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Criminal Justice System Urine Drug Testing Programs in Drug Use Forecasting (DUF) System Cities: A Preliminary Study

FINAL TECHNICAL REPORT

of Grant Number 92-IJ-CX-K005

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Summary

In May, 1992, the Institute for Behavior and Health, Inc. (IBH) received a grant from the National Institute of Justice (NIJ), "Criminal Justice System Urine Drug Testing Programs in Drug Use Forecasting (DUF) System Cities" (92-IJ-CX-K005). The project's objective was to investigate the extent and nature of urine drug testing currently taking place in the criminal justice system in the 24 DUF cities.

The established link between drug use and crime has led to the increasing use of drug testing to identify offenders' drug use. To date, no assessment of the components of a comprehensive drug testing program has been made. This project was undertaken to define the critical elements of a criminal justice drug testing program and to describe the development of these elements in comprehensive programs.

The DUF cities were chosen as the focus of this project because data are available from ongoing drug testing of offenders at time of arrest on a quarterly basis. These sites are part of a national database of trend information about drug use among arrestees. This project, along with others that focus on the use of DUF information among criminal justice agencies, enhances and expands on the information that the DUF system provides.

Project History

The project began in August, 1992. The DUF coordinator in each of the 24 DUF cities was asked to nominate comprehensive criminal justice agency drug testing programs in his or her city. Twenty-seven pretrial, probation and parole programs in 14 cities were nominated and were sent questionnaires to elicit information about their drug testing capabilities. Twenty-one programs responded and the information was summarized.

In October, 1992, a meeting of nationally recognized criminal justice researchers and practioners met in Rockville, Maryland. Project management staff from the National Institute of Justice (NIJ) were present at the meeting. The working group discussed issues centering around the the NIJ project "Urine Drug Testing in DUF Cities." At that meeting, seven elements were identified that are common to a comprehensive urine drug testing program in the criminal justice system. The elements identified were:

1. Support from the criminal justice system and the community
2. Universal and frequent testing
3. Testing integrated throughout the criminal justice system
4. Specified and graduated consequences for positive drug tests
5. Links to intervention and treatment
6. Individual and aggregate outcome data
7. Budget and staff resources

Following the meeting of the working group, a second questionnaire was developed that focused on the seven elements. This questionnaire was sent to the 21 program coordinators who responded to the initial survey. The objective was to identify criminal justice drug testing programs that included a majority of the seven elements. All of the questionnaires were returned and the information was summarized by element and reviewed by a subset of the working group and the NIJ project officers. On the basis of the written surveys, six possible sites were chosen for potential site-visits and guidance was offered by the working group regarding specific information to confirm by telephone before final site selection was made. On the basis of those calls, the four sites chosen for site visits included Birmingham, Alabama; Cleveland, Ohio; Fort Lauderdale, Florida; and Washington, DC. Each of the four sites represented one or more pretrial, probation or parole programs. In addition, all seven elements were represented by one or more programs. After contacting representatives of each program and establishing a willingness to participate, site visits were scheduled.

Appendix A lists the working group participants. Appendix B contains samples of each of the questionnaires. Appendix C includes summaries of information gathered during the course of the project.

Description of Elements

The seven urine drug testing program elements that enhance a urine drug testing program include:

1. Support from the criminal justice system and the community. Support for drug testing must be provided by the criminal justice system, especially by judges, in order to establish legal precedent for drug testing. Community backing is important to provide budgetary support and to promote laws permitting wide application of drug testing within the criminal justice system. Such criminal justice and community support is essential for a drug testing program to be effective and successful.

2. Universal and frequent testing. A universal drug testing program means that all criminal justice clients must be tested initially and repeatedly throughout their association with the criminal justice system. An initial broad drug screening of all illicit drugs should occur for all offenders. Subsequent testing may more narrowly target specific drugs, depending on the results of the initial screen. Subsequent drug testing should be regular and unscheduled.

3. Testing integrated throughout the criminal justice system. Drug test results should follow the client through all contacts in the criminal justice system. This means that longitudinal test results should be cumulative in the client's record and follow the offender from pretrial to probation or incarceration to parole and include drug abuse treatment agencies. These drug test results should be a part of case management decisions made for the well-

being of the client and of the community. Such systematic use of drug test results maximizes drug-testing resources, including staff, space, equipment, training and data management. Information also should be available to related criminal justice agencies such as sheriff's departments or specialized treatment facilities.

4. Specified and graduated consequences for positive drug tests. Drug testing has little value unless the drug-using offender experiences a consequence for a positive drug test. Consequences for positive results should be graduated, significant, certain and swift. Consequences will have the greatest impact if they are explained in advance and applied uniformly. They should be graduated to provide some consequence for the first positive drug test result, with sanctions becoming more severe with each ensuing positive test result. Waiting for the third or fourth positive to impose a sanction has little deterrent value and can even be seen as condoning drug use.

5. Links to intervention resources and treatment services. A range of community and criminal justice interventions and treatment programs is important. These services should include both drug-related and other programs. A wide variety of programs is possible, including but not limited to residential treatment, outpatient chemical dependence treatment programs, halfway houses, and 12-step meetings. In addition, other rehabilitative services not specific to drug users contribute to recovery and integration into the community. Such services include mental health counseling, medical services, educational and vocational programs.

6. Individual and aggregate data. Individual and aggregate drug testing data should be easily available. Data should include information about the number of drug tests, the number and percent positives for individuals and for specific drugs. Drug use statistics are useful for determining local drug policy and for guiding or justifying budget information. Drug test results also should be available for research and evaluation. Process and outcome evaluation data are essential for disseminating information about successful programs.

7. Budget and staff resources. Sufficient resources should be available to ensure adequate drug test programming. An adequate budget is necessary to support the costs of drug testing, which includes staff costs to collect and process the urine. Administrative personnel are needed to record the results accurately. Correctional officers need training in the use of the test information and in determining consequences.

Observations

The site visits offered a unique opportunity to understand the development, implementation, and use of urine drug testing in a variety of criminal justice settings. By focusing on the seven elements, it was possible to learn more about the factors that contribute to a comprehensive drug testing program.

The site visits showed that the basic philosophy of the criminal justice agency and the community lays the foundation for perceptions of drug use and related consequences. For example, Cleveland's drug testing is in a traditional criminal justice setting with a philosophy of abstinence based on its proximity to Akron, the home of Alcoholics Anonymous. Sanctions for positive drug test results are swift and stiff, and methadone maintenance programs are nonexistant. On the other hand, TASC of Birmingham and the Drug Court of Fort Lauderdale are treatment-based programs where more latitude is allowed those struggling with addiction, and positive drug test results more often lead to more intensive treatment or supervision and less often to reincarceration.

All sites agreed that support from the criminal justice system and the community for the drug testing program is essential for a comprehensive drug testing program. A drug testing program will not work if it is undermined by lack of support from members of the criminal justice community. As drug testing programs are implemented or expanded, education directed at judges, attorneys, related agencies, and the wider community is essential to ensure that accurate information is presented.

Each drug testing program has been established through the efforts of an individual who understands how drug testing can be used by the criminal justice community. This person has been able to forge a team committed to implementing a comprehensive program. Cooperation among agencies helps a plan to move forward and prevents turf battles that waste time and resources. In addition, cooperative efforts lead to integrated testing and more effective data collection and resource management.

If nothing is done with the information gained by drug testing offenders, such efforts are a complete waste of resources. Each of the programs visited had consequences that resulted from positive drug test results. The consequences varied according to the philosophy of the jurisdiction and the type of program. Judicial discretion is a strongly held tenet of the criminal justice system that inhibits absolute lockstep sanctions. However, within those limitations, guidelines can be established that include intensified treatment, monitoring, or supervision in addition to the more traditional sanction of incarceration.

Another common thread among the programs is maximizing use of resources. To our knowledge, no criminal justice agency in the country has unlimited resources for drug testing or any other expenditure. Although drug testing is not inexpensive, available research indicates that reducing drug use reduces crime. New money is not necessary to develop or expand a drug testing program. Instead, budgets can be evaluated with an eye toward establishing priorities within the system. In criminal justice systems where

drug testing has been implemented, the costs allocated to support the program have been deemed worthwhile.

Computers and the use of data systems are likely to become more common as the technology becomes increasingly available. Especially in large urban areas, computer links are essential to support the task of maintaining individual and aggregate data and integrating testing through various agencies of the criminal justice system. As software becomes available for purchase, establishing a management information system that meets the needs of the urine testing program becomes a possibility.

The following site summaries include information obtained through interviews, observation, written surveys and telephone conversations.

Cuyahoga County Site Visit

Cleveland, Ohio

August 24 and 25, 1993

Selection Criteria

The County of Cuyahoga Departments of Pretrial and Probation are located in Cleveland, Ohio. This site was chosen on the basis of written surveys and telephone interviews indicating that this urine drug testing program provided comprehensive examples of four of the seven identified elements. Specifically, this program receives strong support from the criminal justice system and the community, especially in the links to intervention and treatment. Individual and aggregate drug testing data are accessible. Budget and staff resources are adequate to support a comprehensive drug testing program.

Overview

The Cuyahoga County urine drug testing program began in 1984 with the purchase of a manual Syva EMIT machine. Initially, urine drug tests were conducted at the jail. In 1986, automatic equipment was purchased and housed in a small windowless room that lacked even a water supply. Urine specimen collections were monitored by probation staff in restrooms located in the public reception area. In early 1993, space was acquired in a building across the street from the Justice Center and renovation was undertaken to provide a laboratory adequate to the needs of the program. In 1988, 13,300 drug tests were performed; in 1992 the

number had risen to 54,300. Currently, 5,000 urine drug screens per month are processed. This urine drug testing program was begun on a small scale and has grown dramatically over the past six years. Dynamic leadership and cooperation of corrections personnel contributed to the development of the program. Staff members understand that the urinalysis program has an impact across program/agency boundaries. Judges are making increasing use of drug test results in their decisions. As with many jurisdictions, available budgetary resources hinder expansion of the program to drug test all offenders in the criminal justice system.

Program Development

The County of Cuyahoga Department of Probation began its urine drug testing program in 1984 with funding provided for prison diversion programs by the State of Ohio. Urinalysis was seen as a detection technique to provide for the public safety and as an assessment for the treatment of social and behavior problems for offenders released to the community. A need to respond to positive urinalysis results by providing treatment resources and by establishing compliance was soon recognized. Urine drug testing was acknowledged to be the most effective means to identify drug use and provide deterrence to continued drug use.

The urine drug testing program began with 15 probation officers who supervised drug offenders. They decided that each of them would process 10 urine specimens per month. A nurses aide at the jail ran the drug testing equipment part-time. Staffing was provided by salary sharing and negotiations among departments.

Early questions asked by department members included, "Who should be tested?" and "How often should tests be conducted?" They tried to establish a profile of individuals who did not need testing, but found drug use to be too universal to eliminate any category, whether by offense, gender, age, geographic area, or any other characteristic. The administrative judge needed to be convinced that the allocation of resources should be shifted to urinalysis rather than personnel, which is an omnipresent need.

In 1988, the drug epidemic, especially crack cocaine use, struck Cleveland, resulting in a dramatic increase in drug offenses. The program grew incrementally, protected by the administrative judge. Program development took approximately two years and was both an organizational and a political process. Good working relationships within and between departments helped enormously. Review of the legal aspects was ongoing. Developmental resources included staff training and technical assistance for staff and policy-makers, including visits to other sites conducting drug testing. Rolando del Carmen, a national expert on criminal justice issues, worked as a consultant to familiarize the judges with the advantages of urine drug testing of offenders. In 1989, the first drug test monitors were hired. Staff members wrote the drug testing policies and procedures, which have been modified several times.

One of the early problems encountered was the dearth of technical assistance. Little was known of the needs of an on-site

laboratory, how to contact vendors, or how to train laboratory personnel.

Common Pleas Court

Presently, approximately 5,000 urine samples are tested each month. The resulting 500+ defendants who test positive need to be managed by the criminal justice system. Most positive tests result in probation violation or revocation. An offender's awareness of testing positive often results in the probationer/parolee absconding, resulting in a capias (arrest warrant) being issued. There are currently 10-15,000 outstanding warrants in the county system.

Case management is a strong component of the program. The current number of placements made through the case manager are 60-75/month to treatment and 30/month to TASC. The case manager receives referrals from the probation officers and follows the client's program status guidelines regarding positive drug test results. At this time, the case manager sees little difference in outcome between inpatient and outpatient treatment. A few judges tend to view inpatient treatment as punishment. The court is exploring the concept of drug courts and graduated intermediate sanctions.

Currently, it is standard procedure to send the drug test result form for each positive drug test result to the judge and continue to test. The second positive results in a request for a probation violation hearing by the probation officer.

