

CHEMICAL DEPENDENCY DISPOSITION ALTERNATIVE FOR JUVENILE OFFENDERS: STATEWIDE VARIATION IN IMPLEMENTATION

The Chemical Dependency Disposition Alternative (CDDA) was created by the 1997 Washington State Legislature as a sentencing option for juvenile offenders.¹ The goal was to reduce recidivism by providing treatment for chemically dependent or substance abusing youth. The Juvenile Rehabilitation Administration (JRA) was charged with managing treatment resources and prioritizing expenditures to programs that demonstrate the greatest success.²

The Washington State Institute for Public Policy (Institute) was directed by 1997 legislation to determine CDDA impacts on recidivism.³ The Institute recently assessed the feasibility of conducting a retrospective outcome evaluation.⁴ This approach requires identification of juvenile offenders similar to CDDA youth who did not receive substance abuse treatment. Recidivism rates of the two groups can be compared and differences attributed to the effect of the CDDA treatment.

The Institute surveyed the juvenile courts to determine how to identify both the CDDA and the CDDA comparison groups. We concluded that an appropriate comparison group could not be constructed. Thus, it was not possible to evaluate the impact of CDDA on recidivism or conduct a cost-benefit analysis. However, the survey revealed variations in the implementation of CDDA across the state.

This report describes the variation in CDDA practices across the state based on phone interviews with court representatives.

¹ RCW 13.40.165.

² RCW 70.96A.520

³ Chapter 338, Section 59. Laws of 1997.

⁴ For further details see R. Barnoski and E. K. Drake (2006). *Chemical Dependency Disposition Alternative for juvenile offenders: Is an outcome evaluation feasible?* (Document No. 06-06-1206). Olympia: Washington State Institute for Public Policy.

SUMMARY

The Chemical Dependency Disposition Alternative (CDDA) was created by the 1997 Washington State Legislature as a sentencing option for juvenile offenders. The goal was to reduce recidivism by providing treatment for chemically dependent or substance abusing youth. The Institute was directed by the 1997 Legislature to evaluate CDDA to determine its impacts on recidivism.

The Institute surveyed the courts to determine how to identify both the CDDA and the CDDA comparison groups. After the initial phase of data collection, the Institute found that an appropriate comparison group could not be identified. Thus, it was not possible to evaluate the impact of CDDA on recidivism or conduct a cost-benefit analysis. However, the survey revealed variations in the implementation of CDDA across the state.

Findings:

- Treatment options are available for all substance abusing youth regardless of whether youth are placed on CDDA.
- CDDA has been interpreted and implemented differently statewide. A key difference is that some CDDA youth receive a deferred CDDA sentence which does not result in a felony conviction upon successful completion while others receive criminal history for the CDDA conviction.
- In addition, CDDA dollars are also used for CDDA eligible youth who have similar probation conditions. Although the legislature tried to address the issue of "incentives" for youth, CDDA is still viewed as more onerous than standard probation and thus not pursued.

I. ABOUT CDDA.

Washington State has a determinate sentencing system with the goal of ensuring equitable sentences. A sentencing grid indicates what sanction is applicable to youth based on the seriousness of the offense and the youth's criminal history.⁵ Youth receive either a local government sanction or are committed to the state's JRA.

CDDA is a disposition alternative that allows juvenile court judges to order substance abuse treatment.

To be eligible for CDDA, youth must:⁶

- be determined to be chemically dependent or substance abusing;
- be subject to a local sanction or 15 to 36 weeks of confinement to JRA; and
- not have committed an A- or B+ offense, other than a first time B+ offense pursuant to the state drug laws (RCW 69.50).

There are two types of CDDA sentences available for youth: local sanction and committable.

- **Local sanction youth** receive up to 12 months of community supervision and up to 30 days of local detention.
- **Committable youth** receive up to 12 months of community supervision and up to 30 days of local detention. In addition, they receive a suspended commitment to a JRA facility. Sentences can be revoked for committable youth who fail to comply with terms of the sentence.

