, as FY 1996 non-DOSA offenders".

Reductions in Length of Stay Due to DOSA

³⁷ See *Analysis Part C - Estimating The Impact of DOSA on State Resources*, Phase 1 report.

³⁸ See footnote to Table 4-B.

Assumption 1: Midpoint of Standard Range

Table 20 presents the prison bed savings and fiscal savings realized from DOSA sentence reductions under Assumption 1, where DOSA offenders would have been sentenced to the midpoint of the standard range terms, rather than half of the midpoint.

Table 20
Savings from DOSA Sentence Reductions
Under Assumption 1: Sentencing at Midpoint

Total Sentences	DOSA LOS	Estimated LOS at Midpoint**	Annual Bed Savings	Annual Fiscal Savings
88*	9.2	20.2	81.4	\$1,440,780

*Adjusted for 12 months. **Estimated length of stay assuming sentences at the midpoint of the standard range.

The bed savings realized from the reductions of DOSA sentences under this assumption are 81.4 beds per year. The total annual fiscal savings at \$17,700³⁹ per bed equal \$1,440,780.

Assumption 2: Average Standard Range Prison Sentence

Table 21 presents the prison bed savings and the fiscal savings realized from reductions of DOSA sentences under Assumption 2, where all DOSA offenders would have been sentenced to the standard range, and would have served the same amount of time in prison (Average LOS) as the offenders sentenced to standard range prison terms in FY96. The analyses show that the bed savings realized from DOSA sentence reductions under this assumption equal approximately 70.4 beds, equivalent to a savings of \$1,246,080 annually.

Table 21
Savings from DOSA Sentence Reductions
Under Assumption 2: Average Standard Range Sentences

Total Sentences	DOSA LOS	Avg LOS (SR)**	Annual Bed Savings	Annual Fiscal Savings
88*	9.2	18.8	70.4	\$1,246,080

*For 12 months. **Average length of stay for FY96 standard range prison sentences.

Assumption 3: Proportionate to SR and WEC Sentencing

³⁹ DOC estimated annual cost per offender at minimum custody.

Table 22 summarizes the bed savings and the fiscal savings realized from DOSA sentence reductions under assumption 3, where DOSA offenders would have been sentenced to either WEC (56%) or standard range prison terms (44%), proportional to the non-DOSA offenders who received those sentences in FY96. The bed savings realized from this assumption are 33.6 beds per year, which are equivalent to an annual savings of approximately \$594,720.

Table 22
Savings from DOSA Sentence Reductions Under
Assumption 3: Proportional to WEC and Standard range Sentencing

Total Sentences*	DOSA LOS	LOS for SR and WEC	Annual Bed Savings	Annual Savings
39 SR	9.2	18.8	31.2	\$552,240
49 WEC	9.2	9.8	+ 2.4	+ \$42,480
88			33.6	\$594,720

*Adjusted for 12 months, assuming WEC and standard range prison sentences proportional to non-DOSA sentences in FY 1996.

Cost savings realized from DOSA in FY96 differ substantially under different alternative assumptions. The Phase 1 report recommended that Assumption 3 would be the most reasonable estimate, because, in the absence of DOSA, the sentencing pattern for DOSA offenders should be similar to the sentencing patterns for non-DOSA offenders. Under this assumption, the annual prison bed savings equal 34 beds, with a fiscal savings of \$594,720 annually.

Estimated Cost of Chemical Dependency Treatment

It should be noted that the savings reported in previous sections did not reflect the costs of chemical dependency treatment that DOSA offenders received. Chemical dependency treatment costs included CD assessment, Intensive Inpatient and Intensive Outpatient treatment, and Continuing Care in community supervision. Data⁴⁰ obtained from DOC indicated that the actual cost per offender in Intensive Inpatient treatment and Intensive Outpatient treatment was \$1,240, and \$870, respectively. The costs for delivering Continuing Care services in community supervision were not available, so those costs were not factored into the estimates.

Table 23 presents total costs of CD treatment based on the number of DOSA offenders receiving either Intensive Inpatient or Intensive Outpatient treatment, assuming that they all completed the treatment.