Judges may or may not order treatment; some judges follow recommendations of the case manager and probation officers more readily than others. There is currently a high completion rate for treatment programs, especially among men. Women have a higher rate of no-shows/failure.

The County Common Pleas judge interviewed at the time of the site visit orders testing at least monthly for virtually all probationers who appear before her. For those arrested on a drug-related charge, weekly testing is ordered for the first three months. At the time of sentencing, defendants are told that if they use, they will be arrested. Clients are asked whether they think they may not pass the first test. If the client is candid and admits that he/she might not pass, the initial positive is not acted upon. Disclosure and admission result in the judge's understanding that the first test will be positive. If the client assures the judge that the test will be negative, and it is not, a capias is issued for an arrest. Because probationers will reappear before the same judge, that initial positive drug test result will result in incarceration.

A judicial option the judge uses occasionally is to entertain a motion to "shock out" to treatment. If an offender on probation violates the conditions of probation, an attorney can request a hearing before the judge to order treatment. This option is only offered once by the judge. The judge interviewed initially presents the defendant with the choice to serve prison time or to

accept probation with treatment. A surprising number choose incarceration, especially older heroin addicts.

"Shock" probation is another technique judges use with defendants. Offenders convicted of probationable crimes are sentenced to prison for the usual term. They are then released to temporary probation after a portion of their sentence has been served (typically 1-6 months). The probationer is then closely monitored with urine drug testing 1/week during the first three months, then 1/month thereafter. A violation of probation results in a return to prison.

The judge interviewed is confident of the reliability of the test results. This high degree of confidence was offered repeatedly during the course of the interviews. She expressed her confidence in the drug testing system and has challenges promptly re-tested. In one case, when challenged by a defendant who insisted that the sample had been switched, she went to the lab herself and brought back the sample with the defendant's initials on the seal. That act was sufficient to convince the defendant of the futility of the challenge. In turn, the judge was impressed by the defendant's acceptance of the outcome.

One of the frustrations faced by the programs is the lack of treatment resources for offenders with a drug problem, especially those with a dual diagnosis. Crack-addicted pregnant women pose another serious challenge. A new law in Ohio prevents pregnant women from being incarcerated. In a few instances, pregnancy has been claimed between the time of arrest and sentencing. The judge

asked whether the lab could perform a pregnancy test on those claiming to be pregnant. Discussions took place regarding whether pregnancy testing was a good idea, what kind of consent was needed, and how treatment programs could be tailored to meet the needs of this population. The rationale behind these decisions involved cost containment associated with high-risk pregnancies. Data were collected, but statistical analysis has not been done.

Cleveland Municipal Court

The Cleveland Municipal Court handles misdemeanors. Its current probation population consists of 3100 active and 2000 nonactive probationers. Of these, 50-60% have been arrested on DWI charges; 10% on domestic violence charges.

The Municipal Court received an American Probation and Parole Association (APPA) grant to conduct a urine drug testing pilot, and the project was conducted from December 1990 through March 1991. Policies and procedures were developed. As part of the project, Abbott Laboratories placed an ADx machine on-site and trained a probation agent at the Abbott training facility in Texas. Court personnel were used to run the ADx, and existing chain-of-evidence rules for evidence were used. Urine drug tests were performed on 474 offenders immediately following their initial court appearance. Forty-five percent tested positive. Positive results ranged from 38% to 61% by offense. These figures solidified the importance of drug testing offenders.

Urine Testing Laboratory

After several years in an inadequate location in the Justice Center, a space for a urine drug testing laboratory was designed and constructed in a building across the street. The current laboratory is spacious, attractive, and well-designed. Specimen collection restrooms for males and females include space for monitors. A restroom designed for the handicapped is also used for juveniles. Adjacent to the collection area, a pass-through refrigerator receives the samples, which can be retrieved from the laboratory area located on the other side. The processing area contains a laminar-flow unit for pouring and processing the urine, five Syva EMIT machines linked to a computer, plus three other computers and printers. Ample freezer space is available for storing positive urine samples, which are kept for 90 days. The space also contains a staff room and an office for the laboratory supervisor. Attached is a copy of the laboratory floorplan.

Currently, the laboratory processes 5,000 specimens each month, which approaches the capacity of the current system. A Hitachi system is likely to be purchased in the future; plumbing and other installation features were included in the laboratory design in anticipation of future growth.

The probation department routinely tests for cocaine and one other NIDA-5 drug on a rotating basis plus any drug for which the offender tested positive in the past. The TASC assessments require an initial NIDA-5 screen, so a small number of test results based on a a broader screen are available to spot new drug use trends.

Turnaround time is typically 48 hours, but upon request a sample can be processed immediately.

Current laboratory staff include the manager, an equipment operator, three monitors, and an administrative assistant who provides computer input. Laboratory personnel arrive at 5:00 a.m. to warm up the equipment. Clients are processed until 6:30 p.m. The majority of the clients arrive on Tuesdays, Wednesdays, and Thursdays. Mondays and Fridays are used to catch up on processing urine samples and paper work.

The location of the laboratory is ideal. Fifty percent of the clients who are drug tested report to their probation officers within the building, 85% of the clients report either in the building or across the street, and 100% of the clients report within a 3-mile area of the laboratory.

Community Treatment Programs

A number of programs exist in the community to support the drug testing program.

TASC (Treatment Alternatives to Street Crimes) is a recent addition to the corrections system in Cleveland. It began in January, 1993 with a start-up grant from the federal TASC program, which provided 75% of the funding, with local matching funds of 25%. TASC has a budget of $500,000 per year for 4 years. They have a staff of 11 that includes five case managers, one supervisor, two staff members to work with juveniles, the program manager, the executive director, and an administrative assistant.

TASC provides a bridge between the criminal justice system and the treatment community. TASC functions primarily as a client advocate. The courts and probation were interested in TASC's capabilities to conduct assessments, to provide case management, and to be a liaison with the treatment community. TASC assesses clients, places them in treatment, develops a case management plan, and identifies other client needs such as positive living situations, education and job-training.

TASC uses urinalysis results as part of the court-ordered assessment. To overcome denial, establish motivation and honesty of the client, and to break down resistance, a 5-drug screen (the NIDA-5) is performed on each individual assessed. Subsequent tests include cocaine, marijuana and opiates. While under supervision of the TASC program, which lasts from 6-9 months, the client is tested once a week for the first 60 days, 2/month for the next 90 days, and 1/month for the next 6 months -- a minimum of 18 screens in the 6-9 month period. The frequency is based on TASC's financial resources. The program would prefer to test more frequently and on a more random basis. The eventual goal of the program is to conduct 1000 assessments per year for the courts and to case manage 400 clients.

Urine results are returned to the TASC office, which notifies the probation officer and then the court, where the consequences of positive drug test results are determined by the judge. According to TASC guidelines, clients with up to three positives can remain in the TASC program unless the probation officer removes them. The

treatment orientation of the program recognizes the reality of relapse in recovery. An aftercare program is available for those successfully completing the program.

Because the TASC program is still in its start-up phase, it is experiencing a few initial problems. The office has moved once and is facing a second move before it is permanently located. Although there was originally a commitment of 1400 treatment slots, there have been some problems accessing the slots. TASC is in the position of asking for services that others can pay for. TASC is not yet networked on the computer system. They have not received the anticipated number of referrals, especially from the Municipal Court. Their mandate specifies that no violent offenders or DWI arrestees be referred to the program.

Presently, TASC's primary function is providing court-referred assessments and case management. TASC hopes to be able to find a unique niche in the services provided in order to continue funding beyond the initial four years.

Harbor Light is a collection of eight programs administered by the Salvation Army in downtown Cleveland. It serves 350 clients at any given time, averaging 2200-2800 clients per year. Programs include detoxification, daytime and evening intensive outpatient and halfway house facilities. Two Salvation Army officers are part of the administration; other staff members are civilians.

The intensive outpatient program began with a demonstration project in 1990. The majority of the clients are from the criminal justice system and have been assessed by TASC. Clients attend the

program 3 1/2 hours a day, five days a week for about four weeks, for a total of 50 hours. Clients enter the program at any time. It is believed that participants in various stages of recovery offer important support to one another. An aftercare program is available for those who complete the program. The program uses a holistic approach to recovery, including information on health issues. Harbor Light is adding a family component and perhaps acupuncture.

The treatment consists of group therapy, urine testing and 12-step meetings in the community. Five hundred meetings of AA are held in the Cleveland area. Clients are given lists and locations of meetings, but access them on their own. Attendance is verified on forms to be signed by the secretaries at each meeting. Some offenders attend a noon AA business luncheon at the Statler Hotel, where GED and job training courses are located. Although this is a meeting of two unique populations, the interaction has been beneficial to both groups.

Group therapy consists of discussions revolving around coping skills, job training, spirituality, personality problems, anger and resentments, AIDS education, and family members.

Urine drug testing is performed twice a week. Some of the clients are on intensive probation. Two positive drug test results are allowed before discharge from the program and a return to probation. Harbor Light has a low drop-out rate. Parolees who have drug treatment as a condition of parole are also clients. Ten beds are available for those who do not have suitable living

situations. It also accepts TASC placement. Harbor Light does not have the capability for long-term follow-up. Funding is provided by the state of Ohio and the local Alcohol/Addiction Recovery Board.

United Labor Agency is a halfway house run as a service agency of the local labor unions. Forty percent of the services are for union members; 60% are available for the indigent. The program began in 1968 in a YWCA as a response to a recognized lack of halfway house facilities for women. In 1978, men were added. They now have a 95-bed capacity, 27 of which are for women. The agency currently operates under 58 government contracts ranging from $5,000 to $2 million.

In 1986, rumors surfaced about drug use in the facility. Breathalyzers were purchased and used and urine collection began. The current contract is for a 3-drug screen from the probation laboratory for $7/screen.

Urine collection takes place at the halfway house using the policies and procedures of the probation department. Everyone is tested at least 1/week, although most people are tested 1-3/week. The staff at the halfway house typically collect 30 urine specimens per day that are transported by a staff person to the laboratory. Drug testing may take place based on behavior (i.e., coming in after curfew) or may happen on several consecutive days to confuse those who anticipate a pattern.

Drug test results are returned to the probation/parole officer, with copies provided to the facility. Positive drug test

results are reported by telephone. The halfway house policy is to terminate the offender from the program after the second positive result, although the probation officer can terminate after the first positive result. The consequence is a return to jail, since the offenders are at the facility by court order.

Twelve-step meetings are held every day at the facility. Eighty to ninety persons attend each meeting. Attendance at three meetings per week is mandated. Attendance at optional meetings indicates that client participation surpasses the minimum mandate.

The drug testing program expressed a need for lower testing thresholds, especially for marijuana, and possible use of hair testing. The semi-quantitative results provided by the ADx may be of use because monitoring occurs frequently. Semi-quantitative results may show a decline in the presence of drug metabolites, which would indicate continued abstinence despite a positive drug test result.

A day report center is planned. The program will include education, job-training and drug testing.

Problems Encountered

At the time this program was established, technical assistance was virtually non-existent. A technical assistance monograph would have been extremely helpful to facilitate the process and to avoid time- and cost-consuming errors.

One of the problems encountered during the early phase of drug testing involved monitoring the observed urine collection. The probation supervisors often had to perform this function, taking

considerable time away from their other duties. Probation officers were concerned about the added responsibilities and with health issues as more requests for urine collection were received for this high-risk population. There was also considerable inconsistency in the methods of observation, which prompted action to end the problem.

Male and female monitors were hired. Using careful hiring practices, there has been a surprisingly low turnover rate in personnel hired for monitoring urine collection.

There is an ongoing need for funding. Technical assistance and monitoring of funds is an ongoing concern.

The current system only allows for scheduled testing, which occurs during meetings with a probation officer or at another scheduled time. Although the rate of positive results is high, staff members believe they are missing many drug users. Scheduled testing detects primarily those who have serious drug problems or those who have not figured out the system. A randomized system would be useful, perhaps by using a computerized telephone system. Ideally, they would like to find or develop a "smart" system that would be able to calculate a randomized system based on risk and prior results.

Several individuals interviewed expressed concern regarding the issue of judicial discretion. Each of the 34 judges makes independent decisions about ordering drug testing and/or treatment. Although many judges follow the recommendations of the probation officers when responding to positive drug test results, there is a

wide disparity between judges' decisions. Some judges impose an automatic jail sentence, while others allow five or more positive urine drug test results to accumulate before taking action.

Cleveland's court system is one of the busiest in the country. There are no sentencing guidelines for drug use violations of probation. Time for interaction and discussion of common issues among judges is limited. Because the value of testing has been accepted by the majority of the judges, it is likely that more consistent responses to drug test positives will occur without impinging on the concept of judicial discretion.