Assessment process. All youth entering the juvenile justice system are first screened with the Washington State Juvenile Court Assessment system. The assessment indicates if youth have chemical dependency or substance abuse issues. Youth determined to have substance abuse issues may be referred for a chemical dependency evaluation. Youth assessed to be chemically dependent or substance abusing may be recommended for CDDA at disposition.

⁵ See the Juvenile Disposition Manual (2005) at http://www.sgc.wa.gov/PUBS/Juvenile/Juvenile_Disposition_Manual_2005.pdf

⁶ RCW 13.40.165.

Treatment options. Youth with a CDDA sentence are to receive at least one of the following treatment options:⁷

- Detention-based outpatient treatment – at least 72 hours of services within 30 days.
- Inpatient treatment – at least 20 hours of services per week for up to 90 days.
- Intensive outpatient treatment – at least 9 hours of services per week for approximately 90 days.
- Outpatient treatment – one to three hours of services per week for nine to 12 months.

II. IMPLEMENTATION OF CDDA.

The Institute surveyed the courts to determine how to identify both the CDDA and the CDDA comparison group. We interviewed the Juvenile Court Administrator or appointee for each county.⁸ This survey revealed variations in the implementation of CDDA across the state.

When and why CDDA is most often used.

CDDA is most often used in courts where juvenile justice stakeholders have agreed that CDDA is a benefit in their court. That is, judges, prosecutors, defense counsel, and probation view CDDA as advantageous and, therefore, recommend it as a sentencing option.

Several court representatives viewed CDDA as advantageous because they can get youth into treatment faster than youth with substance abuse issues on standard probation. This occurs for several reasons.

- First, much of the administrative paperwork associated with funding treatment is already established. Therefore, CDDA dollars can be accessed more quickly than other funding sources.

⁷ These options were developed by the University of Washington's Effectiveness Standards in conjunction with JRA, the Division of Alcohol and Substance Abuse (DASA), and the juvenile courts. See M. Rutherford (1998). *Effectiveness standards for the treatment of chemical dependency in juvenile offenders: A review of the literature*. Seattle: Alcohol and Drug Abuse Institute. Also see M. Rutherford, M. Strong-Beers, L. Ingoglia, and J. Morris (2004). *Report to the legislature: Chemical dependency disposition alternative*. Seattle: Alcohol and Drug Abuse Institute.

⁸ See Appendix A for details obtained in the juvenile court survey.

- Second, some treatment providers only accept a limited number of clients on medical coupons. Therefore, CDDA youth are sometimes seen more quickly because they have a different funding source.
- Finally, JRA is the central point of contact for coordinating treatment beds for committable youth. JRA contracts for treatment beds with providers statewide. When committable youth are sentenced, the counties contact JRA, and JRA finds treatment beds and facilitates communication between the courts and the treatment providers. This process eliminates the need for county staff to locate available treatment beds.

When and why CDDA is not used. Court representatives identified several reasons for not using CDDA sentences.

First, CDDA is viewed by some as providing little benefit to the client for the following reasons. A year of treatment is seen as a harsher punishment than standard probation. Treatment options are available for youth regardless of whether the youth is placed on CDDA. As a result, there is no incentive for defense counsel to request a local sanction CDDA. Most court representatives said committable youth have clearer incentives for receiving this sentencing option.

Second, in some cases, the youth's drug/alcohol issues are not discovered until after sentencing. Thus, CDDA is not considered.

Finally, several court representatives mentioned administrative roadblocks as a barrier, particularly when other drug and alcohol treatment funding sources are available.

III. VARIATION IN THE USE OF CDDA.

Courts have applied the CDDA statute differently to encourage youth to enter the program.

Drug Courts. In some courts, CDDA is used in conjunction with a drug court. Currently, there are 12 counties with a juvenile drug court. Eight of those counties use CDDA to some degree within the drug court. Some drug courts accept committable youth while others only accept local sanction youth in addition to youth not on CDDA. Furthermore, some drug courts use a pre-adjudication model and other courts use a post-adjudication model.

The commonality among all drug courts is that the felony conviction does not remain on the youth's record upon successful completion of the program. Thus, CDDA youth who go through drug court simultaneously do not receive a felony conviction. Most CDDA youth who do not go through drug court receive a felony conviction (See following section for more details).