Table 23
Estimated Treatment Related Costs for DOSA sentences in FY 1996

⁴⁰ Costs for delivering treatment services to DOSA offenders were based on the Department's calculated Actual Statewide Cost Per Offender Served in 1996. This represents the total contract expenditures by DOC for chemical dependency treatment services divided by the total services provided per offender served.

	Treatment Program		Total*	Estimated Annual Total*
	IIP	IOP		
Unit Cost	\$1,240	\$870		
Number in Treatment	23	40	73	88
Total Cost	\$28,520	\$34,800	\$63,320	\$75,984

*Adjusted for 12 months

The total cost of treatment for DOSA offenders in the first 10 months is \$63,320, which equals an estimated total cost of about \$76,000 annually. As the Phase 1 evaluation pointed out, this figure represents a conservative estimate, because other related costs due to DOSA implementation were not factored into the estimates. It is reasonable to assume that the expenditures for DOSA treatment are actually higher due to additional costs incurred while implementing the DOSA sentences, including, DOSA offenders' Continuing Care while in community supervision, and costs for offenders returned to prison due to sentence violations⁴¹

Net Savings From DOSA

The annual bed savings of \$520,000 were offset by the estimated annual treatment cost of approximately \$76,000 for DOSA offenders. Thus, the estimated net savings realized from DOSA in FY96 is approximately **\$520,000**.

⁴¹ Despite the investigators' effort to obtain the number of DOSA offenders returned to prison due to sentence violations, DOC was not able to gather this information in time for this report. Interviews with DOC administrators indicated that a small number of DOSA offenders were returned to prison due to violations in community supervision.

Appendix A
DOSA OFFENDER TREATMENT PROCESS
(Drug Offender Sentencing Alternative)

***IN TRANSITION FROM TOTAL CONFINEMENT TO THE COMMUNITY
BASED CD TREATMENT***

1. The lead CDC at each DOSA treatment facility will assure the DT 39 and clinical CD records are accurate and current on all DOSA offenders.
2. Within 120 days of the offenders pending release or in conjunction with the submission of the community release plan, the Classification Counselor will request and updated CD referral (E FORM) from the CDC. **The purpose of initiating the updated CD referral (E FORM) is to keep all concerned parties informed of the offenders continuing CD treatment needs and to expedite community based Continuing Care referrals. (Sample of referral form enclosed)**
3. The CDC will indicate on the CD referral E form, the exact nature of the continuing care treatment needed post release. The CDC will forward the E form to the offender's Classification Counselor and copy the DOOP DOSA Coordinator and TARGET staff (Allison Wilson).

Note: *All addicted DOSA offenders are expected to complete treatment orientation, intensive treatment, all 16 steps of MRT and participate in continuing care during the 12 months of community supervision. Refer to DOC DOSA policy 670.650 2.b.*

4. Upon receipt of the CD referral E form, the Classification Counselor will review the DT 39 **(DT 39 details enclosed)** for any relative treatment and assessment information. The Classification Counselor will note the referral and continuing care services needed on the case management screens.
5. Stipulations for continuing CD treatment in the community must be included in the Community Release Plan.
6. The Classification Counselor will then forward the CD referral E form to the receiving CCO in the field. – or to who?
7. This action is taken to assure both the Classification Counselor and the CCO are aware of the DOSA offenders CD Continuing Care needs.
8. Upon receipt of the Community Release Plan, the CCO will review relative information and will contact the appropriate DOC WR CD Counselor to facilitate referral for community based continuing care. Continuing care referrals to DOC WR facilities (see page 6) are made directly by the CCO to the CD Counselor. Copy to DOOP DOSA Coordinator.
9. If the offender is not able to attend continuing care at a DCC WR site, the CCO will contact the DOOP DOSA Coordinator (via e-mail "DOSA") so arrangements can be made for services through an alternate community contract provider.

(Drug Offender Sentencing Alternative)

IN COMMUNITY

Referral to DCC based CD treatment in Work Release sites

1. If the offender is geographically accessible to any of the following DOC work release sites, the continuing care referral is to be made by the CCO directly to the CD counselor at one of the following sites.