In addition, more consistency is needed among probation officers. If a judge does not impose testing by order, if the offender is not placed in a special program that requires testing, and if the PO does not issue a directive to test, the offender may not be subject to testing at all. About half of those on probation fall into this category.

Funding is needed for more programs to address substance use, especially cocaine use and services for pregnant women on crack. There is a need for more alternatives for those testing positive for drug use, including therapeutic communities to widen the spectrum of drug treatment options. The current limit for public treatment is 90 days. Other options recommended include structured aftercare, more services for addicted women, especially pregnant women, and a better system of graduated sanctions.

A need was expressed for more long-term follow-up and research. A considerable amount of information about programs exists, but awaits analysis.

The consensus among individuals interviewed was that urine drug testing is essential to community corrections in Cleveland. The highest priority is currently to expand the drug testing capability. As one interviewee stated, "We couldn't exist without it."

Future Directions

The program administrator anticipates lowering the marijuana cut-off level, probably to 50 ng/ml, from the current level of 100 ng/ml.

The possibilities of hair testing were raised by several people interviewed. The advantages of a broad window of detection are recognized. Although the cost of the screening is an issue, this testing technique is likely to assume a role in future testing options.

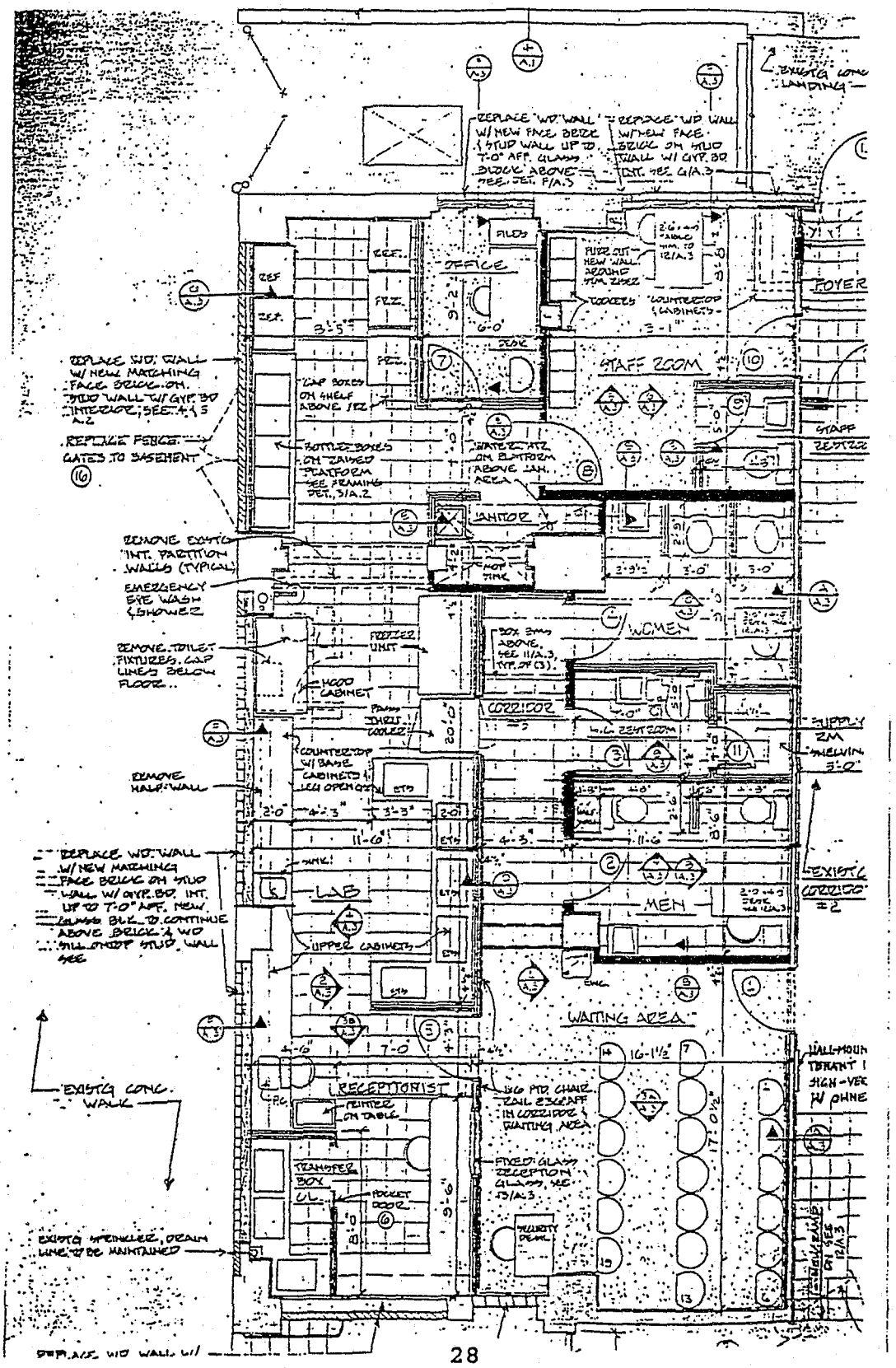
Bar-coding is being planned for the urine testing laboratory. Each client will have a unique code that will be scanned during each step of the collection process to permit immediate data processing.

A collaboration has been formed between the county and a company in California to provide an integrated information system that would link the offices of the sheriff, prosecutor, court, probation and drug testing laboratory into one mainframe information system. The requirements for this system are currently

being determined. Although drug test results would be included in client files, it is anticipated that a 24-hour interval will be maintained between drug testing and availability of results by computer to minimize possible transcription errors.

The subject of drug courts was raised several times. Given the evident commitment to testing, this concept may eventually be developed.

Floorplan of Drug Testing Laboratory



UAB TASC Site Visit

Birmingham, Alabama

September 14-16, 1993

Selection Criteria

The University of Alabama at Birmingham (UAB) Treatment Alternatives to Street Crime (TASC) program was chosen as a site based on preliminary written and telephone interviews indicating that four of the seven identified elements were strongly represented in this program. The program receives clear support from the criminal justice system and from the community. All TASC clients receive urine drug testing and are tested on a routine basis. Pretrial, probation and parole defendants receive urine drug testing at the centralized TASC offices, allowing testing to be integrated throughout these three agencies of the criminal justice system. Specified and graduated consequences are applied for positive drug test results.

History

The Birmingham TASC program began in 1973, in the second wave of the original TASC funding. Bill Cox, "Founding Father" of the TASC program, responded to the original RFP and received 4-year funding. TASC's mission is to provide linkage between the criminal justice system and the treatment community and to address the correlation between criminal behavior and substance abuse.

Birmingham TASC initially received funding to contract for treatment services and to perform drug testing at time of arrest.

The program started in the Birmingham city jail testing arrestees before trial. Urinalysis has always been an integral part of the program, which initially used Syva's EMIT system. In the beginning, clients volunteered for the program. In its original form, a defendant's drug testing results and commitment to treatment were presented to the judge, who could use manditory treatment as a condition of probation. Originally, TASC was also a diversion program for opiate-dependent individuals involved in felony offenses.

In 1978, the program came under the supervision of the UAB Department of Psychiatry Substance Abuse Programs. At that time, TASC began using case management and assessment, established fee systems, developed closer relationships with the court, and functioned primarily for adjudicated offenders. The program discontinued the EMIT testing, and instead used a Roche offsite laboratory, which was more cost-effective. The director of UAB TASC is on the faculty of the Department of Psychiatry.

In 1986, the Anti Drug-Abuse Act made available block grant money for 5-6 years through the Bureau of Justice Assistance (BJA). TASC, methadone services, and UAB outpatient programs were consolidated. In 1988, under a BJA demonstration project, drug tests were done at the time of plea for all presentence offenders applying for probation. Operationally, the program expanded from a population of probationers to providing systematic access for offenders at all points in the criminal justice system. No funds or comprehensive criminal justice commitment were available until

the Focused Offender Project mandated screening and testing for all clients.

DUF Site

Birmingham became the first medium-sized DUF site in the first quarter of 1988. The drug-test results in the first 6-month period convinced all judges of the program's utility. Birmingham ranked in the top five in the DUF system for drug positives; 75% of clients tested positive for any drug and more than 55% testing positive for cocaine.

Soon after the DUF testing was established, the TASC administrators realized that there was no information available on offenders between arrest and pre-sentence. Pretrial supervision was developed to fill this void.

Current Status

The TASC offices are currently housed in three locations across the street from one another approximately three miles from the courts in Birmingham. All offices will be moving to a second location, which will be a similar distance from the court.

In FY '92, TASC served 2,742 offenders and completed 17,223 random urine tests. Funding comes primarily from a federal CSAT grant, offender fees, state and city funds, and from the Edna McConnell Clark Foundation; there are a total of 15-18 sources of funding. TASC has CSAT funding for non-incarcerated offenders; Alabama Department of Corrections has CSAT funding for incarcerated offenders. Programs under TASC's jurisdiction include: supervised pretrial release, pretrial diversion, alternative sentencing, job

referral, adolescent substance abuse program, and a diversion program for nurses. Alternatives available for clients include drug education, outpatient and intensive outpatient treatment programs, methadone treatment, short- and long-term residential programs, and urine monitoring. Currently, this program is the oldest TASC program in the country. The UAB TASC 1992 Annual Report contains further program descriptions and statistics.

Birmingham has had few legal challenges to its drug testing; with TASC's history of advocacy, the CJS looks upon urinalysis as a tool to help clients overcome their addictions. Attorneys and parents are usually interested in TASC options, knowing it includes drug testing and offers treatment services. Community programs frequently pick up where the TASC programs end. In fact, former offender-addicts have started several of the treatment programs. Good community support exists for the programs. As an example, the vocational program currently has more job slots available than clients to fill them. Presently, 85% of those on pretrial supervision are employed.

To some extent, current prison capacity makes an impact on judicial decisions to release offenders to community corrections. TASC fills an important function in the criminal justice system in this city.

Parolees are released on Fridays and Mondays. Every Tuesday a parole orientation is held, at which time urine is collected. Parolees are given the same assessment, the same choices of treatment. TASC tends to get more compliance from the parolees.

The pretrial diversion program is supported by most of the judges. Under the terms of this program, the defendant must enroll in TASC and remain drug-free. The defendant is assessed $200 court costs plus the cost of urine testing. Upon successful completion of the program, felony charges are dismissed. The judge interviewed is very interested in making this program work and in considering alternatives similar to those used in "drug courts" in other parts of the country.

The TASC program provides a unique service to the community through the Impaired Nurses (and other health professionals) Program. Referrals come from the Alabama State Board of Nursing, employers, or through self-referrals. The nurses are tested for an extended panel of drugs and are charged $25 per screen. Testing takes place weekly, then drops to monthly after clients show evidence of compliance. The first 12 weeks are intensive. Duration of probation lasts 12-48 months, with an average length of 24 months. In addition to urine monitoring, clients also receive counseling and/or therapy. An impaired professionals 12-step meeting is available for aftercare.

Drug Testing

A Policy and Procedure Manual is available that describes specific program components in detail. Currently, urine testing is conducted by a combination of commercial laboratory testing by Roche and use of the Roche On-Trak. The commercial testing is done on all parolees, the nurses, most methadone clients, those on deferred prosecution and those who are HIV+. The case managers

choose laboratory or kit testing for other clients based on drug-use risk factors. This situation probably will be changed with the upcoming move. An onsite Syva EMIT system is being considered, depending on the cost projections. Current laboratory charges are $8.40 for a 7/drug screen. Clients are charged $5.00 for each urine screen, $25 for confirmation. This provides a monetary incentive to have the monitoring level reduced.

The urine testing program currently is addressing a few problems, one of which is observed collection. All of the case managers but two are women, and most of the offenders are men, which makes same-gender observed collection difficult. One solution had been to assign medical personnel (female nurses) to observe through one-way mirrors, but that method proved to be unworkable, so they are considering other alternatives. Temperature-sensitive strips on the collection cups are used. Adding bluing to the water in the toilet bowls for unobserved collection is under consideration. Implementing a chain-of-custody process involving locked tackle boxes has resolved chain-of-custody problems. Positive samples are kept in these tackle boxes by each case manager to give clients the opportunity to challenge the results when they call in.

Drug test results are given to the client's case manager who keeps them in a caseload book. Negatives are noted in the ongoing client record. The client is called if a positive drug test occurs. Not reporting for a drug test produces the same consequences. Either a positive result or a no-show results in a

warning in the form of an "alert" letter, which gives the client five days to report. The first positive usually results in a referral to treatment; continued positives result in a more intensive level of treatment. If there is no response to the initial letter, a second letter is sent saying that the client is in violation of probation. Copies are sent to the probation officer and to the judge (each case manager is assigned to one judge). The next step is the Probation Outpatient Program. If there is no response, or upon a 3rd positive result, discharge from TASC is likely, but is made on an individual basis. Case managers influence the outcome by considering various client factors.