The same phases of treatment exist for drug court youth compared to CDDA youth, but there is more emphasis on incentives, rewards, and sanctions in drug court. In addition, there is a higher level of judicial intervention for drug court youth.

"CDDA-like" conditions. Some courts use what has been termed "CDDA-like" conditions. CDDA-like conditions are applied to youth who receive a deferred disposition⁹ or a stipulated order of continuance.¹⁰ Having the charges dismissed upon successful completion encourages the use of CDDA.

CDDA-like youth must meet the statutory eligibility criteria of CDDA and are required to follow CDDA conditions as part of their court order. This modification was approved by JRA in conjunction with the Washington Association of Juvenile Court Administrators (WAJCA) in Fiscal Year 2006.

In addition to youth receiving CDDA-like conditions on deferred disposition, some courts give youth CDDA-like conditions as a modified court order after a probation violation. This approach is used most often when drug and alcohol issues are not known during the pre-sentence investigation.

Manifest injustice. In 2002, the Legislature modified the CDDA law to allow counties to use a "manifest injustice", a power under State sentencing law where the courts can impose a sentence outside the standard range given the individual's circumstances.¹¹ Some juvenile

⁹ A deferred disposition is an alternative available to the court where the felony conviction is vacated upon successful completion of the court order. See RCW 13.40.127.

¹⁰ A stipulated order of continuance is an agreement between the state and the youth where the state dismisses the case if the youth successfully completes all the court requirements. If the youth fails, the order of continuance is revoked and the case goes on to trial.

¹¹ Chapter 42, Laws of 2002 and RCW 13.40.0357.

courts impose a manifest injustice to get a youth eligible for a local sanction to a committable CDDA sentence. As a result, there is an incentive to being placed on CDDA, because commitment to a JRA facility is suspended.

IV. CDDA EXPENDITURES.

Exhibit 1 shows that nearly all the courts use CDDA dollars. As of Fiscal Year 2003, 80 percent of CDDA funding was spent on local sanction youth. This has dropped from 90 percent in 2000. About half the courts use CDDA dollars for committable youth. Over the last four years, the percentage of total dollars spent on committable CDDA youth has increased, but the proportion of courts using the sanction has decreased. Total expenditures on CDDA have increased since Fiscal Year 2000 by 49 percent.

There are differences in how courts fund drug and alcohol treatment. Some courts use CDDA dollars for all expenses. Some courts use CDDA dollars only if other funding is unavailable. For example,

low income clients may qualify for medical coupons through Medicaid Title XIX funds or Division of Alcohol and Substance Abuse's (DASA) sources. Finally, other funding sources such as private insurance or local grants are used to fund drug and alcohol treatment. The end result is all youth with substance abuse problems receive treatment.

V. AN EVALUATION OPTION

Because all substance abusing youth receive treatment, a suitable comparison group could not be identified to evaluate the impact of CDDA on recidivism. Thus, the only way to evaluate CDDA is to prospectively compare "treatment as usual" CDDA youth with youth given a specialized treatment, such as those recommended by the CDDA Advisory Committee in 2005. This comparison would enable us to determine if these special forms of treatment are more effective.

Exhibit 1
CDDA Expenditures¹²

		Fiscal Year			
		2000	2001	2002	2003
Local	Dollars Spent	1,098,000	1,196,000	1,345,000	1,435,000
	% of Total Dollars	90%	90%	85%	80%
	N Courts Using ¹³	32	33	32	32
	% Courts Using	97%	100%	97%	97%
Committable	Dollars Spent	118,000	130,000	236,000	364,000
	% of Total Dollars	10%	10%	15%	20%
	N Courts Using	19	21	11	17
Total	Dollars Spent	1,216,000	1,326,000	1,581,000	1,799,000
	% Increase by Year		9.0%	19.2%	13.8%

Source: JRA

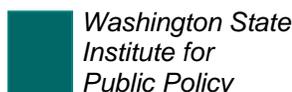
Note: It was not possible to obtain a count of the number of CDDA youth these figures are based on.