Bishop Lewis Wk/Training Rel
(206) 464-7000
Alicia Ontiveros, CDC

Rap/Lincoln Wk/Training Releases
(206) 471-4546
Richard Hill, CDC

Clark County Wk/Training Rel
(360) 699-2166
Marie McGuffin, CDC

Helen B. Ratcliff Work Release
(206) 720-3005
Inez Valaile, CDC

Cornelius House Wk/Training Rel
(509) 456-4056
Tandi Brayson Area Unit Manager

Reynolds Wk/Training Rel
(206) 464-6320 ext 571
Elmer Keith Turngren, CDC

Longview Wk/Training Rel
(360) 577-2211
Vacant, CDC

Seattle Day Reporting Center
(206) 269-7459
Dan McDaid, CDC

Madison Inn Work Release
(206) 464-5472
Alicia Ontiveros, CDC

Tri-Cities Wk/Training Rel
(509) 545-3502
Vacant, CDC

Peninsula Work Release
(360) 895-6162
Bob Weller, CDC

Yakima/Kittitas Work Release
(509) 454-7675
Vacant, CDC

Progress House Work Release
(206) 593-2844
Bob Weller, CDC

Eleanor Chase House
(509) 456-6318
Nance Rogers, CDC

Bellingham Work Release

Olympia Work Release

Referral to DCC based CD treatment in Work release Sites (continued)

2. **The CCO will forward the CD referral E Form** (earlier forwarded by the DOP Classification Counselor) **to appropriate Work Release CD staff.**
3. The CCO will inform the offender of the referral and direct the offender to make contact with the designated CDC for an intake.
4. When the intake is scheduled the CDC will note such on the DT 37 (action CD) and amend the referral form to the CCO to include date and time of intake appointment.
5. The CDC will also copy the amended referral form to the DOOP DOSA Coordinator and the TARGET staff.

Ideally, to expedite treatment services this process would be accomplished in advance of release from DOP.

6. The CDC will document monthly status reports on DT 37 (action CD) and copy, via e-mail, the DOOP DOSA Coordinator and TARGET staff. The monthly status report will indicate “compliance or note” lack of compliance with the plan.
7. If the offender misses any group or scheduled appointment, the CDC will note such on the DT 37 (action CD) immediately and will follow with an e mail to the CCO, the DOOP DOSA Coordinator and the TAEGET staff.
8. When continuing care services are complete (when Community Supervision ends) the CDC will close the CD clinical records in compliance with DOC CD Records policy and procedure and note such on the DT 37 (action CD) screen.

If this procedure works as intended, the DOC and contract CD staff will be jointly working to assure the offender’s treatment needs are being addressed.

If this procedure works as intended the DOSA offender will be involved in CD Continuing Care for the entire 12 months of community supervision.

If this referral is delayed, the offender is only required to participate the in CD treatment for the duration of supervision.

**DOSA OFFENDER TREATMENT PROCESS
(Drug Offender Sentencing Alternative)**

IN DIVISION OF COMMUNITY CORRECTIONS

Referral to community based DOSA contract CD providers

1. If the DOSA offender is unable to access treatment in any of the above noted DCC Work Release sites, contract community based providers will be used.
2. Several agencies have been pre selected and trained to provide DOSA treatment services in their respective communities.
3. Selection of agencies was based on their ability to treat DOSA offenders, their on line "TARGET" reporting status and the ability to establish a contractual agreement.
4. **As the Department is responsible for tracking and providing information to the Sentencing Guidelines Commission for the ultimate evaluation of the DOSA program, it is imperative that all continuing care services be appropriately managed and reported in coordination with procedures established by the Division of Offenders Programs, Chemical Dependency Unit.**
5. To establish community based contract provider treatment, **the CCO will first contact the DOOP DOSA Coordinator (DOSA on e mail).**
6. The CCO will inform the **DOOP DOSA Coordinator** of the need to provide Continuing Care services for a DOSA offender in a locale where DCC based treatment is not available or accessible.
7. The DOSA Coordinator will review the established contracts with community based providers and **immediately make contact with the agency to confirm the availability of purchased space.**
8. When space is confirmed, the DOSA Coordinator will confirm such with the CCO and instruct them **to initiate the direct referral of the offender to the designated provider.**
9. At initial intake, **the offender will sign a release of confidentiality** disclosing treatment information to the **CCO, the DOOP CD unit and TARGET staff.**
10. The **community based provider** will immediately inform the **CCO** of the offenders attendance at the initial intake and describe the treatment plan to be followed. The community based provider will copy such to the **DOOP DOSA Coordinator.**
11. The **Community based provider** will **complete treatment activity forms** and other TARGET related report data **per the instructions provided to them by the TARGET staff.**
12. **The community based provider will provide monthly treatment progress reports to the CCO and copy such to the DOOP DOSA Coordinator.**