Case Management

Offenders who have been convicted of a drug offense, theft of property, or admission of a drug problem are referred to TASC. They can be entered on a plea, on bond before sentencing, or as a result of a probation/sentencing hearing. The case managers conduct interviews with each client referred to TASC, the same day if possible. The pre-TASC urine drug screen includes cocaine, opiates, amphetamines, methadone, methaqualone, marijuana, and barbiturates. An appointment is scheduled within 2 weeks of the interview and a paper-pencil assessment (the OPI) is performed that takes about an hour (example available). The OPI is a structured interview that scales identified risk factors. The results of the OPI and the initial drug test determine the level of supervision for each client. Options include random urine monitoring of varying frequency, outpatient or residential drug treatment.

Not everyone is entered into the program. For example, case managers may exclude those who have a negative drug test result and show no evidence of a drug problem. The TASC program provides leverage for the judicial system in the form of drug testing, employment assistance, and treatment referral.

There are nine case managers. Each one carries a mixed load of probation, parole, pre-trial and alternative sentencing cases. The initial assessment indicates the level of supervision, including frequency of urine monitoring. Each client is assigned a color which determines the random drug test schedule. Monthly calendars for scheduling the drug tests are compiled, with some colors included more often than others. Clients must call a recorded message each day that announces the color(s) to be tested the following day. Clients have between 6 a.m. and 4:30 p.m. to appear for their drug test. Case managers do not tolerate missed tests; as one case manager stated in a telephone conversation with a client, "You seem to have had no trouble finding transportation for your drug supply. I'm sure you can find a ride down to our office."

Case managers augment rather than replace other programs, such as probation. They realize that some services are being duplicated and are working on resolving this.

Most clients remain in the TASC program four months to a year. The current RAND study (Douglas Anglin, M.D., Principal Investigator) being funded by NIDA will be determining recidivism rates.

Treatment Options

Intensive outpatient treatment consists of 3 sessions/week for 12 weeks plus aftercare. Twelve-step programs are used extensively, with attendance documented twice a week at meetings. NA meetings met at the facility at noon in the past, but encountered problems with anonymity, especially for staff members. TASC currently is trying to re-establish the in-house meetings.

The UAB regional drug abuse program has services available including a new 5-year program funded by CSAT that addresses pregnancy and drug use, parenting skills, sibling programs, day care, etc.

Current Problems and Future Directions

A problem expressed by a couple of the interviewees centered around lack of treatment options for those dually diagnosed with a mental illness (primarily schizophrenia) and substance abuse dependence. Another difficult problem expressed by several staff members was that addicted women, especially those with children, strain the program's time and financial resources.

TASC administrators and staff members expressed several wishes for the future. Several individuals mentioned the need for an automated data system to cut down on paper flow. They hope to be able to call data up by client. They are working on less duplication of functions and services among personnel and agencies. More funding would help on many fronts, including more case managers and more community resources. A software management system is being developed for TASC programs. Given the dearth of

resources for computer programmers, Birmingham TASC is waiting for a software program to become available at a reasonable cost.

The Edna McConnell Clark Foundation is providing funding to study the use of acupuncture with cocaine users.

Overall, this program appears to make optimal use of limited resources, with a long term commitment to urine drug testing. Clients are tracked throughout their association with the criminal justice system and the treatment community. TASC's focus on community corrections and treatment alternatives to long-term incarceration offers what may be a preview of future directions in the criminal justice system.

Broward County Site Visit

Fort Lauderdale, Florida

October 19 and 20, 1993

Selection Criteria

Selection of the Broward County (Fort Lauderdale) Drug Court was based on information obtained from the written surveys and telephone interviews. The Drug Court possesses six of the seven elements of a comprehensive urine drug testing program. These elements include strong support from the criminal justice system and the community, universal and frequent testing, and integration of drug testing results with other components of the criminal justice system. In addition, there are strong links to intervention and drug treatment services, sufficient budgetary and staff resources, and accessible individual and aggregate outcome data.

Overview

Broward County is the site of one of the country's first Drug Courts. The Drug Court was established in response to the overcrowding of the Florida state prisons by drug offenders, 25% of whom were from Broward County. With drug cases approaching 42% of all cases filed, Broward's 17th Judicial Circuit Court and the Broward County Administrator's office began exploring ways to alleviate the problem of over-loaded court dockets. In January, 1991 -- after visits to Drug Courts in San Jose, California and Dade County, Florida -- formalized meetings were held that led to

the establishment of a Drug Court for first-time offenders charged with possession or purchase of cocaine. The Broward County Commission on Substance Abuse -- the community's anti-drug coalition funded by the United Way -- took a lead role in bringing together the various factions needed to plan and implement the drug court treatment program. The coalition included the judiciary, law enforcement, probation and parole, the state attorney, public defender, county government and its drug treatment agency and other providers.

The Drug Court was funded in part through a federal block grant originating with the Bureau of Justice Assistance and administered through the Commission on Substance Abuse. Other funding comes from the Broward County Sheriff's Office and Broward County government. The Broward County Commission on Substance Abuse, an adjunct of the Broward United Way, which is viewed as a neutral agency, administers the funds.

Initially, the program required each offender to plead guilty or nolo contendere to the drug charges and to be placed on a year's probation. Upon successful completion of the 1-year drug court treatment program, participants could have their guilty pleas expunged. However, the individual still had a felony criminal record in the eyes of the federal government because federal laws do not recognize state statutes allowing for expunged records. As of October 1, 1993, following enactment of a new law by the Florida legislature, the program changed to become one of judicial pretrial intervention. The law broadened the Drug Court's jurisdiction to

include first-time offenders charged with possession or purchase of any controlled substance. Although the statute requires that the defendant admit guilt, upon successful completion of the Drug Court treatment program the charges are dismissed and the person's record does not reflect a felony conviction.

Among court personnel, enthusiasm for the Drug Court is mixed. The public defenders are supportive of the treatment emphasis, the opportunity for dismissing charges and avoiding the lasting stigma of a felony conviction. On the other hand, the state attorney's office has publicly questioned the philosophy of the program, in particular criticizing the court for being too involved in social service and neglectful of due process of law. One individual interviewed expressed concern that the system is being misused by offenders as an easy way to avoid further detection by individuals continuing to use and deal drugs. One of the objectives of the Drug Court is to reduce the number of convicted offenders being sent to overcrowded state prisons. One of the interviewees pointed out that the Drug Court uses the local jail and other local resources, therefore shifting but not eliminating the economic impact to the criminal justice system and to social agencies.

The treatment component is an integral part of the Drug Court. The Drug Court Treatment Facility, located within two blocks of the Broward County Court House, is administered by the Broward Addiction Recovery Center (BARC). In addition to the Drug Court, BARC administers five other treatment programs. For offenders in the outpatient treatment program who continue to test positive for

drug use, jail cells have been designated for 30, 60, or 90 days of intensive drug treatment.

A GED program and community service opportunities are available to Drug Court treatment participants. A job-matching service is anticipated, but the depressed economy in that area of Florida makes entry-level jobs scarce. Plans are underway to include more contacts with prospective employers and to expand drug-free housing opportunities through the use of Oxford Houses. Intensive residential treatment is available, but currently has a month-long waiting list.

Drug Court Process

Following arrest on a 2nd or 3rd degree felony drug charge, the offender is kept in jail 24-72 hours. The exposure to jail is believed to send a potent message. A Pretrial Intervention staff member receives a list of individuals arrested during the prior 24 hours and makes an assessment of Drug Court eligibility. She meets the defendants in court the next weekday morning and explains the concept and responsibilities of Drug Court participants. The following day, defendants appear in Magistrates Court. As of October 1, 1993, this procedure has changed. Prior to this date, all defendants appeared before one judge assigned to the single courtroom designated as the Drug Court. Now each defendant will be assigned randomly to one of the 14 judges for arraignment. At the time of the site visit, this system had not been in place long enough to assess its impact.

The Pretrial Intervention staff person monitors the defendants between their releases from jail and their arraignments. During this period, they must call her twice a week and report on their progress. Once defendents have entered the Drug Court program, they are transported directly to the Drug Court Treatment Program, then released to the community. At this point, they are enrolled in Phase I which entails daily reporting and urine monitoring. During this pre-arraignment phase, they report at 5:30 p.m. Monday through Friday to the treatment program.

Not everyone who is eligible chooses to participate in the Drug Court program. Reasons offered for those who decline include job conflicts, denial of a drug problem, and fear of losing public-sector employment. Others become ineligible for the program after entering treatment, or have their charges dismissed. Some individuals transfer out to another treatment program or have mental health problems that are problematic within the limitations of the Drug Court program, although some resources for dually diagnosed offenders are available in the community. Others decide to have their cases adjudicated by the regular court system, viewing the year-long program as too difficult or too restrictive and taking their chances on either a short term of actual incarceration or unrestricted probation.

After their entry into the Drug Court Treatment program, the defendants appear before the Drug Court judge at two consecutive two-week intervals, 30 days, 60 days, then every 90 days for the remainder of the year. At each court appearance, a liaison from

the treatment program is present to report on the defendant's progress and to make recommendations to the judge.

The Drug Court judge has a unique and dramatic persona in the courtroom. He relates directly to the Drug Court defendants, praising their successes and bemoaning their failures. Verbal encouragement is lavish, and concrete rewards in the form of doughnuts and bumper stickers (I'm2good4drugs) are given out when significant goals are achieved. Each conversation is personal and used as a means to elicit information for the benefit of the new arrestees present in the courtroom who are eligible for the Drug Court.

Treatment Program

At the time of the site visit, 450 clients were involved in the Drug Court Treatment program. Clients are eligible for this publicly funded program if they are unable to pay for treatment elsewhere. The treatment program uses 10-11 counselors with a case-load of 25-70, depending on the proportion from each phase. Clients change counselors with each phase. A drug-free lifestyle is promoted, including prohibition of alcohol use while in the program.

Following assessment for Drug Court eligibility, defendants spend a trial period of 21-28 days in the treatment program prior to their arraignment. They decide at arraignment whether to continue with the treatment program or to undergo the regular judicial process.

Phase I of the Drug Court Treatment consists of four group meetings/week, five 12-step meetings (four in-house meetings and one community meeting), urine collections for drug tests five times/week, one individual counseling session, and strongly recommended acupuncture. Following their arraignment and decision to stay with the Drug Court, clients continue for another 30 days in Phase I, bringing the total to approximately 60 days. Stabilizing the individual's life is the focus of Phase I.

Upon successful completion of Phase I, the client moves on to Phase II, which lasts 4-5 months and consists of three required 12-step meetings, three urine drug tests, two group meetings, and one individual counseling session per week. GED classes are offered twice a week. The focus of Phase II is acquiring necessary life skills, including increased responsibility, job training, employment opportunities, dealing with anger and family problems, and relapse prevention.

Phase III is the transitional stage back to the community for those succeeding in the program. Participants come to the treatment center once a week for a urine screen, group meeting, and 12-step meeting, although the individual counselor may require more.

Most clients graduate in a year, although the actual duration could range from 6 to 24 months. Most graduates remain in contact with the treatment center for aftercare support in the form of groups and 12-step meetings. Many graduates also return to talk

with newcomers, helping them through rough times with their recent memory of recovery experiences.

The treatment program has a strong 12-step emphasis, including use of sponsors. Documentation of outside 12-step meetings is required and sponsors frequently appear in court. Within the treatment plan, close to 90% choose to locate a sponsor. One of the counselors specializes in conducting step groups. They believe that those who continue to be successful in recovery are those who continue attending 12-step meetings.

Urine testing is viewed by the treatment program as a useful tool in monitoring treatment, providing objective information on treatment compliance.

The Pretrial Intervention staff person issues arrest warrants for program no-shows.

Consequences for individuals continuing to test positive may consist of returning to an earlier and more intensive phase of treatment and other increasing levels of intervention, including the use of antagonist agents (bromocriptine and Antabuse), and possible removal from a chaotic living situation to a residential facility. Other options include detoxification and intensive residential treatment (formerly 6-week duration, now 4 weeks). Afterward, placement is made at a halfway house.

Intensive treatment is available at the county jail. Bed space is designated for constant surveillance and accompanying treatment for varying periods of time at the judge's discretion.

Bootcamps recently have become available as another criminal justice option.

Other intensive treatment options include 26 licensed treatment programs in the area. These programs are available for offenders not eligible for public treatment. Representatives from the treatment programs often accompany the defendants to court.