¹² Excludes administration costs, salaries, benefits, goods/services, travel, equipment, personal services, and other costs associated with the FTE.

¹³ There are 33 juvenile court districts total.

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Appendix A
CDDA has been interpreted and implemented differently by each county.

Juvenile Court	Drug Court/ Year Began	CDDA Used in Drug Court	CDDA-like Youth (Deferred Disposition/ Stipulated Order CDDA Youth)	Other Sources of Funding for Substance Abuse Treatment
Adams	No	-	No	County, private pay
Asotin/Garfield	No	-	No	Medical coupons, private pay
Benton/Franklin	Yes, 2002	Yes, CDDA and non-CDDA youth	Yes	Medicaid Title XIX ¹⁴ , private pay, CJTA ¹⁵
Chelan	No	-	No	Medical coupons, private pay
Clallam	Yes, 1997	No (as of 2005)	No (as of 2005)	Private pay, Medicaid Title XIX, drug court
Clark	No	-	No	Private pay, medical coupons
Columbia/Walla Walla	No	-	No	Private pay, grant money
Cowlitz	Yes, 2001	Yes, exclusively CDDA youth	Yes	Medicaid Title XIX
Douglas	No	-	No	ADATSA ¹⁶
Ferry/Pend Oreille/Stevens	No	-	No	Private pay, Medicaid Title XIX, DASA ¹⁷
Grant	No	-	No	Medicaid Title XIX, grant money
Grays Harbor	No	-	Yes	Medicaid Title XIX, medical coupons
Island	Yes, 2001	Yes, exclusively CDDA youth	Yes	Private pay, medical coupons, county sliding fee
Jefferson	No	-	Yes	Medical coupons, private pay
King	Yes, 1999	Yes, CDDA and non-CDDA youth	Yes	Medicaid Title XIX, DASA
Kitsap	Yes, 1999	No	No	Drug court grant, private pay, DASA
Kittitas	No	-	No	DASA, medical coupons, private pay, county sliding fee
Klickitat	No	-	No	Medical coupons, private pay, county sliding fee
Lewis	No	-	No	Medical coupons, DASA, and private pay
Lincoln	No	-	No	Medicaid Title XIX, private pay
Mason	No	-	No	Regional Support Network ¹⁸ , private pay
Okanogan	No	-	No	DASA, medical coupons, local chemical dependency program
Pacific/Wahkiakum	No	-	Yes	Medical coupons, private pay, grant money
Pierce	Yes, 2002	No	No	Drug court
San Juan	No	No	No	Private pay, medical coupons
Skagit	No	-	No	CJS ¹⁷ , private pay, medical coupons, DASA
Skamania	No	-	Yes	Medical coupons, private pay
Snohomish	Yes, 2000	Yes, CDDA and non-CDDA youth	Yes	Medical coupons, private pay, county sliding fee
Spokane	Yes, 2000	No	No	Medicaid Title XIX, grants, private pay
Thurston	Yes, 2006	Yes, exclusively CDDA youth	Yes	Private pay, medical coupons
Whatcom	Yes, 2002	Yes, exclusively CDDA youth	Yes	DASA, private pay
Whitman	No	-	No	Private pay, medical coupons, grant money
Yakima	No	-	No	Medical coupons

¹⁴ Medicaid Title XIX are funds available through the federal Social Security Administration for indigent individuals.

¹⁵ Criminal Justice Treatment Account (CJTA) is money in the state treasury for drug and alcohol treatment (RCW 70.96A.350).

¹⁶ The Alcohol and Drug Addiction Treatment and Support Act (ADATSA) is a federal public assistance program providing state-financed treatment and support to chemically dependent clients needing public assistance.

¹⁷ Division of Alcohol and Substance Abuse (DASA) is a division within the Washington State Department of Health and Human Services which coordinates efforts to help individuals with substance abuse problems.

¹⁷ "Consolidated juvenile services is a mechanism through which the Department of Social and Health Services supports local county comprehensive program plans in providing services to offender groups." (RCW 13.06.030).

¹⁸ Regional Support Network (RSN) consists of county, private, and non-profit organizations which make up the state's public mental health system.