DOSA Referral Process

Draft

Appendix A - continued

DOSA OFFENDER TREATMENT PROCESS (Drug Offender Sentencing Alternative)

IN DIVISION OF COMMUNITY CORRECTIONS

Referral to community based DOSA contract CD providers

- 13. When continuing care services are complete (when Community Supervision ends) the community based agency will forward a copy of the discharge summary to the DOOP DOSA Coordinator and the CCO. DOOP will forward such to the offenders CD records in central file.**

Appendix C

Type of Offenses by County - First-time Drug Offenders Sentenced between July 1, 1996 to April 30, 1997

County	<u>Offense Type</u>				Total
	Completed Delivery	Solicitation to Deliver	Conspiracy to Deliver	Attempt to Delvier	
Adams	4	0	0	0	4
	100.0%	0.0%	0.0%	0.0%	0.6%
Benton	10	0	0	0	10
	100.0%	0.0%	0.0%	0.0%	1.4%
Chelan	11	0	5	1	17
	64.7%	0.0%	29.4%	5.9%	2.4%
Clallam	1	0	0	0	1
	100.0%	0.0%	0.0%	0.0%	0.1%
Clark	5	0	1	0	6
	83.3%	0.0%	16.7%	0.0%	0.8%
Columbia	2	0	0	0	2
	100.0%	0.0%	0.0%	0.0%	0.3%
Cowlitz	5	0	0	0	5
	100.0%	0.0%	0.0%	0.0%	0.7%
Douglas	8	0	2	0	10
	80.0%	0.0%	20.0%	0.0%	1.4%
Franklin	10	0	1	0	11
	90.9%	0.0%	9.1%	0.0%	1.5%
Grant	18	0	3	0	21
	85.7%	0.0%	14.3%	0.0%	2.9%
Grays Harbo	9	0	5	1	15
	60.0%	0.0%	33.3%	6.7%	2.1%
Island	1	0	0	0	1
	100.0%	0.0%	0.0%	0.0%	0.1%
King	142	46	176	0	364
	39.0%	12.6%	48.4%	0.0%	50.5%
Kitsap	5	0	4	0	9
	55.6%	0.0%	44.4%	0.0%	1.3%
Kittitas	1	0	0	0	1
	100.0%	0.0%	0.0%	0.0%	0.1%
Klickitat	1	0	0	0	1
	100.0%	0.0%	0.0%	0.0%	0.1%
Lewis	2	0	0	0	2
	100.0%	0.0%	0.0%	0.0%	0.3%

Appendix C - continued

Type of Offenses by County - First-time Drug Offenders
Sentenced between July 1, 1996 to April 30, 1997