The Drug Court Treatment program currently is located in a converted marine-supply building. The treatment program eventually hopes to occupy a building that better meets its space requirements. Staff members have qualms about the new mandate that defendants appear before other judges before being placed in the Drug Court and are concerned about the impact that the change will have on participation. Also, there is a perceived need to streamline the lengthy Pretrial Intervention application form to eliminate some of the bureaucratic hurdles for potential clients.

The cost of the Drug Court Treatment program is estimated to range from $800-$1600 per client per year of treatment. The annual budget for urine drug screens is $50,000-$60,000. The primary advantage of the Drug Court from the treatment program's point of view is that it allows offenders an alternative when dealing with first-time legal problems and provides them with an opportunity to become drug-free and productive. It has the potential to eliminate many of the secondary costs incurred by families who might otherwise need public assistance or foster care because of the incarceration of a wage-earner.

Urine Drug Testing

The treatment facility typically collects 120-140 specimens/day, mostly during the early evening hours. Urine collection is unobserved for the following reasons: 1) large numbers of clients and small numbers of staff available during a relatively short period of time; 2) inadequate restroom facilities for monitors; 3) specific gravity measurements that would detect dilution are taken by the laboratory on each sample; and 4) the treatment-oriented philosophy that other behaviors would soon manifest themselves for those who were subverting the tests. Collection monitoring is done occasionally on a random basis or may be used if an individual's behavior suggests regression to drug use. A sign is posted near the collection receptacle announcing that a leaking container will be considered the same as a positive result.

Metpath performs the testing with Syva EMIT technology. Couriers pick up the specimens from the treatment program and deliver them to the laboratory. The standard Drug Court screen includes cocaine, marijuana (100 ng/ml cut-off) and opiates. Results are available in 24 hours. The laboratory transmits results directly to the court and to the treatment program by computer.

Positive specimens are retained by the lab for 30 days, which charges $6 for the 3-drug screen. Although the new administrative order includes any controlled substance, the Drug Court Treatment program will continue using the 3-drug screen.

At the time of each defendant's appearance in court, the counselor presents a progress report to the judge with laboratory results and treatment recommendations attached.

Probation

In addition to participating in the Drug Court Treatment, defendants are also monitored by the Probation Department. Five probation officers are assigned to the Drug Court -- no additional personnel were hired. These officers were selected for their treatment-oriented corrections philosophy. Such specialization is becoming more common in probation departments. The probation department sees economic benefits in treating offenders locally rather than sending them to prison.

Drug testing is performed by the probation department using the Roche On-trak Abuscreen. Tests available include cocaine, marijuana, amphetamines, barbiturates and heroin. Cocaine and marijuana (100 ng cut-off) are the most frequently tested drugs based on drug-of-choice from Phase I of the Drug Court Treatment. Urine collection is observed and testing occurs randomly during visits with the probation officers, usually at the treatment facility, but occasionally at residences or places of employment. Probationers pay $8.00 for the period of supervision; the tests cost $1.50 - $2.00 per drug tested.

The Pretrial Intervention program in existence prior to the Drug Court uses drug testing as a condition of release. The Parole Commission is under the same Community Release organization. Drug

test funding for all three community supervision programs comes from the same budget.

During Phase I of the treatment program, BARC conducts the daily urine drug testing. When clients move to Phase II, they are tested twice a month by probation officers. If the test result is positive, it is repeated the next day, then sent to a laboratory for a broad screen, then GC/MS confirmation.

Evaluation

An evaluation of the 232 first-year graduates of the Drug Court is being conducted that will provide two-year follow-up data. The sociologist conducting the evaluation is collecting information from three data sets and merging the files. Information gathered includes acupuncture and urine drug testing outcomes. BARC has a database for drug test results.

Preliminary information suggests that the number of participants shrinks considerably over the first couple of months, eventually dropping to about half of the original number. The former sheriff of Broward County (who was not re-elected) aggressively pursued drug users, staging frequent sting operations. An election was held about six months into the first year of the Drug Court. The new sheriff has not continued the high level of drug enforcement, resulting in fewer drug arrests, thus fewer arrestees eligible for the drug court. The evaluator has been unable to obtain arrest data and bond information from the clerk of the court. This information would be helpful to establish the "pool" from which Drug Court participants are drawn.

Based on preliminary data, the demographic profile of the Drug Court defendants indicates that they are 75% male, about equally divided between African American and Caucasian, about 60% are high school graduates with marginal employment, and, most striking, the majority lack significant social attachments. Therefore, a primary goal of the treatment program is a reattachment to the community. A survey taken of Drug Court Treatment participants revealed that group and individual therapy was deemed most helpful to their recovery, with 60-70% also finding self-help groups valuable.

Unfortunately, the evaluation was organized after the start of the Drug Court. Had the funding been available earlier, standardized data forms would have been developed. In addition, the treatment component was not fully in place at the start of the program. Therefore, the opportunity to perform a process evaluation was lost. Hair testing also could have been used to conduct the initial screen, which would have offered broader information.

No cost data for the Drug Court are available.

Pretrial Services Agency

Washington, DC

August 3 and November 2, 1993

Overview and Selection Criteria

The Washington, DC Pretrial Services Agency (PSA) urine drug testing program has been described comprehensively in two monographs published by the Bureau of Justice Assistance and a publication distributed by the National Institute of Justice. Rather than repeat information already published, this summary focuses on changes in the program since these publications, introduces the new Drug Court concept, and describes the unique data system used by PSA. Four of the seven identified drug testing elements were present in this program, including (1) strong support from the criminal justice system and the community, (2) universal and frequent testing, (3) adequate budget and staff resources, and (4) state-of-the-art capability of accessing individual and aggregate drug testing data.

DC PSA was established in 1964. The agency was established with a Ford Foundation grant, with continuation funding provided by the DC government. The program was expanded to include urine drug testing in March, 1984. The purpose of the urine testing program is (1) to determine eligibility for release, (2) to make recommendations to the court regarding appropriate terms for release, and (3) to monitor compliance with release conditions.

Current Status of Drug Testing

Initial urine collection occurs early in the morning on the day of arrest in the lockup area. Urine tests are completed in the on-site laboratory and results are available on personal computers to the judges at the morning court appearance.

Following the initial drug screen, repeated testing is scheduled at least once a week for individuals on pretrial release status. Offenders report to the courthouse for urine testing. Upon arrival, they are identified by computer image and observed while providing a urine sample.

PSA routinely tests for cocaine, heroin, PCP, amphetamines and methadone. Individuals in intensive supervision are tested for marijuana use. Testing is done on a Hitachi 717 Multi-channel Analyzer with a direct computer link. A positive test result is automatically retested before the result is released to the database. Negative drug test specimens are retained for a few days and positive test specimens for the intensive supervision cases for a period of approximately 30 days should retesting be required.

Drug testing is scheduled and typically occurs once a week. Although the predictability of drug testing is acknowledged as a possible drawback, the volume of testing and the complexity of the system make it prohibitively impractical to implement a random testing protocol. Although drug test times are predictable, the rate of positive test results is substantial.

Since the establishment of the PSA, consequences for drug positives have become less structured and more individualized by

judges. Options now available to judges include intensified supervision and halfway house placement. Some judges have devised structured responses to drug test positives and published sanctions will soon be available. Failure to appear for drug testing is treated the same as a positive result, with a 25% increase in the defined consequence.

Links to Treatment

Currently, most drug users are referred to the Alcohol and Drug Abuse Services Administration (ADASA), a publicly funded outpatient drug and alcohol treatment program. Other treatment options are available on a limited basis. Pretrial clients are referred to treatment by PSA and the referral is noted in the computer. At this time, tracking referrals to ascertain whether the treatment stipulation was met is not always achieved in a timely manner.

Development of Computer System

The computerized urine drug testing system was made possible by the acquisition of the Hitachi 717 Multi-channel Analyzer and by the vision of the PSA Director. The PSA Director of Administrative Services managed the planning and implementation process.

The Hitachi reads bar codes from the specimen tubes and transmits urine drug test results to a host computer. This feature prompted innovation leading to increased efficiency and accuracy for chain-of-custody, results reporting, and reduction in human error. Initially an outside consultant was engaged to plan and implement the new database system. However, this avenue proved to

be too expensive, and the systems design and programming was accomplished by PSA. The Director of Administrative Services engaged a mainframe COBOL programmer, a database designer/ programmer and a local area network (LAN) administrator/certified network engineer. Working as a team under the Director of Administrative Service's guidance, the three were (and still are) responsible for the system's design and maintenance.

The original system was developed in 1992, following the acquisition of the Hitachi. This system, the Drug Treatment Management System (DTMS), is a database storing over 90,000 drug test records. It runs on a LAN that links the two separate PSA offices. The network supports the pretrial applications including intensive supervision, juvenile and domestic (neglect) drug testing, word processing and E-mail.

The DTMS-2 went on-line in the summer of 1993, enhancing the capabilities of the DTMS by adding extensive front-end and back-end processing. DTMS-2 contains a record for every defendant with an open case with any kind of drug release condition. Each morning, drug test, case, release, demographic and program information is downloaded to DTMS-2 from the agency's mainframe database. As individuals are processed through DTMS-2, the updated information is uploaded to the mainframe, keeping both the LAN-based (DTMS-2) and mainframe systems current. Each morning the DTMS-2 database is transferred to the Superior Court's LAN. This enables judges to access up-to-date drug test and treatment information on-line in the courtrooms.

Use of Bar Codes

One of the unique features of the DC drug testing program is the use of bar codes to maintain chain-of-custody. Each time a client appears for a urine test, a unique code with a bar-coded label is assigned. The label is placed on the urine collection container. Each staff member has an identification card with a unique bar code. As the urine specimen is passed to the laboratory and prepared for processing, each person who is in possession of the specimen is recorded by a bar code scanner. The Hitachi instrument reads the bar code, determines which test profile to execute, analyzes the urine specimens and automatically records the results on computer. The computer is able to establish chain-of-custody for each specimen by person and time. Use of the bar code system eliminates human error in transcribing names, identification numbers and drug test results.

Drug Court Project

The Center for Substance Abuse Treatment (CSAT) is funding a demonstration project to set up a Drug Court in conjunction with PSA and the Superior Court of the District of Columbia. Six hundred arrestees will participate voluntarily in the drug court, induced by the benefits of probation compared with the consequences of mandatory sentencing for their drug conviction. A plea is not needed to get into the treatment program; however, with a plea the treatment is mandatory; with no plea, it is voluntary. Unlike other drug courts, this is not a diversion program, but is legally separate from treatment. Immediate placement in intensive

outpatient treatment results from the philosophy that the longer the time spent in treatment, the better the projected outcome.

The treatment program will be located on the ground floor of the building where PSA's administrative offices are located. Sample collection will take place at this location and be transported to the existing laboratory in the Superior Court building. Within the treatment program, urine drug testing is performed 2-3 times/week. In addition to the current drugs being screened by PSA (cocaine, heroin, PCP, amphetamines, and methadone), individuals on intensive supervision will be tested for marijuana and alcohol use.

Drug test results drive treatment responses. Repeated positives intensify treatment with an immediate, predictable response.

The treatment program takes a multi-faceted, holistic approach, which includes certified substance abuse counselors, literacy and vocational programs, nutrition education, acupuncture, and tai chi. It is estimated that offenders will remain in the treatment program six months to a year, then be placed in an aftercare program. The treatment program will contract with other providers in the community for secure residential treatment for those needing inpatient care. In addition, facilities equipped to work with the dually diagnosed or with addicted pregnant women will be available on a contractual basis.

Basic information on treatment compliance will be available in each courtroom by computer.

Prosecutors have been supportive of the drug court project. PSA has made specific outreach efforts into the local legal community.

Under the terms of the demonstration project, the pilot group will be tracked to collect long-term data. Should the Drug Court fulfill its objective to work successfully with drug-involved offenders, the program will be expanded. In addition, the current PSA laboratory will eventually provide testing for DC probation and corrections. In the future, the recently expanded PSA computer system ultimately will control the entire DC criminal justice system management information system.

A unique feature of the drug testing program currently underway is testing for drug use by defendants in the Family Division appearing in custody, abuse and neglect cases.

Drug Use Forecasting (DUF) data are accessed directly from the NIJ database. The broad 10-drug screen used by DUF provides information about drug use that is not detected by the narrower PSA drug screen. PSA shares its DUF data directly with several other DUF sites.

Future Directions

The new DC Initiative will expand the imaging technology, including image document processing. This technology will offer the ability to scan all information. The network engineer will install PC work stations and photo imaging for the drug unit. In the future, it is anticipated that probation and the police department will be linked to the court mainframe. Eventually, the

courts will be linked to treatment, probation and parole. Another feature that is anticipated is the addition of fingerprints to the identification features of the imaging technology. Ultimately, PSA would like to have a paperless system.

A unique feature of the DC PSA is the extensive data files that have been collected since 1984. Available data include demographic information, criminal arrests and convictions, drug use and recidivism on approximately 27,000 individuals per year.

Appendix A

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Appendix B

Sample Questionnaires

Institute for Behavior and Health, Inc.
6191 Executive Boulevard
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(301) 231-9010

PRETRIAL

Project Summary: This project seeks to identify criminal justice system (CJS) drug testing programs in DUF cities.

IBH Point of Contact: Sarah Shiraki, Associate Project Manager

Name of Respondent:

Title:

Address:

Telephone Number:

I. Please supply brief answers to the following questions:

Please describe your pretrial agency, indicating the role it plays in the criminal justice system.

Is this the only pre-trial agency in your jurisdiction? If no, please indicate the names of others.

When was the pretrial drug testing program started? _____

Are written policies and procedures available for the drug testing program? _____

Drug testing in pretrial is (check one or more)

_____ voluntary

_____ blanket court-ordered

_____ individual court-ordered

_____ determined by arrest charge

_____ other: _____

Individuals tested awaiting trial include (check one or more):

_____ Men Approximate number per month _____

_____ Women Approximate number per month _____

For a one-month period in 1992, please indicate the following:

the number of individuals awaiting trial _____

the number of individuals drug tested _____

the number of drug screens done _____

Average or range of time on pretrial status: _____

Pretrial drug testing is done (check one or more)

_____ within 24 hours of arrest to identify recent drug use

_____ to monitor arrestees awaiting trial

_____ other (describe)

Testing to monitor is

_____ scheduled How frequently? _____

_____ unscheduled How frequently? _____

If unscheduled, how is arrestee notified of testing?

What personnel or combination of personnel collect and process the urine specimens?

What training is provided for these tasks?

Drug screens are conducted (check one or more)

_____ off-site at a

_____ commercial laboratory

_____ forensic laboratory

_____ public health laboratory

_____ other: _____

_____ on-site by

_____ equipment

technology: _____

_____ kits

type: _____

If a combination is used, please describe:

Drugs included in screen:

Are screened positives confirmed? _____ If "yes," how are screened positives confirmed?

The turnaround time for receiving drug test results is _____

Drug test results are recorded in (check one or more)

_____ arrestee's file

_____ computerized database

_____ other: _____

How are the results of a drug test used?

A positive drug test may result in (check one or more):

_____ referral to treatment

_____ increased monitoring

_____ conditional release

_____ denial of bond

_____ other: _____

Do drug test results follow the arrestee through the CJS? _____

What is the estimated cost of the drug testing program for a given time period? _____ per _____

What is the funding source for the drug tests?

II. Please respond in a few sentences:

Has this drug testing program been evaluated? _____
If so, please describe or attach results.

What is the level of staff support for the drug testing component of the program?

What is the level of arrestee support for the drug testing program?

What do you feel are the strengths of your drug testing program?

What do you see as the weaknesses of the drug testing program?

What resources or types of personnel would further strengthen the drug testing program? How?

What benefits do you see in drug testing?

What challenges do you see facing your drug testing program?

How are drug test results communicated among other CJS agencies in your jurisdiction? Please list the agencies and indicate their role in the CJS.

Does your program make use of the DUF results for your city? If so, how are they used?

Thank you for your participation!

Institute for Behavior and Health, Inc.
Rockville, Maryland 20852
PHONE (301) 231-9010
FAX (301) 770-6876

Purpose: This project seeks to identify criminal justice system (CJS) drug testing programs in Drug Use Forecasting (DUF) cities. This questionnaire is designed to identify specific elements of CJS programs that contribute to a comprehensive drug testing program.

IBH Point of Contact: Sarah Shiraki, Associate Project Manager
(If any of the following information is incorrect, please change.)

Name of Respondent:

Title:

Name of Agency:

Street Address:

City/State/Zip:

Telephone: FAX:

For each of the following statements, please circle the response that best describes your drug-testing program.

The completed questionnaire can be mailed to the above address or sent by FAX to (301) 770-6876.

KEY:

1=always, 2=often, 3=sometimes, 4=rarely, 5=never, 6=not applicable

1.	Urine drug testing is supported by judges in this jurisdiction.	1	2	3	4	5	6
2.	Considered as a whole, the community, (i.e. business, religious, social, political, civil organizations) supports urine drug testing.	1	2	3	4	5	6
3.	Your program urine drug tests all entering clients.	1	2	3	4	5	6
4.	Number of drugs included in initial screen. (Circle letter that applies)	a. 1 b. 2-4 c. 5-7 d. 8-9 e. 10 or more					

KEY:

1=always, 2=often, 3=sometimes, 4=rarely, 5=never, 6=not applicable

5.	How often is complete screen repeated? (Circle letter that applies)	a. not done b. 1/month c. 1/week d. more than 1/week e. less than 1/week f. other (specify: _____)					
6.	Routine follow-up testing specifically targets drugs that were positive on the initial test.	1	2	3	4	5	6
7.	After a client's initial drug test in the CJS, subsequent testing is random.	1	2	3	4	5	6
8.	Written chain-of-custody procedures are followed.	1	2	3	4	5	6
9.	Urine drug test results obtained in one division of the CJS are part of the client's record if the offender is transferred to another CJS division (e.g., pretrial to jail, prison to parole, etc.)	1	2	3	4	5	6
10.	Drug testing is used as a case management tool for all clients.	1	2	3	4	5	6
11.	Supervising officers and case managers are trained in the use of drug test results.	1	2	3	4	5	6
12.	A formal policy stipulates specific and increasingly severe sanctions for each positive drug test result.	1	2	3	4	5	6
13.	The stipulated sanctions are imposed for each positive drug test result.	1	2	3	4	5	6

KEY:

1=always, 2=often, 3=sometimes, 4=rarely, 5=never, 6=not applicable

14.	Drug treatment resources are available in the community for all clients.	1	2	3	4	5	6
15.	Other rehabilitative services (mental health, vocational, etc.) are available for all clients.	1	2	3	4	5	6
16.	Individual drug testing data, including the number of drug tests performed and number of positives for each drug are specified by policy and procedure.	1	2	3	4	5	6
17.	Aggregate drug testing data, including the number of drug tests performed and number of positives for each drug are specified by policy and procedure.	1	2	3	4	5	6
18.	A computerized data system is used to record all drug test results.	1	2	3	4	5	6
19.	The urine drug testing budget is sufficient to support program requirements.	1	2	3	4	5	6

20. Use the space below for comments or explanations about specific or unique elements of your program.

Thank you for your cooperation!

Appendix C

Summary Information

Texas Department of Criminal Justice
Pardons and Paroles Division

Parole
(State Parole Agency)

The program began in May, 1991. APPA guidelines were followed in writing policies and procedures. Drug testing is authorized by state statute. In order of priority, testing is done to refer to treatment, as a monitoring technique, and to assist the releasing agency in determination of release. The population screened includes those convicted on a drug-related charge and offenders with a history of drug dependence or addiction. 25,000 offenders per month are tested in the entire state. In the first quarter of 1992, 76,000 were on parole, 75,000 were tested, 100,000 drug screens done.

Parole officers collect specimens and conduct EZ Screen tests on their own clients; selected parole officers operate Syva equipment locally. P.O.s are reluctant to collect specimens; they are beginning to use civilian staff which tends to increase number of tests conducted and improves P.O. acceptance of the drug testing program.

Testing is scheduled and performed at least monthly. Drugs tested for include cocaine, marijuana, opiates, PCP, amphetamines, methadone and barbiturates. Subsequent monitoring is the same as the initial screen. Testing is done off-site at a commercial laboratory and on-site with Syva ETS and EZ Screen kits. Both are available in 15 offices; EZ screen only is available in 50 offices. Turnaround time is 24-48 hours with Syva, immediate with EZ Screen. Defendant admissions are used to ensure accuracy of results.

A positive may result in referral to treatment, case management, increased monitoring, reincarceration, or sanctions including incarceration at an intermediate sanction facility or electronic monitoring. Test results are used for treatment decisions and supervision purposes. Treatment agencies receive results by special request.

The budget for 1992 is $650,000; $200,000 was spent in 1991 (the program began in May, 1991). Cost of testing is $1.50/drug with EZ Screen, $.60/drug with Syva, $14.00/drug with GC/MS confirmation.

Sees challenge in moving from scheduled testing to system of random testing.

DUF reports are not received by the agency.

Testing program started in September, 1981. Written policies and procedures are available; not familiar with APPA guidelines. Drug testing is authorized by individual court-order or determined by probation officer. Testing is used as a monitoring technique and to refer to treatment. Time on probation ranges from 2-10 years. All probationers are tested. 2400 men and 600 women are tested per month. In the first quarter of 1992, 43,399 individuals were on probation, 9316 were drug tested and 450 drug screens were performed.

Probation officers and personnel from testing agency conduct the tests. Testing is done off-site at a commercial laboratory and on-site with EMIT. Turn-around time is 24-48 hours. A second test using unspecified technology is used to ensure accuracy.

Testing is unscheduled and varies in frequency. Probationer is notified when he or she comes in to report. Drugs tested for include cocaine, marijuana, opiates and amphetamines. Drug positives from initial screen are used for subsequent monitoring.

A positive may result in referral to treatment, case management, increased monitoring, sanctions (not specified), incarceration or revocation. Test results are used for treatment decisions, supervision purposes and testimony at hearings. Treatment agencies receive results by special request or upon transfer of the client.

The budget for FY93 is $350,000. Expenditure in 1991 was $305,000. The cost per test is $9.45/drug screen, $5.50/alcohol screen, $18.00/GC/MS.

Challenge seen in increased costs. Observe that to some degree, program is evaluated every time it is part of testimony in a revocation hearing.

DUF results are received routinely. They are used to provide a sense of comparison with other cities.

Social Services Division
DC Superior Court
Washington, DC

Probation
(City Court)

Program started in May, 1972. Written policies and procedures available; not familiar with APPA guidelines. Drug testing is authorized by individual court-order or determined by probation officer. Testing is done for risk classification, to assist the court in sentencing, as a monitoring technique and to refer to treatment. Probation ranges from 1-3 years. All probationers are tested. 775 men and 175 women are tested per month. In the first quarter of 1992, 10,000 individuals were on probation; 10,000 were drug tested and 10,000 drug screens were performed.

ADASA provides bulk of testing (off-site at city lab). Accuracy ensured by conducting second test using same technology.

Testing is unscheduled and performed monthly. The referral is given at the office visit with the frequency determined by the probation officer. Drugs included in screen include cocaine, opiates, PCP and amphetamines. Subsequent monitoring same as initial screen. Turn-around time is more than 72 hours.

A positive test may result in a referral to treatment, increased monitoring or sanctions (not specified). Test results are used for supervision purposes. Results are not communicated to other agencies.

There is no testing budget.

Challenge seen in lack of chain-of-custody resulting in incorrect data entry of identifying data (clients).

Computerized database used for results.

DUF results are not received by the agency.

Cuyahoga County Adult Probation
Cleveland

Probation
(County Court)

Testing program started in October, 1984. Familiar with APPA guidelines; theirs were written earlier. Drug testing is authorized by blanket court-order, individual court-order or determined by probation officer. Testing is conducted to assist the court in sentencing, as a monitoring technique, and to refer to treatment. Time on probation ranges from 1-5 years, with 2 years being average. All probationers are tested. 2150 men and 500 women are tested per month. In the first quarter of 1992, 9200 individuals were on probation, 5275 individuals were tested, 13,245 specimens were collected and 39,988 tests performed.

Drug testing is scheduled and varies from twice a week to once each quarter. Probation staff observes collection and tests results. Testing is conducted on-site by Syva ETS (5 machines + computer). Drugs tested for include cocaine, marijuana and opiates. Have recently gone to two-drug screen (opiates and cocaine) because of cost. Rotate drugs in initial screen with NIDA-5 for subsequent monitoring. Turnaround time 24-48 hours. Accuracy of results ensured by defendant admissions, second test using same technology upon request or GC/MS upon court order.

A positive test may result in referral to treatment, case management, increased monitoring, sanctions (not specified), or incarceration. Test results are used for individual tracking, treatment decisions, supervision purposes, and presentence decisions. Pretrial and treatment agencies receive results. Pretrial results are included in probation files. Communication is by routine report. Computerized database is used.

The annual budget is $262,274; $262,275 was spent in 1991, with a cost of $6.00 per 3-drug sample.

Challenge seen in increased demand and cost. Money is principal challenge - regulation is also on horizon.

DUF results are received by special request to NIJ. DUF results are not used by the program.

Testing program began in July, 1989. APPA guidelines shaped their guidelines. Drug testing is authorized by blanket court-order. Testing is done for risk classification, as a monitoring technique, and to refer to treatment. Time on pretrial status averages 97.7 days. Individuals are screened after being placed under supervision as a condition on bond. 280 men and 70 women per month are tested awaiting trial. In the first quarter of 1992, 420 individuals were released, 700 were drug tested, and 1050 tests were performed.