County	<u>Offense Type</u>				Total
	Completed Delivery	Solicitation to Deliver	Conspiracy to Deliver	Attempt to Delvier	
Okanogan	2 66.67%	0 0%	1 33.33%	0 0%	3 0.42%
Pacific	7 100.0%	0 0.0%	0 0.0%	0 0.0%	7 1.0%
Pierce	47 50.0%	12 12.8%	35 37.2%	0 0.0%	94 13.0%
Skagit	20 87.0%	0 0.0%	3 13.0%	0 0.0%	23 3.2%
Snohomish	23 100.0%	0 0.0%	0 0.0%	0 0.0%	23 3.2%
Spokane	13 40.6%	0 0.0%	19 59.4%	0 0.0%	32 4.4%
Thurston	1 33.3%	0 0.0%	2 66.7%	0 0.0%	3 0.4%
Walla Walla	6 100.0%	0 0.0%	0 0.0%	0 0.0%	6 0.8%
Whatcom	8 53.3%	0 0.0%	6 40.0%	1 6.7%	15 2.1%
Yakima	16 45.7%	6 17.1%	12 34.3%	1 2.9%	35 4.9%
State Total	378	64	275	4	721

Appendix D

Type of Sentences Ordered for DOSA-eligible Offenders* by County
July 1, 1996 and April 30, 1997

County	Sentence Type				Total
	DOSA	WEC	SR Prison	Jail	
Adams	1	0	3	0	4
	25.0%	0.0%	75.0%	0.0%	0.9%
Benton	2	7	1	0	10
	20.0%	70.0%	10.0%	0.0%	2.3%
Chelan	1	1	9	0	11
	9.1%	9.1%	81.8%	0.0%	2.5%
Clallam	0	1	0	0	1
	0.0%	100.0%	0.0%	0.0%	0.2%
Clark	0	0	5	0	5
	0.0%	0.0%	100.0%	0.0%	1.1%
Columbia	0	0	2	0	2
	0.0%	0.0%	100.0%	0.0%	0.5%
Cowlitz	3	0	2	0	5
	60.0%	0.0%	40.0%	0.0%	1.1%
Douglas	0	0	8	0	8
	0.0%	0.0%	100.0%	0.0%	1.8%
Franklin	0	8	2	0	10
	0.0%	80.0%	20.0%	0.0%	2.3%
Grant	2	4	12	0	18
	11.1%	22.2%	66.7%	0.0%	4.1%
Grays Harbo	0	5	4	0	9
	0.0%	55.6%	44.4%	0.0%	2.0%
Island	0	1	0	0	1
	0.0%	100.0%	0.0%	0.0%	0.2%
King	16	136	35	1	188
	8.5%	72.3%	18.6%	0.5%	42.5%
Kitsap	2	3	0	0	5
	40.0%	60.0%	0.0%	0.0%	1.1%
Kittitas	1	0	0	0	1
	100.0%	0.0%	0.0%	0.0%	0.2%
Klickitat	0	0	1	0	1
	0.0%	0.0%	100.0%	0.0%	0.2%
Lewis	0	1	1	0	2
	0.0%	50.0%	50.0%	0.0%	0.5%

*Excluding Conspiracy convictions and Attempts.

Appendix D - continued

Type of Sentences Ordered for DOSA-eligible Offenders* by County
 July 1, 1996 and April 30, 1997

County	Sentence Type				Total
	DOSA	WEC	SR Prison	Jail	
Okanogan	1 50.0%	0 0.0%	1 50.0%	0 0.0%	2 0.5%
Pacific	2 28.6%	1 14.3%	4 57.1%	0 0.0%	7 1.6%
Pierce	5 8.5%	24 40.7%	27 45.8%	3 5.1%	59 13.3%
Skagit	0 0.0%	10 50.0%	10 50.0%	0 0.0%	20 4.5%
Snohomish	3 13.0%	9 39.1%	10 43.5%	1 4.4%	23 5.2%
Spokane	1 7.7%	11 84.6%	1 7.7%	0 0.0%	13 2.9%
Thurston	0 0.0%	0 0.0%	1 100.0%	0 0.0%	1 0.2%
Walla Walla	0 0.0%	5 83.3%	1 16.7%	0 0.0%	6 1.4%
Whatcom	1 12.5%	2 25.0%	5 62.5%	0 0.0%	8 1.8%
Yakima	0 0.0%	2 9.1%	20 90.9%	0 0.0%	22 5.0%
State Total	41 9.3%	231 52.3%	165 37.3%	5 1.1%	442 100.0%

*Excluding Conspiracy convictions and Attempts..