Testing is done as a condition of release and is scheduled on an average of once a month. Testing is conducted on-site with Syva EMIT using laborabory personnel. Drugs in initial screen include cocaine, marijuana and opiates. Subsequent monitoring may be same as initial screen, positives from initial screen, or a rotation with other drugs. Turnaround time is 24-48 hours. Accuracy of test is ensured by a second test using same technology or with GC/MS if requested. A positive test during supervision (no response given for time of arrest) may result in increased monitoring, referral to treatment or sanctions (increased reporting).

Test results are used for individual tracking, treatment decisions and supervision purposes. Test results are communicated to probation and treatment agencies by routine report as needed. The program uses as computerized database.

The probation department budget is $244,000 - pretrial uses a portion of that amount. The cost is $6.00/3-drug sample.

Funding is a challenge.

DUF results are received by special request and are not used by the program.

The testing program was started in 1990. Written policies and procedures are available; they are not familiar with APPA guidelines. Drug testing is done by authority of the Pretrial Release Service/Program. Testing is conducted for risk classification, to assist the court in setting conditions of release, as a monitoring technique, and to refer to treatment. Pretrial status ranges from 2-3 months. Potential pretrial releasees are screened for drug use. 100 men and 60 women are tested per month. For the first quarter of 1992, 291 individuals were on pretrial release, 328 were drug tested, and 1515 tests were performed.

Testing is done prior to first appearance, as a condition of release, and to monitor arrestees post-release. Testing to monitor is scheduled weekly. Pretrial services personnel collect and process specimens. Testing is performed on-site using Syva equipment. Drugs tested for include cocaine, marijuana, opiates and PCP. Post-release monitoring includes the same drugs. Turn-around time is less than 12 hours. Accuracy of tests is ensured by a second test using the same technology. A positive test at time of arrest may result in conditional release and/or regular urine drug test monitoring. A positive during supervision may result in increased monitoring, referral to treatment, or unspecified sanction.

Drug test results are used for individual tracking and supervision purposes. Results are recorded in a computerized database. The probation agency also receives results by special request.

The annual drug testing budget is an estimated $25,000, with $24,650 spent in 1991. Per client cost is $6.50.

Greatest challenge is seen to be needed expansion of drug testing to all arrestees.

DUF results are received routinely and are used in reports, special statistical analyses, planning, budget requests, etc. They further state that DUF information is invaluable in many aspects of the sheriff's office and local CJS operations and problem solving.

Douglas County Probation Office
Omaha

Probation
(County Court)

The drug testing program was started in February, 1991. Written policies and procedures are available. APPA guidelines shaped program guidelines. Drug testing is conducted by individual court-order provided by state statute. Testing is done to assist the court in sentencing, as a monitoring technique and to refer to treatment. Offenders remain on probation about 1 year. Probationers convicted on a drug-related charge and any defendant that is deemed by the court to have an alcohol/drug problem are tested. 175 men and 35 women are tested per month. For the first quarter of 1992, 4000 individuals were on probation, 804 were tested, and 2412 drug screens were performed.

Drug testing is unscheduled and is performed at least once every 3 months by random selection. All probation officers are required to collect urine specimens. Technicians actually process the results and test the specimens. Cocaine, marijuana and amphetamines are included in both the initial screen and subsequent monitoring. Drug tests are performed on-site using ADx equipment. Turnaround time for results is 24-48 hours. A positive test may result in referral to treatment, increased monitoring, incarceration or case management. Accuracy of tests is ensured by defendant admissions and second test using same technology (GC/MS).

Drug test results are used for individual tracking, treatment decisions and supervision purposes. Results are recorded in a computerized database. Treatment agencies receive results. Other CJS agencies receive results by special request. State probation uses aggregate results to keep statistics for the State of Nebraska.

The budget for drug testing is $180,000 statewide. Actual expenditure in 1991 was $180,000. Cost per client served is $8.33.

Maintaining funding to support the program is seen as a challenge.

DUF results are received routinely, are not used by the program.

D.C. Pretrial Services Agency **Pretrial**
Washington, DC (Independent)

The testing program was started in 1970, expanded in March, 1984. Policies and procedures are available and predate APPA guidelines. Drug testing is voluntary during pre-arraignment and under individual court-order as post-arraignment condition of release. Testing is conducted for risk classification, to assist the court in setting condition of release, as a monitoring technique, to refer to treatment, to determine custody, foster care in neglect and abuse cases for Family Division. Offenders are on pretrial status 6-12 months. All arrestees are tested. (Numbers per month not given.) In the first quarter of 1992, 5,000 individuals were on pre-trial release, 8,000 individuals were drug tested, and 20,000 drug tests were performed.

Drug testing is done prior to first appearance, as a condition of release, and to monitor arrestees post-release. Testing to monitor is done once to 3 times per week for adults and unscheduled monthly by telephone or probation officer notifying person to report (for juveniles only). A staff of collectors collects specimens and a separate staff of lab technicians headed by a certified toxicological chemist processes them. Testing is conducted on-site by EMIT. Turn-around time is less than 12 hours. Drugs tested for include cocaine, opiates, PCP, amphetamines and methadone; post-release monitoring includes the same drugs. Procedures used to ensure accuracy include defendant admissions, second test using same technology, or second test using GC/MS if challenged (which rarely occurs).

A positive test at time of arrest may result in conditional release, referral to treatment, or regular urine drug test monitoring. During supervision, a positive may result in increased monitoring, referral to treatment, or sanctions including show-cause hearing, contempt, revocation. Drug test results are recorded in a computerized database and are used for individual tracking, treatment decisions, and supervision purposes. Results are communicated to probation, treatment, the prosecutor and defense attorney. Communication is accomplished by routine report on every court date for every defendant in drug testing and by special request when violations are detected. Aggregate results are distributed to a mailing list of 60-80 people who want to track trends of arrestee drug results.

The annual budget for drug testing and actual expenditure in 1991 were $500,000. Cost per client served is unknown.

No challenges face the testing program. Program evaluations have been published by NIJ.

DUF results are received routinely and are not used by the program.

Drug testing began in the 1960s; statute requiring all parolees to be tested was signed July, 1987. Written policies and procedures are available; APPA guidelines are familiar, were not used to shape program's guidelines. Drug testing is determined by the parole officer and required 4 times per year by statute. Testing is performed as a monitoring technique and to refer to treatment. All parolees are screened for drug use. Men and women are tested. In the first quarter of 1992, in the Denver office only, 450 individuals were on parole, 105 were drug tested and 105 drug screens were conducted (includes only those done by P.O.s, not those referred to private agencies).

Drug testing is unscheduled at least four times in the first year of parole. Parolee is notified of testing during office visits. Parole officers and supervisors collect urine specimens for office tests; line staff collect and process specimens at private facilities. Testing is conducted off-site at a public health laboratory. Drugs tested for include cocaine, marijuana, opiates, PCP, amphetamines and methadone. Drugs included in subsequent monitoring are determined at the P.O.s discretion. Turn-around time is usually five days but can be available same day upon request.

A positive drug test may result in referral to treatment, case management, increased monitoring, sanctions (parole board complaint) or reincarceration, if the board so determines. A second test using different technology (unspecified) is used to ensure the accuracy of test results. Drug test results are used for individual tracking, treatment decisions and supervision purposes. Test results are recorded in a computerized database and a UA log. Test results are communicated to treatment or to institutions if parole is revoked. Other communication is accomplished by special request. Aggregate results are distributed to health services.

Budget figures are unknown. Clients are required to pay for tests. However, this doesn't always work and the Department of Health and Department of Corrections work out the costs.

DUF results are not received by the agency.

The drug testing program started in January 1991 for the federally funded program currently being used. Written policies and procedures are available and were shaped by APPA guidelines. Drug testing is authorized by individual court-order and/or determined by probation officer. Testing is used as a monitoring technique and to refer to treatment. Offenders average 3 years on probation. Those convicted on a drug-related charge, those testing positive while on pretrial status, those with a history of drug use or per court order are tested. 500 men and 165 women are tested per month. In the first quarter of 1992, 10,000 individuals were on probation -- 665 were tested on a regular basis and 3945 drug screens were done.

Drug testing is unscheduled and conducted weekly or bi-weekly by telephone lottery. Personnel collecting and processing the urine specimens include 4 corrections technicians, 1 data technician, 3 alcohol and drug evaluators, 1 program administrator, and selected P.O.s to administer UAs when needed.Tests are conducted at a commercial laboratory. Turn-around time for results is 12-24 hours. Drugs tested for include cocaine, marijuana, opiates, amphetamines, barbiturates and benzodiazepines. Subsequently, monitoring is done for the two or three drugs identified as drugs of abuse. The determination is made by the supervising P.O. or is identified by the testing technician. Accuracy of the test results is ensured by defendant admissions, a second test using the same technology or a second test using GC/MS when the offender denies use.

A positive test may result in referral to treatment, case management, increased monitoring, sanctions (P.V. hearings in some cases), incarceration, or the court is notified. Results are recorded in a computerized database; pretrial results are also included. Drug test results are used for individual tracking, treatment decisions, and supervision purposes. Test results are communicated to treatment programs and the courts by special request.

The challenge the program faces is to continue local funding in light of a reduction of statewide funding.

The program's budget comes from a BJA grant. The program budgeted $550,000 in 1991. The cost per client served is $210.

BOTEC currently is conducting a federally funded evaluation of the program.

DUF results are received routinely and are used to examine trends.

U.S. Probation Office
Los Angeles

Probation
(Federal Court)

The drug testing program was started prior to 1979 when the Federal Bureau of Prisons operated testing programs for U.S. Probation. Written policies and procedures are available; familiar with APPA guidelines, although they did not shape program guidelines. Drug testing is done under authority of individual court-order or request by probation officer when use is suspected (maximum 60 days). Testing is performed as a monitoring technique, to refer to treatment, to protect the community, and to motivate the offender toward abstinence. The probation period averages 24 months. Probationers are screened for drug use when individually court-ordered or when requested by a probation officer when use is suspected. 467 men and 52 women are tested per month (includes supervised releasees). From April-June of 1992, 2912 individuals were on probation/month, 519/month were drug tested, and 6450 drug screens were done.

Drug testing is scheduled generally at intake only, then unscheduled 5 times/month. Probationer is notified of testing by telephone lottery with less than 24-hour notice. Urine collection and processing is done by probation officers and contract agency staff. Testing is performed off-site using a forensic laboratory and EMIT technology. Drugs screened include cocaine, opiates, PCP, amphetamines, methadone, barbiturates and benzodiazepines. Subsequent monitoring includes the same drugs or various special tests (e.g., marijuana, alcohol, glutethimide, methylphenidate) may be requested along with the basic screen. EMIT, enzyme or TLC are used. Turn-around times are 12-24 hours for negative results, 24-48 hours for cocaine, and more than 72 hours for opiates. Accuracy of test results is ensured by blind proficiency testing and a second test using GC or GC/MS (used to confirm EMIT positives for opiates, amphetamines & PCP). Marijuana confirmed by HPTLC.

Positive tests may result in referral to treatment, increased monitoring, sanctions including placement in halfway house or therapeutic community, violation hearing, or incarceration. Test results are recorded in a computerized database managed by outpatient treatment agency under contract to U.S. Courts. Drug test results are used for treatment decisions and supervision purposes. Test results are communicated with treatment programs, state parole or county probation by special request. Aggregate data are provided by the lab to the probation division in Washington, DC.

1991 expenditure for drug testing was $232,053; cost per client is $447.

Program challenges are seen to be lack of adequate funding and failure to routinely test for marijuana and alcohol at appropriate sensitivity levels.

DUF results are received routinely and are shared with probation officers and contractors.

The drug testing program was started prior to 1979 when the Federal Bureau of Prisons operated testing programs for U.S. Probation. Written policies and procedures are available; familiar with APPA guidelines, although they did not shape program guidelines. Drug testing is done by authority of the parole order. The purpose of testing is as a monitoring technique, to refer to treatment, to protect the community, and to promote abstinence. Parolees with specific order are screened for drug use. Length of parole status lasts from days to life, with the average 2 1/2 years. Approximately 235 men and 26 women on parole are tested each month. From April to June of 1992, 866 individuals were on parole per month, 261 were drug tested, with 3322 tests done.

Drug testing is scheduled generally at intake only, then unscheduled 5 times/month. Probationer is notified of testing by telephone lottery with less than 24-hour notice. Parole officers and contract agency staff collect and process the urine specimens.
Testing is performed off-site using a forensic laboratory and EMIT technology. Drugs screened include cocaine, opiates, PCP, amphetamines, methadone, barbiturates and benzodiazepines. Subsequent monitoring includes the same drugs or various special tests (e.g., marijuana, alcohol, glutethimide, methylphenidate) may be requested along with the basic screen. EMIT, enzyme or TLC are used. Turn-around times are 12-24 hours for negative results, 24-48 hours for cocaine, and more than 72 hours for opiates. Accuracy of test results is ensured by blind proficiency testing and a second test using GC or GC/MS (used to confirm EMIT positives for opiates, amphetamines & PCP). Marijuana confirmed by HPTLC.

Positive tests may result in referral to treatment, increased monitoring, sanctions including placement in halfway house or therapeutic community, violation hearing, or reincarceration. Test results are recorded in a computerized database managed by outpatient treatment agency under contract to U.S. Courts.

Drug test results are used for treatment decisions and supervision purposes. Test results are communicated with treatment programs, state parole or county probation by special request. Aggregate data are provided by the lab to the parole division in Washington, DC.

Expenditure for drug testing in 1991 was $119, 543. The cost per client was $458.

Program challenges are seen to be lack of adequate funding and failure to routinely test for marijuana and alcohol at appropriate sensitivity levels.

DUF results are received routinely and are shared with parole officers and contractors.

Treatment Alternatives for Special Clients (TASC) **Pretrial**
Chicago (Division of the Court)

Drug testing program was started in August, 1990. Written policies and procedures are available; APPA guidelines have shaped their own. Testing is authorized by individual court-order or by direction of Pretrial Officer based on current/previous charge of admission of use. Testing is performed to assist the court in setting conditions of release, as a monitoring technique, and to refer to treatment. The period on pretrial status ranges from 4-6 weeks. The arrestee population screened for drug use include some on drug-related charges and by direction of pretrial officer. In the first quarter of 1992, 4000 men and women were on pretrial-release, 1070 were drug tested, with 2436 tests done.

Drug testing is done as a condition of release and to monitor arrestees post-release. Testing is scheduled 1-2 time/month. Pretrial officers and TASC staff collect specimens; TASC staff transmit urine to TASC lab; TASC lab staff run tests. Testing is performed on-site by Abbott TDx; confirmations are done by GC. Drugs included in initial screen include cocaine, marijuana, opiates, PCP and methadone. Drugs included in post-release monitoring include drug positives from initial screen/primary drugs. Turnaround time is 48-72 hours. Positives aren't received at time of arrest. Positive results during supervision may result in increased monitoring or referral to treatment. Accuracy of test results is ensured by defendant admissions or GC if client denies use.

Drug test results are used for individual tracking, treatment decisions, and supervision purposes. Results are received by the probation agency or others specified by client release -- may include judges and attorneys. Communication is accomplished by monthly routine report.

The annual budget for drug testing is $88,767, which was expended in 1991. Unsure of cost per client served.

Challenges that face program include adequate resources to meeting testing demand and expensive state and federal regulations.

DUF results are received routinely and used for identification of arrestee drug use, to assist in allocating treatment resources, for public relations/education, and for lobbying efforts.

Treatment Alternatives for Special Clients (TASC) **Probation**
Chicago (County Court)

The TASC drug testing program was started in 1976. Written policies and procedures are available; APPA guidelines helped shaped those of the TASC program. Drug testing is performed under authority of individual court-order or determined by probation officer. The purpose of testing is for risk classification, to assist the court in sentencing, as a monitoring technique, and to refer to treatment. Offenders are on probation from 2-4 years. Probationers screened for drug use include those referred to TASC, those on Intensive Drug Probation, Intensive Probation or Home Confinement. In the first quarter of 1992, 1431 individuals were on probation and involved with TASC and drug tested; 4000 drug screens were done.

Drug testing is both scheduled and unscheduled once/week to once/month depending on program. Probationers are notified of testing when they show up for appointment. TASC staff collect, transmit and test urine. Drug screens are performed on-site by Abbott TDx equipment. Any combination of the following drugs may be requested: cocaine, marijuana, opiates, PCP, amphetamines, methadone, barbiturates and benzodiazepines. Subsequent monitoring includes drug positives from initial screen or drugs identified as primary, secondary, and tertiary.

Drug test results are used for individual tracking, treatment decisions, and supervision purposes. Test results are communicated to the pretrial agency and judges/attorneys if designated by release form. This communication is done by routine monthly client status report or by special request as soon as results are available.

The annual budget for Intensive Drug Probation, Home Confinement and Dept. of Alcoholism & Substance Abuse is $66,388. Actual drug testing expenditure in FY '92 was $71,000. Information not available on cost per client served.

Program challenges include adequate fiscal support for testing demand and excessive laboratory rules and regulations.

DUF results are routinely received and used to identify arrestee drug use, for lobbying efforts to assist in allocating treatment resources, and for public relations/education.

Los Angeles County Probation Department **Probation**
(Separate County Department, (County Court)
headed by a Chief Probation Office)

Program was started in 1968-69. Policies and procedures are available; their program preceded and helped develop APPA guidelines. Drug testing is done by authority of individual court-order for each probationer or determined by probation officer with individual court order. Purpose of testing is to assist the court in sentencing, as a monitoring technique, to refer to treatment, to detect and deter drug use. The probation period averages 3 years. Those the court deems to need a testing order based upon information of investigation report or specialized assessment by probation are tested. 6,000 men and 3,000 women are tested per month. In the first quarter of 1992, 90,000 adults were on probation per month, 9,000 were drug tested and 6,000 drugs screens were done.

Drug testing is unscheduled and done at least twice a month. Probationer is notified by "ansaphone" and by DPO setting up rotation. Dep. Probation Officers collect urine which is picked up by courier for the lab. Drug tests are conducted off-site at a forensic laboratory. (Abbott FPIA and Syva EMIT on-site pilot projects were in place 1990-1992). Drugs tested include cocaine, marijuana (special test), opiates, PCP, amphetamines, methadone, barbiturates, benzodiazepines, and propoxyphene. Subsequent monitoring includes positives from initial screen. Turnaround time is 48-72 hours.

A drug positive may result in referral to treatment, case management, increased monitoring, sanctions (treatment, community service, etc.), or incarceration. LA County Probation mandates that each violation (positive test) be returned to court for advisement. Accuracy of test results is ensured by defendant admissions or second test using GC or GC/MS.

Test results are used for individual tracking, treatment decisions, and supervision purposes. Results are recorded on specialized testing forms and in a computerized database and are communicated to children's services and law enforcement agencies by special request.

The annual budget for testing is $900,000. Actual expenditure in 1991 was $600,000. Cost per client served not available.

Budget cuts have and will reduce staff and quality of service and testing.

DUF results are not received at the Narcotic Testing Office or Administrative Office.

Santa Clara County Probation Department **Probation**
San Jose (county court, department in county government)

The probation drug testing program was started in 1983. Limited policies and procedures (series of memos) available. Program is familiar with APPA guidelines, they have not been used for program guidelines. Testing is done under authority of individual court-order. The purpose of testing is as a monitoring technique and to refer to treatment. Length of time on probation averages 3 years. Those convicted on a drug-related charge and/or with a history of drug use (with a court order) are screened for drug use. An estimated 1900 men and 320 women are tested per month. In the first quarter of 1992, 38,000 individuals were on probation; 660 drugs screens were done.

Drug testing is unscheduled and varies in frequency from weekly to quarterly. The P.O. shows up at the probationer's door for drug test or it is done on routine visit. Drug screens are performed at a forensic laboratory by two forensic chemists; positives are confirmed at the D.A.'s drug lab by GC/MS. Testing is also conducted on-site by Syva EMIT (ETS) or by Narkits if an immediate result is required. Drugs included in initial screen can include cocaine, marijuana, opiates, PCP, amphetamines, and barbiturates. They can request 3 tests/screen; there is no initial all-inclusive screen. Subsequent monitoring consists of same drugs as initial screen. Turnaround time is 24-48 hours from on-site lab and more than 72 hours if positive test is confirmed by D.A. drug lab.

A positive result may result in referral to treatment, case management, increased monitoring, or sanctions including jail or prison. Test results are used for individual tracking, treatment decisions, supervision purposes and to determine sanctions. Results are recorded in a computerized database.

The FY'93 budget is $171,085. $163,481 was spent in 1991. The cost per screen (average 2.5 tests/screen) = $7.

Challenges seen by program include budget cuts, shrinking staff, continuing drug use, more sophisticate clients trying to "beat the system," a general lack of resources. Despite these, the drug lab does a tremendous and timely job.

DUF results are received routinely, but not used. They state that the DUF program has great potential. Perhaps a workshop for criminal/juvenile justice departments on how to interpret and utilize the results would be helpful.

Start date of drug testing program unknown to respondent. Written policies and procedures are available; respondent is not familiar with APPA guidelines. Drug testing is done under authority of Board of Prison Terms and determined by parole officer. The purpose of drug testing is as a monitoring technique and to refer to treatment. Time on parole ranges from 1-3 years. Approximately 2 men and 2 women are tested on parole per month. In the first quarter of 1992, 35,000 individuals were on parole in Santa Clara County.

Collection occurs on-site and at the parolee's residence by Parole Agent; specimen is then sent to laboratory. Tests are analyzed at a commercial laboratory or on-site with OnTrak kits.

Drug testing is both scheduled and unscheduled with unknown frequency. In unscheduled testing, the parolee is notified of testing by the parole agent. Drugs included in initial screen are cocaine, opiates, PCP, amphetamines and methadone. Subsequent monitoring includes the same drugs. Average turn-around time is 48-72 hours. The accuracy of tests is ensured by a second testing using the same technology in the laboratory. Test accuracy is measured routinely.

A positive drug test may result in referral to treatment, increased monitoring, sanctions including mandatory treatment, detox or more frequent testing, or reincarceration. Test results are listed in a unit list sheet. Results are used for individual tracking, treatment decisions and supervision purposes. Pretrial and treatment agencies receive results by special request. Aggregate results are used for research.

No budget information given.

Greatest challenge to the program is 1/3 less money for testing.

Response to DUF question: "What is DUF?"

Additional comment: Currently the California Parole Division documents number of tests per parole unit. There appears to be no connection between rate of testing and parole revocation rate, although one would expect this -- the numbers don't bear it out.

Broward County Commission on Substance Abuse **Probation**
Ft. Lauderdale

The drug testing program started in July, 1991. Program is not familiar with APPA guidelines. Drug testing is conducted under the authority of a blanket court-order. Testing is done as a monitoring technique. Those convicted on a drug-related charge are drug tested. Average time in drug court is 1 year. In the first quarter of 1992, 614 men and women were in drug court and 614 were drug tested; 9000 drug screens were done.

Drug court participants are scheduled for testing 5 times/week during phase I and 3 times/week during phase II. Clerks oversee specimen collection. Testing is done by a laboratory and on-site. Drugs included in the initial screen are cocaine, marijuana and opiates. Subsequent monitoring includes the same drugs. Turn-around time is 24-48 hours.

A positive test may result in referral to treatment, case management, increased monitoring or incarceration. Test results are recorded in a computerized database. Results are used for individual tracking, treatment decisions, and supervision purposes. Results are communicated to probation and the judge of the drug court at weekly meetings.

The annual budget for drug testing is $50,000 - $60,000.

DUF results are received by special request and included in reports to members of the Commission on Substance Abuse to show trends and in applying for grants.

Michigan Department of Corrections **Parole**
Substance Abuse Programs Section
Detroit

The drug testing program was started in April, 1973. Written policies and procedures are available. APPA guidelines are familiar, but were not used to shape program guidelines. Drug testing is conducted under authority of policies, procedures and staff discretion. Testing is used as a monitoring technique. Parolees with special conditions, intense supervision, or monitoring are screened for drug use. The time on parole ranges from 18-24 months. 600 men and women are tested per month. In the first quarter of 1992, 12,000 individuals were on parole and 1,800 drugs screens were done.

Intensive supervision monitoring is scheduled twice monthly. Unscheduled testing is arranged by personal contact with field agents. Specimens are collected by corrections officers and field agents. Tests are conducted at a commercial laboratory. Drugs included in the initial screen are cocaine, marijuana, opiates, PCP, amphetamines, methadone and others not specified. Subsequent monitoring includes the drug positives from the initial screen. Turnaround time for results is 48-72 hours. Accuracy of test results is assured by second test using unspecified technology (program description states GC confirmation used for most drugs).

A positive drug test may result in referral to treatment, case management, increased monitoring, unspecified sanctions, or reincarceration. Results are recorded in a computerized database and are used for individual tracking, treatment decisions and supervision purposes.

The (presumably statewide) budget for drug testing is $1,600,000, which was expended in 1991. The cost per client is $8.50 that includes independent confirmations of all positive specimens.

The greatest challenge the program faces is continuation funding.

The program has been evaluated.

DUF results are not received.